

Revalidation-Cycle 2

Due Date: February 28, 2017

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There are several ways to determine when you are due for revalidation:

- ◆ The list will be available at Data.CMS.gov/revalidation and will include **all** enrolled providers/suppliers.
- ◆ Those due for revalidation will display a revalidation due date.
- ◆ Applications submitted before the six month revalidation time frame will be returned.
- ◆ All providers/suppliers not yet up for revalidation will display a "TBD" (To Be Determined) in the due date field.
- ◆ An option is available for organizations to view a list of all reassigning providers and their due dates.
- ◆ Providers and suppliers who are enrolled in Medicare solely to order, certify and/or prescribe via the CMS-855O application or have opted out of Medicare, are not required to revalidate and will not appear on the lookup tool.
- ◆ The list will be updated on a monthly basis. Noridian advises to check often.
- ◆ Each provider will receive their own revalidation request letter.

Two revalidation letters will be mailed out. One to the special payments address and one to the correspondence address. If both of those addresses are the same, a letter will be mailed to the practice location.

Revalidation notices for individual group members will list the organization or organizations with whom the individual provider reassign benefits.

Providers/Suppliers listed on the website with a due date should submit their revalidation application. Do not wait for a letter. Providers/Suppliers are required to revalidate within their six month window.

Failure to Revalidate

Group members who are not revalidated will be deactivated. Any revalidation application submitted after the deactivation will be subject to a lapse in coverage.

Pend Status: Organizations will have their enrollment record placed into a pend status if a revalidation application isn't received by the due date. The pend status holds all paper checks, Standard Remittance Advices (SPRs), and Electronic Funds Transfer (EFT) from being issued until a revalidation application is received.

Deactivation: The provider or Organization is at risk when the revalidation application is received after the due date. The best way to avoid any lapse in coverage is to make sure the application is submitted prior to the due date listed on data.cms.gov. The deactivation of an Organization will cause no payment to be made for any members associated to the Organization. A lapse in coverage will occur from the date of Deactivation to when Noridian receives an application to reactivate the Enrollment. No payment will be made during those dates. A stop billing privileges letter will be sent and access to the Noridian Medicare Portal will be revoked.