USER MANUAL

Long-Term Care Facility Provider Enrollment Applications

Facility Provider

Ohio | Department of Medicaid

Table of Contents

Introduction

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

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

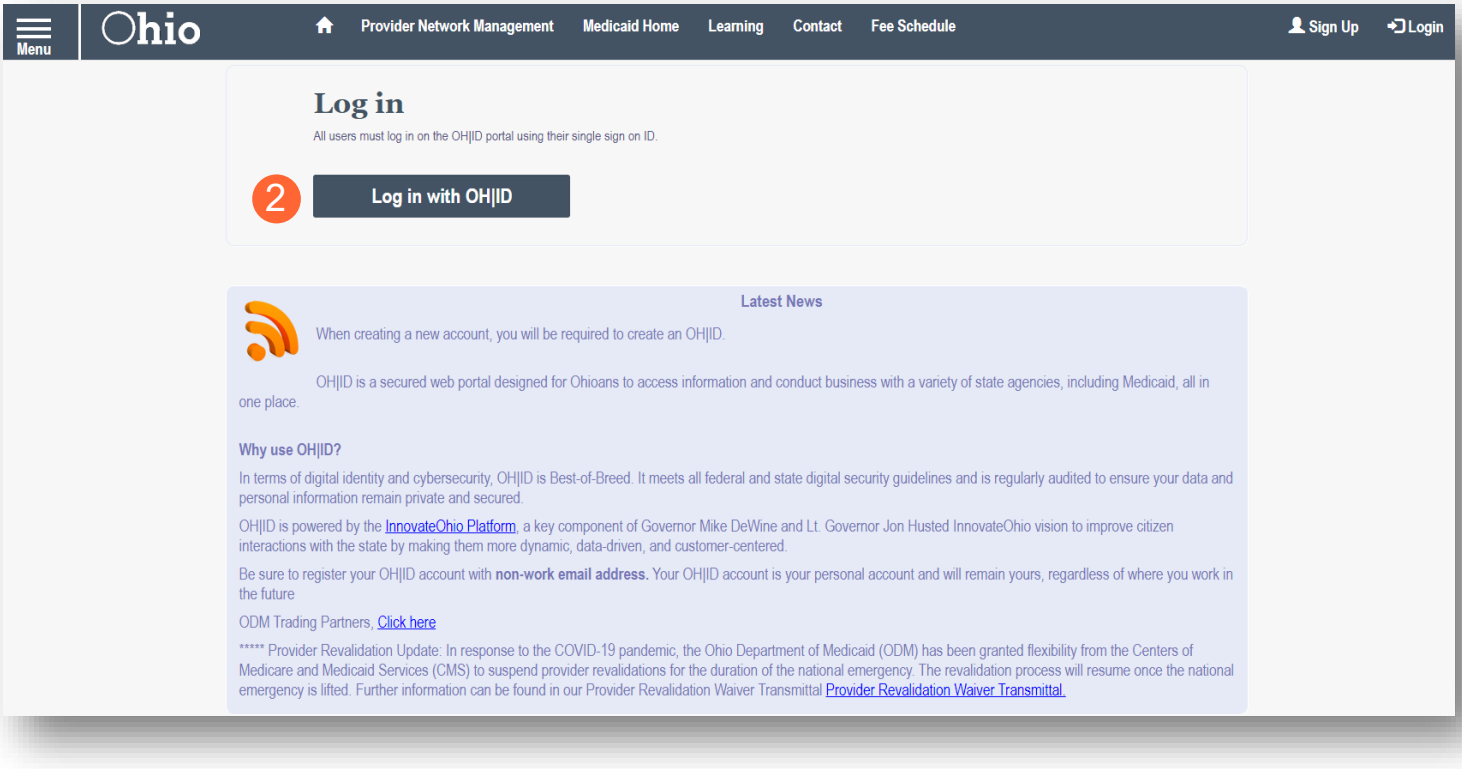
The steps listed below are for Provider Type 86 – Nursing Facility, Provider Type 88 – State Operated ICF-MR, Provider Type 89 – Non-State Operated ICF-MR.

Provider Administrator Initial Login

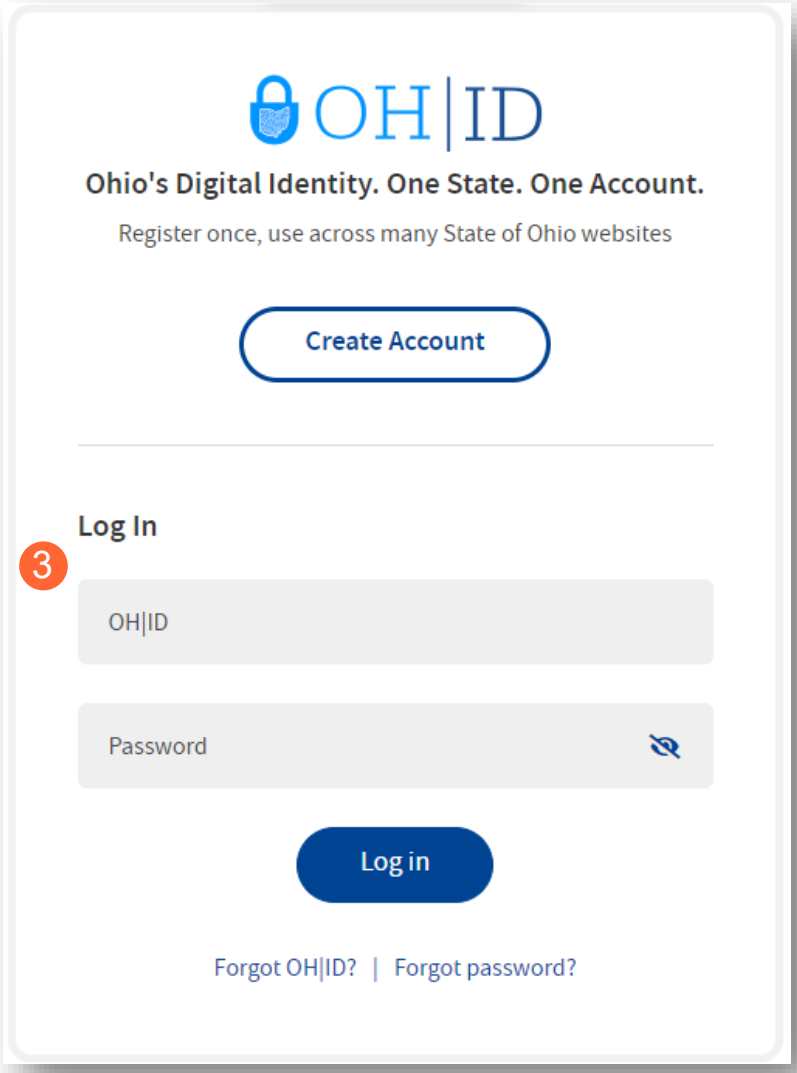
In this section of the user manual we will review the initial steps of logging into PNM. All users will log into the PNM system by using IOP (Innovate Ohio Platform).

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

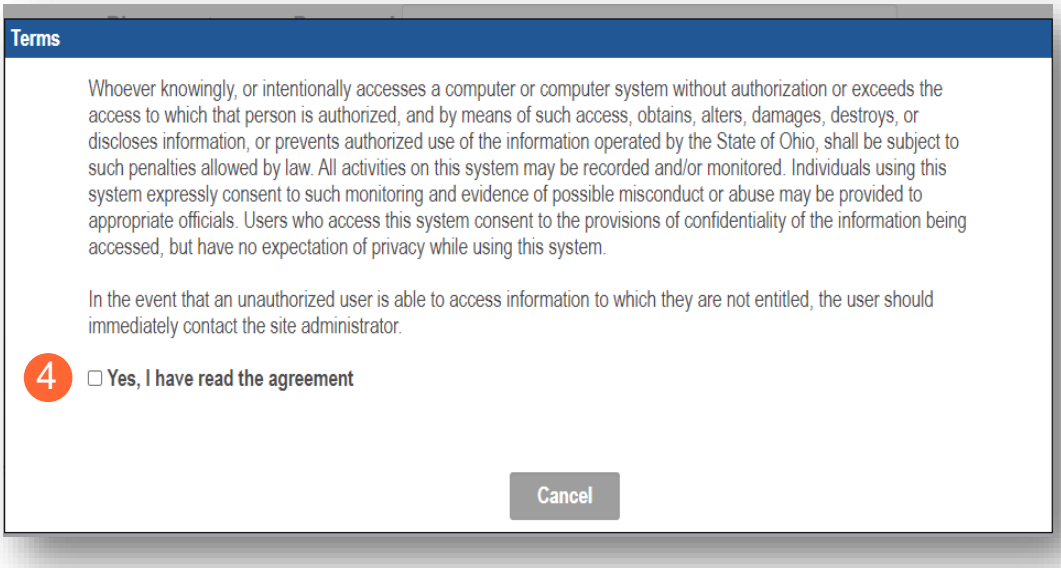
Step 2: Click 'Log in with OH|ID'



Step 3: The system will prompt you to enter your username and password on the IOP login screen illustrated below. Once entered, click 'Log in'

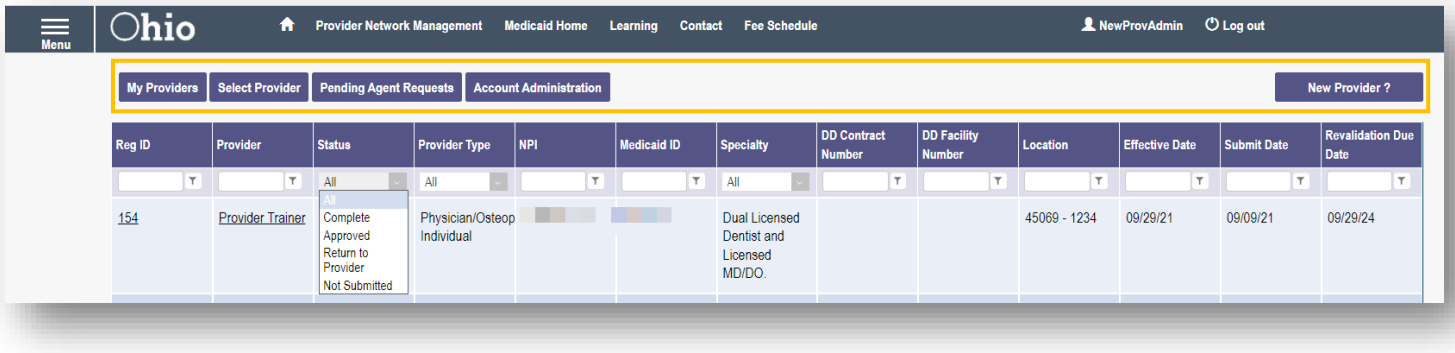


Step 4: You will be redirected to the PNM system. Read the Terms of Use and click "Yes, I have read the agreement" to proceed into PNM



Provider Home Page

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



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

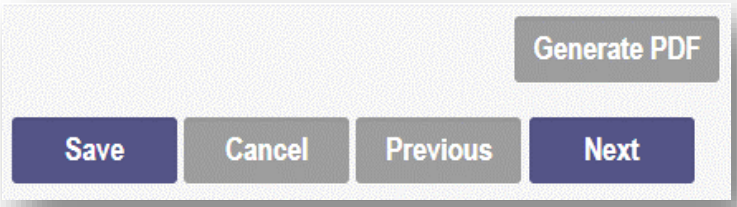
Pending Agent Requests: This button allows you to approve Agent Requests for access to functions such as Submit Claims and Run Reports with Provider records when needed

Account Administration: This button allows you to set up Agent users, assign them actions/roles, and also transfer the Provider to another Account Administrator

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

Page Navigation

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



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

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

Previous: Returns to the previous page.

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

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

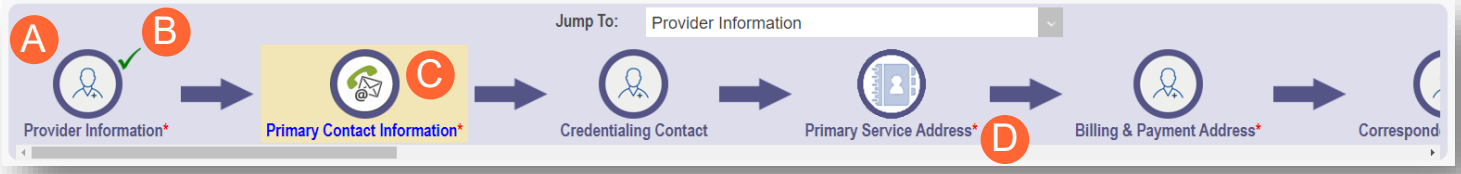
A workflow at the top of the page shows the progress made throughout your application. Click the icon to review a specific page and jump to other pages for entry into the application.

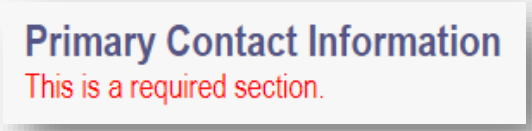
Navigational Bar: A workflow at the top of the page that shows the progress made throughout your application. Click the icon to review a specific page and jump to other pages for entry into the application (A).

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

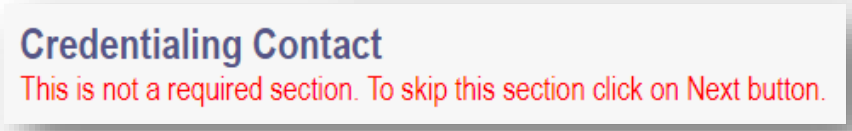
Highlighted Box: The highlighted section indicates the page your are actively working or viewing (C).

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





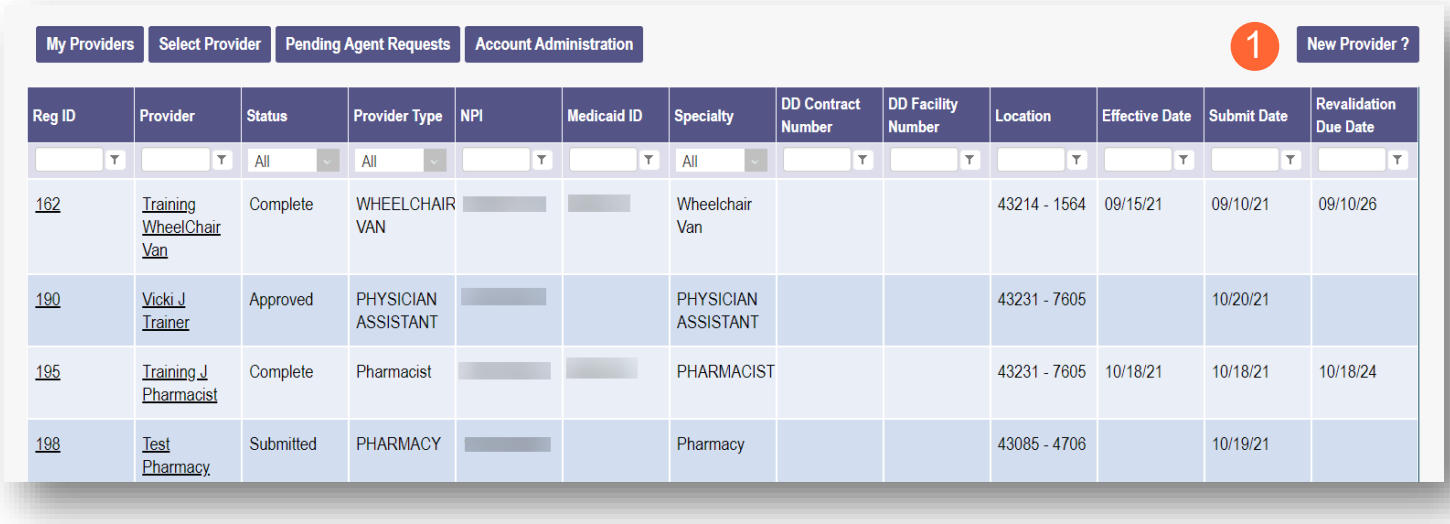
Pages that do not have a red asterisk are optional to be completed.



Facility Provider - New Provider Entry

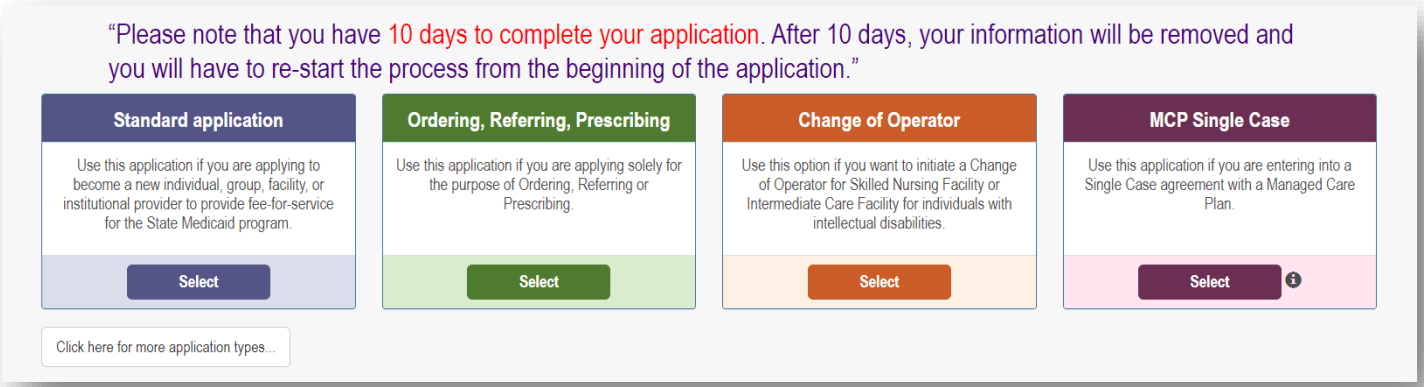
This section displays the necessary steps for creating an Initial Application for an Organization Provider.

Step 1: Click 'New Provider'

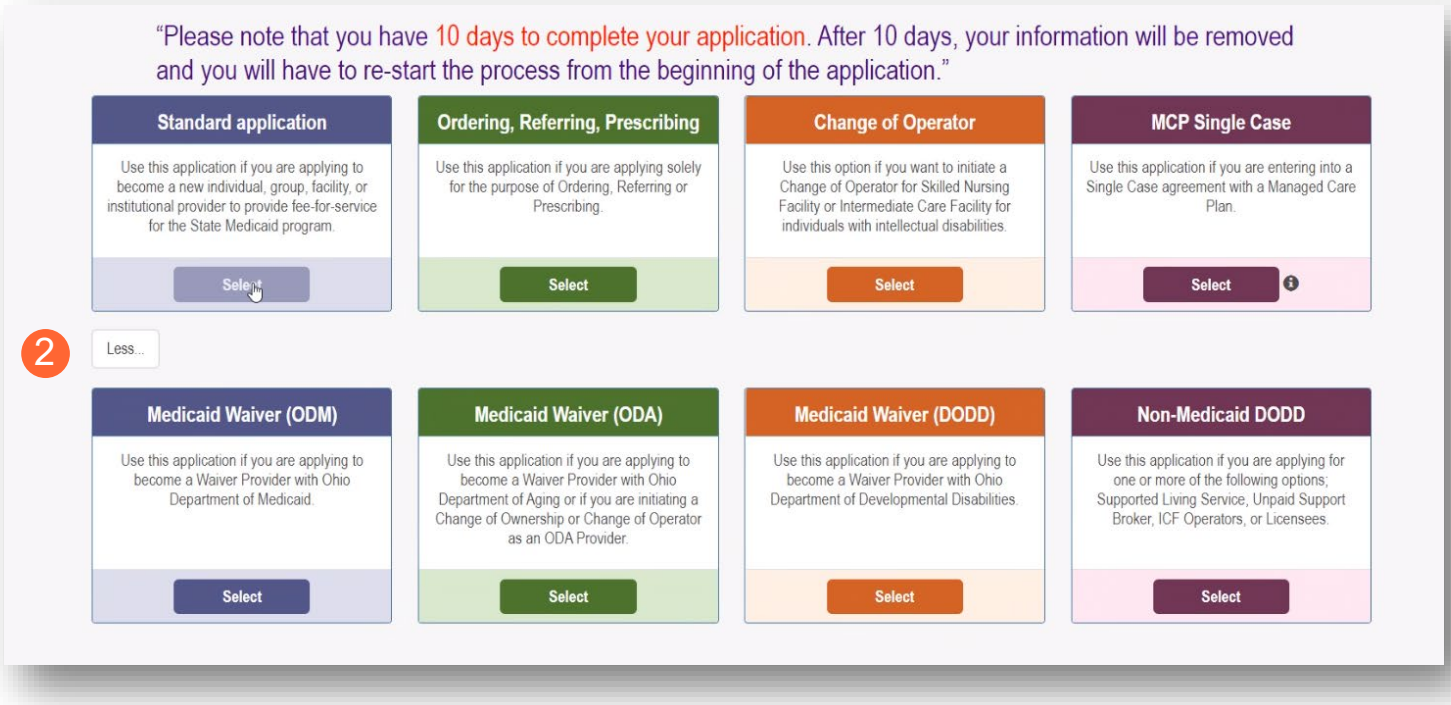


Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All	All			All						
162	Training WheelChair Van	Complete	WHEELCHAIR VAN			Wheelchair Van			43214 - 1564	09/15/21	09/10/21	09/10/26
190	Vicki J Trainer	Approved	PHYSICIAN ASSISTANT			PHYSICIAN ASSISTANT			43231 - 7605		10/20/21	
195	Training J Pharmacist	Complete	Pharmacist			PHARMACIST			43231 - 7605	10/18/21	10/18/21	10/18/24
198	Test Pharmacy	Submitted	PHARMACY			Pharmacy			43085 - 4706		10/19/21	

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

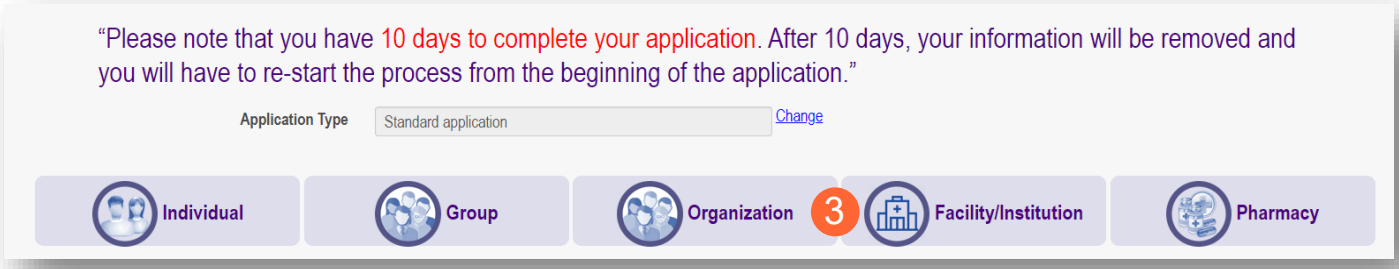


- Additional application types are displayed by selecting the 'Click here for more application types…' button



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

Step 3: Next, click 'Facility/Institution' to begin a Facility Provider application

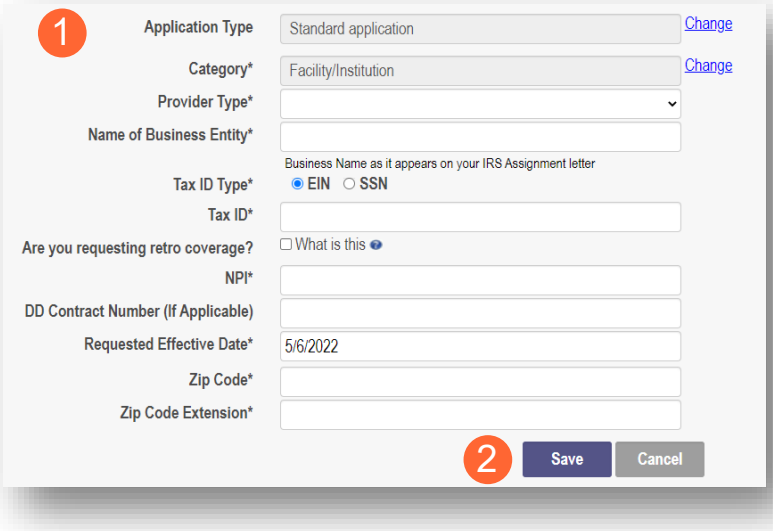


Key Identifier Information

Step 1: Enter key provider information for the Provider

Enter all required fields marked with an asterisk *

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

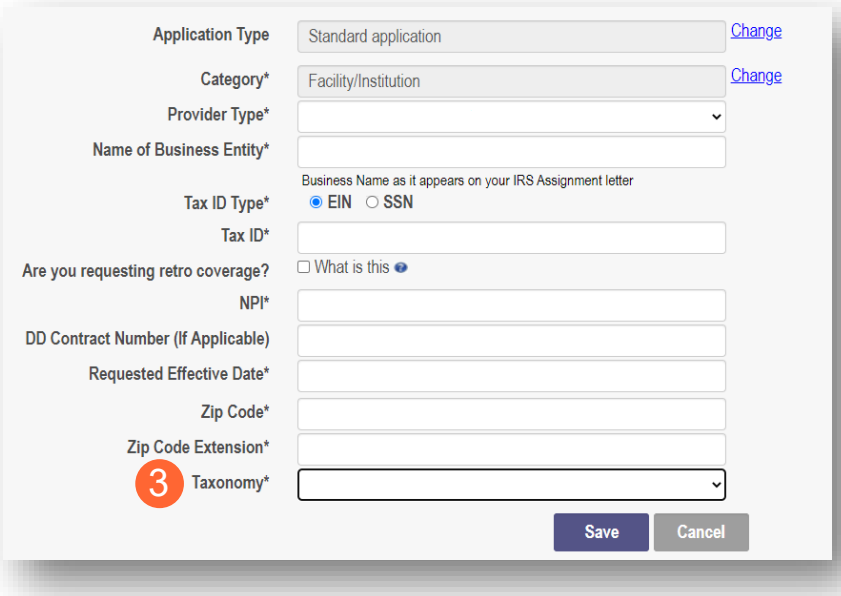


Step 2: Click 'Save' to save the information and advance

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

The NPI entered is not in the NPPES list.

