

5160-1-17.4

**Revalidation of provider agreements.**

(A) Revalidation is the process that a provider is required to follow to renew and revalidate its provider agreement. Provider agreements must be revalidated no later than five years from the effective date of the original or the last revalidated provider agreement, whichever is applicable, unless the centers for medicare and medicaid services (CMS) waives or modifies the deadline. In the event CMS waives or modifies the deadline, provider agreements will be revalidated pursuant to the CMS waiver or modification. ~~If a provider's license or certification from its licensing board expires less than five years from the effective date of its provider agreement, the provider agreement must be revalidated prior to the expiration of the license or certification.~~ Provider agreements must also be revalidated whenever there is a change in risk pursuant to 42 C.F.R. 455.450 (as in effect ~~May 29, 2018~~ October 1, 2020) The revalidation process is as follows:

- (1) The Ohio department of medicaid (ODM) shall send a revalidation notice ~~by regular mail~~ ninety days prior to the expiration date of the provider's time-limited agreement either to the provider's email or mailing address on file notifying the provider that it is required to revalidate its agreement.
- (2) The revalidation notice shall instruct the provider what is required to complete the revalidation process. Providers are expected to meet all conditions for participation as an eligible provider that are in effect in Chapter 5160-1 of the Administrative Code at the time of revalidation.
- (3) The provider shall submit all required information before the revalidation deadline date specified in the revalidation notice including the required fee as specified in rule 5160-1-17.8 of the Administrative Code.
- (4) A provider shall not initiate revalidation prior to the receipt of the revalidation notification sent by ODM. This rule does not negate the requirement that a provider must properly disclose any changes to its provider agreement in accordance with rule 5160-1-17.3 of the Administrative Code. The reporting of changes does not constitute the initiation of revalidation and remains the provider's responsibility.
- (5) When a provider fails to revalidate in the time and the manner required by ODM, as specified in this rule and in accordance with the revalidation notice referred to in paragraph (A)(1) of this rule, ODM shall deny an application for revalidation and terminate the time-limited provider agreement. The denial and termination will take effect thirty days after ODM mails a written notice to the provider by regular mail to the address on file notifying the provider of the decision. ODM shall specify in the notice the date on which the provider is required to cease operating under a terminated provider agreement.

- (6) If a provider files an application for revalidation within the time and in the manner required, as specified in this rule, but the provider agreement expires before ODM acts on the application or before the effective date of the ODM decision on the application, the provider may continue operating under the terms of the expired agreement until the effective date of the ODM decision.
  - (7) If a provider files an application for revalidation within the time and in the manner required, as specified in this rule, but has not been able to obtain a renewal of its licensure, certification, accreditation, or registration the application may be accepted and processed by ODM as long as the granting official, board, commission, department, division, bureau, or other agency of state or federal government considers the provider in good standing and that its licensure, certification, accreditation, or registration is still active.
- (B) 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 for participation in the medicaid program. The effective date of a new provider agreement may be made retroactive for up to twelve months prior to the date of application if the provider was properly licensed or certified.
- (C) Pursuant to section 5164.38 of the Revised Code, ODM is not required to afford hearing rights, in accordance with Chapter 119. of the Revised Code when terminating a time-limited provider agreement due to the provider's failure to properly file an application for revalidation.
- (D) In processing an application for revalidation, ODM reserves the right to conduct an on-site review at the provider's facility, place of business, or both, as ODM deems necessary to ensure program integrity.

Effective:

Five Year Review (FYR) Dates: 1/22/2021

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Certification

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Date

Promulgated Under: 119.03  
Statutory Authority: 5164.02; 5164.32  
Rule Amplifies: 5162.03; 5164.02; 5164.32  
Prior Effective Dates: 04/07/1977, 12/30/1977, 01/01/1979, 03/23/1979,  
08/31/1979, 11/01/1979, 07/01/1980, 07/07/1980,  
10/01/1987, 01/01/1995, 05/30/2002, 08/11/2005,  
01/01/2008, 05/01/2010, 10/18/2019