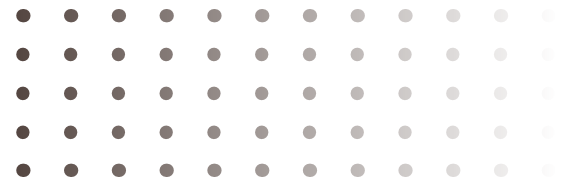


HOME HEALTH & HOSPICE

Revalidation Application Checklist



CGS Reval Number:

NPI:

PTAN:

RETURN THIS CHECKLIST WITH YOUR REVALIDATION APPLICATION

If you are submitting your application via Internet-Based PECOS, click “Complete Submission” on the Submission page. If you do not click “complete submission,” CGS will not be able to view the application.

If you are submitting your application via Paper, please check “revalidation” in section 1 of the appropriate CMS 855 application.

See the list below for the attachments to be submitted with your application and submit those that support your enrollment. These attachments can be uploaded with the Internet-based PECOS application or mailed with the paper application.

Copy of this revalidation application checklist and revalidation letter	
Any additions/deletions of direct owners in Section 5/6, copy of the stock/membership transfer agreement	
Copy of current license, if applicable	
If reporting a practice location address change, submit documentation that supports the affiliation between the practice location address and the provider's name (i.e., business license, lease agreement, utility bill). CGS will mail a letter to the provider once the revalidation is completed	
Copy of final adverse legal action documentation and resolution	
Proof of fee payment or hardship exception	
IRS document (preprinted with legal business name and EIN) – required only if legal business name has changed	
IRS determination letter, if registered with the IRS as “non-profit”	
CMS-588 Electronic Funds Transfer (EFT) with original voided check or bank letter	
Statement in writing from the bank if there is a lending relationship with the financial institution on the EFT stating that the bank has agreed to waive its right of offset for Medicare receivables	
For government entities –1) list the entity in Section 5 AND 2) submit letter of the responsible government organization attesting that the government will be legally and financially responsible in the event that there is any outstanding debt owed to CMS. The letter must be signed by an “authorized official” of the government organization who has the authority to legally and financially bind the government organization to the laws, regulations, and program instructions of Medicare	
Diagram/flowchart in addition to completing section 5 (groups/organizations only)	