

## Part B Insider (Multispecialty) Coding Alert

### 'Revalidation is Here to Stay,' CMS Reps Say

**Plus: The agency acquiesces and begins accepting faxed, emailed supporting documents.**

If CMS's revalidation process has been a thorn in your side, the bad news is you'll have to get used to it, because the project will be permanent. However, the bright side is that the agency has made vast improvements to the process since its inception, which should make for smoother sailing going forward.

That was the word from an Oct. 10 CMS National Provider Call with the agency's Provider Enrollment Operations Group. "Revalidation is here to stay," said CMS's **Mark Majestic** during the call. "The DME suppliers will revalidate every three years and all other providers and suppliers will revalidate every five years," he added.

Background: The revalidation project was mandated by the Affordable Care Act, and requires all 1.5 million providers and suppliers enrolled in Medicare to revalidate prior to March 25, 2015. All letters requiring revalidation will be sent by that date, Majestic said. "So if you haven't received a revalidation request yet, sometime within the next 24 or so months, you can expect to receive that in the mail."

Over the past year, CMS has met with over 100 different groups to share an overview of the revalidation process and collect insight into how it could be improved. "One of the focal points of our revalidation project was to enhance the customer service features of processing the revalidation documents, and part of the steps that were taken during the project were that MACs will conduct multiple outreach attempts before any administrative action is taken," he said.

Here's how: Once the MAC mails your revalidation letter to your physical address and your correspondence address, the MAC must make at least two telephone attempts to reach your practice before initiating any administrative action against you. This will give your practice a chance to submit the documents within the timeline.

When providers and suppliers don't respond, they will no longer have their Medicare billing rights immediately revoked, Majestic said. "Instead of revoking a supplier that fails to respond, we decided to proceed with deactivation instead of revocation. There is a mechanism in place, that should you not receive the letter and you're subsequently deactivate for failure to respond, it is relatively easy to have that number reinstated by simply submitting those revalidation documents to the MAC as requested."

#### **Fax and Email Now OK**

CMS also decided to allow MACs to accept faxed and emailed submission of supporting revalidation documents, Majestic added. In the past you may have been required to mail hard copy documents, but that will no longer be the case.

Geographic update: If you have different Medicare enrollments in different states, you won't receive all of your revalidation requests at the same time. MACs have different timelines, so they may come separately, Majestic said. In addition, the various members of your group could get the revalidation notices at different times.

Seek yellow: Your revalidation request will arrive from the MAC in a yellow envelope that you can't miss, Majestic said, so keep your eye out for that color when you get your mail.

#### **CMS Changes PECOS Submission Timeline**

Earlier this year, CMS announced that providers could submit enrollment applications and updates 60 days in advance rather than the 30 days that it was previously. However, confusion has persisted in the medical community regarding what a provider should do if their location won't be ready for a site visit or validation until that 60 day effective date.

"We have clarified our guidance with Medicare contractors, indicating if the location cannot be verified because it has not been established due to a future effective date, MACs have been instructed to process the application as far as they can and then hold the application until the effective date approaches and then validate the location," said CMS's **Zabeen Chong** during the call. "The billing number won't be issued until everything can be validated including the location."

In addition, Chong added, you may see fewer annoying requests from your MAC when the contractor can't find necessary documentation to process your application. "We now require MACs to look for missing information rather than returning the application to you," she said. "This reduces the burden on the provider, having to resubmit the entire application again and again just for one piece of information that may have been missed."