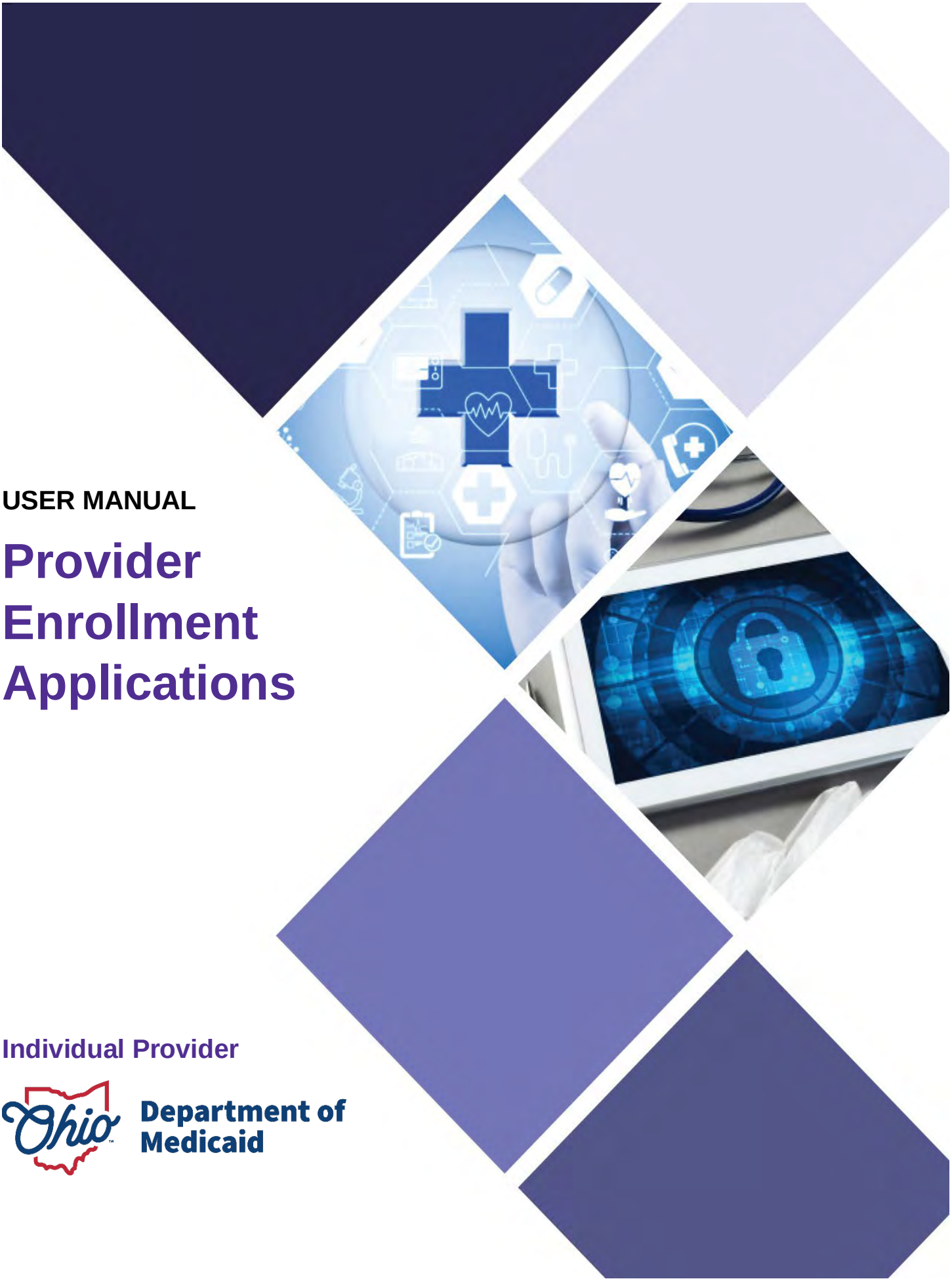


USER MANUAL

Provider Enrollment Applications

Individual Provider

Department of Medicaid

Table of Contents

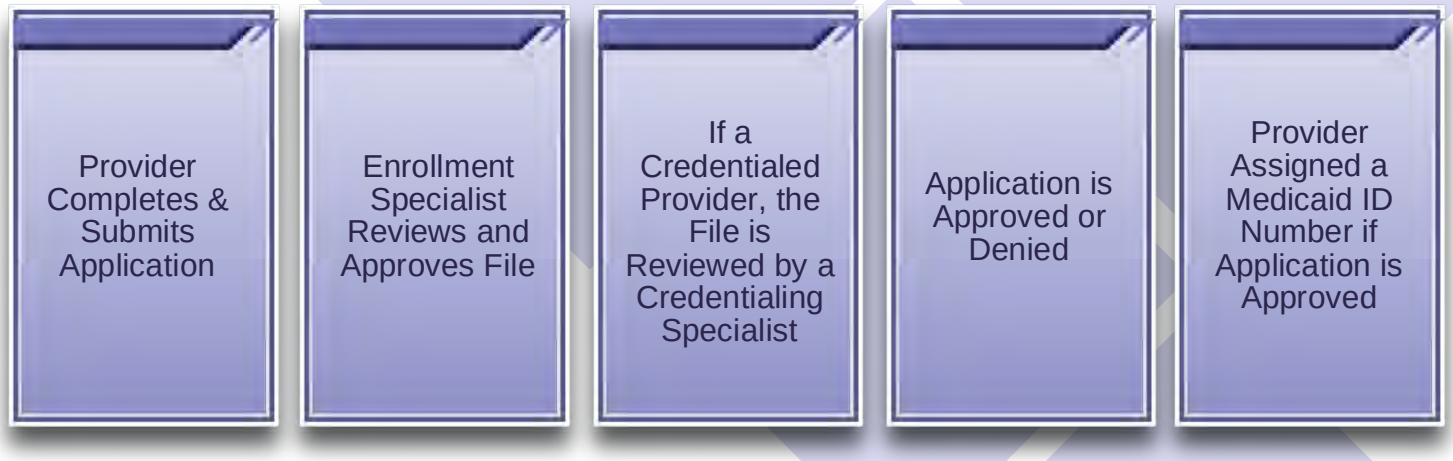
Introduction

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

Applications for enrollment with the Ohio Department of Medicaid (ODM), the Ohio Department of Aging (ODA) and the Ohio Department of Developmental Disabilities (DODD) are initiated through the PNM system.

To obtain a status update on an application submitted and in process, please contact the ODM Integrated Help Desk at 1-800-686-1516.

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

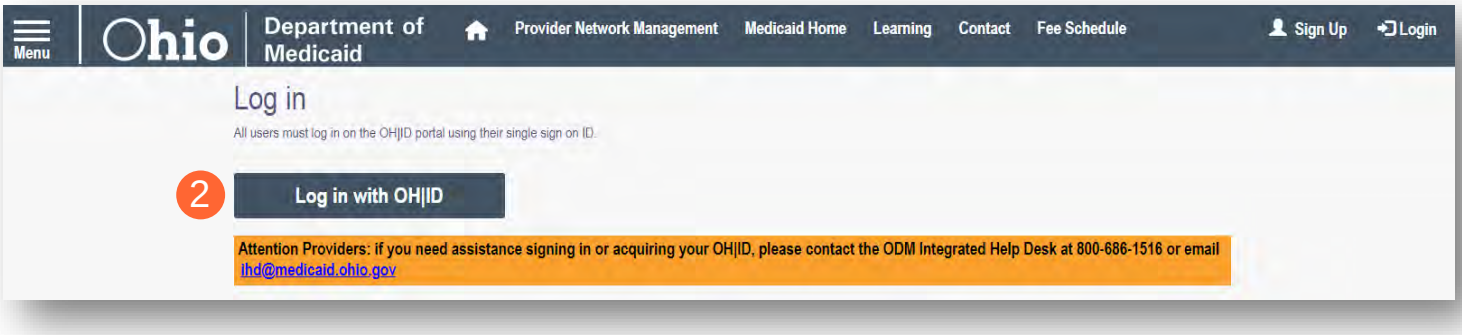


Provider User Initial Login

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).

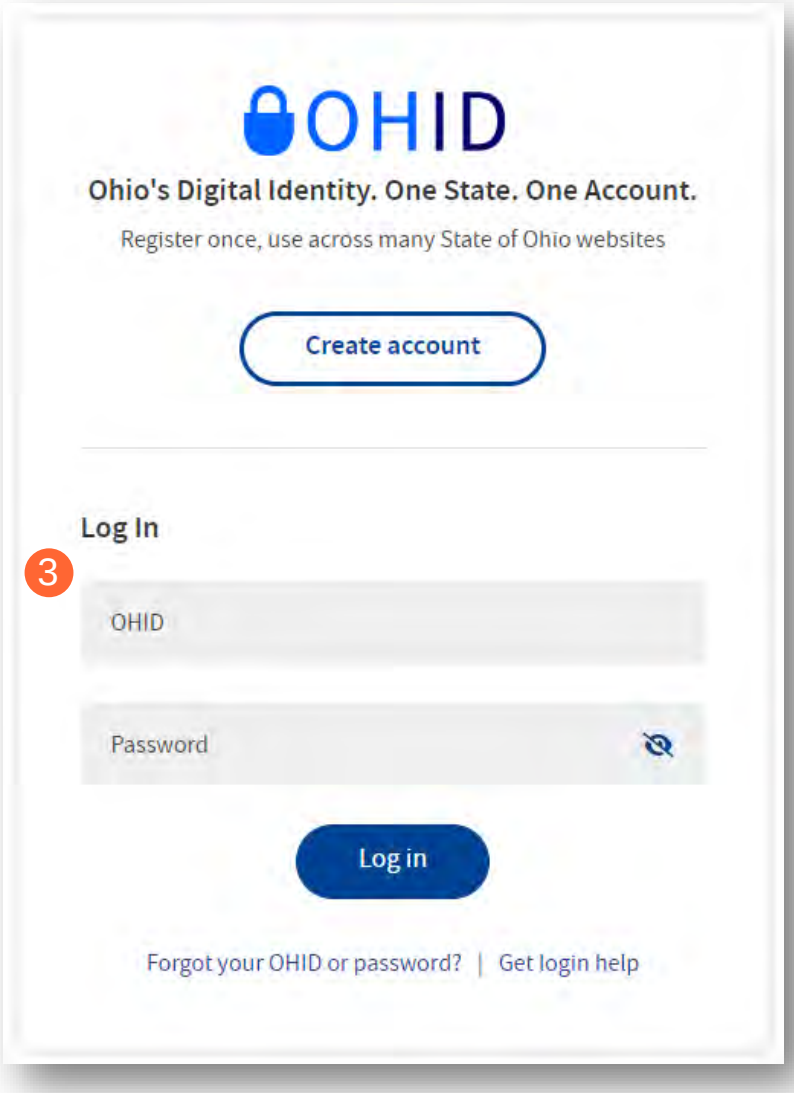
Step 1: Visit the PNM web address: https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx.

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

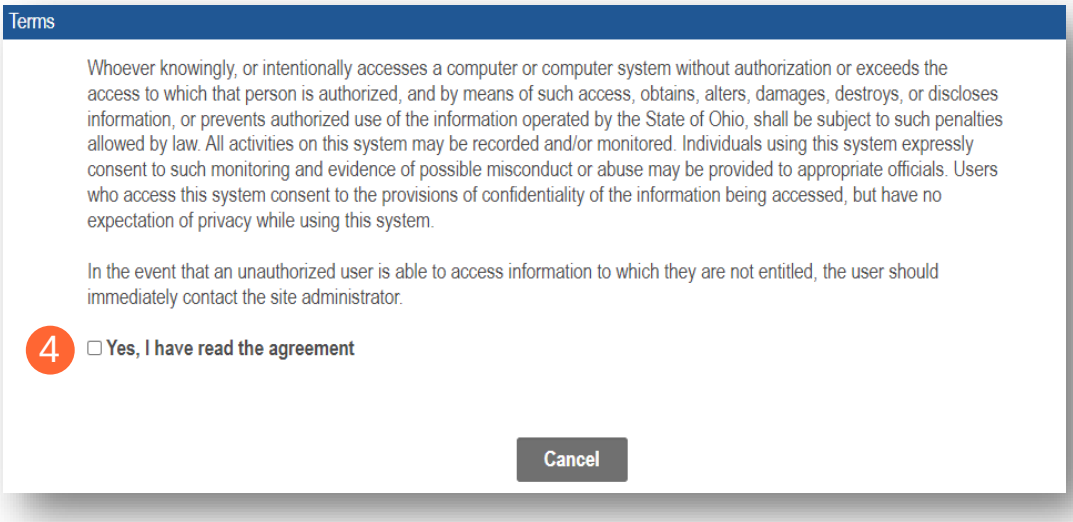


Step 3: The system will prompt you to enter your username and password on the IOP login screen. Once entered, click **Log in**.

- 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.

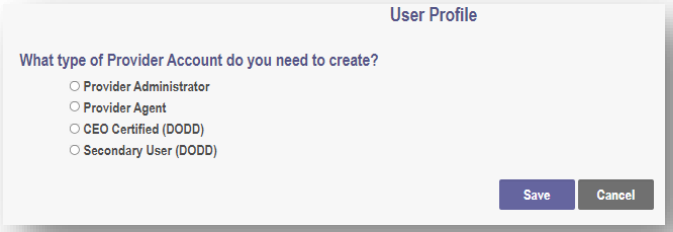


Provider Home Page

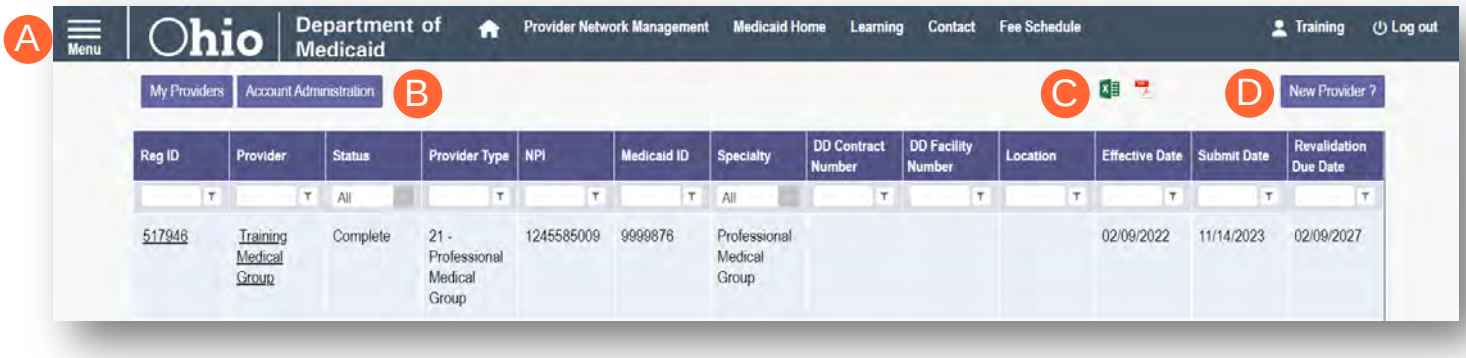
There are two provider roles in PNM:

- **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.



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.



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).

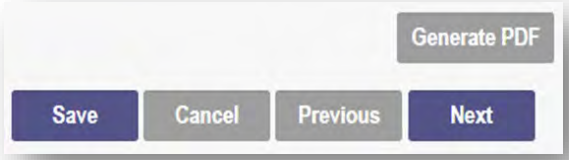
Account Administration: This button allows a Provider Administrator to set up Agent users, assign them actions/roles, or transfer the Provider to another Provider Administrator user *(button only displays for users holding the Provider Administrator or CEO Certified role)* (B).

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).

Page Navigation

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



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

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

Previous: Returns to the previous page

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

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

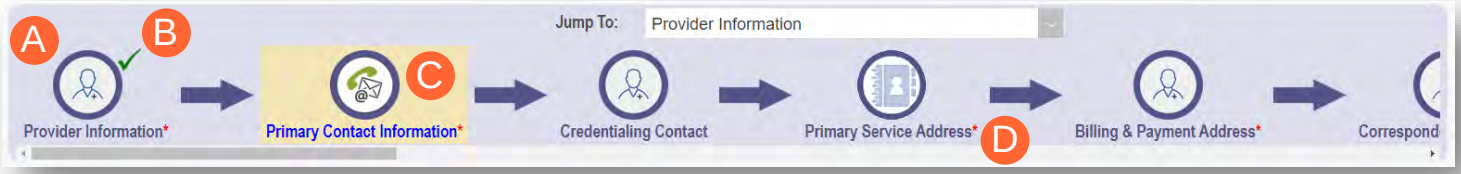
A green checkmark on any page indicates that you have completed the necessary information on that page and can continue through the subsequent pages.

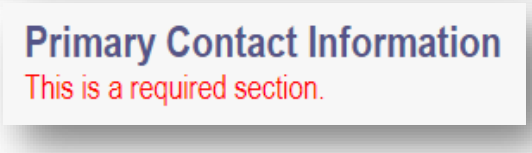
Navigational Bar: A workflow at the top of the page that shows the progress made throughout your application. Click the icon to review a specific page and jump to other pages for entry into the application (A).

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

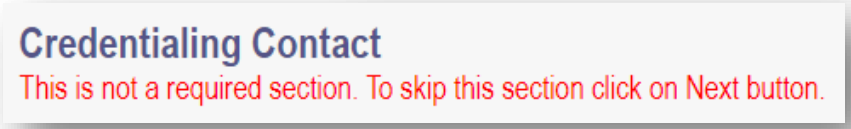
Highlighted Box: The highlighted section indicates the page your are actively working or viewing (C).

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





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

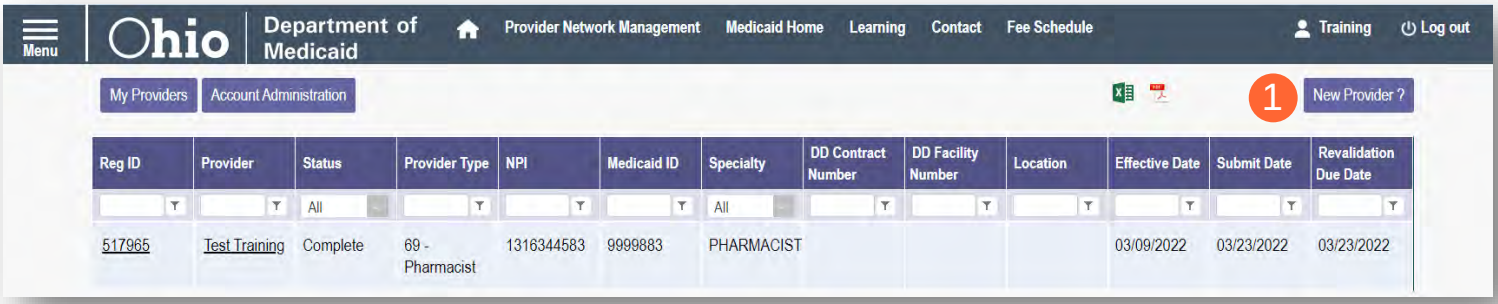


New Provider Application Entry – Individual Provider

This section displays the necessary steps for creating an initial application (first time enrolling with ODM, ODA or DODD) for an individual provider.

