



MLN Connects®

National Provider Call Transcript



**Centers for Medicare & Medicaid Services
Provider Enrollment Revalidation Call
MLN Connects National Provider Call
Moderator: Diane Maupai
March 1, 2016
2:00 pm ET**

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Operator: At this time, I would like to welcome everyone to today's MLN Connects® National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Diane Maupai. Thank you. You may begin.

Announcements and Introduction

Diane Maupai: Well, thank you, and hello everyone. This is Diane Maupai from the Provider Communications Group here at CMS in Baltimore and I'm your moderator today. I'd like to welcome you to this MLN Connects National Provider Call on Provider Enrollment Revalidation. MLN Connects Calls are part of the Medicare Learning Network®.

During this call, CMS subject matter experts will provide information on what's ahead for the second cycle of revalidations. A question-and-answer session will follow the presentation.

Before we get started, I have a couple of announcements. You should have received the link to the slide presentation for today's call in previous registration emails. If you've not already done so, please view or download the presentation from the following URL, www.cms.gov/npc. Again, www.cms.gov/npc.

At the left side of the webpage, select National Provider Calls and Events, then select the date of today's call from the list. And second, this call is being recorded and transcribed. An audio recording and a written transcript will be posted to the [MLN Connects Call](#) website. An announcement will be included in the [MLN Connects Provider eNews](#) when these are available.

Thank you to everyone who submitted questions. Today's presentation is going to address the large majority of them. All the questions have been reviewed and will be considered in developing future outreach and education.

At this time, I'd like to turn the call over to Alisha Banks. She's the director of the Division of Enrollment Operations in the Center for Program Integrity.

Presentation

Alisha Banks: Thank you, Diane. And I would like to welcome everyone for attending today's Provider Enrollment Revalidation Cycle 2 session. Today, we plan to cover—and I'm on slide 3 for those following—what is revalidation and why is it important, Revalidation Cycle 2, and what's upcoming in that cycle. We're going to talk about some

process and improvement in Cycle 2 and also some helpful resources that are available for you for additional questions. And then we'll end with a question-and-answer session.

What Is Revalidation?

Slide 4. What is revalidation? So, revalidation is covered by our regulation—that's 424.515—and it requires all providers to resubmit and recertify the accuracy of their enrollment information. And this ensures that we have accurate and up-to-date enrollment information on file for providers and suppliers that are enrolled in the program.

Revalidation is required for all DME suppliers every 3 years and all other providers and suppliers every 5 years. And we also require that all providers be revalidated under the new screening requirements as required by the ACA.

Revalidation Cycle 2

Moving on to slide 5. We first began Revalidation Cycle 1 in 2001, and we were required to have all revalidation letters mailed by March 23rd, 2015. And we met that deadline. In some cases, some of the Medicare Administrative Contractors are still in the process of finalizing those Cycle 1 revalidation applications. So, some of you may still be working with your MAC to finalize those applications.

We listened to some of the concerns raised by providers from Cycle 1 and wanted to improve our process. So, our goal with Cycle 2 is to streamline the revalidation process. We're also implementing process improvements that reduce the burden on providers and suppliers and also on our Medicare contractors. And we also want to create a standardized process across all MACs, so all MACs are doing things consistently.

Processing Improvements

Moving on to slide 6, some of the process improvements that we have implemented are established due dates. So, CMS is now establishing due dates by which providers and suppliers are required to revalidate. The due dates will be based on the last day of each month, so each provider will have a due date that is consistent with the last date of a month within the year.

And the providers' and suppliers' due dates will generally remain with them for future revalidation cycles; so, this is a heads up to them that on this day every 3 or 5 years, they will be due for revalidation.

Slide 7. Another process improvement we have done is posting the due dates online publicly for the providers and suppliers to review. The lists are available on [cms.gov](https://www.cms.gov) on our Lookup Tool. The providers will have an option of reviewing specific providers by individual providers or downloading the complete list of provider data that we have available online. For those providers that are due for revalidation, there will be a due

date listed. For all other providers not up for revalidation, there will be a TBD listed on the file, so, “to be determined.” And we will update those lists periodically.

Our plan is to post the list up to 6 months prior to the revalidation due date; however, this first list may not be the full 6 months posting. It may be a little shorter just because it’s the first list that we have made publicly available.

Also online, we will make a crosswalk available for those providers or organizations that have multiple reassignments to their groups and they want to see the listing of all those individuals that are linked and their revalidation due date.

And in addition, the list will include all currently enrolled providers and suppliers; so, it will be a full list of providers that are enrolled. Those that are due for revalidation will have a due date specified and those not will display the TBD.

Moving on to slide 8. In addition to the posted list, your MACs will still send out revalidation notices. The notices will be sent within 2 to 3 months prior to the due date that has been established. The MACs will send the revalidation notices either through email based on the email addresses that we currently have on file or through mail to at least two of the reported addresses that we have on file of correspondence or special payment address and/or the primary practice location address.

So, we will – for the group members or those individuals that reassign to a group on their revalidation notices, we will include the organizations or identifying information for the organizations they’ve been reassigned to in lieu of the PTANs, so they have additional information to help them submit complete and full applications to their contractors.

Oh, just a note, we want to encourage providers that, if you have not received a notice from your MAC, but you see that you are identified on the list of the due date and it’s been 2 months within your due date that you submit your revalidation application, just so you make sure that you comply and get your application in so it doesn’t exceed the due date.

On slide 9, we talk about unsolicited revalidations. So, we define unsolicited revalidations as revals that are submitted more than 6 months in advance of their due date, they are listed as TBD on the CMS list, and you have not received an email or mail letter from your MAC requesting you to revalidate.

So, we’re encouraging providers to do not submit revalidation applications if they haven’t been requested to revalidate because those applications will be returned by your contractor. And we want to avoid the contractors from receiving an influx of applications from providers that are not yet due for revalidation. However, if your intent is to submit a change of information application, we still encourage you to do so

because we want to make sure that your enrollment file remains up to date and accurate even though you are not due for revalidation as of yet.

On slide 10, for deactivation, if you fail to submit a complete application or fail to respond to revalidation at all, or to want to get contractor's request for – sorry – development, there is a chance that your application or your enrollment could be deactivated. So, we encourage all providers to submit complete and full applications to their contractor when it's time for them to revalidate and respond to all contractors' requests for information timely to avoid your enrollment being deactivated.

On slide 10, once you've been deactivated and you need to reactivate your enrollment, you will be required to submit a full application in order to so. We will allow you to maintain your original PTAN; however, you will not be able to bill for services provided during that time that you were deactivated. So, we encourage you to submit all applications prior to your due date to avoid being deactivated and losing a time of span that you're not able to submit claims and be paid for the services provided.

