

# Quick Reference Guide: Revalidation/Reenrollment

Revalidation is required every three (3) years for Credentialed Providers and every five (5) years for Non-Credentialed Providers.

**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

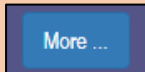
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
169	<a href="#">Donald Trainer</a>	Complete	Physician/Oste Individual		0000134	Dual Licensed Dentist and Licensed MD/DO.			43085 - 4706	09/29/21	09/16/21	09/29/24

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



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

Required Documents

Agreements\*

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

Clicking to the next step.

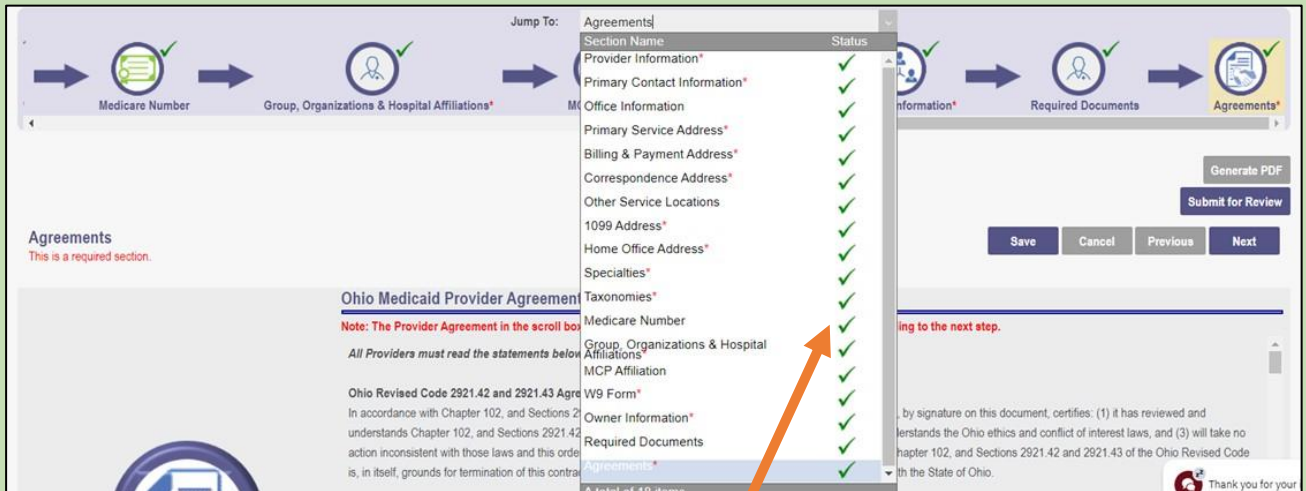
Thank you for your

3

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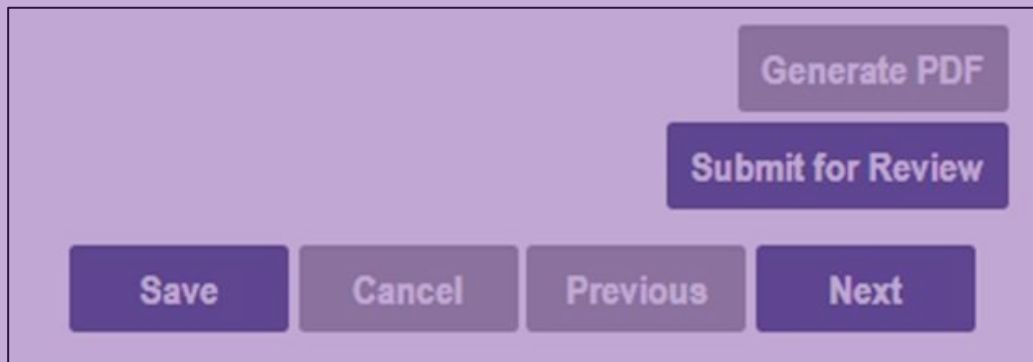
## Steps:

4



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

5



Once all pages have been completed, click 'Submit for Review' to submit your application for Revalidation

## Quick Reference Guide: Revalidation/Reenrollment

**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