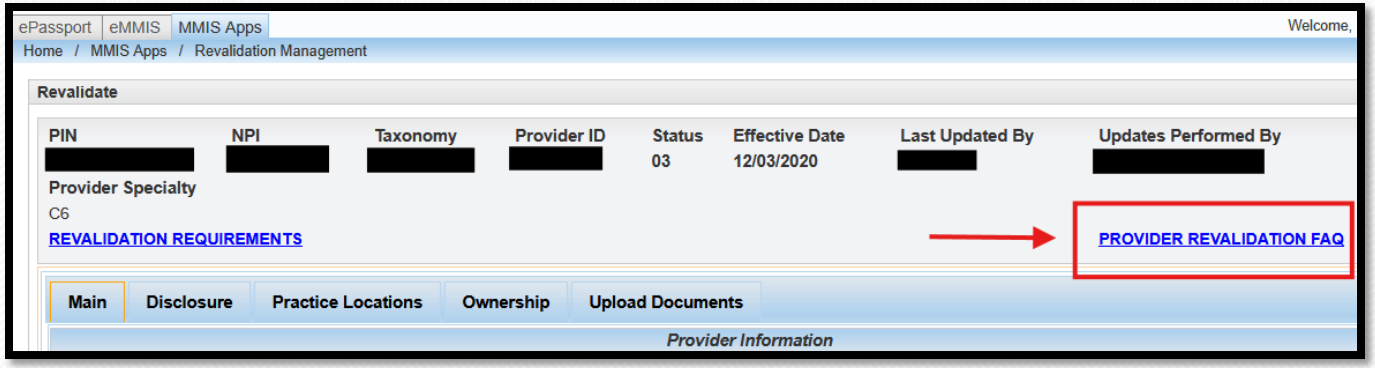
Revalidation - Need to Know

- **You are Revalidating by your EIN, not by your NPI.**
- **If you have multiple NPI numbers/taxonomy codes - enrolled under the same EIN**, then you will need to submit **ALL NPI numbers/taxonomy codes** enrolled under the same EIN for revalidations. This ensures that all enrollments under the same EIN can be on the same revalidation schedule to eliminate the need for multiple fees every couple of years.
- **Site visit required** (each location must have a site visit conducted before revalidation is approved), please see Site Visit Slide for additional information.
- **Application Fee required** - one fee per EIN; for the link, please see Revalidation Links and Documents slide.
- Your Revalidation **WILL NOT** be approved until the **Contract** is completed and returned.
- If your due date is approaching but you do not have all required documents to complete your revalidation, please upload and submit what you currently have to avoid any delay in activity.
- ****CDS Coordinator is now recognized as CDS Manager****

Revalidation Links and documents

- Please visit www.eMOMED.com to complete your revalidation.
- **Revalidation FAQs –** The hyperlink for this document can be found on your revalidation application in the eMOMED portal.



- All MMAC required forms can be found here: https://mmac.mo.gov/revalidation-requirements/
- MO DOR & Vendor No Tax link: http://dor.mo.gov/forms/943.pdf
- Revalidation questions can be sent to: mmac.revalidation@dss.mo.gov
- Application Fee Link: https://magic.collectorsolutions.com/magic-ui/Login/mo-medicaid-audit
- Revalidation Phone: (573) 751-5238
- Revalidation Fax: (573) 761-3781

Most often incorrectly completed revalidation documents:

Business Organizational Structure form

- Make sure you are only completing **ONE** section, that aligns with how you are enrolled with the IRS. **Limited Liability Company, Corporation, Sole proprietor (only if billing under yourself) or Partnership**. **ALL parts under chosen section must be completed, even if names repeat**.

Assurances form

- Question 1- **Who is still with the entity + the entity itself and all enrolled entities**.
- Question 2- **Who is No Longer with the entity + any closed entities or no longer providing services for**.
- Question 3- **Disclose any sanctions, suspensions or terminations - OR write N/A if it does not apply.**

Vender No tax Due

- **MUST** be a **CURRENT** Vendor No Tax Due letter.
- Certificate of tax clearance **NOT acceptable**.

Missouri Department of Revenue Document

- The Missouri Business Tax Registration is an **acceptable** document.

