

PROVIDER APPLICANT CHECKLIST

| Date Completed | |
|------------------------|---|
| | <p>Provider applicant reviews the Certification Requirements for the intended services, logs in to apply for required NPI, ODM, OSS/OBM, and DODD ID#s:</p> <p style="text-align: center;"> https://dodd.ohio.gov/providers https://dodd.ohio.gov/providers/initial-renewal-certification/certification-recertification www.dodd.ohio.gov </p> <p style="text-align: center;"><i>See relevant links:</i></p> <p style="text-align: center;"> https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx. Integrated Helpdesk at 800-686-1516, option 7 or IHD@medicaid.ohio.gov https://dodd.ohio.gov/providers/all-provider-resources/pnm Nation Plan and Provider Enumeration System (NPES) https://ohiopays.ohio.gov/getting-started/welcome </p> <p style="text-align: center;"> Questions/Technical Assistance: 800-617-6733, option 5 Systems issues: option 4, Security/IT, or write to ITSCallCenter@dodd.ohio.gov </p> |
| | <p>If applicable*, applicant completes the corresponding Initial training program, per Rule.</p> <p style="text-align: center;"> AGENCY = https://dodd.ohio.gov/forms-and-rules/rules-in-effect/5123-2-08 D.O.O. training: https://dodd.ohio.gov/forms-and-rules/rules-in-effect/5123-2-08+appendix+a D.S.P. training: https://dodd.ohio.gov/forms-and-rules/rules-in-effect/5123-2-08+appendix+c </p> <p style="text-align: center;"> INDEPENDENT = https://dodd.ohio.gov/forms-and-rules/rules-in-effect/5123-2-09 Initial Training: https://dodd.ohio.gov/forms-and-rules/rules-in-effect/5123-2-09+appendix+a </p> <p style="text-align: center;"> <i>*Exemptions are outlined in rule, "Chapter 5123-2, Provider Standards":</i> https://dodd.ohio.gov/forms-and-rules/rules-in-effect/administrative-rules-list </p> |
| | <p>DODD staff review the application and supporting documentation, then notifies the applicant (<i>via email</i>), of the corresponding outcome:</p> <ol style="list-style-type: none"> (1) a Supplemental Application is needed to resolve any necessary corrections, missing documentation, etc. Provider follows up accordingly, and the subsequent review proceeds, until all is approved. (2) DODD issues the Provider's Certification Notice, confirming the approved service(s), effective date, and the Provider's Contract Number. |
| Important -> | <p>Provider submits a copy of, forwards the, DODD Certification Notice, along with a completed "CONTACT DATA COLLECTION SHEET" to the FCBDD Provider Relations Office.</p> |
| | <p>FCBDD Provider Relations' staff add the provider's information to the Vendor database, known as "Gatekeeper" (<i>entry required for Service Authorization, "PAS"</i>).</p> <p>Provider Relations emails introductory information, to include billing & compliance guidance, marketing resources, etc., to the Provider, as applicable.</p> |
| | <p>DODD Waiver Recipients in need of services, and/or their advocates, will review the list of certified Providers, and contact prospective providers to request an interview and/or meeting. If chosen, FCBDD Service Coordination must be notified of the selection for follow-up, to include verification of the Provider's Certification status and ability to fulfill the plan as outlined.</p> <p>The Service Coordinator adds the new Provider to the Individual's Service Plan (I.S.P.) and Service Authorization.</p> <p>Provider proceeds as outlined in Rule to document, bill, etc., per the O.I.S.P.</p> |