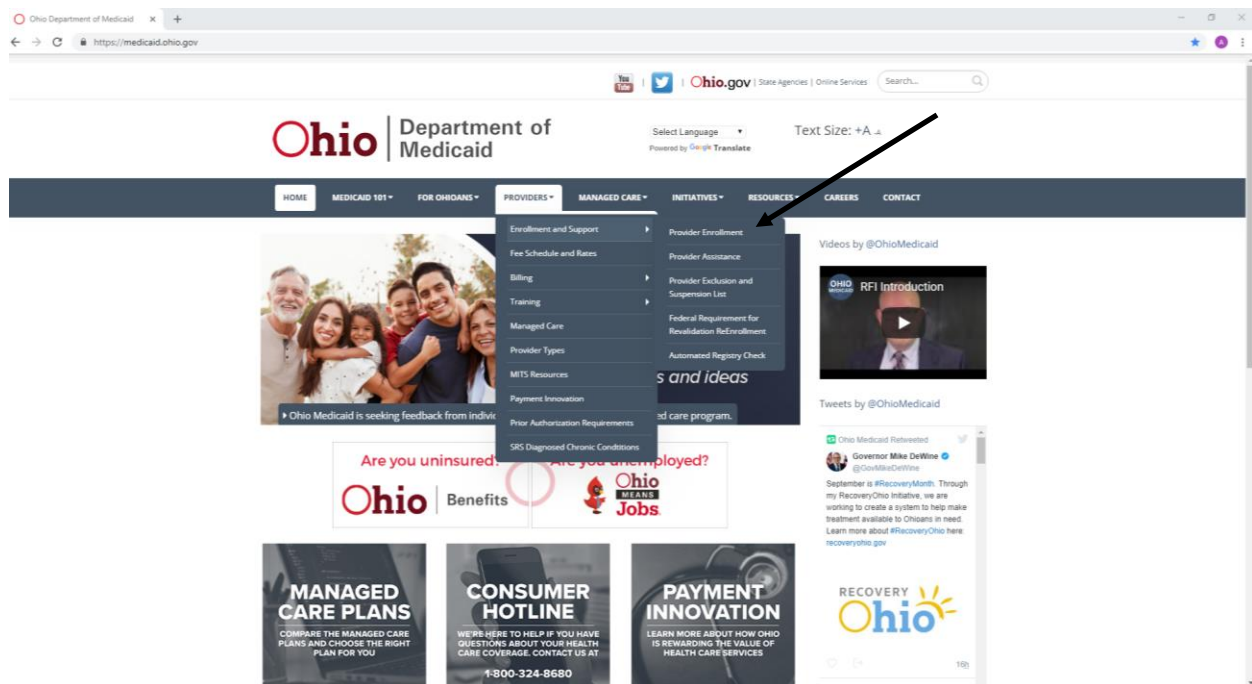


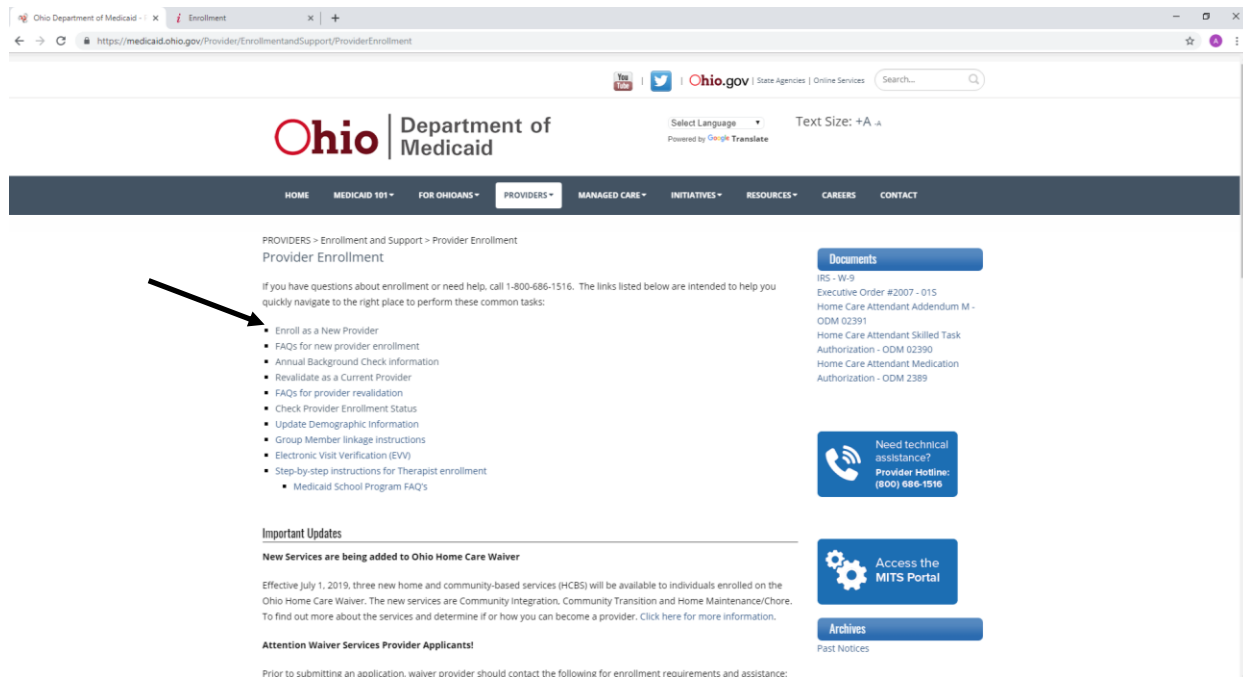
MPN – Medicaid Provider Number

How to start process

- 1) Get background check
 - a. Use this link to search for locations,
<https://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck>
 - b. Must be mailed to:
ODJFS
Attention: BCI&I
PO Box 183017
Columbus, Ohio 43218-3017
- 2) Go to [Medicaid.ohio.gov](https://www.Medicaid.ohio.gov)
- 3) Click on the Providers tab
- 4) Click on Enrollment and support
- 5) Click on Provider enrollment



6) Click on Enroll as a New Provider



Ohio Department of Medicaid

HOME MEDICAID 101 FOR OHIOANS PROVIDERS MANAGED CARE INITIATIVES RESOURCES CAREERS CONTACT

PROVIDERS > Enrollment and Support > Provider Enrollment
Provider Enrollment

If you have questions about enrollment or need help, call 1-800-686-1516. The links listed below are intended to help you quickly navigate to the right place to perform these common tasks:

- Enroll as a New Provider
- FAQs for new provider enrollment
- Annual Background Check information
- Revalidate as a Current Provider
- FAQs for provider revalidation
- Check Provider Enrollment Status
- Update Demographic information
- Group Member linkage instructions
- Electronic Visit Verification (EVV)
- Step-by-step instructions for Therapist enrollment
 - Medicaid School Program FAQ's

Important Updates

New Services are being added to Ohio Home Care Waiver

Effective July 1, 2019, three new home and community-based services (HCBS) will be available to individuals enrolled on the Ohio Home Care Waiver. The new services are Community Integration, Community Transition and Home Maintenance/Chore. To find out more about the services and determine if or how you can become a provider, [Click here for more information.](#)

Attention Waiver Services Provider Applicants!

Prior to submitting an application, waiver provider should contact the following for enrollment requirements and assistance:

