

Quick Reference Guide: Revalidation/Reenrollment

Revalidation is required every three (3) years for Credentialed Providers and every five (5) years for Non-Credentialed Providers. The "link" to begin a revalidation will appear 120 days prior to the revalidation due date.

Note: For Non-Credentialed Providers, the Revalidation date is recalculated when DODD is added, or DODD is renewed. Providers will not have to complete the Revalidation process in PNM if DODD is added or renewed.

Steps:

1

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517965	Test Training	Complete	69 - Pharmacist	1316344583	9999883	PHARMACIST				03/09/2022	03/23/2022	03/23/2022

Access your provider file from your dashboard by clicking on the Reg ID or Provider Name hyperlink. For table heading definitions, See Page 3 of this guide.

2

Click the '+' symbol to expand the Enrollment Actions and click **Begin Revalidation** to access the file.

Note: You can confirm the application is for Revalidation by clicking the 'More' button at the top of the page (on the right-side of the dark purple section) to expand the header.

More ...

Note: If the reapplication process has been started, but not submitted, the link will display as 'Continue Revalidation.'

Manage Application

Enrollment Actions + Enrollment Action Selections:

Programs + Program Selections:

Self Service + Self Service Selections:

Enrollment Actions

- Enrollment Action Selections:

[Begin Revalidation](#)

[Edit Key Provider Identifiers](#)

[Request Disenrollment](#)

3

Complete each page of the application. Click **Next** to save and proceed to the next page.

Note: Regardless of whether changes are made, each page needs to be reviewed and saved.

Jump To: Agreements

Section Name	Status
Provider Information*	✓
Primary Contact Information*	✓
Office Information	✓
Primary Service Address*	✓
Billing & Payment Address*	✓
Correspondence Address*	✓
Other Service Locations	✓
1099 Address*	✓
Home Office Address*	✓
Specialties*	✓
Taxonomies*	✓
Medicare Number	✓
Group, Organizations & Hospital Affiliations*	✓
MCP Affiliation	✓
W9 Form*	✓
Owner Information*	✓
Required Documents	✓
Agreements*	✓

Agreements
This is a required section.

Ohio Medicaid Provider Agreement
Note: The Provider Agreement in the scroll box
All Providers must read the statements below

Ohio Revised Code 2921.42 and 2921.43 Agree
In accordance with Chapter 102, and Sections 2
understands Chapter 102, and Sections 2921.42
action inconsistent with those laws and this orde
is, in itself, grounds for termination of this contr

by signature on this document, certifies: (1) it has reviewed and
understands the Ohio ethics and conflict of interest laws, and (3) will take no
chapter 102, and Sections 2921.42 and 2921.43 of the Ohio Revised Code
with the State of Ohio.

Generate PDF
Submit for Review
Save Cancel Previous Next

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Steps:

4

Section Name	Status
Provider Information*	✓
Primary Contact Information*	✓
Office Information	✓
Primary Service Address*	✓
Billing & Payment Address*	✓
Correspondence Address*	✓
Other Service Locations	✓
1099 Address*	✓
Home Office Address*	✓
Specialties*	✓
Taxonomies*	✓
Medicare Number	✓
Group, Organizations & Hospital Affiliations*	✓
MCP Affiliation	✓
W9 Form*	✓
Owner Information*	✓
Required Documents	✓
Agreements	✓

Confirm that each page has been reviewed, making sure a green checkmark appears for each page.

5

Once all pages have been reviewed/completed, click **Submit for Review** to submit your application for Revalidation.

A submission confirmation message displays indicating that the revalidation application has been submitted for review.

Click **Return to Home Page**, to go to your dashboard

Return to Summary
Generate PDF
Submit for Review
Save Cancel

Submission Confirmation

You have successfully submitted your application to the Medicaid Program.
Please allow at least 10 days for processing before attempting to submit any changes.

Return to Home Page

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Reg ID: A registration ID assigned to the provider file when a new application is created in PNM (*this is a clickable hyperlink to access more Provider options*)

Provider: Lists the name of the Provider (*this is a clickable hyperlink to access more Provider options*)

Status: Displays the current Status of the Provider file within PNM

Provider Type: Lists the specific Provider Type and Number

NPI: Lists the Provider's National Provider Identifier (NPI)

Medicaid ID: Lists the Medicaid ID number assigned to the Provider (*for new Providers this assignment occurs after full review and completion*)

Specialty: Lists the primary specialty indicated by the Provider

DD Contract Number: Displays the DODD Contract Number(s) associated to the registration

DD Facility Number: Displays the DODD Facility Number(s) associated to the registration

Location: Displays the location of the Provider

Effective Date: Lists the Effective Date of the Provider

Submit Date: Displays the date the new application, update, or revalidation/reenrollment was submitted

Revalidation Due Date: Displays the date that the Provider will need to complete the revalidation/reenrollment