

# 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 |
|--------|----------|--------|---------------|-----|-------------|-----------|--------------------|--------------------|----------|----------------|-------------|-----------------------|
|        |          | All    |               |     |             | All       |                    |                    |          |                |             |                       |

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."

|   |   |  |   |
|---|---|--|---|
| <b>Standard application</b><br>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.<br><a href="#">Select</a> | <b>Ordering, Referring, Prescribing</b><br>Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing.<br><a href="#">Select</a> | <b>Change of Operator</b><br>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.<br><a href="#">Select</a> | <b>MCP Single Case</b><br>Use this application if you are entering into a Single Case agreement with a Managed Care Plan.<br><a href="#">Select</a> |
|---|---|--|---|

[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."

|   |   |  |  |
|---|---|--|--|
| <b>Standard application</b><br>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.<br><a href="#">Select</a> | <b>Ordering, Referring, Prescribing</b><br>Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing.<br><a href="#">Select</a>   | <b>Change of Operator</b><br>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.<br><a href="#">Select</a> | <b>MCP Single Case</b><br>Use this application if you are entering into a Single Case agreement with a Managed Care Plan.<br><a href="#">Select</a>  |
| <b>Medicaid Waiver (ODM)</b><br>Use this application if you are applying to become a Waiver Provider with Ohio Department of Medicaid.<br><a href="#">Select</a>  | <b>Medicaid Waiver (ODA)</b><br>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 COA Provider.<br><a href="#">Select</a> | <b>Medicaid Waiver (DODD)</b><br>Use this application if you are applying to become a Waiver Provider with Ohio Department of Developmental Disabilities.<br><a href="#">Select</a>  | <b>Non-Medicaid DODD</b><br>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.<br><a href="#">Select</a> |

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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## Steps:

4



The screenshot shows a web interface for selecting an application type. At the top, there is a dropdown menu labeled "Application Type" with "Standard application" selected and a "Change" link to its right. Below this 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).

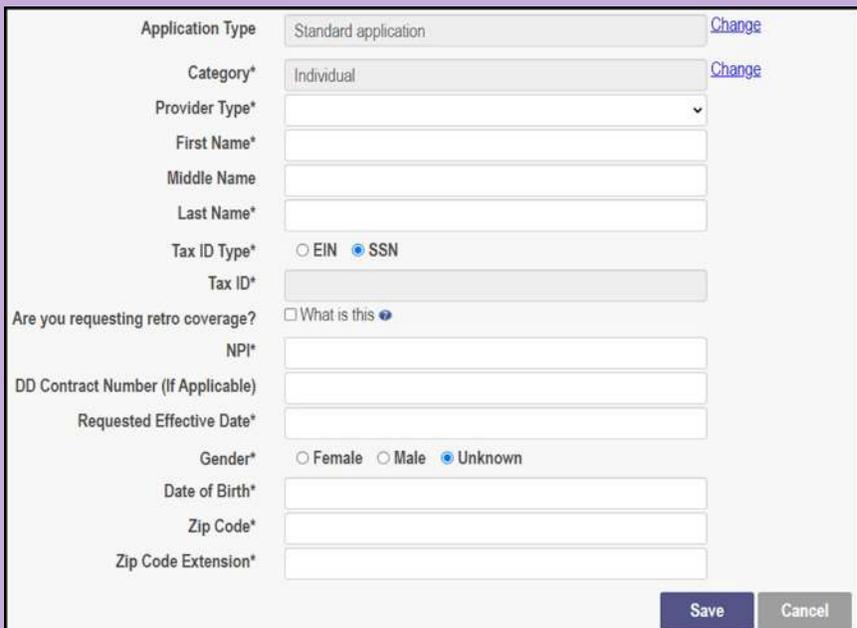
After choosing the proper application, select the category that pertains to the business.

**Note:** Not all categories display under each application type.

5

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.



The screenshot shows a form for entering provider details. The "Application Type" dropdown is set to "Standard application" with a "Change" link. The "Category\*" dropdown is set to "Individual" with a "Change" link. The "Provider Type\*" is a dropdown menu. The "First Name\*", "Middle Name", and "Last Name\*" are text input fields. The "Tax ID Type\*" has radio buttons for "EIN" and "SSN", with "SSN" selected. The "Tax ID\*" is a text input field. The "Are you requesting retro coverage?" section has a checkbox for "What is this?". The "NPI\*" is a text input field. The "DD Contract Number (If Applicable)" is a text input field. The "Requested Effective Date\*" is a text input field. The "Gender\*" has radio buttons for "Female", "Male", and "Unknown", with "Unknown" selected. The "Date of Birth\*" is a text input field. The "Zip Code\*" and "Zip Code Extension\*" are text input fields. At the bottom right, there are "Save" and "Cancel" buttons.