

FACT SHEET

Medicaid

Conversion to Time-Limited Provider Agreements

Ohio Revised Code (R.C.) 5111.028 requires the Ohio Department of Job and Family Services (ODJFS) to convert its Medicaid provider agreements from open-ended agreements (with no expiration date) to time-limited agreements that must be renewed every three years.

R.C. 5111.028 exempts the following providers from the time-limited provision:

- Managed Care Plans
- Skilled Nursing Facilities
- Intermediate Care Facilities for the Mentally Retarded

All providers who submitted an application prior to January 1, 2008, except those exempted as described above, will receive a written conversion notice between January 1, 2009, and December 31, 2010. This notice will notify them of the conversion of their open-ended provider agreement, and will specify the renewal date of their new time-limited provider agreement.

The change from an open-ended agreement to a time-limited agreement does not affect a provider's current enrollment status or any activity. It is not an adjudication order, and is not subject to appeal or reconsideration.

Time-limited provider agreements are valid for not longer than three years. Upon the renewal date of a time-limited agreement, providers will be required to re-enroll to continue with the Ohio Medicaid program. ODJFS will mail a re-enrollment notice 120 days before the renewal date of the time-limited agreement.

Due to the number of providers who participate in the Medicaid program and the volume of re-enrollment materials to be processed, providers may not submit their re-enrollment package until they receive the re-enrollment notice from ODJFS.

All providers will keep their same Medicaid provider number upon conversion to a time-limited agreement and at the time of re-enrollment.

ODJFS rules applicable to the conversion to time-limited agreements may be viewed under the link "ODJFS Ohio Administrative Code" under the link "Legal Services" at the ODJFS electronic manuals site:

<http://emanuals.odjfs.state.oh.us/emanuals>

- 5101:3-1-17.4 Length and Type of Provider Agreements
- 5101:3-1-17.6 Termination and Denial of Provider Agreement (Except Long-Term Care Nursing Facilities (NFs), Intermediate Care Facilities for the Mentally Retarded (ICFs-MR) and Medicaid Contracting Managed Care Plans (MCPs))
- 5101:3-1-57 Process for Provider Appeals from Proposed Departmental Actions