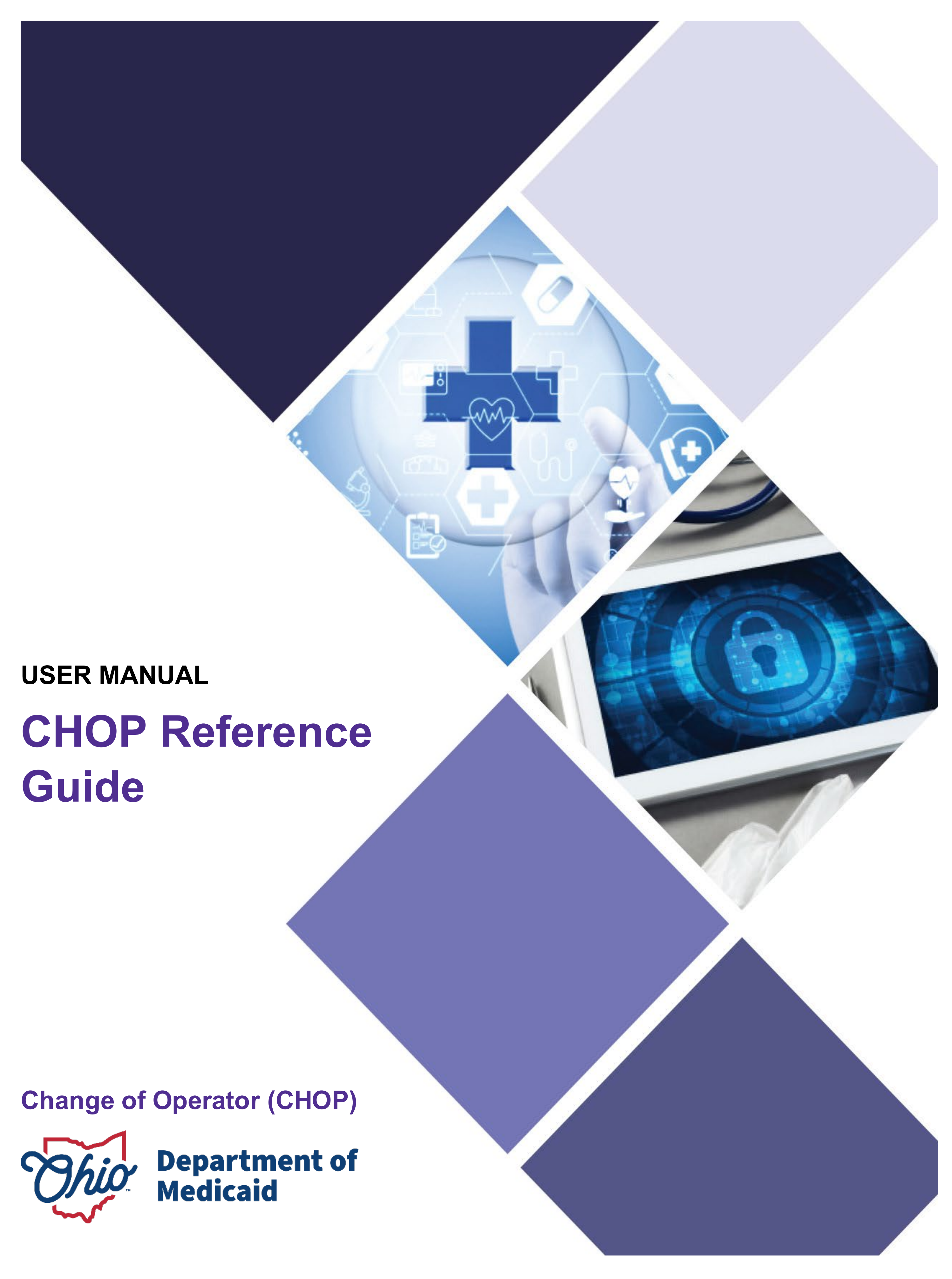

USER MANUAL

CHOP Reference Guide

Change of Operator (CHOP)

Department of Medicaid

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Introduction

This document discusses the steps and functions of initiating a Change of Operator (CHOP) in PNM. In the overall process, files will be initiated by the Exiting Provider when a Change of Operator is requested. Once the Change of Operator (CHOP) is initiated by the exiting provider, the entering provider will complete a new enrollment application.

A CHOP is initiated by the Exiting Provider

The Entering Provider begins a new enrollment application with Exiting Provider Information Provided in the Application

Data entered on the new application is reviewed and approved

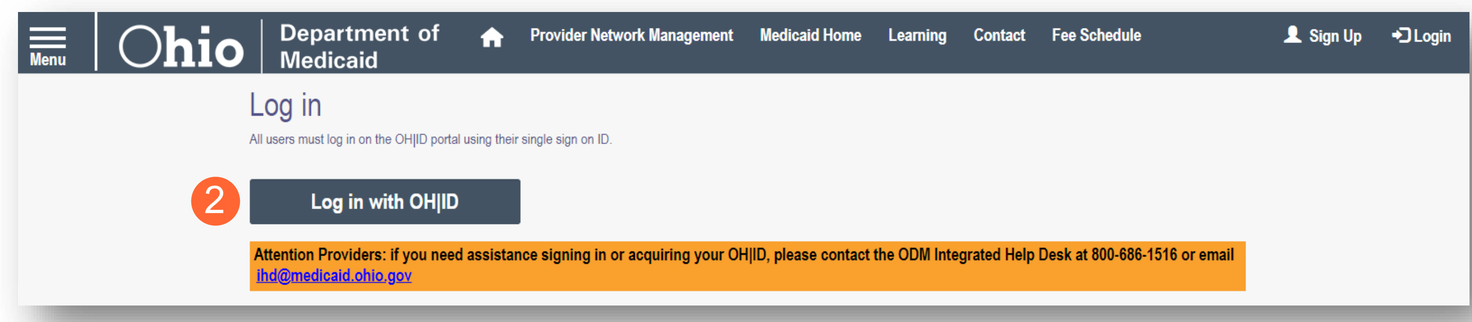
Exiting Provider becomes inactive, and the Entering Provider is now active

Provider User Initial Login

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

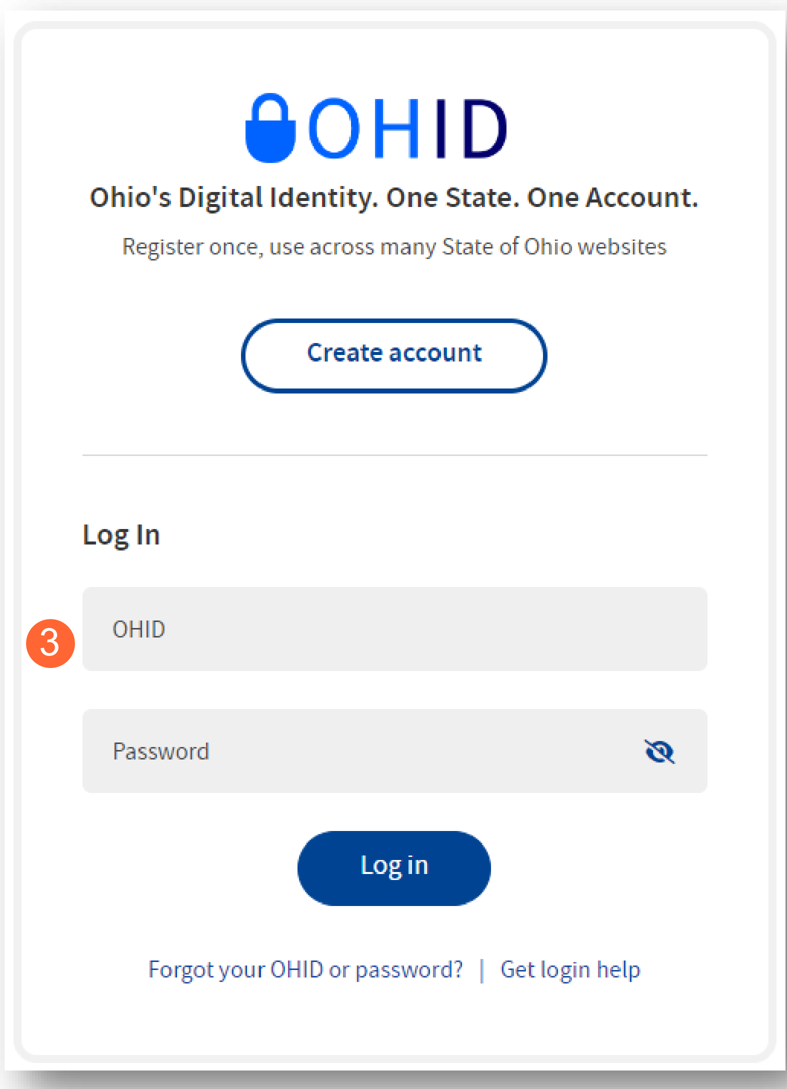
Step 1: Visit the PNM web address: https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx.

Step 2: Click **Log in with OH|ID**.

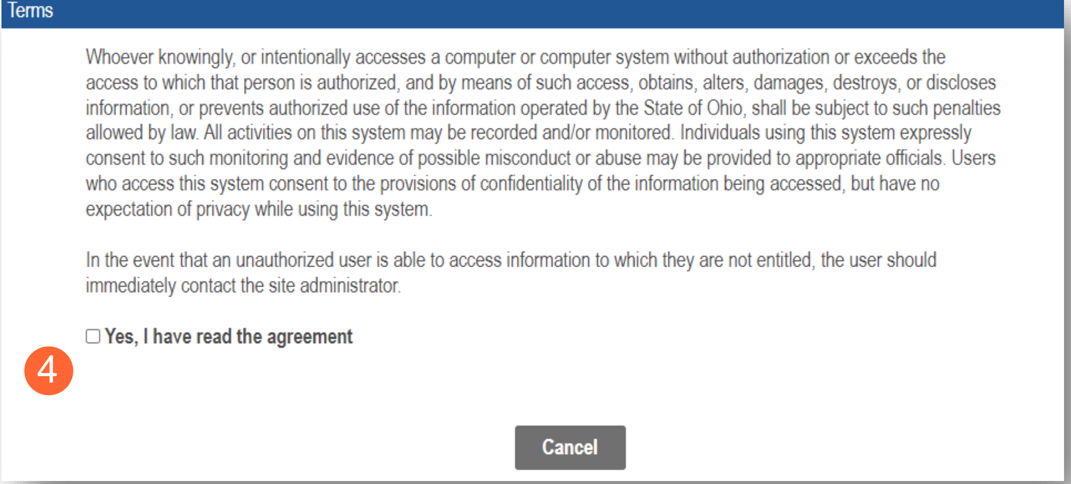


Step 3: The system will prompt you to enter your username and password on the IOP login screen. Once entered, click **Log in**.

- If you have not created an IOP account previously, you can click **Create Account** and follow the steps to create a new account.



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.

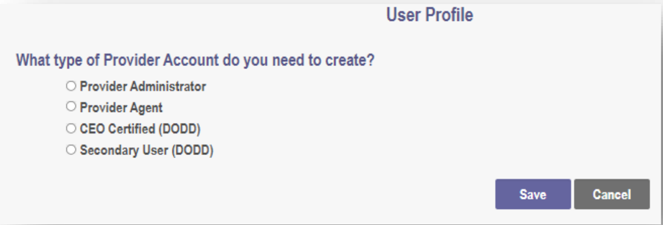


Provider Home Page

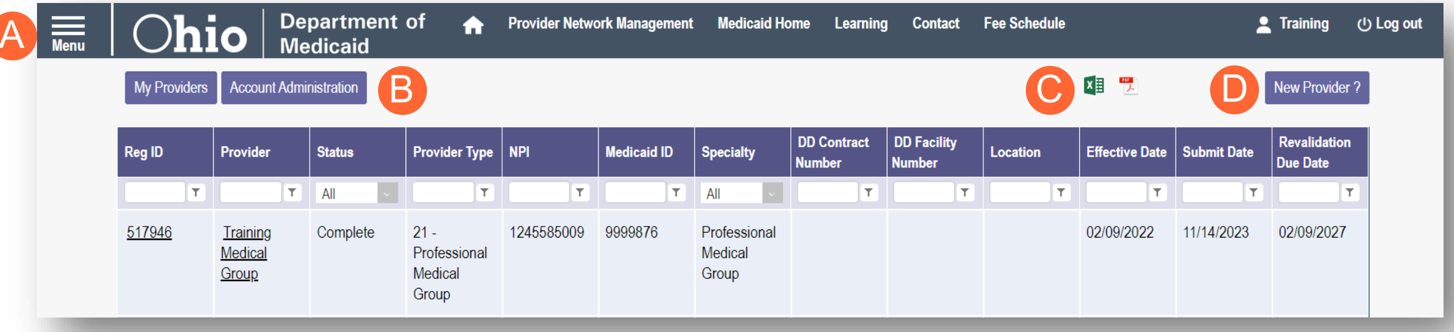
There are two provider roles in PNM:

- **<u>Provider Administrator:</u>** *(Also known as CEO Certified for DODD)* 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 (NPIs/Medicaid IDs).
- **<u>Provider Agent:</u>** *(Also known as Secondary User for DODD)* 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. These actions are assigned to each Agent by the Administrator for the Medicaid ID.

A user must select a role the first time they log into PNM.



When you first login to the PNM system you will see a variety of buttons to help with administering providers. Some of the buttons, as indicated below, are only accessible to certain user roles.



<u>Menu</u>: 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 (A).

<u>Account Administration:</u> This button allows a Provider Administrator to set up Agent users, assign them actions/roles, or transfer the Provider to another Provider Administrator user *(button only displays for users holding the Provider Administrator or CEO Certified role)* (B).

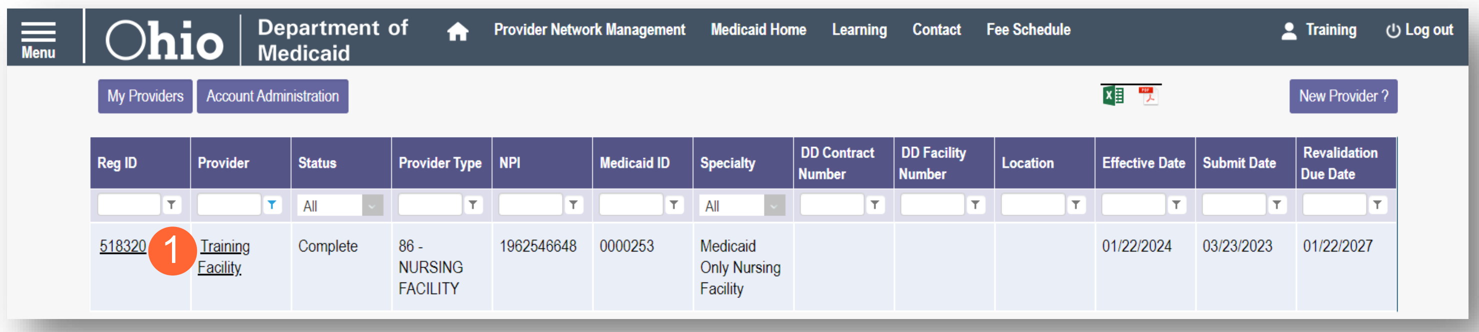
<u>Excel and PDF Icons:</u> These buttons allow you to export the list of providers appearing on your dashboard. Click the 'green' icon to export the list in an Excel format or the 'red' icon to export the list in a PDF format (C).

<u>New Provider?:</u> This button is used to start a New Enrollment Application (first time enrolling with ODM, ODA, or DODD) for any new Ohio Medicaid provider that you will be responsible for administering *(button only displays for users holding the Provider Administrator or CEO Certified role)* (D).

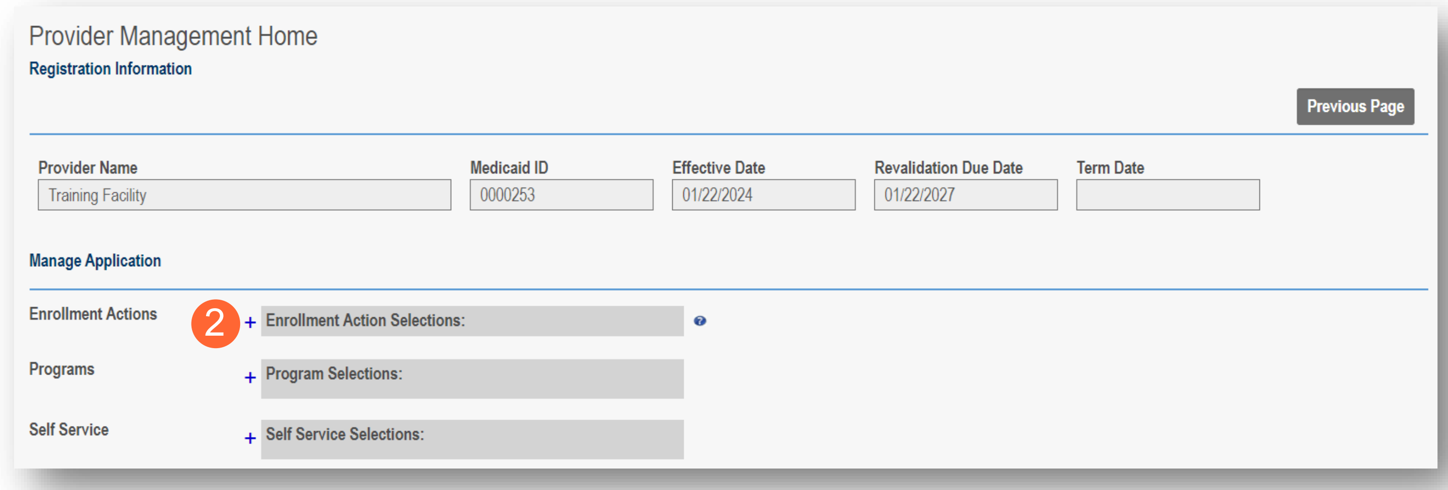
Initiating a CHOP (Exiting Provider)

This section demonstrates the CHOP (Change of Operator) process when initiated by the exiting provider.

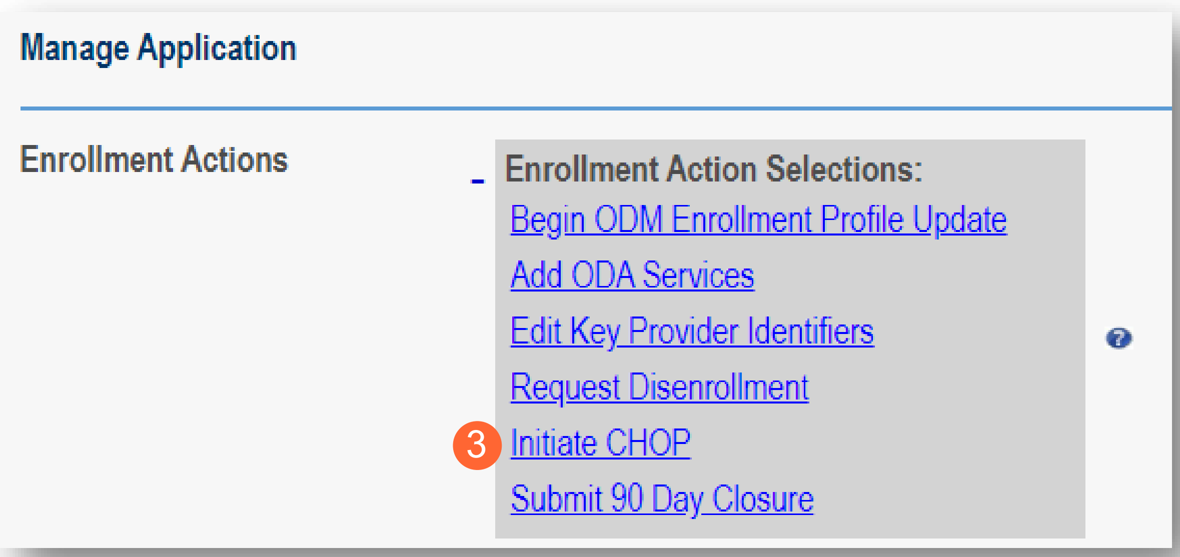
Step 1: From the list of providers on the Homepage/Dashboard, click on the link under Reg ID or Provider for the provider that will be the 'Exiting Provider' for the CHOP.



Step 2: On the Provider Management Home page, under the Manage Application section, click the '+' icon to expand the Enrollment Actions.

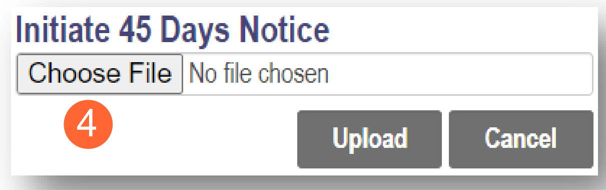


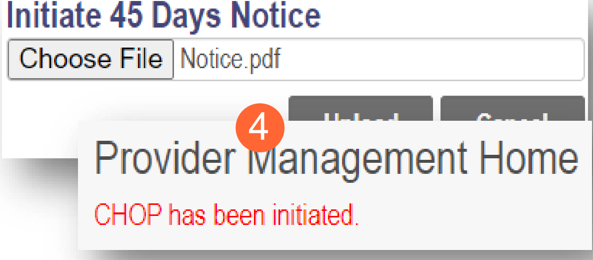
Step 3: Under the Enrollment Actions, click the hyperlink labeled ‘Initiate CHOP’.



Step 4: A pop-up appears requesting a 45-day notice.

- Click **Choose File** to locate the document on your computer.
- Once located, select the document, and click **Open**.
- When the file has been selected, click **Upload**.



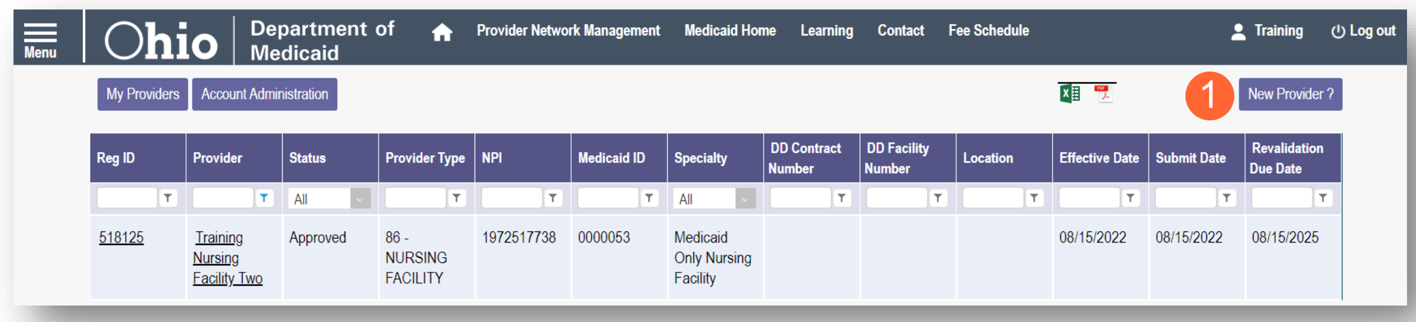


Uploading the ‘45 Days’ Notice’ begins the CHOP process. PNM will display a message stating that the CHOP has been initiated.

