Ohio | Department of Medicaid
Department of Mental Health and Addiction Services

Behavioral Health Enrollment and Affiliation Steps in MITS

July 17, 2019

Behavioral Health Redesign

Table of Contents

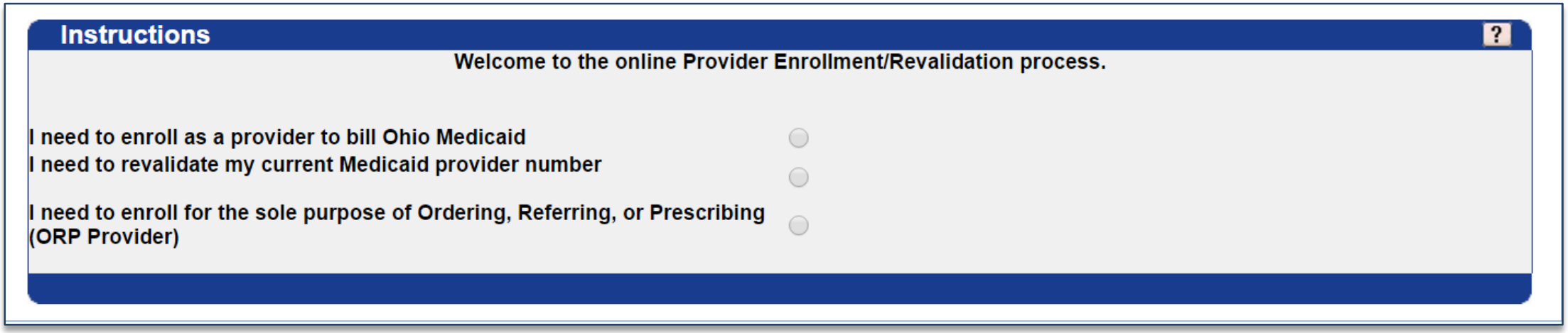
Enrollment	3
Affiliation	16
Changes to Licenses, Provider Specialties, & Names	23
Reminder to Utilize CBHC Practitioner Enrollment File	25
Appendix – Address Information	27

Enrollment

Enroll as a Practitioner in MITS

1 Access the Provider enrollment portal

- You will see this screen once you enter the provider enrollment portal
- You may either:
  - Enroll as a rendering (billing) provider
  - Revalidate your current Medicaid provider number *(this will not be covered in this presentation)*
  - Enroll as an ordering, referring, or prescribing (ORP) provider *(this will not be covered in this presentation)*



Enroll as a Rendering (Billing) Practitioner

2

- Choose “I need to enroll as a provider to bill Ohio Medicaid” if you wish to enroll as a rendering (billing) practitioner

Instructions

Welcome to the online Provider Enrollment/Revalidation process.

I need to enroll as a provider to bill Ohio Medicaid
I need to revalidate my current Medicaid provider number
I need to enroll for the sole purpose of Ordering, Referring, or Prescribing (ORP Provider)

Please complete each of the steps in the enrollment process. When you have completed all the steps, please click on the "submit" button to submit the application for processing.

Please click the Checklist link prior to starting the enrollment application in order to select the checklist for your provider type.

For instructions on completing the enrollment application please click on the question mark (?) in the title bar.

Please click the "new application" button to start a new Provider Enrollment application or click the "continue application" button to continue with an existing application.

If you are a provider currently rendering Medicaid services to consumers and wish to make changes to your name, address, email, etc., please login to the secured portal and select the Demographic Maintenance Tab.

Please click the Forms Central link to access a comprehensive listing of forms and publications. To view documents regarding the administration and compliance of programs and services, please click the eManuals link.

Your application will be saved until 12:00 EST Midnight in 3 days. At 12:00 EST Midnight in 3 days, your application will be deleted from the system if your application has not been submitted.

FAQ for Provider Enrollment

IMPORTANT - An Application Tracking Number (ATN) will be assigned to you. This number is necessary for accessing the status of submitted applications and for continuing an application that was not finished. Please write the number down and keep it for your records PRIOR TO EXITING.

new application | continue application

3

- Select “Individual Practitioner” from the “Enrollment Type” drop down Menu
- Select “Initial Enrollment” from the “Action Request” drop down Menu

