

# Quick Reference Guide: New Provider Application

## Steps:

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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"/>					

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."

<b>Standard application</b> 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. <a href="#">Select</a>	<b>Ordering, Referring, Prescribing</b> Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing. <a href="#">Select</a>	<b>Change of Operator</b> 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. <a href="#">Select</a>	<b>MCP Single Case</b> Use this application if you are entering into a Single Case agreement with a Managed Care Plan. <a href="#">Select</a>
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[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

"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."

<b>Standard application</b> 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. <a href="#">Select</a>	<b>Ordering, Referring, Prescribing</b> Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing. <a href="#">Select</a>	<b>Change of Operator</b> 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. <a href="#">Select</a>	<b>MCP Single Case</b> Use this application if you are entering into a Single Case agreement with a Managed Care Plan. <a href="#">Select</a>
<b>Medicaid Waiver (ODM)</b> Use this application if you are applying to become a Waiver Provider with Ohio Department of Medicaid. <a href="#">Select</a>	<b>Medicaid Waiver (ODA)</b> 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. <a href="#">Select</a>	<b>Medicaid Waiver (DODD)</b> Use this application if you are applying to become a Waiver Provider with Ohio Department of Developmental Disabilities. <a href="#">Select</a>	<b>Non-Medicaid DODD</b> 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. <a href="#">Select</a>

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:

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A screenshot of a web interface showing the 'Application Type' dropdown menu. The dropdown is currently set to 'Standard application' with a 'Change' link to its right. Below the dropdown are five buttons, each with an icon and a label: 'Individual' (person icon), 'Group' (group of people icon), 'Organization' (building icon), 'Facility/Institution' (hospital icon), and 'Pharmacy' (pill bottle icon).

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

**Note:** Not all categories display under each application type.

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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.

A screenshot of a web form for provider details. The form includes the following fields and options:

- Application Type: Standard application (with a 'Change' link)
- Category\*: Individual (with a 'Change' link)
- Provider Type\*: A dropdown menu.
- First Name\*: A text input field.
- Middle Name: A text input field.
- Last Name\*: A text input field.
- Tax ID Type\*: Radio buttons for 'EIN' and 'SSN' (SSN is selected).
- Tax ID\*: A text input field.
- Are you requesting retro coverage?: A checkbox labeled 'What is this'.
- NPI\*: A text input field.
- DD Contract Number (If Applicable): A text input field.
- Requested Effective Date\*: A text input field.
- Gender\*: Radio buttons for 'Female', 'Male', and 'Unknown' (Unknown is selected).
- Date of Birth\*: A text input field.
- Zip Code\*: A text input field.
- Zip Code Extension\*: A text input field.

At the bottom right of the form are two buttons: 'Save' and 'Cancel'.