Ohio
Department of Medicaid
John R. Kasich, Governor
Barbara R. Sears, Director

How to enroll as a provider in the Ohio Medicaid program

Guidance for Physical Therapists (PT), Occupational Therapists (OT), Speech Language Pathologists (SLP), and Audiologists working under a Medicaid School Program (MSP)

May 2017

House Bill 89 (HB89), authorized PT/OT/SLP and Audiology practitioners to make referrals for certain services under the Medicaid School Program (MSP). In order to make a referral for a service, such practitioners are required to enroll with the Ohio Department of Medicaid (ODM) and have an active provider agreement. This guide includes step-by-step instructions for completing the provider enrollment application and offers specific guidance for the practitioners impacted by HB89.

For dates of service July 1, 2017 and after, the National Provider Identifier (NPI) of the practitioner who referred a therapy service under MSP will be required on claims submitted to ODM for reimbursement. Practitioners impacted by HB89 are encouraged to start the provider enrollment application as soon as possible to ensure claim payment is not disrupted. To ensure no delays in processing, provide all required information at the time of application. When an incomplete application is submitted to ODM, it will be returned to the applicant to provide the missing information.

To complete the enrollment application, you must provide the following documentation and identifying information:

- Your Social Security Number (SSN)
- Your National Provider Identifier (NPI)
- Your professional license number with the issue date and expiration date
- Your Medicare Provider ID (If applicable)
- You will be required to upload or mail IRS form W-9 completed with your information. This form may be downloaded from the IRS Website: https://www.irs.gov/uac/about-form-w9

Figure 1: ENROLL AS A PROVIDER

Access the Provider Enrollment Portal:
https://portal.ohmits.com/Public/Providers/Enrollment/tabId/44/Default.aspx

- Select "I need to enroll as a provider to bill Ohio Medicaid"
    - PT/OT/ST and Audiology practitioners are not eligible to enroll with Ohio Medicaid as "ORP Providers" because they cannot order or prescribe services. The "ORP Provider" designation is only for physicians and other prescribers who have the full professional scope to order, refer, ***and*** prescribe services for Medicaid covered individuals.
- Click on "new application" button and proceed to next screen

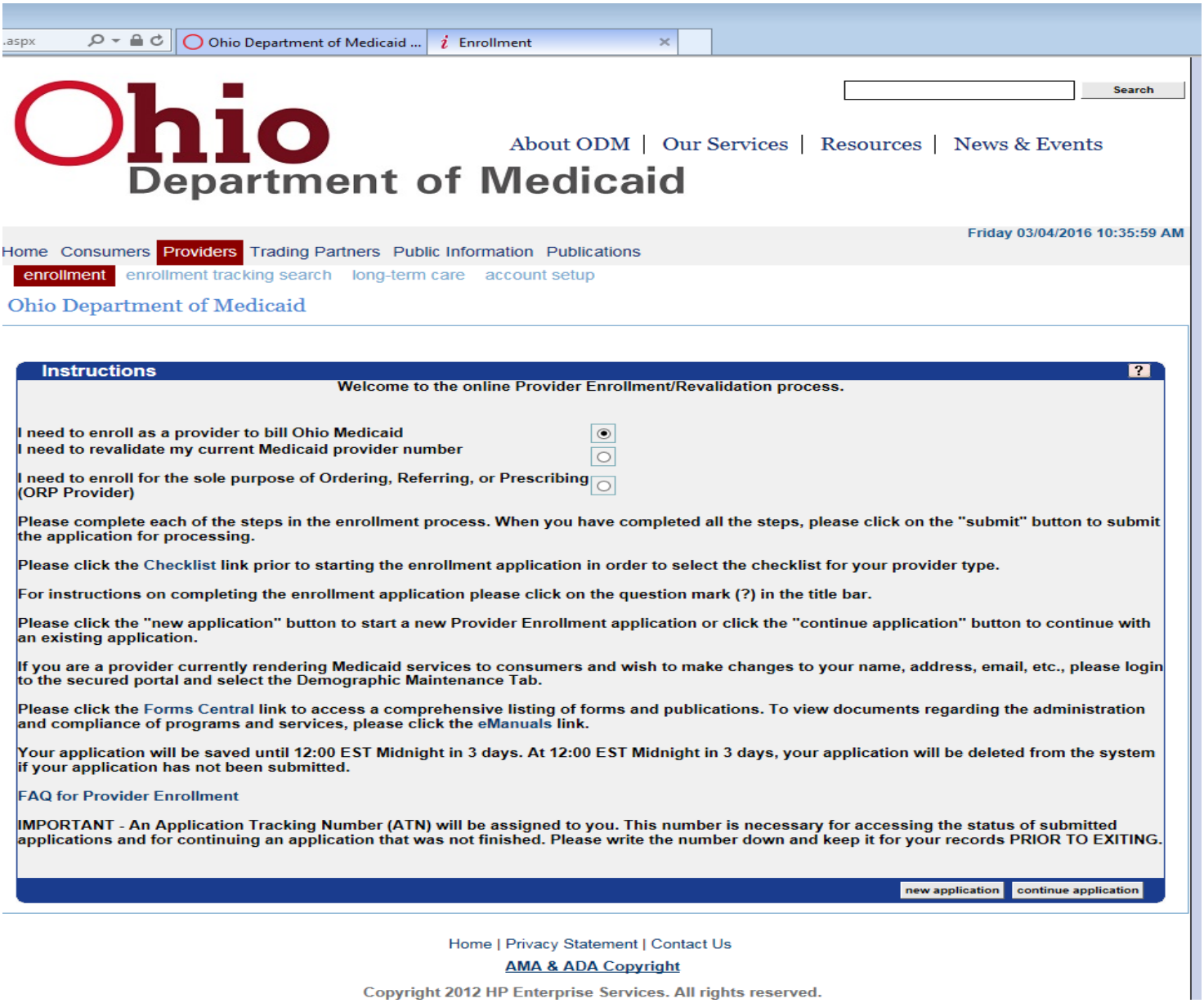


Figure 2: "REQUEST TYPE" Panel

- Select "Individual Practitioner" from the "enrollment Type" drop down Menu
- Select "Initial Enrollment" from the "Action Request" drop down Menu