Instructions

Request Type

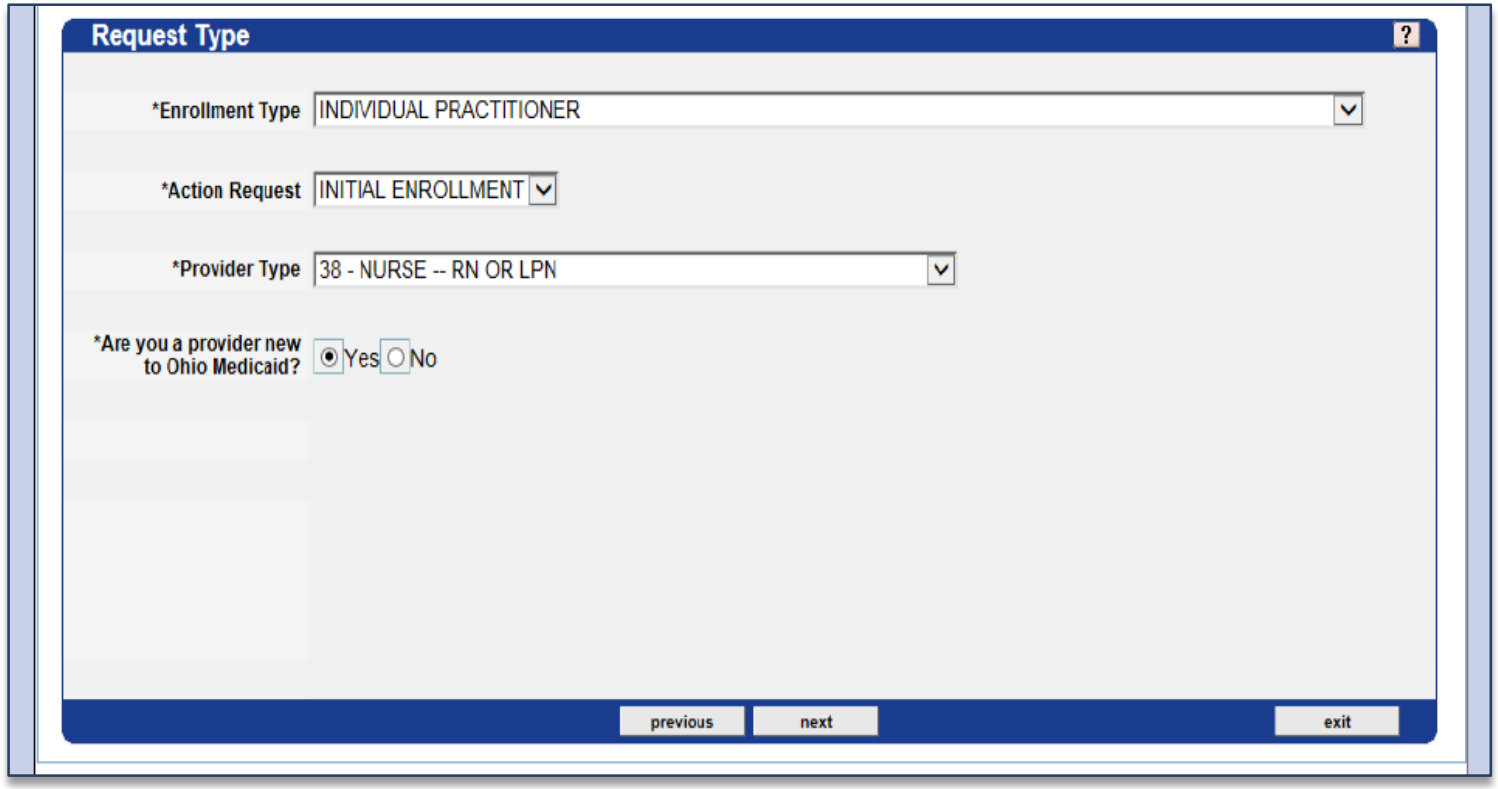
*Enrollment Type: INDIVIDUAL PRACTITIONER
*Action Request: INITIAL ENROLLMENT
*Provider Type: 38 - NON-AGENCY NURSE -- RN OR LPN
*Are you a provider new to Ohio Medicaid? Yes No

previous | next | exit

Enroll as a Rendering (Billing) Individual Practitioner

4

- For example, nursing applicants will select from the “Provider Type” drop down menu “38 – Nurse –RN or LPN”
- Select the “Yes” radial button for the question “Are you a provider new to Ohio Medicaid”
- Click Next

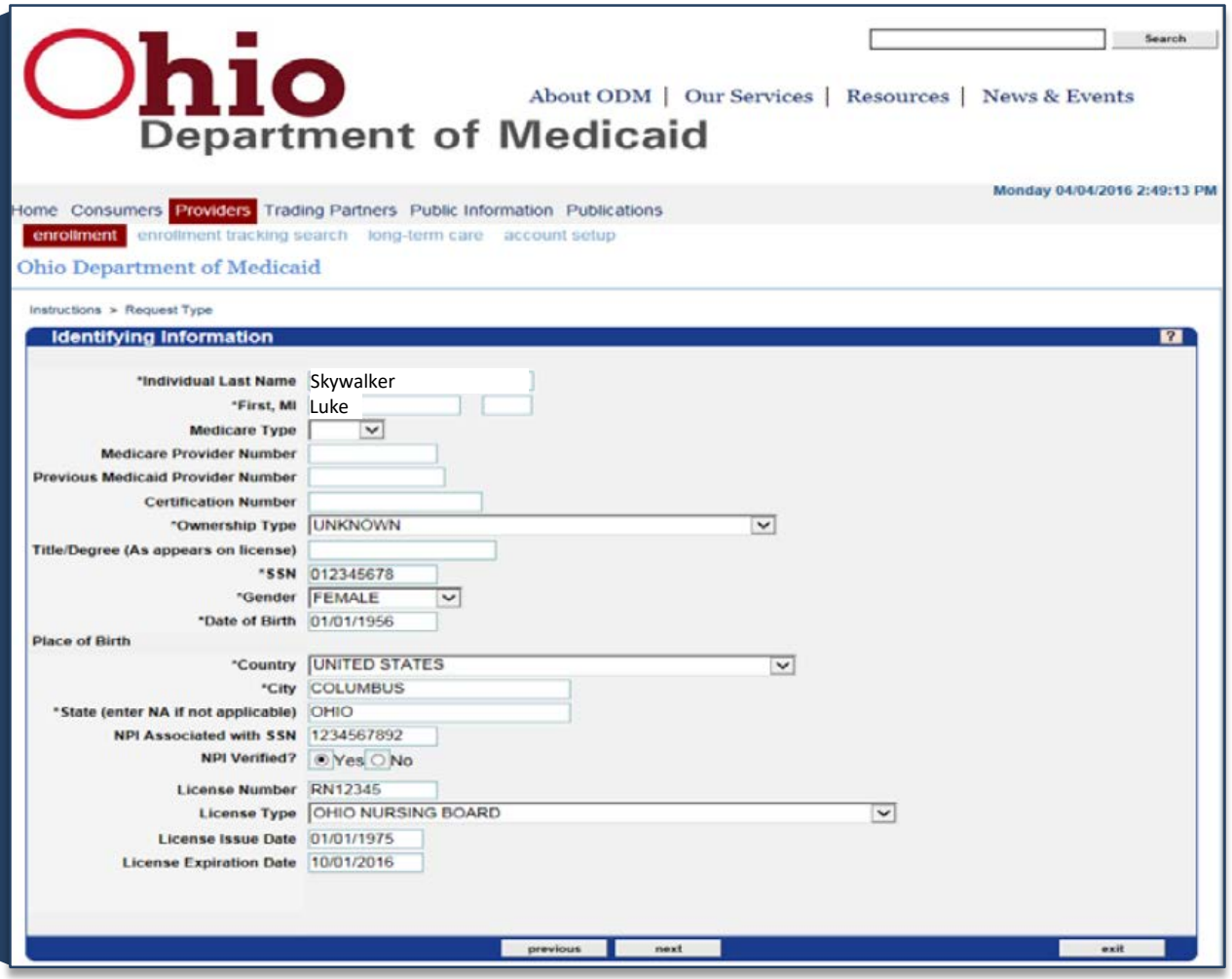


Rendering Practitioners (MITS Provider Type)
Physician (MD/DO)
Psychiatrist (20)
Certified Nurse Practitioner (72)
Clinical Nurse Specialist (65)
Physician Assistant (24)
Registered Nurse (38-384)
Psychologist (42)
Social Worker (37)
Para - professional (96)
Clinical Counselor (47)
Marriage and Family Therapy (52)
Chemical Dependency (54)
Licensed Practical Nurse (38-385)