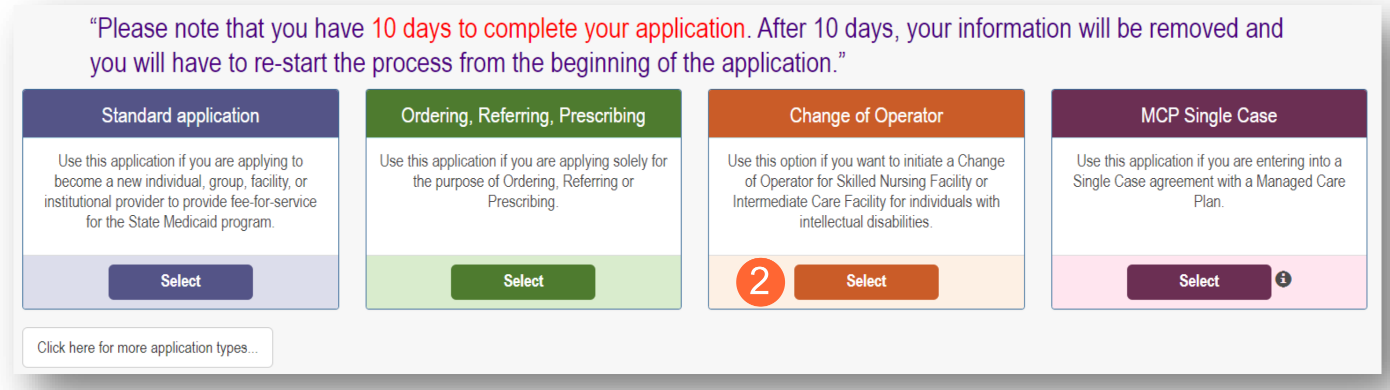
Entering a New Provider (Entering Provider)

Now the Entering Provider needs to provide their records to continue the CHOP process. This section demonstrates the entering of the new provider.

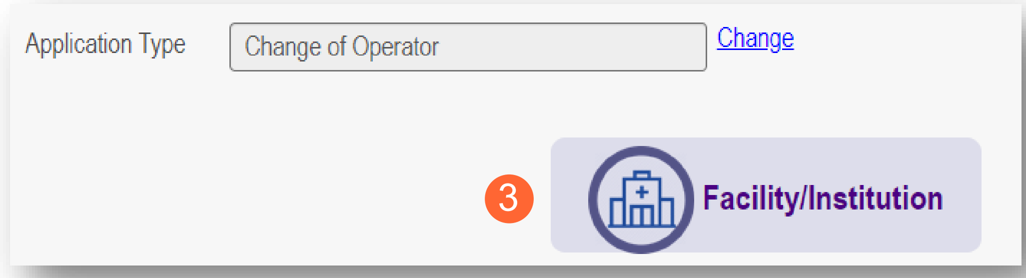
Step 1: From the Homepage/Dashboard, click **New Provider?** to begin a new application.



Step 2: Under Application Type, click 'Select' for the Change of Operator option.



Step 3: Click **Facility/Institution**.



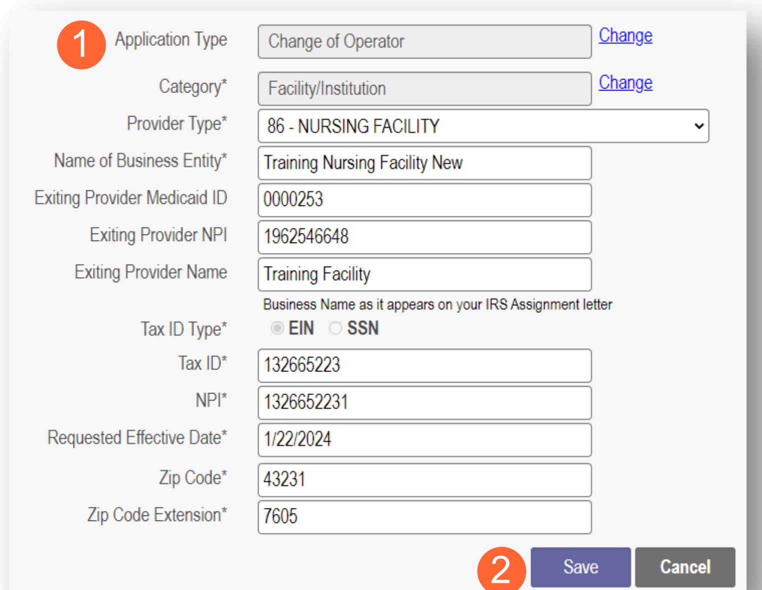
Key Identifiers Information Page

Note: Previous selections made (application type, category) can be changed by clicking on the “Change” link.

Step 1: Enter key provider information for the provider.

Enter all required fields marked with an asterisk (*).

- Provider Type
- Name of Business Entity
- Exiting Provider Medicaid ID *(if known)*
- Exiting Provider NPI *(if known)*
- EIN (Employer Identification Number)
- Tax ID
- NPI (National Provider Identifier)
- 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.

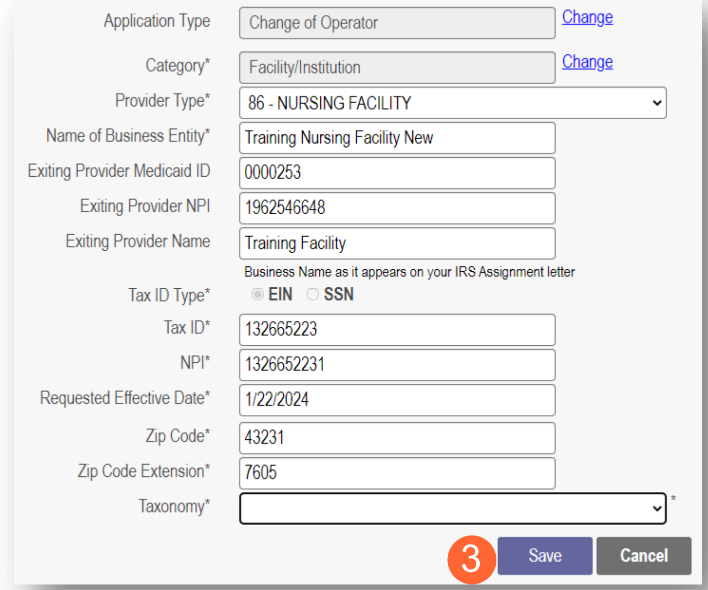
The NPI entered is not in the NPPES list.

The NPI entered must be a Type 2 NPI.

Step 3: Select the appropriate primary Taxonomy associated with the provider’s NPI and click **Save** again.

The available taxonomy choices listed are pulled from the NPPES registry database. If you need to update taxonomy information, please contact NPPES.

If multiple taxonomies need to be listed, additional taxonomies can be added on the on the ‘Taxonomies’ page of the application.

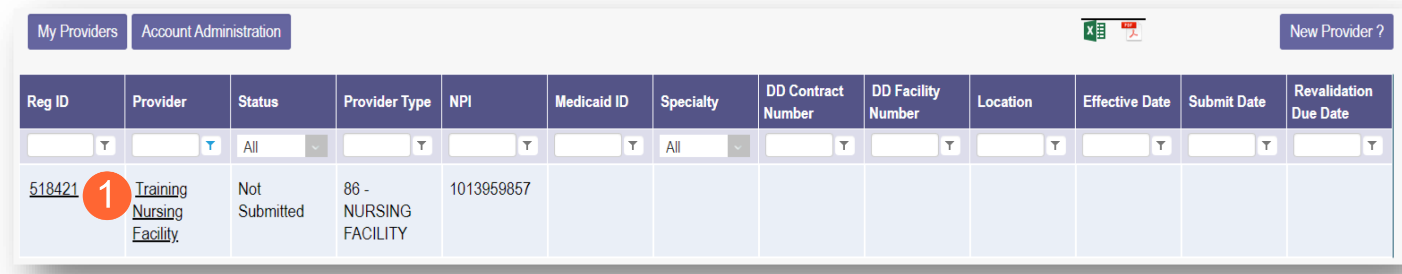


Continuing an 'In Progress' Application

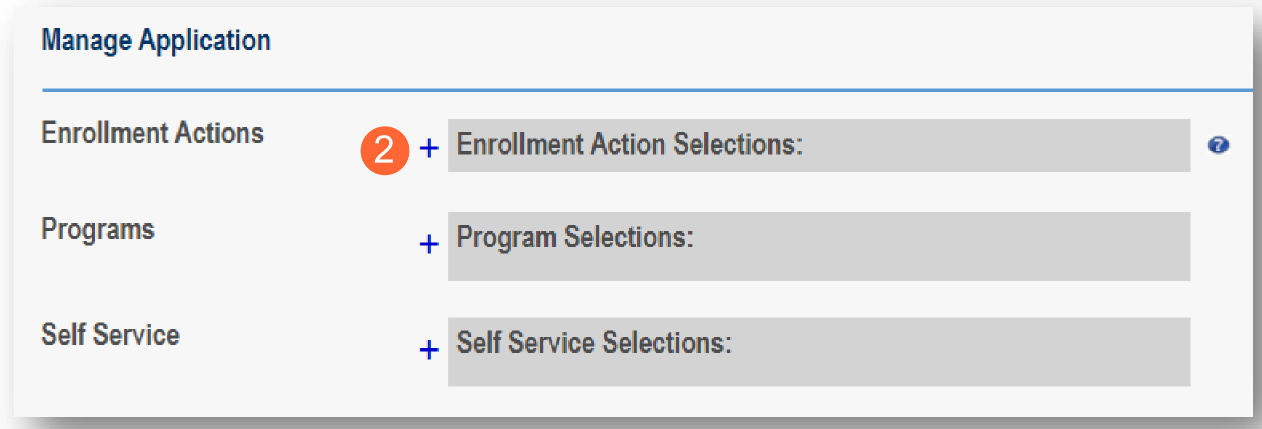
If an application has been initiated, but has not been submitted, you can pick up the 'in progress' application to continue adding information. The steps below show how to access an application that has been initiated but not submitted.

Note: Applications that have been initiated, but not submitted will display a Status of "Not Submitted."

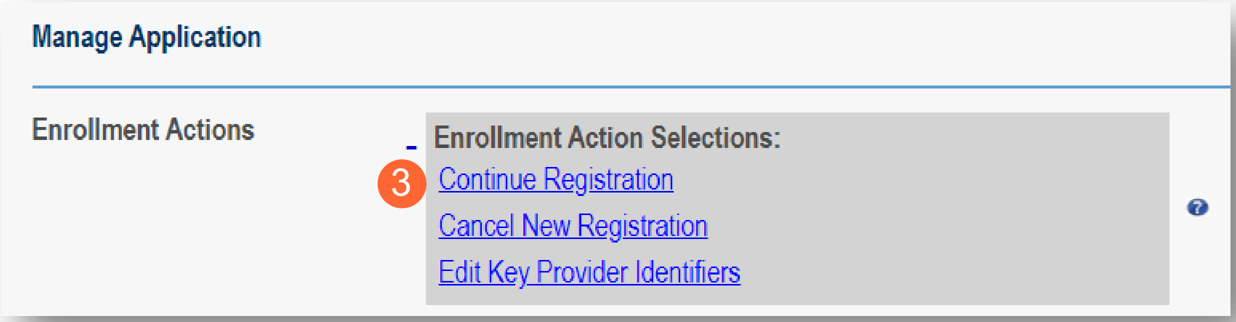
Step 1: Click the Reg ID or Provider hyperlink for the provider for which you wish to continue the application.



Step 2: Expand the Enrollment Action Selections by clicking the '+' icon.



Step 3: Click the hyperlink "Continue Registration."



Note: PNM will open to the first 'unsaved' page of the application.

Document Upload Process (Any Page)

The option to upload documents is available on most pages of the application. Some pages have a box asking for a specific document and uploads can be completed there. For all other uploads, the steps below can be followed.

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

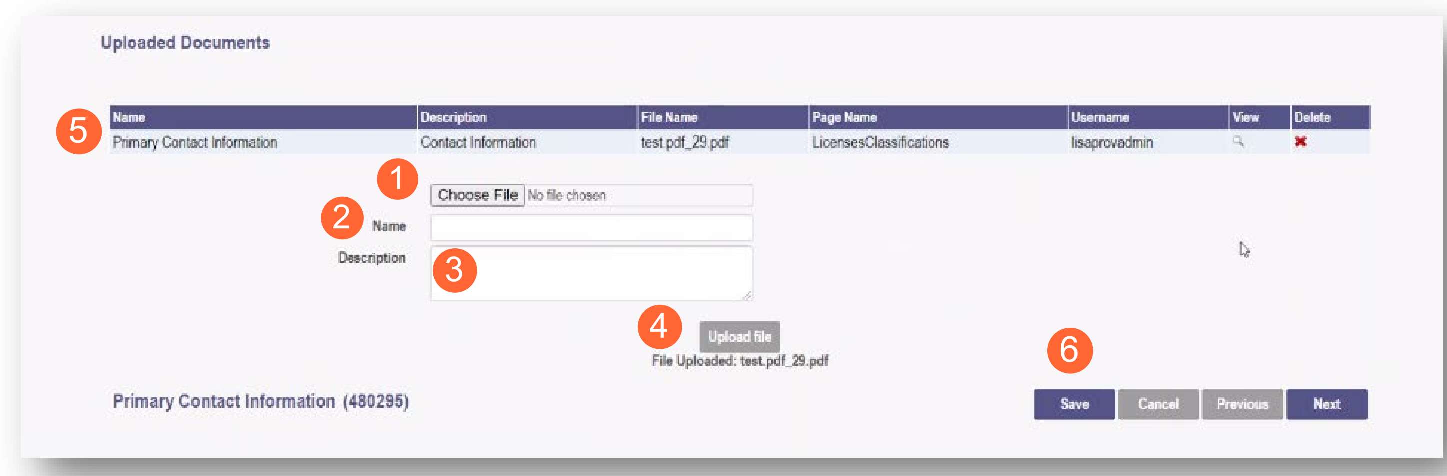
Step 2: Give the file a name.

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.

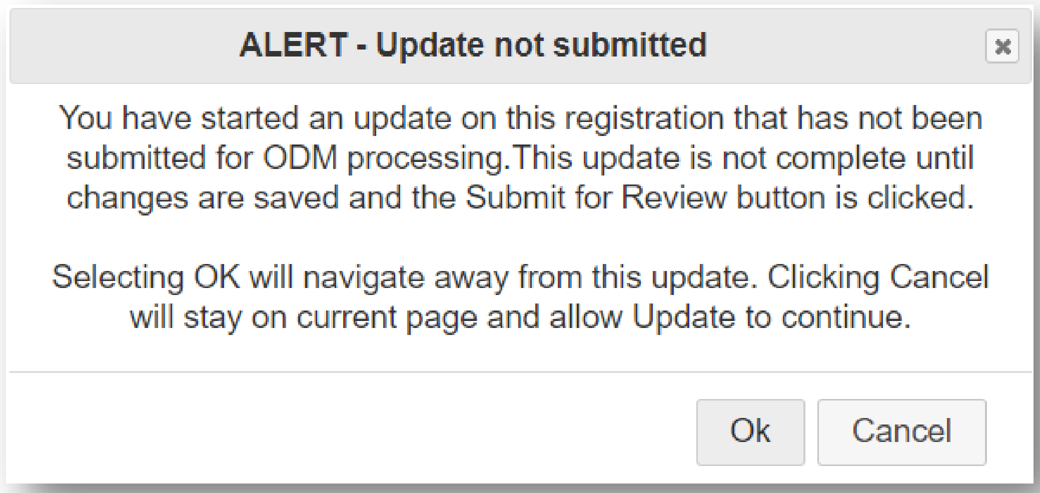
Step 6: Click 'Save' or 'Next' to advance to the next page.



Page Save Warning Message

While the application pages can be completed in any order, PNM is set up to present the pages in an order that user-friendly to complete. To change to different pages, you can click the icon in the navigation bar or choose the page name from the drop-down menu.

If you leave a page where information has not been saved, PNM displays a pop-up window.



To advance to the page selected, click **Ok**.

To remain on the current page, click **Cancel**.

Provider Information Page

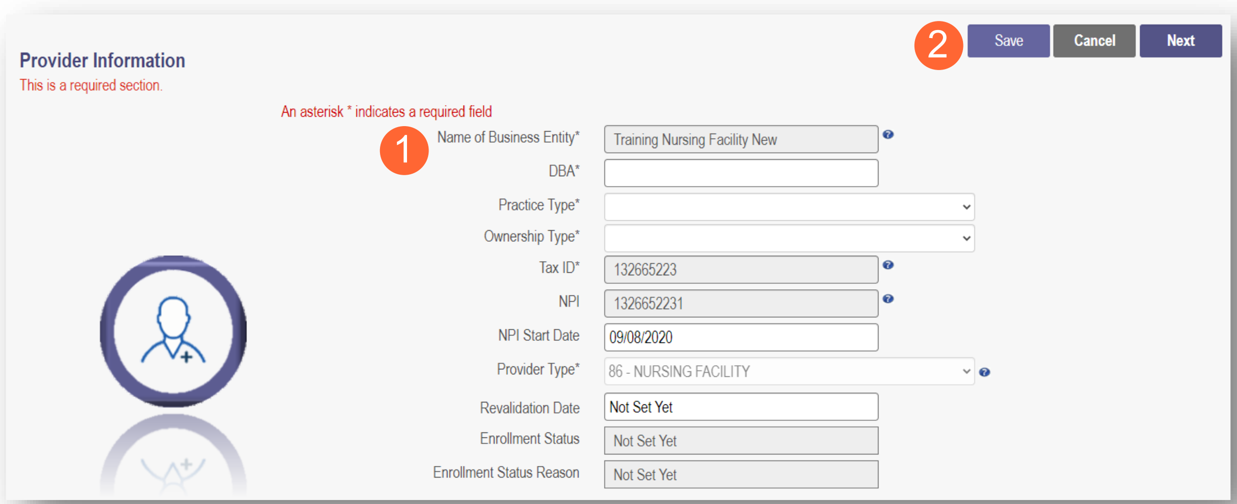
The first page that displays is the Provider Information page. Fill in all fields and click **Next** to continue with the application. *(Clicking 'Next' saves the information on the page and advance to the next page of the application.)*

Note: Some information will auto-fil from the key identifiers 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
- NPI (National Provider Identifier)
- Provider Type



Step 2:

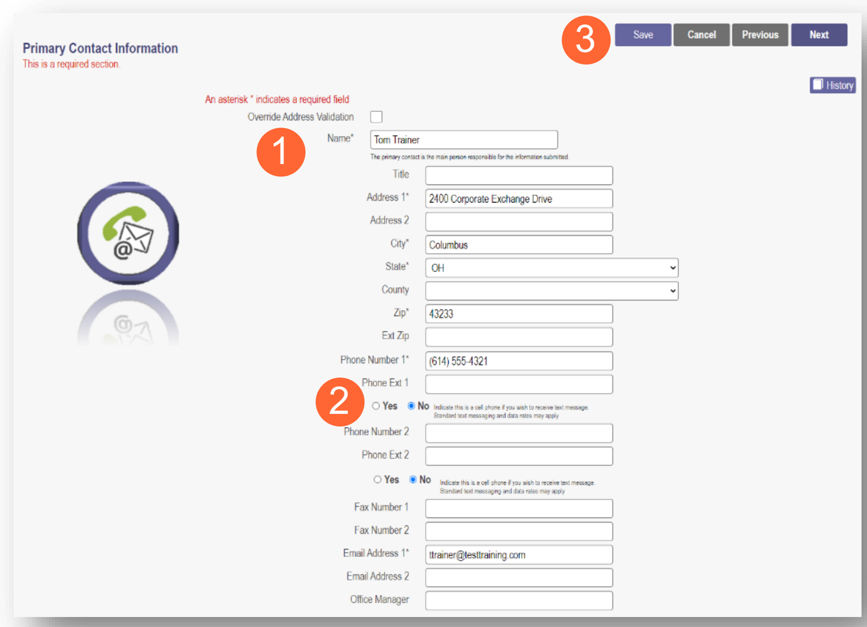
- Click the **Save** button to save the information on the page *OR*
- Click the **Next** button to save and move to the next screen.

Primary Contact Information Page

The Primary Contact Page is the next page that displays on the application. This is the primary contact who will receive communications from PNM and be responsible for managing those communications as well as 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 1 *(can enter multiple)*
- Email Address 1 *(can enter multiple)*



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.

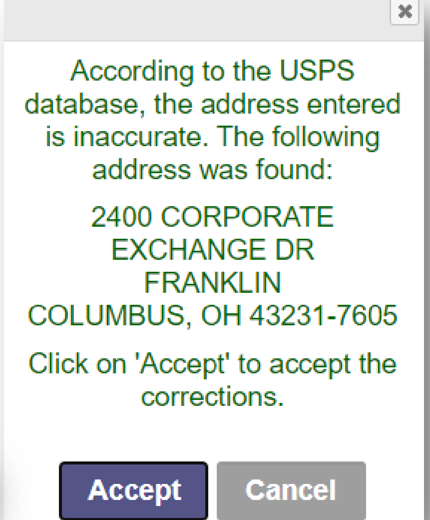
Step 3:

- Click the **Save** button to save the information on the page *OR*
- 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 after clicking '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.



If the address listed cannot be validated by USPS, select the 'Override Address Validation' box to proceed forward.

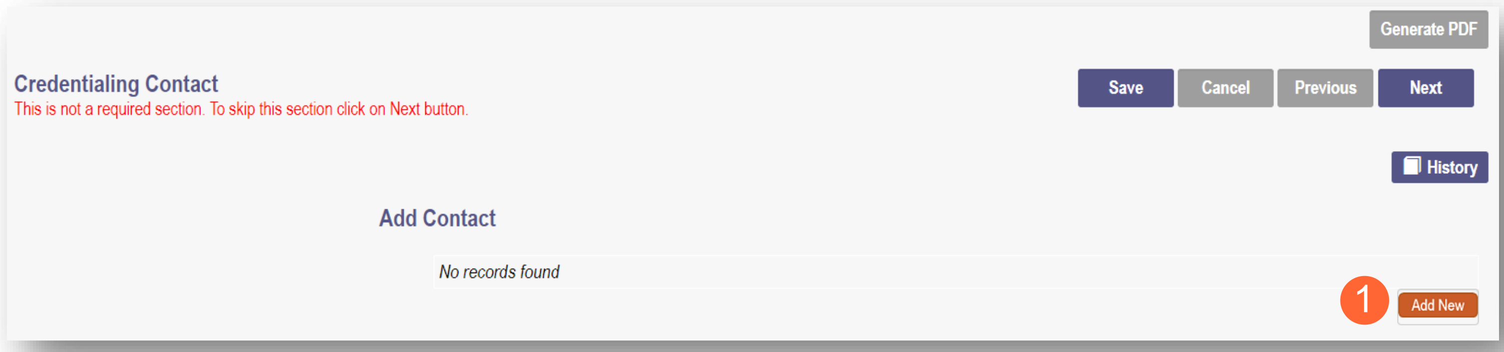
Override Address Validation

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: Depending on the provider type selected, this page may not appear on the application. If it does, PNM indicates, that 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**.

