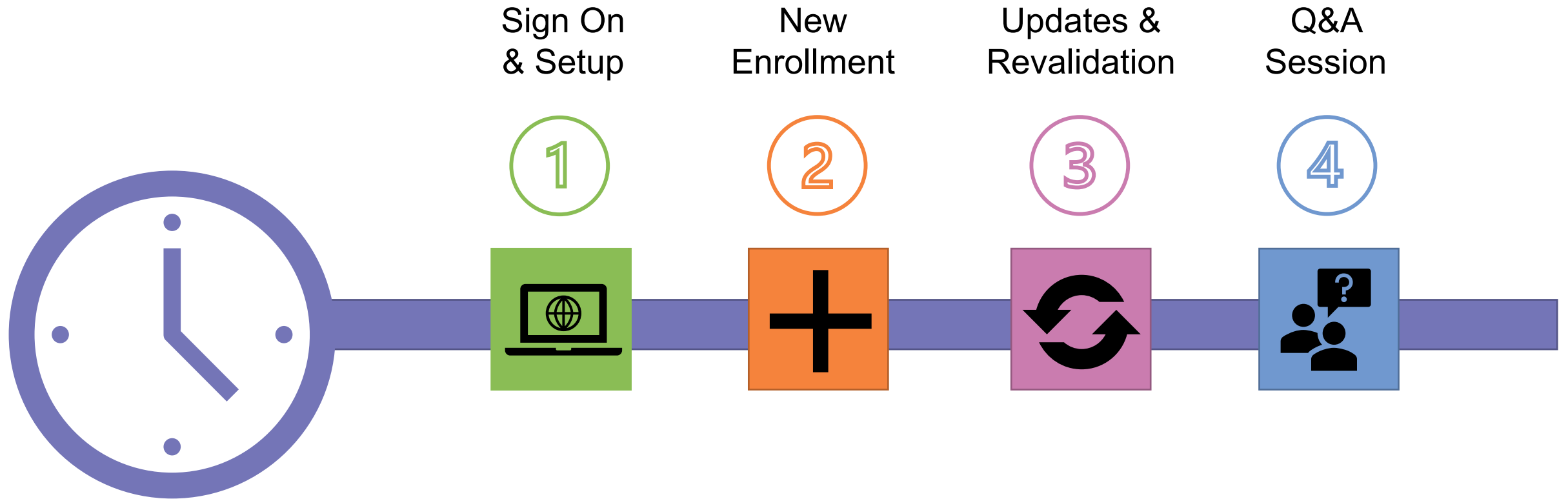


Welcome to PNM Provider Training



Department of
Medicaid

Today's Schedule



Sign On and Setup Agents and Admin



Department of
Medicaid

Agenda

Sign On and Setup of Agents and Administration

This course is designed to deliver a detailed process for completing signing on and setting up your account within the PNM system

This course will also show how to set up agents, along with administrator functionalities as you manage your provider file(s)

In this session, we will review and discuss slides, then open the Provider Network Management (PNM) system to review how the processes are completed

01

Pre-Registration

02

Logging Into PNM

03

PNM Homepage/Dashboard

04

Review of PNM Navigation

05

Provider Administrator Assignment/Changes

06

Creating and Assigning Roles to Agents



Pre-Registration

- **OH|ID:** A personal individual user account created through the InnovateOhio Platform. This is the login credential that will be used to access the Provider Network Management (PNM) system; however, the login is not unique to PNM.
- **InnovateOhio Platform (IOP):** A system created to allow the ability to have a single personal login to access a variety of state agency systems. This includes PNM.
- **Administrator:** A role assigned to a user in PNM that allows that user to create new enrollment applications, update provider records, and complete revalidations among other tasks. The Administrator role will also be able to grant accesses/actions to other users in PNM, known as Agents.
 - There is one Administrator role per NPI/Medicaid ID. However, a single user with the Administrator role can administer to multiple providers.
- **Agent:** A role assigned to a user in PNM that allows that user to complete specific actions such as updating a provider record, revalidation, claims submission, prior authorization, the viewing of reports, etc.

What is Pre-Registration?

- With a new system comes new login procedures
 - PNM is set up to allow for a single front door for access to a variety of functionalities
- PNM will require all Ohio Medicaid Providers to use an OH|ID to gain access to the PNM system
 - 982 agency apps across the state rely on OH|ID for authentication and access management
- The Pre-Registration site, available from August 15th through September 23rd, allows for a quick set up to link an existing or new OH|ID account to PNM
- The link to access the pre-registration site is <https://pnm-preregistration.omes.maximus.com/>

Linking Existing OH|ID to PNM

Welcome to Provider User Pre-registration

In order to utilize the new Ohio Department of Medicaid Provider Network Management (PNM) system please follow these steps to pre-register your OH|ID user account and associate it with your provider account.

Get Started!

Are you a current or previous Medicaid Provider with the Ohio Department of Medicaid?

☐ Yes ☐ No

Do you have an OH|ID account?

☐ Yes ☐ No

Next Step

- On the landing page, click 'Get Started!' to begin
- Answer the two questions by selecting either 'Yes' or 'No'
 - Are you a current or previous Medicaid Provider with the Ohio Department of Medicaid?
 - Do you have an OH|ID account?
- Click 'Next Step'

Linking Existing OH|ID to PNM

- Click 'Go to Ohio OH|ID Sign-in page' to log into your existing OH|ID account
- Enter your OH|ID username and password to access your account
- Click 'Log In'

The next step is to Sign-In with your OH|ID.
After which you will return here to continue your User Registration.

If you are already signed-in to OH|ID or were not automatically brought back after signing in use the button below to return to OH|ID and sign-in and try again.

Go to Ohio OH|ID Sign-in page



Ohio's Digital Identity. One State. One Account.

Register once, use across many State of Ohio websites

Create Account

Log In

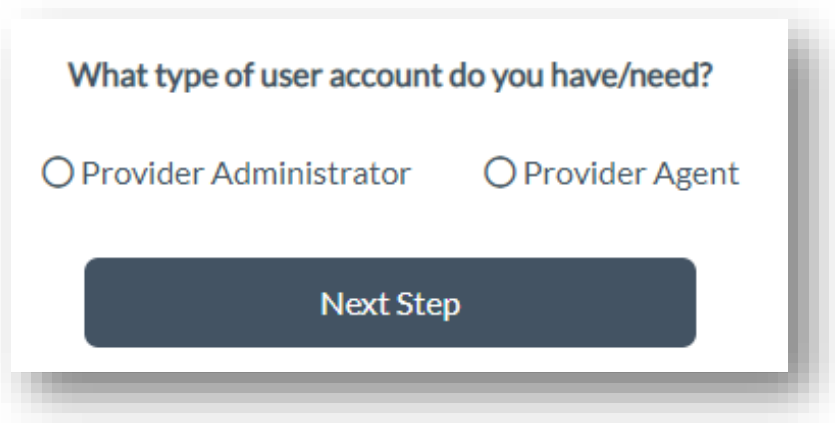
OH|ID

Password



Log in

Forgot OH|ID? | Forgot password?



A screenshot of a web form titled "What type of user account do you have/need?". The form contains two radio button options: "Provider Administrator" and "Provider Agent". Below these options is a dark blue button labeled "Next Step".

What type of user account do you have/need?

☐ Provider Administrator ☐ Provider Agent

Next Step

- You will be redirected back to the Pre-Registration site and asked what type of user account you have or need
- Select either:
 - Provider Administrator
 - Provider Agent
- Click 'Next Step'

Linking Existing Providers to PNM

Validate your Provider Information

Please enter at least 2 of the 3 (Medicaid ID, Tax ID, NPI) in order to associate your OH|ID account to a provider


Medicaid ID


Tax ID

NPI

Email Address

OH|ID





Provider Associations

Medicaid ID	Provider Name
No providers selected for association to this account Use the form on the left to associate providers	

- If you selected ‘Provider Administrator’ you will need to validate the Providers that you administer for by entering identifying information (Medicaid or Tax ID, NPI) in the fields listed
- Click ‘Add New’ to associate the provider to your account. Associations will begin populating on the screen to the right
- When all providers have been entered, click ‘Save & Finish’

Confirmation of Provider Linkage

- You will be sent to a results page confirming the actions that you have taken
- The Providers that you linked to your account will be listed under 'Provider Association Results'
 - These providers will appear in your dashboard when you log into the PNM system once the system goes live
- If any changes need to be made, click 'Start Again'

Pre-registration Results

Your OH|ID Account has been Pre-Registered and linked to the new Provider Management System.

When the new system launches you will be able to sign in using your OH|ID account.

Provider Association Results		
Medicaid ID	Provider Name	Results
1000001	ALAMA HOME HEALTH CARE LLC	Success, User Linked to Provider as Administrator

Start Again

Linking New OH|ID to PNM

- If you do not have an existing OH|ID account, select 'No' for that question
- Click 'Next Step'
- Click 'Go to Ohio new account page' to create a new OH|ID account
- *If you are not automatically brought back after creating your OH|ID account, return to the Pre-Registration homepage and select 'I have an OH|ID account'

Are you a current or previous Medicaid Provider with the Ohio Department of Medicaid?

☒ Yes ☐ No

Do you have an OH|ID account?

☐ Yes ☒ No

Next Step

The next step is to create an online account and Sign-In with the Ohio Department of Medicaid.

After which you will return here to continue your User Registration.

If you are not automatically brought back after creating your OH|ID account Return to Step one and select "I have an OH|ID account"

Go to Ohio new account page

Linking New OH|ID to PNM



Ohio's Digital Identity. One State. One Account.

Register once, use across many State of Ohio websites

Create Account

Log In

OH|ID

Password

Log in

[Forgot OH|ID?](#) | [Forgot password?](#)

Create OH|ID Account

1 Email Verification

2 Personal Info

3 Pick a Username

4 Create Password

5 Account Recovery

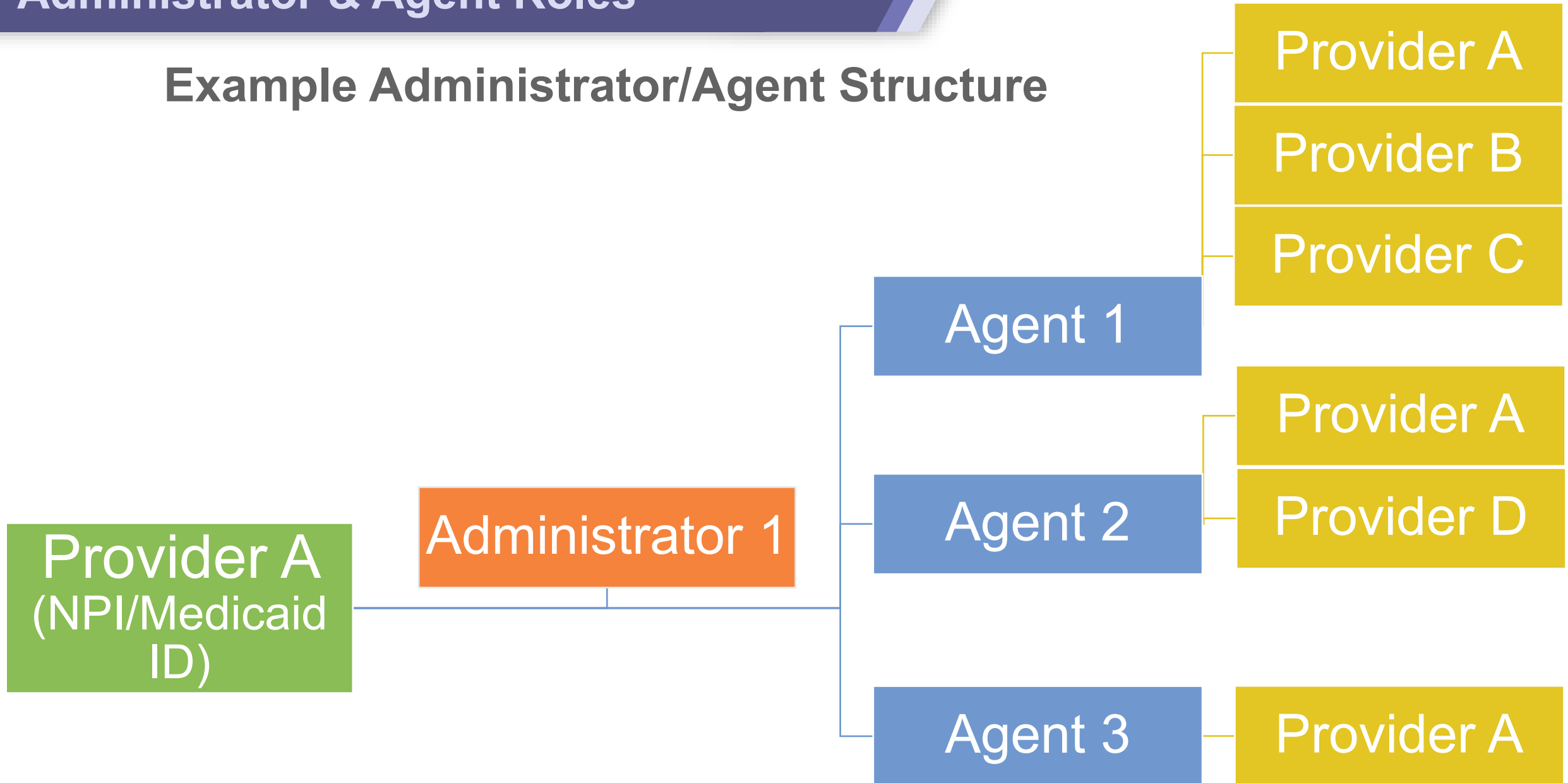
6 Terms & Conditions

- On the OH|ID sign in page, click 'Create Account'
- Complete the 6-step process to create your new OH|ID account
- Once the account is created, if you are a Provider Administrator, follow the steps to link your existing providers to PNM

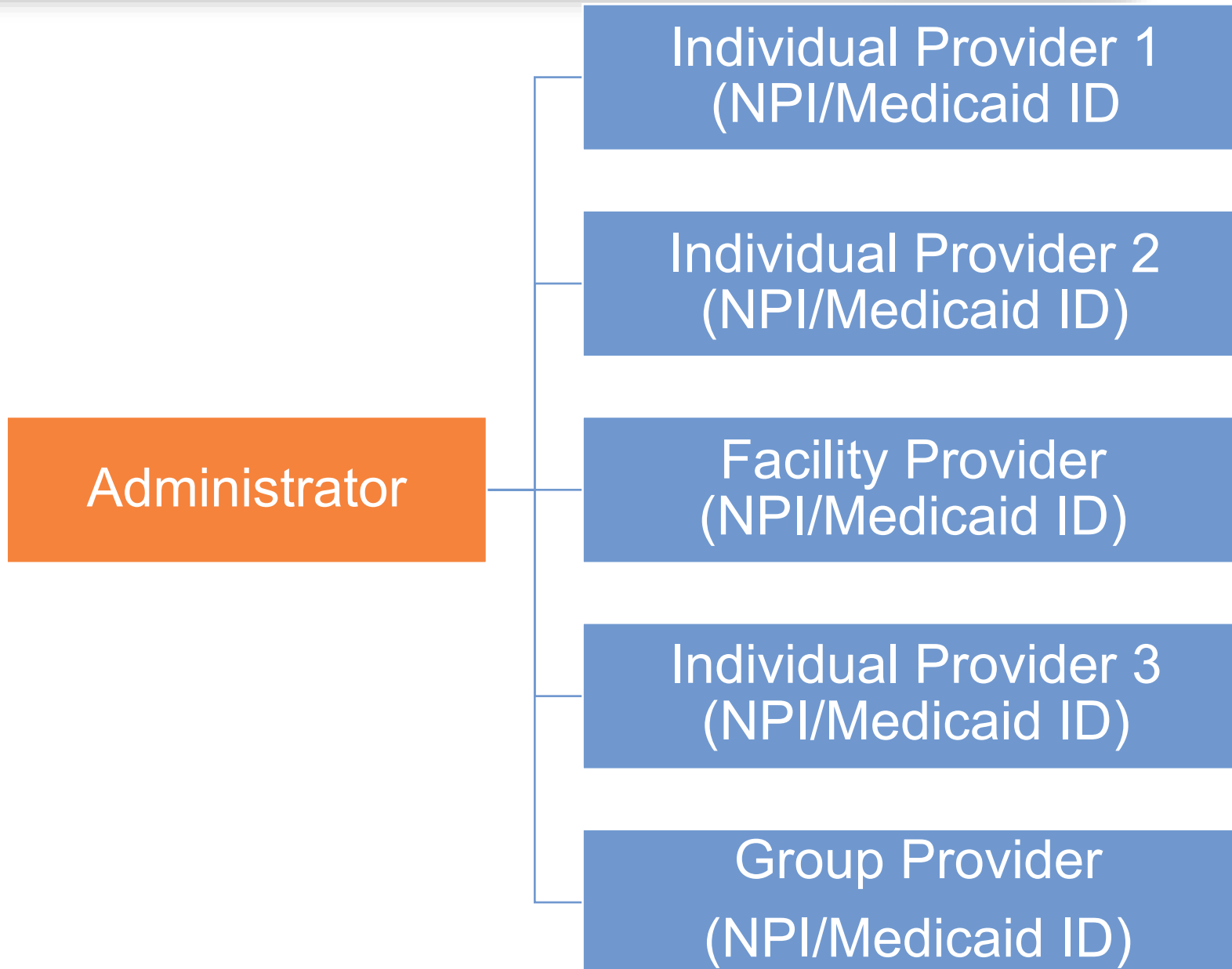


What questions
do you have?

Example Administrator/Agent Structure



Administrator & Agent Roles



- While there is one Administrator role per provider (NPI/Medicaid ID), a user with the Administrator role can serve in that role for multiple providers
- If there are multiple providers that you manage, this does not mean that only one user can hold the Administrator role for all those providers

Question:

We oversee 100 individual providers and our hospital, how are we able to complete tasks for all of those with one administrator?

Administrator (A)

Could oversee 33 individual providers (NPIs/Medicaid IDs)

Administrator (B)

Could oversee 34 individual providers (NPIs/Medicaid IDs)

Administrator (C)

Could oversee 33 individual providers (NPIs/Medicaid IDs)

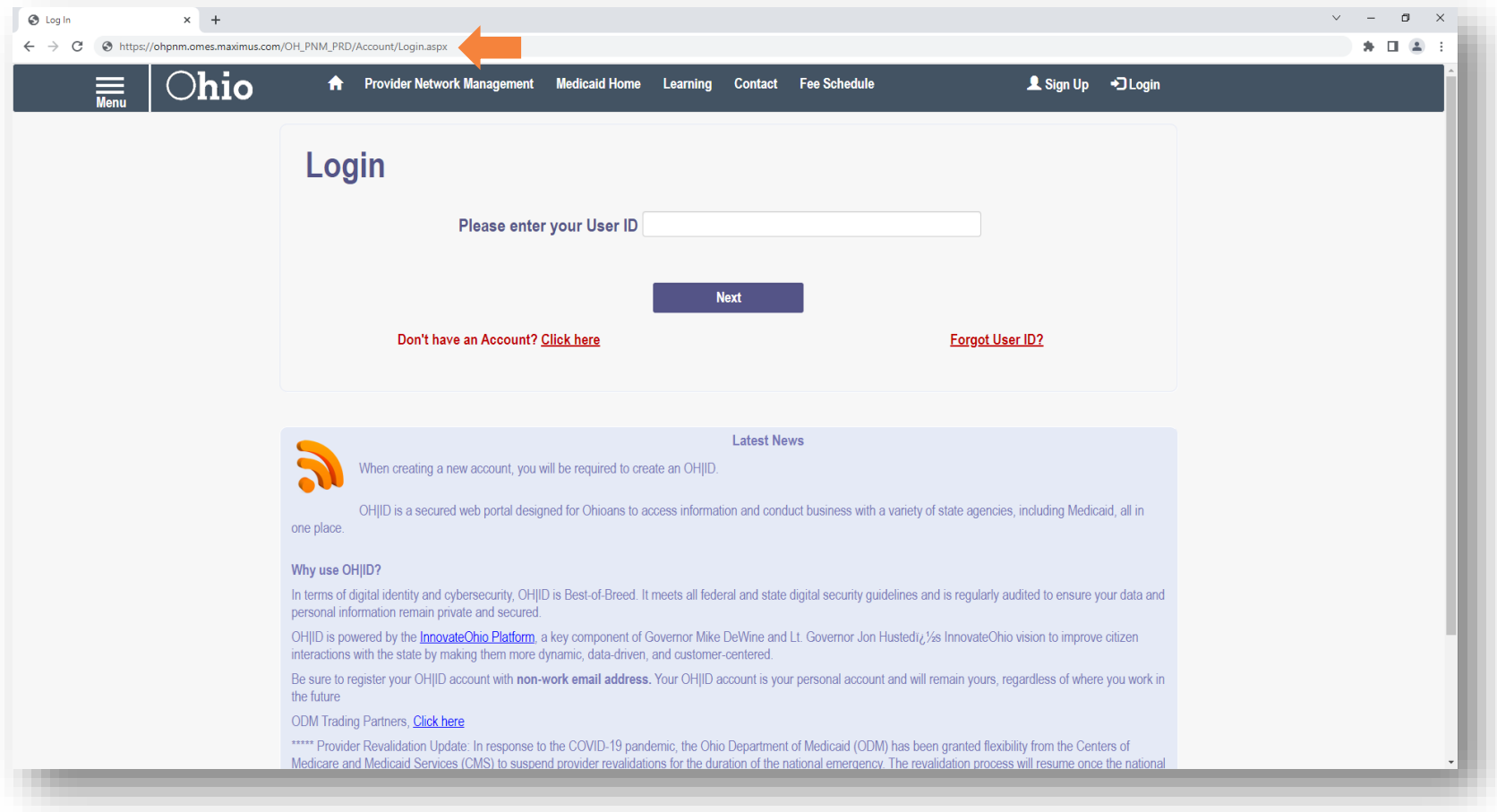
Administrator (D)

Could oversee the hospital provider (NPI/Medicaid ID)

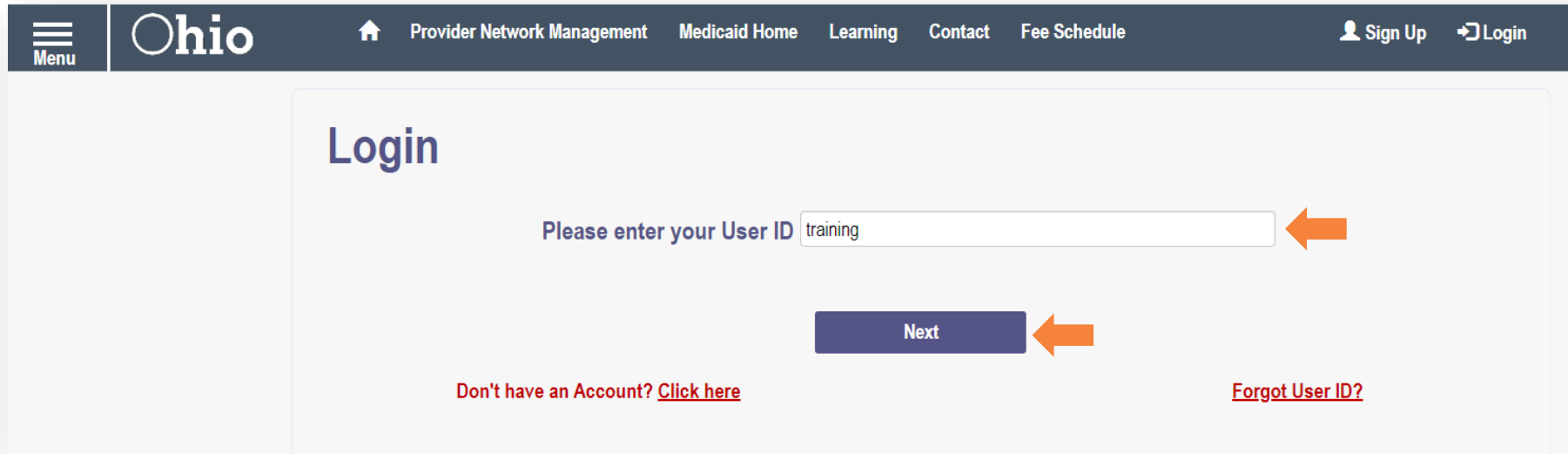
Logging into PNM

PNM Login Page

- Open an internet browser (Google Chrome, Firefox, Microsoft Edge) and enter the URL for PNM in your address bar
- An OH|ID is needed to successfully login to the PNM system

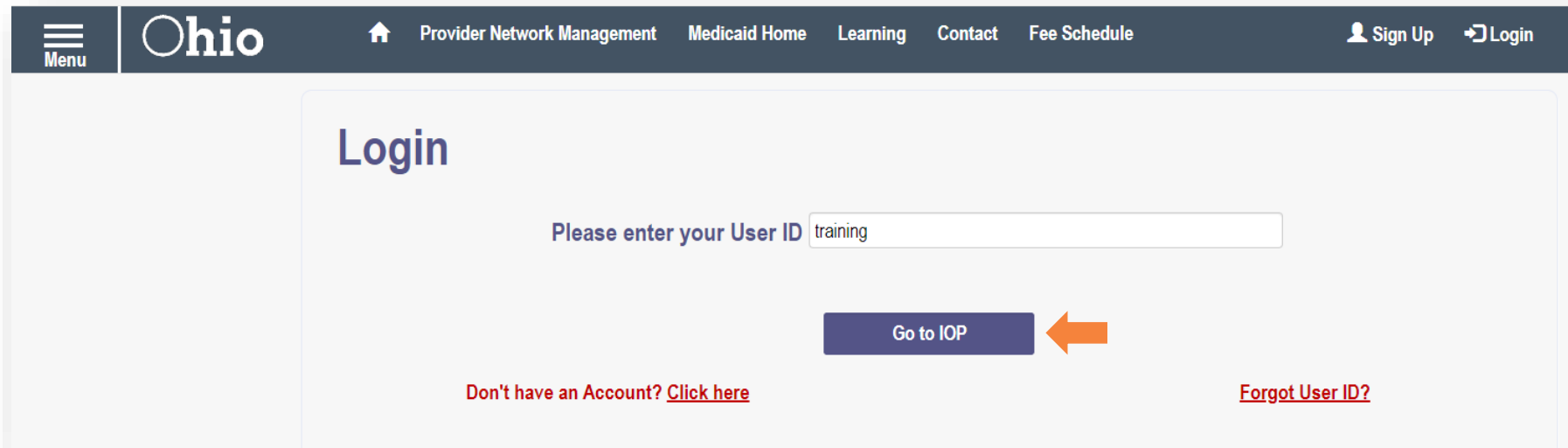


The screenshot shows a web browser window with the URL https://ohpnm.omes.maximus.com/OH_PNM_PRD/Account/Login.aspx. The page features a dark blue header with the Ohio logo and navigation links: Provider Network Management, Medicaid Home, Learning, Contact, and Fee Schedule. There are also links for Sign Up and Login. The main content area is titled "Login" and contains a form with the prompt "Please enter your User ID" and a text input field. Below the input field is a "Next" button. There are two links: "Don't have an Account? Click here" and "Forgot User ID?". Below the login form is a "Latest News" section with an RSS icon. The news items include: "When creating a new account, you will be required to create an OH|ID.", "OH|ID is a secured web portal designed for Ohioans to access information and conduct business with a variety of state agencies, including Medicaid, all in one place.", "Why use OH|ID? In terms of digital identity and cybersecurity, OH|ID is Best-of-Breed. It meets all federal and state digital security guidelines and is regularly audited to ensure your data and personal information remain private and secured.", "OH|ID is powered by the [InnovateOhio Platform](#), a key component of Governor Mike DeWine and Lt. Governor Jon Husted's InnovateOhio vision to improve citizen interactions with the state by making them more dynamic, data-driven, and customer-centered.", "Be sure to register your OH|ID account with **non-work email address**. Your OH|ID account is your personal account and will remain yours, regardless of where you work in the future.", "ODM Trading Partners, [Click here](#)", and "***** Provider Revalidation Update: In response to the COVID-19 pandemic, the Ohio Department of Medicaid (ODM) has been granted flexibility from the Centers of Medicare and Medicaid Services (CMS) to suspend provider revalidations for the duration of the national emergency. The revalidation process will resume once the national



The screenshot shows the Ohio PNM Login Page. At the top is a dark blue navigation bar with a 'Menu' icon, the 'Ohio' logo, and links for 'Provider Network Management', 'Medicaid Home', 'Learning', 'Contact', and 'Fee Schedule'. On the right side of the bar are 'Sign Up' and 'Login' links. The main content area is light gray and features a 'Login' heading. Below the heading is a text prompt 'Please enter your User ID' followed by a text input field containing the word 'training'. An orange arrow points to the input field. Below the input field is a dark blue 'Next' button, with another orange arrow pointing to it. At the bottom of the login area are two red links: 'Don't have an Account? [Click here](#)' and '[Forgot User ID?](#)'.

