

Provider Revalidation FAQ's

Q. What is Revalidation and why must I revalidate?

A. Federal regulations contained within the Affordable Care Act (ACA) require the agency to be in compliance with enhanced provider screening rules designed to prevent fraud, waste, and abuse within the Medicaid Program. Please refer to 42 CFR Part 455 for the complete set of rules and regulations. One of the requirements under the ACA is to revalidate the enrollment of all Medicaid providers at least once every five years.

Q. Does the notice of revalidation apply to out of state providers?

A. Yes, the provider revalidation process is a Federal requirement that applies to all Medicaid providers, including those residing outside the State of Washington.

Q. What actions are the providers required to take when a provider receives a revalidation letter?

- A. The revalidation letter will specify the requirements. Included are requirements for all providers to:
 - Gather and Submit the documents requested on your Revalidation Checklist
 - Complete the Online Revalidation process
 - Other documents or information may be required specific to provider type.

Q. What activities does HCA perform during the provider revalidation process?

- A. The HCA:
 - Notifies providers by letter when a provider is selected for revalidation
 - Collects required documents, including the Core Provider Agreement, Debarment form, and the IRS W-9 form.
 - Screens providers according to processes mandated by Federal regulations (<u>42 CFR 455.450</u>). The screening includes federal database checks performed on providers, ownership, managing employees, and controlling interests. Screening may also include unannounced on-site inspections of provider locations.
 - Verifies providers are in compliance with agency requirements. This includes verification of professional and business licensure, and may include verification of certification requirements such as Medicare, verification of Trading Partner Agreement on file, and other requirements as specified under State regulations.

Q. I have questions about my Revalidation documents, who do I contact?

A. You may either send an email to hca.wa.gov or call Provider Enrollment at 1-800-562-3022, ext. #16137.

Q. I have never logged into my ProviderOne portal, who can help?

A. The ProviderOne Security team will be able to assist you in getting your initial log in information set up. They can be reached at provideronesecurity@hca.wa.gov



Provider Revalidation FAQ's Continued

Q. I don't remember my password, what do I do?

A. Use the password reset function from the login page of www.waproviderone.org
If this does not work, email ProviderOne Security at provideronesecurity@hca.wa.gov for assistance.

Q. I don't remember my username what do I do?

A. Contact ProviderOne security at provideronesecurity@hca.wa.gov for assistance.

Q. What address will my Revalidation Notice be sent to?

A. Your Revalidation Notice will be sent to the Mailing Address we have in your ProviderOne Domain. Providers have the ability to submit contact information and mailing address changes to the agency using the ProviderOne provider portal (an online service).

Q. We have a credentialing professional and we would like the letters to be sent to this specialist. How can we do this?

A. Your Revalidation Notice will be sent to the Mailing Address we have in your ProviderOne Domain. Providers have the ability to submit contact information and mailing address changes to the agency using the ProviderOne provider portal (an online service).

Q. Will I be notified once my revalidation is complete?

A. Yes, you will receive a Revalidation completion letter in the mail notifying you that your revalidation is complete.

Q. I have additional questions who should I contact?

A. Questions regarding the revalidation process can be directed to:

Provider Enrollment, phone # 1-800-562-3022 ext. 16137 or email hcapr@hca.wa.gov

For additional information about Federal and State regulations related to revalidations, see <u>42</u> <u>CFR 455, Subpart E, 42 CFR 455.414</u> and <u>12/23/2011 CMCS Informational Bulletin</u> for Federal rules and <u>WAC 182-502-0016 (1)(m)</u> for State requirements.