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



Document Upload Process (Any Page)

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

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

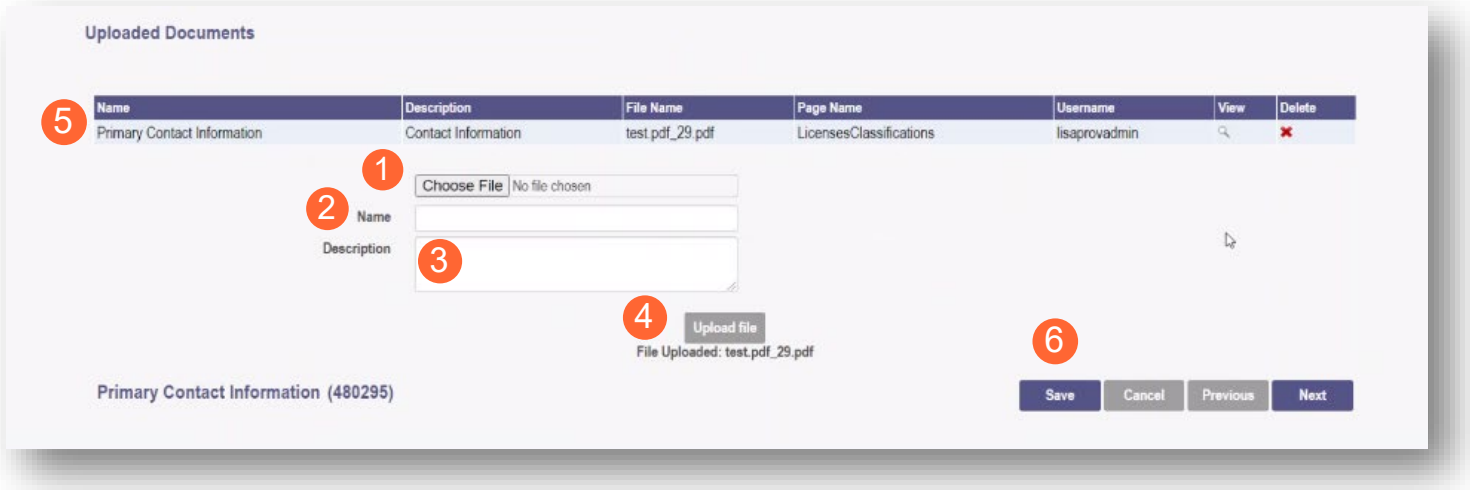
Step 2: Give the file a name

Step 3: Enter a Description (Optional)

Step 4: Click ‘Upload File’

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

Step 6: Click ‘Save’ or ‘Next’



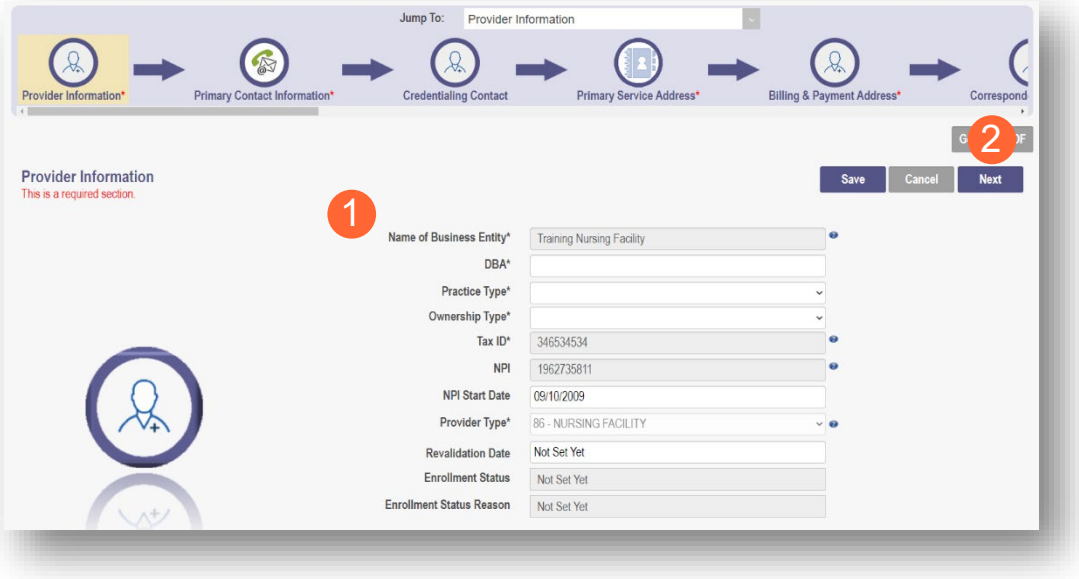
Provider Information Page

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

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

For this page the following fields are required:

- Name of Business Entity
- DBA (Doing Business As)
- Practice Type
- Ownership Type
- Tax ID
- Provider Type

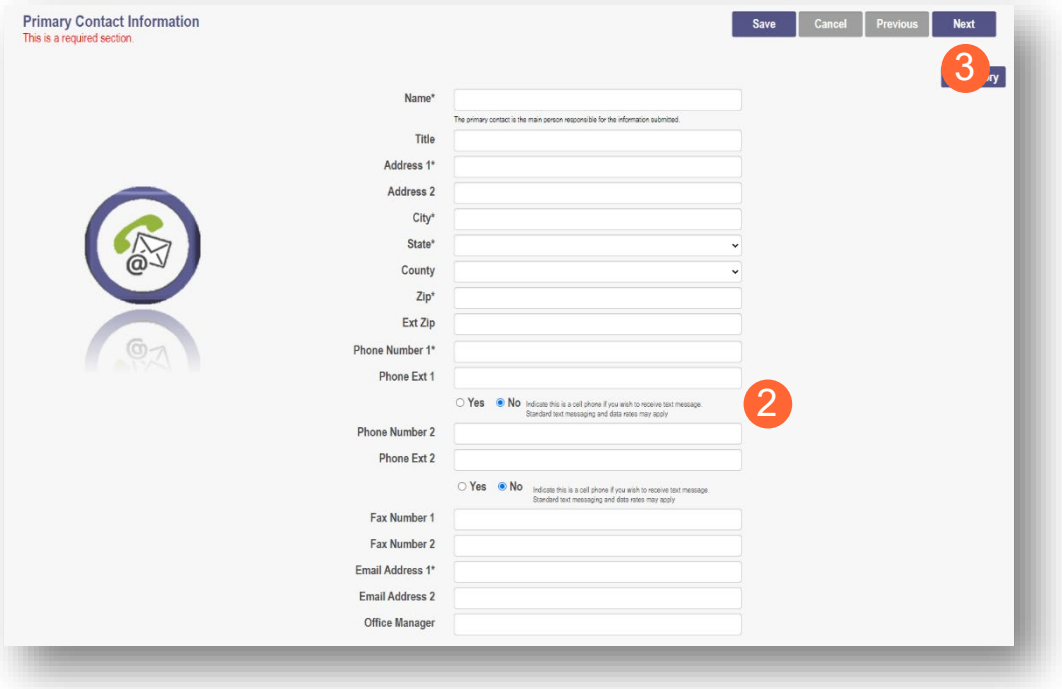


Step 2:

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

Primary Contact Information Page

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



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

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

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

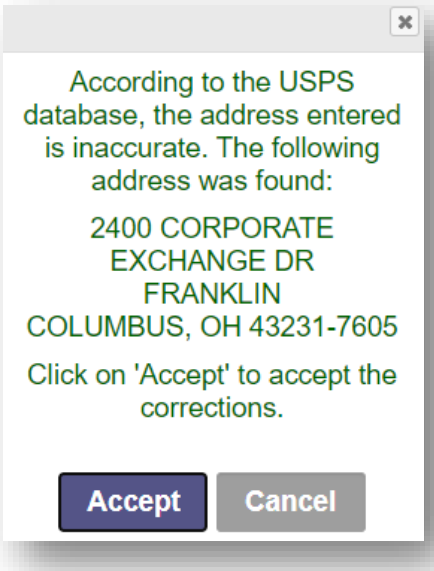
Step 3:

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

USPS Address Search Pop-Up

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

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

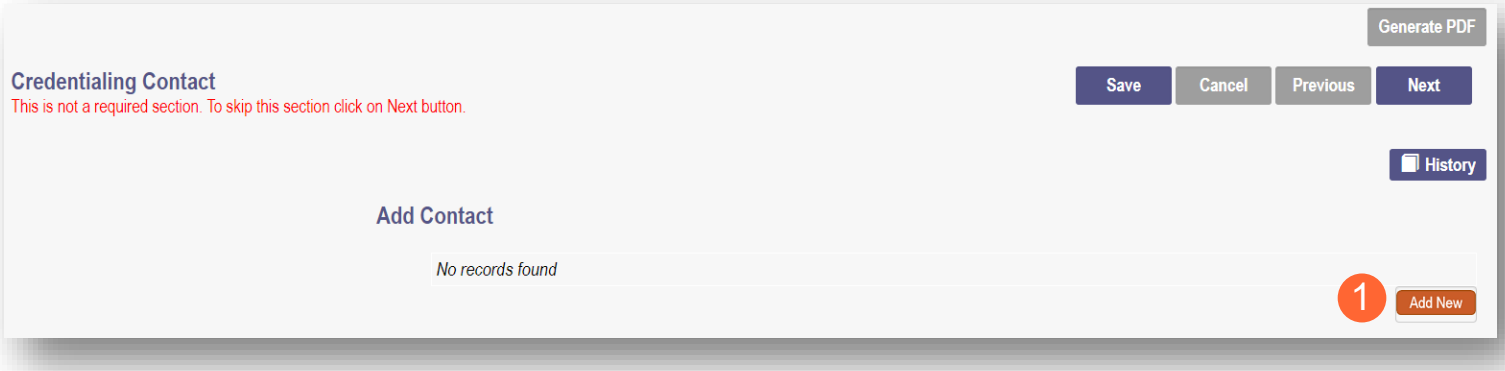


Credentialing Contact Page

This screen allows you to add an individual as a contact for Credentialing in case additional information needs to be gathered for Credentialing purposes.

Note: This is not a required section. Click 'Next' to skip the section and proceed in the application

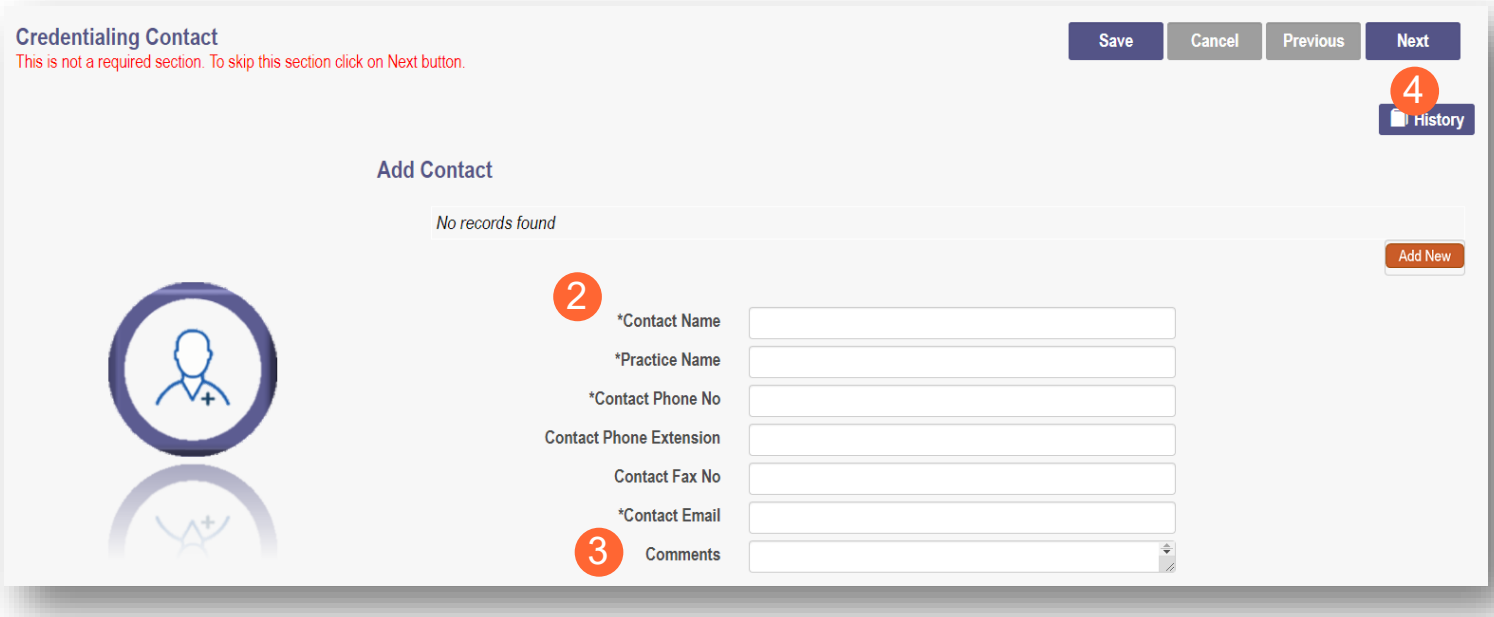
Step 1: To add a new contact, click 'Add New'



Step 2: Enter all required fields marked with an asterisk *

Step 3: Enter any comments or instructions for Credentialing in the 'Comments' field

Step 4: Click the 'Save' or 'Next' buttons to save the contact you added to the record and proceed to the next page



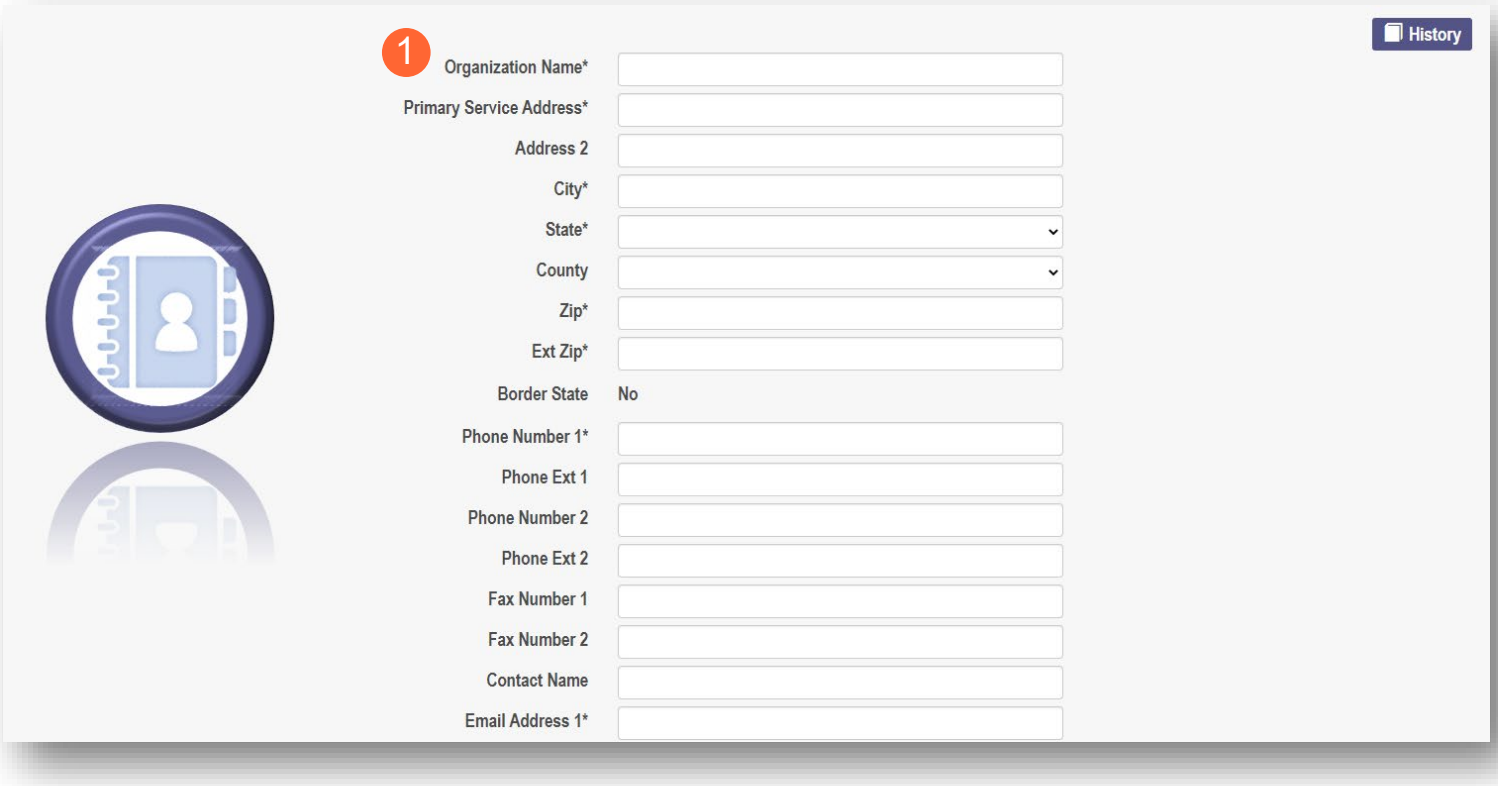
Primary Service Address Page

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

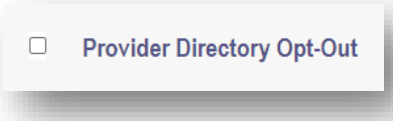
Step 1: Complete the Primary Service Address information.

Required fields include:

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



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

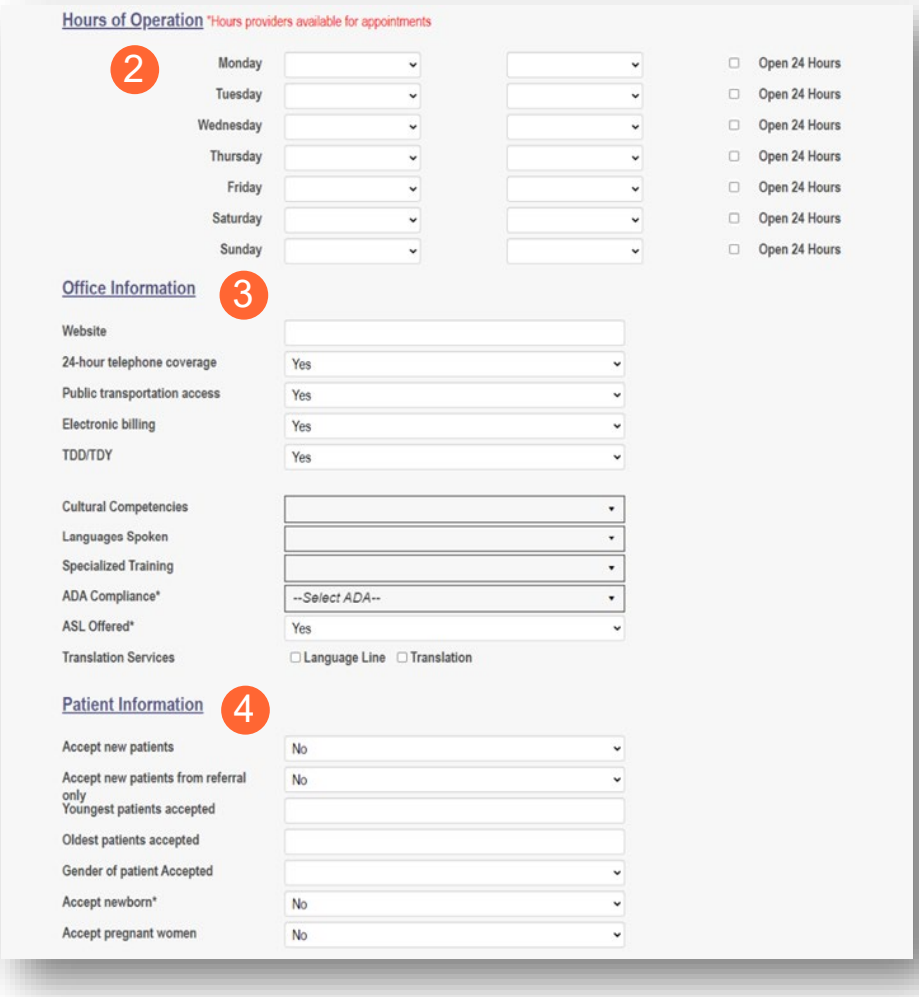


Step 2: Indicate specific operating information about yourself or your office using the drop-down menus/data entry fields

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

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

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



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

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

Step 5:

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

Address Pages

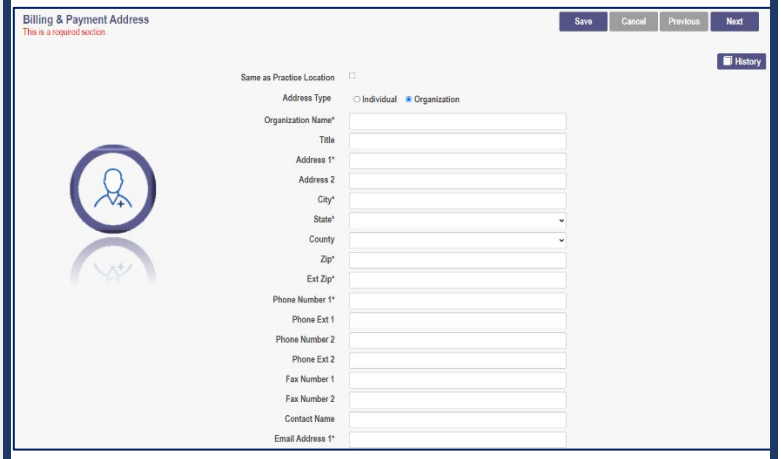
The following table provides samples of the types of address pages that will be required for your application.

Billing & Payment Address Page

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

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

Click 'Save' or 'Next' to save the contact to the record

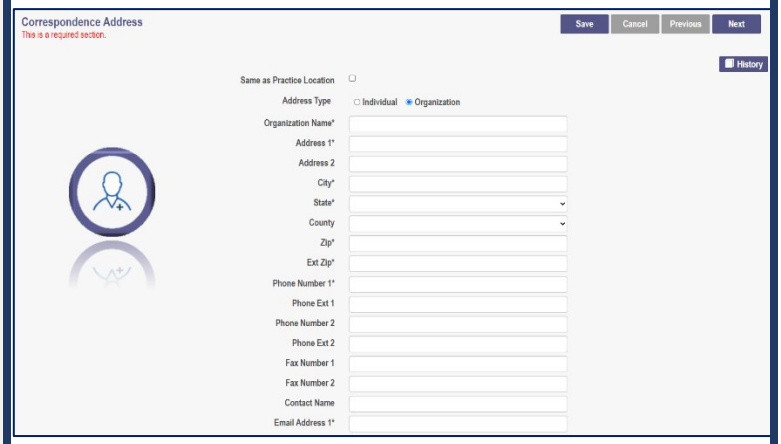


Correspondence Address Page

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

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

Click the 'Save' or 'Next' buttons to save the contact to the record



1099 Address Page

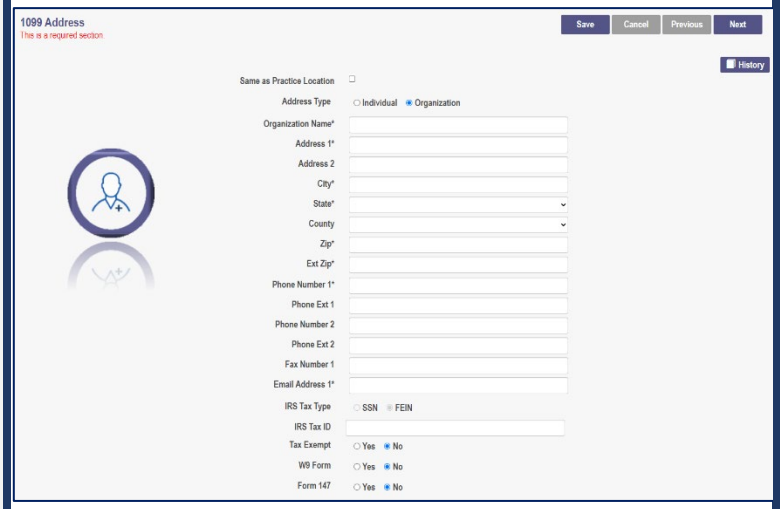
If the 1099 Address is the same as the Primary Service Address, select the check box to indicate it is the 'Same as the Practice Location.' This will pre-populate information that was entered on the previous screen into the fields.

