CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare

PROVIDER REVALIDATION REQUEST-IMMEDIATE ACTION REQUIRED

MONTH DAY, YEAR

PROVIDER SUPPLIER NAME
ADDRESS 1, ADDRESS 2
CITY, STATE, ZIP CODE

NPI:
Control Number:
PTAN(s):

Dear PROVIDER/SUPPLIER 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.

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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 Wisconsin Physicians Service at the address below.

- Mailing address for providers in Iowa, Kansas, Missouri, Nebraska, Michigan and Indiana: Wisconsin Physicians Service, Medicare Part B, Provider Enrollment Department, Post Office Box 8248, Madison, WI 53708-8248 (Overnight Delivery Mailing Address: Wisconsin Physicians Service, Medicare Provider Enrollment, 1717 W. Broadway, Madison, WI 53713-1834)

A new Electronic Funds Transfer (EFT) Authorization Form (CMS-588) is now required to be submitted as part of the revalidation package. The current 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 our toll-free telephone 1-866-518-3285 (J5) for Iowa, Kansas, Missouri and Nebraska between the hours of 7:00 a.m. and 5:00 p.m. (C.T.) Monday through Friday or 1-866-234-7331 (J8) for Michigan and Indiana providers between the hours of 7:00 a.m. and 4:00 p.m. (C.T.) Monday through Friday. You may also visit our Web site at http://www.wpsmedicare.com for additional information regarding the enrollment process or the CMS-855 enrollment form.

Sincerely,

Wisconsin Physicians Service
Medicare Provider Enrollment Department

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