

# **Provider Revalidation Process**

# Long-Term Services and Supports (LTSS) Subcommittee Meeting

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#### Introduction



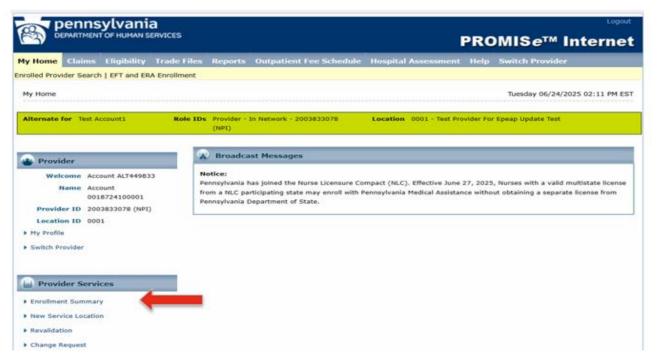
- Federal regulation 42 CFR 455.414 requires that state Medicaid agencies revalidate the enrollment of all providers, regardless of provider type, at least every five years.
- The Office of Long-Term Living (OLTL) recommends that revalidations be submitted three months in advance of the Provider's revalidation date.
- Applications (New, Revalidations, Reactivations) are submitted via the PROMISe™ application portal.

https://promise.dhs.pa.gov/portal/provider/Home/tabid/135/Default.aspx

## **Finding Your Revalidation Date**



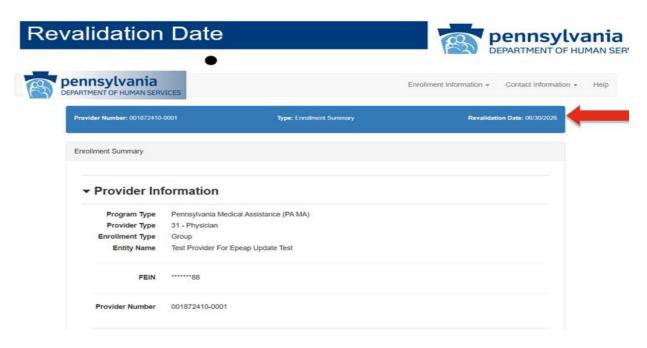
- The revalidation date is found via the PROMISe™ internet.
  - Once logged into the system, you will be directed to the page below.
    - Select Enrollment Summary under Provider Services at the bottom left side of page. (Refer to red arrow for additional guidance.)



### Finding Your Revalidation Date (cont.)



- Once enrollment summary is selected, the page below will appear.
  - The revalidation date is found in the upper right-hand corner of the page. (Refer to red arrow for additional guidance.)



# **Enrollment Summary Page**



- Through the enrollment summary page, providers can download a list of all active service locations associated with their Master Provider Index (MPI) within the last two years.
  - Select the blue icon in the Active Services Locations section of the enrollment summary page.

#### **Active Service Locations**

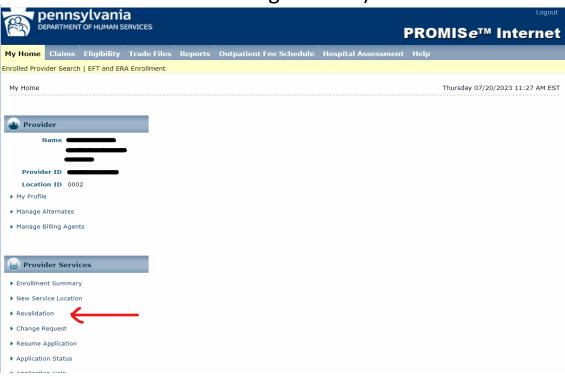
To download a Comma Separated Values (CSV) file containing the complete list of the active service locations for this provider, color the download icon (download not available from PDF):

 Fields provided in the download include the 13-digit provider identification (ID) number, National Provider Identifier (NPI), revalidation date, provider type, name, address, specialties, and taxonomy codes.

