GO TO [WWW.MEDICAID.OHIO.GOV](http://WWW.MEDICAID.OHIO.GOV) *PUT YOUR CAPS LOCK ON!!!*

Click on the **PROVIDERS** tab, then **Enrollment and Support**, then **Provider Enrollment**. (see screen below)

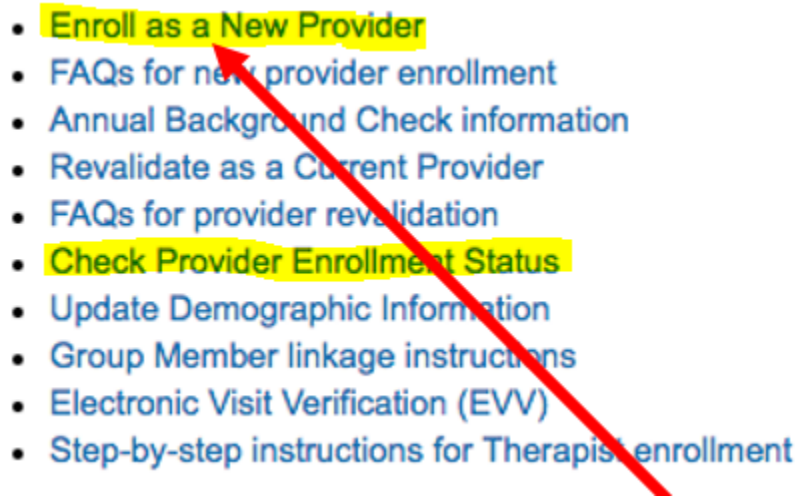




Figure 1: "WELCOME" Panel

**Select** I need to enroll as a provider to bill Ohio Medicaid

**Select** New Application

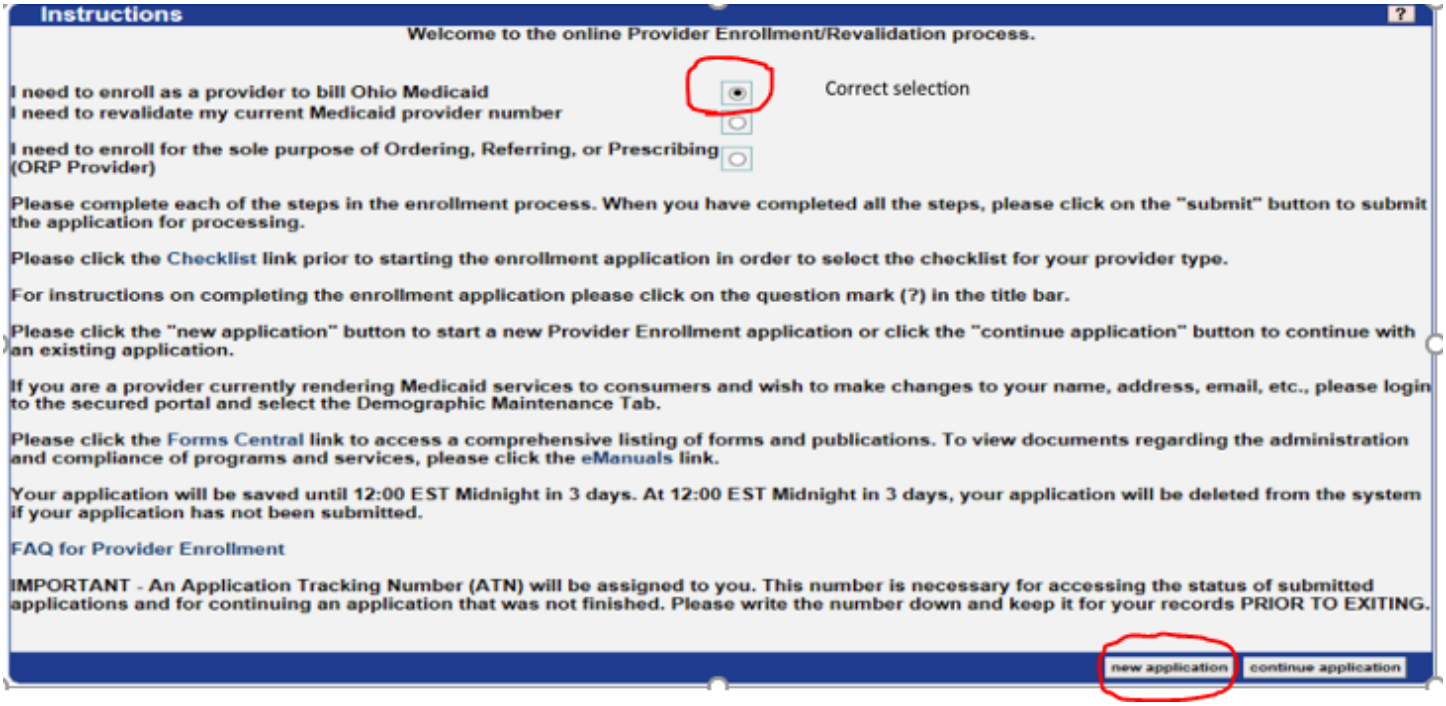



FIGURE 2: "REQUEST TYPE" Panel

**Enrollment Type: Select Individual Practitioner** from drop-down Menu
**Action Request: Select Initial Enrollment** from the drop-down Menu
**Provider Type: Select A) 39 – PT**
**B) 40 – SLP**
**C) 41 – OT**
**D) 43 – Audiologist**
**Are you a provider new to Ohio Medicaid? Select YES, NEXT**

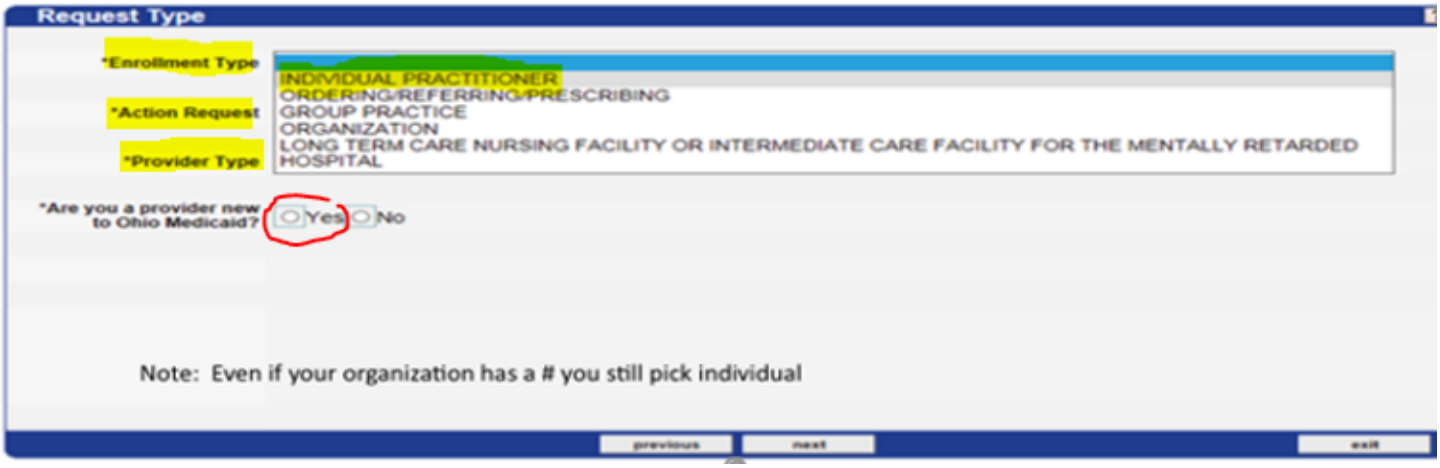



FIGURE 2A (just added in Sept 2017): "MANAGED CARE INTEREST FOR PARTICIPATION" Panel

