



DATE

PROVIDER NAME
GROUP NAME
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP

NPI(s):
CCN/PTAN(s):

Dear (Provider 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, all new and existing providers must be reevaluated under the new screening guidelines. Medicare requires all enrolled providers & suppliers to revalidate enrollment information every five years (reference 42 CFR § 424.515). To ensure compliance with these requirements, existing regulations at 42 CFR § 424.515(d) provide that the Centers for Medicare & Medicaid Services (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 post mark date of this letter to submit complete enrollment information using one of the following methods:

Providers and suppliers can revalidate their provider enrollment 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. Please select “Revalidation”

as the reason for submission. Please note, Internet-based PECOS now allows providers and suppliers to sign Medicare enrollment applications electronically eliminating the need to mail the hardcopy certification statement to the MAC(s). If mailing the hardcopy certification statement, remember to print, sign, date, and mail it along with all required supporting documentation. To process the revalidation, the original signature and/or supporting documentation must be received within 15 days of the application internet submission date.

You must have an active National Provider Identifier (NPI) and have a web user account (User ID/Password) established in NPPES (<https://nppes.cms.hhs.gov/NPPES/Welcome.do>). Physicians and non-physician practitioners will access Internet-based PECOS with the same User ID and password that they use for NPPES.

For provider/supplier organizations who would like an individual(s) (Authorized Official) to use Internet-based PECOS on behalf of a provider or supplier organization, the 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 applications, you may request one 60-day extension, which will begin on the date of the request. The request may be submitted in writing from the individual provider, the Authorized or Delegated Official of the organization or the contact person and addressed to the MAC(s). The request should include justification of why a 60-day extension is needed. The request may also be made by contacting your MAC(s), via phone.

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

If you are having issues with your User ID/Password and are unable to log into Internet-based PECOS, please contact the External User Services (EUS) Help Desk at 1-866-484-8049 / TTY: 1-866-523-4759.

Mail your signed certification statement, (if applicable), all required supporting documentation and a copy of this letter to Novitas Solutions at the address below:

Provider Enrollment Services
Novitas Solutions
P.O. Box XXXXXX
Camp Hill, PA 17089-XXXX

(2) Paper Application Form

To revalidate by paper, download the appropriate and current CMS-855 Medicare Enrollment application from the CMS Web site at

<https://www.cms.gov/MedicareProviderSupEnroll/>. Please select “Revalidation” as the reason for submission. Mail your completed application, all required supporting documentation and a copy of this letter to Novitas Solutions at the address below:

Provider Enrollment Services
Novitas Solutions
P.O. Box XXXXXX
Camp Hill, PA 17089-XXXX

If additional time is required to complete the revalidation applications, you may request one 60-day extension, which will begin on the date of the request. The request may be submitted in writing from the individual provider, the Authorized or Delegated Official of the organization or the contact person and addressed to the MAC(s). The request should include justification of why a 60-day extension is needed. The request may also be made by contacting your MAC(s), via phone.

With the exception of physicians, non-physicians practitioners, physician group practices and non-group practices, all other revalidating providers and suppliers who submit enrollment applications using the CMS-855A, CMS-855B (not including physician non-physician practitioner organizations) or the CMS-855S or associated Internet-based PECOS enrollment application must submit with their application, confirmation that the application fee was paid or a request for a hardship exception. (Note: physicians who are DMEPOS suppliers are subject to the fee for the DMEPOS enrollment). Application fees must be submitted via PECOS <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do> which will allow payment of the fee by electronic check, debit, or credit card prior to submitting the application (reference 42 CFR 424.514). If you feel you qualify for a hardship exception waiver, submit a letter on practice letterhead and financial statements requesting a waiver in lieu of the enrollment fee along with your application or certification statement. Revalidations are processed only when application fees have cleared or the hardship exception waiver has been granted. You will be notified by mail if your hardship exception waiver request has been granted or if a fee is required. More information on who is subject to an enrollment fee can be found at <https://www.cms.gov/MedicareProviderSupEnroll/Downloads/ApplicationFeeRequirementMatrix.pdf>.

For more information on the application fees and other screening requirements under the Patient Protection and Affordable Care Act (PPACA) view the MLN Matters Article at <http://www.cms.gov/MLN MattersArticles/downloads/MM7350.pdf>.

Existing regulations at 42 CFR 424.510(e)(1)(2) require that at the time of revalidation, providers and suppliers that expect to receive payment from Medicare for services provided must also agree to receive Medicare payments through Electronic Funds Transfer (EFT). Section 1104 of the Affordable Care Act further expands Section 1862(a) of the Social Security Act by mandating federal payments to providers and suppliers only by electronic means. As part of CMS’ revalidation efforts, all suppliers and providers who are not currently receiving EFT payments **are required** to submit the CMS-588 EFT Agreement with their revalidation

application, whether submitting the revalidation application via Internet-based PECOS or via paper.

Physicians, non-physician practitioners and physician and non-physician practitioner organizations must report a change of ownership, any adverse legal action, or a change of practice location to the MAC within 30 days. All other changes must be reported within 90 days. For most, but not all other providers and suppliers, changes of ownership or control, including changes in authorized official(s) must be reported within 30 days; all other changes to enrollment information must be made within 90 days.

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. We strongly recommend you mail your documents using a method that allows for proof of receipt.

If you have any questions regarding this letter, please call (XXX) XXX-XXXX between the hours of 8:00 AM - 4:00 PM EST on Monday - Thursday, and between the hours of 8:00 AM and 2:00 PM EST Friday or visit our Web site at <https://www.novitas-solutions.com> for additional information regarding the enrollment process or the CMS-855 application.

Sincerely,

Provider Enrollment Services
Novitas Solutions