

USER MANUAL

Hospice Recipient Enrollment



**Department of
Medicaid**

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Introduction

This desk reference provides the steps and functions of completing an application in the PNM system for the enrollment of a hospice recipient. These applications, completed in PNM, are not applicable to managed care hospice service.

This training document also covers completing actions for the hospice enrollment application in PNM. These functions include:

- Hospice Enrollment Search
- Change of Hospice Provider
- Close Current Service Span for a Change of Provider
- Revocation
- Maintain Hospice Record
- Benefit Termination

*Anything mentioned as 'situational' in this document means that information may need to be filled out based on the recipient's situation. If information should be documented, be sure to enter that information in the pertinent section/field.

The Provider Network management (PNM) will be the source of truth for all hospice recipient enrollment information.

For a Provider Agent user to maintain hospice enrollments, the role/action "*Hospice Enroll Maintenance*" must be assigned to the Agent by the Provider Administrator for the Medicaid ID under which the hospice recipient enrollments are entered.

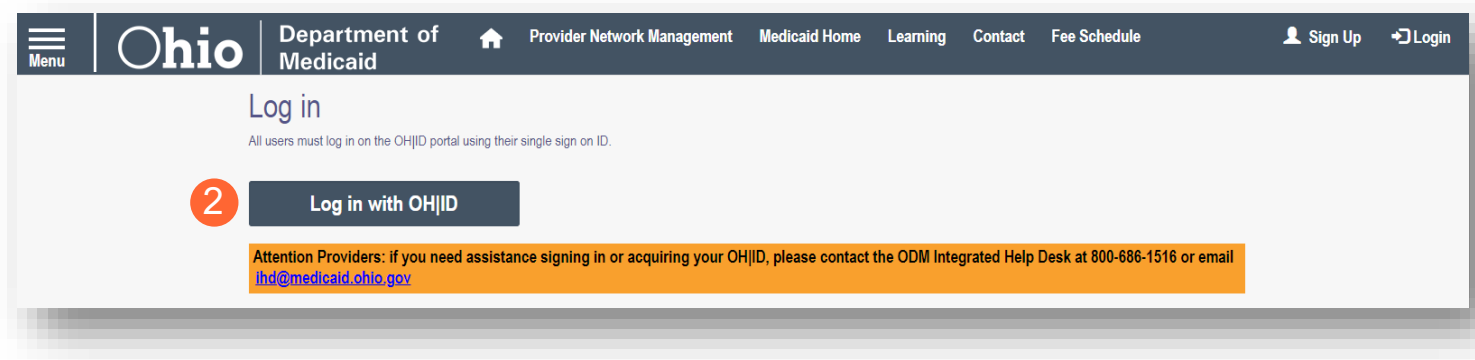
For a Provider Agent user to search for hospice enrollments, the role/action "*Hospice Enroll Search*" must be assigned to the Agent by the Provider Administrator for the Medicaid ID.

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.

OHID
Ohio's Digital Identity. One State. One Account.
Register once, use across many State of Ohio websites

Create account

Log In

3

OHID

Password

Log in

[Forgot your OHID or password?](#) | [Get login help](#)

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.

Terms

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

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

4 ☐ Yes, I have read the agreement

Cancel

Provider Home Page

There are two provider roles in PNM:

- **Provider Administrator:** *(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).
- **Provider Agent:** *(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.

User Profile

What type of Provider Account do you need to create?

☐ Provider Administrator
☐ Provider Agent
☐ CEO Certified (DODD)
☐ Secondary User (DODD)

Save Cancel

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.

Callout A: Menu icon (three horizontal bars) in the top left corner.

Callout B: Account Administration button in the top navigation bar.

Callout C: Excel and PDF export icons (green and red) in the top navigation bar.

Callout D: New Provider? button in the top navigation bar.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027

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

Account Administration: 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).

Excel and PDF Icons: 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).

New Provider?: 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).

Accessing the Provider Self Service Panel

This section displays the necessary steps for accessing the Self Service functionalities for a provider file.

Step 1: From the Provider Homepage/Dashboard, click the hyperlink under Reg ID or Provider to manage the file of the Provider you wish to access.

Menu Ohio Department of Medicaid Provider Network Management Medicaid Home Learning Contact Fee Schedule Training Log out													
My Providers		Account Administration										New Provider ?	
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date	
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027	

Step 2: Under the Manage Application section, click the '+' icon to expand the Self Service Selections.

Manage Application

Enrollment Actions

+ Enrollment Action Selections:

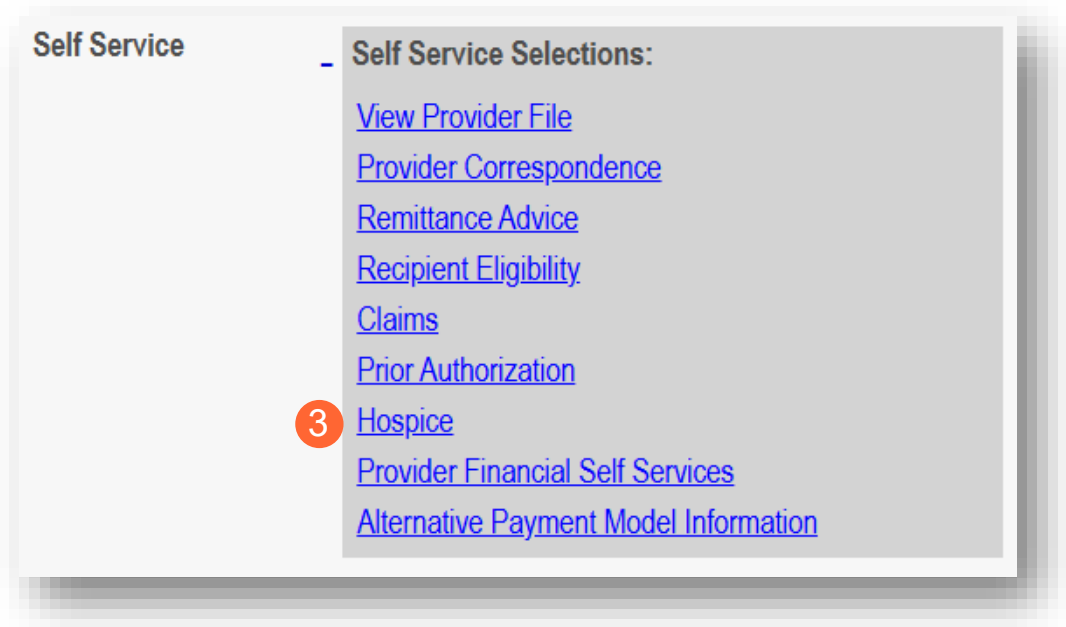
Programs

+ Program Selections:

Self Service

2 + Self Service Selections:

Step 3: Click the hyperlink for “Hospice.”



Search an Existing Enrollment

Step 1: To search for an existing Hospice enrollment, enter a Hospice Tracking Number or Medicaid Billing Number in the fields provided.