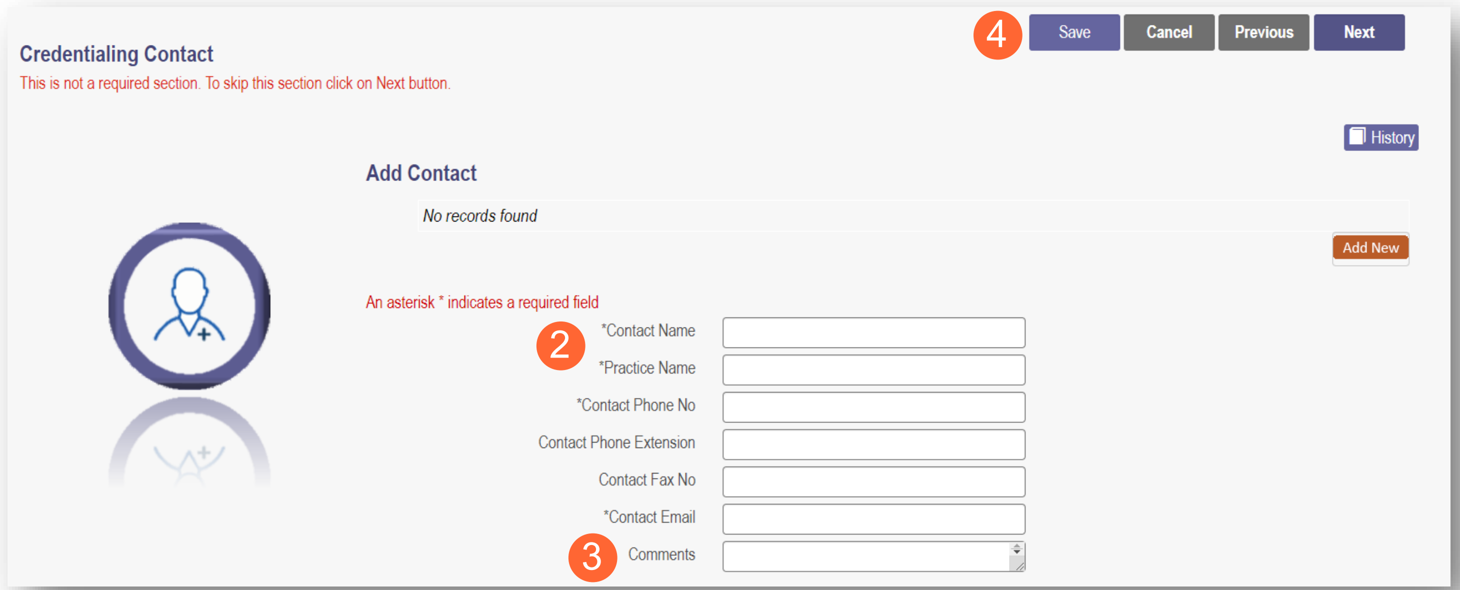


Step 2: Enter all required fields marked with an asterisk (*).

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

Step 4:

- Click the **Save** button to save the information on the page *OR*
- Click the **Next** button to save and move to Primary Service Address Page

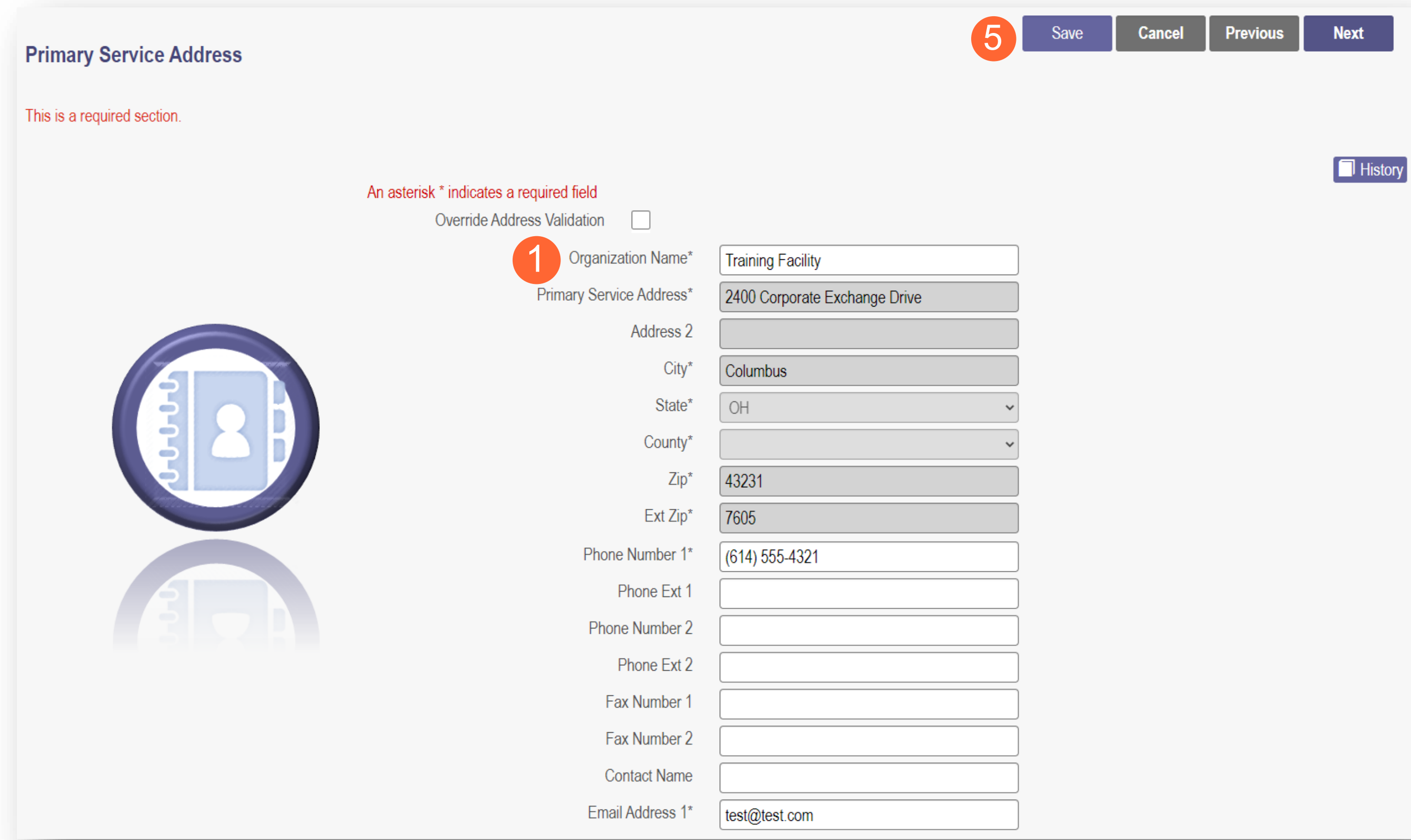


Primary Service Address Page

The Primary Service address page provides a place to enter the primary service address for the provider's location along with specific information about the provider's 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
- County *(will be automatically inputted after USPS database check)*
- Zip
- Zip Ext *(will be automatically inputted 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 accessible through PNM.

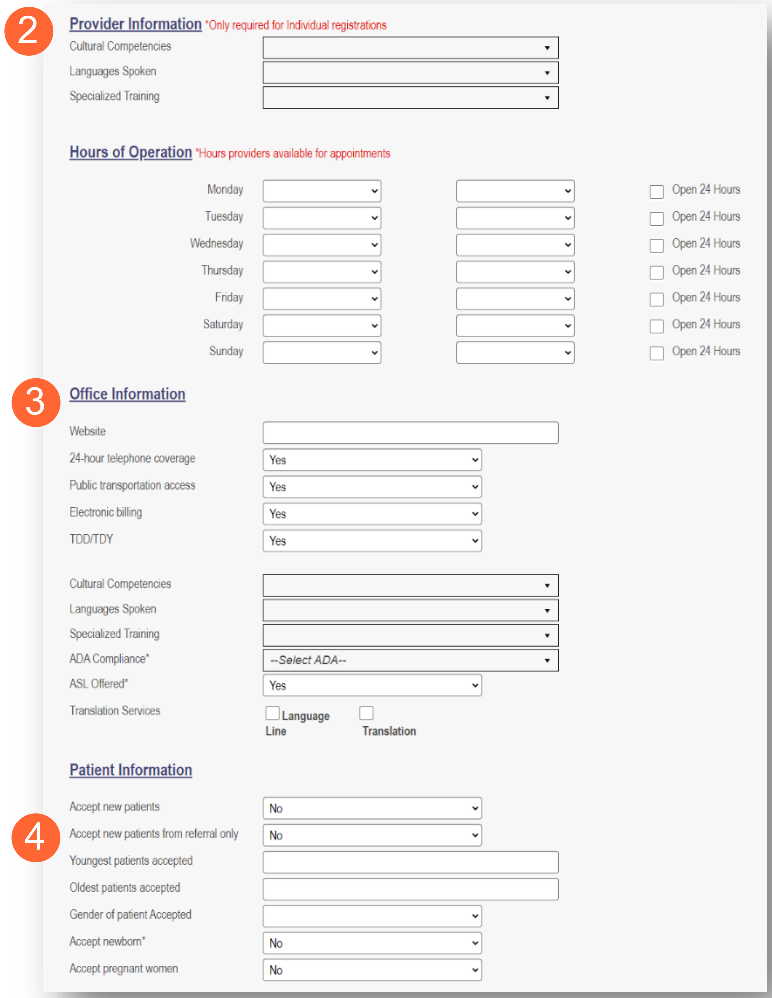
Provider Directory Opt-Out

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

- Cultural Competencies
- Languages Spoken
- Specialized Training
- Hours of Operation
- Whether the location is open 24 hours

Step 3: Indicate specific office information about the provider or provider's 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 the provider's 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 a Change of Operator (CHOP) 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.

Same as Practice Location ☐

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

If the address listed cannot be validated by USPS, click the 'Override Address Validation' box to proceed forward.

Override Address Validation ☐

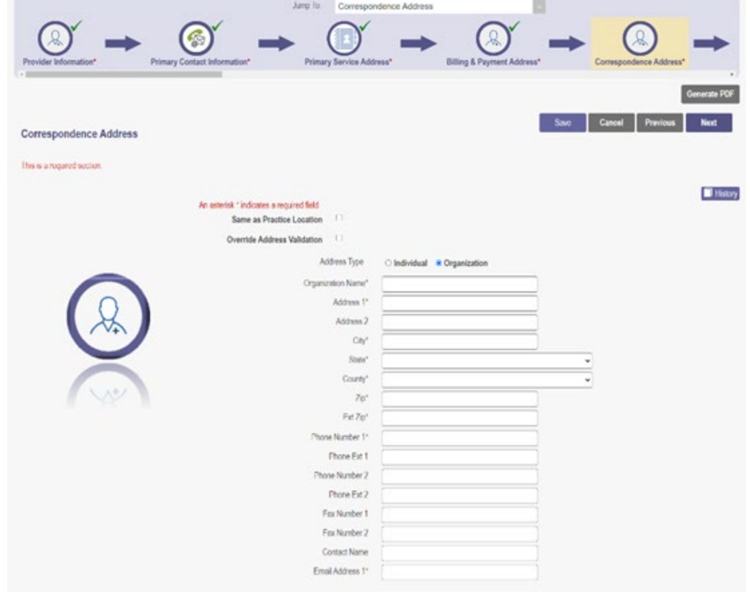
Click **Next** to save the information to the record and advance to the next page.

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 Primary Service Address page into the fields.

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

If the address listed cannot be validated by USPS, click the 'Override Address Validation' box to proceed forward.
Click **Next** to save the information to the record and advance to the next page.



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 Primary Service Address page into the fields.

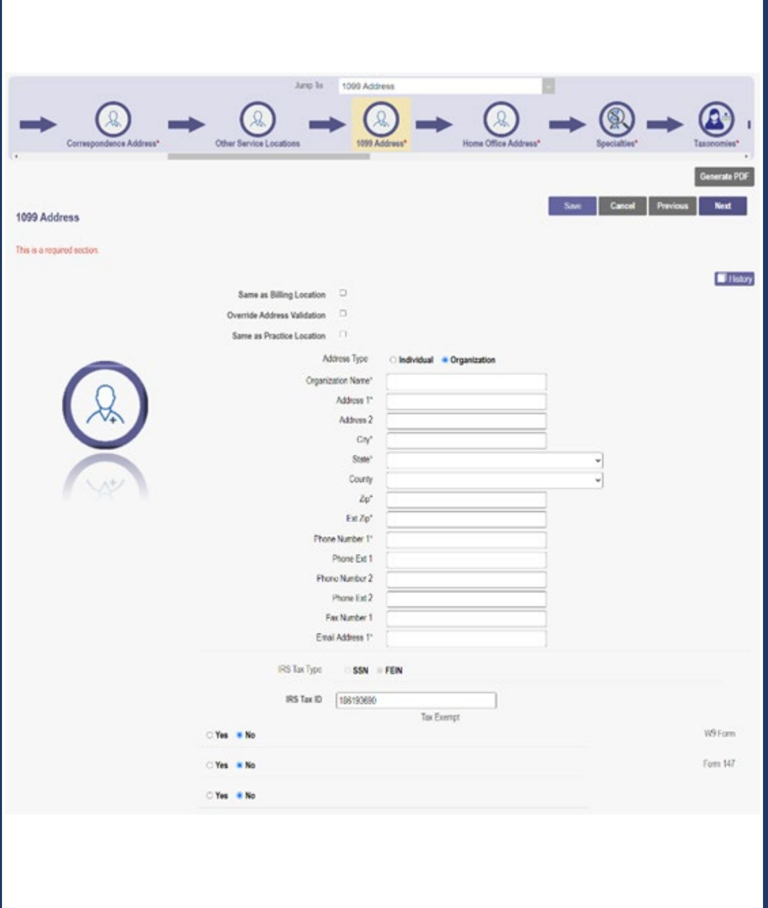
If the 1099 Address is the same as the Billing & Payment Address, select the check box to indicate it is the ‘Same as Billing Location.’ This will pre-populate information that was entered on the Billing & Payment page into the fields.

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

If the address listed cannot be validated by USPS, click the ‘Override Address Validation’ box to proceed forward.
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 **Next** to save the information to the record and advance to the next page.

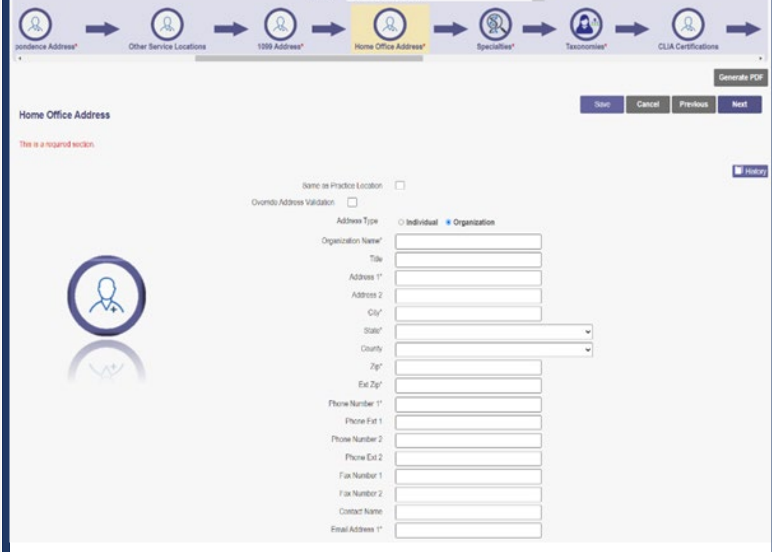


Home Office Address

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 Primary Service Address page into the fields.

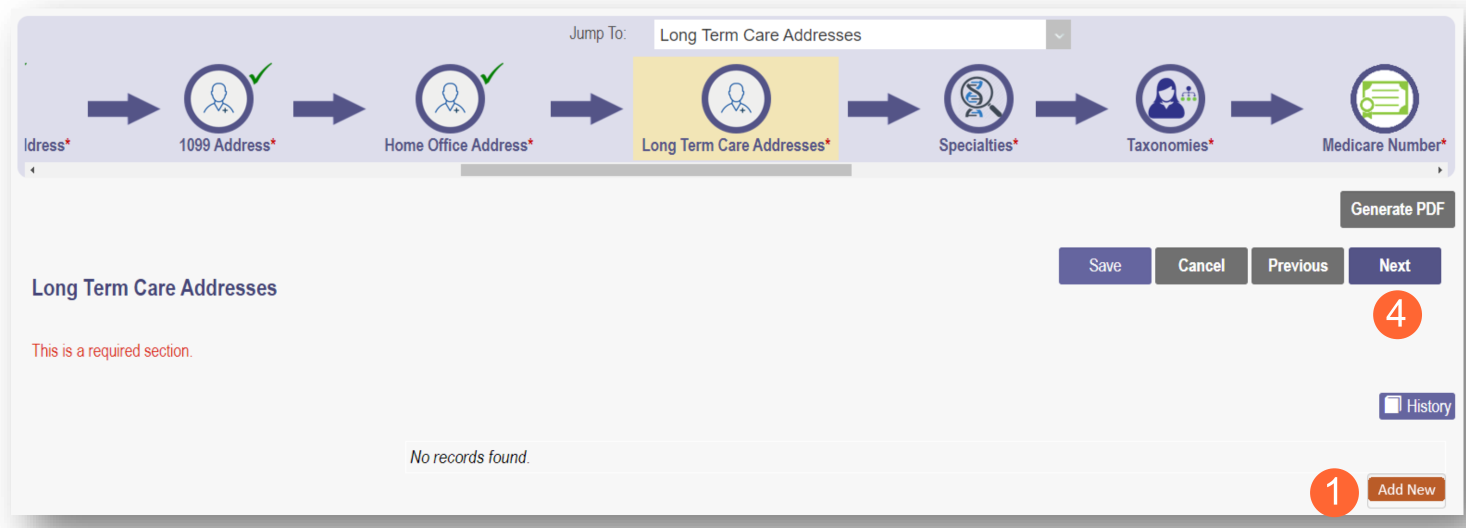
If a different address, enter the required fields marked with an asterisk (*).

If the address listed cannot be validated by USPS, click the ‘Override Address Validation’ box to proceed forward.
Click **Next** to save the information to the record and advance to the next page.



Long Term Care Addresses Page

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

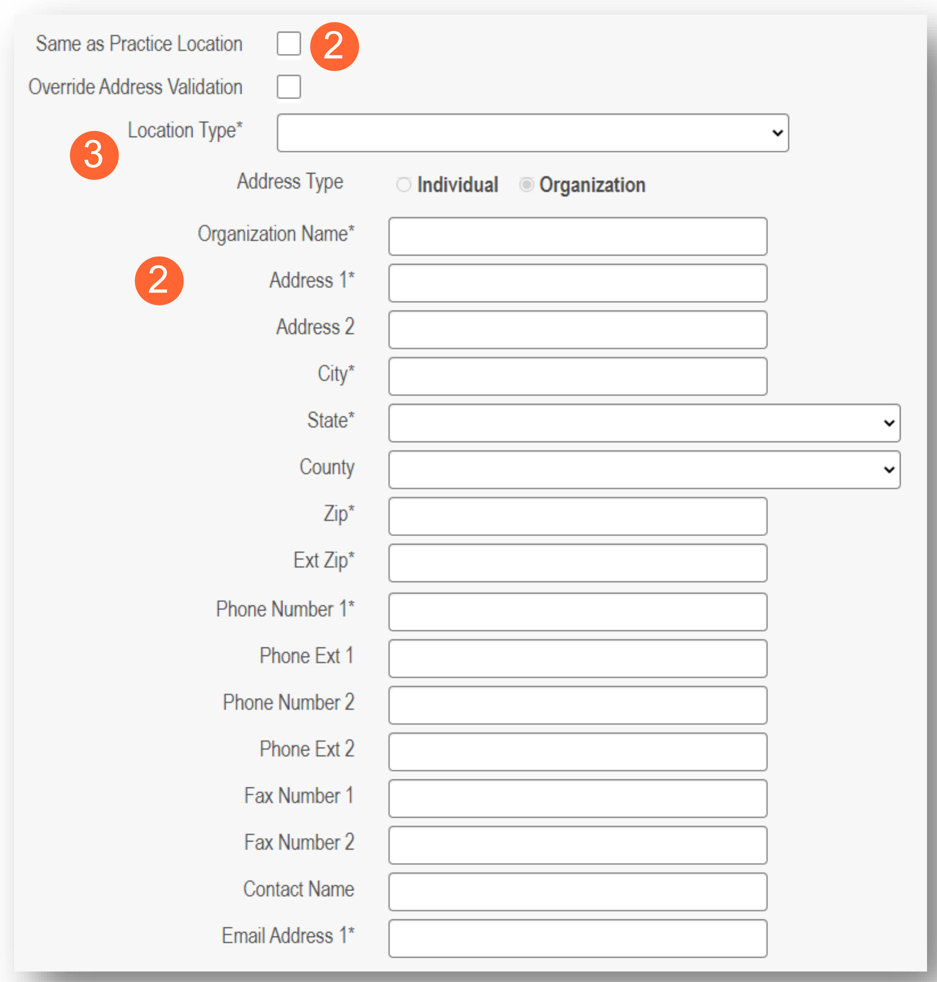


Step 2:

- 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 **Next** button to save and move to the next screen.

