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Failure to Respond to Information Request May Result in Revocation of Billing Privileges

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Beware if you are filing CMS 855 forms to provide an enrollment data update or to respond to a revalidation request. Be sure to watch for correspondence from the enrollment specialist requesting additional information or supporting documentation. Failure to timely respond to such a request could result in a revocation of billing privileges.

Since the June 20, 2006 change in the Medicare enrollment rules, CMS has required all updates to a provider's or supplier's enrollment data to be made using the applicable CMS 855 enrollment form, and it has required the forms to be completed properly and thoroughly. Additionally, the 2006 enrollment rules implemented a revalidation process for CMS to ensure that updated enrollment data is timely submitted and that the provider or supplier remains in compliance with the Medicare requirements. Irrespective of whether a provider or supplier is submitting an update or revalidation CMS 855, the entire CMS 855 form must be completed for the first submission after the implementation of the 2006 enrollment rules. Since the CMS 588 EFT Agreement was also revised to capture National Provider Identifier (NPI) data, the first submission also must be accompanied by a completed CMS 588 form.

In addition to granting CMS the authority to temporarily deactivate a provider's or supplier's billing privileges for failing to provide a timely update to a change in enrollment data, the 2006 enrollment rules *authorize CMS to initiate a revocation of enrollment and billing privileges* if a provider or supplier fails to timely submit information or documentation in response to a request to revalidate or certify the accuracy of the enrollment information. That revocation authority applies when an enrollment specialist requests additional documentation when processing a change of information filing, even when a provider or supplier is only requesting an update that relates to a non-mandatory part of the enrollment process.

The following recounts an actual occurrence and illustrates the draconian nature of this revocation rule. In a CMS 855A filing to add an extension location, the provider inadvertently checked the box indicating a desire to change the information about the delegated official. The provider did not have a delegated official and there is no requirement to have one. When the enrollment specialist requested that Sections 6, 15 and 16 be completed with the required information to add the delegated official, the provider did not respond to the request, perhaps because the provider did not intend to add a delegated official. After a response was not received, a Notice of Possible Revocation of Medicare Billing Privileges was forwarded to the provider. In

response to the Notice, the provider promptly faxed the requested completed Sections 6, 15 and 16 to the enrollment specialist, which was not the address on the Notice. Since original signatures were needed, the fax was found to be unacceptable and 30 days after the Notice, billing privileges were revoked.

Even if a provider or supplier is successful in regaining billing privileges, it may lose revenue. Following a revocation action, a provider or supplier has the following options to regain billing privileges:

1. Within 30 days following the revocation, a provider may submit a Corrective Action Plan demonstrating it is in compliance with the Medicare requirements; and/or

2. Within 60 days following the revocation, a provider my request reconsideration before a contractor hearing officer.

Despite a successful argument that billing privileges should be reinstated, the effective date of the reinstatement may not be the date of the revocation, but rather a later date, resulting in lost revenue. Even if the reinstatement relates back to the effective date of the revocation, there will be an effect on cash flow. One Medicare contractor relayed that it had 50 revocation actions in just one month and only one staff person to review and respond to the Corrective Action Plans.

Ober|Kaler's Comments: Providers and suppliers should carefully review and respond to all correspondence from the enrollment specialists. Make sure that responses are sent to the address identified on the correspondence, with original forms sent by a carrier that allows the delivery to be tracked.