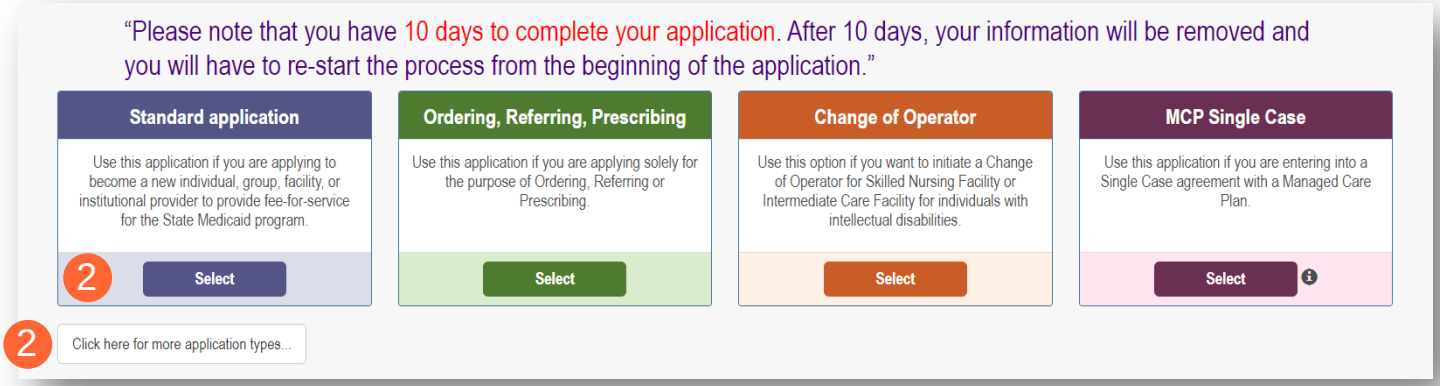
Note: The 'New Provider?' button, and the ability to complete new enrollment application, is only avaiable to users holding the Provider Administrator or CEO Certified roles in PNM.

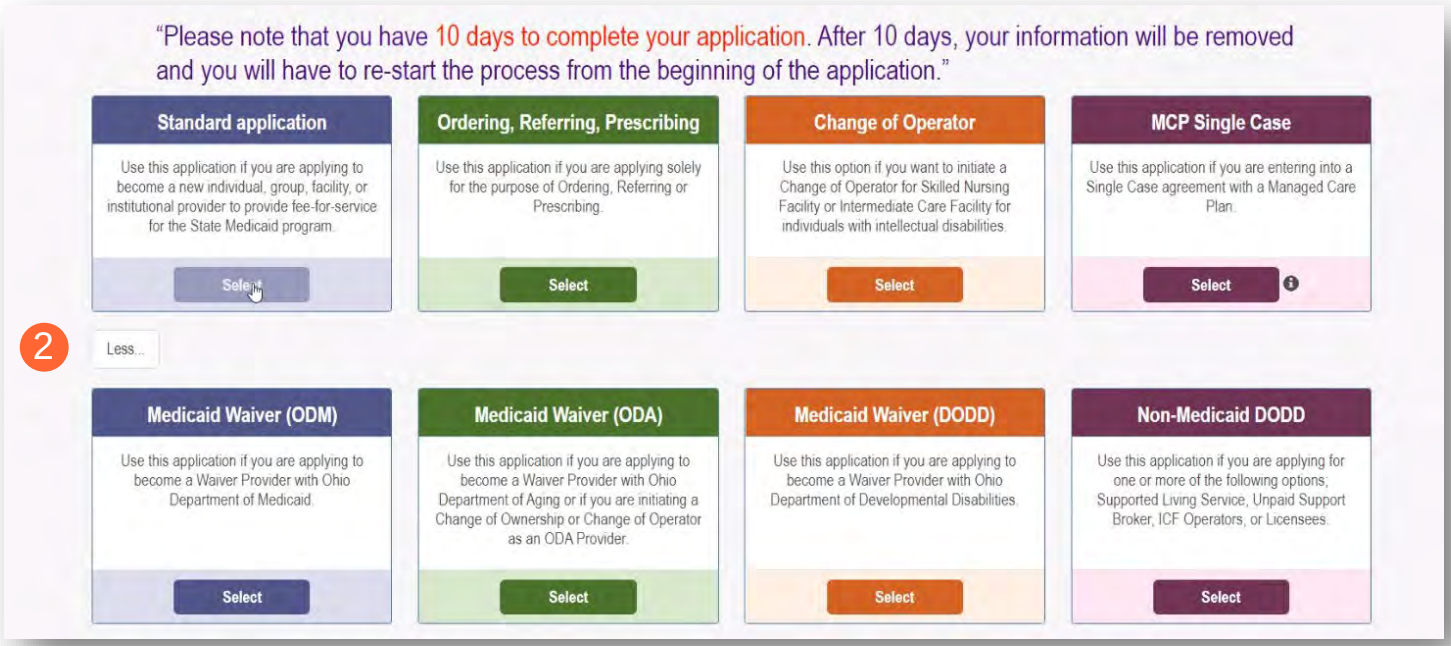
Step 1: Click **New Provider?**



Step 2: Select the button for the appropriate application type for the new provider.

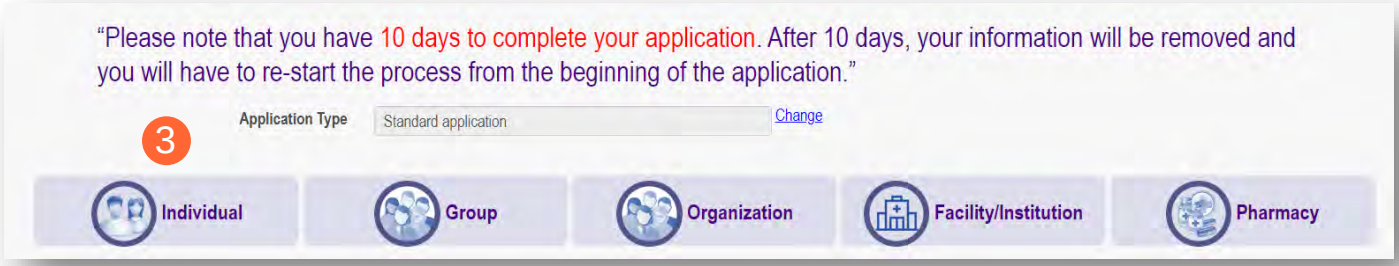
- Additional application types are displayed by selecting the **Click here for more application types…** button.





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

Step 3: Next, click **Individual** to begin an individual provider application.



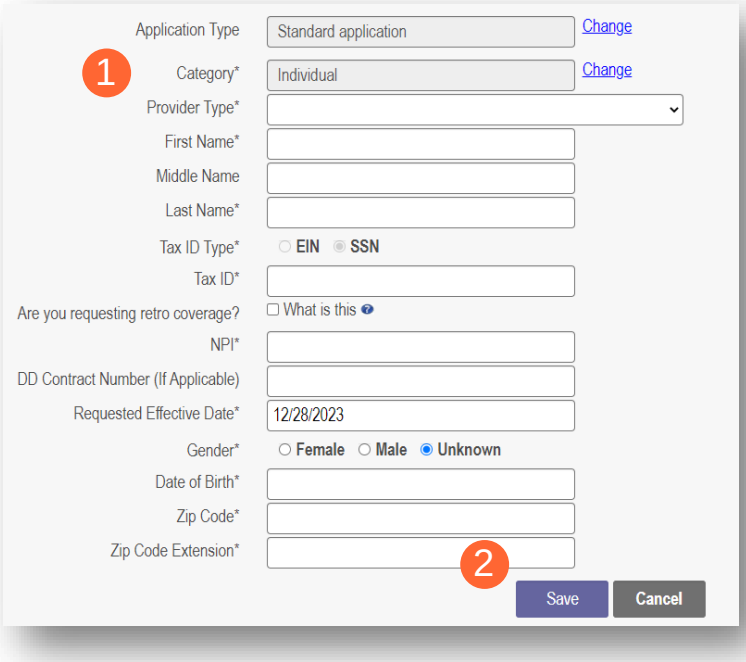
Key Identifier Information

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
- First Name
- Last Name
- SSN (Social Security Number)
- NPI (National Provider Identifier)
- Requested Effective Date *(MM/DD/YYYY)*
- Gender
- Date of Birth *(MM/DD/YYYY)*
- Zip Code
- Zip Code Extension



Note: If requesting a retro coverage date (a start date with Medicaid prior to the date you are entering the application, please indicate that through the appropriate box on the page).

Step 2: Click **Save** to save the information and advance.

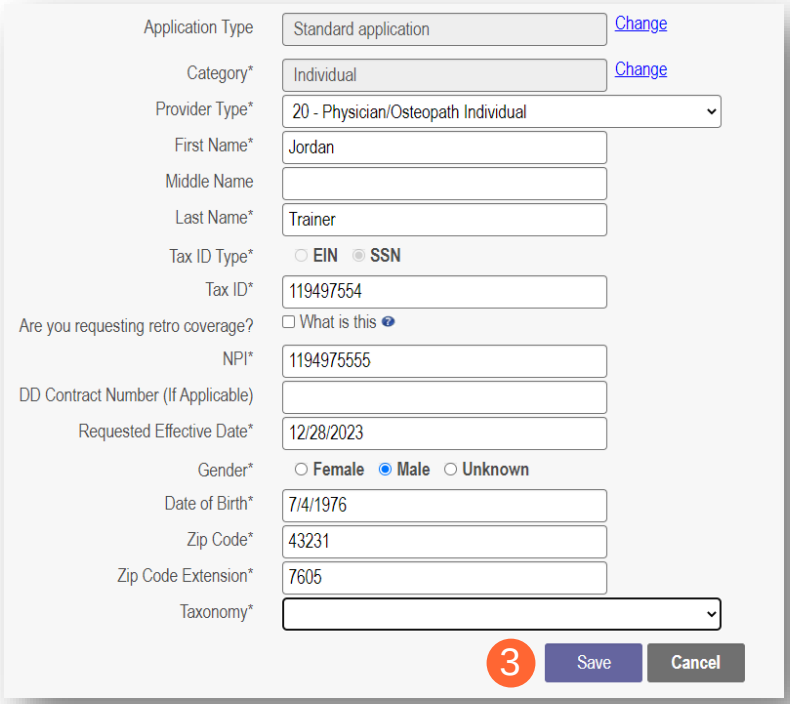
Hint - PNM validates the NPI number with the individual name and gender listed in the National Plan and Provider Enumeration System (NPPES) Registry database. If the NPI doesn’t match the name and/or gender, you will get an error before the taxonomy field appears.

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

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.

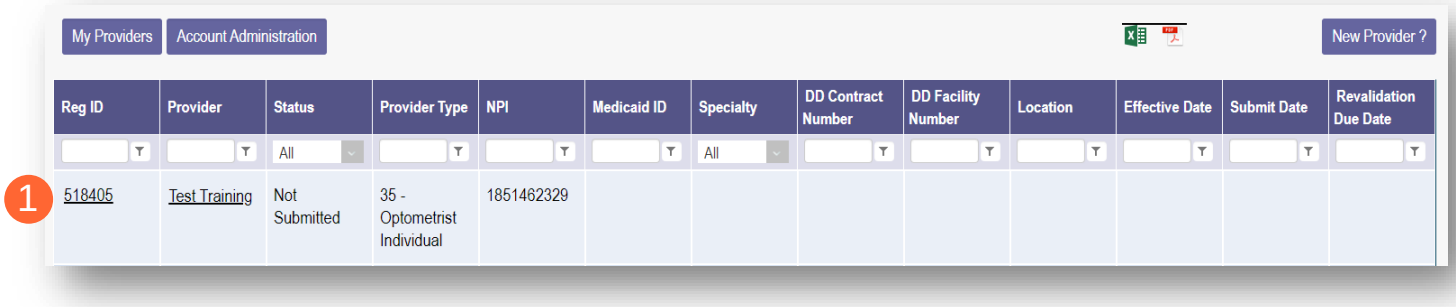


Continuing an 'In Progress' Application

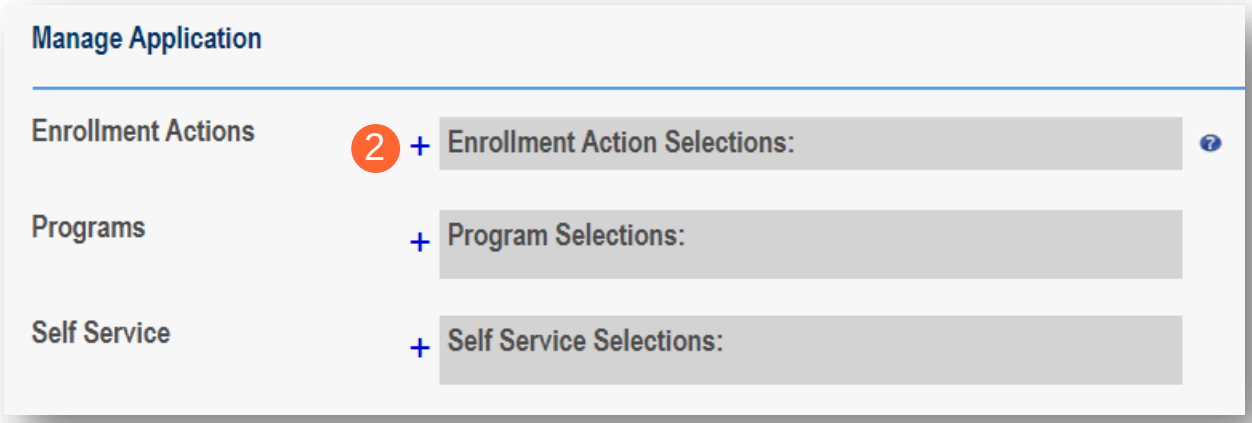
If an application has been initiated, but has not been submitted, you can pick up the 'in progress' application to continue adding information. The steps below show how to access an application that has been initiated but not submitted.

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

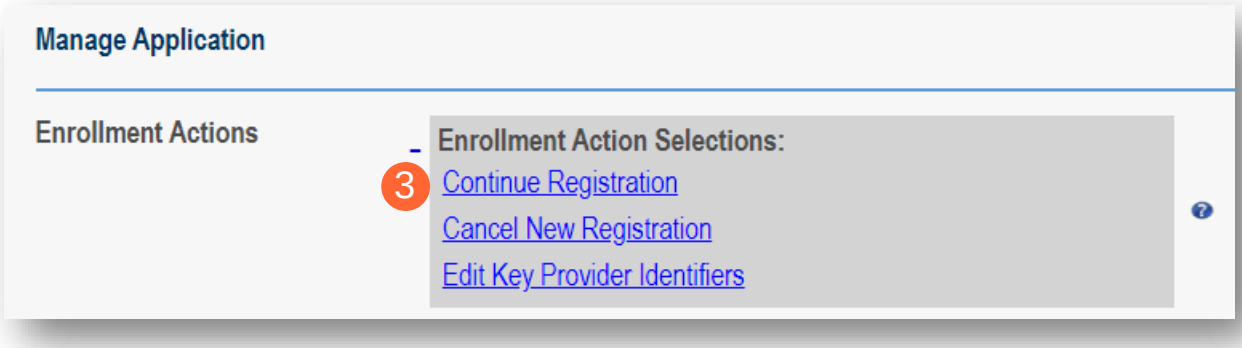
Step 1: Click the Reg ID or Provider hyperlink for the provider for which you wish to continue the application.



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.

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

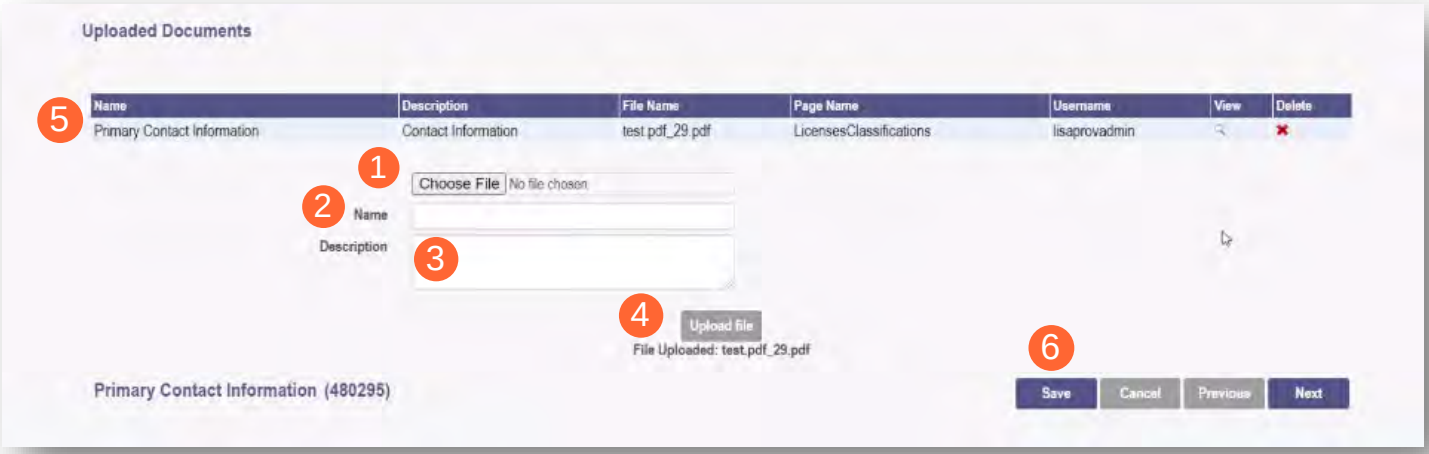
Step 2: Give the file a name.

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.

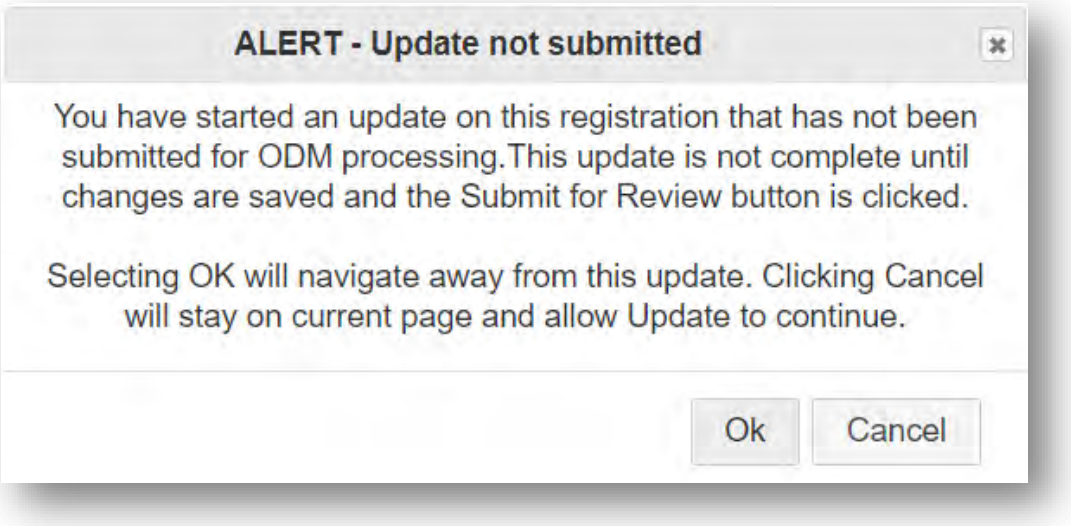
Step 6: Click 'Save' or 'Next' to advance to the next page.



