USER MANUAL

# Behavioral Health Provider Enrollment Applications

Organization Provider

Ohio | Department of Medicaid

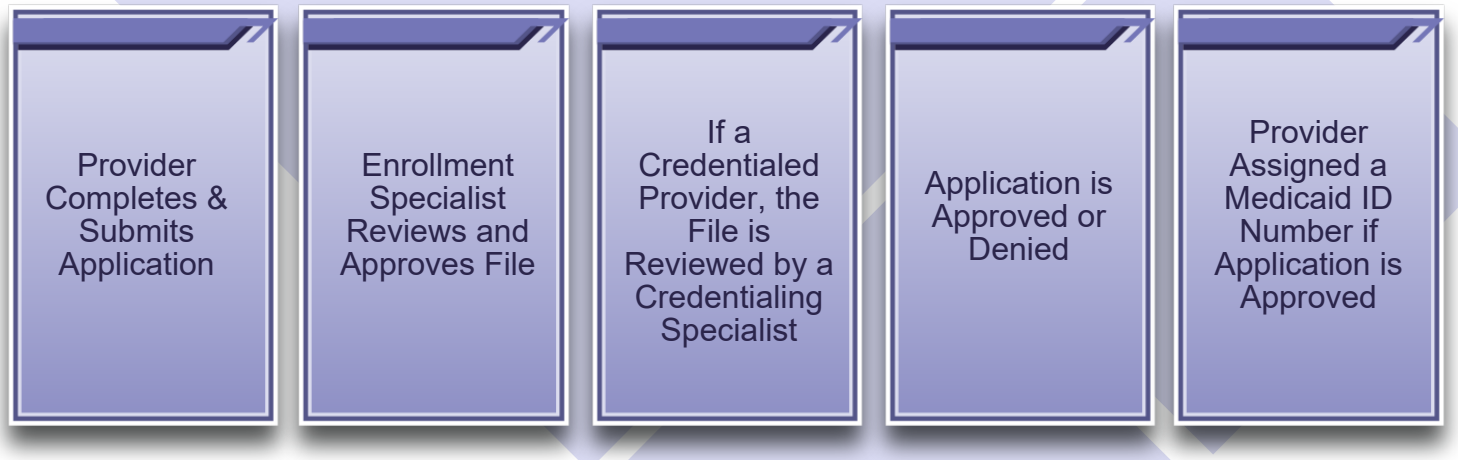
# Table of Contents

# Introduction

This desk reference provides the steps and functions of entering a new Provider application to enroll in the Ohio Department of Medicaid (ODM) program. Once submitted, your application will be processed by the Medicaid Enrollment team and then sent to Credentialing, if Credentialing is required for your Provider type. When all the necessary steps are completed for Enrollment and Credentialing, you will receive a 'Welcome Letter' notice and a Medicaid Identification Number will be assigned to the Provider.

This document also contains the steps required when the application is returned to Provider for additional information. Additionally, the process for completing Provider updates and revalidation is included in this document.

The steps listed below are for Provider Type 84 – Community Mental Health and Provider Type 95 – Substance Use Disorder, which would have a specific Behavioral Health page appear.



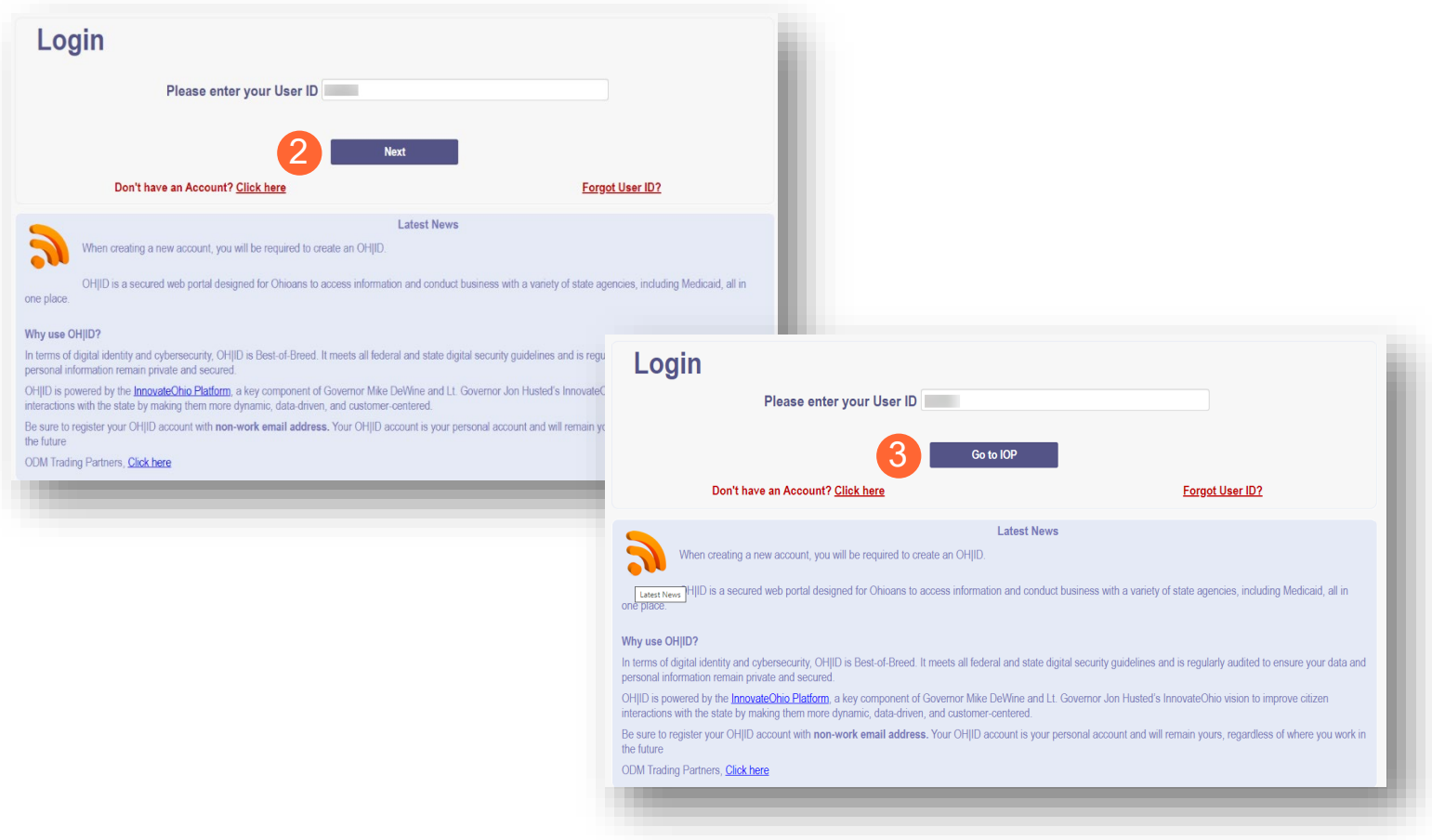
# Provider Administrator Initial Login

In this section of the user manual we will review the initial steps of logging into PNM. All users will log into the PNM system by using IOP (Innovate Ohio Platform).

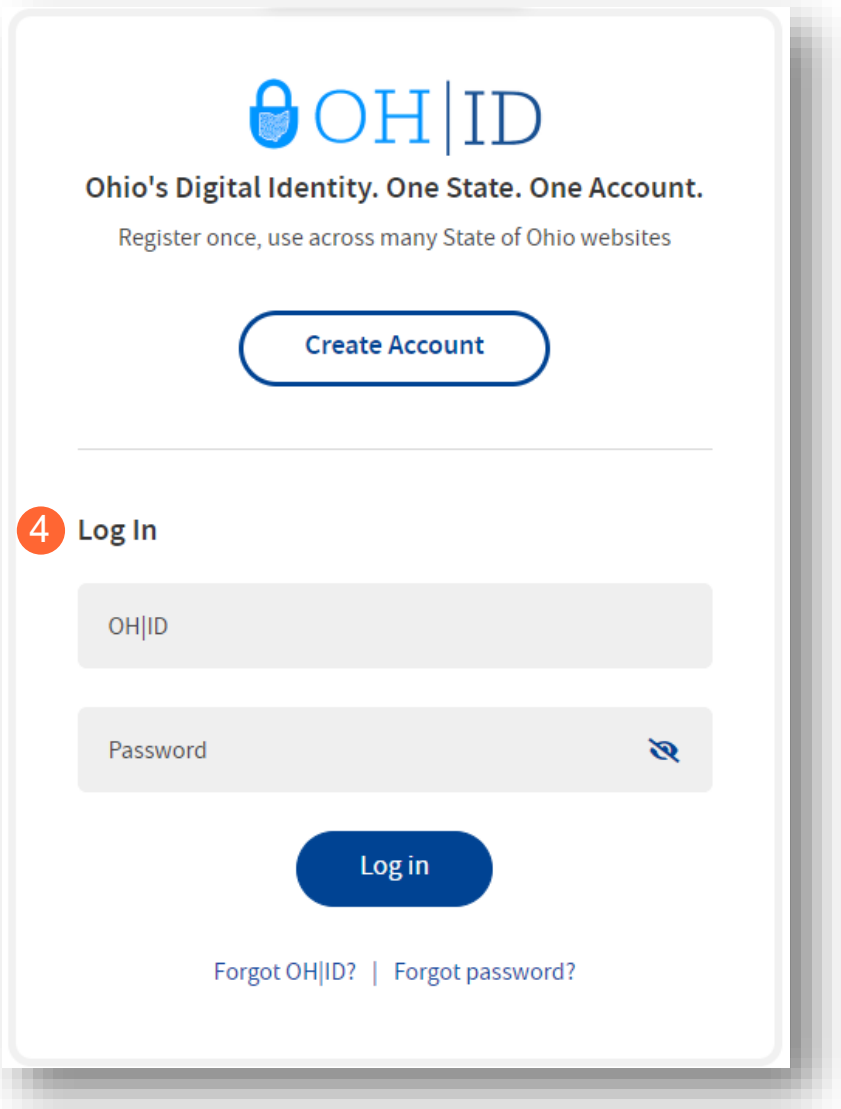
**Step 1**: Visit the PNM web addess: https://ohpnm.omes.maximus.com/OH_PNM_PRD/Account/Login.aspx

**Step 2:** Enter the User ID and click 'Next'

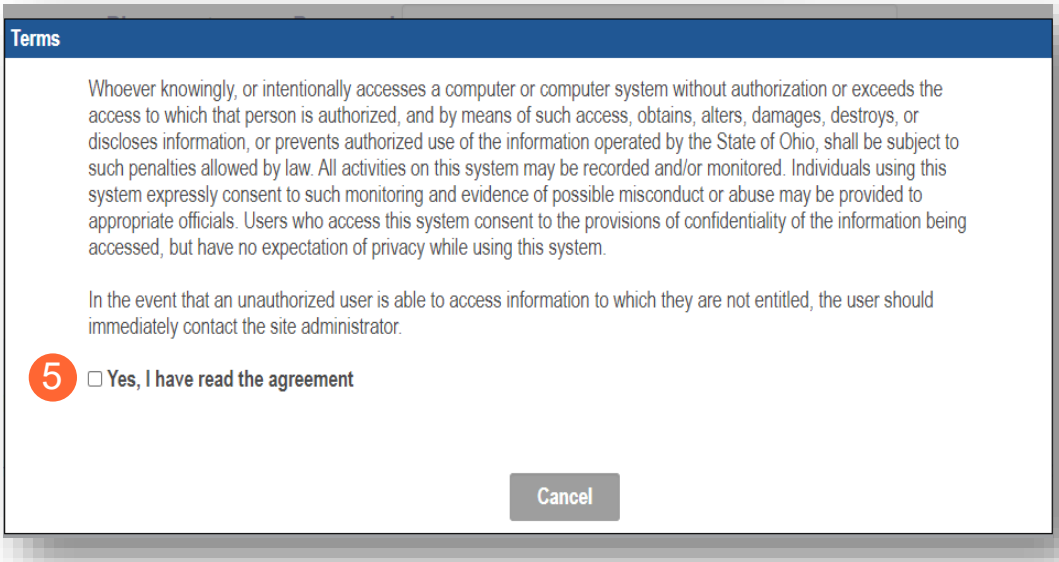
**Step 3:** Click 'Go to IOP'



**Step 4:** The system will prompt you to enter your username and password on the IOP login screen illustrated below

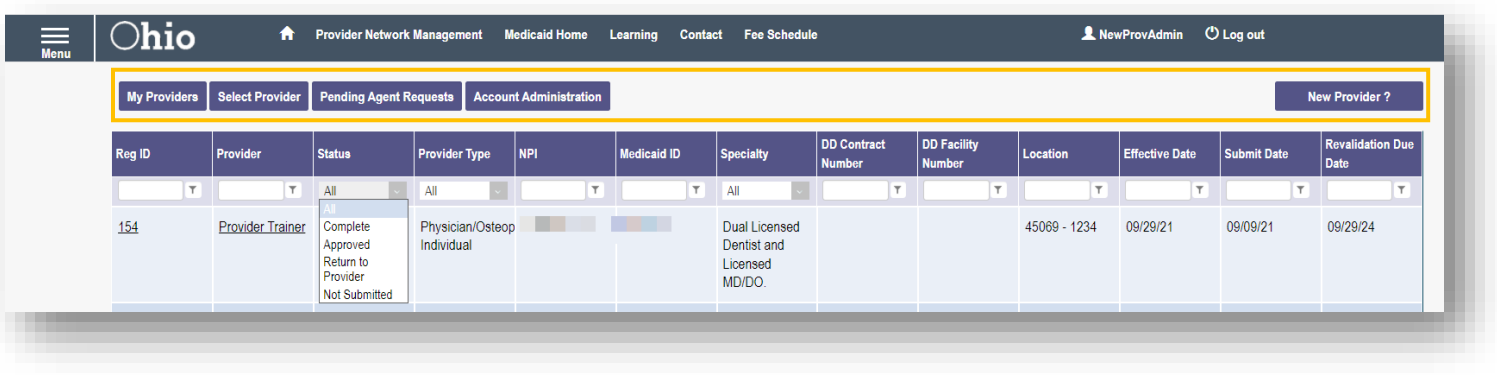



**Step 5:** The next screen will allow you to 'Accept the Terms' to log into the PNM system by clicking the terms box



# Provider Home Page

When you first login to the PNM system you will see a variety of buttons to help with administering your providers.




**Menu**: The menu can be accessed by clicking on the three bars in the top left corner of the screen. The Menu provides a variety of key topics to choose from such as the Provider Directory, Learning Resources, Provider Financials, My Profile, and Contact Us

**Select Provider:** This button allows you to search for and move Providers to your OHID account based on identifying information, such as Tax ID, NPI, and Medicaid ID

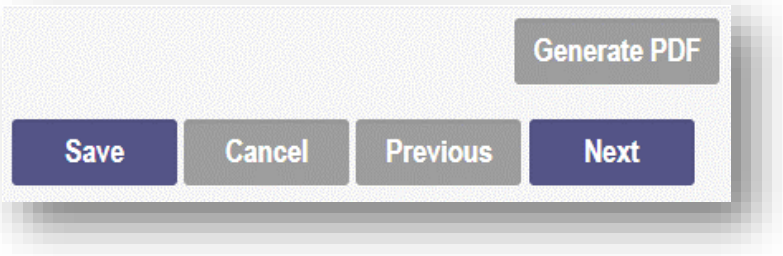
**Pending Agent Requests:** This button allows you to approve Agent Requests for access to functions such as Submit Claims and Run Reports with Provider records when needed

**Account Administration:** This button allows you to transfer the Provider to another Account Administrator

**New Provider?:** This button is used to start a New Enrollment Application for any New Ohio Medicaid Provider that you will be responsible for administering

# Page Navigation

Throughout each page on the application, you will have access to buttons to 'Save', 'Cancel' and 'Next' to proceed through the application.




**Save:** Saves the current page and remains on the page.

**Cancel:** Clears the work entered and does not save the page.

**Previous:** Returns to the previous page.

**Next:** Saves the current page while advancing to the next page in the application.

**Generate PDF**: Creates a file with all the application information to be saved to your records.

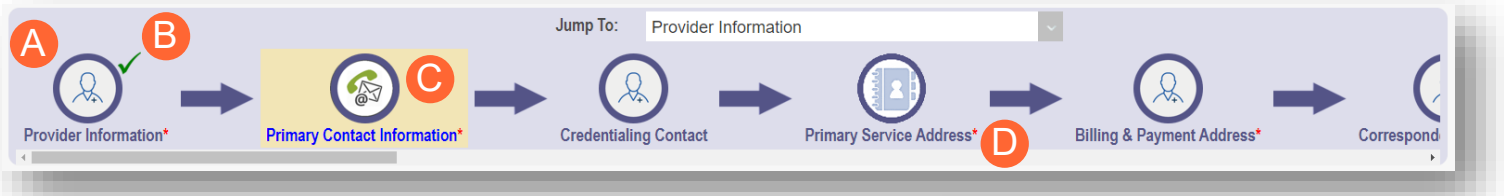
A workflow at the top of the page shows the progress made throughout your application. Click the icon to review a specific page and jump to other pages for entry into the application.

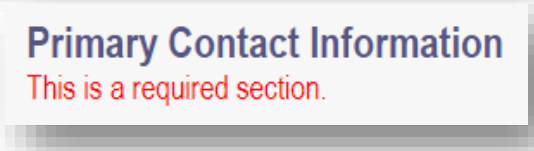
**Navigational Bar:** A workflow at the top of the page that shows the progress made throughout your application. Click the icon to review a specific page and jump to other pages for entry into the application (A).

**Green Checkmark:** A green checkmark on any page indicates that you have completed the necessary information on that page and can continue through the subsequent pages (B).

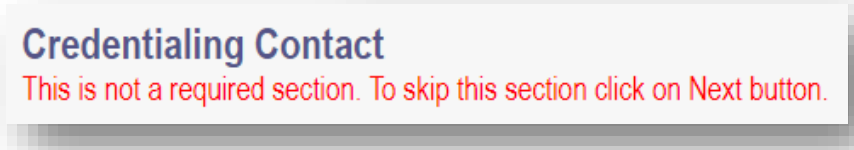
**Highlighted Box:** The highlighted section indicates the page your are actively working or viewing (C).

**Red Asterisk:** A red asterisk on a page indicates the page is required to be completed. Help text will also appear in red text on each page to indicate whether or not it is required to be completed (D).



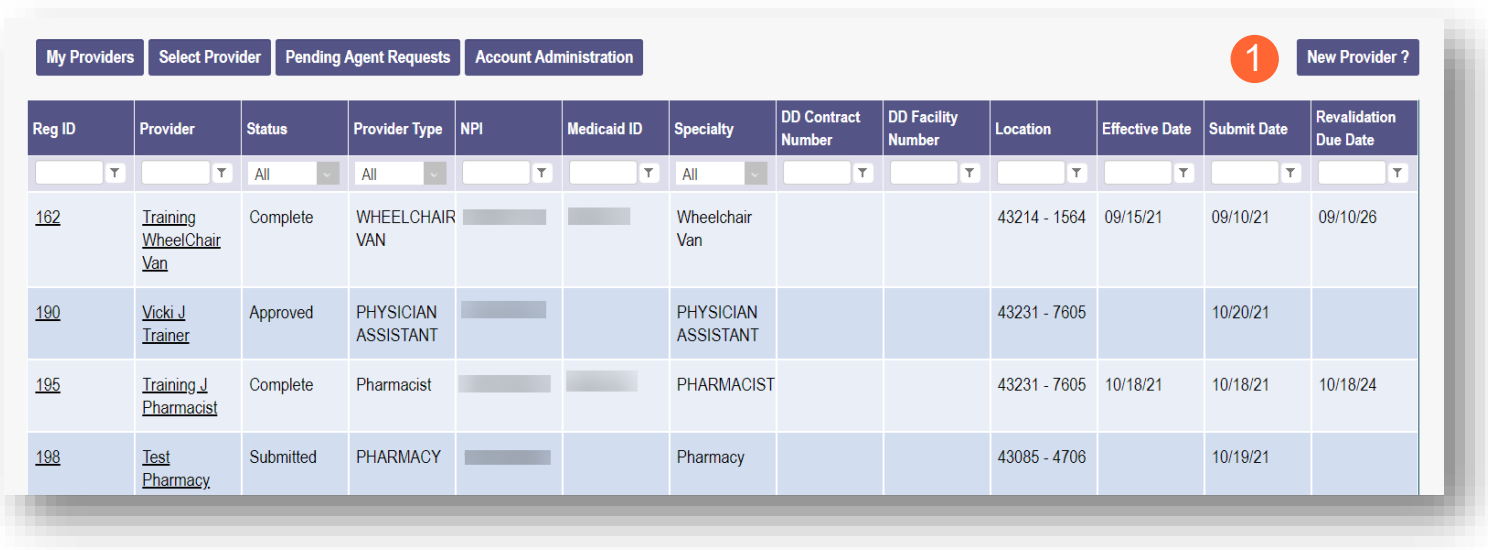

Pages that do not have a red asterisk are optional to be completed.



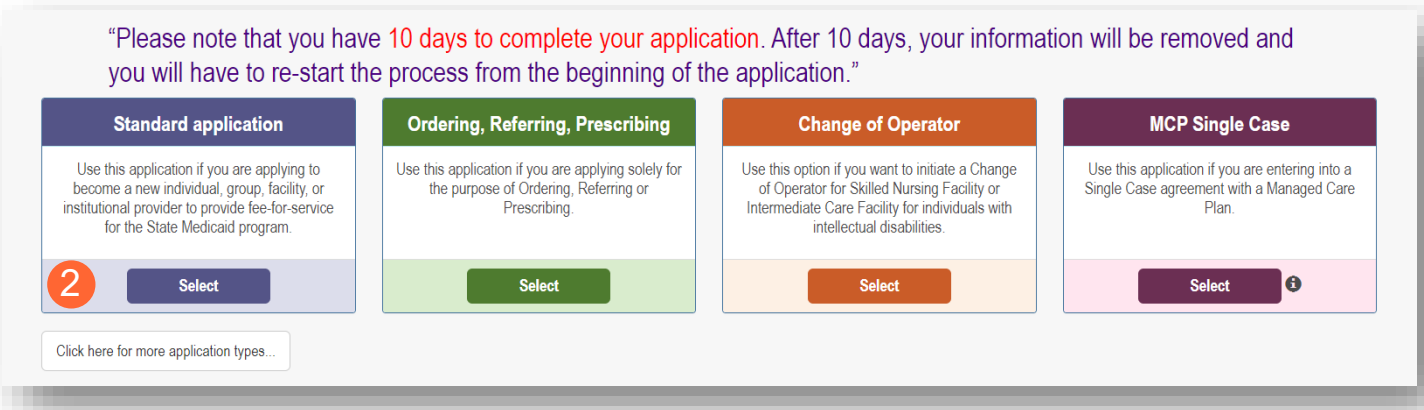
# Organization Provider - New Provider Entry

This section displays the necessary steps for creating an Initial Application for an Organization Provider.

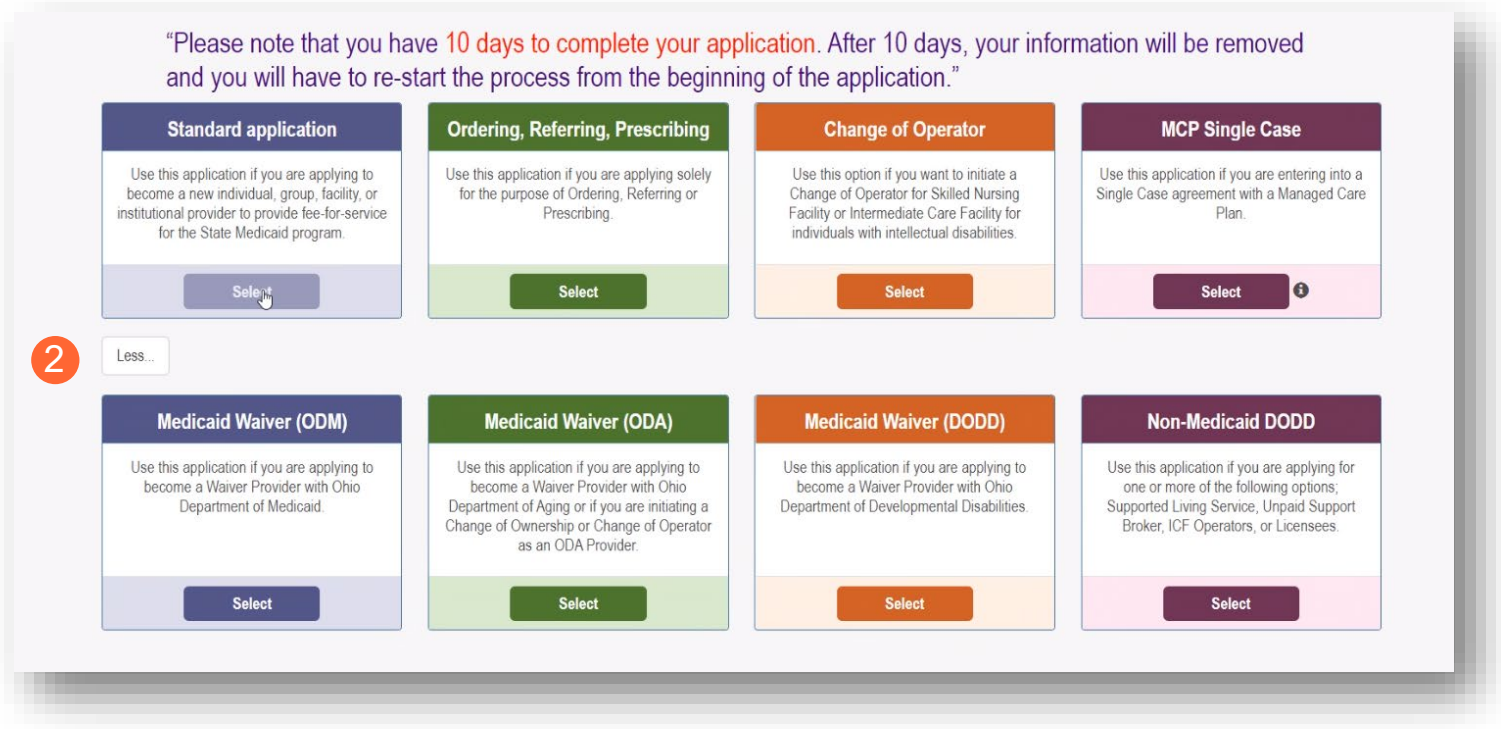
**Step 1:** Click ‘New Provider’




**Step 2:** Select the button for the application type for your new Provider

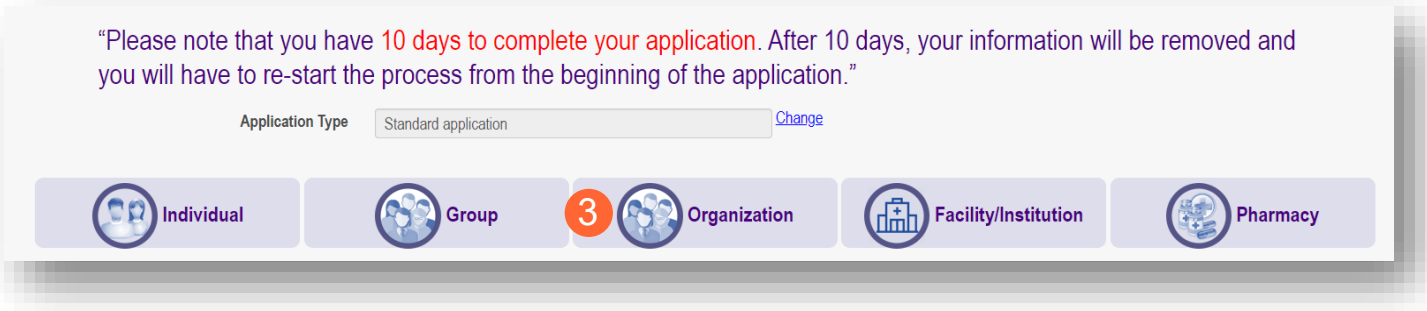



- Additional application types are displayed by selecting the ‘Click here for more application types…’ button




**Note:** For ODA and DODD Waiver applications, you will enter the Key Identifiers within PNM and then be navigated to the State Sister Agency portals to complete the application process. More details on these processes can be found in the ODA and DODD Provider User Desk Reference Guides.

**Step 3:** Next, click 'Organization' to begin an Organization Provider application

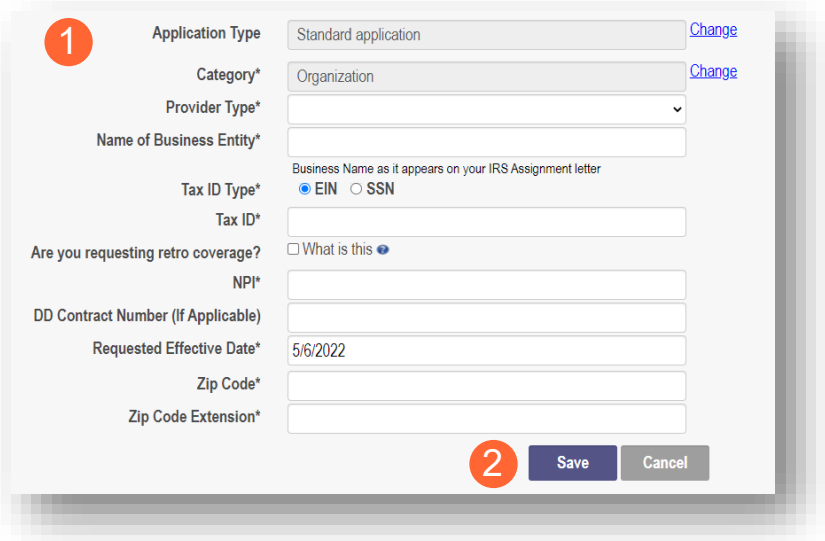


## Key Identifier Information

**Step 1**: Enter key provider information for the Provider

Enter all required fields marked with an asterisk *

- Provider Type
- Name of Business Entity
- EIN (Employer Identification Number) / SSN (Social Security Number)
- Tax ID
- NPI (National Provider Identifier)
- DD Contract Number *(If Applicable, for DODD Providers)*
- Requested Effective Date
- Zip Code
- Zip Code Extension

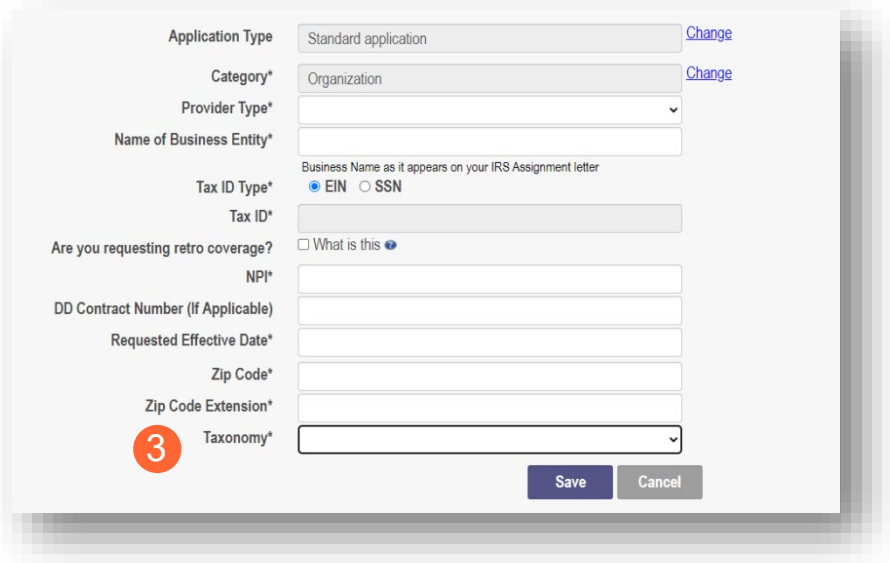



**Step 2:** Click 'Save' to save the information and advance

**Hint - PNM validates the NPI number is a Type 2 NPI number with the National Plan and Provider Enumeration System (NPPES) Registry database. If it is not a Type 2 NPI number, you will get an error before the taxonomy field appears.**

The NPI entered is not in the NPPES list.

**Step 3:** Select the appropriate primary Taxonomy associated with the Provider's NPI and click 'Save'. If you need to update or add taxonomy codes for a Provider, that will be available on the 'Taxonomy' page of the application.



## Document Upload Process (Any Page)

The option to upload documents is available on most pages of the application.

**Step 1:** To upload a document, click ‘Choose File’, select the file on your computer, and click ‘OK’

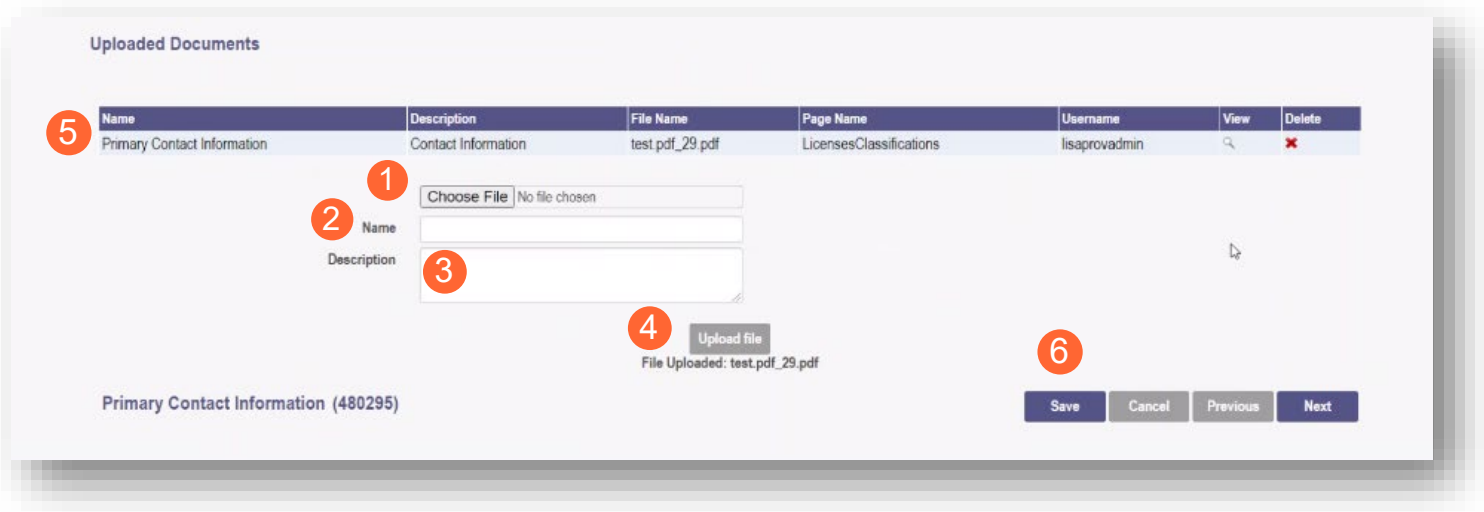
**Step 2:** Give the file a name

**Step 3:** Enter a Description (Optional)

**Step 4:** Click ‘Upload File’

**Step 5:** Verify your document was uploaded by reviewing the information in the table

**Step 6:** Click ‘Save’ or ‘Next’



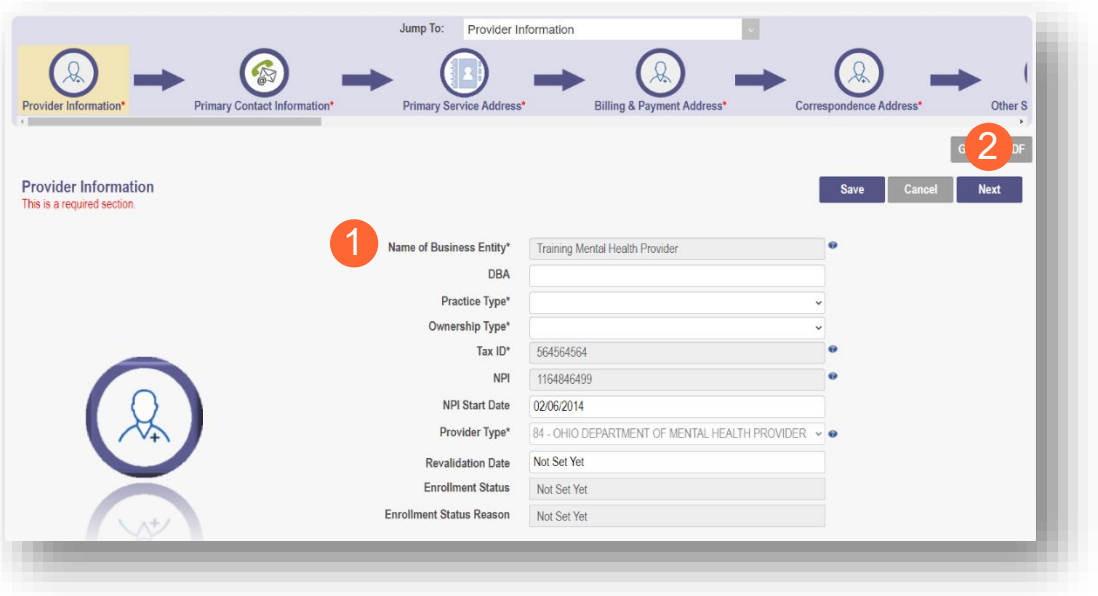
# Provider Information Page (Organization)

The first page that displays is the Provider Information page. Fill in all fields and click 'Next' to continue with your application. **Note:** Some information will auto-fil from the key identifier page you previously completed.

