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# IDAHO DEPARTMENT OF HEALTH & WELFARE

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## Medicaid Information Release MA16-04

**To:** All Medicaid Providers  
**From:** Lisa Hettinger, Administrator  
Division of Medicaid  
**Subject:** Provider Revalidation

Section 6401 of the Affordable Care Act (ACA) established a requirement for all new and existing Medicare and Medicaid providers to be reevaluated under new screening guidelines. This revalidation must be done at least every five years. The Idaho Department of Health and Welfare (IDHW) will conduct that revalidation beginning in 2016.

In the coming months, IDHW will notify providers when to begin the revalidation process and the specific date by which the provider's revalidation must be completed. Providers should not take any steps to revalidate their enrollment until they receive an official notification from IDHW.

**Provider types are categorized by risk level – high, moderate, or limited.** This categorization is established by the Centers for Medicare & Medicaid Services (CMS) based on an assessment of potential for fraud, waste, and abuse for each provider type. Idaho Medicaid has determined the risk level for providers who are not recognized as provider types by CMS. Providers are screened according to the assigned risk level. The risk level assignments can be found in the "Provider Enrollment" section beginning on page 13 of the [\*General Provider and Participant Handbook\*](#).

**Certain providers are subject to Mandatory enrollment with Medicare** per IDAPA

16.03.09.200.03. This requirement applies to “institutional” providers and it applies to providers classified as moderate or high risk for fraud and abuse. Providers who must first enroll with Medicare include, the following:

- Ambulance service providers
- Comprehensive outpatient rehabilitation facilities (CORFs)
- Durable medical equipment providers
- Federally qualified health centers
- Hearing aid vendors
- Hospice organizations
- Hospitals
- Home Health Agencies
- Independent clinical laboratories
- Independent diagnostic testing facilities
- Individual physical therapists
- Nursing facilities
- Occupational therapy groups
- Orthotics and Prosthetics
- Physical therapists enrolling as groups or as individuals
- Portable x-ray providers
- Speech/hearing therapy groups

This requirement does not apply to other individual professionals, such as physicians or occupational therapists or speech therapists enrolling as an individual.

LH/dk