Step 2: Click **Search**.

Provider Medicaid ID: 0002100 Provider NPI: 1407439399 Provider Name: HOSPICE

HOSPICE ENROLLMENT SEARCH

1 Hospice Tracking Number ⓘ Medicaid Billing Number ⓘ

10129 ☐ This is a change of hospice provider.

Max Records 5 ▼

2 Search Clear Add

Step 3: Results will display at the bottom of the page. Click the “Hospice Tracking Number” hyperlink to view the hospice enrollment details.

Note: Status displays as a letter (A):

- Complete (C) – *not yet processed by PNM*.
- Denied (D)
- Processed (P)

PNM does not allow an update to a denied (D) hospice record. A new application must be created if the previous application is denied.

SEARCH RESULTS					
Hospice Tracking Number	Medicaid Billing Number	Name	Date Recieved	Status	Denial Reason
101029 3	108471444444	TRAINER, TOM	04/26/2024	P A	

Step 4: Review the hospice enrollment.

To expand a section, click the '+' icon or to collapse, click the '-' icon (A).

Hospice Application Action Type New Enrollment (Changing this selection will result to loose unsaved data.)

4 - * RECIPIENT INFORMATION

Medical Billing Number : 10847144444 Date of Birth : 09/05/1948 Submission Date : 04/26/2024

Last Name : Trainer Street Address : 2401 Ontario Street County of Record :

First Name, MI : Tom City, State, and Zip Code : CLEVELAND, OH 44115

- * ENROLLMENT AND DISENROLLMENT

* Election Date: 02/01/2024 Disenrollment Date:

- * HOSPICE BENEFIT PERIOD

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	02/01/2024	04/30/2024	Processed		

Check Eligibility

- * COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION

Benefit Line No	Benefit Period Type	Benefit Period	* State Of Service	* County of Service	* Effective Date	EndDate	Action
1	First 90 days period	02/01/2024-04/30/2024	OH	FRANKLIN	02/01/2024	04/30/2024	

- * ATTENDING PHYSICIAN INFORMATION

Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	02/01/2024-04/30/2024	1699249250		02/01/2024	

- * HOSPICE IDG PHYSICIAN INFORMATION

Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	02/01/2024-04/30/2024	1699249250		02/01/2024	

A + HOSPICE OTHER PAYER SPAN

+ HOSPICE EPISODE OF CARE

- * HOSPICE TERMINAL ILLNESS DIAGNOSIS

Benefit Line No	Benefit Period Type	Benefit Period	* Primary Terminal Diagnosis	Terminal Diagnosis 2	Terminal Diagnosis 3	* Diagnosis Effective Date	* Diagnosis EndDate	Action
1	First 90 days period	02/01/2024-04/30/2024	A150			02/01/2024	04/30/2024	

- * HOSPICE PROVIDER SERVICE SPAN

Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	02/01/2024-04/30/2024	ABOVE HOSPICE LLC	02/01/2024	04/30/2024	

+ HLTCF PROVIDER SERVICE

+ ATTACHMENT

- CONFIRMATION

Application Submission Date : 04/26/2024 Hospice Tracking Number : 101029

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Application submitted after 4 PM will not processed until next business day.

Please remember to attach following documents.

Submit Cancel

Note: Hospice application actions appear at the top of the page, allowing you to initiate or complete different processes. Denied applications can be viewed but cannot have any action completed.

The screenshot shows a web interface with a dropdown menu titled "Hospice Application Action Type". The dropdown is open, displaying a list of actions: "New Enrollment", "Change of Hospice provider", "Close Current Service Span for a change of provider", "Revocation", "Maintain Hospice Record", and "Benefit Termination". The "New Enrollment" option is highlighted in blue.

- If no previous hospice application is found, the following actions will display:
 - New Enrollment
- If a previous application is found and the application is not in denied status or closed, the following actions will display:
 - Change of Hospice Provider
 - Close Current Service Span for a change of provider
 - Revocation
 - Maintain Hospice Record
 - Benefit Termination

Note: When a hospice enrollment is closed due to benefit termination or discharge, limited updates can be made to the hospice enrollments under that hospice tracking number (HTN). If a hospice application is closed for any reason other than death, a new hospice application (new enrollment) can be created from the drop-down options. If the hospice application has not been closed or terminated, updates can be made, and a new benefit period can be added.

- * HOSPICE BENEFIT PERIOD						
Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	02/01/2024	04/30/2024	Processed	Death	

[Check Eligibility](#)

Note: If the previous application is found but is deemed to be a closed hospice application with "Death" as reason for update under the last Benefit Period, PNM will only display "Maintain Hospice Record" as an action type. The existing record/data can be edited, however no new benefit period will be allowed.

Hospice Application Actions

The options that appear under the 'Hospice Application Action Type' are situational. Depending on the status or situation of the hospice recipient, all the actions mentioned in this section may not appear in the drop-down menu all at once.

Adding a New Enrollment

These steps cover the process of completing a new hospice recipient enrollment application if the recipient has never been enrolled in Medicaid Hospice (fee-for-service) or the previous enrollment was terminated or updated with a discharge reason.

Step 1: Enter a Medicaid Billing Number (12-digits) in the space provided.

Step 2: Click **Add**.

Provider Medicaid ID: 0463664 Provider NPI: 1740821982 Provider Name: Training Test

HOSPICE ENROLLMENT SEARCH

Hospice Tracking Number ⓘ Medicaid Billing Number ⓘ

 1212121212 ☐ This is a change of hospice provider.

Step 3: Enter the recipient's Date of Birth (DOB) or use the calendar to select the correct date.

Step 4: Click **Save**.

Please enter DOB of the Recipient

07/04/1976 Save

July, 1976

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

Today: April 26, 2024

Step 5: Review the Recipient Information to ensure the correct recipient is displaying. This read-only information populates from the Medicaid Billing Number and Date of Birth that you entered. If the incorrect recipient is displaying, go back to the Hospice search screen to locate the correct recipient.

- * RECIPIENT INFORMATION

5

Medicaid Billing Number : 108471444444

Date of Birth : 09/05/1948

Submission Date : 04/26/2024

Last Name : Trainer

Street Address : 2401 Ontario Street

County of Record :

First Name, MI : Tom

City, State, and Zip Code : CLEVELAND, OH 44115

Note: If the Medicaid recipient has had a previous hospice enrollment and a new enrollment needs to be created to obtain a new hospice tracking number, 'New Enrollment' will need to be selected from the Hospice Application Action Type menu (A).

Hospice Application Action Type

A

New Enrollment

Change of Hospice provider

Close Current Service Span for a change of provider

Revocation

Maintain Hospice Record

Benefit Termination

If no previous hospice enrollment is found, PNM will default the application action to 'New Enrollment' and no other selections can be made.