**Step 1:** Enter all the information in the required fields marked with an asterisk*

For this page the following fields are required:

- Name of Business Entity
- Practice Type
- Ownership Type
- Tax ID
- Provider Type

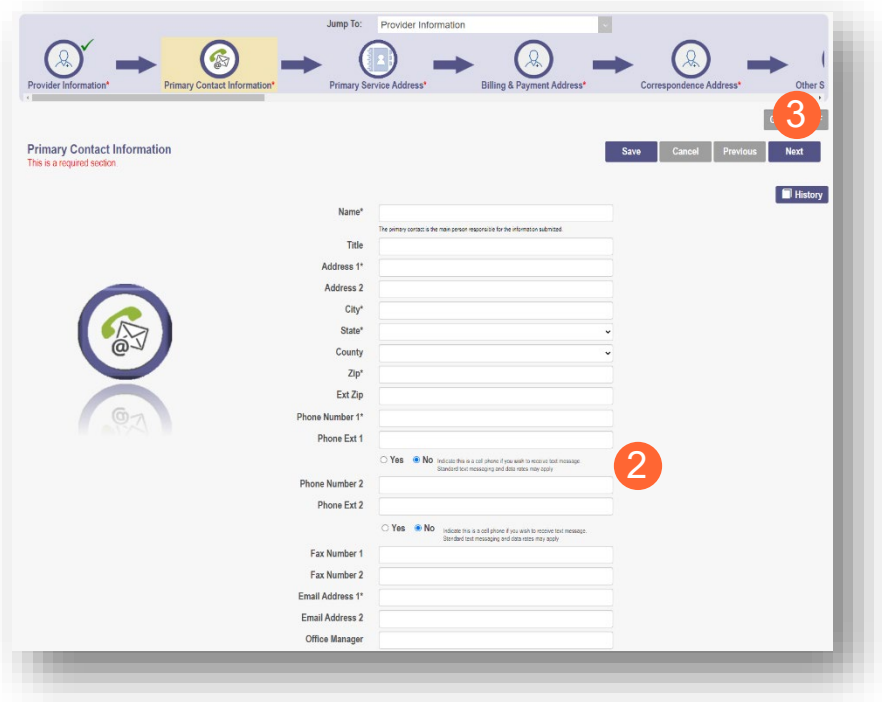



**Step 2:**

- Click the 'Save' button to save the information on the page or
- Click the 'Next' button to save and move to the next screen

## Primary Contact Information Page

The Primary Contact Page is the next page that displays for the Provider. This is the primary contact who will be responsible for managing communications and returning any required information that is needed to process the application for enrollment.




**Step 1:** Enter the required fields marked with an asterisk *

- Name
- Address
- City
- State
- Zip
- Phone Number
- Email Address

**Step 2:** Select the applicable radio button (Yes or No) to indicate a cell phone and to sign up to receive text messages regarding important account updates

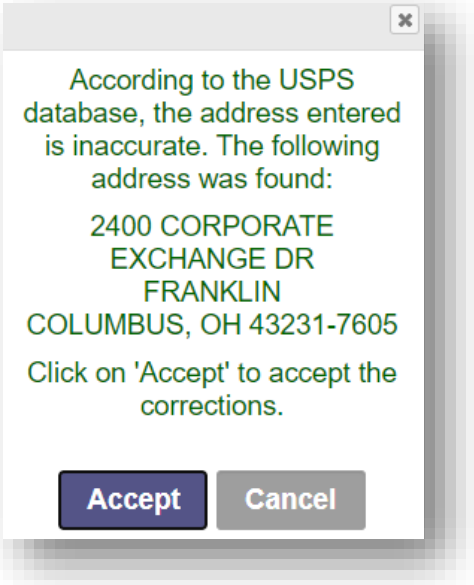
**Step 3:**

- Click the ‘Save’ button to save the information on the page
- Click the ‘Next’ button to save and move to the next screen

## USPS Address Search Pop-Up

To maintain accurate mailing addresses, PNM uses a USPS system search validation for addresses. Enter an address into PNM and click ‘Save’ or ‘Next’.’ A USPS system search will review the address and return corrections to the address based on the USPS review.

- Confirm the validation and accuracy of the address information
- Click ‘Accept’ on the USPS confirmation prompt
- Review the changes made to the address
- Click the ‘Next’ button again on the page to proceed to the next page of the application



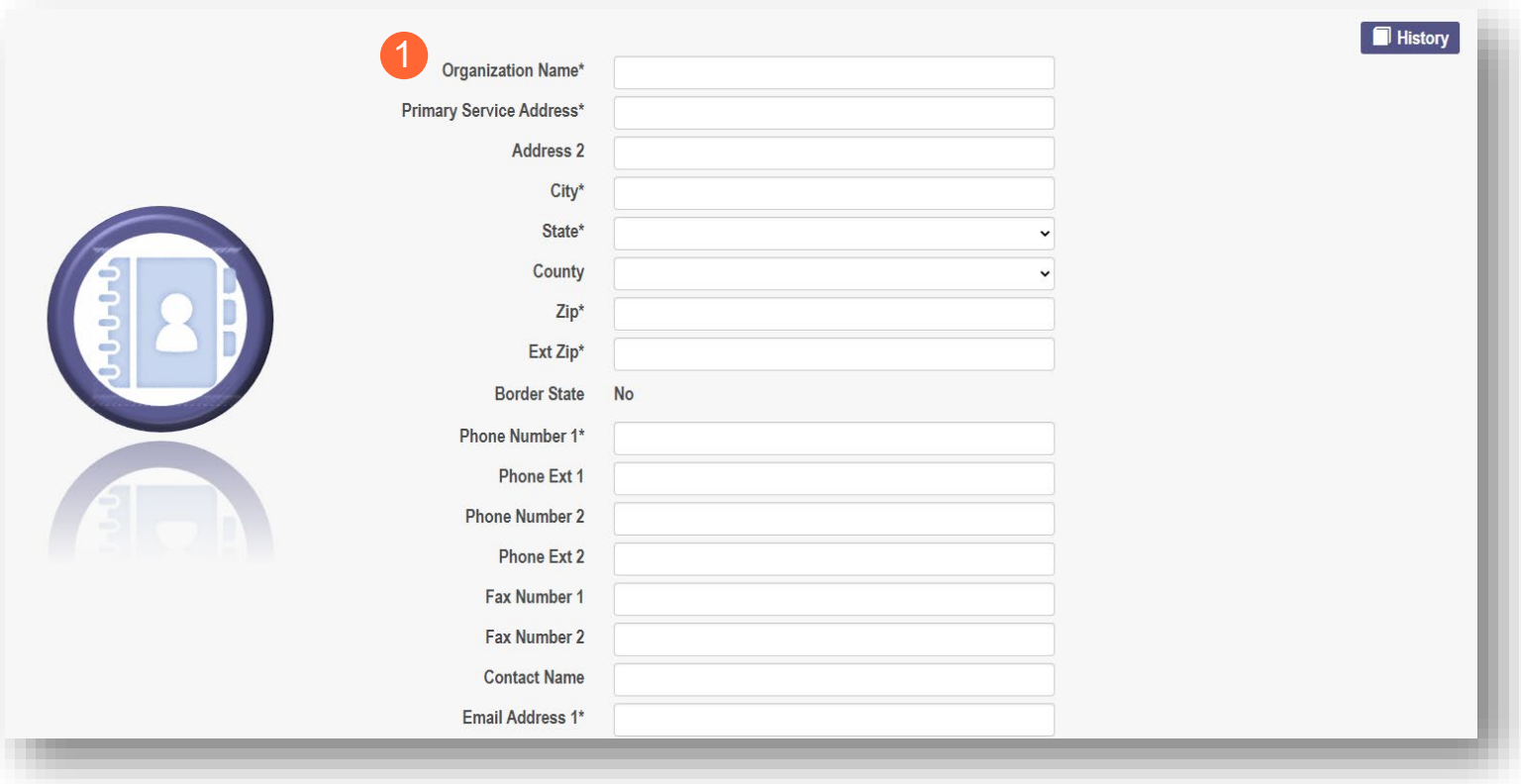
## Primary Service Address Page

The Primary Service address page provides a place to enter the primary service address for your location along with specific information about your office that will be included in the Provider Directory.

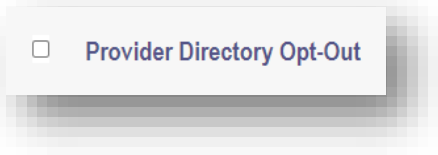
**Step 1:** Complete the Primary Service Address information.

Required fields include:

- Organization Name
- Primary Service Address
- City
- State
- Zip
- Zip Ext *(will be automatically imputed after USPS database check)*
- Phone Number
- Email Address




**Note:** Steps 2 – 4 are optional. If you select 'Provider Directory Opt-Out,' Provider information will not be included in the public facing Provider Directory.



**Step 2:** Indicate specific operating information about yourself or your office using the drop-down menus/data entry fields

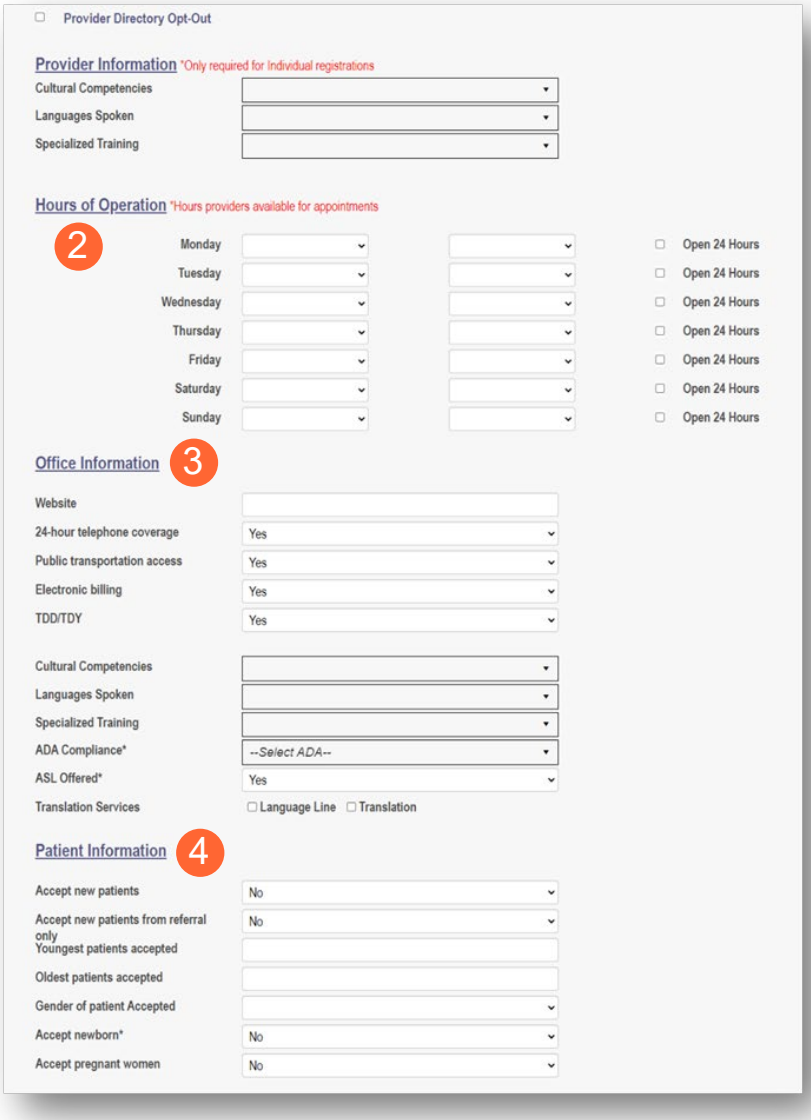
- Hours of Operation
- Whether the location is open 24 hours

**Step 3:** Indicate specific office information about yourself or your office using the drop-down menus/data entry fields

- Website
- Telephone Coverage
- Electronic Billing
- Cultural Competencies
- Language Spoken
- Specialized Training
- ADA Compliance
- ASL Offered

**Step 4:** Indicate specific information about the types of patients your office serves

- Accepting new patients
- Accept patients from referral only
- Youngest patient accepted
- Oldest patient accepted
- If they serve or specialize in a particular gender
- Accept newborns
- Accept pregnant women




**Step 5:**

- Click the ‘Save’ button to save the information on the page or
- Click the ‘Next’ button to save and move to the next screen

## Address Pages

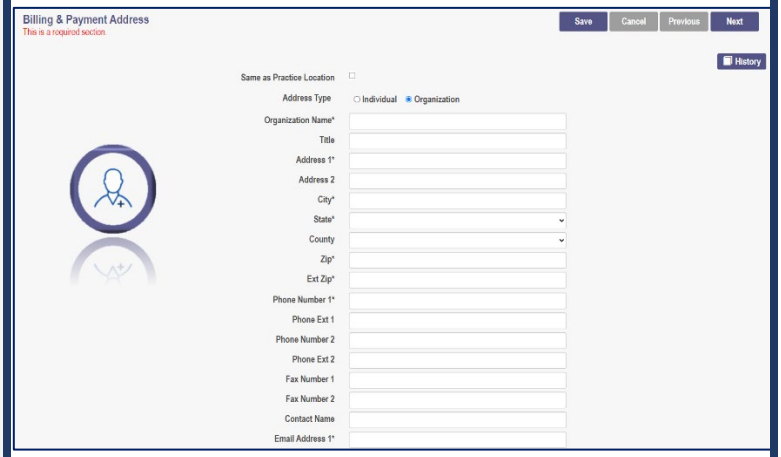
The following table provides samples of the types of address pages that will be required for your application.

### Billing & Payment Address Page

If the Billing & Payment Address is the same as the Primary Service Address, select the check box to indicate it is the ‘Same as the Practice Location.’ This will pre-populate information that was entered on the previous screen into the fields.

If a different address, enter the required fields marked with an asterisk *

Click ‘Save’ or ‘Next’ to save the contact to the record

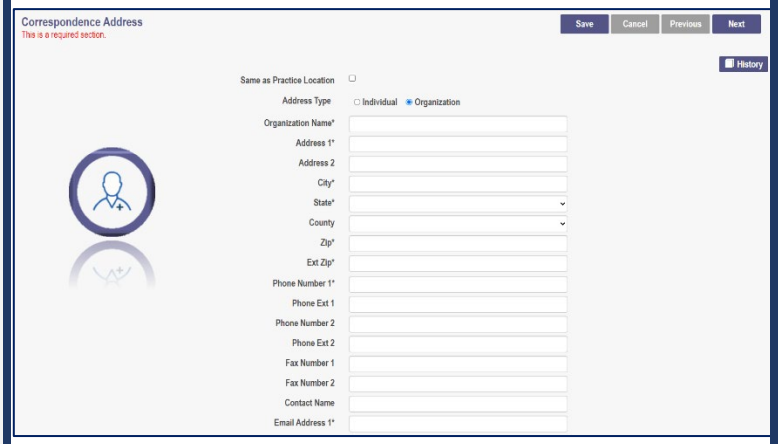



### Correspondence Address Page

If the Correspondence Address is the same as the Primary Service Address, select the check box to indicate it is the ‘Same as the Practice Location.’ This will pre-populate information that was entered on the previous screen into the fields.

If a different address, enter the required fields marked with an asterisk *

Click the ‘Save’ or ‘Next’ buttons to save the contact to the record



## 1099 Address Page

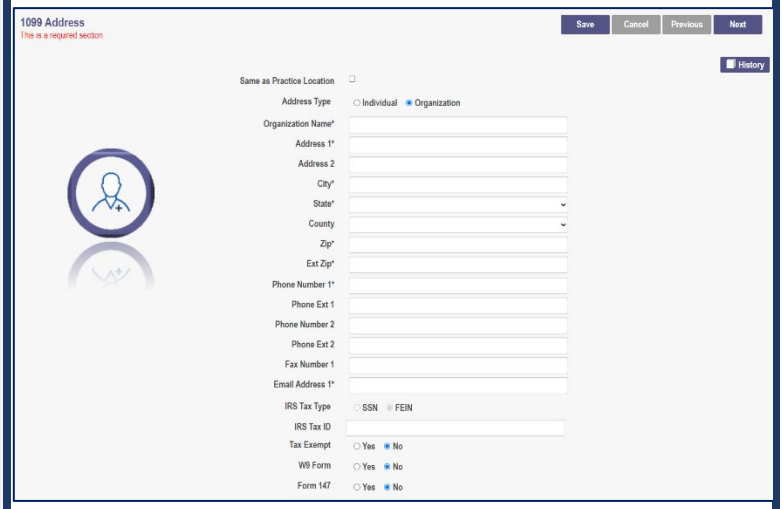
If the 1099 Address is the same as the Primary Service Address, select the check box to indicate it is the ‘Same as the Practice Location.’ This will pre-populate information that was entered on the previous screen into the fields.

If a different address, enter the required fields marked with an asterisk *

Depending on the original provider entry and provider type, the relevant tax identification information will display automatically.

Select the radio buttons for ‘Tax Exempt’; Type of form (W9 or 147)

Click the ‘Save’ or ‘Next’ buttons to save the contact to the record

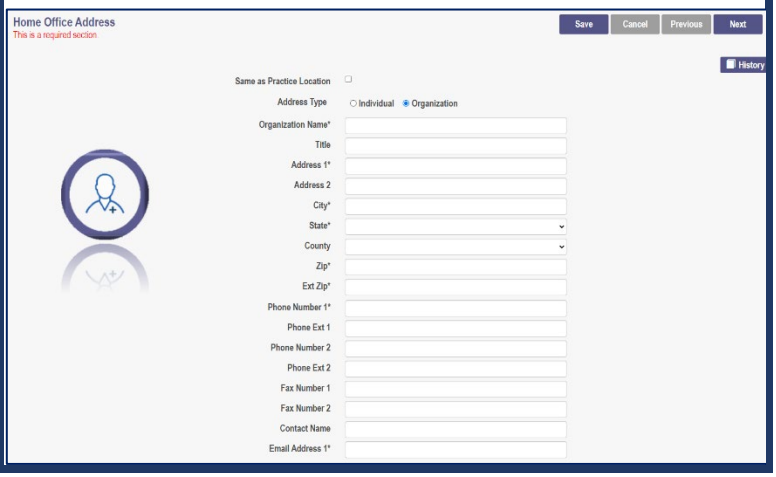



## Home Office Address

If the Home Office Address is the same as the Primary Service Address, select the check box to indicate it is the ‘Same as the Practice Location.’

This will pre-populate information that was entered on the previous screen into the fields.

If a different address, enter the required fields marked with an asterisk *



## Other Service Locations

This page allows you to enter any other locations where you provide services.

Behavioral Health Providers should be entering all OHMAS certified locations to the record

**Step 1:** Click 'Add New' to add a Service Location

**Step 2:** Complete all line items with an asterisk *

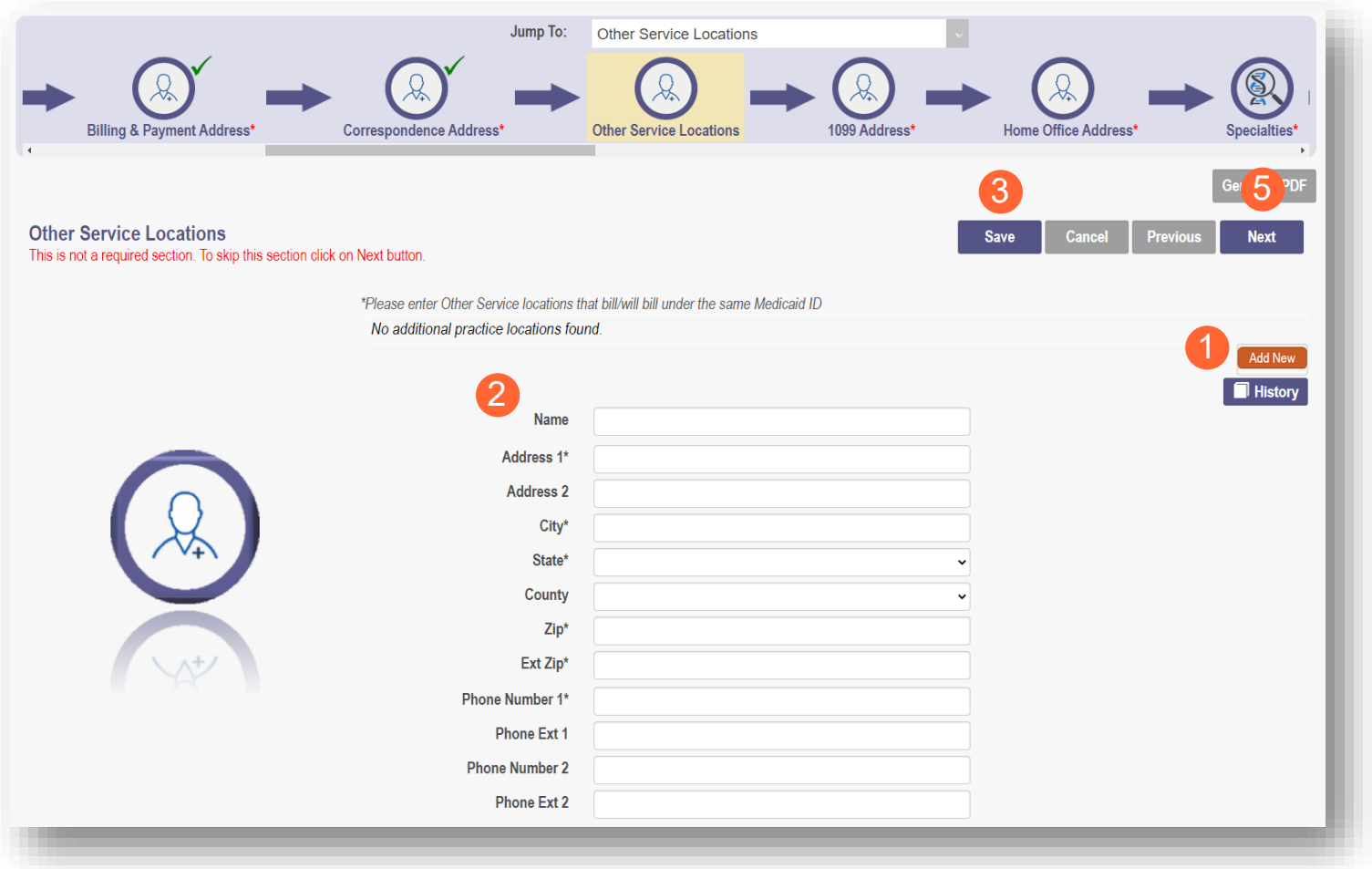
**Step 3:** Click 'Save' to save the address

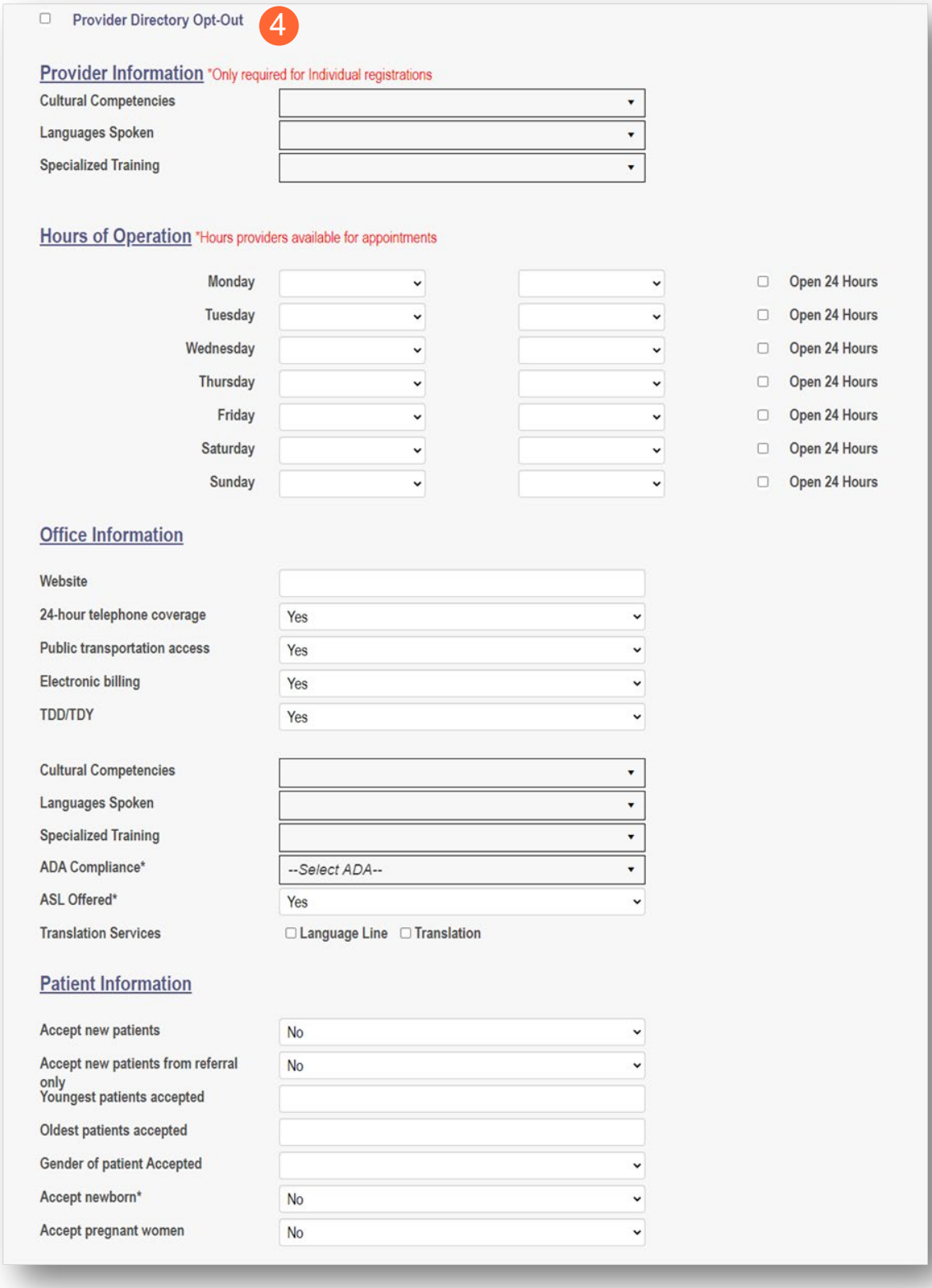
- Select 'Add New' to add any additional addresses

**Step 4:** Indicate additional operating information regarding the service location

- Provider Information
- Hours of Operation
- Office Information
- Patient Information

**Step 5:** Click 'Next' to save and proceed to the next page




Provider Directory Opt-Out
4
Provider Information *Only required for Individual registrations
Cultural Competencies
Languages Spoken
Specialized Training
Hours of Operation *Hours providers available for appointments
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday
Open 24 Hours
Office Information
Website
24-hour telephone coverage
Yes
Public transportation access
Yes
Electronic billing
Yes
TDD/TDY
Yes
Cultural Competencies
Languages Spoken
Specialized Training
ADA Compliance*
--Select ADA--
ASL Offered*
Yes
Translation Services
Language Line
Translation
Patient Information
Accept new patients
No
Accept new patients from referral only
No
Youngest patients accepted
Oldest patients accepted
Gender of patient Accepted
Accept newborn*
No
Accept pregnant women
No

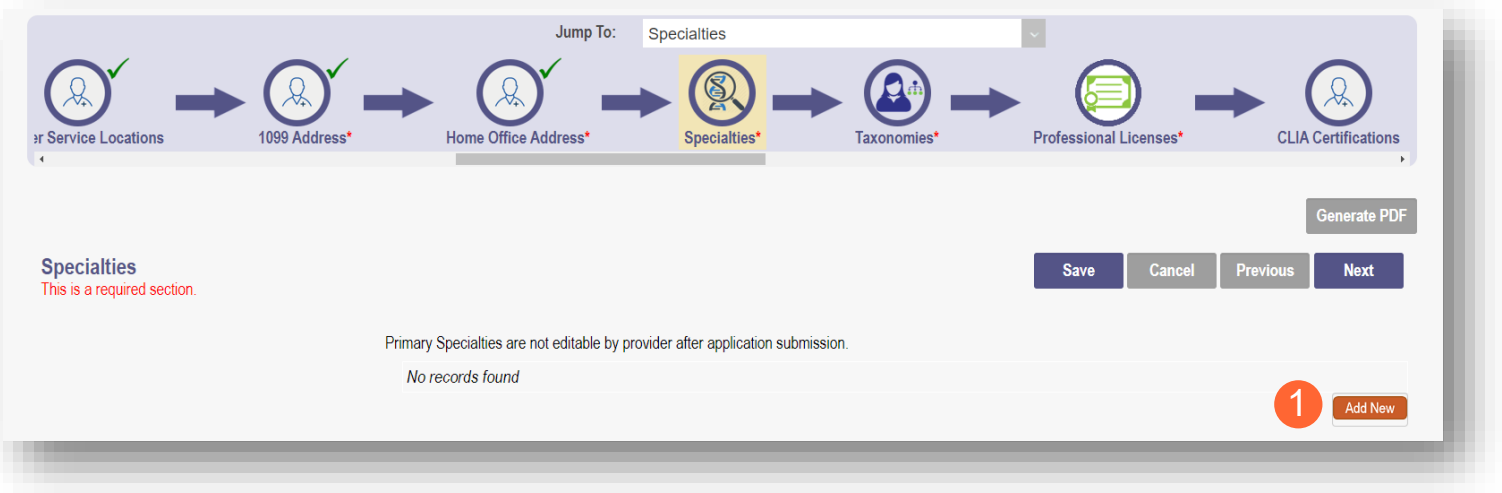
## Specialties Page

The specialty page allows you to indicate any specialties

**Note:** A Primary Specialty must be designated on one Specialty.

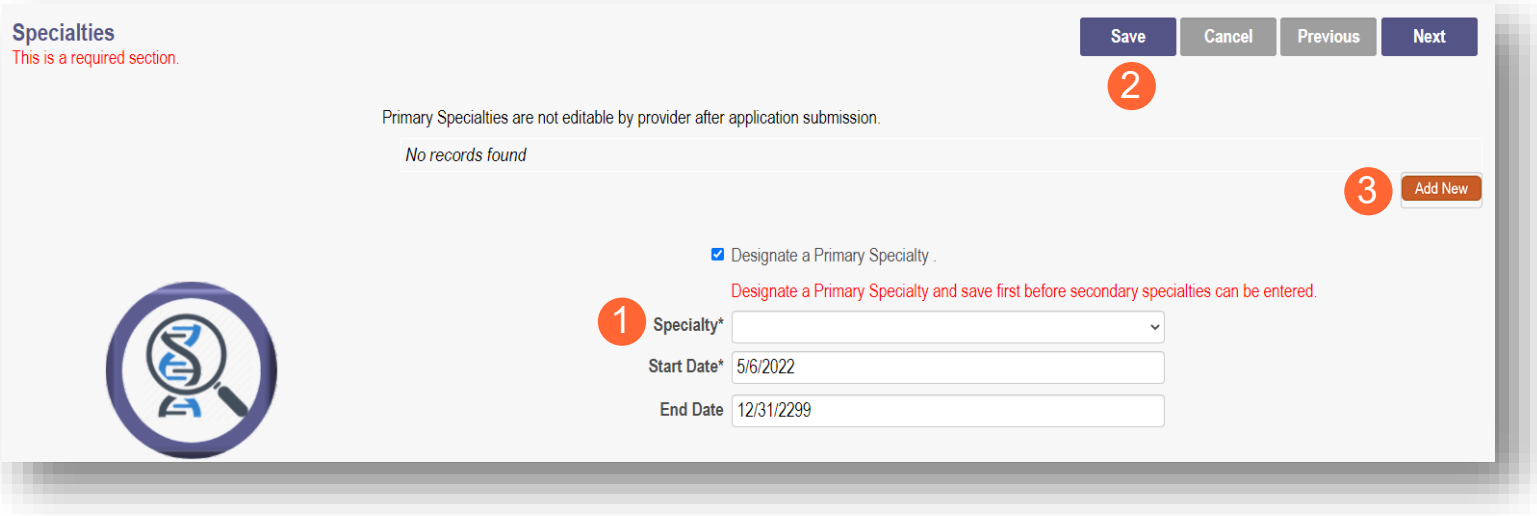
**Step 1:** Click ‘Add New’ to add a Specialty

- The Specialty drop-down has a variety of specialties that are associated with your Provider type
- If it is your Primary Specialty, select the check box that allows you to ‘Designate as Primary Specialty’



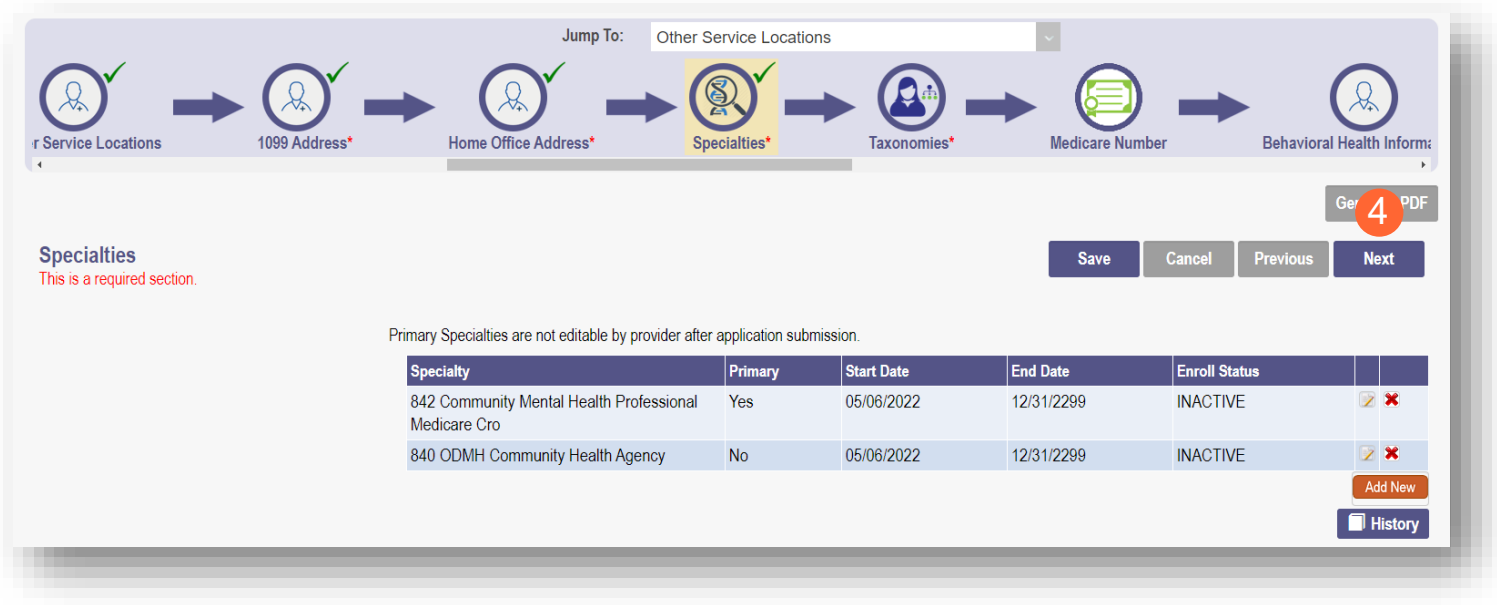

**Step 2:** Click ‘Save’ and confirm the New Specialty has been saved by reviewing the table

**Step 3:** Click ‘Add New’ and repeat the process to enter any Additional Specialties




**Note:** The ‘Enroll Status’ of the Specialties will show as INACTIVE until your Enrollment Application has been fully approved

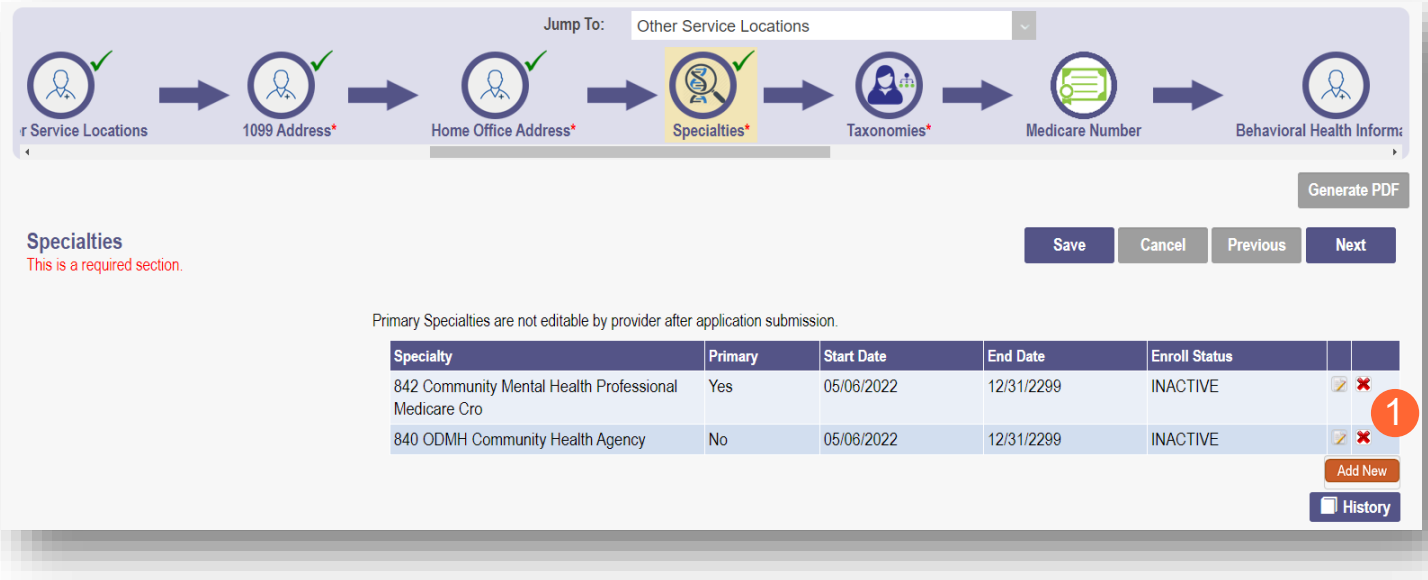
**Step 4:** Click 'Next' to Save and proceed to the next page




## Removing Specialties

**Step 1:** To Remove an added specialty:

- Click the '**x**' associated with the applicable specialty line

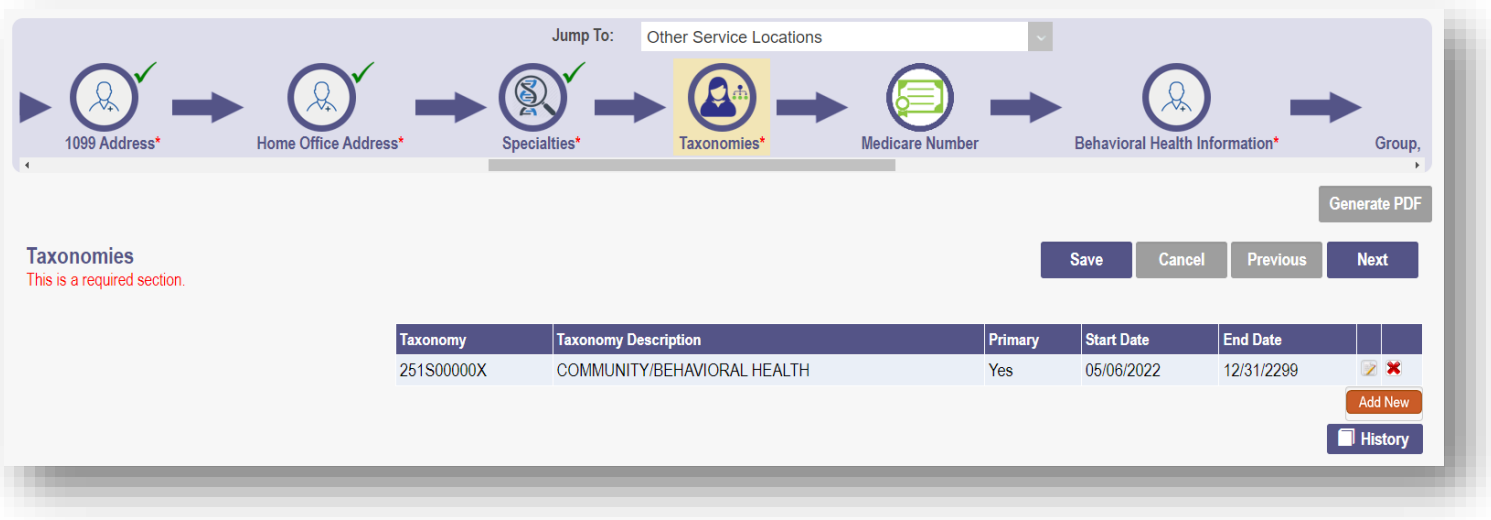


## Taxonomies Page

The Taxonomies page allows you to add, edit, or remove taxonomy codes that are associated in PNM.