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

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

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

Click the 'Save' or 'Next' buttons to save the contact to the record

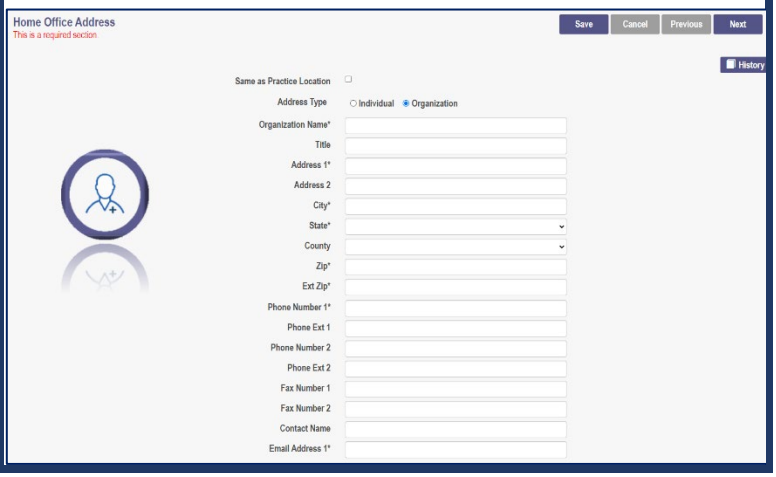


Home Office Address

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

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

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



Long Term Care Addresses Page

Note: Repeat the process below to add more than one location

Step 1: Click 'Add New' to enter details for the Long-Term Care location

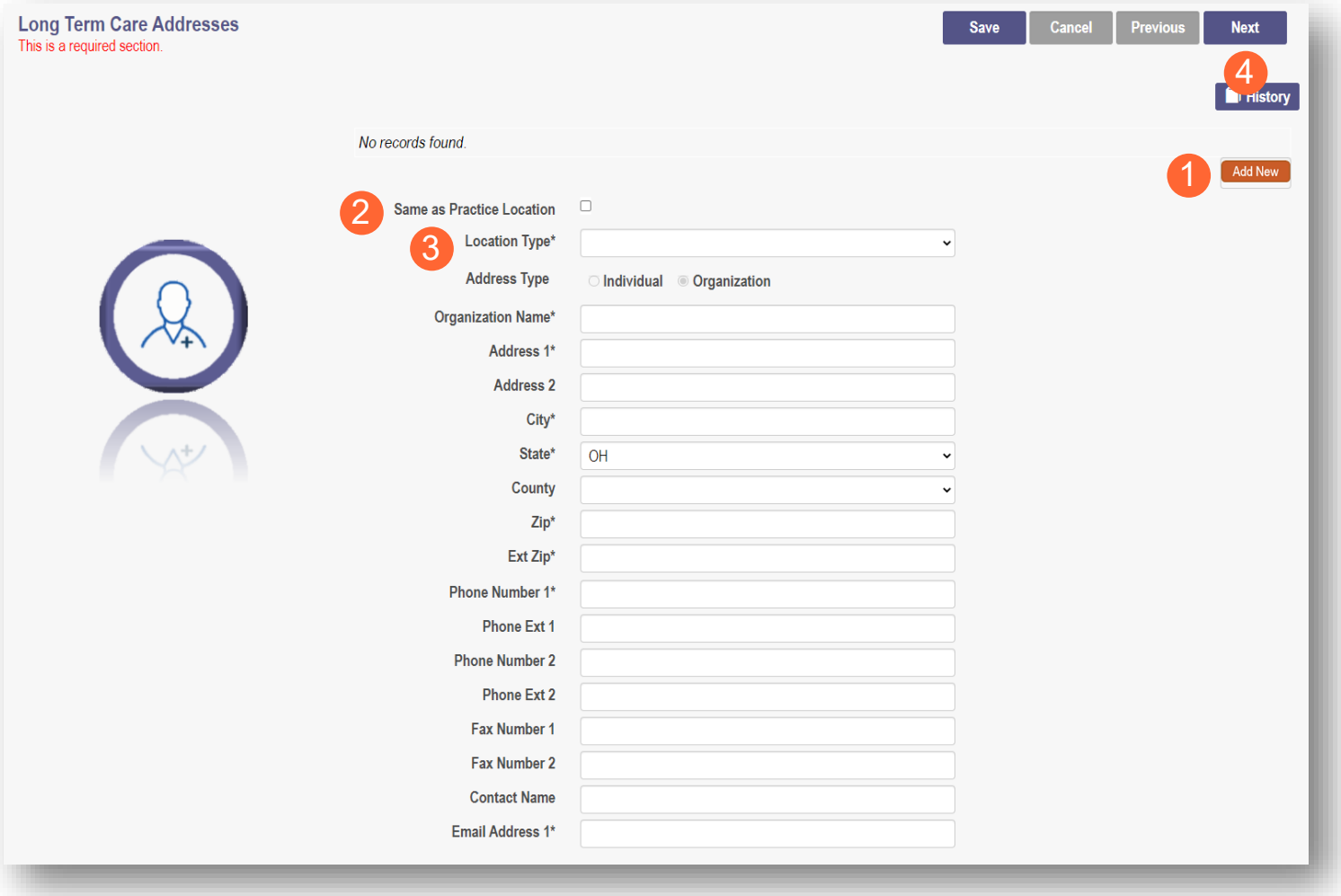
Step 2:

- If the Long-Term Care address is the same as the Primary Service Address, click the box at the top of the page to auto-fill the same details from the Primary Service Address page
- If the Long-Term Care address is different than the Primary Service Address, manually input the information on each of the required lines on the page

Step 3: Select a Location Type from the drop-down menu

- Auditors/Preparers Address
- Facility Address
- Change of Operator (CHOP)/Closure Notice Address

Step 4: Click the 'Save' or 'Next' buttons to save the contact to the record and proceed to the next page



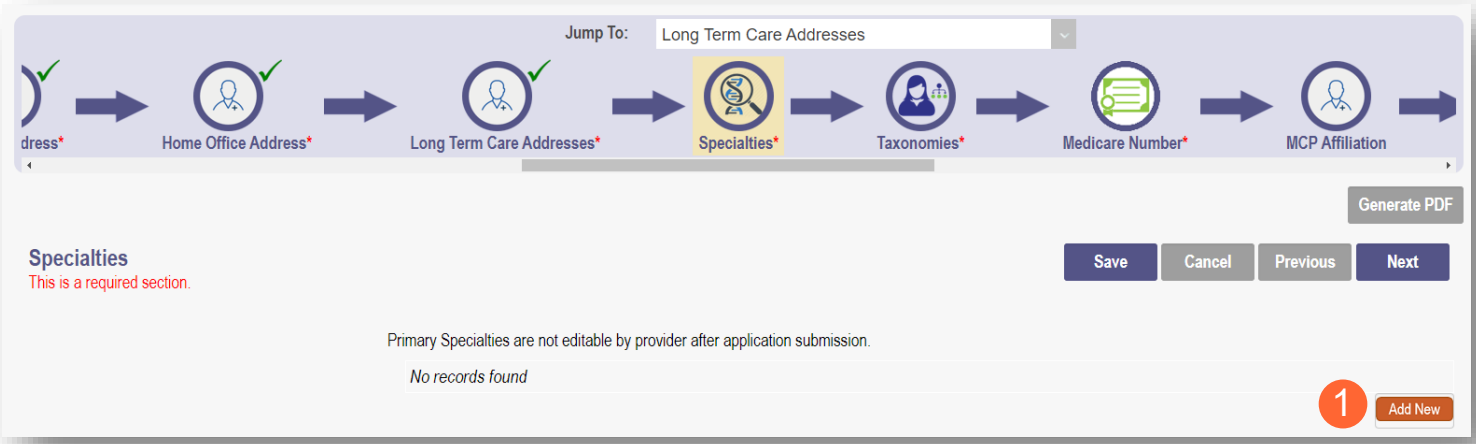
Specialties Page

The specialty page allows you to indicate any specialties

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

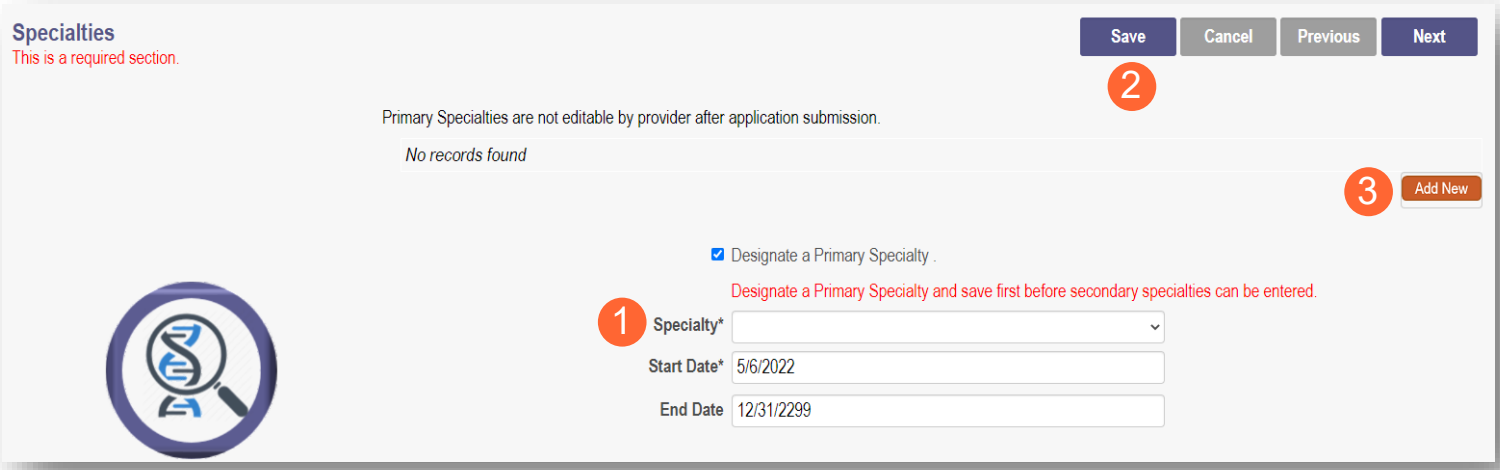
Step 1: Click ‘Add New’ to add a Specialty

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



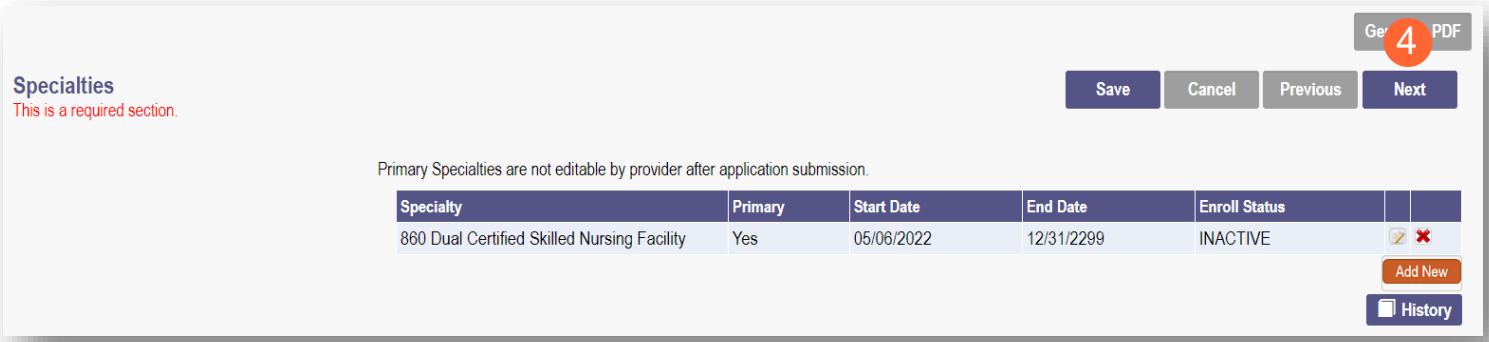
Step 2: Click ‘Save’ and confirm the New Specialty has been saved by reviewing the table

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



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

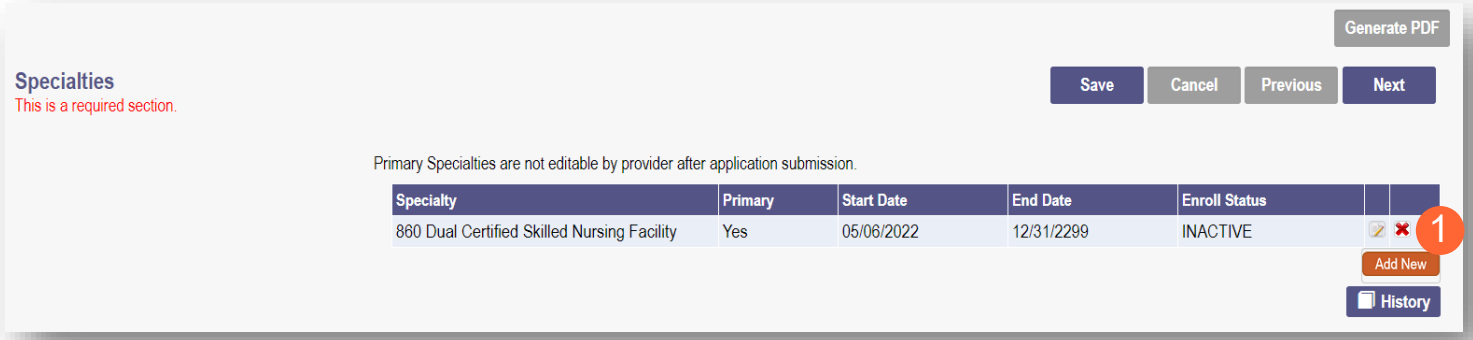
Step 4: Click 'Next' to Save and proceed to the next page



Removing Specialties

Step 1: To Remove an added specialty:

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



Taxonomies Page

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

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

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

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

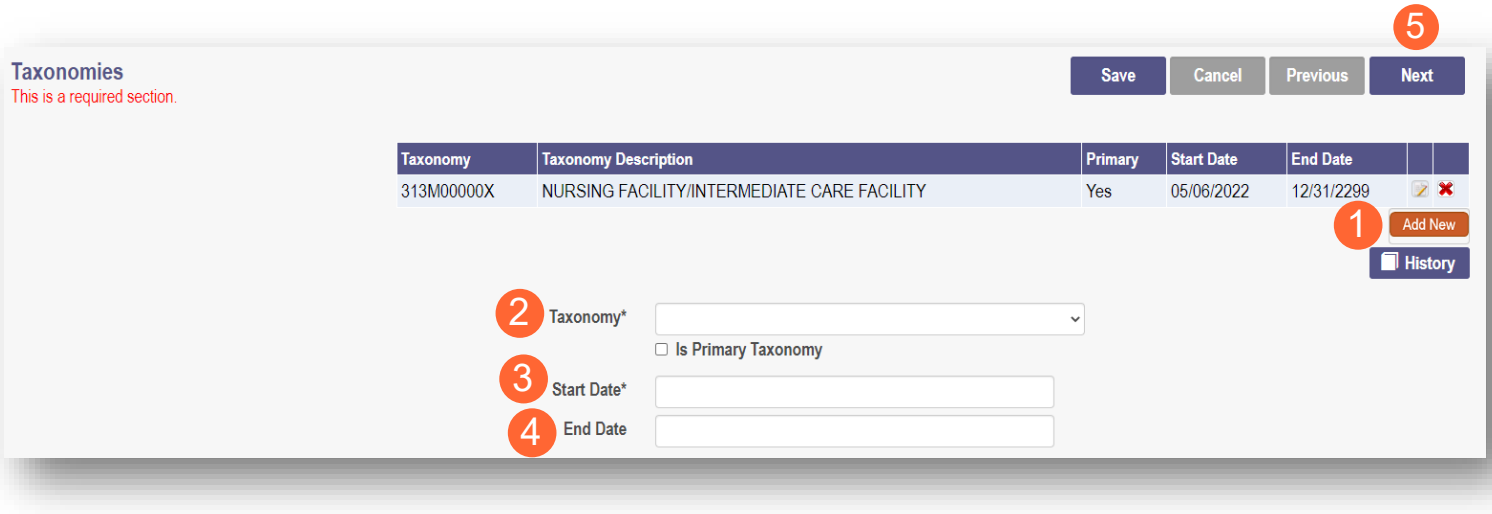
Step 1: Click ‘Add New’ to add a Taxonomy Code

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

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

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

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



Editing or Changing Primary Taxonomy

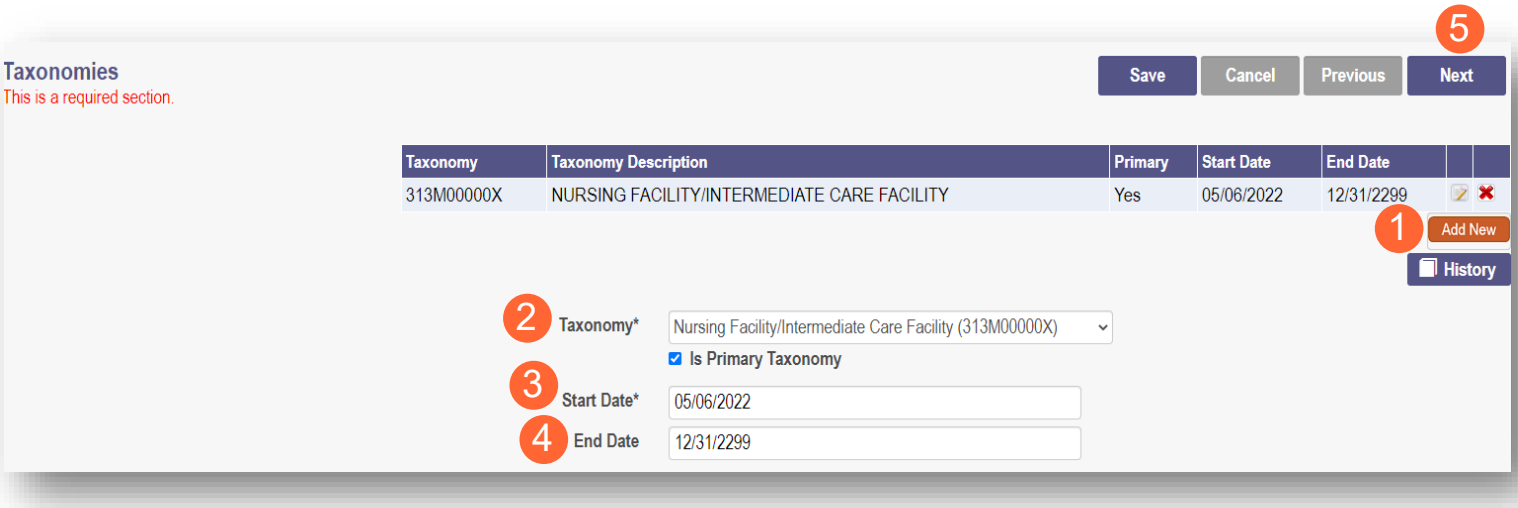
Step 1: Click the 'Pencil and Notepad' icon next to the Taxonomy on the list associated with your application

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

Step 3: Select the checkbox for 'Is Primary Taxonomy'

Step 4: Confirm your changes have been adjusted

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



Medicare Number Page

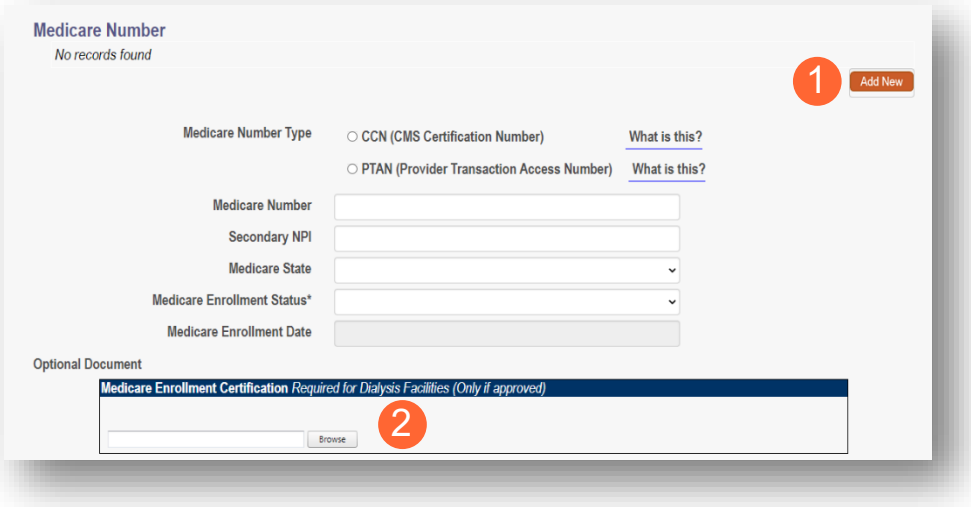
This may not be a required section to complete. Click 'Next' to skip, if not required.

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

- Medicare Number type

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

- Medicare number
- Medicare State
- Medicare Enrollment Status (Required)
- Medicare Enrollment Date

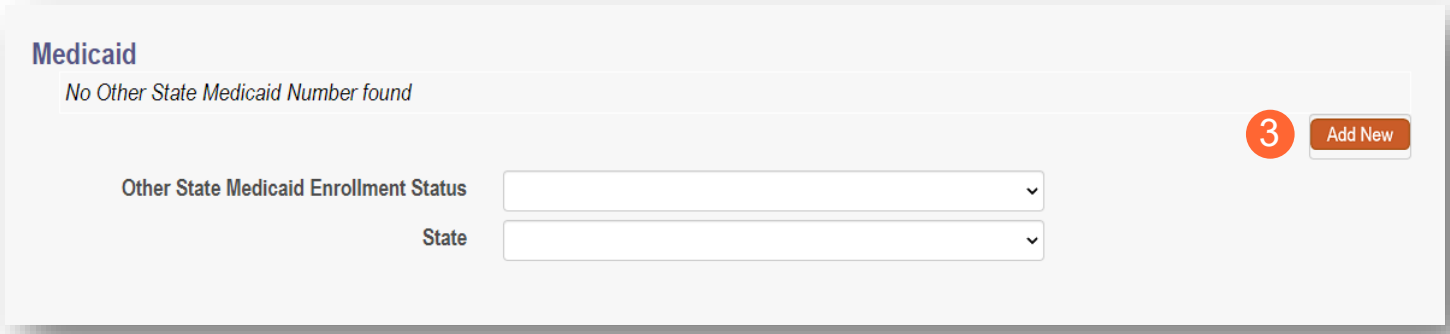


Note: *System uses Secondary NPI and Medicare State to look up and verify Provider is in PECOS*

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

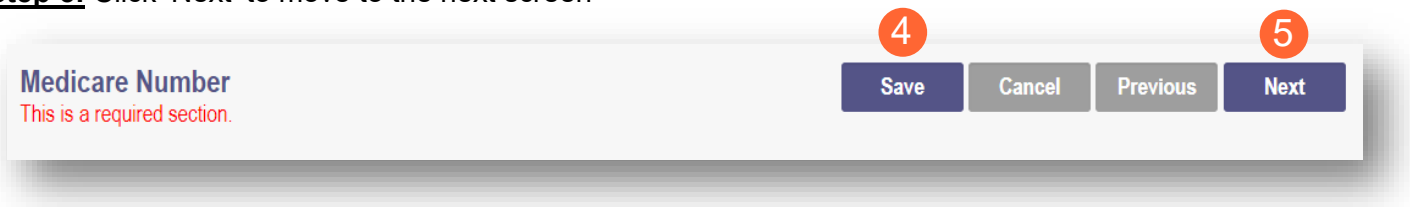
Step 3: Determine if you need to add Medicaid through another State

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



Step 4: Click ‘Save’ to save your work

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

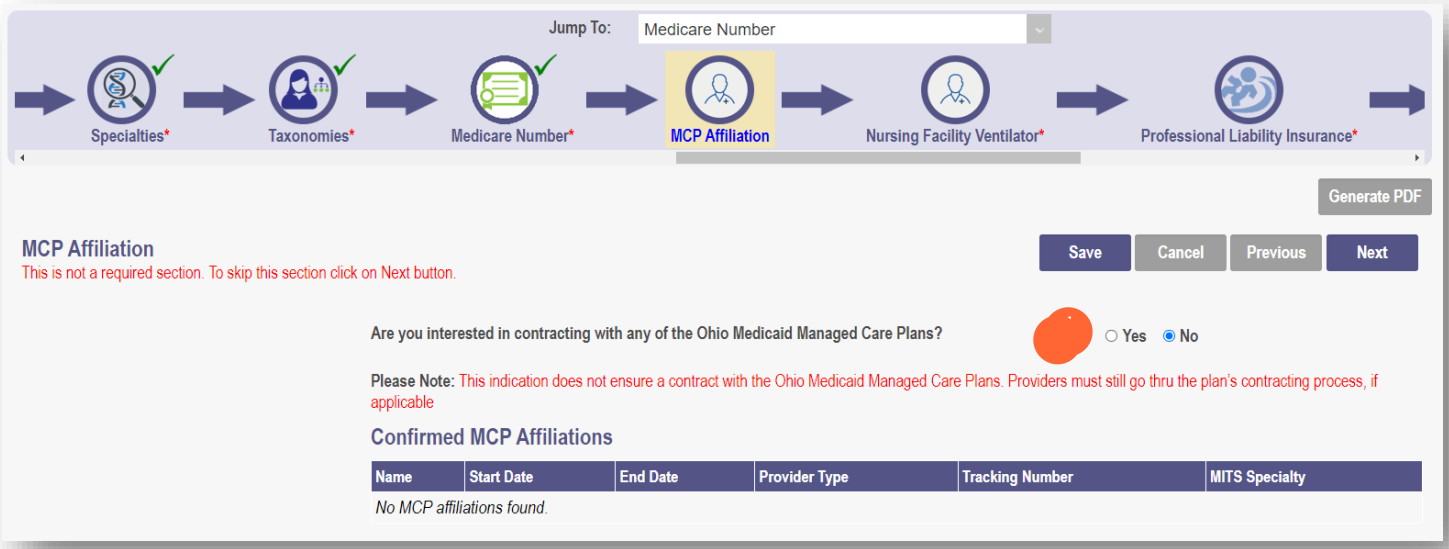


MCP Affiliation

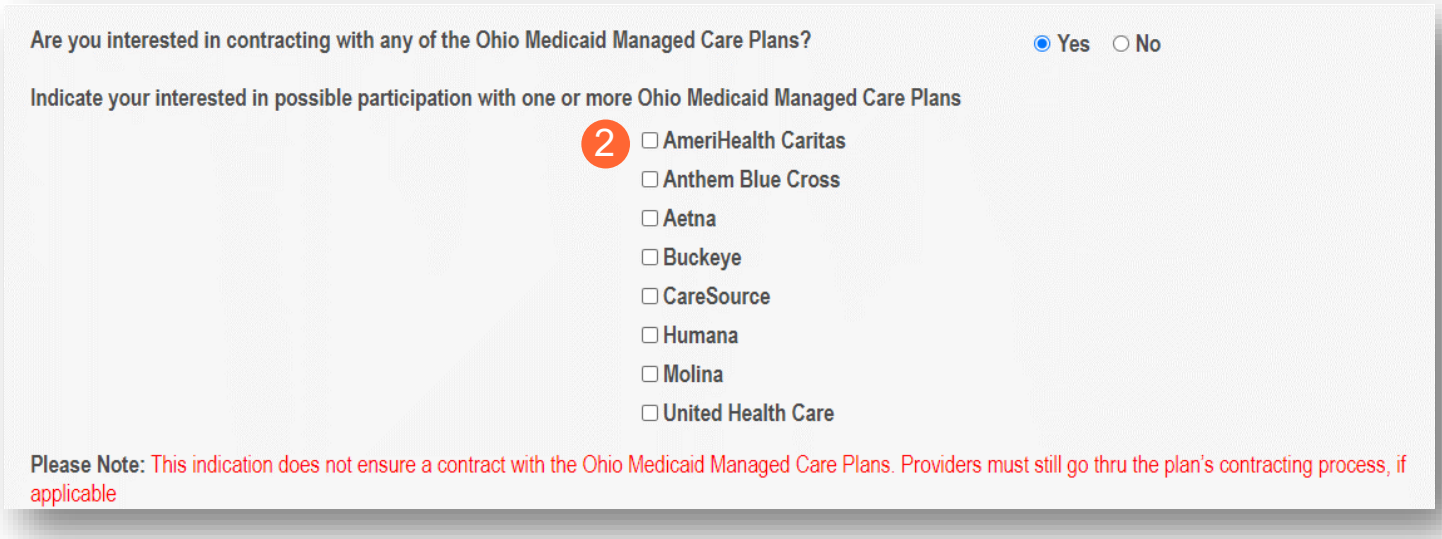
This page allows you to confirm your interest with an Ohio Medicaid Managed Care Plan.