Hospice Application Action Type

New Enrollment

Note: Some sections of the new enrollment applications are required sections. Any section or field, within the enrollment application, that displays an asterisk (*) is a required section/field to complete. To expand a section, click the '+' icon or to collapse, click the '-' icon.

Step 7: Under the Hospice Benefit Period section, the Benefit Period Type will auto-populate. Enter an Effective Date for the benefit period (the End Date will auto-calculate based on what you enter for the Effective Date, however this can be edited if needed).

Note: A 'Complete' status indicates that the information is complete in PNM.

- The line can be edited or deleted by clicking the corresponding button (A).
- The **Check Eligibility** button will make a call to the eligibility section of PNM to determine if there is Medicaid eligibility for the dates in this benefit period (B).

- * HOSPICE BENEFIT PERIOD						
Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	04/26/2024	07/24/2024	Complete	A	Edit Delete
	Second 90 days period			Complete		

- Step 10:** Click **Add New** to add the line.

- The line can be edited or deleted by clicking the corresponding button (A).
- Repeat the process to enter any additional locations.

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Step 11: Under the Attending Physician Information section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- National Provider Identifier (NPI) number for the attending physician (*required*)
 - Click “Search” to lookup information if it is unknown.
- Oral Certification Date (*situational*)
- Written Certification Date (*required*)

Step 12: Click **Add New** to add the line.

- The line can be edited or deleted by clicking the corresponding button (A).

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* ATTENDING PHYSICIAN INFORMATION

* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	04/26/2024-07/24/2024	1447836944	04/22/2024	04/26/2024	Add New

Search

12

* ATTENDING PHYSICIAN INFORMATION

* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	04/26/2024-07/24/2024	1447836944	04/22/2024	04/26/2024	Edit Delete
						Add New

Search

A

Display of search panel (results display under the headings after entering criteria and clicking **Search**)

X

NPI

Medicaid ID

Business/Last Name

First Name

Search

NPI	Medicaid ID	Business/Last Name	First Name
-----	-------------	--------------------	------------

Step 13: Under the Hospice IDG (Interdisciplinary Group) Physician Information section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- National Provider Identifier (NPI) number for the attending physician (*required*)
 - Click “Search” to lookup information if it is unknown.
- Oral Certification Date (*situational*)
- Written Certification Date (*required*)

Step 14: Click **Add New** to add the line.

- The line can be edited or deleted by clicking the corresponding button (A).

13

- * HOSPICE IDG PHYSICIAN INFORMATION

* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	04/26/2024-07/24/2024	1629577077	04/22/2024	04/26/2024	Add New

Search

14

- * HOSPICE IDG PHYSICIAN INFORMATION

* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	04/26/2024-07/24/2024	1629577077	04/22/2024	04/26/2024	Edit Delete

Search

A

Display of search panel (results display under the headings after entering criteria and clicking **Search**)

NPI

Medicaid ID

Business/Last Name

First Name

Search

NPI	Medicaid ID	Business/Last Name	First Name
-----	-------------	--------------------	------------

‘Situational’ Section/Panel: Under the Hospice Other Payer Span section, enter or select the following:

- Payer Type
 - Medicare, Others, Self-Pay, Private Insurance
- Payer Name
- Effective Date
- End Date

Click **Add New** to add the line (A).

- HOSPICE OTHER PAYER SPAN

Payer Type	Payer Name	Effective Date	End Date	Action
Medicare	Hospice Medicare	04/26/2024	07/24/2024	Add New

The line can be edited or deleted by clicking the corresponding button (B).

- HOSPICE OTHER PAYER SPAN

Payer Type	Payer Name	Effective Date	End Date	Action
Medicare	Hospice Medicare	04/26/2024	07/24/2024	EditDelete
				Add New

‘Read-only panel’: Under the Hospice Episode of Care section, no information needs to be entered. The following columns will display information after the enrollment is processed by PNM:

- Episode of Care
- First Date
- Last Date
- No of Calendar Days in Episode
- No of Benefit Days in Episode
- Date of 61st Days

- HOSPICE EPISODE OF CARE

Episode of care	First Date	Last Date	No of Calendar Days in Episode	No of Benefit Days in Episode	Date of 61st Days
1	04/26/2024	07/24/2024	90	90	06/26/2024

Step 15: Under the Hospice Terminal Illness Diagnosis section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- Primary Terminal Diagnosis Code (must be ICD-10) *(required)*
 - Click “Search” to look up code information if it is unknown.
- Terminal Diagnosis Code 2 *(if needed)*
- Terminal Diagnosis Code 3 *(if needed)*
- Diagnosis Effective Date *(required)*
- Diagnosis End Date *(required)*

Step 16: Click **Add New** to add the line.

- The line can be edited or deleted by clicking the corresponding button (A).
- Repeat the process to add any additional diagnosis information.

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* HOSPICE TERMINAL ILLNESS DIAGNOSIS

Benefit Line No	Benefit Period Type	Benefit Period	* Primary Terminal Diagnosis	Terminal Diagnosis 2	Terminal Diagnosis 3	* Diagnosis Effective Date	* Diagnosis EndDate	Action
1	First 90 days period	04/26/2024-07/24/2024	C819			04/26/2024	07/24/2024	Add New
			Search	Search	Search			

16

* HOSPICE TERMINAL ILLNESS DIAGNOSIS

Benefit Line No	Benefit Period Type	Benefit Period	* Primary Terminal Diagnosis	Terminal Diagnosis 2	Terminal Diagnosis 3	* Diagnosis Effective Date	* Diagnosis EndDate	Action
1	First 90 days period	04/26/2024-07/24/2024	C819			04/26/2024	07/24/2024	Edit Delete
			Search	Search	Search			Add New

A

Display of search panel (results display under the headings after entering criteria and clicking **Search**)

Diagnosis Code

ICD Version

Code Description

Search

ICD 10

Diagnosis Code

ICD Version

Diagnosis Code Description

Step 17: Under the Hospice Provider Service Span section, select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type, Benefit Period, Effective Date and End Date.)

Step 18: Click **Add New** to add the line.

- The Provider Name will auto-fill when the line is added.
- The line can be edited or deleted by clicking the corresponding button (A).

- * HOSPICE PROVIDER SERVICE SPAN

Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	04/26/2024-07/24/2024		04/26/2024	07/24/2024	Add New

- * HOSPICE PROVIDER SERVICE SPAN

Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	04/26/2024-07/24/2024	Training Test	04/26/2024	07/24/2024	Edit Delete
						Add New

‘Situational’ Section/Panel: Under the HLTCF (Hospice Long Term Care Facility) Provider Service section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- National Provider Identifier (NPI) number for the provider (*required*)
 - Click “Search” to lookup information if it is unknown.
 - The Provider Medicaid ID and Provider Name will auto-populate after the NPI is entered.
- Effective Date
- End Date
 - If you wish to divide the time between different locations, you can have the end date be sooner than the end date of the benefit period and then enter a second line for another location for the remaining dates.
 - If dates overlap, an error message will display.

Click **Add New** to add the line (A).

