

provider or supplier to incur any financial burden.

We may also conduct on-site visits of providers or suppliers based on any information that leads us or our agents to believe that an administrative action, investigation or audit is warranted. Information collected under these

situations is exempt from the PRA, as stipulated under 5 CFR 1320.4.

*Section 424.515 Requirements for Reporting Changes and Updates to, and the Periodic Revalidation of, Medicare Enrollment Information*

A provider or supplier must re-certify for revalidation its enrollment information no more than once every 3

years. Section 424.515(b) states that within 60 calendar days of our notice to re-certify their enrollment information for revalidation, a provider or supplier must submit any new or revised CMS 855 information and documentation necessary to demonstrate that they meet the requirements set forth in this section.

TABLE 3.—ESTIMATED ANNUAL REPORTING BURDEN

CFR sections	Annual number of responses	Frequency	Average burden per response (minutes)	Annual burden (hours)	Annual cost (million)
424.515(b) .....	387,000	(**)	95	612,750	\$15

\*\* Frequency is no more than once every 3 years. (1.16 million providers and suppliers/3 years × 95 minutes/60 minutes.)

The burden hours shown above are for the most restrictive reporting. As indicated elsewhere in this preamble, we are exploring various options and are soliciting comments on ways of minimizing the burden on providers and suppliers during the process of revalidating their enrollment information.

The estimated cost is based on \$40 per application per provider to review and return.

*Section 424.520 Additional Provider and Supplier Requirements for Enrolling and Maintaining Active Enrollment Status in the Medicare Program*

Following enrollment and periodic recertification of enrollment

information, a provider or supplier must report to us any changes to the information furnished on the CMS 855 or supporting documentation within 90 calendar days of the change.

TABLE 4.—ESTIMATED ANNUAL REPORTING BURDEN

CFR section	Annual number of responses	Frequency	Average burden per response (hours)	Annual burden (hours)	Annual cost (millions)
424.20 .....	40,000	1	1	40,000	\$1.6

*Section 424.525 Rejection of a Provider or Supplier's CMS 855 for Medicare Enrollment*

We will reject a provider or supplier's CMS 855 if the provider or supplier does not furnish missing or necessary information and documentation to us

within 60 calendar days of a request. We believe that the burden associated with this requirement is captured in § 424.515, as we will merely be seeking the information initially requested in the CMS 855.

Section 424.525(b) states that upon notification of a rejected CMS 855, the

provider or supplier must once again begin the enrollment process by completing and submitting a new CMS 855 and all applicable documentation if it wishes to obtain a Medicare billing number.

TABLE 5.—ESTIMATED ANNUAL REPORTING BURDEN

CFR sections	Annual number of responses	Frequency	Average burden per response (minutes)	Annual burden (hours)	Annual cost
424.525(b) .....	11,250	1	95	17,812	\$563,000

The annual dollar cost is based on \$50 per respondent to update and resubmit a previously submitted enrollment application.

*Section 424.535 Revocation of Enrollment and Billing Privileges From the Medicare Program*

Section 424.535(b) states that upon notification of the revocation of its billing number and billing privileges, if

the provider or supplier seeks to re-establish enrollment in the Medicare program it must re-enroll in the Medicare program through the completion and submission of a new CMS 855 and applicable documentation.