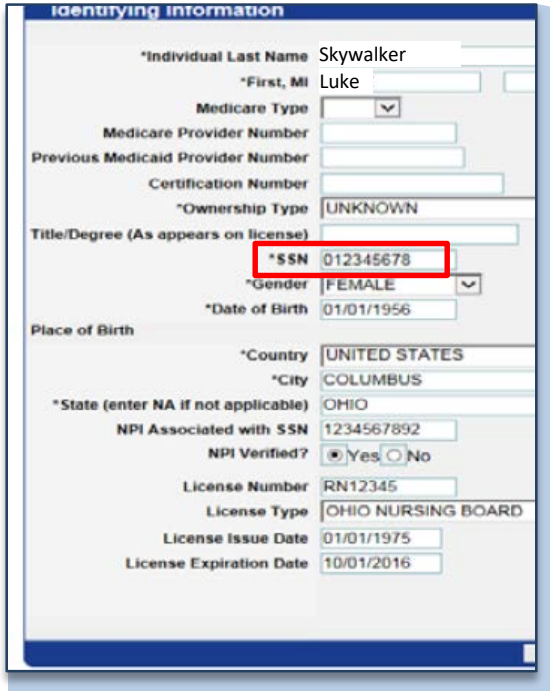
Complete the Relevant Information Page

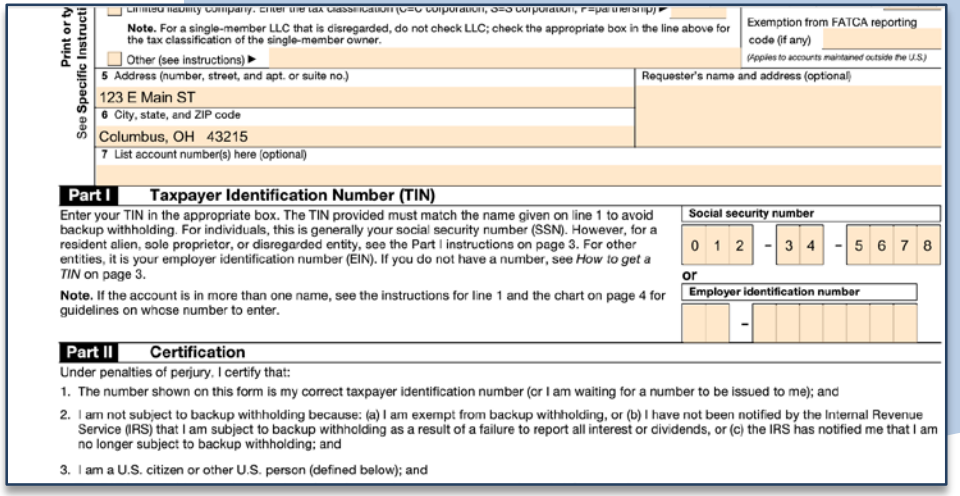
5

- Enter relevant applicant information. Questions marked with an asterisk are REQUIRED.
- Ownership type: The individual completing this field must decide which option best describes their tax reporting designation
- “Individual practitioners” who are employees of a Medicaid enrolled agency and who do not intend to bill Medicaid independently may enter “Sole Proprietorship”
- Click the next button to proceed to next page



Social Security Number Guidance





Guidance

- Individuals must input their personal social security numbers
- Do not input the agency EIN into this field. This will cause your application to be rejected and will delay enrollment approval.
- You are required by OAC and Federal law to provide this information at the time of enrollment for screening purposes
- Please ensure the W-9 that is submitted is for the employee, not the agency

Complete the 1099 Tax ID Panel

6

- Applicant should enter their own name and address
- The Applicant is required to enter their own social security number. This is a Federal and State requirement.
- This information is kept confidential within MITS and is not part of any publicly available provider lists
- The 1099 form is used to verify an applicant's social security number. The 1099 is used in lieu of a copy of the applicant's social security card.
- Note: Not needed for ORP enrollment

Page 4 of 17 Please make note of your ATN: 193433

Tax ID - 1099 Information

*IRS Tax Type	SSN	*IRS Effective Date	01/01/1900
*IRS Tax ID	012345678	IRS End Date	12/31/2299
*Name	LUKE SKYWALKER	Tax ID Exempt?	NO
*Address 1	123 E MAIN ST	W9 Form?	YES
Address 2		Form 147?	NO
*City	COLUMBUS	*State	OH
*Zip	43215	Phone	(614)012-3

previous next

Employees SSN

Employee's address

Please enter this date if you are enrolling as an individual

The applicant **WILL NOT** receive a 1099 from ODM for services they have rendered under the employment of a BH agency

Complete the Mailing Address Information Panel

7

- The applicant may either provide their work contact information or their own personal contact information
- The applicant must enter an email address and contact name in every field or an error will appear
  - Every line has an email address and contact name field

Address Information

Address Type	Address 1	City	State	Zip	E-Mail Address	Phone 1
HOME/CORP OFFICE	123 E MAIN ST	COLUMBUS	OH	43215	CONTACT@EMAILADDRESS.COM	(614)012-3456
MAIL TO/CORRESPONDENCE	123 E MAIN ST	COLUMBUS	OH	43215	CONTACT@EMAILADDRESS.COM	(614)012-3456
PAY TO	123 E MAIN ST	COLUMBUS	OH	43215	CONTACT@EMAILADDRESS.COM	(614)012-3456
PRACTICE LOCATION	123 E MAIN ST	COLUMBUS	OH	43215	CONTACT@EMAILADDRESS.COM	(614)012-3456