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 (Individual)

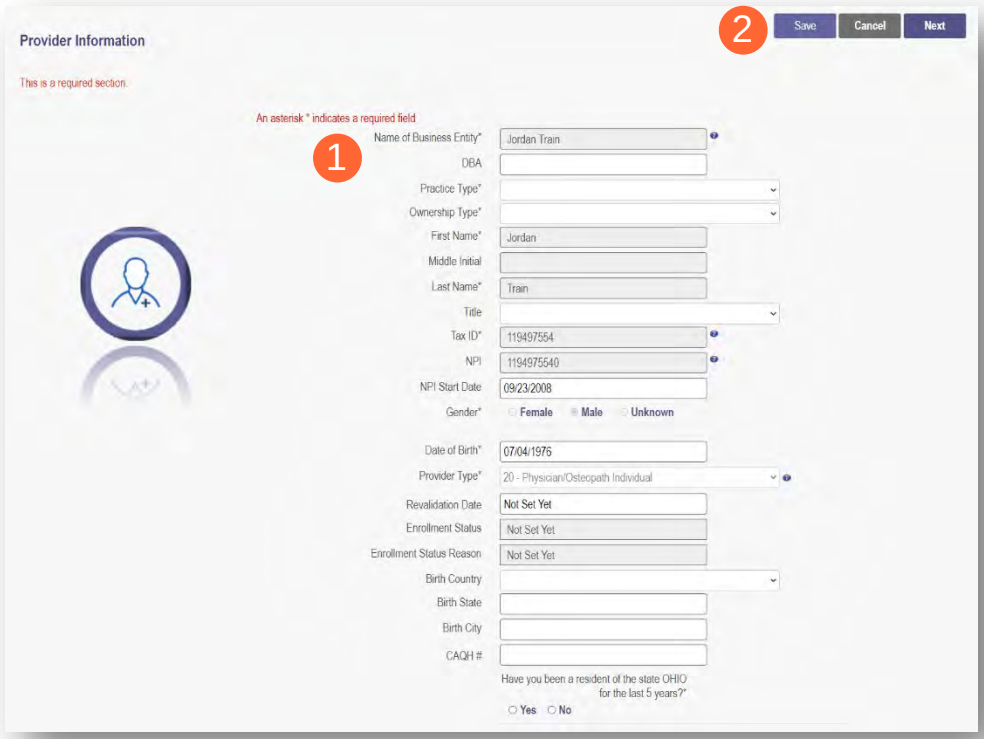
The first page that displays is the Provider Information page. Fill in all fields and click **Next** to continue with the application. *(Clicking 'Next' saves the information on the page and advance to the next page of the application.)*

Note: Some information will auto-fil from the key identifiers page you previously completed.

Step 1: Enter all the information for the required fields marked with an asterisk (*).

For this page the following fields are required:

- Name (Business and First and Last)
- Tax ID
- NPI (National Provider Identifier)
- Gender
- Date of Birth *(MM/DD/YYYY)*
- Practice Type
- Ownership Type
- Select the applicable radio button (Yes or No) for residency.



Additional fields for optional entry:

- Birth Country
- Birth State
- Birth City
- CAQH # (Council for Affordable Quality Healthcare)

Step 2:

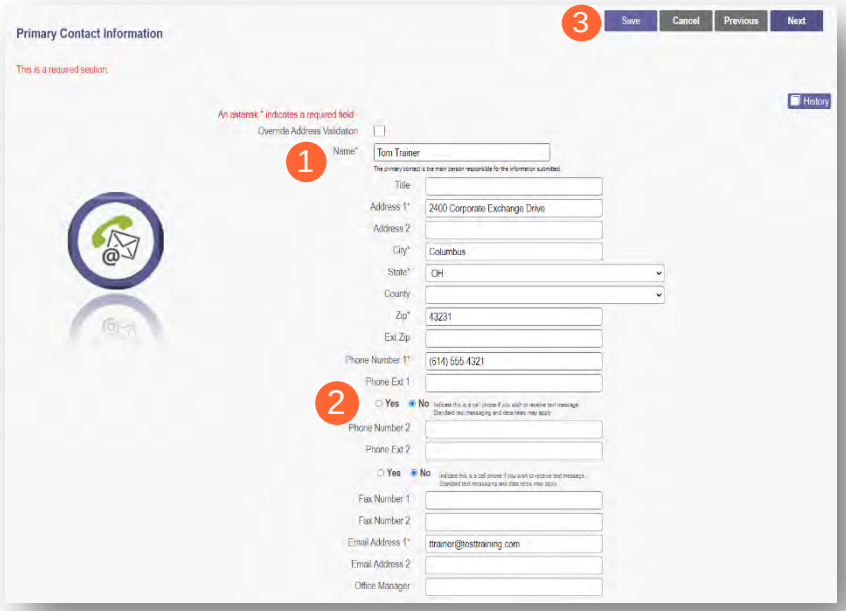
- Click the **Save** button to save the information on the page *OR*
- Click the **Next** button to save and move to the next screen.

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 *(can enter multiple)*
- Email Address *(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:

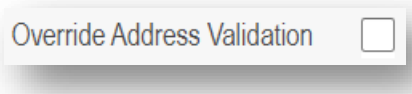
- Click the **Save** button to save the information on the page *OR*
- Click the **Next** button to save and move to the next screen.

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.

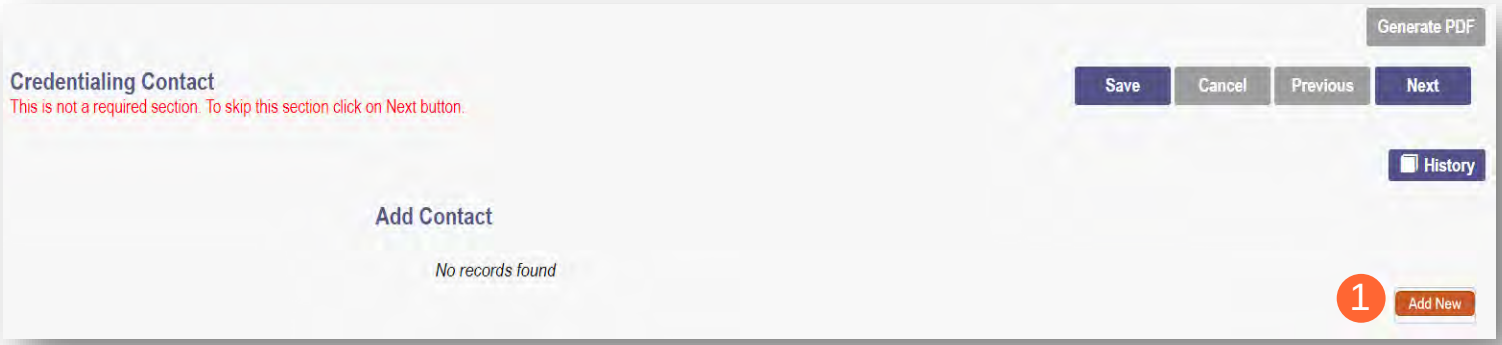


Credentialing Contact Page

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**.

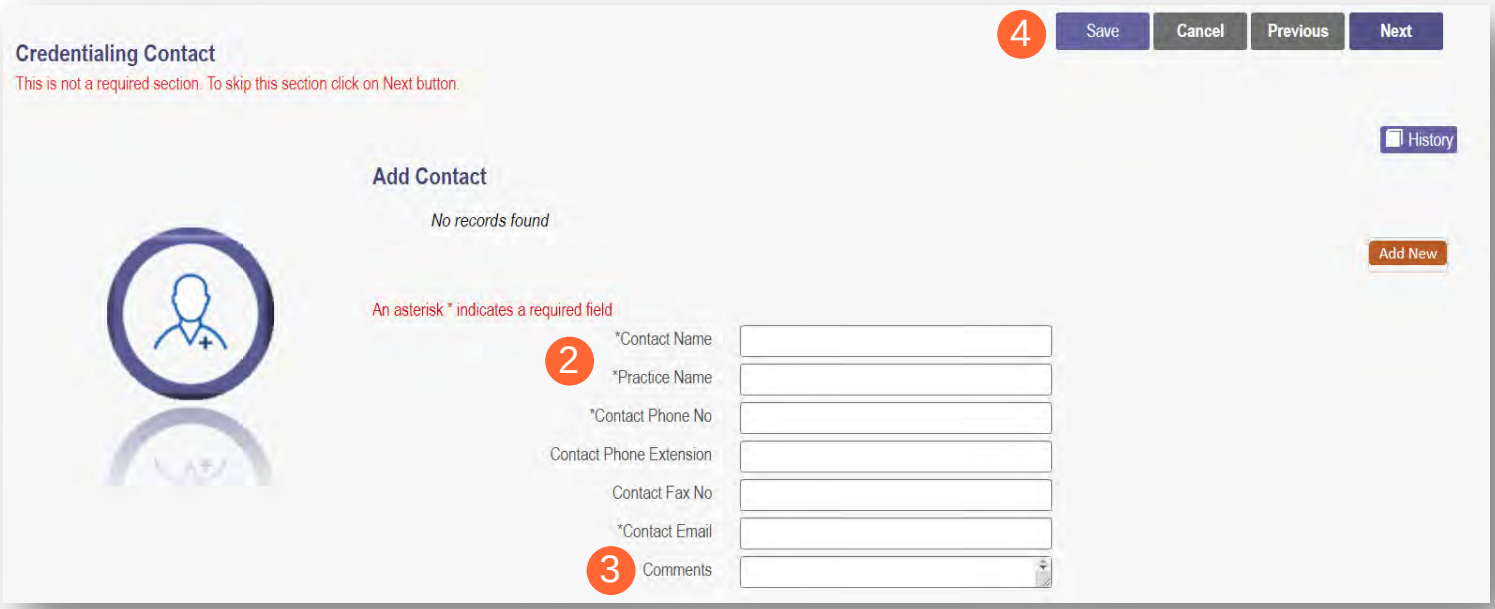


Step 2: Enter all required fields marked with an asterisk (*).

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 the next screen.



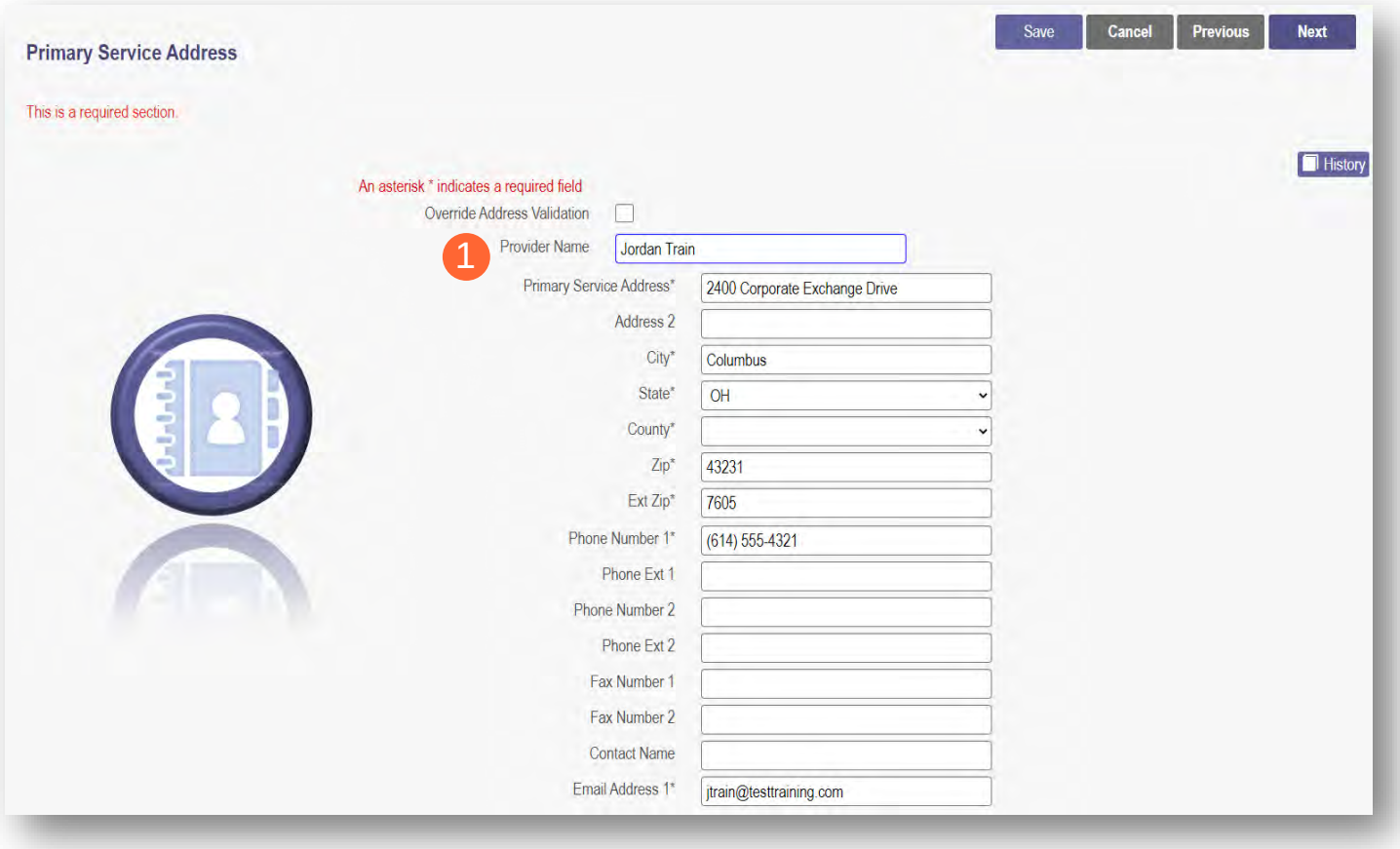
Primary Service Address Page

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.

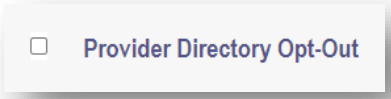
Step 1: Complete the Primary Service Address information.

Required fields include:

- 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 *(XXX-XXX-XXXX)*
- Email Address



Note: Steps 2 – 5 are optional. If you select 'Provider Directory Opt-Out,' Provider information will not be included in the public facing Provider Directory.



Step 2: Indicate specific details about the provider using the drop-down menus/data entry fields:

- Cultural Competencies
- Languages Spoken
- Specialized Training

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

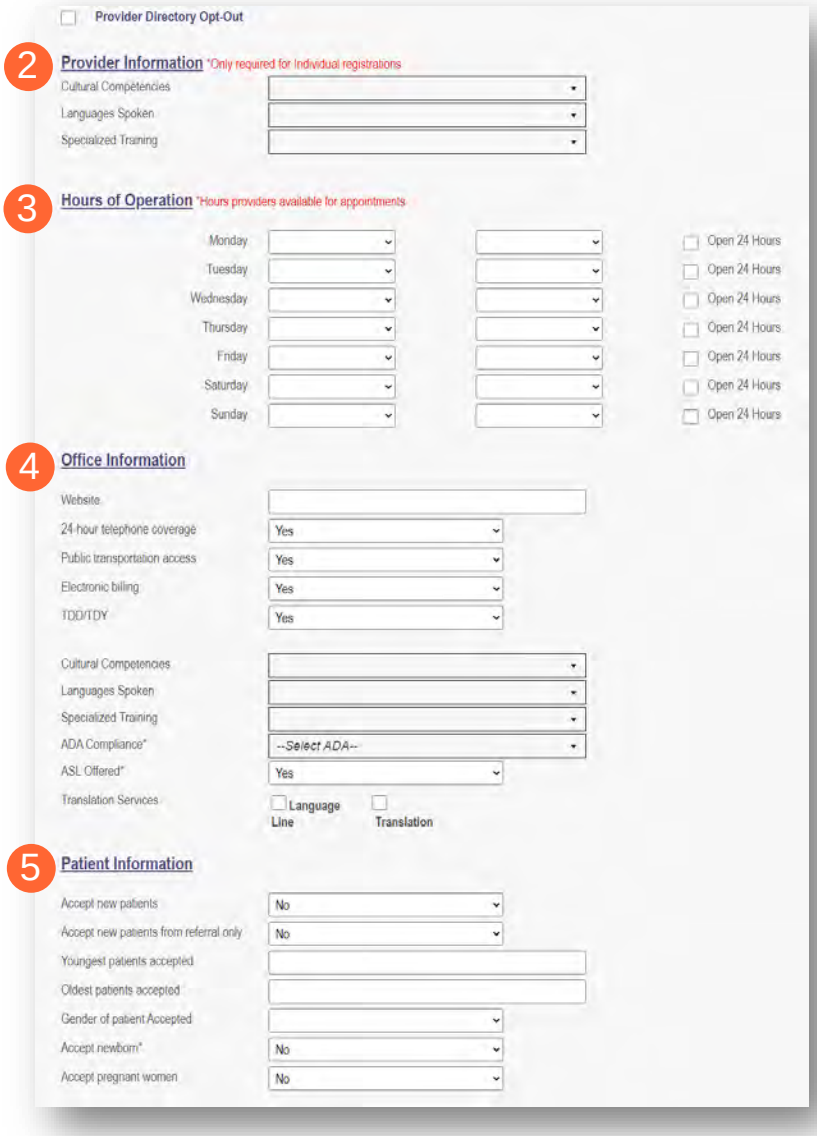
- Hours of Operation
- Whether the location is open 24 hours

Step 4: Indicate specific office information about yourself or your office using the drop-down menus/data entry fields:

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

Step 5: Indicate specific information about the types of patients your office serves:

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



Step 6:

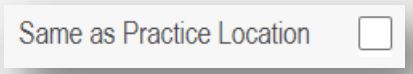
- Click the **Save** button to save the information on the page *OR*
- Click the **Next** button to save and move to the next screen.

