

Eli's Rehab Report

Practice Pointers: Top-12 Questions to Ask When Assessing Revalidation Compliance

If your answer isn't 'yes' to these items, it's time to do some digging

1. Is the provider's Medicare correspondence address on file current and reliable? If not, the provider may not receive a revalidation request, which may cause the filing deadline to be missed.
2. Does the provider have processes in place to track pertinent information on new and existing board members and managing employees?
3. Does the provider actively track all practice locations that are billed as provider-based?
4. Is the provider prepared to submit all required supporting documentation with a complete CMS-855, such as legal formation documents, IRS tax ID confirmations, state licenses, certifications, EFT bank account letters, and NPI confirmations?
5. Do the provider's NPIs accurately reflect applicable provider numbers and taxonomy codes, legal business names, etc.?
6. Has the provider filed a complete CMS-855 in the last 12 months? If so, the provider may be exempt from the revalidation process.
7. Does the revalidation application accurately reflect all practice locations?
8. Are Section 5's included for all organizational owners and managers, including chain home offices?
9. Are Section 6's included for all board members and at least one W-2 managing employee?
10. Does the provider retain copies of all Medicare enrollment applications, including initial enrollments, changes of ownership, changes of information, and revalidations?
11. Does the provider file CMS-855 changes of information within 90 days of all changes to practice locations, board members, managing employees, owners, authorized officials, and delegated officials?
12. Does the provider have a CMS-issued provider-based determination for each practice location listed in the 855 (if applicable)?

Editor's note: List of questions provided by Murer Consultants Inc.