
Provider Enrollment Revalidation Cycle 2 FAQs

1. Why do providers and suppliers need to revalidate again?

In accordance with 42 CFR §424.515, to maintain Medicare billing privileges, a provider or supplier (other than a Durable Medical Equipment Prosthetic Orthotic Supplier, or DMEPOS supplier) must resubmit and recertify the accuracy of its enrollment information generally every 5 years. DMEPOS Suppliers must revalidate at least every three years. Revalidation ensures that your enrollment information on file with Medicare remains complete and up-to-date.

2. Who needs to revalidate during Cycle 2?

All providers and suppliers are required to revalidate in accordance to FAQ #1 above. While CMS is currently defining the due date based on the last time the provider or supplier initially enrolled or revalidated, some providers may be asked to revalidate in advance of the 5 year cycle. CMS reserves the right to conduct off-cycle revalidations in accordance with 42 CFR §424.515.

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.

3. How often do providers and suppliers need to revalidate?

DMEPOS Suppliers are required to revalidate every 3 years. All other providers and suppliers revalidate generally every 5 years. In addition, CMS reserves the right to conduct off-cycle revalidations in accordance with 42 CFR §424.515.

4. Will all providers and suppliers be issued a revalidation due date?

Part A & B providers and suppliers will be issued a due date on <https://data.cms.gov/revalidation>. At this time, DMEPOS Suppliers will not receive a due date; instead, DMEPOS Suppliers will receive communication from the National Supplier Clearinghouse (NSC) explaining when their revalidations must be submitted.

5. How do I revalidate my enrollment?

The fastest and most efficient way to submit your revalidation information is via PECOS, located at <https://PECOS.cms.hhs.gov>. Paper CMS-855 applications, which can be completed and submitted to your Medicare Administrative Contractor (MAC) for revalidation purposes are located at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html>.

6. I am reassigned to multiple groups, will all of my groups need to send a revalidation for me or can a single group send in my revalidation?

Providers that reassign their benefits to multiple groups must ensure that all of their enrollment information for each group is included in a single revalidation application. Ensuring that all

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Provider Transaction Access Numbers (PTANs), practice locations and reassignments are reported on the revalidation application should avoid any unnecessary deactivations.

7. Will large groups continue to be contacted separately for revalidation?

All providers, including large groups will receive a request to revalidate. Separately, the MAC will also send each practitioner a request to revalidate. If the group is completing the revalidation on behalf of the practitioner and the practitioner reassigns to multiple groups, CMS encourages the groups to work with their practicing practitioners to ensure that the practitioner's revalidation application is complete and addresses all active practice locations and reassignments and that it is submitted by the due date.

The MACs will continue to contact large groups (200+ members). Large groups will receive letters from their MACs detailing their reassigned practitioners who are required to revalidate in the next six months. A spreadsheet detailing the applicable practitioner's Name, National Provider Identifier (NPI) and Specialty will be provided. We encourage all groups to work together as only one application from each provider/supplier is required, but the practitioner must list all groups they are reassigning to on the revalidation application submitted for processing. MACs will have dedicated provider enrollment staff to assist in the large group revalidations.

8. How do groups download all of the individual practitioners that are reassigned to the group?

The Revalidation Lookup Tool located at <https://data.cms.gov/revalidation> now has a link to the large groups for Organizational datasets. The dataset has been divided into 4 groups (alphabetically). Large groups can now search by their organization's name and download their group information that identifies the practitioners that reassign benefits to their group and their revalidation due date.

9. What should a Physician or Non-Physician Practitioner do if they are reassigned to multiple group practices?

Individual physicians and Non-Physician Practitioners (NPPs) are responsible for ensuring that when they submit their revalidation application, all solo practice locations (if applicable) and groups to whom they reassigned benefits are accounted for. If a practice location or group reassignment name is missing from the revalidation application, practice locations and missing group reassignments could result in deactivation of the associated Provider Transaction Access Numbers (PTANs).

10. Will all of our organization's practice locations need to be revalidated when we receive a notice or find our name and NPI on the list?

All active practice locations shall be included on your revalidation application.

NOTE: If you have multiple enrollments because of your provider type or because you are

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established in multiple states, only the enrollments that have a revalidation due date listed on <https://data.cms.gov/revalidation> need to be submitted by the due date.

11. What information is required to be completed and submitted with a revalidation application?

Each provider or supplier is required to revalidate their entire Medicare enrollment record. This includes all practice locations and every group that benefits are reassigned (that is, the group submits claims and receives payments directly for services provided). This means the provider or supplier is recertifying and revalidating all of the information in the enrollment record, including all assigned NPIs and Provider Transaction Access Numbers (PTANs). Failure to submit all required information and supporting documentation will result in a delay in processing your application.

