

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
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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."

Standard application	Ordering, Referring, Prescribing	Change of Operator	MCP Single Case
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.	Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing.	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.	Use this application if you are entering into a Single Case agreement with a Managed Care Plan.
Select	Select	Select	Select

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

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Select	Select	Select	Select

Less...

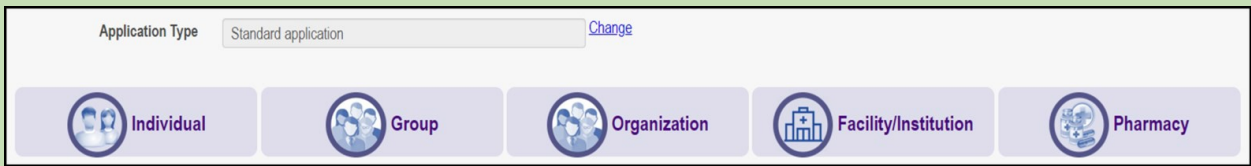
Medicaid Waiver (ODM)	Medicaid Waiver (ODA)	Medicaid Waiver (DODD)	Non-Medicaid DODD
Use this application if you are applying to become a Waiver Provider with Ohio Department of Medicaid.	Use this application if you are applying to become a Waiver Provider with Ohio Department of Aging or if you are initiating a Change of Ownership or Change of Operator as an ODA Provider.	Use this application if you are applying to become a Waiver Provider with Ohio Department of Developmental Disabilities.	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	Select	Select

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



Application Type: Standard application [Change](#)

 Individual  Group  Organization  Facility/Institution  Pharmacy

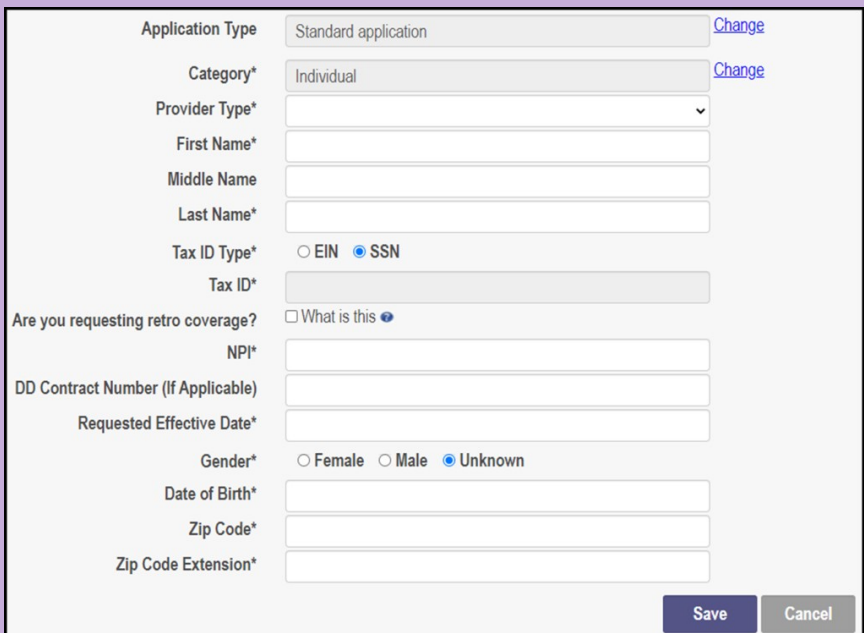
After choosing the proper application, select the category that pertains to the business.

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.



Application Type: Standard application [Change](#)

Category*: Individual [Change](#)

Provider Type*:

First Name*:

Middle Name:

Last Name*:

Tax ID Type*: ☐ EIN ☒ SSN

Tax ID*:

Are you requesting retro coverage? ☐ What is this [?](#)

NPI*:

DD Contract Number (If Applicable):

Requested Effective Date*:

Gender*: ☐ Female ☐ Male ☒ Unknown

Date of Birth*:

Zip Code*:

Zip Code Extension*:

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