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"

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.

Provider Hotline

Have questions or need assistance? Call our Provider Hotline at 800-686-1516.

Provider Enrollment

Resources for enrolling as an Ohio Medicaid provider.

Long Term Care

Resources for Long Term Care providers.

Provider Types

Supplementary Information by Provider Service Type.

Provider Network Management (PNM) & Centralized Credentialing

Federal Requirement for Revalidation Re-Enrollment

Provider Exclusion & Suspension List

HELP

---

4. Click on "Enroll As a New Provider"

Ohio | Department of Medicaid

Text Size: +A -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 - 01S
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"

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.

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"

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"

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"

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: ▮▮▮▮▮▮▮

Tax ID - 1099 Information   ?

*IRS Tax Type	SSN ⌄	IRS Effective Date	
*IRS Tax ID		IRS End Date	12/31/2299
Name		Tax ID Exempt?	⌄
Address 1		W9 Form?	⌄
Address 2		Form 147?	⌄
City		State	⌄
Zip		Phone	

previous   next   exit

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

enrollment enrollment tracking search long-term care account setup

Ohio Department of Medicaid

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: ▮▮▮▮▮▮▮

Address Information   ?

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

Type data below for new record.

delete   add

*Address Type	PRACTICE LOCATION ⌄	*Contact Name		
*Address 1		*Phone 1		CELL PHONE ⌄
Address 2		Phone 2		CELL PHONE ⌄
*City		Fax 1		
*County	⌄	Fax 2		
*State	⌄	TDD		
*Zip				
*E-Mail Address				

previous   next   exit

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

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	
CLIA CERTIFICATION	
DEA CERTIFICATE	
COMBINED - USE THIS SELECTION IF YOU SUBMIT MULTIPLE "TYPES OF DOCUMENT" IN ONE FILE	
OTHER - USE THIS SELECTION IF YOU ATTACH A DOCUMENT NOT LISTED	

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 [   ] Browse...

STEP 3

STEP 2