

## Steps to Obtain a Medicaid Provider ID Number

Last updated: August 2021

1. You will need to submit a signed W-9 form for the application. Electronic form available here (you will need to print and sign): <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
2. Go to <https://www.medicaid.ohio.gov/>
3. Hover over "Resources for Providers" then "Enrollment and Support" then click on "Provider Enrollment"

**Ohio** Department of Medicaid

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### The Ohio Department of Medicaid

Welcome to the Ohio Department of Medicaid. Our mission is providing quality, accessible, person-centric health care programs and services to Ohio families and individuals. Today more than three million Ohioans rely on Medicaid for their health care benefits. Our provider network supports nearly 200,000 professionals – each committed to helping our communities stay healthy. With that kind of responsibility, we know it's important to make information easy to find and easy to understand. So, come on in and take a look around.

Find a Provider | Managed Care Programs | Apply/Renew for Medicaid | Initiatives

Have Questions? Call Us! We're here to help! Consumer Hotline 800-324-8680.

Need Technical Assistance? Give us a call on our Provider Hotline 800-686-1516.

Can't find the information you're looking for? Click here to use our Contact Us Form and send us a message.

HELP

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### Resources for Providers >

The relationship between Ohio Medicaid and its provider network is critical to ensuring the individuals we serve receive quality care when they need it. We are listening to your feedback and easing administrative burden to allow more time for you to spend with patie...

<b>Billing</b>	<b>COVID-19</b>	<b>Enrollment &amp; Support</b>	<b>Managed Care</b>
Provider billing and data exchange related instructions, policies, and resources.	Ohio Department of Medicaid COVID-19 Resources and Guides for Providers	Ohio Medicaid is changing the way we do business. We are streamlining provider enrollment and support services to make	The next generation of Ohio Medicaid managed care is designed to improve wellness and health outcomes, support providers in
<b>MITs</b>	<b>Policies &amp; Guidelines</b>	<b>Programs &amp; Initiatives</b>	
Medicaid Information Technology Information System (MITs) Resources	Ohio Medicaid policy is developed at the federal and state level. It guides how we operate our programs and how we regulate our	The Ohio Department of Medicaid has many programs and initiatives to enhance the quality of care for patients and	

## Enrollment & Support

Ohio Medicaid is changing the way we do business. We are streamlining provider enrollment and support services to make it easier for you to work with us. Information about provider enrollment and assistance is located here.



Exclusion & Suspension List



 **Need Technical Assistance?**  
Give us a call on our Provider Hotline 800-686-1516.

<b>Provider Hotline</b> Have questions or need assistance? Call our Provider Hotline at 800-686-1516.	<b>Provider Enrollment</b> Resources for enrolling as an Ohio Medicaid provider.	<b>Long Term Care</b> Resources for Long Term Care providers.	<b>Provider Types</b> Supplementary Information by Provider Service Type.
<b>Provider Network Management (PNM) &amp; Centralized Credentialing</b>	<b>Federal Requirement for Revalidation Re-Enrollment</b>	<b>Provider Exclusion &amp; Suspension List</b>	



### 4. Click on “Enroll As a New Provider”

The screenshot shows the Ohio Department of Medicaid website. The navigation bar includes links for HOME, MEDICAID 101, FOR OHIOANS, PROVIDERS, MANAGED CARE, INITIATIVES, COVID, RESOURCES, CAREERS, and CONTACT. The breadcrumb trail reads: PROVIDERS > Enrollment and Support > Provider Enrollment. A banner for COVID-19 information is visible. The main content area is titled "Provider Enrollment" and contains a list of links. A red arrow points to the "Enroll as a New Provider" link. To the right, there are sections for "Documents" and "Need technical assistance?".

**Ohio** | Department of Medicaid

Text Size: +A

HOME MEDICAID 101 FOR OHIOANS PROVIDERS MANAGED CARE INITIATIVES COVID RESOURCES CAREERS CONTACT

PROVIDERS > Enrollment and Support > Provider Enrollment

**Ohio** Department of Health

**QUESTIONS ABOUT COVID-19?**  
VISIT CORONAVIRUS.OHIO.GOV OR CALL 1-833-4-ASK-ODH FOR ANSWERS.

**Coronavirus Information**  
From the Ohio Department of Health

### Provider Enrollment

If you have questions about enrollment or need help, call 1-800-686-1516. The links listed below are intended to help you quickly navigate to the right place to perform these common tasks:

- National Provider Identifier Requirements – ODM Letter for Waiver Providers (September 2020)
- National Provider Identifier and Taxonomy Guidance for Providers of Department of Developmental Disabilities (DODD) Waiver Services (September 2020)
- National Provider Identifier and Taxonomy Guidance for providers of Ohio Department of Aging (ODA) Waiver Services (September 2020)
- National Provider Identifier Reference Guide
- Enroll as a New Provider
- FAQs for new provider enrollment
- Annual Background Check information
- Revalidate as a Current Provider

**Documents**

- IRS - W-9
- Executive Order #2007 - 015
- Home Care Attendant Addendum M - ODM 02391
- Home Care Attendant Skilled Task Authorization - ODM 02390
- Home Care Attendant Medication Authorization - ODM 2389

**Need technical assistance?**  
Provider Hotline: (800) 686-1516

pe here to search

Address

5. On the next screen, choose "I need to enroll as a provider to bill Ohio Medicaid" and then click on "New Application"

[enrollment](#) [enrollment tracking search](#) [long-term care](#) [account setup](#)

Ohio Department of Medicaid

**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)

I need to enroll as a Comprehensive Primary Care (CPC) 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**.