Step 1: Indicate if you are interested in contracting with any of the Ohio Medicaid Managed Care Plans by selecting 'Yes' or 'No' radio button

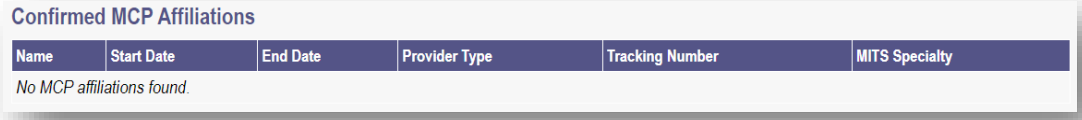
Note: This indication does not ensure a contract with the Ohio Medicaid Managed Care Plans. You must still go through the plan's contracting process, if applicable



Step 2: If you select 'Yes,' this indicates interest in possible participation with one or more Ohio Medicaid Managed Care Plans. Select the appropriate checkbox(es) for which Managed Care Plans you are interested in participating



Note: Any confirmed MCP Affiliations would appear at the bottom of the page

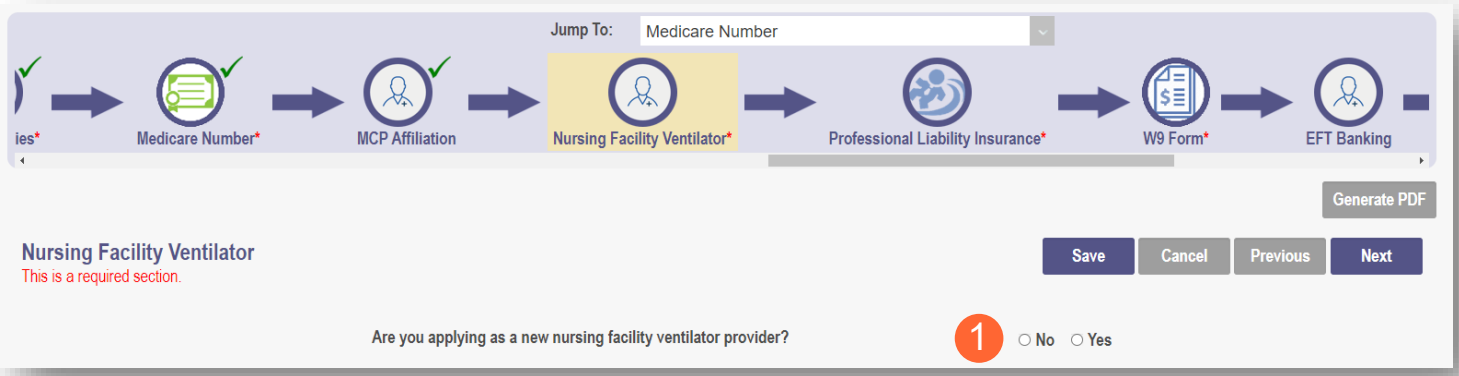


Nursing Facility Ventilator

This page asks you to answer the question *"Are you applying as a new nursing facility ventilator provider?"*

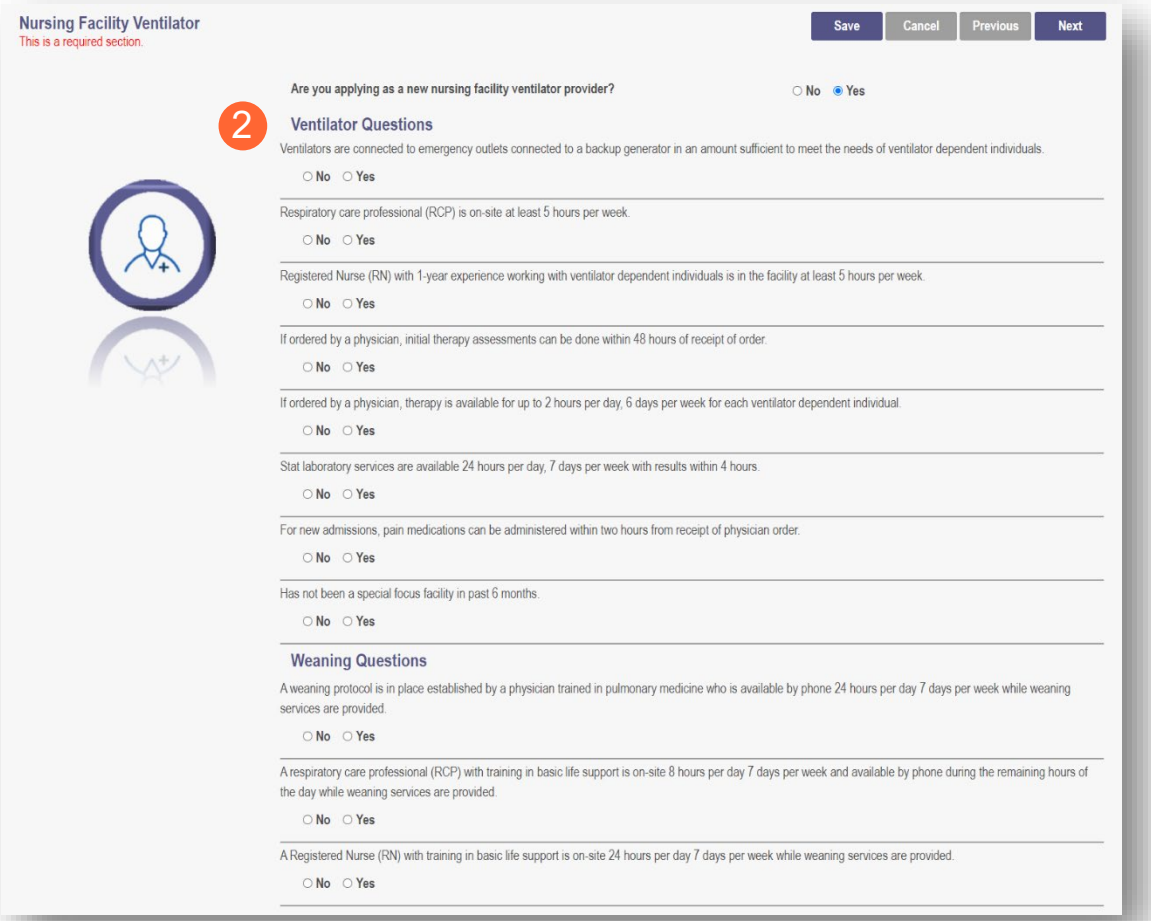
Note: This page will only appear for Provider Type 86 – Nursing Facility

Step 1: Select the appropriate radio button to answer the question 'Yes' or 'No'



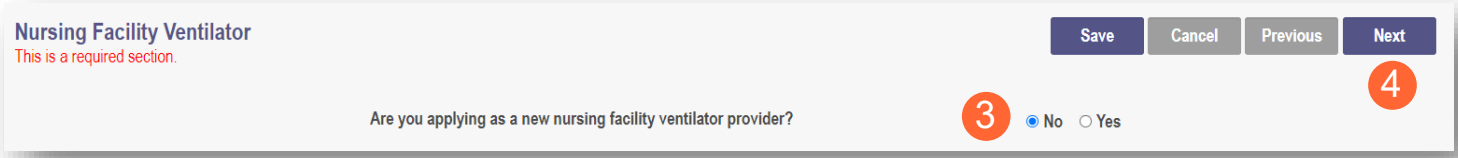
Yes/No Nursing Facility Ventilator

Step 2: If you select 'Yes,' you will be prompted to answer additional Ventilator and Weaning Questions:



Step 3: If you select 'No,' no further information is necessary

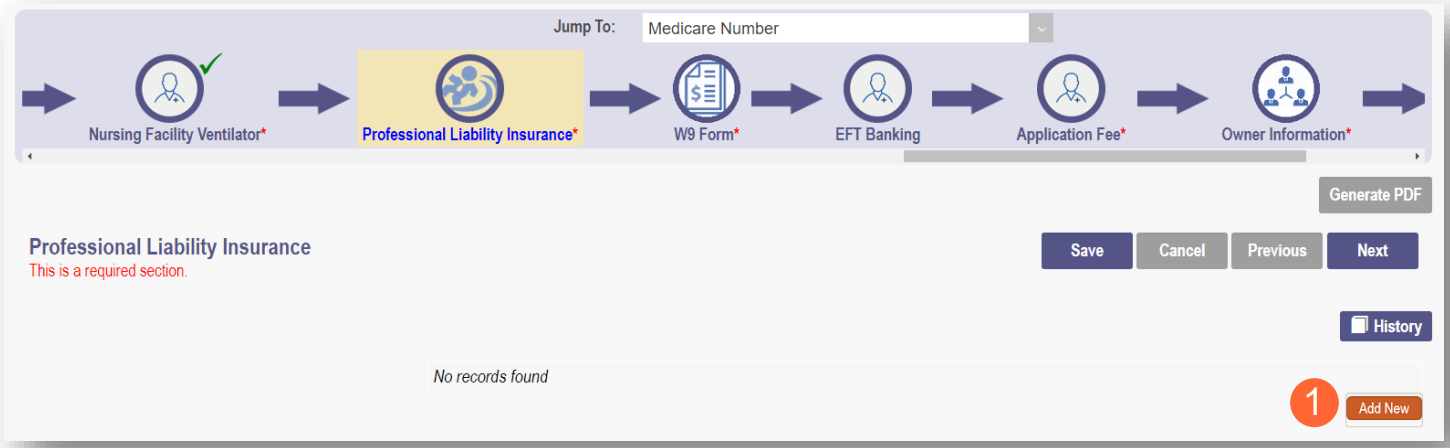
Step 4: Click 'Next' to save and move to the next screen



Professional Liability Insurance Page

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

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

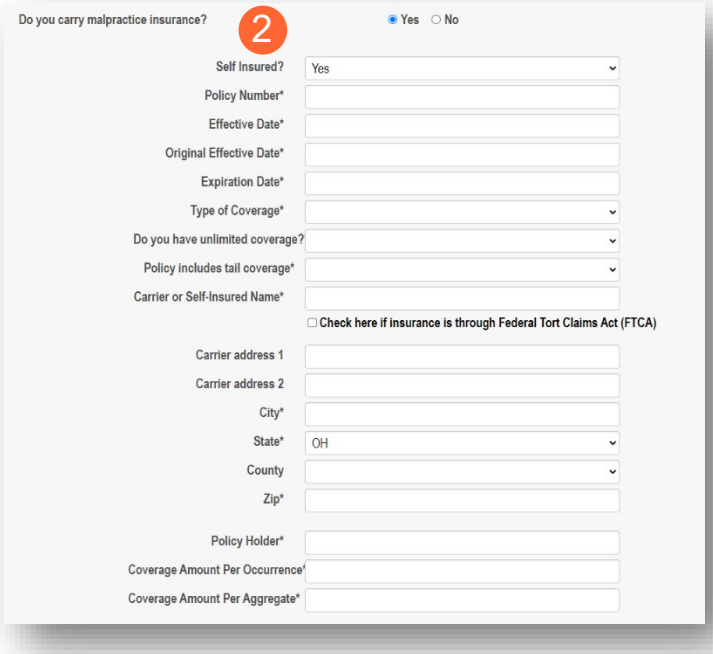


Yes/No Professional Liability Insurance

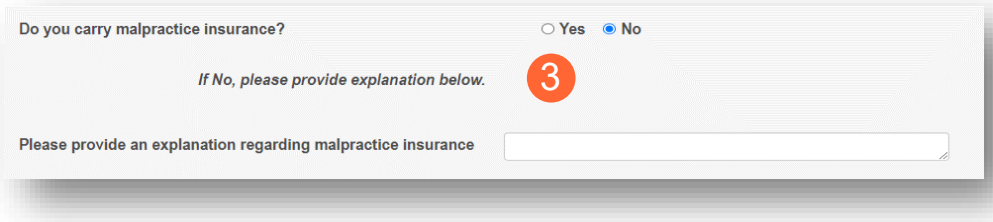
Step 2: You must select a 'Yes' or 'No' radio button for the question: "Do you carry malpractice insurance?"

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

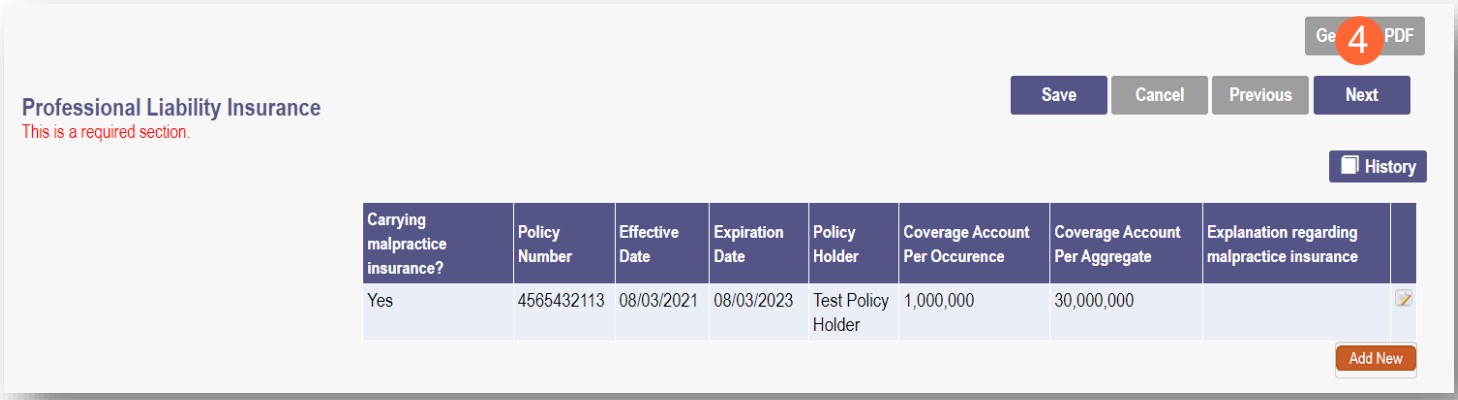
- Self-Insured?
- Policy Number
- Effective Date
- Original Effective Date
- Expiration Date
- Type of Coverage
- Do you have unlimited coverage?
- Policy includes tail coverage?
- Carrier or Self-Insured Name
- Address
- City
- State
- Zip
- Policy Holder
- Coverage Amount Per Occurrence
- Coverage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



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



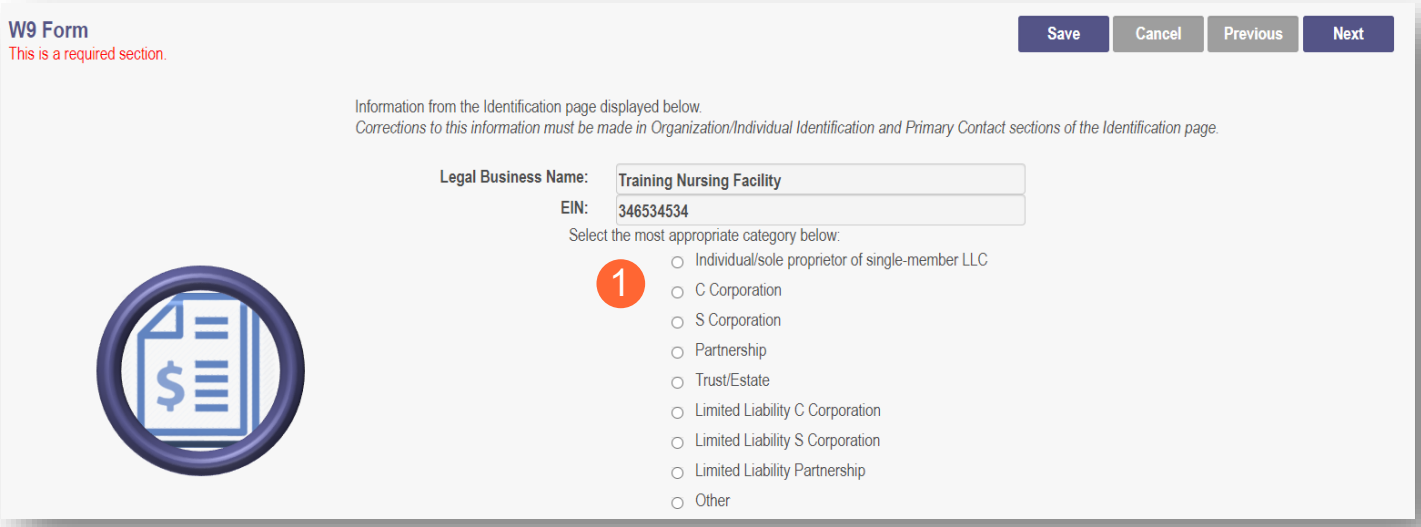
Step 4: Click 'Next' to save and move to the next screen



W9 Form Page

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

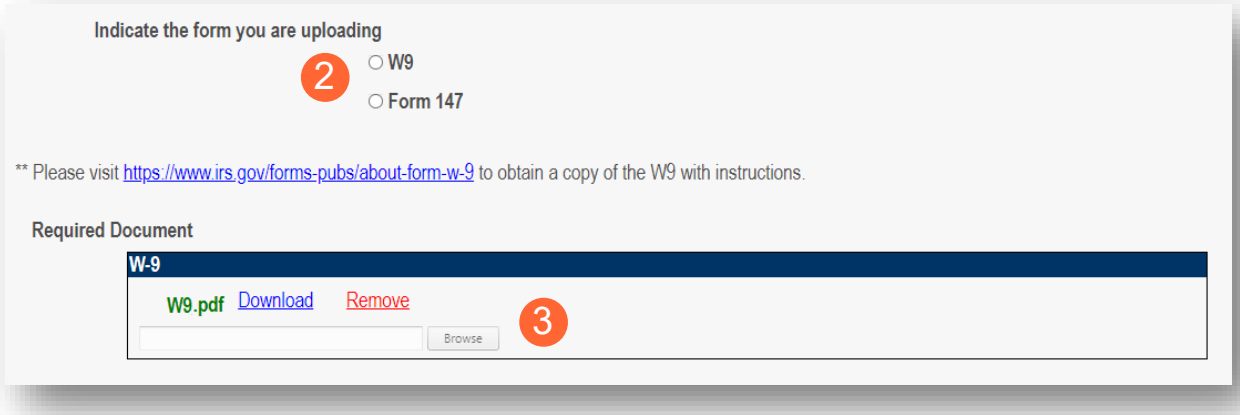
Step 1: Select the most appropriate organization type by clicking on the appropriate radio button category



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

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

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



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

EFT Banking Information Page

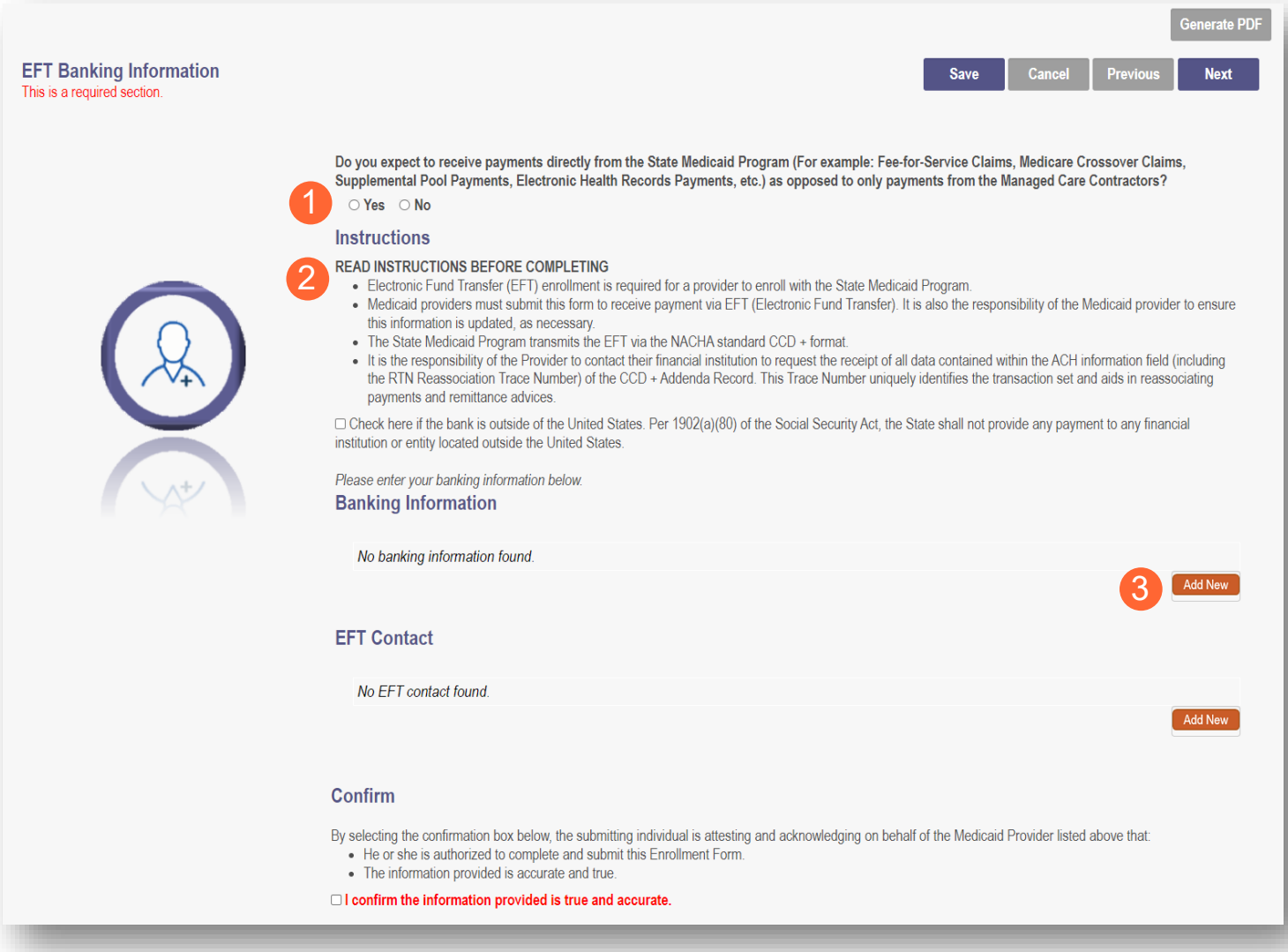
This page requires to you indicate enrollment of Electric Fund Transfer (EFT), which is required to enroll with the State Medicaid Program. However, if 'No' is answered to the first question, no additional details need to be entered.