IF YOU HAVE QUESTIONS, PLEASE REACH OUT TO THE REVALIDATIONS EMAIL at MMAC.REVALIDATION@dss.mo.gov FOR ASSITANCE

Revalidation Due Dates/Notices

- Notices for upcoming Revalidation due dates are sent to the **current email address** and **main location address on file** for the provider.
  - Notices will come from MMAC.REVAL-DONOTREPLY@MOMED.COM
  - **Please make sure your email address and location are updated to what is current.**
  - Make sure to regularly check your SPAM and JUNK folders in your e-mail.

- **Notices are sent out as followed**:
  - Emailed 120 days before the revalidation due date (Sent to email on file)
  - Emailed 90 days before the revalidation due date (Sent to email on file)
  - 60 days before the revalidation due date a **physical letter** is mailed to the main location on file and an **email** is sent as well.
  - Emailed 30 days before the revalidation due date (Sent to email on file)
  - You will continue to receive notices until your Revalidation has been approved, or your enrollment has been terminated.
  - **EACH** time you log into the eMOMED portal, starting 120 days before the due date you will be notified about upcoming revalidation due dates.

- If your revalidation is not completed by your due date, then you are considered non-compliant and your **contract with MMAC is expired.** Failure to comply can result in **administrative actions, up to and including termination of your enrollment.**

MMAC.REVAL-DONOTREPLY@MOMED.COM

- If you receive any of the below notices please **DO NOT reply**, this is an unmonitored email address. Any questions need to be sent to MMAC.REVALIDATION@DSS.MO.GOV.

From: mmac.reval-donotreply@momed.com

Date: 03/21/23 14:55

To:

Subject: Provider Revalidation Rejected

On Tue, Apr 4, 2023 at 10:12 AM mmac.reval-donotreply@momed.com <mmac.reval-donotreply@momed.com> wrote:

Dear MO HealthNet Provider,

The revalidation you submitted for NPI has been approved. You may view your approved revalidation status at www.emomed.com. The provider will have a next revalidation date 5 years in the future and the revalidation status will be "Not Due".

From: mmac.reval-donotreply@momed.com <mmac.reval-donotreply@momed.com>
Sent: Saturday, April 1, 2023 1:14 AM
Subject: Provider Enrollment Revalidation Due

Dear MO HealthNet Provider,

State and federal regulations require all currently enrolled Medicaid providers to "revalidate" their enrollments at least every five years.

You are receiving this continuous email because the following National Provider Identifiers (NPIs) are due for revalidation:

You will continue to receive this e-mail until the revalidation(s) have been Approved.

Revalidation Submission

- Revalidations should be submitted at the latest 90 **days prior** to the Revalidation due date.

- **Faxing documents to the Revalidation Portal**
  - Documents must be in black and white.
  - You cannot fax more than 50 pages at a time.
  - You Must have the **Revalidation Cover sheet** on top with the **QR code readable**.
    - If your fax machine comes with an **automated cover sheet**, please be sure to turn this feature off or remove your automated cover sheet before faxing.

- To avoid email returns and delivery delays **only send documents to** MMAC.REVALIDATION@DSS.MO.GOV **email when requested**.

- All documents submitted **must be signed and dated** using the only following signature types below:
  - **A wet/hand, DocuSign, Hello Sign, Panda Sign, Dropbox Sign or Adobe Acrobat signatures**.

- **MMAC does not accept pictures of documentation!**

- If you have **multiple enrollments**, **ALL NPI numbers or taxonomy codes need to be submitted**.

Uploading Documentation

- Make sure to UPLOAD all documents to your revalidation using the eMOMED portal.
- If you are having issues with uploading documentation, please make sure the documents are in PDF format, each upload is under 3MB/ 3,000 KB and is in black and white.
  - If issues still occur, please contact the eMOMED Help Desk at (573) 634-3105. **(do not submit screen shots, jpeg, image attachments).**
- DO NOT EMAIL DOCUMENTS UNLESS INSTRUCTED. Emailing multiple large documents clogs up the email and returns other emails trying to send due to mailbox size.
- Uploading documentation to the correct revalidation within the eMOMED portal is not a part of the Revalidation Staff process, this is the PROVIDERS RESPONSIBILITY.

Revalidation Site Visits

- All providers **MUST** complete a Site Visit as it is a State and Federal requirement for this provider type.
- A Site Visit must be completed **per each enrolled location**.
- Please make sure the email address provided in the contact section of the revalidation is a valid email address as this is how you will be contacted to schedule your site visit.
- Please make sure to check your JUNK and SPAM folders for Site Visit notifications.
- Site Visit email notification will come from a dss.mo.gov email address.
- Site Visits are conducted BEFORE the approval of your revalidation.
- Completing the Site Visit DOES NOT mean your revalidation has been APPROVED.
- If the Site Visit is not completed or you do not reply to the Site Visit request email, then your enrollment could face administrative actions, up to and including termination due to non-compliance.

