Medicare Provider Revalidation Process

Compliance for Hospice Providers

July 2016

DISCLAIMER

This Compliance Guidance has been gathered and interpreted by NHPCO from various resources and is provided for informational purposes. This should not be viewed as official policy of CMS or the Medicare Administrative Contractors (MACs). It is always the provider’s responsibility to determine and comply with applicable CMS, MAC and other payer requirements.

The Affordable Care Act established a requirement for all enrolled providers/suppliers to revalidate their Medicare enrollment information under new enrollment screening criteria. The Centers for Medicare & Medicaid Services (CMS) has completed its initial round of revalidations and will be resuming regular revalidation cycles in accordance with 42 CFR §424.515. In an effort to streamline the revalidation process and reduce provider/supplier burden, CMS has implemented several revalidation processing improvements.

Providers who do not complete timely revalidation are subject to a possible hold on Medicare payment and/or deactivation of Medicare billing privileges.

How Can I Check to See When My Revalidation is Due?

Due dates are posted to the data.cms.gov website through a “Revalidation Due Date Look Up Tool”. The list will display all currently enrolled providers and will have either a Due date or a “TBD” listed. Due dates are:

- posted up to 6 months before the revalidation due date
- Due Dates are updated every 60 days at the beginning of the month

When Materials Does My Hospice Need to Gather to Complete Revalidation?

Use the CMS Revalidation Checklist to make sure that you have gathered all of the necessary documents for your revalidation application. Under the Patient Portability and Affordable Care Act (PPACA), revalidation also includes screening under new program integrity rules and your application may require additional elements.

In addition to the standard information requested during revalidation, CMS may require a hospice entity to disclose “full and complete information” confirming the identity of each person with an “ownership and control interest” in the entity. That includes an officer or member of a hospice’s board of directors, even if the entity is non-profit. In addition to the names of all board members, this could also include Social Security numbers and dates of birth for each board member. CMS is stepping up enforcement in this area in an effort to combat fraud and abuse, and to check board members against the excluded list.
Revalidations are due on the last day of the month (i.e.: June 30, July 31, August 30, etc.) You are expected to submit your revalidation application by this date. Generally, this due date will remain with you throughout subsequent revalidation cycles. For hospice providers, the revalidation frequency is every 5 years.

**How Will My Hospice be Notified About Revalidation?**

- Your Medicare Administrative Contractor (MAC) will send a revalidation notice within 2-3 months prior to your revalidation due date.
- Once notified, your hospice has 60 days to complete the revalidation request and submit your revalidation application.
- If you are within 2 months of the listed due date on Data.CMS.gov/revalidation but have not received a notice from their MAC to revalidate, you are encouraged to submit your revalidation application.
- Do not submit a revalidation if your hospice has not received an email/mailed letter from your MAC requesting you to revalidate or your due date is not listed on data.CMS.gov/revalidation.

★ The most efficient way to submit your revalidation information is via Internet Based PECOS.

**RESOURCES:**
For more information about the Medicare Provider Revalidation Process, click on the following CMS links:

- Revalidation webpage
- Revalidation Due Date Look Up Tool
- Provider Enrollment Revalidation – Cycle 2 – MLN article
- Internet Based PECOS

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