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Revalidation & Site Inspections by Trailblazer

Revalidation:



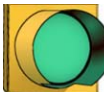
STOP – Impact to You

In Change Request (CR) 7350, the Centers for Medicare & Medicaid Services (CMS) discussed the final rule with comment period, titled, “Medicare, Medicaid, and Children’s Health Insurance Programs: Additional Screening Requirements, Application Fees, Temporary Enrollment Moratoria, Payment Suspensions and Compliance Plans for Providers and Suppliers” (CMS-6028-FC). This rule was published in the February 2, 2011, edition of the “Federal Register.” A related MLN Matters® Article is available at <http://www.cms.gov/MLN MattersArticles/downloads/MM7350.pdf> on the CMS website. **This article provides no new policy, but only provides further information regarding the revalidation requirements based on Section 6401 (a) of the Affordable Care Act.**



CAUTION – What You Need to Know

All providers enrolled with Medicare prior to March 25, 2011, must revalidate their enrollment information, but only after receiving notification from Trailblazer.



GO – What You Need to Do

When you receive notification from Trailblazer to revalidate:

- Update your enrollment through Internet-based Provider Enrollment, Chain and Ownership System (PECOS) or complete the 855O;
- Sign the certification statement on the application;
- If applicable, pay your fee thru **pay.gov**; and
- Mail your supporting documents and certification statement to Trailblazer.

See the Background and Additional Information sections of this article for further details about these changes.



Background

Section 6401 (a) of the Affordable Care Act established a requirement for all enrolled providers and suppliers to revalidate their enrollment information under new enrollment screening criteria. This revalidation effort applies to those providers and suppliers that were enrolled prior to March 25, 2011. **Newly enrolled providers that submitted their enrollment applications to CMS on or after March 25, 2011 are not impacted. Between now and March 23, 2013, Trailblazer will send out notices on a regular basis to begin the revalidation process for each Provider. Providers must wait to submit the revalidation only after being asked by Trailblazer to do so.**

Note: CMS has structured the revalidation processes to reduce the burden on the providers by implementing innovative technologies and streamlining the enrollment and revalidation processes. CMS will continue to provide updates as progress is made on these efforts.

The most efficient way to submit your revalidation information is by using the Internet-based PECOS.

To revalidate via the Internet-based PECOS, go to <https://pecos.cms.hhs.gov> on the CMS website. PECOS allows you to review information currently on file, update and submit your revalidation via the Internet. Once submitted, YOU must print, sign, date, and mail the certification statement along with all required supporting documentation to TRAILBLAZER IMMEDIATELY.

Section 6401(a) of the Affordable Care Act also requires the Secretary to impose a fee on each “institutional provider of medical or other items or services.” The application fee is \$505 for Calendar Year (CY) 2011. CMS has defined “institutional provider” to mean any provider or supplier that submits a paper Medicare enrollment application using the CMS-855A, CMS-855B (except physician and non-physician practitioner organizations), or CMS-855S forms or associated Internet-based PECOS enrollment application.

All institutional providers who respond to a revalidation request must submit an enrollment fee via Pay.Gov (reference 42 CFR 424.514). You may submit your fee by electronic check, debit, or credit card. Revalidations are processed only when fees have cleared. To pay your application fee, go to <http://www.pay.gov> and type “CMS” in the search box under Find Public Forms, and click the GO button. Click on the CMS Medicare Application Fee link. Complete the form and submit payment as directed. A confirmation screen will display indicating that payment was successfully made. This confirmation screen is your receipt and you should print it for your records. CMS strongly recommends that you mail this receipt to the Medicare contractor along with the Certification Statement for the enrollment application. CMS will notify the Medicare contractor that the application fee has been paid.

Upon receipt of the revalidation request, providers have 60 days from the date of the letter to submit complete enrollment forms. **Failure to submit the enrollment forms as requested may result in the deactivation of your Medicare billing privileges.**



Site Inspections:

For all providers – other than DMEPOS suppliers and IDTFs – that are subject to a site visit in accordance with this section, the contractor shall perform such visits using the procedures outlined in sections 20 and 20.1 of this Chapter. This includes the following:

- Documenting the date and time of the visit, and including the name of the individual attempting the visit;
- Photographing the provider or supplier's business for inclusion in the provider/supplier's file. All photographs should be date/time stamped;
- Fully documenting observations made at the facility, which could include facts such as: (a) the facility was vacant and free of all furniture; (b) a notice of eviction or similar documentation is posted at the facility, and (c) the space is now occupied by another company;
- Writing a report of the findings regarding each site verification; and
- Including a signed declaration stating the facts and verifying the completion of the site verification. (The sample declaration identified in section 20.1 of this Chapter is recommended.)

In terms of the extent of the visit, the contractor shall determine whether the following criteria are met:

- The facility is open
- Personnel are at the facility
- Customers are at the facility (if applicable to that provider or supplier type)
- The facility appears to be operational
- This will require the site visitor(s) to enter the provider or supplier's practice location/site, rather than simply conducting an external review.

If any of the 4 elements listed above are not met, the contractor shall, as applicable - and using the procedures outlined in Pub. 100-08, Chapters 10 and 15 - deny the provider's enrollment application pursuant to §424.530(a)(5)(i) or (ii), or revoke the provider's Medicare billing privileges under §424.535(a)(5)(i) or (ii).



Notes:

1. If additional information is required, what is the time frame to send the required information and consequences if not received?
 - a. Time Frame: Must have all additional information into Trailblazer within 30 days (*Different than time frame to submit revalidation*)
 - b. Consequences:
 - i. Initial Applicant – will not receive Provider number from CMS
 - ii. Established Provider – CMS Provider number revoked and payment held
2. Established Providers, who will need to conduct revalidation on or before March 2013, cannot begin process until they have received their letter of notification from CMS & Trailblazer.
 - a. Letters will be sent to: Special Payment address / Correspondence address / Primary Practice address
3. During revalidation process, payments will NOT be held or delayed, unless...
 - a. Additional information requested is not submitted within 30 days of request
4. See Attached CMS Form 10221 for actual site inspection sheet (*attached*).

Respectfully,

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