**Are you interested in…: Select NO, then NEXT**

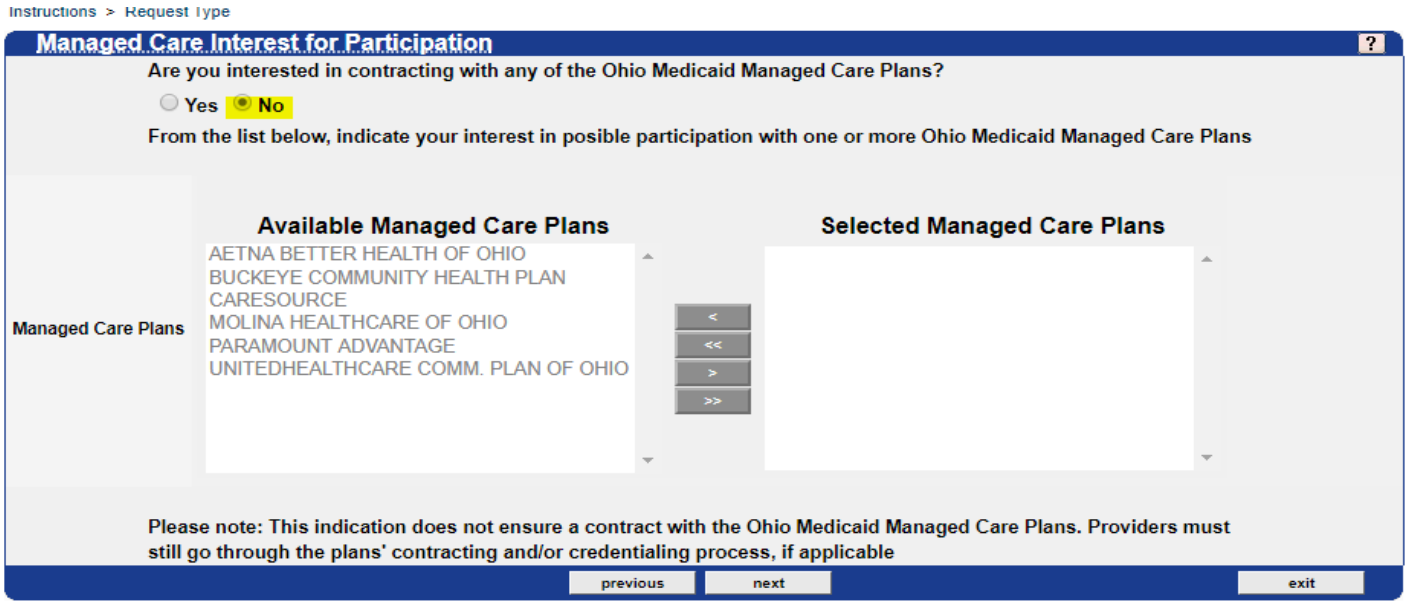
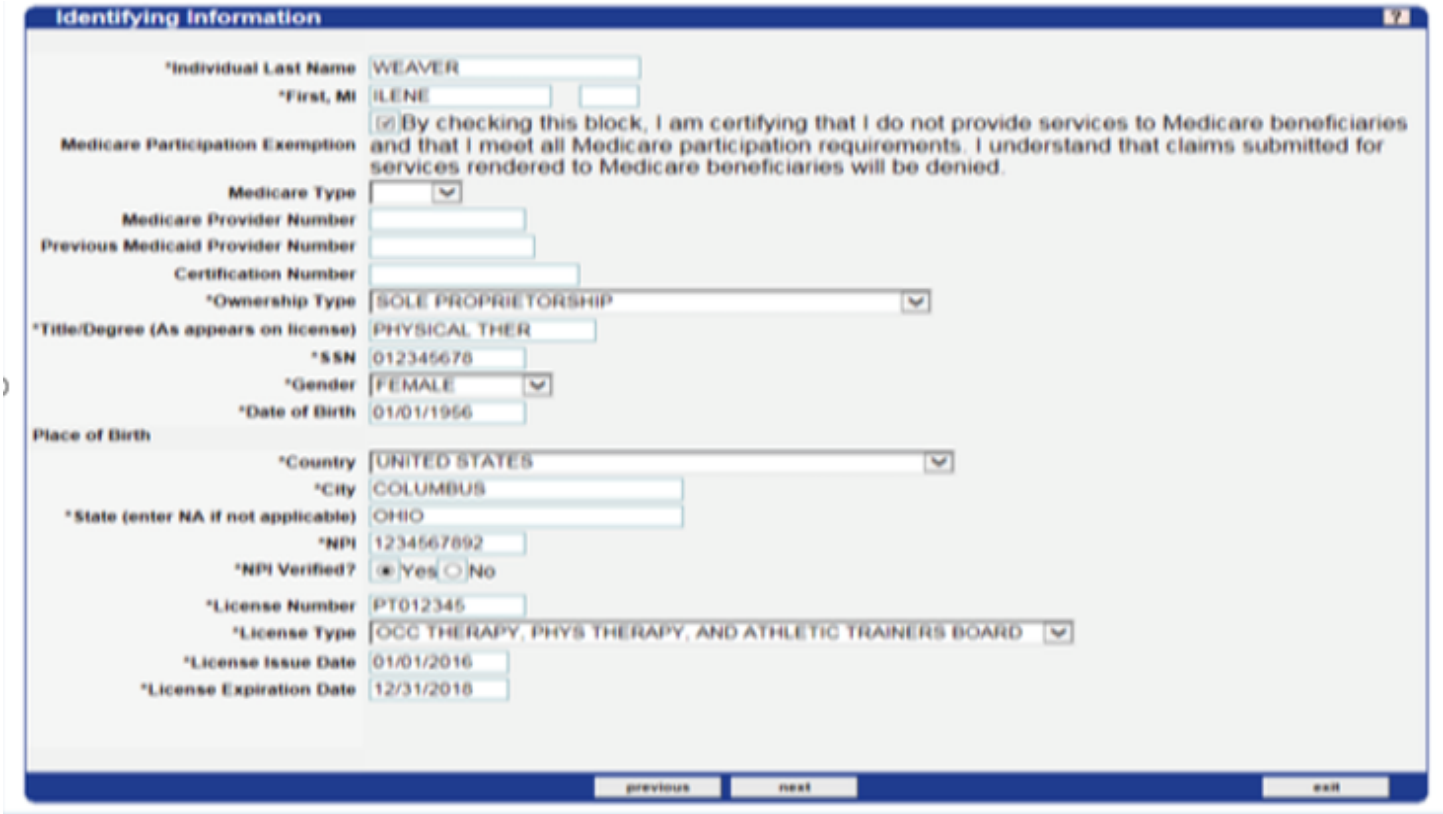