- HLTCF PROVIDER SERVICE

Benefit Line No	Benefit Period Type	Benefit Period	Provider NPI	Provider Medicaid ID	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	04/26/2024-07/24/2024	1740387740	0740740	DOE JOHN	04/26/2024	07/24/2024	Search Add New

Step 19: To include attachments to the New Enrollment, add those under the Attachment section:

This section is 'situational' to complete, meaning that attachments are not required to submit the hospice enrollment application. If you do have pertinent documents to attached, please follow the steps below.

- Click 'Choose File.'
- Locate the document on your computer.
 - The maximum allowable file size for a file upload is 10 MB.
 - Accepted File Types:
 - Word: doc, docx
 - Excel: xls, xlsx, xlsx, xlsx
 - Image: mdi, jpe, jpeg, jpg, png, gif, bmp, tif, tiff
 - PDF: pdf
 - Other: pi, ec, zip, csv, acrbak, msg
- Enter which Benefit Line Number the attachment belongs to.
- Select the Document Type from the drop-down menu:
 - Declaration of election of hospice benefit
 - Attending physician written certification
 - Revocation of hospice benefit
 - Statement of termination of hospice benefit
 - Selection of a different hospice provider
 - IDG written certification

Step 20: Click **Add New** to upload the attachment.

- The line can be edited or deleted by clicking the corresponding button (A).
- Repeat the process to add any additional attachments (B).
 - Up to 10 documents can be added.

- ATTACHMENT

Attachment	Benefit Line No	Benefit Period Type	Benefit Period	Document ID	Document Type	Action
Choose File	1	First 90 days period	04/26/2024-07/24/2024		DECLARATION OF ELECTION OF HOSPICE BENEFIT DOCUMENT TYPE	Add New

- ATTACHMENT

Attachment	Benefit Line No	Benefit Period Type	Benefit Period	Document ID	Document Type	Action
Choose File	1	First 90 days period	04/26/2024-07/24/2024	12151429	DECLARATION OF ELECTION OF HOSPICE BENEFIT DOCUMENT TYPE	Edit Delete

- ATTACHMENT

Attachment	Benefit Line No	Benefit Period Type	Benefit Period	Document ID	Document Type	Action
Choose File	1	First 90 days period	04/26/2024-07/24/2024	12151430	ATTENDING PHYSICIAN WRITTEN CERTIFICATION DOCUMENT TYPE	Edit Delete

Step 21: After all data has been entered, click 'Submit' at the bottom of the page.

- CONFIRMATION

Application Submission Date :

Hospice Tracking Number :

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Application submitted after 4 PM will not processed until next business day.

Please remember to attach following documents.

21

Submit

Cancel

Note: After clicking 'Submit,' the Date of Application Update and Hospice Tracking Number (HTN) will display at the top of Confirmation section. The HTN will be needed for accessing the status of submitted enrollments.

- CONFIRMATION

Application Submission Date : 04/26/2024

Hospice Tracking Number : 101030

A confirmation message will also appear at the top of the page.

Hospice application is successfully submitted.

Note: It is possible error messages may display in PNM after clicking **Submit**. The error messages are located at the top of the page in PNM. Click on the error message displayed and PNM will take you to the section that needs to be updated and highlight the field (A).

Enrollment date is required.
County and State of Recipient's Hospice Location is required information panel.
Hospice IDG Physician is required information panel.
Hospice Attending Physician is required information panel

A

Hospice Application Action Type

New Enrollment

- * RECIPIENT INFORMATION

Medicaid Billing Number : 108471444444

Date of Birth : 09/05/1948

Submission Date : 04/26/2024

Last Name : Trainer

Street Address : 2401 Ontario Street

County of Record :

First Name, MI : Tom

City, State, and Zip Code : CLEVELAND, OH 44115

- * ENROLLMENT AND DISENROLLMENT

Election Date:

Disenrollment Date:

Close Current Service Span for Change of Provider

This action would be completed by the first/initial provider in a transfer situation.

If the hospice recipient will be changing providers and need to end the service span for the current provider, the first provider can complete this in PNM. Upon selecting the “Close Current Service Span for Change of Provider” action, all other lines/fields on the application will be grayed out, meaning the only panel that can be updated when selecting the above option is the Hospice Provider Service Span.

Step 1: Be sure to [search for the existing enrollment](#) first, then select ‘Close Current Service Span for a change of provider’ from the Hospice Application Action Type drop-down menu.

Hospice Application Action Type

- New Enrollment
- Change of Hospice provider
- 1** Close Current Service Span for a change of provider
- Revocation
- Maintain Hospice Record
- Benefit Termination

Step 2: Locate the current benefit under the Hospice Provider Service Span section of the recipient's enrollment application.

Step 3: Click **Edit** under the Action column.

* HOSPICE PROVIDER SERVICE SPAN						
* Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1 2	First 90 days period	01/01/2022-03/31/2022	SOUTHERN CARE INC	01/01/2022	03/31/2022	Edit 3

Step 4: Change the End Date to the date that service is ending with the provider.

Step 5: Click **Update** under the Action column.

* HOSPICE PROVIDER SERVICE SPAN						
* Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1 2	First 90 days period	01/01/2022-03/31/2022		01/01/2022	2/25/2022 4	Update 5 Cancel

HOSPICE RECIPIENT ENROLLMENT

Step 6: The updated end date displays in the panel. Confirm the information is correct.

- * HOSPICE PROVIDER SERVICE SPAN

Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	01/01/2022-03/31/2022	SOUTHERN CARE INC	01/01/2022	02/25/2022	Edit

Step 7: Click **Submit** at the bottom of the page for the changes to take effect.

- CONFIRMATION

Date of Application Update :

Hospice Tracking Number : 38881

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records **PRIOR TO EXITING**. Applications submitted after 4 pm will not be processed until the next business day.

Please remember to attach any necessary documents.

7

Submit

Cancel

Note: If the recipient is beginning service with a new provider, a new hospice enrollment application will need to be completed using that new provider's details.

Change of Hospice Provider

This action would be completed by the second/transferee provider in a transfer situation.

This action would be selected if the recipient has not consumed all days of the most recent benefit period span. If a transfer is accepted beginning on the first day of a new benefit period, then complete a [new enrollment](#) beginning with the appropriate benefit span.

Note: If the second provider initiates the change of hospice provider action prior to the first provider closing the current service span, this action will automatically close the previous provider's span the day prior to the effective date of the second provider's span.

Step 1: [Search for the existing enrollment](#) first. Complete this search by entering the Medicaid Billing Number and select the "This is a change of hospice provider" box. Then, click **Search**.

The Medicaid Billing Number must be used as the search criterion, not the Hospice Tracking Number, when checking this box (A).

Step 2: Select 'Change of Hospice provider' from the Hospice Application Action Type drop-down menu.

Note: The information under the Hospice Benefit Period will populate, since days are remaining for the benefit period. Any other panels of information will need to be completed using the effective date of your transfer through the end of the current benefit period. Both providers cannot be paid for the same day.