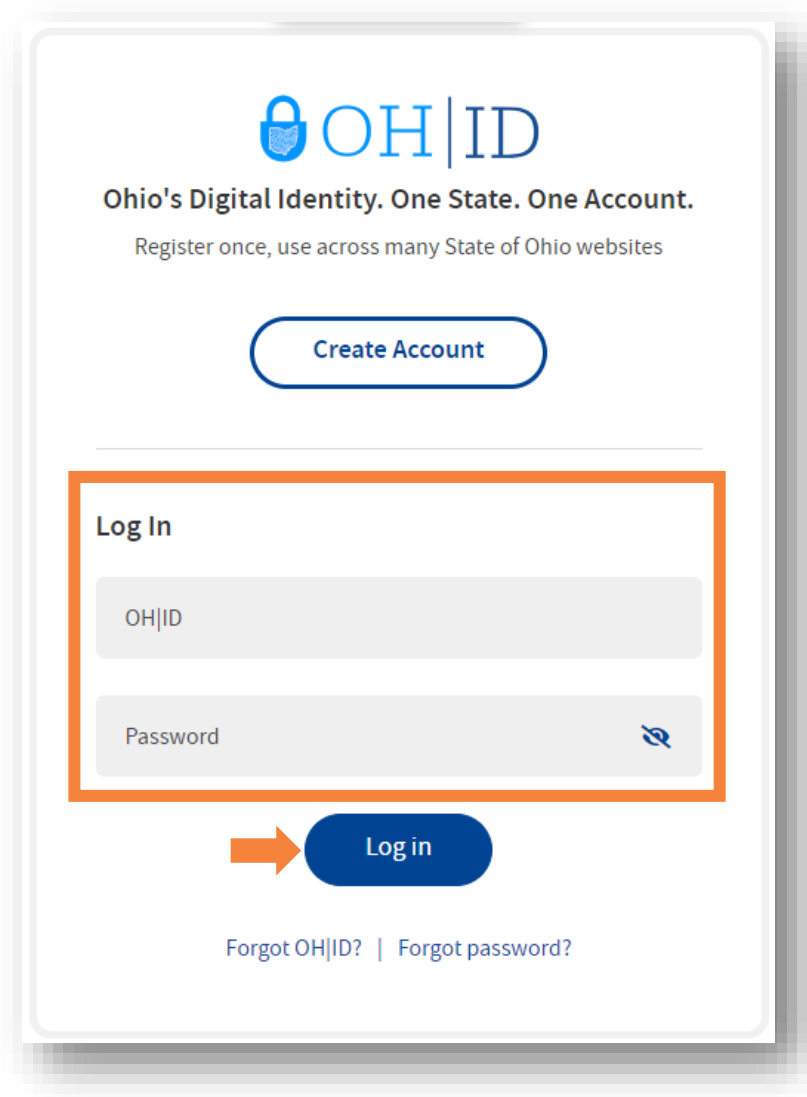
- Enter your User ID
 - The User ID is the ID you created for your OH|ID account
- Click 'Next'



The screenshot shows the Ohio PNM Login Page. The header includes a 'Menu' icon, the 'Ohio' logo, and navigation links for 'Provider Network Management', 'Medicaid Home', 'Learning', 'Contact', and 'Fee Schedule'. On the right, there are 'Sign Up' and 'Login' links. The main content area is titled 'Login' and contains a prompt 'Please enter your User ID' followed by a text input field containing the word 'training'. Below the input field is a dark blue button labeled 'Go to IOP', which has an orange arrow pointing to it from the right. At the bottom of the login area, there are two links: 'Don't have an Account? [Click here](#)' and '[Forgot User ID?](#)'.

- The 'Next' button will change, recognizing that the user needs to be redirected to the IOP
- Click 'Go to IOP'
- This will send you to the OH|ID Log In page

- Enter your OH|ID User ID
- Enter your OH|ID Password
- Click 'Log in'
- The system will automatically redirect you to PNM



The screenshot shows the OH|ID login interface. At the top is the OH|ID logo with a blue padlock icon. Below it is the text "Ohio's Digital Identity. One State. One Account." and a subtext "Register once, use across many State of Ohio websites". A "Create Account" button is centered. Below a horizontal line is a "Log In" section, which is highlighted with an orange border. This section contains two input fields: "OH|ID" and "Password" (with a toggle icon). Below the "Log In" section is a blue "Log in" button with an orange arrow pointing to it. At the bottom are links for "Forgot OH|ID?" and "Forgot password?".

OH|ID

Ohio's Digital Identity. One State. One Account.

Register once, use across many State of Ohio websites

Create Account

Log In

OH|ID

Password

Log in

[Forgot OH|ID?](#) | [Forgot password?](#)

- When you are returned to PNM, you will be presented with Terms of Use
- Read the Terms
- Click 'Yes, I have read the agreement' to proceed into PNM

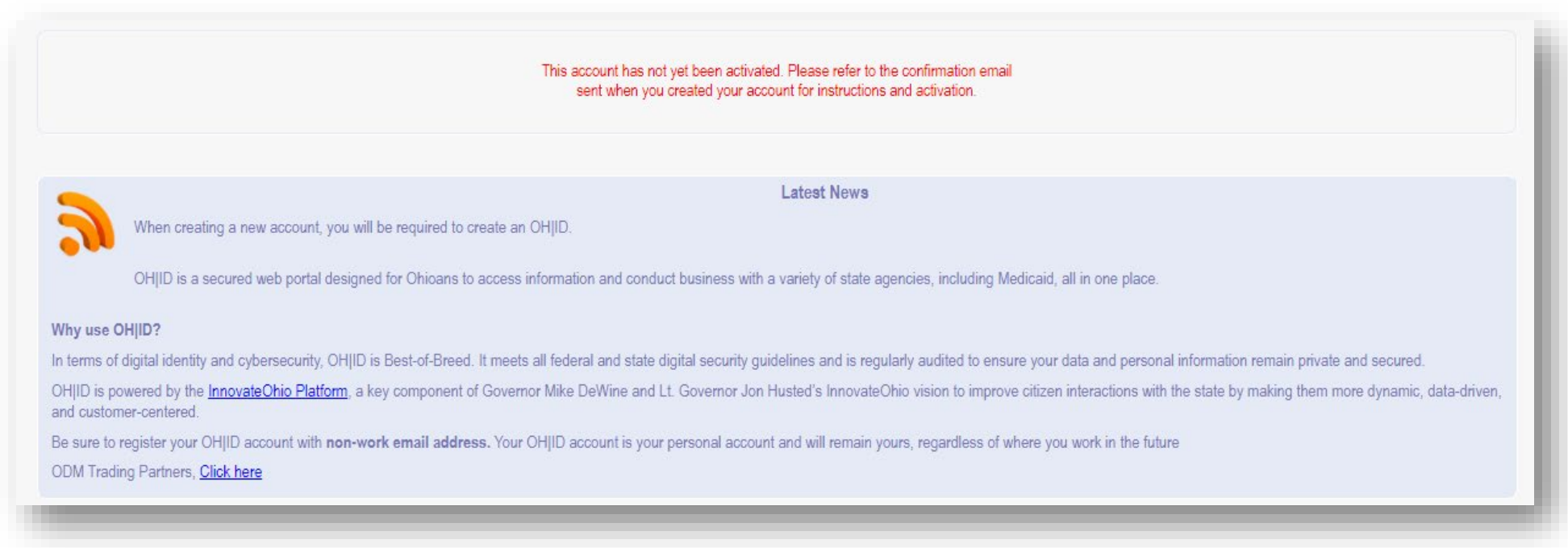
Terms

Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system.

In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately contact the site administrator.

☐ Yes, I have read the agreement

Cancel



- There are instances where a user account may need to be disabled at the direction of the State of Ohio
 - A person responsible for managing an account is no longer working for that provider
- The user cannot access their account or the system without Help Desk Support

Homepage & Navigation

Homepage/Dashboard

Menu

Ohio

Home

Provider Network Management

Medicaid Home

Learning

Contact

Fee Schedule

Log out

My Providers

Select Provider

Pending Agent Requests

Account Administration

New Provider ?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
517966	Test Training	Complete	69 - Pharmacist	1952999328	9999885	PHARMACIST				03/11/22	03/18/22	03/11/25

Home: Clicking the ‘Home’ icon will return you to the Homepage/Dashboard

Provider Network Management: Returns you to the homepage/dashboard

Medicaid Home: Opens a new tab in your browser to the Ohio Department of Medicaid website

Learning: Provides you access to helpful resources and documents

Contact: Brings up contact phone numbers for assistance


Fee Schedule: Brings up Fee Schedules for reference that can be accessed in PDF, HTML, or CSV format

Log Out: Logs you out of the PNM system

Menu

Ohio

[Provider Network Management](#)[Medicaid Home](#)[Learning](#)[Contact](#)[Fee Schedule](#)

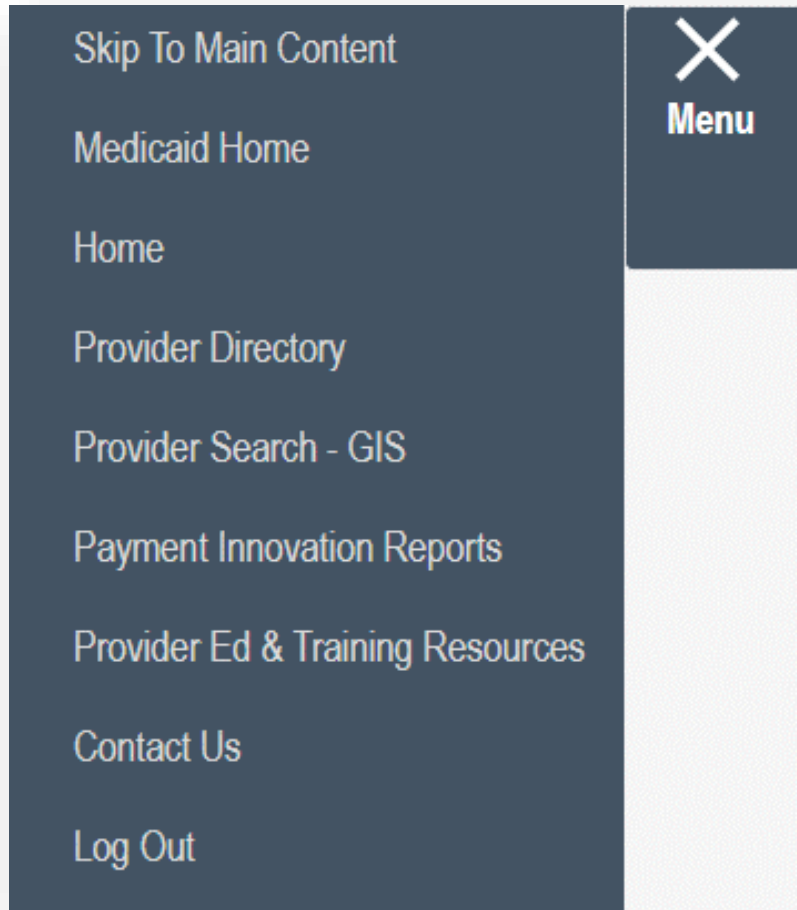
 [Log out](#)

My ProvidersSelect ProviderPending Agent RequestsAccount Administration

New Provider ?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
517966	Test Training	Complete	69 - Pharmacist	1952999328	9999885	PHARMACIST				03/11/22	03/18/22	03/11/25

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, and Contact Us



Skip to Main Content: Returns to the Homepage/Dashboard

Medicaid Home: Opens the Ohio Department of Medicaid website in your browser

Home: Returns to the Homepage/Dashboard

Provider Directory: Opens the public-facing Provider Directory where you can search for providers through different search criteria

Provider Search - GIS: Opens the public-facing Provider Search where providers can be looked up by Provider Type and appear on an interactive map

Payment Innovation Reports: Will redirect you to the Haven portal to access Payment Innovation Reports/Information

Provider Ed & Training Resources: Provides you access to helpful resources and documents

Contact Us: Brings up contact phone numbers for assistance

Log Out: Logs you out of the PNM system and returns to the system login page

Provider Directory

- The Provider Directory can be used to search for Ohio Medicaid Providers
- Enter any of the search criteria by either typing in or selecting information from a drop-down
- Click ‘Search’
- Results will appear at the bottom of the page
- Click on the Provider Name hyperlink to view detailed information about the provider
- To begin a new search, click ‘Clear’

Find a Provider

Provider Information / Health Plan

Health Plan	<input type="text"/>
Program	<input type="text"/>
Provider Type	<input type="text"/>
Facility Type	<input type="text"/>
Primary Care Providers Only	<input type="text"/>
Provider Name (Full or Partial)	<input type="text"/> <small>Equal to</small>
DME Products & Services	<input type="text"/>

Location

County	<input type="text"/>
City	<input type="text"/> <small>Equal to</small>
State	<input type="text" value="OH"/>
Zip Code	<input type="text"/>
Radius (Miles)	<input type="text"/>

Patient Details

Accepts Patients As Young As	<input type="text"/>
Accepts Patients As Old As	<input type="text"/>
Accepts Patients of Gender	<input type="text"/>
Accepts New Patients	<input type="text"/>
Accepts Newborns	<input type="text"/>
Accepts Pregnant Women	<input type="text"/>

Additional Provider Details

Provider Speciality	<input type="text"/>
Provider Gender	<input type="text"/>
Hospital Affiliation	<input type="text"/>
Languages Spoken	<input type="text"/>
Specialized Training	<input type="text"/>
Cultural Competencies	<input type="text"/>
ADA Accommodations	<input type="text"/>
Board Certifications	<input type="text"/>

Search

Clear

Provider Name	Facility Name	Plan	Provider Type	Primary Specialty	Address 1	Address 2	City	State	Zip
CHERYL MURFIN	FAIRFIELD COMMUNITY HEALTH CENTER		Nurse Practitioner Individual	Adult Health	3000 CORPORATE EXCHANGE DR		COLUMBUS	OH	43231

- The Provider Search is a public-facing search that allows for a search by provider type
- Click the 'Provider Type' from the drop-down menu to choose which provider type sought
- Click 'Search'

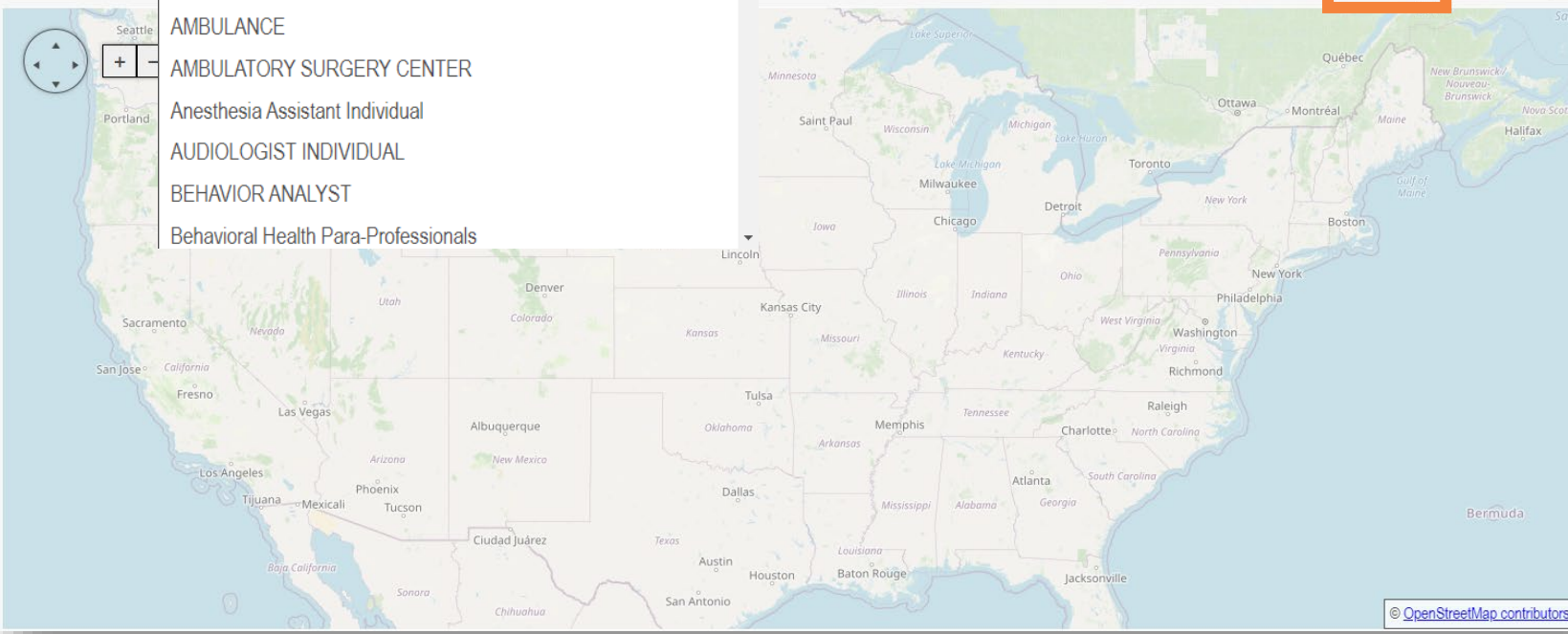
Provider Search (Public)

Search Criteria

Provider Type

Acupuncturist
AMBULANCE
AMBULATORY SURGERY CENTER
Anesthesia Assistant Individual
AUDIOLOGIST INDIVIDUAL
BEHAVIOR ANALYST
Behavioral Health Para-Professionals

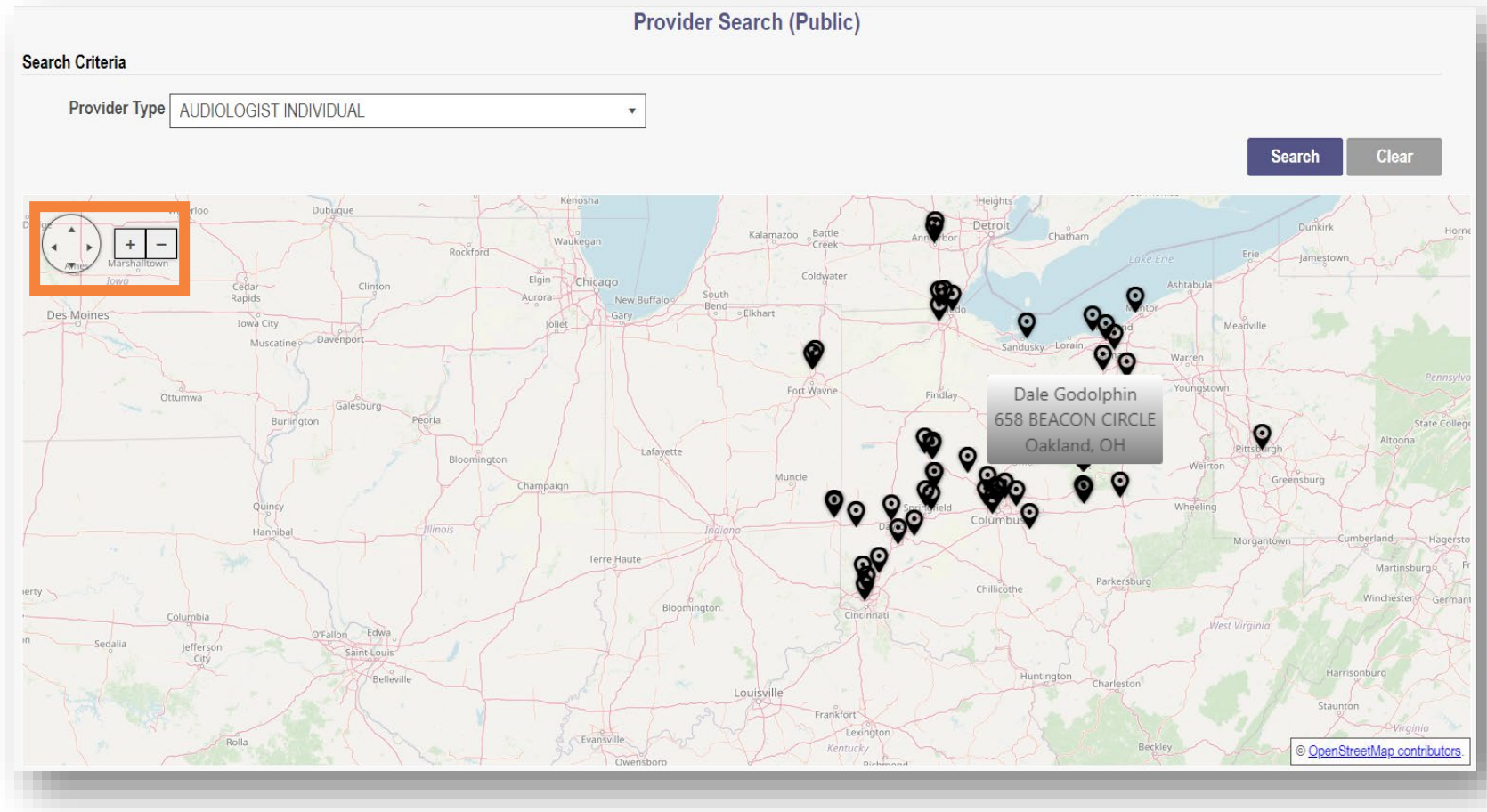
Search Clear



© OpenStreetMap contributors

Provider Search – GIS

- Search results will display on an interactive map
- Use the movement and zoom tools located on the top left to access the map or click and drag with the mouse to move and use the mouse wheel to zoom in and out
- Hover over an indicator to see additional information about the specific Provider
- To begin a new search, click 'Clear'



Contact Us

ODM Provider Assistance and Enrollment
1-800-686-1516

ODM Waiver Providers
1-877-908-1746

DODD Support Center
1-800-617-6733

ODA Provider Certification
1-614-779-0248

OMHAS General
1-877-275-6364


- This 'Contact Us' page lists helpful phone numbers to contact in the case of specific questions or issues
 - ODM Provider Assistance and Enrollment
1-800-686-1516
 - ODM Waiver Providers
1-877-908-1746
 - DODD Support Center
1-800-617-6733
 - ODA Provider Certification
1-615-779-0248
 - OMHAS General
1-877-275-6364

Homepage/Dashboard

Menu

Ohio

[Provider Network Management](#)[Medicaid Home](#)[Learning](#)[Contact](#)[Fee Schedule](#)

 [Log out](#)

My Providers

Select Provider

Pending Agent Requests

Account Administration

New Provider ?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
517966	Test Training	Complete	69 - Pharmacist	1952999328	9999885	PHARMACIST				03/11/22	03/18/22	03/11/25

My Providers: Refreshes the provider list on the Homepage/Dashboard page

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

- This may be used if a New Administrator is taking over an existing Provider account

Select and Transfer Provider

My Providers Select Provider Pending Agent Requests Account Administration New Provider ?

