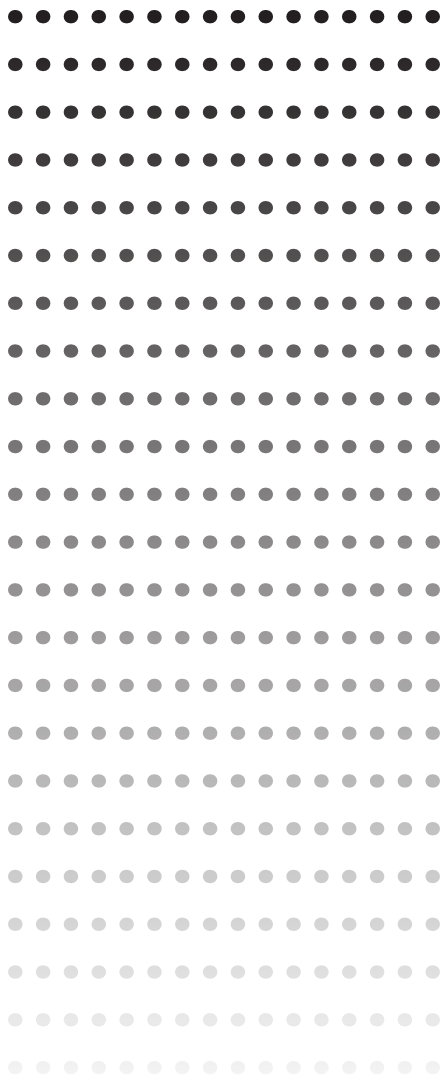


PART B

Revalidation

Initiative:

Frequently Asked Questions (FAQs)



Why did I recently receive a revalidation request letter?

Consistent with the Patient Protection and Affordable Care Act, all existing providers and suppliers are required to revalidate their enrollment information. Normally this will occur every 5 years; however CMS reserves the right to perform off-cycle revalidations as deemed necessary.

The revalidation letters were mailed to the current correspondence address and/or special payment address listed in PECOS. This address may be that of a group an individual was previously associated with if a change of information application was not submitted to update the correspondence address.

How long does it take to process my revalidation application?

If the application is submitted complete and with all required supporting documentation, it should be processed in less than 60 days. If development is required, it may take up to 90 days. If you are a provider type that requires a site visit, additional time may be required.

The revalidation letter received includes Provider Transaction Access Numbers (PTANS) that are not used anymore or I do not recognize. What do I do with those PTANS?

This letter includes all of the provider's active PTANS as listed in PECOS at the time CMS identified the revalidation due date. If new PTANS have been assigned, they may not appear on the letter. It is the provider's responsibility to revalidate **all** of their information; therefore if the request is for an individual provider, the PTANS may be for reassignments to another group. Please ensure that the individual provider is involved in their revalidation process so that they can confirm if the PTAN is still needed. If in fact the PTAN is not needed, it needs to be deactivated. This information should be submitted on the application when the revalidation is submitted.

The PTAN submitted on the revalidation letter is only my group's PTAN. Do I need to revalidate all of the members within my group?

No. If the revalidation letter is for the group, then the revalidation is for the entity only. If the individuals associated with the group have not previously revalidated, their letters will be mailed at a separate time.

Do I have to pay the enrollment application fee when submitting a revalidation application?

All institutional providers and suppliers (i.e., Ambulances, Ambulatory Surgery Centers (ASCs), Independent Diagnostic Testing Facilities (IDTFs), Independent Clinical Labs (CLIA Labs), Mammography Screening Centers, Mass Immunization Roster Billers, Portable X-Ray Suppliers (PXR), Radiation Therapy Centers) that are revalidating must pay the application fee.

To pay your application fee, go to <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do> and click "Continue". Directions are provided for submission of payment. A confirmation screen will display indicating payment was successfully made. This confirmation screen is your receipt and you should print it for your records.

CGS strongly recommends you include this receipt along with the Certification Statement for the enrollment application. Revalidations are processed only after fees have cleared.

How long do I have to submit the revalidation application?

The revalidation due date is listed on the revalidation letter. This date will be the last day of a month. This information will also be listed on CMS' website (<https://data.cms.gov/revalidation>) under the revalidation list.

What is the outcome if I fail to submit the enrollment forms?