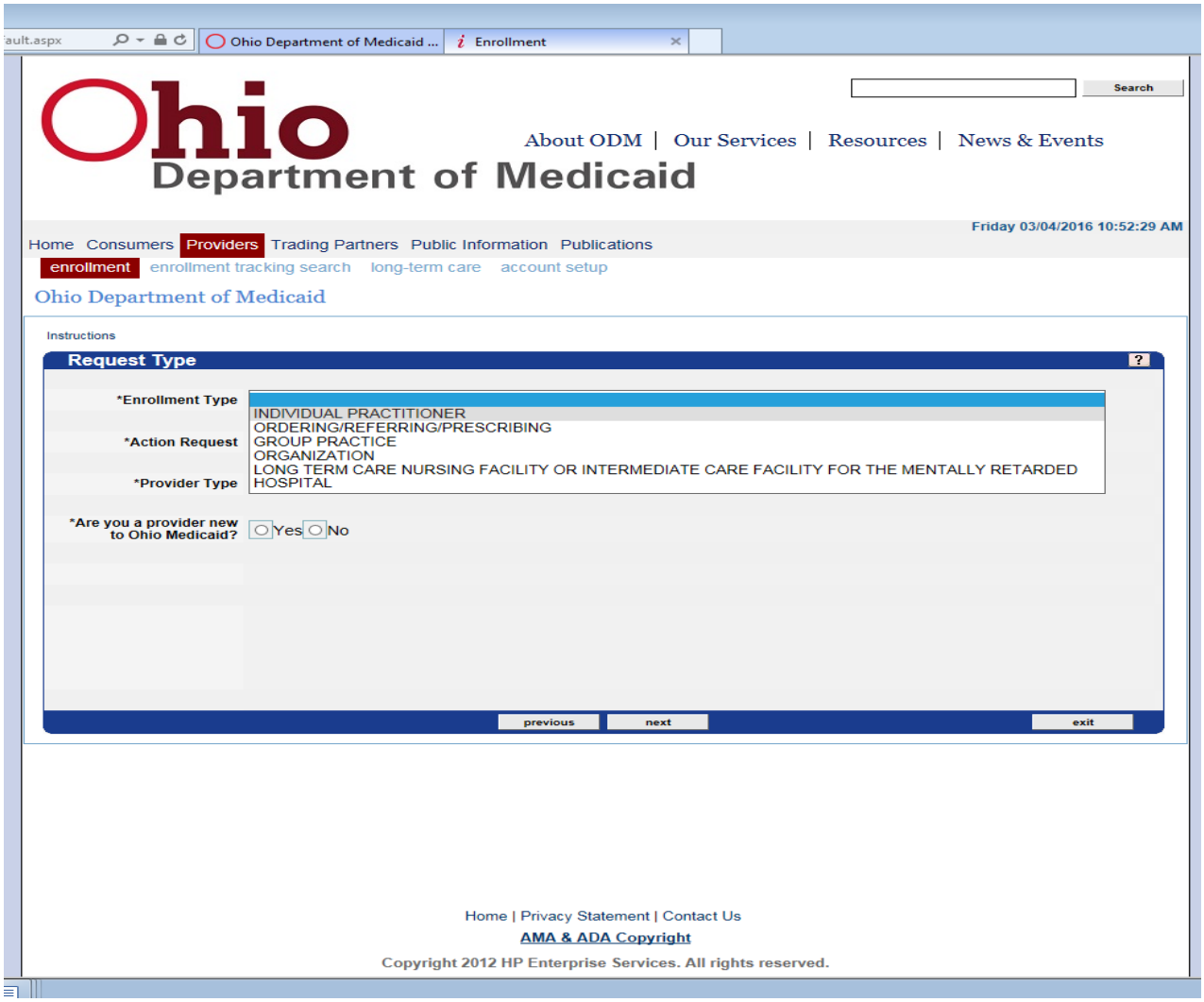
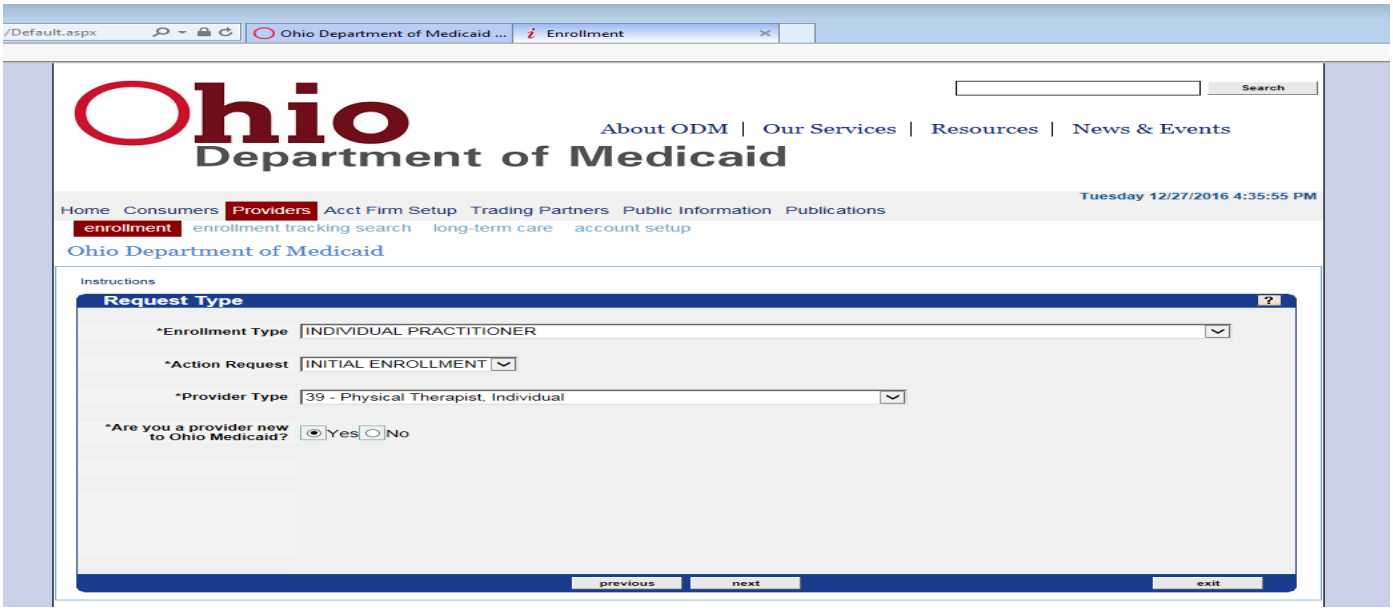


Figure 3: "REQUEST TYPE" Panel

- Select appropriate provider type from the drop-down menu:
    - Physical Therapist: 39 – Physical Therapist, Individual
    - Speech Language Pathologist: 40 – Speech and Language Pathologist Individual
    - Occupational Therapist: 41 – Occupational Therapist, Individual
    - Audiologist: 43 – Audiologist Individual
- Select the "Yes" radial button for the question "Are you a provider new to Ohio Medicaid?"
- Click "Next"

