



Subject: Behavioral Health Provider Integration

Release Date: February 15, 2013

****IMPORTANT UPDATE****

**Medicaid Providers To Begin Paying
an Application or Revalidation Fee
As of March 1, 2013**

Effective March 1, 2013, the Ohio Office of Medical Assistance (OMA) will begin collecting a non-refundable application fee for initial applications to enroll as a Medicaid provider and also every 5 years when existing Medicaid providers are required to “revalidate” their provider qualifications and status. Required by the Affordable Care Act (42 CFR 455.460), funds raised from the application/revalidation fee are to be used for state Medicaid programs to more carefully screen providers and perform other program integrity efforts. The fee applies only to organizational providers, including community mental health (type 84 in MITS) and community alcohol and other drug providers (type 95 in MITS). Individual providers and practitioners or practitioner groups are not required to pay the application/revalidation fee.

The amount of the fee is set by the Centers for Medicare and Medicaid Services (CMS) and for this year is \$532 per application. The amount of the fee will increase annually for inflation and it is non-refundable. Medicaid provider applicants must pay the fee even if their application is denied or returned because it is incomplete.

Providers do not have to pay the fee if they have already paid it to participate in the Medicare program or another state’s Medicaid program. In this case, providers submit proof of payment with their initial application or revalidation. There may be further clarification from CMS about the acceptable timeframes to be excused from paying the fee if the provider has already paid to Medicare or another state’s Medicaid program. Additional information will be provided as it becomes available.

When will provider types 84 (MH) and 95 (AoD) be required to revalidate?

Ohio Medicaid staff are developing a revalidation schedule for sister agency provider types, including 84s and 95s. The current schedule is to begin revalidation for behavioral health providers in the fall of 2013.

Our parent corporation, as evidenced by a single FTID, owns and operates both an AoD program (type 95) and a MH services provider (type 84); will we have to pay the revalidation fee twice?

No. Behavioral health providers with the same FTID who are enrolled in Ohio Medicaid as both a community mental health (84) AND an alcohol or other drug (95) provider will not be required to pay the fee more than once. The same is true if a provider has multiple locations all doing business under the same FTID. In instances where different FTIDs are used, the fee will need to be paid multiple times.

What will OMA accept as “proof of payment” from Medicare or another state Medicaid program?

At this time, we do not have any examples of a payment receipt from another state or Medicare. There is a new enrollment checklist item in MITS in the enrollment checklist panel that includes payment receipt from another state or Medicare and will accept it through the upload process.

Questions may be directed to the OMA provider enrollment unit at: 1-800-922-3042.