

REVALIDATION APPLICATION CHECKLIST

The below items shall be addressed prior to submitting your revalidation application. Failure to address these items could result in a delay in processing your revalidation application.

INDIVIDUAL PROVIDERS		
	Addressed all PTANs on the letter	
一	Provided National Provider Identifier (NPI)	
	Provided all practice locations	
	Clicked the "Complete Submission" button on the Submission Page (if submitting via Internet-based PECOS)	
	Selected "You are revalidating your Medicare enrollment" in Section 1 of the appropriate CMS 855 application as the reason for the application (<i>If submitting via paper</i>)	
	Electronically signed the online application or signed, dated, and mailed to the Medicare Administrative Contractor (MAC) your paper certification statement	
	Provided IRS documentation confirming your Legal Business Name and Employer Identification Number (i.e., IRS CP-575, LTR 147C)	
	Provided a copy of board certifications (Non Physician Practitioners (NPPS) (only)	
	Provided a copy of Final Adverse Legal Action Documentation and Resolution (if applicable)	
	Provided a CMS-588 Electronic Funds Transfer (EFT) form including an original voided check or bank letter (Individual providers that reassign all benefits to a group are not required to submit the CMS-588)	
ORGANIZATIONAL PROVIDERS AND SUPPLIERS		
	Addressed all PTANs on the letter	
	Provided all National Provider Identifiers (NPIs)	
	Provided all practice locations	
	Clicked the "Complete Submission" button on the Submission Page (if submitting via Internet-based PECOS)	
	Selected "You are revalidating your Medicare enrollment" in Section 1 of the appropriate CMS 855 application as the reason for the application (<i>If submitting via paper</i>)	
	Electronically signed the online application or signed, dated, and mailed to the Medicare Administrative Contractor (MAC) your paper certification statement	
	Provided IRS documentation confirming your Legal Business Name and Employer Identification Number (i.e., IRS CP-575, LTR 147C)	

Revalidation Checklist Page 1



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Provided a copy of Business Licenses or Certifications (If applicable)
Provided a copy of Final Adverse Legal Action Documentation and Resolution (if applicable)
Provided proof of application fee payment or hardship exception (if applicable)
Provided a diagram/flowchart in addition to completing Section 5 (groups/organizations only
Provided a government responsibility letter (if Section 5 of the CMS-855 form identifies a governmental organization)
Provided IRS determination letter, if registered with the IRS as "non-profit"
Provided a CMS-588 Electronic Funds Transfer (EFT) form including an original voided check or bank letter (Individual providers that reassign all benefits to a group are not required to submit the CMS-588)

Revalidation Checklist Page 2