Figure 3: "IDENTIFYING INFORMATION" Panel

**Enter Individual Last Name**
**Enter First, MI**
**Check box for "Medicare Participation Exemption" (unless you independently provide and bill services for Medicare)**

**SKIP TO "Ownership Type"**

**Ownership Type: Select Sole Proprietorship**
**Enter Title/Degree** (as much of it until you run out of space), **SSN, Gender, Date of Birth**
**Enter Place of Birth information: Country, City, State** (enter NA if not applicable), **and NPI Number**
**NPI Verified: Enter Yes**
**Enter Ohio License Number, License Type, License Original Issue Date, and License Expiration Date** (If you don't have this information readily available, you can pull it up on the License Search sites. OT/PT will go to https://elicense.ohio.gov/oh_verifylicense?firstName=emily&lastName=lazar&licenseNumber=&searchType=individual, and SLP and Audiologists go to https://license.ohio.gov/lookup/default.asp, **NEXT**




After you click NEXT, your **APPLICATION TRACKING NUMBER (ATN)** will show up in a pop-up. **VERY IMPORTANT TO WRITE DOWN THIS NUMBER!!!**

Figure 4: "TAX ID-1099 INFORMATION" Panel

**IRS Tax Type: Select SSN from drop-down**
**IRS Tax ID: Enter your SSN**
**Fill out Name, Address 1, City, Zip**
**IRS Effective Date: Enter your date of birth**
**IRS End Date: Enter 12/31/2299** if not auto-populated
**Tax ID Exempt: NO**
**W9 Form: YES**
**Form 147: NO**
**State: OH, NEXT**

***If you are not able to enter any information after IRS Tax ID, you can skip this section by clicking NEXT.***

Page 4 of 17 - Please make note of your ATN: 172687

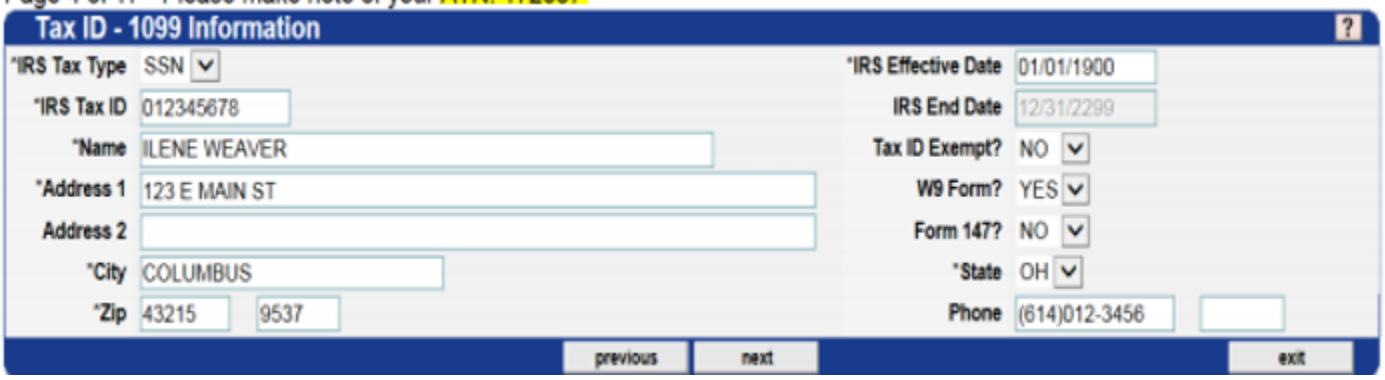


Figure 5: “DEA” Panel & Figure 7: “DEA Panel

**<u>This does not apply to PT/OT/SLPs or Audiologists</u>** – Click **NEXT**


Figure 6: “Address Information” Panel

**Enter <u>DISTRICT</u> Address, Phone, and your Work Email <u>4 times</u>**
**Under Address Type: Add Address for each one – A) Home/Corp Office**
**B) Mail to/Correspondence**
**C) Pay To**
**D) Practice Location**
**Contact Name: Enter Your name, Phone**
MUST have email address and contact name in every field. (If you have any blank lines, you will need to Delete them before clicking “NEXT”) **NEXT**

