



A CELERIAN GROUP COMPANY

We IMPACT lives.

Date

NAME
ADDRESS

NPI: xxxxxxxxxxxx
PTAN: xx-xxxx

Dear NAME

THIS IS A PROVIDER ENROLLMENT REVALIDATION REQUEST
IMMEDIATELY SUBMIT AN UPDATED
PROVIDER ENROLLMENT PAPER APPLICATION 855 FORM OR
REVIEW, UPDATE AND CERTIFY YOUR INFORMATION
VIA THE INTERNET-BASED PECOS SYSTEM

In accordance with the Patient Protection and Affordable Care Act, Section 6401 (a), all new and existing providers must be reevaluated under the new screening guidelines. Medicare requires all enrolled providers and suppliers to revalidate enrollment information every five years (reference 42 CFR 424.515). To ensure compliance with these requirements, existing regulations at 42 CFR § 424.515(d) provide that the Centers for Medicare & Medicaid Services (CMS) is permitted to conduct off-cycle revalidations for certain program integrity purposes. Upon the CMS request to revalidate its enrollment, the provider/supplier has 60 days from the post mark date of this letter to submit complete enrollment information using one of the following methods:

Providers and suppliers can revalidate their provider enrollment in the Medicare program using either the:

(1) Internet-based Provider Enrollment, Chain, and Ownership System (PECOS).



To revalidate via the Internet-based PECOS, go to <https://pecos.cms.hhs.gov>. The system allows you to review information currently on file, upload any supporting documentation and electronically sign and submit your revalidation application. If you choose not to electronically sign your application, remember to print, sign, date, and mail the certification statement along with all required supporting documentation to your Medicare contractor. To process the revalidation, the original signature and documentation must be received within 15 days of the application internet submission date.

You must have an active National Provider Identifier (NPI) and have a web user account (User ID/Password) established in NPPES (<https://nppes.cms.hhs.gov/NPPES/Welcome.do>). Physicians and non-physician practitioners will access Internet-based PECOS with the same User ID and password that they use for NPPES.

For provider/supplier organizations who would like an individual(s) (Authorized Official) to use Internet-based PECOS on behalf of a provider or supplier organization, the Authorized Official must register with the PECOS Identification and Authentication system. If you have not registered, do so now by going to (<https://pecos.cms.hhs.gov>). This registration process can take up to three (3) weeks.

To avoid any registration issues, review the internet-based PECOS related documents available on the CMS Web site (www.cms.hhs.gov/MedicareProviderSupEnroll).

If you are having issues with your User ID/Password and are unable to log into Internet-based PECOS, please contact the External User Services (EUS) Help Desk at 1-866-484-8049 / TTY: 1-866-523-4759.

(2) Paper Application Form

To revalidate by paper, download the appropriate and current CMS-855 Medicare Enrollment application from the CMS Web site at <https://www.cms.gov/MedicareProviderSupEnroll/>. Mail your completed application and all required supporting documentation to CGS Administrators, LLC, at the address below.

CGS Administrators, LLC
J15 Part A Provider Enrollment
P.O. Box 20004
Nashville, TN 37202

A new Electronic Funds Transfer (EFT) Authorization Form (CMS-588) is now required to be submitted as part of the revalidation package if the current form on file submitted by the provider/supplier is not the 2010 version. The 2010 version of the form can be found at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS588.pdf>.

If additional time is required to complete the revalidation applications, you may request one 60-day extension, which will be added onto the initial 60 days given to respond to the request. The request may be submitted in writing from the individual provider, the Authorized or Delegated Official of the organization or the contact person and addressed to the MAC(s). The request should include justification of why a 60-day extension is needed. The request may also be made by contacting your MAC(s), via phone.