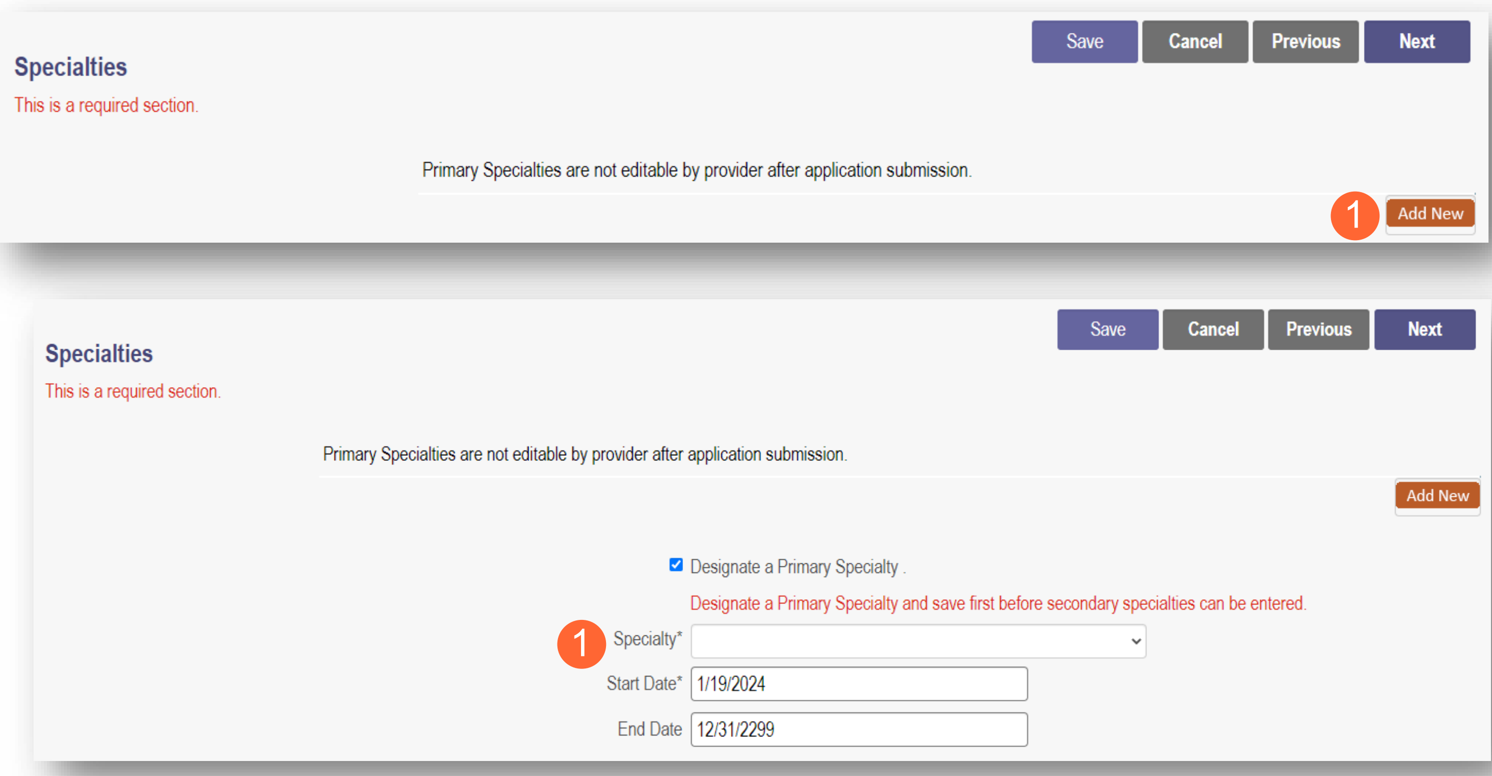
Specialties Page

The specialty page allows for an indication of specialties for the group, organization, or pharmacy.

Note: A primary specialty must be designated first, before adding any secondary specialties.

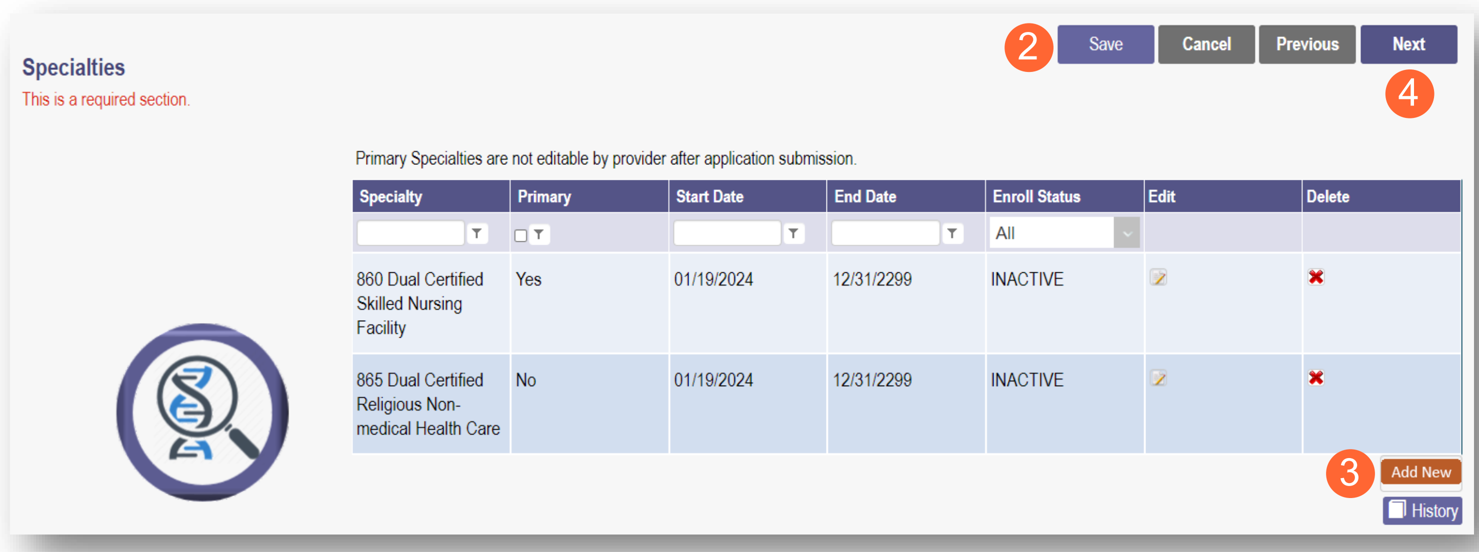
Step 1: Click **Add New** to add a specialty.

- The specialty drop-down has a variety of specialties that are associated with the selected provider type.
- If it is the primary specialty, select the check box that allows you to 'Designate a 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.

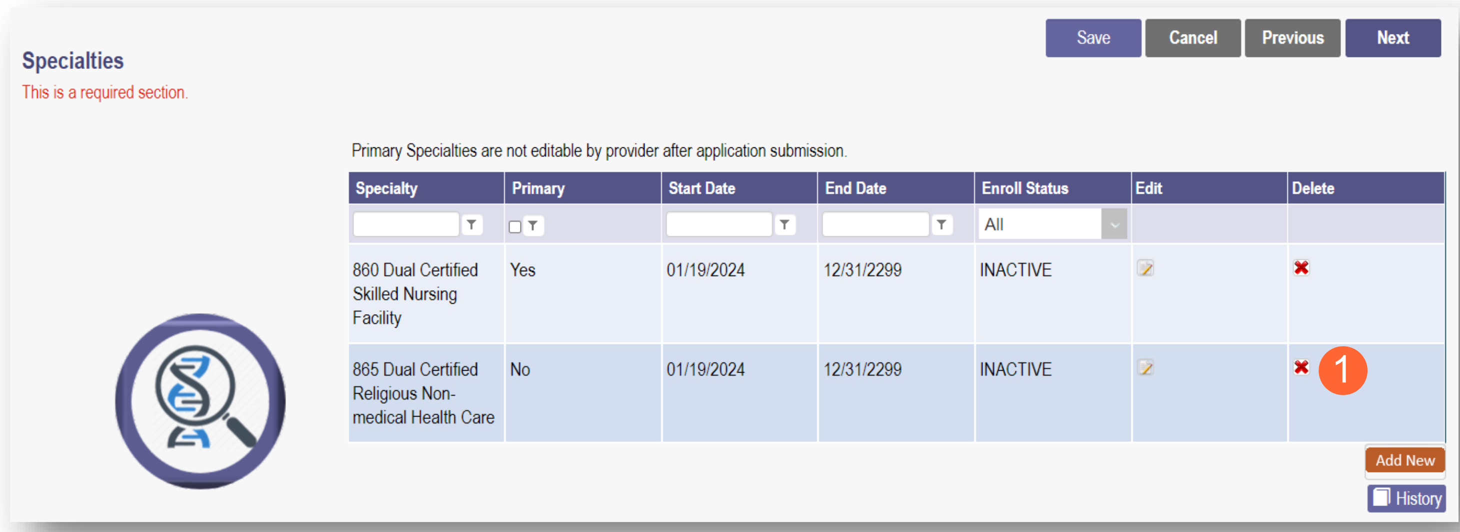


Note: The 'Enroll Status' of the specialties will show as INACTIVE until the Enrollment Application has been fully approved by the Ohio Department of Medicaid.

Step 4: Click **Next** to proceed to the next page.

Removing Specialties

Step 1: To remove an added specialty, click the '**x**' associated with the applicable specialty line.

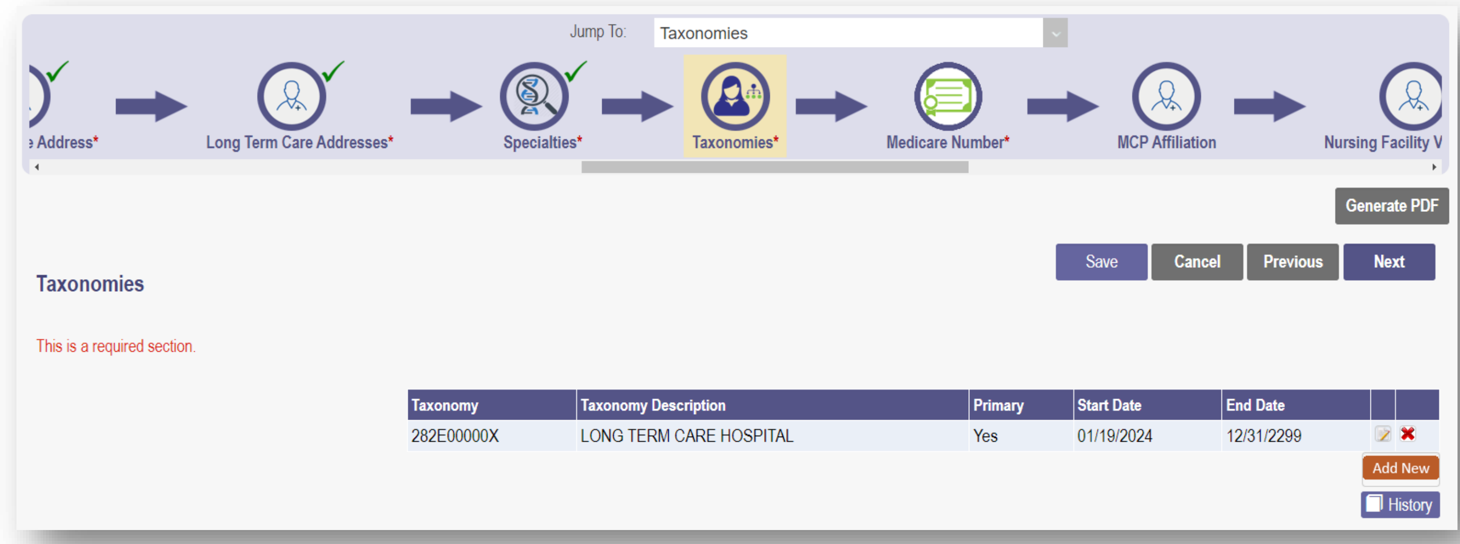


Taxonomies Page

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 the record, manually add them by following the process below:

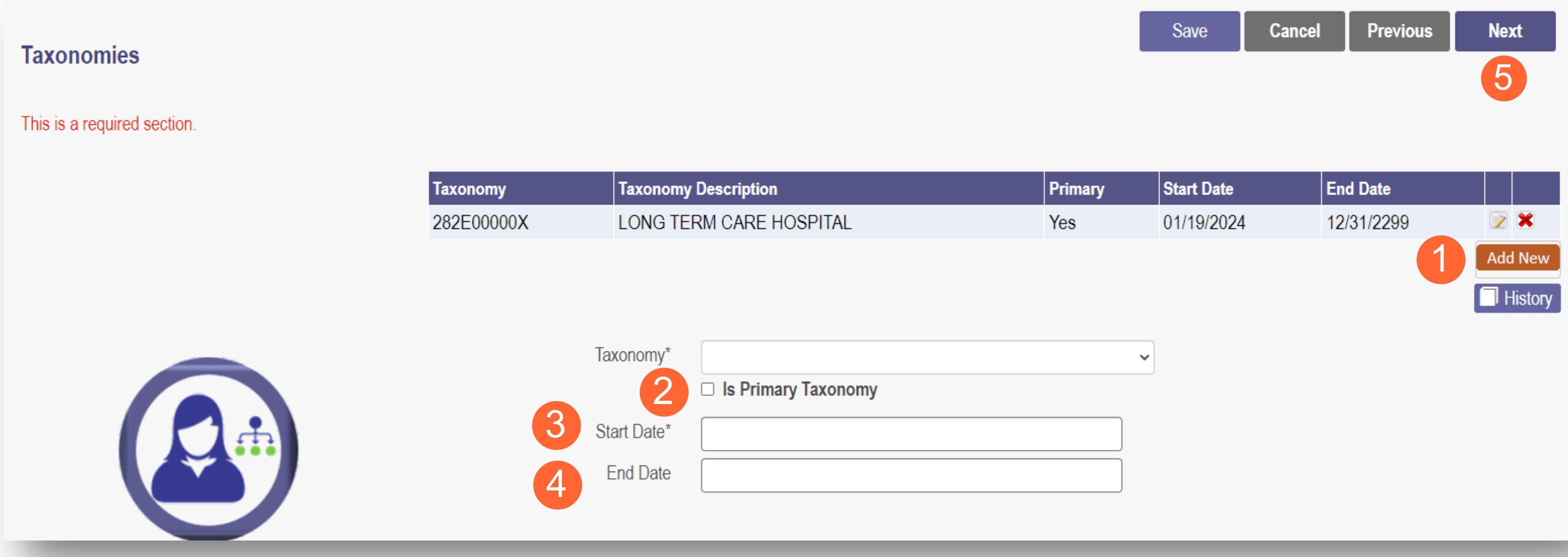
Step 1: Click **Add New** to add a Taxonomy Code.

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 the provider's 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 paper' icon next to the Taxonomy on the list associated with your application.

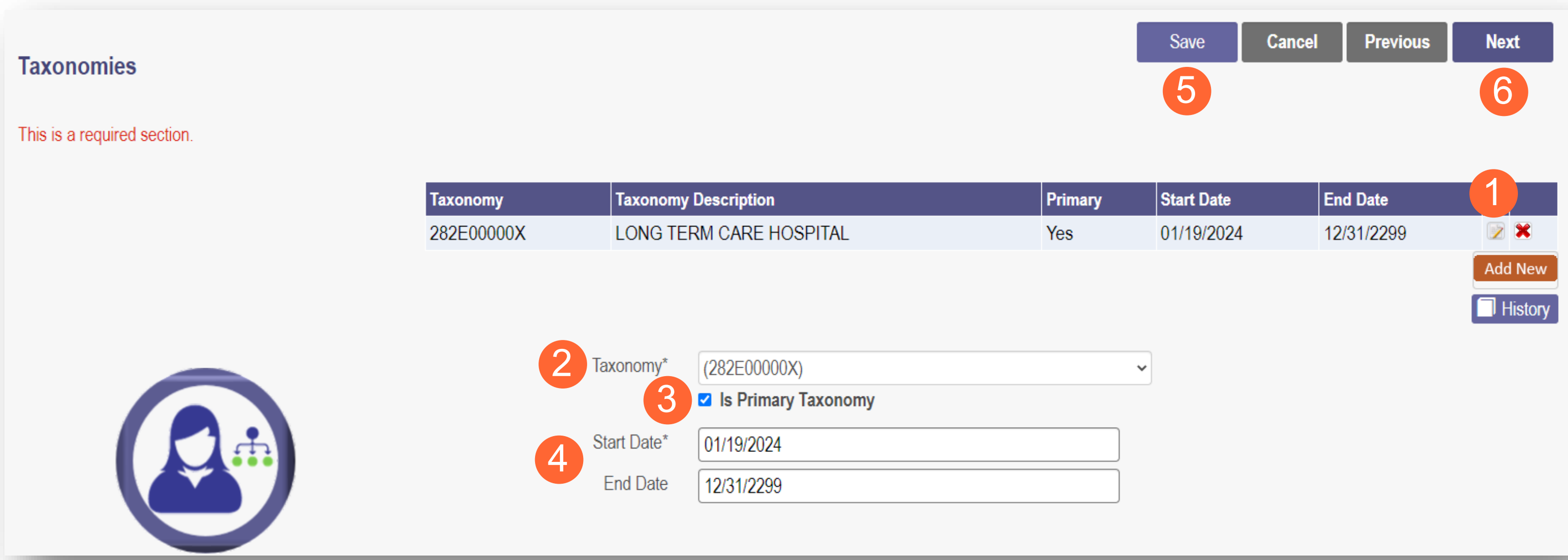
Step 2: Select the appropriate Taxonomy from the drop-down menu and edit start and end dates as needed.

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

Step 4: Confirm your changes have been adjusted.

Step 5: Click **Save** to save your work.

Step 6: Click **Next** to save and proceed to the next page.



Medicare Number Page

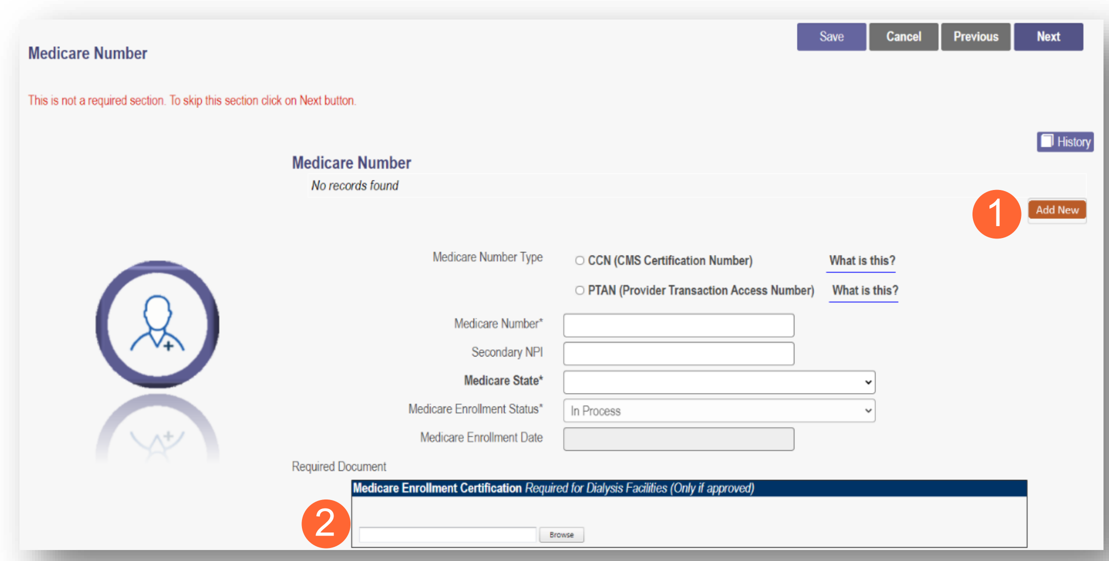
Depending on the provider type, this may not be a required section. Click **Next** to skip, if not required.

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

- Medicare Number type

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

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

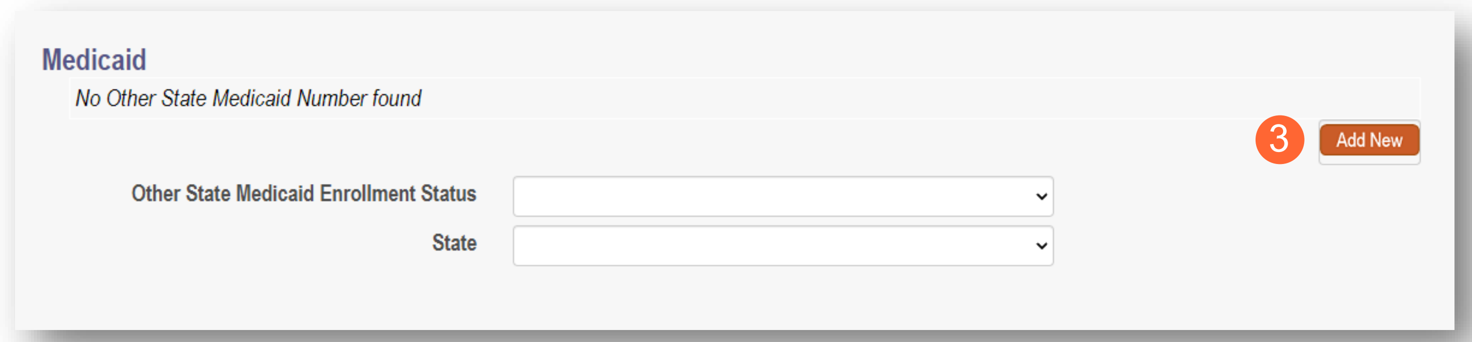


Note: System uses Secondary NPI and Medicare State to look up and verify Provider is in PECOS.

Step 2: Upload a Medicare Enrollment Certification document by clicking **Browse** and locate the file on your computer.

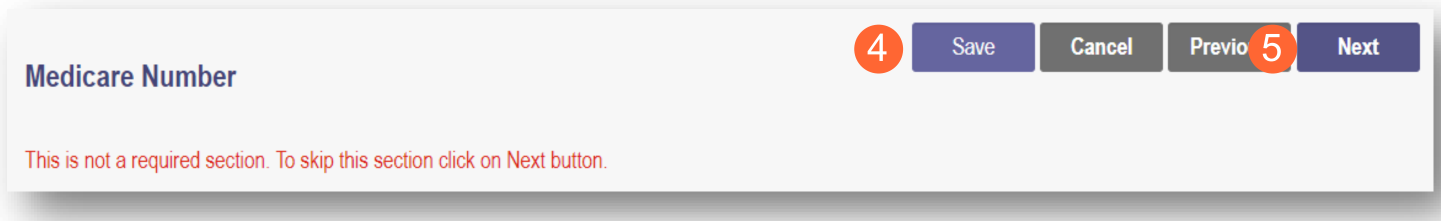
Step 3: Determine if you need to add Medicaid information from another State.

- 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.