Taxonomies associated through NPPES will automatically appear as options within PNM.

**Note:** If you are missing a taxonomy, you will need to update NPPES first before the taxonomy changes will appear as selections in PNM.



If you need to include additional Taxonomy Codes to your record, manually add them by following the process below:

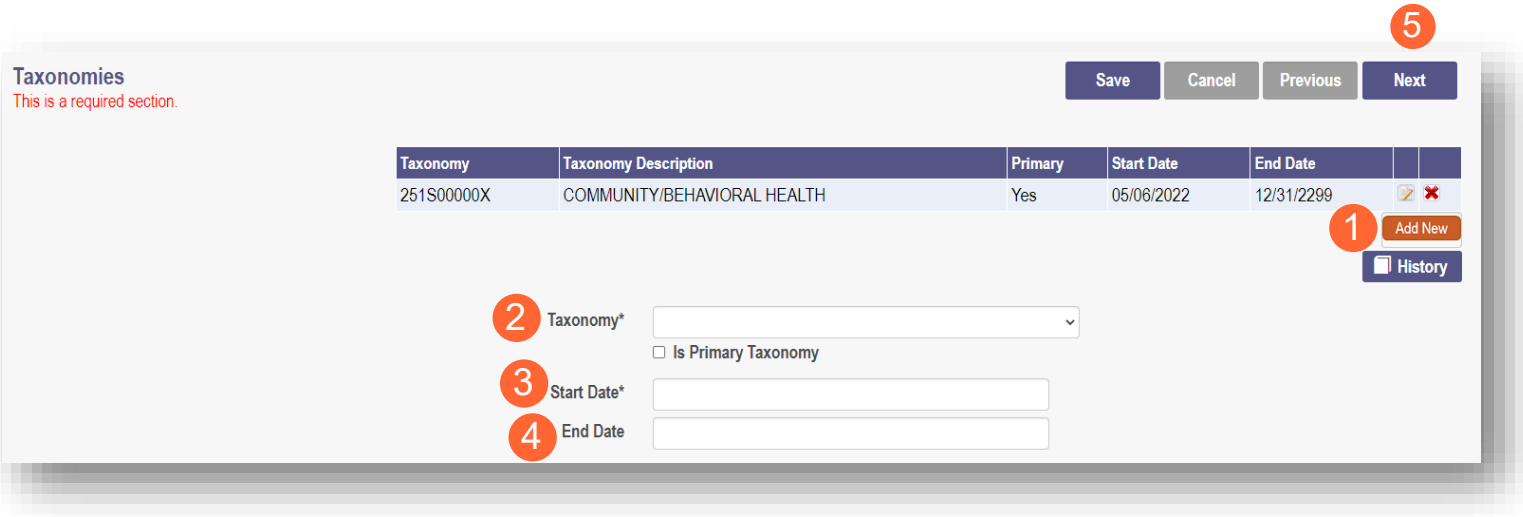
**Step 1:** Click ‘Add New’ to add a Taxonomy Code

**Step 2:** Indicate a Primary Taxonomy by selecting the check box ‘Is Primary Taxonomy’

**Step 3:** Enter the ‘Start Date’ (This is the date Taxonomy was added to your NPI record)

**Step 4:** Enter the ‘End Date’ (This field can be left blank)

**Step 5:** Click ‘Next’ to save and proceed to the next page



## Editing or Changing Primary Taxonomy

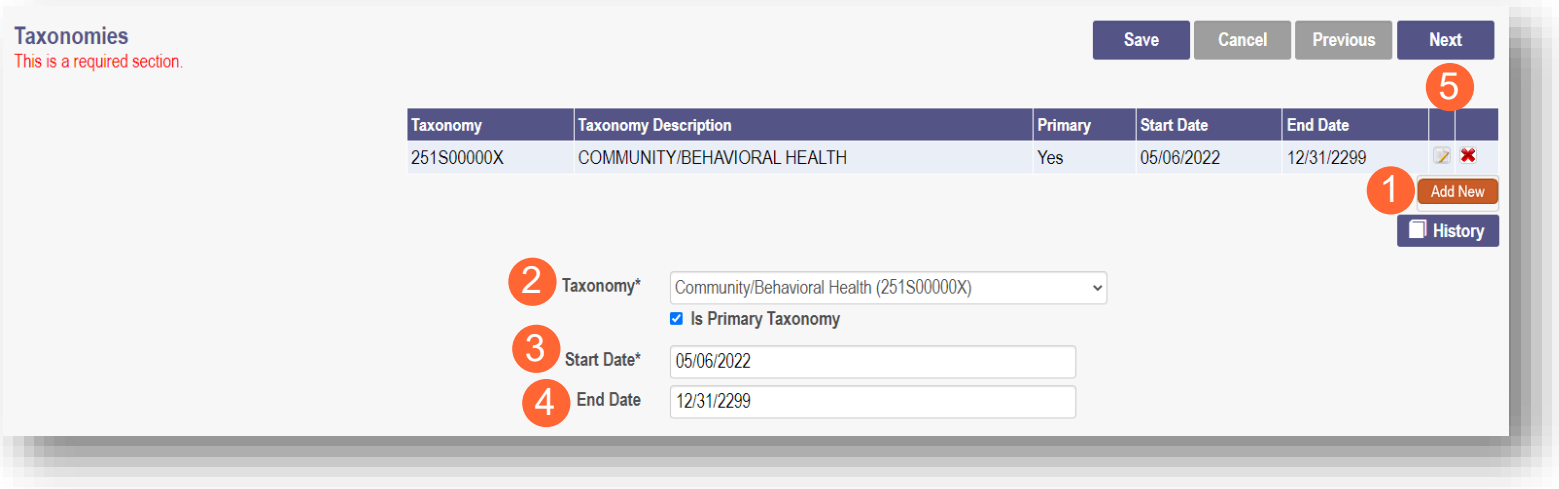
**Step 1:** Click the ‘Pencil and Notepad’ icon next to the Taxonomy on the list associated with your application

**Step 2:** Select the appropriate Taxonomy from the drop-down menu and edit start and end dates as needed

**Step 3:** Select the checkbox for ‘Is Primary Taxonomy’

**Step 4:** Confirm your changes have been adjusted

**Step 5:** Click ‘Next’ to save and proceed to the next page



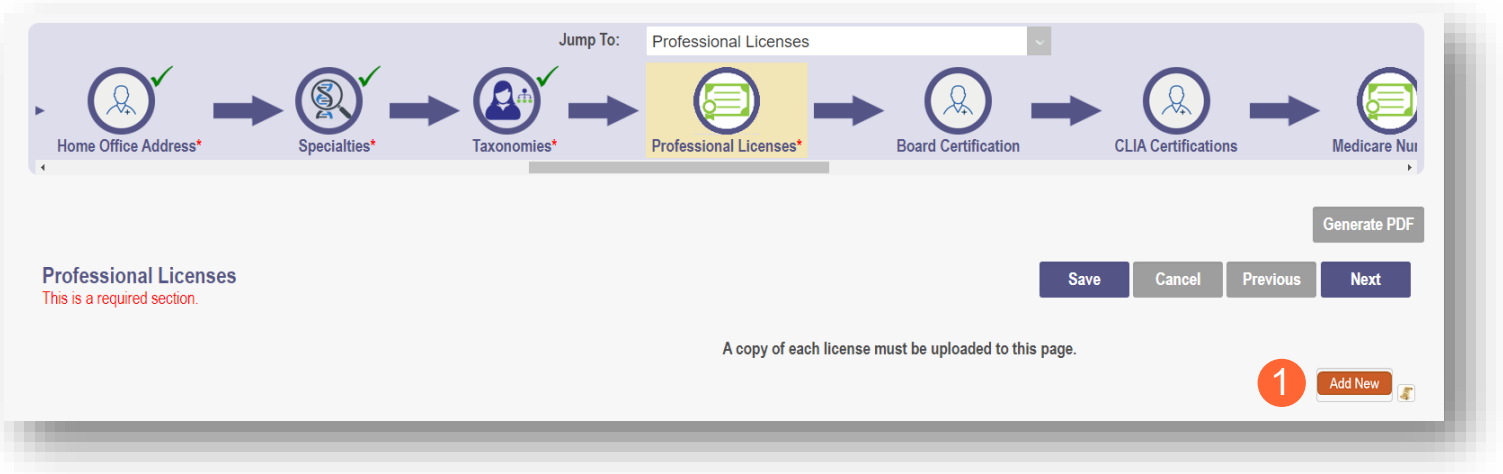
## Professional Licenses

**Note:** License information and a copy of a valid license are not required for every Provider type.

This page allows you to enter and upload information related to your Professional Licenses.

This page will appear for Provider Type 95 – Substance Use Disorder

**Step 1:** To add a Professional License, click ‘Add New’



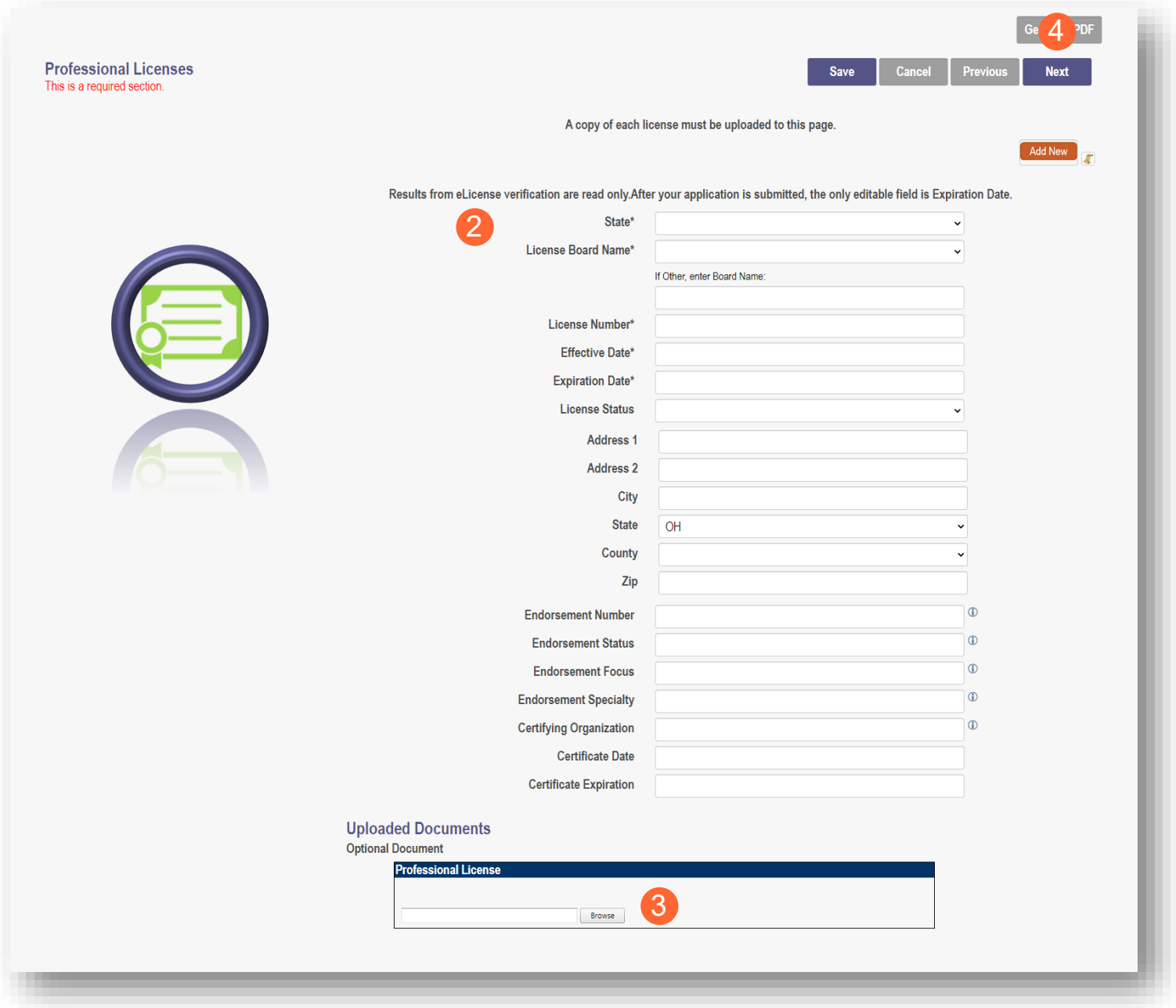
**Step 2:** Complete the required fields marked with an asterisk*

**Note:** Most fields will auto-populate if the license is active and in Ohio with the e-license check.

**Step 3:** Upload a copy of your Professional License by click 'Browse' under the Upload Documents section

- Locate, on your computer, the file you wish to upload then click 'Open'
- The file name will appear in green text to indicate a successful upload

**Step 4:** Click 'Next' to save and proceed to the next page



## Medicare Number Page

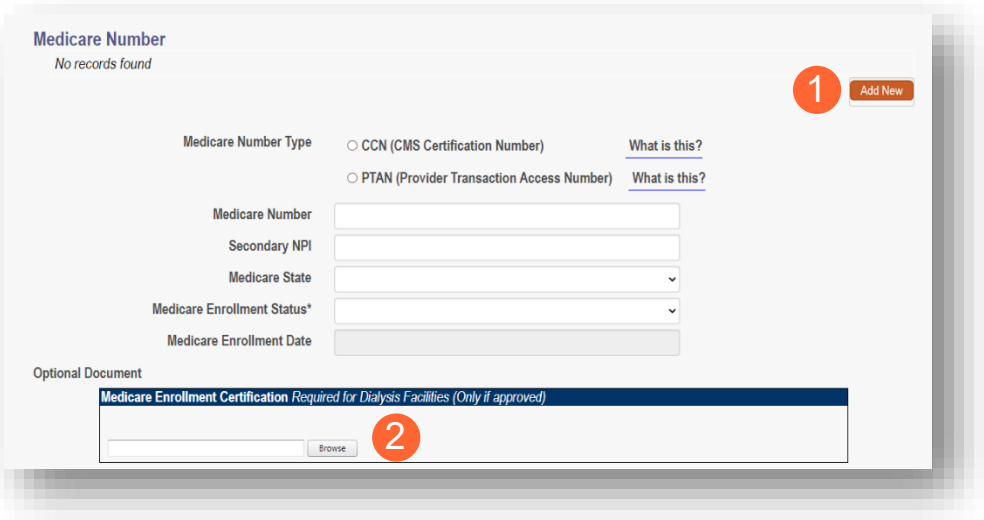
This is not a required section to complete. Click 'Next' to skip, if not required.

**Step 1:** If you need to complete this section, click 'Add New' and enter the relevant information:

- Medicare Number type

*If you need further clarification, click 'What is this?' for help*

- Medicare number based on type selected
- Medicare State
- Medicare Enrollment Status (Required)
- Medicare Enrollment Date

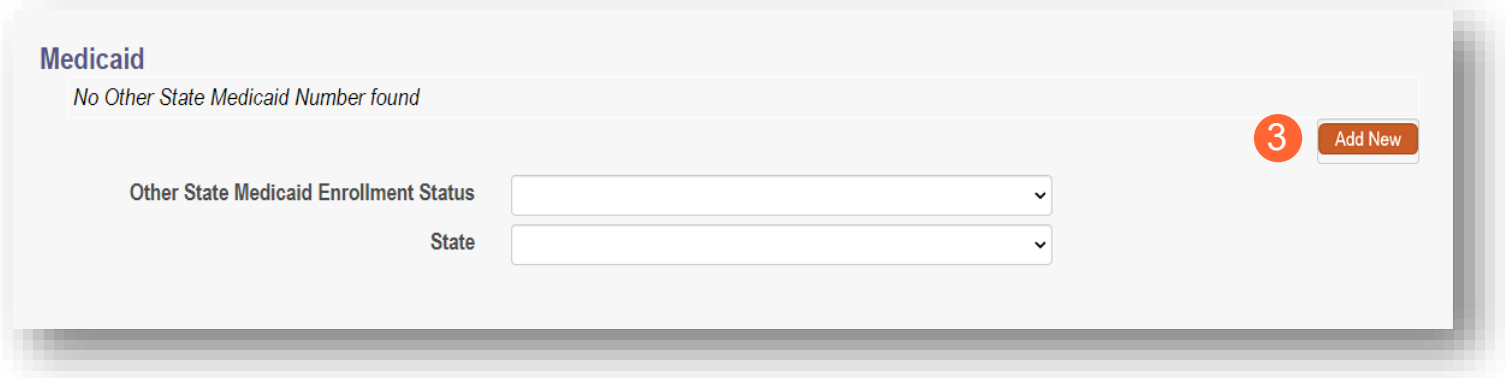



***Note:*** *System uses Secondary NPI and Medicare State to look up and verify Provider is in PECOS*

**Step 2:** Upload a Medicare Enrollment Certification document by clicking 'Browse'

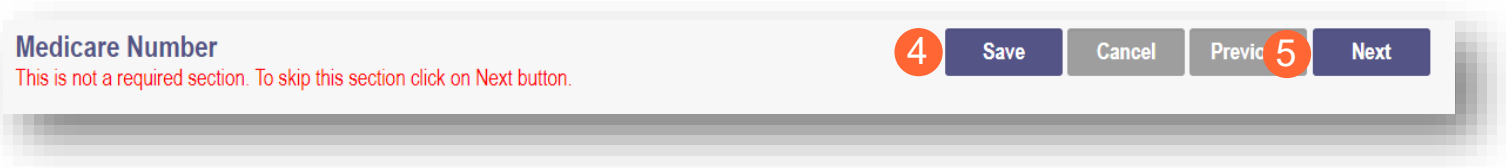
**Step 3:** Determine if you need to add Medicaid through another State

- Click 'Add New' to add another State
- Enter all relevant and required information



**Step 4:** Click ‘Save’ to save your work

**Step 5:** Click ‘Next’ to move to the next screen



## Behavioral Health Information Page

This page is required to complete and allows you to indicate specific information about your Behavioral Health Organization.

**Step 1:** Enter a Behavioral Health Certification Date typing or by clicking on the blank line to open a calendar

**Step 2:** Select a Certification Type from the drop-down menu

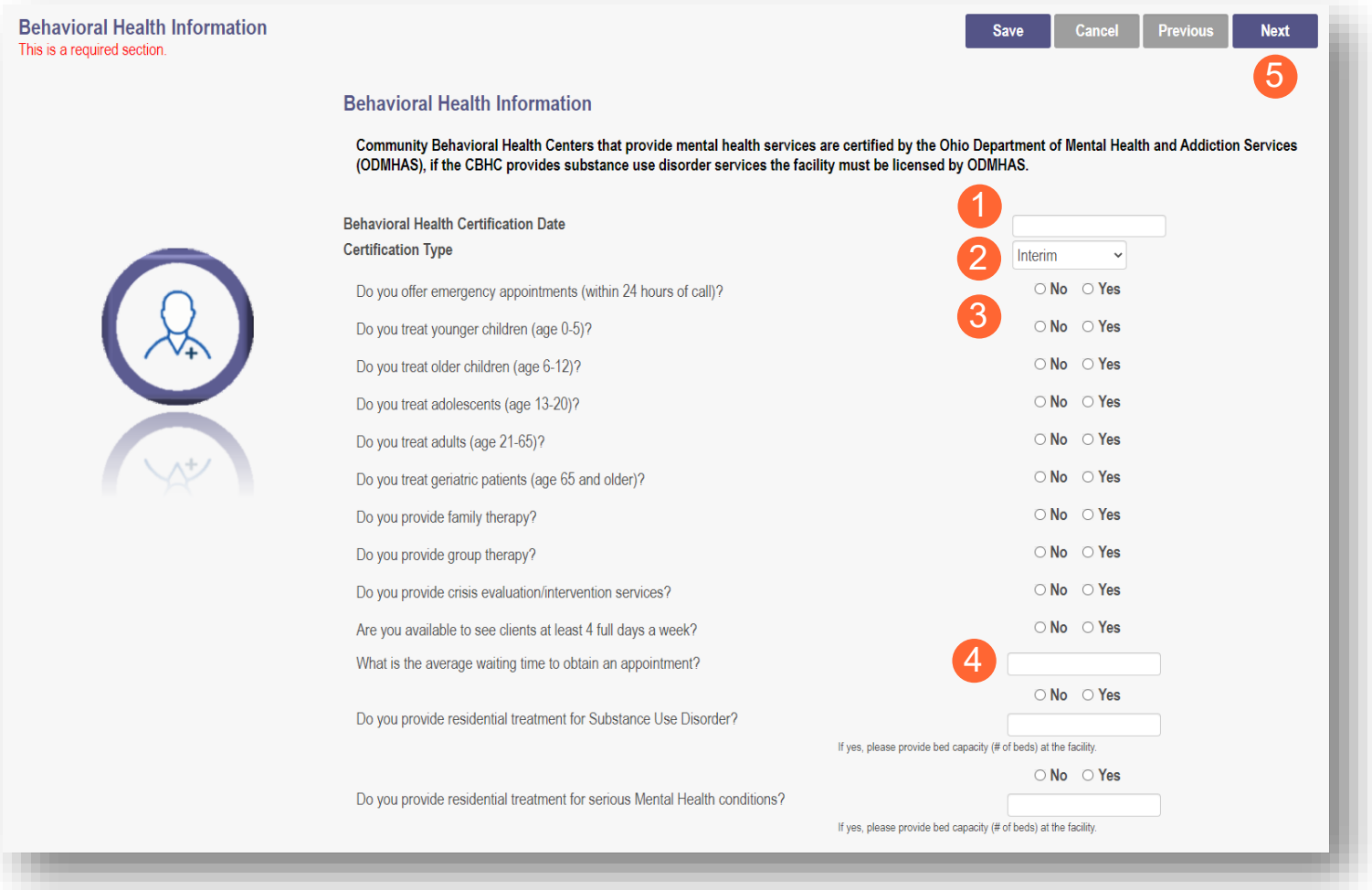
- Interim
- Full Certification

**Step 3:** Click the proper radio button to answer each question 'Yes' or 'No'

**Note:** For the final two questions on the page, if 'Yes' is answered, a bed capacity number need to be entered

**Step 4:** Type in the average waiting time to obtain an appointment in the space provided

**Step 5:** Click 'Next' to move to the next screen

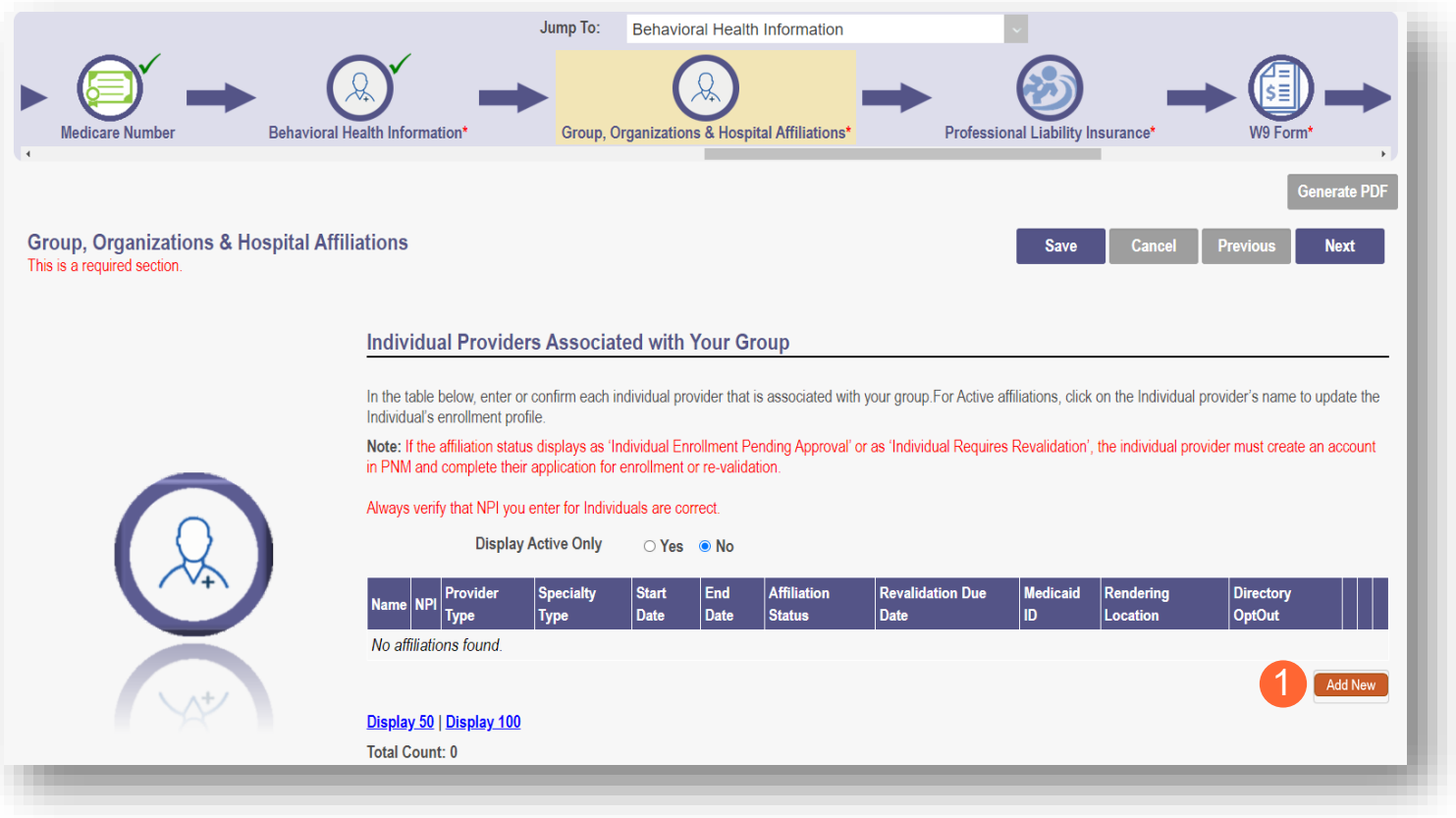


## Group, Organizations & Hospital Affiliations Page

This page will allow you to indicate any individual Providers who are affiliated with your organization.

## Adding an Individual Provider Associated with Your Organization

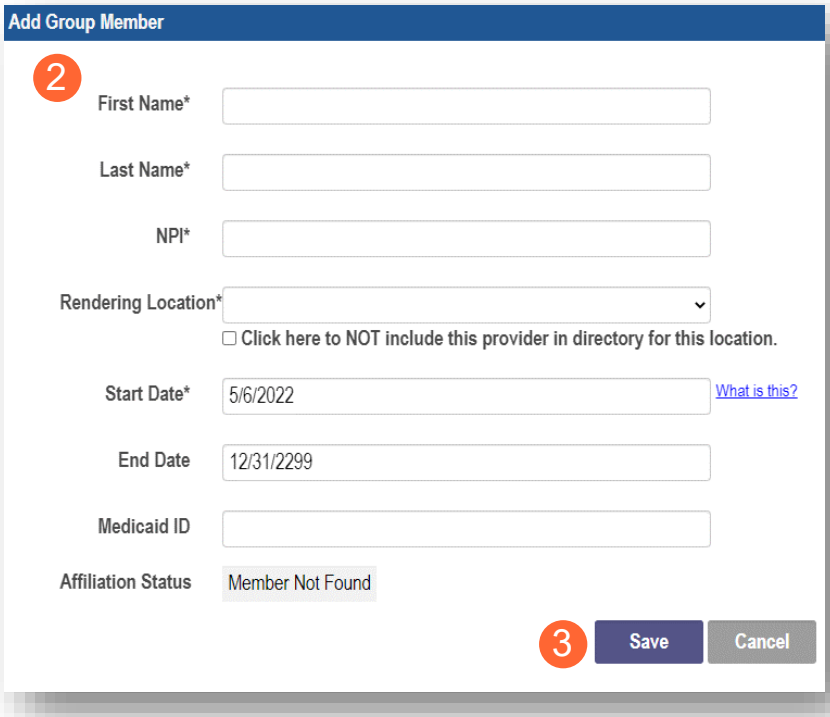
**Step 1:** To add an Individual Affiliation, click 'Add New'



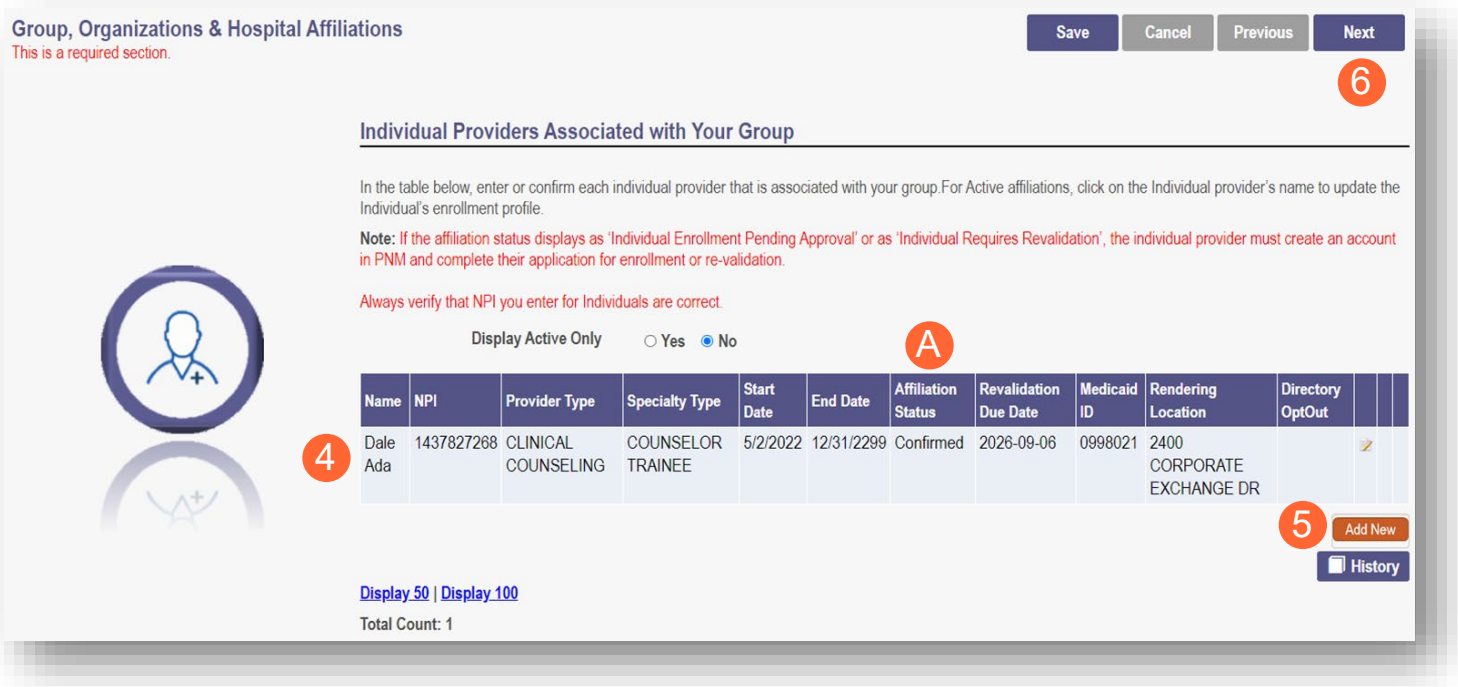
**Step 2:** Enter the information for the individual provider, including the Rendering Location

- Note: You will need the NPI for the Provider and enter that information
- The State Date will default to the date of application, but is an editable field