Your reactivation date will be based on the day that you submitted your reactivation application. So, there will be a break in service if you've been deactivated and you are now attempting to reactivate your enrollment record. And this will also not allow providers to retroactively bill for services provided; so, it's very important that you submit your application in the timeframe that we've allotted.

Helpful Resources

On slide 12, I wanted to identify some helpful resources available to you. So, we do have a revalidation webpage on cms.gov, and that link has been provided as part of the slides. On that website, we include the posted due date list, which allows you to search individually for providers or download the complete dataset of all providers that are due for revalidation or pending revalidation. The revalidation or the reassignment crosswalk list is also available on that site.

We've included a MLN Matters® article SE1605 titled "Provider Enrollment Revalidation Cycle 2" that walks you through the process and includes all the improvements that we've identified today during this call. And we've also posted some frequently asked questions that could consist – assist you with additional questions or concerns you may have on this process.

Also identified is the MAC contact list. So, if you have questions specifically for your MAC that you need to ask regarding this process, you can reach out to them, and it has the contact information for each MAC on there.

And if you have further questions, you can always email our provider enrollment mailbox, so that's providerenrollment@cms.hhs.gov for additional questions that are not addressed in any of the posted information that we've made available.

Now, I will turn it over to Diane.

Keypad Polling

Diane Maupai: Thank you, Alisha. At this time, we're going to pause for a few minutes to complete keypad polling so that CMS has an accurate count of a number of participants on the line with us today. Please note there'll be a few minutes of silence while we tabulate the results. Kalia, we're ready to begin polling.

Operator: CMS appreciates that you minimize the Government's teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9. Please hold while we complete the polling.

Please continue to hold while we complete the polling.

Please continue to hold while we complete the polling.

Thank you for your participation. I will now like to turn the call back over to Diane Maupai.

Question-and-Answer Session

Diane Maupai: Thank you. In a minute, we're going to begin our question-and-answer session about revalidation. In addition to Alisha, we have a number of other CMS experts on hand to answer your questions and I'm going to ask each of them to state their name before they answer the question. And I'd like to remind everyone that this call is being recorded and transcribed. Before asking your question, please state your name and the name of your organization.

And in an effort to get to as many questions as possible, we ask that you limit your question to just one. If you'd like to ask a followup question or have more than one question, you can press star 1 to get back in the queue, and we'll address additional questions as time permits.

All right, Kalia. We're ready to take our first question.

Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity. Please note your line will remain open during the time you are asking your questions, so anything you say or any background noise will be heard in the conference.

Please hold while we compile the Q&A roster.

Please hold while we compile the Q&A roster.

Your first question comes from the line of Derise Woods.

Derise Woods: Hi, this is Derise Woods from TeamHealth in Tennessee, and my question is regarding the submission of revalidation request. In the previous call, I think on the 15th of January, it was discussed that – as long as the provider appeared on the CMS published list, that those revalidations could be submitted even if the notification was not received yet. But if it was before that 6-month time period, that those applications would be rejected. Did I hear today that, only if you've received a notification, can you submit that revalidation?

Alisha Banks: No, you can also rely on the posted list. If you are within your 6-month due date reflected on the posted list, you can send in your revalidation. Or if you received a notification from your MAC to revalidate, you can submit that.

Derise Woods: OK, great. Thank you.

Diane Maupai: Thank you, Alisha.

Operator: Your next question comes from the line of Carol Dains.

Carol Dains: Hi. I'm sorry. My name is Carol Dains from Med Supply Incorporated. I went on the data search where you could find your provider name or by your NPI number, and it doesn't seem to come up every time I put it in every which way I can think of. It doesn't seem to show up, so, if I can check to see when my date is—if I'm to be determined or if I have a date set up on there yet. Is there – is that website not active as of March 1st as they said?

Hello?

Alisha Banks: Hi, this is Alisha.

Carol Dains: Sorry.

Alisha Banks: The site just went active today, so if you can provide...

Carol Dains: Oh.

Alisha Banks: ...your name and number again, we can reach out to you to make sure your specific providers are showing up on the file.

Diane Maupai: And you can use that email address that's on slide 12, I believe. Yes, slide 12.

Carol Dains: OK. So, I'll just send an email for you to double-check it because when I go to the website, you know, when I click on it and I put in my name and/or my NPI number, this comes up with no search whatsoever.

Alisha Banks: Yes, if you send...

Carol Dains: I know I'm active so...

Alisha Banks: If you send an email to that email address, we can look into it for you.

Carol Dains: All right. Thank you very much.

Diane Maupai: Thank you, Alisha.

Operator: Your next question comes from the line of Danielle Bean.

Danielle Bean: Hi. My question was about you were mentioning when someone went inactive. Is that only when they're inactive because of failure to complete revalidation? Or is that any time they're inactive, you will not retroactively approve, that you'll approve based on the date the application's received?

Alisha Banks: This is Alisha. So that specific process was only limited to revalidation. So if you...

Danielle Bean: OK.

Alisha Banks: ...don't respond at all or you don't respond to the contractor's development request, so that process would apply.

Danielle Bean: OK. Thank you.

Diane Maupai: Thanks, Alisha.

Operator: Your next question comes from the line of Diane Dauksas.

Diane Dauksas: Hi, I'm from Dr. Godoshian's office. We revalidated in 2014, and I do see, after Dr. Godoshian's name, TBD. Is this the second phase from back then – from 2014? Or is this something that's new again?

Alisha Banks: This is Alisha and that – we had a previous phase or Cycle 1 where your physician would have revalidated in 2014. So, he should not be expected to revalidate again until his 5-year regular revalidation cycle is up.

Diane Dauksas: OK. And then they will send out information again regarding that as a reminder?

Alisha Banks: Correct. So, he would be reflected on the file when he's up for revalidation, and then you would receive notification from your contractor that he's due for revalidation.

Diane Dauksas: OK. Thank you so much.

Alisha Banks: You're welcome.

Operator: Your next question comes from the line of Sherly Tone.

Sherly Tone: Hi, Sherly from TMH Physician Organization. So, I read that on here you said that, if the provider's deactivated, we will get the original PTAN, but that was not the case for one of our providers. So, is there, like, a deadline on how long the provider is deactivated?