Revalidation Contract

- **Contract documents** will be sent out once your **Site Visit is completed** and **requested pictures have been approved**.

- **ONLY** the **Box C** and the **Participation Agreement** need to be completed for the Revalidation. **(do not submit screen shots, jpeg, image attachments)**.

- Each document **MUST** include an authorized representative signature **(Director, CDS Manager (previously coordinator) or Owner)**

- Provider has **10 calendar days to complete and send back** the requested documents. Anything after 10 days can result in **payment suspension** for failure to complete required contract for services.

- **MMAC CANNOT GIVE OUT YOUR E-VERIFY INFORMATION**. E-Verify is a **Federal** work Authorization program. MMAC is a state program and **does not** have the Authority to give out that information.
  - If you have lost your Information, you can contact E-Verify by phone at 888-464-4218 or email at e-verify@dhs.gov (this information can also be found on the "BOX B" page of your Program Requirements).

Revalidation Contract - BOX C Instructions

I certify that 1. Legal Business Name of Provider/Agency (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the contractor's name and the MOU signature page completed and signed by the contractor and the Department of Homeland Security – Verification Division.
- ✓ A completed, notarized Affidavit of Work Authorization signed and dated on or after **September 1, 2009**.

Name of **Missouri State Agency** or **Public University*** to Which Previous E-Verify Documentation Submitted: 2. DSS/MMAC

(*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: 3. Date of previous submissioni to MMAC

Previous Bid/Contract/ERS Number for Which Previous E-Verify Documentation Submitted:
4. ERS #
(if known)

5. Print Your Name
Authorized Business Entity Representative's Name (Please Print)

6. Actual Signature
Authorized Business Entity Representative's Signature

7. Company # off of MOU
E-Verify MOU Company ID Number

8. business email address
E-Mail Address

9. Legal Business Name of Provider/Agency
Business Entity Name

10. Date
Date

1. & 9. – Legal Business Name – as stated on contract – include DBA if applicable

2. Name of entity you previously submitted your E-Verify to – sent to **DSS/MMAC** when you originally contracted

3. Use previous date on E-Verify Electronically signature page

4. ERS# can be found on previous contract (top right hand box) Agreements Number **ERS104xxxxx**

5. Print Name legibly – this is required

6. Original Signature of authorized representative – do not use a cursive or hand written font

7. Company Number with E-Verify program - this can be found on the E-Verify MOU and Electronic Signature page

8. Current business email address

9. – see #1

10 – Date you are signing Box C form

Contract Participation Agreement

Consumer Directed Services

MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT

PARTICIPATION AGREEMENT FOR HOME AND COMMUNITY BASED SERVICES

AGREEMENT NUMBER	O.A. VENDOR NUMBER
ERS10423	

FUNDING SOURCE

STATE	FEDERAL
100%	

FEDERAL AGENCY NAME	FEDERAL AWARD YEAR	RESEARCH & DEVELOPMENT	SUBJECT TO A-133 REQUIREMENTS
N/A	N/A	YES ☐ NO ☒	YES ☐ NO ☒
FEDERAL AWARD NUMBER	**FEDERAL AWARD NAME**	**CFDA NUMBER**	**CFDA TITLE**
N/A	N/A	N/A	N/A

☒ **If checked, this agreement constitutes a vendor relationship, as defined by OMB Circular A-133, and therefore these funds are not federal awards, and are not subject to the federal audit requirements of OMB Circular A-133. This in no way precludes the Missouri Medicaid Audit and Compliance Unit ("MMAC") from performing monitoring, review, or any other procedures deemed necessary by the MMAC to ensure compliance with the provisions of this agreement.**