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

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

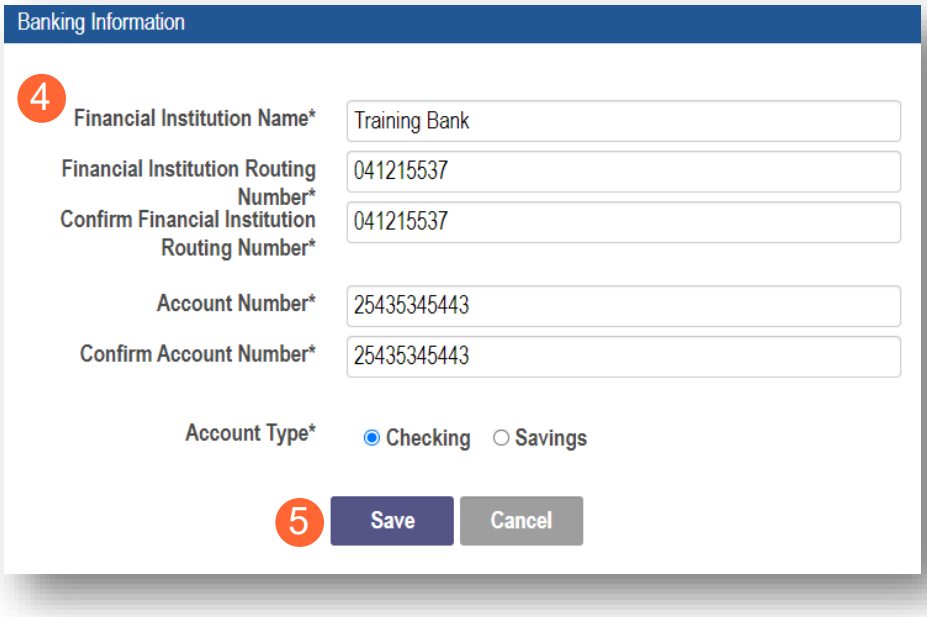
Note: If your bank is outside of the United States, click the checkbox at the end of the 'Instructions' section

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



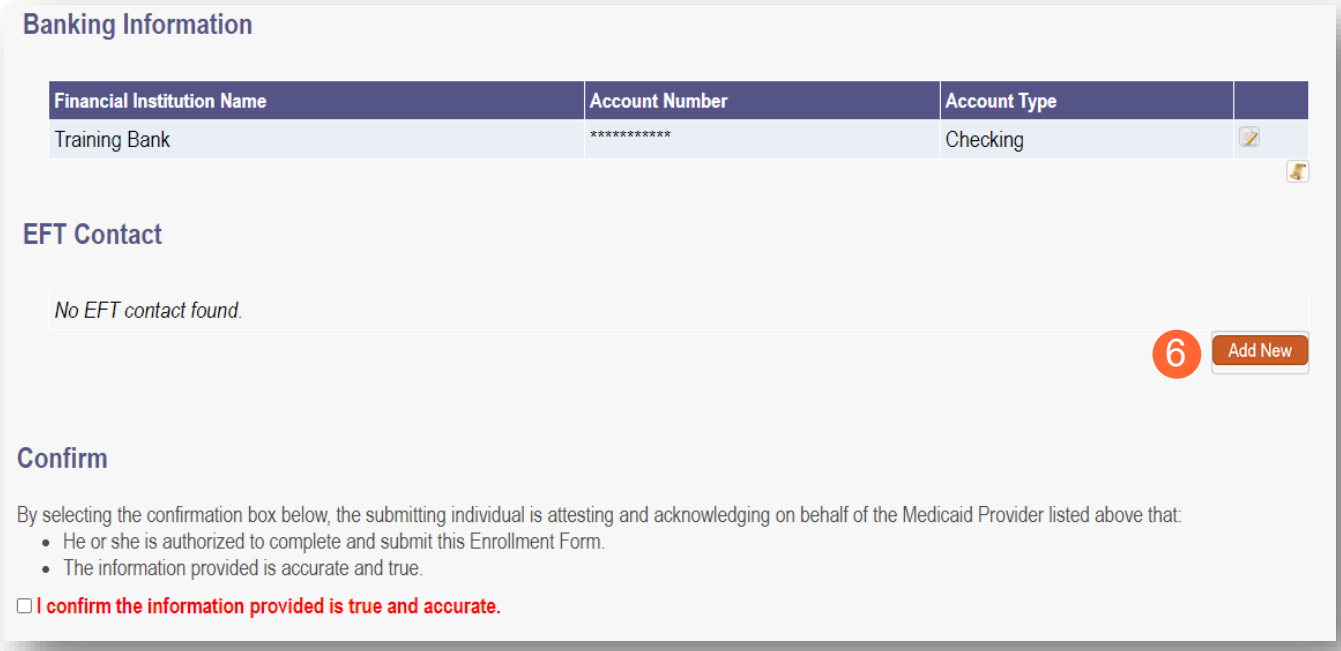
Step 4: Complete the required information

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



Step 5: Click 'Save'

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



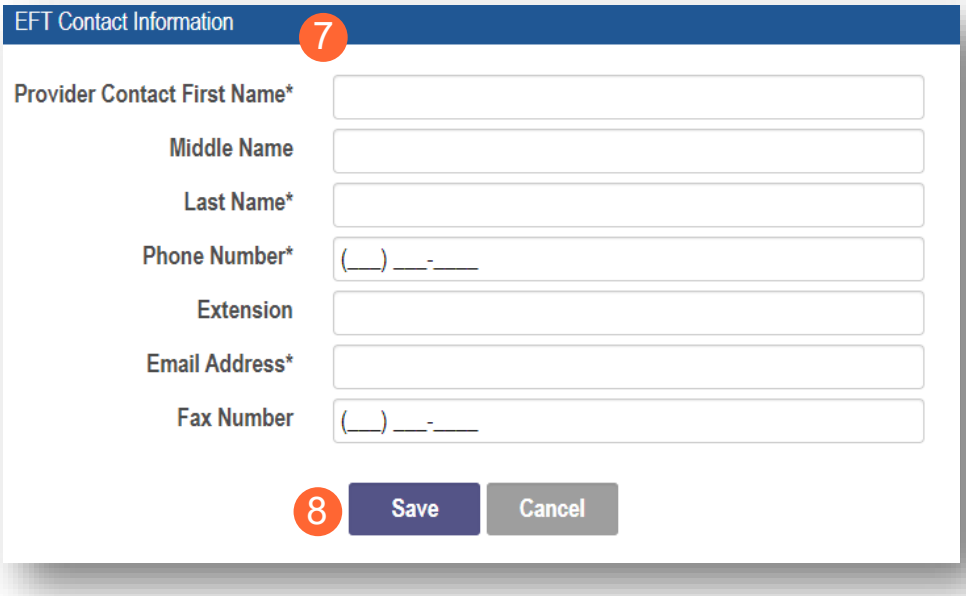
Step 7: Enter the following contact information for the person who will handle the Electric Funds Transfer account

Required

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

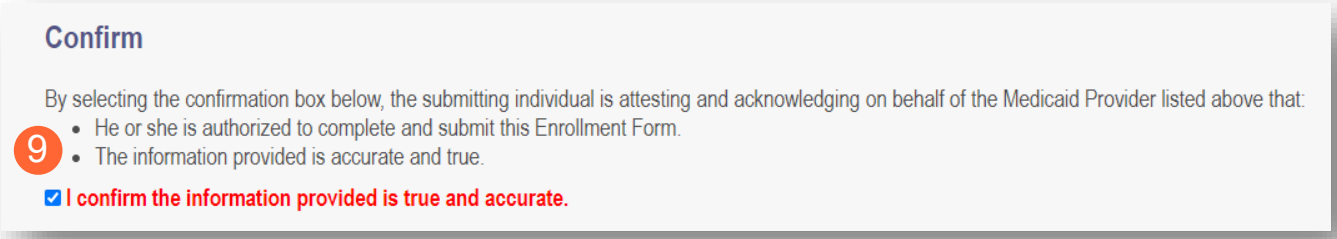
Optional

- Middle Name
- Phone Extension
- Fax Number

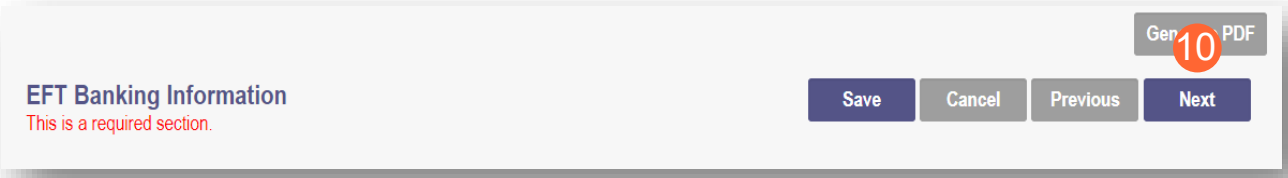


Step 8: Click 'Save'

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



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



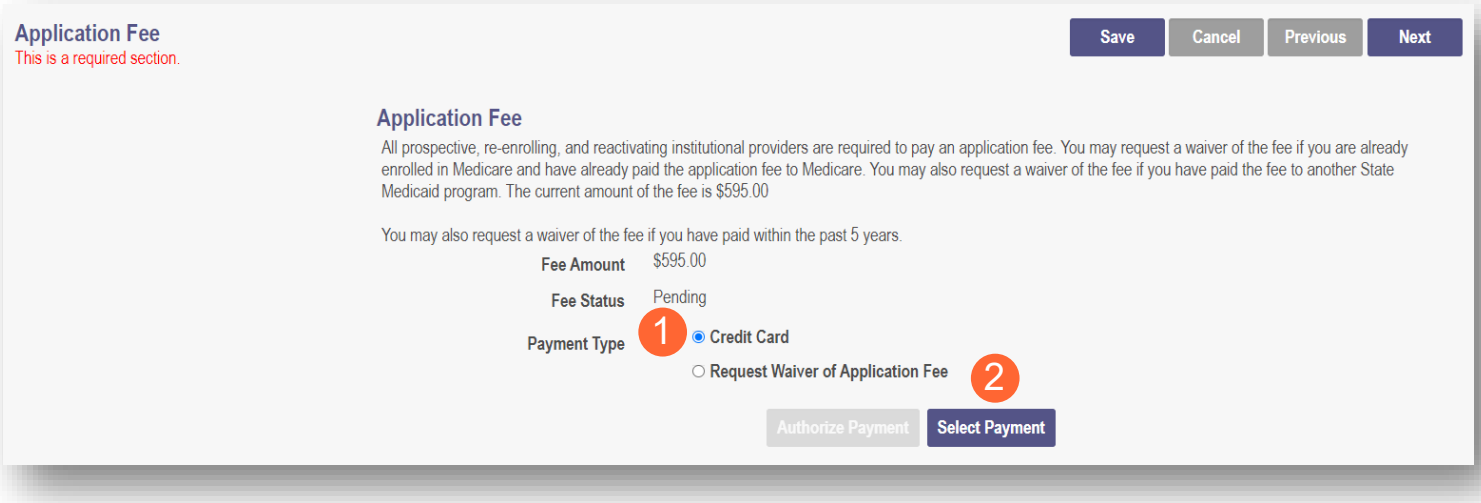
Application Fee

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

Paying The Fee

Step 1: Select the 'Credit Card' radio button

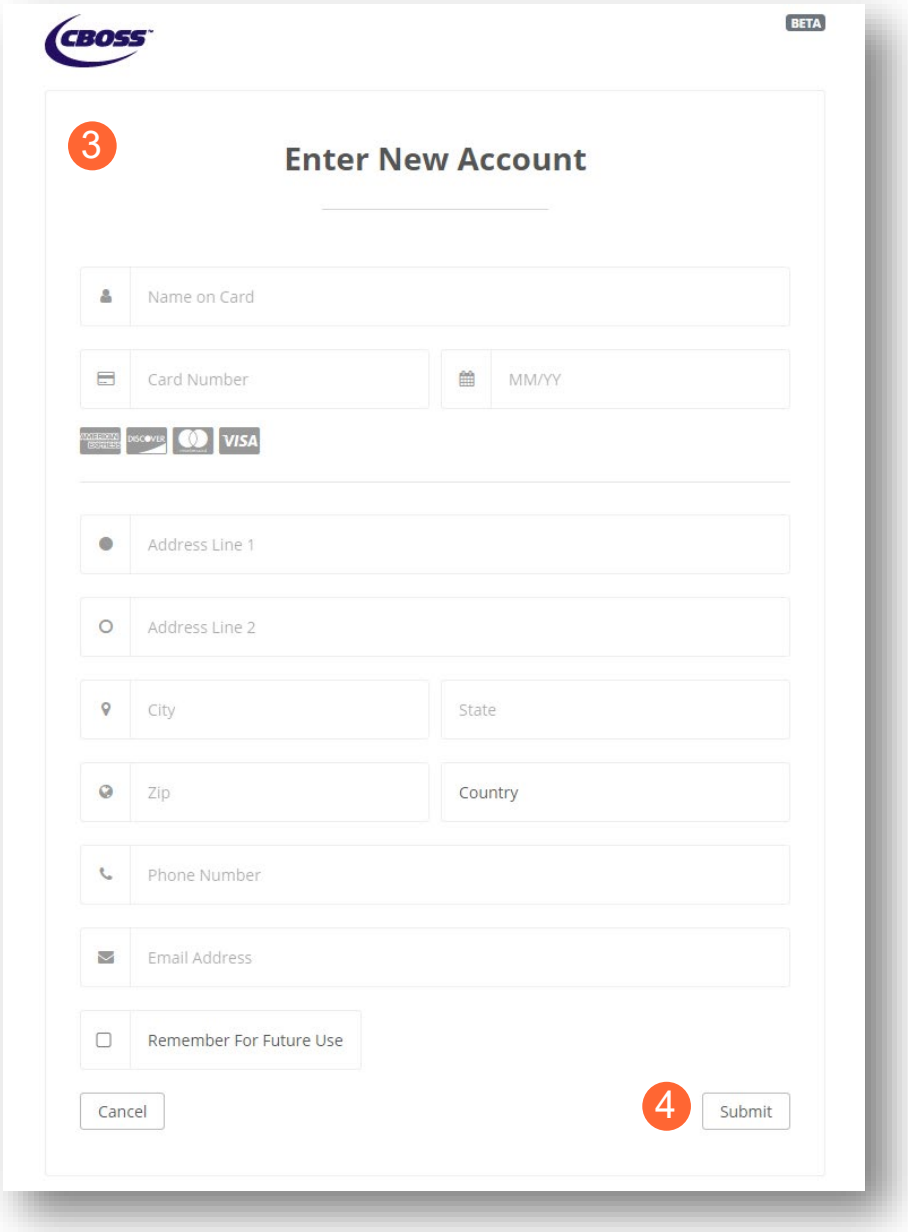
Step 2: Click 'Select Payment'



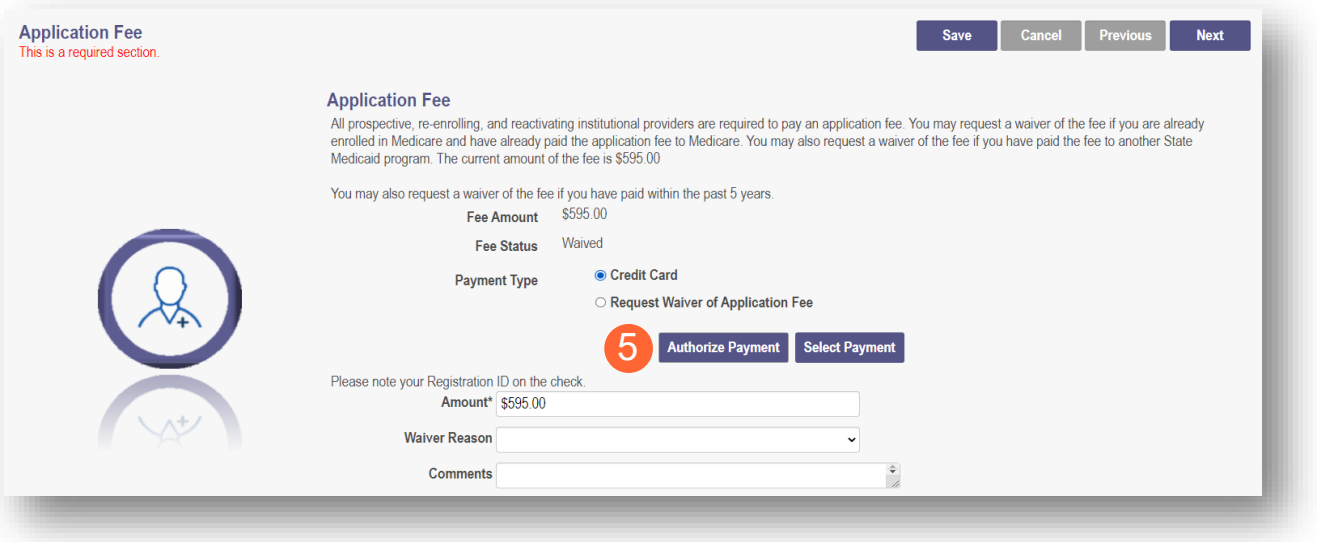
Step 3: Enter your credit card information in the secure CBOSS system

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

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

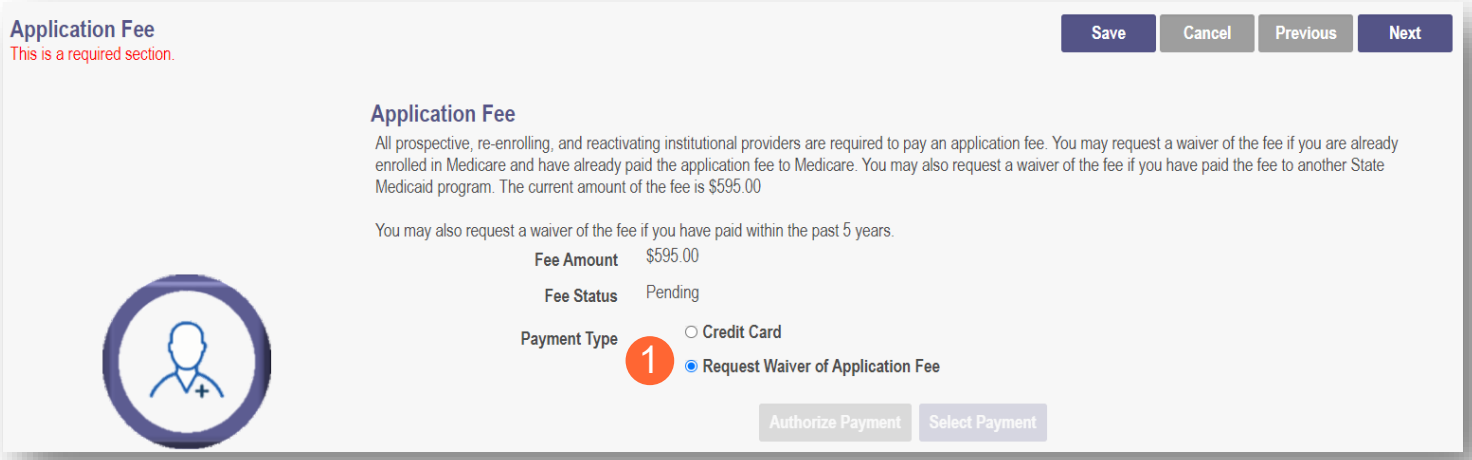


Step 5: Once returned to the Application Fee screen, click ‘Authorize Payment’

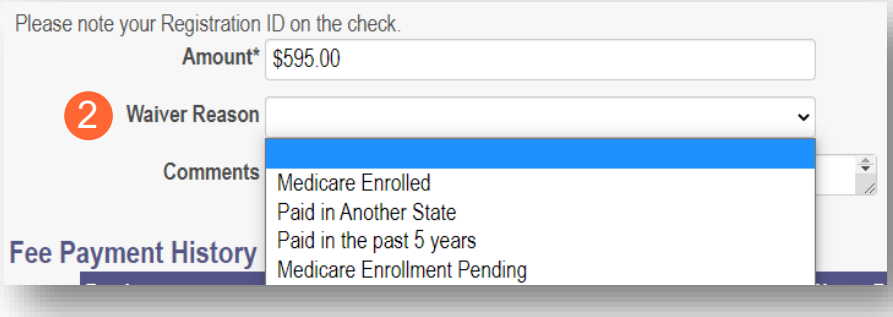


Waiving the Fee

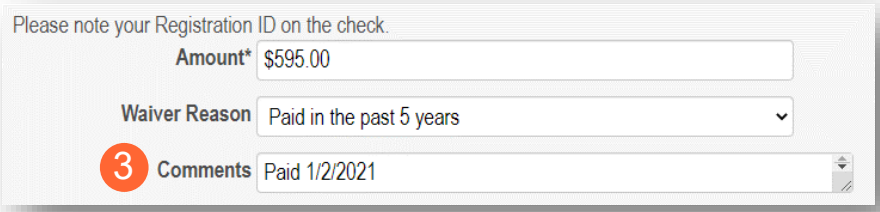
Step 1: Select the 'Request Waiver of Application Fee' radio button



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

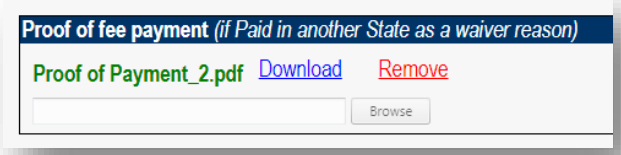


Step 3: If needed, type comments in the box



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

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



Owner Information

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

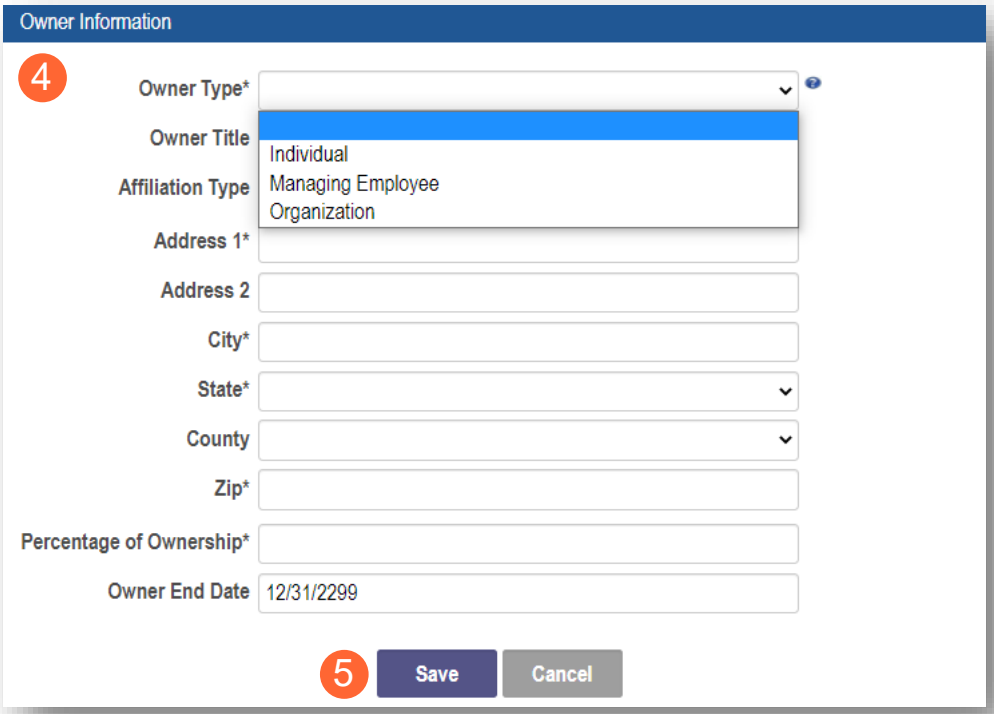
Step 2: The two areas that are required to be completed are the 'Owner, Managing Employee and Controlling Interest Information' and 'Questions' sections

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

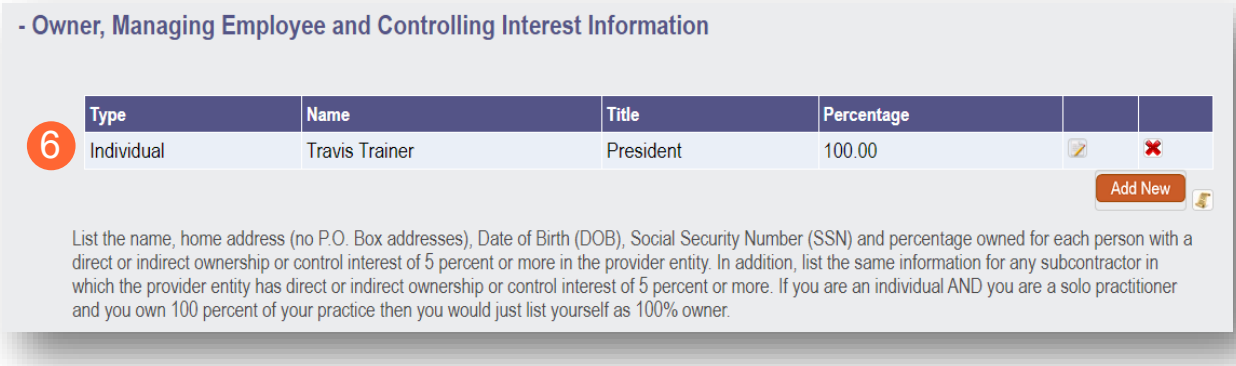
Step 3: To add Owner Information, click 'Add New'

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

Step 5: Click 'Save'



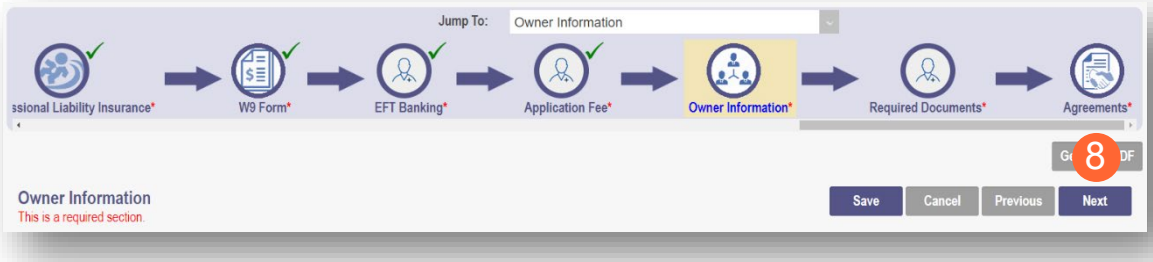
Step 6: Confirm all owners, managing partners, and individuals with controlling interest, have been added