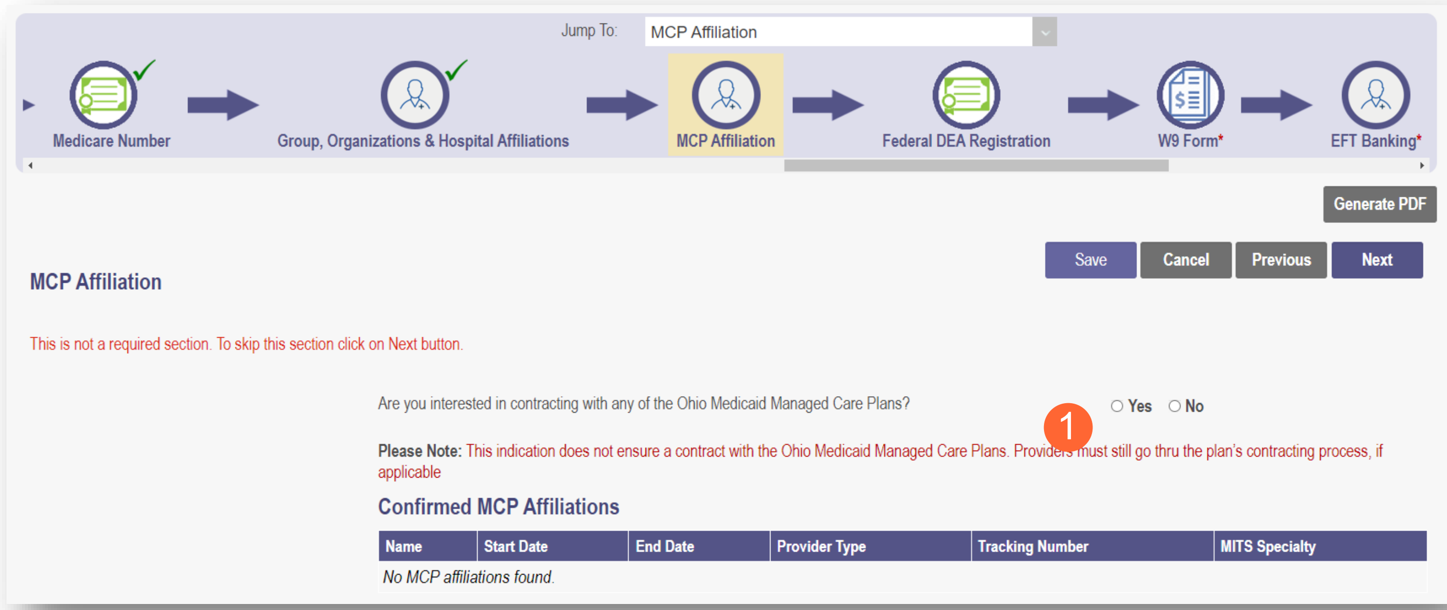


MCP Affiliation

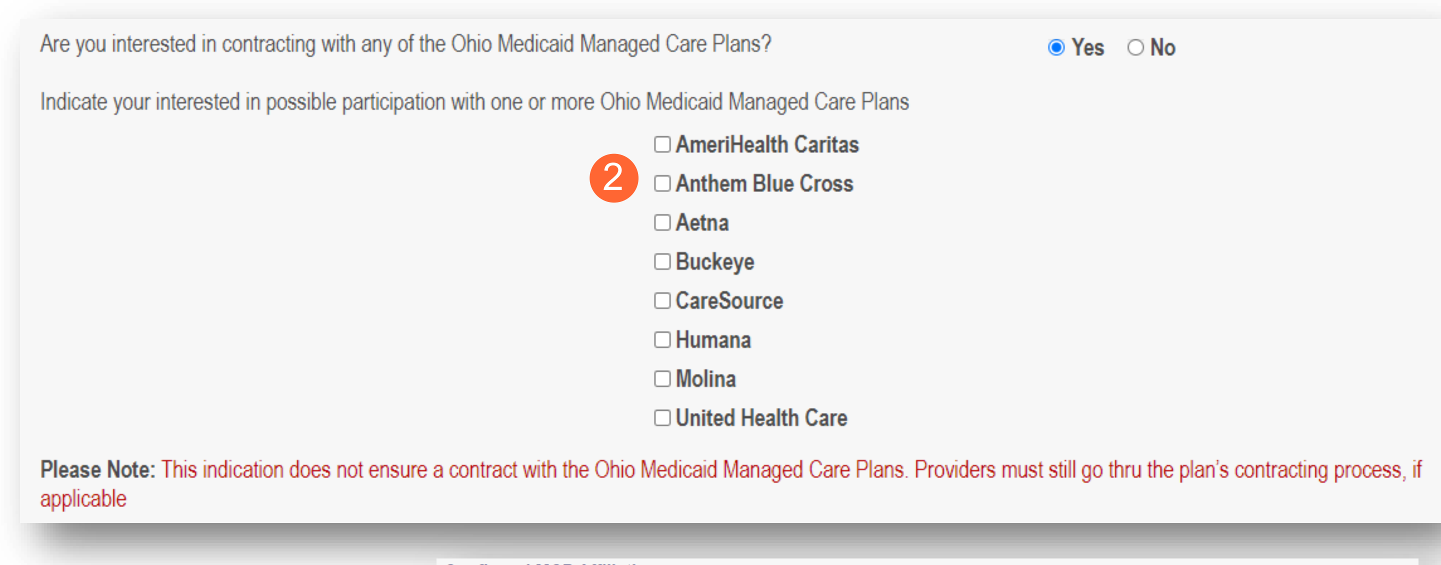
This page allows for the ability to enter interest in contracting with an Ohio Medicaid Managed Care Plan.

Step 1: Indicate interest 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.

Confirmed MCP Affiliations

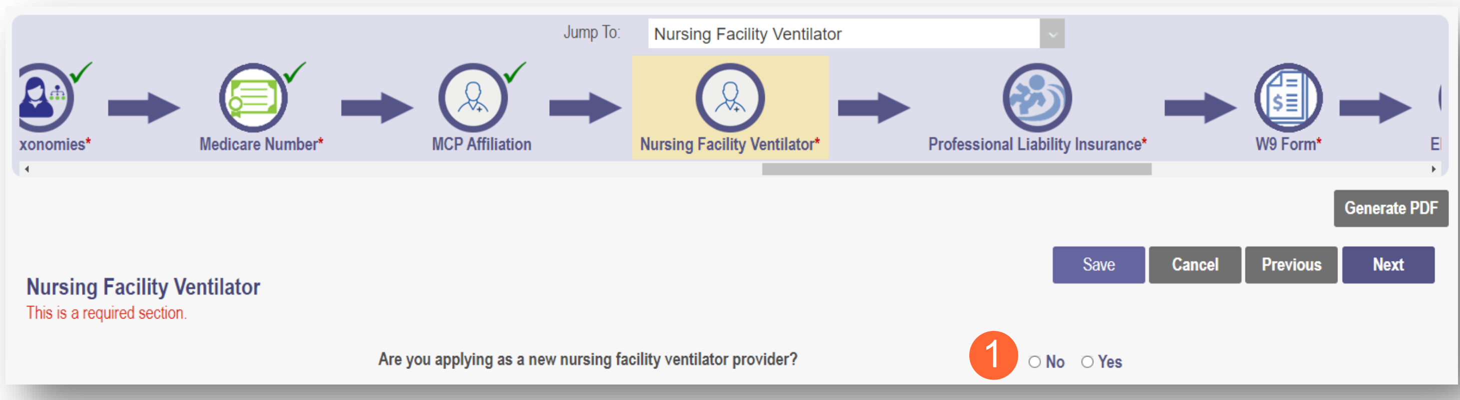
Name	Start Date	End Date	Provider Type	Tracking Number	MITS Specialty
No MCP affiliations found.					

Nursing Facility Ventilator

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

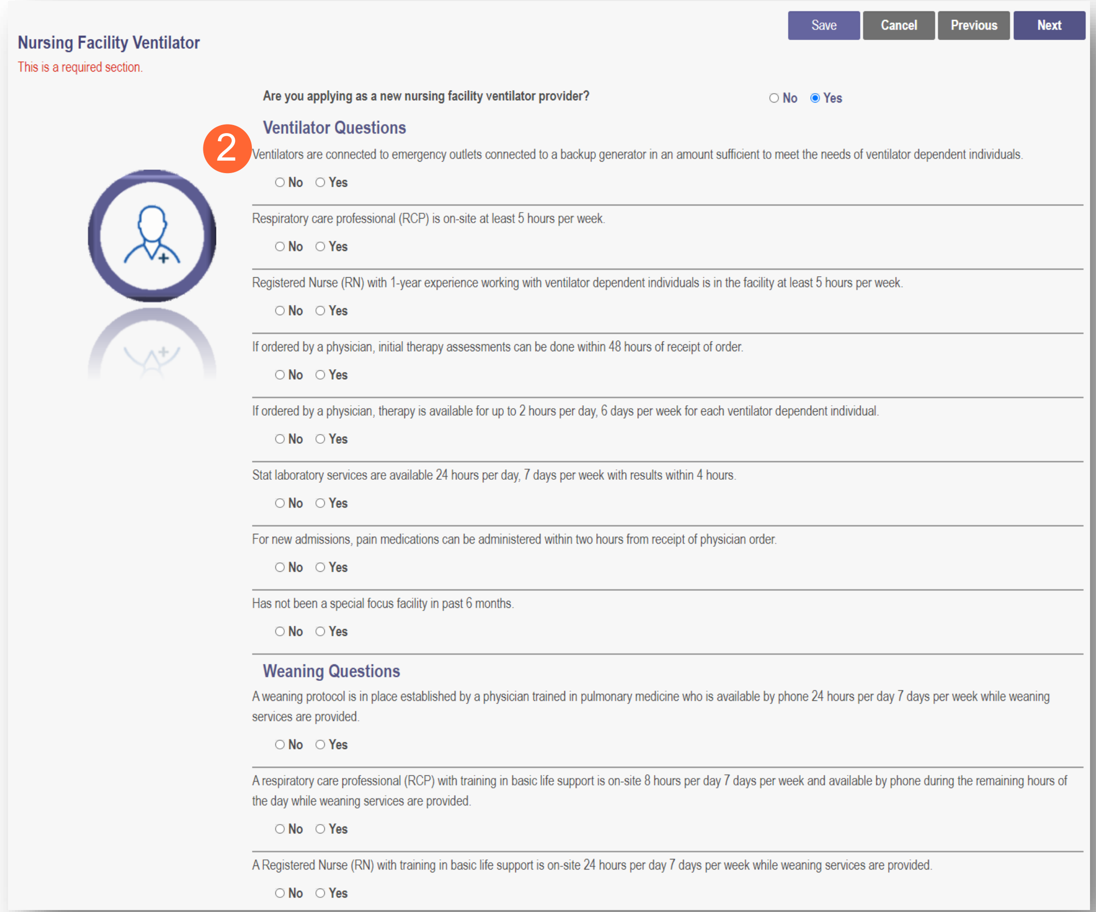
Note: This page will only appear for Provider Type 86 – Nursing Facility.

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



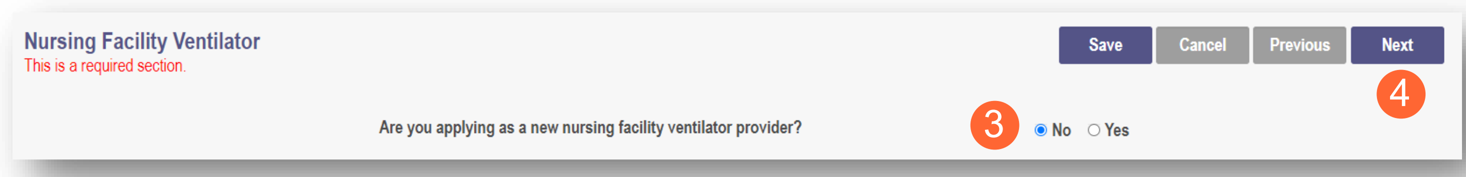
Yes/No Nursing Facility Ventilator

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

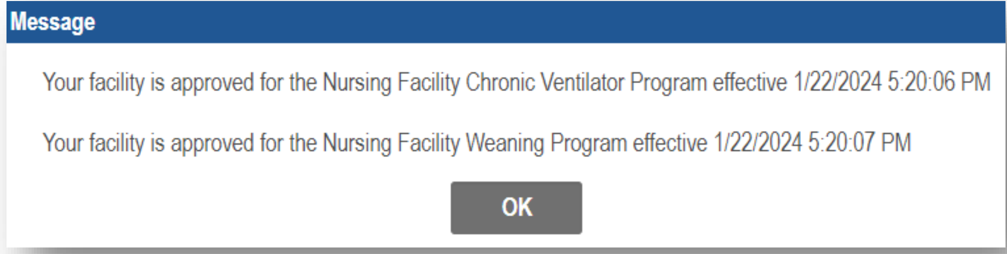


Step 3: If you select 'No,' no further information is necessary.

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



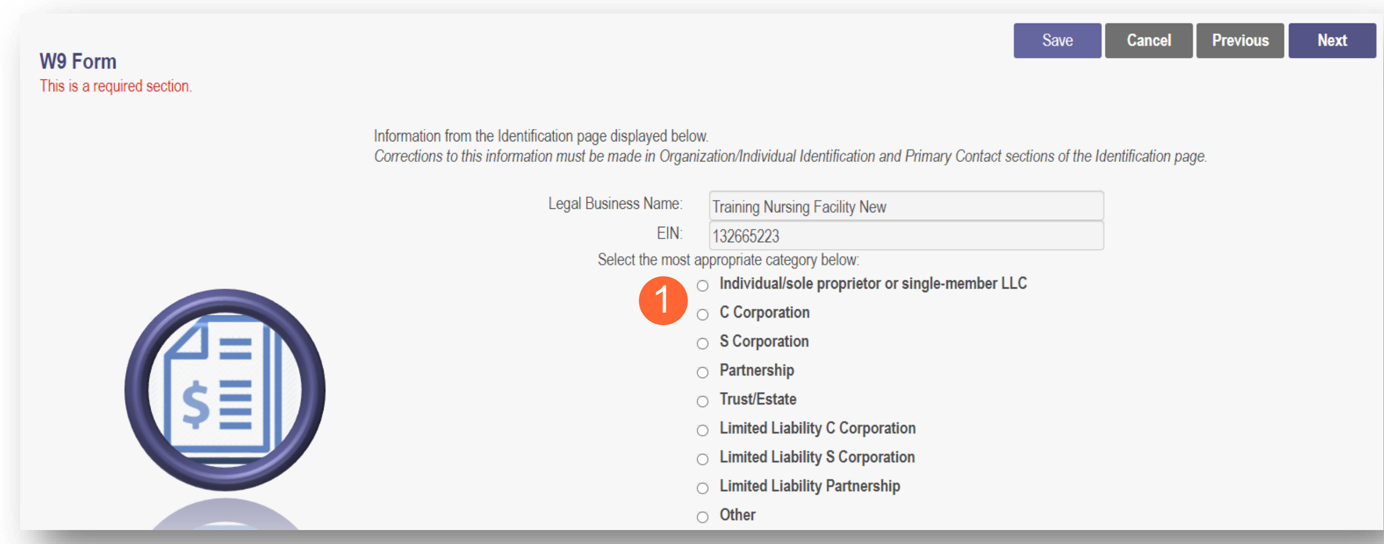
Note: A message pop-up appears. Click **OK**.



W9 Form Page

On this page, indicate which tax filing category and document the provider completes to provide the correct EIN/TIN information.

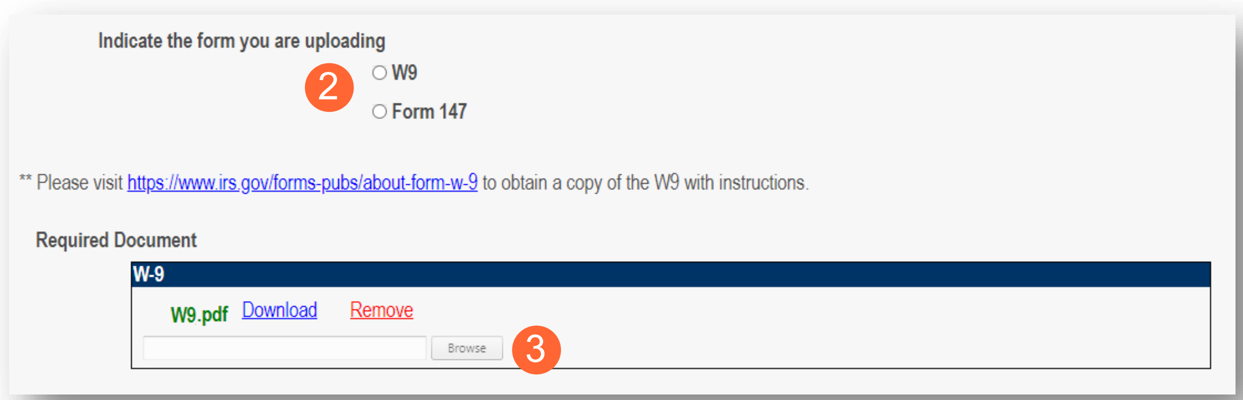
Step 1: Select the most appropriate organization type by clicking on the appropriate radio button category.



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 successfully uploaded.

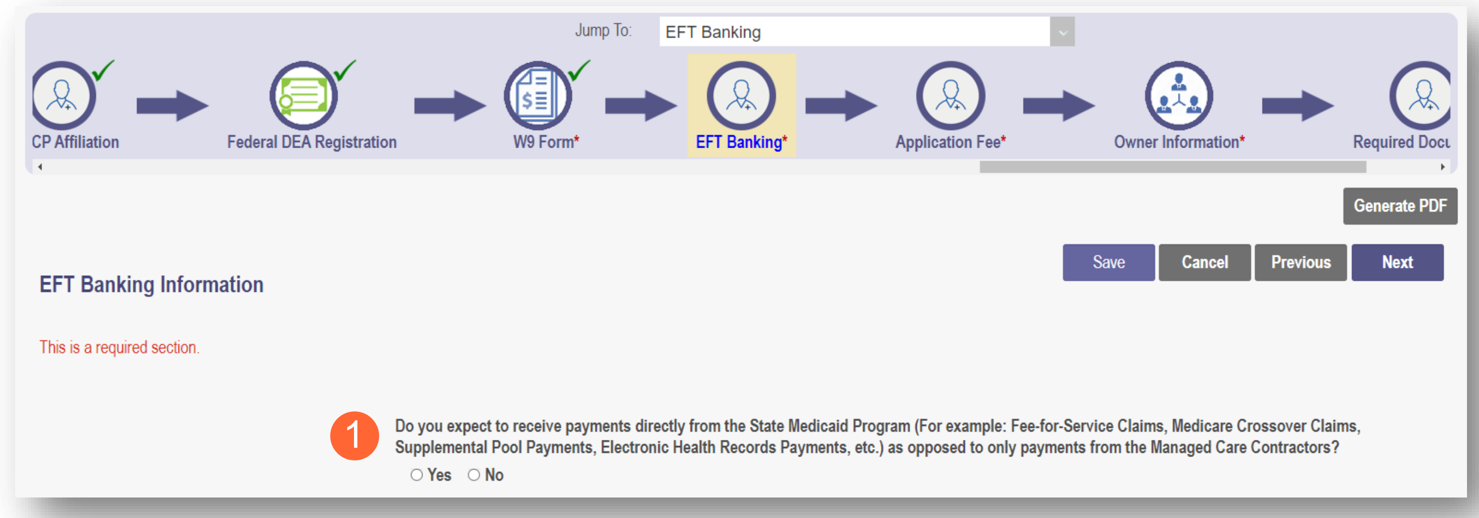


Step 4: Click **Next** to save the information and move to the next page.

EFT Banking Information Page

This page requires to you indicate the use 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.

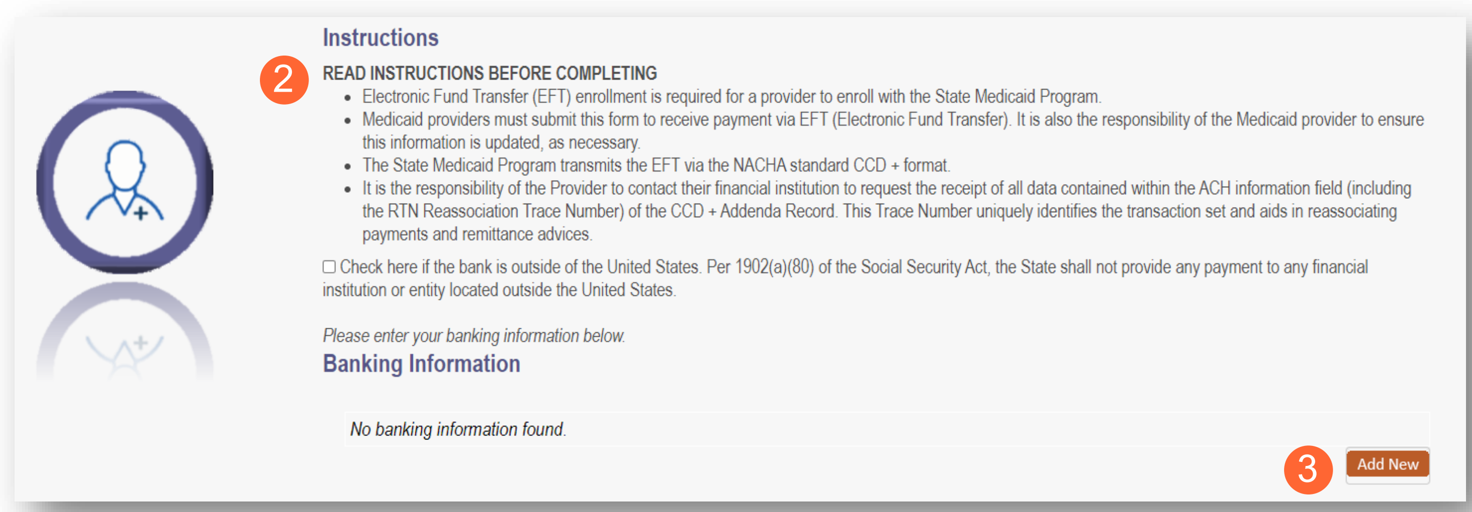
Step 1: Select the 'Yes' or 'No' radio button to answer the question at the top of the page.



Step 2: If 'Yes' is answered, 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.

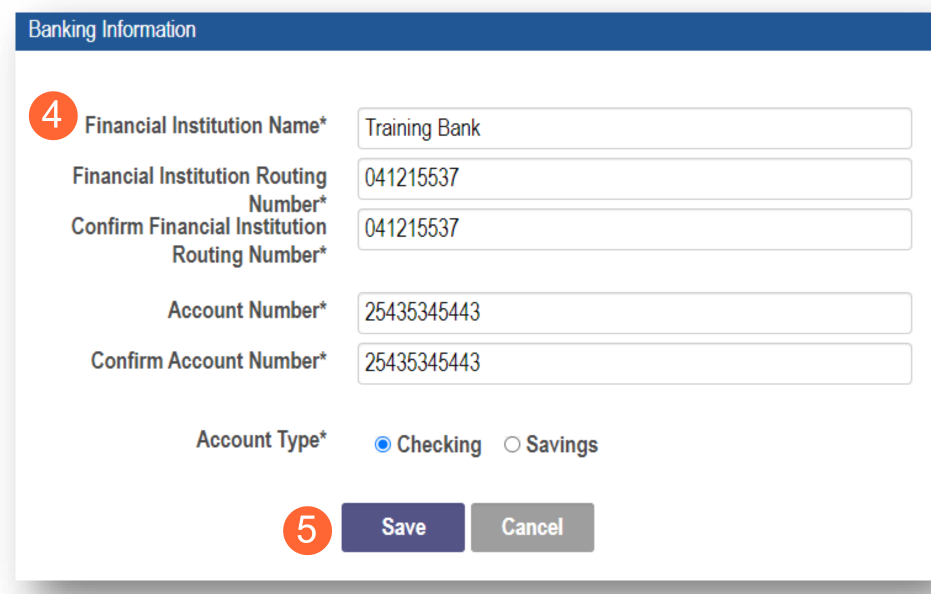
Step 3: To enter your Bank Account information, click **Add New** under the Banking Information section.



