How to enroll a rendering practitioner in Ohio Medicaid

Go to: https://portal.ohmits.com/Public/Providers/Enrollment/tabId/44/Default.aspx

FIGURE 1 ENROLL AS A PROVIDER

- Click on “new application” button and proceed to next screen
Figure 2:

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

**NOTE:** Record your Application Tracking Number of “ATN!” If you do not complete the application before submission, the data will be purged from the system within 72 hours.
Figure 3:

- 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
Figure 4: Complete the Identifying Information page.
- 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 “Unknown”.
- Click the next button to proceed to next page.

Figure 5: 1099 Tax ID Panel
- Applicant should enter their name. If the applicant is enrolling in Ohio Medicaid as an employee of a Medicaid enrolled agency and does not intend to bill Medicaid independently, enter the full address of their employer.
- 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.
Figure 6: DEA Panel – Does not apply. Click NEXT.

Figure 7: NO DEA IS REQUIRED – CLICK NEXT.

Figure 8: OOPS! I ADDED A LINE ON DEA PAGE
Figure 9: NOW IT WON'T LET ME CONTINUE WITHOUT PUTTING IN DEA INFORMATION

Figure 10: SELECT THE EMPTY LINE AND CLICK "DELETE" BUTTON TO REMOVE
Figure 11: Address Information Panel –
APPLICANT MUST ENTER EMAIL ADDRESS & CONTACT NAME IN EVERY FIELD OR THIS ERROR WILL APPEAR

Figure 12: ALL LINES HAVE EMAIL ADDRESS AND CONTACT NAME - CLICK NEXT TO CONTINUE
Figure 13a: CHECK PRIMARY SPECIALTY BOX
NOTE: For Behavioral Health LPNs select “SPECIALTY” “385-BEHAVIORAL HEALTH LPN”.

Figure 13b: CHECK PRIMARY SPECIALTY BOX
NOTE: For Behavioral Health RN’S select “SPECIALTY” “384-BEHAVIORAL HEALTH RN”.
Figure 14: “LEGAL ENTITY” SHOULD BE THE NAME OF THE INDIVIDUAL PRACTITIONER.

- HOWEVER INDIVIDUAL PRACTITIONERS MAY USE THE MAILING ADDRESS OF THEIR EMPLOYING AGENCY.
- EMAIL ADDRESS IS REQUIRED IF "EMAIL" IS THE PREFERRED CONTACT METHOD.
- THE APPLICANT MUST ACCEPT THE TERMS & CONDITIONS.

Figure 15: INITIALLY ONLY 3 TERMS ARE VISIBLE. DRAG THE SCROLL BAR DOWN TO THE BOTTOM TO INDICATE THAT THEY'VE READ ALL 11 TERMS.
**Figure 16:** ACCEPT/ATTEST TO TRUE & COMPLETE APPLICATION. COMPLETE FULL NAME AS THE LEGAL NAME OF THE INDIVIDUAL PRACTITIONER. This is an electronic signature.

**Figure 17:** SELECT DOCUMENT SUBMISSION TYPE. Electronic “Upload” is suggested, but documents can also be mailed. ACTUAL DOCUMENT SUBMISSION DESCRIBED ON FIGURE 20.
Figure 18: SUBMISSION CAN TAKE 1-2 MINUTES TO COMPLETE

Figure 19: APPLICATION SUBMITTED SUCCESSFULLY!

Figure 20: UPLOAD REQUIRED DOCUMENTATION

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.