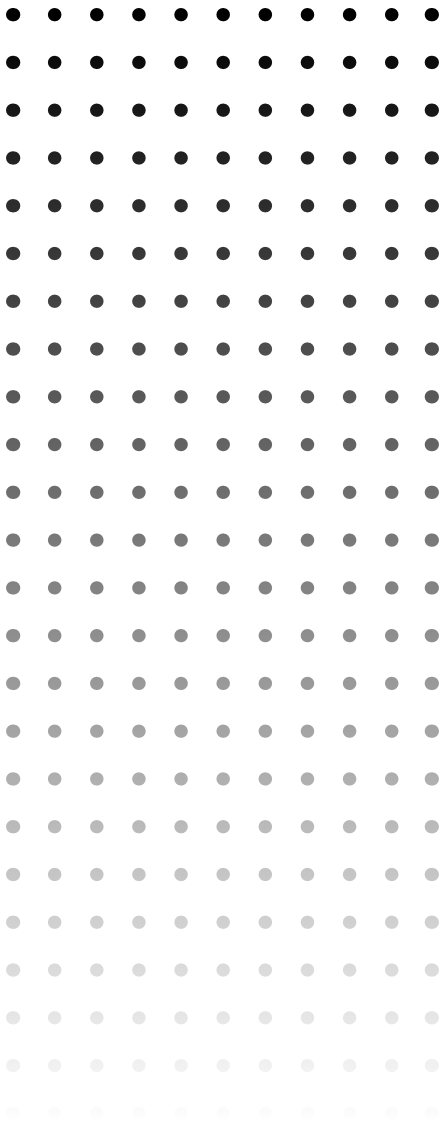


PART A

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.

Do I have to pay the enrollment application fee when submitting 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. **The application fee for calendar year (CY) 2016 is \$554.**

How do I pay my application fee?

To pay your application fee, go to <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do> and type 'CMS' in the search box under Find Public Forms, and click the Go button.

- Click on the CMS Medicare Application Fee link
- 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
- CGS strongly recommends you mail this receipt along with the Certification Statement for the enrollment application

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 (<http://www.cms.gov/Medicare>) under the revalidation list.

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

Failure to submit the enrollment forms as requested may result in the deactivation of your Medicare billing privileges.

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

No. Please do not submit your application early. All providers should wait until they have received notification from the MAC before submitting a revalidation application.

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

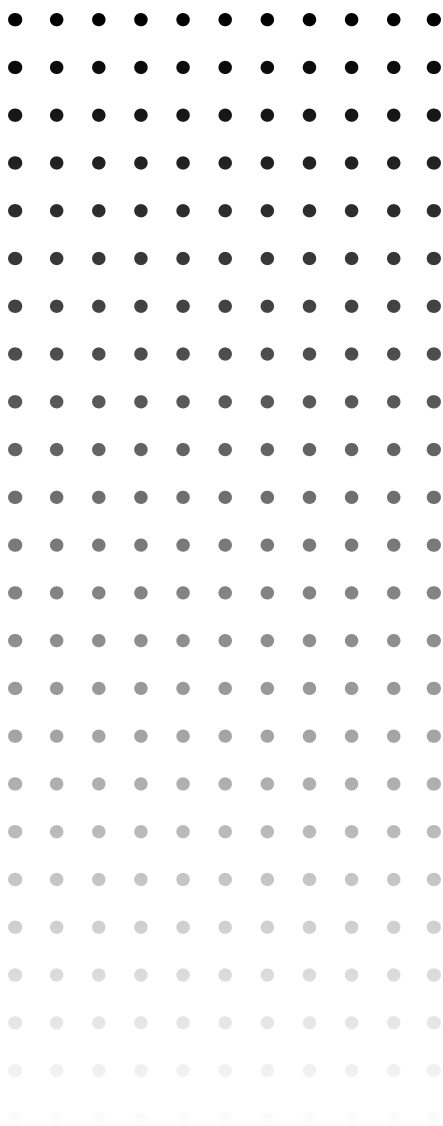
An EFT agreement is required if banking changes have occurred since the last revalidation or submission of an application. If there have been no changes, and the CMS 588 version 05/2010 or 09/2013 have already been submitted, no additional EFT information is required.



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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> on the CMS website. PECOS allows you to review information currently on file, update and submit your revalidation via the Internet. Once submitted, you must print, sign, date and mail the certification statement along with all required supporting documentation to CGS immediately.

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, CGS will send you an email, letter or fax detailing the missing information or attachment(s). 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 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 are only required to fax us copies of the missing documentation (e.g., copy of your Internal Revenue Service (IRS) CP-575 form).

What supporting documentation is required to be submitted with the revalidation application?

Licenses, certifications, and registrations required by Medicare or state law; written confirmation from the IRS confirming your Tax Identification Number (TIN) with legal business name; and CMS Form 588 EFT agreement for providers not currently receiving payments electronically.

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.

What address will revalidation letters be mailed to?

Revalidation letters will be mailed to the correspondence address and special payment address listed in PECOS.

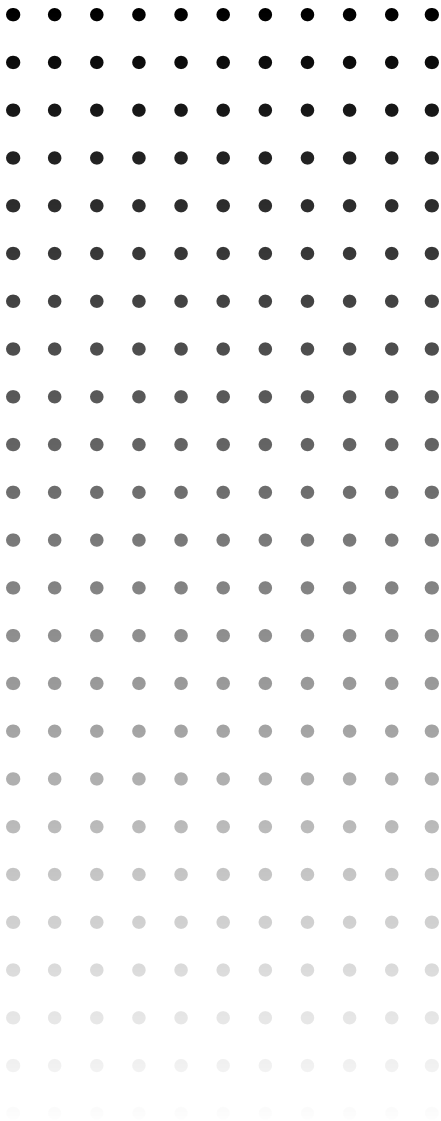
Do Outpatient Physical/Occupational Therapy and Speech Pathology providers enrolling via the CMS-855-A have to pay the enrollment application fee?

Section 6401(a) of the Affordable Care Act (ACA) requires the Secretary to impose a fee

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Revalidation Initiative:

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on each “institutional provider of medical or other items or services and suppliers.” CMS has defined “institutional provider” to mean any provider or supplier that submits a paper Medicare enrollment application using the CMS-855A, CMS-855B (except physician and non-physician practitioner organizations), or CMS-855S or associated Internet-based PECOS enrollment application. Outpatient Physical/Occupational Therapy and Speech Pathology providers who enroll via the CMS 855-A are included as an “institutional” provider type and are required to pay the provider enrollment application fee upon initial enrollment and when asked to revalidate. The application fee for calendar year (CY) 2016 is \$554.

Should we complete the CMS-855A as our facility looks now?

Yes. The revalidation information should be completed as a “snapshot in time”. You will want to complete it as your facility appears on the day the enrollment revalidation application was completed.