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

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

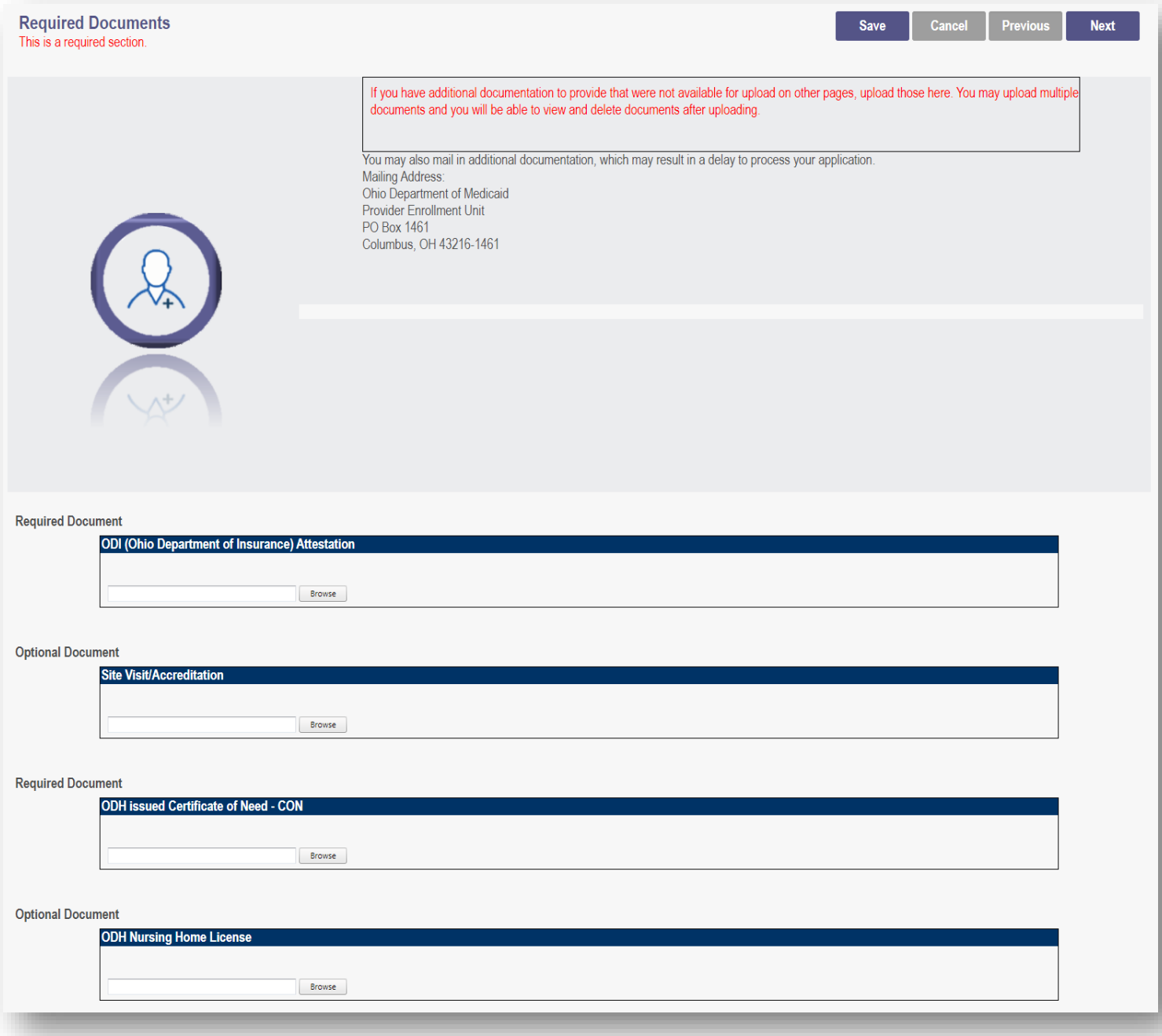
Step 8: When all items are completed on the Owner Information page, click 'Next' to proceed to the next page



Required Documents Page

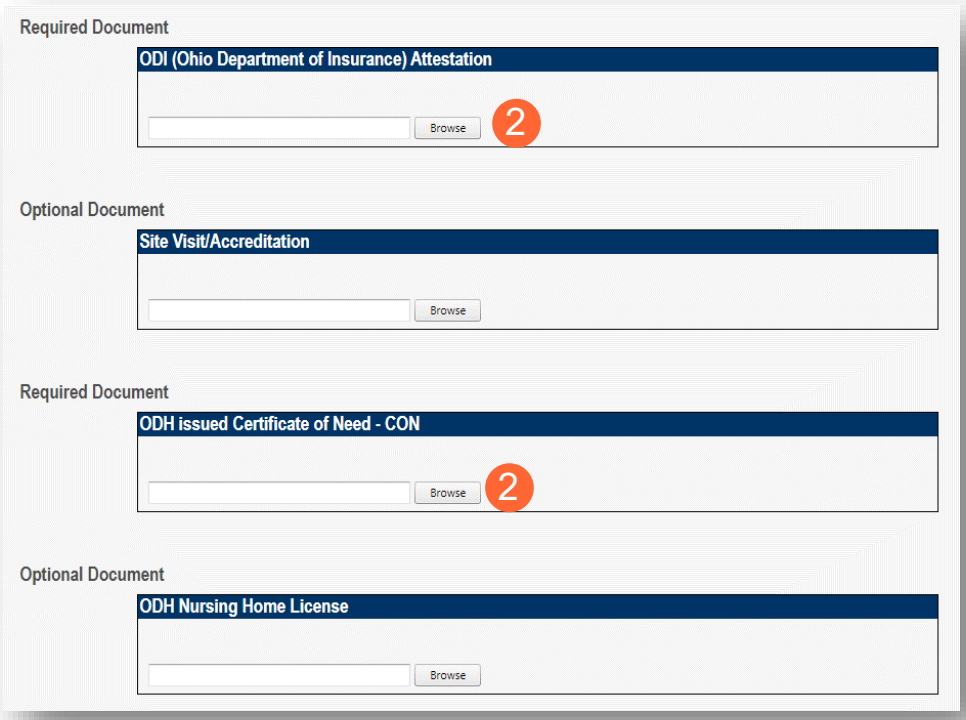
The required documents page allows you to upload required or optional supporting documentation

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



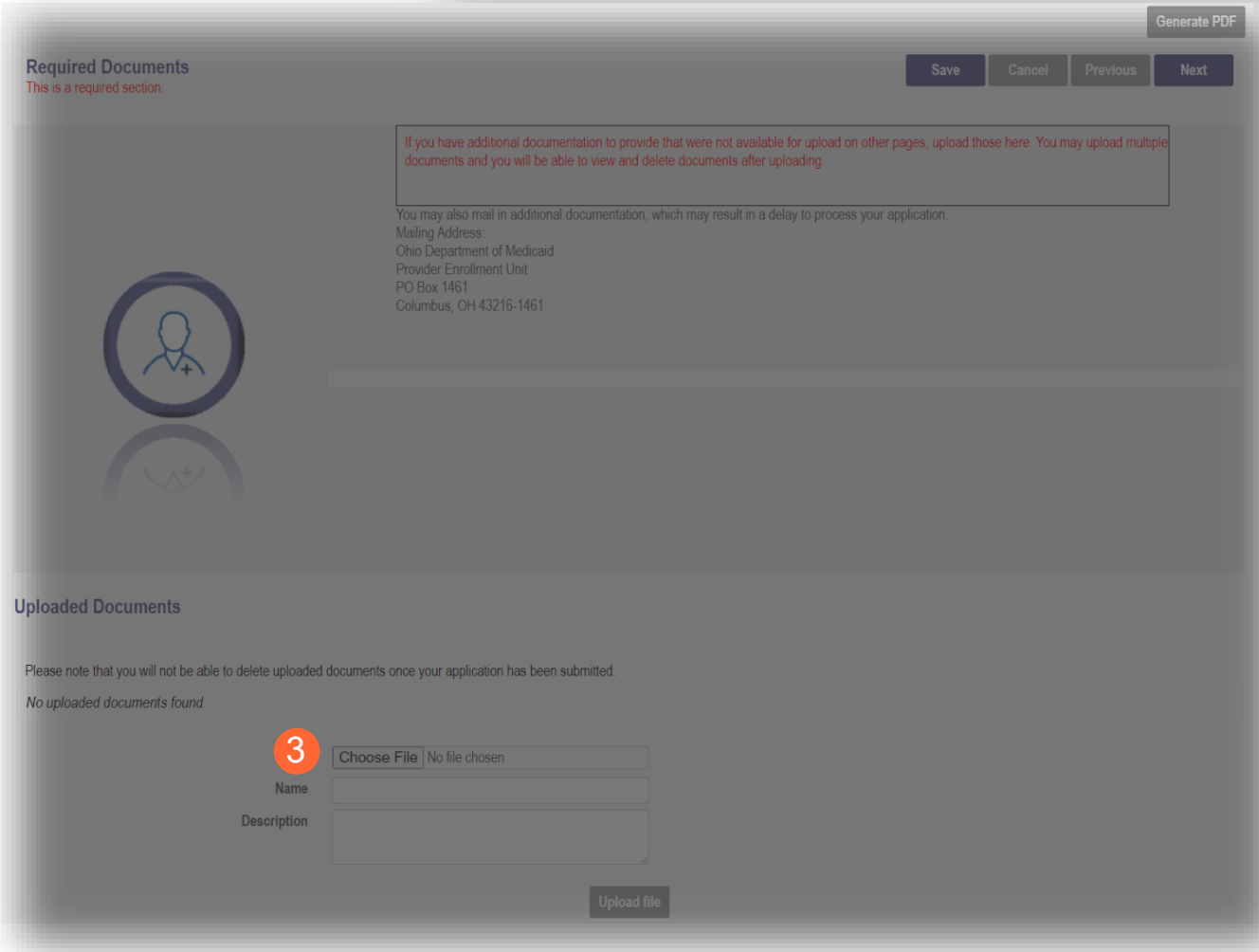
Step 2: If you are required to upload documents, blue upload boxes will be displayed under the Required Documents section

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



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

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

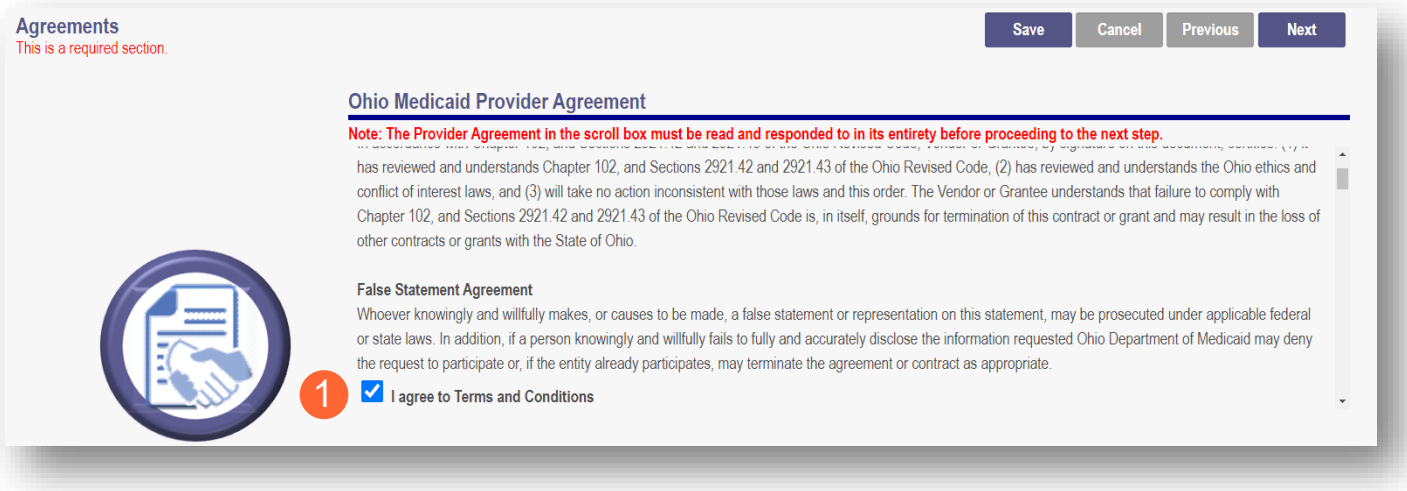


Agreements Page

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

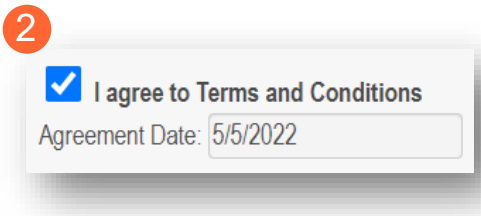
Step 1: Complete the Ohio Medicaid Provider Agreement attestation. The agreement must be viewed in its entirety before the 'I Agree' box will be available for selection.

- Click 'I agree to Terms and Conditions'



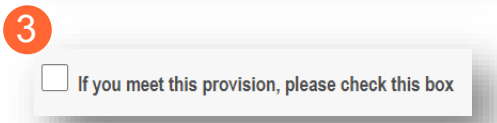
Step 2: Read the Non-Credentialed Providers section of the agreements

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

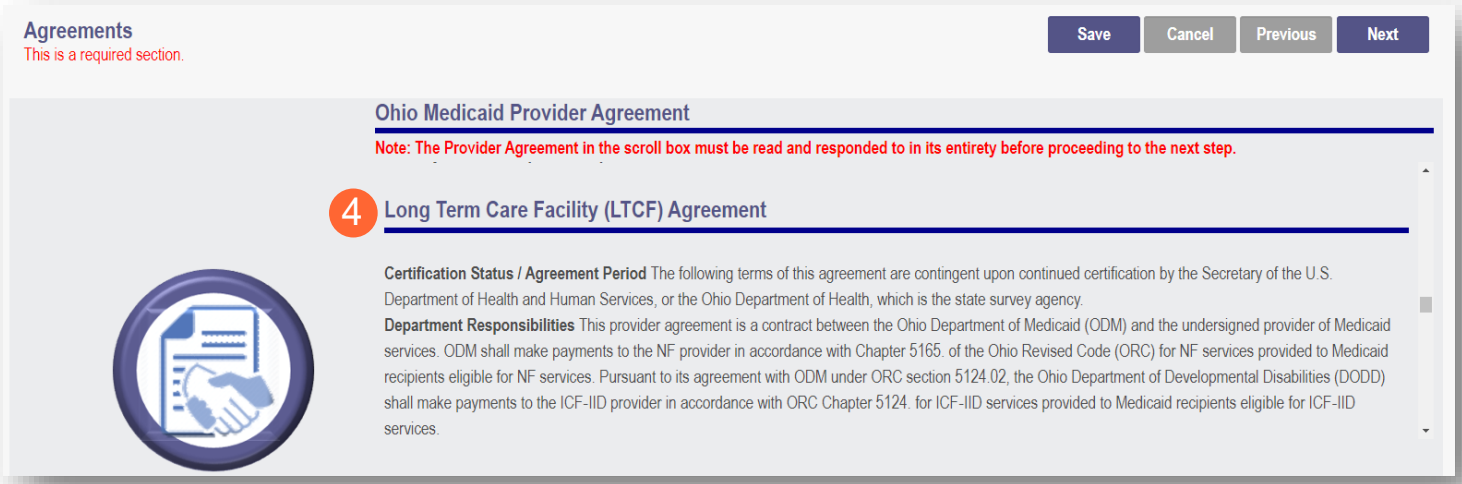


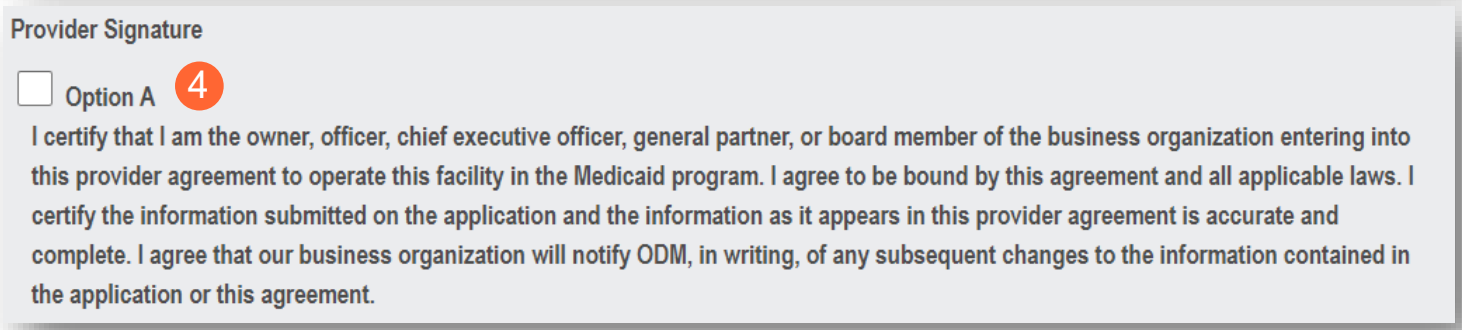
Step 3: Under the Provision Check section:

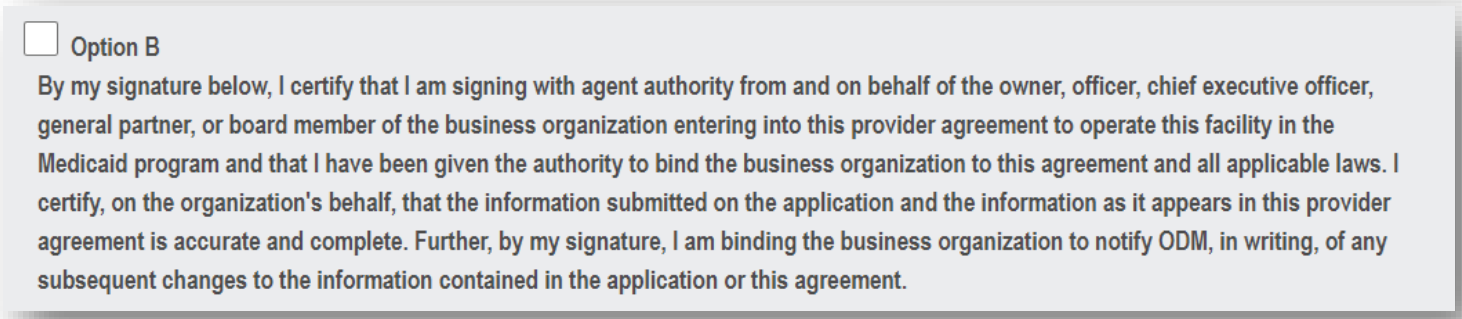
- If applicable for requesting retroactive coverage, select the checkbox: 'If you meet this provision, please check this box'



Step 4: Read the Long-Term Care Facility (LTCF) Agreement and provider a signature either by choosing Option A or Option B

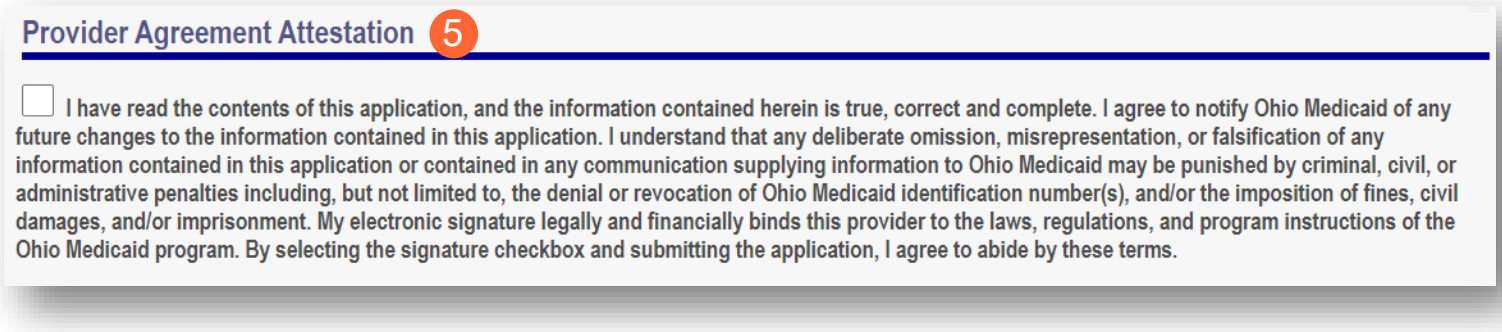






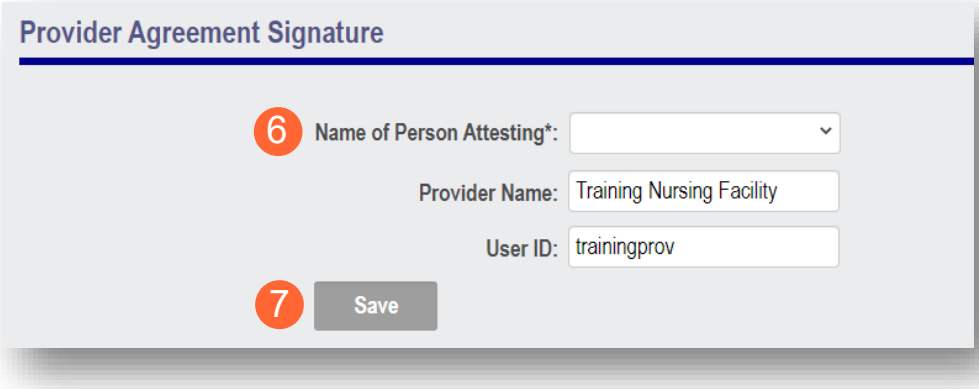
Step 5: Complete the Provider Agreement Attestation

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



Step 6: Complete the Provider Agreement Signature

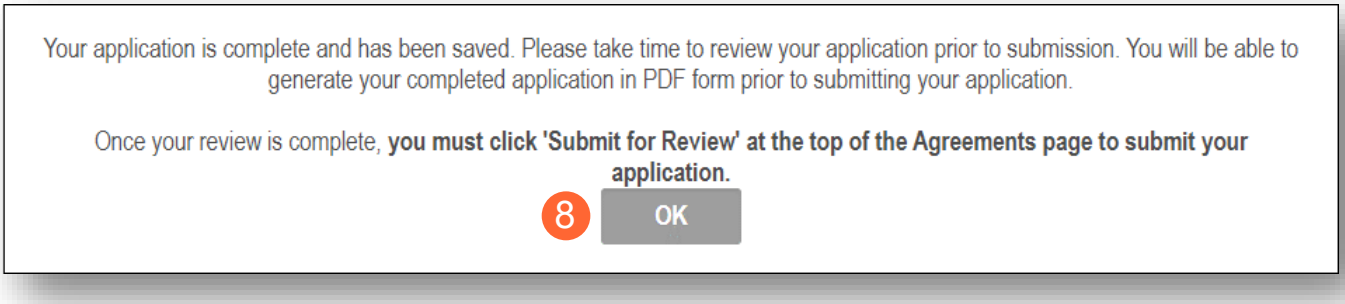
- Select or Enter the Name of the Person Attesting



Step 7: Click 'Save'

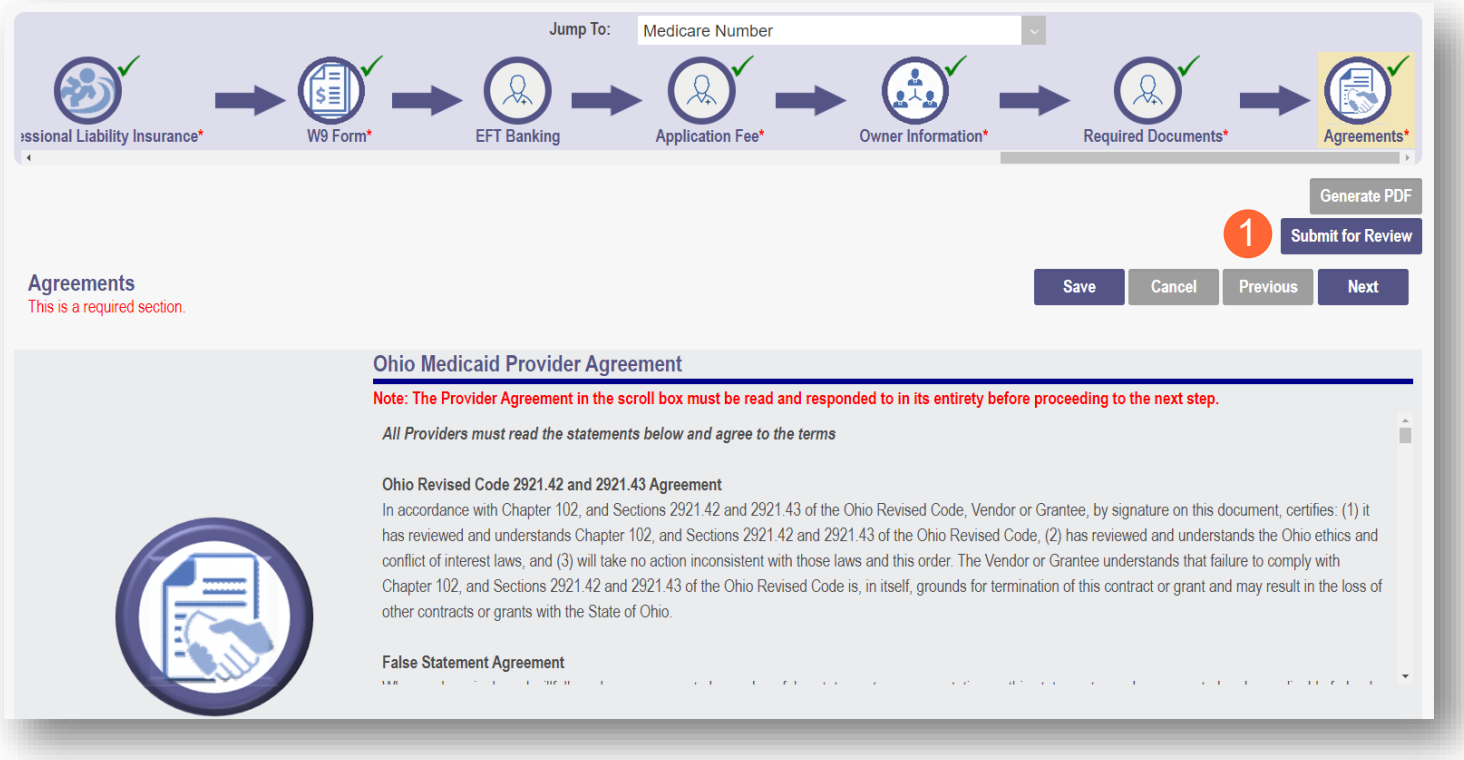
- A pop-up will appear confirming your application is complete

Step 8: Click 'OK' to review your application prior to submission



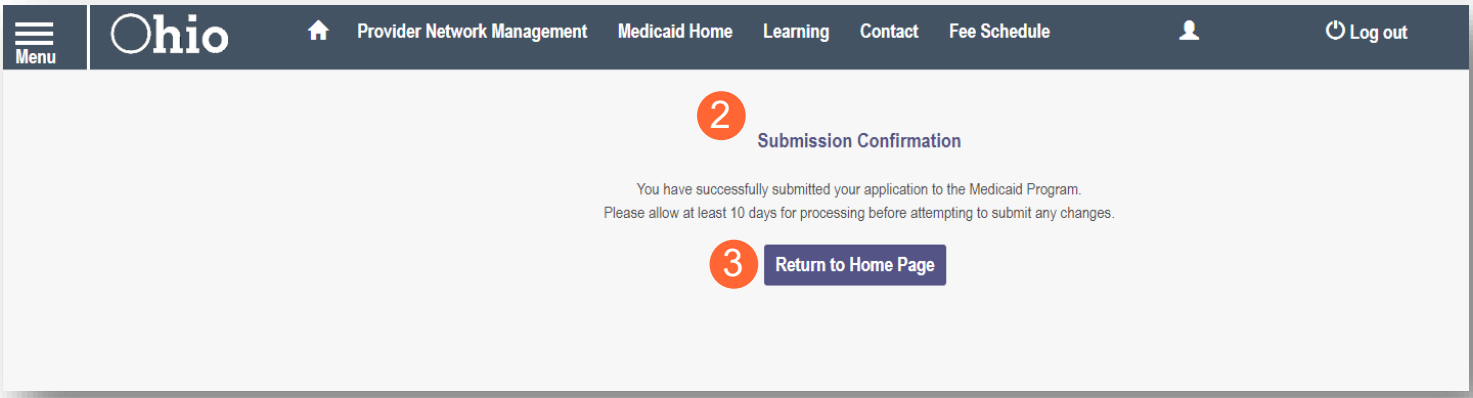
Submitting Application

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



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

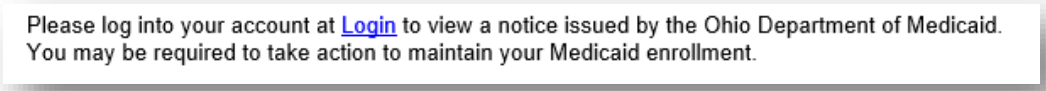
Step 3: Click 'Return to Home Page' to go to your dashboard