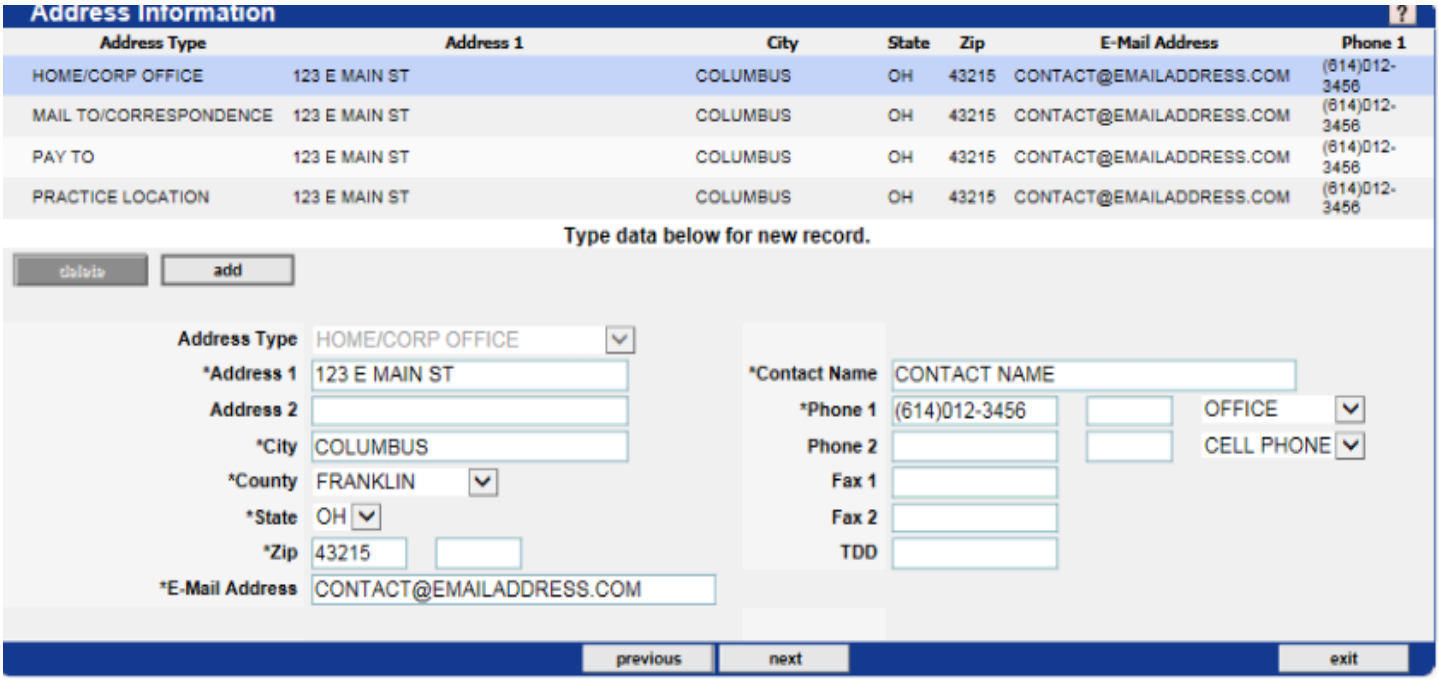



Figure 7: “TYPE AND SPECIALTY” Panel

**Select a Specialty from the drop-down menu**
**Check box for "Primary Specialty"**
**Click NEXT**


Figure 8: "LANGUAGE" Panel

**Select Add**
**Select a Language (English)**
**Enter Effective Date (use 01/01/2017)**
**Click NEXT**

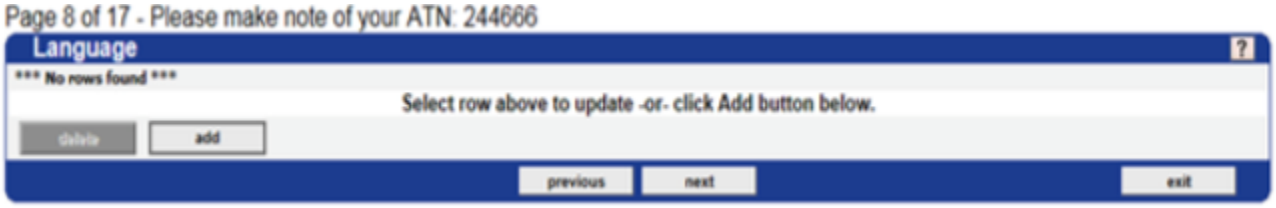
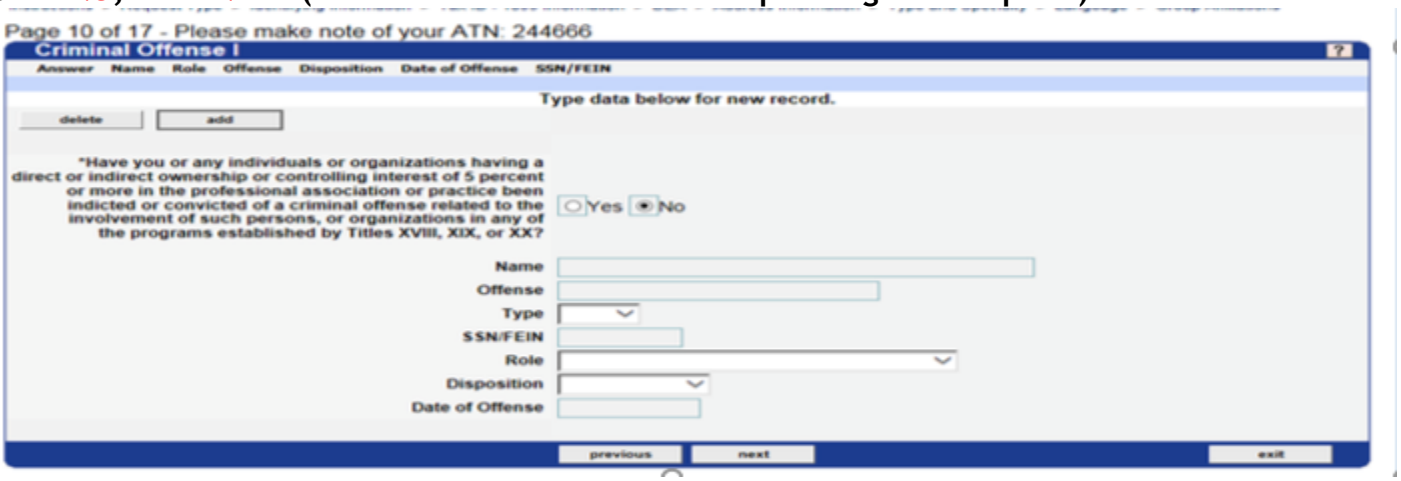



Figure 9: "GROUP AFFILATIONS" Panel

**Click Next** (no longer need to affiliate with each school)


Figure 10: "CRIMINAL OFFENSE AND EXCLUSION" Panels

**Click NO, then NEXT (for the next 3 to 6 screens depending on discipline)**




Next Screen: Have you ever been issued a Provider Number?

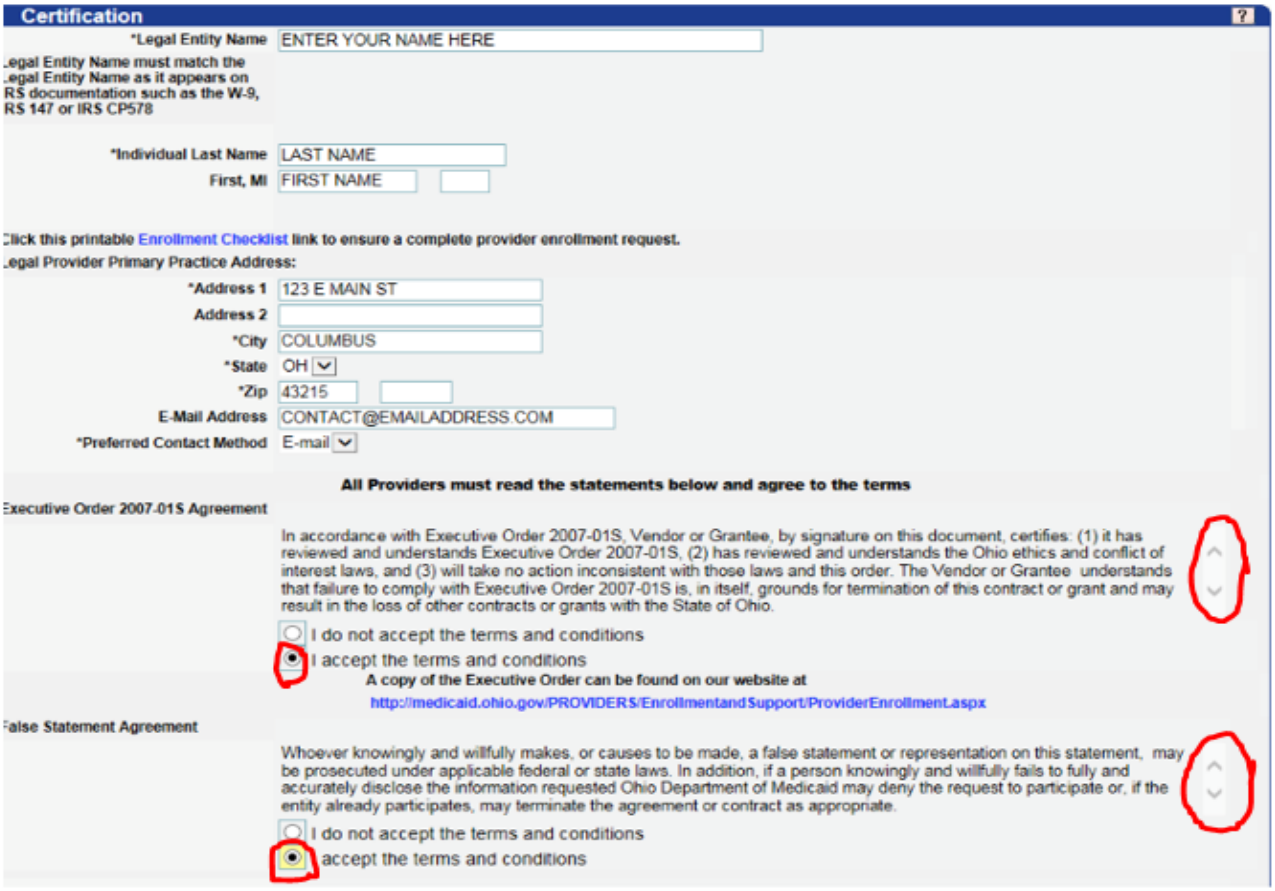
**Select NO for <u>New Applications/Continued Applications</u>**

