

PROVIDER ENROLLMENT REVALIDATION CYCLE 2

Frequently Asked Questions (FAQs)



Why did I recently receive a revalidation request letter?

In accordance with 42 CFR §424.515, to maintain Medicare billing privileges, a provider or supplier must resubmit and recertify the accuracy of its enrollment information generally every five years. Revalidation ensures that your enrollment information on file with Medicare remains complete and up-to-date. In addition, CMS reserves the right to conduct off-cycle revalidations in accordance with 42 CFR §424.515.

How long do I have to submit the revalidation application?

Upon receipt of the revalidation request, providers and suppliers should submit the revalidation by the **DUE DATE** indicated on the revalidation notice. Providers can expect to receive revalidation notices 75-90 days prior to the due date.

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

No. All providers should wait until they have received notification from the MAC, or determined that a **DUE DATE** has been established, before submitting a revalidation application.

Providers and suppliers can utilize the Medicare Revalidation Lookup Tool, located at data.cms.gov/revalidation, to determine their revalidation due date. The list will include **all** enrolled providers and suppliers. Those due for revalidation will display a revalidation due date, all other providers or suppliers not due for revalidation will display a "TBD" (To Be Determined) in the due date field. This means that you do not yet have a due date for revalidation. **Please do not submit a revalidation application if there is NOT a listed due date.**

What is an unsolicited revalidation application?

Unsolicited revalidation applications are applications submitted from providers or suppliers who are not due to revalidate (i.e., display a TBD on the Revalidation Lookup Tool, a revalidation notice has not been received from their MAC requesting them to revalidate or the application is submitted more than six months in advance of the due date). All unsolicited revalidation applications will be **returned**.

I am enrolled in Medicare solely to order, certify and/or prescribe via the CMS Form 855O or have opted out of Medicare, do I have to revalidate?

Providers and suppliers who are enrolled in Medicare solely to order, certify and/or prescribe via the CMS-855O application or have opted out of Medicare, are not required to revalidate and will not appear on the lookup tool.



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How will I receive my revalidation notice from Palmetto GBA?

During Cycle 2 of the revalidation process, Palmetto GBA revalidation notifications will be issued in one of the following manners:

- **Electronically for eService Users**
 - Provider's eService administrator(s) and any other individual eService user on a provider's account with the message inbox permission will receive the eLetter in their inbox on the 'Messages' tab. Email notification that a revalidation letter has been sent through eDelivery will be sent to the provider administrator(s) on the account.
 - Palmetto GBA automatically registered all active provider accounts to receive eDelivery of revalidation notifications through eServices
 - Any user with Secure Messages permission can **see** eDelivery letters, but only administrators can elect to receive **email alerts** for received letters
 - At this time, revalidation letters are the only eDelivery letters available to Part A and HHH providers
- **Standard Mail for non-eServices Users**
 - Provider enrollment revalidation notifications will be sent through the US Postal Service

What address will revalidation letters be mailed to?

A revalidation request letter will be mailed to your correspondence address and special payments address on file in the Provider Enrollment Chain and Ownership System (PECOS). If these addresses are the same, it will also be mailed to the primary practice address.

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

All institutional providers and suppliers that are revalidating their enrollment must pay the application fee. You may submit your fee by electronic check, debit or credit card. Revalidations are processed only when fees have cleared.

Physicians, non-physician practitioners, physician group practices and non-physician group practices do not have to pay the application fee unless they are enrolling as a Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) supplier via the CMS-855S application.



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How do I pay my application fee?

To pay your application fee, go to <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do>.

- Complete the form and submit payment as directed
- A confirmation screen will display indicating payment was successfully made
- This confirmation screen is your receipt and you should print it for your records
- Palmetto GBA strongly recommends you mail this receipt along with the Certification Statement for the enrollment application

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

Failure to submit the enrollment forms as requested will result in a hold on your payments and possible deactivation of your Medicare billing privileges.

If I have reassigned my benefits to multiple Part B organizations, will I receive one revalidation notice?

Yes, however, it is vital that all current reassignments are listed on the application. Any reassignments not reported on the revalidation will be deactivated. In addition, a crosswalk to the organization that the individual provider has reassigned benefits to will be available at data.cms.gov/revalidation.

Do I have to submit an authorization agreement for electronic funds transfer (EFT – CMS Form 588) with my revalidation application?

A new Electronic Funds Transfer (EFT) Authorization Form (CMS-588) is only required to be submitted as part of your revalidation package if the current version or later, approved by the Office of Management and Budget (OMB) on 09/2013, is not on file with Medicare. The current version of the form can be found at cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS588.pdf.

- In section I (Reason for Submittal) of the EFT form, there is no option to choose revalidation/validation. Choose either new or change or write revalidation in that section. Your EFT information will NOT change if it currently matches what is on file.
- EFT is not required for a provider who has reassigned ALL benefits to an organization

If you are not receiving payment via EFT, then an EFT agreement is required.

How can I check to see if my revalidation application has been received by Palmetto GBA?

You can verify receipt and status of applications with your PTAN or DCN using our Provider Enrollment Application Status Lookup Tool on palmettogba.com or our IVR at 855-696-0705.



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What method should I use to submit my revalidation application?

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>. PECOS allows you to review information currently on file, update and submit your revalidation via the Internet as well as electronically. If you choose not to e-sign, you must upload the certification statement via PECOS upload functionality and mail all required supporting documentation to Palmetto GBA immediately. Contractors cannot accept mailed paper certification statements.

Can I hold updates to my Medicare information and send them after I receive the revalidation letter?

Proceed with submitting the current changes and await notification to submit the complete revalidation application.

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

When an incomplete application is submitted or is missing documents, Palmetto GBA will send you an email, letter or fax detailing the missing information. For missing information on the CMS-855 application, the corrected sections of the application – along with a new certification statement – must be signed by an authorized official. This information can be emailed or faxed back to us since we have your original signature on file. If we are only missing supporting documentation, you do not need to submit a new certification. You may email or fax us copies of the missing documentation.

Are home health agencies (HHAs) required to submit capitalization documentation with the revalidation application?

No, capitalization documentation is not required with the revalidation.

How are HHA branches revalidated?

Each branch location address and PTAN/NPI combination should be reported in Section 4A of CMS Form 855A.

If an HHA has undergone a change of ownership (CHOW) or change in majority ownership, but has not received the revalidation notice, should the CHOW or change in majority ownership be reported or await receipt of the revalidation request?

Proceed with submitting the CHOW or change in majority ownership. Changes of ownership and control must be reported within 30 days of the change.



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Do provider types that enroll using the CMS Form 855A have to go through the complete state agency certification process as part of revalidation?

No, recertification is not required as part of the revalidation process.

Can I request an extension if more time is needed to complete the revalidation?

No. MACs will no longer process and allow for extension requests from the providers/suppliers who need more time to complete their revalidation. The posted due dates, and the revalidation notices issued in advance by the MACs, should provide the provider/supplier sufficient notice and time to submit their revalidation application into the MAC prior to their due date.