Type data below for new record.

delete add

Address Type: HOME/CORP OFFICE
*Address 1: 123 E MAIN ST
Address 2:
*City: COLUMBUS
*County: FRANKLIN
*State: OH
*Zip: 43215
*E-Mail Address: CONTACT@EMAILADDRESS.COM

*Contact Name: CONTACT NAME
*Phone 1: (614)012-3456 OFFICE
Phone 2: CELL PHONE
Fax 1:
Fax 2:
TDD:

previous next exit

Add or Update Addresses – Post enrollment

- With the exception of the practice/service location, you are able to update these addresses in MITS using the secure provider portal under provider demographic maintenance
- To update the practice/service location or add an alternative service location, you will need to submit change request to: Medicaid_Provider_Update@Medicaid.ohio.gov
- For specific steps, please refer to the appendix of this presentation

Check Primary Specialty Box

8

Type and Specialty

Specialty Desc	Primary?	Primary Taxonomy Code
	No	

You may choose additional specialties from the list that you are licensed and/or authorized to provide.

delete | add

Provider Type NURSE -- RN OR LPN

***Specialty** 384-BEHAVIORAL HEALTH RN

Primary Specialty? ☐

Primary Taxonomy Code [Search]

Ancillary Taxonomy Code [Search]

Ancillary Taxonomy Code [Search]

Ancillary Taxonomy Code [Search]

previous | next | exit

Note for Dependently Licensed & Paraprofessionals

9

- Dependently licensed and paraprofessional applicants must affiliate with an active community mental health (provider type 84) or substance use disorder (provider type 95) organization in order to proceed to the next panel and enroll

Group Affiliations

Group ID | Group Type | Group Name | Effective Date | End Date

Type data below for new record.

Are you affiliated with a group practice or practices? If so, complete the fields below for each group affiliated.

delete | add

*Group ID

*Effective Date

Group Name

*End Date 12/31/2299

previous | next | exit

Complete the Certification Page

10

- "Legal entity" should be the name of the individual practitioner
- However, individual practitioners may use the mailing address of their employing agency
- An email address is required
- The applicant must accept the terms & conditions

Certification

*Legal Entity Name: ENTER YOUR NAME HERE

Legal Entity Name must match the Legal Entity Name as it appears on IRS documentation such as the W-9, IRS 147 or IRS CP578

*Individual Last Name: LAST NAME
First, MI: FIRST NAME

Click this printable Enrollment Checklist link to ensure a complete provider enrollment request.

Legal Provider Primary Practice Address:

*Address 1: 123 E MAIN ST
Address 2:
*City: COLUMBUS
*State: OH
*Zip: 43215
E-Mail Address: CONTACT@EMAILADDRESS.COM
*Preferred Contact Method: E-mail

All Providers must read the statements below and agree to the terms

Executive Order 2007-01S Agreement

In accordance with Executive Order 2007-01S, Vendor or Grantee, by signature on this document, certifies: (1) it has reviewed and understands Executive Order 2007-01S, (2) has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) will take no action inconsistent with those laws and this order. The Vendor or Grantee understands that failure to comply with Executive Order 2007-01S is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the State of Ohio.

- ○ I do not accept the terms and conditions
- ◉ I accept the terms and conditions

A copy of the Executive Order can be found on our website at
http://medicaid.ohio.gov/PROVIDERS/EnrollmentandSupport/ProviderEnrollment.aspx

False Statement Agreement

Whoever knowingly and willfully makes, or causes to be made, a false statement or representation on this statement, may be prosecuted under applicable federal or state laws. In addition, if a person knowingly and willfully fails to fully and accurately disclose the information requested Ohio Department of Medicaid may deny the request to participate or, if the entity already participates, may terminate the agreement or contract as appropriate.

- ○ I do not accept the terms and conditions
- ◉ I accept the terms and conditions

Accept/Attest to a True & Complete Application, Upload Required Documentation

11

- This is an electronic signature of the individual practitioner

Ohio Medicaid 5-Year Time Limited Provider Agreement

9. To follow the regulations and policies set forth in the appropriate edition of the Medicaid Handbook.

10. Provide to ODM, through the court of jurisdiction, notice of any action brought by the provider in accordance with the Title 11 of the United States Code (Bankruptcy). Notice shall be mailed to: "Ohio Department of Medicaid, 30 East Broad Street - 31st Floor, Columbus, Ohio 43215".

11. Comply with the advance directives requirements for hospitals, nursing facilities, providers of home health care and personal care services, hospices, and HMOs specified in 42 CFR 489, Subpart I and 42 CFR 417.436(d). This provider agreement may be canceled by either party upon 30 days written notice prior to termination date. I further certify that I am the individual practitioner who is applying for the provider number, or in the case of a business organization, I am the officer, chief executive officer, or general partner of the business organization that is applying for the provider number. I further agree to be bound by this agreement, and certify that the information I have given on this application is factual.

○ I do not accept the terms and conditions
◉ I accept the terms and conditions

Agreement Date 02/29/2016

☑ **I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms.**

*Type Full Name Here TYPE YOUR NAME HERE 02/29/2016

previous next exit

12

- Select the desired document submission type
- Electronic upload is suggested, but you can also mail your documents
- For example, individual practitioners should upload a copy of IRS Form W-9 bearing their social security number, signature, and date

WHAT'S NEXT?

- *Upload required documents.*
- Additional required documents can be mailed or uploaded.
  - A cover page is required for documents that are sent by mail. *Print Cover Page.*
- Print a copy of the application for your records *Print Application*

For attachments submitted via mail, not electronically attached, please send to the appropriate address below.

- It is important to note that the name that is associated with your provider NPI **MUST EXACTY MATCH** the name listed in the National Plan and Provider Enumeration System
- If the names do not match, this will result in an error and delay your Medicaid enrollment

Common Errors

1 Not Including the Practitioner's Social Security Number and Date of Birth on the Application

Some applicants are listing their agency's Employer Identification Number (EIN) instead of their own Social Security Number (SSN). The practitioner's SSN and birth date are required on Medicaid provider applications by federal and state law. This error causes increased processing time for applications.