Medicaid ID

NPI

Tax ID

Save Cancel

- Enter the Medicaid ID, NPI, and Tax ID numbers for the provider you wish to move to your account
- Once the information has been entered, click 'Save'

Medicaid ID 0000234

NPI 1174088033

Tax ID 117408803

Save Cancel

Select and Transfer Provider

Menu

Ohio

Home

Provider Network ManagementMedicaid HomeLearningContactFee Schedule

TrainingLog out

My Providers

Select Provider

Pending Agent Requests

Account Administration

New Provider ?


Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
519390	Test Training	Complete	24 - PHYSICIAN ASSISTANT	1174088033	0000234	PHYSICIAN ASSISTANT				06/28/22	06/28/22	06/28/25

- The newly added Provider will appear on the list of Providers on the dashboard
- 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

Menu

Ohio

[Provider Network Management](#)[Medicaid Home](#)[Learning](#)[Contact](#)[Fee Schedule](#)

 [Log out](#)

My Providers

Select Provider

Pending Agent Requests

Account Administration

New Provider ?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
517966	Test Training	Complete	69 - Pharmacist	1952999328	9999885	PHARMACIST				03/11/22	03/18/22	03/11/25

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

Pending Agent Requests

My Providers

Select Provider

Pending Agent Requests

Account Administration

New Provider ?

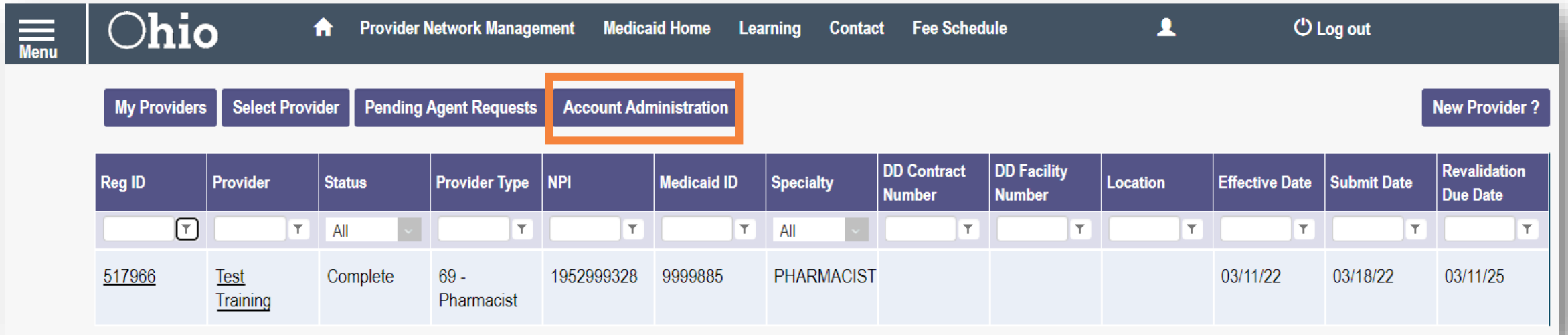
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text" value="518151"/>	<input type="text" value="Training Test Nursing Facility"/>	All	<input type="text" value="86 - NURSING FACILITY"/>	<input type="text" value="1760856645"/>	<input type="text" value="0000023"/>	All	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="05/23/22"/>	<input type="text" value="05/16/22"/>	<input type="text" value="05/23/25"/>
518151	Training Test Nursing Facility	Approved	86 - NURSING FACILITY	1760856645	0000023	Medicaid Only Nursing Facility				05/23/22	05/16/22	05/23/25

	Agent/Accountant Name	Agent/Accountant User ID
<input type="checkbox"/>	Agent 1	32165498@id.ohio.gov
<input type="checkbox"/>	Agent 2	96565498@id.ohio.gov

Save

Cancel

- When an Agent creates their account, they can request affiliation with a Provider
- The Provider Administrator will see these requests and can approve them



The screenshot shows the Ohio Medicaid Provider Network Management dashboard. The top navigation bar includes a menu icon, the Ohio logo, and links for Provider Network Management, Medicaid Home, Learning, Contact, Fee Schedule, and a Log out button. Below the navigation bar, there are four buttons: My Providers, Select Provider, Pending Agent Requests, and Account Administration (highlighted with an orange box). A New Provider ? button is also present. Below these buttons is a table with 13 columns: Reg ID, Provider, Status, Provider Type, NPI, Medicaid ID, Specialty, DD Contract Number, DD Facility Number, Location, Effective Date, Submit Date, and Revalidation Due Date. The table contains one row of data for a provider with Reg ID 517966, Provider Test Training, Status Complete, Provider Type 69 - Pharmacist, NPI 1952999328, Medicaid ID 9999885, Specialty PHARMACIST, and Revalidation Due Date 03/11/25.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text" value="517966"/>	<input type="text" value="Test Training"/>	<input type="text" value="All"/>	<input type="text" value="69 - Pharmacist"/>	<input type="text" value="1952999328"/>	<input type="text" value="9999885"/>	<input type="text" value="PHARMACIST"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="03/11/22"/>	<input type="text" value="03/18/22"/>	<input type="text" value="03/11/25"/>

Account Administration: This button allows the Provider Admin to manage/setup Agents

- Providers require the ability to have more than one user that can access and manage the provider record
- These additional users are called 'Agent' accounts
- The Provider Account Administration page allows the account administrator to manage this function
- Provider administrator account defaults to the first provider who created the account

Provider Account Administration – Add

- Select from the drop-down, the Medicaid ID of the Provider you want to assign an Agent to
- Each Agent can have different roles for different Medicaid IDs that are administered
 - Ex. An Agent could review correspondence for one Provider and retrieve reports a different Provider
- To create a new Agent for this Provider Account, click 'Add User'

Provider Account Administration

No Agents are mapped to this Medicaid ID.

Medicaid ID: 0000394

Name: Sharon Aaron

Change admin to:

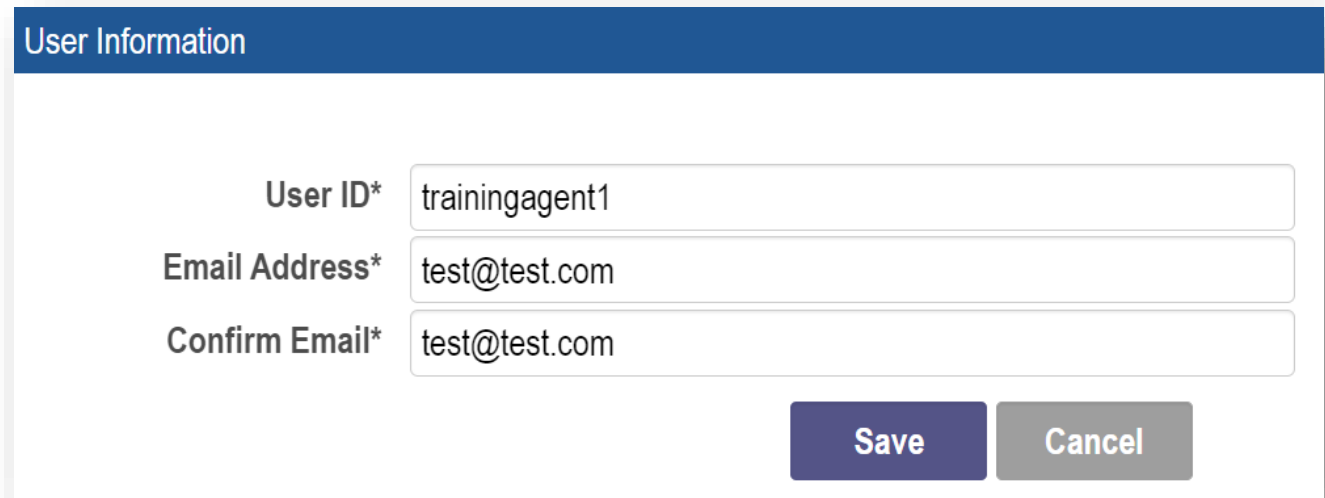
Change Admin

No users to activate/de-activate.

No matching records found.

Add User Save Cancel

- Enter the following information for the Agent you wish to add to the Provider account:
 - User ID
 - Email Address
 - Confirm Email Address
- Click 'Save'

A screenshot of a web form titled "User Information" with a blue header bar. The form contains three input fields: "User ID*" with the value "trainingagent1", "Email Address*" with the value "test@test.com", and "Confirm Email*" with the value "test@test.com". At the bottom right of the form are two buttons: a blue "Save" button and a grey "Cancel" button.

User Information	
User ID*	trainingagent1
Email Address*	test@test.com
Confirm Email*	test@test.com
<div>Save Cancel</div>	

Provider Account Administration – Add

- From the displayed list, click the checkbox(es) for which role/access you wish to assign to the Agent
- Click ‘Save’ and the Agent will now be assigned with the role(s) selected

Provider Account Administration

No Agents are mapped to this Medicaid ID.

Medicaid ID:

0000394

Name:

Sharon Aaron

Change admin to:

Change Admin

Action	trainingagent1
Deactivate User	De-activate
Prepare Save LTC Cost Report	<input type="checkbox"/>
View LTC Cost Report	<input type="checkbox"/>
View Provider Reports	<input checked="" type="checkbox"/>
Prepare Save MSP Cost Reports	<input type="checkbox"/>
Sign Certify MSP Cost Reports	<input type="checkbox"/>
View MSP Cost Reports	<input type="checkbox"/>
View MSP Cost Report Due Date	<input type="checkbox"/>
Prenatal Visit	<input type="checkbox"/>
View SURS	<input type="checkbox"/>
Group Agent	<input type="checkbox"/>
Provider Payment Innovation Reports Agent	<input type="checkbox"/>
Retrieve Reports	<input checked="" type="checkbox"/>
CPC Agent	<input type="checkbox"/>
Correspondence	<input checked="" type="checkbox"/>

Add User

Save

Cancel

Agent Roles/Actions

Role Name	Description
1099 Information	Agent role with the ability to update 1099 Information
Claim Search	Agent role with the ability to search for claims information
Claim Submission	Agent role with the ability to submit claims
CPC Agent	Allows agents access to update and submit CPC Applications
Deemed Eligibility	Agent role needed for access to Ohio Benefit's Eligibility Portal
DODD Secondary User	DODD User role that can make updates to DD registrations, based on the assignment of facility or contract number. Granted access by the CEO Certified provider role
Eligibility	Agent role with the ability to search for recipient eligibility
Enrollment Agent	Agent role with the ability to update provider information and submit revalidations on behalf of the provider
FQHC Cost Report Upload	Agent role with the ability to upload FQHC Cost Reports
Group Agent	Allows agents access to CPC Group Member, Group, Group Affiliation, Group Member, Group Members
Hospice Enroll Maintenance	Agent role with the ability to maintain Hospice enrollments
Hospice Enroll Search	Agent role with the ability to search Hospice enrollments
Hospital Contact	Agent role with the ability to update Hospital Addresses on behalf of the provider
Hospital Cost Report Upload	Agent role with the ability to upload Hospital Cost Reports
Lead Investigation Cost Report Upload	Agent role with the ability to upload LI Cost Reports
MDS Report	Agent role with the ability to download MDS Reports. This individual must be an employee of the provider
OHF Cost Report Upload	Agent role with the ability to upload OHF Cost Reports

Agent Roles/Actions

Part 1

Agent Roles/Actions

Role Name	Description
Prenatal Visit	Agent role needed to authenticate with Duet's Nurture Ohio System
Prepare Save LTC Cost Report	Agent role with the ability to prepare LTC Cost Reports and Trade Files
Prepare Save MSP Cost Reports	Agent role with the ability to approve MSP Cost Reports
Prior Authorization Search	Agent role with the ability to search prior authorizations
Prior Authorization Submit	Agent role with the ability to submit prior authorizations
Provider Payment Innovation Reports Agent	Agent role with the ability to view the HAVEn reports
RHC Cost Report Upload	Agent role with the ability to upload RHC Cost Reports
Sign Approve LTC Cost Report	Agent role with the ability to approve LTC Cost Reports and Trade Files
Sign Certify MSP Cost Reports	Agent role with the ability to approve MSP Cost Reports
View FQHC Cost Report	Agent role with the ability to view FQHC Cost Reports
View Hospital Cost Report	Agent role with the ability to view Hospital Cost Reports
View LI Cost Report	Agent role with the ability to view LI Cost Reports
View LTC Cost Report	Agent role with the ability to view LTC Cost Reports and Trade Files
View MSP Cost Report Due Date	Agent role with the ability to view MSP Cost Report Due Date
View MSP Cost Reports	Agent role with the ability to view MSP Cost Reports
View OHF Cost Report	Agent role with the ability to view OHF Cost Reports
View Provider Reports	Agent role with the ability to view Provider Reports in PNM
View Remittance Advices	Agent role with the ability to view remittance advice
View RHC Cost Report	Agent role with the ability to view RHC Cost Reports
View SURS	Agent role needed to view SURS File Type Overpayment Letter and SURS Reconsideration Response

Agent Roles/Actions

Part 2

Provider Account Administration – Add

- If an Administrator needs to update or change actions that are allowable for an Agent, they can do so by clicking the ‘Account Administration’ button
- After selecting the Medicaid ID of the provider, all Agents assigned to that provider display
- The Administrator can click the checkbox(es) to change actions of an Agent or click ‘De-activate’ to deactivate the Agent if they no longer need access to that provider

Provider Account Administration

Medicaid ID:

0000043

Name:

James Abbott

Change admin to:

Change Admin

Action	agent1	agent2
Deactivate User	De-activate	De-activate

Agent Role	agent1	agent2
Hospital Contact	<input type="checkbox"/>	<input type="checkbox"/>
Hosp Cost Report Upload	<input type="checkbox"/>	<input type="checkbox"/>
Hospice Enroll Search	<input type="checkbox"/>	<input type="checkbox"/>
Hospice Enroll Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Prior Authorization Submit	<input type="checkbox"/>	<input type="checkbox"/>
Prior Authorization Search	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Claim Search	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Claim Submission	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1099 Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>
View Remittance Advices	<input type="checkbox"/>	<input type="checkbox"/>
Deemed Eligibility	<input type="checkbox"/>	<input type="checkbox"/>
Sign Approve LTC Cost Report	<input type="checkbox"/>	<input type="checkbox"/>

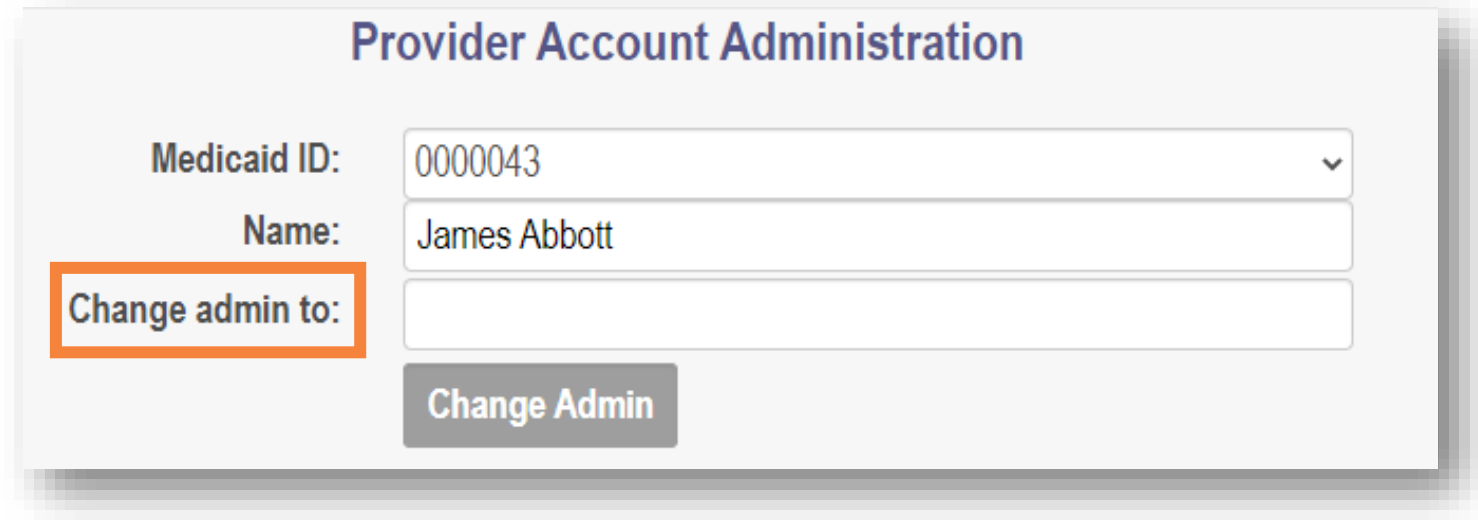
Add User

Save

Cancel

Provider Account Administration

- On the Provider Account Administration page, an Administrator can change the Administrator of the provider (NPI/Medicaid ID) to another user
 - Only a user with an Administrator role can complete this function (*or it can be completed by the Help Desk*)
- The Administrator enters the username (OH|ID username) in the **Change admin to** section for the individual they want to become the Administrator
- Once completed, the new Administrator will see the provider listed on their homepage/dashboard



The screenshot shows a form titled "Provider Account Administration". It contains three input fields: "Medicaid ID:" with the value "0000043", "Name:" with the value "James Abbott", and "Change admin to:" which is highlighted with an orange border. Below the "Change admin to:" field is a "Change Admin" button.

User ID entered should be a OH|ID account.

User ID entered does not exist.

Homepage/Dashboard

My Providers		Select Provider										
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/> ▼	<input type="text"/> ▼	All ▼	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼	All ▼	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼
518043	James Abbott	Approved	20 - Physician/Oste Individual	1235169236	0000043	Family Practice				07/14/22	07/14/22	07/14/27
517965	Test Training	Approved	69 - Pharmacist	1316344583	9999883	PHARMACIST				03/09/22	03/23/22	03/23/22

My Providers: Refreshes the user's provider list on the Homepage/Dashboard page

Select Provider: This button allows the Agent to request access to an existing provider record, using identifying information, such as Medicaid ID, NPI and Tax ID

- These requests, once submitted, will appear as 'Pending Agent Requests' for the Administrator

Requesting Access to Provider

My Providers

Select Provider

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
518043	James Abbott	Approved	20 - Physician/Oste Individual	1235169236	0000043	Family Practice				07/14/22	07/14/22	07/14/27
517965	Test Training	Approved	69 - Pharmacist	1316344583	9999883	PHARMACIST				03/09/22	03/23/22	03/23/22

* Provider is not associated with any Provider Administrator with OH|ID. Contact Provider Enrollment.

Medicaid ID

NPI

Tax ID

Save



Cancel

- The Agent enters the Medicaid ID, NPI, and Tax ID numbers for the provider they wish to have access to
- Once the information has been entered, they click ‘Save’

Homepage/Dashboard

My Providers

Select Provider

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/> ▼	<input type="text"/> ▼	All ▼	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼	All ▼	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼
518043	James Abbott	Approved	20 - Physician/Oste Individual	1235169236	0000043	Family Practice				07/14/22	07/14/22	07/14/27
 517965  Test Training		Approved	69 - Pharmacist	1316344583	9999883	PHARMACIST				03/09/22	03/23/22	03/23/22

- For an Agent to access a provider record assigned by and Administrator, click the hyperlink under the Reg ID or Provider heading

Provider Management Home

Registration Information

Provider Name	Medicaid ID	Effective Date	Revalidation Due Date	Term Date
Test Training	9999883	03/09/2022	03/23/2022	

Manage Application

Enrollment Actions	+ Enrollment Action Selections:
Programs	+ Program Selections:
Self Service	- Self Service Selections: Provider Correspondence Recipient Eligibility Claims Prior Authorization Attachments

- In the Provider Management Home screen, click the '+' sign to expand the 'Self Service Selections'
 - If Enrollment actions are assigned, the Agent can expand the 'Enrollments Actions Selections' to see those options
- Options or accesses granted by the Provider Administrator will appear on this list
- The Agent will click the hyperlink to access

The screenshot shows the Ohio Medicaid Provider Network Management dashboard. The top navigation bar includes a menu icon, the Ohio logo, and links for Home, Provider Network Management, Medicaid Home, Learning, Contact, Fee Schedule, and a Log out button. Below the navigation bar, there are several buttons: My Providers, Select Provider, Pending Agent Requests, Account Administration, DD Account Administration (highlighted with an orange box), and New Provider ?. Below these buttons is a table with 13 columns: Reg ID, Provider, Status, Provider Type, NPI, Medicaid ID, Specialty, DD Contract Number, DD Facility Number, Location, Effective Date, Submit Date, and Revalidation Due Date. The table contains one data row for a provider with Reg ID 517980, Provider Test Training, Status Complete, Provider Type 55 - Waivered Services Individual, NPI 1245585009, Medicaid ID 9999876, and Revalidation Due Date 02/28/27.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text" value="517980"/>	<input type="text" value="Test Training"/>	<input type="text" value="All"/>	<input type="text" value="55 - Waivered Services Individual"/>	<input type="text" value="1245585009"/>	<input type="text" value="9999876"/>	<input type="text" value="All"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="43212 - 4706"/>	<input type="text" value="02/28/22"/>	<input type="text" value="02/28/22"/>	<input type="text" value="02/28/27"/>

DD Account Administration: This button may appear for DODD CEO Certified Providers

- Allows for review of user activation, facilities, and contracts associated to the user ID
- You can add, activate, or deactivate agent users from this screen
- Allows for the selection of the pages or actions the agent can take on behalf of the provider

DD Account Administration

- Existing users will appear at the top of the page with action buttons
 - Click 'Activate' for users who are not currently active
 - Click 'Deactivate' to deactivate a user that is currently active
- Use the checkboxes to add/remove pages or actions an agent can take
- Click 'Save' at the bottom of the page to save your changes
- To create a new Agent for this Provider Account, click 'Add User'

Action	Vjones	Ssmith	Sgold
Deactivate User	<button>Activate</button>	<button>De-activate</button>	<button>Activate</button>
Secondary User	Vjones	Ssmith	Sgold
Facility ID			
85211	<input checked="" type="checkbox"/>		
951222		<input checked="" type="checkbox"/>	
Contract ID			
12345			<input checked="" type="checkbox"/>
962111			

Add UserSaveCancel

Menu

Ohio

Provider Network Management

Medicaid Home

Learning

Contact

Fee Schedule

Log out

My Providers

Select Provider

Pending Agent Requests

Account Administration

New Provider ?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<div>517966</div>	<div>Test Training</div>	Complete	69 - Pharmacist	1952999328	9999885	PHARMACIST				03/11/22	03/18/22	03/11/25

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

Summary

The screenshot displays the Ohio OH|ID login and terms of use interface. At the top, a dark blue navigation bar contains a 'Menu' icon, the 'Ohio' logo, and links for 'Provider Network Management', 'Medicaid Home', 'Learning', 'Contact', and 'Fee Schedule'. On the right side of the bar are 'Sign Up' and 'Login' buttons. Below the navigation bar, the main content area is divided into two sections. The left section, titled 'Login', features a text input field for 'Please enter your User ID' with the value 'training' entered. Below this field is a 'Go to IOP' button. To the right of the input field are links for 'Forgot User ID?' and 'Forgot Password? Click here'. The right section, titled 'Terms', contains a text area with the following text: 'Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system. In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately contact the site administrator.' Below the text area is a checkbox labeled 'Yes, I have read the agreement' and a 'Cancel' button. At the bottom of the 'Terms' section is a 'Log In' button. Below the 'Log In' button are links for 'Forgot OH|ID?' and 'Forgot password?'. The 'Create Account' button is also visible in the top left corner of the 'Login' section.

Menu Ohio Provider Network Management Medicaid Home Learning Contact Fee Schedule Sign Up Login

Login

Please enter your User ID

[Forgot User ID?](#) [Forgot Password? Click here](#)

[Go to IOP](#)

Terms

Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system.

In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately contact the site administrator.

☐ Yes, I have read the agreement

[Cancel](#)

Log In

[Log in](#)

[Forgot OH|ID?](#) | [Forgot password?](#)

[Create Account](#)

- When logging into the PNM, access the PNM URL and enter your OH|ID username and click 'Next'
- The 'Next' button will change to 'Go to IOP.' Click this button to go to the OH|ID login page
- Enter your OH|ID username and password and click 'Log in'
- You will be redirected back to PNM to accept the terms and conditions of use

New Enrollment



Department of
Medicaid

Agenda

New Enrollment

This course is designed to deliver a detailed process for completing a new provider application for enrollment in the Provider Network Management (PNM) system

This course will show the pages of the application, the navigation through the different pages, and how to find a registration ID number and follow the status of the application as it works through reviews and approvals

In this session, we will review and discuss slides, then open the Provider Network Management (PNM) system to review how the processes are completed

01

Creating a New Application in PNM

03

Submitting the Application

05

Display of the PNM System

02

Detailing the New Enrollment Application Pages

04

Return to Provider Process – Notification & Completion

Creating a New Application in PNM

Creating a New Application - Homepage

The screenshot shows the Ohio Medicaid Provider Network Management homepage. The top navigation bar includes links for Provider Network Management, Medicaid Home, Learning, Contact, Fee Schedule, and a Log out button. Below the navigation bar is a secondary menu with buttons for My Providers, Select Provider, Pending Agent Requests, Account Administration, and New Provider?. Below these buttons is a table with 13 columns: Reg ID, Provider, Status, Provider Type, NPI, Medicaid ID, Specialty, DD Contract Number, DD Facility Number, Location, Effective Date, Submit Date, and Revalidation Due Date. Each column has a search input field. Below the table, it says "No providers found".