Documents

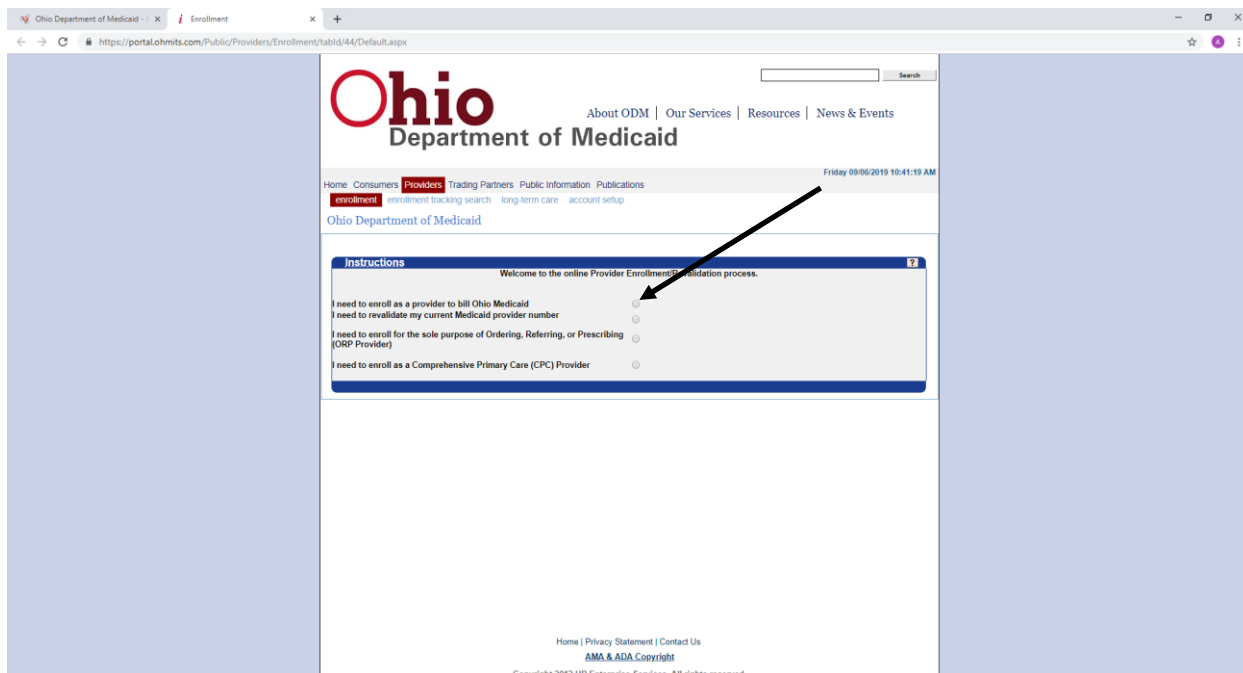
- IRS - W-9
- Executive Order #2007 - 015
- Home Care Attendant Addendum M - ODM 02391
- Home Care Attendant Skilled Task Authorization - ODM 02390
- Home Care Attendant Medication Authorization - ODM 2389

Need technical assistance?
Provider Hotline: (800) 686-1516

Access the MITS Portal

Archives
Past Notices

7) Check the circle that says I need to enroll as a provider to bill Ohio Medicaid