6. Choose the following:
- a. Enrollment Type = Individual Practitioner
  - b. Action request = Initial Enrollment
  - c. Provider Type = 69 – Pharmacist
  - d. Are you a new provider to Medicaid? = Yes
  - e. Click “Next”
  - f. WRITE DOWN YOUR APN NUMBER.

The screenshot shows the Ohio Department of Medicaid website. At the top left is the logo with the word "Ohio" in red and "Department of Medicaid" in dark grey. To the right is a search bar and navigation links: "About ODM | Our Services | Resources | News & Events". Below the logo is a breadcrumb trail: "Home Consumers Providers Infant Mortality Lead Entity Setup Trading Partners Public Information Publications". The "Providers" link is highlighted in red. Below the breadcrumb trail are more links: "enrollment enrollment tracking search long-term care account setup". The date and time "Friday 01/08/2021 9:49:16 AM" are displayed in the top right. The main content area is titled "Ohio Department of Medicaid" and contains a "Request Type" form. The form has a blue header with "Request Type" and a help icon. It contains four fields: "\*Enrollment Type" with a dropdown menu showing "INDIVIDUAL PRACTITIONER"; "\*Action Request" with a dropdown menu showing "INITIAL ENROLLMENT"; "\*Provider Type" with a dropdown menu showing "69 - PHARMACIST"; and "\*Are you a Provider new to Ohio Medicaid?" with radio buttons for "Yes" (selected) and "No".

7. Choose the following:

- a. Are you interested in contracting with any of the Ohio Medicaid Managed Care Plans? = Yes
- b. Select which plans you would like to contract with by clicking on the plan and name and ">". Select ">>" to move all plans over.
- c. Click "Next"

 

Ohio Department of Medicaid

Instructions > Request Type

### Managed Care Interest for Participation

Are you interested in contracting with any of the Ohio Medicaid Managed Care Plans?

Yes  No

From the list below, indicate your interest in possible participation with one or more Ohio Medicaid Managed Care Plans

Managed Care Plans	Available Managed Care Plans	Selected Managed Care Plans
	AETNA BETTER HEALTH OF OHIO BUCKEYE COMMUNITY HEALTH PLAN CARESOURCE MOLINA HEALTHCARE OF OHIO PARAMOUNT ADVANTAGE UNITEDHEALTHCARE COMM. PLAN OF OHIO	

Please note: This indication does not ensure a contract with the Ohio Medicaid Managed Care Plans. Providers must still go through the plans' contracting and/or credentialing process, if applicable

8. Continue through the application providing your individual information and following instructions on the website.
  - a. Leave "Medicare Type", "Medicare Provider Number", "Previous Medicaid Provider Number", and "Certification Number" Blank
  - b. Select "Individual Practitioner" or "Sole Proprietorship" from dropdown on "Ownership Type"
  - c. Enter "PharmD" or "BS Pharm" for title/degree on license
  - d. **Must enter personal SSN, NPI, and pharmacy license number**
    - i. **From an enrollment perspective, an individual provider would encompass pharmacist; therefore enrollments are required to disclose their social security number on a W9.**
    - ii. **If the pharmacist also wanted to enroll their business, then they would use the FEIN with either the W-9 or Form 147, but this would not replace the need for your own SSN and W9.**
    - iii. Information on pharmacy license can be found on Ohio Board of Pharmacy webpage
  - e. Click "next"

[enrollment](#)
[enrollment tracking search](#)
[long-term care](#)
[account setup](#)

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Instructions > Request Type > Managed Care Interest for Participation

**Identifying Information** ?

\*Individual Last Name

\*First, MI

Medicare Type

Medicare Provider Number

Previous Medicaid Provider Number

Certification Number

\*Ownership Type

\*Title/Degree (As appears on license)

\*SSN  This must be your personal SSN even if you are enrolling or revalidating.