Alisha Banks: This is Alisha. And that was one of the process improvements that we incorporated into Cycle 2. So, previously in Cycle 1, there was a change where the provider – if they submitted their revalidation beyond a certain timeframe, they would get a new PTAN and an effective date. But going forward with Cycle 2, they will maintain their PTAN but not be able to bill for the time that they were deactivated.

Sherly Tone: OK, thanks.

Operator: Your next question comes from the line of Barbara Walker.

Barbara Walker: Hi, Barbara Walker of Symmetric Revenue Solutions. So, are the providers no longer granted a 120-day grace period after they're deactivated?

Alisha Banks: This is Alisha again, and, no, that process has not been incorporated into this cycle.

Barbara Walker: OK. Thank you.

Diane Maupai: Thanks, Alicia.

Operator: Your next question comes from the line of Christal Ferree.

Christal Ferree: Hi, this is Christal Ferree from Banner Health. My question is, once we submit those revalidations, there is a Noridian online status search that you can find the status of your application. That has not worked for many, many months. Is there a status as to when we're going to be able to use that? That's such a timesaver instead of calling in and entering all the prompts to talk to an online – or a rep to find out the status of the application.

Alisha Banks: This is Alisha. We can follow up with Noridian to see why it's not working and when we – they can expect it to be working again. If you want to send an email...

Christal Ferree: OK.

Alisha Banks: ...through the mailbox then we can provide you an official response once we contact them.

Christal Ferree: OK. Thank you.

Operator: Your next question comes from the line of Luis Sologuren.

Luis Sologuren: Yes, how are you doing? This is Luis Sologuren from American Homecare Equipment. About 2 weeks prior to receiving our notice of revalidation, we had submitted a form CMS-855 for a change in ownership. Do we still have to resubmit that information with new signature dates for this validation cycle?

Alisha Banks: Oh, this is Alisha. So, we do want you to continue to submit those changes even outside of the revalidation process. So, if you already initiated that submission, then you should maintain that and allow it to be processed by the MAC. Once you're up for revalidation, you would receive a second notice, and at that time you would need to revalidate.

Luis Sologuren: OK. It's just – it's just a matter of coincidence. This is coming 2 weeks apart. So, we should – we should go ahead and—which we did—submit the change of ownership information, and then, basically, submit the same form for the revalidation cycle.

Alisha Banks: Right. Since they're separate processes or separate as...

Luis Sologuren: OK. Got you. Thank you.

Alisha Banks: Thank you.

Operator: Your next question comes from the line of Rose Regel.

Rose Regel: Hello. The question has been answered. Thank you.

Operator: Your next question comes from the line of Johna Kennedy Preston.

Johna Kennedy Preston: Oh, yes. This is Johna Kennedy Preston with Kerkering Barberio. My question is for providers who are enrolled strictly for the purposes of being able to order and refer Medicare beneficiaries, does the revalidation cycle apply to them?

Alisha Banks: This is Alisha. And no, it doesn't apply. They won't be asked to revalidate.

Johna Kennedy Preston: OK. Thank you.

Operator: Your next question comes from the line of Stephanie Herold. Stephanie, your line...

Stephanie Herold: Hi.

Operator: ...is open if you're on mute.

Stephanie Herold: Can you hear me?

Unidentified female: They're in mute?

Stephanie Herold: Yes. I'm sorry, can you hear me?

Alisha Banks: Yes, I can. Go ahead with your question.

Stephanie Herold: Oh. My question is, when we do a revalidation for one of our providers and they may have an affiliation with a hospital where they're working in the clinic and the revalidation is asking for that hospital facility's information as well, is there – and then when you get to the conclusion of the revalidation application, because we're in there as a contact and they're in there as a contact, basically, are we attesting – are we revalidating for them as well?

Alisha Banks: This is Alisha. It's the provider's responsibility to revalidate. So, when he revalidates, he needs to revalidate all the information on his enrollment record, and that includes any reassignments or practice locations. So, if you are a contact coordinating his revalidation, we encourage you to coordinate with those other groups

to make sure that, when you submit that revalidation, it includes – it addresses all his active practice locations.

Stephanie Herold: OK. Thank you.

Alisha Banks: And I just wanted to clarify a previous question about the order - or the providers enrolled solely to order or refer. If they're enrolled via the 855O, then they are not required to revalidate. But if they are enrolled via the 855I and they're also a billing provider, then they will be required to revalidate.

Operator: Your next question comes from the line of Mary Hansen.

Mary Hansen: Yes. Good afternoon. I am listening to the presentation but I have no idea about where to retrieve the slide presentation that you have referred to.

Diane Maupai: Hi, this is Diane. If you go to our call website, which is www.cms.gov/npc, and go on the left-hand side where you see Provider Calls and Events, select today's date, and also – you can download the presentation on that page. But you also should have received an email today which had a link to the slides with it.

Mary Hansen: No, I did not, and I had registered over a week ago. Could you please tell me, you said forward slash, what was those letters? It cut out.

Diane Maupai: Oh, NPC standing for National Provider Call.

Mary Hansen: N – OK, NPC.

Diane Maupai: Right.

Mary Hansen: N as in no, P as in Paul, C as in call. OK, thank you.

Diane Maupai: Correct. OK, you're welcome.

That was Diane.

Operator: Your next question comes from the line of Lee Frisbie.

Lee Frisbie: Hi, this is Lee Frisbie at Advanced Billing Services. I was looking in the download data. the reassignment list. Is this for entire group revalidations?

Hello?

Diane Maupai: Give us 1 minute to confer on this question.

Alisha Banks: This is Alisha. So, if the organizations that have reassignments list individuals that reassign their benefits to those organizations then it provides a complete list of those organizations and reassignments.

Lee Frisbie: OK. So, when you say that the organization is listed, is that a group revalidation? Are those individual providers?

Alisha Banks: It's the organization and the individual provider that are linked to those organizations.

Lee Frisbie: So, it's a group revalidation.

Alisha Banks: Yes.

Lee Frisbie: Yes?

Vani Annadata: This is Vani. If I can clarify—if your enrollment is for an organization and it is on the enrollment file with a due date, then your group is up for revalidation. But if you're an individual – if you see an individual provider's enrollment with a due date, then you can go to the reassignment file to see all the organizations that reassigned to.

Lee Frisbie: Right. I guess when I see the individual organizations, my question is, do you need to submit a group revalidation?

Alisha Banks: So, the individual would do the reassignments when they were requested to revalidate. The organization just needs to revalidate their organization enrollment record.

Lee Frisbie: OK. And what is that enrollment ID on the data file?

Vani Annadata: So this is Vani. Enrollment ID is a unique way of identifying your Medicare enrollment in our system.