**Step 3:** Click 'Save' to continue



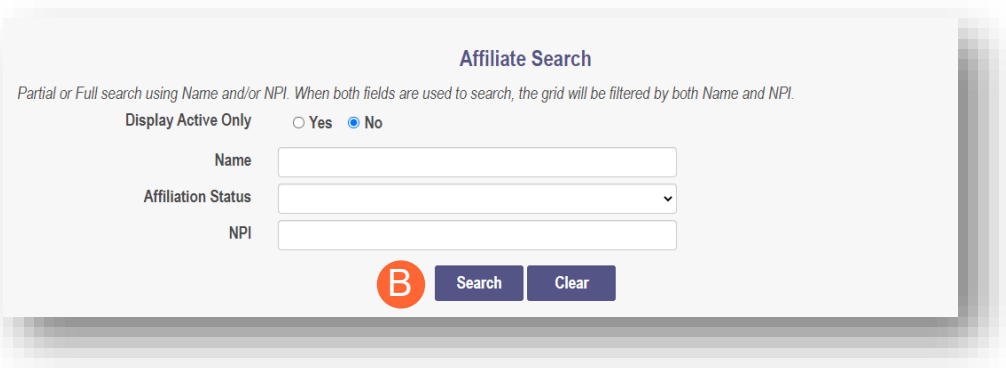

**Step 4:** Confirm the affiliation is listed on the screen



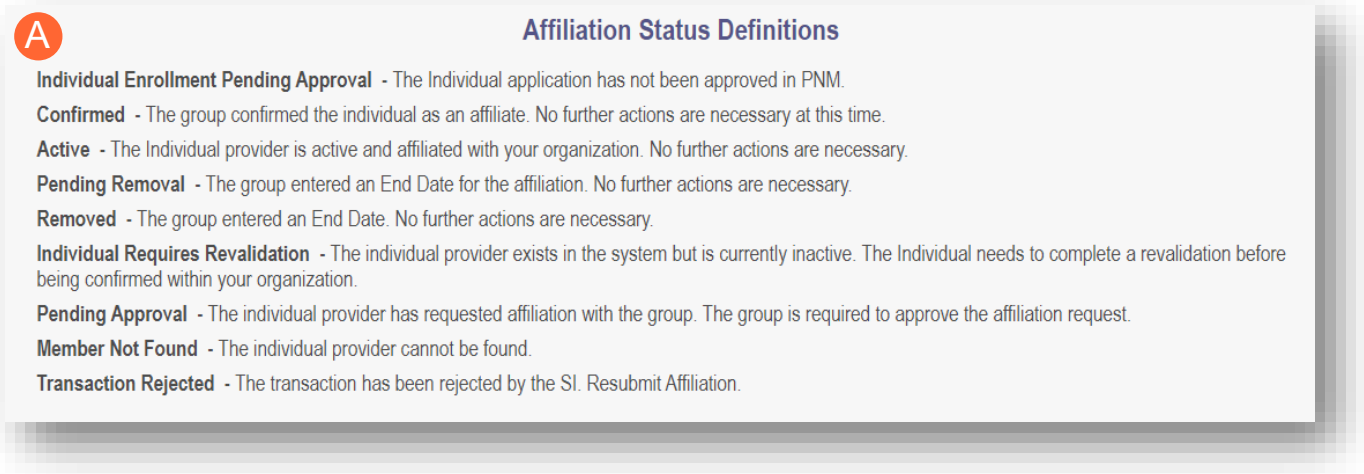

**Step 5:** Click 'Add New' to add additional affiliations

**Note:** The individual Providers will have a different affiliation status. The definitions of that status are shown at the bottom of this section (A)

**Note:** If you are viewing a previously submitted application and there are numerous affiliations listed, you can use the Affiliate Search to locate a specific Provider from your affiliations list (B)



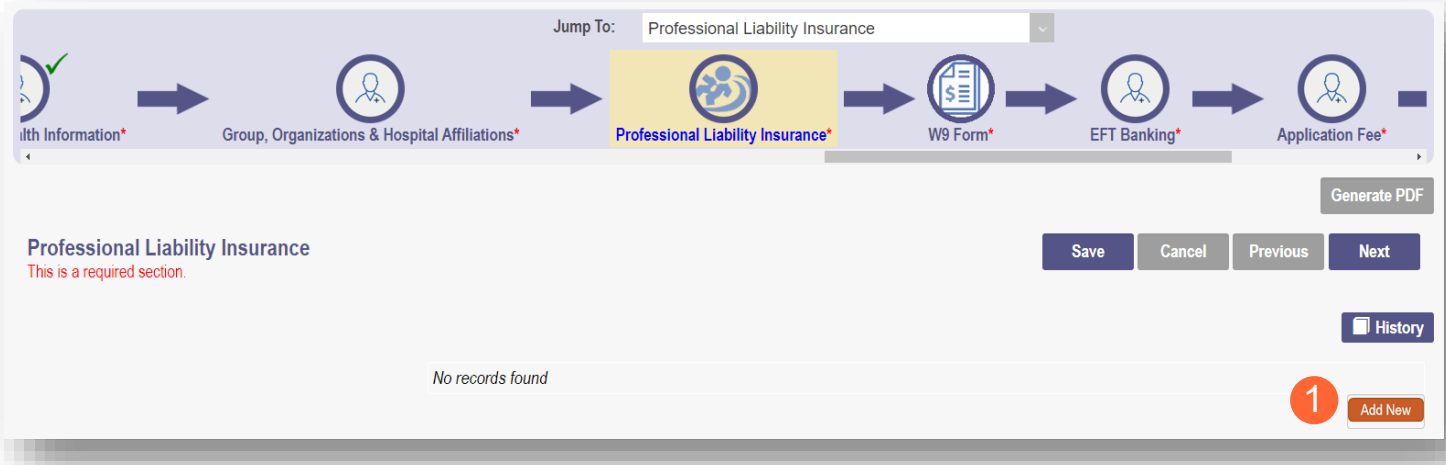

**Step 6:** Once all affiliations are added, click 'Next'



## Professional Liability Insurance Page

This page allows you to enter information about your professional liability insurance

**Step 1:** To add Professional Liability Insurance, click 'Add New'

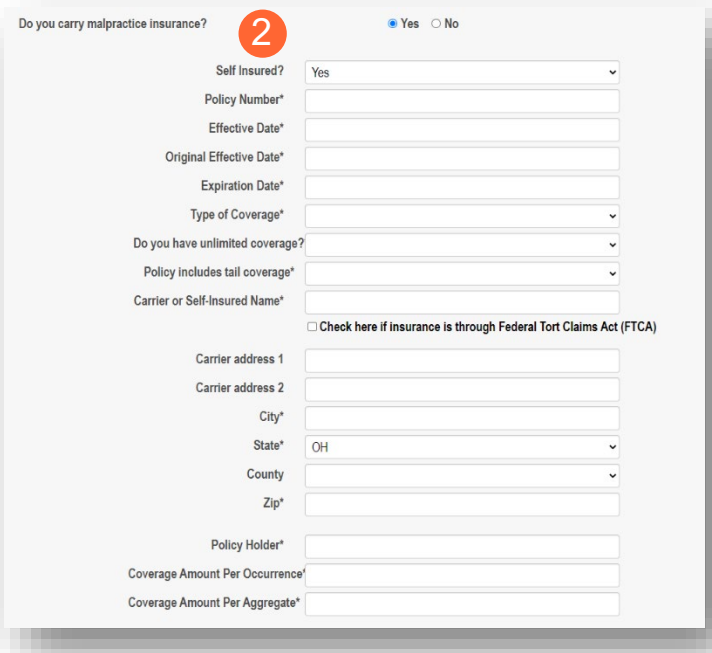



## Yes/No Professional Liability Insurance

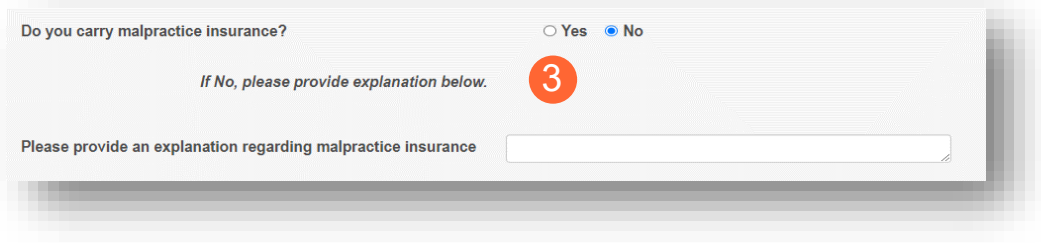
**Step 2:** You must select a 'Yes' or 'No' radio button for the question: "Do you carry malpractice insurance?"

If you select 'Yes,' you will be prompted to enter required corresponding information into the screen:

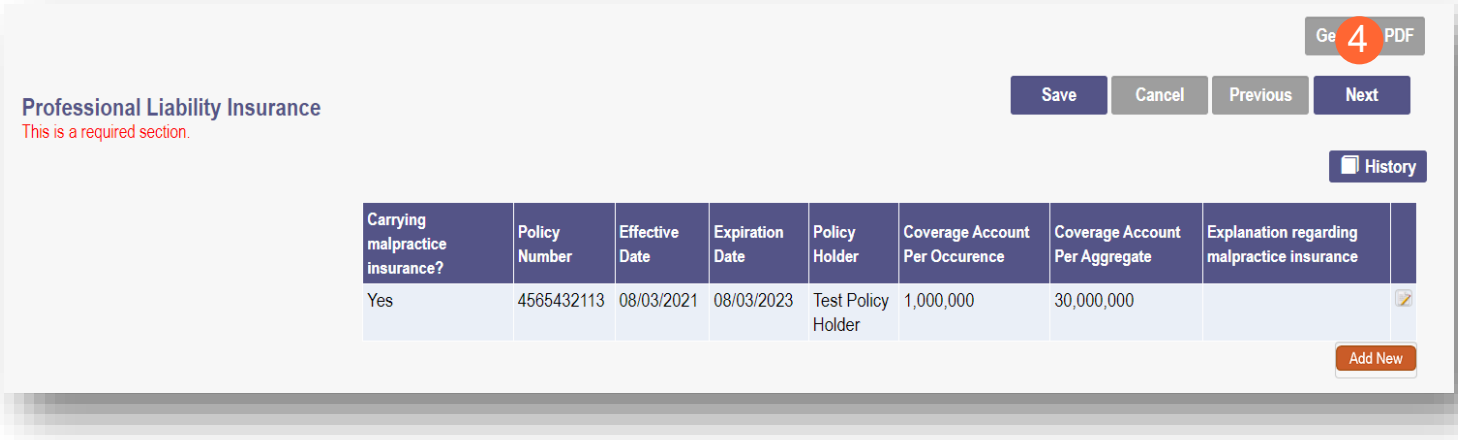
- Self-Insured?
- Policy Number
- Effective Date
- Original Effective Date
- Expiration Date
- Type of Coverage
- Do you have unlimited coverage?
- Policy includes tail coverage?
- Carrier or Self-Insured Name
- Address
- City
- State
- Zip
- Policy Holder
- Coverage Amount Per Occurrence
- Coverage Amount Per Aggregate



**Step 3:** If you select 'No,' you will need to provide an explanation regarding malpractice insurance



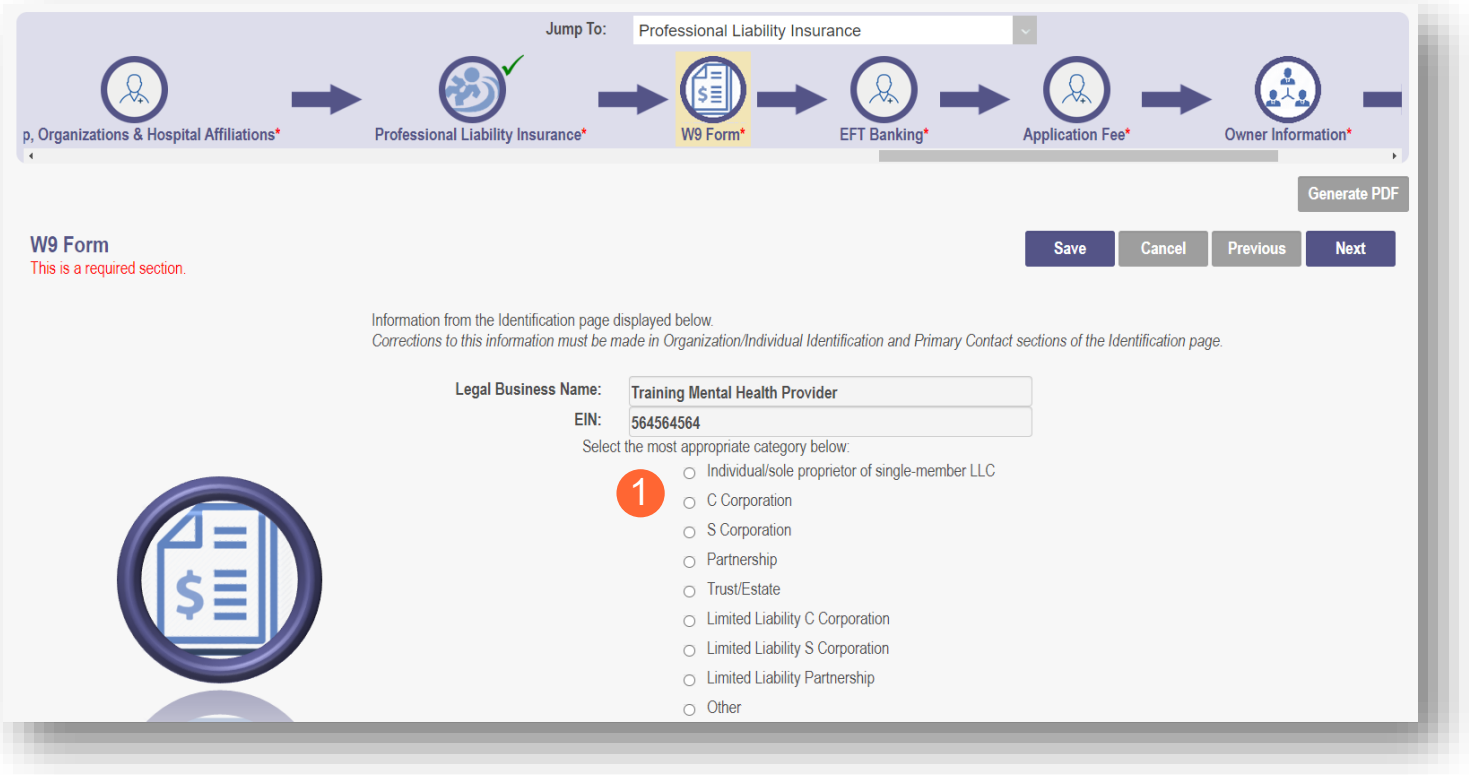

**Step 4:** Click 'Next' to save and move to the next screen



## W9 Form Page

On this page, indicate which tax filing category and document you complete to provide the correct EIN/TIN

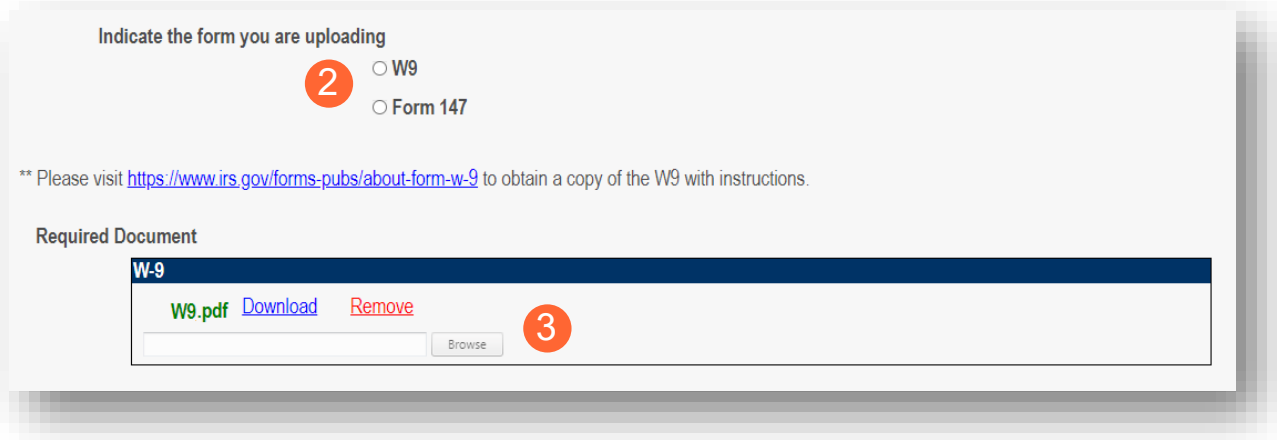
**Step 1:** Select the most appropriate organization type by clicking on the appropriate radio button category




**Step 2:** Indicate the type of form you are uploading by selecting the radio button for 'W9' or 'Form 147'

**Step 3:** Under the Required Document section, use the 'Browse' option at the bottom of the screen to upload your W9 or Form 147

- The file name will appear in green text when it has uploaded




**Step 4:** Click 'Next' to save the information and move to the next page

## EFT Banking Information Page

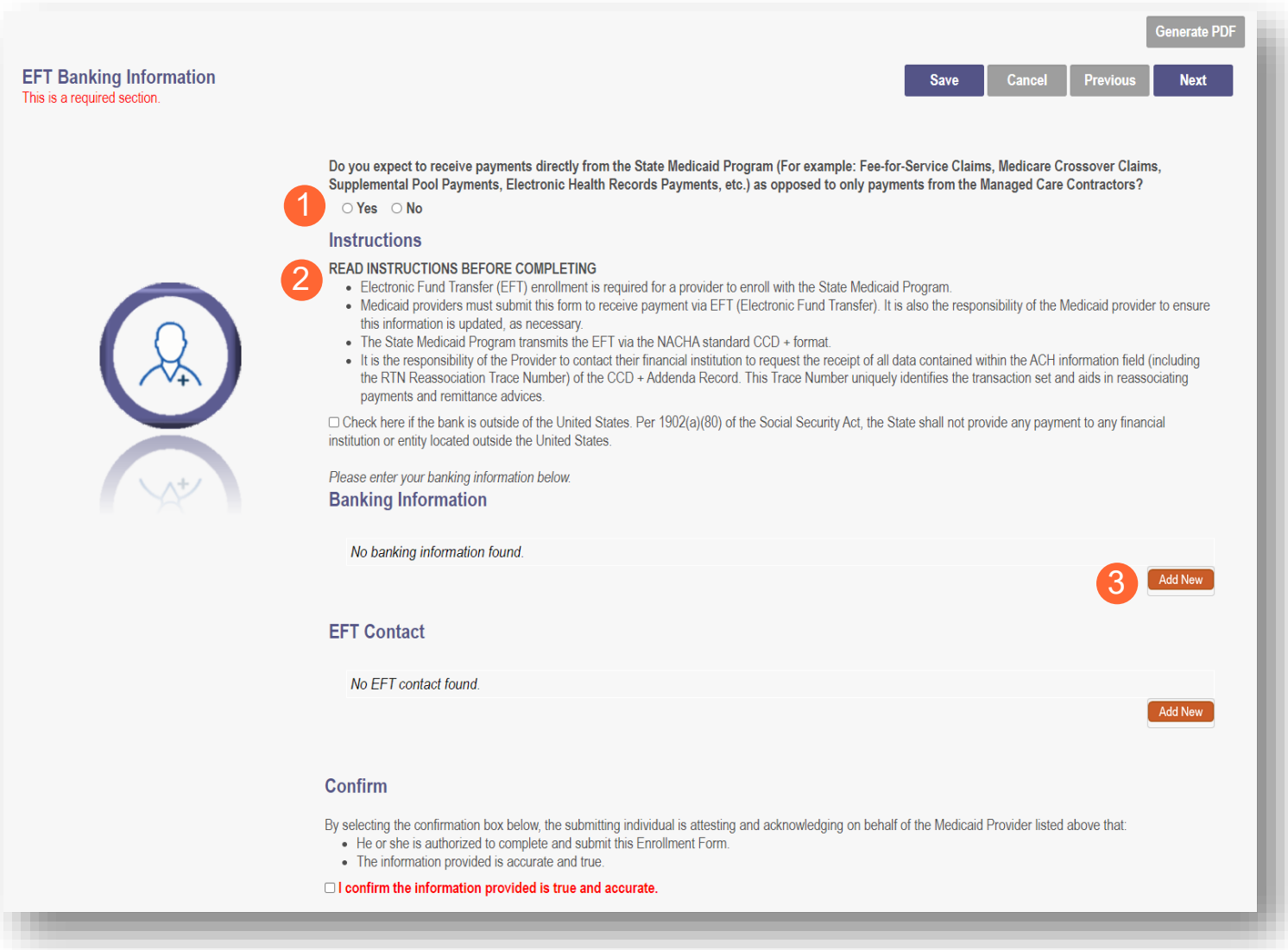
This page requires to you indicate enrollment of Electric Fund Transfer (EFT), which is required to enroll with the State Medicaid Program. However, if 'No' is answered to the first question, no additional details need to be entered.

**Step 1:** Select the 'Yes' or 'No' radio button to answer the question at the top of the page

**Step 2:** Read the instructions section before proceeding to Step 3

**Note:** If your bank is outside of the United States, click the checkbox at the end of the 'Instructions' section

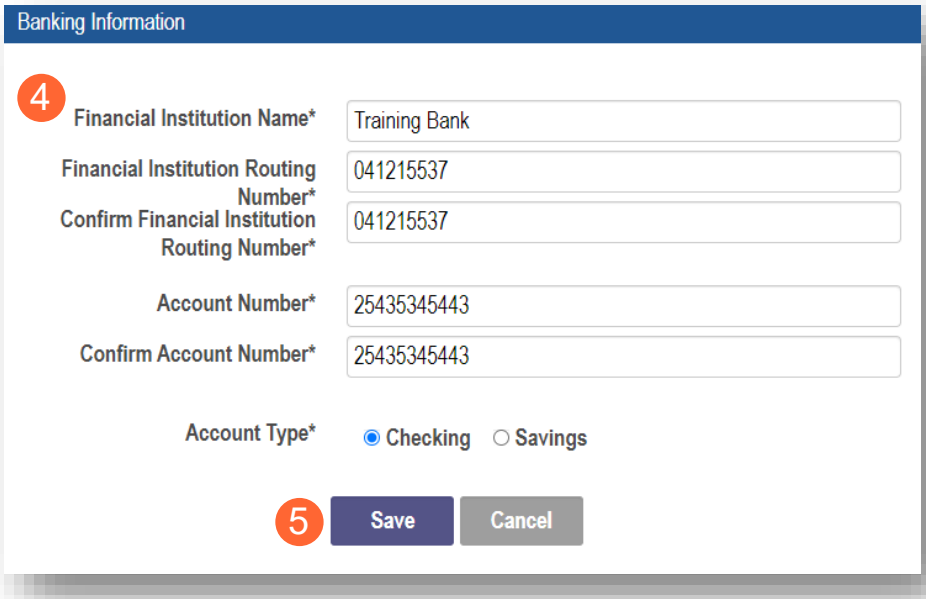
**Step 3:** To enter your Bank Account information, click 'Add New' under the Banking Information Section



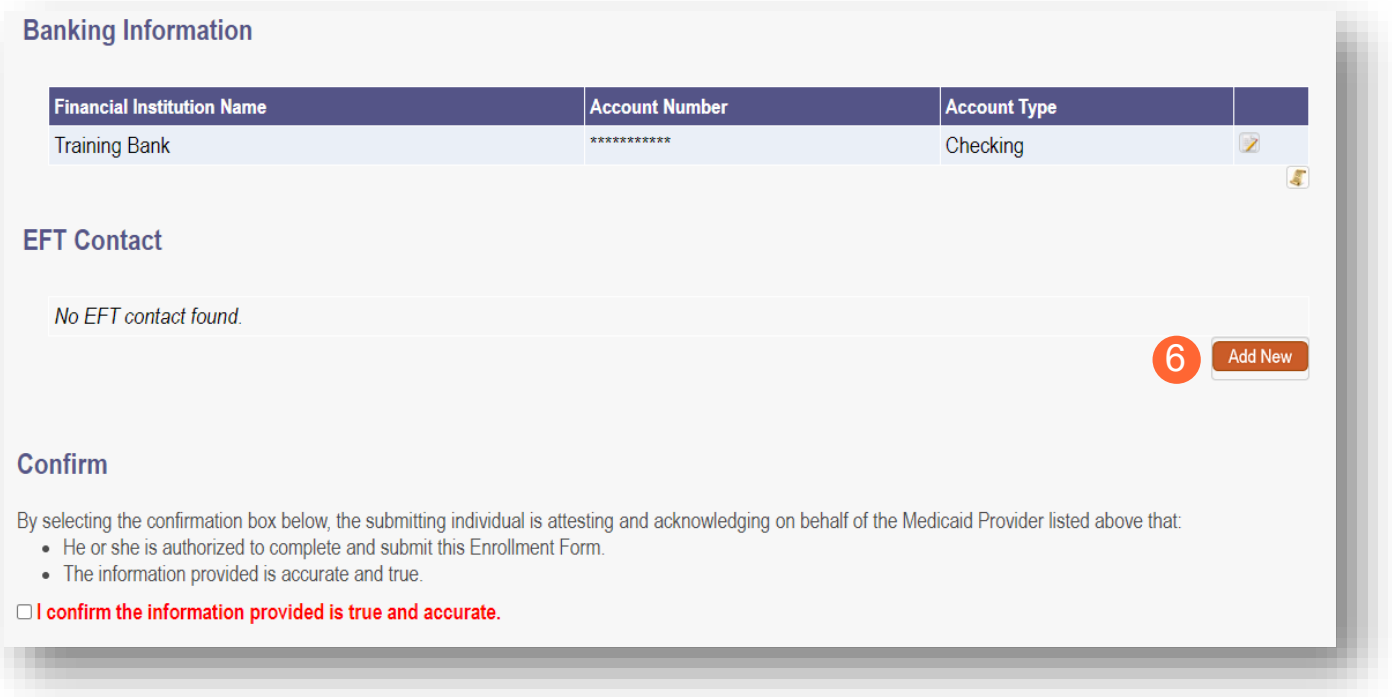
**Step 4:** Complete the required information

- Financial Institution Name
- Financial Routing Number
- Confirm the Routing Number
- Account Number
- Confirm the Account Number
- Account Type: Checking or Savings

**Step 5:** Click 'Save'




**Step 6:** Click 'Add New' to enter information for the EFT Contact



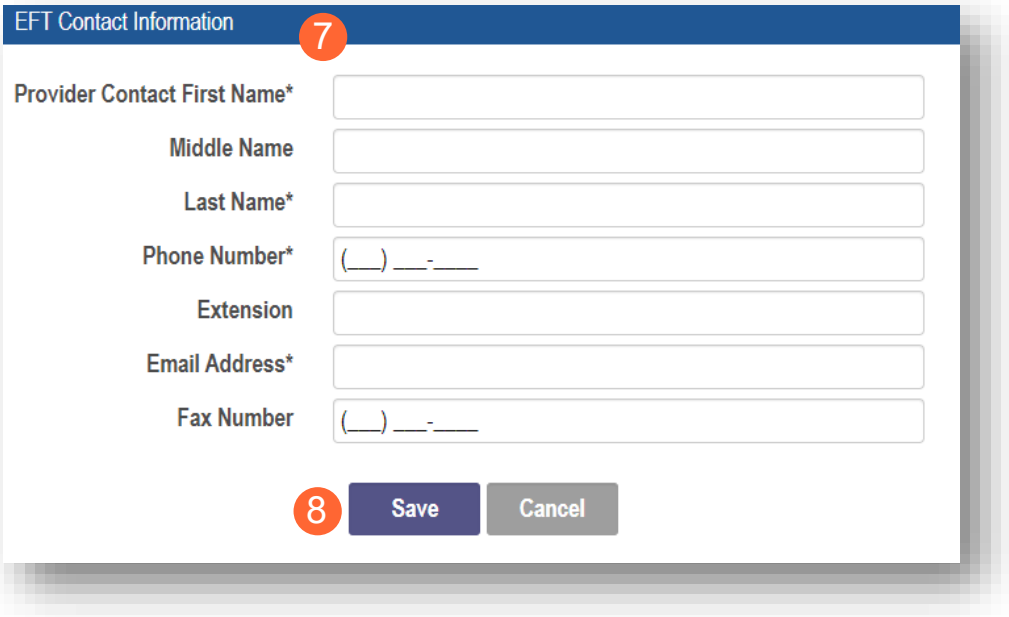
**Step 7:** Enter the following contact information for the person who will handle the Electric Funds Transfer account

Required

- Contact First Name
- Last Name
- Phone Number
- Email Address

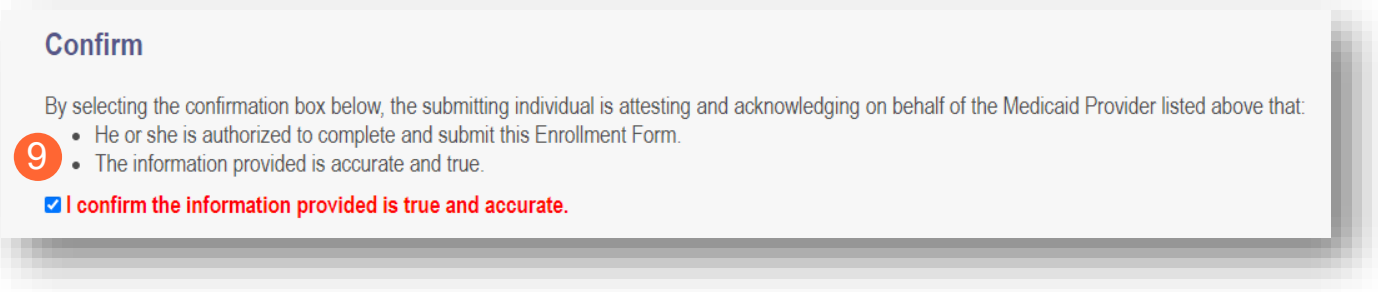
Optional

- Middle Name
- Phone Extension
- Fax Number

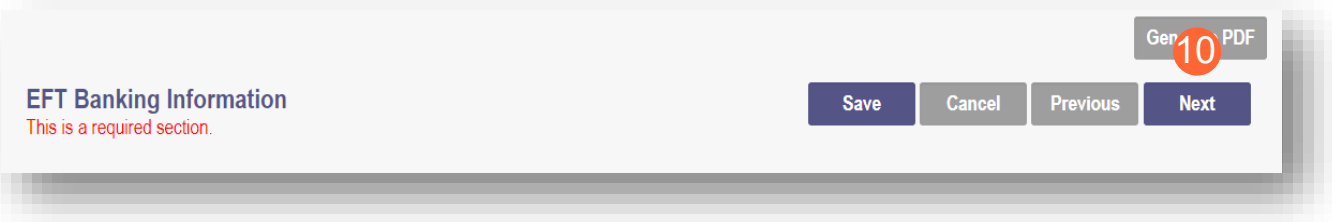



**Step 8:** Click 'Save'

**Step 9:** Review the statement under the Confirm section. Select the checkbox if the information provided is true and accurate




**Step 10:** Click 'Next' to save the information and move to the next page



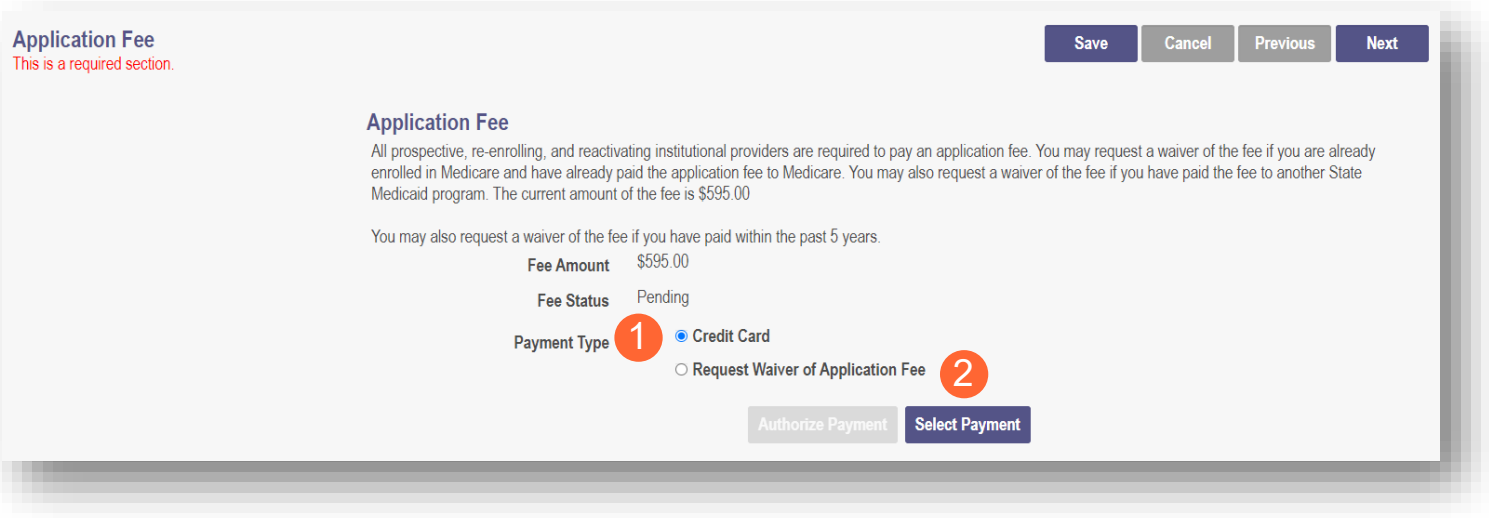
## Application Fee

An application fee is required to be paid to be enrolled in the State Medicaid program. The fee can be paid through PNM via credit card, or if you have already paid the fee (within the past 5 years or in another state) you can request a fee waiver.

