

Adding or Updating a Medicaid Provider

Medicaid banking information (e.g., EFT details) is available in the OAKS Financial system; all other Medicaid Provider

Review Supplier Forms

Ensure the following paperwork is complete:

- [Authorization Agreement for Direct Deposit of EFT Payments](#)
- EFT forms for City or County School Districts (i.e., "school district(s)," "school(s)," "city school(s)," "city school district(s)," "school board," "board of education," etc.) with [varying](#) name conventions are acceptable. It is also acceptable when there is an abbreviation (such as E.S.C.) for the "Educational Service Center."
- In the event a supplier provides multiple pieces of documentation (VIF, W9, EFT) and the zip codes do not match each other on the forms and/or vary within the OAKS system, verify which zip code is accurate by using USPS and make the necessary updates.
- It is okay to process if LLC, Inc, Co. etc. are missing from the forms or the system (OAKS or MITS).

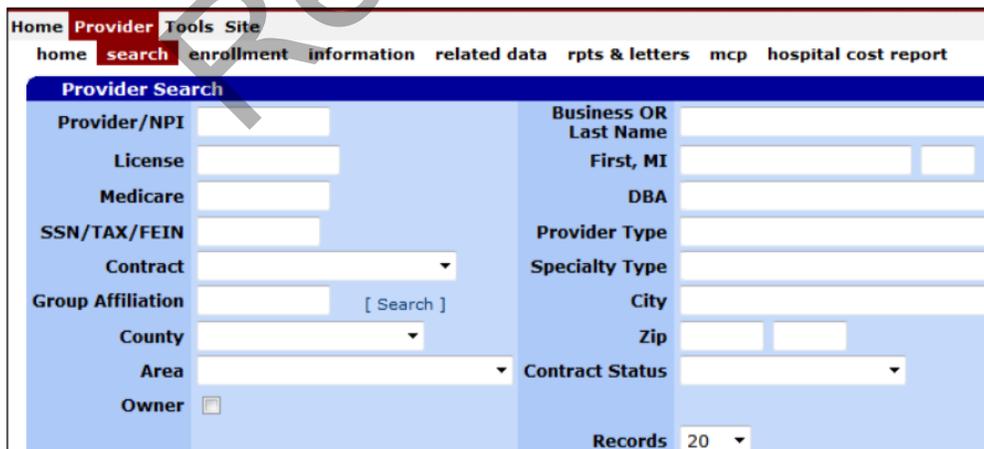
Conduct a Search in the Medicaid System (MITS)



Occasionally, there may be a prompt to check the [preferences boxes](#) for these 6 sections.

1. Provider Information
2. Provider Location Name Address
3. Service Location
4. Type and Specialty
5. Tax ID's
6. ID's

The MITS provider search will display.



5. Enter the 7-digit provider number in the [Provider/NPI box](#).

A search can also be performed using the SS# Tax ID# or the provider name

6. Select [Search](#).

The **Provider Information** screen displays with the provider's name, provider #, Tax ID, and address.

Provider Information	
Base Provider ID	11111111
Managed Care	NO
Ownership	NO
On Review	NO
Restriction	NO
Test Provider	NO
Medicaid Agreement Effective Date	07/31/2001
Medicaid Agreement End Date	08/01/2016
835 Trading Partner ID	
835 Trading Partner Name	
Contract Status	ACTIVE
Service Location	2222222 - SMITH WILLIAM
Provider IDs	2222222 MCD 07/31/2001-12/31/2299
DBA	STEVEN SIMMONS
Address Type	SERVICE LOCATION
Gender	N/A
Taxonomies	
Tax ID	333333333 07/31/2001-12/31/2299
Contract	ODJFS Waiver Persona07/31/2001-12/31/2299
State/Zip	OH 44131-6031
Phone	555-555-5555
Fax	000-000-0000

The **Provider Location Name Address** screen contains the providers name, address, telephone #, and e-mail address.

Adding or Updating Medicaid Provider EFT Information

OAKS FIN > Suppliers > Supplier Information > Maintain > Maintain EFT Vendors

myOhio.gov Home Worklist Add to Favorites Sign out

Financials New Window Help

Maintain EFT vendors

Enter any information you have and click Search. Leave fields blank for a list of all values.

[Find an Existing Value](#) [Add a New Value](#)

Search Criteria

SetID begins with

EFT Vendor Tax ID begins with

Provider Identifier begins with

Status as of Effective Date =

Description begins with

Include History Case Sensitive

[Search](#) [Clear](#) [Basic Search](#) [Save Search Criteria](#)

[Find an Existing Value](#) | [Add a New Value](#)

1. If no matching values are found:

- Click [Add a New Value Tab](#).
- Enter "STATE" in the [SetID](#) field.
- Enter the Supplier Tax ID (written on the application form) in the [EFT Vendor Tax ID](#) field.
- Enter the [Provider Identifier](#) (on the application form).

e. Click [Add](#).

The [Maintain EFT Vendors](#) tab displays with the following values populated from the search page:

- SetID
- EFT Supplier Tax ID
- Provider ID

2. If updating an existing record, click the [Add a new row](#) icon in the **Banking Information** section.

3. Update the [Status](#) to "Active".

6. Click [Save](#).

Next steps - [Updating the Supplier Operations Tracker](#)

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