Address Pages

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

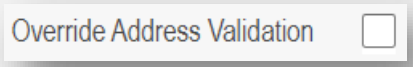
Billing & Payment Address Page

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

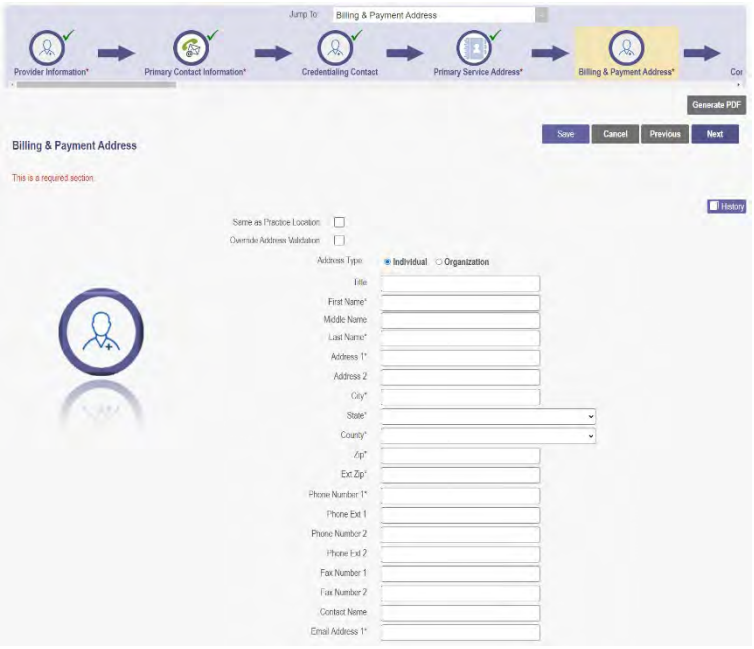


If a different address, enter the required fields marked with an asterisk (*).

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.



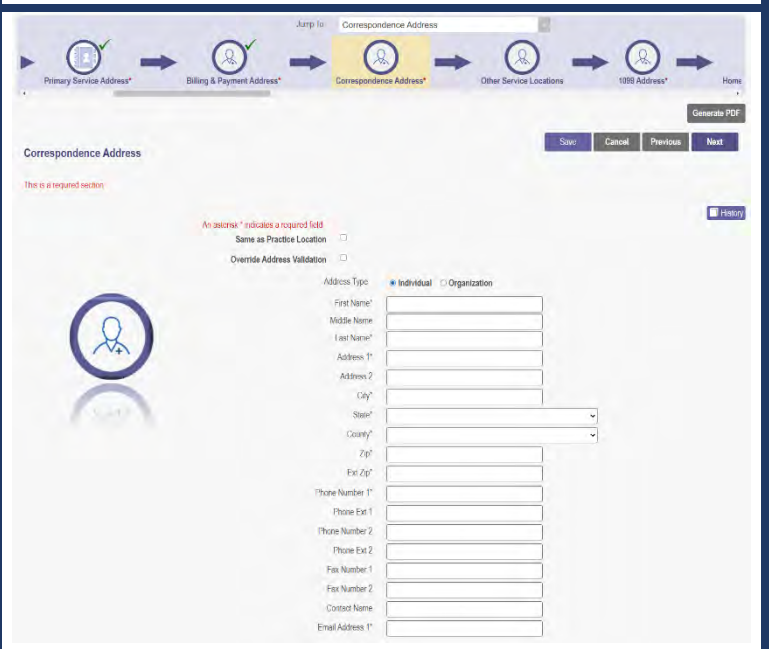
Correspondence Address Page

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.

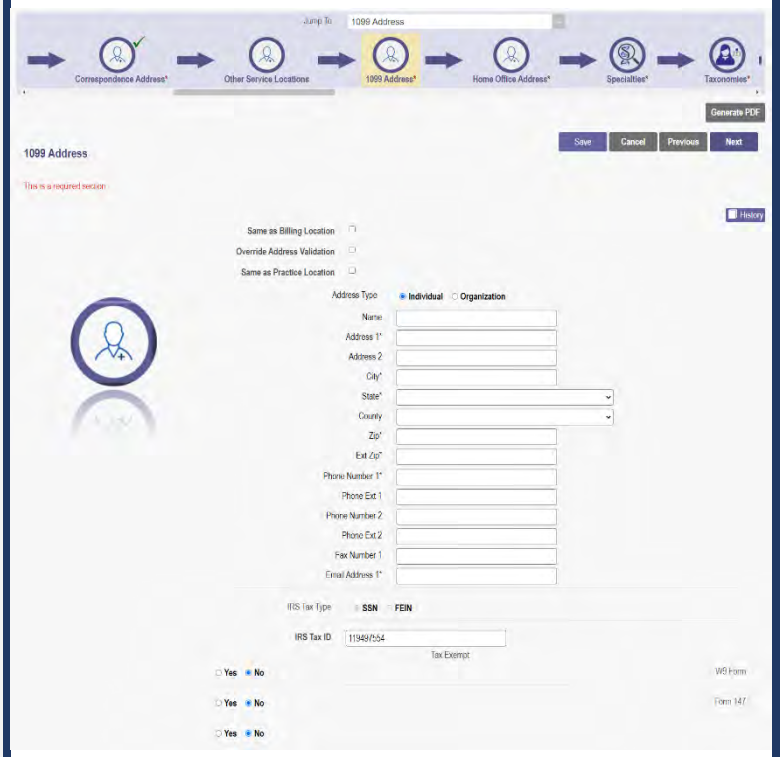
If a different address, enter the required fields marked with an asterisk (*).

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.



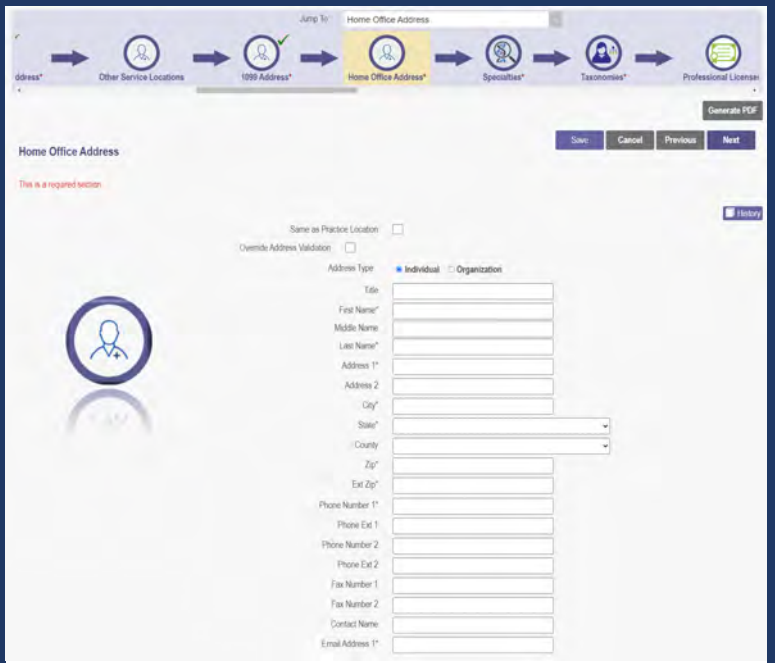
Home Office Address

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.



Other Service Locations

On this page, enter any other locations where the practitioner provides services. Be sure to enter other service locations that bill (or will bill) under the same Medicaid ID.

Step 1: Click **Add New** to add a Service Location.

Step 2: Complete all line items with an asterisk (*).

Step 3: Click **Save** to save the address.

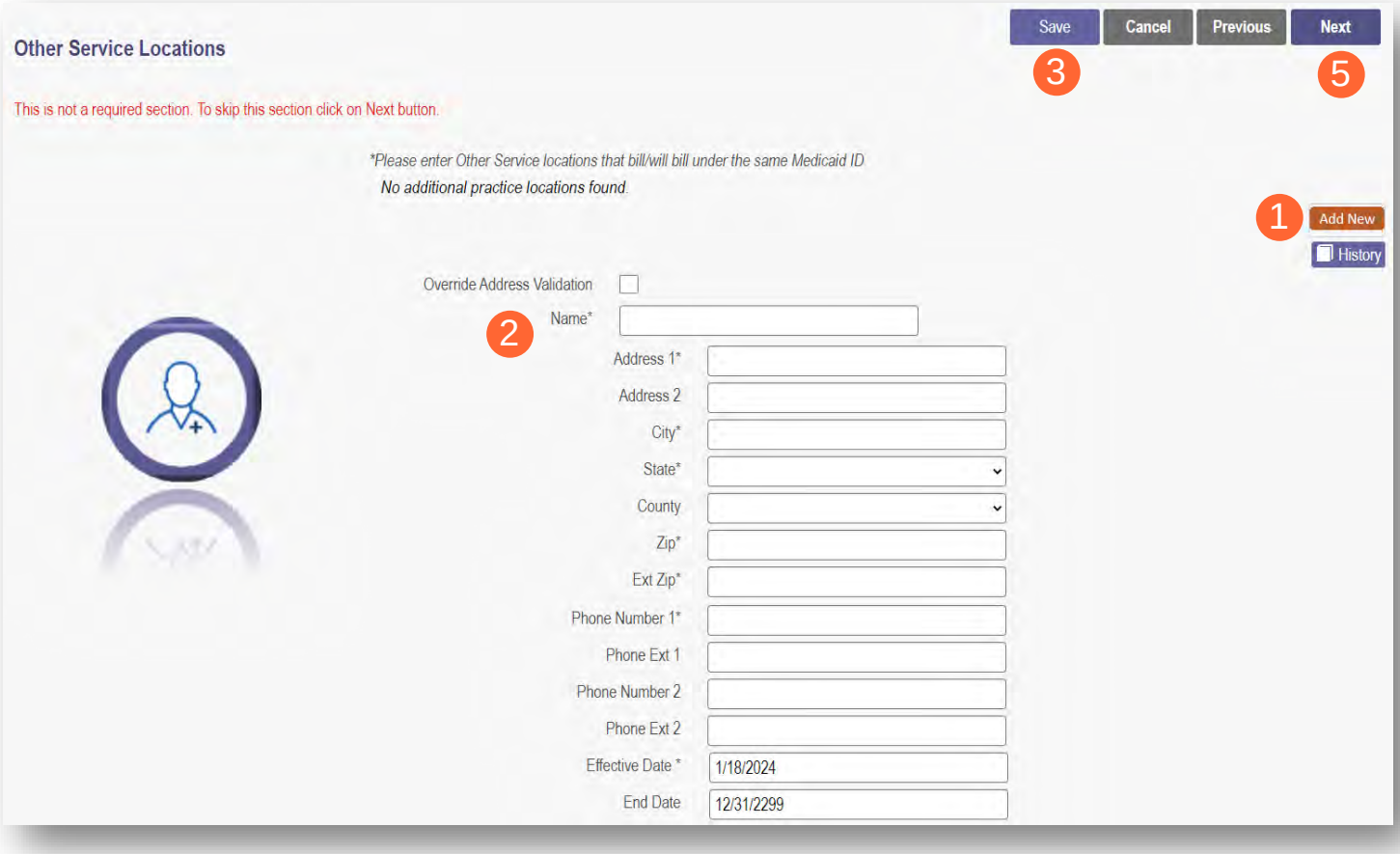
- Select **Add New** to include additional addresses.

Step 4: If you would like, indicate additional operating information regarding the service location *(see Primary Service Address Page for more details)*

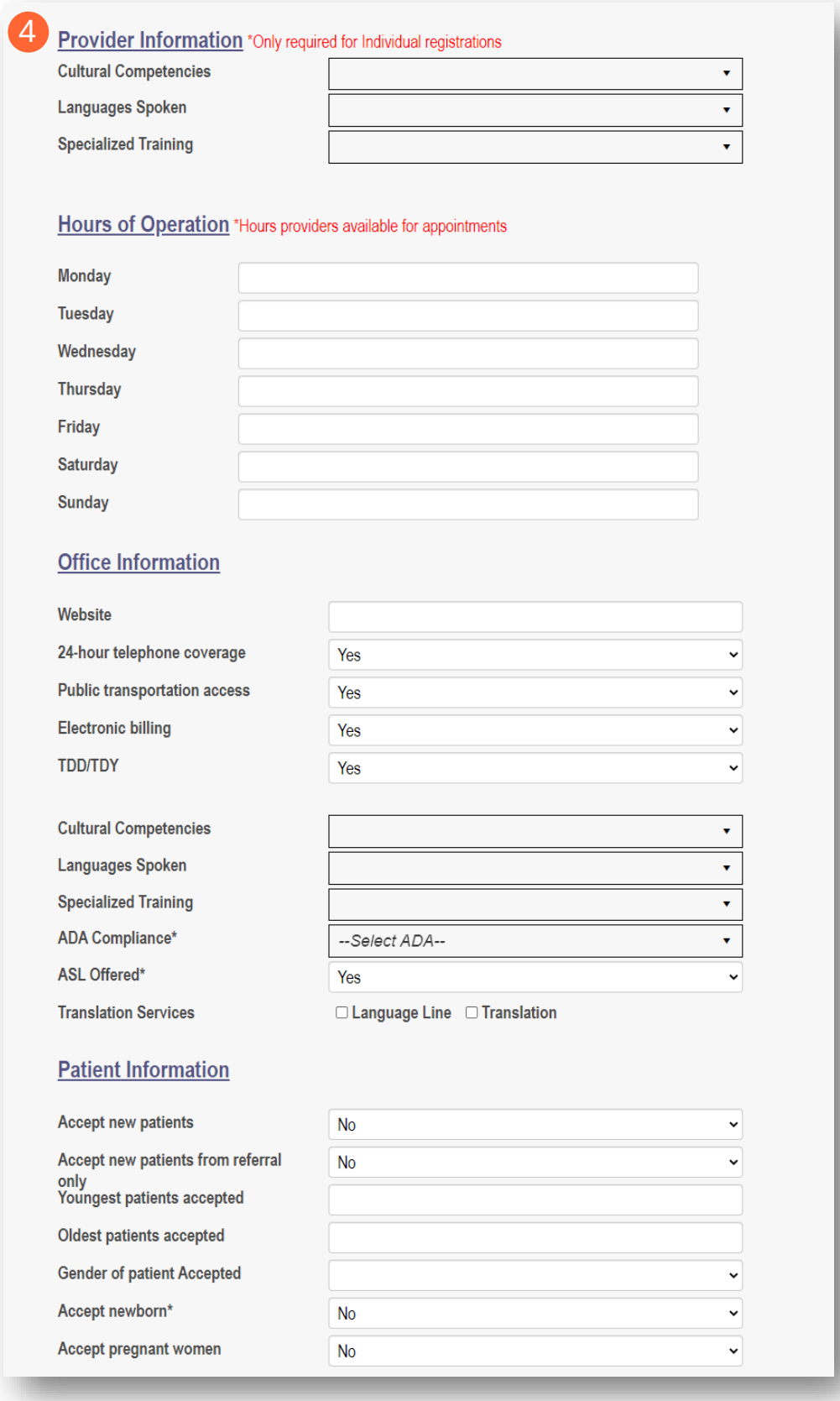
- Provider Information
- Hours of Operation
- Office Information
- Patient Information

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.



Note: If an address cannot be validated by USPS, click the 'Override Address Validation' box to proceed.



4 Provider Information *Only required for Individual registrations

Cultural Competencies
Languages Spoken
Specialized Training

Hours of Operation *Hours providers available for appointments

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Office Information

Website
24-hour telephone coverage: Yes
Public transportation access: Yes
Electronic billing: Yes
TDD/TDY: Yes

Cultural Competencies
Languages Spoken
Specialized Training
ADA Compliance*: --Select ADA--
ASL Offered*: Yes
Translation Services: ☐ Language Line ☐ Translation

Patient Information

Accept new patients: No
Accept new patients from referral only: No
Youngest patients accepted
Oldest patients accepted
Gender of patient Accepted
Accept newborn*: No
Accept pregnant women: No

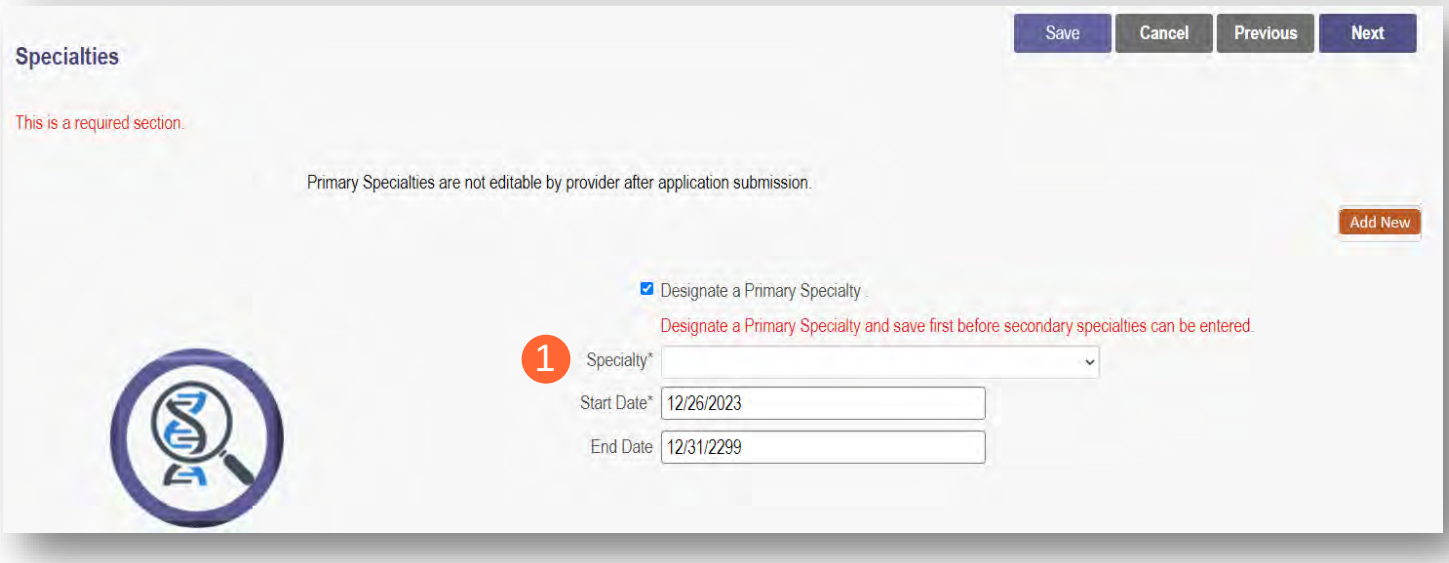
Specialties Page

The specialty page allows for an indication of specialties for the individual practitioner.

