REVALIDATION APPLICATION CHECKLIST

The below items shall be addressed prior to submitting your revalidation application. Failure to address these items could result in a delay in processing your revalidation application.

INDIVIDUAL PROVIDERS

☐ Addressed all PTANs on the letter
☐ Provided National Provider Identifier (NPI)
☐ Provided all practice locations
☐ Clicked the “Complete Submission” button on the Submission Page (if submitting via Internet-based PECOS)
☐ Selected “You are revalidating your Medicare enrollment” in Section 1 of the appropriate CMS 855 application as the reason for the application (If submitting via paper)
☐ Electronically signed the online application or signed, dated, and mailed to the Medicare Administrative Contractor (MAC) your paper certification statement
☐ Provided IRS documentation confirming your Legal Business Name and Employer Identification Number (i.e., IRS CP-575, LTR 147C)
☐ Provided a copy of board certifications (Non Physician Practitioners (NPPS) (only)
☐ Provided a copy of Final Adverse Legal Action Documentation and Resolution (if applicable)
☐ Provided a CMS-588 Electronic Funds Transfer (EFT) form including an original voided check or bank letter (Individual providers that reassign all benefits to a group are not required to submit the CMS-588)

ORGANIZATIONAL PROVIDERS AND SUPPLIERS

☐ Addressed all PTANs on the letter
☐ Provided all National Provider Identifiers (NPIs)
☐ Provided all practice locations
☐ Clicked the “Complete Submission” button on the Submission Page (if submitting via Internet-based PECOS)
☐ Selected “You are revalidating your Medicare enrollment” in Section 1 of the appropriate CMS 855 application as the reason for the application (If submitting via paper)
☐ Electronically signed the online application or signed, dated, and mailed to the Medicare Administrative Contractor (MAC) your paper certification statement
☐ Provided IRS documentation confirming your Legal Business Name and Employer Identification Number (i.e., IRS CP-575, LTR 147C)
REVALIDATION APPLICATION CHECKLIST

☐ Provided a copy of Business Licenses or Certifications (If applicable)
☐ Provided a copy of Final Adverse Legal Action Documentation and Resolution (if applicable)
☐ Provided proof of application fee payment or hardship exception (if applicable)
☐ Provided a diagram/flowchart in addition to completing Section 5 (groups/organizations only)
☐ Provided a government responsibility letter (if Section 5 of the CMS-855 form identifies a governmental organization)
☐ Provided IRS determination letter, if registered with the IRS as “non-profit”
☐ Provided a CMS-588 Electronic Funds Transfer (EFT) form including an original voided check or bank letter (Individual providers that reassign all benefits to a group are not required to submit the CMS-588)