Figure 11: "CERTIFICATION" Panel

**Legal Entity Name: Enter Therapist Name**
**Individual Last Name**

First, MI
Enter Address (if not already populated)
Enter Email Address (use personal email address)
Preferred Contact Method: Select Email

Read and accept all terms
*You will need to scroll down on Term 3 and others before you will be able to Select I accept.*




Applicant must drag the scroll bar down to the bottom and indicate they have read all 16 items

Figure 12: "TERMS AND CONDITIONS" Panel, continued

Check box for "I have read the contents…"
Type Full Name Here

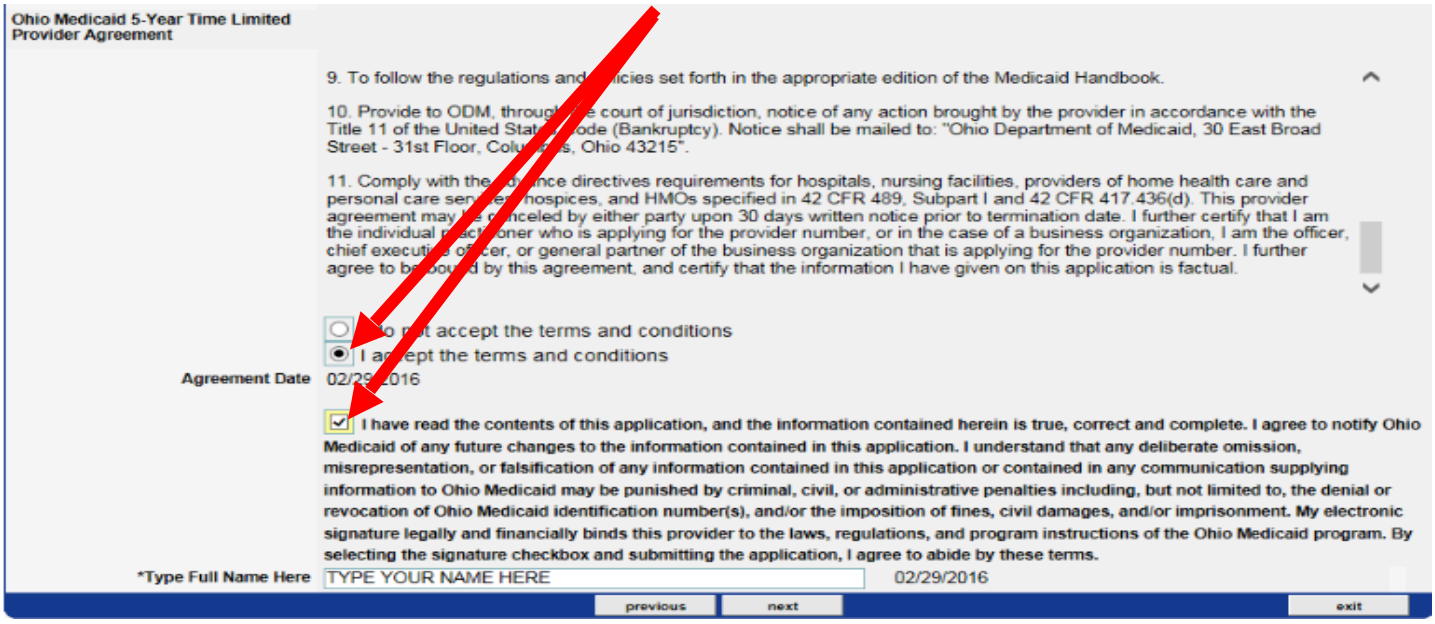



Figure 13: "PROVISION CHECK BOX (for retroactive billing)

