

LONG-TERM CARE, HOME HEALTH & HOSPICE

AUGUST 10, 2011

MEDICARE PROVIDERS AND SUPPLIERS MUST BEGIN ENROLLMENT REVALIDATIONS

As of March 2011, the Centers for Medicare & Medicaid Services (CMS) implemented new screening criteria in the Medicare provider/supplier enrollment process. Newly enrolling and revalidating providers and suppliers are placed in one of three categories – limited, moderate, or high – each representing the level of risk to the Medicare program for that provider's/supplier's particular category. The categorization will determine the degree of scrutiny the Medicare Administrative Contractor (MAC) will utilize when screening the enrollment application.

All providers and suppliers who enrolled in Medicare prior to March 25, 2011 will be required to revalidate their enrollment under the new risk screening criteria required by section 6401a of the Affordable Care Act (ACA). Those who have revalidated or enrolled since then have already been subjected to the screening. The MAC will send notice to individual providers and suppliers, between today and March 2013, to being the revalidation process. Providers and suppliers are required to initiate the revalidation process as soon as they receive notice from their MAC, and must complete the process within 60 days of that notice.

Failure to comply with the revalidation program may result in the deactivation of Medicare billing privileges. The revalidation process includes the requirement to pay a fee when submitting the revalidation for institutional providers, which can be paid at www.pay.gov.

Should you have questions, please contact Todd Selby at 317.977.1440 or tselby@hallrender.com, Brian Jent at 317.977.1402 or bjent@hallrender.com, David Bufford at 502.568.9368 or dbufford@hallrender.com, or your regular Hall Render attorney.