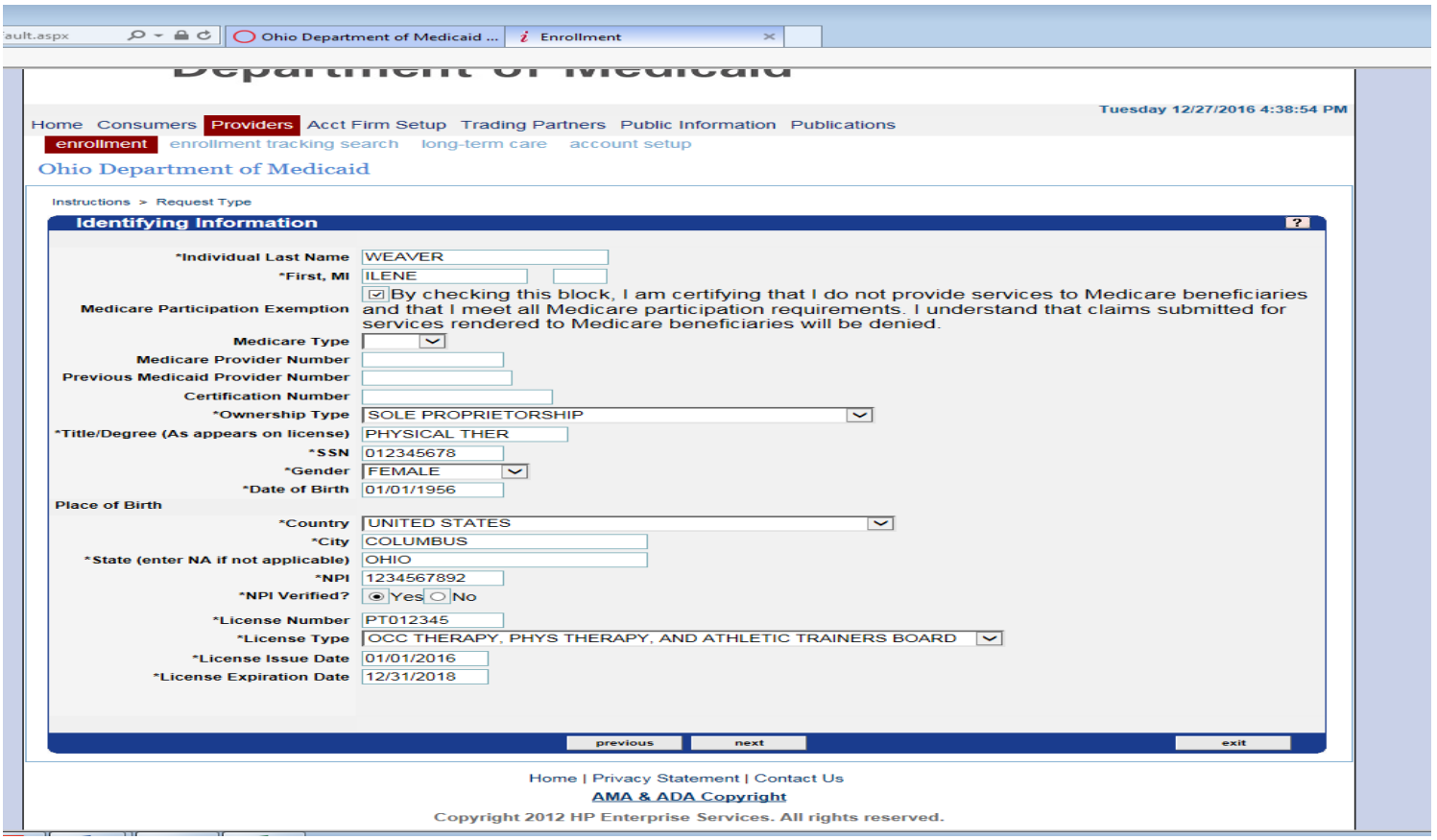


IMPORTANT NOTE: <u>Record your Application Tracking Number (ATN)!</u> If you do not complete and submit the application within 72 hours, the application will be purged from the system and you will need to start a new application.

Figure 4: "IDENTIFYING INFORMATION" Panel.

- Enter relevant applicant information. Questions marked with an asterisk are REQUIRED.
- When answering the "Medicare Participation Exemption" question, you should consider whether you will ever render and bill Medicare or Medicaid for services delivered to dually eligible individuals (those enrolled in both Medicare and Medicaid) outside of the MSP setting (Ex: working in a different setting when school is not in session). If so, you should **leave this box unchecked**, indicating you are not exempt from Medicare participation.
    - Leaving this box unchecked will prompt you to provide your Medicare ID as issued by CMS' Provider Enrollment Chain and Ownership System (PECOS). ODM will use this information to verify Medicare enrollment and participation
    - **Check this box** if you render services under MSP and do not work in any other settings where you would render and directly bill Medicare or Medicaid.
- Ownership type: The individual completing this field must decide which option best describes their tax reporting designation. In most cases "Individual practitioners" should enter "Sole Proprietorship."
    - **Please note:** This designation is made by ODM and is used solely for the purposes of the provider enrollment application. ODM does not report this information to any of the following: Internal Revenue Service, the Ohio Department of Taxation, the Ohio Secretary of State, any city tax office in the state of Ohio or any other business licensing entity. Selecting the "sole proprietor" designation on this application does not, in and of itself, incur a responsibility to this applicant to declare himself or herself to be a sole proprietor in terms of business ownership, nor does it require the applicant to pay additional business expenses or to purchase additional business or health care liability insurance.
- Click the next button to proceed to next page.

Figure 4:


Ohio Department of Medicaid ...
Enrollment
Tuesday 12/27/2016 4:38:54 PM
Home Consumers Providers Acct Firm Setup Trading Partners Public Information Publications
enrollment enrollment tracking search long-term care account setup
Ohio Department of Medicaid
Instructions > Request Type
Identifying Information
*Individual Last Name WEAVER
*First, MI ILENE
Medicare Participation Exemption By checking this block, I am certifying that I do not provide services to Medicare beneficiaries and that I meet all Medicare participation requirements. I understand that claims submitted for services rendered to Medicare beneficiaries will be denied.
Medicare Type
Medicare Provider Number
Previous Medicaid Provider Number
Certification Number
*Ownership Type SOLE PROPRIETORSHIP
*Title/Degree (As appears on license) PHYSICAL THER
*SSN 012345678
*Gender FEMALE
*Date of Birth 01/01/1956
Place of Birth
*Country UNITED STATES
*City COLUMBUS
*State (enter NA if not applicable) OHIO
*NPI 1234567892
*NPI Verified? Yes No
*License Number PT012345
*License Type OCC THERAPY, PHYS THERAPY, AND ATHLETIC TRAINERS BOARD
*License Issue Date 01/01/2016
*License Expiration Date 12/31/2018
previous next exit
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AMA & ADA Copyright
Copyright 2012 HP Enterprise Services. All rights reserved.

Figure 5: "TAX ID – 1099 INFORMATION" Panel

- Please enter all required fields.
- IRS Effective Date: enter your date of birth.
- Zip code: enter your five digit zip code
- Under State and Federal law, all applicants are required to provide their individual social security number, complete the 1099 information and submit a completed W-9 form. All information is kept confidential within MITS and is not part of any publicly available provider lists.
- Ohio Medicaid requires the completion of the 1099 Tax ID Information for all applicants. <u>If you never bill to Medicaid directly, you will not receive a 1099.</u> Medicaid is required to send a 1099 only if the individual practitioner submits claims and is paid more than $600 in a given tax year.

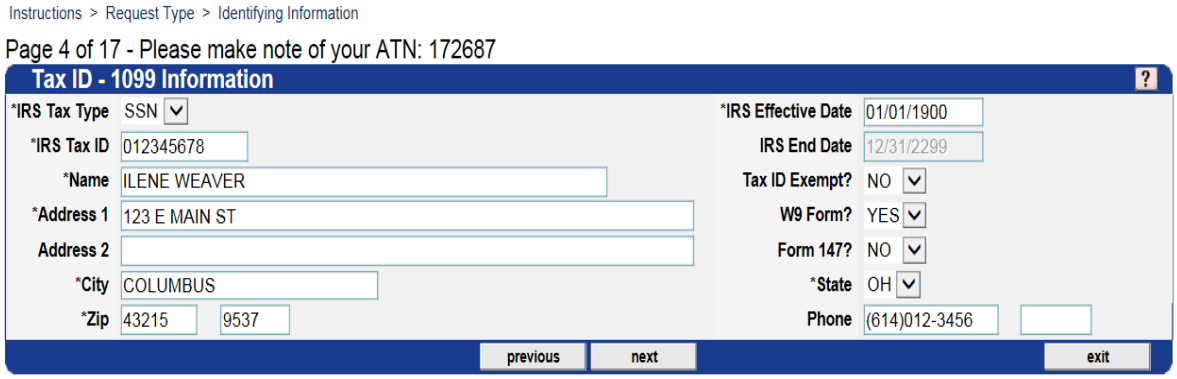


Figure 6: "DEA" Panel

- This does not apply to PT/OT/SLP or Audiologists
- Click "next"

