

Revalidation



Learn who can complete the Revalidation process, when the process can be completed, how to move through the pages of the Medicaid record, and how to submit a Revalidation.





- The Ohio Department of Medicaid issues a series of revalidation notices, with the first one delivered 120 days before the Medicaid agreement end date.
 - Subsequent reminders are issued at 90 days, 60 days, and a final notice at 30 days.
- If a revalidation notice is received, it is important that action is taken to complete the revalidation on time.
- All providers are subject to either 5-year (*non-credentialed providers*) or 3-year (*credentialed providers*) time-limited provider agreements.
- Revalidation reminder notices are mailed and emailed to providers who are due for revalidation before the end of their Medicaid agreement.
 - Mailings and emails are sent to the address(es) listed on the Correspondence Address page in PNM for the Medicaid ID.
 - These notices can be accessed in PNM under Provider Correspondence.



An example of an emailed notice, sent to the Correspondence contact, regarding revalidation.

- Information about the Medicaid record that needs revalidation (*Medicaid ID and Registration ID*) are contained in the header of the message.

This is notice that you must revalidate your Ohio Medicaid Provider Agreement by 05-01-2024. All Ohio Medicaid provider agreements are time limited to five years, and our records indicate that you have been enrolled for five years at this time. Therefore, 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 in order to continue being an Ohio Medicaid provider.

This policy is based on federal regulation (42 CFR 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.**

How to revalidate

1. Login to the PNM portal
2. Click on the "Begin Revalidation" link.
3. Follow the system prompts to carefully review and update any outdated or incorrect information.
4. When you have completed all steps, please submit your application.

You will be able to view the status of your application online and https://test.ohpnm-a3.maximus.com/OH_PNM_TEST05/Account/Login.aspx. **Your revalidation will be considered timely as long it is in SUBMITTED status before your Medicaid Agreement end date.** For questions, please call Provider Enrollment Customer Service at 800-686-1516.

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

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Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>					
518367	Alexandra Aarons	Complete	20 - Physician/Osteo Individual	1417342361	0000227	Family Practice				09/20/2023	07/11/2023	12/23/2023

- The Revalidation Due Date column is on the far-right end of the dashboard.
 - For credentialed providers, revalidation is required every three (3) years.
 - For non-credentialed providers, revalidation is required every five (5) years.
- Agents assigned the 'Enrollment Agent' ability can complete a revalidation for a Medicaid record.
- To begin the revalidation process, enter the record by clicking the Provider Name or Reg ID from the dashboard.

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Provider Name	Medicaid ID	Effective Date	Revalidation Due Date	Term Date
Alexandra Aarons	0000227	09/20/2023	12/23/2023	

Manage Application

Enrollment Actions

- Enrollment Action Selections:
 - [Begin Revalidation](#)
 - [Edit Key Provider Identifiers](#)
 - [Request Disenrollment](#)

Programs

- + Program Selections:

Self Service

- + Self Service Selections:

- Expand the Enrollment Actions section.
- The 'Begin Revalidation' hyperlink will appear 120 days before the revalidation due date
 - Revalidations reminders will be sent out via email and postal mail to the address(es) listed on the Correspondence Address page for the provider.
- Click 'Begin Revalidation.'

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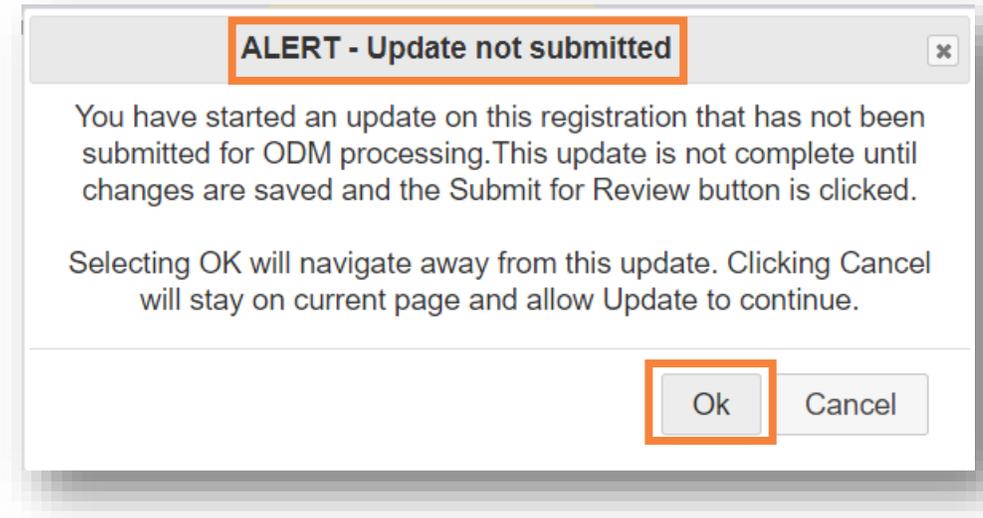


The screenshot shows a revalidation progress bar for provider Alexandra Aarons. At the top, it displays her name, Medicaid ID (0000227), and NPI (1417342361). Below this is a horizontal sequence of six steps, each with a person icon and a green checkmark. The steps are: Provider Information*, Primary Contact Information*, Credentialing Contact, Primary Service Address*, Billing & Payment Address*, and Correspondence Add. The 'Billing & Payment Address*' step is highlighted in yellow. An orange arrow points to the 'Primary Contact Information*' step. A 'Jump To:' dropdown menu is set to 'Billing & Payment Address'. At the bottom right, there are buttons for 'Save', 'Cancel', 'Previous', and 'Next' (which is highlighted with an orange border). A 'Generate PDF' button is also present.

