



Medicare Enrollment Updates

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The following is a summary of recent updates and education issued by the Centers for Medicare & Medicaid Services (CMS) relating to Medicare provider and supplier enrollment:

- **CMS Increases the Enrollment Application fee for CY 2014**

CMS announced in the December 2, 2013 Federal Register that the Medicare enrollment application fee will increase to \$542 in Calendar Year 2014 for institutional providers and non-physician suppliers who are newly enrolling, adding practice locations, or revalidating enrollment. In addition to providers that are subject to the Medicare enrollment fee, Medicaid-only providers are subject to enrollment fees by State Medicaid programs, many of which adopt the federal fee. Medicare enrollment fees can be submitted by ACH debit or credit card. To pay the fees, please click [here](#).¹ It is recommended that providers print the payment confirmation screen and include a copy with their enrollment materials.

- **Updated CMS 588 - EFT Authorization Agreement Released**

Changes to the CMS 588 Electronic Funds Transfer (EFT) Authorization Agreement were recently approved by the Office of Management and Budget. The revised form is available by clicking [here](#).² The previous version of the form (dated 5/10) will be accepted by Medicare Administrative Contractors (MACs) through December 31, 2013. Beginning January 1, 2014, any newly submitted CMS 588 forms must be the new (9/13) version or they will be returned to the provider with an explanation that the new form must be used. The new form is substantially similar to the previous version, but it contemplates additional identifiers (Health Plan Identifier or Other Entity Identifier) and also requires the complete address for the financial institution.

- **CMS Provides Education on Revalidation**

CMS recently released a Medicare Learning Network (MLN) Matters article entitled "Further Details on the Revalidation of Provider Enrollment Information." The article is intended to provide education on the Medicare provider revalidation requirements under the Affordable Care Act. All providers and suppliers enrolled prior to March 25, 2011 are required to revalidate enrollment when they receive notification from their MAC. Providers and suppliers have 60 days from the date of the letter requesting revalidation to complete enrollment forms. Providers and suppliers can request a 60-day extension from the MAC if more time is needed to complete the revalidation process. Failure to submit a revalidation may result in deactivation of Medicare billing privileges. Revalidation notices will be sent through March of 2015 and providers and suppliers can review a list of revalidation notices that have been sent on the CMS website by clicking [here](#).³ For a copy of the MLN article, please click [here](#).⁴

1 <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do>.

2 <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS588.pdf>.

3 <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html>.

4 <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1126.pdf>.

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