**Provision/Check:** Check box
Type Full Name Here

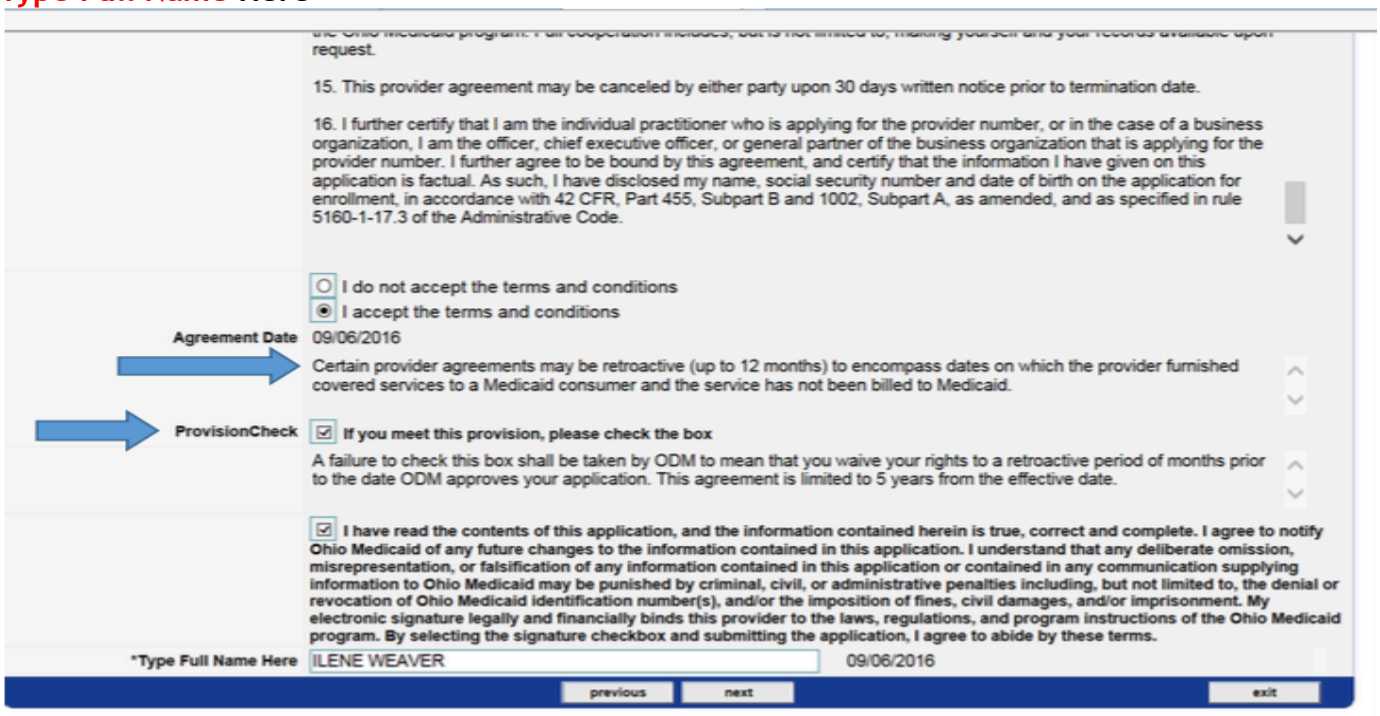
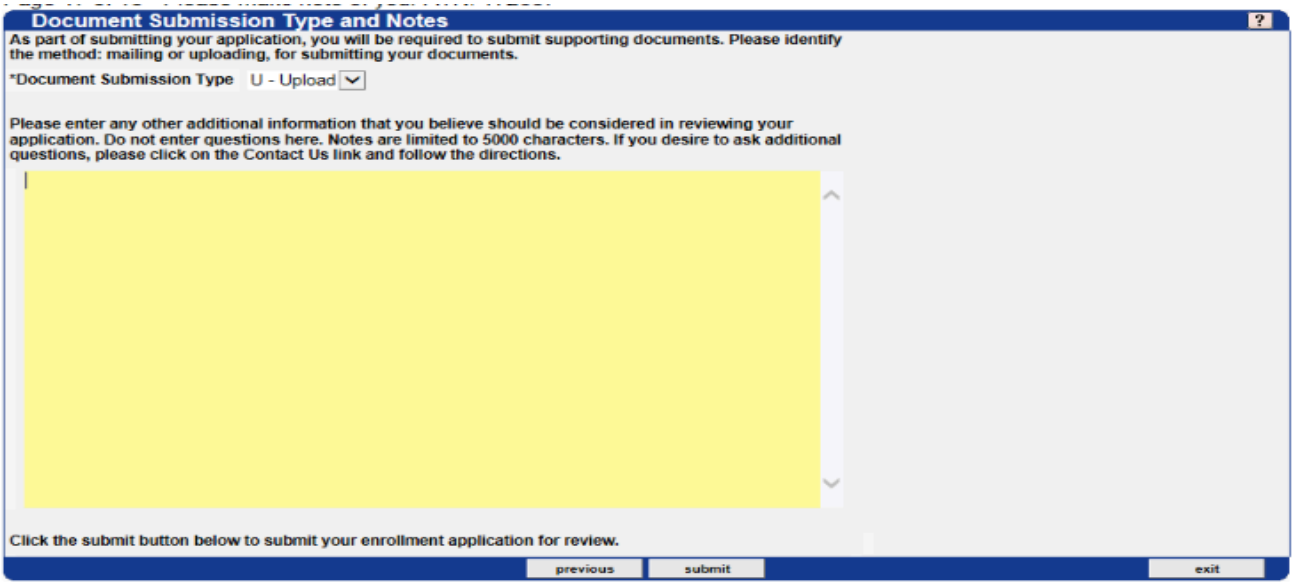



Figure 14: "DOCUMENT SUBMISSION TYPE AND NOTES" Panel "Information" Panel

**Document Submission Type:** Upload (W-9 will be uploaded on next screen after you "Submit")
**Click** Submit




- Select **SUBMIT**

Figure 15: "SUBMITTED" Panel – APPLICATION SUBMITTED SUCCESSFULLY! **If you have not recorded your ATN yet, be sure to record it now. Otherwise, it can only be obtained by calling Provider Support.**