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

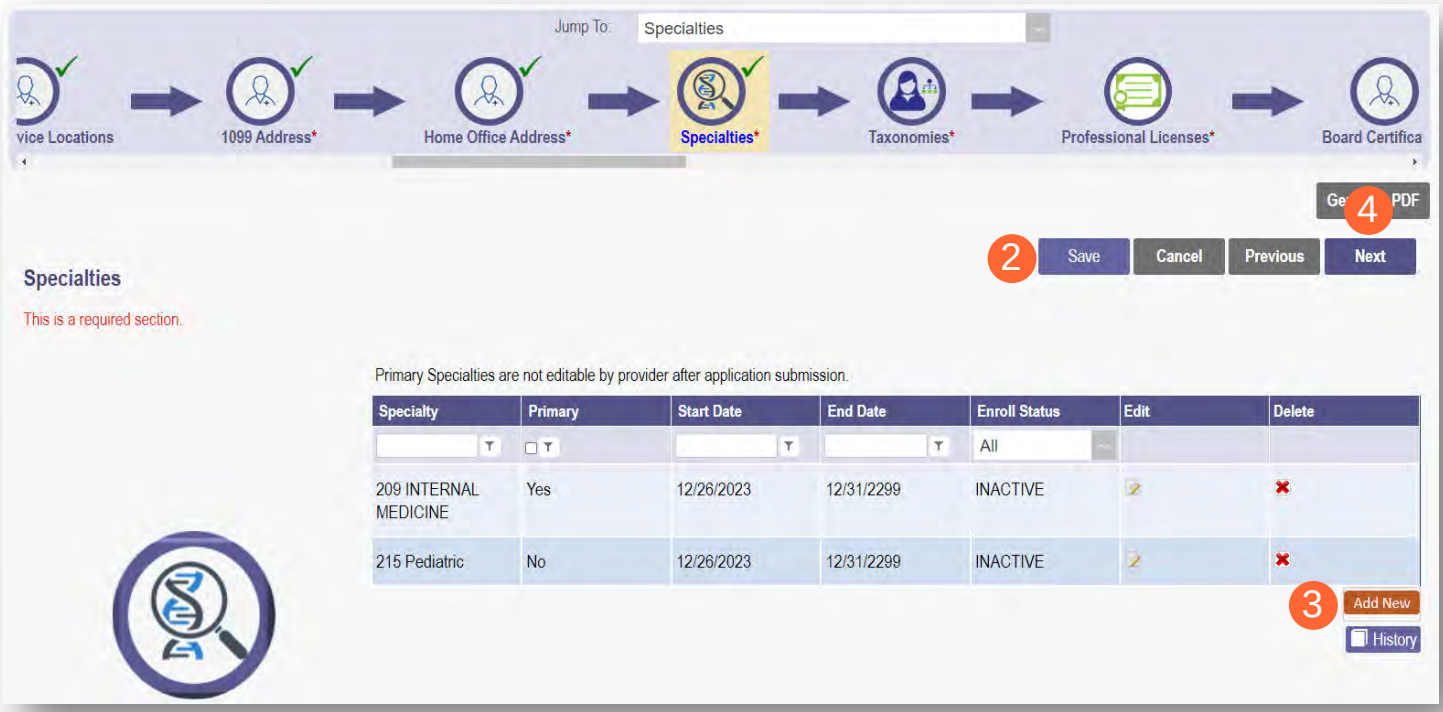
Step 1: Click **Add New** to add a specialty.

- 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.'
- The Start Date field *(MM/DD/YYYY)* will default to the date that you are entering the information.
    - This can be backdated but cannot be prior to the provider's effective date with Ohio Medicaid.
- The End Date field will default to an infinite date of 12/31/2299.



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.

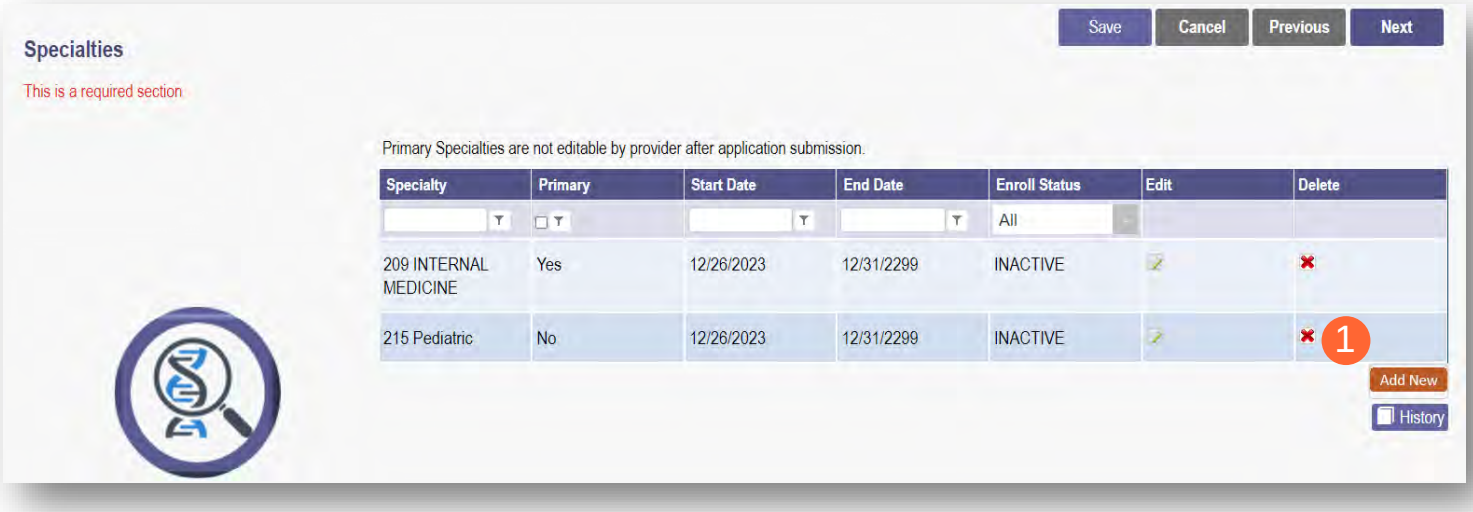


Note: The 'Enroll Status' of the specialties will show as INACTIVE until the Enrollment Application has been fully approved by the Ohio Department of Medicaid.

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.

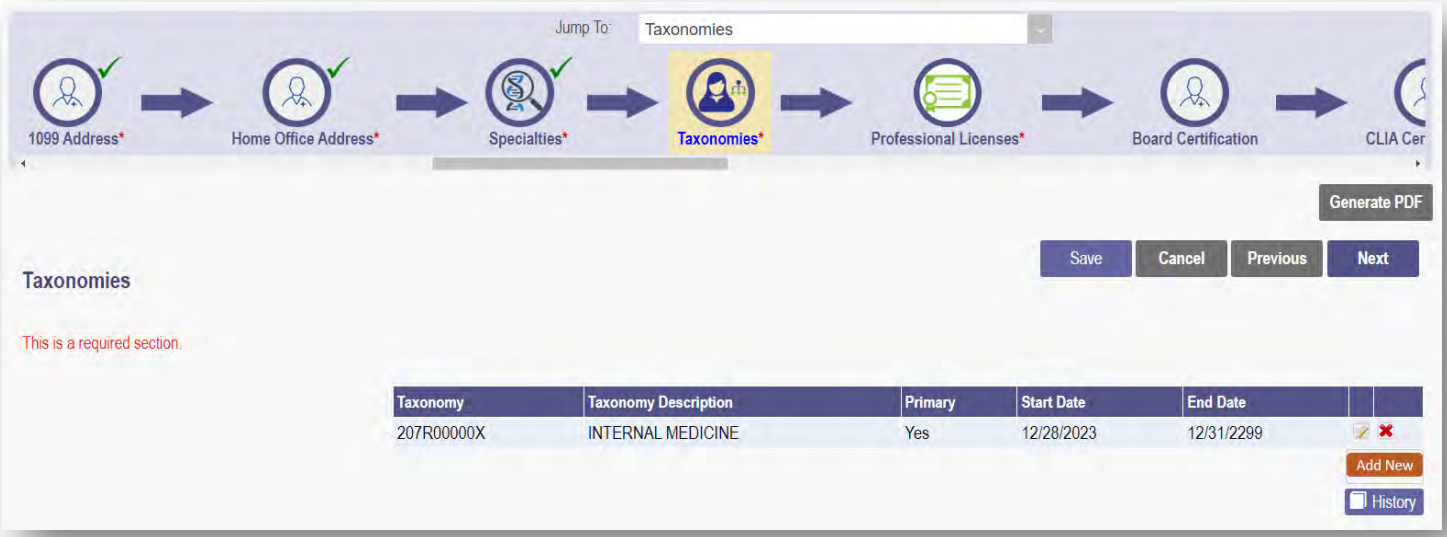


Taxonomies Page

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:

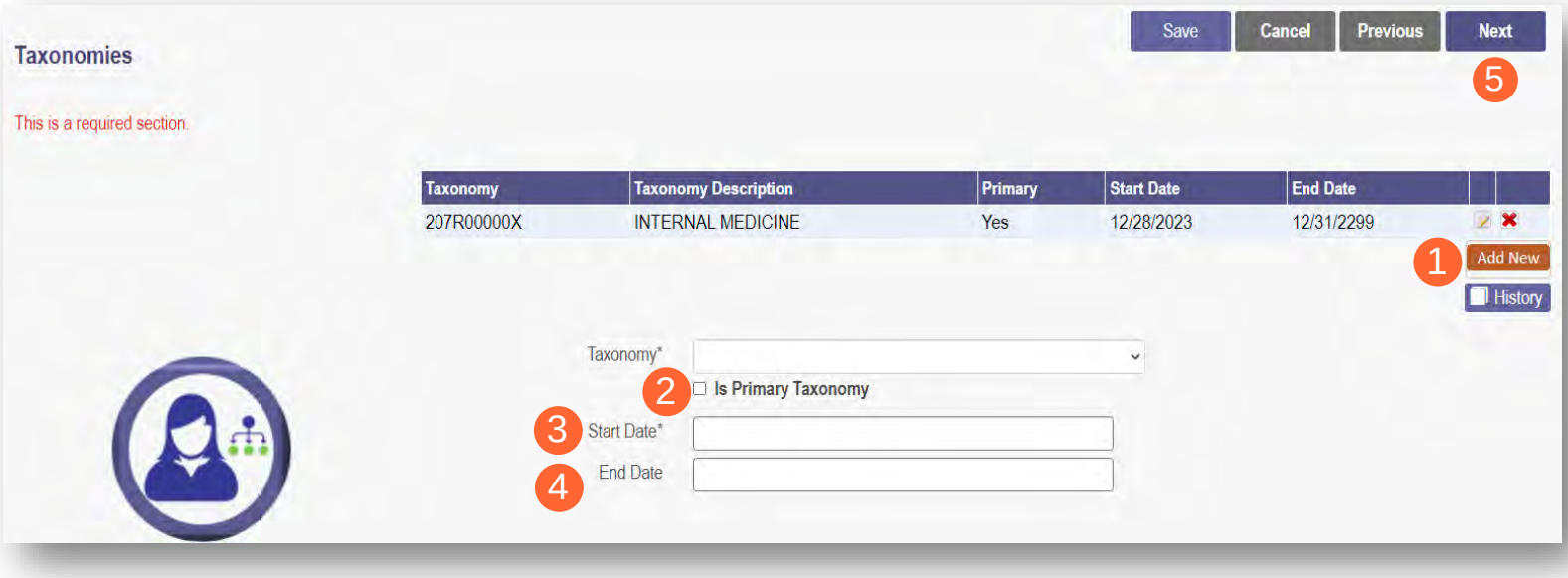
Step 1: Click **Add New** to add a Taxonomy Code.

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.

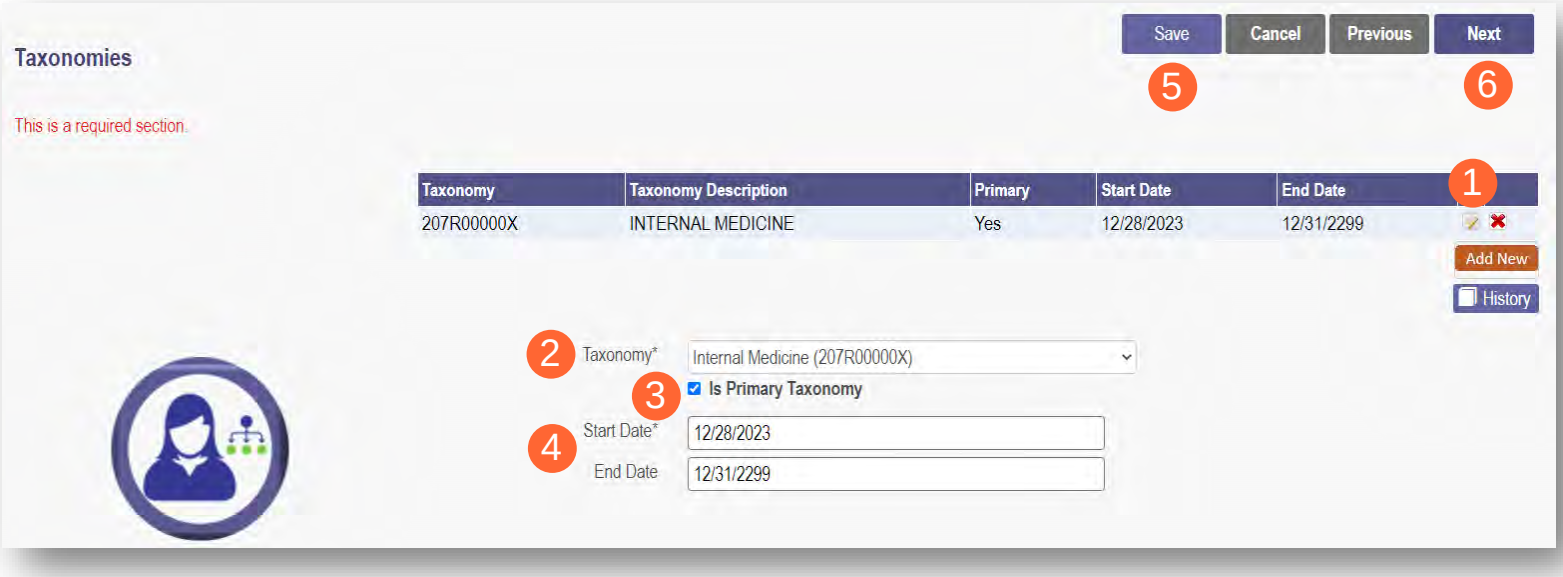
Step 2: Select the appropriate taxonomy from the drop-down menu and edit start and end dates as needed.

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 your work and move to the next screen.



Professional Licenses

Note: License information and a copy of a valid license are not required for every provider type. Click **Next** to skip, if not required.

If the license is in Ohio, a digital Ohio e-license check may be completed after entering some preliminary details. If a successful e-license check inputs data into PNM, an upload of a license document is not required.

This page allows you to enter and upload information related to the practitioner's professional licenses.

Step 1: To add a Professional License, click **Add New**.

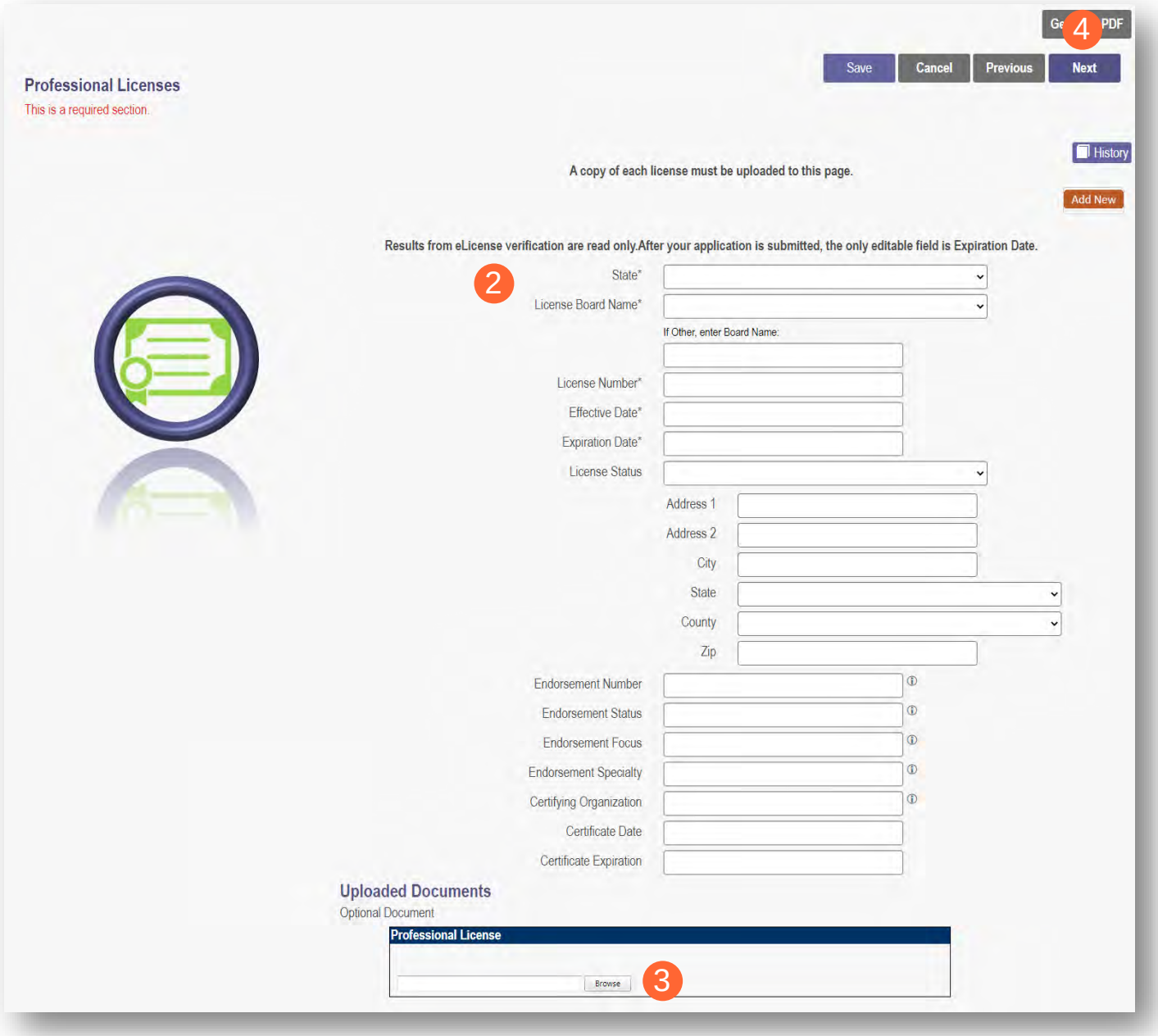
Step 2: Complete the required fields marked with an asterisk (*).

Note: Most fields will auto-populate if the license is active in Ohio and an e-license check can be completed. If this is the case, an upload of a license document is not required. Out-of-state licenses require an upload.

Step 3: If necessary, upload a copy of the Professional License by click **Browse** under the Upload Documents section.

- Locate, on your computer, the file you wish to upload then click **Open**.
- The file name will appear in green text to indicate a successful upload.

