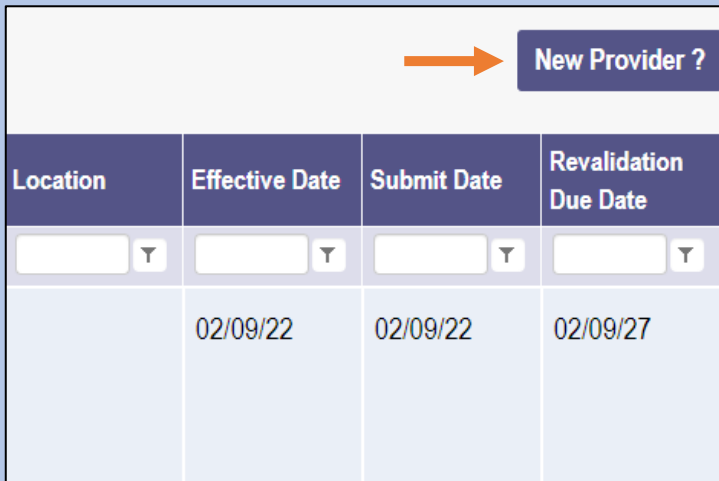


# Quick Reference Guide: ODA New Provider Application

## Steps:

1



→ New Provider ?

| Location             | Effective Date       | Submit Date          | Revalidation Due Date |
|----------------------|----------------------|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
|                      | 02/09/22             | 02/09/22             | 02/09/27              |

To begin a new application, click 'New Provider?'

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

[Click here for more application types...](#)

Access additional application listings by clicking the 'Click here for more application types' button

3

**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

Select the appropriate DODD application you wish to start (Medicaid Waiver (DODD) or Non-Medicaid DODD)

Choose the appropriate Provider Type category: Independent or Agency



Individual



Agency

# Quick Reference Guide: ODA New Provider Application

## Steps:

4

Complete the Provider information details (an asterisk marks required fields) and click 'Save'

A Taxonomy field will appear at the bottom of the page (below Zip Code Extension) with a message at the top stating "Taxonomy is required."

Select the appropriate Taxonomy from the drop-down list and click 'Save' again

Taxonomy\*

Application Type:  [Change](#)

Waiver Type:

Category\*:  [Change](#)

Provider Type\*:

Name of Business Entity\*:

Business Name as it appears on your IRS Assignment letter

Tax ID Type\*:  EIN  SSN

Tax ID\*:

NPI\*:

Zip Code\*:

Zip Code Extension\*:

5

After your submission is completed and approved, you can apply for additional Waiver Services with other Agencies thru this registration in the Provider Network Module.

A pop-up confirmation message displays indicating that additional Waiver Services can be applied for after the submission has been approved. Click 'Save and Submit'

6

A notification appears informing you that the system will transfer you to PCW at ODA to complete your ODA application.

Proceed until the application has been completed

Please wait while your information and session are being transferred to another Ohio Agency in order to complete your application.