Ohio Department of Medicaid

About ODM | Our Services | Resources | News & Events

Home Consumers **Providers** Trading Partners Public Information Publications

enrollment enrollment tracking search long-term care account setup

Ohio Department of Medicaid

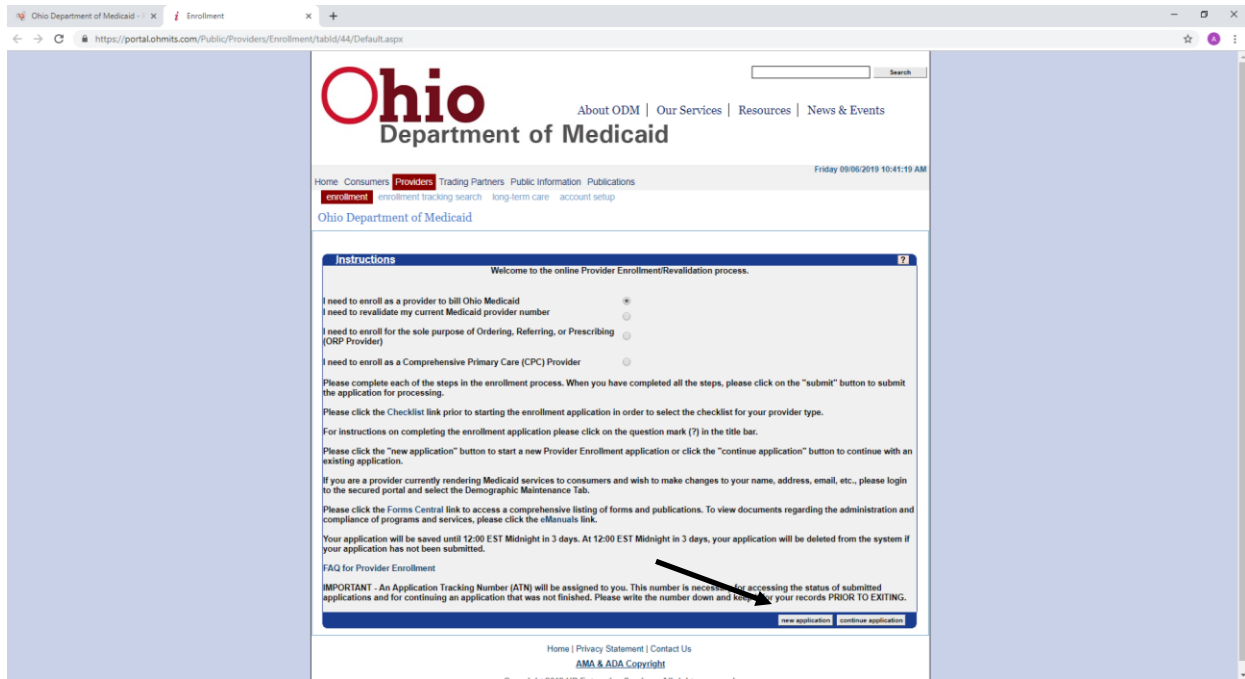
Instructions

Welcome to the online Provider Enrollment/Revalidation process.

- ☒ I need to enroll as a provider to bill Ohio Medicaid
- ☐ I need to revalidate my current Medicaid provider number
- ☐ I need to enroll for the sole purpose of Ordering, Referring, or Prescribing (ORP Provider)
- ☐ I need to enroll as a Comprehensive Primary Care (CPC) Provider

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8) Click New Application



Ohio Department of Medicaid

About ODM | Our Services | Resources | News & Events

Home Consumers **Providers** Trading Partners Public Information Publications

enrollment enrollment tracking search long-term care account setup

Ohio Department of Medicaid

Friday 09/06/2019 10:41:19 AM

Instructions

Welcome to the online Provider Enrollment/Revalidation process.

I need to enroll as a provider to bill Ohio Medicaid *

I need to revalidate my current Medicaid provider number *

I need to enroll for the sole purpose of Ordering, Referring, or Prescribing (ORP Provider) *

I need to enroll as a Comprehensive Primary Care (CPC) Provider *

Please complete each of the steps in the enrollment process. When you have completed all the steps, please click on the "submit" button to submit the application for processing.

Please click the Checklist link prior to starting the enrollment application in order to select the checklist for your provider type.

For instructions on completing the enrollment application please click on the question mark (?) in the title bar.

Please click the "new application" button to start a new Provider Enrollment application or click the "continue application" button to continue with an existing application.

If you are a provider currently rendering Medicaid services to consumers and wish to make changes to your name, address, email, etc., please login to the secured portal and select the Demographic Maintenance Tab.

Please click the Forms Central link to access a comprehensive listing of forms and publications. To view documents regarding the administration and compliance of programs and services, please click the eManuals link.

Your application will be saved until 12:00 EST Midnight in 3 days. At 12:00 EST Midnight in 3 days, your application will be deleted from the system if your application has not been submitted.

FAQ for Provider Enrollment

IMPORTANT - An Application Tracking Number (ATN) will be assigned to you. This number is necessary for accessing the status of submitted applications and for continuing an application that was not finished. Please write the number down and keep it handy for your records PRIOR TO EXITING.

new application continue application

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9) Enrollment type is Individual Practitioner

10) Provider type is 38 Non-agency nurse

11) Provider Specialty is 381

12) Check Yes to the question are you a provider new to Ohio Medicaid.

