SAMPLE REVALIDATION LETTER

[Month Day & Year]

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

NPI:
PTAN:

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 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. This system allows you to review information currently on file. Remember to print, sign, date, and mail the certification statement along with all required supporting documentation. To process the revalidation, the original signature and documentation must be received within 15days 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.

If additional time is required to complete the revalidation applications, you may request one 60-day extension, which will begin on the date of 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.

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 the [insert contractor name], at the address below.

[Insert application return address]

If additional time is required to complete the revalidation applications, you may request one 60-day extension, which will begin on the date of 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 [contractor telephone number will be inserted here] between the hours of [contractor telephone hours will be inserted here] or visit our Web site at [insert Web site] for additional information regarding the enrollment process or the [insert application type].

Sincerely,
[Your Name]
[Title]