1. This agreement is between the MMAC and a vendor of consumer directed services as defined in §§208.900 – 208.930, RSMo Supp. 2009. The term provider as used in the Terms and Conditions incorporated by reference shall mean Vendor as used in this program.
2. By signing below, the Vendor (also referred to as "Contractor") agrees to provide services and comply with its proposal as amended and approved by the MMAC, the Program Requirements, the Terms and Conditions, and all applicable policies and procedures as set forth in §§208.900 – 208.930, RSMo Supp. 2009 and the regulations promulgated thereunder, and all other applicable federal and state laws in the delivery of services and in the submission of claims for reimbursement.
3. This Participation Agreement, together with the Program Requirements and the Terms and Conditions, which are attached hereto and are incorporated by reference herein, shall hereinafter be referred to as the "Agreement" or "Contract."
4. This Agreement shall become effective on the date it is executed by the MMAC's Director or his/her authorized representative or 01/03/2023, whichever is later, and shall end 12/31/2028.
5. This Agreement covers services authorized by DHSS's Division of Senior and Disability Services ("DSDS") regardless of funding source. Requests for reimbursement for services must be made in accordance with the requirements of the funding source. The DSDS shall not reimburse the Vendor for consumer directed services that are reimbursable under the Missouri Medicaid program. Requests for reimbursement from the DSDS shall be made in writing to: Missouri Department of Health and Senior Services, Division of Senior and Disability Services, P.O. Box 570, 912 Wildwood Drive, Jefferson City, MO 65102-0570.
6. Except as provided in Section 3.4.1 of the Program Requirements, any notice, form, communication, or request made in the performance of the terms of this Agreement must be submitted to the MMAC, HCS Provider Contracts, P.O. Box 6500, Jefferson City, MO 65102 or fax number 573-634-3105.
7. Any written notice or communication to the Vendor by the MMAC or the DSDS shall be deemed delivered when deposited in the United States mail, postage prepaid, and addressed to the Vendor at its address as listed below, or at such address as the Vendor may have requested in writing after the submission of this Agreement, to be used for notice, or transmitted by telecopier to a number listed on Vendor's correspondence, or sent via electronic mail (e-mail) to an address submitted by the Vendor, and/or hand carried and presented to an authorized employee of the Vendor at its last known physical address.
8. The Vendor will utilize a form provided by the MMAC to submit updated information at least five (5) days prior to any change in such information. The Vendor understands and agrees that no change can take place prior to the MMAC's approval of the proposed change.
9. An individual executing this Agreement on behalf of the Vendor represents and warrants that he/she is authorized to execute this Agreement on behalf of the Vendor and that upon his/her signature, this Agreement shall be binding upon the Vendor.
10. The MMAC reserves the right to terminate the contract or agreement, in whole or in part, at any time, for the convenience of the state agencies, without penalty or recourse. Termination of this Agreement may also be made by MMAC at any time after a material breach by the Provider.

VENDOR NAME	SSBG/GR VENDOR NUMBER	TELEPHONE NUMBER
MAILING ADDRESS (STREET)	FAX NUMBER	E-MAIL
CITY, STATE, ZIP	FEDERAL TAX I.D. OR SOCIAL SECURITY NO.	
DATE	TYPE OF HOME AND COMMUNITY BASED CARE	
	Consumer Directed Services	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	

VENDOR APPROVED

MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT	TITLE	DATE
▶	Director or Designee	

In-Home Services

MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT

PARTICIPATION AGREEMENT FOR HOME AND COMMUNITY BASED SERVICES

AGREEMENT NUMBER	O.A. VENDOR NUMBER
ERS10423	

FUNDING SOURCE

STATE	FEDERAL
70%	30%

FEDERAL AGENCY NAME	FEDERAL AWARD YEAR	RESEARCH & DEVELOPMENT	SUBJECT TO A-133 REQUIREMENTS
N/A	N/A	YES ☐ NO ☒	YES ☐ NO ☒
FEDERAL AWARD NUMBER	**FEDERAL AWARD NAME**	**CFDA NUMBER**	**CFDA TITLE**
N/A	N/A	N/A	N/A

☒ **If checked, this agreement constitutes a vendor relationship, as defined by OMB Circular A-133, and therefore these funds are not federal awards, and are not subject to the federal audit requirements of OMB Circular A-133. This in no way precludes the Missouri Medicaid Audit and Compliance Unit ("MMAC") from performing monitoring, review, or any other procedures deemed necessary by the MMAC to ensure compliance with the provisions of this agreement.**