Lee Frisbie: OK. I appreciate it. Thank you.

Alisha Banks: Thank you.

Diane Maupai: Thanks, Vani.

Operator: Your next question comes from the line of Jane Chapman.

Jane Chapman: Yes, this is Jane at Advanced Health Physical Therapy. All of my providers say TBD. How often do I need to check this list for an updated date?

Vani Annadata: So, this is Vani. I think our initial list goes for – I mean, states approximately 5 months of revalidations that are due. But after a couple of months, we're going to update that list every month. So, it would be beneficial for you to check that list every 30 days.

Jane Chapman: OK. Thank you.

Vani Annadata: After that.

Jane Chapman: Thank you.

Diane Maupai: Thanks, Vani.

Operator: Your next question comes from the line of Frank Rodriguez.

Frank Rodriguez: Hi. My name is Frank Rodriguez. I'm from Carepoint Health Medical Group. I deal with, actually, two large groups and three hospitals. When dealing with the groups, is there a way – I know you were saying that there's going to be a crosswalk where we could put the group NPI and see everybody that's due, but where is that? Because I'm trying to click everywhere and it's not coming up. Because we had the issue with last revalidation that some providers will revalidate and forget to revalidate us. And I was always chasing back and forth.

Hello? Hello?

Joseph Schultz: Excuse me, this is Joe Schultz. So you – we'll have to look up your providers individually in order to know when they're up for revalidation. Does that answer the question?

Frank Rodriguez: There's no way to pull the group up by NPI – PTAN or NPI or...?

Joseph Schultz: That's correct.

Unidentified male: Good.

Frank Rodriguez: OK. Thank you.

Vani Annadata: So, this is Vani. If you're utilizing the files tool, the reassignment file does have an organization. You can link it back to the enrollment file to see all the individuals that are up for revalidation for your specific group. And also, as part of the Search tool, there is a Receiving Entity block where you can put in the organization or the group's name and see who are all the individuals that are up for revalidation.

Frank Rodriguez: By putting the group name, correct?

Vani Annadata: Yes.

Frank Rodriguez: Thank you. Take care.

Diane Maupai: Thanks...

Operator: Your next question – your next question comes from the line of Nicholas Wang.

Nicholas Wang: Yes, I believe this is a followup question to the individual that was – who answered the question – or asked the question before. But we are also a large organization that has over 1,000 providers reassigning their benefits to our group enrollment. And we received a notice – I mean, as the authorized official, we received a notice listing all the providers that are selected for revalidation. Is this an ongoing list that we'll be receiving as the authorized official? And who will be – who will be receiving this notification?

Alisha Banks: So, this is Alisha. So, for those large groups, the MACs will individually coordinate revalidation submissions. So, they will send out a notice to those large groups identifying the providers that are reassigned to their groups and when they're due for revalidation. And that's something that we'll continue ongoing. And I believe that they are reaching out to the authorized or delegated official of that group or the contact person.

Nicholas Wang: OK. Thank you.

Operator: Your next question comes from the line of Liz Ellis.

Liz Ellis: Hi. I'm also – I also belong to a large group, and we found that it was – it's been quite challenging in receiving the letters and being able to find out if our providers are due for revalidation. There is no way for us to be able to find out – well, actually, let's go back to this...is – should we be checking at the beginning of the month or the end of the month? Because to go back and check each individual provider, it's a chore. So, it'd be good to know when – what part of the month we need to be checking.

Alisha Banks: So, this is Alisha. We can attempt to post at the beginning of the month to make it easier for providers to view.

Liz Ellis: So, there will be confirmation on that in somewhere in writing so that we can refer back to that for stuff that didn't make it to this meeting?

Alisha Banks: We can make it – we can post it or update our outreach material to make sure it's identified that we'll update it on the beginning of the month and also the website.

Liz Ellis: Terrific. Thank you.

Operator: Your next question comes from the line of Michelle Bellavance.

Michelle Bellavance: Hi. My question was actually answered in one part, but I do have another question. I do have a provider that has been deactivated and when I go on to the due date Lookup tool, it specifies "to be determined." So, I'm not sure it's not going to show a past date of when she was due. She's already deactivated, so there are no dates on here. It's just "to be determined."

Alisha Banks: So, this is Alisha. And she may have been deactivated during the Cycle 1 Revalidation. So, this was something...

Michelle Bellavance: Yes.

Alisha Banks: ...that occurred during the Cycle 1 Revalidation, and there would be a "to be determined" on the Cycle 2 because she needs to address it – address her revalidation from the previous cycle.

Michelle Bellavance: OK. Thank you. And on the Cycle 2, is it March 1st, 2016? I have actually received new PTAN letters, actually just this week. So, in the reactivation, the provider/supplier will maintain their original PTAN. When does that move forward?

Alisha Banks: So, it begins with Cycle 2, which is starting this month. So, if they're...

Michelle Bellavance: This month.

Alisha Banks: ...still receiving new PTANs, that's probably from the previous cycle, where that instruction applies.

Michelle Bellavance: Thank you so much.

Alisha Banks: You're welcome.

Operator: Your next question comes from the line of Julie Wahl.

Julie Wahl: Hi. This is Julie Wahl from Evergreen Health. I'm having trouble with your reassignment list. Am I able to see which providers under my organization are up for revalidation? Because all I see is a list of our organizations, but no providers. How do I get the list of the providers under our tax ID?

Vani Annadata: Yes, I think. So, this is Vani again. I think we addressed this question before, so you can go to the reassignment file. And if you can identify your organization name, then you can link to the main file to see who are all the providers that are up for revalidation.

Julie Wahl: So, yes. And I was able to sort by our organization, but there's, like, no names. There's like an enrollment ID, which I don't know what that's linked to. I don't know which providers are linked to.

Vani Annadata: So, you have to join the reassignment file to the enrollment file. So, you have to download both files and join using the enrollment ID as the key. But if you need further help, you can send us an email, and then we can help you with that.

Julie Wahl: OK. Is there any way they can link those files on the Search?

Vani Annadata: So, you can also use the Search tool to query that way. But if you want to download the files, we cannot join both of the files, because that will be redundant and it will cross-multiply. That's why we provided you with two files, and then you can join or you can use the Search tool.

Julie Wahl: OK. Thank you.

Vani Annadata: Sure.

Operator: Your next question comes from the line of Joanne Shannon.

Joanne Shannon: Yes, hi. This is Joanne. I'm calling from CSI Medical Billing. I'm wondering, how are you guys going to determine deactivation date?

