

# Completing a Reapplication when Enrollment has been Terminated

## Steps:

**1** *Reapplication may be needed if a provider's enrollment with the Ohio Department of Medicaid is terminated. The steps below indicate how to reapply, using the same Medicaid ID.*

| My Providers |               | Account Administration |                                     |            |             |                  |                    |                    |          |                |             | New Provider ?        |  |
|--------------|---------------|------------------------|-------------------------------------|------------|-------------|------------------|--------------------|--------------------|----------|----------------|-------------|-----------------------|--|
| Reg ID       | Provider      | Status                 | Provider Type                       | NPI        | Medicaid ID | Specialty        | DD Contract Number | DD Facility Number | Location | Effective Date | Submit Date | Revalidation Due Date |  |
| 517919       | Test Training | Terminated             | 39 - Physical Therapist, Individual | 1912011818 | 9999876     | Physical Therapy |                    |                    |          | 02/09/2022     | 02/14/2024  | 02/09/2027            |  |

Access the terminated provider file from your dashboard by clicking on the Reg ID or Provider Name hyperlink.  
For table heading definitions, See [Page 3](#) of this guide.

**2**

- Under the Manage Application section, click the '+' icon to expand the Enrollment Action Selections.
- Click on the hyperlink which says, "Begin Reapplication."

**Note:** If the reapplication process has been started, but not submitted, the link will display as 'Continue Reapplication.' Non-credentialed providers who are terminated for a "Failure to Revalidate" will continue to see the link displayed as "Begin Revalidation" and can follow the published steps for revalidating.

**Manage Application**

**Enrollment Actions** + Enrollment Action Selections:

**Programs** + Program Selections:

**Self Service** + Self Service Selections:

**Enrollment Actions** - Enrollment Action Selections:  
[Begin Reapplication](#)  
[Edit Key Provider Identifiers](#)

**3**

Complete each page of the application. Click 'Next' to save and proceed to the next page.

**Note:** Regardless of whether changes are made, each page needs to be reviewed and saved.

Medicare Number

Group, Organizations & Hospital Affiliations

Agreements

Jump To:

Section Name

Status

Provider Information\*

Primary Contact Information\*

Office Information

Primary Service Address\*

Billing & Payment Address\*

Correspondence Address\*

Other Service Locations

1099 Address\*

Home Office Address\*

Specialties\*

Taxonomies\*

Medicare Number

Group, Organizations & Hospital Affiliations

MCP Affiliation

W9 Form\*

Owner Information\*

Required Documents

Agreements\*

Agreements

This is a required section.

Ohio Medicaid Provider Agreement

Note: The Provider Agreement in the scroll box

All Providers must read the statements below

Ohio Revised Code 2921.42 and 2921.43 Agree

In accordance with Chapter 102, and Sections 2

understands Chapter 102, and Sections 2921.42

action inconsistent with those laws and this orde

is, in itself, grounds for termination of this contr

Required Documents

Agreements\*

Generate PDF

Submit for Review

Save

Cancel

Previous

Next

ing to the next step.

by signature on this document, certifies: (1) it has reviewed and

understands the Ohio ethics and conflict of interest laws, and (3) will take no

chapter 102, and Sections 2921.42 and 2921.43 of the Ohio Revised Code

in the State of Ohio.

Thank you for your

# Completing a Reapplication when Enrollment has been Terminated

## Steps:

4

The screenshot shows a web application interface for reviewing a reapplication. At the top, a progress bar indicates the following steps: Medicare Number, Group, Organizations & Hospital Affiliations\*, Agreements, Required Documents, and Agreements\*. The 'Agreements' step is currently active. Below the progress bar, there is a table with two columns: 'Section Name' and 'Status'. The 'Status' column contains green checkmarks for all listed sections. An orange arrow points to the 'Status' column. Below the table, there is a section titled 'Ohio Medicaid Provider Agreement' with a note: 'Note: The Provider Agreement in the scroll box'. The note states: 'All Providers must read the statements below'. Below this, there is a section titled 'Ohio Revised Code 2921.42 and 2921.43 Agreement' with text: 'In accordance with Chapter 102, and Sections 2921.42 and 2921.43 of the Ohio Revised Code, the undersigned understands Chapter 102, and Sections 2921.42 and 2921.43 of the Ohio Revised Code, and agrees to take no action inconsistent with those laws and this order, in itself, grounds for termination of this contract with the State of Ohio.' At the bottom right, there are buttons for 'Generate PDF', 'Submit for Review', 'Save', 'Cancel', 'Previous', and 'Next'.

Confirm that each page has been reviewed, making sure a green checkmark appears for each page.

5

Once all pages have been reviewed/completed, click **Submit for Review** to submit the application.

The screenshot shows a set of buttons for submitting the application. The buttons are: 'Return to Summary', 'Generate PDF', 'Submit for Review', 'Save', and 'Cancel'. An orange arrow points to the 'Submit for Review' button.

A submission confirmation message displays indicating that the application has been submitted for review.

Click **Return to Home Page**, to go to your dashboard

The screenshot shows a 'Submission Confirmation' message. The text reads: 'You have successfully submitted your application to the Medicaid Program. Please allow at least 10 days for processing before attempting to submit any changes.' Below the text is a button labeled 'Return to Home Page'.

## Completing a Reapplication when Enrollment has been Terminated

**Reg ID:** A registration ID assigned to the provider file when a new application is created in PNM (*this is a clickable hyperlink to access more Provider options*).

**Provider:** Lists the name of the Provider (*this is a clickable hyperlink to access more Provider options*).

**Status:** Displays the current Status of the Provider file within PNM.

**Provider Type:** Lists the specific Provider Type and Number.

**NPI:** Lists the Provider's National Provider Identifier (NPI).

**Medicaid ID:** Lists the Medicaid ID number assigned to the Provider (*for new Providers this assignment occurs after full review and completion*).

**Specialty:** Lists the primary specialty indicated by the Provider.

**DD Contract Number:** Displays the DODD Contract Number(s) associated to the registration.

**DD Facility Number:** Displays the DODD Facility Number(s) associated to the registration.

**Location:** Displays the location of the Provider.

**Effective Date:** Lists the Effective Date of the Provider with Ohio Medicaid.

**Submit Date:** Displays the date the new application, update, or revalidation/reenrollment was submitted.

**Revalidation Due Date:** Displays the date that the Provider will need to complete the revalidation/reenrollment.

## Version and Revision History:

| Revision: | Description of Changes and Pages Affected:       | Effective Date: | Author:  |
|-----------|--------------------------------------------------|-----------------|----------|
| 1.0       | Initial Release to client                        | 3/29/2024       | Jon Wulf |
| 1.1       | Version 1.1 submitted to address client feedback | 4/10/2024       | Jon Wulf |
|           |                                                  |                 |          |

## Approval:

| Accepted By          | Signature | Date: |
|----------------------|-----------|-------|
| ODM Contract Manager |           |       |
| ODM Project Sponsor  |           |       |
| Approval Comments    |           |       |