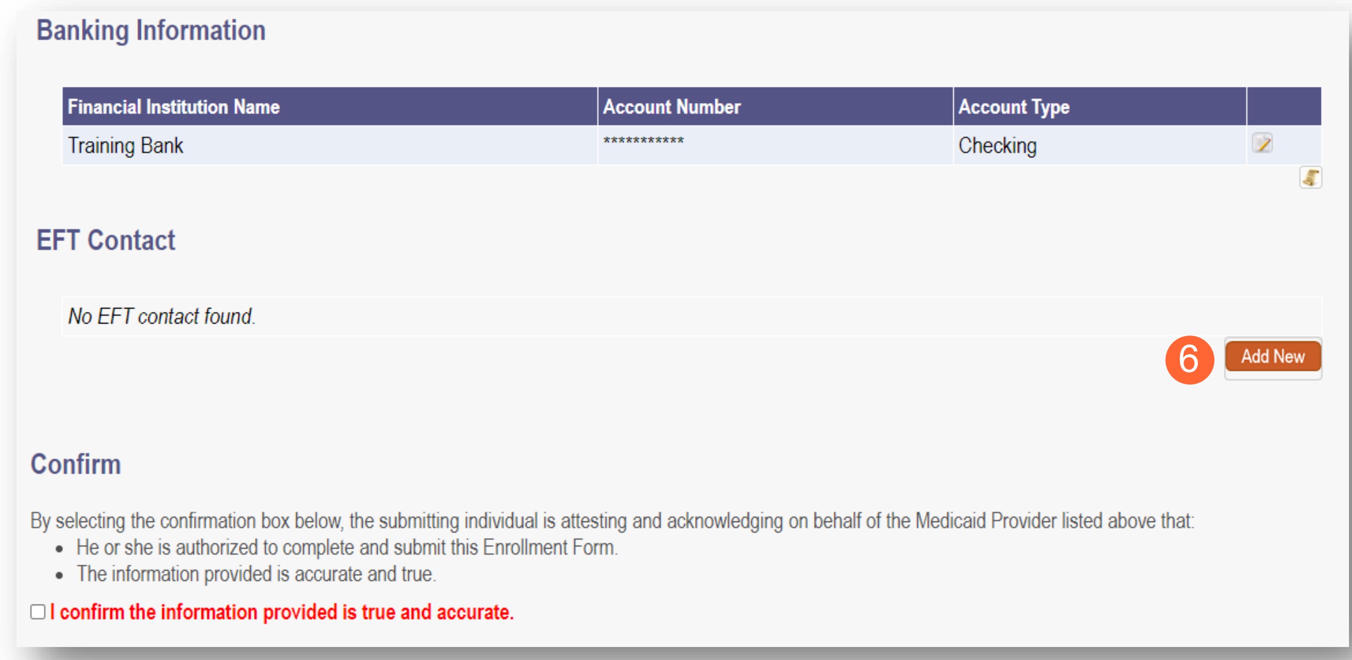
Step 4: Complete the required information:

- 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.



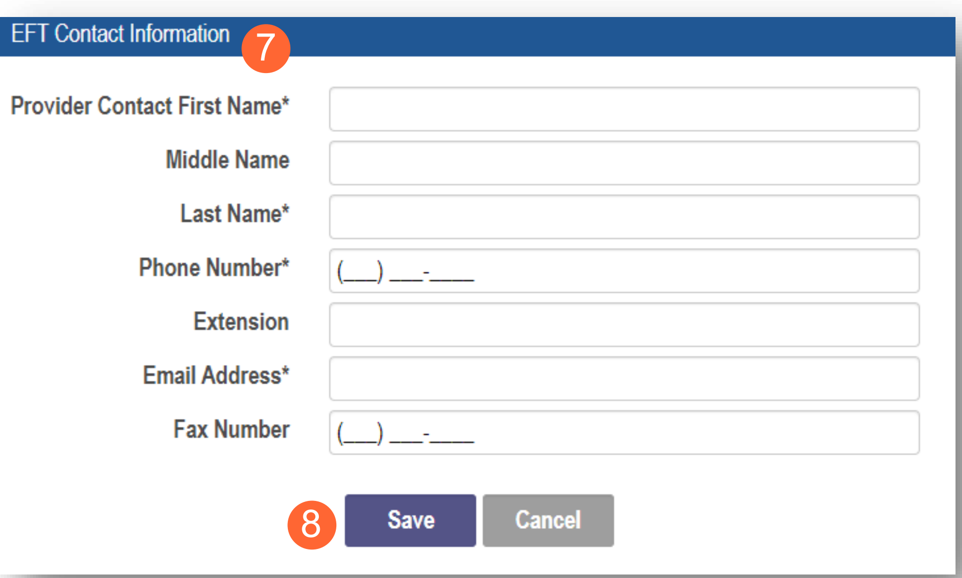
Step 7: Enter the following contact information for the person who will manage the Electric Funds Transfer account:

Required

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

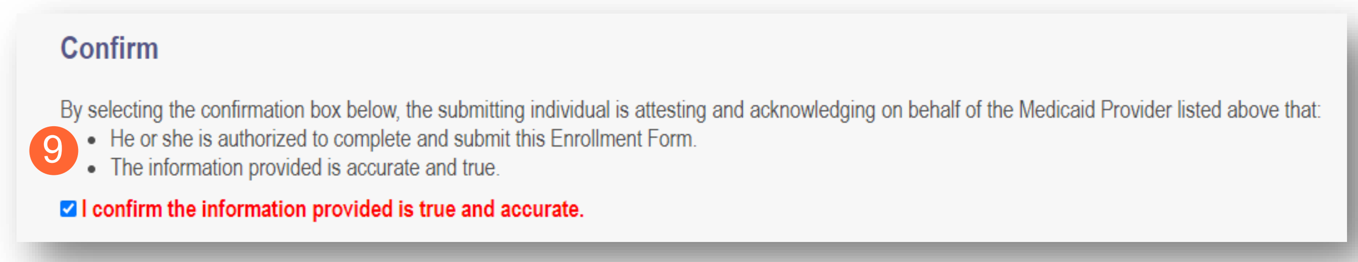
Optional

- Middle Name
- Phone Extension
- Fax Number

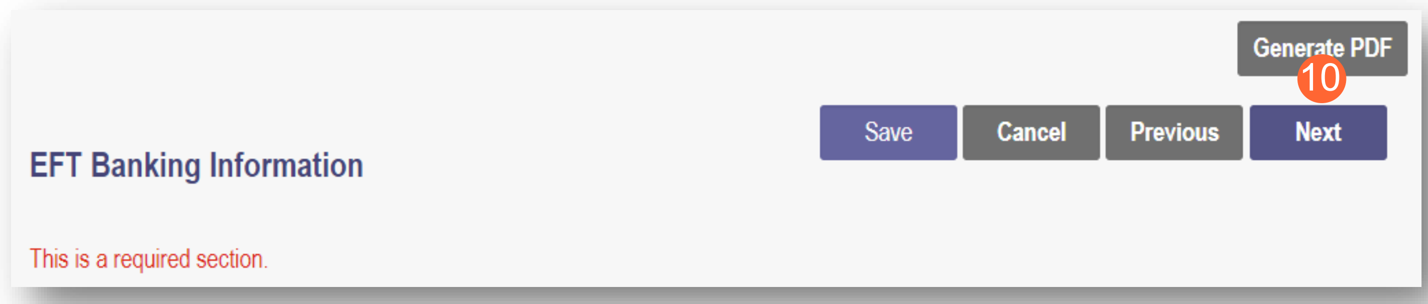


Step 8: Click **Save**.

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

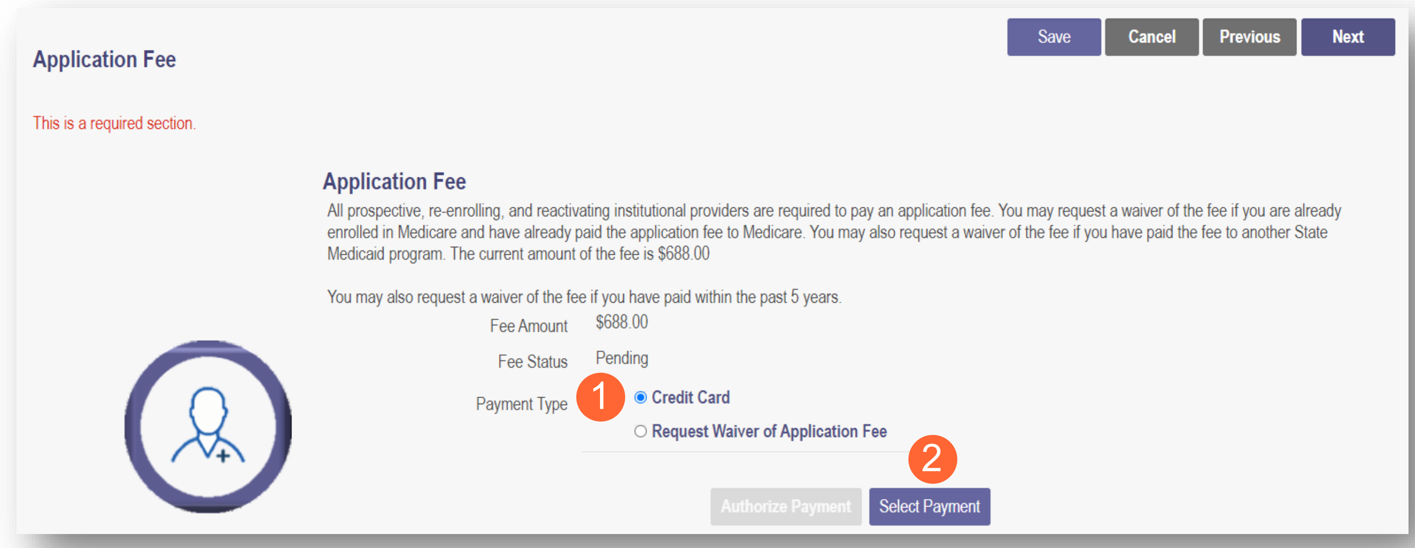
An application fee is required to be paid by certain provider types to be enrolled in the State Medicaid program. The fee can be paid through PNM via credit card, or if you have already paid the fee (within the past 5 years or in another state) a fee waiver request can be submitted.

Note: This page will only appear if the provider type being entered is required to pay the application fee.

Paying The Fee

Step 1: Select the 'Credit Card' radio button for Payment Type.

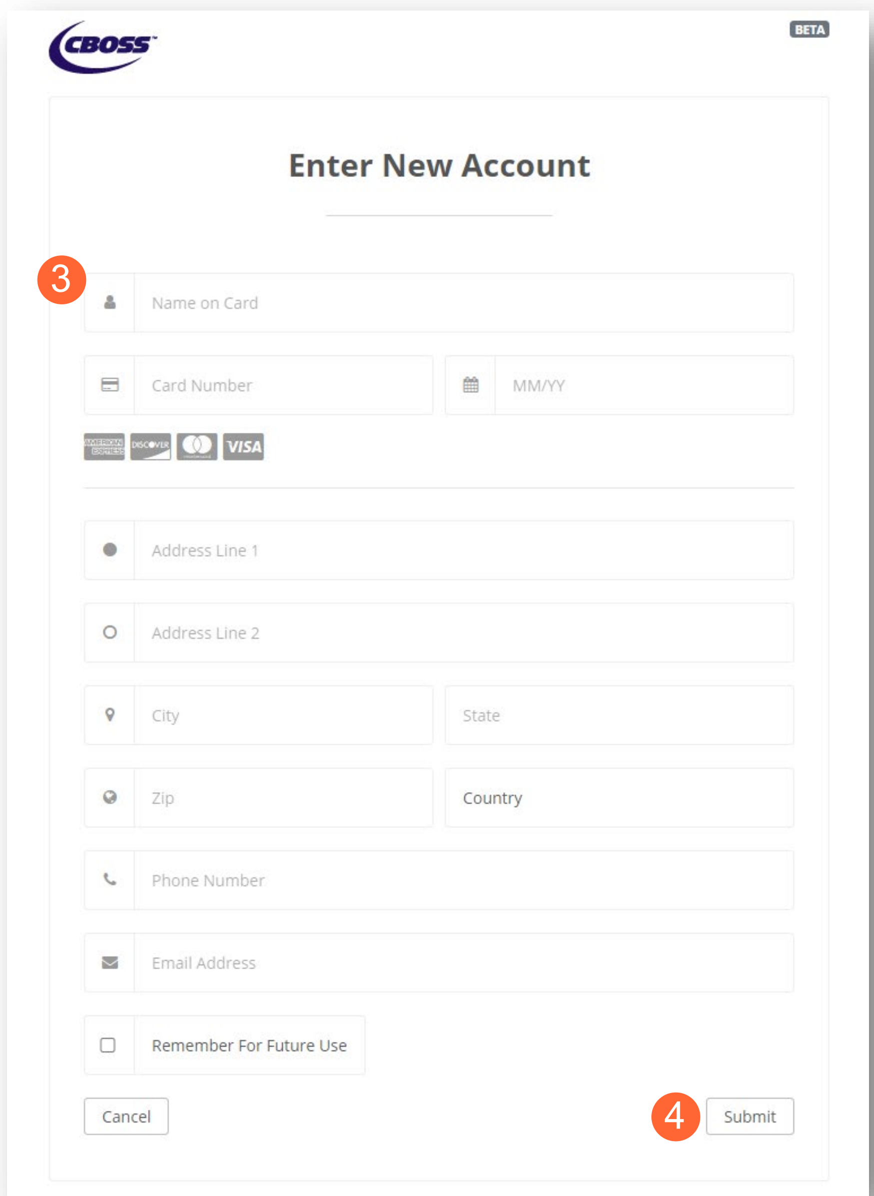
Step 2: Click **Select Payment**.



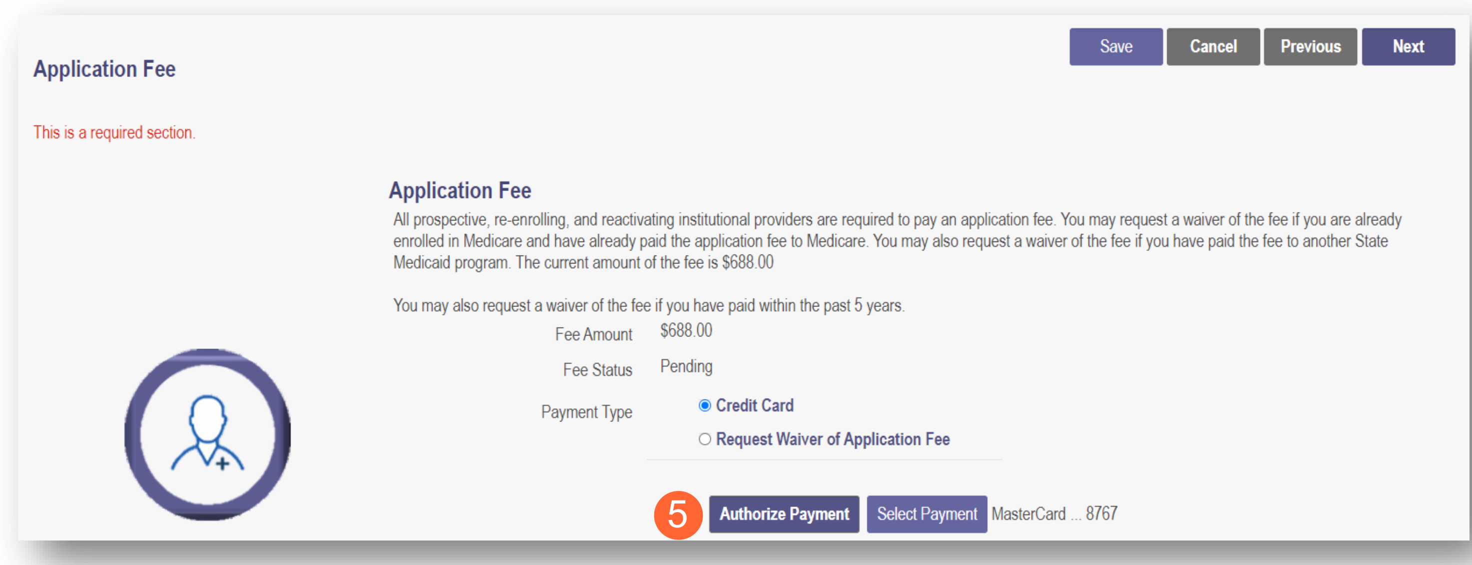
Step 3: Enter your credit card information in the secure CBOSS system.

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

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

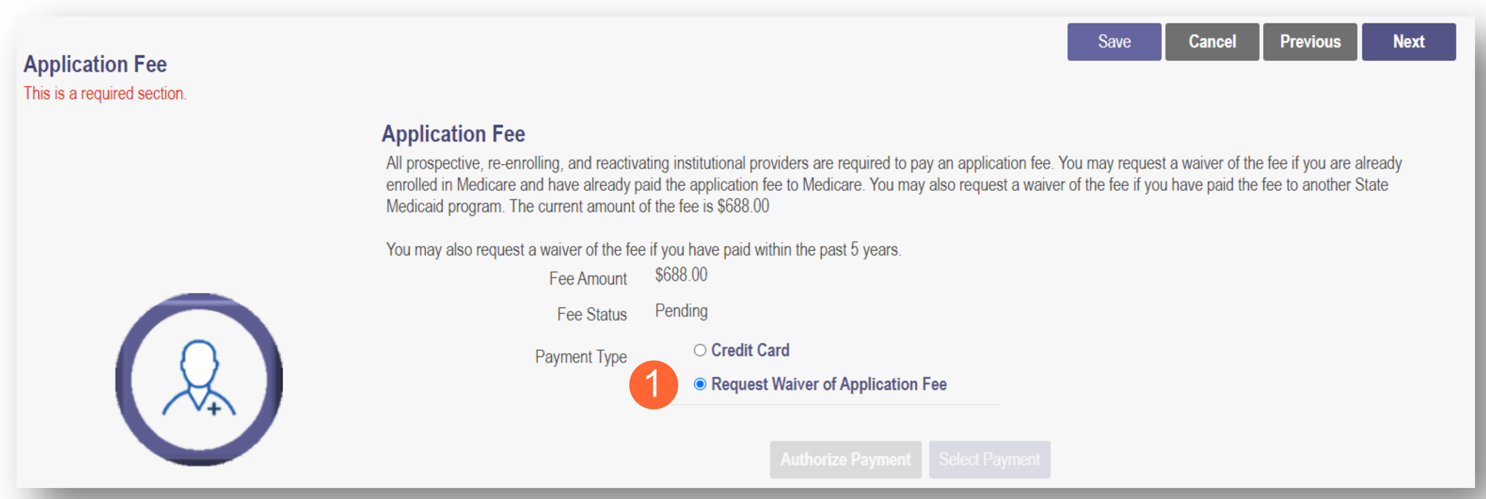


Step 5: Once returned to the Application Fee screen, click **Authorize Payment**.

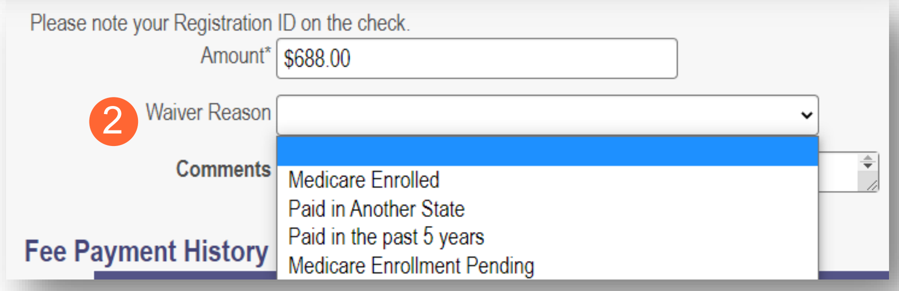


Waiving the Fee

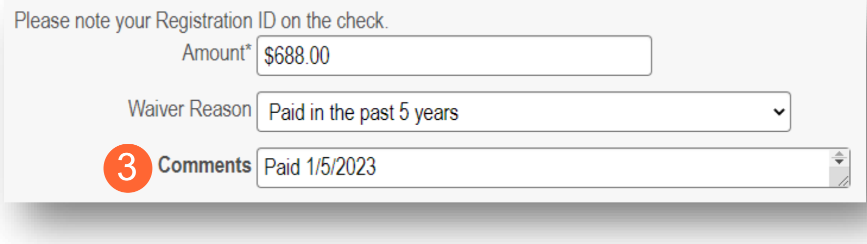
Step 1: Select the 'Request Waiver of Application Fee' radio button.



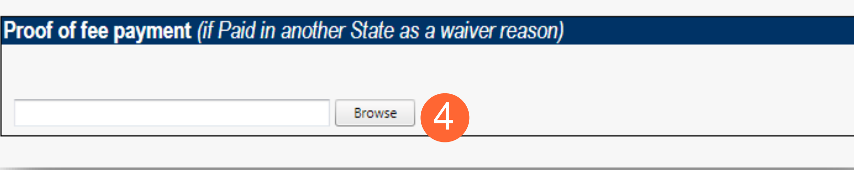
Step 2: From the drop-down menu, choose the appropriate reason you are seeking a waiver.



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.

