

## 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.