Step 3: Review the Hospice Benefit Period that pre-populated.

*** HOSPICE BENEFIT PERIOD**

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	05/16/2024	06/30/2024	Processed		

[Check Eligibility](#)

Step 4: Under the County and State Recipient's Hospice Service Location section, select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- State of Service (*required*)
- County of Service (*required*)
- Effective Date (*required*)
 - This is the effective date when the recipient began services with you.
- End Date (*required*)
 - If you wish to divide the time between different locations, you can have the end date be sooner than the end date of the benefit period and then enter a second line for another location for the remaining dates.
 - If dates overlap, an error message will display.

Step 5: Click **Add New** to add the line.

- The line can be edited or deleted by clicking the corresponding button (A).
- Repeat the process to enter any additional locations.

*** COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION**

Benefit Line No	Benefit Period Type	Benefit Period	* State Of Service	* County of Service	* Effective Date	* EndDate	Action
1	First 90 days period	01/01/2021-03/31/2021	Ohio	Darke	3/16/2021	03/31/2021	Add New

Step 6: Under the Attending Physician Information section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- National Provider Identifier (NPI) number for the attending physician (*required*)
 - Click "Search" to lookup information if it is unknown
- Oral Certification Date (*situational*)
- Written Certification Date (*required*)

Step 7: Click **Add New** to add the line.

- * ATTENDING PHYSICIAN INFORMATION						
Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
6 1	First 90 days period	01/01/2021-03/31/2021	1881950103 Search		03/16/2021	7 Add New

Display of search panel (results display under the headings after entering criteria and clicking **Search**)

NPI
 Medicaid ID
 Business/Last Name
 First Name

NPI	Medicaid ID	Business/Last Name	First Name
-----	-------------	--------------------	------------

Step 8: Under the Hospice IDG (Interdisciplinary Group) Physician Information section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- National Provider Identifier (NPI) number for the attending physician (*required*)
 - Click “Search” to lookup information if it is unknown.
- Oral Certification Date (*situational*)
- Written Certification Date (*required*)

Step 9: Click **Add New** to add the line.

- * HOSPICE IDG PHYSICIAN INFORMATION						
* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
8 1	First 90 days period	01/01/2021-03/31/2021	1588220495 Search		03/16/2021	9 Add New

Display of search panel (results display under the headings after entering criteria and clicking **Search**)

NPI

Medicaid ID

Business/Last Name

First Name

Search

NPI	Medicaid ID	Business/Last Name	First Name
-----	-------------	--------------------	------------

'Situational' Section/Panel: Under the Hospice Other Payer Span section, enter or select the following:

- Payer Type
 - Medicare, Others, Self-Pay, Private Insurance
- Payer Name
- Effective Date
- End Date

Click **Add New** to add the line (A).

- HOSPICE OTHER PAYER SPAN

* Payer Type	* Payer Name	* Effective Date	* End Date	Action
Medicare	Hospice Medicare	03/16/2021	03/31/2021	Add New A

Step 10: Under the Hospice Terminal Illness Diagnosis section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- Primary Terminal Diagnosis Code (must be ICD-10) (*required*)
 - Click “Search” to look up code information if it is unknown
- Terminal Diagnosis Code 2 (*if needed*)
- Terminal Diagnosis Code 3 (*if needed*)
- Diagnosis Effective Date (*required*)
- Diagnosis End Date (*required*)

Step 11: Click **Add New** to add the line.

1

First 90 days period

01/01/2021-03/31/2021

K032

03/16/2021

03/31/2021

Add New

Search

Search

Search

Display of search panel (results display under the headings after entering criteria and clicking **Search**)

Diagnosis Code

ICD Version

Code Description

Search

ICD 10

Diagnosis Code	ICD Version	Diagnosis Code Description
----------------	-------------	----------------------------

Step 12: Under the Hospice Provider Service Span section, select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type, Benefit Period, Effective Date and End Date.)
- This is the effective date when the recipient began services with you.
- Note: If a patient transferred to you during the current benefit period, but you cannot select a Benefit Line No., please contact the previous provider, and have them correct their service span end date.

Step 13: Click **Add New** to add the line.

1

First 90 days period

01/01/2021-03/31/2021

Training Test

03/16/2021

03/31/2021

Add New

‘Situational’ Section/Panel: Under the HLTCF (Hospice Long Term Care Facility) Provider Service section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- National Provider Identifier (NPI) number for the provider (*required*)
 - Click “Search” to lookup information if it is unknown.
 - The Provider Medicaid ID and Provider Name will auto-populate after the NPI is entered.
- Effective Date
- End Date

Click **Add New** to add the line (A).

- HLTCF PROVIDER SERVICE								
*Benefit Line No	Benefit Period Type	Benefit Period	*Provider NPI	Provider Medicaid ID	Provider Name	*Effective Date	*EndDate	Action
1	First 90 days period	01/01/2021-03/31/2021	1962680322	2815485	CLIME LEASING CO LLC	03/16/2021	03/31/2021	Search Add New

Step 14: To include attachments to the New Enrollment, add those under the Attachment section:

- Click 'Choose File.'
- Locate the document on your computer.
 - The maximum allowable file size for a file upload is 10 MB.
 - Accepted File Types:
 - Word: doc, docx
 - Excel: xls, xlsx, xlsx, xlsx
 - Image: mdi, jpe, jpeg, jpg, png, gif, bmp, tif, tiff
 - PDF: pdf
 - Other: pi, ec, zip, csv, acrbak, msg
- Enter which Benefit Line Number the attachment belongs to.
- Select the Document Type from the drop-down menu.

Step 15: Click **Add New** to upload the attachment.

- The line can be edited or deleted by clicking the corresponding button (A).
- Repeat the process to add any additional attachments (B).
 - Up to 10 documents can be added.

- ATTACHMENT

* Attachment	* Benefit Line No	Benefit Period Type	Benefit Period	Document ID	* Document Type	Action
Choose File	1	First 90 days period	01/01/2021-03/31/2021		SELECTION OF A DIFFERENT HOS	Add New

- ATTACHMENT

* Attachment	* Benefit Line No	Benefit Period Type	Benefit Period	Document ID	* Document Type	Action
Choose File	1	First 90 days period	01/01/2021-03/31/2021	11969408	SELECTION OF A DIFFERENT HOSPICE PROVIDER DOCUMENT TYPE	Edit Delete
Choose File	1	First 90 days period	01/01/2021-03/31/2021	11969470	IDG WRITTEN CERTIFICATION DOCUMENT TYPE	Edit Delete
Choose File						Add New

Step 16: After all data has been entered, click 'Submit' at the bottom of the page.

Note: After clicking 'Submit' the Date of Application Update and Hospice Tracking Number (HTN) will display at the top of the page. The HTN will be needed for accessing the status of submitted enrollments.