## Paying The Fee

**Step 1:** Select the 'Credit Card' radio button

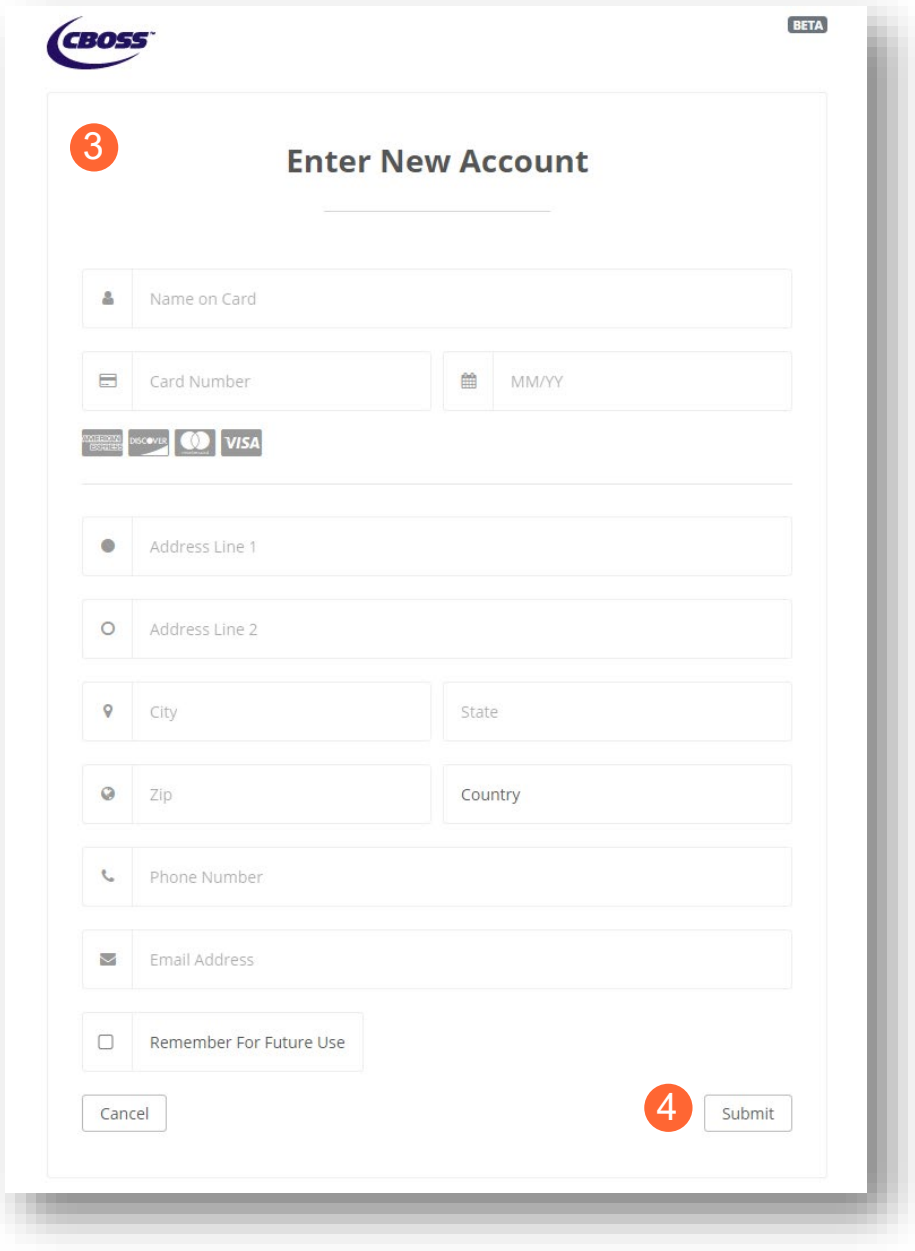
**Step 2:** Click 'Select Payment'



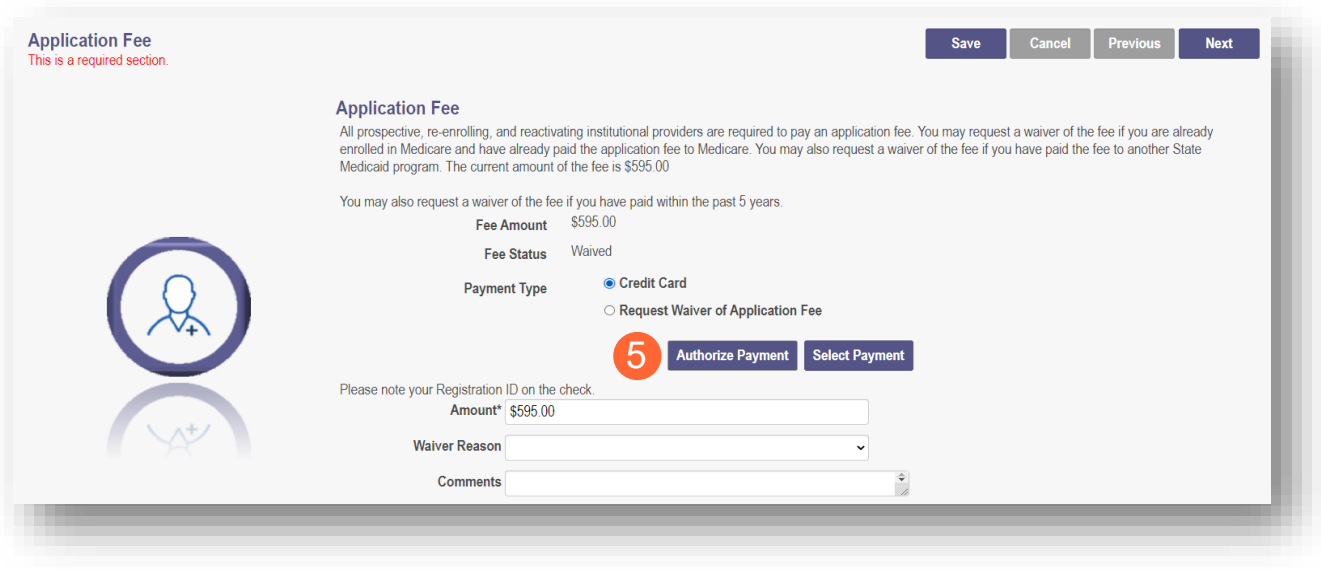
**Step 3:** Enter your credit card information in the secure CBOSS system

- You can select the checkbox to remember your information for future use

**Step 4:** When all the information has been entered, click 'Submit'

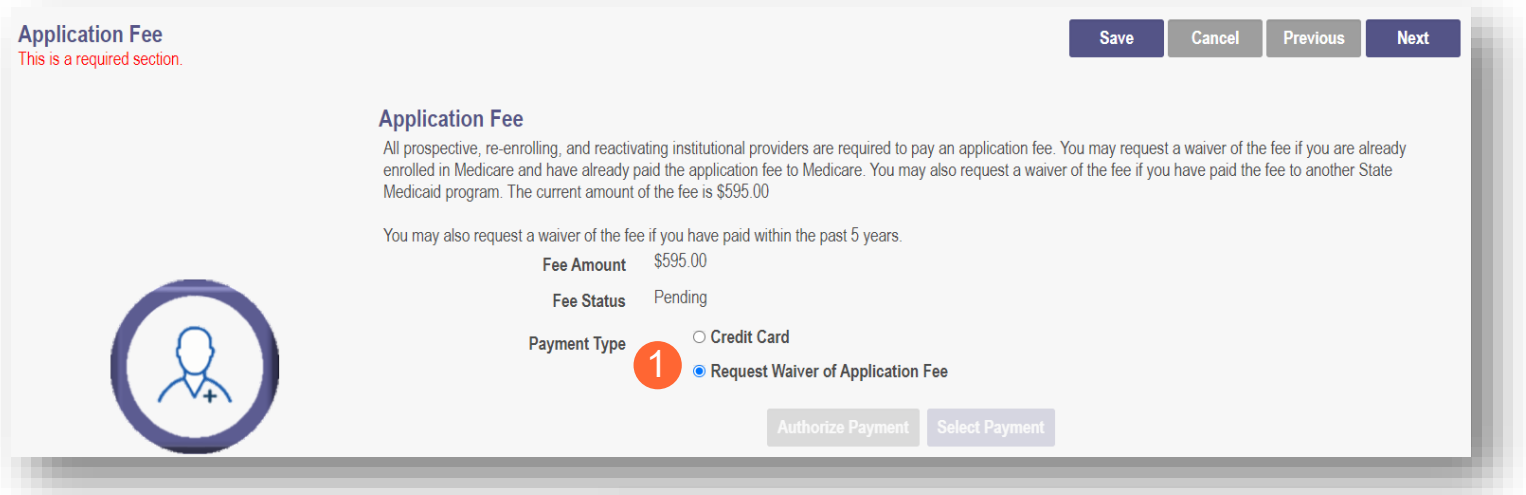


**Step 5:** Once returned to the Application Fee screen, click ‘Authorize Payment’

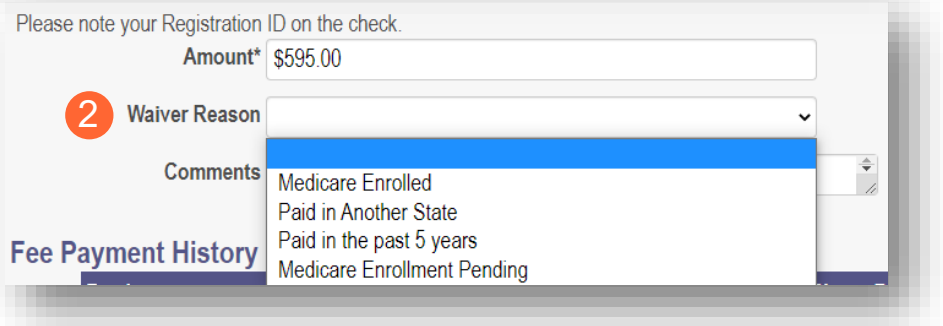


# Waiving the Fee

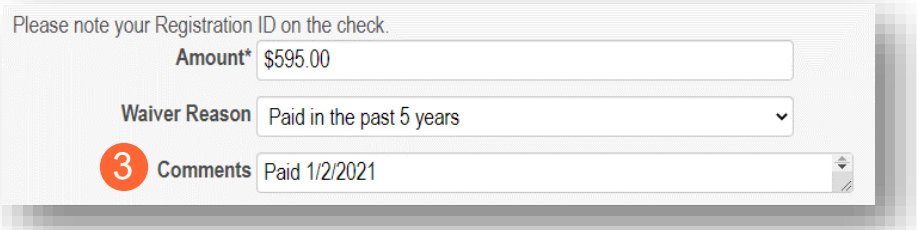
**Step 1:** Select the 'Request Waiver of Application Fee' radio button




**Step 2:** From the drop-down menu, choose the appropriate reason you are seeking a waiver

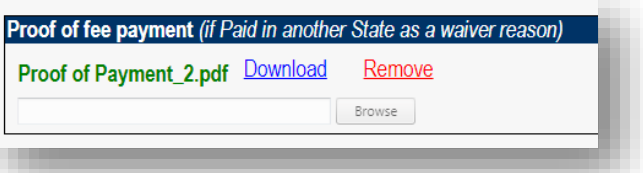



**Step 3:** If needed, type comments in the box




**Step 4:** If the fee has been paid in another state or paid previously, a document must be uploaded, including the proof of payment for waiver reasons, by clicking 'Browse' and locating the document on your computer


**Step 5:** Click 'Next' to proceed to the next page



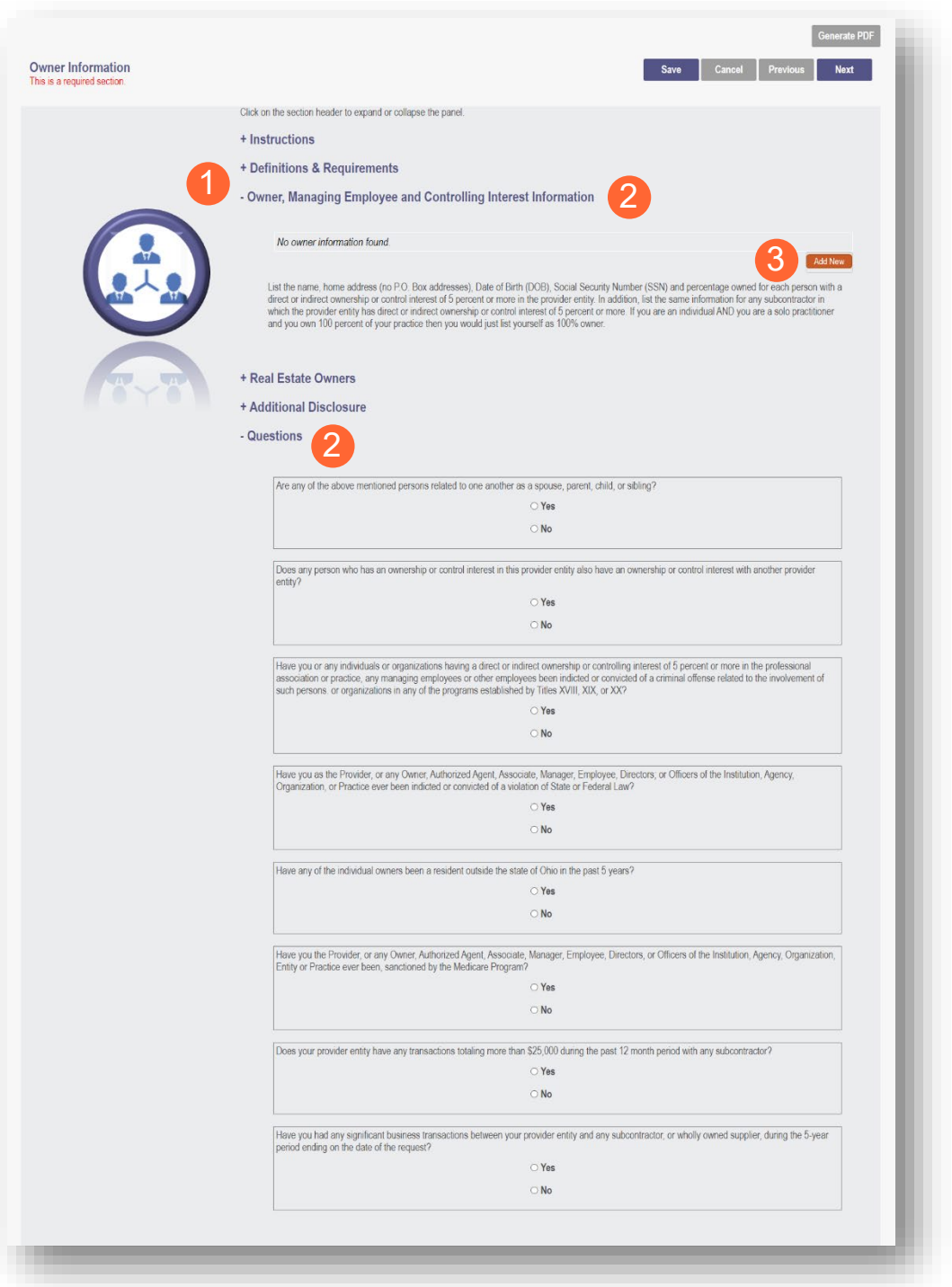
## Owner Information

**Step 1:** There are several sections on the Owner Information page. Each section page and be expanded by click '+' or reduced by clicking '-'

**Step 2:** The two areas that are required to be completed are the 'Owner, Managing Employee and Controlling Interest Information' and 'Questions' sections

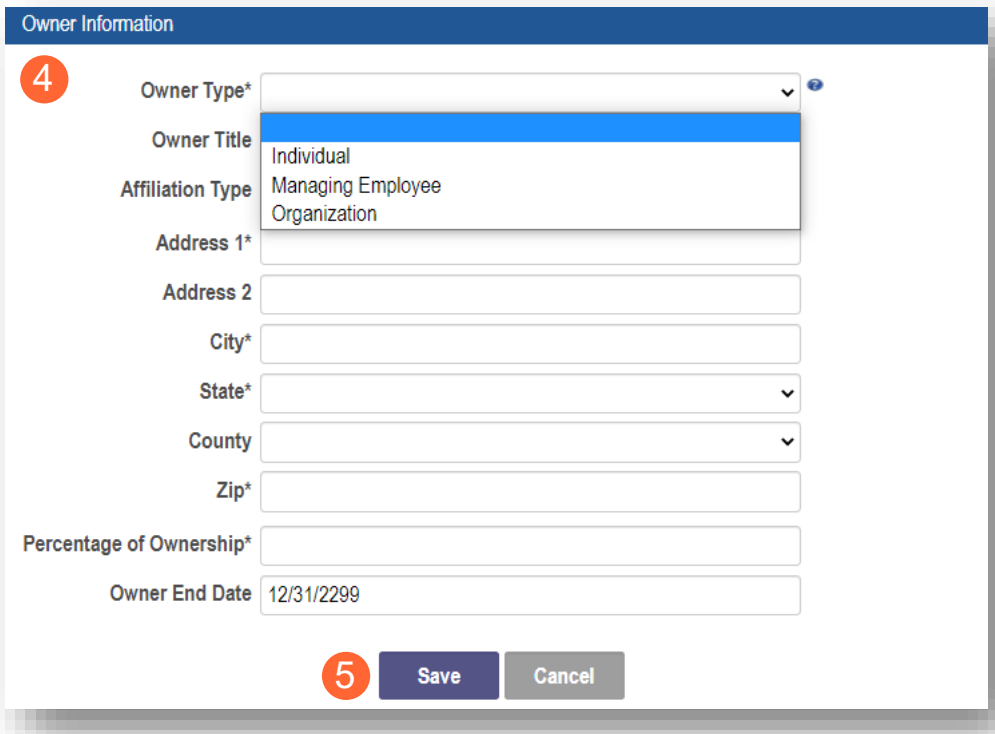
- **Note:** If additional sections such as 'Real Estate Owners' or 'Additional Disclosure' apply to you, please complete those sections as well

**Step 3:** To add Owner Information, click 'Add New'

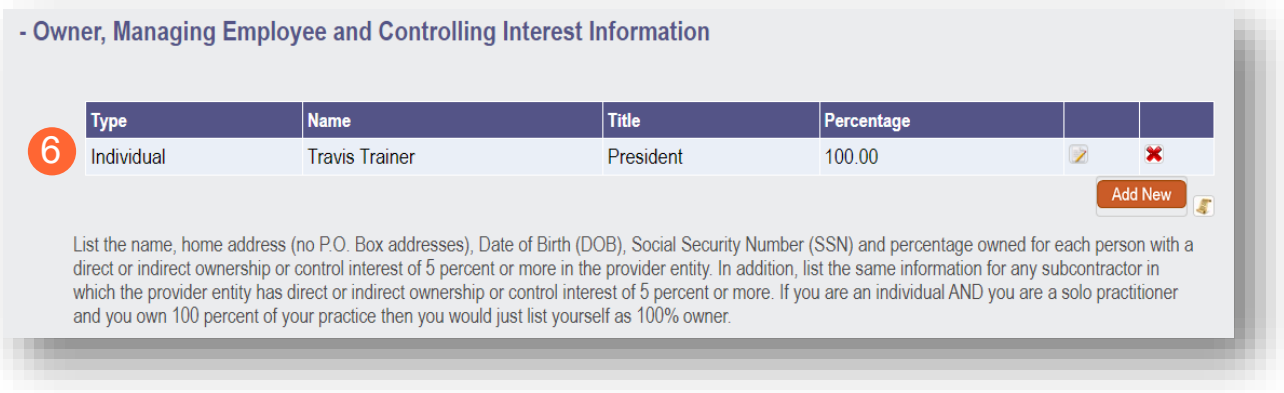


**Step 4:** Enter the detailed Owner Information for any Individuals, Managing Employees, or Organizations who have ownership interests in your Organization

**Step 5:** Click 'Save'



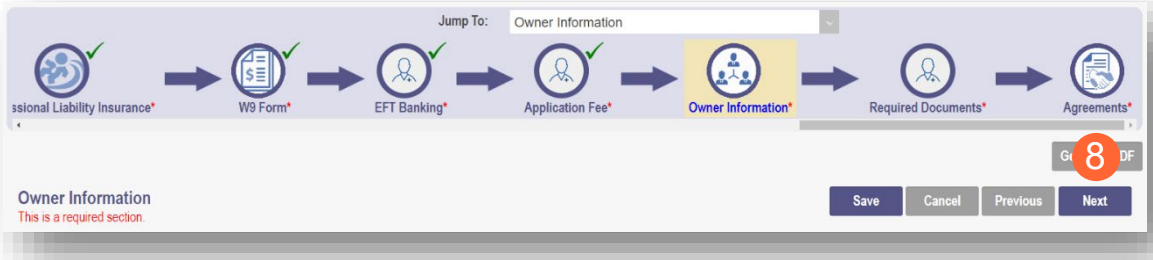

**Step 6:** Confirm all owners, managing partners, and individuals with controlling interest, have been added




**Step 7:** Once all necessary sections have been completed, answer the Questions listed by either indicating 'Yes' or 'No

**Note:** If 'Yes' is answered on any questions, additional information may need to be provided

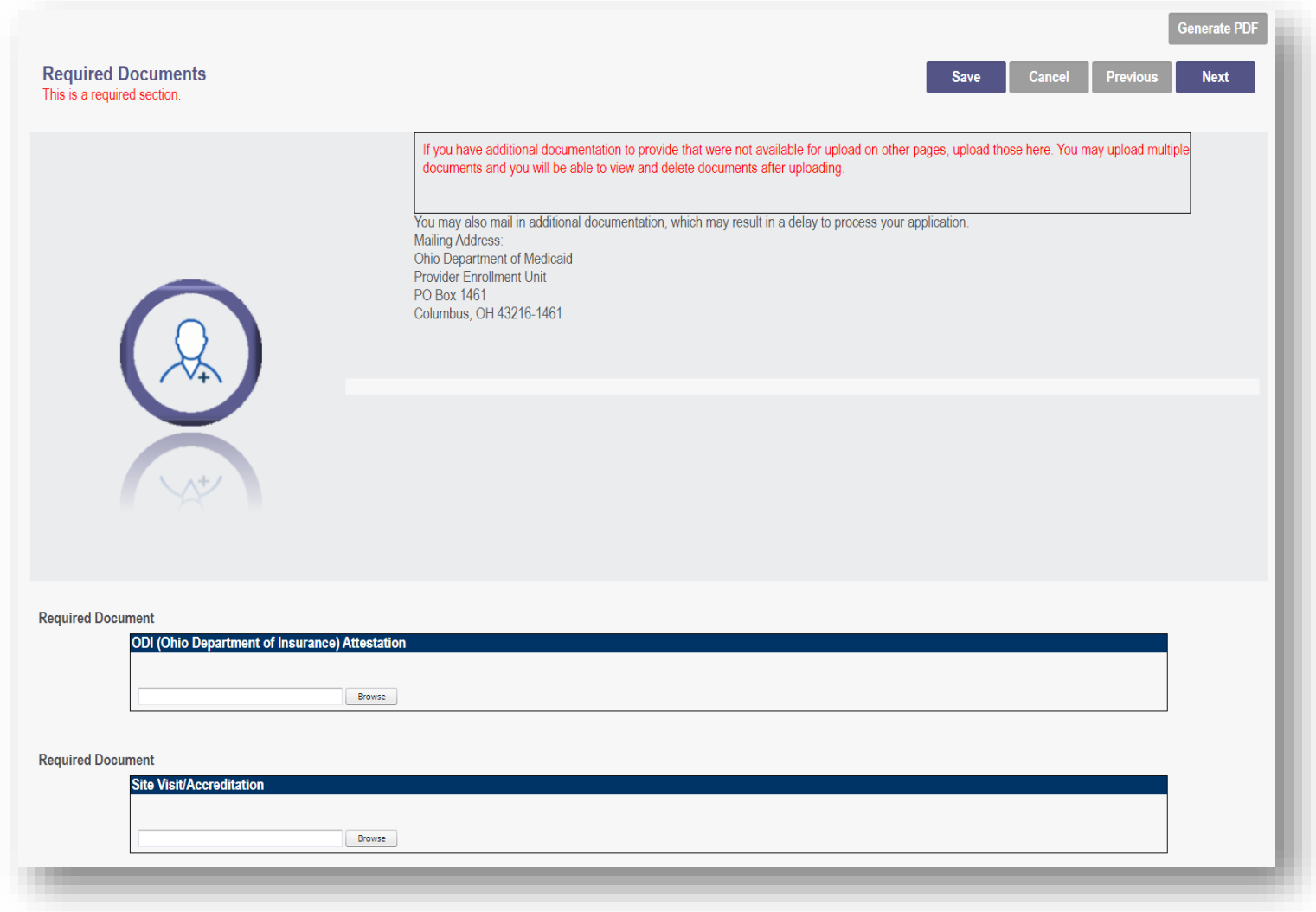

**Step 8:** When all items are completed on the Owner Information page, click 'Next' to proceed to the next page



## Required Documents Page

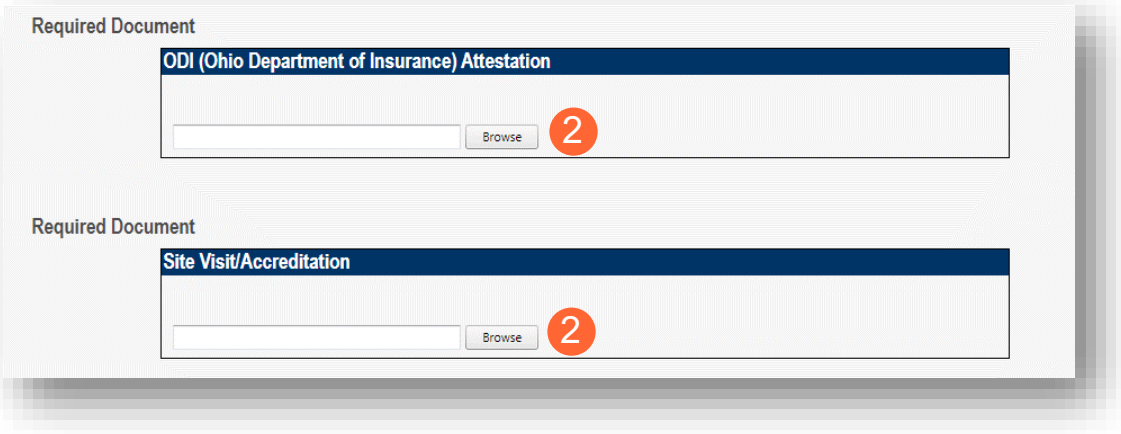
The required documents page allows you to upload required or supporting documentation

**Step 1:** If you have additional documentation not uploaded on other pages, you can upload it here



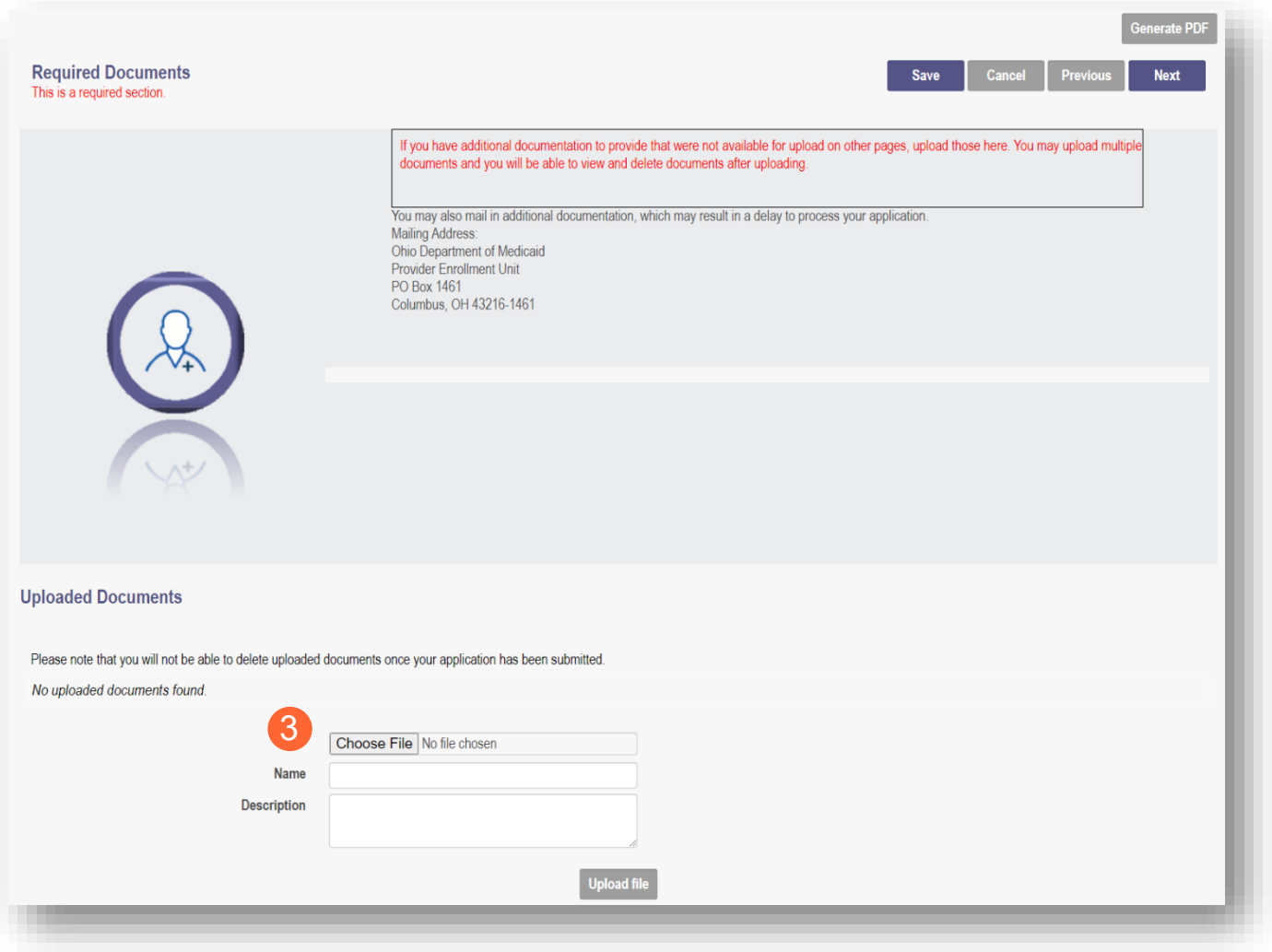

**Step 2:** If you are required to upload documents, blue upload boxes will be displayed under the Required Documents section

- To upload a document, click 'Browse,' then select the file and open



**Step 3:** If you want to upload a document not required by any previous page, click ‘Choose File’

- Select the file and open
- Name the file
- Add a Description of the file
- Select ‘Upload File’
- Confirm your document is attached

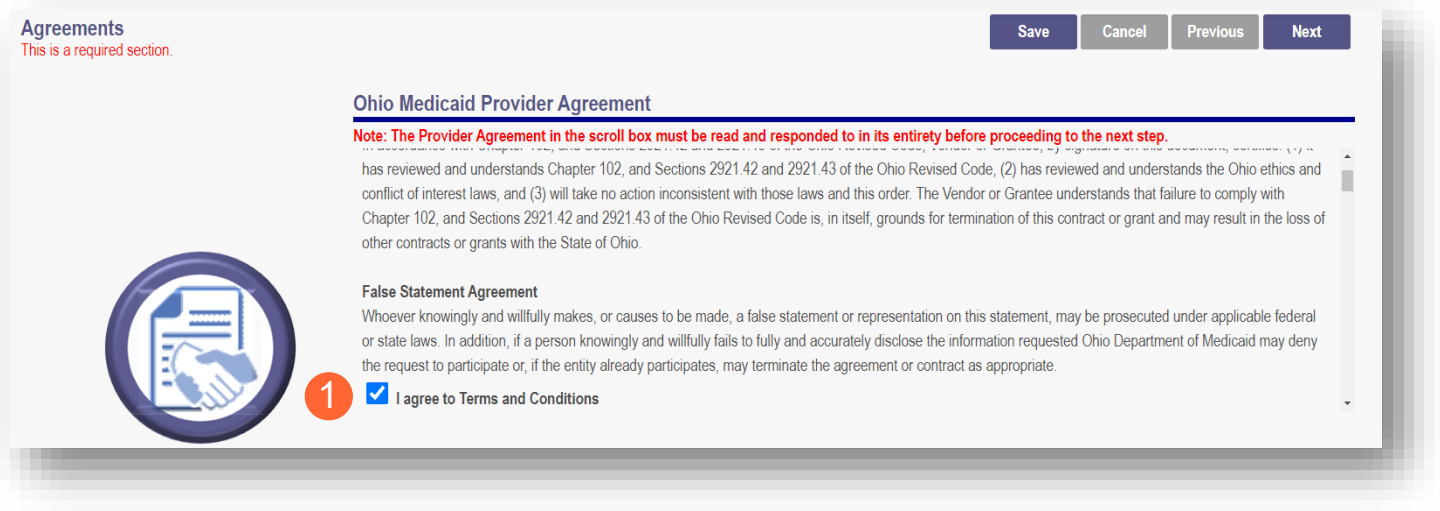


## Agreements Page

The Agreements page will ask for you to agree and attest to information that you have provided on your application

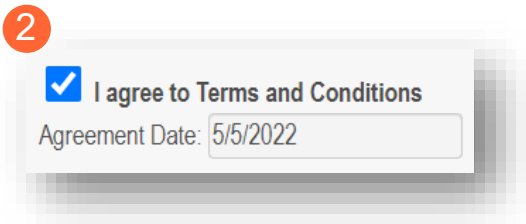
**Step 1:** Complete the Ohio Medicaid Provider Agreement attestation. The agreement must be viewed in its entirety before the 'I Agree' box will be available for selection.

- Click 'I agree to Terms and Conditions'



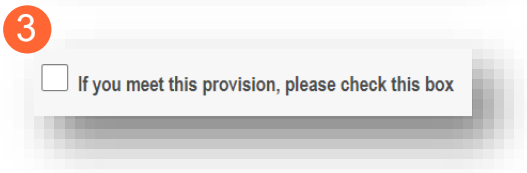

**Step 2:** Read the Non-Credentialed Providers section of the agreements

- Select the check box: "I agree to Terms and Conditions"



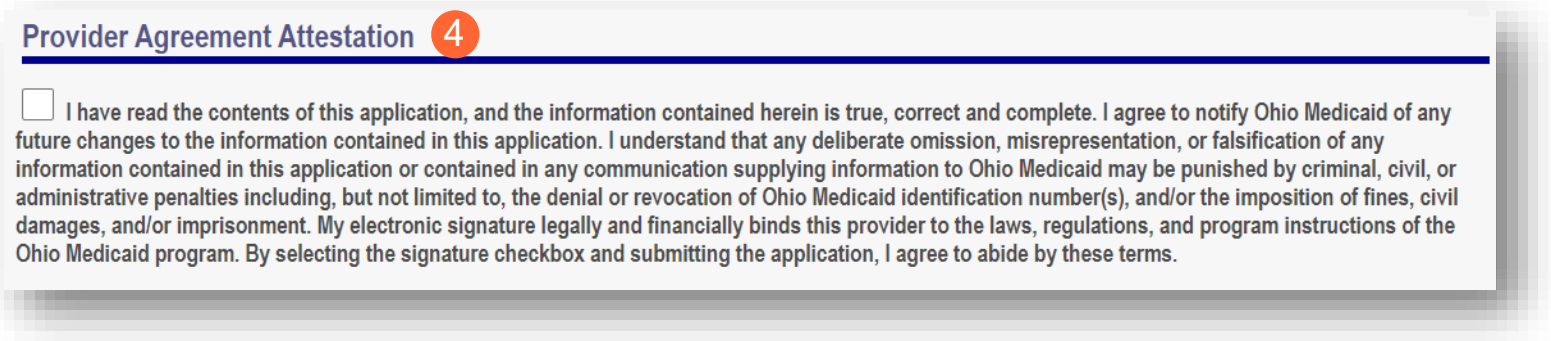

**Step 3:** Under the Provision Check section:

- If applicable for requesting retroactive coverage, select the checkbox: 'If you meet this provision, please check this box'



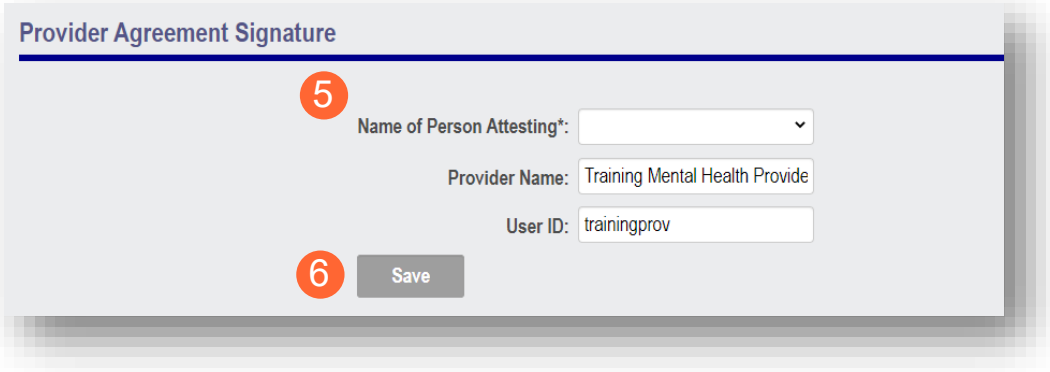
**Step 4:** Complete the Provider Agreement Attestation

- Read the information provided
- Select the check box confirming that you have read the contents of the application and attest it is true, correct, and complete




**Step 5:** Complete the Provider Agreement Signature

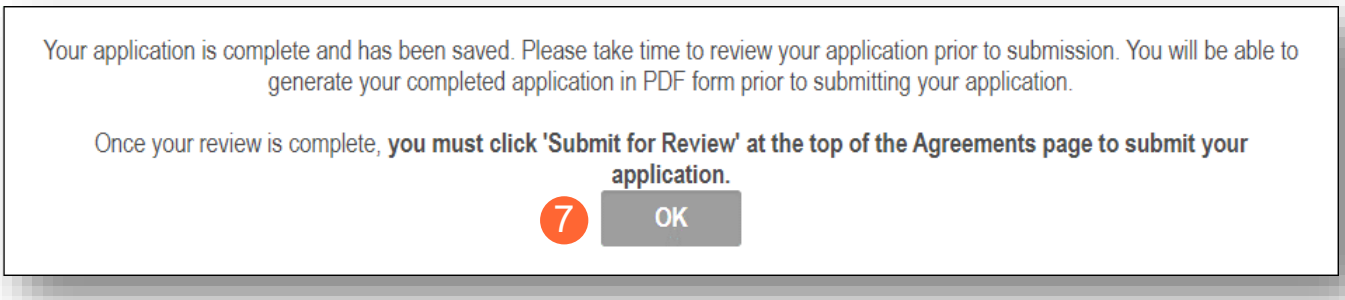
- Select or Enter the Name of the Person Attesting




**Step 6:** Click 'Save'

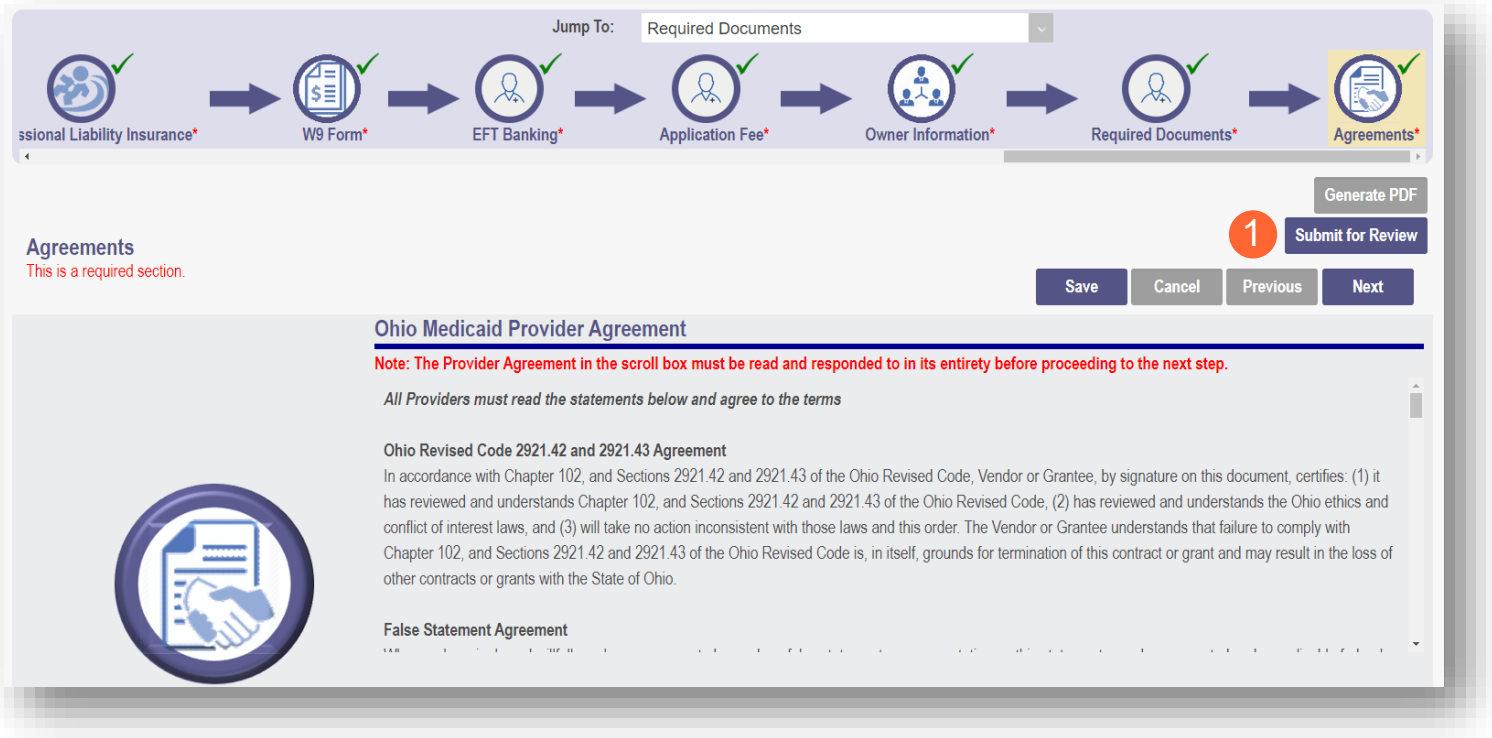
- A pop-up will appear confirming your application is complete