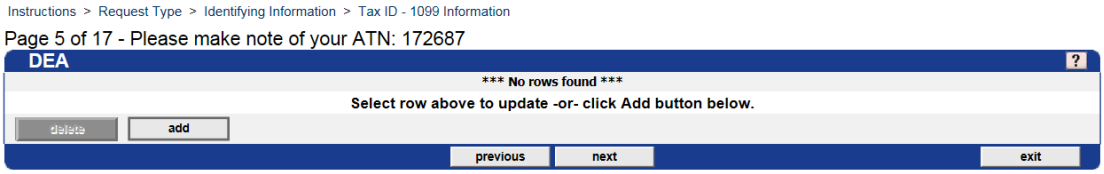


Figure 7: "DEA" Panel, continued

- This does not apply to PT/OT/SLP or Audiologists
- Click "next"

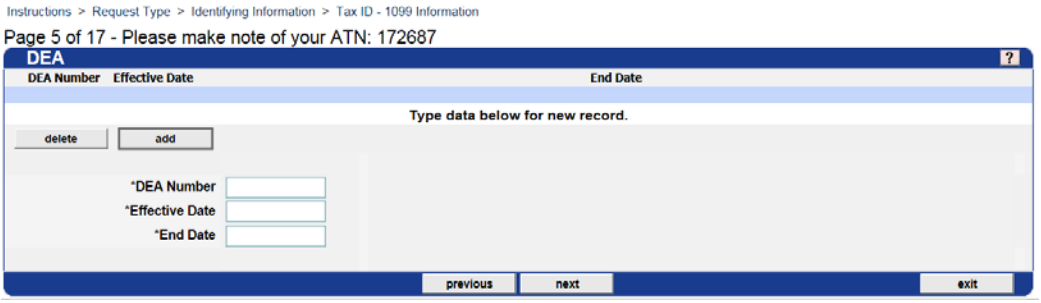


Figure 8: "DEA" Panel error message

- OOPS! I added a line on the DEA page by mistake, how do I remove it?

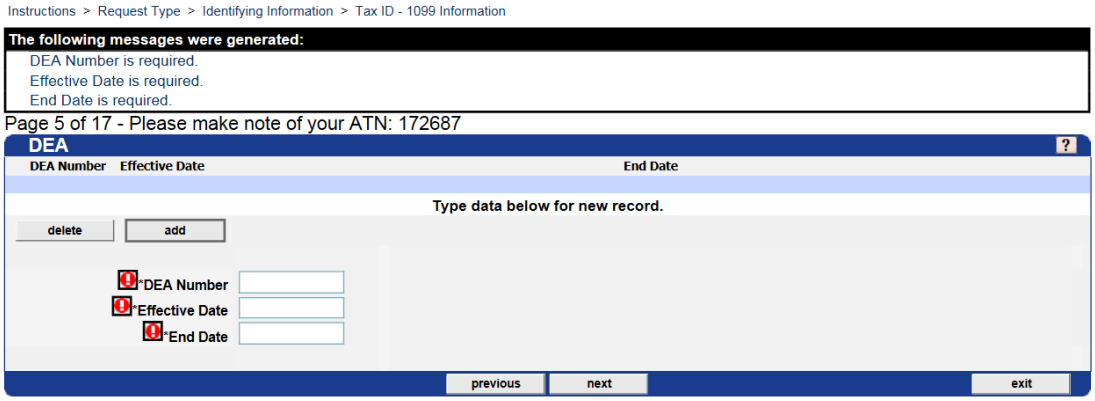


Figure 9: Now it won't let me continue without putting in DEA information

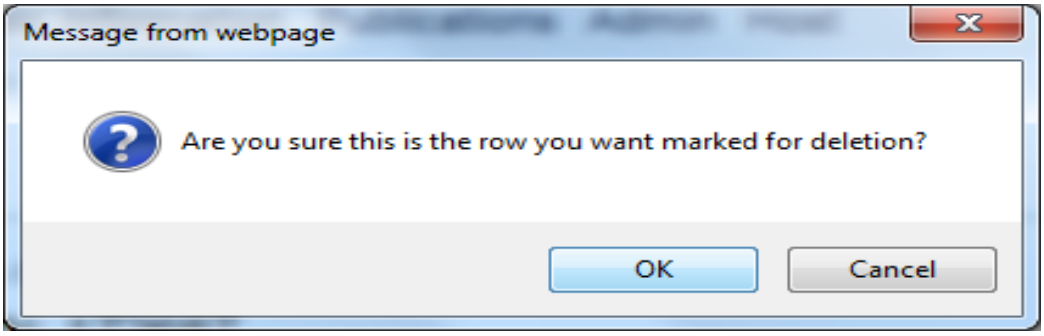


Figure 10: Select the empty line and click "delete button to remove"

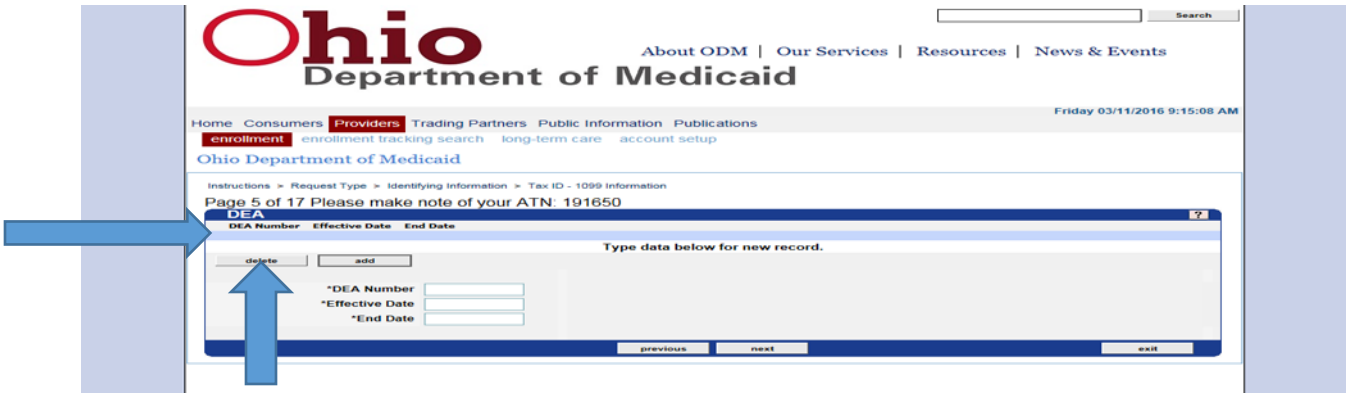


Figure 11: "Address Information" Panel

- Applicant must enter an e-mail address and contact name for each Address Type given – if any of these elements are missing, the below error message will appear:

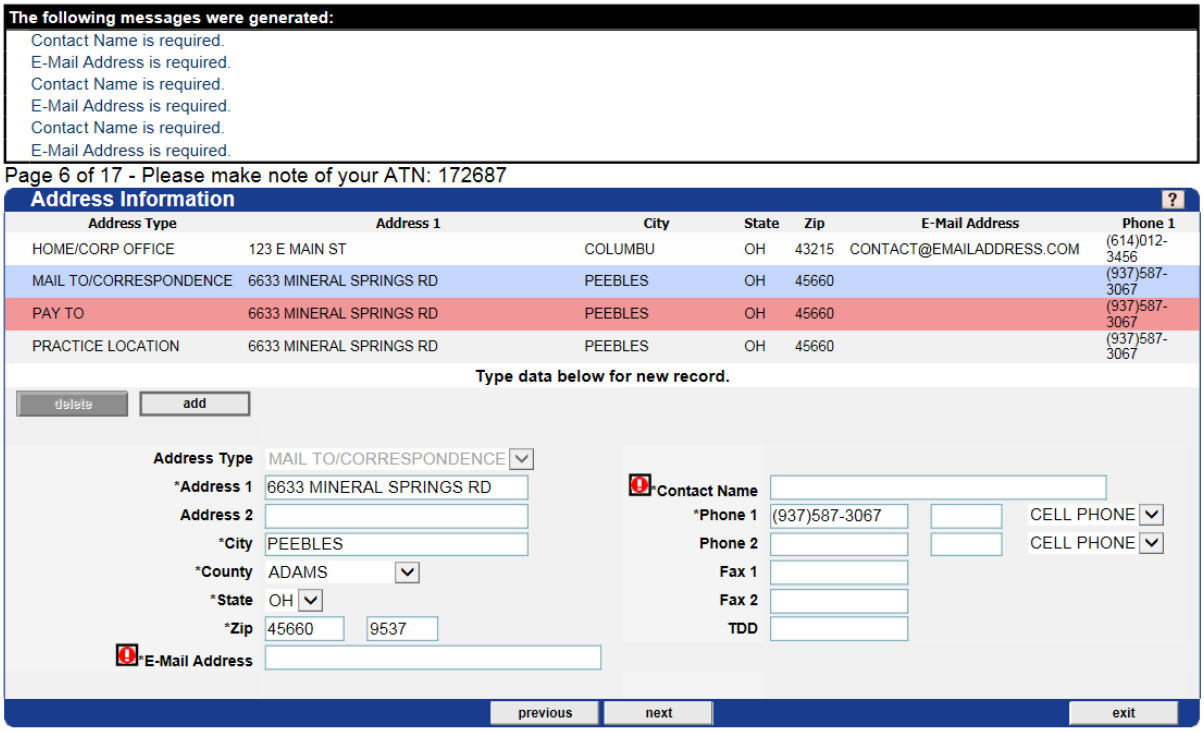


Figure 12: "Address Information" panel, continued

- Click "next" to continue

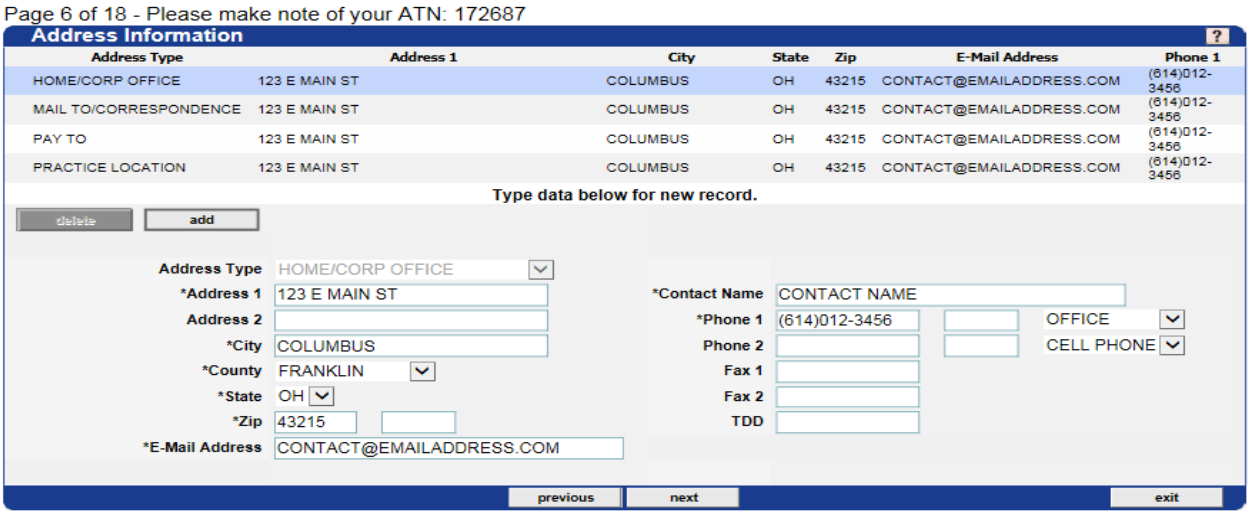


Figure 13: "TYPE AND SPECIALTY" Panel

- Select a specialty from the drop-down menu and check the "primary specialty" box.
- **NOTE**: Select a primary specialty that corresponds with your provider type:
  - Physical Therapist: 391 – Physical Therapy.
  - Occupational Therapist: 410 – Occupational Therapy
  - Speech Therapist: 400 – Speech and Language Pathology
  - Audiologist: 430 - Audiology

Figure 14: "LANGUAGE PANEL"

- **SELECT LANGUAGE**

Figure 15: "GROUP AFFILIATIONS" Panel

NOTE: <u>Do not complete this panel.</u> Physical Therapists, Occupational Therapists, Speech Language Pathologists, and Audiologists who are employed by a school and provide services under the MSP are **<u>not required to affiliate</u>** with the MSP provider (the school district).

Figure 16: "CRIMINAL OFFENSE AND EXCLUSION" Panels

- The next series of six panels ask questions pertaining to criminal offences and exclusion history in regard to Medicare participation.

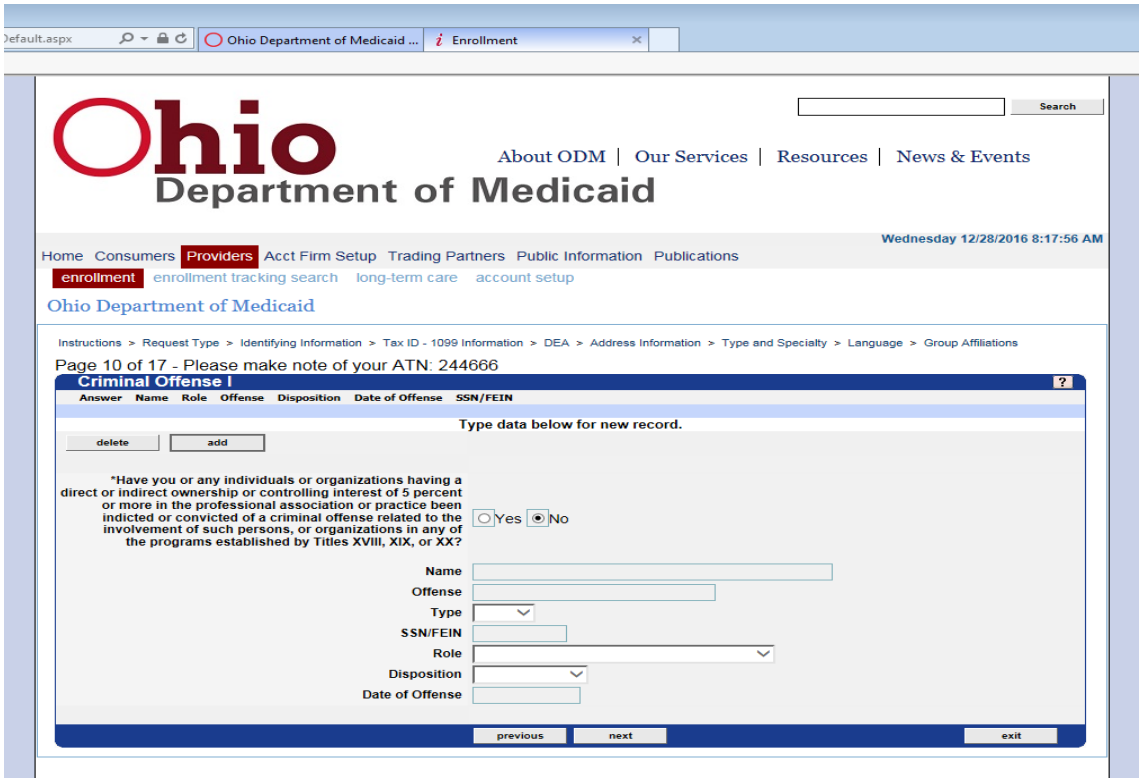


Figure 17: "CERTIFICATION' Panel

- Applicant must accept the terms and conditions
- Email address is required if "Email" was selected as preferred contact method
- "Legal Entity Name" should be the individual practitioner's name