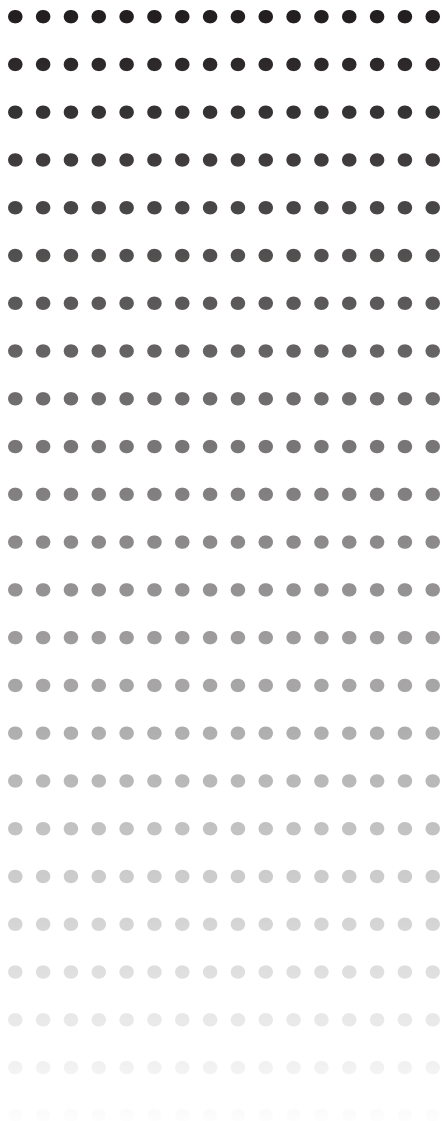
Failure to submit the enrollment forms will result in the deactivation of your Medicare billing privileges.



PART B

Revalidation Initiative:

Frequently Asked Questions (FAQs)



Do I have to submit an Electronic Funds Transfer (EFT) – CMS Form 588 with my revalidation application?

An EFT agreement is required for groups/organizations and sole proprietors if banking changes have occurred since the last revalidation or submission of an application. If there have been no changes, and the CMS 588 version 05/2010 or 09/2013 have already been submitted, no additional EFT information is required.

What method should I use to submit my revalidation application?

There are two options to submit revalidation applications.

- The most efficient way to submit your revalidation information is by using Internet-based PECOS. To revalidate via the Internet-based PECOS, go to <https://pecos.cms.hhs.gov> on the CMS website. PECOS allows you to review information currently on file, update and submit your revalidation via the Internet.
- The second option is to mail the CMS 855 application. The address to mail the revalidation package to is provided on the revalidation letter.

Will I be contacted if my application is found to be incomplete or missing information?

Yes, you will receive a letter requesting missing information via fax or email. All information is due back to CGS within 30 days or you risk losing your Medicare billing privileges.

I am the sole owner, do I need to revalidate both my individual record (855I) and my entity record (855B)?

Yes, if you are the sole owner, both records should be revalidated.

If you submit a paper application, both records can be revalidated via the 855I; section 4A should be completed in its entirety.

If you are submitting via PECOS, you must have access to both records. If you don't see both records, then you must request access through I&A. Within PECOS (<https://pecos.cms.hhs.gov>), click on the "register for a user account" link and follow the prompts.

I have an established record in the Provider Enrollment, Chain and Ownership System (PECOS). How do I select 'Revalidation' as the reason for submission?

If you have an established PECOS enrollment record, under 'My Enrollments,' you first select 'View Enrollments,' then select 'Revalidation.' Please review all contents and make necessary changes.

Do I have to submit a Participation Agreement – CMS Form 460 with my revalidation application?

No, the Par Agreement is not required with revalidation. The only time the par status can change is during open enrollment.

How do I reactivate my PTANs if they have been deactivated for non-response to a revalidation request?

PTANs will not be reactivated until a complete application has been reviewed and determined complete. The reactivation date will be the date of receipt for that application. If the revalidation due date has already passed, then there will be a gap in coverage from the date of termination/revalidation due date to the date of receipt.

I have not received a revalidation notification letter; can I submit my revalidation application to the MAC anyway?

Before submitting, please check the CMS website (<https://data.cms.gov/revalidation>). If there is a "TBD," do not submit. It will be returned as unsolicited. If there is a due date, you may submit. Please note, the due date will remain, even after an application has been approved. If a subsequent application is submitted, and the revalidation has already been finalized, the subsequent application will be returned as not needed.