1. By signing below, the Provider (also referred to as "Contractor") agrees to provide Home and Community Based Services, as authorized by the Department of Health and Senior Services ("DHSS"), to DHSS clients.
2. This Participation Agreement, together with the Program Requirements and the Terms and Conditions which are attached hereto and are incorporated by reference herein, shall hereinafter be referred to as the "Agreement" or "Contract."
3. This Agreement shall become effective on the date it is executed by the Missouri Medicaid Audit and Compliance Unit's (MMAC) Director or his/her authorized representative or 01/06/2023, whichever is later, and shall end 12/31/2028.
4. The Provider shall comply with the Program Requirements, the Terms and Conditions, and all applicable policies and procedures in the delivery of services and in the submission of claims for reimbursement. The Provider shall also provide services and operate in accordance with its proposal as amended and approved by the MMAC and with applicable provisions of 13 CSR 70-3.020 through 13 CSR 70-3.150, 13 CSR 70-91.010, and 19 CSR 15-7.021 and all other applicable federal and state laws.
5. When completed for the provision of in-home services, this agreement is the contract referred to in 19 CSR 15-7.021 and 13 CSR 70-91.010.
6. This Agreement covers services authorized by the DHSS's Division of Senior and Disability Services ("DSDS") regardless of funding source. Requests for reimbursement for services must be made in accordance with the requirements of the funding source.
7. The Provider shall not request from the DHSS nor shall the Provider be reimbursed from the DHSS for services otherwise covered under Titles XVIII or XIX of the Social Security Act. Requests for reimbursement from the DSDS shall be made in writing to: Missouri Department of Health and Senior Services, Division of Senior and Disability, P.O. Box 570, 912 Wildwood Drive, Jefferson City, MO 65102-0570.
8. Except as provided in Section 3.3.1 of the Program Requirements, any notice, form, communication, or request made in the performance of the terms of this Agreement must be submitted to the MMAC, HCS Provider Contracts, P.O. Box 6500, Jefferson City, MO 65102 or fax number 573-634-3105.
9. Any written notice or communication to the Provider by the MMAC or the DHSS shall be deemed delivered when deposited in the United States mail, postage prepaid, and addressed to the Provider at its address as listed below, or at such address as the Provider may have requested in writing after the submission of this Agreement, to be used for notice, or transmitted by telecopier to a number listed on Provider's correspondence, or sent via electronic mail (e-mail) to an address submitted by the Provider, and/or hand carried and presented to an authorized employee of the Provider at its last known physical address.
10. The Provider will utilize a form provided by the MMAC to submit updated information at least five (5) days prior to any change in such information. The Provider understands and agrees that no change can take place prior to the MMAC's approval of the proposed change.
11. By signing below, the Provider certifies that all in-home service workers employed by this Provider received or upon employment shall receive training in accordance with 19 CSR 15-7.021(22) of the In-Home Service Standards prior to delivery of services to any Medicaid in-home service participant. Further, Provider will maintain written documentation of all basic and in-service training in accordance with 19 CSR 15-7.021(23) of the In-Home Service Standards. Non-compliance with these provisions may require repayment of any reimbursement received for in-home service workers who were not properly trained prior to the delivery of the in-home service.
12. An individual executing this Agreement on behalf of the Provider represents and warrants that he/she is authorized to execute this Agreement on behalf of the Provider and that upon his/her signature, this Agreement shall be binding upon the Provider. The MMAC reserves the right to terminate this Agreement, in whole or in part, at any time, for the convenience of the State, without penalty or recourse. Termination of this Agreement may also be made by MMAC at any time after a material breach by the Provider.

PROVIDER NAME	SSBG/GR PROVIDER NUMBER	TELEPHONE NUMBER
MAILING ADDRESS (STREET)	FAX NUMBER	E-MAIL
CITY, STATE, ZIP	FEDERAL TAX I.D. OR SOCIAL SECURITY NO.	
DATE	TYPE OF HOME AND COMMUNITY BASED CARE	
	In-Home Services	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	

PROVIDER APPROVED

MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT	TITLE	DATE
▶	Director or Designee	

Revalidation Contract Continued

- If you have **multiple enrollments** that were revalidated together **i.e., a CDS and an In-Home enrollment**, then you will have **multiple Contracts to complete**.

- **Each Contract** has its **OWN BID/Contract/ERS number**. **Make sure that the correct Number goes with the correct Contract.**

- **PLEASE** make sure you are using your **PRIOR contract** to complete the **CURRENT contract** documents.

- Once the Contact has been completed, providers will receive a **full Program Requirement packet** which will include the **Approval Letter, Participation Agreement, MO HealthNet Resources, Program Requirements, and BOX C.**

PLEASE KEEP THESE DOCUMENTS IN YOUR FILES AS YOU WILL NEED THEM TO COMPLETE YOUR REVALIDATION CONTRACTS IN THE FUTURE.