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



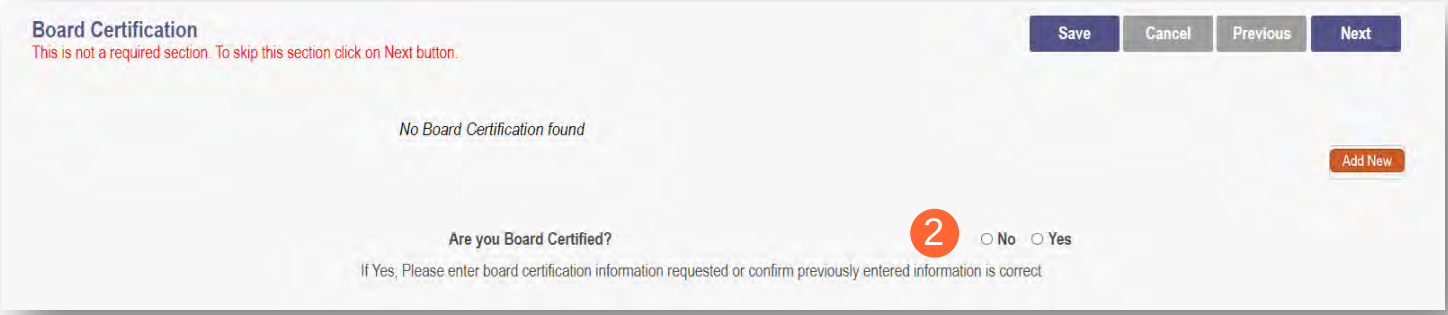
Board Certification Page

The Board Certification page allows for the ability to add any recognized board certifications.

Note: Board Certification information is not required for every provider type. Click **Next** to skip, if not required.

Step 1: To add a Board Certification, click **Add New**.

Step 2: Click the radio button to identify if the provider is Board Certified (Yes or No).



Step 3: If 'Yes' is chosen, enter the required fields marked with an asterisk (*).

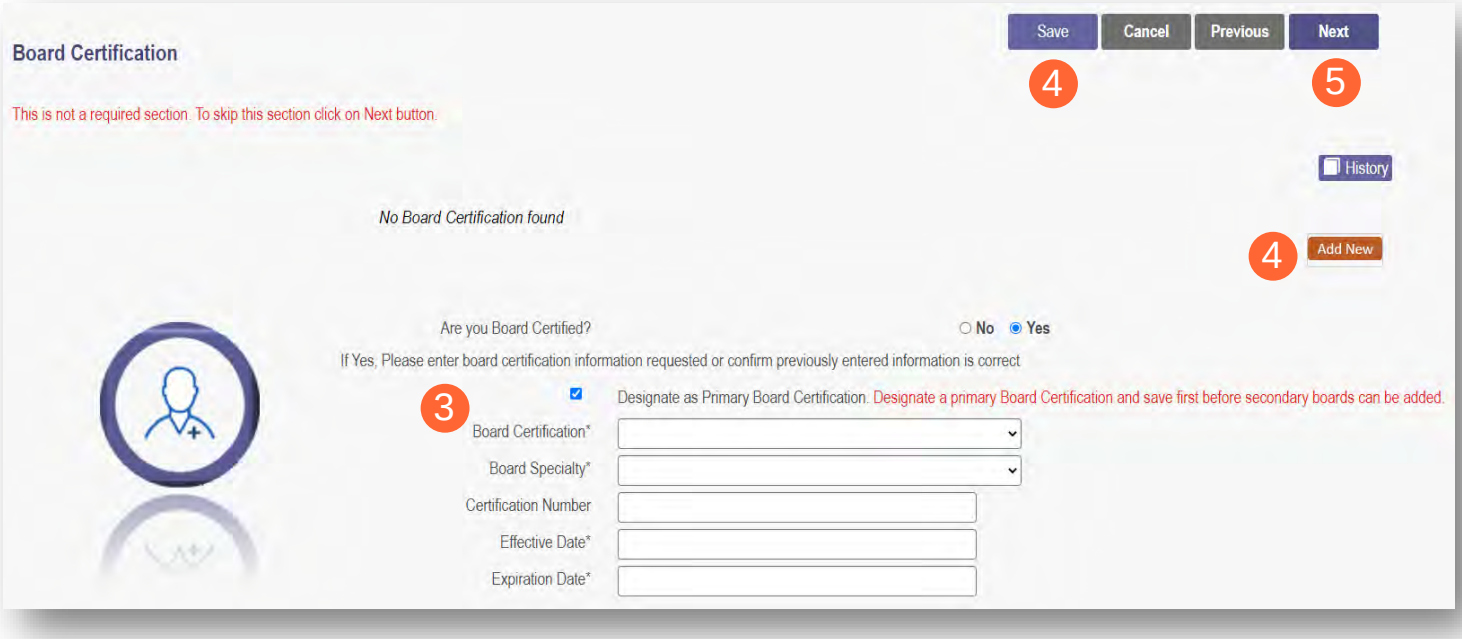
Note: A primary board certification must be entered first before any secondary verifications can be added.

- Board Certification – *select the appropriate board.*
- Board Specialty
- Certificate Number (This is not a required field, but certification identification can be included here)
- Effective Date (Date when certification was received in MM/DD/YYYY format.)
- Expiration Date (Date the certification expires in MM/DD/YYYY format.)

Note: It is important that this information is accurate and matches what is on file with CAQH.

Step 4: Click **Save** to save your work and then click **Add New** to add additional certifications.

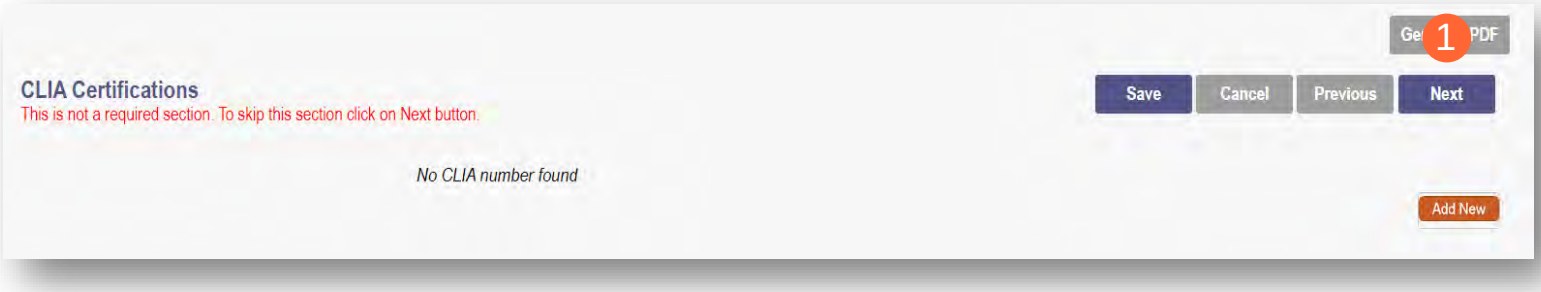
Step 5: Click **Next** to save and advance to the next screen.



CLIA Certifications Page

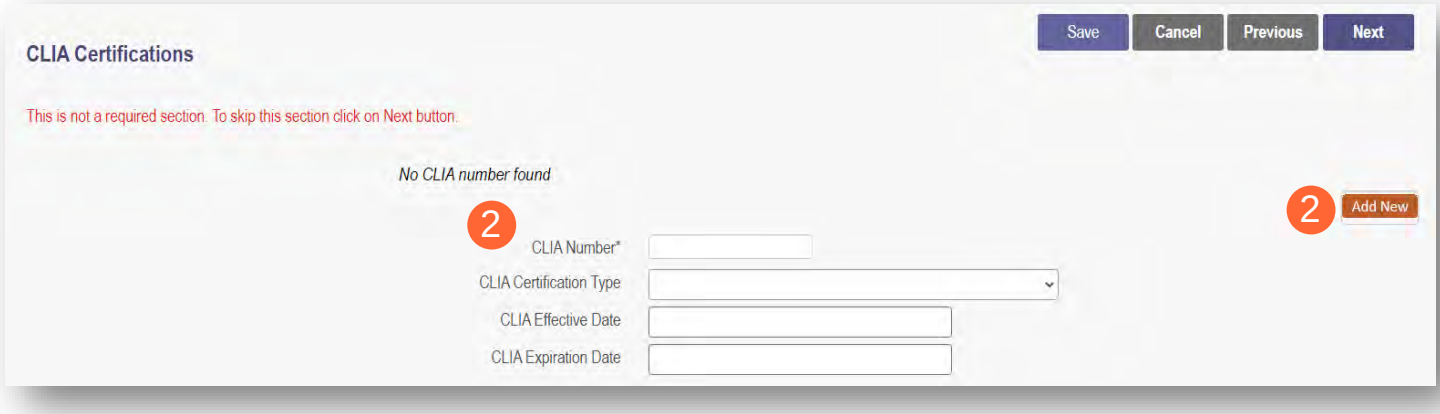
Step 1: For some providers, this is not a required section.

- To move past the CLIA (Clinical Laboratory Improvement Amendments) Certification, click **Next**.



Step 2: If you are a provider that needs to enter a CLIA Certification, enter that information on this page.

- Click **Add New** to enter CLIA certification information.
- Click **Next** to save and proceed to the next page.



Medicare Number Page

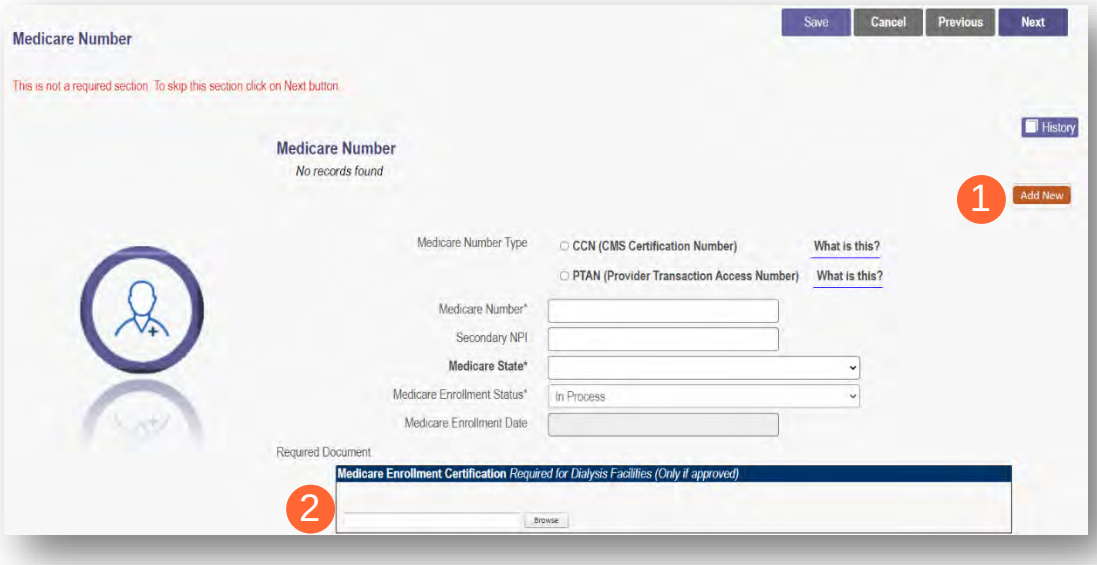
Depending on the provider type, this may not be a required section. Click **Next** to skip, if not required.

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

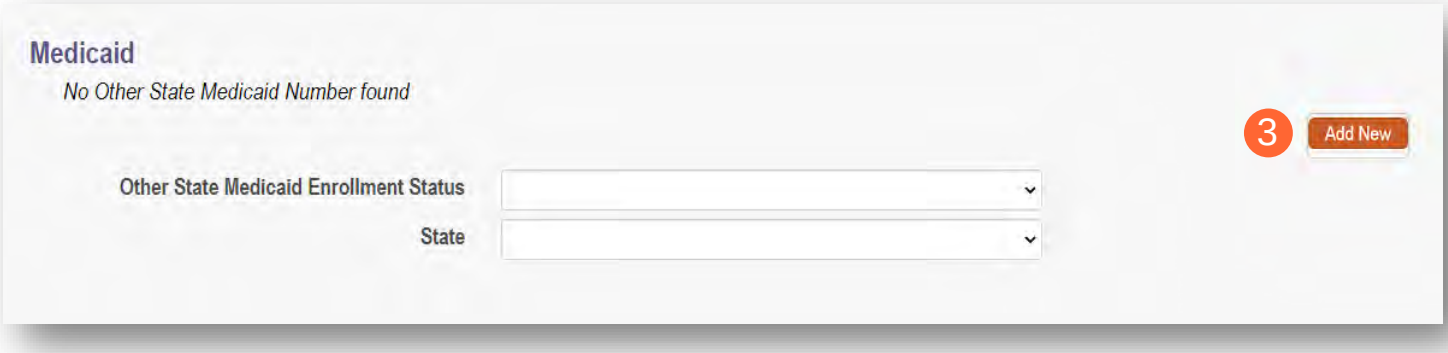


Note: System uses Secondary NPI and Medicare State to look up and verify Provider is in PECOS.

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

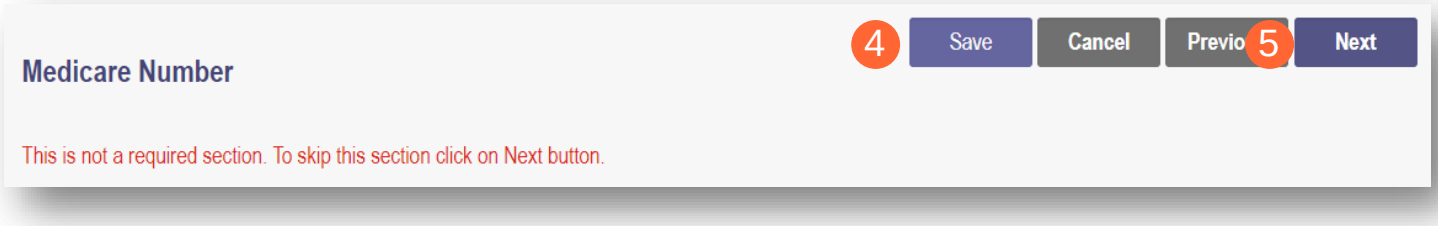
Step 3: Determine if you need to add Medicaid information from another State.

- 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.



Group, Facility & Hospital Affiliations (Individual) Page

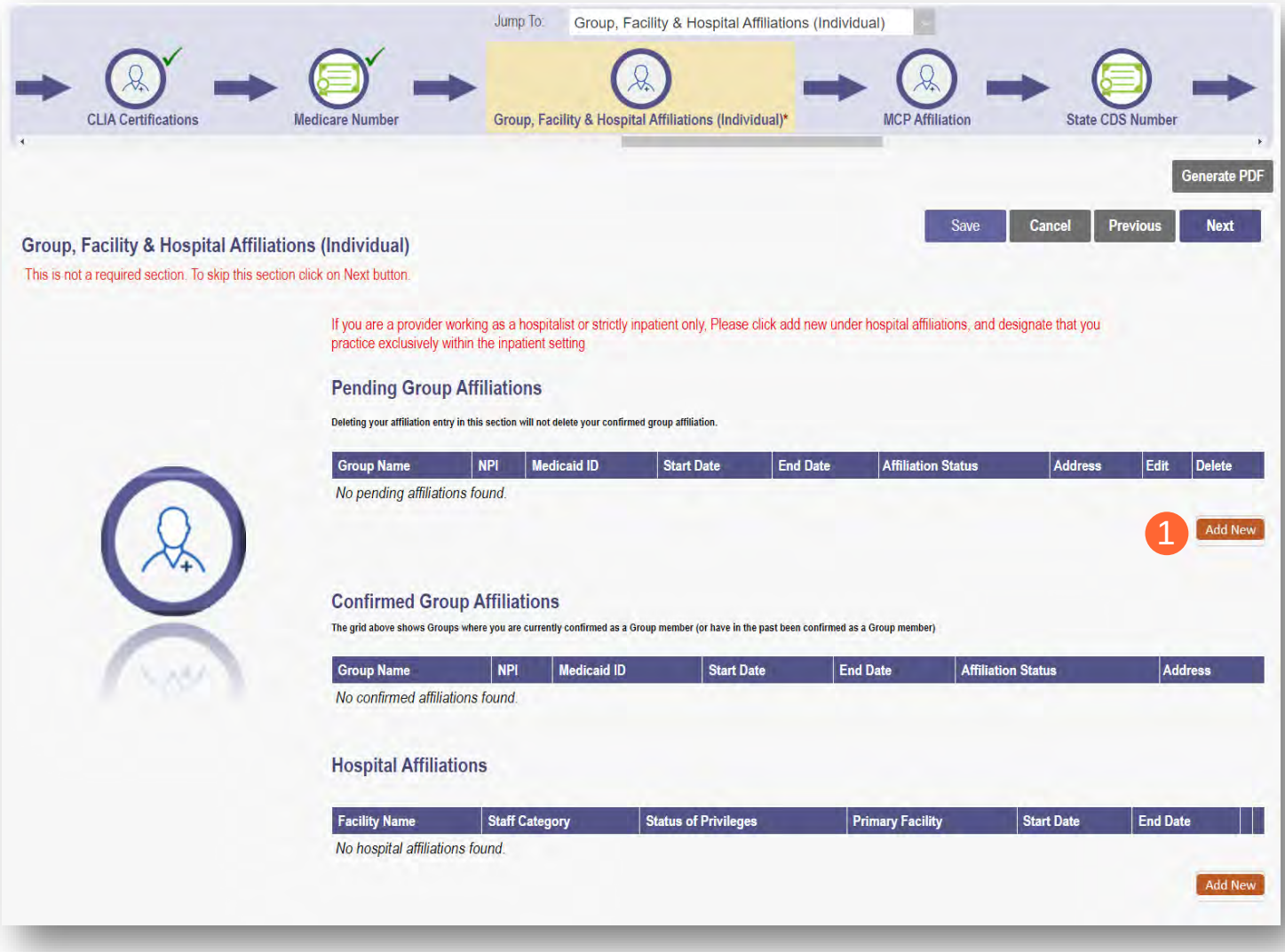
This page will allow you to indicate any group, facility, or hospital affiliations that the practitioner may have.

Note: This section is not required for all provider types. To skip this section, click **Next**.

Note: If the provider is working as a hospitalist or strictly inpatient only, please click 'Add New' under hospital affiliations, and designate that the provider practices exclusively within the inpatient setting.

Adding a Group Affiliation

Step 1: To add a Group/Organization/Agency affiliation, click **Add New** under the Pending Group Affiliations section.

