

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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Affordable Care Act provider revalidation begins in March 2012

Revalidation of currently enrolled providers

Under the *Affordable Care Act* (ACA), the Indiana Health Coverage Programs (IHCP) is required to revalidate all provider enrollments, applying ACA criteria. A summary of these criteria is located on the [Affordable Care Act \(ACA\) Requirements page](#) of indianamedicaid.com.

Providers newly enrolled on or after January 1, 2012, are being screened against these criteria at initial enrollment and will not be subject to revalidation for three to five years, depending on their provider type. Beginning in March 2012, the IHCP will revalidate all providers whose enrollments became effective before January 1, 2012. These revalidations will be scheduled in phases and will be completed by December 31, 2015.

Revalidation process

Providers will receive a notification letter with instructions for revalidating 90 days before their revalidation deadline. A second notification letter will be mailed 60 days before the revalidation deadline. Providers with multiple service locations must revalidate each location individually and will receive a separate letter for each location. Providers should not take

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any steps to revalidate until they receive their notification letters. The notification letters will be mailed to the *Mail To* address on the provider's IHCP profile. In preparation, providers should verify the accuracy of the *Mail To* address on file by accessing the Provider Profile feature of [Web interChange](#).

The revalidation process can take up to 20 business days to process, so providers are strongly encouraged to submit revalidation paperwork well in advance of their established deadlines. Providers that fail to submit revalidation paperwork in a timely manner will be deactivated from participation in the IHCP as of the deadline date. Deactivation of a provider's enrollment results in the following consequences:

- Claims billed with dates of service on or after the deactivation date will be denied.
- Providers who participate in the managed care programs will have their members reassigned to other primary medical providers (PMPs).
- Members with level-of-care (LOC) services and those in the Right Choices Program (RCP) may be denied benefits.



Providers that submit revalidation paperwork after their enrollment is deactivated, and who meet all enrollment criteria, will be re-enrolled in the IHCP. However, because the re-enrollment date cannot be back-dated, there would be a period of time during which the provider's enrollment would be inactive. Providers are cautioned to return revalidation paperwork on time to avoid deactivation or a gap in enrollment.

Future revalidation

Revalidation of enrollment will occur on a regular schedule. Under the ACA, states are required to revalidate providers at intervals not to exceed every five years. A more frequent three-year revalidation requirement applies to durable medical equipment (DME) and home medical equipment (HME) providers, including pharmacy providers with DME or HME specialty enrollments. Providers will be notified every three or five years when it is time to revalidate their IHCP enrollments.

Key points to remember

Providers should note the following points regarding revalidation:

- Providers whose IHCP enrollment was effective after January 1, 2012, will not be scheduled to revalidate their enrollment until 2015 or after.

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- Providers enrolled before January 1, 2012, will begin receiving notification letters in March 2012 requesting submission of revalidation documents. Providers should not submit revalidation documents before receiving a letter.
- A list of providers whose revalidations are coming due and that will be receiving letters of notification will be posted to [Web interChange](#), accessible at indianamedicaid.com.
- Providers with multiple service locations must revalidate each location individually, according to ACA requirements. Providers will receive a separate letter for each service location.
- Rendering providers will not have to revalidate individually. Providers enrolled with a group classification are responsible for revalidating the rendering providers associated with the revalidating service location. Rendering revalidation means that the group or clinic attests that the rendering providers linked to the group are still actively linked to the group's or clinic's service location, and that the rendering provider is not sanctioned and has an active license.
- Timely submission of revalidation paperwork is required to avoid deactivation or a gap in enrollment as an IHCP provider.

QUESTIONS?

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