



«PROV NUMBER»

John R. Kasich, Governor
Michael B. Colbert, Director

May 17, 2011

«PROV_NAME»
«ADDR_LINE1»
«ADDR_LINE2»
«CITY», «STATE» «ZIP_CODE»

Ohio Medicaid Legacy Provider Number «PROV_NUMBER»
National Provider Identifier «PROV_NPI»

CMS REGULATORY CHANGES FOR ODJFS TIME-LIMITED PROVIDER AGREEMENT

New federal regulations pursuant the Affordable Care Act establish new screening procedures for providers and suppliers who apply to Medicare and Medicaid programs (42 CFR Parts 405, 424, 447 et al.). The new regulation specifies that provider agreements will be time limited to five years. These procedures include a revalidation process (renewal) of the provider/supplier agreement and an application fee structure. This means that if you are a Medicare provider/supplier, you can expect information in the near future about your revalidation with Medicare, and you will owe a processing fee at that time.

If you are also an Ohio Medicaid provider/supplier and if you have your Medicare information on file with us, you will not be required to revalidate with us. If you are both a Medicare provider/supplier and an Ohio Medicaid provider/supplier who does not have your Medicare number on file with us, you will be required to revalidate and pay a processing fee to both Medicare and Ohio Medicaid. We will notify you 90 days in advance of the revalidation due date and will include information about the processing fee that will be due.

This regulatory change does not affect your current “active” enrollment status with Ohio Medicaid. Because this is a new federal requirement, all previous Ohio Medicaid requirements related to time limited agreements are now changed to comply with the new regulation. If you renewed your Ohio Medicaid provider agreement in 2010, we thank you for your response. If you received a Conversion Notice letter in 2010 or 2011 about your provider agreement being converted to a 7-year agreement, that information is also changed to comply with this federal regulation. It is important that you retain this notice for your records and that you share this notice with the agreement holder and whoever in your office needs to be notified of this policy change.

The purpose of this letter is to inform you about the regulatory change and to request a reply regarding your Medicare status. To avoid multiple applications fees (for Medicare/Medicaid providers), we are requesting that you verify your Medicare number if you have one and your NPI if you have one by completing the box at the bottom of this letter. Once we have this information and we verify that you are a Medicare provider, Ohio Medicaid will not be collecting an additional revalidation fee.

Please return a copy of this entire letter to Provider Enrollment, P.O. Box 1461, Columbus, Ohio 43216-1461 within 30 days from the date of this letter.

For questions, please call 1-800-686-1516, and select option 1, option 1 and option 4 for Provider Enrollment.

Sincerely,

Roger W. Fouts
Chief
Bureau of Provider Services

30 East Broad Street
Columbus, Ohio 43215
jfs.ohio.gov

Medicaid provider #: _____
Medicare #: _____
NPI: _____
Person verifying the above information:
_____ Signature
_____ Date