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.

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

My Providers *Account Administration* *New Provider ?*

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.

Jump To: Agreements

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*	✓

Medicare Number   Group, Organizations & Hospital Affiliations*   Required Documents   Agreements*

Generate PDF
Submit for Review
Save   Cancel   Previous   Next

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 Agre...
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 contra...

...ing to the next step.

..., by signature on this document, certifies: (1) it has reviewed and
...derstands the Ohio ethics and conflict of interest laws, and (3) will take no
...hapter 102, and Sections 2921.42 and 2921.43 of the Ohio Revised Code
...th the State of Ohio.

Thank you for your

Disclaimer: It is the Provider's responsibility to keep information up to date in PNM. This includes specialties, license information, addresses, etc.

Steps:

4

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.

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

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

Submission Confirmation

You have successfully submitted your application to the Medicaid Program. Please allow at least 10 days for processing before attempting to submit any changes.

Return to Home Page

Disclaimer: It is the Provider's responsibility to keep information up to date in PNM. This includes specialties, license information, addresses, etc.

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.