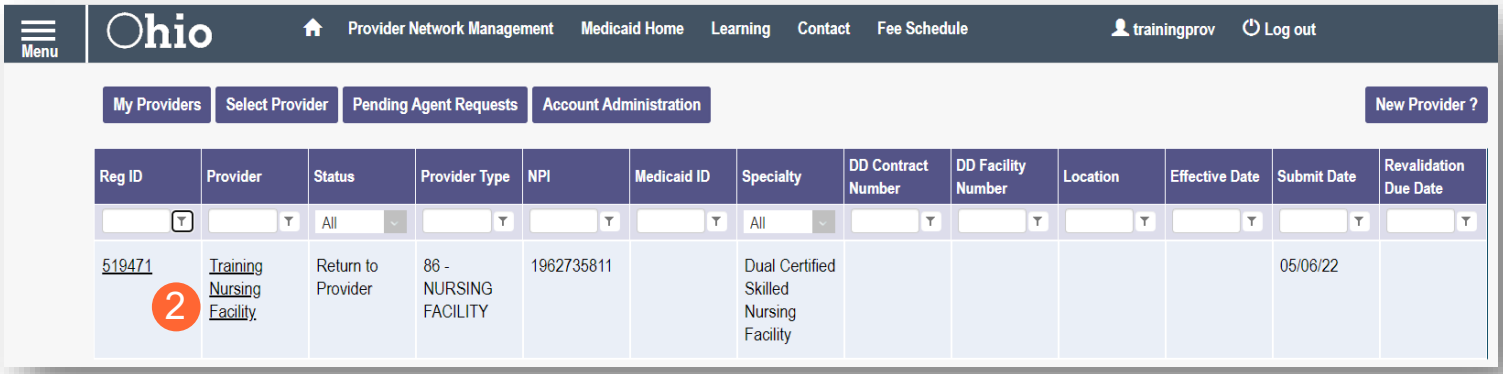
Resubmitting an Application

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

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

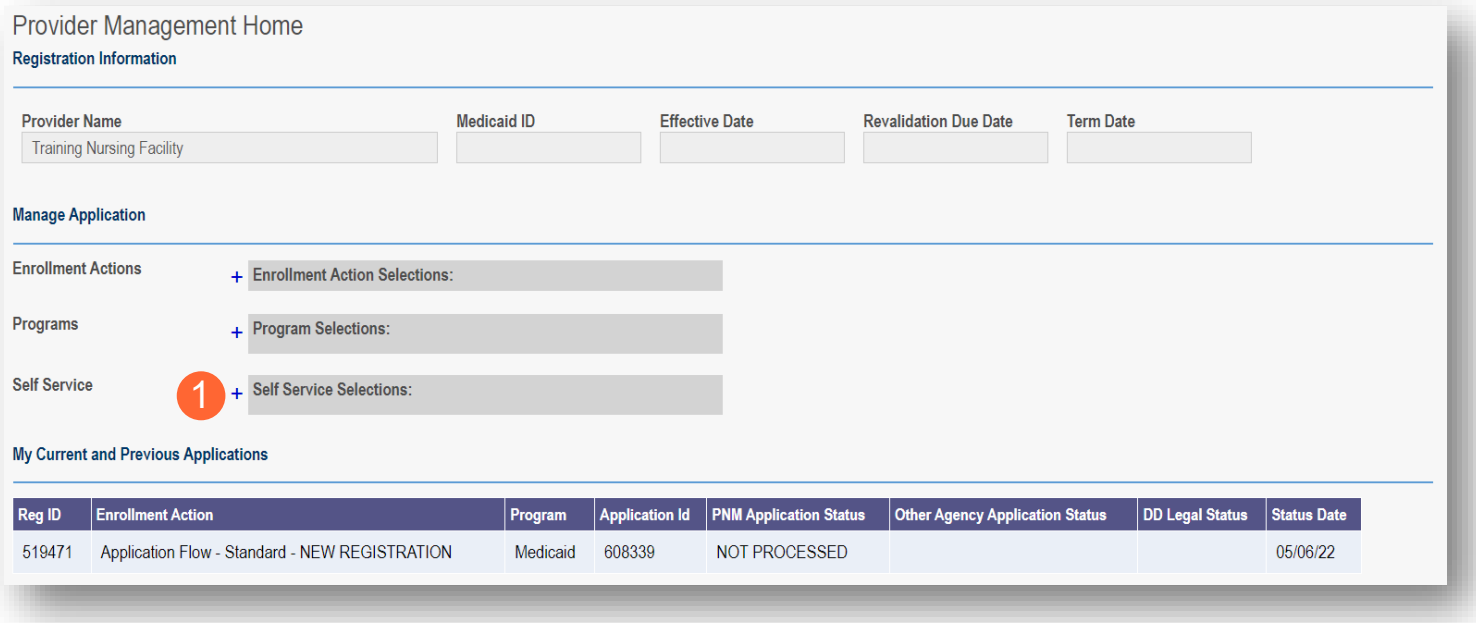


Step 2: Access your application (in 'Return to Provider' status) by logging into PNM and clicking on the link either under the Reg ID or the Provider heading

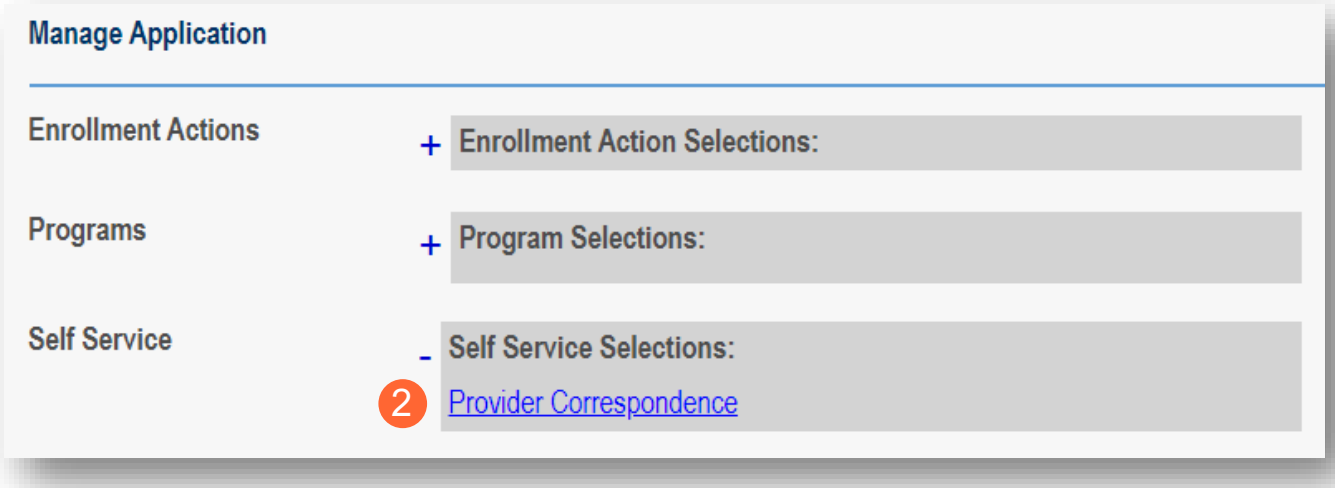


Reviewing Correspondence

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

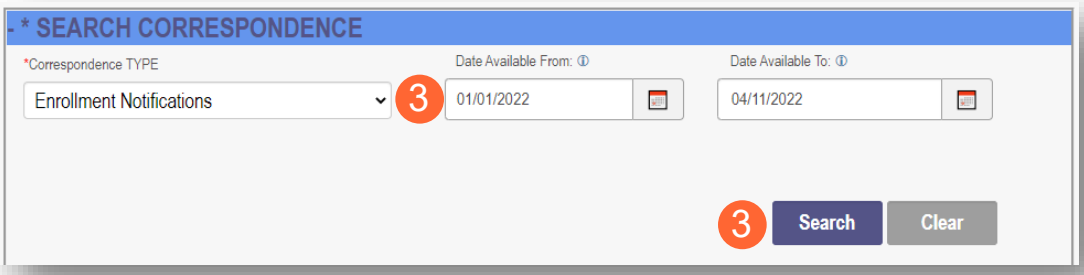


Step 2: Click the 'Provider Correspondence' hyperlink

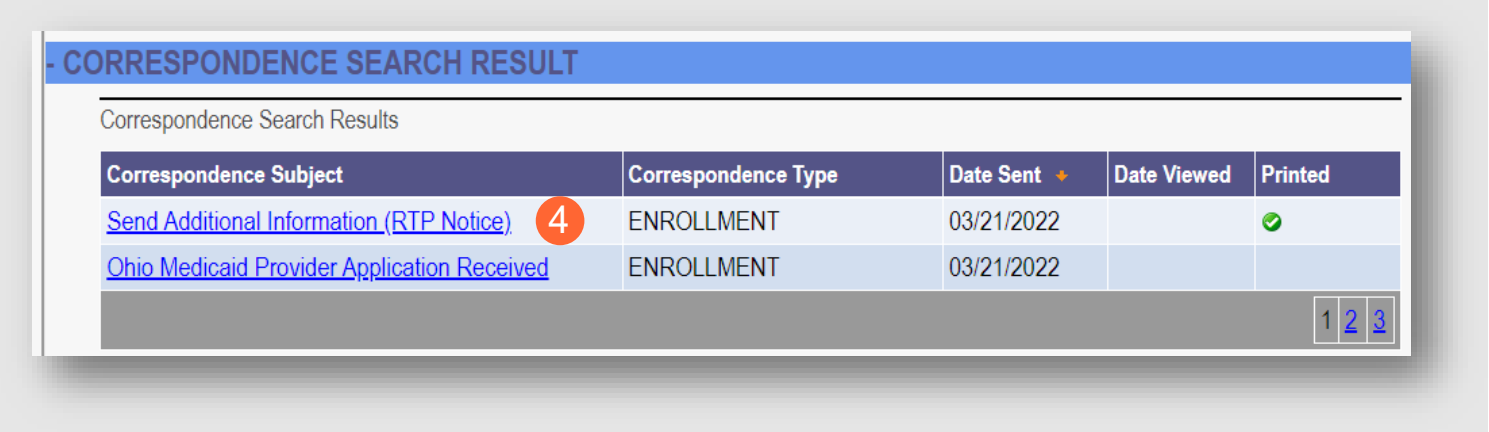


Step 3: To locate correspondence, complete the following

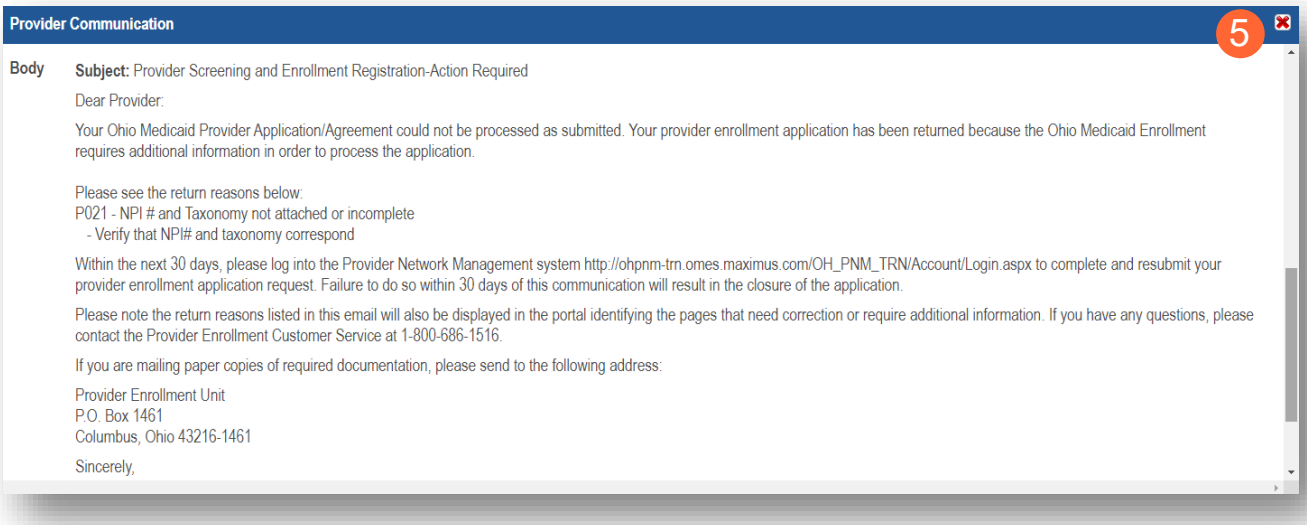
- Select 'Enrollment Notifications' from the Correspondence Type drop-down menu
- Enter a data range for the search
- Click 'Search'



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

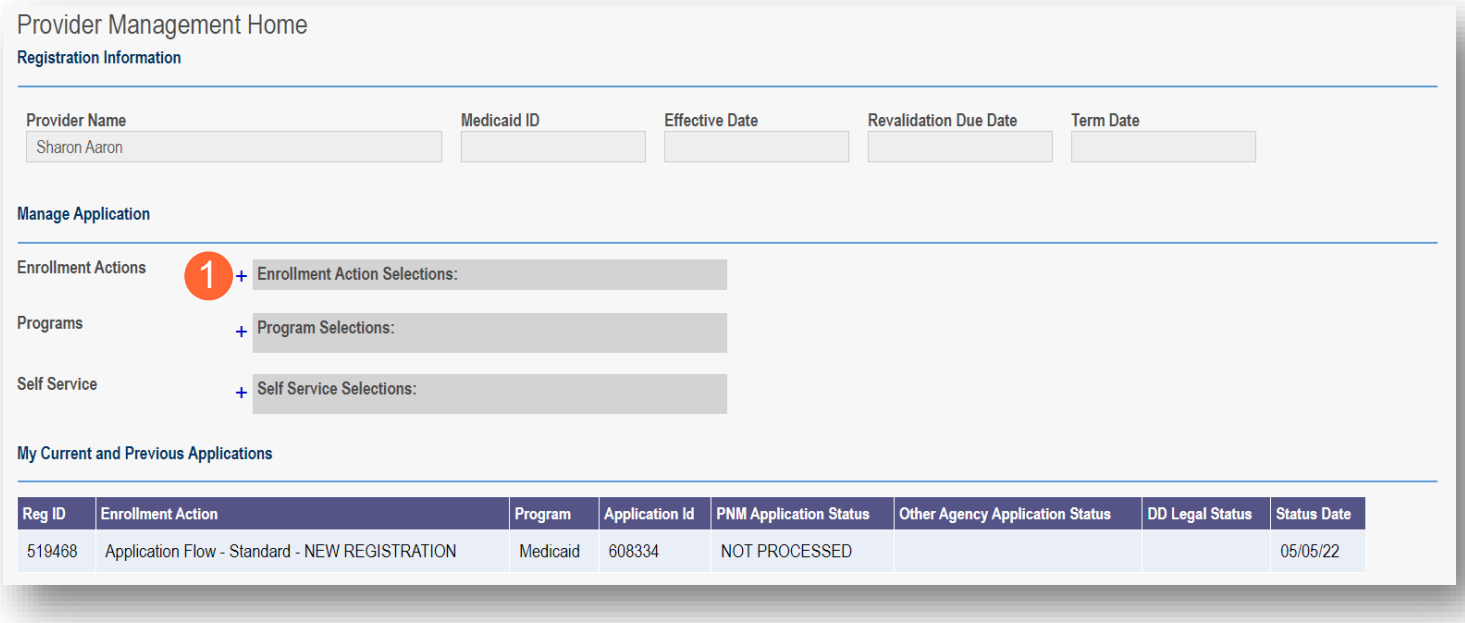


Step 5: Review the correspondence to understand the reason for the return. Once you have viewed, you can click the 'X' in the top-right corner to close

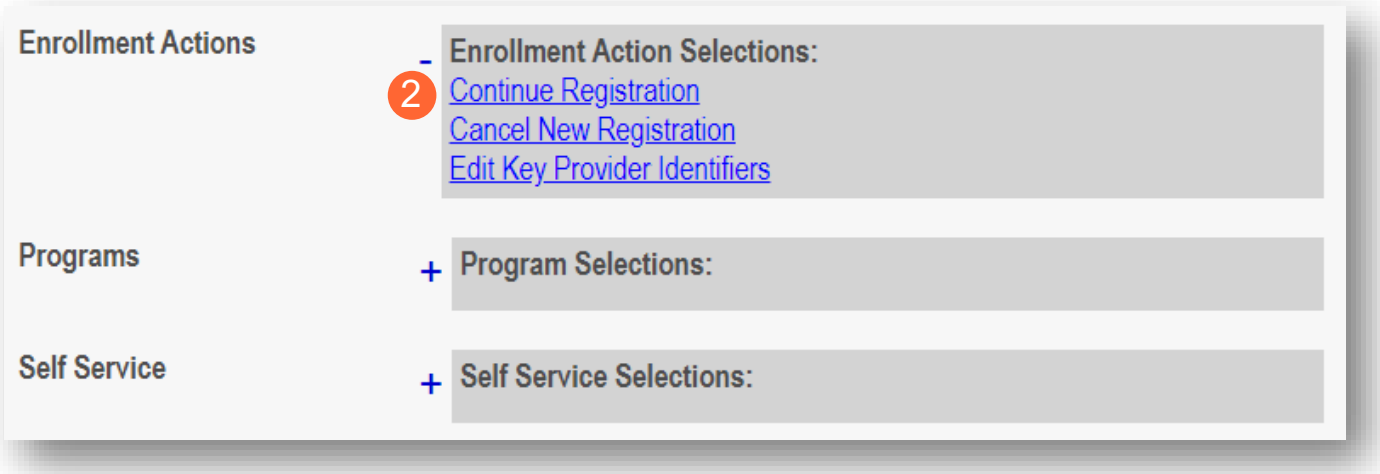


Completing Return to Provider (RTP) Process

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



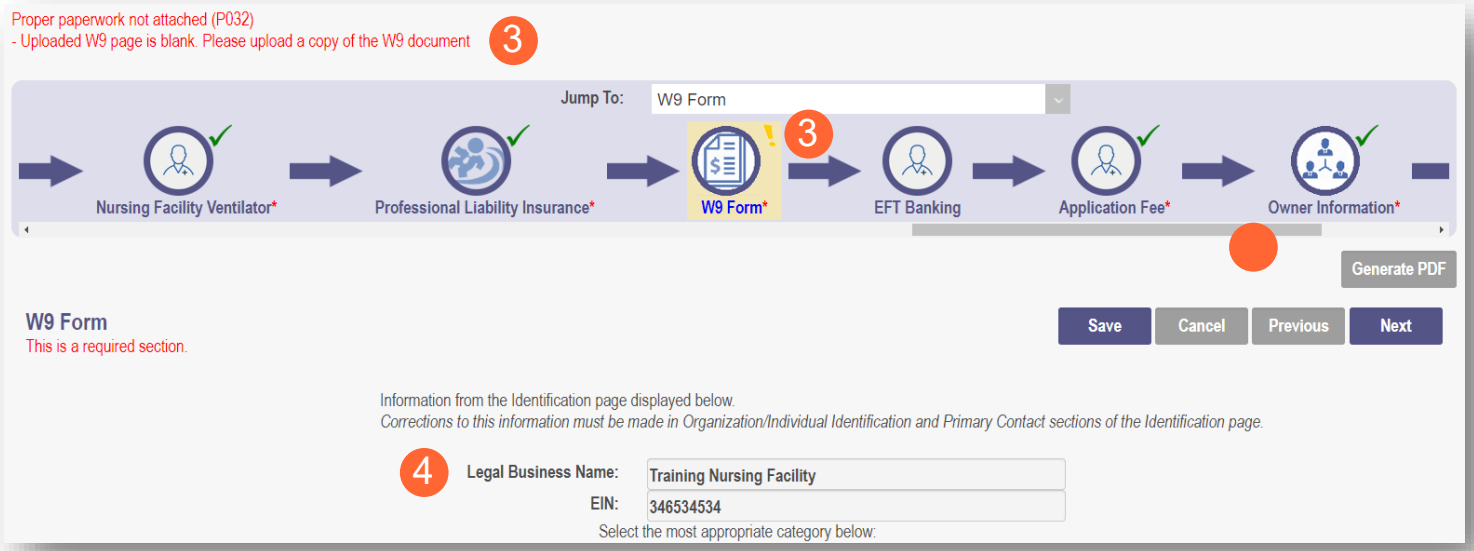
Step 2: Click the 'Continue Registration' hyperlink



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

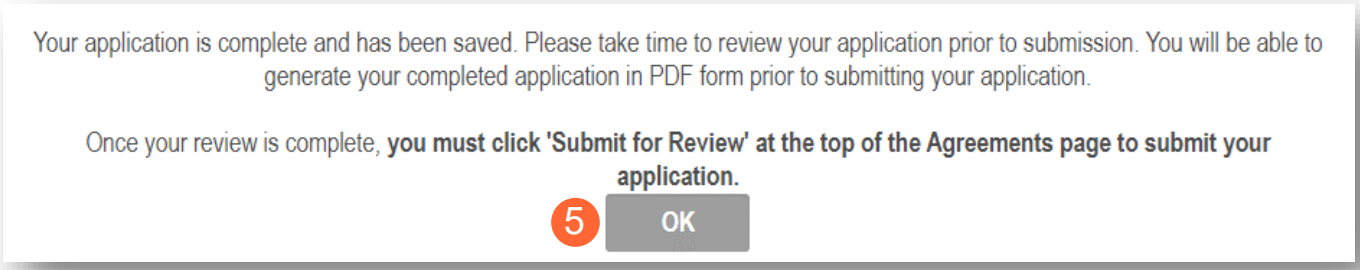
- Rejected pages are marked with a yellow exclamation point
- Messaging will appear at the top of the page indicating the reason the application was rejected

Step 4: Correct or update the information of the page

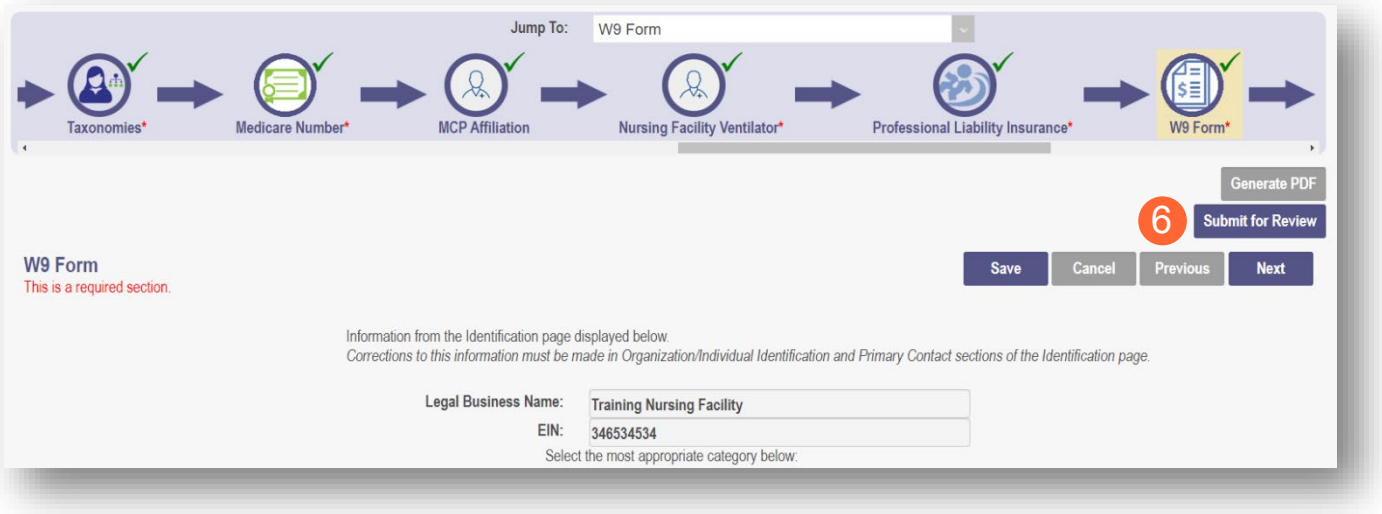


Step 5: Click 'Save' to save the new information

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

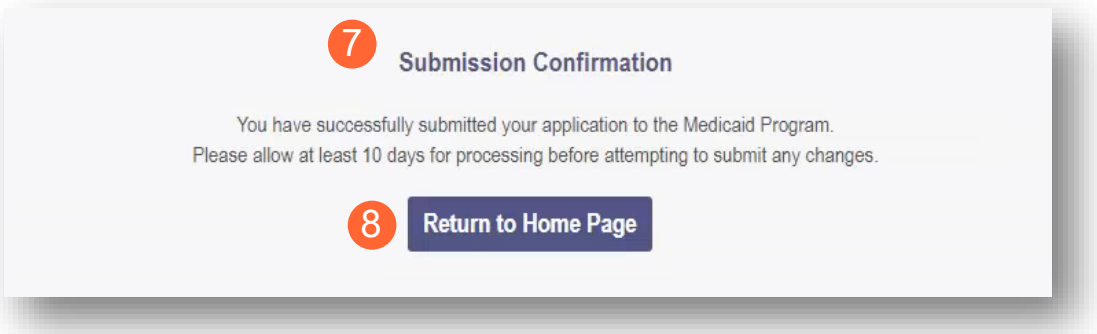


Step 6: To resubmit your application for review, click the 'Submit for Review' button