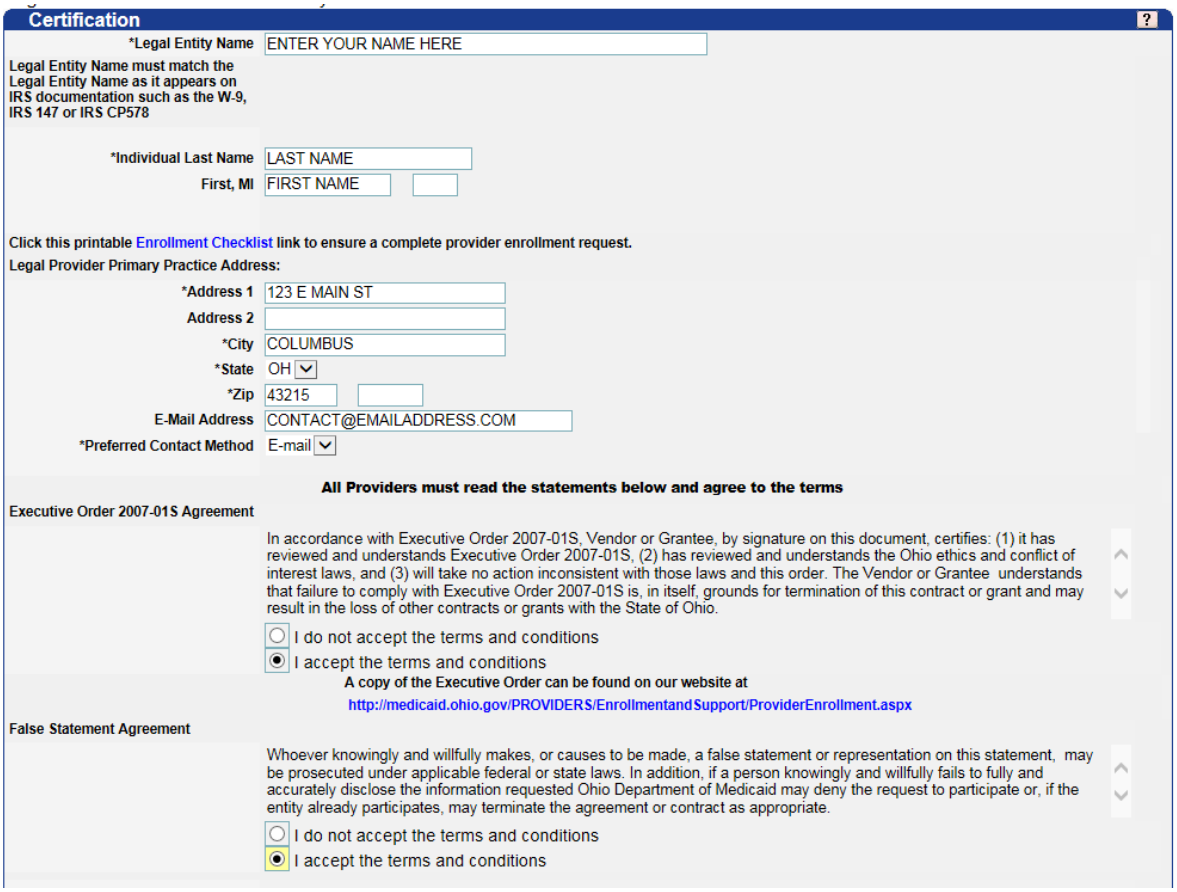


Figure 18: "Terms and Conditions" panel

- Initially only 3 terms are visible.
- Applicant must drag the scroll bar down to the bottom and indicate they have read all 16 terms.

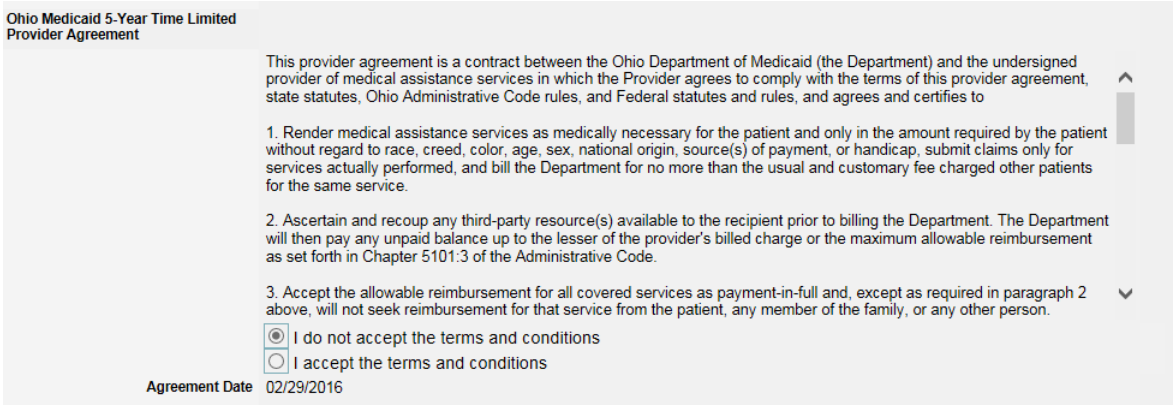


Figure 19: "Terms and Conditions" panel, continued

- Applicant must accept/attest that the application is true and complete
- **IMPORTANT – ELECTRONIC SIGNATURE MUST BE THAT OF THE APPLICANT**