Alisha Banks: So, this is Alisha. It would be based on the date that your revalidation was due allowing the contractor additional time to make sure that your application wasn't submitted and is not sitting in – at their – in their files at their shop.

Joanne Shannon: Oh, OK. So, pretty much the end of the month is going to be the deactivation date, if it happens.

Alisha Banks: Correct, in line with your due date.

Joanne Shannon: OK, good. All right. Thank you.

Operator: Your next question comes from the line of Lilly Aiello.

Lilly Aiello: Yes, I'm looking up our – we're a small group. And I'm looking up our NPIs for each one of our providers. And I only have one of our providers that is under revalidation at the end of June. But the rest of them says "to be determined." Will the group ever be to where we could revalidate everyone at the same time?

Alisha Banks: This is Alisha, and there's a possibility that they won't be revalidated at the same time.

Lilly Aiello: OK. So, we have, you know, each like the five that's in the group that they can revalidate at separate times each. But do we ever have to revalidate the group as a whole?

Alisha Banks: Yes...

Lilly Aiello: Because they have their separate NPI, also.

Alisha Banks: Yes, you will revalidate the group, but it wouldn't require you to revalidate the individual physician reassigned...

Lilly Aiello: Each one of the individuals. OK, got you. All right. Thank you.

Alisha Banks: Welcome.

Operator: Your next question comes from the line of Gina Noon.

Gina Noon: Hello. This is Gina, and I am calling from Concept Medical Incorporated. I have a question because I'm a little confused. When I look on the website, our revalidation due date is to be determined. But we did receive a letter stating to send in a revalidation immediately.

So, I don't know – I'm a little confused. I don't want to send it in under the unsolicited revalidation, but yet I do have a paper that says to immediately submit an update as a revalidation request. So, what do I do there? What is my date?

Alisha Banks: Could you send that question to the provider enrollment mailbox, and we'll take a look at the specifics involving your scenario?

Gina Noon: Sure. Thank you.

Alisha Banks: Thank you.

Operator: Your next question comes from the line of Celina Reyes-Levine.

Celina Reyes-Levine: Thank you very much. My name is Celina Reyes-Levine. I work in my office—individual psychotherapy office—and I was revalidated on – oh, let’s see, I was approved I should say on the 855I on May 12th, 2015. So, when do I have to revalidate? It’s – this is good for how long?

Alisha Banks: So, this is Alisha. So, providers – the regular reval cycle – it is every 3 years for DME suppliers and every 5 years for all other providers and suppliers. So, if you recently revalidated in May of this year, then you wouldn’t be required to revalidate for another 5 years, if you are...

Celina Reyes-Levine: OK. So it will be every 5 years. OK. Thank you very much.

Alisha Banks: You’re welcome.

Operator: Your next question comes from the line of Maria Barteaux.

Maria Barteaux: Hi. This is Maria Barteaux from the Department of Public Health. We have several contractor agencies who provide specialty mental health services to county duly eligible Medi-Cal and Medicare clients. We would like to revalidate our provider enrollment so that these contract agency clinicians who provide services to the county clients are under the county’s PTAN. Is it possible to reassign them to our group at this time?

Alisha Banks: Could you send that question to the provider enrollment mailbox, and we’ll investigate and respond back to you?

Maria Barteaux: Oh, is that the provider mailbox that is listed in the MLN? Is that the ML – CMS-MLNConnectNPC@BLH?

Diane Maupai: This is Diane. No, it’s the one that’s on slide 12 of the deck today. It’s provider – I believe it’s providerenrollment@cms.hhs.gov.

Maria Barteaux: OK. Thank you.

Diane Maupai: You’re welcome.

Operator: Your next question comes from the line of Wanda Munson.

Wanda Munson: Hi. My name is Wanda Munson. I’m calling on behalf of Ameripath Hospital Services Florida, LLC. My question is in regards to PECOS. We completed all of our enrollments online, and we service both independent labs and large clinical groups for pathology. So my question is in regards to PECOS. Can we utilize PECOS for revalidation, because there’s a revalidation status in there? Will you be utilizing that on a frequent basis to provide updated revalidation information?

And my question's kind of twofold regarding PECOS, too, in regards to that, when we indicate multiple contact names within PECOS, can there be a change to indicate a primary contact name? Because when notifications are sent to multiple enrollment coordinators, we're not sure whose application that's referencing.

Alisha Banks: This is Alisha. For the first question, we actually encourage providers to use PECOS to submit their revalidation applications. It's an easier process. All of your information will be displayed on the screen, and you can just go through and change which sections or update which sections need to be updated. And it – the submission process is easy. So if you are – have access to PECOS, we encourage you to submit it for your revalidation.

Wanda Munson: Yes, my question was, are – do you frequently update that revalidation status information so that we can go by that as a guideline when we need to revalidate a provider as opposed to going to the CMS website and viewing the listing?

Vani Annadata: So, this is Vani. Yes, that revalidation status would be updated in PECOS in a timely manner.

Wanda Munson: OK, OK. That's good to know. And then my other question...

Wanda Munson: OK.

Operator: Your line is still open.

Alisha Banks: For your second question about enhancing PECOS to include a primary contact, we can take that back and see about including that as a future enhancement.

Wanda Munson: OK, great. Thank you. That concludes my question.

Operator: Your next question comes from the line of Pat Fraser.

Pat Fraser: Hi. I had a question in that, as I look up our matching entities receiving reassignments, there are therapists on there who used to work for us, but who are no longer here. Am I supposed to do a revalidation on them or where they currently work will do the revalidation?

Alisha Banks: This is Alisha. If they're no longer employed by your group or reassigned to your group, you should submit an 855R to terminate that reassignment. And then if they have outstanding or other active reassignments, that will be their responsibility to revalidate at that time.

Pat Fraser: OK, OK. Thank you very much.

Alisha Banks: You're welcome.

Operator: Your next question comes from the line of Debbie Miller.

Debbie Miller: Hi. This is Debbie Miller. We do home health in Texas, and my question was kind of answered with the PECOS. The revalidation we can do on PECOS, and I just wanted to make sure that – on the 855A, that those would also be updated on PECOS and we could revalidate there, correct?

Alisha Banks: This is Alisha, and that's correct.

Debbie Miller: Thank you.

Operator: Your next question comes from the line of Karen Duderstadt. Karen, your line is open.

Karen Duderstadt: Can you hear me?

Alisha Banks: Yes.

Karen Duderstadt: Hello?

Alisha Banks: We can hear you.

Karen Duderstadt: OK. I just have a quick question. I just had two new enrollees last September. So, my understanding—I won't have to revalidate for another 5 years. Is that correct?