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

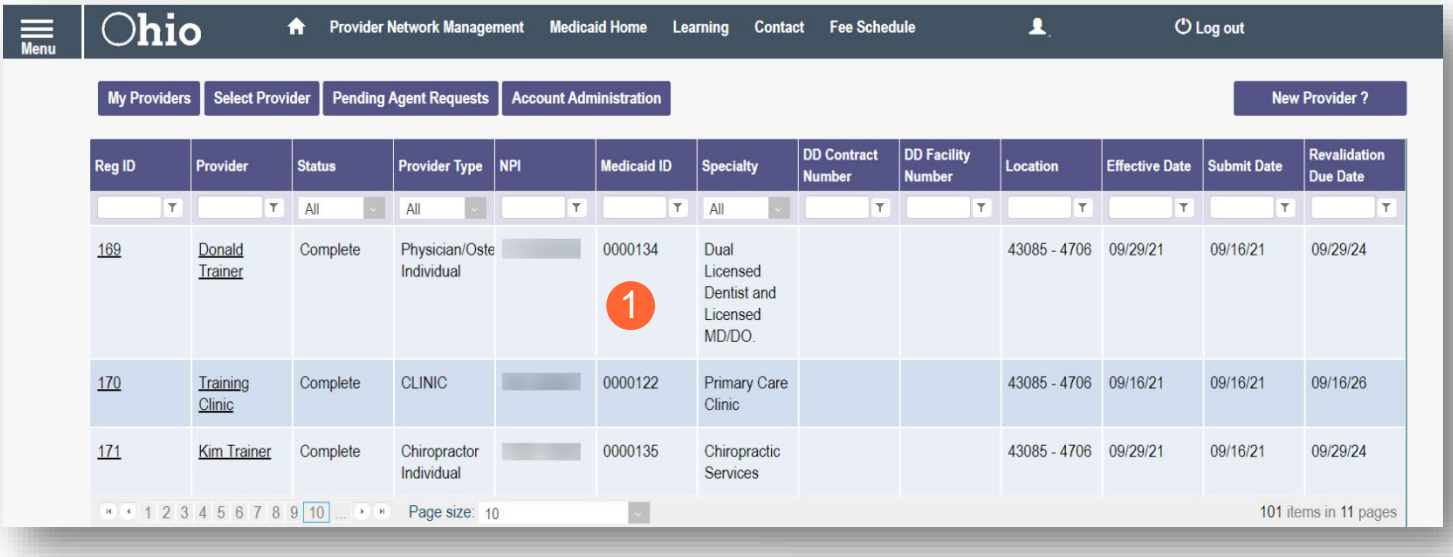
Step 8: To access your dashboard, click 'Return to Home Page'



Review the Final Decision for Provider Submission

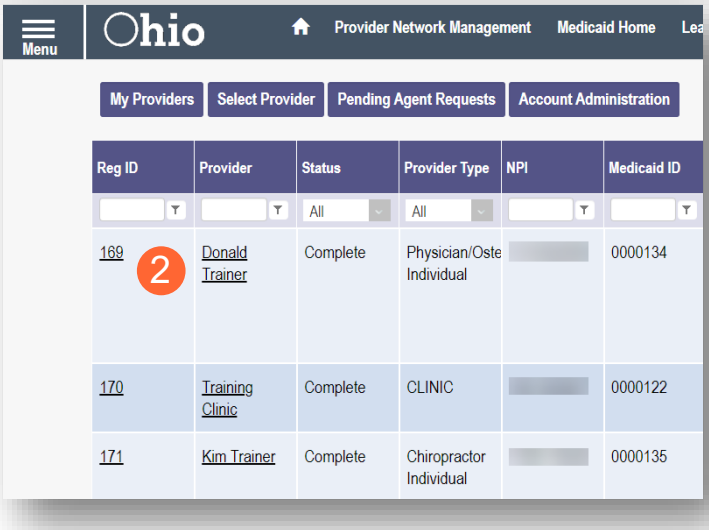
Step 1: Once the entire review process has been approved, you will be assigned a Medicaid ID number

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



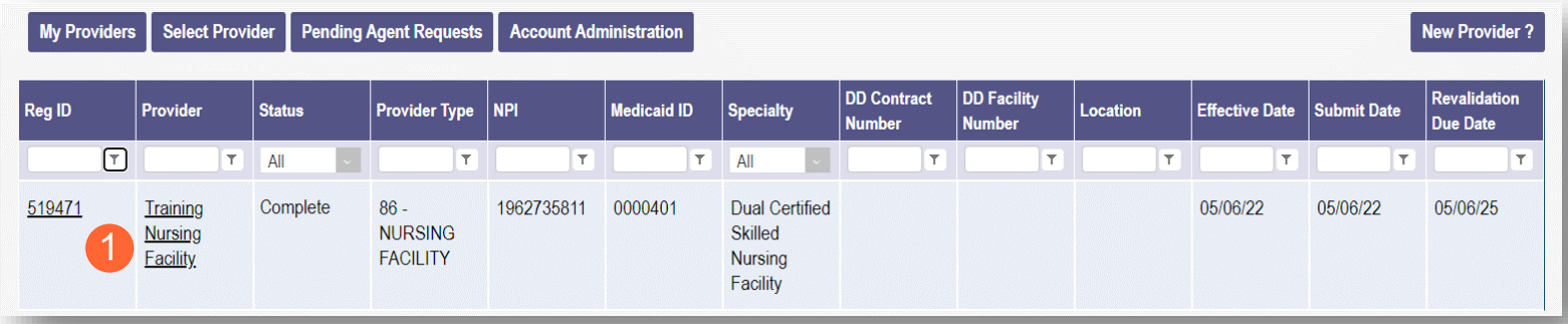
Step 2: Click the link under the Reg ID or Provider heading to review the file

- Here you can view communications, view Provider file, begin revalidation, and access other Provider self service functions.



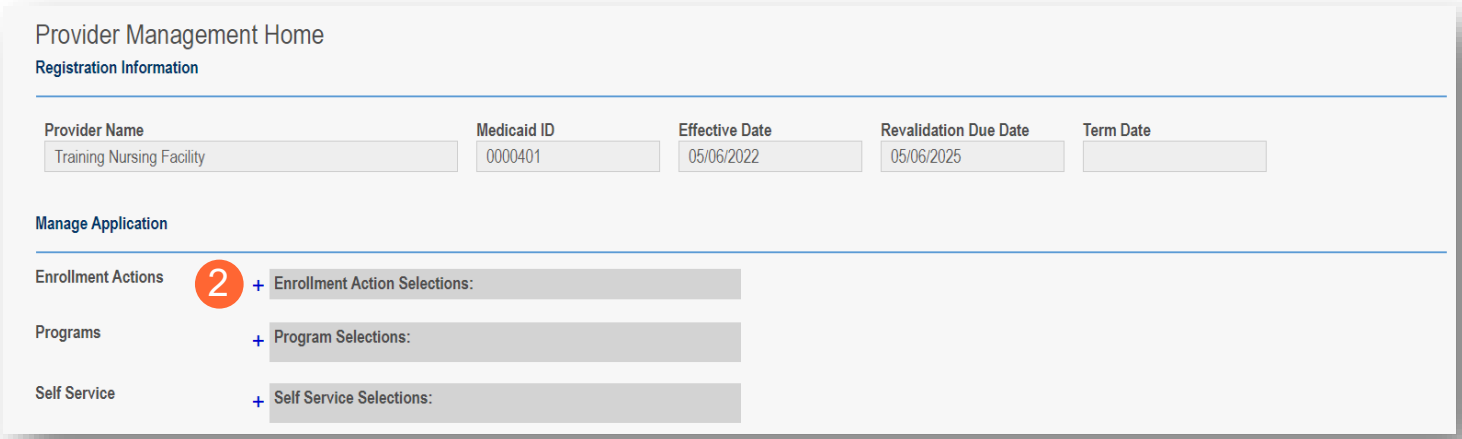
Completing an Update

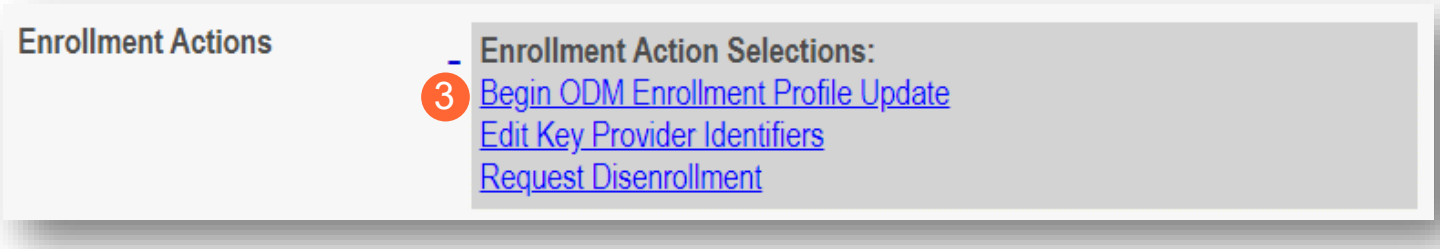
Step 1: Access the file in your dashboard by clicking on link listed under Reg ID or Provider



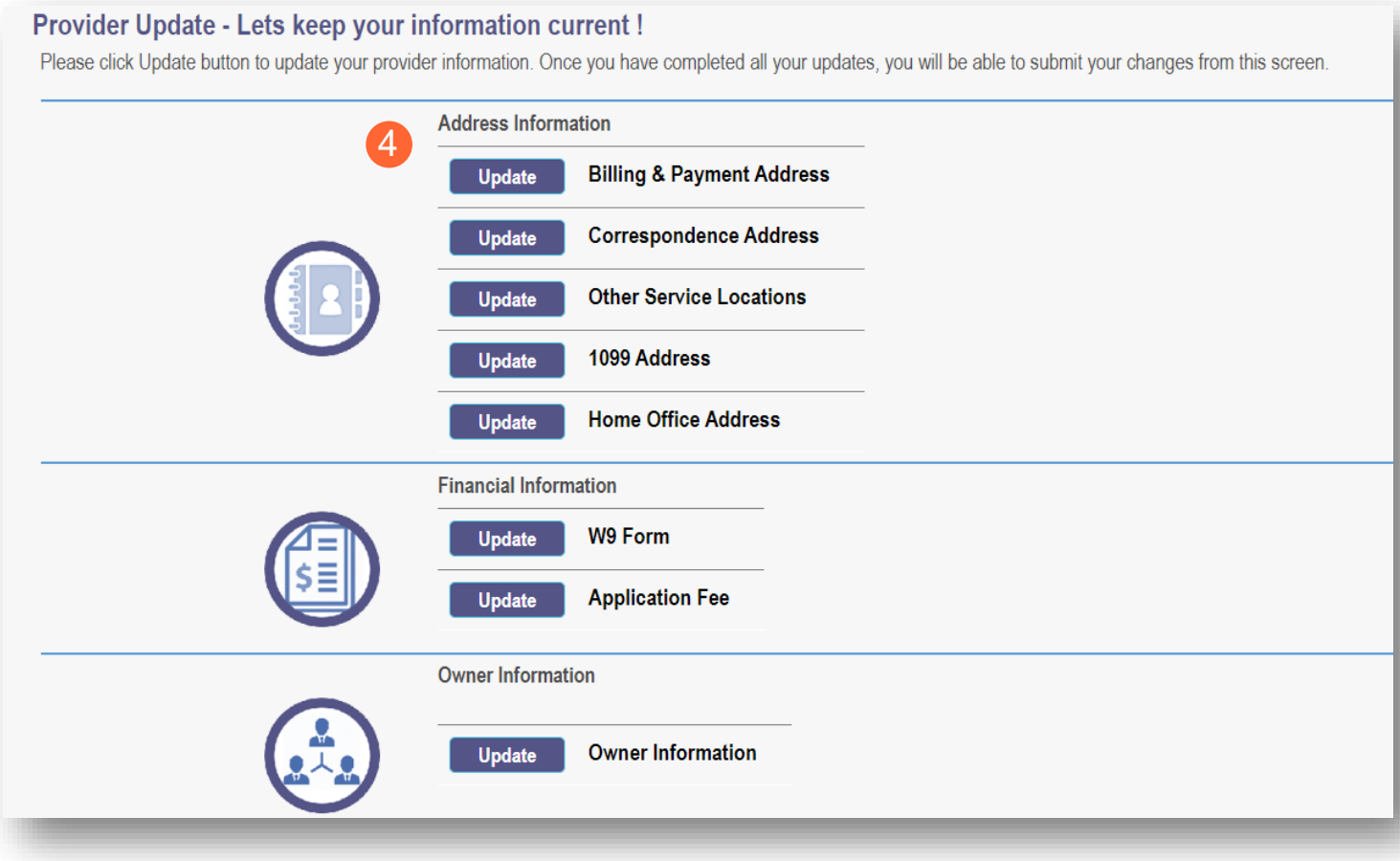
Step 2: Under the Manage Application section, click the '+' icon to expand 'Enrollment Actions'

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





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

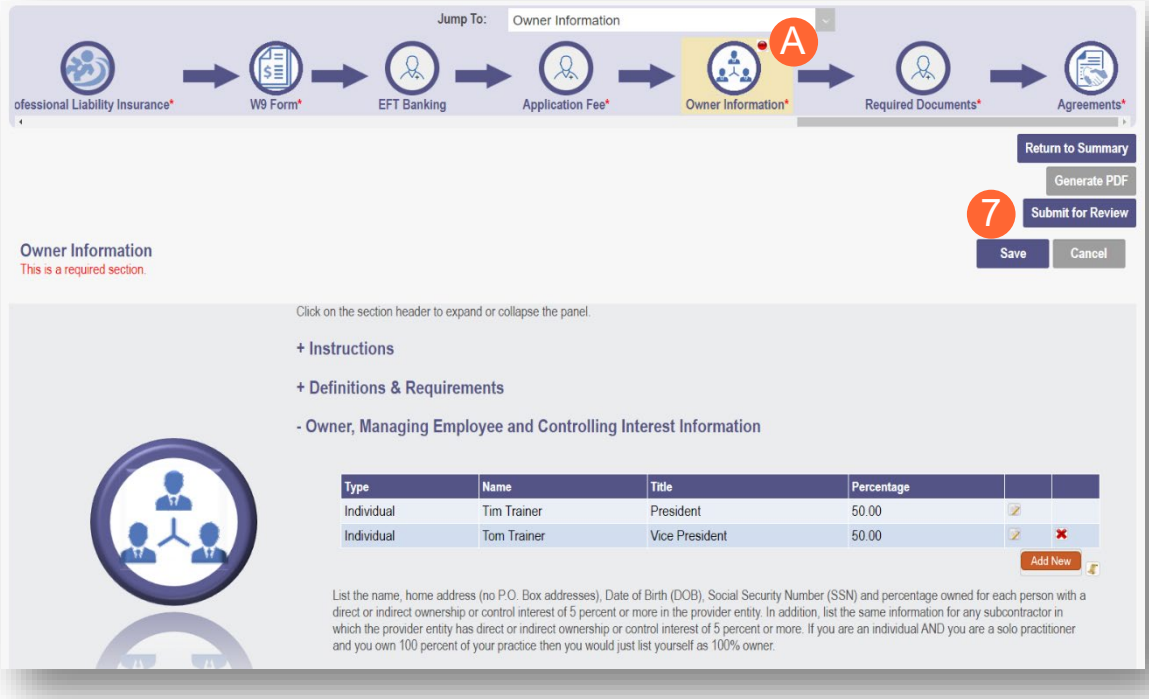


Step 5: Update the file page that you selected and click 'Save' once finished

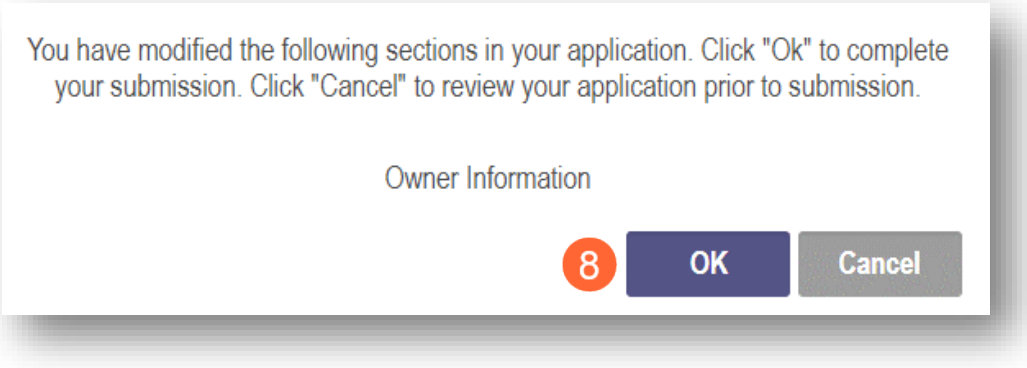
Note: A red dot will display on the updated page once it is saved (A) *(see screenshot below Step 7)*

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

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

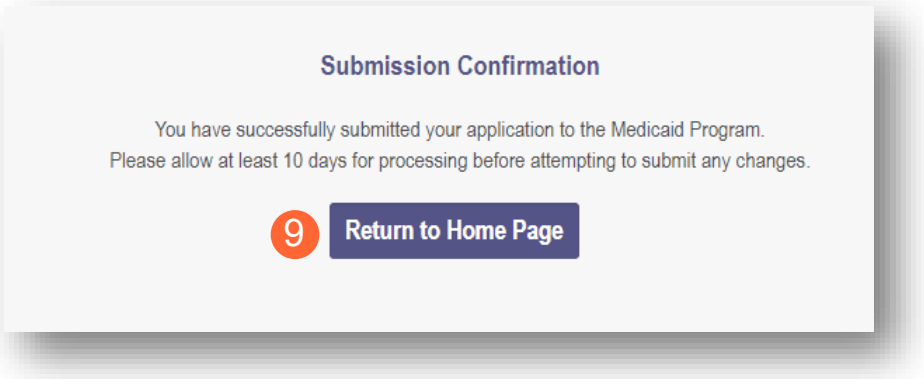


Step 8: A pop-up window displays confirming which page(s) received an update. Click ‘OK’ to complete the submission



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

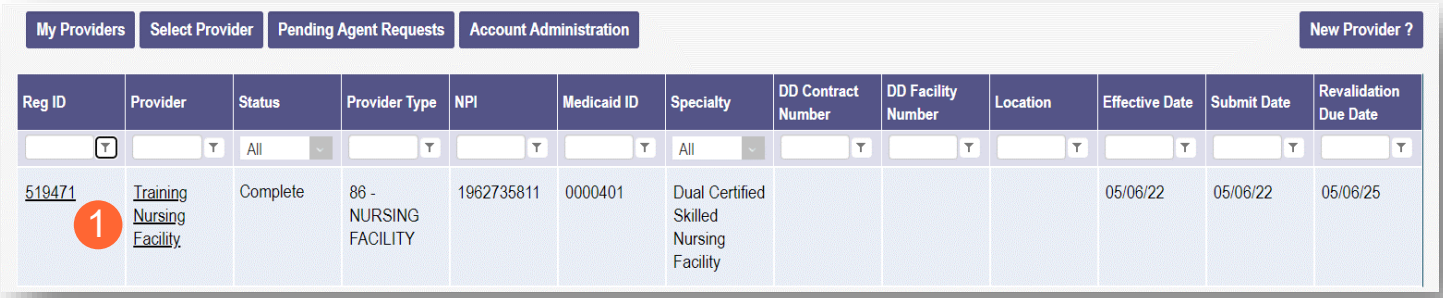
- Click the ‘Return to Home Page’ button to go to your dashboard



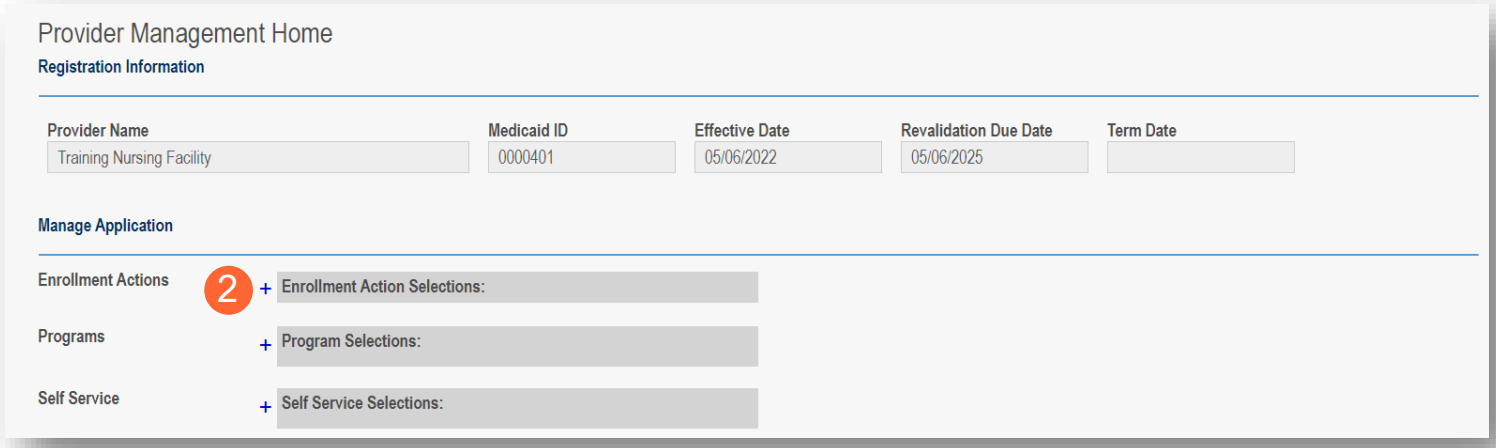
Revalidation/Re-Enrollment Steps

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

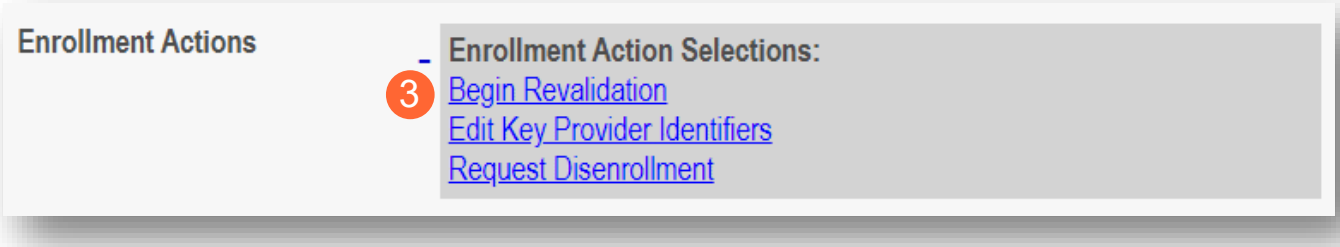
Step 1: Access the application in your dashboard by clicking on link listed under Reg ID or Provider



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



Step 3: Click the 'Begin Revalidation' hyperlink

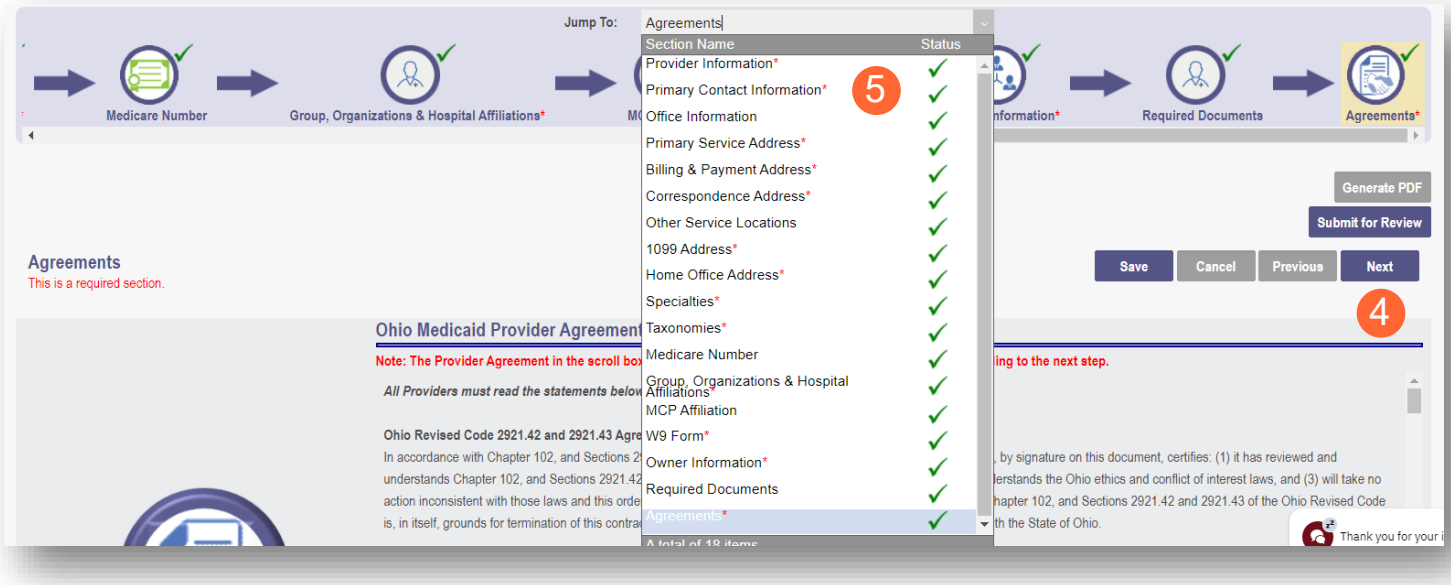


Step 4: Complete each page of the file. Click 'Next' to save and proceed to the next page

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

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

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



Step 5: Once all pages have been completed, click 'Submit for Review' to submit your application for Revalidation