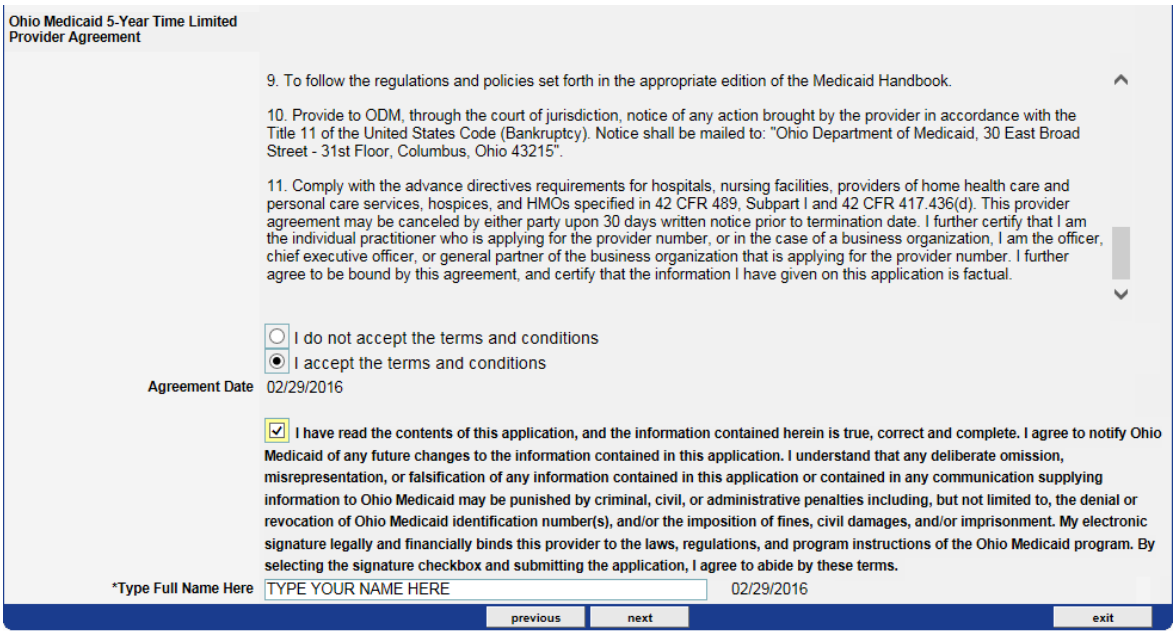


Figure 20: Provision Check box for retroactive billing.

- **<u>Important retroactive billing note:</u>** You may request the effective date of your Medicaid provider enrollment to be retroactive up to twelve months prior to the application date or to the date of your NPI enumeration (whichever comes first). This can only be selected at the time of application and **<u>cannot be changed</u>** once the application has been submitted.
    - Example #1: You submitted your Ohio Medicaid provider enrollment application on June 1, 2017 but obtained your licensure and NPI more than a year prior, on March 15, 2016. By checking the provision box, your provider enrollment will be backdated with an effective date of June 1, 2016.
    - Example #2: You submitted your Ohio Medicaid provider enrollment application on June 1, 2017 and obtained your licensure and NPI on March 15, 2017. By checking the provision box, your provider enrollment will be backdated with an effective date of March 15, 2017.

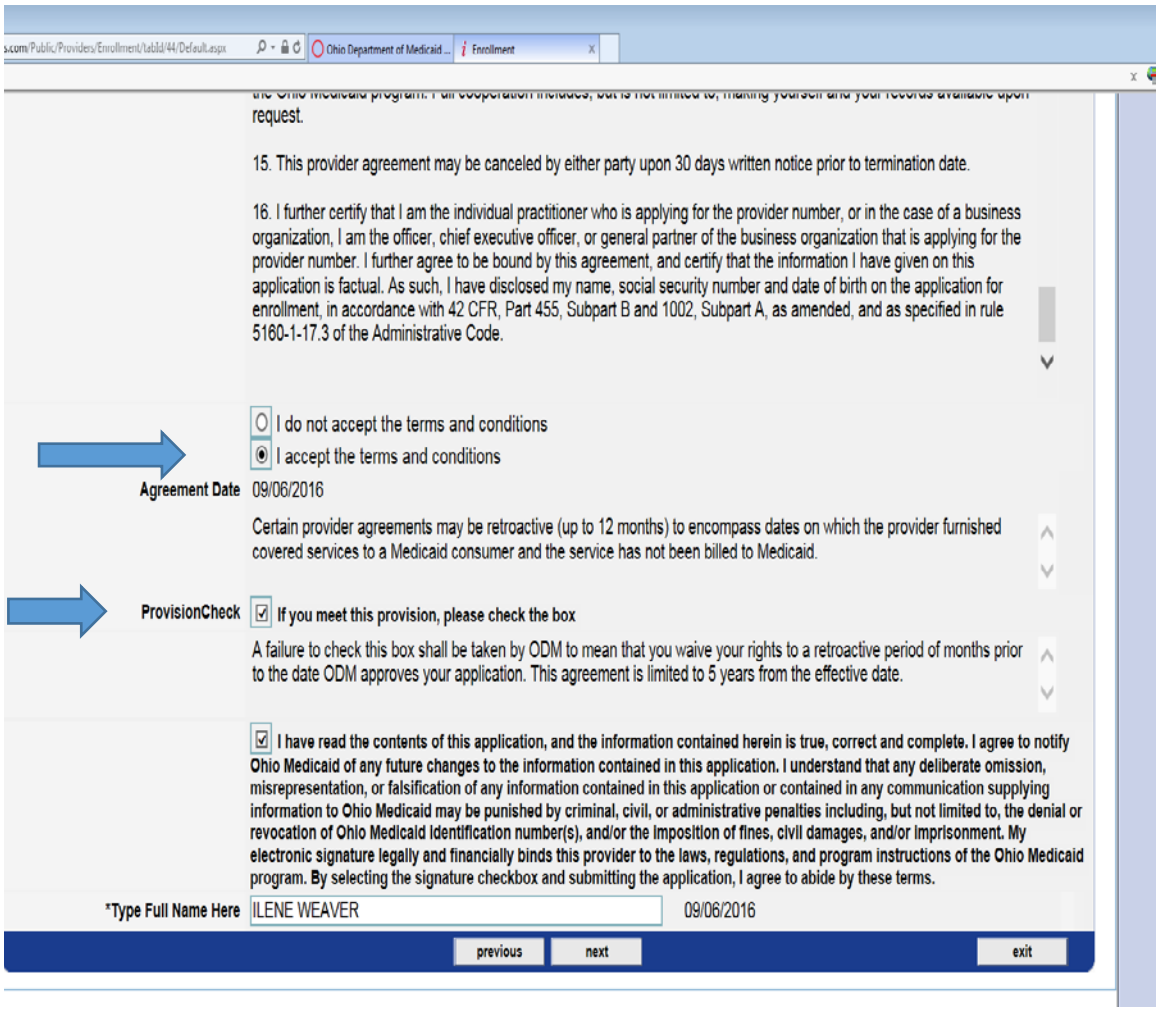


Figure 21: "Document Submission Type and Notes" Panel.

