

Health Information Compliance Alert

Home Health Enrollment: Avoid These Revalidation Minefields

Tip: Failing to send in your CHOW information ASAP could trip you up.

CMS and its contractors are ramping up the effort to revalidate providers' Medicare enrollment. Home health agencies need to wait until they receive a revalidation request before submitting their update, HHH Medicare Administrative Contractor Palmetto GBA says in a question-and-answer set on its website. But they should not wait to submit updates to their Medicare information, such as change in ownership (CHOW) info.

Plus: HHAs won't have to undergo another survey or submit capitalization documentation with the revalidation, Palmetto clarifies in the Q&As. The Centers for Medicare & Medicaid Services wants you to use the Provider Enrollment, Chain, and Ownership System to submit your revalidation information, it says in a message to providers.

"We have already streamlined the application process with fewer screens and new helpful prompts to let you know if information is incomplete," the agency says. "Once enrolled in PECOS, you can review your existing information online, make changes, and submit the revalidated application without having to complete the entire application. You are also able to pay the application fee (if applicable) during the online submission process."

CMS plans more improvements to the PECOS system this year, including simplifying the registration process for authorized representatives and offering digital document upload for supporting documentation, the agency says.

Reminder: All providers except physicians, non-physicians practitioners, physician group practices and non-physician practitioner group practices must submit the application fee with their revalidation or other enrollment actions, CMS says in a separate revalidation message to providers. Providers not using PECOS can pay the fee at <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do>.

Tip: "Please make sure when you Revalidate via Internet-Based PECOS that you go through each and every topic, review the information listed, and add or update any information that has changed or is missing," HHH MAC NHIC says in a message to providers. "This will ensure the most accurate information for our records."

If you don't see "Revalidation" as an option when selecting your enrollment in PECOS, you need to choose the "New Application" or "Reactivation" options, depending on which applies, NHIC instructs.

Do this: "Always enclose a copy of the Revalidation Letter that you received when you send in your certification(s) and additional information pages," NHIC says. "This will ensure accurate and timely processing of your revalidation."

When you're filling out the new 855A form, there are a few sections you can skip. "The July 2011 version of the CMS-855A application contains various new data elements in sections 5 and 6," the Centers for Medicare & Medicaid Services says in a message to providers. "Providers ... need not complete the following data elements on either the paper or Internet-Based PECOS versions of the CMS-855A application."

In Section 5, OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (ORGANIZATIONS), you can skip "Exact percentage of operational/managerial control this organization has in the provider," CMS says. In Section 6, OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS), you can skip six "exact percentage of control" items.

CMS Delays Revalidations For PECOS-Enrolled Providers

Home care providers have won a little breathing room on their Medicare revalidations -- but only if they're enrolled in PECOS. CMS "has reevaluated the revalidation requirement in the Affordable Care Act, and believe[s] it affords the

flexibility to extend the revalidation period for another 2 years," the agency says in an e-mail message to providers. "Revalidation notices will now be sent through March of 2015" instead of March 2013.

That means providers that haven't yet received revalidation requests may not see them for years. But if you've already received a revalidation notice, you need to respond to it, CMS stresses.

If you aren't enrolled in PECOS, you are on the list for providers who have already received notices, CMS notes. The notices were sent to your special payments and primary practice addresses.

Do this: "If you believe you are not in PECOS and have not yet received a revalidation letter, contact your Medicare contractor," CMS instructs. You won't be off the hook if you lost the notice or it went to the wrong address because you neglected to update your location information.

A list of providers who have been sent requests is available on CMS's website at www.cms.gov/MedicareProviderSupEnroll/11_Revalidations.asp -- scroll down to the "Downloads" section. CMS has sent about 8,900 revalidation letters so far, reports the National Association for Home Care & Hospice. It will send about 1.5 million more.

Providers who don't complete the revalidation application within the allotted 60 days will have their billing privileges deactivated (rather than revoked) after CMS has made two contact attempts, NAHC notes. That means that once the contractor has received a completed revalidation application, the provider's billing privileges will be reactivated, the trade group explains.