2 Failing to Upload a Signed Internal Revenue Service W-9 form Signed and Dated by the Individual Applicant

Failure to upload this documentation will cause delays in processing. The W-9 is only used to verify tax identification (SSN), this is not used for claims.

3 The Practitioner's Name on Medicaid Application Does Not Match NPPES

NPPES, the National Provider and Practitioner Enumeration System (NPPES), is the source of health care provider National Provider Identifier (NPI) numbers. If the practitioner's name has changed since their NPI assignment, they can go to the NPPES site and update their registration name.

4 Not Affiliating Enrolled Practitioners with their Employing Agencies

See the following slides for instructions. Agency affiliation can be performed by either the agency or by the practitioner employee.

Affiliation

Affiliating Practitioners with their Employing Agencies

All practitioners who are enrolled in Medicaid and employed by an agency, must be affiliated with their employer(s)

Steps to affiliate practitioners with their agencies:

1. Log into MITS secure portal
2. Select "**Group Member**" option from the menu tabs
3. Scroll down to the "**Group Member**" panel. The panel will automatically display all practitioners affiliated with the group.
4. Select "**Add**" a practitioner to a Group
5. Enter **the individual practitioner's 7 digit Medicaid Number** or **10 digit National Provider Identifier** (NPI) in the appropriate field
6. Select "**Search**." If the practitioner is enrolled with Medicaid and they are eligible to be associated with the provider agency, MITS will pre-populate the panel with the practitioner's information.
7. Change the "**Effective Date**" and "**End Date**" to reflect the dates on which the practitioner was affiliated
8. Select "**Save**" to finalize the updated information

Affiliating Practitioners with their Employing Agencies

Agencies that are dual certified as MH and SUD providers must affiliate practitioners with both sides of the business

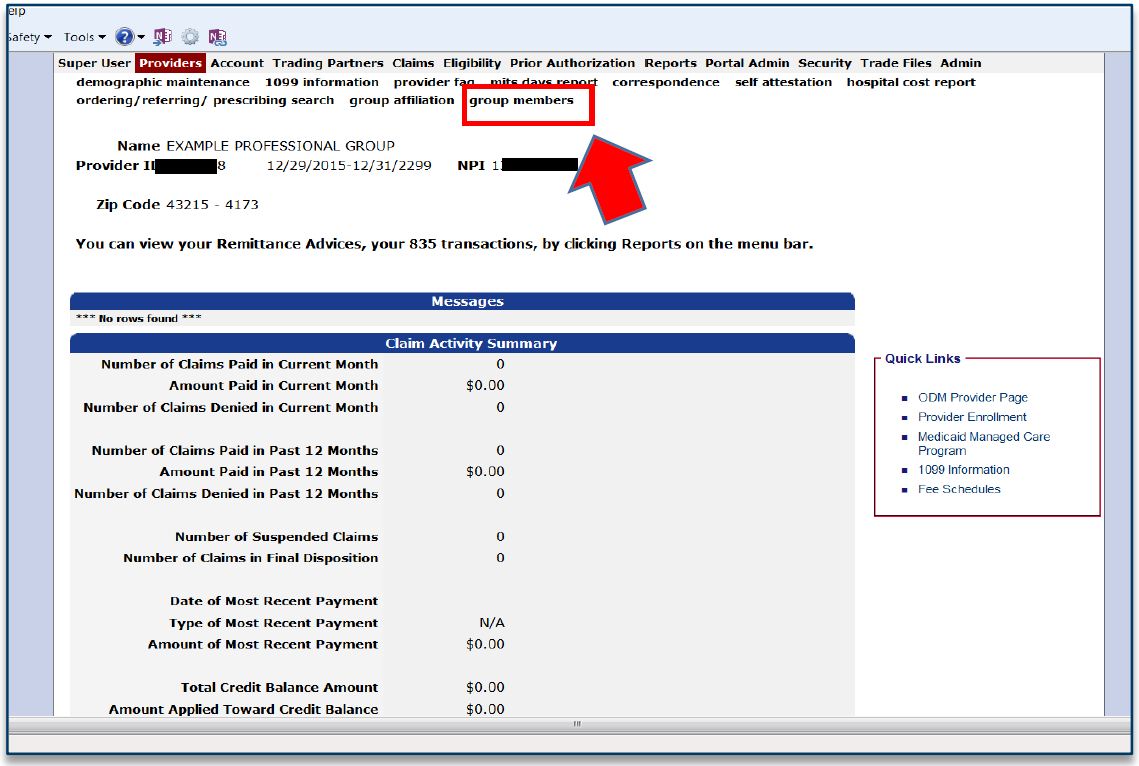
Guidance:

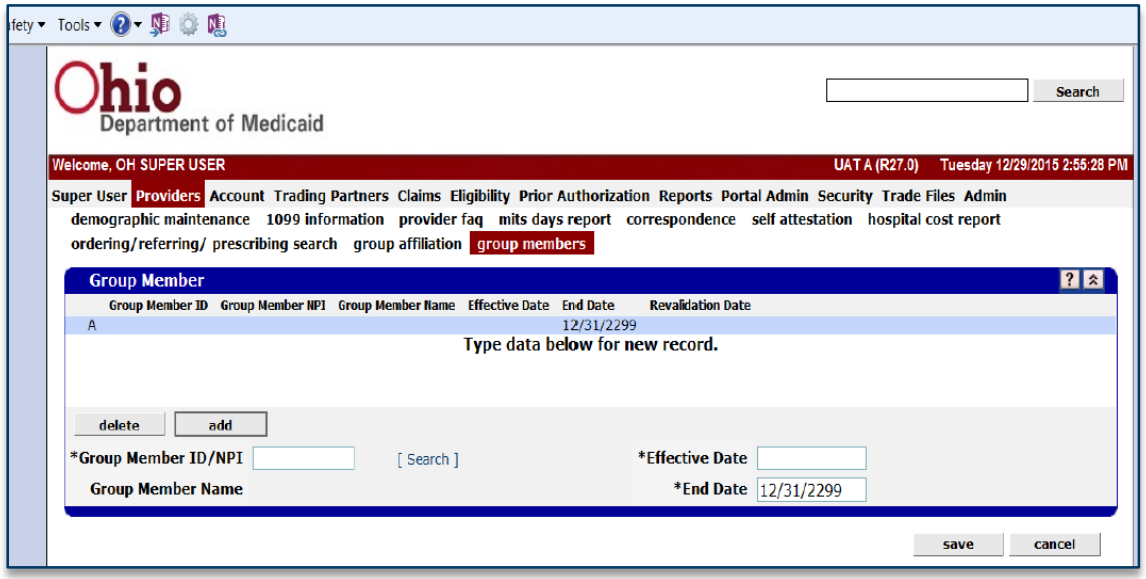
- Provider agencies must affiliate practitioners with both sides of their business as long as they are qualified to render both MH and SUD services
- For example:
  - A Licensed Independent Chemical Dependency Counselor (LICDC) does not have scope of practice to render MH services
  - They would only affiliate with the SUD side of the business
  - But an LISW, who does have scope for both disciplines, would be affiliated with both sides of the provider agency