- Select the method of how you would like to submit required documents

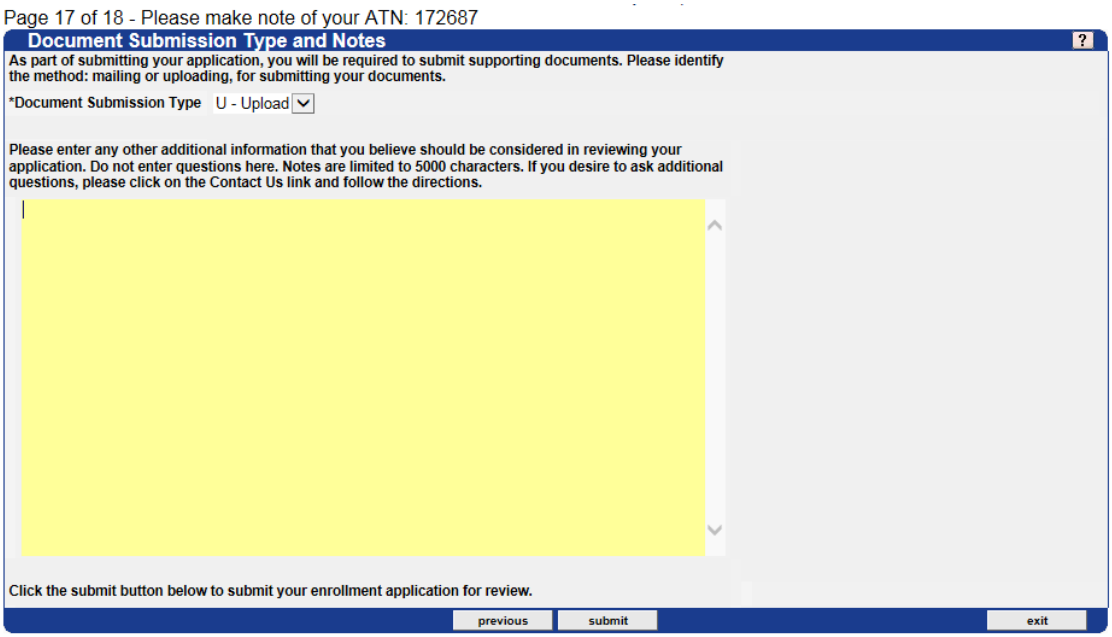


Figure 22: "Document Submission Type and Notes" panel

- Document upload may take 1-2 minutes to complete

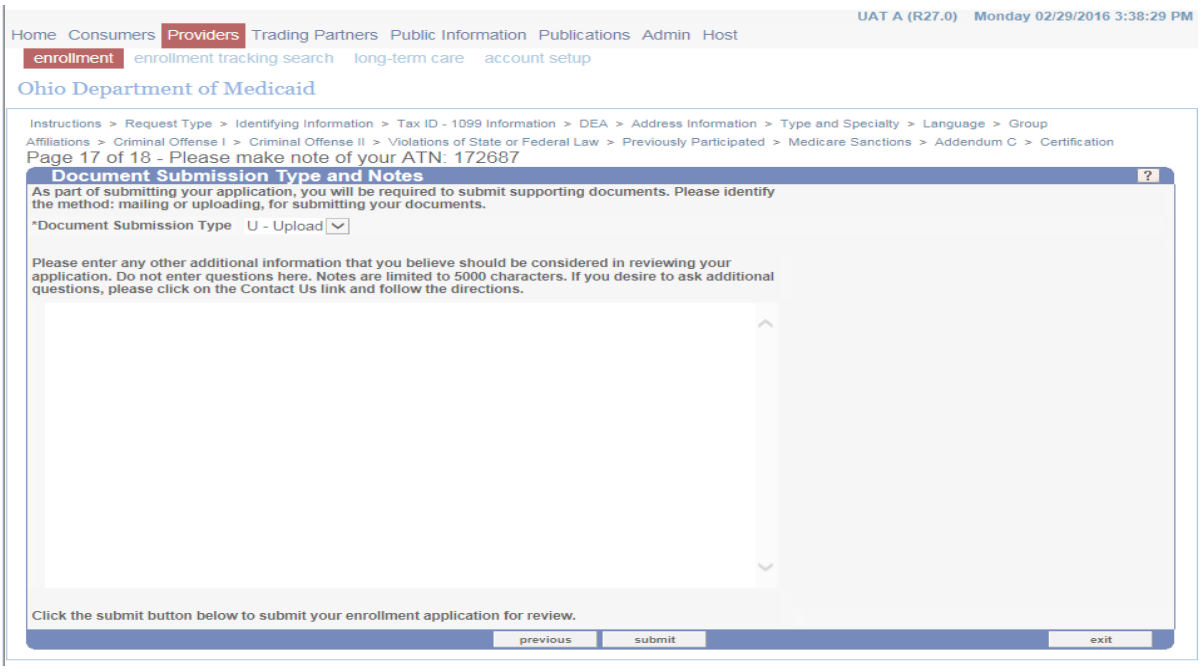
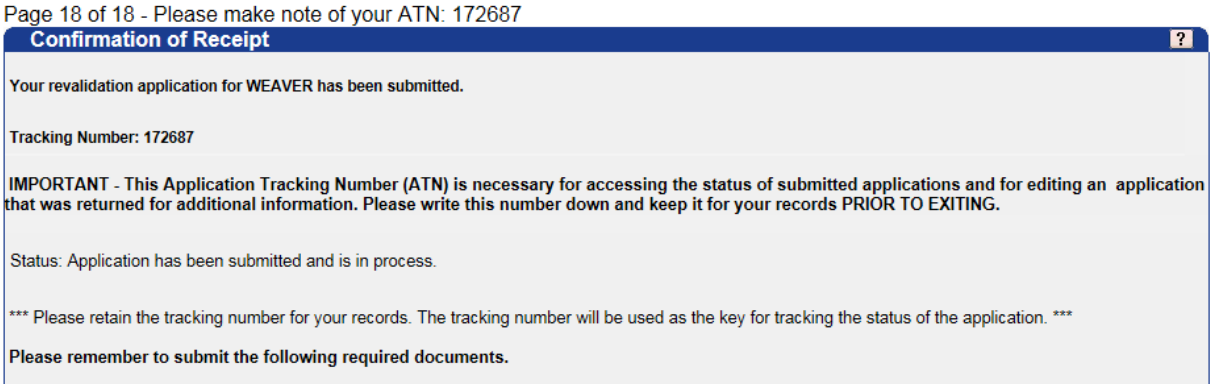


Figure 23: APPLICATION SUBMITTED SUCCESSFULLY!


Page 18 of 18 - Please make note of your ATN: 172687

Confirmation of Receipt

Your revalidation application for WEAVER has been submitted.

Tracking Number: 172687

IMPORTANT - This Application Tracking Number (ATN) is necessary for accessing the status of submitted applications and for editing an application that was returned for additional information. Please write this number down and keep it for your records PRIOR TO EXITING.

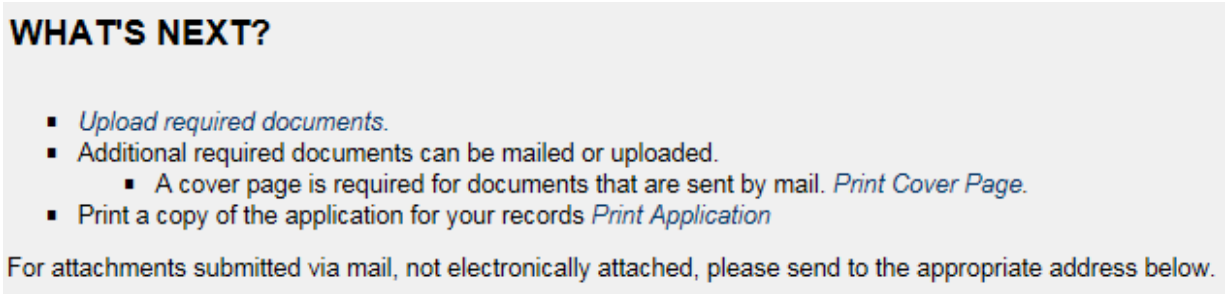
Status: Application has been submitted and is in process.

*** Please retain the tracking number for your records. The tracking number will be used as the key for tracking the status of the application. ***

Please remember to submit the following required documents.

Figure 24: UPLOAD REQUIRED DOCUMENTATION

- All practitioners who enroll with Ohio Medicaid are required by state and federal law to provide a completed W-9. The W-9 must contain the **social security number** of the **individual applying**, along with the applicant's signature and date.
- The W-9 form may be uploaded through the secure portal, mailed to ODM, or e-mailed to the address below.
- If any information related to your application needs to be updated and you are not able to do so through the self-service feature, please contact: MEDICAID_PROVIDER_UPDATE@medicaid.ohio.gov


WHAT'S NEXT?

- *Upload required documents.*
- Additional required documents can be mailed or uploaded.
  - A cover page is required for documents that are sent by mail. *Print Cover Page.*
- Print a copy of the application for your records *Print Application*

For attachments submitted via mail, not electronically attached, please send to the appropriate address below.