Alisha Banks: Yes, that's correct.

Karen Duderstadt: OK. That's it. Thank you.

Operator: Your next question comes from the line of Derise Woods.

Derise Woods: Hi. This is Derise Woods again from TeamHealth. My question is with reference to the lists that are available for large groups. Do we know what size or number of providers constitutes a large group?

Alisha Banks: This is Alisha, and it's 250 or more reassignments.

Derise Woods: OK. All right. Great. Thank you very much.

Operator: Your next question comes from the line of Lori Pingston.

Lori Pingston: Yes, this is Lori Pingston from Beaufort Memorial. I have a question on Round 1, when you said that you did retro back for revalidations, you retro'ed back to the original day, correct?

Alisha Banks: Correct, as long as it was submitted within a certain timeframe, so if the...

Lori Pingston: OK. So, if I have a question, because I'm getting rejections for a MRI provider saying that the provider wasn't PECOS-enrolled during that time, I can just send an email to that email and they can tell me if there was a gap.

Alisha Banks: Correct, because...

Lori Pingston: OK.

Alisha Banks: ...there could be a gap if the – depending on how long the reactivation was...

Lori Pingston: Yes.

Alisha Banks: After you were deactivated.

Lori Pingston: OK. All right. Thank you.

Alisha Banks: You're welcome.

Operator: Your next question comes from the line of Denise Blaine.

Denise Blaine: My question has already been answered. Thank you.

Operator: Your next question comes from the line of Dalia Harrison.

Diane Maupai: Kalia, can we hold that question for 1 minute?

Dalia Harrison: Sure.

Joseph Schultz: Right. Thank you. I just wanted to – this is Joe Schultz. I wanted to clarify a previous question. The caller had asked that, if they had just enrolled their providers, can they depend on the revalidation being 5 years from now? And I did want to clarify that, just because a provider may be new to your group, it does not always mean that they're not enrolled somewhere else in Medicare.

So you need to communicate with your providers to know, if they have existing Medicare reassignments, they may be required to revalidate at any time. So a best practice would be to check your provider file on a monthly or bimonthly basis to see if your providers are up for revalidation. That's all.

Diane Maupai: Thank you, Joe. We're ready for the next question.

Dalia Harrison: This is Dalia Harrison with Novant Medical Group. We have actually two questions. The list that will be posted on a monthly basis, will it have a refresh date, you know, giving a date that when you posted the list? And then the second question— is this list going to be posted bimonthly or just once every month?

Vani Annadata: So we will try to – this is Vani. So the current due dates run from May – end of May to October. But starting June 1st, we will start uploading the next month's due date to the existing list. So on the first of every month, we'll try to upload the new set of providers that are due for the upcoming month.

Dalia Harrison: OK, that makes sense.

Vani Annadata: Thank you.

Operator: Your next question comes from the line of Brian Veneman.

Brian Veneman: Yes, hi. My name's Brian Veneman. I'm calling from University of Cincinnati Physicians. I'm looking at the revalidation due date list. When we pull that, I see that I can pull it based – in refined, based off the state. Is there any way that we can pull all the revalidations that will be due for an organization and to have that in a file that we can export?

Vani Annadata: So, we will try to continuously make enhancements to the Search tool. And also based on the feedback we receive from the provider community, we will try to enhance those files with additional fields that are useful for you.

So from – can you kind of repeat one more time what exactly you're requesting?

Brian Veneman: Yes, so I'd like to download the revalidation due date list for all the providers within my organization; however, the only fields that I can filter on are – the only organizations that are listed are the actual organizations that are up for revalidation. I would like to pull all provide – individual providers that are up for revalidation with my group name or group NPI – whatever field I would need to use, but I want to pull all of them for – under my group.

Unidentified female: I think you were able to do it, but it only displayed it on the screen. He couldn't download.

Brian Veneman: Right, so I can – I can do the Find a Provider or Supplier Search by Receiving Entity, but it only gives me View. It doesn't give me the ability to actually export that into an Excel spreadsheet.

Vani Annadata: So, did you try the download file? Because that will take you to spreadsheet for MAC and you can filter the list and then download.

Brian Veneman: Yes, but I can't filter the list based on my organization. The only organizations that you can filter by are the organizations that are listed for revalidation. So, those organizations as a whole require revalidation. I want to be able to search for all providers that are individually require revalidation. But I want to search by all providers within my group. So, I want to search by my group name.

Unidentified female: So in the results, it doesn't list who the providers are reassigned to. They can't filter by that.

Vani Annadata: OK. We will take it back, and we'll definitely try to make those enhancements in future.

Brian Veneman: OK.

Alisha Banks: If you don't mind, could you submit that question to the provider enrollment mailbox?

Brian Veneman: Yes.

Alisha Banks: Thank you.

Operator: Your next question comes from the line of Tanya Inck-Folger.

Tanya Inck-Folger: I'm from Revelation Counseling. I'm on the – I found my name and it says that my revalidation due date is in July, but then when I click on my name, it says it's "to be determined." Wondering how that could be.

Vani Annadata: If you can send that information again, we can take a look at it. Do you – by any chance, do you have multiple enrollments in Medicare?

Tanya Inck-Folger: No. I'm a sole provider, so...

Vani Annadata: OK. If you can send that information, we can take a look at it.

Tanya Inck-Folger: And can you tell me where I send that again?

Diane Maupai: At the bottom of slide 12 of the slide deck for today, providerenrollment@cms.hhs.gov.

Tanya Inck-Folger: hhs.gov?

Diane Maupai: Correct. cms.hhs.gov

Tanya Inck-Folger: OK.

Operator: Your next question comes from the line of Linda Seyboldt.

Linda Seyboldt: Hi. I have – this is Linda Seyboldt from DuvaSawko. I have two questions. I want to confirm the reactivation date. Is that the actual date the application is received or will you backdate 30 days?

Alisha Banks: This is Alisha. It's based on the date the application was received.

Linda Seyboldt: OK. So that will be the effective date moving forward. My second question, if we put in our group NPI and then we look at the providers that reassigned, it comes up as TBD. Does that mean there's no providers assigned to the group that have revalidations due?

Vani Annadata: Yes, so I think you might want to search using the name as well because if your group has multiple NPIs, you may not have included all NPIs on that search criteria.

Linda Seyboldt: OK. And I have a group that has one NPI and there are two states. It's only pulling up the one state in the list.

Vani Annadata: So you are using the Search tool by provider, or by NPI?

Linda Seyboldt: By NPI.