With the exception of physicians, non-physicians practitioners, physician group practices and non-group practices, all other revalidating providers and suppliers who submit enrollment applications using the CMS-855A, CMS-855B (not including physician non-physician practitioner organizations) or the CMS-855S or associated Internet-based PECOS enrollment application must submit with their application, confirmation that the application fee was paid or a request for a hardship exception. (Note: physicians who are DMEPOS suppliers are subject to the fee for the DMEPOS enrollment). Application fees must be submitted via PECOS <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do> which will allow payment of the fee by electronic check, debit, or credit card prior to submitting the application (reference 42 CFR 424.514). If you feel you qualify for a hardship exception waiver, submit a letter on practice letterhead and financial statements requesting a waiver in lieu of the enrollment fee along with your application or certification statement. Revalidations are processed only when application fees have cleared or the hardship exception waiver has been granted. You will be notified by mail if your hardship exception waiver request has been granted or if a fee is required. More information on who is subject to an enrollment fee can be found at <https://www.cms.gov/MedicareProviderSupEnroll/Downloads/ApplicationFeeRequirementMatrix.pdf>.

For more information on the application fees and other screening requirements under the Patient Protection and Affordable Care Act (PPACA) view the MLN Matters Article at <http://www.cms.gov/MLNMattersArticles/downloads/MM7350.pdf>.

Physicians, non-physician practitioners and physician and non-physician practitioner organizations must report a change of ownership, any adverse legal action, or a change of practice location to the MAC within 30 days. All other changes must be reported within 90 days. For most, but not all other providers and suppliers, changes of ownership or control, including changes in authorized official(s) must be reported within 30 days; all other changes to enrollment information must be made within 90 days.

Failure to submit complete enrollment application(s) and all supporting documentation within 60 calendar days of the postmark date of this letter may result in your Medicare billing privileges being deactivated. We strongly recommend you mail your documents using a method that allows for proof of receipt.

If you have any questions regarding this letter, please call 1.866.590.6703 between the hours of 7:00 am to 4:00 pm CT or visit our web site at www.cgsmedicare.com for additional information regarding the enrollment process or the CMS 855A application.

Sincerely,

Provider Enrollment Department
CGS Administrators, LLC



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Revalidation Initiative: Frequently Asked Questions (FAQs)

Why did I receive a revalidation request letter?

All new and existing providers enrolled with Medicare prior to March 25, 2011, must revalidate their enrollment information in accordance with the Patient Protection and Affordable Care Act.

The revalidation letters were mailed to the current correspondence address 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. 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. The application fee for calendar year (CY) 2013 is \$532.

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?

Providers and suppliers have 60 days from the date of the letter to submit complete enrollment forms.

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.

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

Providers already receiving reimbursement via EFT should not submit a CMS Form 588 with the revalidation application. If you are not currently receiving payment via EFT, an EFT agreement is required. Groups/organizations and sole proprietors that submit the CMS 588 (EFT) must include confirmation of account information on bank letterhead or a voided check. Documentation must contain the name on the account, electronic routing transit number, account number and account type (i.e. checking or savings). **The account name to which EFT payments are made must be the legal name of the business as reported to the Internal Revenue Service (IRS).** If submitting a bank letterhead, the bank officer's name and signature is also 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 of multiple practice locations. Do I need to submit a CMS-855I for each location?

Each unique Tax Identification Number (TIN) requires a separate CMS 855 form. If multiple practice locations contain the same TIN, submit one 855 application and include **separate** *Section 4C* pages to identify each practice location.

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.

REVALIDATION APPLICATION CHECKLIST

NPI: ##SUB4##

PTAN: ##SUB5##

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 ☐
- All PTANs on the letter have been addressed. ☐
- Copy of board certifications (Non Physician Practitioners (NPPS) only) ☐
- 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) ☐
- IRS determination letter, if registered with the IRS as “non-profit” ☐
- CMS-588 Electronic Funds Transfer (EFT) ☐
- Original voided check or bank letter (if EFT is submitted) ☐
- Copy of driver’s license/current passport for each individual that signed application ☐
- Business license. ☐
- Diagram/flowchart in addition to completing section 5 (groups/organizations only). ☐
- Government responsibility letter (if section 5 identifies a governmental organization) ☐