If the MAC requests additional documentation, you will be provided 30 days to respond, otherwise your Medicare billing privileges will be deactivated.

12. Will revalidation notices continue to be sent by my MAC?

Yes. The MACs will continue to send a revalidation notice within 2-3 months prior to the practitioner's revalidation due date either by email (to email addresses reported on your prior applications) or regular mail (at least two of your reported addresses: correspondence, special payments and/or your primary practice address) indicating the provider/supplier's due date.

13. Can we find our revalidation due date online?

Providers and suppliers can utilize the Medicare Revalidation Lookup Tool, located at <https://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.**

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 no required to revalidate and will not appear on the lookup tool.

14. Why do some states, jurisdictions or specialties all display TBD as the revalidation due date on the Revalidation Lookup tool?

CMS works closely with the Medicare Administrative Contractors (MACs) to establish revalidation due dates for providers and suppliers in their jurisdictions based on workload, resources and staffing levels. Therefore, some providers and suppliers in certain areas or of certain provider types may not be displayed with a due date at this time. The Revalidation Lookup tool is updated every 60 days and providers and suppliers should periodically check the tool to identify if any new providers or suppliers have been assigned a revalidation due date.

15. I am a Physician Assistant (PA) or I employ a PA and I cannot find my

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employment relationship on the Revalidation list?

Currently, employment relationships for PAs is not available on the Revalidation list. We will be adding with a future enhancement.

16. What does TBD mean on the Revalidation Lookup Tool?

TBD means To Be Determined, which means that a revalidation due date has not been established for the provider or supplier within the current six month period. The Revalidation Lookup Tool will be updated every 60 days to include new provider or supplier due dates. You should periodically check the tool to see if a due date has been listed for your provider or supplier.

17. My due date is a month away but I have not received an email/mail notice from my MAC. What should I do?

Providers/suppliers who are within 2 months of their listed due dates on <https://data.cms.gov/revalidation> but have not received a notice from their MAC to revalidate, are encouraged to submit their revalidation application.

18. Can I submit my revalidation early, if TBD (To Be Determined) is listed as my due date?

No. If TBD is listed, please do not submit a revalidation application. This is considered an unsolicited application and it will be returned to you by your MAC.

19. 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 6 months in advance of the due date). All unsolicited revalidation applications will be ***returned***.

20. Do we need to submit a new Electronic Funds Transfer (EFT) Agreement with our revalidation if there are no changes?

If you have submitted a CMS-588/EFT Agreement to your MAC after May, 2010 or September, 2013, then you have the most recent version of the EFT form on file, so a new EFT form is not required to be submitted with your revalidation application.

21. What happens if I fail to submit my revalidation by the due date?

If your application is received after the due date, or if you provide additional requested information after the due date (including an allotted time period for US or other mail receipt) your provider enrollment record (a record of your provider/supplier enrollment information that is reported via

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any submitted CMS-855 paper application or via PECOS) will be deactivated. Providers/suppliers deactivated will be required to submit a full and complete application in order to reestablish their provider enrollment record and related Medicare billing privileges. The provider/supplier will maintain their original PTAN; however, an interruption in billing will occur during the period of deactivation resulting in a gap in coverage.

22. If we upload digital documents to PECOS, do we need to mail them in as well?

No. There is no need to re-send, if the supporting documents are uploaded into PECOS.

23. Are there exemptions from revalidation?

No. All providers and suppliers are required to revalidate their enrollment information every 5 years and every 3 years for DMEPOS suppliers. CMS also reserves the right to request off-cycle revalidations.

24. Can I request an extension if more time is needed to complete my 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 for submit their revalidation application into the MAC prior to their due date.

25. There are 2 records displaying on the Revalidation Lookup Tool for our NPI. One displays a due date and the other a TBD, which one is correct?

Both are correct. Providers and suppliers are required to revalidate per enrollment record. Therefore, if you have multiple enrollment records with Medicare that utilize the same NPI, you will see two records listed in your search. You may be asked to revalidate your enrollment at different times and should comply with the due dates listed.

26. Am I required to pay an application fee with my revalidation application?

Institutional providers and suppliers are required to pay the application fee when submitting a revalidation application. CMS has defined “institutional provider” to mean any provider or supplier that submits a CMS- 855A, CMS-855B (except physician and non-physician practitioner organizations), or CMS-855S forms. Please visit <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareApplicationFee.html> for the current calendar year (CY) application fee.

If applicable, pay your fee by going to <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do>.