- CONFIRMATION

Date of Application Update :

Hospice Tracking Number :

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXISTING. Application submitted after 4 PM will not processed until next business day.

Please remember to attach following documents.

16

Submit

Cancel

- CONFIRMATION

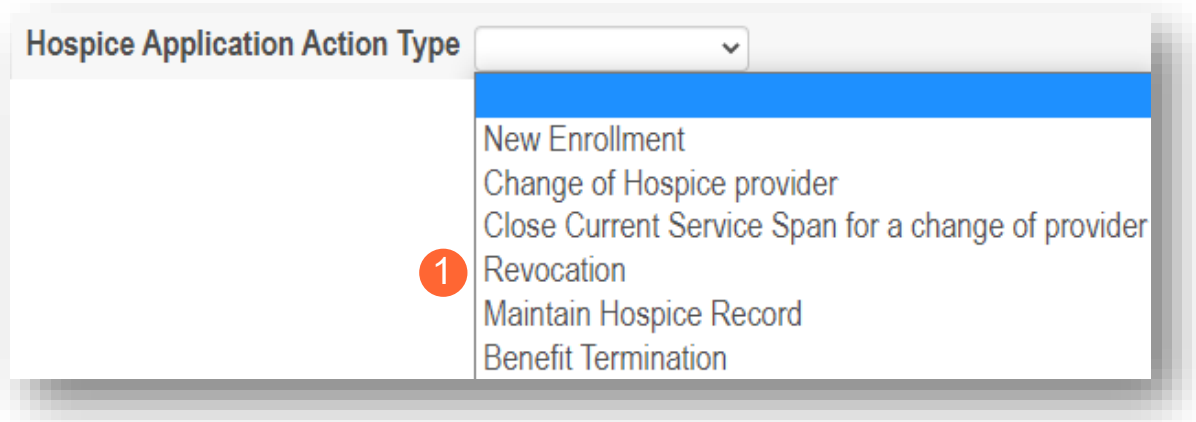
Date of Application Update : 5/31/2022

Hospice Tracking Number : 38881

Revocation

This action is completed in PNM when the individual is revoking hospice services.

Step 1: Be sure to [search for the existing enrollment](#) first, then select 'Revocation' from the Hospice Application Action Type drop-down menu.

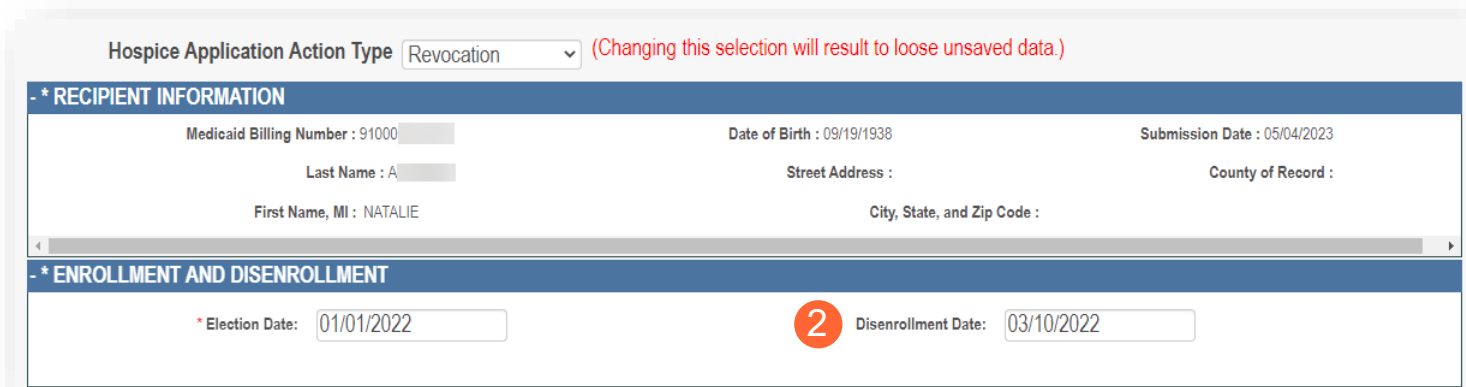


Hospice Application Action Type

- New Enrollment
- Change of Hospice provider
- Close Current Service Span for a change of provider
- 1** Revocation
- Maintain Hospice Record
- Benefit Termination

Step 2: Under the Enrollment and Disenrollment panel, enter a Disenrollment Date for the Recipient.

Note: The Disenrollment Date field will be greyed out until you select the 'Revocation' action. Once this is selected, the field will become editable.



Hospice Application Action Type: Revocation (Changing this selection will result to loose unsaved data.)

*** RECIPIENT INFORMATION**

Medicaid Billing Number : 91000 Date of Birth : 09/19/1938 Submission Date : 05/04/2023

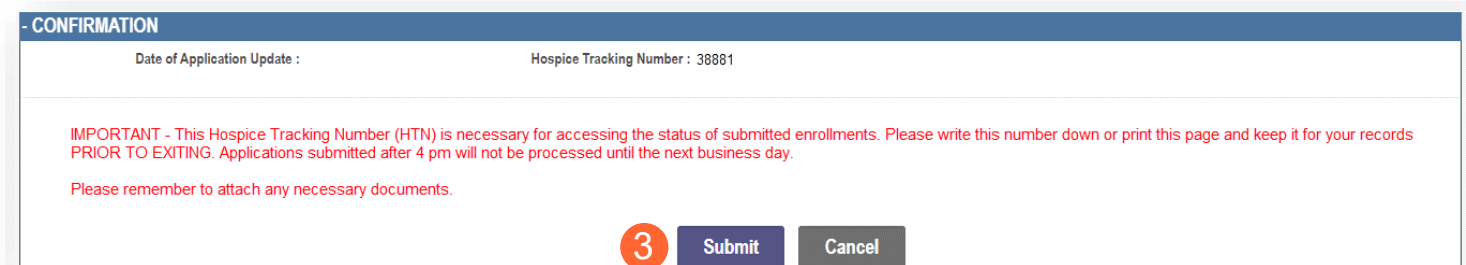
Last Name : A Street Address : County of Record :

First Name, MI : NATALIE City, State, and Zip Code :

*** ENROLLMENT AND DISENROLLMENT**

* Election Date: 01/01/2022 **2** Disenrollment Date: 03/10/2022

Step 3: Click **Submit** at the bottom of the page for the changes to take effect.



- CONFIRMATION

Date of Application Update : Hospice Tracking Number : 38881

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Applications submitted after 4 pm will not be processed until the next business day.

Please remember to attach any necessary documents.

