

Questions/Answers about the Ohio Medicaid Revalidation Letter, May 2011

What does this letter mean?

There are new federal requirements for a 5-year revalidation (renewal) of provider agreements for both Medicare and Medicaid, and the revalidation process will include a fee structure. If you are both a Medicare provider and an Ohio Medicaid provider, complete the box at the bottom of the letter and return a copy of the letter to Provider Enrollment.

Am I required to become a Medicare provider?

No, you are not required to become a Medicare provider. If you already are a Medicare provider, complete the box at the bottom of the letter and return a copy of the letter to Provider Enrollment.

Am I required to obtain a National Provider Identifier (NPI)?

NPI is required for all Typical providers which are those healthcare providers who give medical services to patients. NPI is not required for Atypical providers who give other types of services to patients, such as ambulance transportation or home aide services. Please see Ohio Administrative Code 5101:3-1-17(D) (1)(a)(ii) for requirements.

Do I need to respond if I am not a Medicare provider and if I do not have an NPI?

No, if you are not a Medicare provider and if you do not have an NPI, you do not need to respond to the letter.

When is my Ohio Medicaid revalidation (renewal of the provider agreement)?

At this time, the 5-year cycle for revalidation of Ohio Medicaid provider agreements is still being determined. The important things to remember are:

- If you are both a Medicare and Medicaid provider, and if you respond to our revalidation letter, you will not be required to revalidate with Ohio Medicaid.
- Providers who will be required to revalidate will get a 90-day advance notice about any revalidation activity.

How much is the revalidation fee?

At this time, the revalidation fee structure is still being determined. Providers who will be required to revalidate will get fee information in their 90-day advance revalidation notice.

Is my enrollment status changing?

No, there is no change to your "active" enrollment status with Ohio Medicaid as a result of the May, 2011 letter about changes for time-limited provider agreements.

Where can I read more about the Affordable Care Act requirements for providers?

Please see Code of Federal Regulations - 42 CFR 455.414 for further information.