



NETWORK *Notification*

Notice Date: March 31, 2021
To: Ohio Medicaid and MyCare Providers
From: CareSource
Subject: Ohio Medicaid Number Mandatory Requirement

Summary

In order to comply with new federal rules (42 CFR 438.602), providers with an inactive Ohio number are required to revalidate their Medicaid number and providers new to the Ohio Department of Medicaid (ODM) without a Medicaid number will need to submit a new application to ODM to receive a new Medicaid number, if they wish to provide services through one of the Ohio Medicaid managed care plans.

Impact

Providers who do not have an active Medicaid ID Number effective July 1, 2021 will receive a front end rejection on their claims. The rejection code will be **1PS – Disallow Inappropriate Medicaid Code/Resubmit**. The claim will remain rejected in our system until providers obtain an active Medicaid ID number. Once the provider obtains an active Medicaid ID number they will need to resubmit their claims for reprocessing.

Importance

If you received a newly updated Medicaid number, please notify CareSource about the change. To do so, please follow the steps below:

1. Go to www.caresource.com.
2. Log in to the [provider portal](#).
3. Complete the Provider Maintenance Form and note the document of reason for the request (i.e. sharing updated Medicaid number).

For Providers with an inactive Medicaid number, please go to ODM's website by following these steps for a new Medicaid number:

1. Go to the MITS Portal at:
<http://medicaid.ohio.gov/providers/EnrollmentandSupport/ProviderEnrollment.aspx>
2. Select "Enroll as a new provider",
3. Select the "I need to enroll as a provider to bill *Ohio Medicaid* option.
4. Follow the system prompts and provide the requested information.
5. When you have completed all steps, please submit your application.

To contact ODM, please call 800-686-1516.

You will be able to view the status of your application online by visiting the following link:
<https://portal.ohmits.com/Public/Providers/Enrollment%20Tracking%20Search/tabId/45/Default.aspx>.
You will need to provide your Application Tracking Number (ATN) and name used to complete the application in order to conduct the status search.

Questions?

If you have questions regarding this notice, please contact CareSource Provider Services at **1-800-488-0134** (Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time). Thank you for participating in the Ohio Medicaid program.

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