- 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 manage/setup Agents and transfer the Provider Administrator role 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

Creating a New Application

“Please note that you have **10 days to complete your application**. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application.”

Standard application

Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program.

Select

Ordering, Referring, Prescribing

Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing.

Select

Change of Operator

Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities.


Select

MCP Single Case

Use this application if you are entering into a Single Case agreement with a Managed Care Plan.

Select



 Click here for more application types...

- Determine which application type to begin and click ‘**Select**’ within its corresponding box
 - Standard Application
 - Ordering, Referring, Prescribing
 - Change of Operator
 - MCP Single Case

Creating a New Application

“Please note that you have **10 days to complete your application**. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application.”

Standard application

Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program.

Select

Ordering, Referring, Prescribing

Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing.

Select

Change of Operator

Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities.

Select

MCP Single Case

Use this application if you are entering into a Single Case agreement with a Managed Care Plan.

Select



Less...

Medicaid Waiver (ODM)

Use this application if you are applying to become a Waiver Provider with Ohio Department of Medicaid.

Select

Medicaid Waiver (ODA)

Use this application if you are applying to become a Waiver Provider with Ohio Department of Aging or if you are initiating a Change of Ownership or Change of Operator as an ODA Provider.

Select

Medicaid Waiver (DODD)

Use this application if you are applying to become a Waiver Provider with Ohio Department of Developmental Disabilities.

Select

Non-Medicaid DODD

Use this application if you are applying for one or more of the following options; Supported Living Service, Unpaid Support Broker, ICF Operators, or Licensees.

Select

- Medicaid Waiver (ODM)
- Medicaid Waiver (ODA)
- Medicaid Waiver (DODD)
- Non-Medicaid (DODD)

Creating a New Application

“Please note that you have **10 days to complete your application**. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application.”

Application Type

Standard application

[Change](#)



Individual



Group



Organization



Facility/Institution



Pharmacy

- After choosing the Application Type, click on the Provider Type from the options listed

Creating a New Application

“Please note that you have **10 days to complete your application**. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application.”

Application Type [Change](#)

Waiver Type



Individual



Agency

- Waiver providers will have a few less options when it comes to choosing a Provider Type
- Either Individual or Independent and Agency appear

Creating a New Application

“Please note that you have **10 days to complete your application**. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application.”

Application Type	Standard application	Change
Category*	Individual	Change
Provider Type*	20 - Physician/Osteopath Individual	▼
First Name*	Iris	
Middle Name		
Last Name*	Davis	
Tax ID Type*	<input type="radio"/> EIN <input checked="" type="radio"/> SSN	
Tax ID*	158865429	
Are you requesting retro coverage?	<input type="checkbox"/> What is this ?	
NPI*	1588654297	
DD Contract Number (If Applicable)		
Requested Effective Date*	3/22/2022	
Gender*	<input checked="" type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Unknown	
Date of Birth*	12/16/1976	
Zip Code*	43212	
Zip Code Extension*	4706	
<div><div>Save</div><div>Cancel</div></div>		

PNM validates the NPI number with the individual name and gender listed in the National Plan and Provider Enumeration System (NPPES) Registry database. If the NPI doesn't match the name and gender, you will get an error before the taxonomy field appears

There is a name mis-match with NPPES.
There is a gender mis-match with NPPES.

- Complete the required information on the page, indicated by an *asterisk:
 - Provider Type
 - First and Last Name
 - Tax ID Type
 - Tax ID
 - National Provider Identifier (NPI)
 - Requested Effective Date (will default to today's date)
 - Gender of the Provider
 - Date of Birth
 - Zip Code
 - Zip Code Extension
- Once all required fields are filled in, click 'Save'

Creating a New Application - Taxonomy

“Please note that you have **10 days to complete your application**. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application.”

Application Type	Standard application	Change
Category*	Individual	Change
Provider Type*	20 - Physician/Osteopath Individual	▼
First Name*	Iris	
Middle Name		
Last Name*	Davis	
Tax ID Type*	<input type="radio"/> EIN <input checked="" type="radio"/> SSN	
Tax ID*	158865429	
Are you requesting retro coverage?	<input type="checkbox"/> What is this ?	
NPI*	1588654297	
DD Contract Number (If Applicable)		
Requested Effective Date*	3/22/2022	
Gender*	<input checked="" type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Unknown	
Date of Birth*	12/16/1976	
Zip Code*	43212	
Zip Code Extension*	4706	
Taxonomy*		▼
	Internal Medicine (207R00000X)	

- After clicking ‘Save’, PNM will read the NPI Number, and a **new drop-down** menu will appear at the bottom with **Taxonomy choices**
- Select the appropriate Taxonomy and then click ‘Save’ again on the application page

Creating a New Application

Application Type: Standard application [Change](#)

Category*: Organization [Change](#)

Provider Type*: 44 - Hospice ▼

Name of Business Entity*: Above and Beyond Caregivers

Business Name as it appears on your IRS Assignment letter

Tax ID Type*: ☒ EIN ☐ SSN

Tax ID*: 152839847

Are you requesting retro coverage? ☐ What is this ⓘ

NPI*: 1528398476

DD Contract Number (If Applicable):

Requested Effective Date*: 4/18/2022

Zip Code*: 43219

Zip Code Extension*: 1793

Save Cancel

- Complete the required information on the page indicated by an ***asterisk**:
 - Provider Type
 - Name of Business Entity
 - Tax ID Type
 - Tax ID
 - National Provider Identifier (NPI)
 - Requested Effective Date (will default to today's date)
 - Zip Code
 - Zip Code Extension
- Once all required fields are filled in, click **'Save'**


PNM validates NPI 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 receive an error message

The NPI entered is not in the NPPES list.

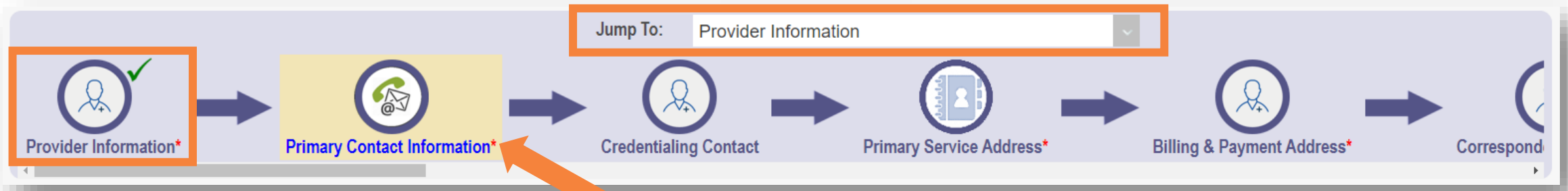
Creating a New Application - Taxonomy

“Please note that you have **10 days to complete your application**. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application.”

Application Type	Standard application	Change
Category*	Organization	Change
Provider Type*	44 - Hospice	▼
Name of Business Entity*	Above and Beyond Caregivers	
	Business Name as it appears on your IRS Assignment letter	
Tax ID Type*	<input checked="" type="radio"/> EIN <input type="radio"/> SSN	
Tax ID*	152839847	
Are you requesting retro coverage?	<input type="checkbox"/> What is this ?	
NPI*	1528398476	
DD Contract Number (If Applicable)		
Requested Effective Date*	4/18/2022	
Zip Code*	43219	
Zip Code Extension*	1793	
 Taxonomy*	<div>Home Health (251E00000X)</div>	
	<div>Save</div>	<div>Cancel</div>

- After clicking ‘Save’, PNM will read the NPI Number, and a **new drop-down** menu will appear at the bottom with **Taxonomy choices**
- Select the appropriate Taxonomy and then click ‘Save’ again on the application page

Creating a New Application - Navigation



- A navigational bar appears at the top of the application and highlights the page you are actively working
- Once an application page has been completed and saved with the required information, a **green checkmark** will appear next to the image in the navigational bar
- Pages can also be accessed through the '**Jump To**' drop-down

A red asterisk (*) indicates the application page is required to be completed

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 of the application

Generate PDF: Creates a file with all the application information to be saved to your records (*use once application is complete*)

Continuing an Unfinished Application

- After you log into PNM, click on the **Reg ID** or **Provider** Hyperlink
- Select the '+' icon to expand 'Enrollment Actions Selections'
- Click the hyperlink for 'Continue Registration'
- PNM will open the application to the last unsaved page
- Continue entering provider details for the new enrollment application

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty
517978	Iris Davis	Not Submitted	20 - Physician/Oste Individual	1588654297		

Manage Application

Enrollment Actions

+ Enrollment Action Selections:

Programs

+ Program Selections:

Self Service

+ Self Service Selections:

Enrollment Actions

- Enrollment Action Selections:

[Continue Registration](#)

[Cancel New Registration](#)

[Edit Key Provider Identifiers](#)

Application Pages

Provider Information

- Complete the required Provider Information:
 - Practice Type using the drop-down menu
 - Ownership Type using the drop-down menu
 - First and Last Name
 - Date of Birth
- Click 'Next' to save the information and proceed to the next page of the application

Provider Information

This is a required section.



Name of Business Entity*	<input type="text" value="Iris Davis"/>
DBA	<input type="text"/>
Practice Type*	<div>GENERAL HOSPITAL</div>
Ownership Type*	<div>COUNTY (GOVT) STATE (GOVT) CITY (GOVT) CHURCH OWNED OTHER (UNDEFINED FOR PROFIT ENTITY) OTHER (UNDEFINED FOR PROFIT ENTITY) PUBLICLY TRADED CORPORATION SOLE PROPRIETORSHIP DOMESTIC PUBLICLY TRADED CORPORATION FOREIGN PUBLICLY TRADED CORPORATION DOMESTIC PROFIT CORPORATION DOMESTIC NON-PROFIT CORPORATION FOREIGN PROFIT CORPORATION FOREIGN NON-PROFIT CORPORATION DOMESTIC PROFIT LIMITED LIABILITY COMPANY DOMESTIC NON-PROFIT LIMITED LIABILITY COMPANY FOREIGN PROFIT LIMITED LIABILITY COMPANY FOREIGN NON-PROFIT LIMITED LIABILITY COMPANY DOMESTIC LIMITED PARTNERSHIP</div>
First Name*	
Middle Initial	
Last Name*	
Title	
Tax ID*	
NPI	
NPI Start Date	
Gender*	
Date of Birth*	
Provider Type*	
Revalidation Date	<input type="text" value="Not Set Yet"/>
Enrollment Status	<input type="text" value="Not Set Yet"/>
Enrollment Status Reason	<input type="text" value="Not Set Yet"/>
Birth Country	<input type="text"/>
Birth State	<input type="text"/>
Birth City	<input type="text"/>
CAQH #	<input type="text"/>

Have you been a resident of the state
OHIO for the last 5 years?

☒ Yes ☐ No


Save

Cancel

Next

Provider Information

Provider Information
This is a required section.



Name of Business Entity*

DBA

Practice Type*

Ownership Type*

Tax ID*

NPI

NPI Start Date

Provider Type*

Revalidation Date

Enrollment Status

Enrollment Status Reason

Save **Cancel** **Next**

Drop-down menu options:

- COUNTY (GOVT)
- STATE (GOVT)
- CITY (GOVT)
- CHURCH OWNED
- OTHER (UNDEFINED FOR PROFIT ENTITY)
- OTHER (UNDEFINED FOR PROFIT ENTITY)
- PUBLICLY TRADED CORPORATION
- SOLE PROPRIETORSHIP
- DOMESTIC PUBLICLY TRADED CORPORATION
- FOREIGN PUBLICLY TRADED CORPORATION
- DOMESTIC PROFIT CORPORATION
- DOMESTIC NON-PROFIT CORPORATION
- FOREIGN PROFIT CORPORATION
- FOREIGN NON-PROFIT CORPORATION
- DOMESTIC PROFIT LIMITED LIABILITY COMPANY
- DOMESTIC NON-PROFIT LIMITED LIABILITY COMPANY
- FOREIGN PROFIT LIMITED LIABILITY COMPANY
- FOREIGN NON-PROFIT LIMITED LIABILITY COMPANY
- DOMESTIC LIMITED PARTNERSHIP

- Complete the required Provider Information:
 - Practice Type using the drop-down menu
 - Ownership Type using the drop-down menu
- Click 'Next' to save the information and proceed to the next page of the application

Primary Contact Information

Primary Contact Information

This is a required section.

- * Enter the Address
- * Enter the City
- * Enter Zip (First 5 digits)
- * Enter Phone Number 1
- * Enter E-mail Address



Name*	<input type="text" value="Iris Davis"/>
<small>The primary contact is the main person responsible for the information submitted.</small>	
Title	<input type="text"/>
Address 1*	<input type="text" value="7801 York Road"/>
Address 2	<input type="text" value="#200"/>
City*	<input type="text" value="Baltimore"/>
State*	<input type="text" value="MD"/>
County	<input type="text"/>
Zip*	<input type="text" value="21204"/>
Ext Zip	<input type="text"/>
Phone Number 1*	<input type="text" value="(443)844-5986"/>
Phone Ext 1	<input type="text"/>
<input type="radio"/> Yes <input checked="" type="radio"/> No <small>Indicate this is a cell phone if you wish to receive text message. Standard text messaging and data rates may apply.</small>	
Phone Number 2	<input type="text"/>
Phone Ext 2	<input type="text"/>
<input type="radio"/> Yes <input checked="" type="radio"/> No <small>Indicate this is a cell phone if you wish to receive text message. Standard text messaging and data rates may apply.</small>	
Fax Number 1	<input type="text"/>
Fax Number 2	<input type="text"/>
Email Address 1*	<input type="text" value="idavis@email.com"/>
Email Address 2	<input type="text"/>

Save

Cancel

Previous

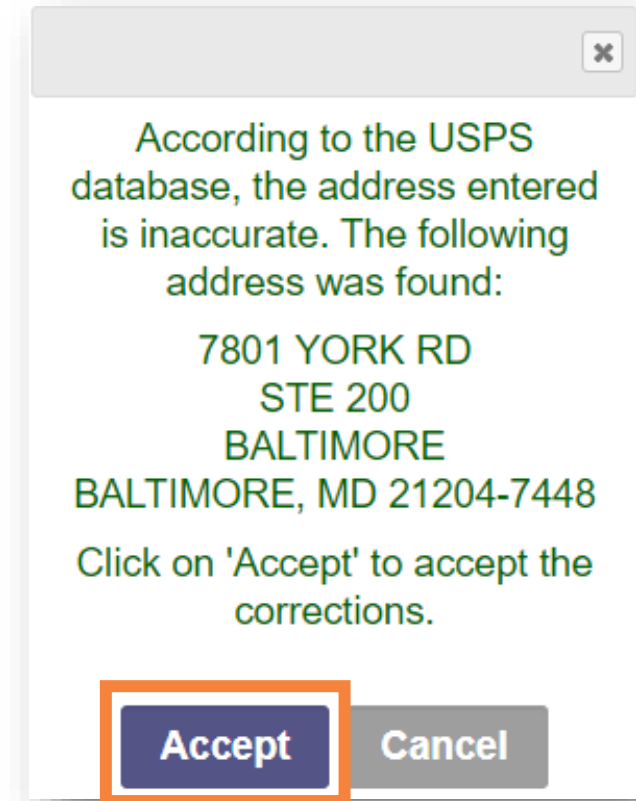
Next

History

- Complete the required Primary Contact Information:
 - Name
 - Address
 - City
 - State
 - Zip
 - Phone Number
 - Email Address
- Click 'Next' to save the information and proceed to the next page of the application

USPS Address Pop-up

- To maintain accurate addresses, PNM uses a United States Postal Service (USPS) system search validation for addresses entered
- After entering an address and clicking 'Save' or 'Next,' a USPS system search will review the address and return corrections to the address based on the USPS review
- Complete the following steps to advance the process:
 - 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



Credentialing Contact

- To skip this section, click 'Next' to move to the next page
- If you wish to complete this information, click 'Add New'
- Fill in the required information for the Credentialing Contact
- Click 'Next' to save and proceed to the next page

Credentialing Contact

This is not a required section. To skip this section click on Next button.

SaveCancelPreviousNext

History

Add Contact

No records found

Add New


*Contact Name	<input type="text"/>
*Practice Name	<input type="text"/>
*Contact Phone No	<input type="text"/>
Contact Phone Extension	<input type="text"/>
Contact Fax No	<input type="text"/>
*Contact Email	<input type="text"/>
Comments	<input type="text"/>

Primary Service Address

- Complete the required information at the top of the Primary Service Address page:
 - Provider Name
 - Primary Service Address
 - City
 - State
 - Zip
 - Ext Zip
 - Phone Number
 - Email Address

Primary Service Address
This is a required section.

[Save](#) [Cancel](#) [Previous](#) [Next](#) [History](#)



Provider Name

Primary Service Address*

Address 2

City*

State*

County

Zip*

Ext Zip*

Phone Number 1*

Phone Ext 1

Phone Number 2

Phone Ext 2

Fax Number 1


Fax Number 2

Contact Name

Email Address 1*

Primary Service Address cont'd

- Located below the Primary Service Address information, you can enter additional details about your practice location (*this information is not required*)
- Enter details regarding:
 - Provider Information
 - Hours of Operation
 - Office Information
 - Patient Information
- This information will be accessible to a public-facing Provider Directory once it is entered in PNM. *If you are enrolled in a Managed Care Plan (MCP), the information will also be accessible in the MCP Directory*
- **Note:** If you do not wish to be a part of the Directory, you can **opt out** by clicking the box at the top of the section
- Click 'Next' to save and proceed to the next page

☐ Provider Directory Opt-Out 

Provider Information *Only required for Individual registrations

Cultural Competencies

Languages Spoken

Specialized Training

Hours of Operation *Hours providers available for appointments

Monday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours
Tuesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours
Wednesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours
Thursday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours
Friday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours
Saturday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours
Sunday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours

Office Information

Website

24-hour telephone coverage

Public transportation access

Electronic billing

TDD/TDY

ADA Compliance*

ASL Offered*

Translation Services ☐ Language Line ☐ Translation

Patient Information

Accept new patients

Accept new patients from referral only

Youngest patients accepted

Oldest patients accepted

Gender of patient Accepted

Accept newborn*

Accept pregnant women

Billing & Payment Address

Billing & Payment Address

This is a required section.

Check only if Billing & Payment Address is the same as the Practice Location Address/Primary Service Address

Save

Cancel

Previous

Next

History

Same as Practice Location



Address Type

☒ Individual ☐ Organization

Title

First Name*

Middle Name

Last Name*

Address 1*

Address 2

City*

State*

County

Zip*

Ext Zip*

Phone Number 1*

Phone Ext 1

Phone Number 2

Phone Ext 2

Fax Number 1

Fax Number 2

Contact Name

Email Address 1*



- If the Billing & Payment address is **different** than the Practice Location Address, then manually fill out the required information
- If the Billing & Payment address is the same as the Practice Location Address, then click the box at the top of the page to auto-fill the information
- Click 'Next' to save the information and proceed to the next page of the application

Correspondence Address

Correspondence Address
This is a required section.



SaveCancelPreviousNext

History

Same as Practice Location☒

Address Type

☒ Individual☐ Organization

First Name*

Iris

Middle Name

Last Name*

Davis

Address 1*

2400 CORPORATE EXCHANGE DR

Address 2

City*

COLUMBUS

State*

OH

County

Franklin County

Zip*

43231

Ext Zip*

7605

Phone Number 1*

(614) 557-9823

Phone Ext 1

Phone Number 2

Phone Ext 2

Fax Number 1

Fax Number 2

Contact Name

Email Address 1*

idavis@email.com

Check only if Correspondence address is the same as the Practice Location Address/Primary Service Address

- If the Correspondence address is **different** than the Practice Location Address, then manually fill out the required information
- If the Correspondence address is the same as the Practice Location Address, then click the box at the top of the page to auto-fill the information
- Click 'Next' to save the information and proceed to the next page of the application

Other Service Locations

- This section asks you to include details for any Other Service Locations that bill or will be billed under the same Medicaid ID
- To skip this section, click ‘Next’ to move to the next page
- If you wish to complete this information, click ‘Add New’
- Fill in the required information for the Other Service Location
- Click ‘Next’ to save the information and proceed to the next page of the application

Other Service Locations

This is not a required section. To skip this section click on Next button.

Save

Cancel

Previous

Next

*Please enter Other Service locations that bill/will bill under the same Medicaid ID

No additional practice locations found.

Add New

Name

Address 1*

Address 2

City*

State*

OH

County

Zip*

Ext Zip*

Phone Number 1*

Phone Ext 1

Phone Number 2

Phone Ext 2

Other Service Locations cont'd

- Located below the Other Service Location information, you can enter additional details about your practice location (*this information is not required*)
- Can enter details about:
 - Provider Information
 - Hours of Operation
 - Office Information
 - Patient Information
- This information will be housed in a public-facing Provider Directory through PNM (*and MCP Directory, if you are enrolled with MCP*)
- **Note:** If you do not wish to have the location be a part of the Directory, you can **opt out** by clicking box at the top
- Click 'Next' to save and proceed to the next page

☐ Provider Directory Opt-Out

Provider Information *Only required for Individual registrations

Cultural Competencies	<input type="text"/>
Languages Spoken	<input type="text"/>
Specialized Training	<input type="text"/>

Hours of Operation *Hours providers available for appointments

Monday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours
Tuesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours
Wednesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours
Thursday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours
Friday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours
Saturday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours
Sunday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Open 24 Hours

Office Information

Website	<input type="text"/>
24-hour telephone coverage	<input type="text" value="Yes"/>
Public transportation access	<input type="text" value="Yes"/>
Electronic billing	<input type="text" value="Yes"/>
TDD/TDY	<input type="text" value="Yes"/>
ADA Compliance*	<input type="text" value="--Select ADA--"/>
ASL Offered*	<input type="text" value="Yes"/>
Translation Services	<input type="checkbox"/> Language Line <input type="checkbox"/> Translation

Patient Information

Accept new patients	<input type="text" value="No"/>
Accept new patients from referral only	<input type="text" value="No"/>
Youngest patients accepted	<input type="text"/>
Oldest patients accepted	<input type="text"/>
Gender of patient Accepted	<input type="text"/>
Accept newborn*	<input type="text" value="No"/>
Accept pregnant women	<input type="text" value="No"/>

1099 Address

1099 Address

This is a required section.



Save Cancel Previous Next

History

Same as Practice Location ☒

Address Type ☒ Individual ☐ Organization

Name

Address 1*

Address 2

City*

State*

County

Zip*

Ext Zip*

Phone Number 1*

Phone Ext 1

Phone Number 2

Phone Ext 2

Fax Number 1

Email Address 1*

IRS Tax Type ☒ SSN ☐ FEIN

IRS Tax ID

Tax Exempt ☐ Yes ☒ No

W9 Form ☐ Yes ☒ No

Form 147 ☐ Yes ☒ No



Check only if 1099 Address is the same as the Practice Location Address/Primary Service Address

- If the 1099 Address is **different** than the Practice Location Address, then manually fill out the required information
- If the 1099 Address is the same as the Practice Location Address, then click the box at the top of the page to auto-fill the information
- Click 'Next' to save the information and proceed to the next page of the application

Home Office Address

Home Office Address

This is a required section.



Same as Practice Location ☒



Check only if Home Office Address is the same as the Practice Location Address/Primary Service Address

Save

Cancel

Previous

Next

History

Address Type

☒ Individual ☐ Organization

Title

First Name*

Iris

Middle Name

Last Name*

Davis

Address 1*

2400 CORPORATE EXCHANGE DR

Address 2

City*

COLUMBUS

State*

OH

County

Franklin County

Zip*

43231

Ext Zip*

7605

Phone Number 1*

(614) 557-9823

Phone Ext 1

Phone Number 2

Phone Ext 2

Fax Number 1

Fax Number 2

Contact Name

Email Address 1*

idavis@email.com

- If the Home Office Address is **different** than the Practice Location Address, then manually fill out the required information
- If the Home Office address is the same as the Practice Location Address, then click the box at the top of the page to auto-fill the information
- Click 'Next' to save the information and proceed to the next page of the application

- Click 'Add New' to add a Specialty
- Select the Primary Specialty from the Specialty the drop-down menu *(Available specialties will be listed in the drop-down menu)*
- The 'Start Date' can be updated, and the 'End Date' will default with an infinite date
- Additional Specialties can be added after clicking 'Save' on the Primary Specialty designation and then repeating the process

Specialties
This is a required section.

Save Cancel Previous Next

Primary Specialties are not editable by provider after application submission.

No records found

Add New

☒ Designate a Primary Specialty .

Designate a Primary Specialty and save first before secondary specialties can be entered.

Specialty* Start Date* End Date

209 - INTERNAL MEDICINE
201 - GENERAL PRACTICE
202 - GENERAL SURGERY
216 - Geriatric
223 - GYNECOLOGICAL ONCOLOGY
219 - GYNECOLOGY
267 - HEMATOLOGY
218 - HEMATOLOGY/ONCOLOGY
268 - HEPATOLOGY
269 - IMMUNOLOGY
356 - INFECTIOUS DISEASE
209 - INTERNAL MEDICINE
273 - MAXILLOFACIAL SURGERY
282 - NEONATAL-PERINATAL MEDICINE
283 - NEPHROLOGY
211 - NEUROLOGICAL SURGERY
210 - NEUROLOGY
290 - OBSTETRICS
212 - Obstetrics & Gynecology
220 - Oncology
292 - OPHTHALMOLOGY

Specialties cont'd

Specialties

This is a required section.

