

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 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 in Section 6028. Medicare requires all enrolled providers & suppliers to revalidate enrollment information every five years (reference 42 CFR § 424.57(e)). 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 date of this letter to submit complete enrollment information using one of the following methods:

Providers and suppliers can enroll 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, update and submit your revalidation via the internet. Once submitted, be sure to print, sign, date, and mail the certification statement along with all required supporting documentation. In order for us to process the revalidation, the original signature and documentation must be received within 15 days of internet submission.

Physicians and non-physician practitioners will access Internet-based PECOS with the same User ID and password that they use for NPPES. For assistance in establishing an NPPES User ID and password, or if you have forgotten your ID or password or wish to change your NPPES password, contact the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326, or send an e-mail to customerservice@npienumerator.com

For provider/supplier organizations, your 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, you may request one 60-day extension, which will begin on the date of the request.

To avoid any registration issues, review the internet-based PECOS related documents available on the CMS Web site (www.cms.hhs.gov/MedicareProviderSupEnroll).

(2) Paper Application Process

To revalidate by paper, download the appropriate and current CMS-855 Medicare Enrollment application from the CMS Web site at www.cms.hhs.gov/cmsforms. Mail your completed application and all required supporting documentation to the [insert contractor name], at the address below.

[Insert application return address]

With the exception of physicians, non-physicians practitioners, physician group practices and non-group practices, providers and suppliers that are revalidating their enrollment information must submit with their application an application fee.

The **2011** application fee of \$505 or a request for hardship exception must be included with the provider enrollment application. Submit the enrollment fee via Pay.Gov prior to submitting the application (reference 42 CFR 424.514). You can submit your application fee by electronic check, debit or credit card. If you feel you qualify for a hardship exception waiver, submit a letter and financial statements to request a waiver in lieu of the enrollment fee along with your application or certification statement. Revalidations are processed only when fees have cleared or the hardship waiver has been granted. You will be notified by mail if your waiver request has been granted or if a fee is required.

For more information on the application fees and other screening requirements under the PPACA view the MLN Matters Article at <http://www.cms.gov/MLNMattersArticles/downloads/MM7350.pdf>.

You are required by regulations found at 42 CFR 424.516 to submit updates and changes to your enrollment information in accordance with specified timeframes. Reportable changes include, but are not limited to changes in: (1) legal business name (LBN)/tax identification number (TIN), (2) practice location, (3) ownership, (4) authorized/delegated officials, (5) changes in payment information such as changes in electronic funds transfer information and (6) final adverse legal actions, including felony convictions, license suspensions or revocations of a health care license, an exclusion or debarment from participation in Federal or State health care program, or a Medicare revocation by a different Medicare contractor.

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.

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].