### **How to Revalidate**



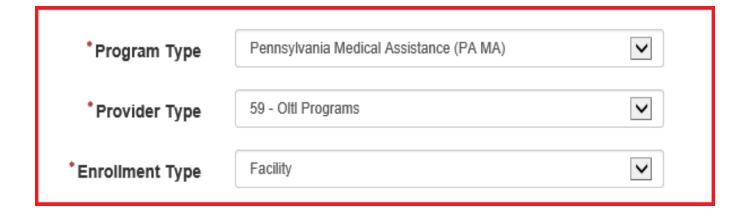
- Logon to the PROMISe™ Portal using the provider's login credentials.
  - From the Provider Services Section on My Home Page, select Revalidation.
     (Refer to red arrow for additional guidance.)



# **How to Revalidate (cont.)**



 Please ensure that you are populating the following fields correctly as errors within these fields cannot be corrected without needing to complete a new application.



# **Supporting Documents**



- All required supporting materials are uploaded to the application portal and submitted with the revalidation application.
  - Base Application
    - Ownership Disclosure, Outpatient Provider Agreement, Home and Community-Based Services (HCBS) Waiver Agreement Form
  - Fiscal Solvency
    - Tax return, monthly balance sheet, monthly bank statement, and the most recent audit or financial review if one has occurred in the last five years
  - Insurances
    - Commercial General Liability (Declarations page required)
    - Workers Compensation

# **Supporting Documents (cont.)**



- Business Registration Documents
  - Legal Entity Verification Document, PA State Articles of Incorporation/Fictitious Name, Business Creation Agreements
- Services
  - Provider Enrollment Information Form, License or Certification, Agency Employment Job Descriptions
- Policies
  - Americans with Disabilities Act (ADA) Compliance, Criminal History
    Background Check, Critical Incident Management, Employee Healthcare
    Exclusion Check, Employee social security number (SSN) Verification,
    Health Insurance Portability and Accountability Act (HIPAA) Compliance,
    Limited English Proficiency, Non-Discrimination, Participant Complaint
    Management, Quality Management, Regulation Compliance, and Staff
    Training
- Miscellaneous
  - Qualifications of the Executive Director/Program Director

# **Revalidation Application Review**



- Revalidation applications will first go through a series of automated checks followed by an initial review for completeness with the Office of Medical Assistance Programs (OMAP).
- Once the revalidation application is checked for completeness, the application is transferred to OLTL.
  - The application will be placed in the que to be assigned to an enrollment specialist.
- After the enrollment specialist conducts their review, an email will be sent to the contact on the revalidation application detailing any missing items or corrections needed.
  - The provider will have 30 calendar days to provide the items requested before a second request is sent, followed by a final request after another 30 calendar days. After the final request, the revalidation application will be rejected after an additional 30 calendar days if the provider remains unresponsive.

#### **Additional Notes**



- As long as the revalidation application is submitted before the last day of the month that the revalidation was due, the service location will remain active.
  - If the revalidation application is eventually rejected, the closure date of the location will be backdated to last day of the month that the revalidation was due.
- Providers will receive revalidation reminders 90 calendar days and again 30 calendar days before their revalidation date.
  - Reminders are sent to the mailing address of the service location.
    - These are just reminders, and it remains the responsibility of the provider to submit their revalidation in a timely manner.
- All revalidation applications are worked in the order in which they were received.

## Resources



#### Provider Enrollment

- Resource Account <u>RA-HCBSEnProv@pa.gov</u>
- Helpline 1-800-932-0939, Option 1

#### Technical Support Only

- Gainwell Helpline 1-800-248-2152
- Home and Community-Based Services HCSIS 1-866-444-1264

#### Regulations – <u>www.pacodeandbulletin.gov</u>

- 55 Pa. Code Chapter 52. Long-Term Living Home And Community-Based Services
- 55 Pa. Code Chapter 1101. General Provisions
- Waivers <u>www.pa.gov/agencies/dhs/resources/medicaid/waivers</u>
  - OBRA, Community HealthChoices and Act 150

# **Questions?**