13) Click Next



Ohio Department of Medicaid

About ODM | Our Services | Resources | News & Events

Home Consumers **Providers** Trading Partners Public Information Publications

enrollment enrollment tracking search long-term care account setup

Ohio Department of Medicaid

Friday 09/06/2019 10:47:51 AM

Request Type

*Enrollment Type: INDIVIDUAL PRACTITIONER

*Action Request: INITIAL ENROLLMENT

*Provider Type: 38 - NON-AGENCY NURSE - RN OR LPN

*Are you a Provider new to Ohio Medicaid? * Yes No

previous next exit

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- 14) Click No for are you interested in contracting with any of the Ohio Medicaid Managed Care Plans
- 15) Click Next

The screenshot shows the Ohio Department of Medicaid website. The main heading is "Ohio Department of Medicaid". Below it, there are links for "About ODM", "Our Services", "Resources", and "News & Events". The navigation bar includes "Home", "Consumers", "Providers", "Trading Partners", "Public Information", and "Publications". The "Providers" link is highlighted. The page title is "Ohio Department of Medicaid". The main content area is titled "Managed Care Interest for Participation". It asks, "Are you interested in contracting with any of the Ohio Medicaid Managed Care Plans?" with radio buttons for "Yes" and "No". Below this, it says, "From the list below, indicate your interest in possible participation with one or more Ohio Medicaid Managed Care Plans". There are two columns: "Available Managed Care Plans" and "Selected Managed Care Plans". The "Available Managed Care Plans" column lists: AETNA BETTER HEALTH OF OHIO, BUCKEYE COMMUNITY HEALTH PLAN, CARESOURCE, MOLINA HEALTHCARE OF OHIO, PARAMOUNT ADVANTAGE, and UNITEDHEALTHCARE COMM. PLAN OF OHIO. The "Selected Managed Care Plans" column is empty. At the bottom, there is a note: "Please note: This indication does not ensure a contract with the Ohio Medicaid Managed Care Plans. Providers must still go through the plans' contracting and/or credentialing process, if applicable." There are "previous", "next", and "exit" buttons.

- 16) Fill out appropriate information
- a. Ownership type is Individual Practioner
- 17) Click Next

The screenshot shows the Ohio Department of Medicaid website. The main heading is "Ohio Department of Medicaid". Below it, there are links for "About ODM", "Our Services", "Resources", and "News & Events". The navigation bar includes "Home", "Consumers", "Providers", "Trading Partners", "Public Information", and "Publications". The "Providers" link is highlighted. The page title is "Ohio Department of Medicaid". The main content area is titled "Identifying Information". It contains various fields for provider information: "Individual Last Name", "First, MI", "Medicare Type", "Medicare Provider Number", "Previous Medicaid Provider Number", "Certification Number", "Ownership Type", "Title/Degree (As appears on license)", "SSN", "Gender", "Date of Birth", "Place of Birth", "Country", "City", "State (enter NA if not applicable)", "NPI", "NPI Verified?", "License Number", "License Type", "License Issue Date", and "License Expiration Date". There are "previous", "next", and "exit" buttons at the bottom.

18) Fill out IRS Tax Type

19) Enter SSN

20) Click Next

The screenshot shows the Ohio Department of Medicaid enrollment portal. The header includes the Ohio Department of Medicaid logo and navigation links: About ODM, Our Services, Resources, and News & Events. The date and time are Wednesday 09/04/2019 9:29:21 AM. The breadcrumb trail is: Home > Consumers > Providers > Trading Partners > Public Information > Publications > enrollment > enrollment tracking search > long-term care > account setup. The main content area is titled 'Ohio Department of Medicaid' and shows the 'Tax ID - 1099 Information' form. The form is on Page 5 of 18. It includes fields for IRS Tax Type (SSN), IRS Tax ID, Name, Address 1, Address 2, City, Zip, IRS Effective Date, IRS End Date, Tax ID Exempt?, W9 Form?, Form 147?, State, and Phone. Navigation buttons 'previous', 'next', and 'exit' are at the bottom. The footer contains links for Home, Privacy Statement, and Contact Us, along with the AMA & ADA Copyright notice and a copyright statement for 2012 HP Enterprise Services.

21) When you get to the DEA page, click Next

The screenshot shows the Ohio Department of Medicaid enrollment portal, now on Page 8 of 18. The header and navigation links are the same as the previous page. The breadcrumb trail is: Home > Consumers > Providers > Trading Partners > Public Information > Publications > enrollment > enrollment tracking search > long-term care > account setup. The main content area is titled 'Ohio Department of Medicaid' and shows the 'DEA' form. The form is on Page 8 of 18. It includes a table with a single row and columns for 'delete' and 'add'. Below the table, there is a 'previous', 'next', and 'exit' button. The footer contains links for Home, Privacy Statement, and Contact Us, along with the AMA & ADA Copyright notice and a copyright statement for 2012 HP Enterprise Services.