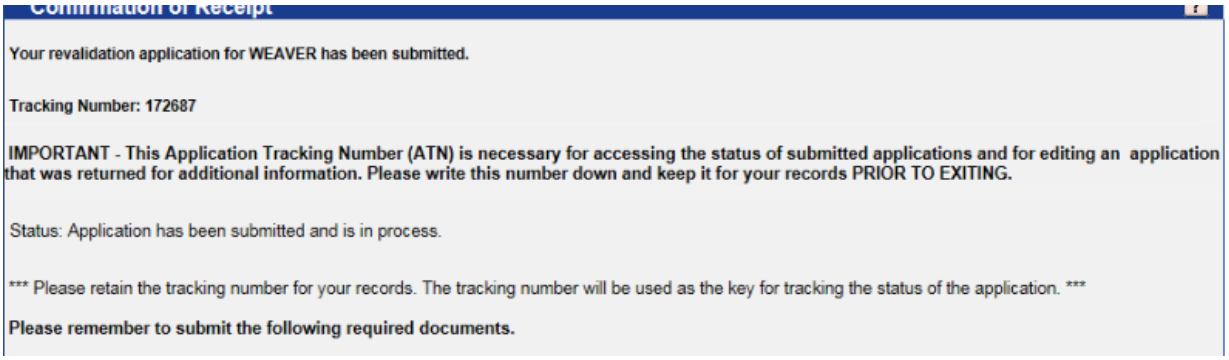



Figure 16: "WHAT'S NEXT" Panel

**Click on Upload required documents**

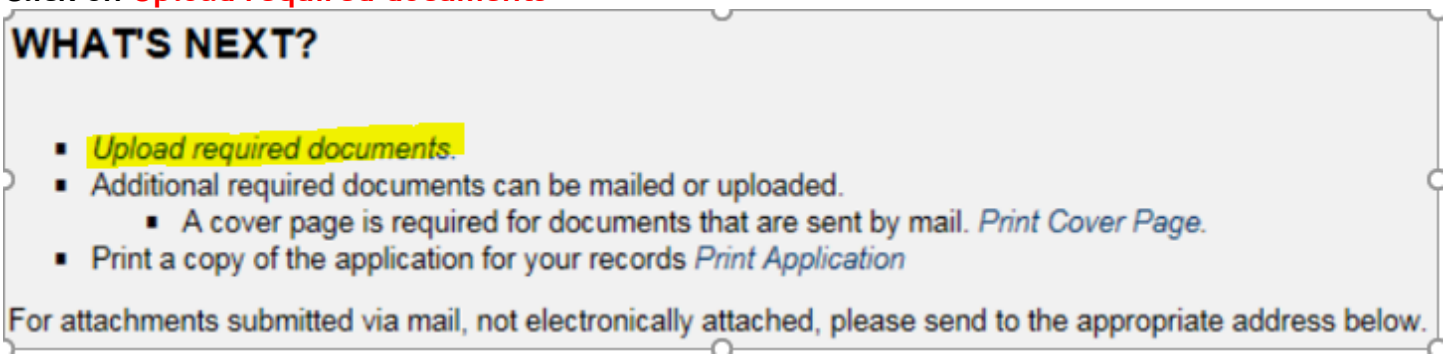
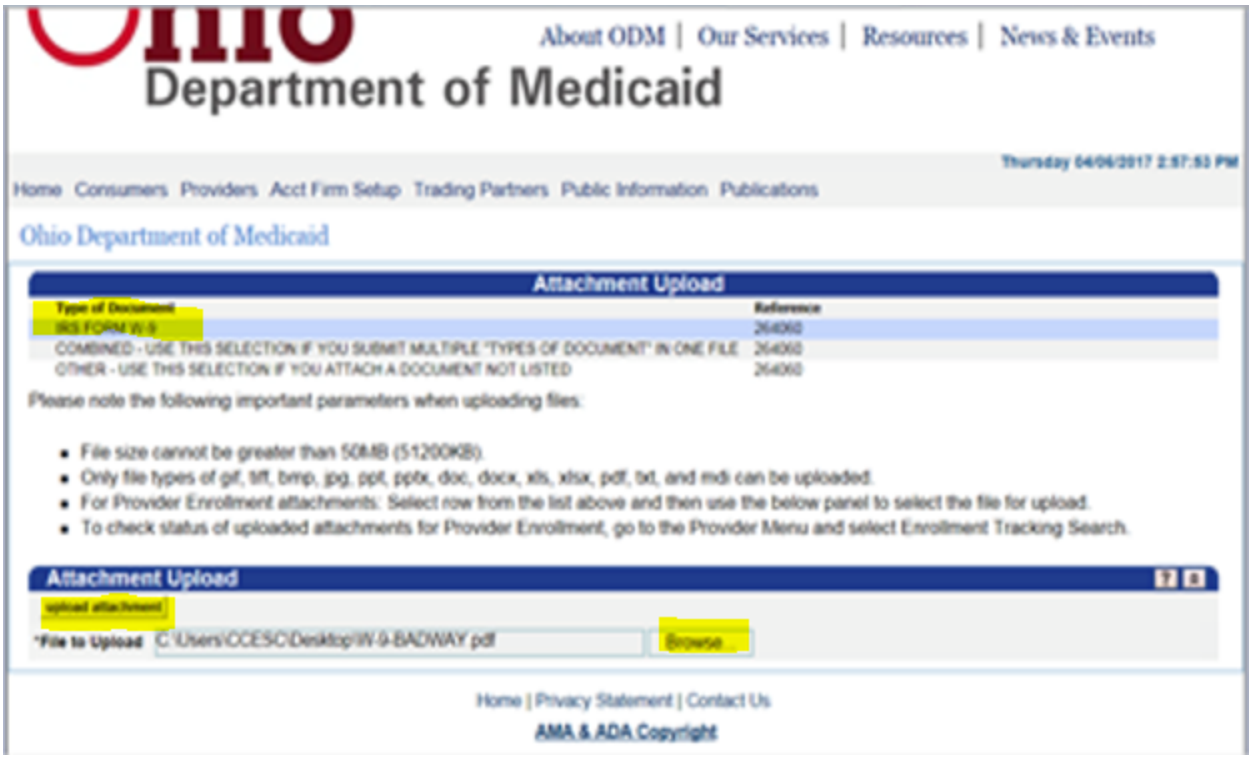



Figure 17: "UPLOAD" Panel

**Click on the IRS FORM W-9** (W-9 should include Your Name, Check box for Individual/Sole Proprietor, Your Personal Address, Social Security Number, Signature, and Date.)

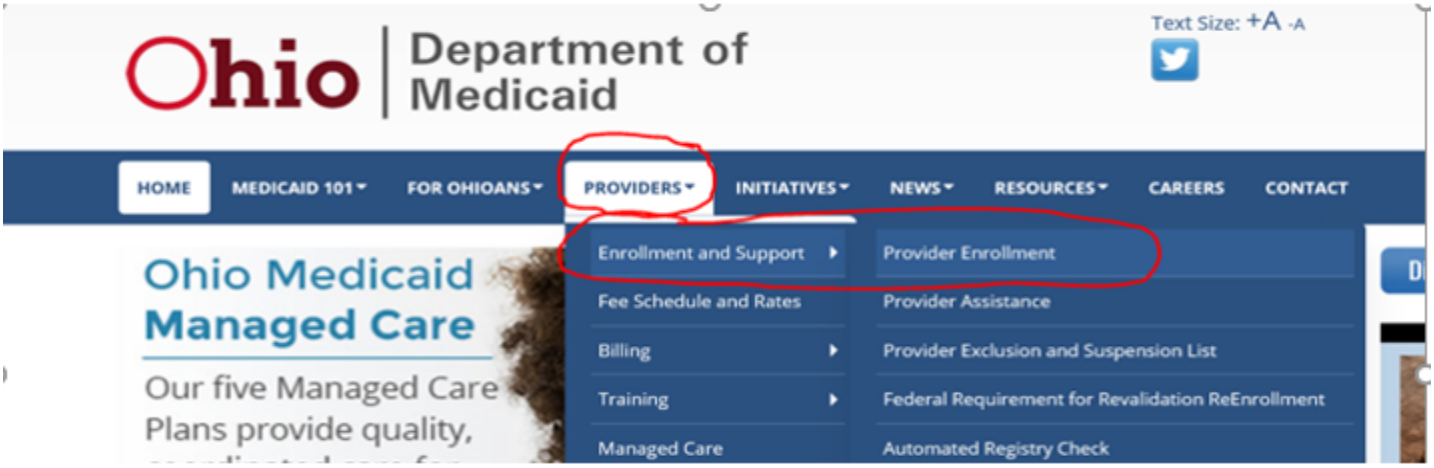
**Click on Browse/Choose File. Then find and select your saved W-9 form**
**Click Upload Attachment**




- **Print your application for your records**

This completes the application process. It is recommended that after you complete the process you check to ensure the application does show as submitted.