Save

Cancel

Previous

Next

Primary Specialties are not editable by provider after application submission.

Specialty	Primary	Start Date	End Date	Enroll Status		
209 INTERNAL MEDICINE	Yes	03/23/2022	12/31/2299	INACTIVE		

Add New

History

- To edit a Specialty, click on the 'pencil and paper' icon and update the information
- To remove an added Specialty, click the 'x' associated with the applicable Specialty line
- Click 'Next' to save the information and proceed to the next page of the application

Taxonomies



This is a required section.

Save

Cancel

Previous

Next

Taxonomy	Taxonomy Description	Primary	Start Date	End Date		
207R00000X	INTERNAL MEDICINE	Yes	03/22/2022	12/31/2299		

Add New

History

- A Taxonomy will automatically appear based on the selections made at the beginning of the application
- To edit a Taxonomy, click on the 'pencil and paper' icon and update the information
- To remove a Taxonomy, click the 'x' associated with the applicable Taxonomy line
- Click 'Next' to save the information and proceed to the next page of the application

Professional Licenses

This is a required section.

Save

Cancel

Previous

Next

History

Add New



A copy of each license must be uploaded to this page.




- A copy of each license must be uploaded to the page
- Click 'Add New' to add an entry for Professional License information

- Enter the required information for the professional license (*marked with an asterisk*)
- If entering Endorsement information, click the green '+' icon at the bottom of the page to add a new Focus, Endorsement Specialty and Certifying Organization

Data cannot be populated, manual entry required.

Results from eLicense verification are read only. After your application is submitted, the only editable field is Expiration Date.

State*	Ohio	▼
License Board Name*	Medical Board	▼
If Other, enter Board Name:		
<input type="text"/>		
License Number*	66453289	
Effective Date*	3/23/2022	
Expiration Date*	3/23/2027	
License Status	▼	
Address 1	<input type="text"/>	
Address 2	<input type="text"/>	
City	<input type="text"/>	
State	OH ▼	
County	▼	
Zip	<input type="text"/>	
Endorsement Number	<input type="text"/>	ⓘ
Endorsement Status	<input type="text"/>	ⓘ
Endorsement Focus	<input type="text"/>	ⓘ
Endorsement Specialty	<input type="text"/>	ⓘ
Certifying Organization	<input type="text"/>	ⓘ
Certificate Date	<input type="text"/>	
Certificate Expiration	<input type="text"/>	



Professional Licenses – Upload License

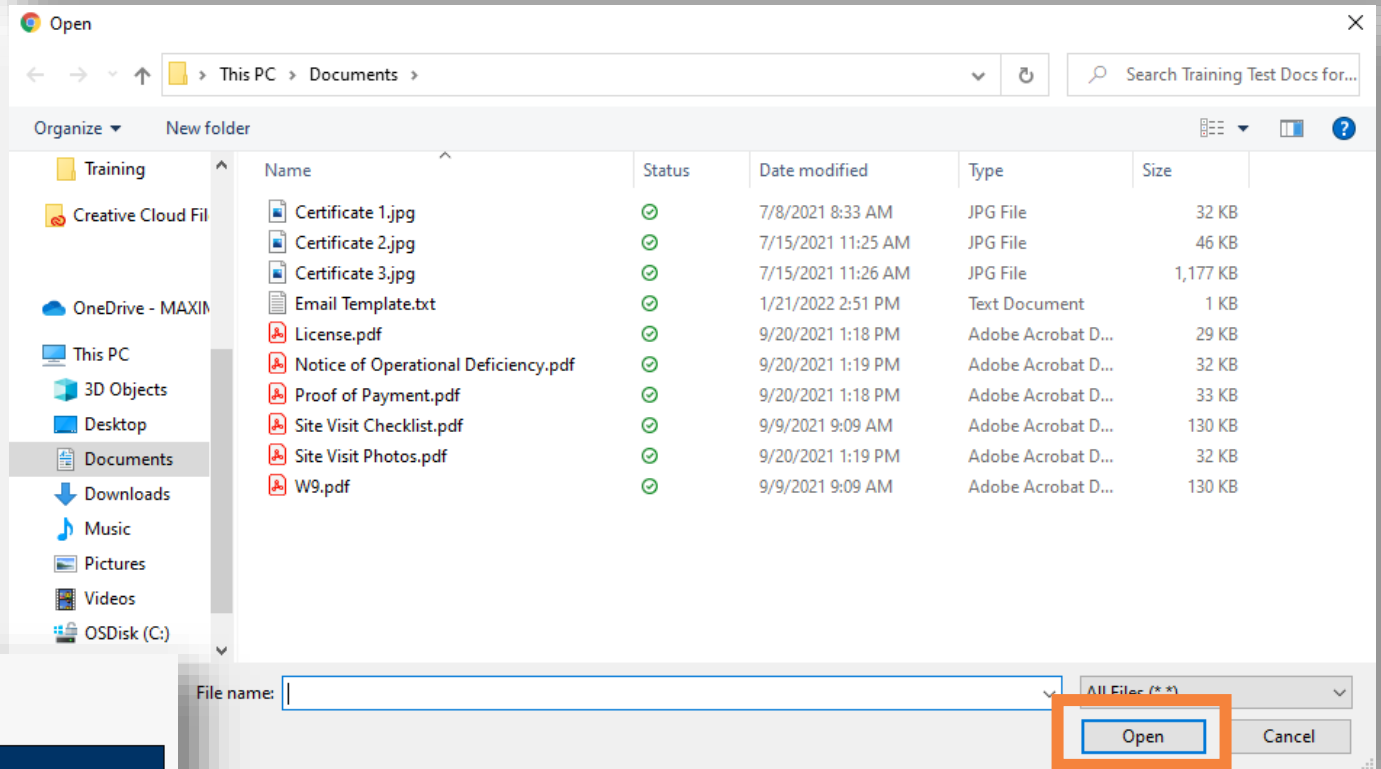
- To upload a Professional License document, click 'Browse'
- Locate the license document on your computer, select it, and click 'Open'
- Confirm the document has been uploaded by locating the file name in green text
- Click 'Next' to save the information and proceed to the next page of the application

Uploaded Documents

Required Document

Professional License

Browse



Uploaded Documents

Required Document

Professional License

License.pdf

[Download](#)

[Remove](#)

Browse

Board Certification

- This section asks you to include details for Board Certifications
- To skip this section, click 'Next' to move to the next page
- If you wish to complete this information, click 'Add New'
- Select a 'Yes' or 'No' radio button and enter the required information
- Additional Board Certifications can be added after clicking 'Save'
- Click 'Next' to save the information and proceed to the next page of the application

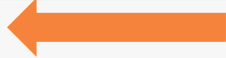
Board Certification
This is not a required section. To skip this section click on Next button.

Save Cancel Previous Next

History

No Board Certification found

Add New

Are you Board Certified? ☐ No ☒ Yes 

If Yes, Please enter board certification information requested or confirm previously entered information is correct

☒ Designate as Primary Board Certification. **Designate a primary Board Certification and save first before secondary boards can be added.**

Board Certification* National Certification Commission for Acupuncture and Oriental Medicine

Board Specialty* Acupuncture

Certification Number


Effective Date* 3/24/2022

Expiration Date* 3/24/2024

Board Certification
This is not a required section. To skip this section click on Next button.

Save Cancel Previous Next

History

Board Certification	Board Specialty	Expiration Date	
National Certification Commission for Acupuncture and Oriental Medicine	Acupuncture	3/24/2024	

Add New

CLIA Certifications

CLIA Certifications
This is not a required section. To skip this section click on Next button.

Save

Cancel

Previous

Next

No CLIA number found

Add New

CLIA Number*

CLIA Certification Type

CLIA Effective Date

CLIA Expiration Date

- This section asks you to include details about Clinical Laboratory Improvement Amendment (CLIA) Certifications
- To skip this section, click ‘Next’ to move to the next page
- If you wish to complete this information, click ‘Add New’
- Add the CLIA information and click ‘Save’ to save the CLIA Certification details
- Click ‘Next’ to save the information and proceed to the next page of the application

Medicare Number

Medicare Number

This is a required section.

[Save](#)[Cancel](#)[Previous](#)[Next](#)

Medicare Number

No records found

[Add New](#)

Medicaid

No Other State Medicaid Number found

[Add New](#)

- This page allows you to indicate a Medicare Number, a Medicaid Number or both, that you hold outside of Ohio
- To add an entry for either section, click 'Add New'

Medicare Number cont'd

- To add a **Medicare Number**, click 'Add New'
- Enter the required information and upload any required documents by clicking the 'Browse' button
- The next slide demonstrates how to add a Medicaid Number entry


Medicare Number

This is a required section.

SaveCancelPreviousNext

Medicare Number

No records found



Add New

Medicaid

No Other State Medicaid Number found

Add New

Medicare Number Type

☐ CCN (CMS Certification Number)

[What is this?](#)

☐ PTAN (Provider Transaction Access Number)

[What is this?](#)

Medicare Number

Secondary NPI

Medicare State

Medicare Enrollment Status*

Medicare Enrollment Date

Required Document

Medicare Enrollment Certification Required for Dialysis Facilities (Only if approved)

Browse

Medicare Number

This is a required section.

SaveCancelPreviousNext

Medicare Number

No records found

Add New

Medicaid

No Other State Medicaid Number found

Add New

- To add a **Medicaid Number**, click ‘Add New’
- Enter the required information
- Click ‘Next’ to save the information and proceed to the next page of the application

Other State Medicaid Enrollment Status

Completed

State

Kentucky

Date Enrolled

1/1/2018

Other State Medicaid ID Number

4564533432

Do you bill with a different NPI from what is listed in your Ohio application? *

Yes

No

NPI

Group, Organizations & Hospital Affiliations

Group, Facility & Hospital Affiliations (Individual)

This is not a required section. To skip this section click on Next button.

Save

Cancel

Previous

Next

Pending Group Affiliations

Deleting your affiliation entry in this section will not delete your confirmed group affiliation.

Group Name	NPI	Medicaid ID	Start Date	End Date	Affiliation Status	Address		
------------	-----	-------------	------------	----------	--------------------	---------	--	--

No pending affiliations found.

Add New

Confirmed Group Affiliations

The grid above shows Groups where you are currently confirmed as a Group member (or have in the past been confirmed as a Group member)

Group Name	NPI	Medicaid ID	Start Date	End Date	Affiliation Status	Address		
------------	-----	-------------	------------	----------	--------------------	---------	--	--

No confirmed affiliations found.

Add New

Hospital Affiliation

Facility Name

No hospital affiliations found.

Group Affiliation

Medicaid ID

9999891

NPI

1528055613

Save

Cancel

- This required page asks you to indicate any Group or Hospital Affiliations
- A **Group Affiliation** begins as a '**Pending Group Affiliation**' until it is confirmed by the Affiliated Group
- To add a Group, click 'Add New' within the 'Pending Group Affiliations' section
- Enter the Medicaid ID and NPI for the Group Affiliation
- Once details are entered, click 'Save'

Group, Facility & Hospital Affiliations (Individual)

This is not a required section. To skip this section click on Next button.

Save

Cancel

Previous

Next

Pending Group Affiliations

Deleting your affiliation entry in this section will not delete your confirmed group affiliation.

Group Name	NPI	Medicaid ID	Start Date	End Date	Affiliation Status	Address		
Gahanna Urgent Care	1528055613	9999891	04/12/2022	12/31/2299	Pending Approval	6336 BLUE HERON LN COLUMBUS, OH 43230- 6434		

Add New



Confirmed Group Affiliations

The grid above shows Groups where you are currently confirmed as a Group member (or have in the past been confirmed as a Group member)

Group Name	NPI	Medicaid ID	Start Date	End Date	Affiliation Status	Address
------------	-----	-------------	------------	----------	--------------------	---------

No confirmed affiliations found.



Hospital Affiliations

Facility Name	Staff Category	Status of Privileges	Primary Facility	Start Date	End Date		
---------------	----------------	----------------------	------------------	------------	----------	--	--

No hospital affiliations found.

Add New

- To add a **Hospital**, click 'Add New' within the 'Hospital Affiliations' section

Group, Organizations & Hospital Affiliations

- Enter the required '**Hospital Affiliation**' information indicated by each asterisk
- Once details are entered, click 'Save'

Hospital Affiliation

Do you practice exclusively within the Inpatient Setting?* ☐ Yes ☒ No

Do you have hospital privileges?* ☐ Yes ☒ No

If 'No', please specify

This is my Primary Facility ☐

Ohio Medicaid ID*

Facility Name*

Status of Privileges*

Active
InActive

Staff Category*

Locum
Full and Unrestricted
Pending
Temporary
Courtesy
Surgical Only
Active
Inactive
Terminated

Start Date*

End Date

Any past or present restriction of practice*

If 'Yes', please specify

Group, Organizations & Hospital Affiliations

- When all individual provider associations have been entered, click 'Next' to proceed to the next page of the application
- Note:** If you are a credentialed provider, 'Delegated Credentialing' will also appear on this screen
 - Select the checkbox if you have delegated credentialing that does not display in the table.
 - Information will be updated by the ODM Credentialing staff after submission

Group, Facility & Hospital Affiliations (Individual)

This is a required section.

Save

Cancel

Previous

Next

Pending Group Affiliations

Deleting your affiliation entry in this section will not delete your confirmed group affiliation.

Group Name	NPI	Medicaid ID	Start Date	End Date	Affiliation Status	Address		
Gahanna Urgent Care	1528055613	9999891	03/25/2022	12/31/2299	Pending Approval	6336 BLUE HERON LN COLUMBUS, OH 43230- 6434		

Add New



Confirmed Group Affiliations

The grid above shows Groups where you are currently confirmed as a Group member (or have in the past been confirmed as a Group member)

Group Name	NPI	Medicaid ID	Start Date	End Date	Affiliation Status	Address
------------	-----	-------------	------------	----------	--------------------	---------

No confirmed affiliations found.

Hospital Affiliations

Facility Name	Staff Category	Status of Privileges	Primary Facility	Start Date	End Date		
---------------	----------------	----------------------	------------------	------------	----------	--	--

No hospital affiliations found.

Add New

Delegated Credentialing

☐ Select this box if you have delegated credentialing that does not display below.

Credentialing delegates are assigned by ODM Credentialing staff.

Assigned Delegates

Delegate Name	Delegate MED ID
---------------	-----------------

No delegates.

Group, Organizations & Hospital Affiliations

This is a required section.

Save

Cancel

Previous

Next

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	Directory OptOut		
------	-----	---------------	----------------	------------	----------	--------------------	-----------------------	-------------	--------------------	------------------	--	--

No affiliations found.



Add New

- This required page asks you to enter each Individual Provider associated with your Group or Organization
- Click “Add New” for every individual provider affiliated with your Group or Organization

- After clicking 'Add New' for each provider, enter the required '**Group Member**' information indicated by each asterisk
- Once details are entered, click 'Save'

Add Group Member

First Name*

Valerie

Last Name*

Acosta

NPI*

1255773586

Rendering Location*

2862 JOHNSTOWN RD, COLUMBUS, OH, 43219

☐ Click here to NOT include this provider in directory for this location.

Start Date*

4/25/2022

[What is this?](#)

End Date

12/31/2299

Medicaid ID

Affiliation Status

Member Not Found

Save

Cancel

Group, Organizations & Hospital Affiliations

Group, Organizations & Hospital Affiliations

This is a required section.

Save

Cancel

Previous

Next

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	Directory OptOut		
Dale Ada	1912130121	Physician/Osteopath Individual	INTERNAL MEDICINE	3/14/2022	12/31/2299	Confirmed	2021-07-01	0440313	2400 CORPORATE EXCHANGE DR			

Display 50 | Display 100

Add New

Affiliation Status Definitions

- Individual Enrollment Pending Approval** - The Individual application has not been approved in PNM.
- Confirmed** - The group confirmed the individual as an affiliate. No further actions are necessary at this time.
- Active** - The Individual provider is active and affiliated with your organization. No further actions are necessary.
- Pending Removal** - The group entered an End Date for the affiliation. No further actions are necessary.
- Removed** - The group entered an End Date. No further actions are necessary.
- Individual Requires Revalidation** - The individual provider exists in the system but is currently inactive. The Individual needs to complete a revalidation before being confirmed within your organization.
- Pending Approval** - The individual provider has requested affiliation with the group. The group is required to approve the affiliation request.
- Member Not Found** - The individual provider cannot be found.
- Transaction Rejected** - The transaction has been rejected by the SI. Resubmit Affiliation.

- Review individual provider associates that you have added in the table view
- To add an additional provider, click 'Add New'
- An Affiliation Status will display for the provider
 - Definitions of that status are located at the bottom of the page
- When all individual provider associations have been entered, click 'Next' to proceed to the next page of the application

Managed Care Plan (MCP) Affiliation

- This section allows you to indicate your interest in contracting with any of the Ohio Medicaid Managed Care Plans (MCP)
- To skip this section, click 'Next' to move to the next page
- To complete this section, click the 'Yes' or 'No' radio button answer
- If 'Yes' is selected, check the box next to the Managed Care Plan(s) you are interested in contracting with
- Click 'Next' to save the information and proceed to the next page of the application

MCP Affiliation

This is not a required section. To skip this section click on Next button.

Save

Cancel

Previous

Next

Are you interested in contracting with any of the Ohio Medicaid Managed Care Plans?

☐ Yes

☐ No

Please Note: This indication does not ensure a contract with the Ohio Medicaid Managed Care Plans. Providers must still go thru the plan's contracting process, if applicable

Confirmed MCP Affiliations

Name	Start Date	End Date	Provider Type	MCPN Specialty	MITS Specialty
No MCP affiliations found.					

MCP Affiliation

This is not a required section. To skip this section click on Next button.

Save

Cancel

Previous


Next

Are you interested in contracting with any of the Ohio Medicaid Managed Care Plans?

☒ Yes

☐ No

Indicate your interested in possible participation with one or more Ohio Medicaid Managed Care Plans



☒ AmeriHealth Caritas

☒ Anthem Blue Cross

☒ Aetna

☒ Buckeye

☒ CareSource

☒ Humana

☒ Molina

☒ United Health Care

Please Note: This indication does not ensure a contract with the Ohio Medicaid Managed Care Plans. Providers must still go thru the plan's contracting process, if applicable

State CDS Number

State CDS Number

This is not a required section. To skip this section click on Next button.

[Save](#)[Cancel](#)[Previous](#)[Next](#)[History](#)

No records found

[Add New](#)

- This section allows you to enter State Controlled Dangerous Substances (CDS) information
- To add a State CDS Number, click 'Add New' and enter the required information
- To skip this section, click 'Next' to move to the next page
- Click 'Next' to save the information and proceed to the next page of the application

CDS Number

State

Date Issued

Expiration Date

Federal DEA Registration

Federal DEA Registration

This is a required section.



DEA Question

Do you have a current DEA registration?

☒ Yes ☐ No

If Yes, make selection and Add New for each DEA and waiver including Waiver 2000.

If No, make selection and fill in remaining information.

DEA Number

DEA State

Issue Date

Expiration Date

DEA Status

Save

Cancel

Previous

Next

History

Add New

- This section allows you to enter Federal Drug Enforcement Agency (DEA) Registration information
- Answer the DEA Question by selecting the appropriate 'Yes' or 'No' radio button
- If 'Yes' is selected, a new box appears to enter the DEA information
- Once the information is complete, click 'Next' to save the information and proceed to the next page of the application

Federal DEA Registration

This is a required section.

SaveCancelPreviousNext


History

DEA Question

Do you have a current DEA registration?

☐ Yes ☒ No

If Yes, make selection and Add New for each DEA and waiver including Waiver 2000.
If No, make selection and fill in remaining information.



Name of Provider that prescribes on your behalf

DEA Number of the prescribing Provider

DEA State of the prescribing Provider

Prescribing Comments

No records found

- If '**No**' is selected, then new fields appear below to enter the information regarding not having a current DEA Registration.

Professional Liability Insurance

Professional Liability Insurance
This is a required section.

Save Cancel Previous Next

History

No records found

Add New

Do you carry malpractice insurance?

☐ Yes ☒ No

If No, please provide explanation below.

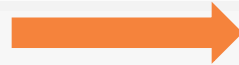
Please provide an explanation regarding malpractice insurance

- To enter details of your Professional Liability Insurance, click 'Add New'
- Click a 'Yes' or 'No' radio button to the question, *Do you carry malpractice insurance?*
- If '**No**' is selected, provide an explanation in the text box
- Click 'Next' to save the information and proceed to the next page of the application

Professional Liability Insurance cont'd



Do you carry malpractice insurance?



☒ Yes ☐ No

Self Insured?	Yes
Policy Number*	A478578394
Effective Date*	3/25/2022
Original Effective Date*	3/25/2010
Expiration Date*	3/25/2027
Type of Coverage*	Individual
Do you have unlimited coverage?	Yes
Policy includes tail coverage*	Yes
Carrier or Self-Insured Name*	Insurance Carrier
<input type="checkbox"/> Check here if insurance is through Federal Tort Claims Act (FTCA)	
Carrier address 1	2400 Corporate Exchange Drive
Carrier address 2	
City*	Columbus
State*	OH
County	
Zip*	43212
Policy Holder*	Iris Davis
Coverage Amount Per Occurrence*	3,000,000
Coverage Amount Per Aggregate*	5,000,000

- If **'Yes'** is selected, complete the required information including dates, coverage details, address, policy holder, and coverage amounts
- Click **'Next'** to save the information and proceed to the next page of the application

Education

This is a required section.

Save

Cancel

Previous

Next

Please enter all education and training you have completed beginning with your undergraduate degree through your professional education and training.

No records found

Add New


*Education Type:	Undergraduate School
*Name Of School:	Continuing Education
*Start Date:	Faculty Position
*End Date:	Fellowship
*Degree/ Certificate Awarded:	Internship
Speciality:	Preceptorship
	Professional School
	Residency
	Undergraduate School
*Address 1:	Other
Address 2:	Associate in Applied Science (AAS)
	Associate in Applied Science (APL)
*City:	Associate in Arts (AA)
	Associate in Nursing (ASN)
*State:	Associate in Science (AS)
	Associates Degree (AD)
* Zip Code:	Audiologist (AUD)
	Bachelor of Arts (BA)
*Country:	Bachelor of Fine Arts (BFA)
	Bachelor of Health Science (BHS)
Phone Number:	Bachelor of Medical Technology (BMT)
	Bachelor of Medicine (MB)
Fax:	Bachelor of Medicine/Bachelor of Surgery (MBBCH)
Additional Information:	Bachelor of Music (BM)
	Bachelor of Nursing (BN)
	Bachelor of Science (BS)
	Bachelor of Science in Nursing (BSN)

- This section allows you to enter all Education and training
- To add an Education or training entry, click 'Add New' and enter the required information
- To add more than one entry, click 'Save' on the entry and then repeat the process of clicking 'Add New'
- Once all Education entries are saved, click 'Next' to proceed to the next page of the application

Education
This is a required section.

SaveCancelPreviousNext

Please enter all education and training you have completed beginning with your undergraduate degree through your professional education and training.

School	Education	Specialty	Degree	Start Date	End Date	
The Ohio State University	Undergraduate School		BS	03/25/2000	05/27/2004	

Add New

- Click 'Next' to save the information and proceed to the next page of the application
- To edit an entry, click on the 'pencil and paper' icon and update the information

Malpractice Claims History

Malpractice Claims History

This is a required section.

Save

Cancel

Previous

Next

History

Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years?

☒ No ☐ Yes

- This required section allows you to enter Malpractice Claims History
- Click 'Add New' to answer the question using the 'Yes' or 'No' radio buttons
- When '**No**' is selected, click 'Next' to save and advance to the next page

Malpractice Claims History cont'd

- When 'Yes' is selected, fill out the details of the liability action
- To add more than one Malpractice Claim, click 'Save' on the entry and then repeat the process of clicking 'Add New'
- Once all Malpractice entries are saved, click 'Next' to save the information and proceed to the next page of the application

Malpractice Claims History

This is a required section.



Save Cancel Previous Next

History

Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years?

☐ No ☒ Yes

Add New



Date of Occurrence*

Date Claim Filed*

Status of the claim*
Open

If settled, the date the claim was settled

Professional liability carrier involved*

Carrier Address Line1*

Carrier Address Line2

City*

State*

Zip*

Phone Number 1*

Phone Ext 1

Policy Number

Method of Resolution

If settled, the amount of settlement

Describe the allegations against you*

Were You*
☐ Primary Defendant ☐ Co-Defendant

No of Other Defendants (if any)

Your role in case*

Describe the alleged injury to the patient

Did the alleged injury result in death?

To the best of your knowledge, is the case included in the NPDB?*

Yes

Work History

This is a required section.

[Save](#) [Cancel](#) [Previous](#) [Next](#)

Include a chronological work history for the past 5 years.

No records found

[Add New](#)

Gaps in Work History

Please enter and explain any time periods or gaps in work history in the past 5 years or that have occurred since graduation from professional school and are longer than three months in duration.

No records found

[Add New](#)

- This section allows you to enter Work History and/or any Gaps in Work History for the past **5 years**
- To add an entry, click 'Add New'

Work History cont'd

- Enter the required chronological **Work History**
- To add more than one employment entry, click 'Save' at the top of the page and then repeat the process of clicking 'Add New'
- The next slide demonstrates how to add a 'Gap in Employment' entry
- If there are no gaps in the 5-year work history, click 'Next' to save the information and proceed to the next page of the application

Current Employer ☒

*Practice/ Employer Name: Ohio State Medical

* Start Date: 12/23/2010

End Date:

Organization Name* Ohio State Medical

Address 1* 2400 Corporate Exchange Drive

Address 2

City* Columbus

State* OH

County

Zip* 43212

Phone Number 1 (614) 555-5555

Phone Ext 1

Fax Number 1

Contact Name Brian Abbott

Email Address 1* noname@email.com


Email Address 2 noname@email.com

Additional Information:

Reason for Departure(If Applicable):

*Are you currently on active military duty or military reserve? No

Include a chronological work history for the past 5 years.