Vani Annadata: Right. So if your other enrollments – do you know if your other enrollment have multiple NPIs in it or...

Linda Seyboldt: Here it is. I pulled it up by the name. It did give me both of them by name.

Vani Annadata: OK.

Linda Seyboldt: I was able to find it.

Vani Annadata: If you have a specific question for us, please do send it our way and...

Linda Seyboldt: OK.

Vani Annadata: ...we can take a look at it.

Linda Seyboldt: Thank you.

Vani Annadata: Sure.

Operator: Your next question comes from the line of Cheri Ritchie.

Cheri Ritchie: Oh. Hello? This is Cheri Ritchie, and I'm calling from Legacy Health System in Portland, Oregon. And I have a question regarding revalidation and with a provider that's in two different states. If one comes up and the other one doesn't, are we still going to go ahead and revalidate both states?

Vani Annadata: So, this is Vani. The enroll – the revalidation is at an enrollment level, so whichever enrollment is up for revalidation. That should be the only enrollment that should be revalidated.

Cheri Ritchie: OK, so we would not revalidate another state even though the provider should be coming up for revalidation?

Vani Annadata: Unless you see a due date for that other enrollment there.

Cheri Ritchie: OK. All right. Thank you.

Operator: Your next question comes from the line of Carolyn Bell.

Carolyn Bell: Hi. This is Carolyn Bell with Dr. Mary Milam's office, and I just wanted to see – did you say that we would get an email or a letter to let us know if we needed to be revalidated? Or do we go online to check that, as you say, every 30 days? And also, while we're in the revalidation period, are we still activated?

Alisha Banks: This is Alisha. And your contractor will still send a letter regardless of the posted list that's on the website. And then your second question...you will still remain in an active status while you're in the revalidation process unless...

Carolyn Bell: Oh, OK. Thank you.

Alisha Banks: ...you fail to respond or you don't respond at all, and then you could be deactivated.

Carolyn Bell: OK. Thank you.

Operator: Your next question comes from the line of Meadow Jewett.

Meadow Jewett: Hi. This is Meadow Jewett with Park Nicollet Clinic. I am wondering if you've made any changes to – if I have a new hire with my facility but they're up for revalidation with a prior or a former employer, will we be required to get that revalidation completed until we get the new hire – or so we can't get our new hire paperwork completed? Or will we be able to do that new hire paperwork even though they're up for revalidation with another company?

Alisha Banks: Well, this is Alisha. You can still submit the application to get your new hire enrolled. And then once you're requested to revalidate, you should respond to that request as well.

Meadow Jewett: So, is this a change for this year? Because last – for round one, we tried to submit new hires and they'd say we can't enroll them because they're up for revalidation with company XYZ.

Alisha Banks: So, the revalidation shouldn't have an impact on you submitting applications to identify new employees that have joined your practice.

Meadow Jewett: OK. If we have – if I have a problem in the future with that, would I use this email from page 12?

Alisha Banks: Yes.

Meadow Jewett: OK, perfect. Thank you.

Alisha Banks: You're welcome.

Operator: Your next question comes from the line of Mary Jo Judge.

Mary Jo Judge: Hello. Can you hear me?

Alisha Banks: Yes, we can hear you.

Mary Jo Judge: OK. I think we've gone over this and over this, but I just need to clarify again. If we have a provider – if we have a provider that gets deactivated and we've received – or he has done services – he didn't know he was deactivated, he's already done services, they won't – you won't go back to those claims that were denied, right, for a retroactive date?

Alisha Banks: That's correct. So, any services that he provided during the period that he was deactivated, he would not be able to get paid for.

Mary Jo Judge: And that – that hasn't changed then, right? Because they used to go back to their original effective date.

Alisha Banks: Correct. So that's the change of this new cycle.

Mary Jo Judge: OK. Thank you.

Operator: Your next question comes from the line of Crystal Williams.

Crystal Williams: Hi. This is Crystal Williams with ARUP Laboratories. I have a question on site visits. We are required to do a site visit for the very first time due to these new requirements, and we're not up for revalidation for a couple of years. How do we get that in motion? Who do we need to contact to get that going?

Alisha Banks: This is Alisha. You're referring to site visits that are conducted as part of an enrollment? Or which site...

Crystal Williams: Yes.

Alisha Banks: They do. So if there's a site visit required as part of an enrollment, then we would – the contractor would initiate that during the application process.

Crystal Williams: Is there a way to do it outside of the application process?

Alisha Banks: No.

Crystal Williams: OK. Thank you.

Operator: Your next question comes from the line of Nicole Grisetti.

Nicole Grisetti: Hey, yes. I have a question around communication for the revalidations. I knew you got this stated in the PowerPoint that it's – at least two of the sources are sent an email or via mail. We are a large organization as well. We have about 1,000 providers. We found recently where we're not getting notification, and maybe a prior or another current employer the provider has.

So, do you know anything in addition to trying to use this new tool? Because obviously, for 1,000 individual providers, it may be a little bit, you know, not feasible for us to check in on a daily basis to see who's coming up for revalidation? What can we do besides appealing the ones that we were never notified for?

Alisha Banks: I'm sorry, could you repeat that question?

Nicole Grisetti: Yes. We have – I have – I work for a medical group that has about 1,000 providers. What we've noticed over the last 8 months with some of our providers for revalidation, we're not getting any notification either via email or mail. So – and then what happens is, of course, when we do the new application, we only get the 30 days back. So obviously, since we don't retro – so, what can be done besides an appeal process to commit that communication to us in addition to this Lookup tool? Because obviously, with 1,000 providers, it wouldn't be feasible for us to maintain it on a daily basis to make sure that none have been termed or a revalidation was not sent to us.

Alisha Banks: So, I think with this cycle, making the due dates available to you well in advance would help you eliminate not receiving the letter, if that's what your issue was. So if you could check the list and see when the due dates are identified for your providers, it allows you to respond in a more timely manner than just waiting on a letter from your contractor.

Joseph Schultz: And this is Joe Schultz. I wanted to clarify, as well, that every provider who has an established due date on the list will be on that list for 6 months prior to being deactivated. So, you will have 6 months in order to identify that provider using the online list.

Alisha Banks: And I think if you're a large organization, we do have instructions to the contractors to reach out to those large organizations to let them know or give them advance notice that their providers linked to the groups are due for revalidation.

Nicole Grisetti: All right. So, just to make sure, I think I'm hearing – so, there's really no accountability as far as if we're not emailed or mailed. It's the individual provider and our group's responsibility to dig and research, and if we're not notified regardless. So, there's no review of those start dates and – when we get termed and we're not aware that we were deactivated?