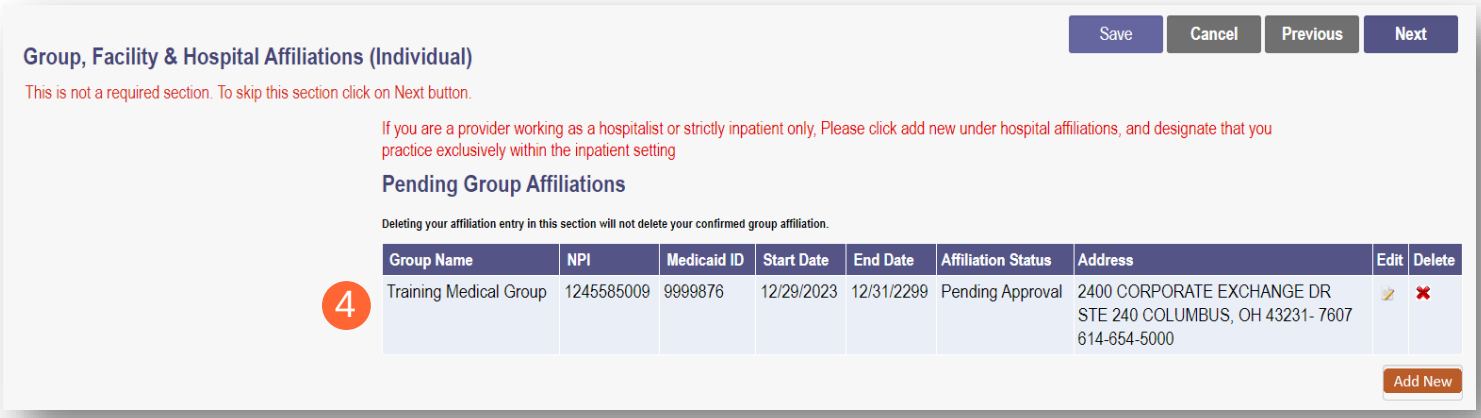


Step 2: On the Group Affiliation pop-up window, enter the Medicaid ID for the group/organization/agency the provider is requesting affiliation to.

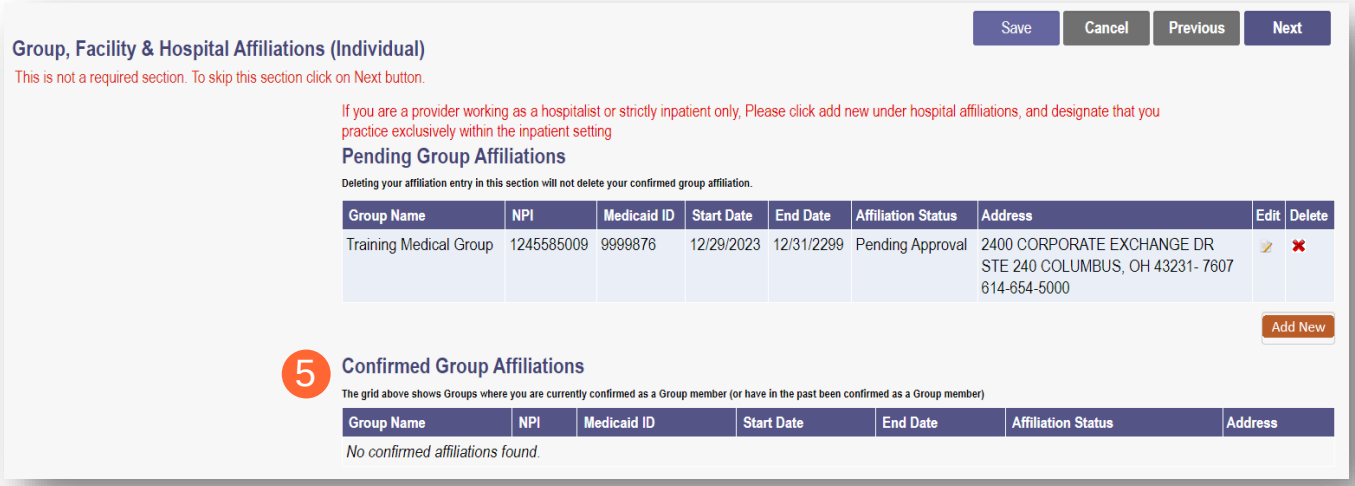
- Click outside of the Medicaid ID field and the NPI field will automatically populate.

Step 3: Click **Save** to continue.

Step 4: Confirm the affiliation is listed on the screen *(Repeat the steps above to add additional affiliations)*.

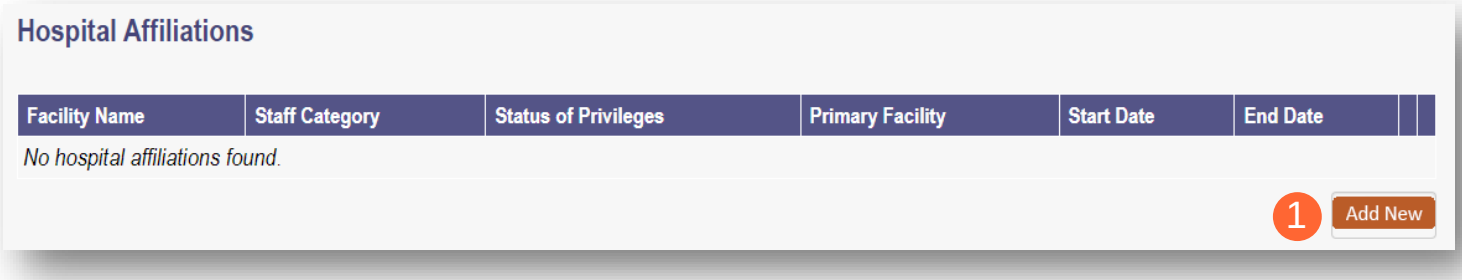


Step 5: An individual affiliation will remain 'Pending' until the group/organization/agency confirms the affiliation. Once confirmed, the affiliation will display under the 'Confirmed Group Affiliations' section.



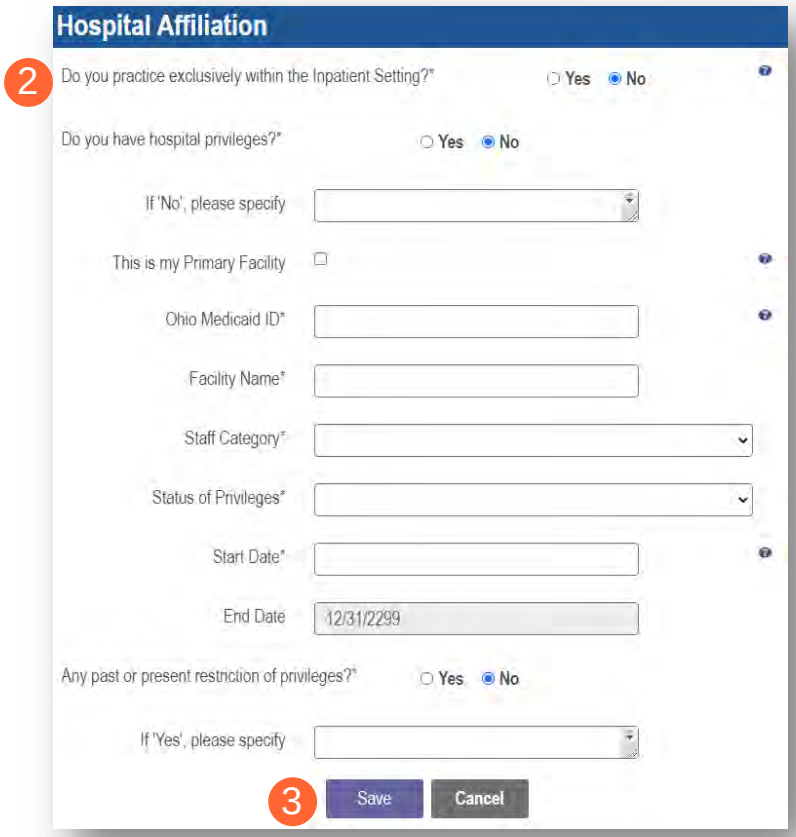
Adding a Hospital Affiliation

Step 1: Click **Add New** under the Hospital Affiliations section.



Step 2: Enter all relevant and required information:

- Do you practice exclusively within the Inpatient Setting?
- Do you have hospital privileges?
- Is this your primary facility?
  - If yes, click the 'check box' next to "This is my Primary Facility."
- Enter an Ohio Medicaid ID, this will populate the facility name.
- Select Staff Category from the drop-down menu.
- Select Status of Privileges from the drop-down menu.
- Enter the Start Date *(MM/DD/YYYY)*
- Select the applicable 'Yes' or 'No' radio button for: "Any past or present restrictions of privileges?"
  - If 'Yes' is selected, complete the box stating, "please specify."



Step 3: Click **Save** to continue.

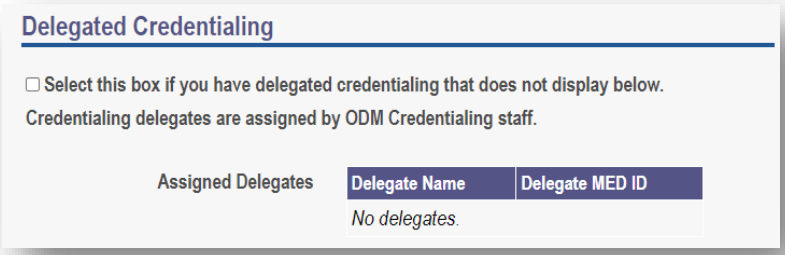
Step 4: Confirm Hospital Affiliation has saved *(Repeat the process to add additional affiliations)*.

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.

Delegated Credentialing

A 'Delegated Credentialing' section appears on this page. If appropriate, select the checkbox to indicate the practitioner has an agreement for delegated credentialing. Information regarding the specific delegate(s) will be updated by the ODM Credentialing staff after submission of the application.



Delegates can use a workaround to 'bypass' the following required credentialing pages in PNM. Please note that for accurate data report in the PNM directory, the board certification and hospital privileges information will need to be entered on the appropriate screens in PNM.

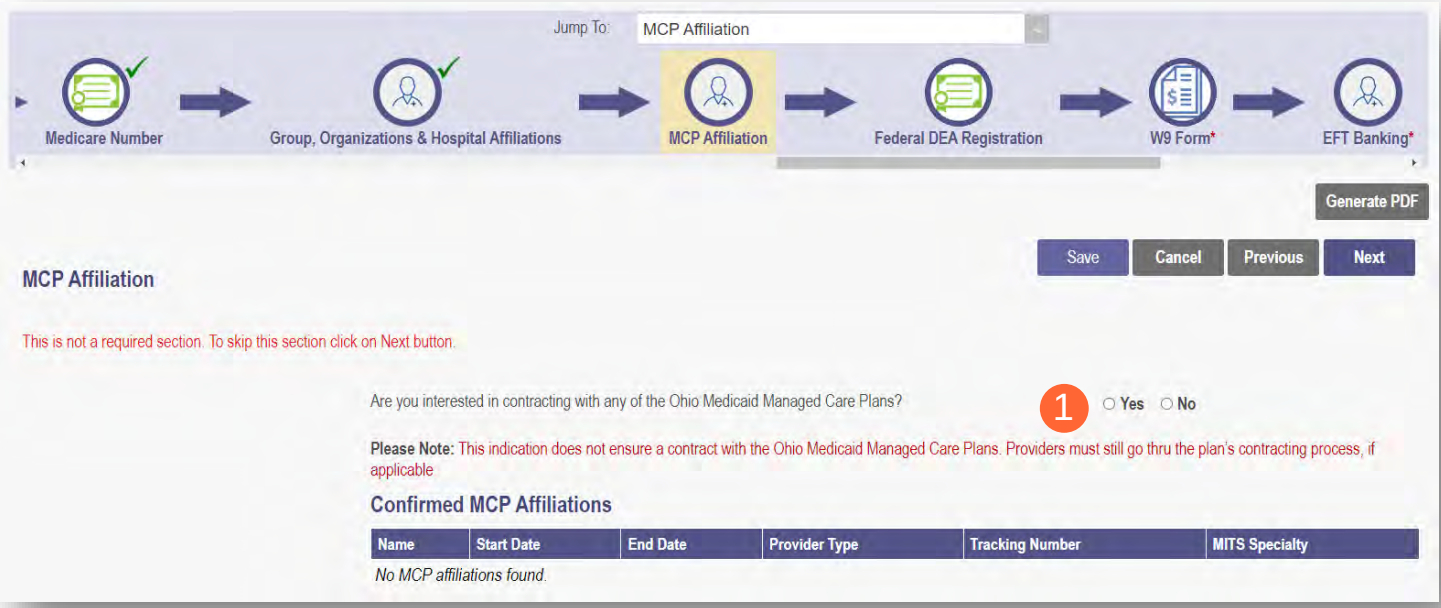
- **Professional Liability Insurance page** – Answer "No" to the 'Carrying Malpractice Insurance' question and enter the delegate organization/agency name as the 'Explanation Regarding Malpractice Insurance.'
- **Education page** – List one entry only. For physicians, list the highest level of education/training for their residency/fellowship. For all other provider types, list the professional school.
- **Malpractice Claims History page** – Answer "No" to the question on this page.
- **Work History page** – List only an entry with the delegate location and start date.

MCP Affiliation

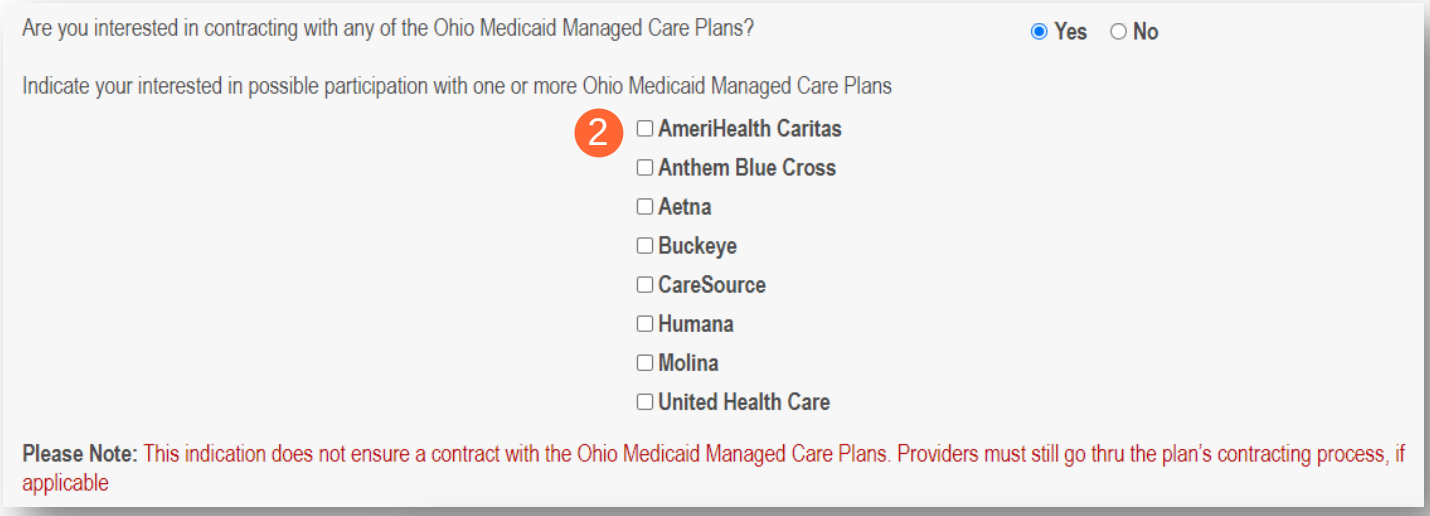
This page allows for the ability to enter interest in contracting with an Ohio Medicaid Managed Care Plan.

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.

State CDS Number Page

If the provider has a state-registered Controlled Dangerous Substance number, enter that information on this page.

- If the provider does not have a CDS number, you can bypass the page by clicking **Next**.

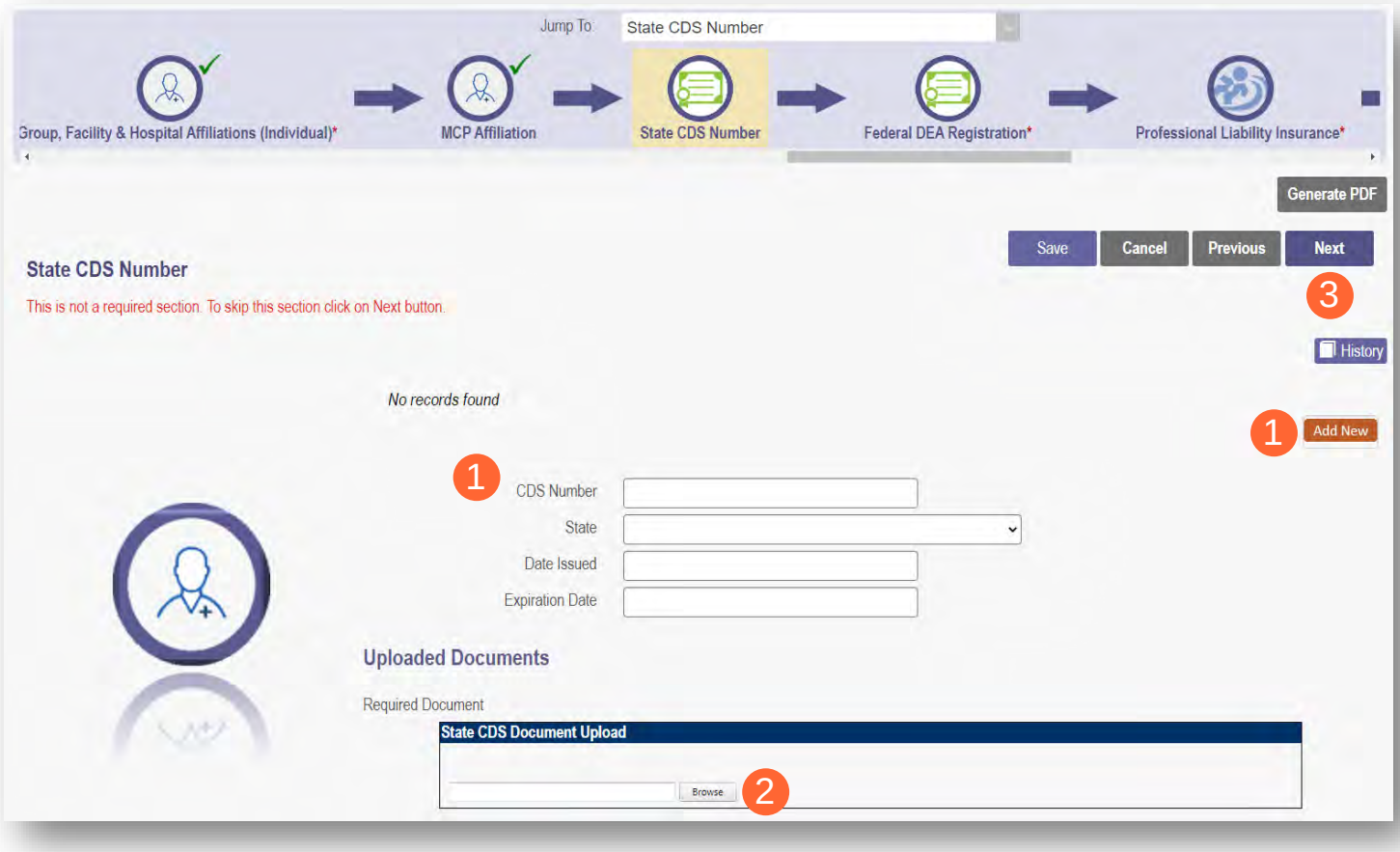
Step 1: If the provider has a CDS Number:

- Click **Add New**.
- Fill in the required fields. *(Date fields require MM/DD/YYYY format.)*

Step 2: Upload your State CDS document by clicking **Browse**.

