

A CMS Medicare Administrative Contractor
<https://www.NGSMedicare.com>

Revalidation Application Checklist

- Avoid disruption in Medicare payments or deactivation of Medicare billing privileges by:
 - Completing and submitting a current version of a CMS-855 or CMS-20134 and CMS-588 (if applicable) including all supporting documents required for your provider type by revalidation due date
 - Responding to additional information requested (emails, verification phone calls and/or written correspondence) within 30 days
- Unsolicited application received more than seven months prior to due date will not be processed and will be returned to provider
- Individual providers that **reassign all benefits** to a group are not required to submit a CMS-588 EFT

General Checklist

- Submit **complete** enrollment revalidation application by due date indicated on the revalidation notification letter and can be verified on the [CMS Revalidation List Tool](#).
- Add "CustomerService-DoNotReply@cms.hhs.gov," and "NGS-PE-Communications@elevancehealth.com" to your safe sender list to receive acknowledgement notification and additional information requests
- Verify individual or business legal name indicated on application matches in following areas (when applicable):
 - Social Security Administration office (for Individuals)
 - Internal Revenue Service (IRS) document (organizations, sole proprietors, sole owners)
 - National Plan and Provider Enumeration System, (NPPES) profile name (NPI)
 - Electronic Funds Transfer (EFT) Authorized Agreement form
 - Bank account and on copy of voided check or bank confirmation letter
 - Practice location section (either LBN or DBA)
- Provide supporting documents (when based on provider type):
 - Copy of national certification and diploma for nonphysician practitioners
 - Final adverse legal action documentation and resolution
 - Most current version of the CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement with a voided check or bank confirmation letter (if a current version not on file or changing banking information)
 - Exhibit 177, capitalization, etc.
 - Proof of application fee payment or hardship exception request

- Revalidation notification letter
- Groups/Suppliers/Sole Owners indicate at least one individual with managing control
- Provide all new and existing organizations and individuals with ownership interest and/or managing control (in the managing control sections) and specify all relationships (partner, owner, director/officer, W-2 employee, administrators, medical directors, program sponsors, etc.) to the applicant (when applicable) **Note:** Hospice/SNF specialties must have a medical director/administrator

Internet-Based PECOS Application Checklist

- Select "Revalidation" on the enrollment record application
- Verify current enrollment information under each topic and update if necessary
- Upload (PDF or TIFF) or mail supporting documents
- Submit electronic signature or upload (PDF or TIFF) certification statement for
 - One authorized or delegated official
 - Newly added authorized or delegated official (when applicable)
- Click the "Complete Submission" button
- Verify all signatures complete

CMS-855 Paper Application Checklist

- Submit the most current version of the CMS-855 application with all sections of the application and supporting documents for your provider type
 - CMS-855I for individual physician, nonphysician practitioner, sole proprietor or sole owner of an entity
 - CMS-855B for clinic/group practice or other supplier
 - CMS-855A for institutional providers
- Select "You are revalidating your Medicare enrollment"
- To terminate a PTAN(s), use corresponding sections as indicated on CMS form
- Sign and date certification statement for
 - One authorized or delegated official
 - Newly added authorized or delegated official (when applicable)
- Mail application and supporting documents

Updated 3/14/2024