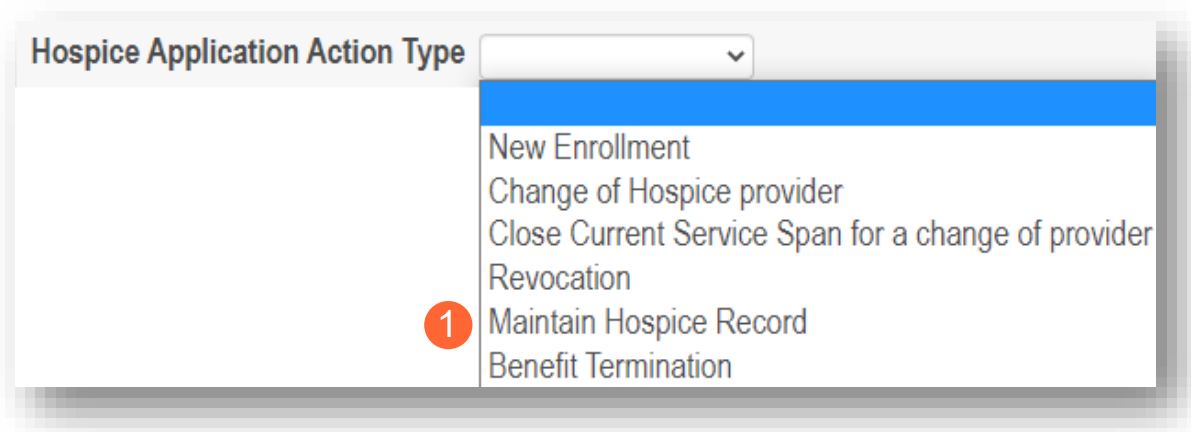
3 Submit Cancel

Maintain Hospice Record

Select “Maintain Hospice Record” if you need to complete any of the following:

- To make updates to the Hospice Recipient Enrollment Record.
- To Add a New Hospice Benefit Period.

Step 1: Be sure to [search for the existing enrollment](#) first, then select ‘Maintain Hospice Record’ from the Hospice Application Action Type drop-down menu.



Updating the Recipient’s Record

Note: If the update being made to a Hospice Benefit Period is to change the date, such as aligning the date with Medicare, the provider will need to update the end date under each panel, not just under the Hospice Benefit Period.

Step 2: Locate the section/panel of information that you wish to update and then locate the row that needs to be changed.

Step 3: Click **Edit** under the Action column.

* COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION							
*Benefit Line No	Benefit Period Type	Benefit Period	*State Of Service	*County of Service	*Effective Date	EndDate	Action
1	First 90 days period	01/01/2022-03/31/2022	OH	Brown County	01/01/2022	03/31/2022	Edit
							Add New

Step 4: The fields are editable. Change the information that you wish to update.

HOSPICE RECIPIENT ENROLLMENT

Note: Depending on what information is updated (Ex. Hospice Benefit Period), a 'Reason For Update' may be required prior to updating the information.

- Death
- Individual no longer meets the enrollment criteria
- Individual is no longer terminally ill
- Individual moved out the service area
- Individual entered a non-contracted facility
- Individual revoked the Medicaid hospice benefit
- Data correction
- Alignment with Medicare spans
- For cause
- Removal of disenrollment date

Step 5: Click **Update** under the Action column.

- * COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION							
* Benefit Line No	Benefit Period Type	Benefit Period	* State Of Service	* County of Service	* Effective Date	* EndDate	Action
1	First 90 days period	01/01/2022-03/31/2022	Ohio	Clinton	01/01/2022	03/31/2022	Update Cancel
							Add New

Step 6: The updated information displays in the panel. Confirm the information is correct (click **Edit** to make changes) and make any additional updates, to other sections/fields, that are needed for the hospice recipient.

- * COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION							
* Benefit Line No	Benefit Period Type	Benefit Period	* State Of Service	* County of Service	* Effective Date	* EndDate	Action
1	First 90 days period	01/01/2022-03/31/2022	OH	Clinton	01/01/2022	03/31/2022	Edit
							Add New

Step 7: Click **Submit** at the bottom of the page for the changes to take effect.

- CONFIRMATION

Date of Application Update :

Hospice Tracking Number : 38881

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Applications submitted after 4 pm will not be processed until the next business day.

Please remember to attach any necessary documents.

7

Submit

Cancel

Adding a New Hospice Benefit Period

Step 1: Be sure to [search for the existing enrollment](#) first, then select 'Maintain Hospice Record' from the Hospice Application Action Type drop-down menu.

Hospice Application Action Type

- New Enrollment
- Change of Hospice provider
- Close Current Service Span for a change of provider
- Revocation
- 1** Maintain Hospice Record
- Benefit Termination

Step 2: Locate the Hospice Benefit Period section of the hospice recipient's enrollment information.

- * HOSPICE BENEFIT PERIOD

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	01/01/2022	03/31/2022	Processed		Edit
	Second 90 days period	5/01/2022	7/29/2022	Complete		Add New

Check Eligibility

Step 3: The Benefit Period Type will auto-populate (A). Enter an Effective Date for the benefit period (the End Date will auto-calculate based on what you enter for the Effective Date, however this can be edited if needed).

Note: Since a new benefit line is being added, nothing needs to be selected in the 'Reason for Update' drop-down, since this is used for edits of existing benefits lines.

Step 4: Click **Add New** to add the line.

- * HOSPICE BENEFIT PERIOD

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	01/01/2022	03/31/2022	Processed		Edit
	(A) Second 90 days period	(3) 5/01/2022	7/29/2022	Complete		(4) Add New

Check Eligibility

HOSPICE RECIPIENT ENROLLMENT

Step 5: The new benefit line appears in the section. Confirm the information is correct (click **Edit** to make any changes).

Note: After adding the new benefit period, make sure to add information to other sections of the hospice enrollment as it relates to the newly added benefit period.

* HOSPICE BENEFIT PERIOD						
Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	01/01/2022	03/31/2022	Processed		Edit
2	Second 90 days period	05/01/2022	07/29/2022	Complete		Edit
	Subsequent 60-day period			Complete		

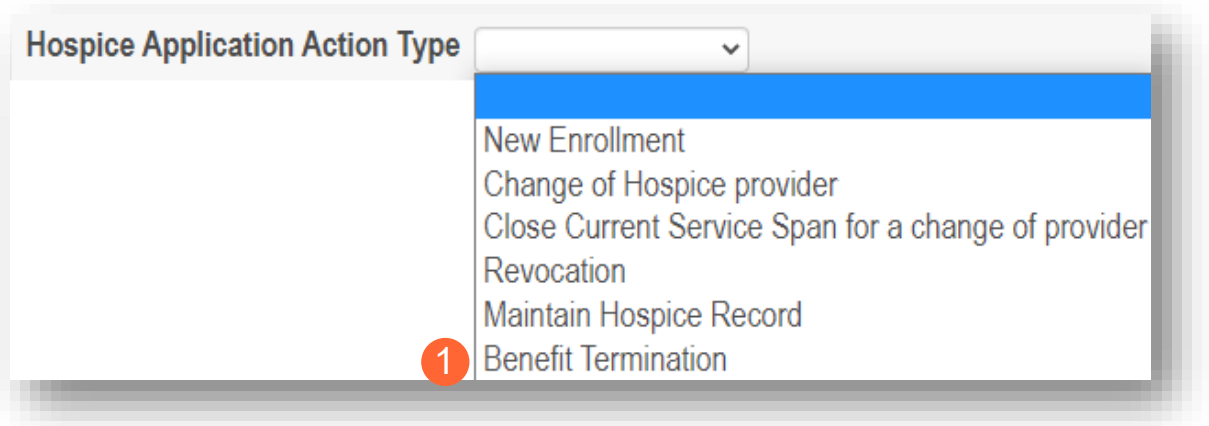
Step 6: Click **Submit** at the bottom of the page for the changes to take effect.

