**Revalidations**

Section 6401 (a) of the Affordable Care Act established a requirement for all enrolled providers/suppliers to revalidate their Medicare enrollment information under new enrollment screening criteria. 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 that are captured below.

***The most efficient way to submit your revalidation information is by using the Internet-based PECOS*** location at [**https://pecos.cms.hhs.gov/pecos/login.do**](https://pecos.cms.hhs.gov/pecos/login.do) on the CMS website. PECOS allows you to review information currently on file, update and submit your revalidation via the Internet. You MUST either electronically sign the revalidation application or print, sign, date, and mail the paper certification statement to your MAC.  In addition, please either upload any supporting documentation into PECOS or mail it along with your paper certification statement.  Please do so IMMEDIATELY in order to avoid delays.

**IMPORTANT: Each provider/supplier is required to revalidate their entire Medicare enrollment record** to include all active practice locations and/or current reassignments.

**What’s changed with this revalidation cycle?**

* **Established Due Dates** - CMS has established due dates by which you must revalidate.  The revalidation due dates will always be on the **last day of the month** (i.e., June 30, 2016, July 31, 2016, August 30, 2016).  You are expected to submit your revalidation application by this date.  Generally, this due date will remain with you throughout subsequent revalidation cycles.
* **Posted Due Dates on Data.CMS.gov** - Beginning March 1, 2016, a listing of **all** currently enrolled providers/suppliers will be available at <https://data.cms.gov/revalidation>.  DME supplier information will currently display as blank and will not include due dates at this time.  Those due for revalidation will display a revalidation due date, all other providers/suppliers not up for revalidation will display a “TBD” (To Be Determined) in the due date field.  The revalidation due date will be posted up to 6 months in advance of the revalidation due date to provide sufficient notice and time for the provider/supplier to comply. The file will be updated periodically.

In addition, a crosswalk to the organizations that the individual provider reassigns benefits will also be available at <https://data.cms.gov/revalidation>.

Note: Available to users is a revalidation due date lookup tool or the ability to download the entire data set.  The data can be downloaded in different formats (i.e., CSV, PDF, XLS, XLSX or XML) from <https://data.cms.gov/revalidation>.

* **Unsolicited Revalidation Submissions** – unsolicited revalidations are defined as revalidation applications submitted by a provider/supplier more than six months prior to their due date.  Please do not submit a revalidation application if there is not a due date reflected on the file.  If a due date is listed as “TBD” (To Be Determined) and you have not received an email/mailed letter from your MAC requesting you to revalidate, an application should not be submitted.  **All unsolicited revalidation applications submitted more than six months in advance of your due date will be returned.  Do not submit a revalidation application if there is NOT a listed due date, unless requested to do so by your MAC or the NSC.**

**NOTE: If your intention is to submit a change to your provider enrollment record, you must submit a ‘change of information’ application using Internet-based PECOS or the appropriate CMS-855 form.**

* **Revalidation Notices sent via email/mail** - Your Medicare Administrative Contractor (MAC) will continue to send a revalidation notice within 2-3 months prior to your revalidation due date either by email (to email addresses reported on your prior applications) or regular mail (at least two of your reported addresses: correspondence, special payments and/or your primary practice address) identifying your due date.

To aide in submitting complete revalidation applications, revalidation notices for individual group members, will list the identifying information of the organizations that the individual reassigns benefits.

**NOTE:  If you are within 2 months of their listed due dates on** [**https://data.cms.gov/revalidation**](https://data.cms.gov/revalidation) **but have not received a notice from their MAC to revalidate, you are encouraged to submit your revalidation application.**

* **Deactivations Due to Non-Response to Revalidation or Development Requests** – submitting a complete revalidation application by your due date and responding to all development requests from your MAC is important to avoid a hold on your Medicare payments and possible deactivation of your Medicare billing privileges.  If your application is received after the due date, or if you provide additional requested information after the due date your provider enrollment record may be deactivated.   Providers/suppliers deactivated will be required to submit **a new full and complete application** in order to reestablish their provider enrollment record and related Medicare billing privileges.   **The provider/supplier will maintain their original PTAN; however, an interruption in billing will occur during the period of deactivation.  This will result in a gap in coverage.**

NOTE:  The reactivation date after a period of deactivation will be based on the receipt date of the new full and complete application. Retroactive billing privileges back to the period of deactivation will not be granted.