Log into MITS and Select Group Members

1

- Enter group user ID and password into MITS secure portal
- Click on “Group Member” link (Do not click on “group affiliation” link – you will receive an error message)





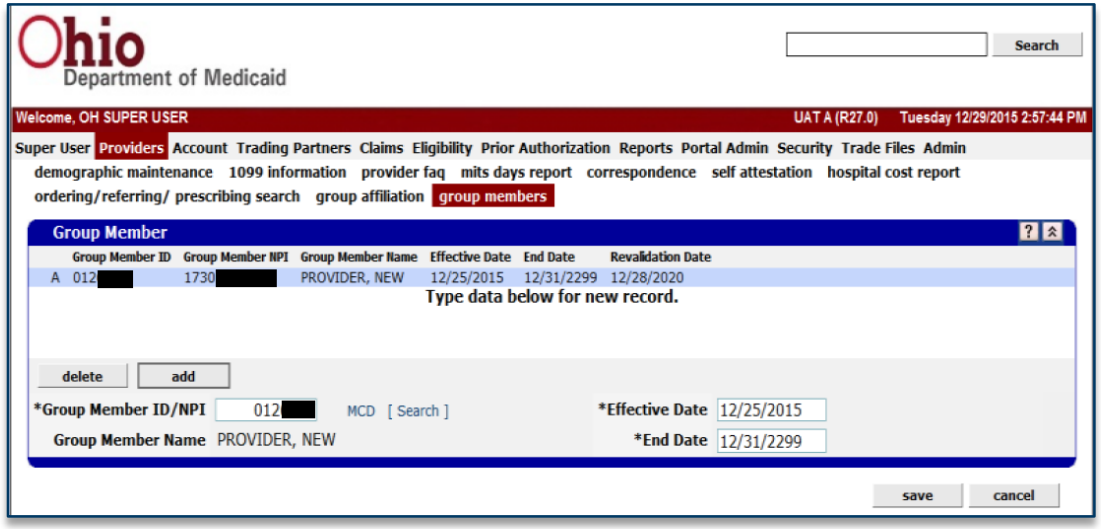
Add Members to the Group

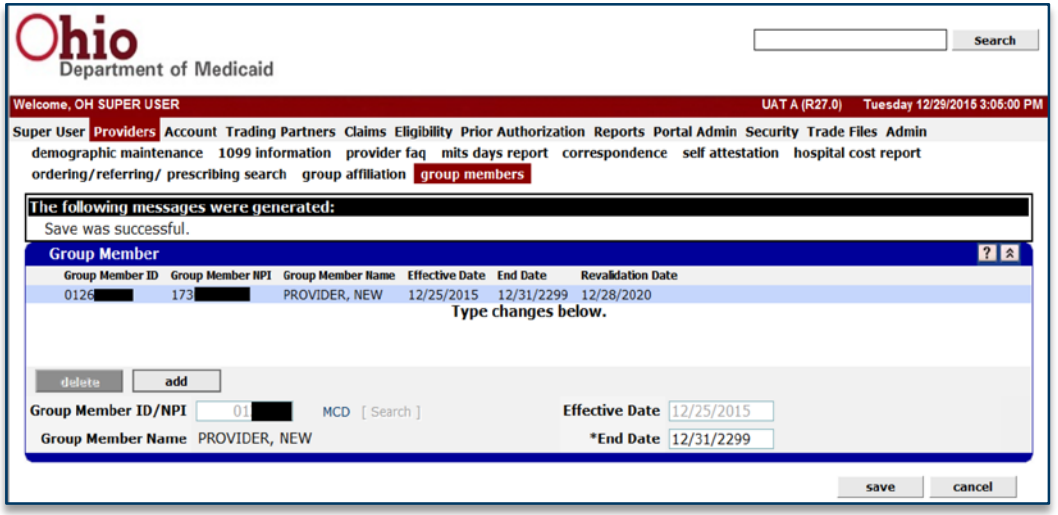
3

- Click on the “Add” button to add additional members to the group (If the group does not currently have any members, skip to the second bullet point)
- Enter Medicaid ID or NPI into the “Group Member ID/NPI” field
- Enter the effective date that you would like the member to be associated with the group into the “Effective Date” field

4

- Click on the “Save” button to update and link the individual to the group. Additional members can be linked by repeating these steps.

