

## Revalidation and Enrollment

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Provider revalidation of enrollment is a Federal Medicaid requirement. Providers must revalidate their Medicaid enrollment every five years. Failure to revalidate will result in termination of the Provider's Medicaid enrollment and therefore CBH's ability to reimburse the Provider for services rendered. We encourage Providers to ensure they are aware of their revalidation dates and submit applications with as much lead time as possible to avoid disruption in reimbursement.

The Office of Medical Assistance Program (OMAP) receives a large volume of applications, so it is imperative that Providers submit their revalidation applications in a timely manner. The Provider's enrollment will remain open while the application is being processed. If the application is not submitted prior to the revalidation date, the Provider's service location will close, and the Provider would have to complete a reactivation application to reopen the service location.

According to OMAP, the average application processing time for revalidation is 50 business days. OMAP is prioritizing new and reactivation applications. The average application processing time is 35 business days.

OMAP reports that the number one cause for delays in the revalidation process is inaccurate contact information. It is extremely important that Providers ensure their point of contact information is accurate and their email and mailing addresses are up to date. Refer to [Quick Tip #218](#) on the Quick Tip webpage or email [Quick.Tip@pa.gov](mailto:Quick.Tip@pa.gov), for more information.