Alisha Banks: Correct. And if you identify yourself on the list and you still haven't received a notice from your MAC and it's within 2 months of your due date, then you are encouraged to submit that revalidation to avoid being deactivated.

Nicole Grisetti: Thank you. We were just hopeful with that large amount that we would have some accountability on communications since it's in the step process but it's not always completed. So, we've been never listed as the correspondent. So I appreciate feedback.

Zabeen Chong: Hi. This is Zabeen. If you have specific examples from Cycle 1 that you want to send us where you have not received a letter, and we can look into it and take it up with the MAC.

Nicole Grisetti: That would be awesome because I know I'm going through appeal processes now because they – even when we call our MAC, they advise that it's correct, they never did send us a notice. So, I will definitely send some examples to that email box. I appreciate it.

Zabeen Chong: And that'd be great. Thank you.

Nicole Grisetti: Thank you.

Operator: Your next question comes from the line of Maria Buss.

Maria Buss: Hi. This is Maria Buss from Turlapati Clinic in Wisconsin. I am looking at the revalidation due date Lookup tool and my – one of my providers will show the TBD. So would it be easier if he would also indicate the last revalidation date? And if the revalidation is done every 5 years and it's the responsibility – my responsibility maybe to check online 6 months prior instead of checking in there every month, you know, to see what updates you have made.

So I was just wondering if that is possible, because I do know my revalidation approval date – the last one – and just to – for you to clarify and verify it and confirm it. It is the date the revalidation was approved, correct?

And if I could have the date on the Lookup tool, then I know it kind of assures me that everything you say OK. And it's my responsibility to go in there 6 months prior to make sure the names appear under Due for Revalidation. So that's a – just a comment. And if you can respond to that, I'd appreciate it.

Alisha Banks: This is Alisha, and we can take that back as an enhancement to the revalidation tool. Thank you.

Maria Buss: Yes. Yes, I appreciate that. That will be very helpful. The other question I have is, can you talk about the Cycle 1 and Cycle 2? Who are classified to fall under Cycle 1? And what is that? Probably – that was probably addressed in prior conferences, but I just don't have an idea who is in Cycle 1 and who is in Cycle 2. And why are there two cycles?

Vani Annadata: So, this is Vani. So this may not be 100 percent accurate. So, in general sense, anyone that's kind of up to or enrolled in Medicare as of March 2011 were revalidated under Cycle 1...

Maria Buss: OK.

Vani Annadata: And for Cycle 2, anyone that's kind of enrolled in Medicare as of March 2015 – or January to March 2015, anyone that's enrolled in Medicare are due for revalidation in Cycle 2.

Maria Buss: Got it. You answered my question. Thank you.

Vani Annadata: Sure.

Operator: Your next question comes from the line of Lisa Parker.

Lisa Parker: Hi. My name is Lisa Parker. I'm calling from Nephrology in New Jersey. I'm looking up on the tool that all my physicians and my group is showing a B – TBD except for one of my physicians. Am I to – am I to take this as that Revalidation 1 has been completed, and will I be getting a letter and/or email for Cycle 2?

Vani Annadata: So, this is Vani. So, the physician that you saw is up for revalidation. You will receive a notification from your MAC depending on when that due date is....

Lisa Parker: June 30th.

Vani Annadata: For the other one – for the others, in next few months depending on when they're up for revalidation, you'll see a due date in later months.

Lisa Parker: So when will they post that, 6 months prior to?

Vani Annadata: Correct. So we'll try to...

Lisa Parker: OK.

Vani Annadata: ...give a lead time of 6 months for all the providers moving forward. Like Alisha mentioned, the very first list not everyone might have a 6-month lead time. But moving forward, we'll try to see – make sure that every provider has at least a 6-month lead time before they see their due date on that list.

Lisa Parker: All right. I have revalidated all my physicians except for this one I never got a letter for. So this is the reason why I didn't get a letter, because he's due in June. So, I can go under PECOS and revalidate him there, correct?

Vani Annadata: Correct. That is correct.

Lisa Parker: All right. Wonderful. That makes it easy. OK. Thank you.

Vani Annadata: I just...

Lisa Parker: You've answered my other questions with the other questions that were asked.

Diane Maupai: Thank you. This is Diane. We have time for one more question.

Operator: And that question will come from the line of Mary Frederick.

Mary Frederick: This is Mary Frederick from Illinois Retina Associates. My question has already been answered. Thank you.

Diane Maupai: So – one more then.

Operator: And that will come from the line of Mellisa Rice.

Mellisa Rice: Yes, hi, good afternoon. My name is Mellisa Rice. I am calling from the Spartanburg Medical Center. And my question to you is, when I went to your website and I noticed that our organization's revalidation is to be determined, however, I did not see any providers' links. So, I'm just wanting – just a little curious as to how we will make that determination fall?

Vani Annadata: So, this is Vani. Can you elaborate on which specific file you were looking at or search criteria you were using?

Mellisa Rice: I'm sorry, which – I'm sorry, say that again.

Vani Annadata: Were you using the Search tool or were you trying to look up your provider using the downloadable file?

Mellisa Rice: I did both, and when I looked under Item 1, I noticed that the Spartanburg Medical Center name does come up. The revalidation due date it states, "To be determined." However, when you're referring to providers, there are no providers attached. So, which makes me wonder, you know, should I be, you know, leery as to look back every 30 days just to see if any new providers are going to be attached or what – how is that going to be handled?

Vani Annadata: So you should be able to join those two files, but like we mentioned before, if you can send us your information, we'll try to take a look at it and help you offline.

Mellisa Rice: OK. All right. Thank you. Because we have a lot of partners. So, I would hate to miss out on, you know, anyone.

Vani Annadata: OK.

Diane Maupai: OK. Well, thank you.

Mellisa Rice: OK.

Additional Information

Diane Maupai: Unfortunately, that's all the time we have for questions today. If we didn't get to your question, you can look at our resources—the website and the new MLN article—and contact your MAC or use the address, and both of those contract – contact information is on slide 12.

An audio recording and a written transcript of today's call will be posted to the [MLN Connects Call](#) website, and we'll release an announcement in the [MLN Connects Provider eNews](#) when those are available. On slide 15 of the presentation, you'll find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. We hope you'll take a few minutes to evaluate your MLN Connects Call experience.

Again, my name is Diane Maupai. I'd like to thank Alisha and her staff. And thank you for participating in today's MLN Connects Call on Provider Enrollment Revalidation. Have a great day.

Operator: This concludes today's call.

-END-

