

Quick Reference Guide: New Provider Application

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
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Once the dashboard is accessed, the input of Provider information can be initiated by clicking the 'New Provider?' button.

2

"Please note that you have 10 days to complete your application. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application."

Standard application Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program. Select	Ordering, Referring, Prescribing Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing. Select	Change of Operator Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities. Select	MCP Single Case Use this application if you are entering into a Single Case agreement with a Managed Care Plan. Select
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[Click here for more application types](#)

Select the proper application type, based on the descriptions listed on the page.

Note: 10 days are allotted to complete the application. After 10 days, information will be removed.

3

"Please note that you have 10 days to complete your application. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application."

Standard application Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program. Select	Ordering, Referring, Prescribing Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing. Select	Change of Operator Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities. Select	MCP Single Case Use this application if you are entering into a Single Case agreement with a Managed Care Plan. Select
Medicaid Waiver (ODM) Use this application if you are applying to become a Waiver Provider with Ohio Department of Medicaid. Select	Medicaid Waiver (ODA) Use this application if you are applying to become a Waiver Provider with Ohio Department of Aging or if you are initiating a Change of Ownership or Change of Operator as an ODA Provider. Select	Medicaid Waiver (DODD) Use this application if you are applying to become a Waiver Provider with Ohio Department of Developmental Disabilities. Select	Non-Medicaid DODD Use this application if you are applying for one or more of the following options; Supported Living Service, Unpaid Support Broker, ICF Operators, or Licensees. Select

If the application being applied for is not listed, select the "click here for more application types..." button (pictured in Step 2) to display additional options.

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A screenshot of a web interface showing the 'Application Type' dropdown menu. The dropdown is currently set to 'Standard application' with a 'Change' link to its right. Below the dropdown are five buttons, each with an icon and a label: 'Individual' (person icon), 'Group' (group of people icon), 'Organization' (building icon), 'Facility/Institution' (hospital icon), and 'Pharmacy' (pill bottle icon).

After choosing the proper application, select the category that pertains to the business.

Note: Not all categories display under each application type.

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Complete the provider details for the applicant. All items marked with an asterisk* are required fields and must be completed for the page to be saved. Once all information is completed, click 'Save.'

Note: Depending on the category selected, different information may appear or be required. Complete the information on the selected screen after choosing a category.

A screenshot of a web form for provider details. The form includes the following fields and options:

- Application Type:** Standard application (with a 'Change' link)
- Category*:** Individual (with a 'Change' link)
- Provider Type*:** A dropdown menu.
- First Name*:** Text input field.
- Middle Name:** Text input field.
- Last Name*:** Text input field.
- Tax ID Type*:** Radio buttons for EIN and SSN (SSN is selected).
- Tax ID*:** Text input field.
- Are you requesting retro coverage?:** A checkbox labeled 'What is this'.
- NPI*:** Text input field.
- DD Contract Number (If Applicable):** Text input field.
- Requested Effective Date*:** Text input field.
- Gender*:** Radio buttons for Female, Male, and Unknown (Unknown is selected).
- Date of Birth*:** Text input field.
- Zip Code*:** Text input field.
- Zip Code Extension*:** Text input field.

At the bottom right of the form are 'Save' and 'Cancel' buttons.