**Step 7:** Click 'OK' to review your application prior to submission



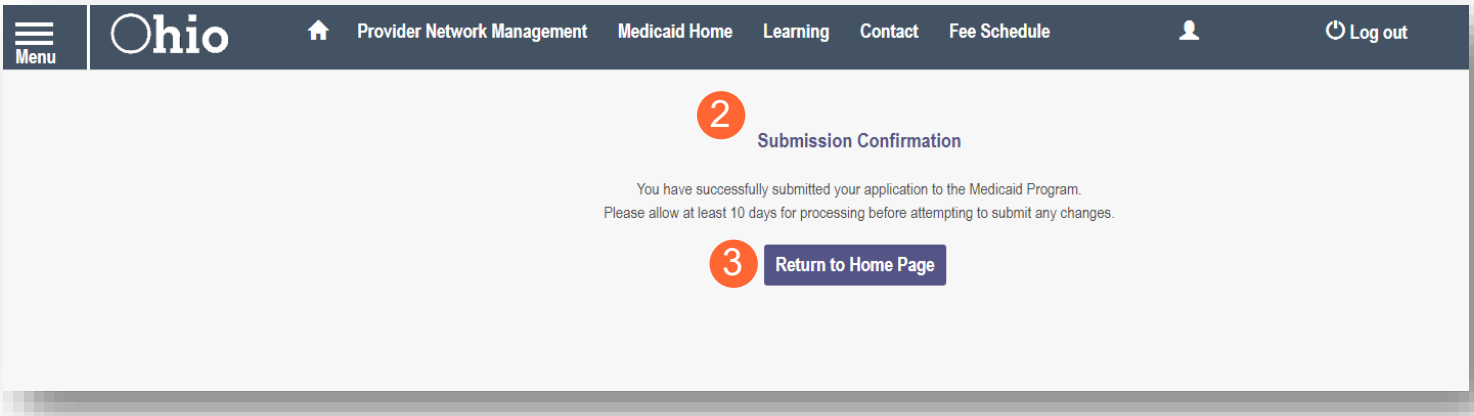
## Submitting Application

**Step 1:** When you are satisfied that all information has been entered accurately on the application, click 'Submit for Review' to submit the application




**Step 2:** You will receive a confirmation message stating that your application has been successfully submitted

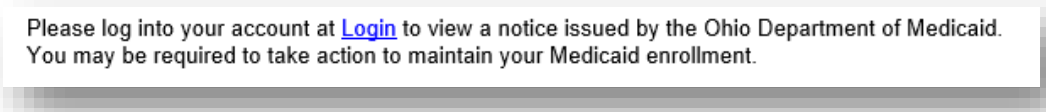
**Step 3:** Click 'Return to Home Page' to go to your dashboard



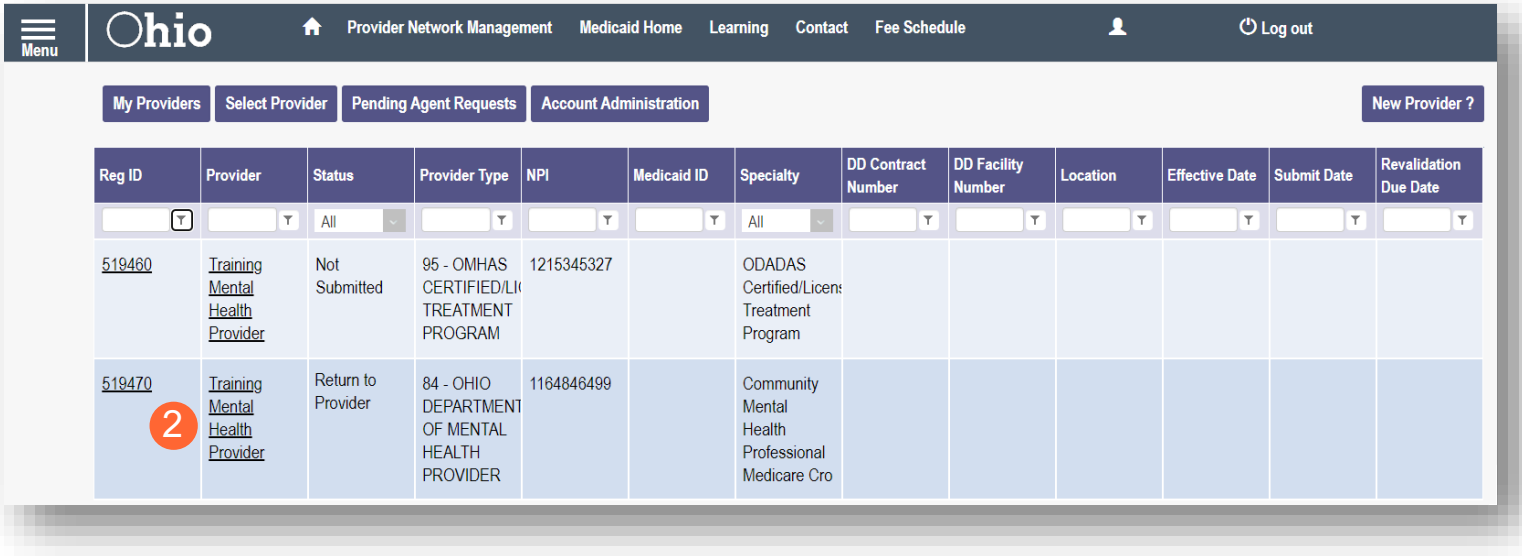
# Resubmitting an Application

If a specialist reviewing your application needs additional information, they will return the file to you with a description of the missing information needed for your application

**Step 1:** An email will be sent to the address listed on the Primary Contact Information page, indicating the application has been returned to you.

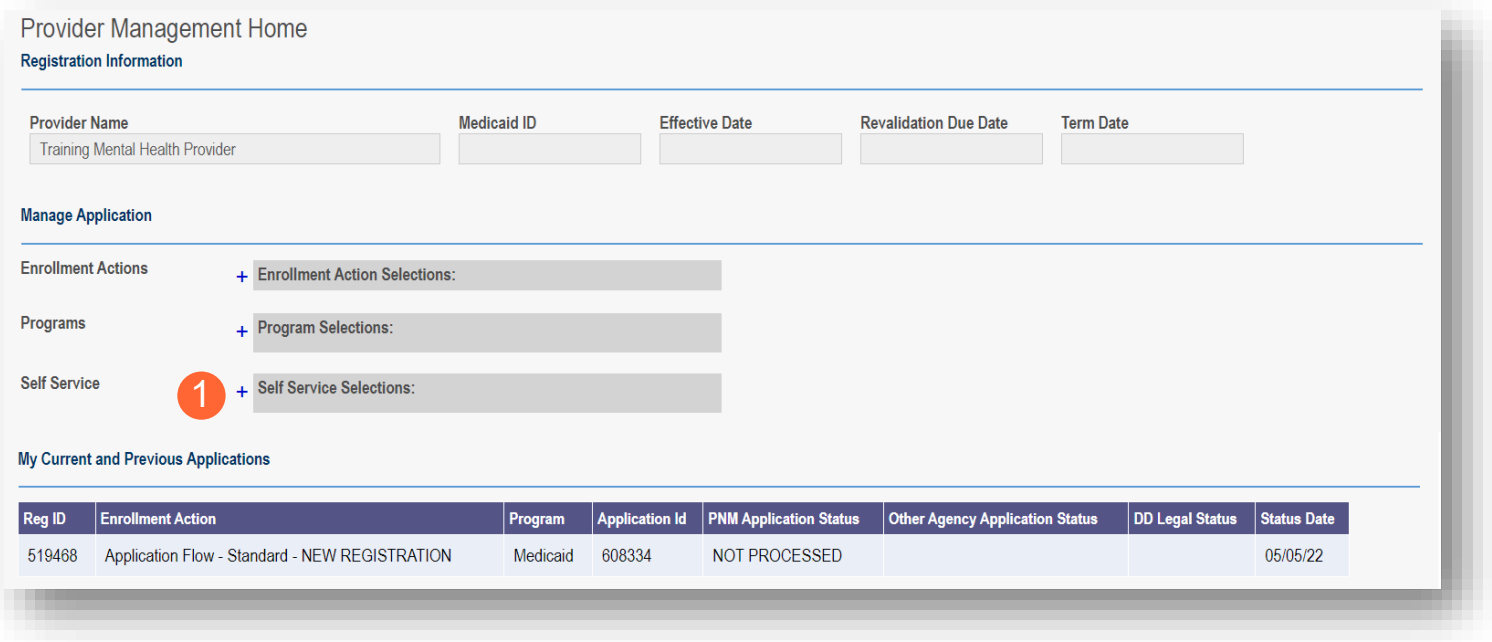



**Step 2:** Access your application (in 'Return to Provider' status) by logging into PNM and clicking on the link either under the Reg ID or the Provider heading

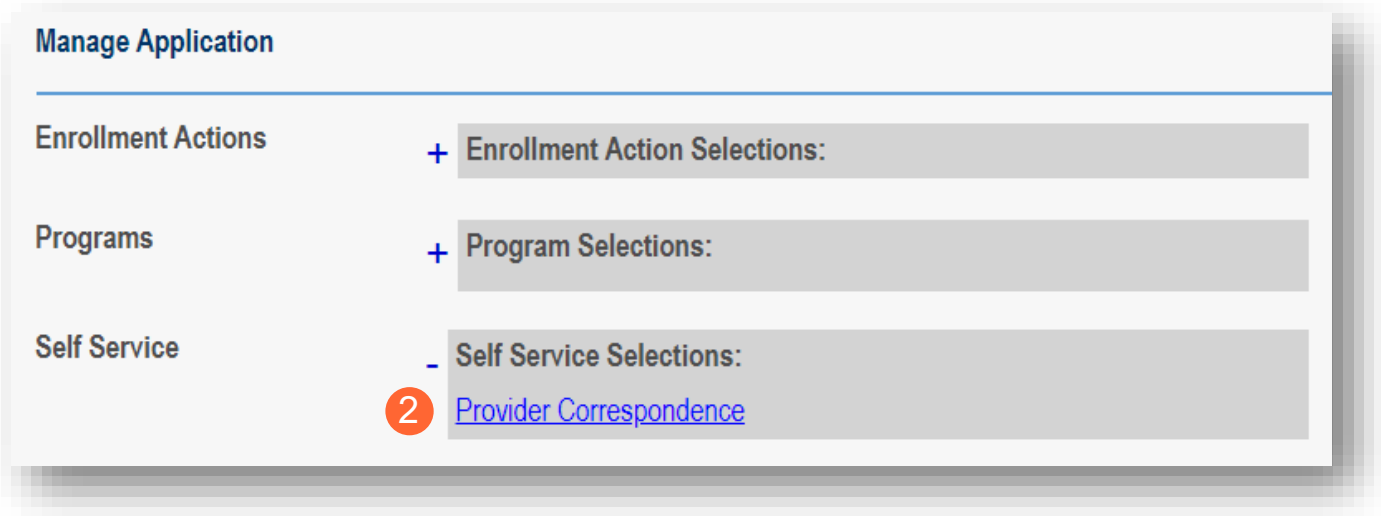


## Reviewing Correspondence

**Step 1:** Under the Manage Application section, click the '+' icon to expand 'Self Service'

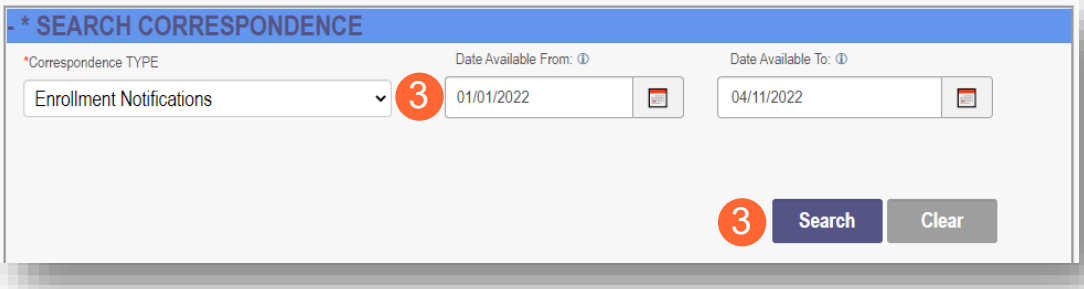



**Step 2:** Click the 'Provider Correspondence' hyperlink

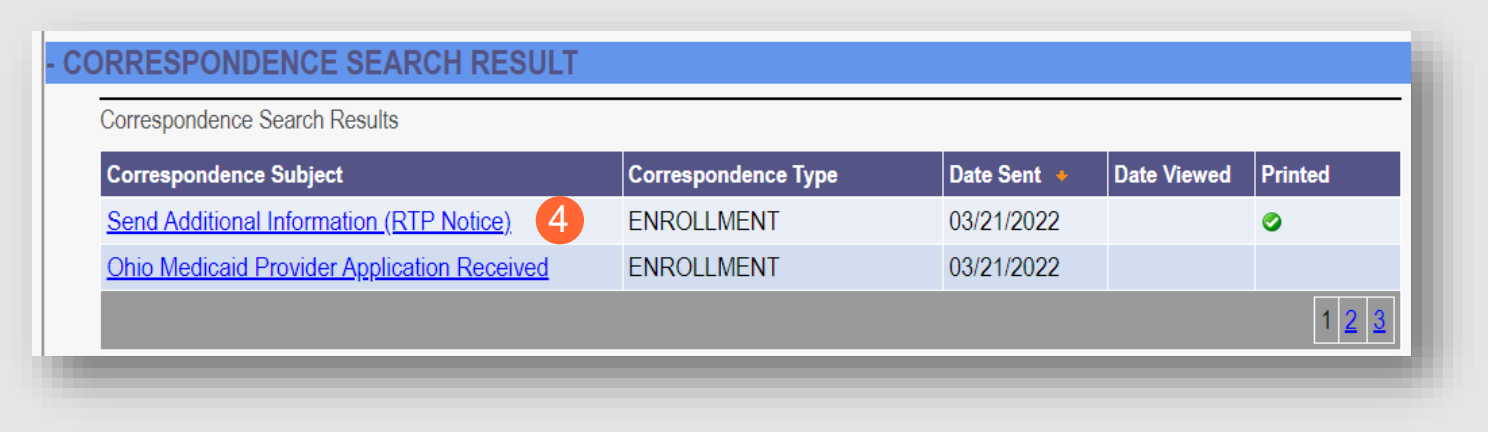


**Step 3:** To locate correspondence, complete the following

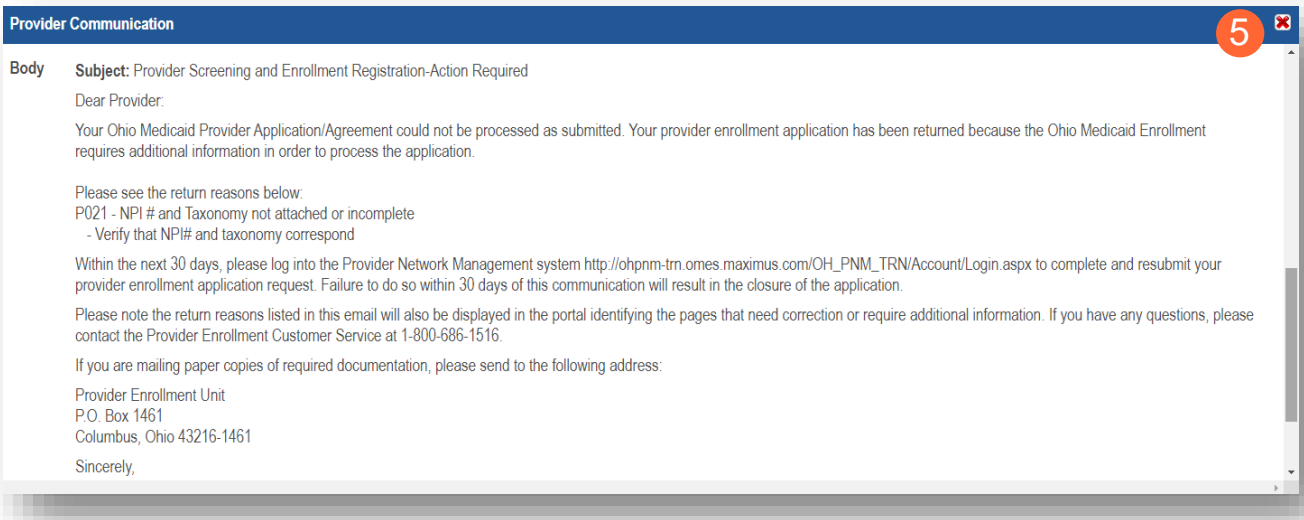
- Select 'Enrollment Notifications' from the Correspondence Type drop-down menu
- Enter a data range for the search
- Click 'Search'




**Step 4:** Locate the search results at the bottom of the page and select the one with the subject of 'Send Additional Information (RTP Notice)

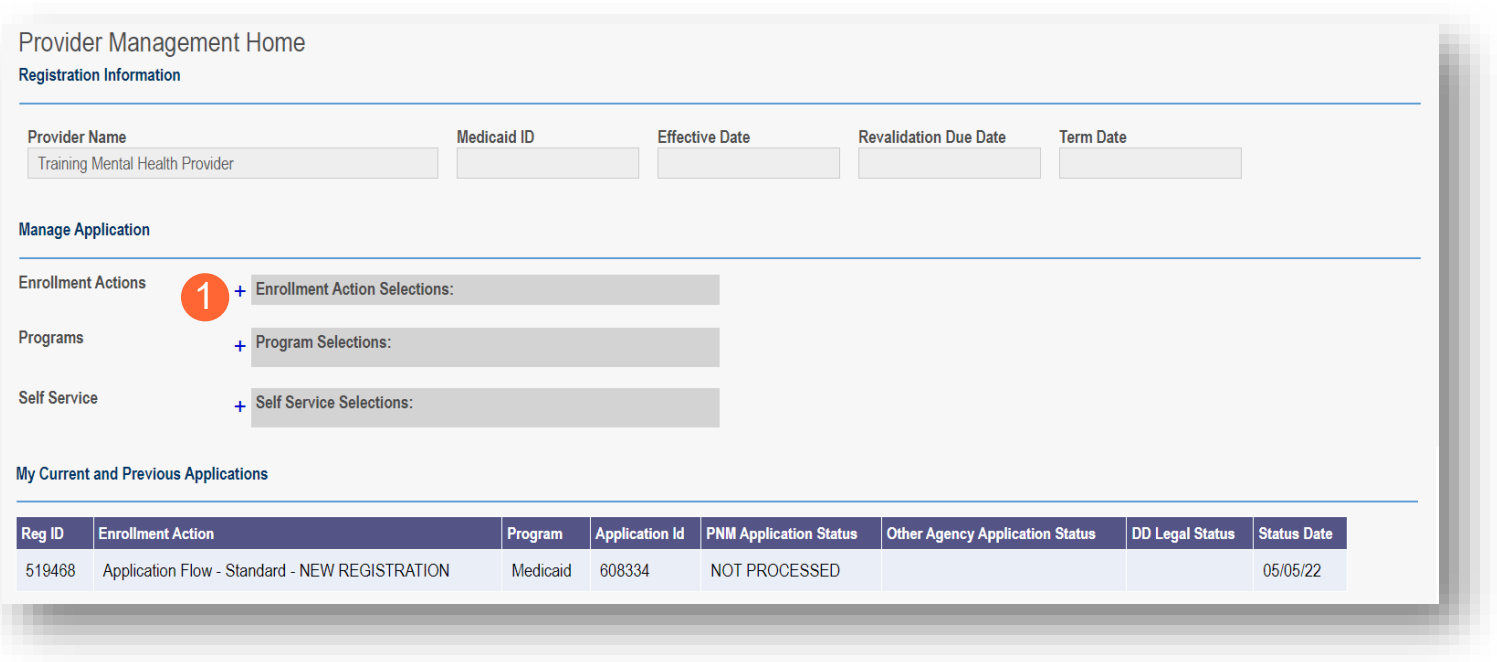



**Step 5:** Review the correspondence to understand the reason for the return. Once you have viewed, you can click the 'X' in the top-right corner to close

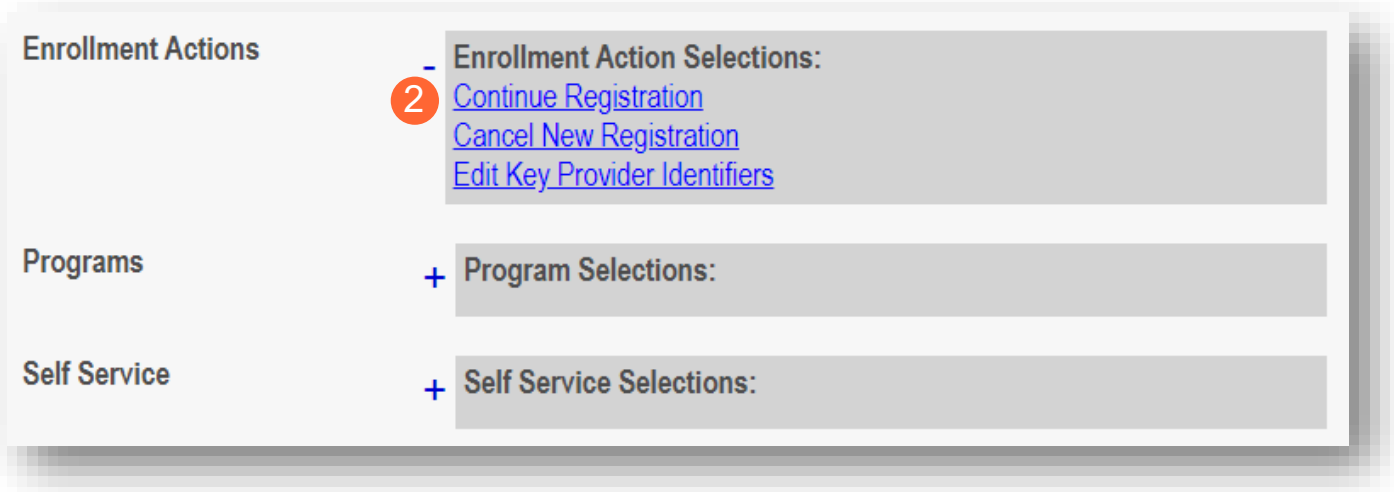


## Completing Return to Provider (RTP) Process

**Step 1:** Under the Manage Application section, click the '+' icon to expand 'Enrollment Actions'



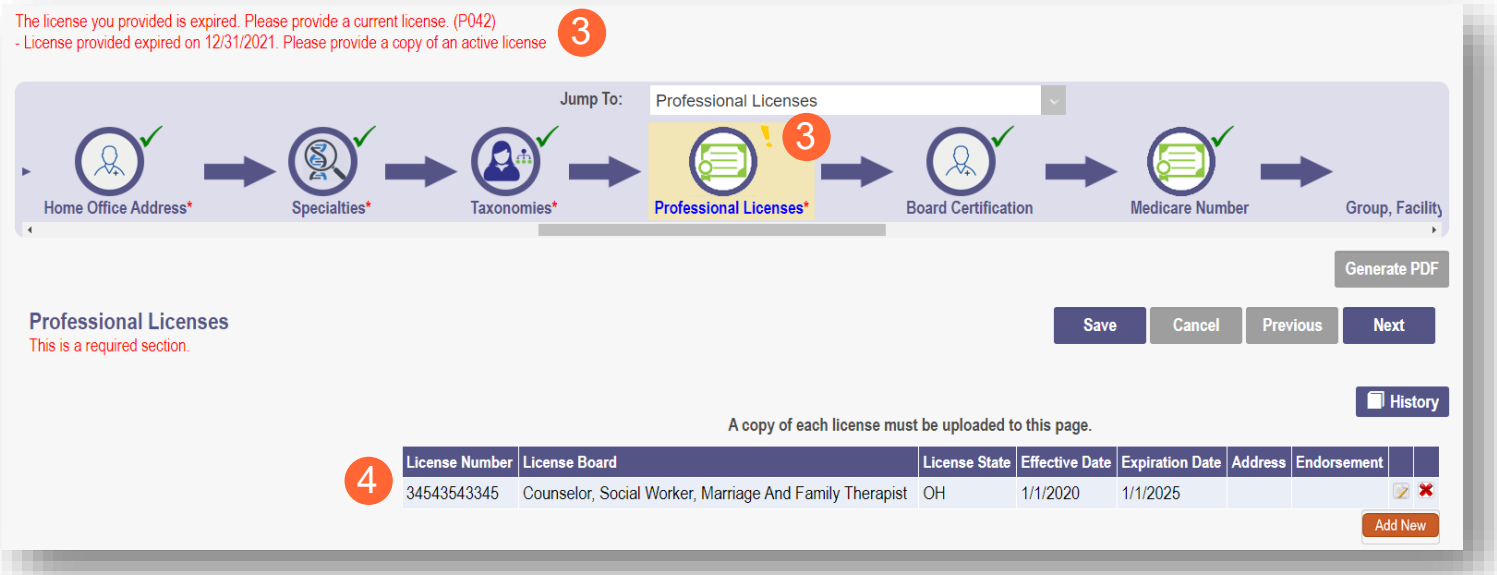

**Step 2:** Click the 'Continue Registration' hyperlink



**Step 3:** The application will open to the page that was rejected during the review

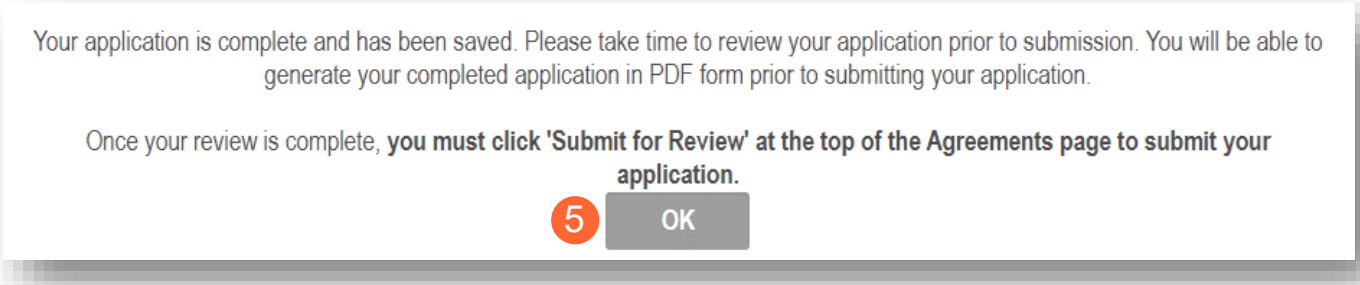
- Rejected pages are marked with a yellow exclamation point
- Messaging will appear at the top of the page indicating the reason the application was rejected

**Step 4:** Correct or update the information of the page

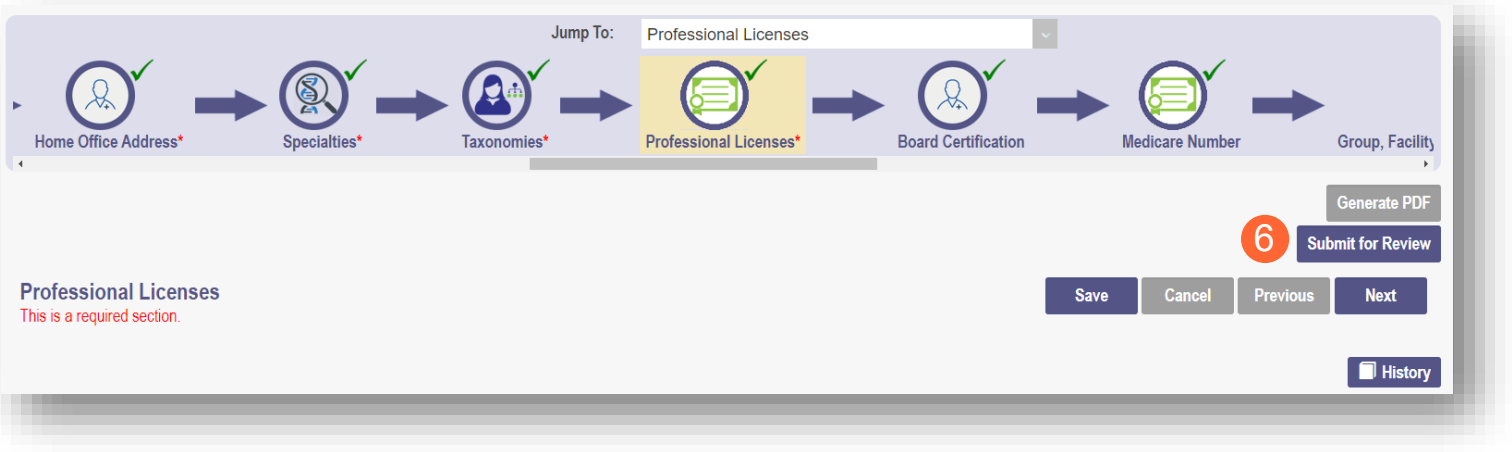



**Step 5:** Click 'Save' to save the new information

- You will receive a message stating the application has been saved. Click 'OK'

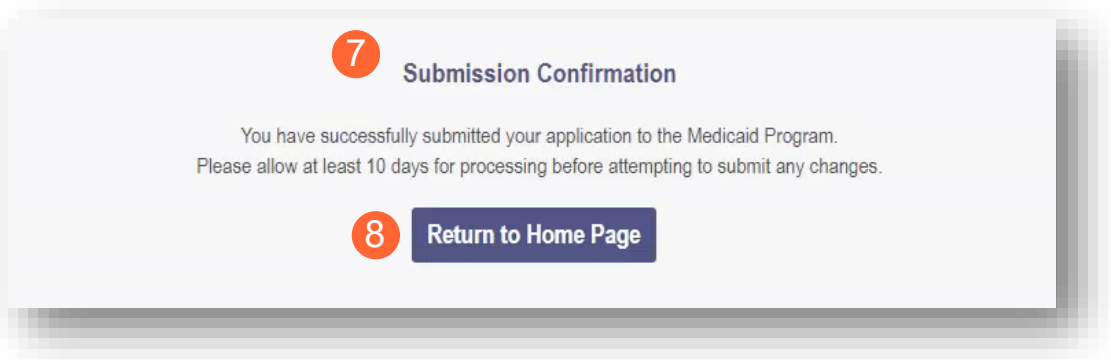


**Step 6:** To resubmit your application for review, click the 'Submit for Review' button




**Step 7:** You will receive a message indicating your application has been resubmitted

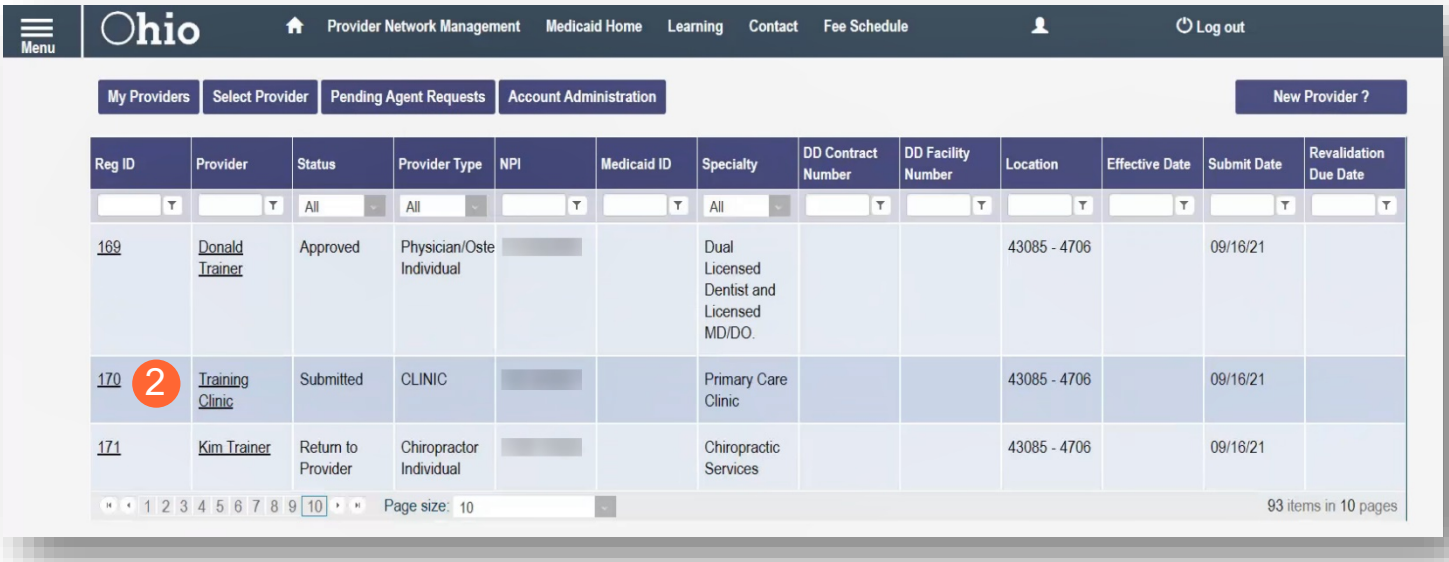
**Step 8:** To access your dashboard, click 'Return to Home Page'



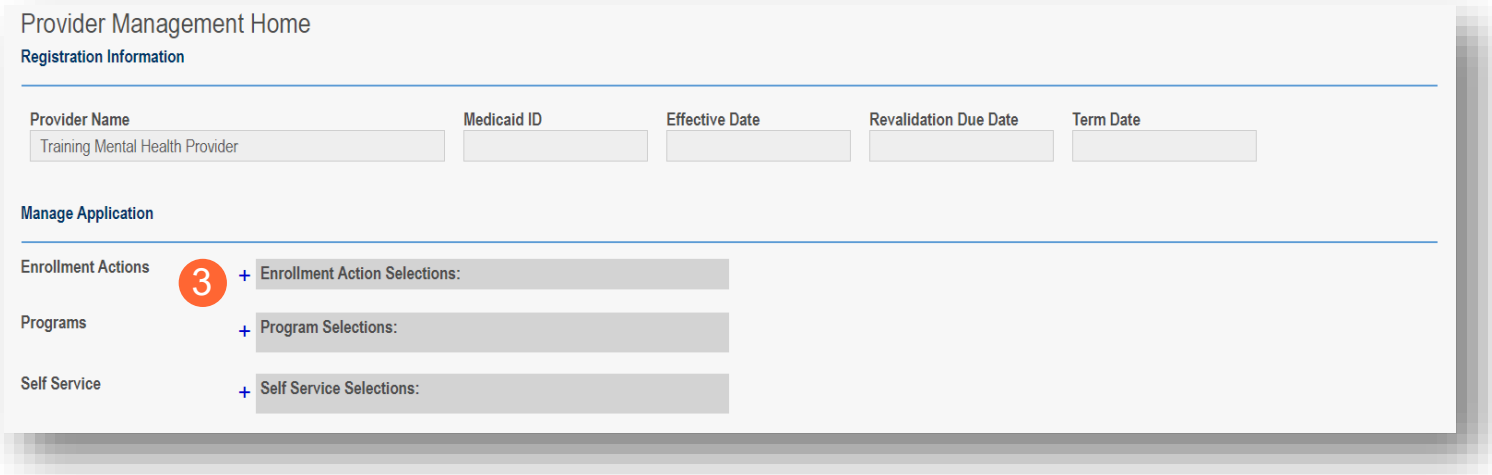
## Submitting a Plan of Correction

**Step 1:** If the file is returned to you with a Notice of Operational Deficiency, you will need to provide a Plan of Correction to address the issues