Practice/ Employer Name	Start Date	End Date	
Ohio State Medical	12/23/2010		
			Add New
			History

Gaps in Work History

Please enter and explain any time periods or gaps in work history in the past 5 years or that have occurred since graduation from professional school and are longer than three months in duration.

No records found

Add New

*Gap Start Date:

*Gap End Date:

*Reason For Gap:

- Enter the required information for each '**Gap in Work History**' entry
- To add more than one entry, click 'Save' at the top of the page and then repeat the process of clicking 'Add New'
- Once 5 years of Work History is entered, click 'Next' to save the information and proceed to the next page of the application

W9 Form
This is a required section.

Information from the Identification page displayed below.
Corrections to this information must be made in Organization/Individual Identification and Primary Contact sections of the Identification page.

Individual Name:


SSN:

Select the most appropriate category below:

- ☒ Individual/sole proprietor of single-member LLC
- ☐ C Corporation
- ☐ S Corporation
- ☐ Partnership
- ☐ Trust/Estate
- ☐ Limited Liability C Corporation
- ☐ Limited Liability S Corporation
- ☐ Limited Liability Partnership
- ☐ Other

Indicate the form you are uploading

- ☒ W9
- ☐ Form 147



Required Document

W-9


W9.pdf [Download](#) [Remove](#)

- Indicate the most appropriate category as it relates to your tax filing
- Indicate which tax form you will be uploading to the application:
W9 or Form 147
- Upload the document by clicking 'Browse,' locate the document on your computer, and then click 'Open'
- Confirm the document has been uploaded by locating the file name in green text
- Click 'Next' to save the information and proceed to the next page of the application

- This section requires you to indicate enrollment of Electronic Fund Transfer (EFT), which is required to receive payments directly from the State Medicaid Program
- Use the 'Yes' or 'No' radio buttons to answer the question at the top of the page
 - If 'No' is answered, no additional details need to be entered
- Read the instructions on the page before entering any information
- To enter **Banking Information**, click the 'Add New' button below the Banking Information heading

EFT Banking Information

This is a required section.



Do you expect to receive payments directly from the State Medicaid Program (For example: Fee-for-Service Claims, Medicare Crossover Claims, Supplemental Pool Payments, Electronic Health Records Payments, etc.) as opposed to only payments from the Managed Care Contractors?

☐ Yes ☐ No

Instructions

READ INSTRUCTIONS BEFORE COMPLETING

- Electronic Fund Transfer (EFT) enrollment is required for a provider to enroll with the State Medicaid Program.
- Medicaid providers must submit this form to receive payment via EFT (Electronic Fund Transfer). It is also the responsibility of the Medicaid provider to ensure this information is updated, as necessary.
- The State Medicaid Program transmits the EFT via the NACHA standard CCD + format.
- It is the responsibility of the Provider to contact their financial institution to request the receipt of all data contained within the ACH information field (including the RTN Reassociation Trace Number) of the CCD + Addenda Record. This Trace Number uniquely identifies the transaction set and aids in reassociating payments and remittance advices.

☐ Check here if the bank is outside of the United States. Per 1902(a)(80) of the Social Security Act, the State shall not provide any payment to any financial institution or entity located outside the United States.

Please enter your banking information below.

Banking Information

No banking information found.

Add New

EFT Contact

No EFT contact found.

Add New

Confirm

By selecting the confirmation box below, the submitting individual is attesting and acknowledging on behalf of the Medicaid Provider listed above that:

- He or she is authorized to complete and submit this Enrollment Form.
- The information provided is accurate and true.

☐ I confirm the information provided is true and accurate.

Banking Information

- Enter the following required information:
 - Financial Institution Name
 - Financial Institution Routing Number (*type number a second time to confirm*)
 - Account Number (*type number a second time to confirm*)
 - Select Account Type (Checking or Savings)

- When all information has been added, click ‘Save’

Banking Information

Financial Institution Name*

Training Bank

Financial Institution Routing Number*

026009593

Confirm Financial Institution Routing Number*

026009593

Account Number*

568756856756

Confirm Account Number*

568756856756


Account Type*

☒ Checking ☐ Savings

Save

Cancel

Banking Information

Financial Institution Name	City	Account Number	Account Type	
Training Bank		*****	Checking	


- To enter Electronic Funds Transfer (EFT) Contact Information, click the 'Add New' button below the EFT Contact heading
- Enter the following required information:
 - Contact First Name
 - Contact Last Name
 - Phone Number
 - Email Address
- When all information has been added, click 'Save'

EFT Contact Information

Provider Contact First Name*	Tom
Middle Name	
Last Name*	Trainer
Phone Number*	(614) 555-4321
Extension	
Email Address*	trainer@traininghospital.com
Fax Number	() -

SaveCancel

EFT Contact

Provider Contact Name	Phone Number	Ext	E-mail Address	
Tom Trainer	(614) 555-4321		trainer@traininghospital.com	

- Check that the details entered for Banking Information and EFT Contact are correct
- Review the details under the ‘**Confirm**’ section and click the checkbox to confirm the information provided is true and accurate
- Click ‘Next’ to save the information and proceed to the next page of the application

EFT Banking Information

This is a required section.

Save

Cancel

Previous

Next



Do you expect to receive payments directly from the State Medicaid Program (For example: Fee-for-Service Claims, Medicare Crossover Claims, Supplemental Pool Payments, Electronic Health Records Payments, etc.) as opposed to only payments from the Managed Care Contractors?

☐ Yes ☒ No

Instructions

READ INSTRUCTIONS BEFORE COMPLETING

- Electronic Fund Transfer (EFT) enrollment is required for a provider to enroll with the State Medicaid Program.
- Medicaid providers must submit this form to receive payment via EFT (Electronic Fund Transfer). It is also the responsibility of the Medicaid provider to ensure this information is updated, as necessary.
- The State Medicaid Program transmits the EFT via the NACHA standard CCD + format.
- It is the responsibility of the Provider to contact their financial institution to request the receipt of all data contained within the ACH information field (including the RTN Reassociation Trace Number) of the CCD + Addenda Record. This Trace Number uniquely identifies the transaction set and aids in reassociating payments and remittance advices.

☐ Check here if the bank is outside of the United States. Per 1902(a)(80) of the Social Security Act, the State shall not provide any payment to any financial institution or entity located outside the United States.

Please enter your banking information below.

Banking Information

Financial Institution Name	City	Account Number	Account Type	
Training Bank		*****	Checking	

EFT Contact

Provider Contact Name	Phone Number	Ext	E-mail Address	
Tom Trainer	(614) 555-4321		trainer@traininghospital.com	

Confirm

By selecting the confirmation box below, the submitting individual is attesting and acknowledging on behalf of the Medicaid Provider listed above that:

- He or she is authorized to complete and submit this Enrollment Form.
- The information provided is accurate and true.

☒ I confirm the information provided is true and accurate.

Application Fee

Application Fee

This is a required section.

Save

Cancel

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Application Fee

All prospective, re-enrolling, and reactivating institutional providers are required to pay an application fee. You may request a waiver of the fee if you are already enrolled in Medicare and have already paid the application fee to Medicare. You may also request a waiver of the fee if you have paid the fee to another State Medicaid program. The current amount of the fee is \$595.00

You may also request a waiver of the fee if you have paid within the past 5 years.

Fee Amount

\$595.00

Fee Status

Pending

Payment Type

☐ Credit Card

☐ Request Waiver of Application Fee

Authorize Payment

Select Payment

Please note your Registration ID on the check.

Amount*

\$595.00

Waiver Reason

Comments

Fee Payment History


Fee Amount	Fee Status	Status Date	Waiver Reason	Transaction ID
No payment information found.				

- All prospective, re-enrolling, and reactivating institutional providers are required to pay an application fee
- The application fee can be paid directly through this page via credit card
- A waiver of the application fee, if paid in another state or paid within the past 5 years, can be requested

Application Fee – Credit Card

- To pay the fee, click the 'Credit Card' button next to Payment Type
- Click 'Select Payment'

Application Fee
This is a required section.



Application Fee

All prospective, re-enrolling, and reactivating institutional providers are required to pay an application fee. You may request a waiver of the fee if you are already enrolled in Medicare and have already paid the application fee to Medicare. You may also request a waiver of the fee if you have paid the fee to another State Medicaid program. The current amount of the fee is \$595.00

You may also request a waiver of the fee if you have paid within the past 5 years.

Fee Amount \$595.00

Fee Status Pending

Payment Type

☒ Credit Card

☐ Request Waiver of Application Fee

Amount* \$595.00

Waiver Reason

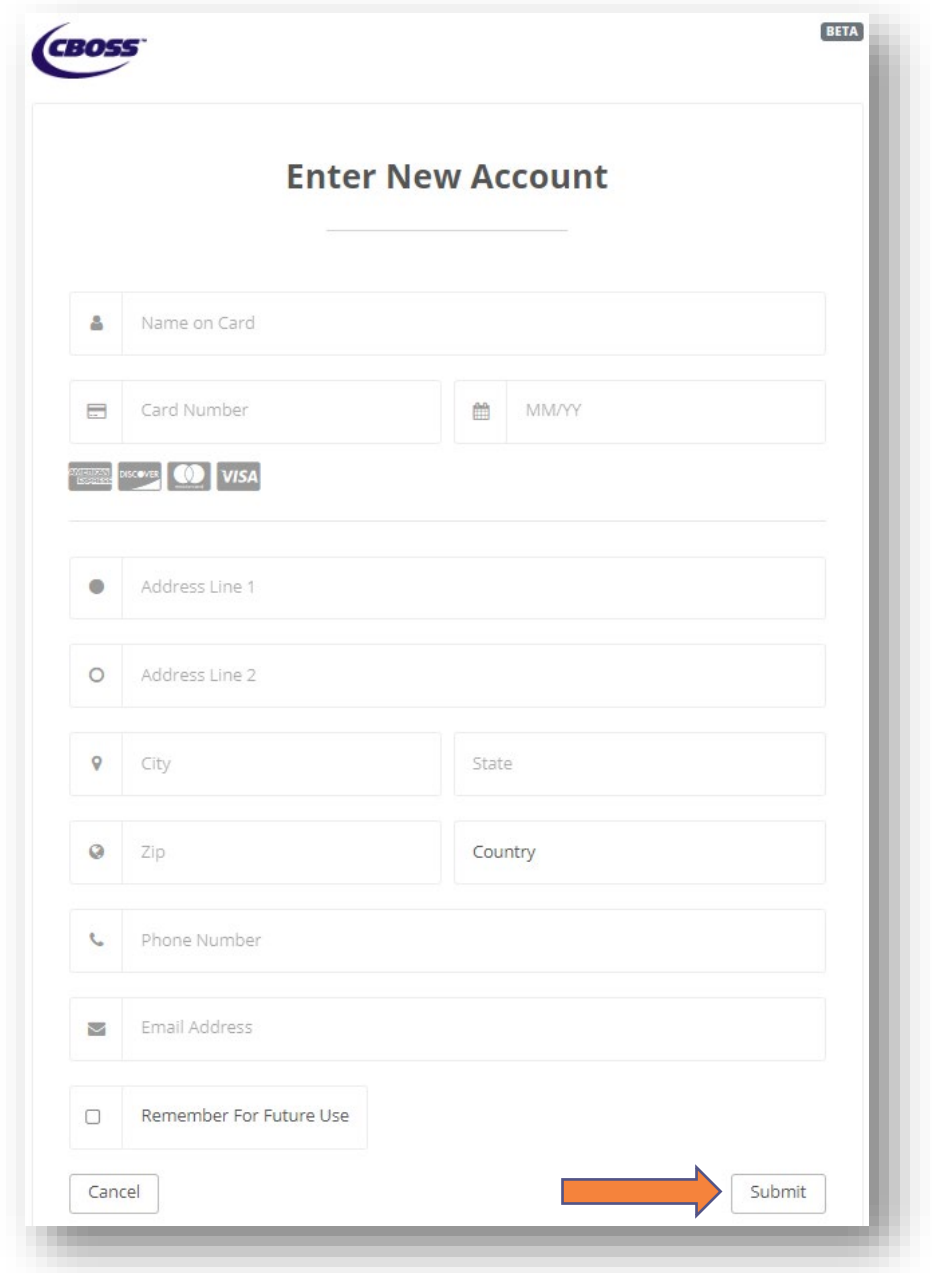
Comments

Please note your Registration ID on the check.

Authorize Payment **Select Payment**

Application Fee – Credit Card

- A pop-up window for the e-payment processing system CBOSS will appear
- Enter the following information
 - Name on Card
 - Card Number
 - Expiration Date
 - Address (including City, State, Zip, and Country)
 - Phone Number
 - Email Address
 - *Select the box if you want this system to remember the information for future use
- Click 'Submit' after all information has been entered



The screenshot shows the CBOSS 'Enter New Account' form. At the top left is the CBOSS logo, and at the top right is a 'BETA' badge. The title 'Enter New Account' is centered. The form contains several input fields: 'Name on Card', 'Card Number', 'Expiration Date' (MM/YY), 'Address Line 1', 'Address Line 2', 'City', 'State', 'Zip', 'Country', 'Phone Number', and 'Email Address'. Below these fields is a checkbox labeled 'Remember For Future Use'. At the bottom left is a 'Cancel' button, and at the bottom right is a 'Submit' button, which is highlighted by a large orange arrow pointing towards it.

Application Fee – Credit Card

Application Fee


This is a required section.

Save

Cancel

Previous

Next



Application Fee

All prospective, re-enrolling, and reactivating institutional providers are required to pay an application fee. You may request a waiver of the fee if you are already enrolled in Medicare and have already paid the application fee to Medicare. You may also request a waiver of the fee if you have paid the fee to another State Medicaid program. The current amount of the fee is \$595.00

You may also request a waiver of the fee if you have paid within the past 5 years.

Fee Amount

\$595.00

Fee Status

Waived

Payment Type

☒ Credit Card

☐ Request Waiver of Application Fee

Authorize Payment

Select Payment

Please note your Registration ID on the check.

Amount*

\$595.00

Waiver Reason

Comments

- Upon returning to the Application Fee screen, click ‘Authorize Payment’ to charge to application fee to the credit card that was entered
- Click ‘Next’ to advance to the next page

Application Fee – Request Waiver

- To ask for a waiver of the fee, click the 'Request Waiver of Application Fee' button next to Payment Type
- Select a 'Waiver Reason' from the drop-down menu
- Enter any comments for the waiver reason provided
- Upload a 'Proof of fee payment' document at the bottom of the page, by clicking 'Browse' for any waiver reason selection
- Click 'Next' to save and advance to the next page

Application Fee
This is a required section.

Application Fee
All prospective, re-enrolling, and reactivating institutional providers are required to pay an application fee. You may request a waiver of the fee if you are already enrolled in Medicare and have already paid the application fee to Medicare. You may also request a waiver of the fee if you have paid the fee to another State Medicaid program. The current amount of the fee is \$595.00

You may also request a waiver of the fee if you have paid within the past 5 years.


Fee Amount \$595.00
Fee Status Pending
Payment Type ☐ Credit Card ☒ Request Waiver of Application Fee

[Authorize Payment](#) [Select Payment](#)

Please note your Registration ID on the check.
Amount* \$595.00

Waiver Reason
Medicare Enrolled
Paid in Another State
Paid in the past 5 years
Medicare Enrollment Pending

Comments



Optional Document

Proof of fee payment (if Paid in another State as a waiver reason)

Proof of Payment.pdf

[Download](#)


[Remove](#)

[Browse](#)

Owner Information

Owner Information
This is a required section.

SaveCancelPreviousNext



Click on the section header to expand or collapse the panel.

+ Instructions

+ Definitions & Requirements

+ Owner, Managing Employee and Controlling Interest Information

+ Real Estate Owners


+ Additional Disclosure

+ Questions

- This page contains Owner Information
- Click to expand each section header

Owner Information cont'd

+ Owner, Managing Employee and Controlling Interest Information

Type	Name	Title	Percentage		
Organization	Ohio State Medical	Chief Operating Officer	100.00		

Add New



List the name, home address (no P.O. Box addresses), Date of Birth (DOB), Social Security Number (SSN) and percentage owned for each person with a direct or indirect ownership or control interest of 5 percent or more in the provider entity. In addition, list the same information for any subcontractor in which the provider entity has direct or indirect ownership or control interest of 5 percent or more. If you are an individual AND you are a solo practitioner and you own 100 percent of your practice then you would just list yourself as 100% owner.

Owner Information

Owner Type*

Organization

Owner Title

Chief Operating Officer

Affiliation Type

ORGANIZATION - DIRECT OWNER

Organization Name*

Ohio State Medical

Address 1*

2400 Corporate Exchange Drive

Address 2

City*

Columbus

State*

OH

County

Zip*

43212

Tax ID*

114460721

Percentage of Ownership*

100

Owner Effective Date *

3/8/2022

Owner End Date

12/31/2299

Save

Cancel

- Click 'Add New' in the 'Owner, Managing Employee and Controlling Interest Information' header
- Enter the required **Owner Information** and then click 'Save'

Owner Information cont'd

- Real Estate Owners

No Real Estate owner information found.

Add New

Add a new entry for all Real Estate Owners.

Real Estate Information

Owner Type*	Real Estate Organization
Organization Name*	Ohio State Medical
Address 1*	2400 Corporate Exchange Drive
Address 2	
City*	Columbus
State*	OH
County	
Zip*	43212
Tax ID*	114460721
Percentage of Ownership*	100
Owner Effective Date *	3/8/2022
Owner End Date	12/31/2299

Save Cancel

- Click 'Add New' in the Real Estate Owners header
- Enter the required **Real Estate Owner Information** and then click 'Save'

Owner Information cont'd

- Additional Disclosure

In this section, enter Individuals and Organizations that meet any of the following conditions:

- 1. Any Subcontractors where you have had transactions totaling more than \$25,000 within the past 12 months.
- 2. Any Subcontractors or Wholly Owned Suppliers where you have had significant business transactions with the past 5 years.
- 3. Any other Provider Entities where your owners also have an ownership or controlling interest.
- 4. Other employees of your organization, not already listed as a Managing Employee that have :
 - a. been indicted or convicted of a criminal offense related to programs established by Titles XVII, XIX, or XX or
 - b. been indicted or convicted of a violation of State or Federal Law or
 - c. been sanctioned by the Medicare Program

No Additional Disclosure information found.

Add New

Additional Disclosure

Other Disclosure Type

Organization Name*

Address 1*

Address 2

City*

State*

County

Zip*

Tax ID*

Owner Effective Date *

Owner End Date

Employee

Other Provider

Subcontractor Individual

Subcontractor Organization

Supplier Individual

Supplier Organization

OH

43212

433567754

04/26/2022

12/31/2299

Save

Cancel

- Click 'Add New' in the Additional Disclosure header
- Enter the required **Additional Disclosure Information** and then click 'Save'

Owner Information cont'd

+ Questions

Are any of the above mentioned persons related to one another as a spouse, parent, child, or sibling?

☒ Yes

☐ No

Please indicate the two related parties and describe the relationship.

No owner information found.

Owner Relationships

Person 1*

Relationship 1*

Person 2

Add New

Save

Cancel

Does any person who has an ownership or control interest in this prov

☒ No

Have you or any individuals or organizations having a direct or indirect ownership or controlling interest of 5 percent or more in the professional association or practice, any managing employees or other employees been indicted or convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

Have you as the Provider, or any Owner, Authorized Agent, Associate, Manager, Employee, Directors; or Officers of the Institution, Agency, Organization, or Practice ever been indicted or convicted of a violation of State or Federal Law?

☐ Yes

☒ No

Have any of the individual owners been a resident outside the state of Ohio in the past 5 years?

☐ Yes

☒ No


- Click 'Add New' in the Questions header
- Read and answer each question carefully using the 'Yes' and 'No' radio buttons
- If '**Yes**' is selected, click 'Add New' and enter the required details within the pop-up box
- If '**No**' is selected, then the question has been fully answered
- Click 'Next' to save the information and proceed to the next page of the application

Required Documents

- The 'Required Documents' page **may or may not** display as a required page with the application
- To upload a required document, click 'Browse' under the document type you want to upload, locate the document on your computer, select and click 'Open' to upload
- Confirm the document has been uploaded by locating the file name in green text
- Click 'Next' to save the information and proceed to the next page of the application

Required Documents

This is not a required section. To skip this section click on Next button.



If you have additional documentation to provide that were not available for upload on other pages, upload those here. You may upload multiple documents and you will be able to view and delete documents after uploading.

You may also mail in additional documentation, which may result in a delay to process your application.

Mailing Address:
Ohio Department of Medicaid
Provider Enrollment Unit
PO Box 1461
Columbus, OH 43216-1461

Required Document

W-9
W9.pdf Download Remove
<input type="text"/> <input type="button" value="Browse"/>

Optional Document

Documentation of Training/Certification
<input type="text"/> <input type="button" value="Browse"/>

Agreements

This is a required section.

Save

Cancel

Previous

Next

Ohio Medicaid Provider Agreement

Note: The Provider Agreement in the scroll box must be read and responded to in its entirety before proceeding to the next step.

Ohio Revised Code 2921.42 and 2921.43 Agreement

In accordance with Chapter 102, and Sections 2921.42 and 2921.43 of the Ohio Revised Code, Vendor or Grantee, by signature on this document, certifies: (1) it has reviewed and understands Chapter 102, and Sections 2921.42 and 2921.43 of the Ohio Revised Code, (2) has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) will take no action inconsistent with those laws and this order. The Vendor or Grantee understands that failure to comply with Chapter 102, and Sections 2921.42 and 2921.43 of the Ohio Revised Code is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the State of Ohio.

False Statement Agreement

Whoever knowingly and willfully makes, or causes to be made, a false statement or representation on this statement, may be prosecuted under applicable federal or state laws. In addition, if a person knowingly and willfully fails to fully and accurately disclose the information requested Ohio Department of Medicaid may deny

Individual Provider Questions

Have you or any individuals or organizations having a direct or indirect ownership or controlling interest of 5 percent or more in the professional association or practice been indicted or convicted of a criminal offense related to the involvement of such persons. or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ No ☐ Yes If, 'Yes' a comment is required.

Have you or any of the employees of your professional association or practice ever been indicted or convicted of a criminal offense related to the involvement in such programs established by Titles XVIII, XIX, or XX?

☐ No ☐ Yes If, 'Yes' a comment is required.

Provider Agreement Attestation

☐ I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any

- The final page of the application is the Agreements page
- This section is required before the application can be submitted
- This section includes **Ohio Medicaid Provider Agreements, Individual Provider Questions, Provider Agreement Attestation, and a digital signature**

Ohio Medicaid Provider Agreement

Note: The Provider Agreement in the scroll box must be read and responded to in its entirety before proceeding to the next step.

This provider agreement is a contract between the Ohio Department of Medicaid (the Department) and the undersigned provider of medical assistance services in which the Provider agrees to comply with the terms of this provider agreement, Ohio statutes, Ohio Administrative Code rules, and Federal statutes and rules, and agrees and certifies to:

1. Render medical assistance services as medically necessary for the patient and only in the amount required by the patient without regard to race, color, age, gender, sexual orientation, marital status, and bill the Department for no more than the lesser of the provider's billed charges or the reasonable and customary charges for the service.
2. Ascertain and recoup any third-party payment for services rendered to the patient and bill the Department for no more than the lesser of the provider's billed charges or the reasonable and customary charges for the service.
3. Accept the allowable reimbursement for services rendered to the patient, any Medicare or Medicaid payment, or any other payment for services rendered to the patient, and agree to assign to the Department the right to seek reimbursement from any third-party payer for services rendered to the patient.
4. Agree to be bound by the terms of this provider agreement, Ohio statutes, Ohio Administrative Code rules, and Federal statutes and rules, and agree to be bound by the terms of this provider agreement, Ohio statutes, Ohio Administrative Code rules, and Federal statutes and rules, and agree to be bound by the terms of this provider agreement, Ohio statutes, Ohio Administrative Code rules, and Federal statutes and rules.
5. Fully cooperate with the Department, its agents, and other state or federal agencies engaged in ensuring the integrity of the Ohio Medicaid program. Full cooperation includes, but is not limited to, making yourself and your records available upon request.
6. This provider agreement may be canceled by either party upon 30 days written notice prior to termination date.
7. I further certify that I am the individual practitioner who is applying for the provider number, or in the case of a business organization, I am the officer, chief executive officer, or general partner of the business organization that is applying for the provider number. I further agree to be bound by this agreement and certify that the information I have given on this application is factual. As such, I have disclosed my name, social security number and date of birth on the application for enrollment, in accordance with 42 CFR, Part 455, Subpart B and 1002, Subpart A, as amended, and as specified in rule 5160-1-17.3 of the Administrative Code.

☒ I agree to Terms and Conditions


Agreement Date: 3/30/2022

- Read through all statements in The Ohio Medicaid Provider Agreement section
- Use the scroll bars on the right side to navigate each section
- Once the Ohio Medicaid Provider Agreement section is completed, check the box to agree to the Terms and Conditions

Provision Check

Certain provider agreements may be retroactive (up to 12 months) to encompass dates on which the provider furnished covered services to a Medicaid consumer and the service has not been billed to Medicaid.

