

Quick Reference Guide: Entering New Type 19 Tile Applications in PNM

Steps: An example of these types of applications entered in PNM include Certified Ohio Behavioral Analyst (COBA) and Registered Behavioral Therapist (RBT). Providers contracting with Managed Care Entities ONLY would utilize this application category.

1

The screenshot shows the Ohio Department of Medicaid PNM dashboard. At the top, there is a navigation bar with 'Menu', 'Ohio Department of Medicaid', and links for 'Provider Network Management', 'Medicaid Home', 'Learning', 'Contact', and 'Fee Schedule'. On the right, there are links for 'Training' and 'Log out'. Below the navigation bar, there are two tabs: 'My Providers' and 'Account Administration'. An orange arrow points to a 'New Provider?' button in the top right corner. Below the tabs is a table with 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 dropdown arrow.

Once the dashboard is accessed, the input of new enrollment provider information can be initiated by clicking the 'New Provider?' button.

Note: Only users with the 'Provider Administrator' role in PNM have the ability to create new provider Medicaid enrollment applications.

2

The screenshot shows the application selection screen. At the top, there is a navigation bar with 'Menu', 'Ohio Department of Medicaid', and links for 'Provider Network Management', 'Medicaid Home', 'Learning', 'Contact', and 'Fee Schedule'. On the right, there are links for 'Training' and 'Log out'. Below the navigation bar, there is a message: "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." Below the message are four application type cards: 'Standard application', 'Ordering, Referring, Prescribing', 'Change of Operator', and 'MCP Single Case'. Each card has a 'Select' button. The 'MCP Single Case' card is highlighted with a pink box. Below the cards is a link: 'Click here for more application types...'

Click **Select** under the 'MCP Single Case' application type.

This application selection is for providers contracting with Managed Care Entities only and cannot bill ODM directly.

3

The screenshot shows a close-up of the 'MCP Single Case' application type selection button. The button is purple with the text 'Select' and an information icon (i) to its right. An orange arrow points to the information icon.

Single Case agreement definition: out-of-network provider, including emergency care provider, who provides Medicaid-covered services for a specific plan member or outside the plan's network on a limited basis when the provider is unwilling to enroll

Hovering your mouse over the 'information' icon will provide additional details about this application type.

The MCP Single Case selection would also be made for any providers who do not currently have a type to select under the other application categories (such as 'Standard') in PNM.

Disclaimer: It is the Provider's responsibility to keep information up to date in PNM. This includes specialties, contact information, addresses, etc.

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Steps:

4

“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](#)



Individual



Group



Organization



Facility/Institution



Pharmacy

Select the appropriate provider category for the application that you wish to create in order to enroll with Ohio Medicaid.

Example: If you are entering an application for an individual practitioner, click **Individual**.

5

Complete the provider details for the applicant. All items marked with an asterisk (*) are required fields and must be completed for the page to be saved.

Once all information is completed, click **Save**.

Note: Depending on the category selected in Step 4, different information may appear or be required. Complete the information on the selected screen after choosing a category.

Application Type [Change](#)

Category* [Change](#)

Provider Type*

First Name*

Middle Name

Last Name*

Tax ID Type* EIN SSN

Tax ID*

Are you requesting retro coverage? What is this [?](#)

NPI*

Requested Effective Date*

Gender* Female Male Unknown

Date of Birth*

Zip Code*

Zip Code Extension*

6

Zip Code*

Zip Code Extension*

 Taxonomy*

After initially clicking **Save**, a new line item (Taxonomy) will appear. Select a Taxonomy from the drop-down menu and click **Save** again to proceed to the rest of the enrollment application pages.

Note: The Taxonomies listed in the drop-down menu are pulled from the National Plan and Provider Enumeration System (NPPES) database.