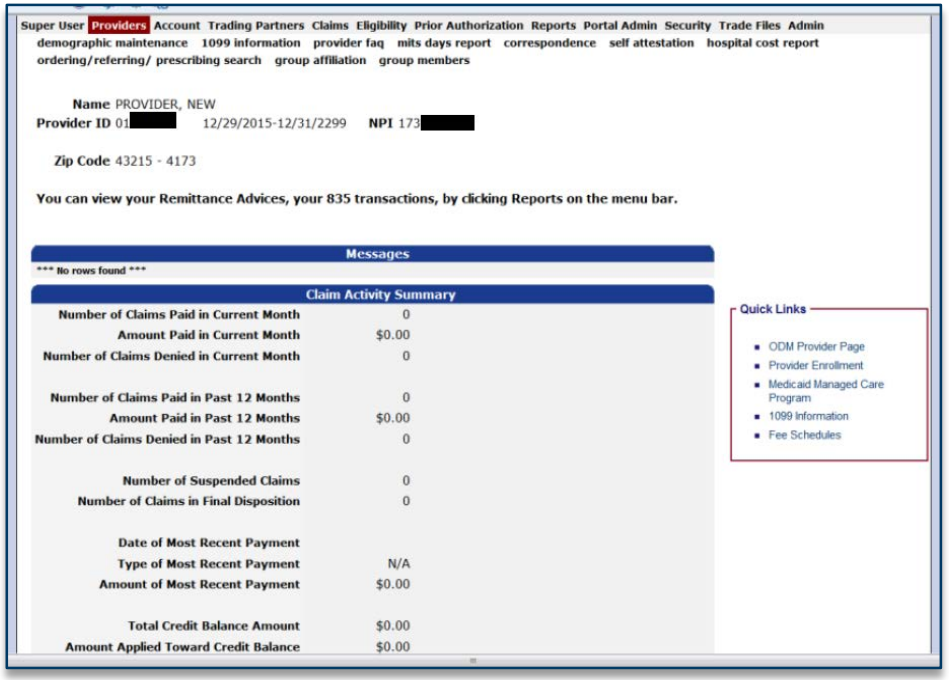




Individuals Affiliating with an Agency

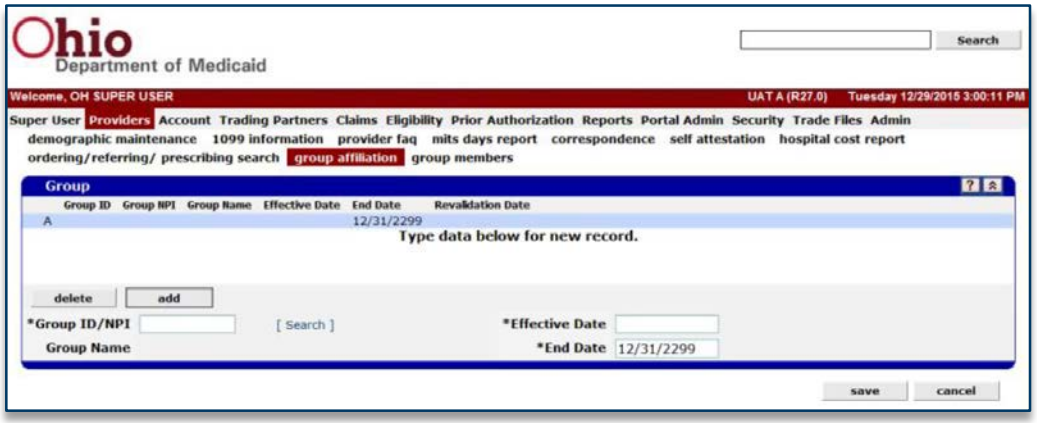
1

- Enter individual user ID and password into the MITS secure portal
- Click on the “Group Affiliation” link (Do not click on “Group Member” link – you will receive an error message)



2

- Click on the “Add” button to add oneself to additional groups (If the individual is not currently linked to any groups, skip to the second bullet point)
- Enter Medicaid ID or NPI of the group the individual wants to be linked to into the “Group ID/NPI” field
- Enter the effective date that you would like the member to be associated with the group into the “Effective Date” field
- Click on the “Save” button to update and link the group to the individual. Additional groups can be linked by repeating these steps.



Un-affiliating Practitioners with their Employing Agencies

Provider agencies must "un-affiliate" practitioners no longer employed by the provider agency

Steps to un-affiliate practitioners with their agencies:

1. Log into MITS secure portal
2. Select "**Group Member**"
3. Scroll down to the "**Group Member**" panel. It will automatically display all practitioners affiliated with the provider agency ("group").
4. Select the practitioner which is to be "**un-affiliated**" with the agency. The data for that practitioner will populate in the corresponding fields below.
5. Change the "**End Date**" to reflect the date on which the agency wishes to "un-affiliate" with the practitioner. (Dates may be retroactive or in the future.)
6. Select "**Save**" to finalize the updated information

Changes to Licenses, Provider Specialties, & Names

Changes to Licenses, Provider Specialties, & Names

Guidance:

- Changes (e.g., individual license update, provider specialty update, name change) should be made by emailing ODM at MEDICAID_PROVIDER_UPDATE@medicaid.ohio.gov
- Please remember the email request for changes should include the following information:
  - Provider name
  - NPI
  - Medicaid ID
  - A statement describing the request
  - Supporting documentation needed, e.g.:
    - Individual license update – copy of the license
    - Provider specialty update – determined from copy of license information
    - Name change – copy of marriage certificate or divorce decree

Reminder to Utilize CBHC Practitioner Enrollment File

Reminder to Utilize CBHC Practitioner Enrollment File

Reminder:

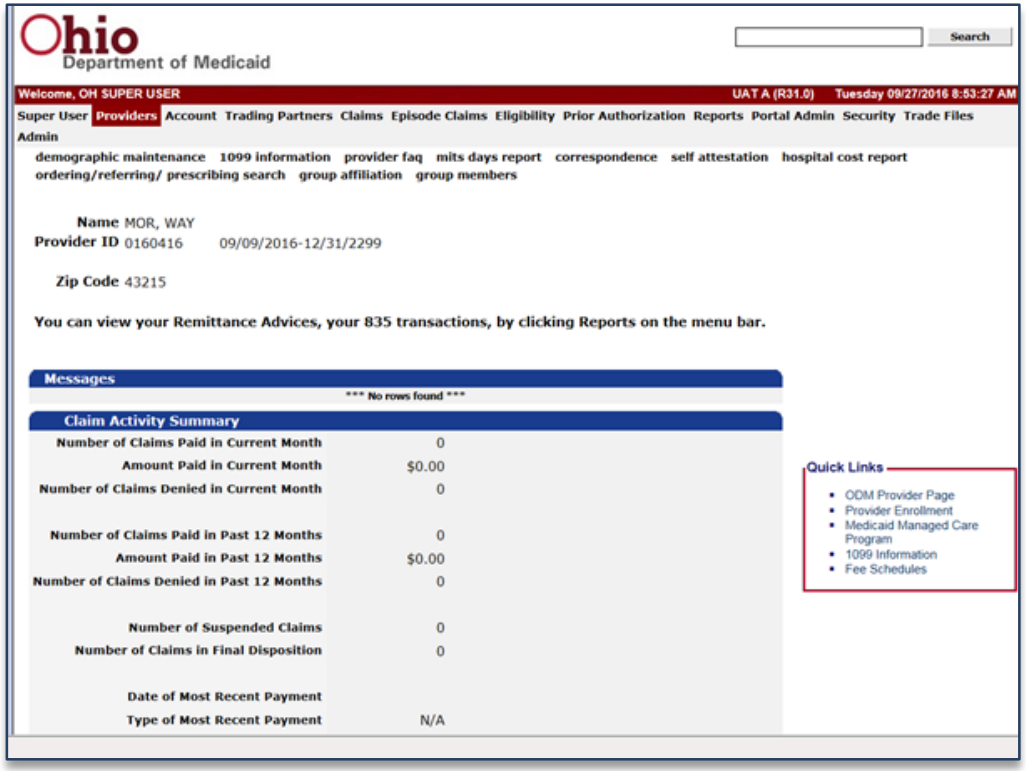
- The CBHC Practitioner Enrollment File provides a master listing of all CBHCs (provider types 84 and 95 only) enrolled with ODM and their affiliated practitioners
- The CBHC Practitioner Enrollment File is available at https://bh.medicaid.ohio.gov/manuals under "Enrolling Practitioners in Medicaid" section and is refreshed **every week**
- All CBHCs should review the data specific to their organization and **make any corrections or updates in MITS**

Appendix – Address Information

Update the Address Information Panel

1

- Sign in to Secure Provider Portal



2

- Select “demographic maintenance” from the list of tasks

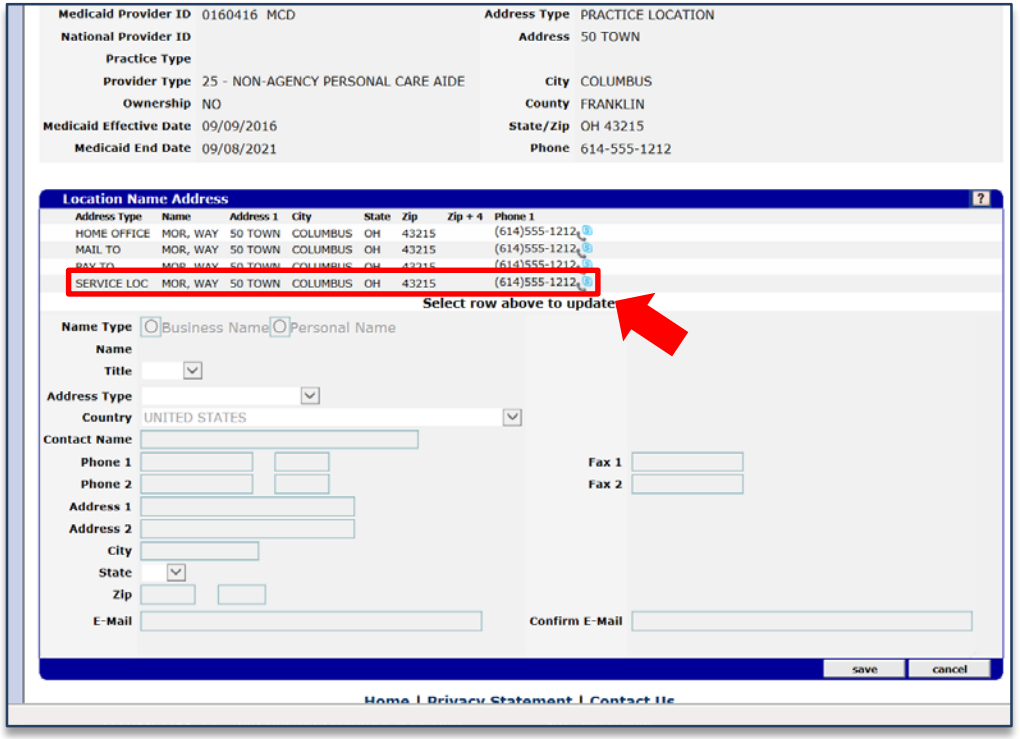
Update the Address Information Panel Continued

3

- Select “Location Name Address”

4

- Select which address you want to update



Update the Address Information Panel Continued

5

- After making all of your changes, be sure to save the record

Medicaid Provider ID 0160416 MCD
National Provider ID
Practice Type
Provider Type 25 - NON-AGENCY PERSONAL CARE AIDE
Ownership NO
Medicaid Effective Date 09/09/2016
Medicaid End Date 09/08/2021

Address Type PRACTICE LOCATION
Address 50 TOWN
City COLUMBUS
County FRANKLIN
State/Zip OH 43215
Phone 614-555-1212

Location Name Address

Address Type	Name	Address 1	City	State	Zip	Zip + 4	Phone 1
HOME OFFICE	MOR, WAY	50 TOWN	COLUMBUS	OH	43215		(614)555-1212
MAIL TO	MOR, WAY	50 TOWN	COLUMBUS	OH	43215		(614)555-1212
PAY TO	MOR, WAY	50 TOWN	COLUMBUS	OH	43215		(614)555-1212
SERVICE LOC	MOR, WAY	50 TOWN	COLUMBUS	OH	43215		(614)555-1212

Type changes below.

Name Type Business Name Personal Name
Name MOR WAY
Title
Address Type SERVICE LOC
Country UNITED STATES
Contact Name WAY MOR
*Phone 1 (614)555-1212
Phone 2 (000)000-0000
*Address 1 50 TOWN
Address 2
*City COLUMBUS
*State OH
*Zip 43215
*E-Mail ME@ME.COM
Fax 1 (000)000-0000
Fax 2 (000)000-0000
*Confirm E-Mail

save cancel