- 22) Enter home address at Practice Location
- 23) Click Next

The screenshot shows a web browser window with the URL <https://portal.ohmits.com/Public/Providers/Enrollment/tabid/44/Default.aspx>. The page header includes the Ohio Department of Medicaid logo and navigation links: About ODM, Our Services, Resources, News & Events. The date and time are Wednesday 09/04/2019 9:30:22 AM. The breadcrumb trail is: Instructions > Request Type > Managed Care Interest for Participation > Identifying Information > Tax ID - 1099 Information > DEA. The page title is "Page 7 of 18 Please make note of your ATN: [redacted]". The form is titled "Address Information" and contains fields for Address Type (PRACTICE LOCATION), Address 1, Address 2, City, State, Zip, E-Mail Address, and Phone 1. There are "delete" and "add" buttons. The form is titled "Type data below for new record." and has "previous", "next", and "exit" buttons at the bottom.

- 24) Type and Specialty
 - a. Type is 38 – non-agency nurse – RN or LPN
 - b. Specialty is 381
- 25) Click box next to Primary Specialty
- 26) Click Next

The screenshot shows the same web browser window, but the page title is "Page 8 of 18 Please make note of your ATN: [redacted]". The breadcrumb trail is: Instructions > Request Type > Managed Care Interest for Participation > Identifying Information > Tax ID - 1099 Information > DEA > Address Information. The form is titled "Type and Specialty" and contains fields for Specialty Desc, Primary?, Primary Taxonomy Code, and Provider Type (NON-AGENCY NURSE -- RN OR LPN). There are "delete" and "add" buttons. The form is titled "You may choose additional specialties from the list that you are licensed and/or authorized to provide." and has "previous", "next", and "exit" buttons at the bottom.

27) Add additional Language if applicable

28) Click Next

The screenshot shows the Ohio Department of Medicaid enrollment page. The header includes the Ohio Department of Medicaid logo and navigation links: About ODM, Our Services, Resources, and News & Events. The date is Wednesday 09/04/2019 9:33:57 AM. The main navigation bar includes Home, Consumers, Providers, Trading Partners, Public Information, and Publications. The enrollment section is active, showing enrollment tracking search, long-term care, and account setup. The page is titled "Ohio Department of Medicaid" and shows the ATN: [REDACTED]. The "Language" section is displayed, indicating "No rows found" and providing instructions to select a row above to update or click the Add button below. The page is on Page 9 of 18. The footer includes links for Home, Privacy Statement, and Contact Us, along with AMA & ADA Copyright and a copyright notice for 2017 HP Enterprise Services.

29) Add Group Affiliations if applicable

30) Click Next

The screenshot shows the Ohio Department of Medicaid enrollment page, specifically the "Group Affiliations" section. The header and navigation are identical to the previous screenshot. The date is Wednesday 09/04/2019 9:34:22 AM. The main navigation bar includes Home, Consumers, Providers, Trading Partners, Public Information, and Publications. The enrollment section is active, showing enrollment tracking search, long-term care, and account setup. The page is titled "Ohio Department of Medicaid" and shows the ATN: [REDACTED]. The "Group Affiliations" section is displayed, indicating "No rows found" and providing instructions to select a row above to update or click the Add button below. The page is on Page 10 of 18. The footer includes links for Home, Privacy Statement, and Contact Us, along with AMA & ADA Copyright and a copyright notice for 2017 HP Enterprise Services.