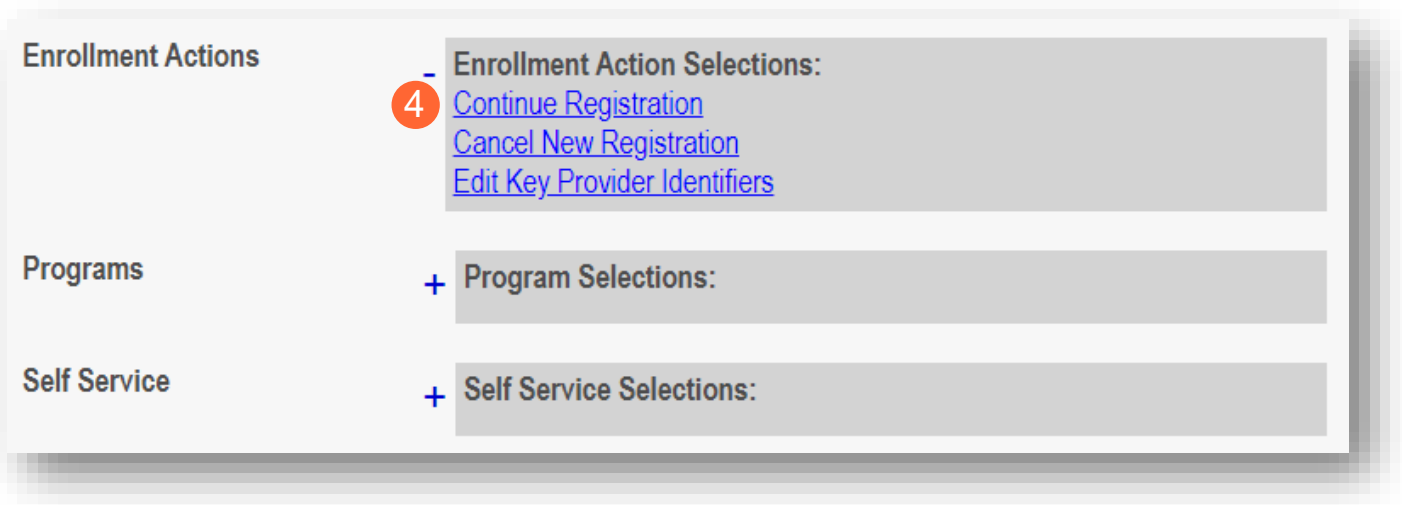
**Step 2:** Access your application (in 'Return to Provider' status) by logging into PNM and clicking on the link either under the Reg ID or the Provider heading




**Step 3:** Under the Manage Application section, click the '+' icon to expand 'Enrollment Actions'

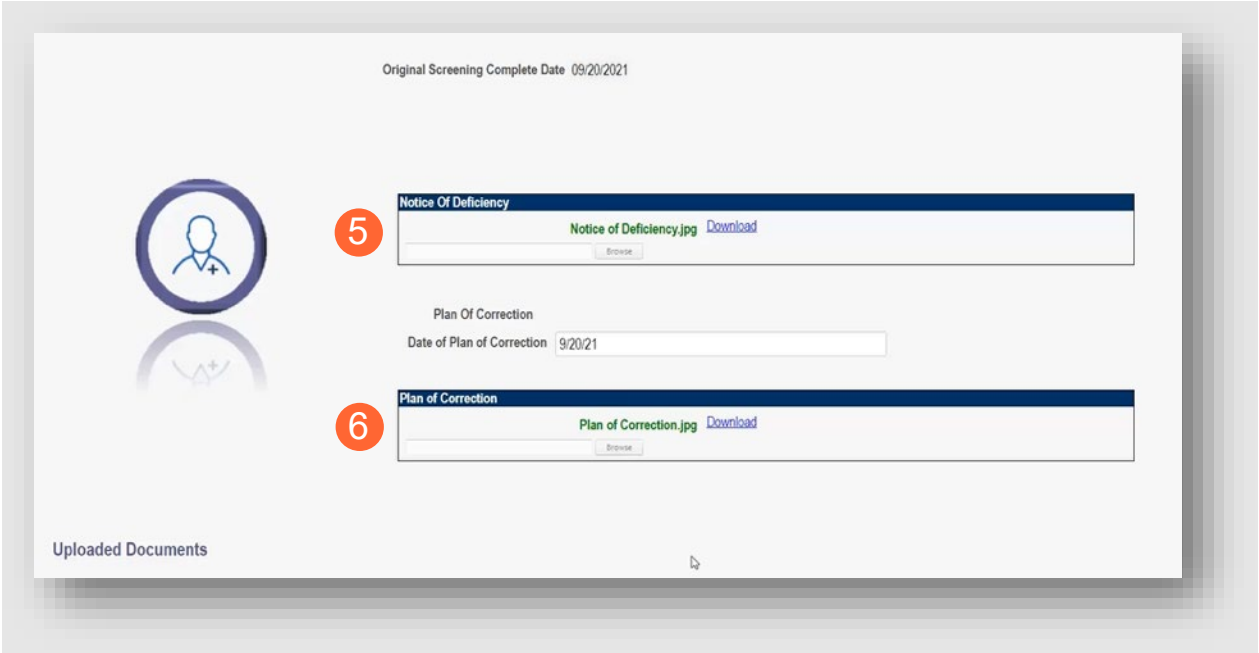


**Step 4:** Click the 'Continue Registration' hyperlink

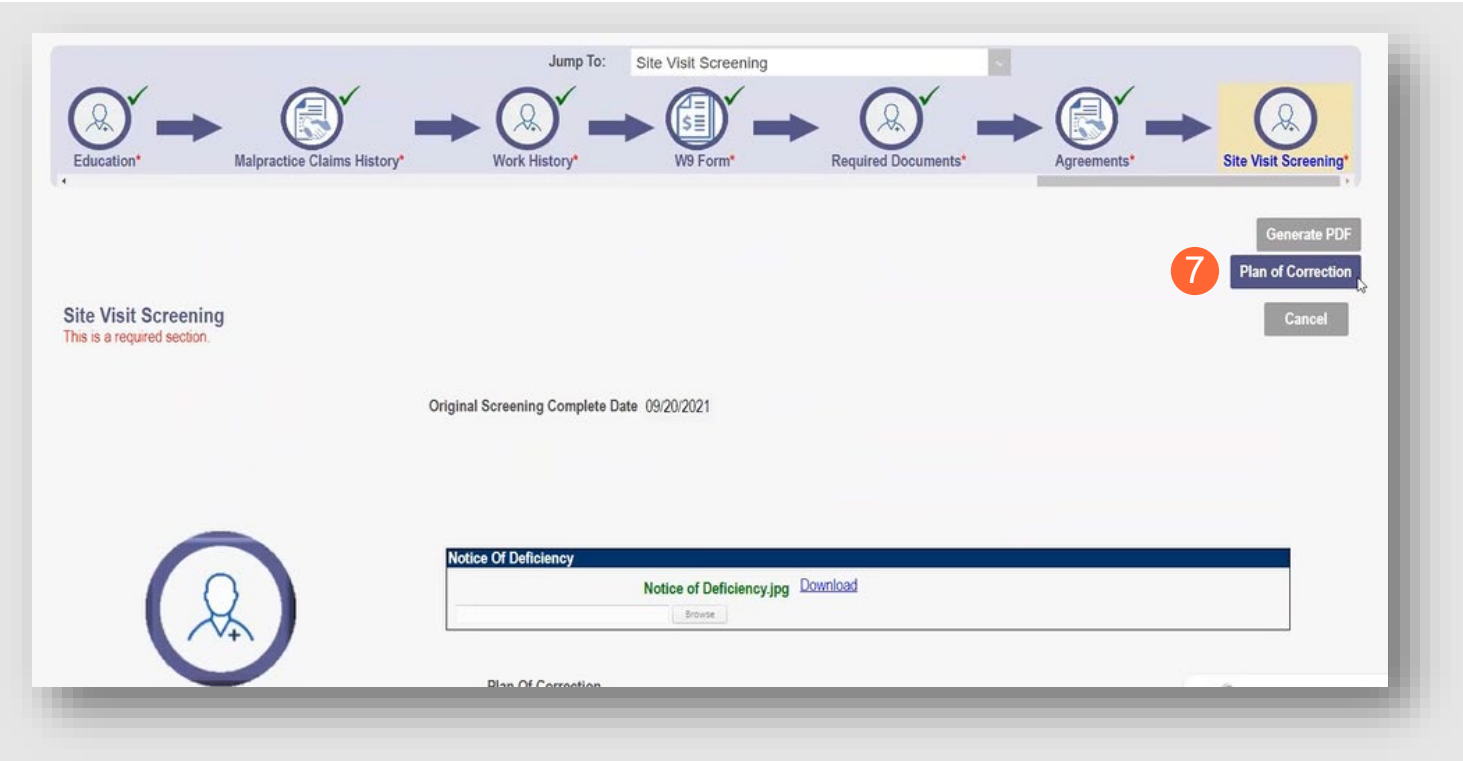



**Step 5:** You will be redirected to the 'Site Visit Screening' page where you will find the Notice of Operational Deficiency issued by the Compliance Specialist. To view the Deficiency, click 'Download'

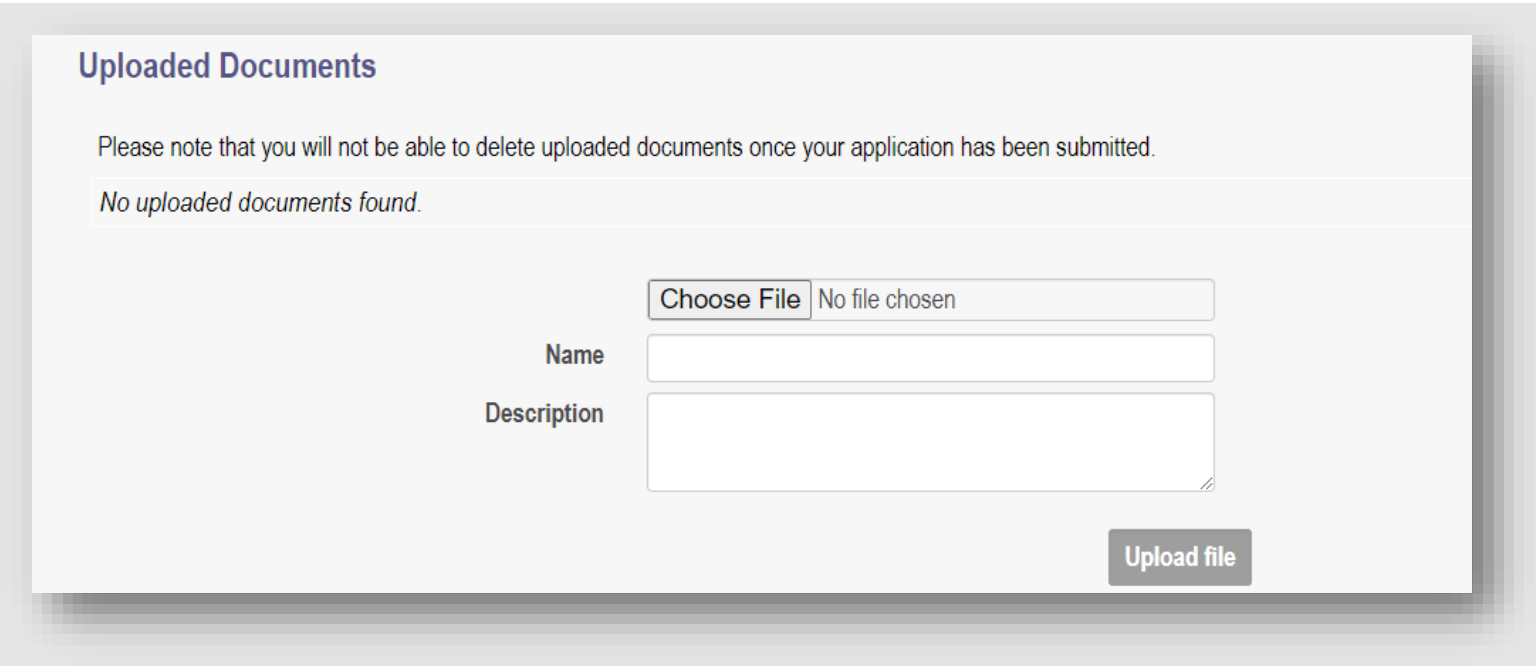
**Step 6:** To resolve the issue or issues, create a 'Plan of Correction' and once developed, upload the plan by clicking 'Browse' and choosing the file from your computer



**Step 7:** Once uploaded, click ‘Plan of Correction’. This will send the file back to the Compliance Specialist



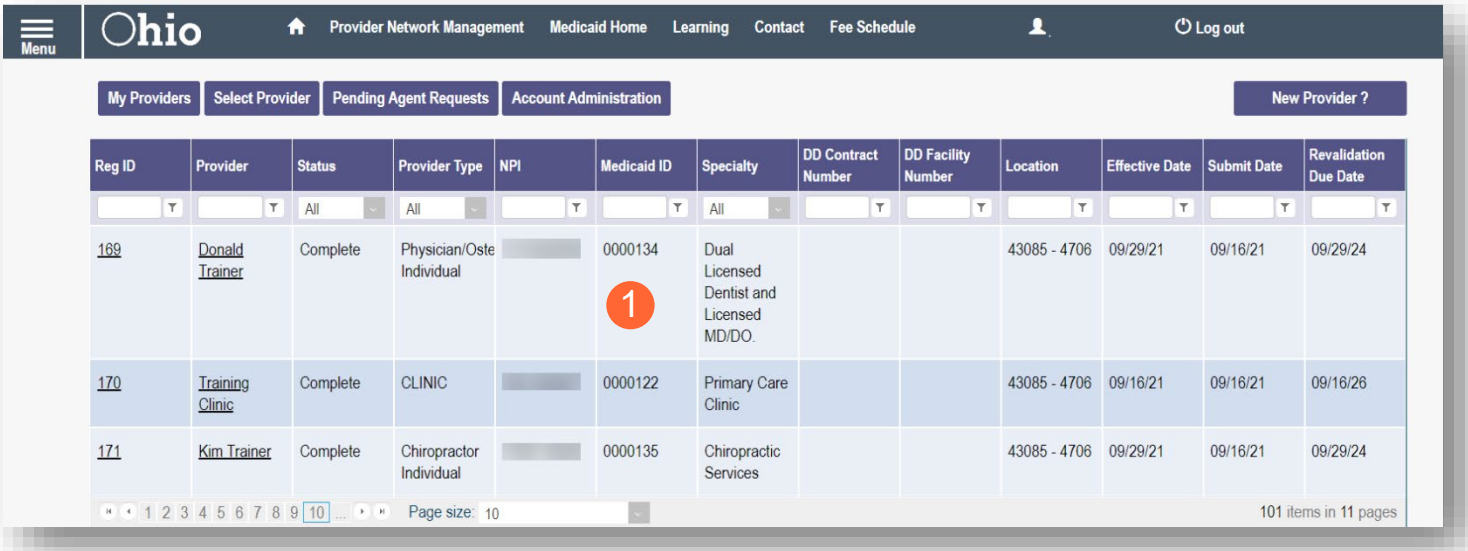

**Note:** If additional Notice of Operations Deficiency requests are submitted, you will need to click ‘Choose File’ under the Uploaded Documents section at the bottom of the page to add additional Plan of Corrections to address the issue(s)



# Review the Final Decision for Provider Submission

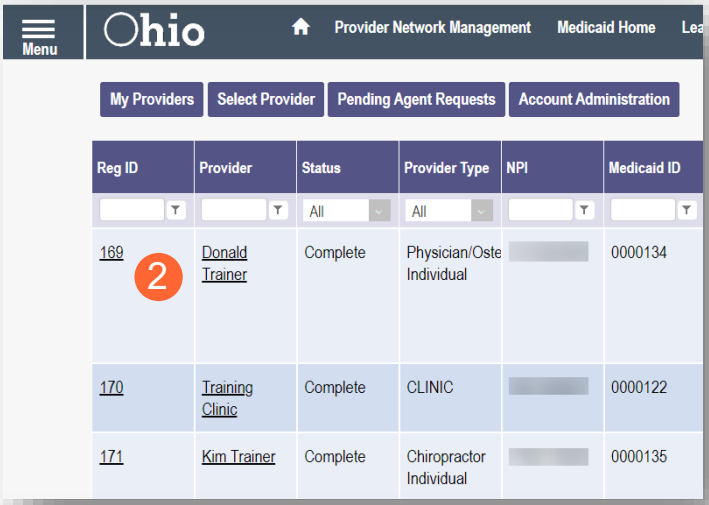
**Step 1:** Once the entire review process has been approved, you will be assigned a Medicaid ID number

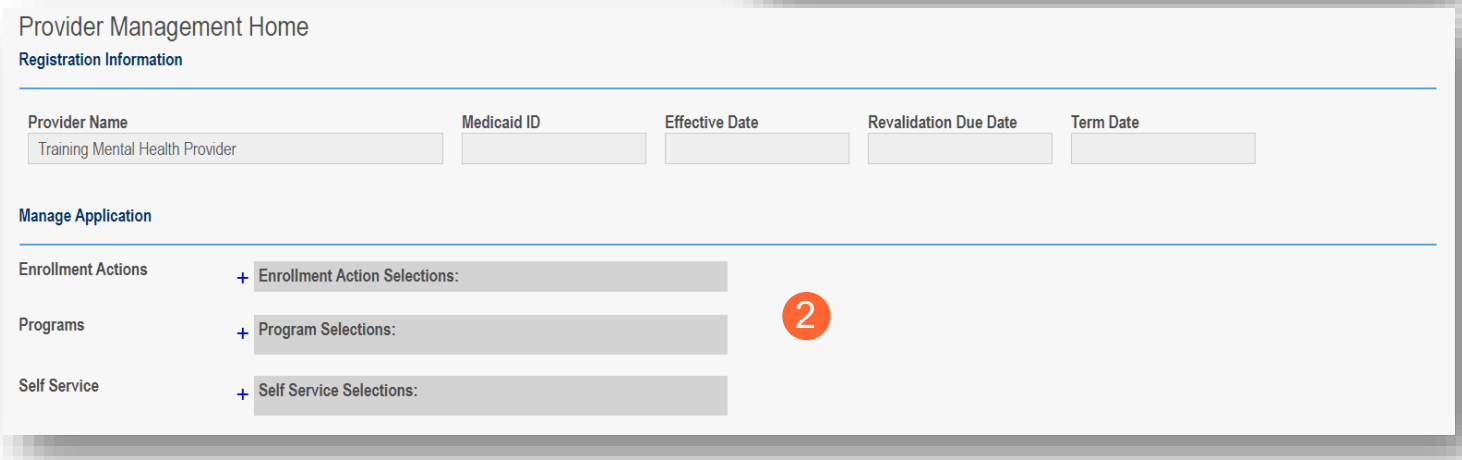
- Use number timeline at the bottom to navigate to the last page
- Locate your newly assigned Medicaid ID number next to your application in the table




**Step 2:** Click the link under the Reg ID or Provider heading to review the file

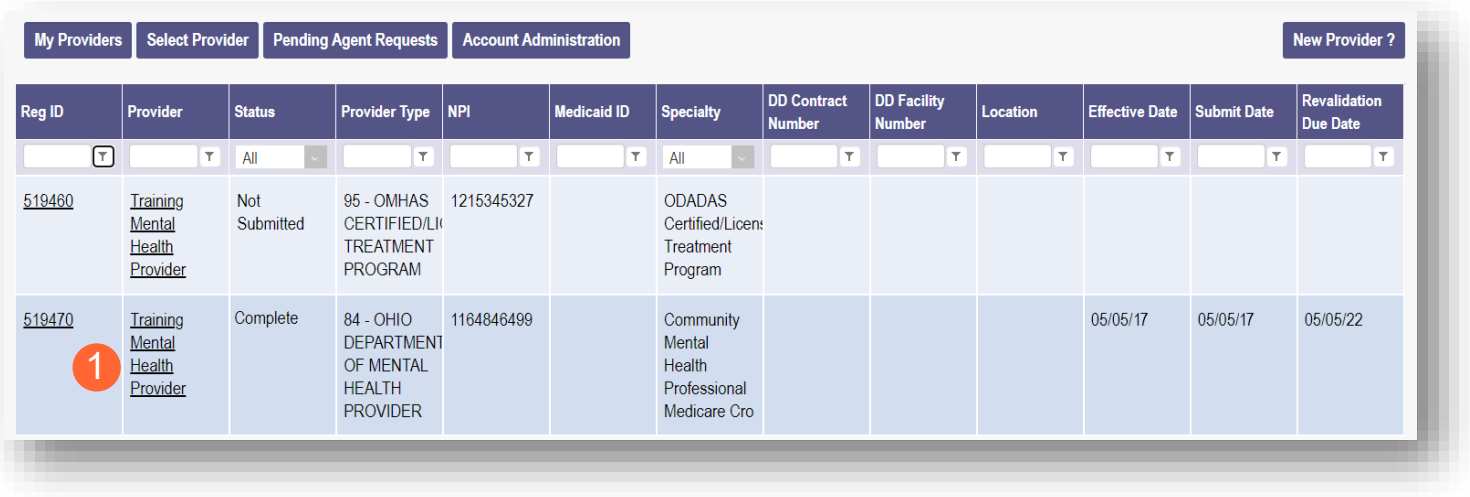
- Here you can view communications, view Provider file, begin revalidation, and access other Provider self service functions. Click the '+' icon to expand the Selections.



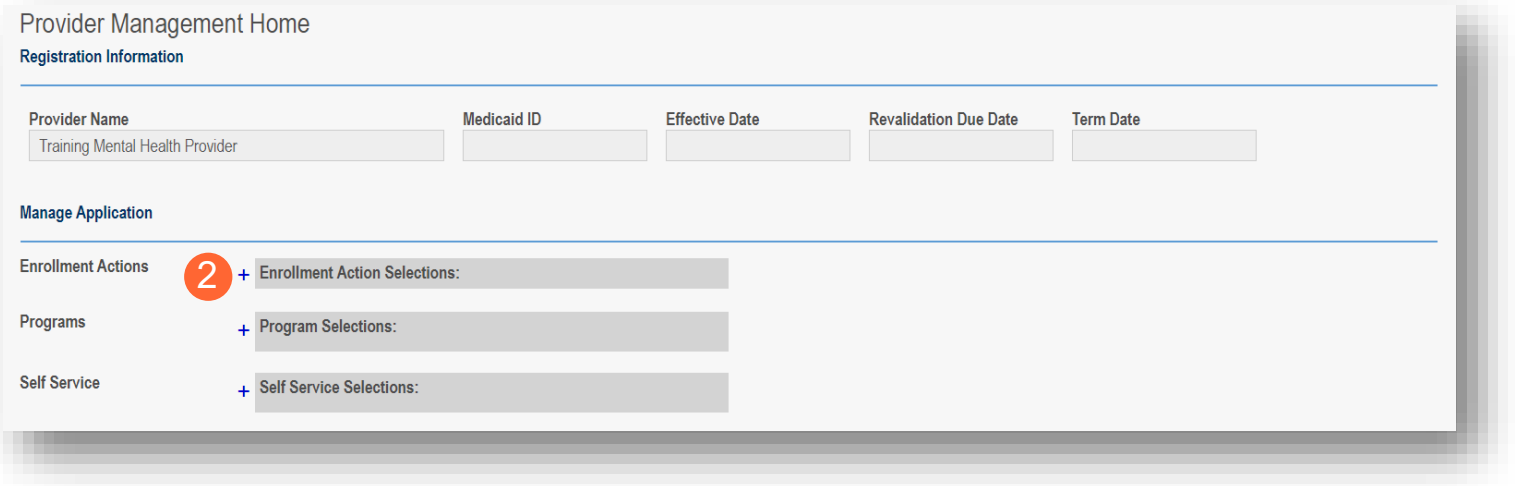



# Completing an Update

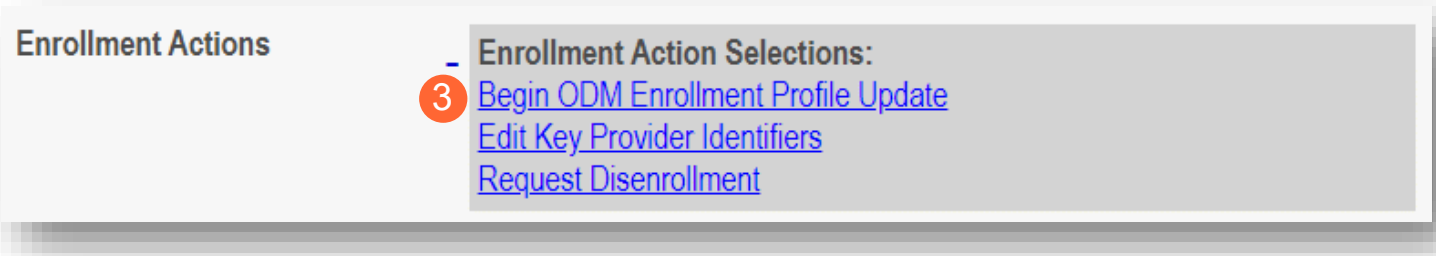
**Step 1:** Access the file in your dashboard by clicking on link listed under Reg ID or Provider



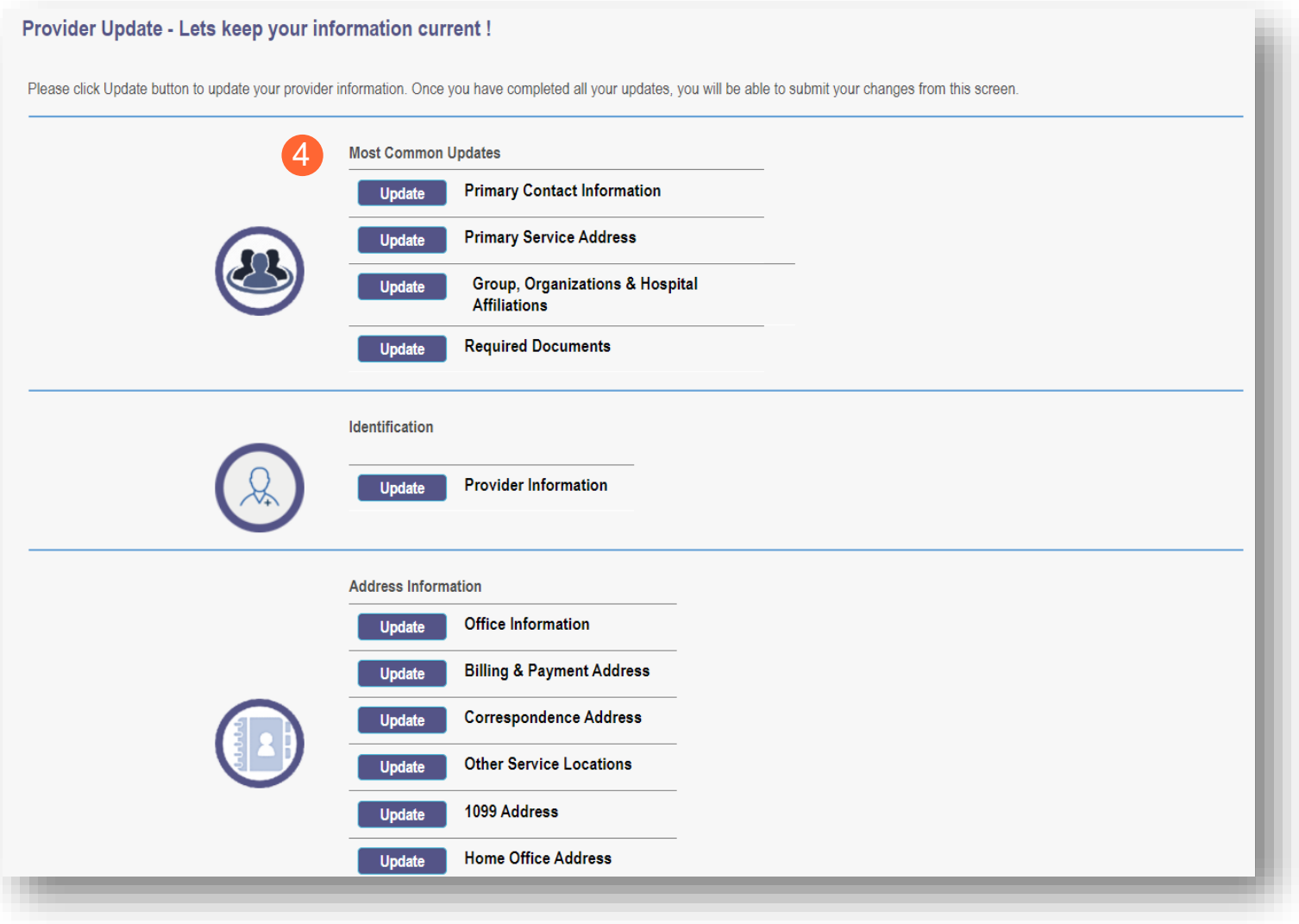

**Step 2:** Under the Manage Application section, click the '+' icon to expand 'Enrollment Actions'




**Step 3:** Click the 'Begin ODM Enrollment Profile Update' hyperlink



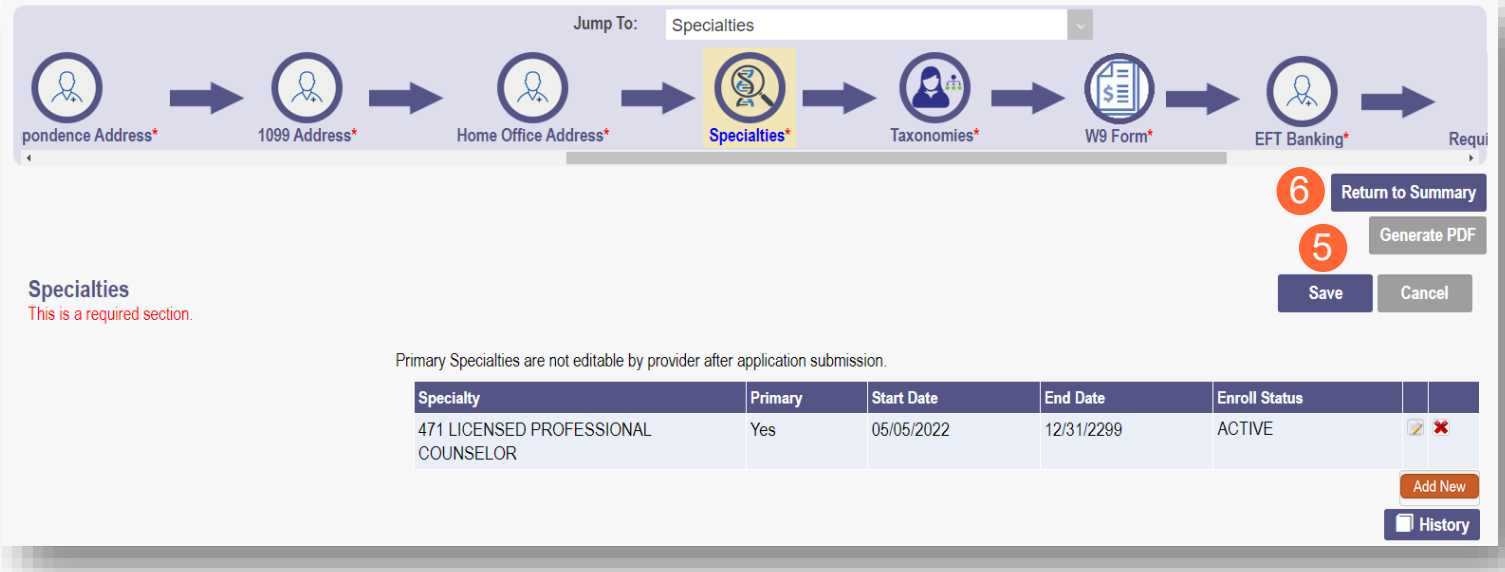
**Step 4:** Choose which element on the file you wish to update from the provided list and click ‘Update’



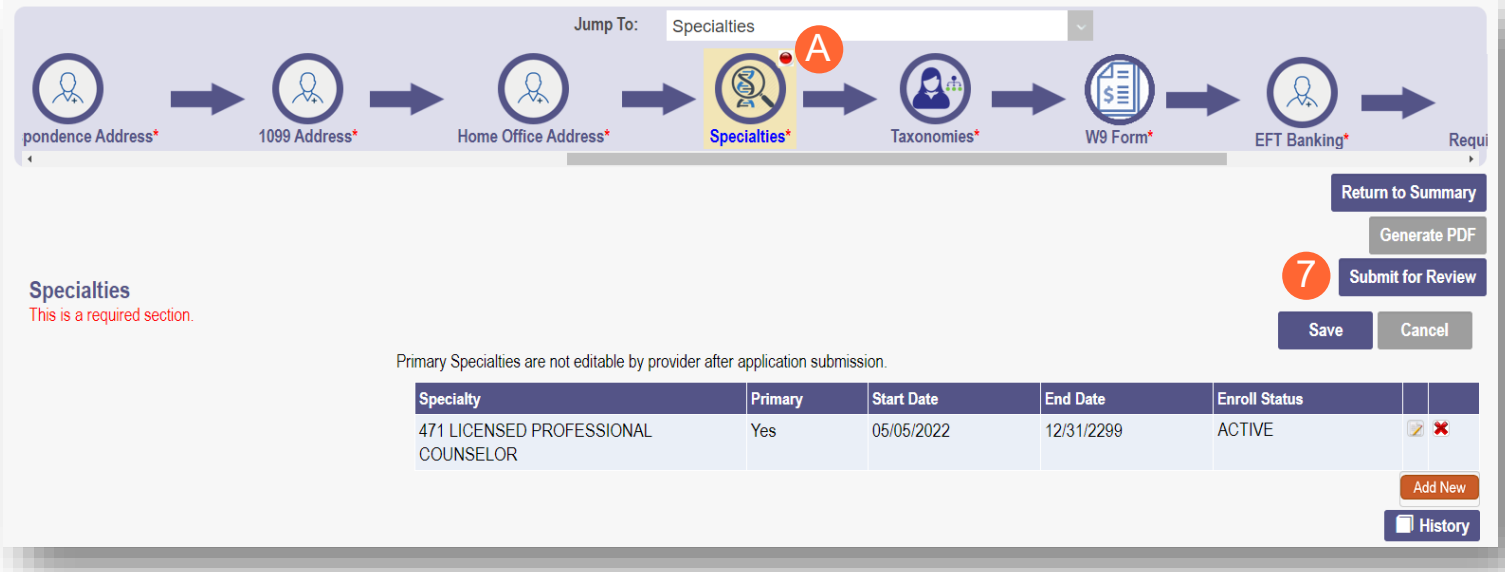
**Step 5:** Update the file page that you selected and click 'Save' once finished

**Note:** A red dot will display on the updated page once it is saved (A) *(see screenshot below Step 7)*

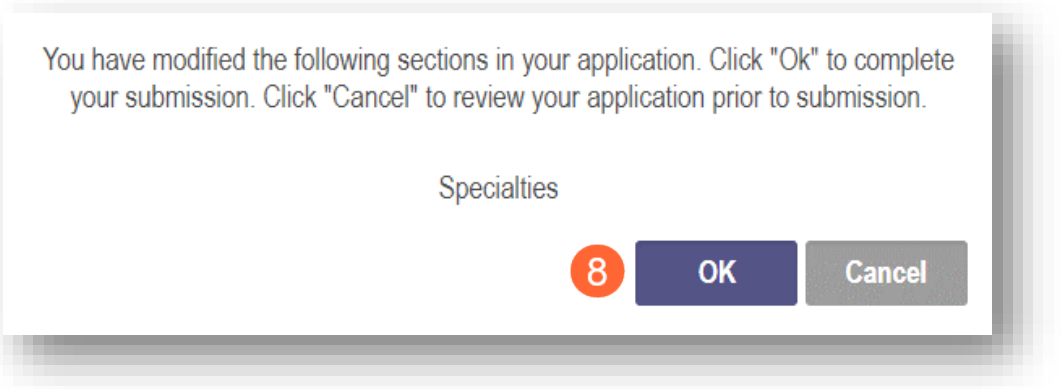
**Step 6:** If there are other pages that need to be updated, click 'Return to Summary' and select 'Update' for that section




