IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP provides guidance on provider enrollment revalidation requirements

Updates on revalidation requirements for past-due providers

Pursuant to federal regulation, all providers enrolled with the Indiana Health Coverage Programs (IHCP) before January 1, 2012, must revalidate their provider enrollments by a deadline established by the Centers for Medicare & Medicaid Services (CMS). The CMS has directed states to disenroll any provider that fails to revalidate.

On April 29, 2016, the IHCP will disenroll providers with revalidation dates between January 2012 and March 2016 that have failed to revalidate their enrollment.

Providers that are disenrolled will be required to submit a



new *IHCP Enrollment and Profile Maintenance Packet* to reenroll with the IHCP. Disenrollment with a reenrollment may result in a gap in the provider's eligibility, resulting in impacts to reimbursement, primary medical provider (PMP) assignments, member services including prescriptions or refills, and other business functions.

Providers are encouraged to submit their provider enrollment revalidation packet as soon as possible to avoid disenrollment:

- Revalidation packets containing all necessary data and attachments received on or before March 26, 2016, will be processed by the April 29, 2016, deadline, and the provider will not be disenrolled.
- Revalidation packets received on or before March 26, 2016, with missing, invalid, or incomplete information may not be resolved in time for completion by the deadline, and the provider may be subject to disenrollment.
- Revalidation packets received on or after **March 27, 2016**, may not be completed by April 29, 2016, in which case the provider will be disenrolled on April 29, 2016.
- Providers that do not intend to revalidate their enrollment should submit the <u>IHCP Provider Disenrollment Form</u> available at indianamedicaid.com, which allows the IHCP to update its database.

To view the list of affected providers, visit the <u>Provider Enrollment Revalidation</u> page at indianamedicaid.com.

Clarification about ongoing revalidation requirements

The CMS requires state Medicaid programs to revalidate provider enrollments at intervals not to exceed every five years. The CMS revalidation requirement for durable medical equipment (DME) and home medical equipment (HME) providers, including pharmacy providers with DME or HME specialty enrollments, is more frequent, at intervals not to exceed every three years.

IHCP providers will receive notification letters when it is time to revalidate their enrollments. Notification with instructions for revalidating are sent 90 and 60 days in advance of the revalidation due date. The IHCP mails these notices to the *Service Location* address on file for the provider location that is due to revalidate.

Providers that fail to submit properly completed revalidation paperwork by their revalidation due date will be disenrolled. After being disenrolled, the provider will need to submit a new *IHCP Enrollment and Profile Maintenance Packet* to reenroll with the IHCP. Disenrollment with subsequent reenrollment may result in a gap in the provider's eligibility. Providers should not revalidate until they receive their notification letter.

Providers that do not intend to revalidate their enrollment should submit the <u>IHCP Provider Disenrollment Form</u> available at indianamedicaid.com, which allows the IHCP to complete a voluntary disenrollment and keep its provider database upto-date.

To view the list of providers with revalidation due dates between April 1, 2016, and June 30, 2016, visit the <u>Provider</u> <u>Enrollment Revalidation</u> page at indianamedicaid.com.



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