

Questions/Answers about the CMS Regulatory Changes for ODJFS Time-Limited Provider Agreement letter dated May 17, 2011

Why did I get this letter and what does it mean?

There are 2 main reasons for this letter:

- 1.) As an Ohio Medicaid provider, your agreement will be revalidated (reenrolled) every 5 years. This is due to new federal regulations for both Medicaid and Medicare providers. Please disregard earlier notices that mentioned a 7 year reenrollment.
- 2.) If you are a provider for both Medicaid and Medicare, complete the box at the bottom of the letter and return the letter to Provider Enrollment. If you are a provider with Ohio Medicaid only, you do not need to complete the form.

Does everyone need to complete the form and send it back?

If you are not a Medicare provider you do not need to complete the form. If you are a provider for both Medicare and Ohio Medicaid, yes. Complete the form with your Medicaid provider number, Medicare provider number, NPI, signature and date. Mail the form to: Provider Enrollment Unit, P.O. Box 1461, Columbus, Ohio, 43216-1461.

When will I need to revalidate (reenroll) my provider agreement?

The department does not have a 5-year revalidation schedule yet. You will be notified 90 days prior to your revalidation date with instructions.

How much is the revalidation fee?

At this time the fee for Ohio Medicaid providers has not been determined. You will receive that information when you are contacted for revalidation.

Is my enrollment status changing?

No, there is no change to your enrollment status as a result of the letter.

Where can I get more information about this?

Please see the Code of federal Regulations – 42 CFR 455.414 for further information.