

## Behavioral Health Redesign Brief:

### Medicaid Revalidation Begins for Behavioral Health Providers

The Affordable Care Act (ACA) requires all Medicaid provider agreements to be “revalidated” or renewed every 5 years. The ACA also requires Medicare and Medicaid programs to charge an application fee with each revalidation to cover the cost of administering and overseeing the process. ODM initiated the revalidation process in 2013 and is implementing the requirements in phases until all provider types have undergone an initial revalidation.

Revalidation of Medicaid mental health and substance use disorder treatment agencies (providers type 84 and 95, respectively, in MITS) began in February 2016. Your organization may have already received a revalidation notice (see sample notice on the next page).

Providers who fail to revalidate will receive a letter from ODM indicating their provider agreement has been terminated.

#### Site Visits

ODM is required to make an on-site visit to all new or revalidating providers to confirm the physical location and business operation of the organization. Public Consulting Group (PCG) conducts the site visits. PCG reviewers will make an initial, unannounced site visit to confirm the provider location matches the address listed in MITS and that the provider is in compliance with the Medicaid provider agreement terms and conditions.

#### Online Resources

[2016 Revalidation Dates](#)

[Revalidation Instructions](#)

[Provider Revalidation Questions and Answers](#)

If you have questions, please contact the Ohio Medicaid Provider Hotline: 1-800-686-1516

«LETTER\_DATE»

«PROVNAME»  
«ADDRLINE1»  
«ADDRLINE2»  
«CITY», «STATE» «ZIPCODE»

Ohio Medicaid Provider Number «PROVNUMBER»  
National Provider Identifier «PROVNPINUMBER»  
Application Tracking Number (ATN) «XXXXX»  
**Medicaid Agreement End Date: XXXXX**

This is notice that you must revalidate your Ohio Medicaid Provider Agreement by “DATE”. All Ohio Medicaid provider agreements are time limited to 5 years. Our records indicate that you have been enrolled 5 years or more at this time and it is necessary to revalidate your enrollment by letting us know of any changed information and submitting required documentation to maintain enrollment.

What does “revalidate” mean?

Revalidate means that you will re-enroll and verify all requirements when your current provider agreement expires. All provider agreements are time limited for 5 years and expire at the end that period. All providers must revalidate (re-enroll) in order to continue being an Ohio Medicaid provider.

This policy is based on federal regulation (42 CFR Part § 455.414 Revalidation of enrollment) and must be completed timely. **Unless you revalidate as described below, your provider agreement will terminate on the 91st day following the date of this letter. Further, if your agreement is terminated, any claims submitted for adjudication for dates of service on and after the termination date will be delayed or denied.**

Additionally, your provider type (organizational/agency) must pay an application fee of XXXX at time of revalidation as required by 42 CFR § 455.460 Application Fee. If your organization is enrolled with Medicare and/or another state’s Medicaid agency, you will not pay the fee again, but will be required to submit proof of payment. You will be prompted through these questions as you begin the revalidation process on-line.

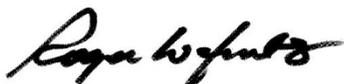
How to revalidate

- 1) Go the MITS Portal at: **xxxxxxxxxxxxx**
- 2) Select the “Revalidate” option and enter your **Application Tracking Number (ATN) XXXXX**. (This number also appears above with your Medicaid Provider Number and other unique identifiers that apply. It is a unique identifier assigned to your organization)
- 3) Please follow prompts to pay the application or verify that you’ve paid it to Medicare or another state’s Medicaid agency.
- 4) A pdf document of your existing provider agreement will appear for your review and edit.
- 5) Follow the system prompts to carefully review and update any outdated or incorrect information.
- 6) When you have completed all steps, please submit your application before your Medicaid agreement end date on **XXXXX**.

You will be able to view the status on your application so please remember to save your ATN. Your revalidation will be considered timely as long it is in SUBMITTED status before your Medicaid Agreement end date. For questions, please call 1-800-686-1516.

Thank you for participating in the Ohio Medicaid program, and we look forward to your timely response.

Sincerely,



Roger W. Fouts, Chief  
Bureau of Provider Services