

UPDATES TO PROVIDER ENROLLMENT REVALIDATION

OVERVIEW

Since the passage of the Affordable Care Act, all Medicare providers and suppliers have been required to revalidate their Medicare enrollment information under new screening criteria. The Centers for Medicare & Medicaid Services ("CMS") has implemented this requirement in two cycles. The first cycle of revalidation requests has concluded, and CMS is preparing to initiate the second cycle of revalidation requests.

With the second cycle of revalidation requests, providers and suppliers must be aware of some critical changes to the revalidation process. Failure to comply with the new revalidation process will potentially result in a non-recoverable gap in reimbursement.

REVALIDATION DUE DATE

The second cycle started March 1, 2016. In this cycle, CMS will assign providers and suppliers a revalidation due date. This date will always be the last day of the assigned month. Providers and suppliers will utilize the same revalidation date for future revalidations. No extensions will be granted past the due date.

Additionally, CMS has developed a [website-based database](#) that allows all providers and suppliers to search by name or NPI to view their revalidation due date.

DEACTIVATION ISSUES

Providers and suppliers that fail to submit revalidations by their due date, or fail to submit complete revalidations, face the possibility of a hold on Medicare payments and the deactivation of Medicare billing privileges.

If a provider or supplier is deactivated, a new full and complete enrollment application will be required for reactivation. The provider or supplier will maintain their original Provider Transaction Access Number; however, the provider or supplier will not be paid for services rendered during the period of deactivation.

A reactivation will become effective upon the receipt date of the new application. However, CMS will not allow retroactive billing privileges back to the period of deactivation. The provider or supplier will not be paid for any services provided during a period of deactivation.

UNSOLICITED REVALIDATION SUBMISSIONS

If the revalidation due date is listed as "TBD" (To Be Determined) on the CMS website, or is greater than six months away, CMS requests that providers or suppliers not submit revalidations yet. Any revalidations received by CMS from providers or suppliers that have a TBD due date, or if their due date is greater than six months away, will be returned to the provider or supplier as an unsolicited revalidation submission. The exception to this is if a provider's or supplier's Medicare Authorized Contractor or National Supplier Clearinghouse requests a revalidation prior to the listed due date, the provider or supplier must comply with that request.

For more information, click [here](#).

If you have any questions or would like additional information about this topic, please contact:

- Todd Selby at tselby@hallrender.com or (303) 801-3533;
- David Bufford at dbufford@hallrender.com or (502) 568-9368;
- Brian Jent at bjent@hallrender.com or (317) 977-1402;
- Scott Geboy at sgeboy@hallrender.com or (414) 721-0451; or
- Your regular Hall Render attorney.

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