**Go back to the Main Menu by clicking on Providers>Enrollment and Support>Provider Enrollment**

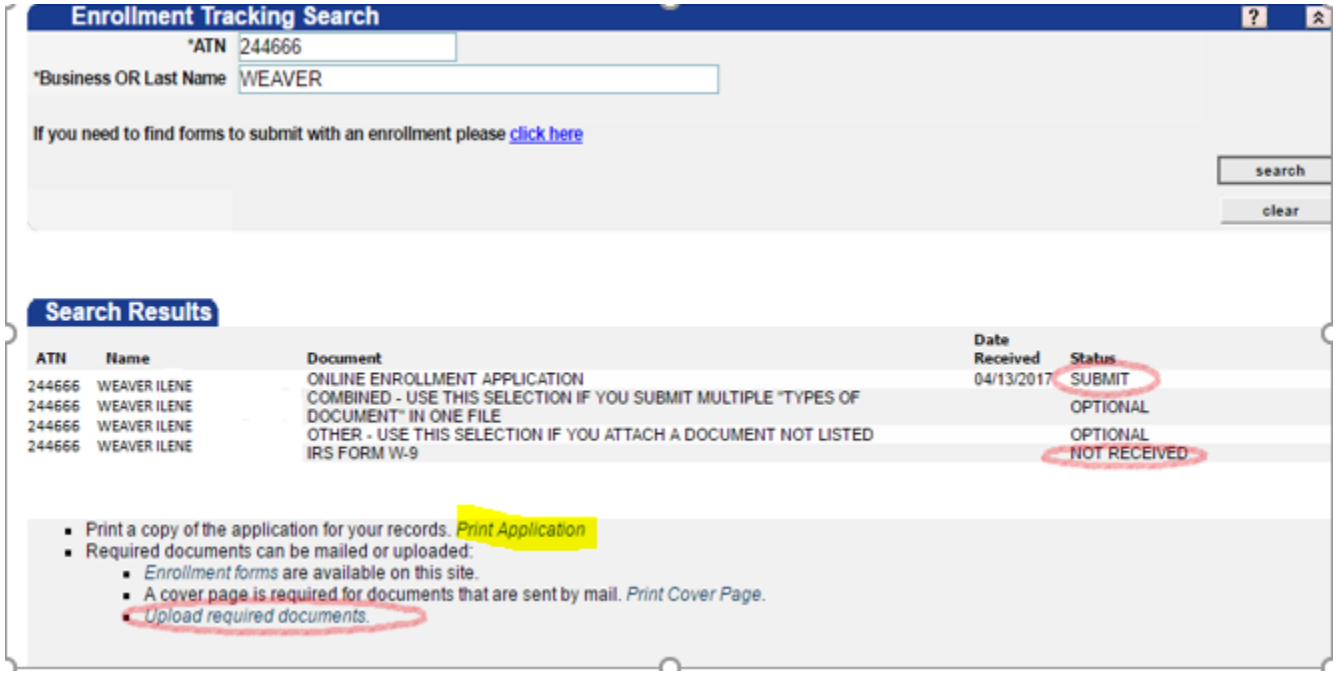



**Click on Check Provider Enrollment Status**

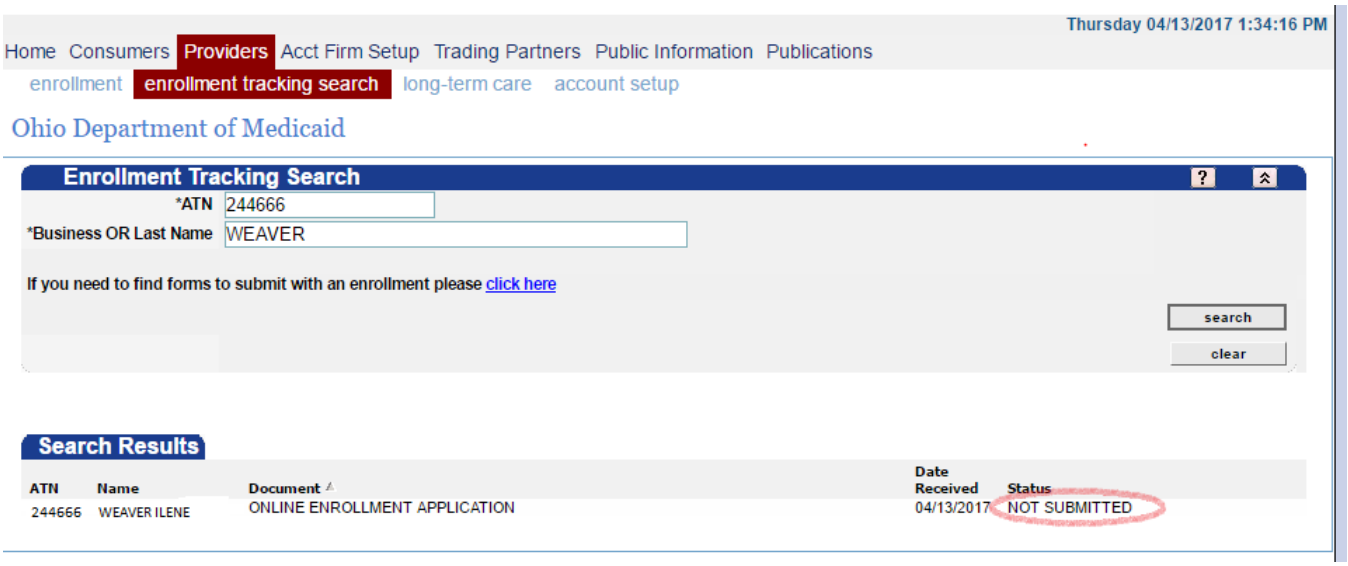
- Enroll as a New Provider
- FAQs for new provider enrollment
- Annual Background Check information
- Revalidate as a Current Provider
- FAQs for provider revalidation
- Check Provider Enrollment Status
- Update Demographic Information

**PUT YOUR CAPS LOCK ON! ENTER ALL DATA IN CAPS**

- Enter your ATN #
- Enter Last Name
- Click Search
- View the status




- Look to make sure the online application status says “Submit”.
- Look to make sure the IRS Form W-9 says “Received”. If not Received, click on “upload required documents”. (After clicking, make sure the IRS Form W-9 is highlighted, then go to “Choose File")




- If it was not submitted, go back to Enroll as a New Provider, Click "Continue Application".

If you have any issues with the enrollment process or have questions it is recommended that you contact the Ohio Department of Medicaid. 800-922-3042 as soon as the recording starts press 2, then 2 again, then 0. They may ask for an NPI # and Medicaid #. Let them know you don't have the Medicaid # yet.

Remember to check your email on a regular basis (especially if it is your personal email) to see if you receive anything from Medicaid. Remember it can take up to 120 business days to get a response. It is also recommended that you sign in from time to time to check your status.

Once you receive your Medicaid number please contact the appropriate person in your Pupil Services Department, ESC or company with this information. They will provide the information to HBS via spreadsheet so we can update your information in our system.

Support phone line for ODM 800-922-3042 press 2, press 2, press 0

**When submitting the W-9, please be sure to fill out the following information or it won't be accepted, and you won't be assigned a Medicaid number…**

**Fill out Your Name**
**Check box for Ind/Sole Prop**
**Fill out Your Address**
**Fill out your Social Security Number**
**Sign and Date**