



## ALL Prescribing Providers Must Register With Ohio Medicaid ASAP!

**Please read this if you are a prescriber or your agency uses prescribers!**

**YOU MUST ENROLL AS AN “ORP PROVIDER” EVEN THOUGH:**

1. The community Medicaid services you provide are billed by the OhioMHAS certified provider agency for whom you work.
2. You are listed in the Medicaid psychiatrist prior authorization exemption list.
3. You are enrolled with Ohio Medicaid but haven’t billed within the past 24 months.  
(Providers are routinely disenrolled who don’t bill within a 24 month period.)

**WITHIN THE NEXT MONTH, THE OHIO DEPARTMENT OF MEDICAID WILL BEGIN TO DENY CLAIMS FOR PRESCRIPTIONS WRITTEN BY PRESCRIBERS NOT ACTIVELY ENROLLED WITH OHIO MEDICAID.** This could cause serious consequences for your patients.

This action is due to the Affordable Care Act requirement that all prescribers serving Medicaid patients **MUST** register – BY NAME AND NPI - as an **ACTIVELY BILLING PROVIDER** or an “ORDERING, REFERRING OR PRESCRIBING” (ORP) provider.” **An “ORP provider” is simply one who does not bill for services to Medicaid enrollees and is not listed in the Ohio Medicaid provider directory.**

Using your MITS web portal landing page, providers can search to see if your prescribers are enrolled as “ORP providers.” The search function is located under the provider tab. Here is a screen shot:

The screenshot shows the MITS web portal interface. At the top, there is a navigation bar with links: Super User, Providers (highlighted), Account, Claims, Eligibility, Prior Authorization, Reports, and Publications. Below this, there is a secondary navigation bar with links: demographic maintenance, 1099 information, provider faq, mits days report, correspondence, self attestation, and ordering/referring/ prescribing search (highlighted). The main content area is titled "Ordering/Referring/Prescribing Search" and contains a form with the following fields: Ordering Provider NPI, Ordering Provider Last Name, First, MI, and \*Date of Service. There are search and clear buttons at the bottom right of the form.

If prescribers are not found using this search function, **go to the Ohio Department of Medicaid web site and register as an “Ordering, Referring or Prescribing provider.”** Enrollment is quick and easy and ORP provider enrollments will be processed by the Ohio Department of Medicaid’s provider enrollment center within a few days. See the attached pages for instructions.

**To prevent interruptions in client access to needed prescription medications agencies should work with your prescribers to make sure they are enrolled with Ohio Medicaid.**

Questions can be directed to the Ohio Medicaid Provider Call Center, 1-800-686-1516.

Go to Medicaid provider enrollment screen at Ohio Department of Medicaid.

Select "I need to enroll for the sole purpose of Ordering, Referring or Prescribing (ORP provider)"

Enrollment - Microsoft Internet Explorer provided by ODJFS

https://portal.ohmhs.com/public/Providers/Enrollment/tabid/44/Default.aspx

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Enrollment

# Ohio Department of Medicaid

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Wednesday 07/23/2014 3:07:48 PM

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**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) ☐

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Read the text & see FAQs.

Enrolling as an ORP provider will assure that prescriptions you write for Medicaid enrollees will be filled.

Choose "New Application."

Enrollment - Microsoft Internet Explorer provided by ODJFS

https://portal.ohmhs.com/public/Providers/Enrollment/tabid/44/Default.aspx

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Enrollment

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) ☐

You are about to begin an application to enroll with the Ohio Department of Medicaid for the sole purpose of ordering, prescribing or referring (ORP Provider).

Please Note: You will NOT receive any Medicaid reimbursement as an ORP provider. If you are already an Ohio Medicaid provider, you DO NOT need to enroll as an ORP provider.

See [FAQ for ORP Providers](#) for information about who can enroll and other important information.

Your participation as an ORP Provider will allow billing Medicaid providers to receive reimbursement for covered services and supplies that you order, prescribe or refer for your patients. If you want to be reimbursed for providing Medicaid services, please change your selection at the top to "I need to enroll as a provider to bill Ohio Medicaid."

If you have made the correct selection, please complete each of the steps in the enrollment process. 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. When you have completed all the steps, please click on the "submit" button to submit the application for processing.

For instructions on completing the enrollment application please click on the question mark (?) in the title bar.

If you are currently an ORP provider and wish to make a change to your address, please login to the secured portal and select the Demographic Maintenance Tab.

Your application will be saved for three days. At Midnight on the third day, applications that have not been submitted will be deleted from the system.

**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**.

[new application](#) [continue application](#)

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Select enrollment type  
"ORDERING/RE-  
FERRING/PRE-  
SCRIBING".

Select "INITIAL  
ENROLLMENT."

Then select your  
medical specialty  
area to populate  
the "provider  
type" box.

The screenshot shows the Ohio Department of Medicaid website. The header includes the logo, navigation links (About ODM, Our Services, Resources, News & Events), and a search bar. The main navigation bar has links for Home, Consumers, Providers (highlighted), Trading Partners, Public Information, and Publications. Below this is a sub-navigation bar with links for enrollment, enrollment tracking, search, long-term care, and account setup. The main content area is titled "Request Type" and contains the following fields:

- \*Enrollment Type: ORDERING/REFERRING/PRESCRIBING (selected)
- \*Action Request: INITIAL ENROLLMENT (selected)
- \*Provider Type: A dropdown menu showing a list of medical specialties, including Audiologist Individual, Chiropractor Individual, Clinical Nurse Specialist Individual, Dentist Individual, Nurse Midwife Individual, Nurse Practitioner Individual, Occupational Therapist Individual, Optometrist Individual, Physical Therapist Individual, Physician Assistant, Physician/Osteopath Individual, Podiatrist Individual, Psychologist Individual, and Speech Language Pathologist Individual.
- \*Are you a provider new to Ohio Medicaid?: A checkbox that is currently unchecked.

At the bottom of the form are buttons for "previous", "next", and "exit".

Select "yes" to  
indicate your  
enrollment as  
an ORP  
provider is new  
to Ohio  
Medicaid.

The screenshot shows the same Ohio Department of Medicaid website, but the "Request Type" section is now completed. The "Enrollment Type" and "Action Request" fields remain the same. The "Provider Type" dropdown is now set to "20 - Physician/Osteopath Individual". The "Are you a provider new to Ohio Medicaid?" checkbox is now checked, indicating "Yes". The "next" button is highlighted, suggesting the user should proceed to the next step.

Enrollment - Microsoft Internet Explorer provided by ODJFS

https://portal.ohmits.com/public/Providers/Enrollment/tabid/44/Default.aspx

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Enrollment

The following messages were generated:  
The NPI entered is invalid

**Identifying Information**

\*Individual Last Name ABLE

\*First, MI MARCIA

Medicare Type

Medicare Provider Number

Previous Medicaid Provider Number

Certification Number

\*Ownership Type OTHER (UNDEFINED NON-FED. GOV'T ENTITY)

\*Title/Degree (As appears on license) DR

\*SSN 123456789

\*Gender FEMALE

\*Date of Birth 01/01/1978

Place of Birth

\*Country UNITED STATES

\*City COLUMBUS

\*State (enter NA if not applicable) OH

\*NPI 1234567891

\*NPI Verified? ☒ Yes ☐ No

\*License Number 123456

\*License Type MEDICAL BOARD

\*License Issue Date 01/01/2003

\*License Expiration Date 01/02/2013

previous next exit

Internet 100%

Fill in the identifying information.

Under "ownership type" select the option that best represents your relationship with the provider agency with whom you work.