

Ohio Home Care Provider Enrollment New Applicants FAQ

- Q. How do I get an application to become an Ohio Home Care (OHC) provider?**
- A.** The application is available on the CareStar web sites at www.Ohiohcp.org. Soon to be on the ODJFS web site at <http://jfs.ohio.gov> (will update when available)
- Q. How do I contact Medicare, JCAHO or CHAPS to find out how to become certified?**
- You can go to the particular website to find out the requirements and steps that you should follow. Medicare: www.cms.hhs.gov/home/medicare.asp, JCAHO: www.jointcommission.org, CHAPS: <http://www.chapinc.org/>
- Q. If I need assistance with the application, who do I contact?**
- A.** Call ODJFS to resolve your problems. Also each provider application will have helpful instructions included.
- Q. Why is CareStar not involved in the enrollment process?**
- A.** This change is an opportunity to improve and streamline the existing provider enrollment processes. ODJFS has analyzed the most frequently occurring errors made by applicants and have used the information to make the process easier to do.
- Q. Can I apply or drop off my application in person?**
- A.** No, you must mail the completed provider enrollment packet to the address listed on the forms.
- Q. What qualifications are needed to be an Ohio Home Care provider in Ohio?**
- A.** You must be a licensed nurse (LPN or RN), or an STNA, or meet the Other Equivalent Training Qualifications.
- Q. How long will it take to get my Medicaid provider agreement number?**
- A.** The processing time for each application will vary. Typically, it will take at least 30 days for your application to be processed. Errors or incomplete applications will result in additional delays or termination of the application process.
- Q. I mailed my application to you. Why did you return my application?**
- A.** If your application was incomplete or you were missing documentation, it was returned with a letter that was also included and explained what you needed to do. You have 30 days to return it with the documentation. Otherwise your application will be terminated.

Q. My application was returned 3 months ago because I made mistakes. Can I apply again?

A. Yes.

Q. Where do I find the rules for the Ohio Home Care program?

A. The rules are on both CareStar and ODJFS' websites.

Q. I really need my provider number; can you speed up the process for me?

A. In order to be impartial, we are processing applications based on date received.

Q. Can I call to ask when my application would be approved?

A. No, we are sorry, but we have a significant number of applications. If you mailed it in over 2 weeks, I can look in our tracking system to see if it logged in.

Q. Does my Medicaid agreement/number expire?

A. Currently, Medicaid provider agreement is good for three years. At the end of your three year period, you will be asked to re-enroll. If you fail to re-enroll, your Medicaid provider agreement will be terminated.

Q. Does an RN or LPN need to have a consumer referral letter before they apply for a Medicaid Provider number?

A. No, an RN or LPN does not need to have a consumer referral letter.

Q. I am a LPN, why do I need a RN supervisor and what is the difference between an RN's and LPN's functions?

A. An RN has more training and has specialized knowledge, judgment, and skill in the biological physical, behavioral, social, and nursing sciences. The LPN has basic knowledge in these areas. According to Ohio Law and the Board of Nursing an LPN may provide nursing care only at the direction of a physician or a registered nurse.

Q. Am I employed by the State of Ohio?

A. No, you are self-employed. You do not work for ODJFS, the Ohio Home Care program or CareStar. You are required to pay all applicable local, state, and federal taxes. You are also responsible for your Medicaid billing.

Q. How will I know my application has been approved?

A. You will receive a Welcome Kit from ODJFS it will have information regarding your provider agreement including your provider number.

Q. After I receive my provider number, what is the next step?

A. Contact your consumer's case manager to inform them you have your provider number. The case manager will give you an approved all service plan (ASP) showing the services and hours you have been approved to deliver. Now you are ready to provide services to your provider.

Q. Can I bill for services I did before my provider number was approved?

A. No, services are authorized by CareStar and must be on the ASP. If you are going to provide for a specific consumer, contact the consumer and the case manager once you have your valid number. You can be added to the services plan and at that time begin services.