



John R. Kasich
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BEACON OF LIGHT LTD
4730 W BANCROFT ST STE 13
TOLEDO, OH 43615-3995

Dear Provider:

The Ohio Department of Job and Family Services (ODJFS) is pleased to welcome you as a Medicaid provider to the Ohio Health Plans (OHP) health care program. This letter serves as notification that your application for enrollment has been approved. This provider agreement is time-limited and is effective through **July 29, 2017**. Prior to the expiration date of this agreement, a renewal of this agreement will be required for re-enrollment in order to maintain an active status. ODJFS will send you a re-enrollment notice ninety days prior to the expiration date of this agreement. ODJFS will include instructions regarding renewal procedures in the renewal notice for your provider agreement.

According to the information processed on your application, you may bill ODJFS for services rendered on or after **July 30, 2012** for the following type of health care services:

MEDICARE CERTIFIED HOME HEALTH AGENCY

The National Provider Identifier (NPI) reported on your application is **1376786483**. Your corresponding Ohio Medicaid Legacy Number is **0069248**. *Both your NPI and associated Medicaid Legacy Number must appear on your claims until notified by ODJFS that only your NPI is required.* **IT IS IMPORTANT THAT YOU USE THESE NUMBERS APPROPRIATELY.** Incorrect use of your NPI and/or Medicaid Legacy Number will result in denied claims or reimbursement errors that result in incorrect reporting to the federal government of wage earnings on the 1099 Form. This does not apply to all Waiver providers who were not required to obtain an NPI.

Changes to Provider Information

In accordance with Ohio Administrative Code Rule 51013-1-17.2, you are required to notify ODJFS within thirty (30) days of *any* change to your provider information. In order to have a successful partnership, it is important that ODJFS has complete and accurate information. To ensure we have updated information, you are responsible for updating your demographic information, such as your address and phone number, by logging onto the secure ODJFS Web Portal. Should anything else change, for example your tax ID, licensure, certification, or group membership information, you need to notify the ODJFS Provider Enrollment Unit within 30 days of the change. It is essential that your enrollment information is current in order to process claim transactions appropriately and report accurate income information to both you and the federal government. We appreciate your cooperation with this important requirement