

5101:3-1-17.4      **Length and type of provider agreements.**

(A) Provider agreements are one of three types:

- (1) Open-ended provider agreements have no specific termination date and continue to be in effect as long as agreeable by both parties.
- (2) Time-limited provider agreements are for a specific period of time and will expire on a designated date unless extended in accordance with the Ohio department of job and family services (ODJFS) re-enrollment process. The time-limited provider agreements will be limited to no longer than three years from the effective date.
- (3) Provider agreements with managed care plans (MCPs) are administered in accordance with Chapter 5101:3-26 of the Administrative Code, and are not subject to the provisions of this rule.

(B) The following providers shall have open-ended agreements:

- (1) Nursing facilities, as defined in section 5111.20 of the Revised Code.
- (2) Intermediate care facilities for the mentally retarded, as defined in section 5111.20 of the Revised Code.
- (3) Providers that were enrolled prior January 1, 2008 and have not been converted to a time-limited agreement in accordance with paragraph (C) of this rule.

(C) The following agreements shall be time-limited agreements or will be converted to time-limited agreements pursuant to section 5111.028 of the Revised Code:

- (1) Any new provider agreement shall be time-limited in accordance with this rule with the exceptions listed in paragraphs (B)(1) and (B)(2) of this rule.
- (2) Any existing provider agreement shall be converted to a time-limited agreement over a period of three years in accordance with this rule with the exceptions listed in paragraphs (B)(1) and (B)(2) of this rule.
  - (a) ODJFS shall select the provider agreements to be converted and automatically phase in time-limited agreements in a manner and for a time determined by ODJFS.
  - (b) ODJFS shall notify the provider by sending a conversion notice by regular mail to the address on file that the provider has been automatically converted to a time-limited-agreement in accordance with this rule. Providers are not required to respond to the ODJFS conversion notice.
  - (c) Providers that have been selected and converted to time-limited agreements may not request that the proposed expiration be altered.

either to an earlier or later date.

- (3) ODJFS may convert any existing open-ended provider agreement to a time-limited provider agreement whenever the conversion is in the best interest of the medicaid consumers or the state of Ohio.
  - (4) The conversion from an open-ended to a time-limited provider agreement does not affect the amount or scope of medicaid reimbursement.
  - (5) The length of a time-limited agreement is decided by ODJFS and may change upon the discretion of ODJFS.
  - (6) ODJFS will notify the provider when its time-limited provider agreement is close to expiration and when the re-enrollment process is required, as described in paragraph (D) of this rule.
- (D) Re-enrollment is the process in which a provider with a time-limited agreement is required to follow to extend its provider agreement. The re-enrollment process does not apply to MCPs or open-ended agreements. The re-enrollment process is as follows:
- (1) ODJFS shall send a re-enrollment notice by regular mail ninety days prior to the expiration date of the provider's time-limited agreement to the provider's address on file notifying the provider that it is required to re-enroll.
  - (2) The re-enrollment notice shall instruct the provider what is required to complete the re-enrollment process.
  - (3) The provider must submit all required information before the re-enrollment deadline date specified in the re-enrollment notice.
  - (4) A provider shall not initiate re-enrollment prior to the receipt of the re-enrollment notification sent by ODJFS as specified in paragraph (D) of this rule. This rule does not negate the requirement that a provider must disclose any changes to its provider agreement in accordance with rule 5101:3-1-17.3 of the Administrative Code. The reporting of changes in accordance with rule 5101:3-1-17.3 of the Administrative Code does not constitute the initiation of re-enrollment and remains the provider's responsibility.
  - (5) When a provider fails to re-enroll in the time and the manner required by ODJFS, as specified in this rule and in accordance with the re-enrollment notice referred to in paragraph (D)(2) of this rule, ODJFS may deny an application for re-enrollment or terminate a time-limited provider agreement. The denial or termination will take effect thirty days after ODJFS mails a written notice to the provider by regular mail to the address on file notifying the provider of the decision. ODJFS shall specify in the notice the date on which the provider is required to cease operating under a terminated provider

agreement.

In lieu of denying an application for re-enrollment or terminating a time-limited agreement when a provider fails to re-enroll in the time and manner required and the agreement expires, ODJFS may deny claims submitted by the provider until the provider completes the re-enrollment process and the re-enrollment application is approved by ODJFS. Once the re-enrollment application is approved by ODJFS, ODJFS may allow the provider to re-submit any claims that were denied while its re-enrollment application pended ODJFS approval. ODJFS will not deny claims when a provider has re-enrolled in the time and the manner required by ODJFS.

- (6) If a provider files an application for re-enrollment within the time and in the manner required, as specified in this rule, but the provider agreement expires before ODJFS acts on the application or before the effective date of the ODJFS decision on the application, the provider may continue operating under the terms of the expired agreement until the effective date of the ODJFS decision.
- (7) ODJFS may deny retroactive eligibility to a provider for failure to meet re-enrollment requirements as specified in this rule.
- (E) The effective date of a new provider agreement is the date on which the provider signs the application and meets all of the federal and state requirements. The effective date of a new provider agreement may be made retroactive for up to twelve months prior to the date of application. A retroactive period will be counted when assigning a time-limit to a new provider agreement to encompass dates on which the provider furnished covered services to a medicaid consumer for which the provider has not been reimbursed. Upon ODJFS approval of the application and the effective date of the agreement, ODJFS will accept claims submitted timely for the retroactive period. Exceptions to the twelve month retroactive period include:
- (1) When required licensure, certification, accreditation, or registration is obtained by the provider within the twelve months prior to the application date, the effective date will be that date on which the required license, certification, accreditation, or registration was obtained.
- (2) Claims submitted within the twelve month retroactive period will be denied for any service provided if the provider did not meet all ODJFS program requirements for participation on the date the service was provided.
- (F) Pursuant to section 5111.06 of the Revised Code, ODJFS is not required to issue a notice of hearing rights, in accordance with Chapter 119, of the Revised Code, when converting a provider agreement to a time-limited agreement or when terminating a time-limited provider agreement due to the provider's failure to file an application for re-enrollment.

(G) To ensure program integrity ODJFS reserves the right to conduct pre-enrollment on-site reviews.

Replaces: 5101:3-1-17.4

Effective:

R.C. 119.032 review dates:

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Certification

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Date

Promulgated Under: 119.03  
Statutory Authority: 5111.02, 5111.028  
Rule Amplifies: 5111.01, 5111.02, 5111.028  
Prior Effective Dates: 4/7/77, 12/30/77, 1/1/79, 3/23/79, 8/31/79, 11/1/79, 7/1/80, 7/7/80, 10/1/87, 1/1/95, 5/30/02, 8/11/05