



Vorys, Sater, Seymour and Pease LLP
Legal Counsel

MEMORANDUM

TO: Ohio Provider Resource Association Members
FROM: Suzanne J. Scrutton
DATE: April 1, 2014
RE: Medicaid Revalidation

It has come to our attention that OPRA members that are HCBS waiver providers are being visited by the Public Consulting Group ("PCG"). PCG is under contract with the Ohio Department of Medicaid ("ODM") in order to conduct Medicaid validation visits. As you may recall, under the Affordable Care Act ("ACA"), states must revalidate Medicaid Provider Agreements every five (5) years.

Providers are screened according to their assessed risk level upon initial enrollment, re-enrollment or revalidation of enrollment to the Medicaid program. There are various levels of screening for revalidation. Providers are either considered a limited, moderate or high risk depending on the provider type. Current agency waiver providers are considered a moderate risk in the revalidation process. Providers in this category are subject to the following steps ("the standard"):

1. verification that they meet any applicable Medicaid requirements for their provider type;
2. license verification, including state license verification in states other than where a provider is enrolling;
3. database checks on a pre- and post-enrollment basis to ensure providers continue to meet enrollment criteria for the provider type; and
4. on-site visits, including pre- and post-enrollment site visits to determine compliance with Medicaid enrollment requirements.

Failure to meet any of these standards may result in the provider having their Medicaid Provider Agreement terminated.

Because Number 4 above requires an on-site visit by ODM or their designee, PCG, it is very important that you answer questions and allow ODM/PCG access to your facility upon their visit. On-site screening visits are conducted without prior notification or appointment.

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The PCG representatives should have a business card and a letter of introduction, for your verification, when they arrive. Providers should take steps to ensure that staff at the agency understand that ODM/PCG will be making these unannounced visits in order to determine compliance with these requirements. Providers should also take steps to train staff to accommodate ODM/PCG upon their visit. Failure to answer questions and cooperate with the ODM/PCG representatives could affect your enrollment or current provider status with Medicaid.

Since the law allows ODM or their designee to conduct a pre- or post-enrollment on-site screening in order to ensure compliance with these requirements, a provider may not have even taken steps to re-enroll with Medicaid yet. In order to be adequately prepared, even if the provider has not yet re-enrolled, we suggest that providers take steps to understand what is required when the provider does re-enroll, so that you will understand what ODM/PCG may be reviewing during any pre-enrollment screening site visit. Providers can learn more about re-enrollment and the revalidation process on ODM's website at <http://medicaid.ohio.gov/PROVIDERS/EnrollmentandSupport/ProviderEnrollment.aspx>.

For OPRA members that are ICF providers, ICFs are considered to be a limited-risk provider. ICFs will have to comply with the first three prongs of the above-stated standard, but they will not be subjected to an on-site visit by ODM or their designee, PCG.

Should you have any questions or need additional information or clarification, please feel free to contact Suzanne Scrutton at 614.464.8313 or Robin Amicon at 614.464.5466 at the Vorys law firm.