A failure to check this box shall be taken by ODM to mean that you waive your rights to a retroactive period of months prior to the date ODM approves your application. This agreement is limited to 5 years from the effective date.



☒ If you meet this provision, please check this box

- This section includes the Ohio Medicaid Provider Agreement Provision
- If you do not meet the Provision, leave the box blank

Individual Provider Questions

Have you or any individuals or organizations having a direct or indirect ownership or controlling interest of 5 percent or more in the professional association or practice been indicted or convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ No ☐ Yes If, 'Yes' a comment is required.



Have you or any of the employees of your professional association or practice ever been indicted or convicted of a criminal offense related to the involvement in such programs established by Titles XVIII, XIX, or XX?

☐ No ☐ Yes If, 'Yes' a comment is required.

Have you as the Provider, or any Owner, Authorized Agent, Associate, Manager, Employee, Directors; or Officers of the Institution, Agency, Organization, or Practice ever been indicted or convicted of a violation of State or Federal Law?

☐ No ☐ Yes If, 'Yes' a comment is required.

- This section includes three Individual Provider Questions
- Each question has a 'Yes' or 'No' radio button answer
- 'Yes' answers require a comment
- Each question needs answered before moving to the next section

Agreements cont'd

Provider Agreement Attestation

☒ I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms.

Provider Agreement Signature

Name of Person Attesting*:

Provider Name:

User ID:



Save

- This section includes the Provider Agreement Attestation and Provider Agreement Signature
- Check the box next to the Provider Agreement Attestation statement
- Enter the required digital signature information:
 - Name of Person Attesting
 - **Provider Name*
 - **User ID*
 - **These lines auto-fill*
- Click 'Save' once the digital signature is completed

Submitting Application

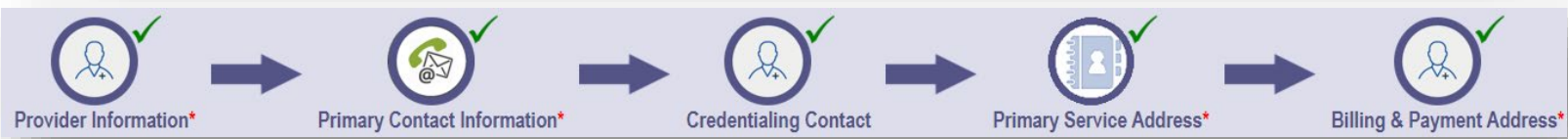
Submitting the Application

- Once all pages of the application are complete, click 'Save'
- You will receive a pop-up window as a reminder to **review the application** before it is submitted
 - Click 'OK'
- Review any application pages by clicking on the icon or selecting the page from the 'Jump To' drop-down menu
- Pages that have been completed or viewed should have a green checkmark

Your application is complete and has been saved. Please take time to review your application prior to submission. You will be able to generate your completed application in PDF form prior to submitting your application.

Once your review is complete, you must click 'Submit for Review' at the top of the Agreements page to submit your application.

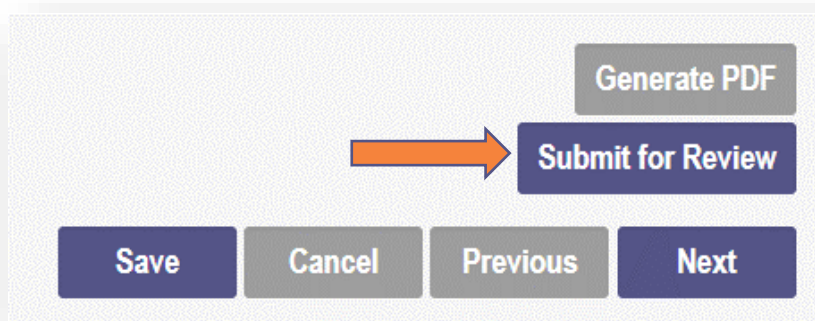
OK



Home Office Address*	✓
Specialties*	✓
Taxonomies*	✓
Professional Licenses*	✓
Board Certification	✓
CLIA Certifications	✓
Medicare Number	✓
Group, Facility & Hospital Affiliations (Individual)*	✓
MCP Affiliation	✓
State CDS Number	✓

Submitting the Application

- If you would like a copy of the application for your records, click 'Generate PDF' to download a PDF copy of the application to your computer
- The PDF copy will download to the folder that you have specified for downloads in your browser
- When you are ready to submit your application, click 'Submit for Review'



Generate PDF

Submit for Review

Save Cancel Previous Next



Ohio | Department of Medicaid

Registration Application Details

Office Information

Provider Information

☐ Provider Directory Opt-Out

Provider Information


Name of Business Entity	Iris Davis
DBA	
Practice Type	INDIVIDUAL PRACTICE
Ownership Type	SOLE PROPRIETORSHIP
First Name	Iris
Middle Initial	
Last Name	Davis
Title	
Tax ID	158865429
NPI	1588654297
NPI Start Date	10/24/2005
Gender	FeMale
Date of Birth	12/16/1976
Provider Type	Physician/Osteopath Individual
Revalidation Date	
Enrollment Status	Not Set Yet
Enrollment Status Reason	Not Set Yet

Example of pdf











Submitting the Application

Submission Confirmation

You have successfully submitted your application to the Medicaid Program.
Please allow at least 10 days for processing before attempting to submit any changes.

[Return to Home Page](#)

- A Submission Confirmation message displays to verify your application has been successfully submitted
- Click ‘Return to Homepage’ to view your dashboard
- On your dashboard, the completed application Status will display as ‘Submitted’

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/> 	<input type="text"/> 	All 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	All 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 
<u>517978</u>	<u>Iris Davis</u>	Submitted	20 - Physician/Oste Individual	1588654297		INTERNAL MEDICINE			

New Enrollment

**Return to
Provider**

Return to Provider

- During the review process for New Enrollment, an Enrollment Specialist or Credentialing Specialist may return the application to the provider/provider administrator seeking additional information
- The Primary Contact on the application will receive an email indicating a notice on the account has been issued by the Ohio Department of Medicaid.
 - The notice may require you to act
- The details of the notice are accessed in PNM
 - Click on the link under Reg ID or Provider to manage the application

Please log into your account at [Login](#) to view a notice issued by the Ohio Department of Medicaid. You may be required to take action to maintain your Medicaid enrollment.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
517968	James Aust	Return to Provider	30 - Dentist Individual	1770659625	9999889	General Dentistry				03/18/22	03/14/22	03/14/27

Return to Provider

- Select the '+' icon to expand the section titled 'Self Service'
- Click the hyperlink for 'Provider Correspondence'
- Select a Correspondence Type from the drop-down
 - For Correspondence related to Return to Provider, select 'Enrollment Notifications'
- Enter a date range for the search
- Click 'Search'
- The results will appear at the bottom of the page

Manage Application

Enrollment Actions



Enrollment Action Selections:

Programs



Program Selections:

Self Service



Self Service Selections:

Programs



Program Selections:

Self Service



Self Service Selections:

[Provider Correspondence](#)

* SEARCH CORRESPONDENCE

*Correspondence TYPE

Enrollment Notifications

Date Available From: ⓘ

01/01/2022

Date Available To: ⓘ


04/11/2022

Search

Clear

Return to Provider

- Click on the Correspondence you wish to view
- A pop-up window opens containing the text of the correspondence
 - The reasons for the return are listed in the body of the email
- Click the 'x' in the top-right corner to close the message pop up

CORRESPONDENCE SEARCH RESULT				
Correspondence Search Results				
Correspondence Subject	Correspondence Type	Date Sent	Date Viewed	Printed
 Send Additional Information (RTP Notice)	ENROLLMENT	03/21/2022		✓
Ohio Medicaid Provider Application Received	ENROLLMENT	03/21/2022		
				1 2 3

Provider Communication

Body **Subject:** Provider Screening and Enrollment Registration-Action Required

Dear Provider:

Your Ohio Medicaid Provider Application/Agreement could not be processed as submitted. Your provider enrollment application has been returned because the Ohio Medicaid Enrollment requires additional information in order to process the application.

Please see the return reasons below:
P021 - NPI # and Taxonomy not attached or incomplete
- Verify that NPI# and taxonomy correspond

Within the next 30 days, please log into the Provider Network Management system http://ohpnm-trn.omes.maximus.com/OH_PNM_TRN/Account/Login.aspx to complete and resubmit your provider enrollment application request. Failure to do so within 30 days of this communication will result in the closure of the application.

Please note the return reasons listed in this email will also be displayed in the portal identifying the pages that need correction or require additional information. If you have any questions, please contact the Provider Enrollment Customer Service at 1-800-686-1516.

If you are mailing paper copies of required documentation, please send to the following address:

Provider Enrollment Unit
P.O. Box 1461
Columbus, Ohio 43216-1461

Sincerely,

Return to Provider

Manage Application

Enrollment Actions



Enrollment Action Selections:

Programs



Program Selections:

Self Service



Self Service Selections:

Enrollment Actions



Enrollment Action Selections:

[Continue Registration](#)

[Cancel New Registration](#)

[Edit Key Provider Identifiers](#)

Programs



Program Selections:

Self Service



Self Service Selections:

- Select the '+' icon to expand the section titled 'Enrollment Actions'
- Click the hyperlink for 'Continue Registration'
- PNM will open directly to the page(s) that need additional information

Return to Provider

Proper paperwork not attached (P032)
- License document uploaded is a blank page

Jump To: Professional Licenses

Hospital Address* Specialties* Taxonomies* Professional Licenses* CLIA Certifications Medicare Number* Group, Organ

Generate PDF

Save Cancel Previous Next

History

A copy of each license must be uploaded to this page.

License Number	License Board	License State	Effective Date	Expiration Date	Address	Endorsement	
HS2345234	Ohio Department of Health	OH	1/1/2010	1/1/2025			

Add New

- That page(s) that need additional information or a correction will be marked with a yellow exclamation point
- The reason that page was returned will be listed in red text at the top of the page
- Make the proper updates or corrections to the page and click 'Next' to update the information

Return to Provider

Your application is complete and has been saved. Please take time to review your application prior to submission. You will be able to generate your completed application in PDF form prior to submitting your application.

Once your review is complete, you must click 'Submit for Review' at the top of the Agreements page to submit your application.

OK



Generate PDF

Submit for Review

Save Cancel Previous Next

- If any additional pages need additional information, complete those pages
- When updates/corrections are made to the page(s) a pop-up window displays stating that the application is complete
 - Click 'OK'
- The page(s) with the yellow exclamation point will now display a green checkmark
- Click 'Submit for Review' to return the application, with the additional information, to be reviewed

Submission Confirmation

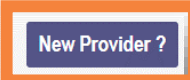
You have successfully submitted your application to the Medicaid Program.
Please allow at least 10 days for processing before attempting to submit any changes.

[Return to Home Page](#)

- A submission confirmation message displays to verify your application, with the additional information, has been successfully submitted
- Click 'Return to Homepage' to view your dashboard
- The completed application will have an updated status of 'Submitted'

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
517968	James Aust	Submitted	30 - Dentist Individual	1770659625	9999889	General Dentistry				03/18/22	03/14/22	03/14/27

Summary – New Enrollment

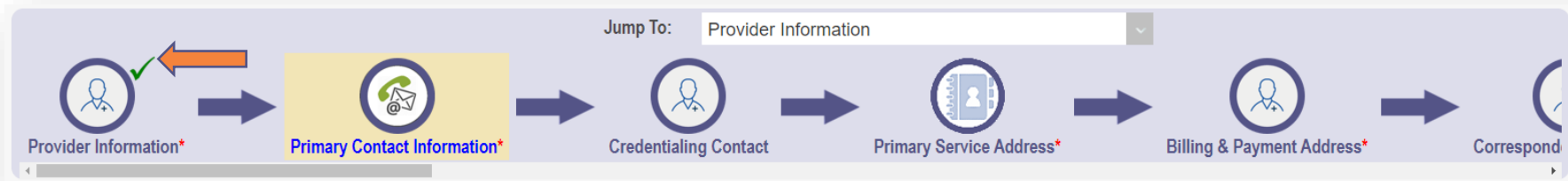


My Providers Select Provider Pending Agent Requests Account Administration

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No providers found

- Click '**New Provider?**' in the top right section of your dashboard to begin your application



- A **highlighted** section of the application indicates the page you are actively working
- A **green checkmark** indicates the page has been completed

Summary cont'd

Generate PDF

Save

Cancel

Next

- Clicking **Next** will save the information on the page and proceed to the next page

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>
517978	Iris Davis	Submitted	20 - Physician/Oste Individual	1588654297		INTERNAL MEDICINE			

- Review your dashboard to stay up to date on the **Status** of your submitted application

Summary – Return to Provider

- If a New Enrollment application is sent back for additional information, you will receive a notification in PNM
- Click on the link under Reg ID or Provider to manage the application
- Expand the ‘Enrollment Actions’ with the ‘+’ symbol and click ‘Continue Registration’
- Update the information on the requested page(s) with the exclamation point
- Once saved, click ‘Submit for Review’

Provider Communication

Body

Subject: Provider Screening and Enrollment Registration-Action Required

Dear Provider:

Your Ohio Medicaid Provider Application/Agreement could not be processed as submitted. Your provider enrollment application has been returned because the Ohio Medicaid Enrollment requires additional information in order to process the application.

Please see the return reasons below:

P021 - NPI # and Taxonomy not attached or incomplete

- Verify that NPI# and taxonomy correspond

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>
517968	James Aust	Return to Provider	30 - Dentist Individual	1770659625	9999889	General Dentistry	03/18/22	03/14/22	03/14/27

Enrollment Actions



Enrollment Action Selections:

[Continue Registration](#)

[Cancel New Registration](#)

[Edit Key Provider Identifiers](#)

Taxonomies*

➔

Professional Licenses*

Generate PDF

Submit for Review

Save

Cancel

Previous

Next

Updates & Revalidation/ Reenrollment



Department of
Medicaid

Agenda

Updates & Revalidation/ Reenrollment

This course is designed to deliver a detailed process for completing an update to a provider file within the PNM system

This course will also show how to complete the revalidation/reenrollment process.

A revalidation/reenrollment occurs every 3 years for credentialed providers and 5 years for non-credentialed providers

In this session, we will review and discuss slides, then open the Provider Network Management (PNM) system to review how the processes are completed

01

Completing an Update in PNM

02

Display in PNM System – Updates

03

Accessing & Initiating Self-Service Functionalities

04

Revalidation/Reenrollment

05


Submitting Revalidation/Reenrollment

06



Display in PNM System – Revalidation/Reenrollment

Completing an Update in PNM



Initiating Update to Provider File

Menu

Ohio

 [Provider Network Management](#) [Medicaid Home](#) [Learning](#) [Contact](#) [Fee Schedule](#)  [Log out](#)

[My Providers](#) [Select Provider](#) [Pending Agent Requests](#) [Account Administration](#) [New Provider ?](#)

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
 517966  Test Training		Complete	69 - Pharmacist	1952999328	9999885	PHARMACIST				03/11/22	03/18/22	03/11/25

- It may be necessary to update your provider file with new or changed information
- Updates are necessary to ensure that all your details with the State Medicaid Program are accurate
- A lack of up-to-date information may cause issues during data review periods
- To begin the update process, access the 'Manage Application' section by clicking either on the Reg ID or Provider Name hyperlink

Initiating Update to Provider File

- Select the '+' icon to expand the section titled 'Enrollment Actions'
- Click the hyperlink for 'Begin ODM Enrollment Profile Update'
- A pop-up appears informing you that you have 10 days to submit your update

Manage Application

Enrollment Actions



Enrollment Action Selections:

Programs



Program Selections:

Self Service



Self Service Selections:

Enrollment Actions



Enrollment Action Selections:

[Begin ODM Enrollment Profile Update](#)

[Edit Key Provider Identifiers](#)

[Request Disenrollment](#)

You will have 10 days to submit your update. After 10 days, your information will be removed, and you will have to restart your update.

Ok

Initiating Update to Provider File

Provider Update - Lets keep your information current !

Please click Update button to update your provider information. Once you have completed all your updates, you will be able to submit your changes from this screen.

The screenshot displays a web interface for updating provider information. It is organized into several sections, each with a representative icon and a list of updateable items, each with an 'Update' button.

- Most Common Updates** (Icon: Two people):
 - Update Primary Contact Information
 - Update Primary Service Address
 - Update Professional Licenses
 - Update Group, Facility & Hospital Affiliations (Individual)
 - Update Required Documents
- Identification** (Icon: Person):
 - Update Provider Information
- Credentialing Information** (Icon: Shield with checkmark):
 - Update Credentialing Contact
 - Update State CDS Number
 - Update Professional Liability Insurance
 - Update Malpractice Claims History
- Address Information** (Icon: House with person):
 - Update Billing & Payment Address
 - Update Correspondence Address
 - Update Other Service Locations
 - Update 1099 Address
 - Update Home Office Address
- Licenses and Classifications** (Icon: Document with checkmark):
 - Update Specialties
 - Update Taxonomies
 - Update Board Certification
 - Update CLIA Certifications
 - Update Medicare Number
 - Update Federal DEA Registration
 - Update Education
- MCP Affiliation** (Icon: Two people):
 - Update MCP Affiliation
- Financial Information** (Icon: Dollar sign and document):
 - Update W9 Form
- Agreements** (Icon: Document with checkmark):
 - Update Agreements


- The Provider Update page will display, showing the different sections of the application that can be updated
- The sections to update include:
 - Most Common Updates
 - Identification
 - Credentialing Information
(for Credentialed providers)
 - Address Information
 - Licenses and Classifications
 - MCP Affiliation
 - Financial Information
 - Agreements

Initiating Update to Provider File

- One or multiple updates can be completed in one sitting, however only one update can be completed at a time
- Determine which set of data you wish to update and click 'Update'

Provider Update - Lets keep your information current !

Please click Update button to update your provider information. Once you have completed all your updates, you will be able to submit your changes from this screen.



Address Information

Update

Billing & Payment Address

Update

Correspondence Address

Update


Other Service Locations

Update

1099 Address

Update

Home Office Address



Licenses and Classifications

Update

Specialties

Update

Taxonomies

Update

Board Certification

Update

CLIA Certifications

Update

Medicare Number

Update


Federal DEA Registration

Update

Education

Initiating Update to Provider File

Billing & Payment Address
This is a required section.



Same as Practice Location ☐

Address Type ☒ Individual ☐ Organization

Title

First Name*

Middle Name

Last Name*

Address 1*

Address 2

City*

State*

County

Zip*

Ext Zip*

Phone Number 1*

Phone Ext 1

Phone Number 2

Phone Ext 2

Fax Number 1

Fax Number 2

Contact Name

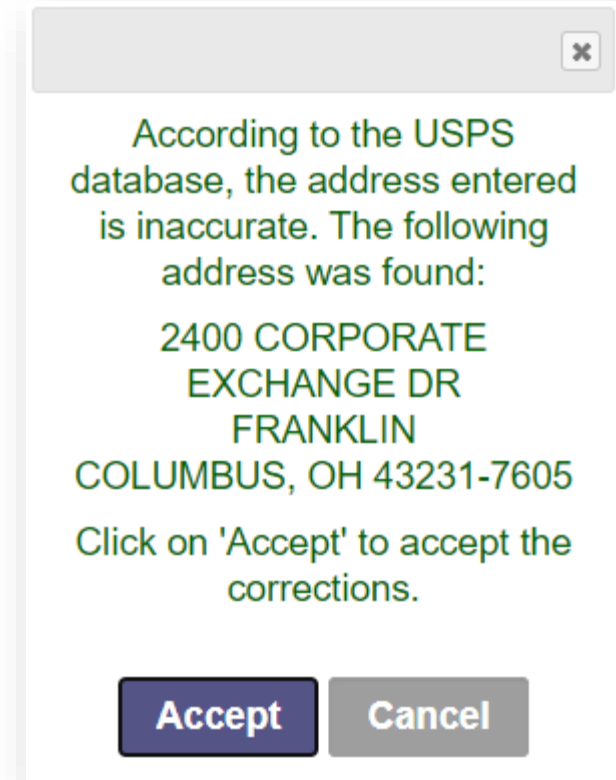
Email Address 1*

[Return to Summary](#)
[Generate PDF](#)
[Save](#) [Cancel](#)
[History](#)

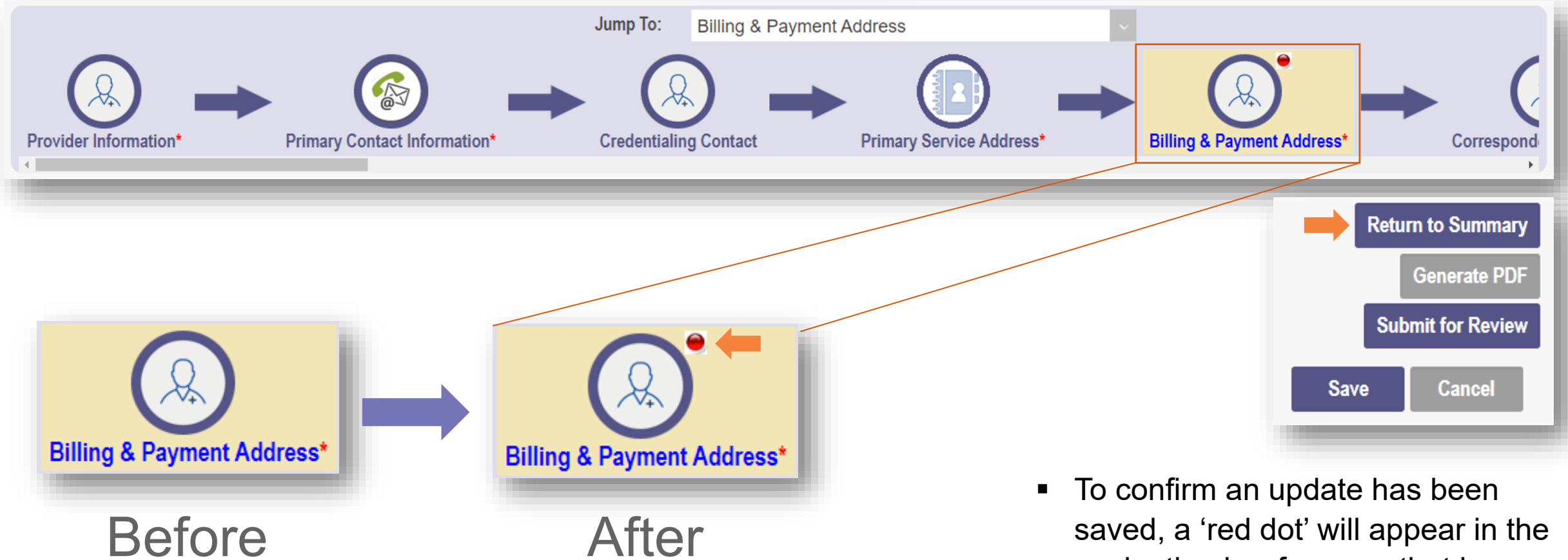
- If you click 'Update' for the wrong section by mistake, go back to the Provider Update page by clicking 'Return to Summary'
- Enter the updated or new information on each of the lines you wish to edit
- In this example, we have edited the contact's name, address, phone number, and email address
- After all updates have been completed on the page, click 'Save'

USPS Address Pop-up

- To maintain accurate addresses, PNM uses a USPS system search validation for addresses entered
- If your update includes a change of address, the pop-up window may display
- Complete the following steps to advance the process:
 - Confirm the validation and accuracy of the address information
 - Click 'Accept' on the USPS confirmation prompt



Initiating Update to Provider File



- To confirm an update has been saved, a 'red dot' will appear in the navigation bar for page that has been updated
- Initiate additional updates by clicking 'Return to Summary'

Performing Multiple Updates

Provider Update - Lets keep your information current !

Please click Update button to update your provider information. Once you have completed all your updates, you will be able to submit your changes from this screen.



Most Common Updates

Update	Primary Contact Information
Update	Primary Service Address
Update	Professional Licenses
Update	Group, Facility & Hospital Affiliations (Individual)
Update	Required Documents



Address Information

Update	Billing & Payment Address	✓
Update	Correspondence Address	
Update	Other Service Locations	
Update	1099 Address	
Update	Home Office Address	

- On the Provider Update screen, the section updated will display a green checkmark
- Click 'Update' for any additional sections that need updated data and enter the new information on that page
- Repeat the process for any other sections that need to be updated

Affiliations Updates

Group, Facility & Hospital Affiliations (Individual)
This is a required section.

Generate PDF

Submit for Review

Save

Cancel

Pending Group Affiliations

Deleting your affiliation entry in this section will not delete your confirmed group affiliation.

Group Name	NPI	Medicaid ID	Start Date	End Date	Affiliation Status	Address
No pending affiliations found.						

Add New

Confirmed Group Affiliations

The grid above shows Groups where you are currently confirmed as a Group member (or have in the past been confirmed as a Group member)

Group Name	NPI	Medicaid ID	Start Date	End Date	Affiliation Status	Address
ELDER CARE COMMUNICATION SERVICES	1235584590	9999892	03/15/2022	12/31/2299	Confirmed	
BROADVIEW NH, LLC	1750691432		03/14/2022	12/31/2299	Confirmed	

Hospital Affiliations

Facility Name	Staff Category	Status of Privileges	Primary Facility	Start Date	End Date
No hospital affiliations found.					