- CONFIRMATION	
Date of Application Update :	Hospice Tracking Number : 38881
IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Applications submitted after 4 pm will not be processed until the next business day. Please remember to attach any necessary documents.	
6	Submit Cancel

Benefit Termination

This action is completed in PNM when the individual is discharged from services.

Step 1: Be sure to [search for the existing enrollment](#) first, then select 'Benefit Termination' from the Hospice Application Action Type drop-down menu.

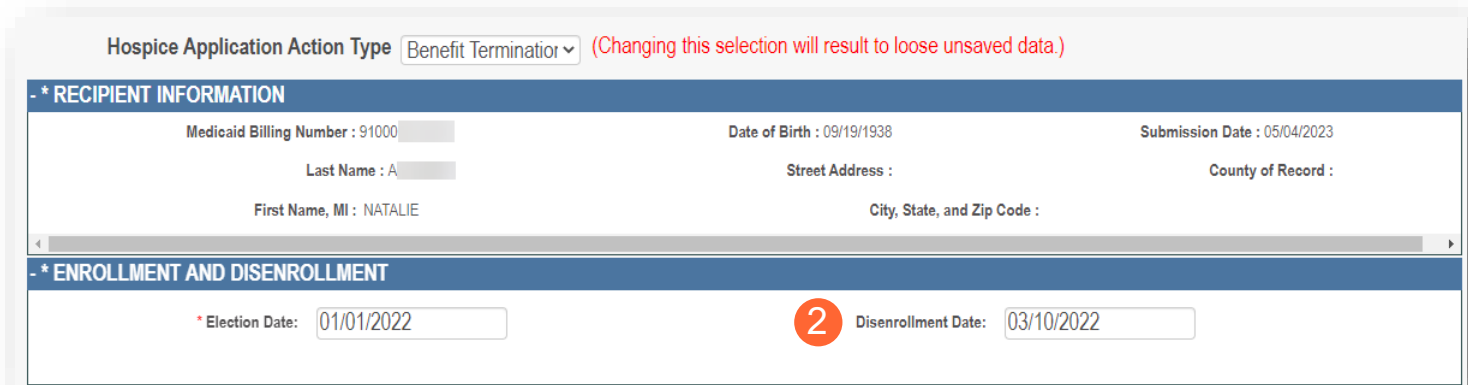


Hospice Application Action Type

- New Enrollment
- Change of Hospice provider
- Close Current Service Span for a change of provider
- Revocation
- Maintain Hospice Record
- Benefit Termination

Step 2: Under the Enrollment and Disenrollment panel, enter a Disenrollment Date for the Recipient.

Note: The Disenrollment Date field will be greyed out until you select the 'Benefit Termination' action. Once this is selected, the field will become editable.



Hospice Application Action Type: Benefit Termination (Changing this selection will result to loose unsaved data.)

*** RECIPIENT INFORMATION**

Medicaid Billing Number : 91000 Date of Birth : 09/19/1938 Submission Date : 05/04/2023

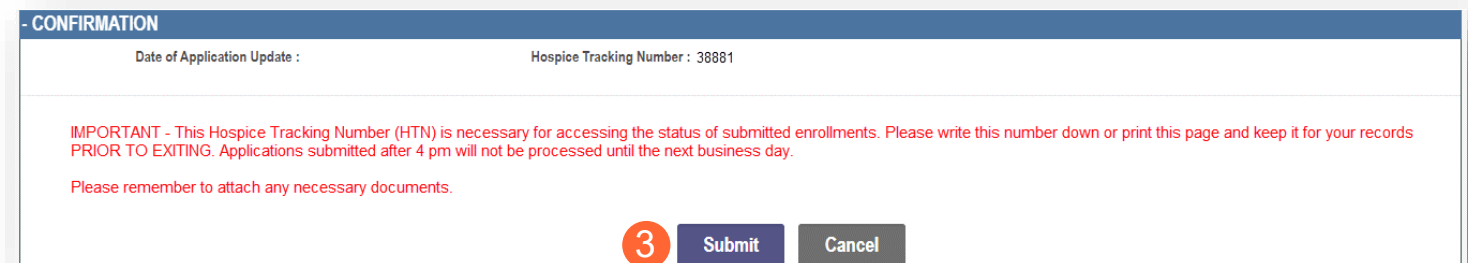
Last Name : A Street Address : County of Record :

First Name, MI : NATALIE City, State, and Zip Code :

*** ENROLLMENT AND DISENROLLMENT**

* Election Date: 01/01/2022 Disenrollment Date: 03/10/2022

Step 3: Click **Submit** at the bottom of the page for the changes to take effect.



- CONFIRMATION

Date of Application Update : Hospice Tracking Number : 38881

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Applications submitted after 4 pm will not be processed until the next business day.

Please remember to attach any necessary documents.

Submit Cancel

Hospice Application Action Scenarios

Below are listed different scenarios and the Hospice Application Action Types that will be available to select in the drop-down menu, based on the scenario.

New Enrollment (first enrollment ever for Medicaid recipient)

- [New Enrollment](#) – there is no other option to select another hospice application type in this scenario.

New Enrollment (for the current provider; the Medicaid recipient has a *previous* enrollment with another provider)

- [New Enrollment](#)
- [Change of Hospice Provider](#)

New Enrollment (for current provider but there is a gap in services because the previous HTN was closed when the Medicaid recipient revoked hospice services)

- [New Enrollment](#) (this option creates a new enrollment under a new HTN)
- [Maintain Hospice Record](#)

New Enrollment (for 2nd provider taking over the Medicaid recipient's current benefit period during a transfer between hospice providers – Change of Provider)

- [New Enrollment](#)
- [Change of Hospice Provider](#) (Provider 2 in the 'change' scenario selects this option)

Adding hospice benefit period for current provider under current HTN.

- [Close Current Service Span for Change of Provider](#)
- [Maintain Hospice Record](#)
- [Revocation](#)
- [Benefit Termination](#)

Closing current span due to change of provider.

- [Close Current Service Span for Change of Provider](#)
- [Maintain Hospice Record](#)
- [Revocation](#)
- [Benefit Termination](#)

Revocation and Benefit Termination

- [Close Current Service Span for Change of Provider](#)
- [Maintain Hospice Record](#)
- [Revocation](#)
- [Benefit Termination](#)