

Dermatology Coding Alert

Rural Care: Protect Your Bottom Line: Implement These Revalidation Letter Requirements

Here's the lowdown on how these CMS changes apply to your practice.

If you're a rural healthcare provider, you'll want to know the latest news CMS officials discussed during an Open Door Forum call on October 18. Read on for a few highlights about revalidation letters that your practice might need to know.

Watch for Your Revalidation Letter From CMS

As part of the Patient Care and Affordable Care Act (section 6401(a)), all new and existing Medicare providers must be reevaluated under new screening criteria that went into effect March 25, 2011. All enrolled providers and suppliers must revalidate their enrollment information every five years, to ensure that Medicare has the most current information on file.

"If your physician is newly enrolled on or after March 25, 2011, you're not affected by this effort," **Sabeen Chong, CPI**, said during the call.

Revalidation letters will be sent on a regular basis over the next year or more. "Phase one is in effect, and the first group of providers and suppliers have received their letters," Chong said.

Consequence: Failure to submit complete enrollment application(s) and supporting documentation within 60 calendar days of receiving your revalidation letter could result in Medicare billing privileges being deactivated. Physicians shouldn't be so anxious to comply that they jump the gun, however.

"Don't try to revalidate until you hear from your contractor," Chong warned. "If you respond in a timely manner once you hear from the contractor, it shouldn't interrupt your payment cycle."

Providers and suppliers can enroll in the Medicare program by paper application or by using the Internet-based Provider Enrollment, Chain, and Ownership System (PECOS).

Follow up: CMS will be posting a list of providers who should have received their notices on the CMS website. "You can check the list to be sure you're acting on things appropriately," Chong said. A listing of providers who have been sent a letter as part of Phase I is currently available in the "Downloads" section of the following web page: www.cms.gov/MedicareProviderSupEnroll/11_Revalidations.asp#TopOfPage. The list includes provider names, NPIs, and dates the letters were mailed.

So, while you are waiting for your letter, check the list periodically (once a month or so) to see if it's been mailed and keep your eyes open for such a letter from your MAC. When you do receive your letter, respond promptly (i.e., within 60 days) by completing the necessary enrollment application, either virtually in PECOS or on paper, if necessary. If you're on the list and have not received your letter, then contact your MAC immediately for more information on what you should do and ask them to possibly fax or e-mail you a copy of the letter in this regard.

Cost: Prepare now for a bottom-line hit when your practice goes through the Medicare revalidation process. "It will cost about \$500 per provider," says **Barbara Berg**, clinic administrator for Lake Chelan Clinic in Chelan, Wash.