Proof of fee payment (if Paid in another State as a waiver reason)
Proof of Payment_2.pdf Download Remove
Browse

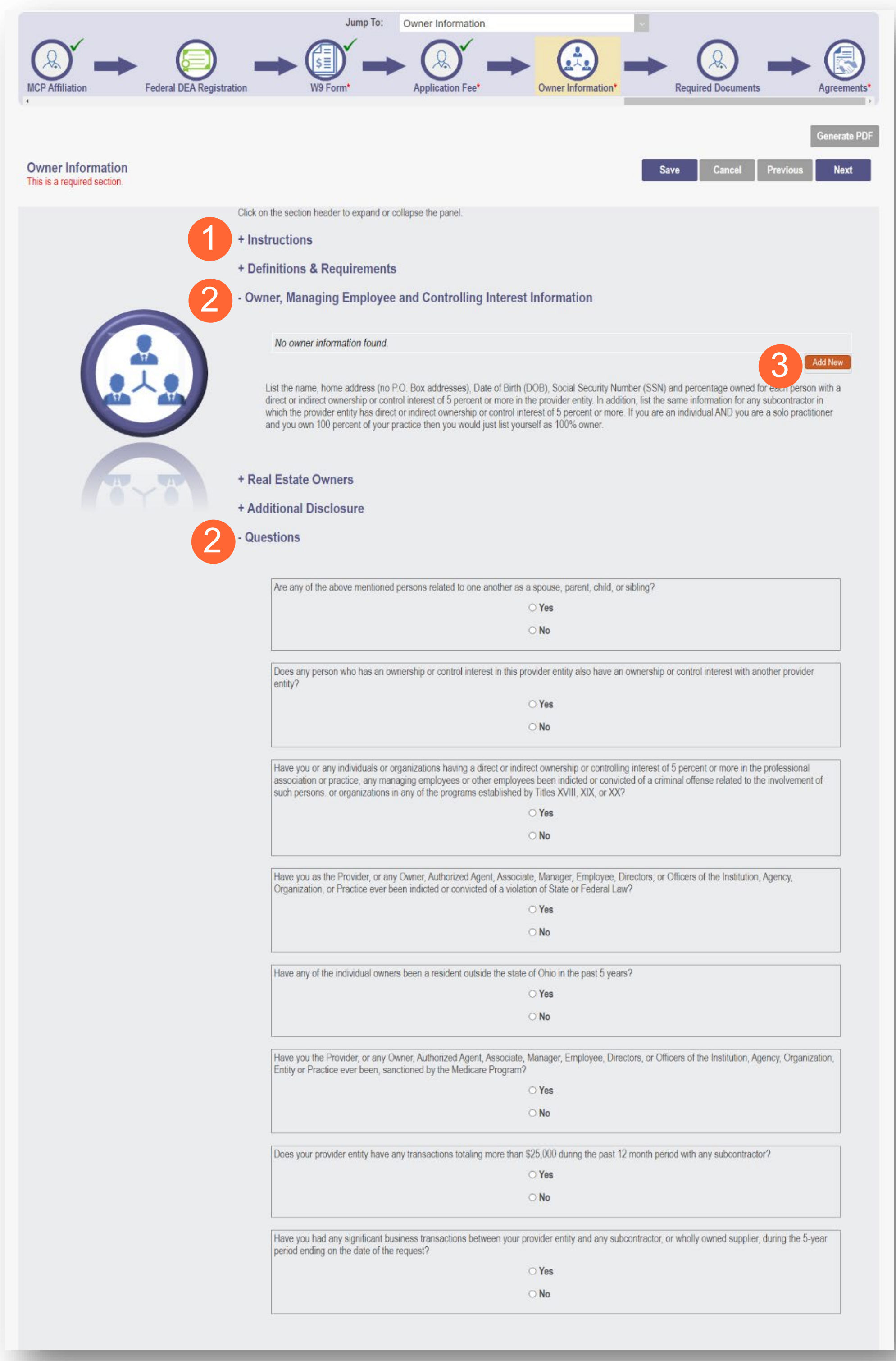
Owner Information

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

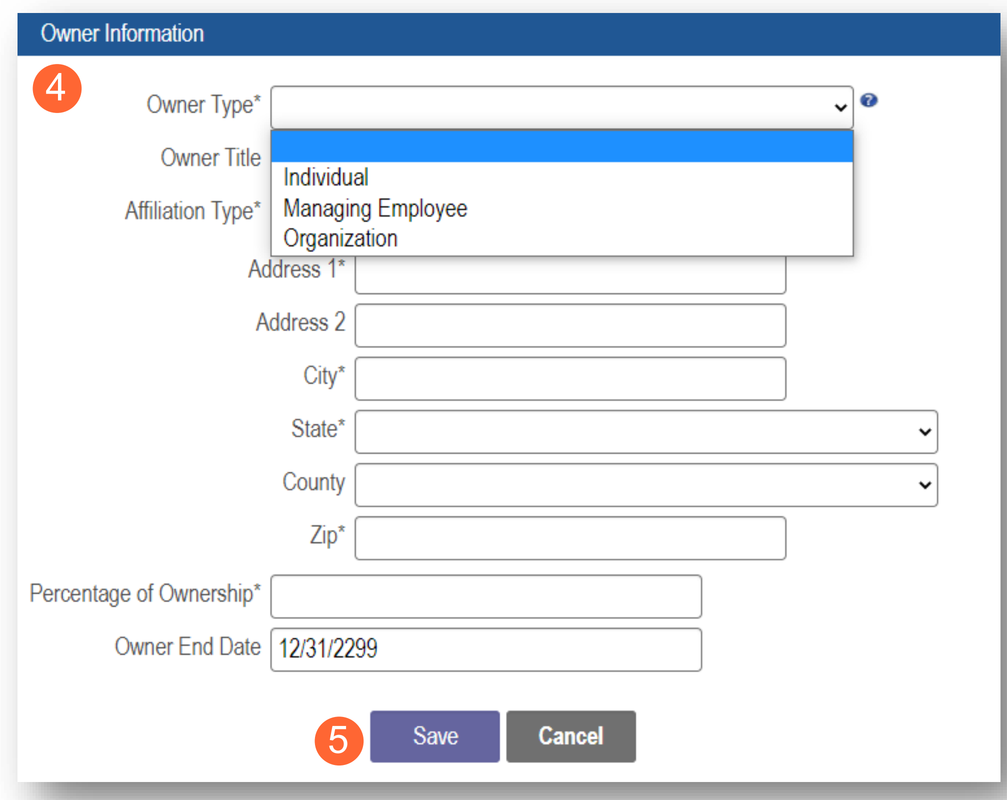
Step 2: The two areas that are required to be completed are the 'Owner, Managing Employee and Controlling Interest Information' and 'Questions' sections.

- Note: If additional sections such as 'Real Estate Owners' or 'Additional Disclosure' apply to the situation of the provider being entered, please complete those sections as well.

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

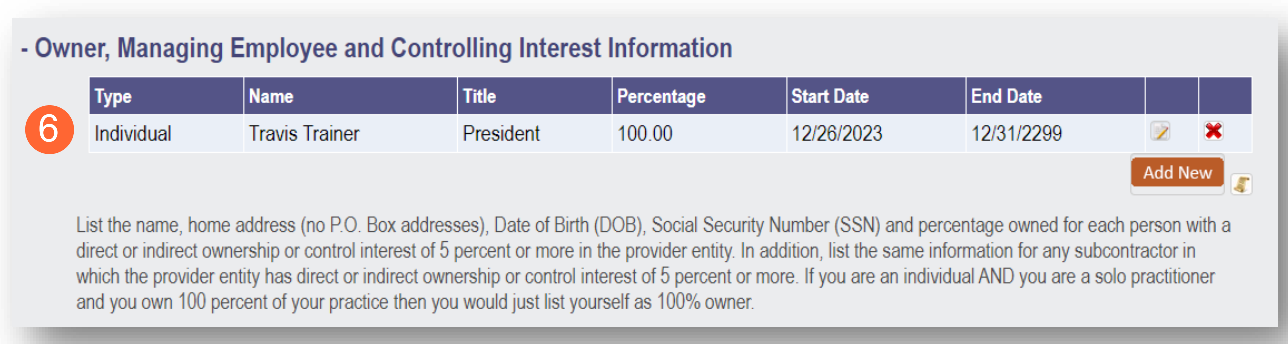


Step 4: Enter the detailed Owner Information for any Individuals, Managing Employees, or Organizations who have direct or indirect ownership or controlling interest of 5 percent or more in the provider entity (Group or Organization).



Step 5: Click **Save**.

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



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

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

- Questions 7

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

○ Yes

○ No

Does any person who has an ownership or control interest in this provider entity also have an ownership or control interest with another provider entity?

○ Yes

○ 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

Have you the Provider, or any Owner, Authorized Agent, Associate, Manager, Employee, Directors, or Officers of the Institution, Agency, Organization, Entity or Practice ever been, sanctioned by the Medicare Program?

○ Yes

○ No

Does your provider entity have any transactions totaling more than $25,000 during the past 12 month period with any subcontractor?

○ Yes

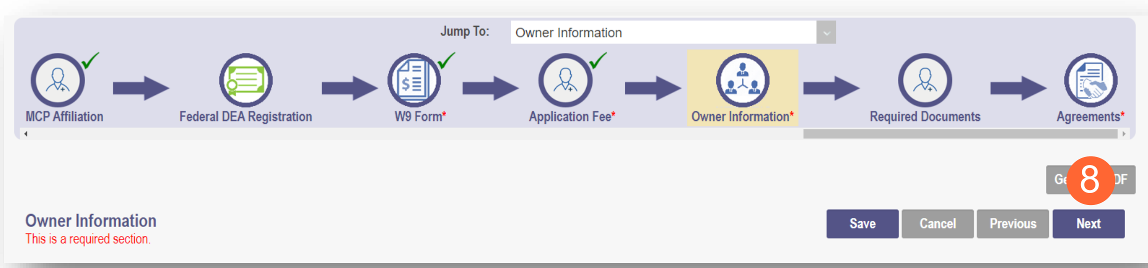
○ No

Have you had any significant business transactions between your provider entity and any subcontractor, or wholly owned supplier, during the 5-year period ending on the date of the request?

○ Yes

○ No

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

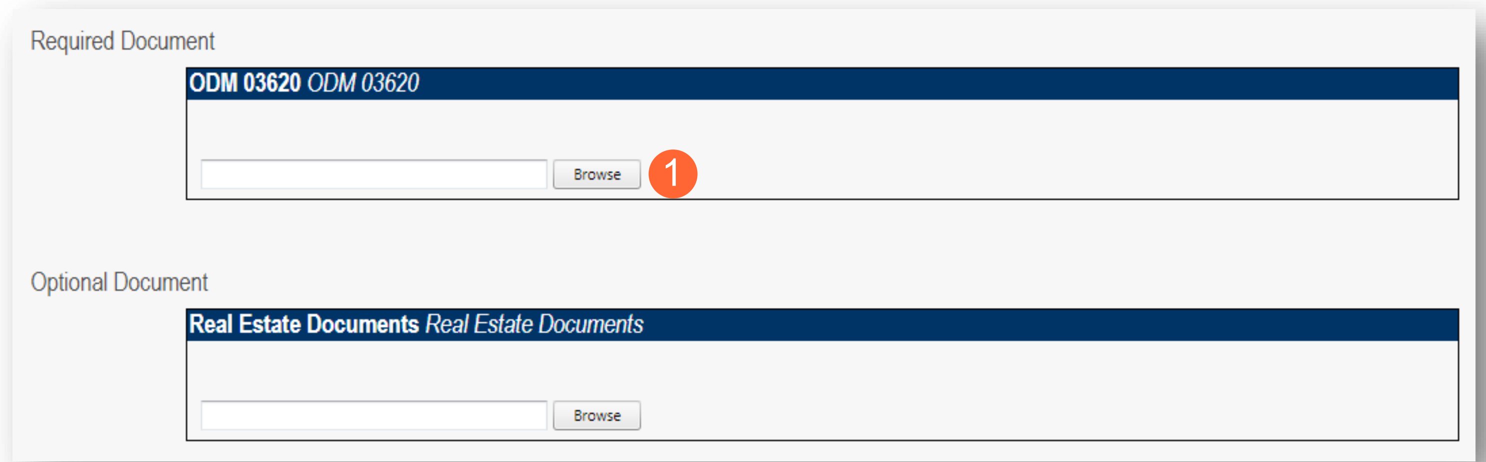


Required Documents Page

The required documents page allows for the ability to upload required or optional supporting documentation that was not indicated on previous pages of the application. Click **Next** to bypass this page if there is nothing to upload.

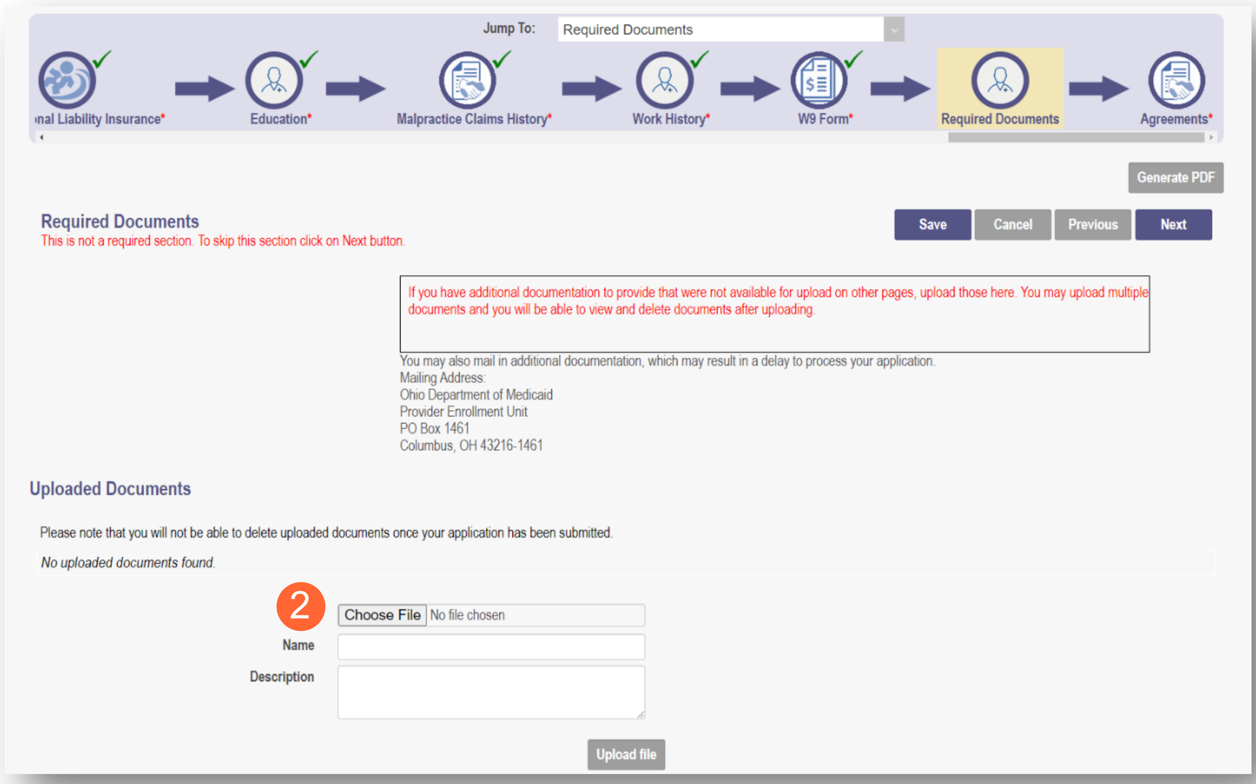
Step 1: If you are required to upload documents, blue upload boxes will be displayed under the Required Documents section.

- To upload a document, click **Browse**, then select the file on your computer and click **Open**.



Step 2: If you want to upload a document not listed in PNM, click **Choose File**.

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

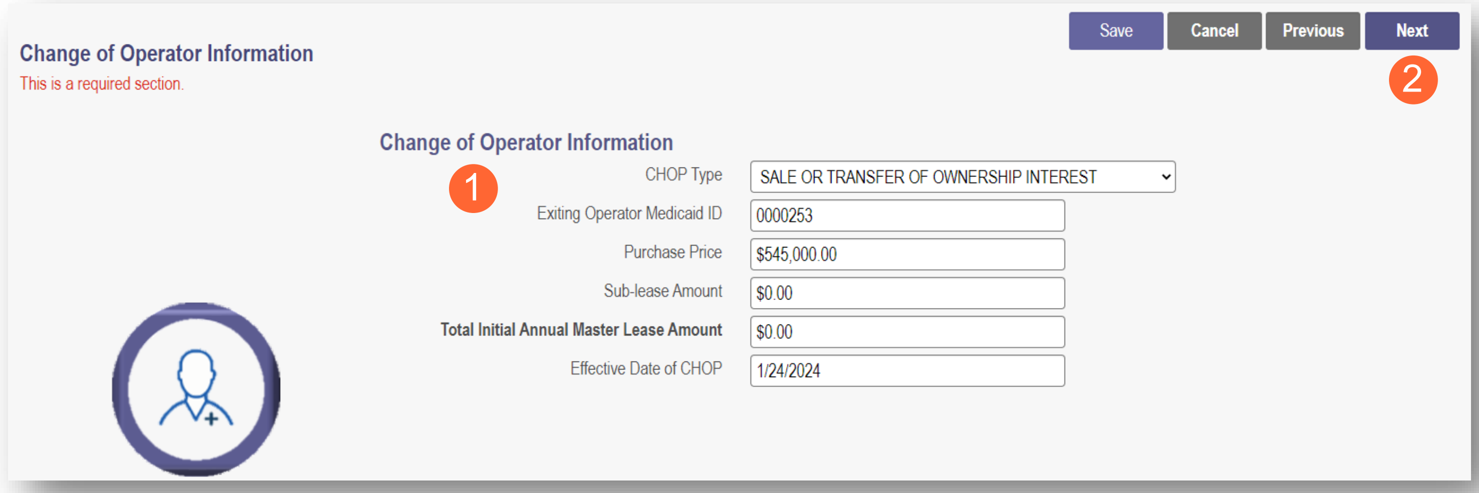


Change of Operator Information page

This page allows for the entry of the information relating to the change of operator.

Step 1: Enter Change of Operator information, which could include the following:

- CHOP Type
- Purchase Price
- Sub-lease Amount
- Total Annual Master Lease Amount
- Effective Date of CHOP



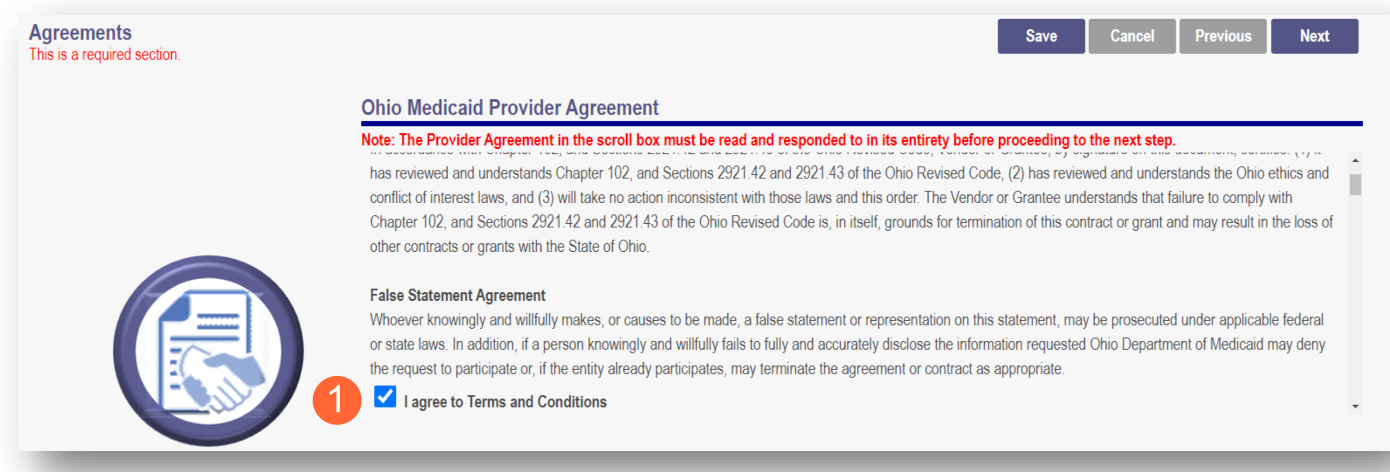
Step 2: When information has been entered, click **Next**.

Agreements Page

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

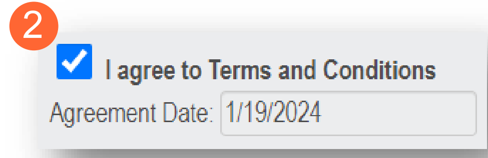
Step 1: Complete the Ohio Medicaid Provider Agreement attestation. The agreement must be viewed in its entirety before the 'I Agree' box will be available for selection.

- Click 'I agree to Terms and Conditions.'



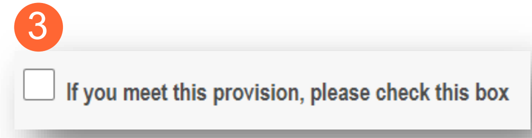
Step 2: Read the Non-Credentialed Providers section of the agreements.

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

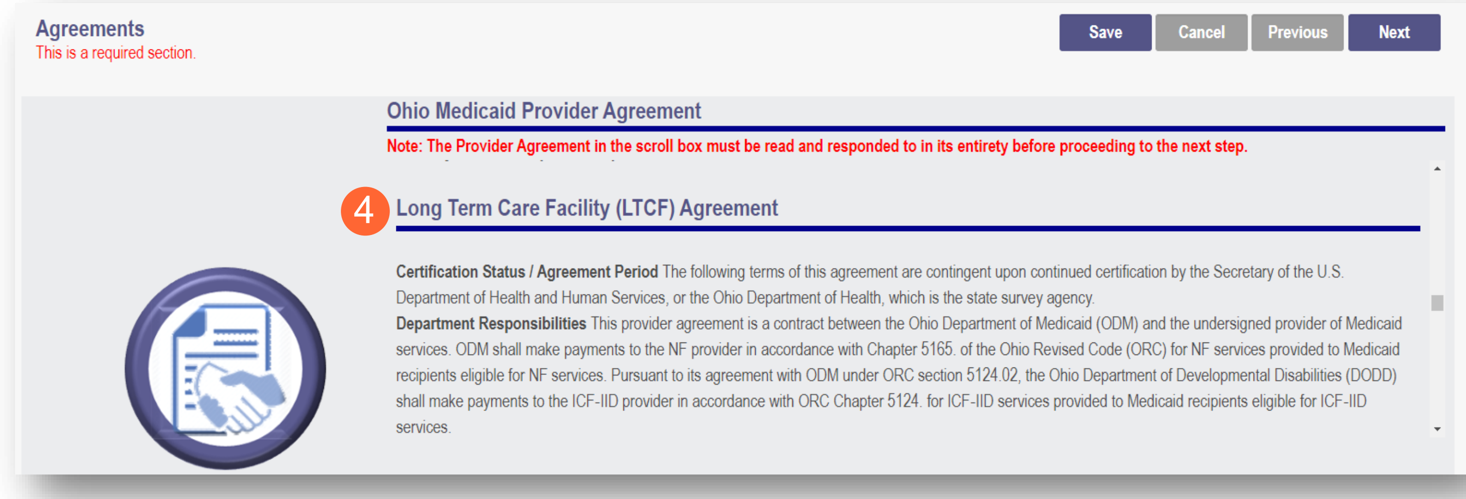


Step 3: Under the Provision Check section:

- 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.



Provider Signature

Option A 4

I certify that I am the owner, officer, chief executive officer, general partner, or board member of the business organization entering into this provider agreement to operate this facility in the Medicaid program. I agree to be bound by this agreement and all applicable laws. I certify the information submitted on the application and the information as it appears in this provider agreement is accurate and complete. I agree that our business organization will notify ODM, in writing, of any subsequent changes to the information contained in the application or this agreement.

Option B 4

By my signature below, I certify that I am signing with agent authority from and on behalf of the owner, officer, chief executive officer, general partner, or board member of the business organization entering into this provider agreement to operate this facility in the Medicaid program and that I have been given the authority to bind the business organization to this agreement and all applicable laws. I certify, on the organization's behalf, that the information submitted on the application and the information as it appears in this provider agreement is accurate and complete. Further, by my signature, I am binding the business organization to notify ODM, in writing, of any subsequent changes to the information contained in the application or this agreement.

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.

Provider Agreement Attestation 5

☐ 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.