\*Gender

\*Date of Birth

Place of Birth

\*Country

\*City

\*State (enter NA if not applicable)

\*NPI

\*NPI Verified?  Yes  No

\*License Number

\*License Type

\*License Issue Date

\*License Expiration Date

9. Enter your personal tax ID information
  - a. Enter 1/1/2020 for IRS Effective Date
  - b. Enter "Yes" for W9 form
  - c. Enter "No" for Form 147
  - d. Click "next"

Friday 01/15/2021 11:55:08 AM

Home Consumers **Providers** Infant Mortality Lead Entity Setup Trading Partners Public Information Publications

**enrollment** enrollment tracking search long-term care account setup

Ohio Department of Medicaid

Instructions > Request Type > Managed Care Interest for Participation > Identifying Information

Page 5 of 18 Please make note of your ATN: [REDACTED]

**Tax ID - 1099 Information** ?

*IRS Tax Type	SSN	IRS Effective Date	<input type="text"/>
*IRS Tax ID	<input type="text"/>	IRS End Date	12/31/2299
Name	<input type="text"/>	Tax ID Exempt?	<input type="text"/>
Address 1	<input type="text"/>	W9 Form?	<input type="text"/>
Address 2	<input type="text"/>	Form 147?	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>	Phone	<input type="text"/>

10. Leave next page blank, unless you have a DEA number.

11. Enter your employment information:
  - a. Enter supervisor and phone number for "Contact Name"
  - b. Click "next"

Home Consumers **Providers** Infant Mortality Lead Entity Setup Trading Partners Public Information Publications

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Instructions > Request Type > Managed Care Interest for Participation > Identifying Information > Tax ID - 1099 Information > DEA

Page 7 of 18 Please make note of your ATN: [REDACTED]

**Address Information** ?

Address Type	Address 1	City	State	Zip	E-Mail Address	Phone 1
PRACTICE LOCATION						

Type data below for new record.

*Address Type	PRACTICE LOCATION	*Contact Name	<input type="text"/>
*Address 1	<input type="text"/>	*Phone 1	<input type="text"/> <input type="text"/> CELL PHONE
Address 2	<input type="text"/>	Phone 2	<input type="text"/> <input type="text"/> CELL PHONE
*City	<input type="text"/>	Fax 1	<input type="text"/>
*County	<input type="text"/>	Fax 2	<input type="text"/>
*State	<input type="text"/>	TDD	<input type="text"/>
*Zip	<input type="text"/>		
*E-Mail Address	<input type="text"/>		

12. Ensure “690-PHARMACIST” is selected as Specialty
  - a. Click the box next to “Primary Specialty”
  - b. Click “Next”

Home Consumers **Providers** Infant Mortality Lead Entity Setup Trading Partners Public Information Publications

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Instructions > Request Type > Managed Care Interest for Participation > Identifying Information > Tax ID - 1099 Information > DEA > Address Information

Page 8 of 18 Please make note of your ATN: [REDACTED]

**Type and Specialty** ?

Specialty Desc	Primary?	Primary Taxonomy Code
690-PHARMACIST	Yes	

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

Provider Type PHARMACIST

\*Specialty 690-PHARMACIST ▾

Primary Specialty?  

Primary Taxonomy Code  [ Search ]

Ancillary Taxonomy Code  [ Search ]

Ancillary Taxonomy Code  [ Search ]

Ancillary Taxonomy Code  [ Search ]

13. Enter all other information as applicable.
14. Submit the form.
15. Upload completed and signed IRS W-9 form with your individual information (social security number, signed & dated).

If you are having problems uploading your W-9 on the website, please follow these steps:

1. Go to <https://www.medicaid.ohio.gov/>, hover over “Providers” tab, then “Enrollment and Support,” and then click “Provider Enrollment.”
2. Click on “Enroll as a New Provider”
3. Click on “Enrollment tracking search” and enter your application ATN and Business or Last Name.
4. Scroll down and click “Upload required documents.”
5. Click on the W9 line item under “type of document” in the list of documents.

- a. This enables the “Choose File” and “Upload Attachment” buttons to become clickable.
6. Find the W9 saved to your computer then click “upload attachment.”

Ohio Department of Medicaid

**STEP 1**

Attachment Upload	
Type of Document	Reference
IRS FORM W-9	<input type="checkbox"/>
CLIA CERTIFICATION	<input type="checkbox"/>
DEA CERTIFICATE	<input type="checkbox"/>
COMBINED - USE THIS SELECTION IF YOU SUBMIT MULTIPLE "TYPES OF DOCUMENT" IN ONE FILE	<input type="checkbox"/>
OTHER - USE THIS SELECTION IF YOU ATTACH A DOCUMENT NOT LISTED	<input type="checkbox"/>

Please note the following important parameters when uploading files:

- File size cannot be greater than 50MB (51200KB).
- Only file types of gif, tiff, bmp, jpg, ppt, pptx, doc, docx, xls, xlsx, pdf, txt, and mdi can be uploaded.
- For Provider Enrollment attachments: Select row from the list above and then use the below panel to select the file for upload.
- To check status of uploaded attachments for Provider Enrollment, go to the Provider Menu and select Enrollment Tracking Search.

Attachment Upload	
upload attachment	
*File Upload	<input type="text"/> Browse...

**STEP 3**

**STEP 2**