**Step 7:** Once all pages are updated, click 'Submit for Review'

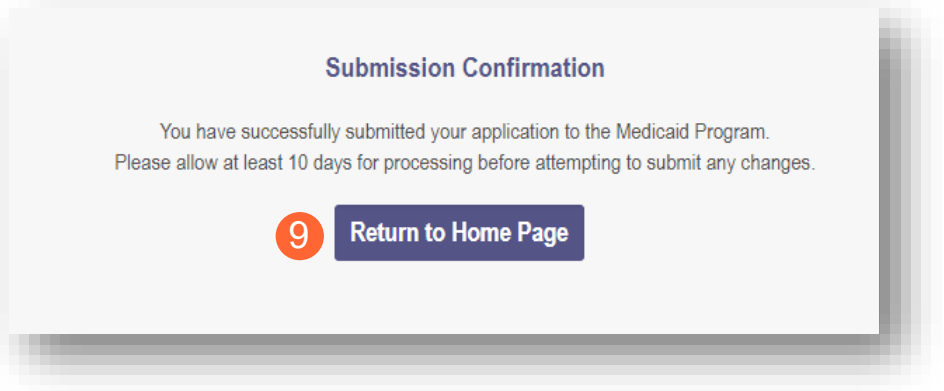


**Step 8:** A pop-up window displays confirming which page(s) received an update. Click ‘OK’ to complete the submission



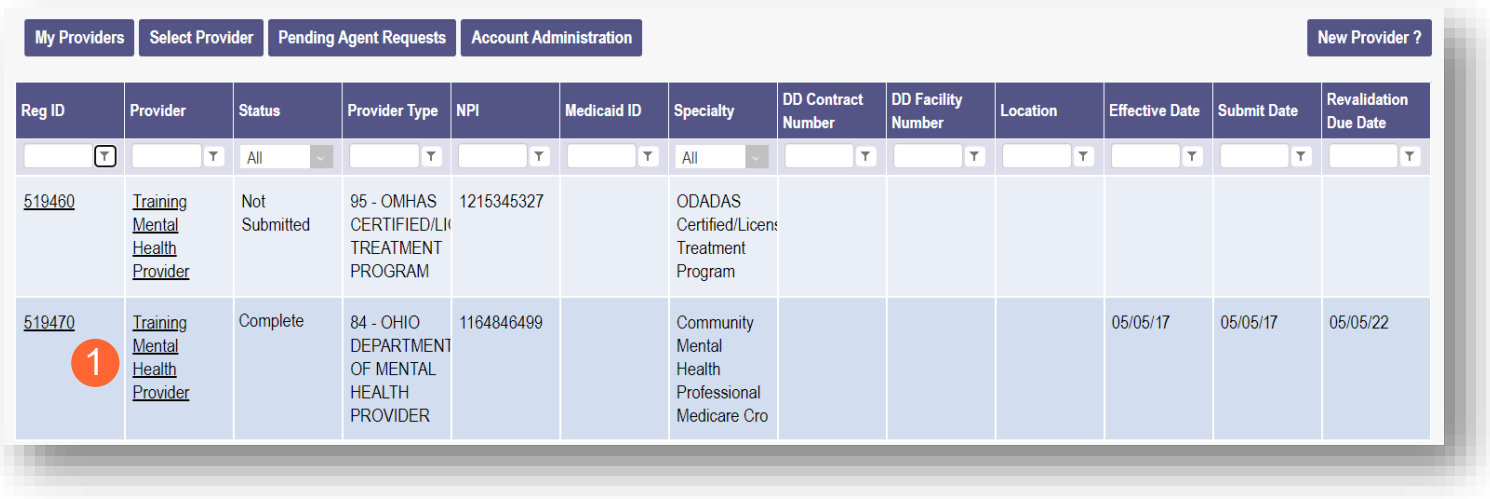

**Step 9:** You will receive a confirmation message stating that your application has been successfully submitted

- Click the ‘Return to Home Page’ button to go to your dashboard

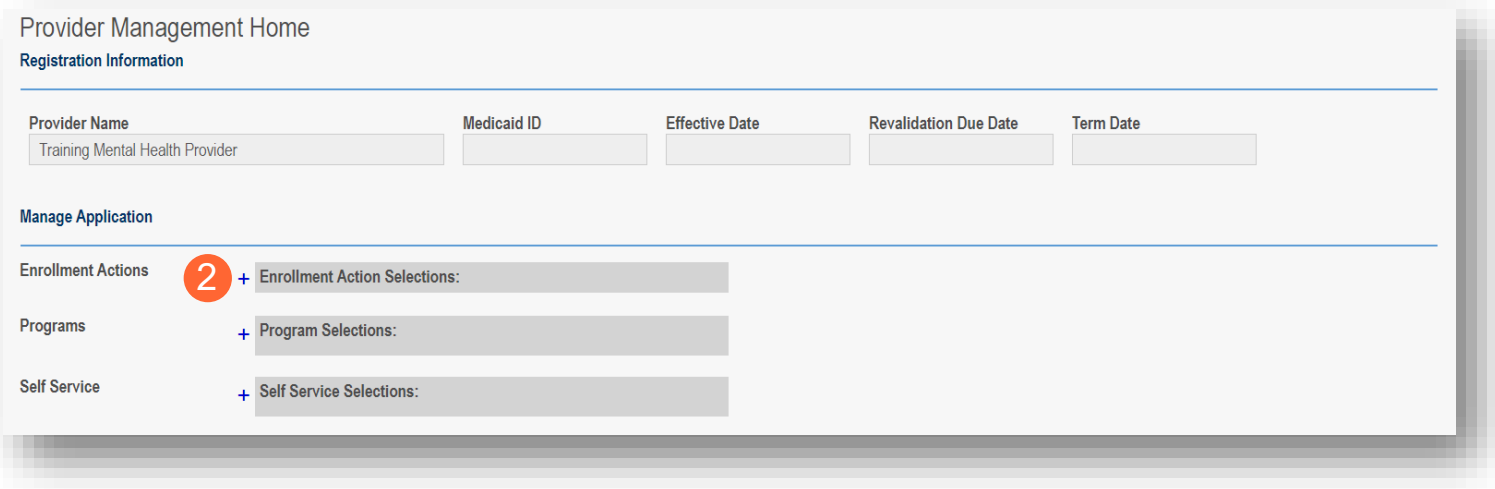


## Affiliating Individuals to Your Organization

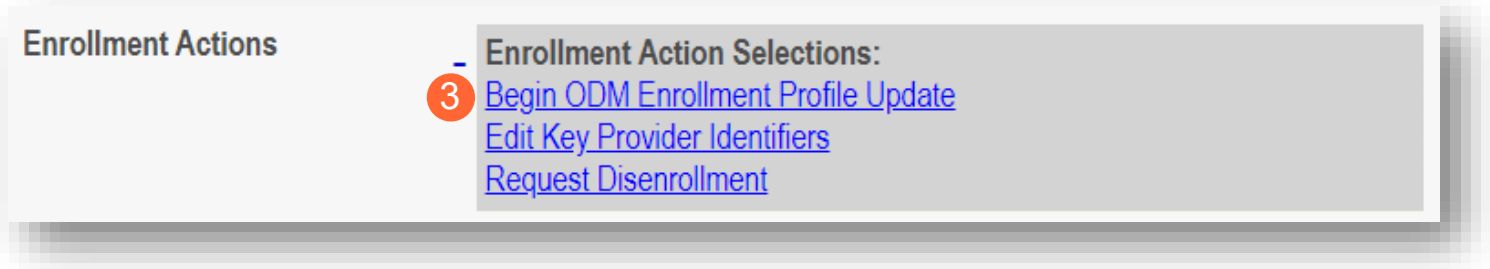
**Step 1:** Access the file in your dashboard by clicking on link listed under Reg ID or Provider



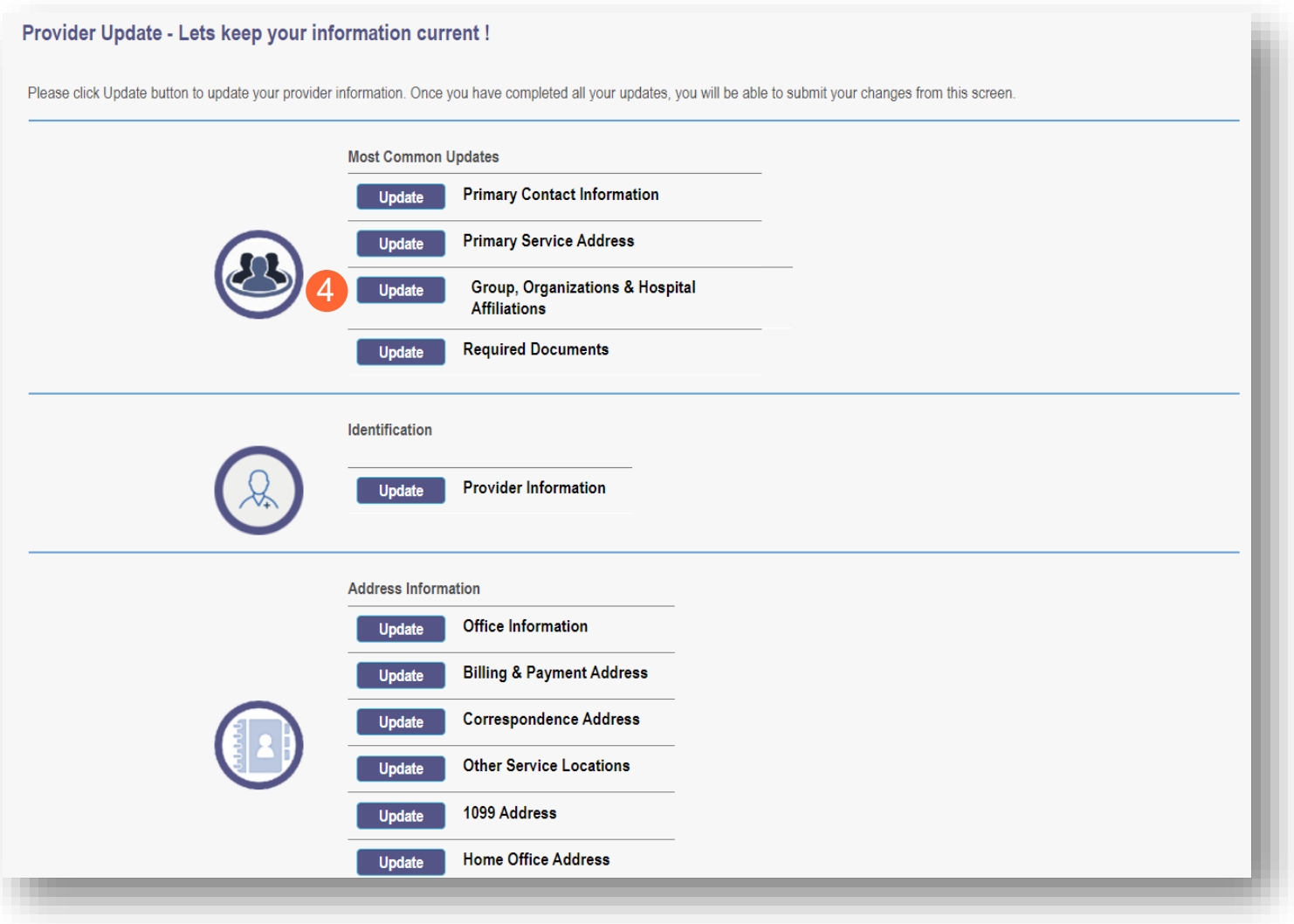

**Step 2:** Under the Manage Application section, click the '+' icon to expand 'Enrollment Actions'




**Step 3:** Click the 'Begin ODM Enrollment Profile Update' hyperlink

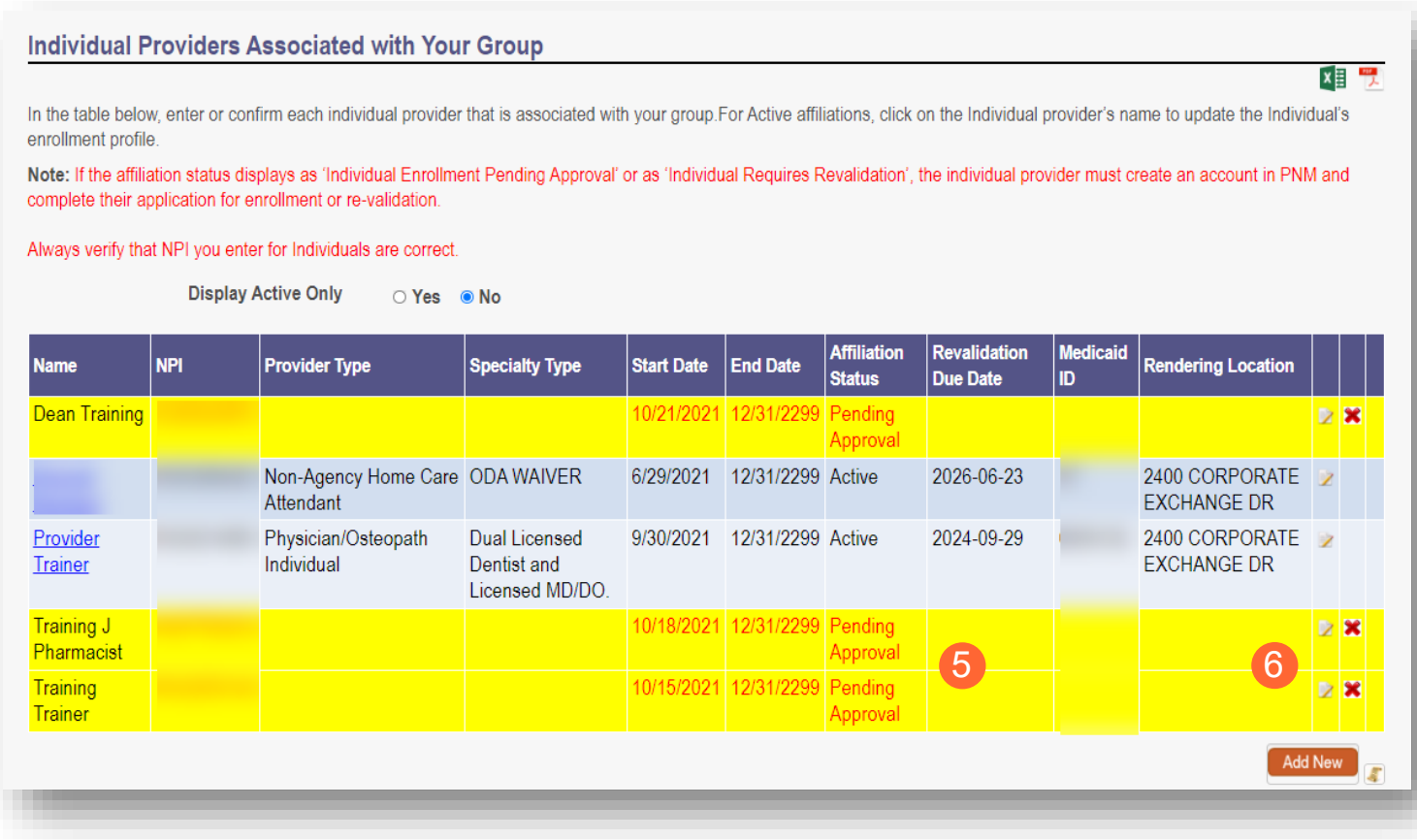


**Step 4:** Click ‘Update’ next to Group, Organizations & Hospital Affiliations



**Step 5:** The Providers who are Pending Approval will be highlighted in yellow

**Step 6:** Click on the 'pencil' icon to edit the Provider affiliation



Individual Providers Associated with Your Group

In the table below, enter or confirm each individual provider that is associated with your group.For Active affiliations, click on the Individual provider's name to update the Individual's enrollment profile.

**Note:** If the affiliation status displays as 'Individual Enrollment Pending Approval' or as 'Individual Requires Revalidation', the individual provider must create an account in PNM and complete their application for enrollment or re-validation.

Always verify that NPI you enter for Individuals are correct.

Display Active Only ○ Yes ◉ No

| Name | NPI | Provider Type | Specialty Type | Start Date | End Date | Affiliation Status | Revalidation Due Date | Medicaid ID | Rendering Location |
|---|---|---|---|---|---|---|---|---|---|
| Dean Training | | | | 10/21/2021 | 12/31/2299 | Pending Approval | | | |
| | | Non-Agency Home Care Attendant | ODA WAIVER | 6/29/2021 | 12/31/2299 | Active | 2026-06-23 | | 2400 CORPORATE EXCHANGE DR |
| Provider Trainer | | Physician/Osteopath Individual | Dual Licensed Dentist and Licensed MD/DO. | 9/30/2021 | 12/31/2299 | Active | 2024-09-29 | | 2400 CORPORATE EXCHANGE DR |
| Training J Pharmacist | | | | 10/18/2021 | 12/31/2299 | Pending Approval | | | |
| Training Trainer | | | | 10/15/2021 | 12/31/2299 | Pending Approval | | | |

5

6

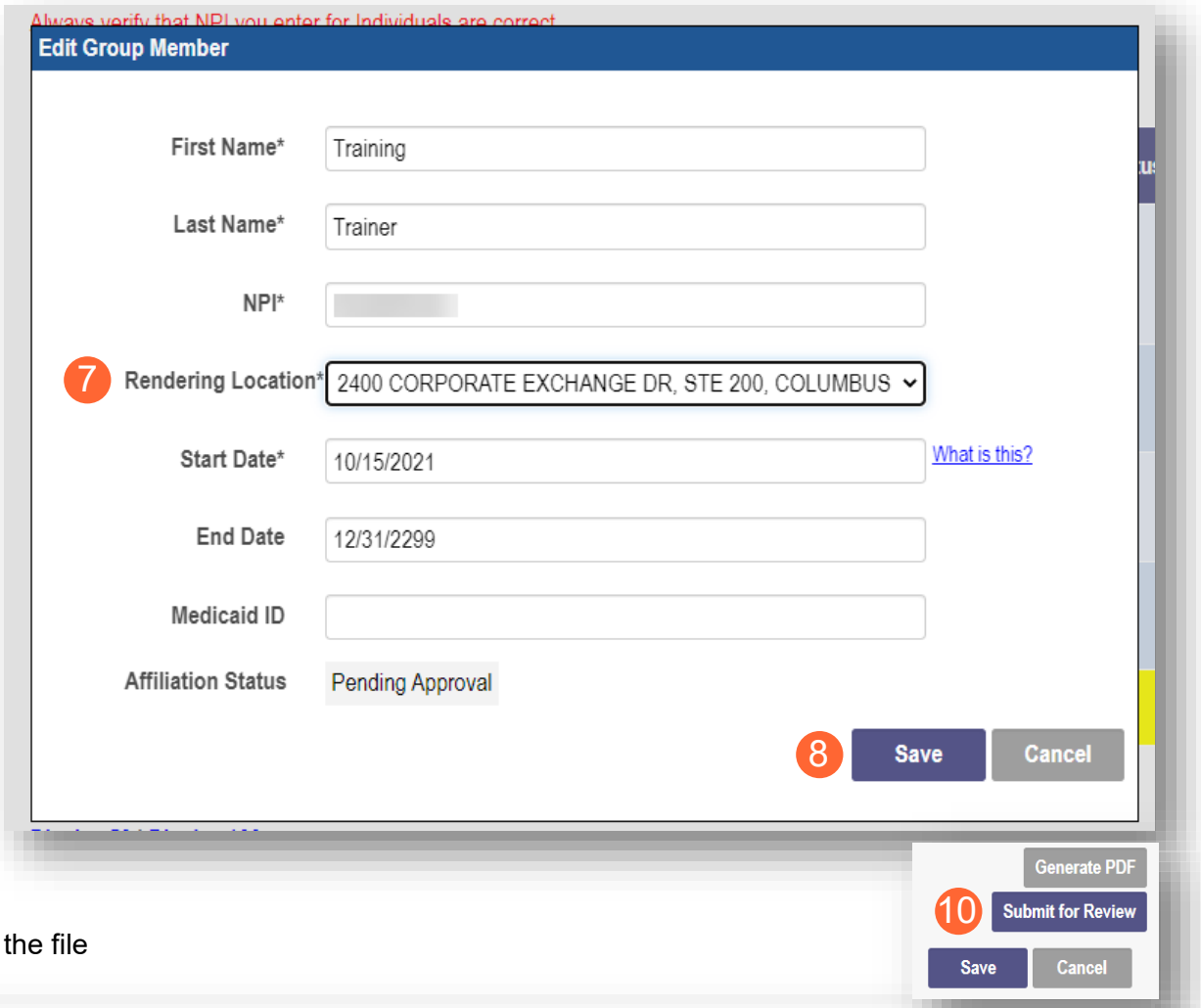
Add New

**Step 7:** Choose the appropriate Rendering Location for the Provider from the drop-down menu

**Step 8:** Click 'Save'

**Step 9:** Continue this process for all Providers with a 'Pending Approval' affiliation status

**Step 10:** Once all Pending Approval' Providers have been updated, they will no longer display in yellow. Click 'Submit for Review' to update the file

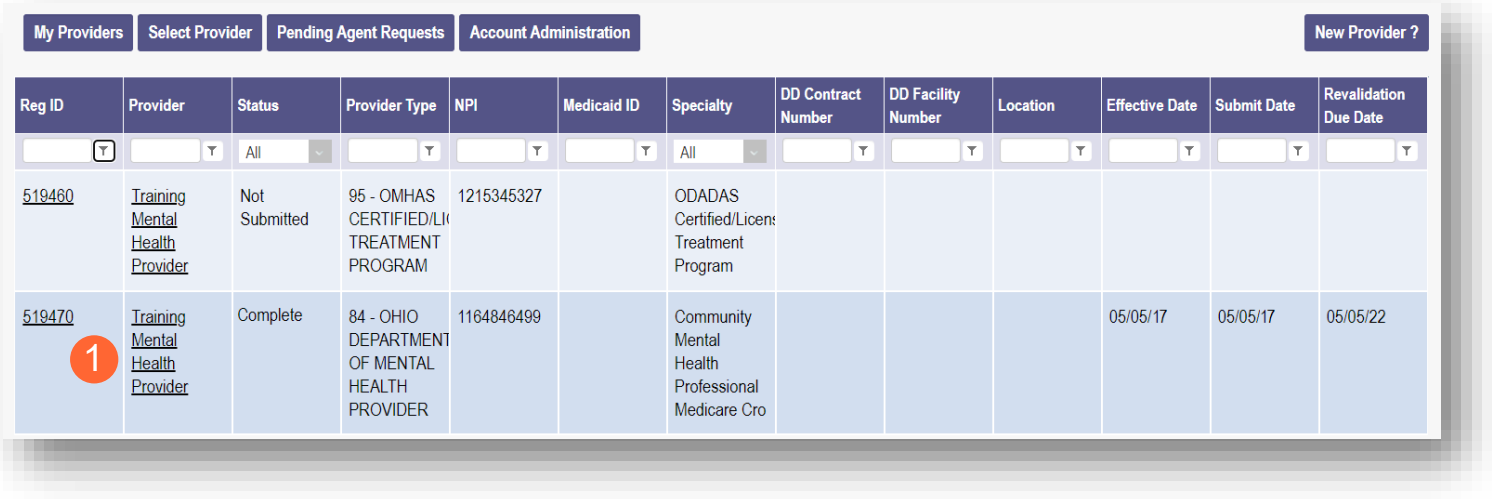



| Name | NPI | Provider Type | Specialty Type | Start Date | End Date | Affiliation Status | Revalidation Due Date | Medicaid ID | Rendering Location |
|---|---|---|---|---|---|---|---|---|---|
| Dean Training | | | | 11/16/2021 | 12/31/2299 | Individual Enrollment Pending Approval | | | 2400 CORPORATE EXCHANGE DR |
| | | Non-Agency Home Care Attendant | ODA WAIVER | 6/29/2021 | 12/31/2299 | Active | 2026-06-23 | | 2400 CORPORATE EXCHANGE DR |
| Provider Trainer | | Physician/Osteopath Individual | Dual Licensed Dentist and Licensed MD/DO. | 9/30/2021 | 12/31/2299 | Active | 2024-09-29 | | 2400 CORPORATE EXCHANGE DR |
| Training J Pharmacist | | Pharmacist | PHARMACIST | 11/16/2021 | 12/31/2299 | Confirmed | 2024-10-18 | | 2400 CORPORATE EXCHANGE DR |
| Training Trainer | | | | 11/16/2021 | 12/31/2299 | Individual Enrollment Pending Approval | | | 2400 CORPORATE EXCHANGE DR |

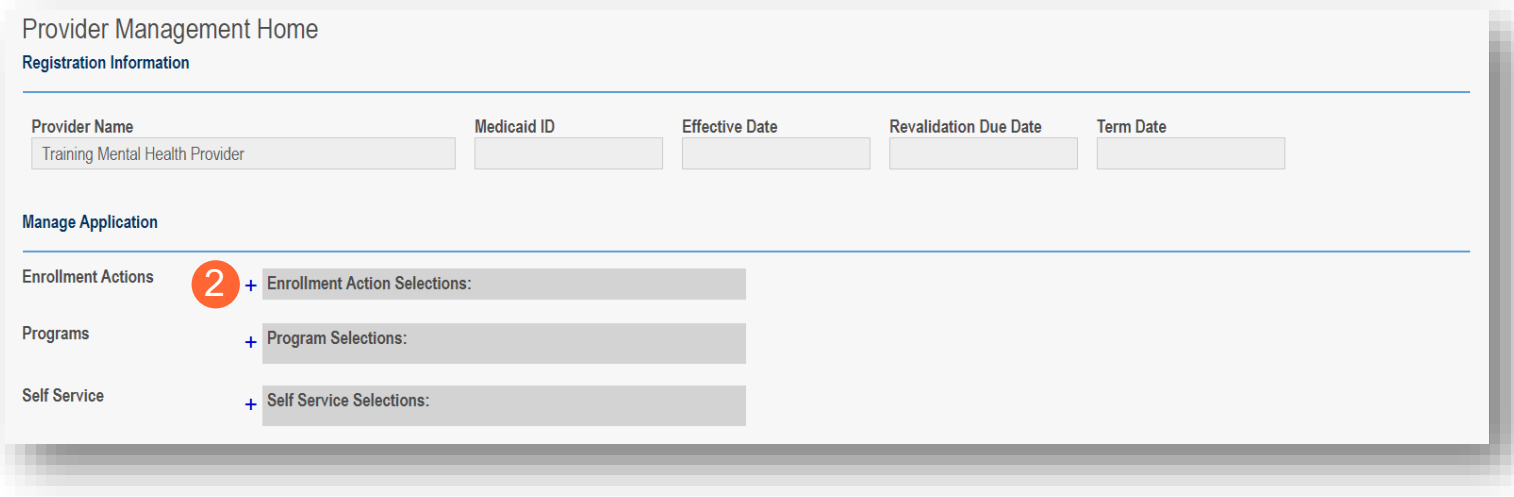
# Revalidation/Re-Enrollment Steps

Revalidation/Re-Enrollment is required for all enrolled Providers. This occurs every three (3) years for Credentialed Providers and every five (5) years for Non-Credentialed Providers. You will receive emailed notices when your application is due for revalidation. You can also view the Revalidation Due Date in the far-right column on the dashboard.

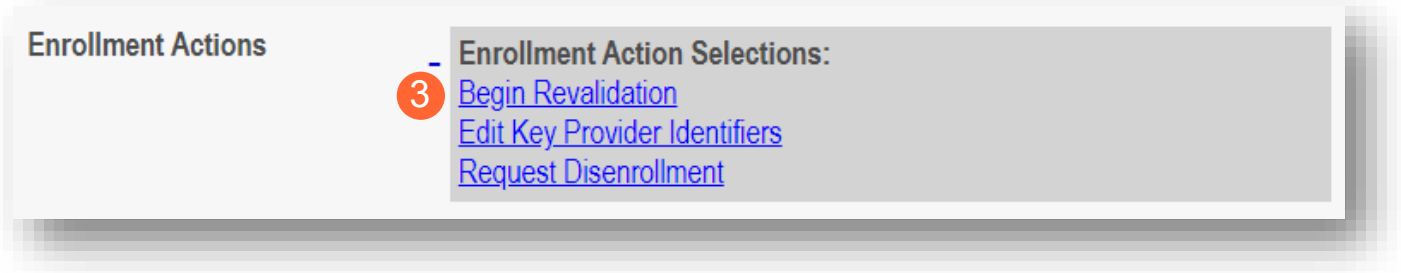
**Step 1:** Access the application in your dashboard by clicking on link listed under Reg ID or Provider




**Step 2:** Under the Manage Application section, click the '+' icon to expand 'Enrollment Actions'



**Step 3:** Click the 'Begin Revalidation' hyperlink

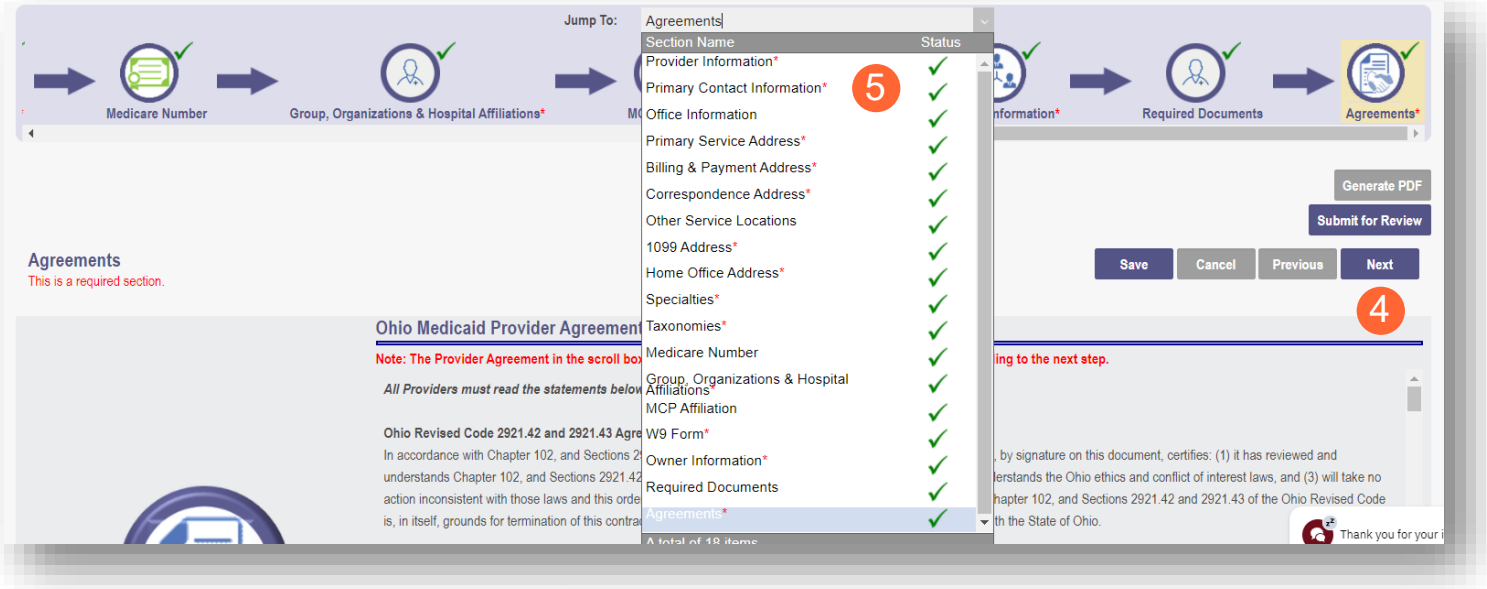



**Step 4:** Complete each page of the file. Click 'Next' to save and proceed to the next page

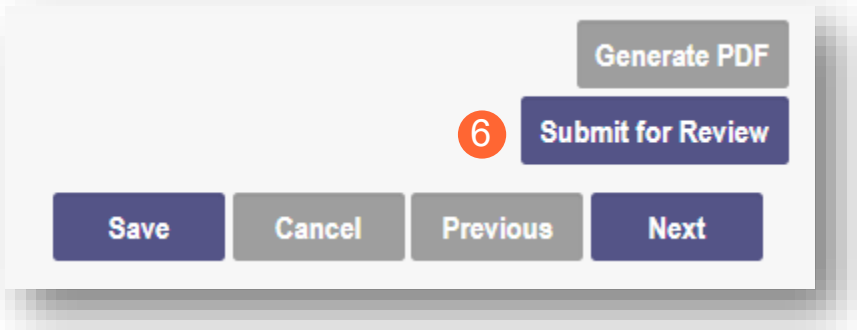
**Note:** Regardless of whether changes are made, each page needs to be reviewed and saved

**Step 5:** Confirm that each page has been reviewed, making sure a green checkmark appears for each page. If a green checkmark does not display for a page, review that page, and save the information.

**Note:** Submission will not be available unless all required pages have a green checkmark




**Step 6:** Once all pages have been completed, click 'Submit for Review' to submit your application for Revalidation

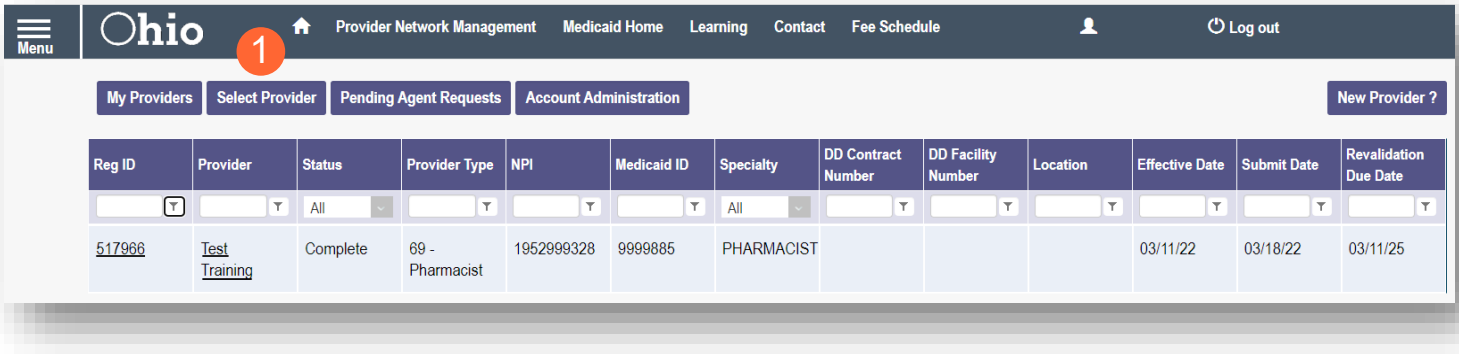


# Select and Transfer Providers

The selection and transfer of Providers allows you to move Providers to your OHID account based on identifying information, such as Tax ID, NPI and Medicaid ID.

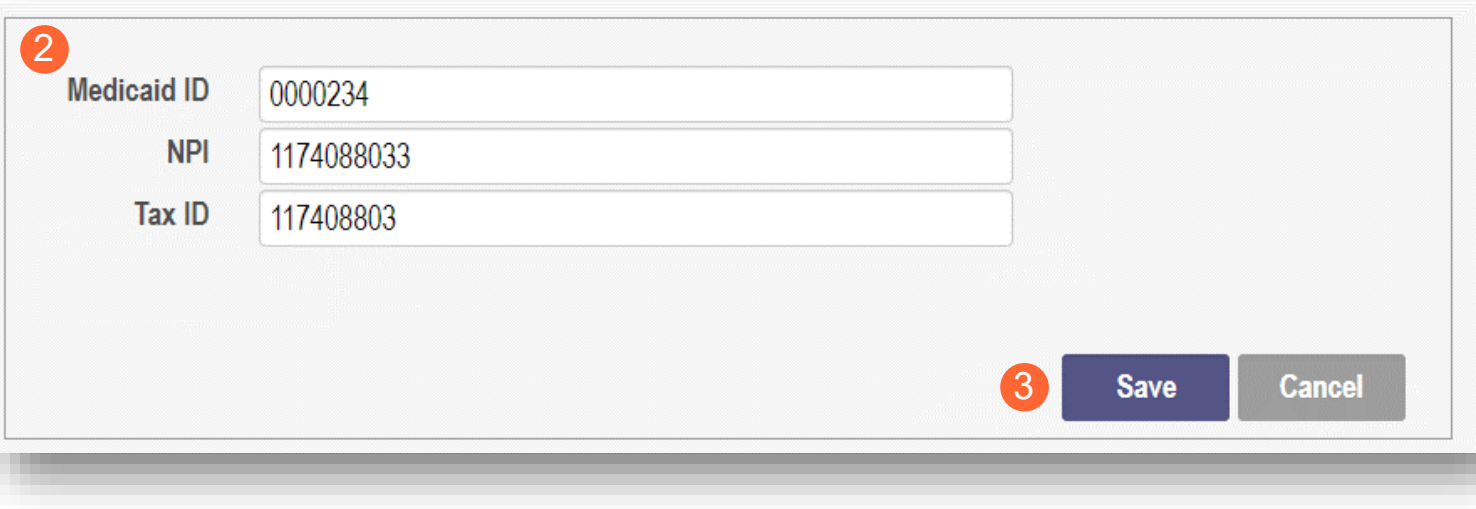
If you would like to transfer Providers to another OHIO ID account, first click ‘Select Provider’ button at the top of the homepage. This will display a list of Providers associated with your email account.

**Step 1:** Click the ‘Select Provider’ button from your dashboard




**Step 2:** Enter the Medicaid ID, NPI, and Tax ID numbers for the provider you wish to move to your account

**Step 3:** Click ‘Save’



**Step 4:** The newly added Provider will appear on the list of Providers on the Dashboard

**Note:** If the new Provider does not appear, click the 'home icon' at the top of the page to refresh the screen and see the newly added provider in your Provider list