- Each page of the revalidation needs to receive a green checkmark before submitting the revalidation.
- Pages with a red asterisk (*) are required to be reviewed for the most up-to-date information.
- Pages without an asterisk can be filled out if applicable, but only need to have **Next** clicked to bypass the page and receive a green checkmark.
- The **Next** button has double functioning value as it SAVES and PROCEEDS to the next page of the revalidation.



- Each time the user moves around the pages during revalidation, PNM displays this pop-up message.
 - For example, if you are reviewing information on one page and then click to go back to a previous page to review what was entered, then this pop-up will show.
 - Clicking **Cancel** will stay on the current page and allow the update to continue.
 - Clicking **Ok** will not save the update on the current page and will move away from the current page.



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- If the revalidation is not submitted in one sitting, then the Status column on the dashboard will display “Not Submitted” until the revalidation is submitted.

The screenshot shows a dashboard with two tabs: 'My Providers' and 'Account Administration'. There are icons for Excel and PDF export, and a 'New Provider?' button. Below is a table with columns: Reg ID, Provider, Status, Provider Type, NPI, Medicaid ID, Specialty, DD Contract Number, DD Facility Number, Location, Effective Date, Submit Date, and Revalidation Due Date. The 'Status' column is highlighted with an orange box. The first data row shows Reg ID 518367, Provider Alexandra Aarons, Status Not Submitted, Provider Type 20 - Physician/Oste Individual, NPI 1417342361, Medicaid ID 0000227, Specialty Family Practice, Effective Date 09/20/2023, and Revalidation Due Date 12/23/2023. Orange arrows point to the Reg ID and Provider Name in the first row.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
518367	Alexandra Aarons	Not Submitted	20 - Physician/Oste Individual	1417342361	0000227	Family Practice				09/20/2023		12/23/2023

- To continue the revalidation, click on the Provider Name or Reg ID to enter the Provider Management Home page.
- Then, under the Manage Application section, expand Enrollment Actions and click the blue hyperlink titled ‘Continue Revalidation.’

The screenshot shows the 'Manage Application' page. Under the 'Enrollment Actions' section, there is a box titled 'Enrollment Action Selections:' containing two blue hyperlinks: 'Continue Revalidation' and 'Edit Key Provider Identifiers'. An orange arrow points to the 'Continue Revalidation' link. Below this are sections for 'Programs' and 'Self Service', each with a plus sign and a 'Selections:' label.

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- Review and complete each section on the Agreements Page and click **Save** after signing the digital signature.
- Click **OK** on the pre-submission pop-up.
- Click **Submit for Review** to submit the Revalidation and receive the submission confirmation pop-up.
- Click **Return to Home Page** to return to the dashboard.

A screenshot of a form with three input fields: 'Name of Person Attesting*' containing 'Tom Trainer', 'Provider Name' containing 'Alexandra Aarons', and 'User ID' containing 'testbh'. Below the fields is a dark grey 'Save' button. An orange arrow points to the 'Save' button from the left.

A white rectangular pop-up box with a thin border. It contains the text: 'Your application is complete and has been saved. Please take time to review your application prior to submission. You will be able to generate your completed application in PDF form prior to submitting your application.' Below this is a smaller line of text: 'Once your review is complete, you must click 'Submit for Review' at the top of the Agreements page to submit your application.' At the bottom right is a dark grey 'OK' button. An orange arrow points to the 'OK' button from the left.

A screenshot of a form's bottom section. It features a row of four buttons: 'Save', 'Cancel', 'Previous', and 'Next'. Above the 'Next' button is a 'Generate PDF' button. To the right of the 'Next' button is a blue 'Submit for Review' button. An orange arrow points to the 'Submit for Review' button from the left.

A white rectangular pop-up box with a thin border. It has the title 'Submission Confirmation' in blue. The text inside reads: 'You have successfully submitted your application to the Medicaid Program. Please allow at least 10 days for processing before attempting to submit any changes.' At the bottom right is a blue 'Return to Home Page' button. An orange arrow points to the 'Return to Home Page' button from the left.

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- The dashboard will show the Status of 'Submitted' and the date the revalidation was submitted.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>					
518367	Alexandra Aarons	Submitted	20 - Physician/Ostec Individual	1417342361	0000227	Family Practice				09/20/2023	10/26/2023	12/23/2023

- The Medicaid record will be in an active workflow as indicated by the 'N' in the 'Workflow Complete' column.

Reg ID	Enrollment Action	Program	Application Id	PNM Application Status	Other Agency Application Status	DD Legal Status	Status Date	Workflow Complete
518367	Application Flow - Standard - NEW REGISTRATION	Medicaid	606703	Approved / Complete			09/20/23	Y
518367	Application Flow - Standard - Revalidation REGISTRATION	Medicaid	606795	Submitted			10/26/23	N