31) On Page 11, 12, and 13 click No if you have no criminal offenses

32) Click Next

The screenshot shows the Ohio Department of Medicaid enrollment portal. The header includes the ODM logo and navigation links: About ODM, Our Services, Resources, and News & Events. The breadcrumb trail is: Home > Consumers > Providers > Trading Partners > Public Information > Publications. The page title is "Criminal Offense I" and it is Page 11 of 18. The instructions state: "Please make note of your ATN: [redacted]". The form contains a table with columns: Answer, Name, Role, Offense, Disposition, Date of Offense, and SSN/FEIN. Below the table, there is a section titled "Type data below for new record." with a question: "Have you or any individuals or organizations having a direct or indirect ownership or controlling interest of 5 percent or more in the professional association or practice been indicted or convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?" with Yes/No radio buttons. Below this are input fields for Name, Offense, Type, SSN/FEIN, Role, Disposition, and Date of Offense. Navigation buttons include "previous", "next", and "exit".

33) Click Yes or No if you have ever been issued an Ohio Medicaid Provider ID in the past

34) Click Next

The screenshot shows the Ohio Department of Medicaid enrollment portal. The header includes the ODM logo and navigation links: About ODM, Our Services, Resources, and News & Events. The breadcrumb trail is: Home > Consumers > Providers > Trading Partners > Public Information > Publications. The page title is "Previously Participated" and it is Page 14 of 18. The instructions state: "Please make note of your ATN: [redacted]". The form contains a table with columns: Answer and Previous Provider ID. Below the table, there is a section titled "Type data below for new record." with a question: "Have you ever been issued an Ohio Medicaid 7-digit Provider ID?" with Yes/No radio buttons. Below this is an input field for Previous Provider ID. Navigation buttons include "previous", "next", and "exit".

35) Click Yes or No if you had Medicare Sanctions

36) Click Next

The screenshot shows the Ohio Department of Medicaid website. The breadcrumb trail is: Instructions > Request Type > Managed Care Interest for Participation > Identifying Information > Tax ID - 1099 Information > DEA > Address Information > Type and Specialty > Language > Group Affiliations > Criminal Offense I > Criminal Offense II > Violations of State or Federal Law > Previously Participated. The current page is "Page 15 of 18 Please make note of your ATN: [REDACTED]". The "Medicare Sanctions" form has a table with columns: Answer, Name, Date Occurred, From Date, To Date, SSN/FEIN. Below the table is a "Type data below for new record." section with a "delete" button and an "add" button. The "add" button is highlighted. Below the "add" button is a question: "Have you the Provider, or any Owner, Authorized Agent, Associate, Manager, Employee, Directors, or Officers of the Institution, Agency, Organization, Entity or Practice ever been sanctioned by the Medicare Program?" with radio buttons for YES and NO. Below the question are input fields for Name, Type, SSN/FEIN, Date Occurred, Sanction From Date, and Sanction To Date. At the bottom of the form are "previous", "next", and "exit" buttons. The footer includes "Home | Privacy Statement | Contact Us", "AMA & ADA Copyright", and "Copyright 2012 HP Enterprise Services. All rights reserved."

37) Fill out information as applicable

38) Scroll down to accept the terms

39) Click Next

The screenshot shows the Ohio Department of Medicaid website. The breadcrumb trail is: Instructions > Request Type > Managed Care Interest for Participation > Identifying Information > Tax ID - 1099 Information > DEA > Address Information > Type and Specialty > Language > Group Affiliations > Criminal Offense I > Criminal Offense II > Violations of State or Federal Law > Previously Participated > Medicare Sanctions. The current page is "Page 16 of 18 Please make note of your ATN: [REDACTED]". The "Certification" form has a "Legal Entity Name" input field. Below it is a note: "Legal Entity Name must match the Legal Entity Name as it appears on IRS documentation such as the W-9, IRS 147 or IRS CP578". Below the note is an "Individual Last Name" input field with a "First, MI" input field. Below the "Individual Last Name" input field is a link: "Click this printable Enrollment Checklist link to ensure a complete provider enrollment request." Below the link is a "Legal Provider Primary Practice Address" section with input fields for Address 1, Address 2, City, State, Zip, E-Mail Address, and Preferred Contact Method. At the bottom of the form is a note: "All Providers must read the statements below and agree to the terms". The footer includes "Executive Order 2007-015 Agreement".

40) Upload any needed documentation

- a. Government ID (driver's license), Copy of social security card, Signed W9, Certificate from EVV training

41) Click Submit

42) Print out application for your records

43) Click Exit