

Federal Requirement for Revalidation

Questions and Answers

Do providers that have revalidated with Medicare also have to revalidate with Ohio Medicaid?

Yes, even if a provider has revalidated their provider agreement with Medicare, they must complete the revalidation process with Ohio Medicaid.

What happens during revalidation?

Providers will be asked to review their current provider information and either verify that information or provide updates. This will include information regarding licenses and credentials. Some providers will be asked to provide additional information, to comply with new ACA disclosure requirements. All providers will also have to sign a new Medicaid provider agreement (through electronic signature when revalidation application is submitted). Some providers could be asked to submit certain specific documents as a part of the revalidation process. The ODM will verify the submitted information and in some instances, conduct an on-site visit.

How will providers be notified that it is time to revalidate with Ohio Medicaid?

Providers will receive a notification letter, with instructions for revalidating, approximately 90 days before their revalidation deadline. Providers with multiple provider numbers must revalidate each provider number individually. Providers will receive a separate letter for each provider number. The notification letters will be mailed to the "mail to" address on record with ODM. Providers should make sure their address information is correct. (**Note:** Providers are required to notify ODM within 30 days of changes in address.) Providers can review or update their address information by logging into the [Ohio Medicaid Provider Portal](#). Providers needing assistance should contact the Enrollment/Revalidation Hotline at 1-800-686-1516. Providers should not take any steps to revalidate until they receive their notification letters.

How will I complete my revalidation?

The revalidation notification letter will contain a special revalidation identification number. Providers will log in to the [Ohio Medicaid Provider Portal](#) by using this special revalidation identification number (the revalidation notification letter has the specific internet address of the revalidation starting web page). Once a provider has logged in, the system will guide them through the revalidation process. Some providers may be required to submit additional documentation as a part of their revalidation process. Providers that fail to submit complete the revalidation process in a timely manner will be deactivated/terminated from the Ohio Medicaid Program.

Note: In order to prevent possible system errors due to internet browser variance please complete the application in all CAPS.

What happens if I misplace my revalidation notice letter?

If you have misplaced your revalidation notice letter and can't enter your special revalidation identification number, you can call the Enrollment/Revalidation Hotline at 1-800-686-1516 and they can assist you.

Is there a fee for revalidation?

Yes, certain provider's types will be required to pay a fee. Effective March 1, 2013, Ohio Medicaid will start collecting a non-refundable application fee when an initial application to enroll as a Medicaid provider is submitted and also at revalidation of the provider agreement. The fee applies to organizational providers only; it does **not** apply to individual providers and practitioners or practitioner groups. The fee is a federal requirement described in 42 CFS 445.460 and in [OAC 5160-1-17.8\(C\)](#). The fee for 2018 is \$569 per application.

The fee to Ohio Medicaid will not be required if the revalidating organizational provider has paid the fee to either Medicare or another state's Medicaid provider enrollment within the past two years. However, Ohio Medicaid will require that the revalidating organizational providers submit proof of payment with their revalidation application. (See [OAC 5160-1-17.8\(C\)](#))

Why do I have to pay a Medicare and/or Medicaid enrollment application fee?

Section 6401(a) of the Affordable Care Act (ACA) requires a fee to be imposed on each "institutional provider of medical or other items or services and suppliers." The fee is to be used to cover the cost of program integrity efforts including the cost of screening associated with provider enrollment processes, including those under section 1866(j) and section 1128J of the Social Security Act.

How do I pay my revalidation fee?

Organizational providers that are required to pay a revalidation fee will be able to make a secure on-line payment while completing their revalidation application. The payment must be made by credit card (Discover Card, MasterCard or Visa). Other types of payment will not be accepted. Providers will not be able to complete the revalidation application until the fee is paid or proof of previous payment is provided.

What happens if I fail to revalidate?

Providers who ultimately do not revalidate will be terminated. If the provider decides to reactivate their Medicaid number beyond the window of opportunity for revalidation will be given an effective date based on when they completed the action. This means there will be a gap in their ability to submit claims. These providers will be ineligible for retroactivity.

Where can I get more information about revalidation?

The ODM will continue to provide information about revalidation as new questions are raised. Providers can also go to the Code of Federal Regulations -- 42 CFR 455.414 for more information or access The Centers for Medicare and Medicaid Services web site at: www.cms.gov. OMA is in the process of updating [OAC 5161-1-17.4](#) to reflect changes brought about by revalidation.