Add New

Group Affiliation

Medicaid ID

9999876

NPI

1245585009

Save

Cancel

- Individual providers can add Group or Hospital Affiliations to their file
- Any affiliations confirmed by the Group, will appear under the ‘Confirmed Group Affiliations’ section
- To add additional Group or Hospital Affiliations, click the ‘Add New’ button under the corresponding section
- When adding a Group Affiliation, enter the Medicaid ID of the Group
 - Hit Tab or click outside the box and the NPI automatically fill
- Click ‘Save’ to add the Affiliation

176

Updates

- The newly added Group will appear under ‘Pending Group Affiliations’ until the Group provider confirms the affiliation
- To add additional affiliations, repeat the process
- When all affiliations have been added, click ‘Save’ to complete the update



Return to Summary

Generate PDF

Submit for Review

Save

Cancel

Group, Facility & Hospital Affiliations (Individual)

This is a required section.

Pending Group Affiliations

Deleting your affiliation entry in this section will not delete your confirmed group affiliation.

Group Name	NPI	Medicaid ID	Start Date	End Date	Affiliation Status	Address		
Training Medical Group	1245585009	9999876	04/22/2022	12/31/2299	Pending Approval	2400 CORPORATE EXCHANGE DR COLUMBUS, OH 43231- 7605		

Add New

Confirmed Group Affiliations

The grid above shows Groups where you are currently confirmed as a Group member (or have in the past been confirmed as a Group member)

Group Name	NPI	Medicaid ID	Start Date	End Date	Affiliation Status	Address
ELDER CARE COMMUNICATION SERVICES	1235584590	9999892	03/15/2022	12/31/2299	Confirmed	
BROADVIEW NH, LLC	1750691432		03/14/2022	12/31/2299	Confirmed	

Hospital Affiliations

Facility Name	Staff Category	Status of Privileges	Primary Facility	Start Date	End Date		
No hospital affiliations found.							

Add New

Affiliations Updates

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					
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					

Add New

- Groups/Organizations must confirm individual provider affiliations. (This is when an individual provider lists the affiliation on their file)
- To confirm, an update must be initiated for Group, Organization & Hospital Affiliations
- Review the individual providers that are highlighted and have a status of 'Pending Approval'
- Click the 'pencil and paper' icon to edit the provider

Affiliations Updates

Edit Group Member

First Name*

Training

Last Name*

Trainer

NPI*

Rendering Location*

2400 CORPORATE EXCHANGE DR, STE 200, COLUMBUS

Start Date*

10/15/2021

[What is this?](#)

End Date

12/31/2299

Medicaid ID

Affiliation Status

Pending Approval

Save

Cancel

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		
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		

- Select a Rendering Location for the provider and click ‘Save’
- Continue this process for all providers with a ‘Pending Approval’ affiliation status
- Once all ‘Pending Approval’ providers have been updated, they will no longer display in yellow

Owner Information

This is a required section.

Return to Summary

Generate PDF

Save

Cancel

Click on the section header to expand or collapse the panel.

+ Instructions

+ Definitions & Requirements

+ Owner, Managing Employee and Controlling Interest Information

+ Real Estate Owners

+ Additional Disclosure

+ Questions



Type	Name	Title	Percentage		
Organization	Training Clinic LLC		50.00		
Organization	Clinic Systems LLC		50.00		

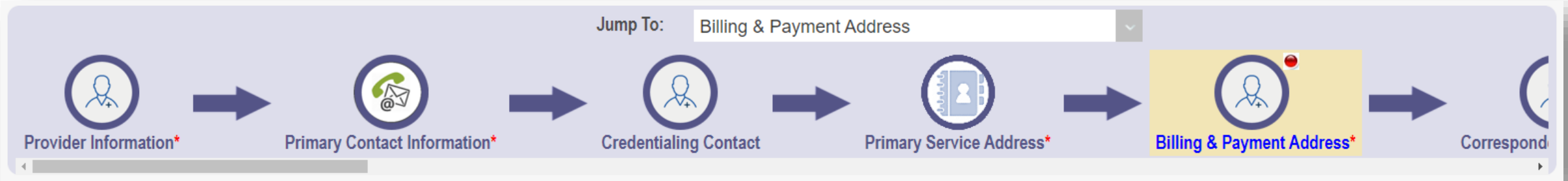
Add New

List the name, home address (no P.O. Box addresses), Date of Birth (DOB), Social Security Number (SSN) and percentage owned for each person with a direct or indirect ownership or control interest of 5 percent or more in the provider entity. In addition, list the same information for any subcontractor in which the provider entity has direct or indirect ownership or control interest of 5 percent or more. If you are an individual AND you are a solo practitioner and you own 100 percent of your practice then you would just list yourself as 100% owner.

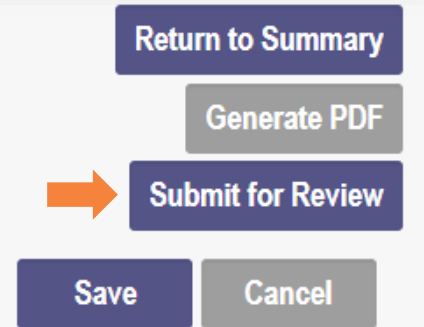
- Click the ‘pencil and paper’ icon to edit the existing owner information or ‘Add New’ to add additional owner information
- In this example, we have edited the ownership percentage of the existing owner and added a new owner
- After all updates have been completed on the page, click ‘Save’

Submitting an Update

Submitting Update to Provider File



- When all updates are complete, click 'Submit for Review'
- A pop-up window displays indicating that the file has been modified and which sections have been changed
- Click 'OK' to proceed and submit



You have modified the following sections in your application. Click "Ok" to complete your submission. Click "Cancel" to review your application prior to submission.

Billing & Payment Address
Group, Facility & Hospital Affiliations (Individual)

OK

Cancel

Submitting Update to Provider File

Submission Confirmation

You have successfully submitted your application to the Medicaid Program.
Please allow at least 10 days for processing before attempting to submit any changes.

[Return to Home Page](#)

- A submission confirmation message displays to verify your updated file has been successfully submitted
- Click 'Return to Homepage' to view your dashboard

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
517960	James Abshire	Complete	20 - Physician/Oste Individual	1790794972	9999882	INTERNAL MEDICINE				03/09/22	04/22/22	03/08/27

Continuing an Unfinished Update

- Click on the Reg ID or Provider Name Hyperlink
- Select the '+' icon to expand the section titled 'Enrollment Actions'
- Click the hyperlink for 'Continue ODM Enrollment Profile Update'
- PNM will open the application to the last unsaved page
- Continue entering provider details for the new enrollment application

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	Effective Date	Submit Date	Revalidation Due Date
<input type="text" value="517960"/>	<input type="text" value="James Abshire"/>	<input type="text" value="All"/>	<input type="text" value="20 - Physician/Oste Individual"/>	<input type="text" value="1790794972"/>	<input type="text" value="9999882"/>	<input type="text" value="INTERNAL MEDICINE"/>	<input type="text" value="03/09/22"/>	<input type="text" value="04/22/22"/>	<input type="text" value="03/08/27"/>

Manage Application

Enrollment Actions



Enrollment Action Selections:

Programs



Program Selections:

Self Service



Self Service Selections:

Enrollment Actions



Enrollment Action Selections:

[Continue ODM Enrollment Profile Update](#)

[Cancel Update Registration](#)


[Edit Key Provider Identifiers](#)

Submitting Update to Provider File


<u>Scenario</u>	<u>Requires Screening</u>	<u>Requires Review</u>
Change in Provider Name	Yes	Yes
Change in Ownership	Yes	Yes
Practice Location (Moderate/High Risk)	Yes	Yes
Add Initial Services (Multi-Agency)	Yes	Yes
Adding Specialties	No	Yes
Updating Affiliations	No	No
Other Address Screens	No	No
Primary Contact Information	No	No
Updates to Required Documents (W9 Form)	No	No
Professional Licenses (In State)	No (automatic call with e-license)	No
Professional Licenses (Out of State)	Yes	Yes
Taxonomies	No	No
Medicare Number	No	No
Board Certifications	No	No
MCP Affiliation (Interest)	No	No
DEA/CDS	No	No
Work History	No	No
Education and Training	No	No
Credentialing Contact	No	No
Malpractice Claims History	No	No
CLIA Certifications	No	No
Provider Agreement	No	No
DME Information	No	No


Accessing & Initiating Self-Service Functions

Accessing Self-Service Functions

Menu

Ohio

 [Provider Network Management](#) [Medicaid Home](#) [Learning](#) [Contact](#) [Fee Schedule](#)

 [Log out](#)

[My Providers](#) [Select Provider](#) [Pending Agent Requests](#) [Account Administration](#) [New Provider ?](#)

- The self-service panel of functions is accessed through the Provider Management homepage
- To begin the process, click either on the Reg ID or Provider Name hyperlink

Accessing Self-Service Functions

- Select the '+' icon to expand the section titled 'Self Service'
- The panel will display with several options, or hyperlinks, for you to access to begin the process

Manage Application


Enrollment Actions

+ Enrollment Action Selections:

Programs

+ Program Selections:

Self Service

 + Self Service Selections:

Self Service

- Self Service Selections:

[View Provider File](#)

[Provider Correspondence](#)

[Remittance Advice](#)

[Recipient Eligibility](#)

[Claims](#)

[Prior Authorization](#)

[Cost Reports and Rate Setting](#)

[Hospice](#)

[Payment Innovation Reports](#)

Initiating Update to Provider File

Self Service

- Self Service Selections:

[View Provider File](#)

[Provider Correspondence](#)

[Remittance Advice](#)

[Recipient Eligibility](#)

[Claims](#)

[Prior Authorization](#)

[Cost Reports and Rate Setting](#)

[Hospice](#)

[Payment Innovation Reports](#)

- **View Provider File:** Opens a 'read-only' version of the provider file
- **Provider Correspondence:** Allows you to access any correspondence that has been sent from PNM or MITS relating to the provider file
- **Remittance Advice:** Redirects you to MITS to begin a Remittance Advice search
- **Recipient Eligibility:** Redirects you to MITS to begin an Eligibility search
- **Claims:** Redirects you to MITS to begin a claim submission or inquiry
- **Prior Authorization:** Redirects you to MITS to begin a prior authorization submission or inquiry
- **Cost Reports and Rate Setting:** Redirects you to MITS to access the information
- **Hospice:** Redirects you to MITS for Hospice details
- **Payment Innovation Reports:** Redirects you to the Haven portal

Provider Correspondence

- Click the hyperlink for 'Provider Correspondence'
- Select a Correspondence Type from the drop-down
 - Ex. For Correspondence related to the provider enrollment application, select 'Enrollment Notifications'
- Enter a date range for the search
- Click 'Search'
- The results will appear at the bottom of the page

Self Service

- Self Service Selections:

[View Provider File](#)
[Provider Correspondence](#)
[Remittance Advice](#)
[Recipient Eligibility](#)
[Claims](#)
[Prior Authorization](#)
[Cost Reports and Rate Setting](#)
[Hospice](#)
[Payment Innovation Reports](#)



*** SEARCH CORRESPONDENCE**

*Correspondence TYPE

Enrollment Notifications

Date Available From: ⓘ

01/01/2022

Date Available To: ⓘ

04/11/2022

Search

Clear



Provider Correspondence

- Click on the Correspondence you wish to view
- A pop-up window opens containing the text of the correspondence
- Click the 'x' in the top-right corner to close the message pop up

CORRESPONDENCE SEARCH RESULT				
Correspondence Search Results				
Correspondence Subject	Correspondence Type	Date Sent	Date Viewed	Printed
Send Additional Information (RTP Notice)	ENROLLMENT	03/21/2022		✓
Ohio Medicaid Provider Application Received	ENROLLMENT	03/21/2022		
				1 2 3

Provider Communication

Body **Subject:** Provider Screening and Enrollment Registration-Action Required

Dear Provider:

Your Ohio Medicaid Provider Application/Agreement could not be processed as submitted. Your provider enrollment application has been returned because the Ohio Medicaid Enrollment requires additional information in order to process the application.

Please see the return reasons below:
P021 - NPI # and Taxonomy not attached or incomplete
- Verify that NPI# and taxonomy correspond

Within the next 30 days, please log into the Provider Network Management system http://ohpnm-trn.omes.maximus.com/OH_PNM_TRN/Account/Login.aspx to complete and resubmit your provider enrollment application request. Failure to do so within 30 days of this communication will result in the closure of the application.

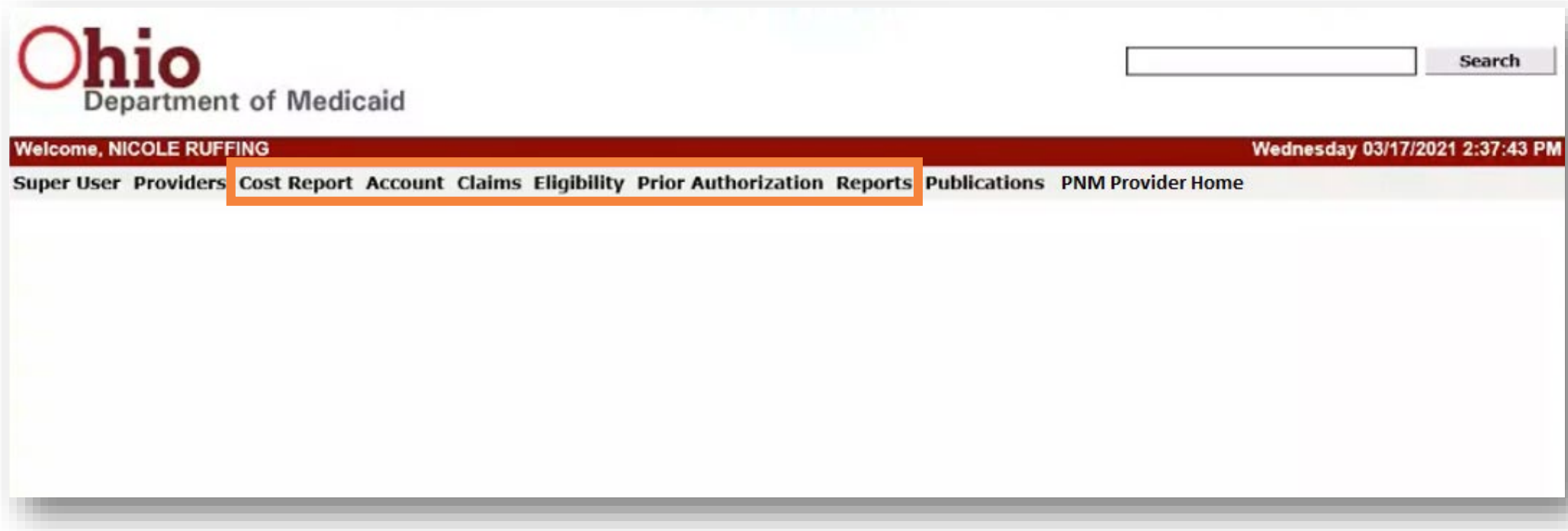
Please note the return reasons listed in this email will also be displayed in the portal identifying the pages that need correction or require additional information. If you have any questions, please contact the Provider Enrollment Customer Service at 1-800-686-1516.

If you are mailing paper copies of required documentation, please send to the following address:

Provider Enrollment Unit
P.O. Box 1461
Columbus, Ohio 43216-1461

Sincerely,

Self-Service Redirect to MITS



- For the functions that redirect you to MITS, the MITS panel will open, and the options will display at the top of the screen
- Complete the processes for Claims, Prior Authorization, Recipient Eligibility, Hospice, Remittance Advice and Cost Reports as you do today in the MITS portal

Payment Innovation Reports

Self Service

Self Service Selections:

[View Provider File](#)
[Provider Correspondence](#)
[Remittance Advice](#)
[Recipient Eligibility](#)
[Claims](#)
[Prior Authorization](#)
[Cost Reports and Rate Setting](#)
[Hospice](#)
[Payment Innovation Reports](#)



The screenshot shows the Ohio.gov website interface. At the top is the 'Ohio.gov' logo. Below it, a welcome message reads 'Welcome (THTCTY1) TRINITY HOSPITAL TWIN CITY'. A navigation bar contains a home icon and three links: 'Payment Innovation Reports', 'Episode Claim Search', and 'CPC Performance'. The main content area is titled 'Payment Innovation' and includes the instruction 'Please select one of the panel options'. Below this, there are three links: 'Payment Innovation Reports', 'Episode Claims', and 'CPC Performance'. An orange arrow points to the 'Payment Innovation Reports' link. At the bottom right, it says 'Powered by Gainwell Technologies'.

- Selecting 'Payment Innovation Reports' from the Self-Service menu directs you to the Haven portal where you can access the Payment Innovation Reports by clicking on the hyperlink listed

Revalidation/ Reenrollment

Revalidation/Reenrollment - Homepage

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/> Y	<input type="text"/> Y	All ▼	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	All ▼	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
517960	Test Training	Complete	69 - Pharmacist	1790794972	9999882	INTERNAL MEDICINE				03/11/19	03/17/19	03/17/22

- Make note of the Revalidation Due Date on the far-right column
- If within 120 days of Revalidation Due Date, the option to begin a revalidation/reenrollment will be present
- Revalidation/Reenrollment is required to be completed by all providers:
 - For credentialed providers, every three (3) years
 - For non-credentialed providers, every five (5) years
- To begin the Revalidation/Reenrollment process, access the 'Manage Application' section by clicking either on the Reg ID or Provider Name hyperlink

Initiating Revalidation/Reenrollment

- Select the '+' icon to expand the section titled 'Enrollment Actions'
- Click the hyperlink for 'Begin Revalidation'
- The file will open to the first page: Provider Information

Manage Application

Enrollment Actions



Enrollment Action Selections:

Programs



Program Selections:

Self Service



Self Service Selections:

Enrollment Actions



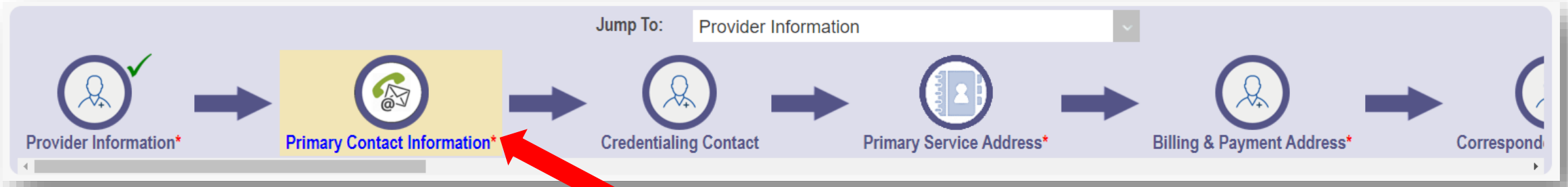
Enrollment Action Selections:

[Begin Revalidation](#)

[Edit Key Provider Identifiers](#)

[Request Disenrollment](#)

Revalidation - Navigation



- A navigational bar appears at the top of the application allowing you to view which page you are actively working (highlighted)
- Once an application page has been completed and saved with the required information, a green checkmark will appear next to the image in the navigational bar
- Pages can also be accessed through the 'Jump To' drop-down

A red asterisk (*) indicates the application page is required to be completed

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 of the application

Generate PDF: Creates a file with all the application information to be saved to your records (*use once application is complete*)

Primary Contact Information

Primary Contact Information

This is a required section.



SaveCancelPreviousNext

History

Name*Test Training

The primary contact is the main person responsible for the information submitted.

Title

Address 1*2400 CORPORATE EXCHANGE DR

Address 2

City*COLUMBUS

State*OH

CountyFranklin County

Zip*43231

Ext Zip7605

Phone Number 1*(614) 555-4321

Phone Ext 1

☐ Yes☒ No

Indicate this is a cell phone if you wish to receive text message.
Standard text messaging and data rates may apply

Phone Number 2

Phone Ext 2

☐ Yes☒ No

Indicate this is a cell phone if you wish to receive text message.
Standard text messaging and data rates may apply

Fax Number 1

Fax Number 2

Email Address 1*test@trainingpharm.com

Email Address 2

Office Manager

- Review the information on the page to determine accuracy
- Change or update any information that is not current
- Click ‘Next’ to save the information and proceed to the next page

Submitting Revalidation/ Reenrollment

Submitting Revalidation/Reenrollment

- After you click ‘Save’ and all pages are complete, you will receive a message in a pop-up window
 - Click ‘OK’
- Review any pages by clicking on the icon or selecting the page from the ‘Jump To’ drop-down menu
- Pages that have been completed or viewed should have a green checkmark

Your application is complete and has been saved. Please take time to review your application prior to submission. You will be able to generate your completed application in PDF form prior to submitting your application.

Once your review is complete, you must click 'Submit for Review' at the top of the Agreements page to submit your application.

OK



Provider Information*	✓
Primary Contact Information*	✓
Primary Service Address*	✓
Billing & Payment Address*	✓
Correspondence Address*	✓
Other Service Locations	✓
1099 Address*	✓
Home Office Address*	✓
Specialties*	✓

Submitting the Revalidation/Reenrollment

- If you would like a copy for your records, click ‘Generate PDF’ to download a copy of the updated file to your computer
 - The pdf copy will download to the folder that you have specified for downloads in your browser
- When you are ready to submit your revalidation/reenrollment, click ‘Submit for Review’

Generate PDF

Submit for Review

Save

Cancel

Previous

Next

Submission Confirmation

You have successfully submitted your application to the Medicaid Program.
Please allow at least 10 days for processing before attempting to submit any changes.

Return to Home Page

Ohio

Department of Medicaid

Registration Application Details

Provider Information

Name of Business Entity	Test Training
DBA	
Practice Type	PHARMACY
Ownership Type	SOLE PROPRIETORSHIP
First Name	Test
Middle Initial	
Last Name	Training
Title	
Tax ID	131634458
NPI	1316344583
NPI Start Date	03/09/2022
Gender	Male

Example of pdf

Summary - Updates

- Click either the Reg ID or Provider Name hyperlink to access the 'Manage Application' menu
- Select the '+' icon to expand the section titled 'Enrollment Actions'
- Click the hyperlink for 'Begin ODM Enrollment Profile Update'

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
517966	Test Training	Complete	69 - Pharmacist	1952999328	9999885	PHARMACIST		03/11/19	03/17/19	03/17/22

Manage Application

Enrollment Actions



Enrollment Action Selections:

Programs



Program Selections:

Self Service



Self Service Selections:

Enrollment Actions



Enrollment Action Selections:

[Begin ODM Enrollment Profile Update](#)

[Add ODA Services](#)

[Edit Key Provider Identifiers](#)


[Request Disenrollment](#)

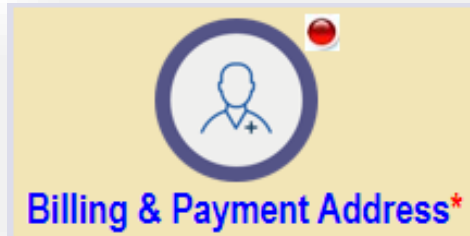
Summary - Updates

- Click 'Update' for the section you wish to change information
- Complete the new/updated information and click 'Save'
- The navigation bar will display a 'red dot' to indicate the update saved
- To make additional updates, click 'Return to Summary' and repeat the update steps
- Once all updates are made, click 'Submit for Review' to send updates for review

Provider Update - Lets keep your information current !

Please click Update button to update your provider information. Once you have completed all your updates, you will be able to submit your changes from this screen.

Address Information	
	<div><div>Update</div>Billing & Payment Address</div>
	<div><div>Update</div>Correspondence Address</div>
	<div><div>Update</div>Other Service Locations</div>
	<div><div>Update</div>1099 Address</div>
	<div><div>Update</div>Home Office Address</div>



Return to Summary	
Generate PDF	
Submit for Review	
Save	Cancel

Summary – Revalidation/Reenrollment

- Click either the Reg ID or Provider Name hyperlink to access the 'Manage Application' menu
- Select the '+' icon to expand the section titled 'Enrollment Actions'
- Click the hyperlink for 'Begin Revalidation'

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
517966	Test Training	Complete	69 - Pharmacist	1952999328	9999885	PHARMACIST		03/11/19	03/17/19	03/17/22

Manage Application

Enrollment Actions



Enrollment Action Selections:

Programs



Program Selections:

Self Service



Self Service Selections:

Enrollment Actions



Enrollment Action Selections:

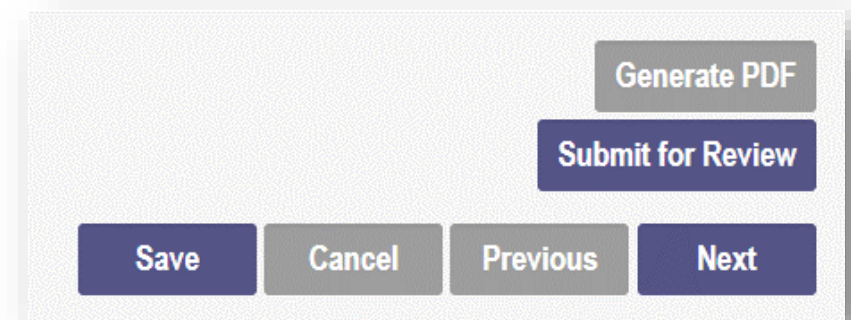
[Begin Revalidation](#)

[Edit Key Provider Identifiers](#)

[Request Disenrollment](#)

Summary – Revalidation/Reenrollment

- Proceed through each page of the file, reviewing the information present
- If changes need to be made, edit the existing information or add new details
- Once all pages have been reviewed, confirm each page has received a green checkmark
- Click 'Submit for Review' to send the revalidation/reenrollment to be looked at



Revalidation/Reenrollment occurs:

- *Every three (3) years for credentialed Providers*
- *Every five (5) years for non-credentialed providers*

Thank you!

We welcome your feedback!

Evaluation

Evaluate Course



Please complete the
course evaluation in the
Absorb LMS

Training materials & guides can
be found in the Absorb LMS

For additional questions,
please reach out to us at
ohiotrainingteam@maximus.com