Quick Reference Guide: DODD New Provider Application

Steps:

1

Location	Effective Date	Submit Date	Revalidation Due Date
			New Provider ?
	02/09/22	02/09/22	02/09/27

To begin a new application, click 'New Provider?'

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...

Access additional application listings by clicking the 'Click here for more application types' button

3

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

Select the appropriate DODD application you wish to start (Medicaid Waiver (DODD) or Non-Medicaid DODD)

Choose the appropriate Provider Type category: Independent or Agency

Independent   Agency

Steps:

4

Complete the Provider information details (an asterisk marks required fields) and click 'Save'

A Taxonomy field will appear at the bottom of the page (below Zip Code Extension) with a message at the top stating "Taxonomy is required.'

Select the appropriate Taxonomy from the drop-down list and click 'Save' again

Taxonomy*	
	Clinic/Center Health Services (261QH0100X)

Application Type	Waiver — Change
Waiver Type	Medicaid Waiver (DODD)
Category*	Agency — Change
Provider Type*	45 - WAIVERED SERVICES ORGANIZATION
Name of Business Entity*	
	Business Name as it appears on your IRS Assignment letter
Tax ID Type*	● EIN ○ SSN
Tax ID*	
NPI*	
DD Contract Number (If Applicable)	
Zip Code*	
Zip Code Extension*	

Save   Cancel

5

After your submission is completed and approved, you can apply for additional Waiver Services with other Agencies thru this registration in the Provider Network Module.

Save And Submit

A pop-up confirmation message displays indicating that additional Waiver Services can be applied for after the submission has been approved. Click 'Save and Submit'

6

The system will transfer you to PSM at DODD to complete your DODD application.
Proceed until the application has been completed

Please wait while your information and session are being transferred to another Ohio Agency in order to complete your application.

Pending Certification Applications

Show 10 entries   Search:

Application Number	Provider Name	Designation Type	Provider Type/ Entity Type	Application Type	Contract #	Start Date	Submitted Date	Status	Legal Status	Supplemental Status
PROV-APP-135825	Scrooge McDuck	Licensee	Individual	Initial		01/31/2022		Draft		N/A

Showing 1 to 1 of 1 entries   Previous 1 Next