

New Provider Enrollment Questions and Answers

How do I enroll as an Ohio Medicaid Provider?

If you are reading this document, you have come to the right place. In order to become an Ohio Medicaid Provider, you must complete a web-based electronic application. Ohio does not accept paper applications. Our web-based provider application is designed to walk you through the steps in order to submit all the information that the Ohio Medicaid program needs to enroll you as a new provider.

How do I begin?

1. Open the following link: ["Ohio Medicaid Online Application"](#) to access Ohio Medicaid's online application. From the main screen, you will need to select the "New Provider" button

located on the top right side of the home page screen



2. On the next screen you will be asked to select your application Type. For example, if you are a doctor or nurse you should select "Standard Application" you should select "individual practitioner." However, if you are an individual that wants to provide Ohio Department of Medicaid waiver services to someone living in their own home you should select "Medicaid Waiver (ODM)".

"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

The system will then ask you to provide basic demographic and identifying information along with your provider type selection. Your selection of "Provider Type" response is extremely important. If you are unsure of what provider type to request, you should contact the Integrated Help Desk at 1-800-686-1516 for additional information on additional resources that can help you make this determination.

After you have entered your basic demographic information, the system will issue you a Registration ID (Reg ID). You should record this Reg ID immediately, because it will serve as your key to return to your application or to track it through the enrollment process.

“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.”

Application Type	Standard application	Change
Category*	Individual	Change
Provider Type*		▼
First Name*		
Middle Name		
Last Name*		
Tax ID Type*	<input type="radio"/> EIN <input checked="" type="radio"/> SSN	
Tax ID*		
Are you requesting retro coverage?	<input type="checkbox"/> What is this ?	
NPI*		
DD Contract Number (If Applicable)		
Requested Effective Date*	9/26/2022	
Gender*	<input type="radio"/> Female <input type="radio"/> Male <input checked="" type="radio"/> Unknown	
Date of Birth*		
Zip Code*		
Zip Code Extension*		

[Save](#) [Cancel](#)

The web-based application will take you through a series of screens depending on your provider type. Be sure to read and answer the questions correctly. *Whoever knowingly and willfully makes false statements or representations on this application may be prosecuted under applicable federal or state laws.*

Once you have completed the application, the system will provide information regarding next steps. Your next steps could include uploading or submitting additional documentation necessary for enrollment. Failure to submit the documents as required could cause your application to not be processed and you will have to begin the process all over again.

What if I lose or forget my Registration ID

If you forget or lose your registration id you should contact the Integrated Help Desk at 1-800-686-1516 so they may assist with retrieval.

How long does it take for my application to be processed?

The time it takes to process an application depends on the number of applications submitted. There is no magic formula in determining how soon or how long it will take to process your application. The best way to ensure that your application is processed timely, is to complete it

correctly and submit all of the necessary documents as required. Errors on your application or missing documents will cause your application to be rejected and place it back at the rear of the work queue.

Who has to have a National Provider ID (NPI)?

Any provider identified by the National Uniform Claim Committee (NUCC) with a provider taxonomy number must obtain an NPI and report it to Medicaid upon enrollment.

Please contact the Integrated Help Desk at 1-800-686-1516 if you should have questions.

Do I submit my Social Security Number (SSN) or my Employer Identification Number

(EIN)?

Individual providers must submit their SSN. In addition, all organizational providers must provide the SSN and date of birth of all direct/indirect owners of 5 percent or more, managing employees and/or controlling interest (See Provider disclosure requirement– [OAC 5160-1-17.3](#))

If you are an individual practitioner that will be practicing and billing under a “group” practice, you must still provide your SSN on the application and not the group FEIN.

Note: A Social Security Number (SSN) is required by State and Federal law of all individuals applying to obtain a Medicaid provider number. Entering an invalid SSN or entering a FEIN in the place of an SSN may result in the rejection of your application.

I am an Individual Practitioner, what is my ownership type?

Individual Practitioners should select “sole proprietor” from the pull-down menu.

Is there an application fee?

Yes, organizational provider types will be required to pay a fee. The fee applies to organizational providers only; it does **not** apply to individual providers and practitioners or practitioner groups. The fee is a federal requirement described in 42 CFS 445.460 and in [OAC 5160:1-17.8](#). The fee for 2024 is \$709 per application and is not refundable.

The fee will not be required if the enrolling organizational provider has paid the fee to either Medicare or another State Medicaid agency within the past five years. However, Ohio Medicaid will require that the enrolling organizational providers submit proof of payment with their application. (See [OAC 5160:1-17.8](#))

How do I pay my application fee?

Organizational providers that are required to pay an application fee will be able to make a secure on-line payment while completing their application. The payment must be made by credit card

(Discover, MasterCard or Visa). Other types of payment will not be accepted. Providers will not be able to complete the application until the fee is paid or proof of previous payment is provided.

How do I check on the status of my application?

Once an application has been submitted, you can go to the [Medicaid Provider Portal](#) to check the status. From the providers home page select the Registration ID of interest. Once you select the registration id link you will be taken to the “Provider Management Home” page. The “My Current and Previous Applications” panel, contained on this page, provides details on the “PNM Application Status”.

My Current and Previous Applications

Reg ID	Enrollment Action	Program	Application Id	PNM Application Status	Other Agency Application Status	DD Legal Status	Status Date
518318	Application Flow - Standard - NEW REGISTRATION	Medicaid	606713	NOT PROCESSED			08/02/22

How will I be notified once I have been enrolled as a provider?

Once a provider is enrolled, they will be sent an email confirmation which will also contain the Medicaid Welcome Letter. This will be sent to the email address that was provided during the application process.

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