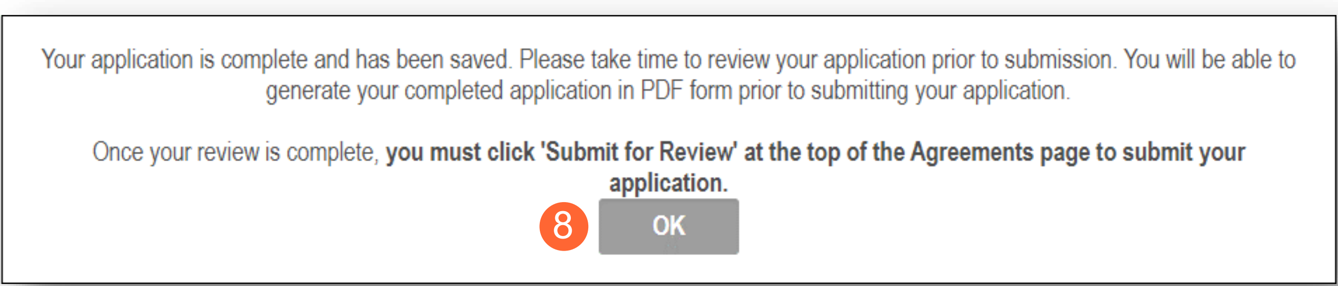
Step 6: Complete the Provider Agreement Signature:

- Enter the Name of the Person Attesting.
- Confirm Provider Name and User ID auto-filled correctly.

Step 7: Click Save.

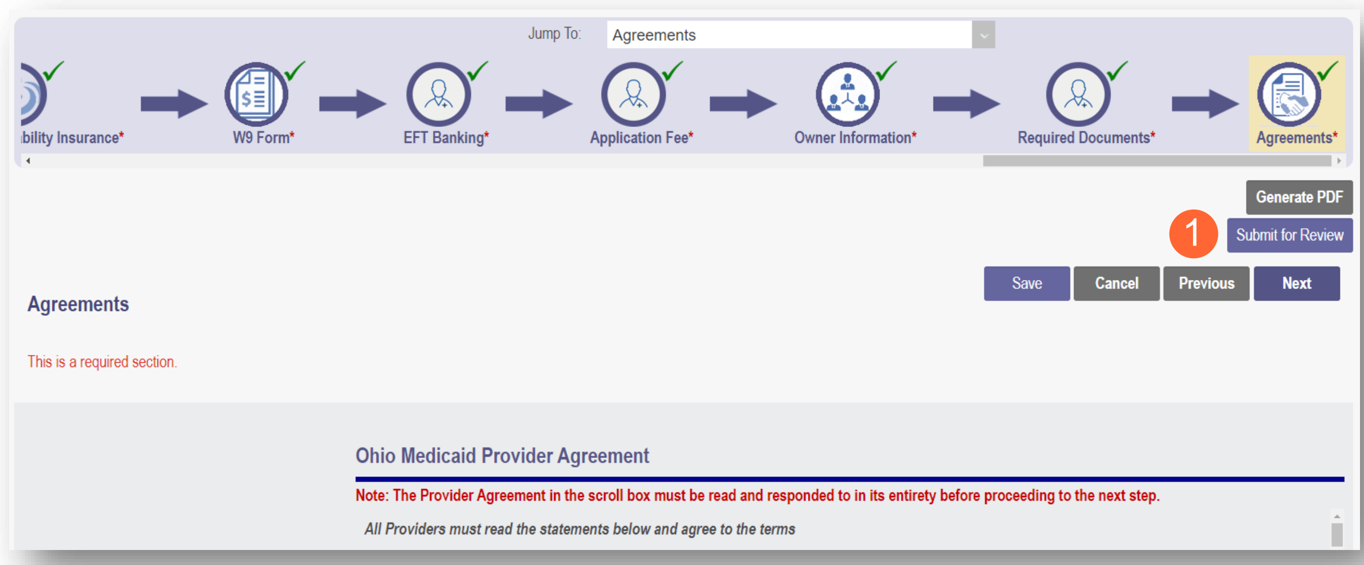
- A pop-up will appear confirming your application is complete.

Step 8: Click **OK** to review the application prior to submission.

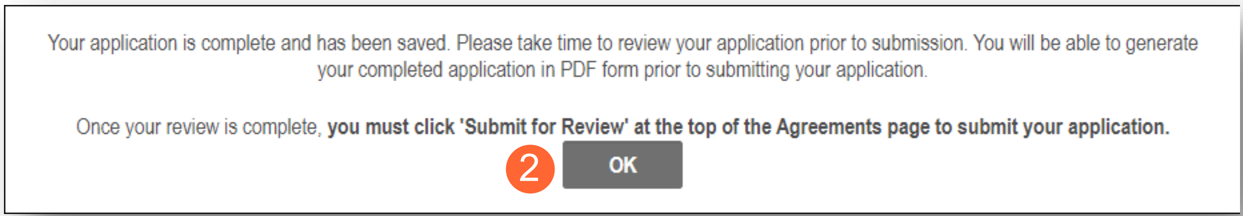


Submitting Application

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



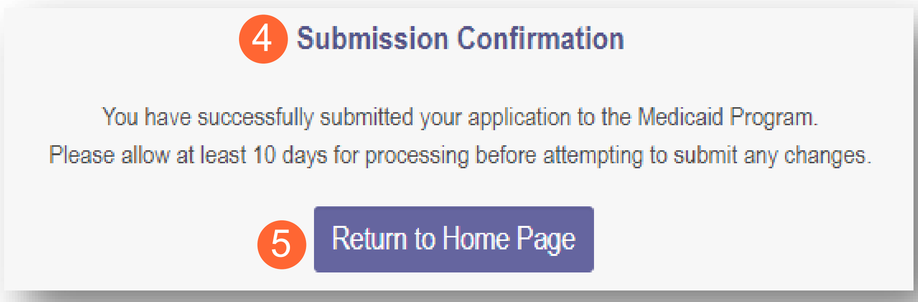
Step 2: You will receive a message giving one last opportunity to review the application pages. Click **OK**.



Step 3: When the information on all pages is satisfactory, click **Submit for Review** again.

Step 4: You will receive a confirmation message stating that the application has been successfully submitted.

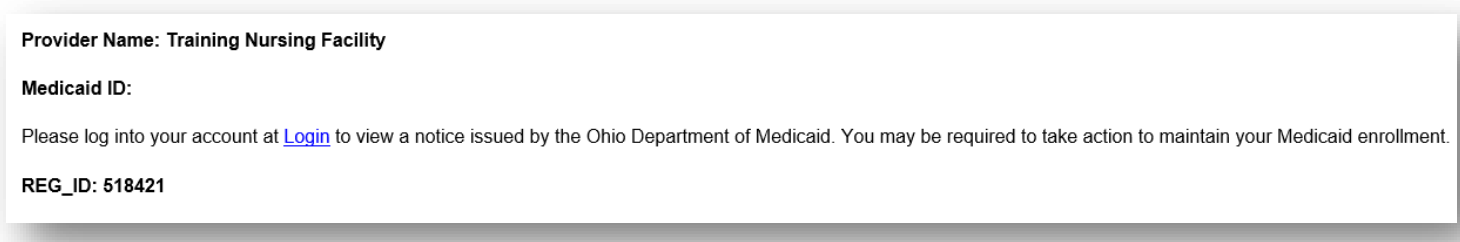
Step 5: Click **Return to Home Page** to go to your dashboard.



Resubmitting an Application (Return to Provider – RTP)

If a specialist reviewing the application needs additional information, they will return the file 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.



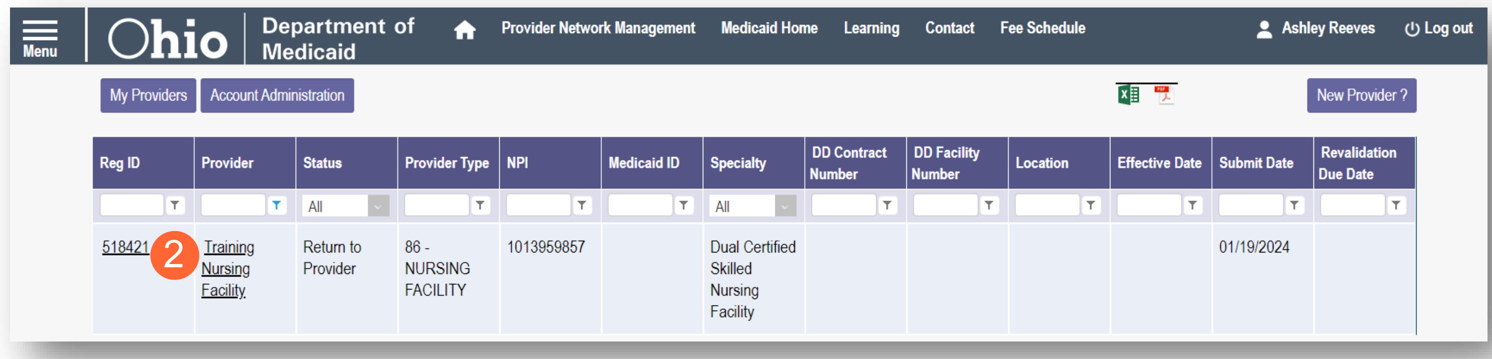
Provider Name: Training Nursing Facility

Medicaid ID:

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.

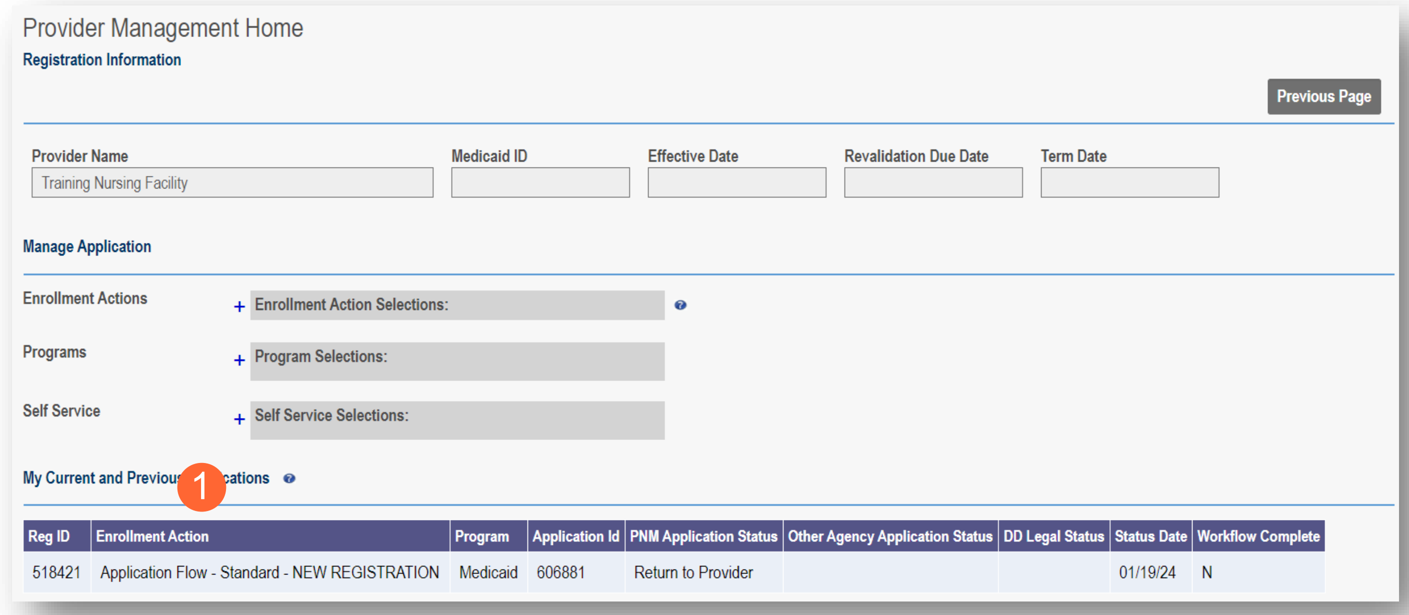
REG_ID: 518421

Step 2: Access the application, indicated by the Reg ID in the email, (which will be in 'Return to Provider' status) by logging into PNM and clicking on the link under the Reg ID or Provider heading.

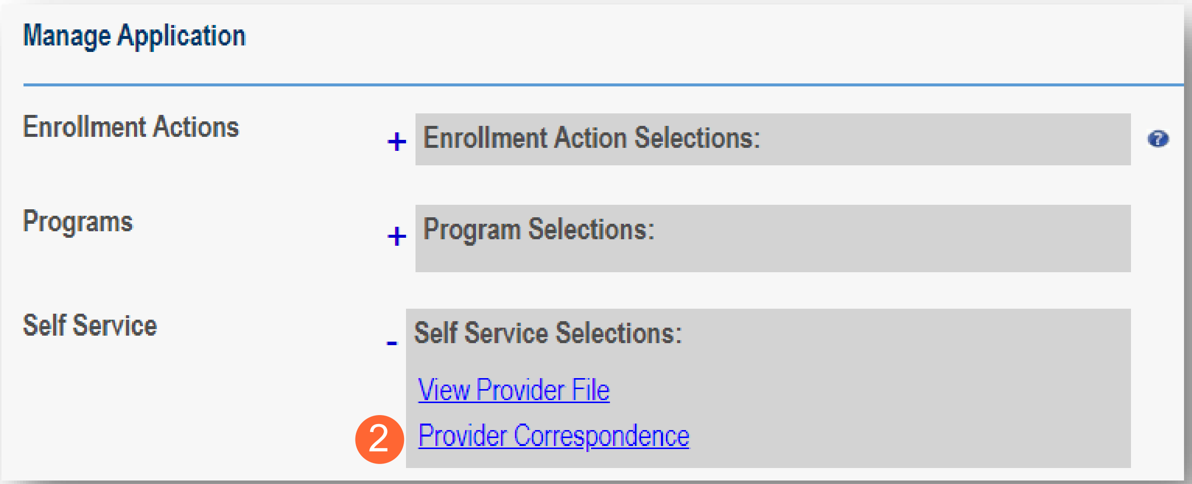


Reviewing Correspondence

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

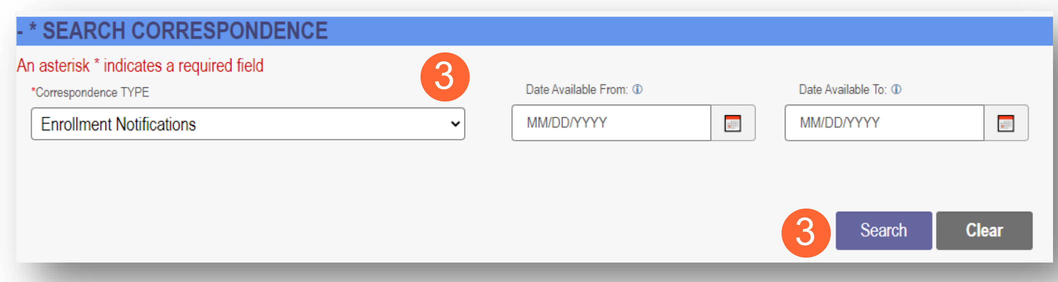


Step 2: Click the 'Provider Correspondence' hyperlink.

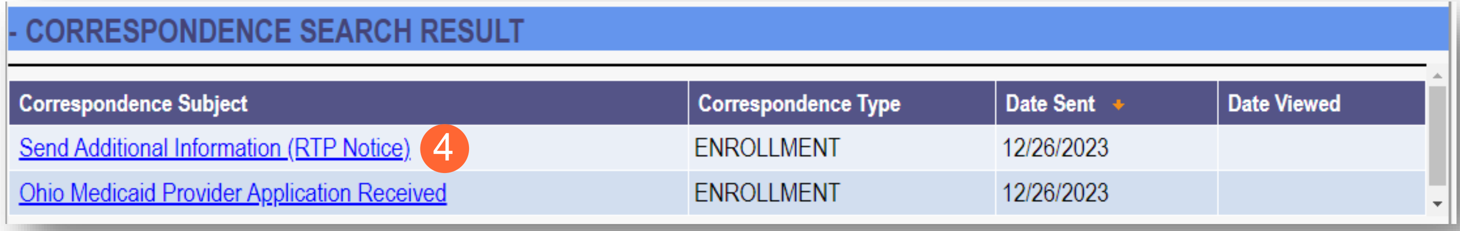


Step 3: To locate correspondence, complete the following:

- Select 'Enrollment Notifications' from the Correspondence Type drop-down menu.
- Enter a date range for the search (optional).
- Click **Search**.

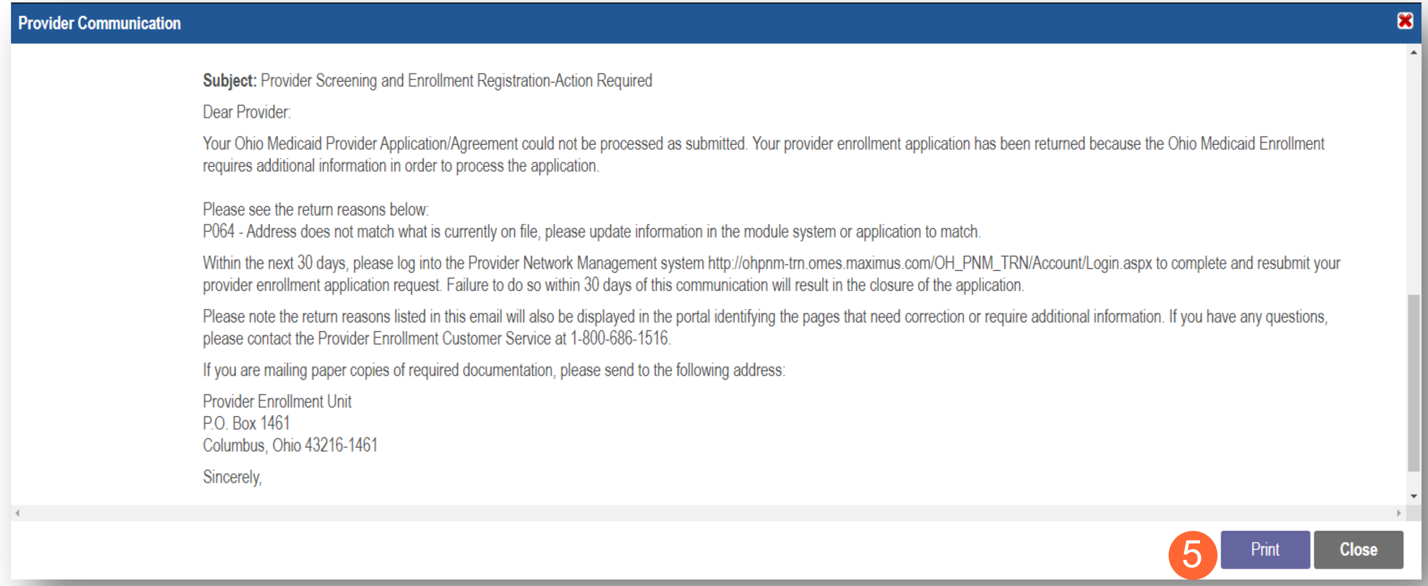


Step 4: Locate the search results at the bottom of the page and select the one with the subject of 'Send Additional Information (RTP Notice).'


- CORRESPONDENCE SEARCH RESULT

Correspondence Subject	Correspondence Type	Date Sent	Date Viewed
Send Additional Information (RTP Notice) 4	ENROLLMENT	12/26/2023	
Ohio Medicaid Provider Application Received	ENROLLMENT	12/26/2023	

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 or click **Close** at the bottom of the window. Click **Print** to print a physical copy of the correspondence or download


Provider Communication

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:
P064 - Address does not match what is currently on file, please update information in the module system or application to match.

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

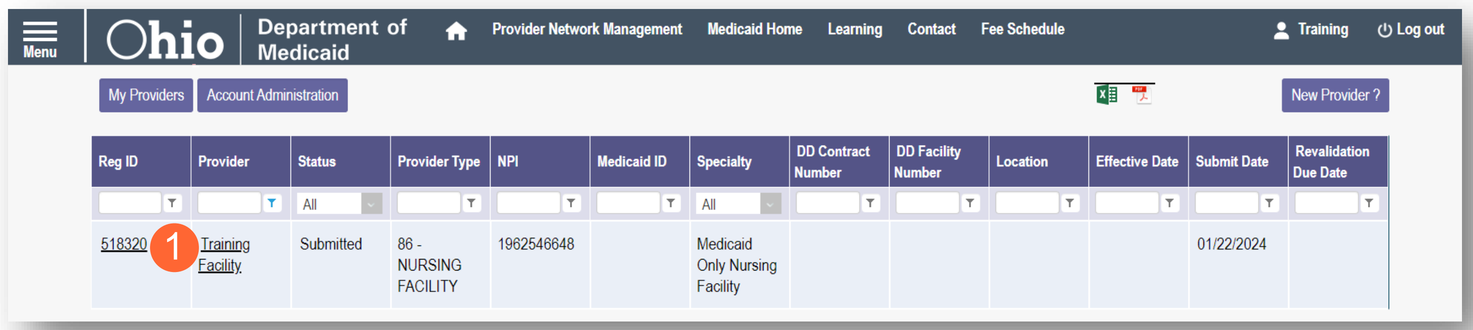
Sincerely,

5 Print Close

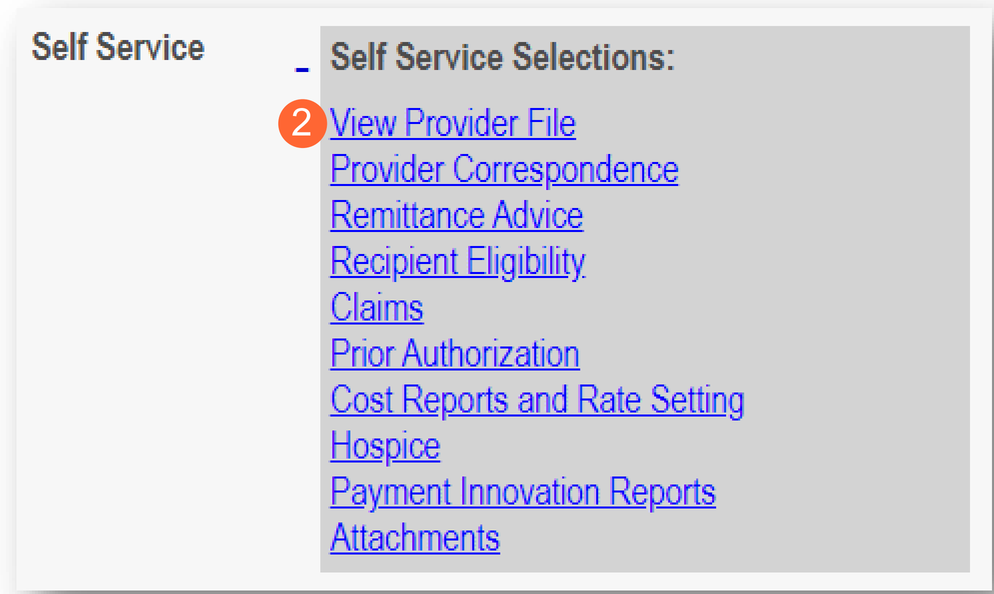
Confirmation of Building CHOP

Once the CHOP is completed and the new Entering Provider is approved and enrolled, you can verify that the Exiting Provider's building is associated with the Entering Provider.

Step 1: Click on the Reg ID or Provider name hyperlink on the homepage/dashboard.



Step 2: On the Provider Management Home page, expand the Self-Service section by clicking the '+' icon. Click 'View Provider File.'



Step 3: You can find the Building Medicaid ID by searching for the Entering Provider- in the header information. Expand the header by clicking the **More…** button.