







## MEDICARE PROVIDERS/SUPPLIERS MUST REVALIDATE ENROLLMENT BY MARCH 2013

In an effort to reduce fraud, waste and abuse of the Medicare program, the Affordable Care Act (section 6401A) implemented new risk screening criteria that require revalidation of enrollment by providers and suppliers who enrolled in the Medicare program prior to Friday, March 25, 2011. Under the new screening criteria, newly-enrolling and revalidating providers and suppliers are placed in one of three risk categories: (1) limited; (2) moderate; or (3) high. A provider's or supplier's risk assignment determines the degree of screening that will be conducted by the Medicare Administrative Contractor (MAC) during the enrollment process.

Between now and March 2013, MACs will be sending notices to providers/suppliers to initiate the revalidation process. Once a revalidation request is received, the provider/supplier has sixty (60) days in which to complete and submit the enrollment forms. An application fee (which can be paid via [www.Pay.gov](http://www.Pay.gov)) will be assessed for any applications submitted (i.e., CMS-855A, CMS-855B, CMS-855S or associated Internet-based PECOS). Failure to comply with a revalidation request may result in deactivation of Medicare billing privileges.

Please note the new screening criteria DO NOT apply to any providers/suppliers who enrolled after March 25, 2011, as they already were subject to the screening process.

If you have questions or concerns regarding the foregoing or would like additional information, please contact:

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