- Locate, on your computer, the file you wish to upload and click **Open**.

Step 3: Click **Next** to save and advance to the next screen.

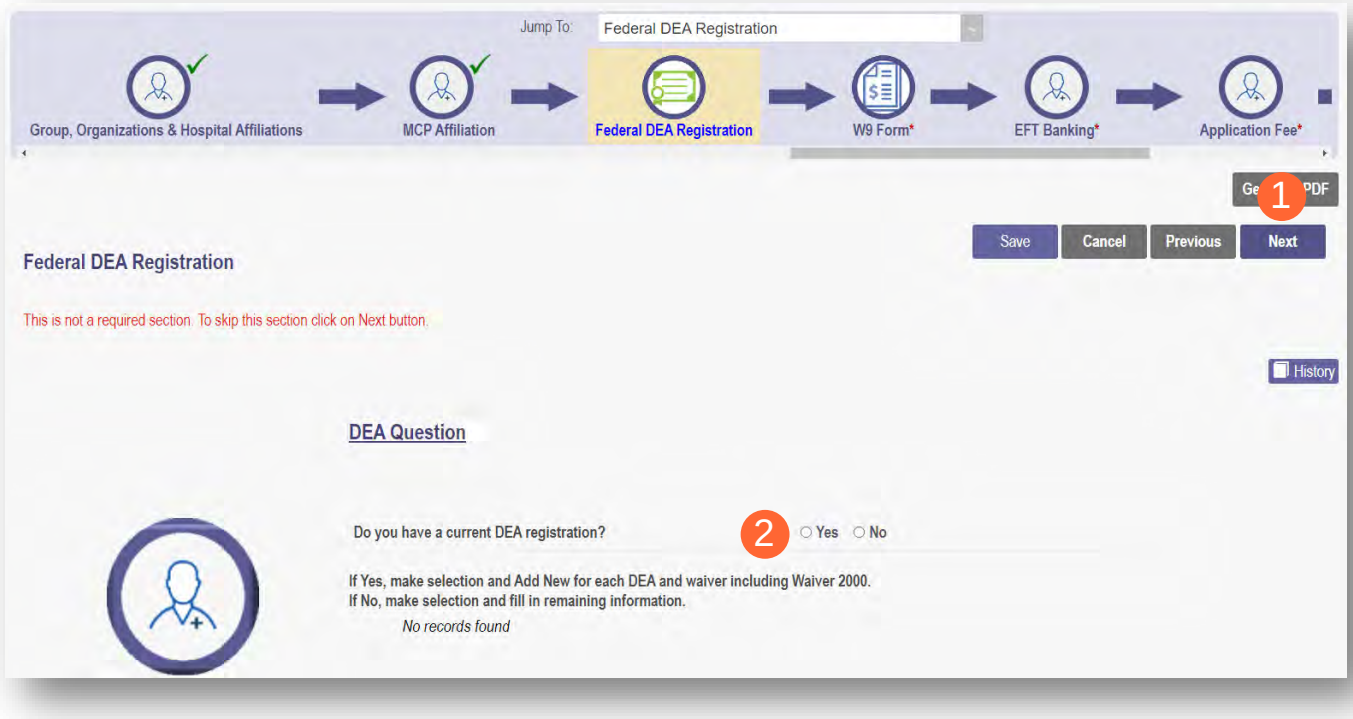


Federal Drug Enforcement Administration (DEA) Registration Page

Step 1: For some provider types, this is not a required page.

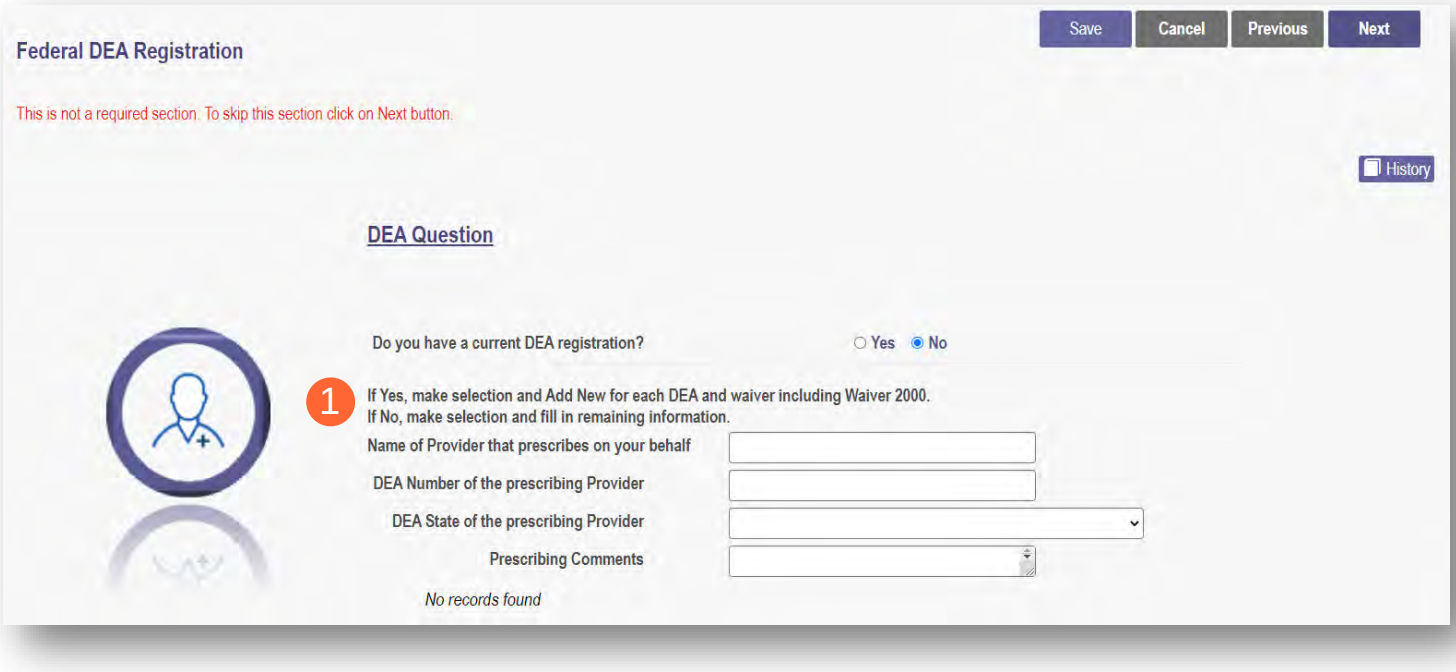
- To move past the Federal DEA Registration page, click **Next**.

Step 2: To complete this page, select the 'Yes' or 'No' radio buttons to answer the question: *"Do you have a current DEA registration?"*



Yes/No DEA Number

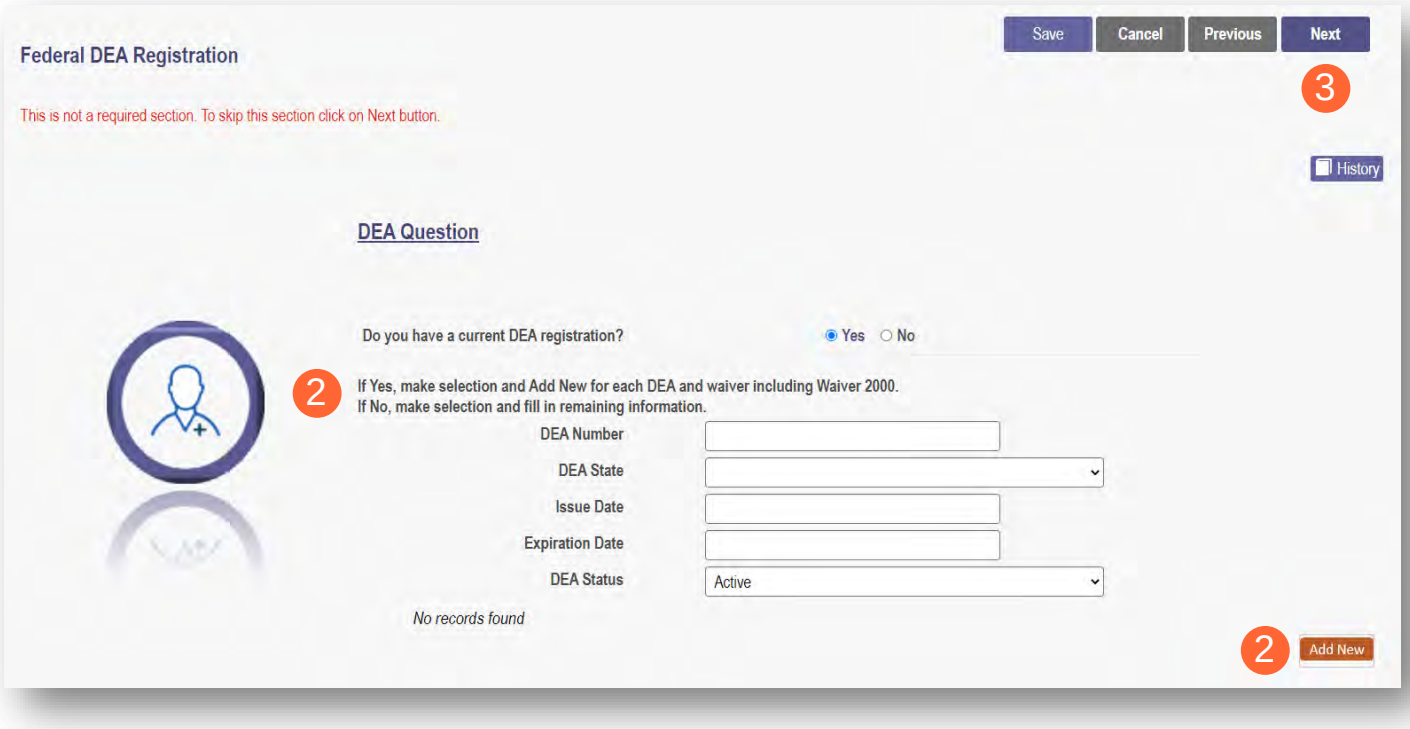
Step 1: If you select 'No', PNM will prompt you to enter the representative's information.



Step 2: If you select 'Yes', PNM will prompt you to complete the screen with the corresponding DEA information by clicking **Add New**.

- DEA Number
- DEA State
- Issue Date *(MM/DD/YYYY)*
- Expiration Date *(MM/DD/YYYY)*

Step 3: Click **Next** to save and proceed to the next screen.


Save
Cancel
Previous
Next
3
Federal DEA Registration
This is not a required section. To skip this section click on Next button.
History
DEA Question
Do you have a current DEA registration?
Yes
No
2
If Yes, make selection and Add New for each DEA and waiver including Waiver 2000.
If No, make selection and fill in remaining information.
DEA Number
DEA State
Issue Date
Expiration Date
DEA Status
Active
No records found
2
Add New

Professional Liability Insurance Page

This page allows for the entry of information about the provider's professional liability insurance.

Note: Professional Liability Insurance information is not required for every provider type. To bypass this page, click **Next**.

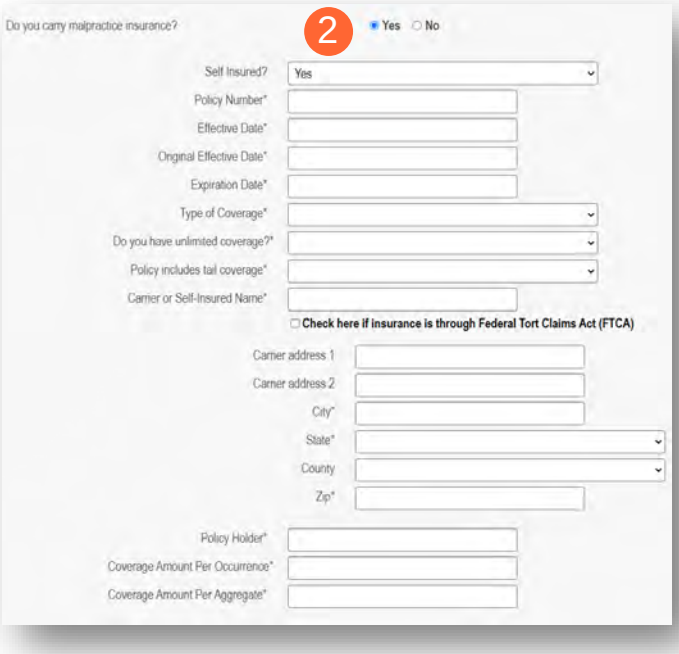
Step 1: To add professional liability insurance information, click **Add New**.

Yes/No Professional Liability Insurance

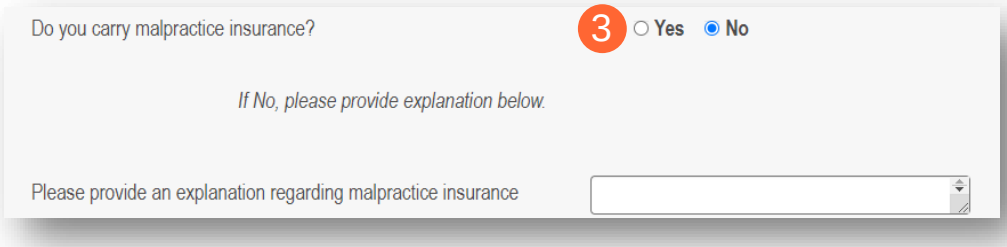
Step 2: You must select a 'Yes' or 'No' radio button for the question: *"Do you carry malpractice insurance?"*

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

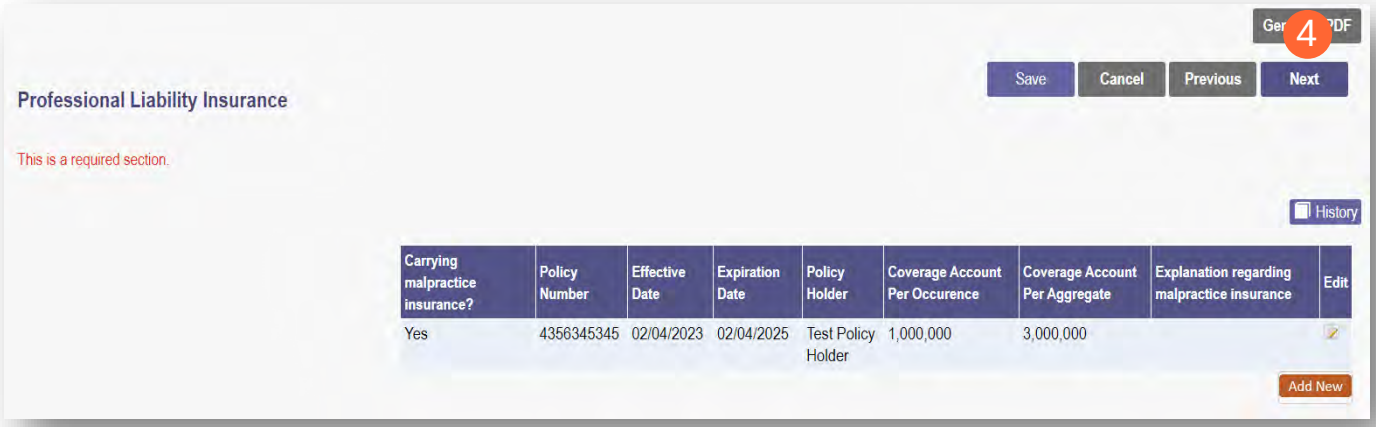
- Self-Insured?
- Policy Number
- Effective Date *(MM/DD/YYYY)*
- Original Effective Date *(MM/DD/YYYY)*
- Expiration Date *(MM/DD/YYYY)*
- Type of Coverage
- Do you have unlimited coverage?
- Policy includes tail coverage?
- Carrier or Self-Insured Name
- Address
- City
- State
- Zip
- Policy Holder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



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



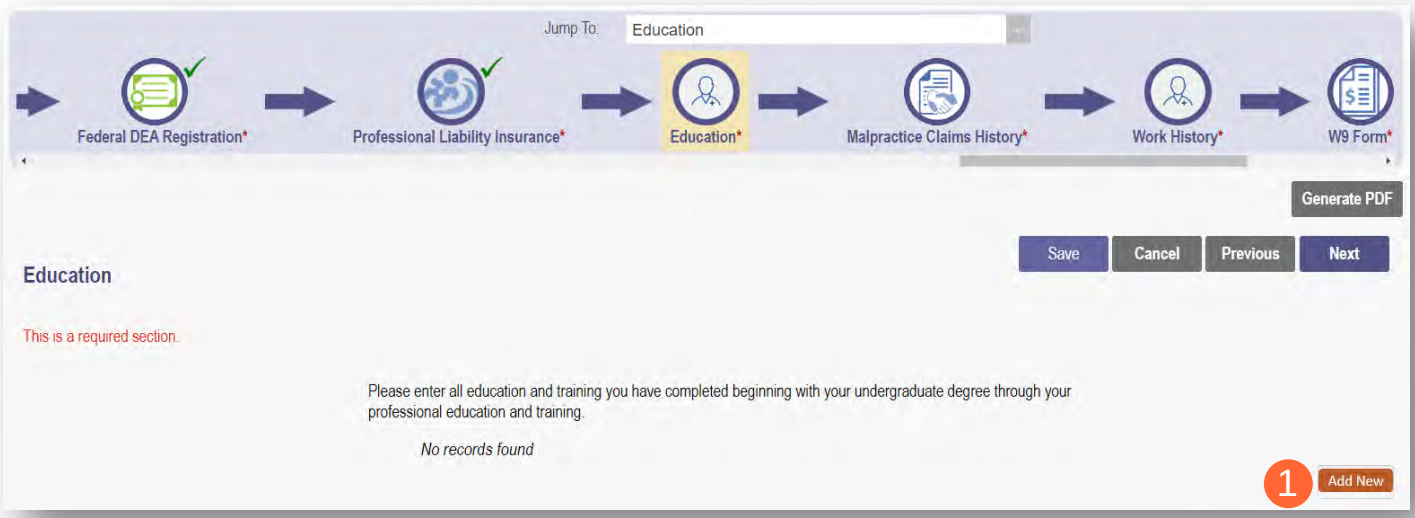
Step 4: Click **Next** to save and move to the next screen.



Education Page

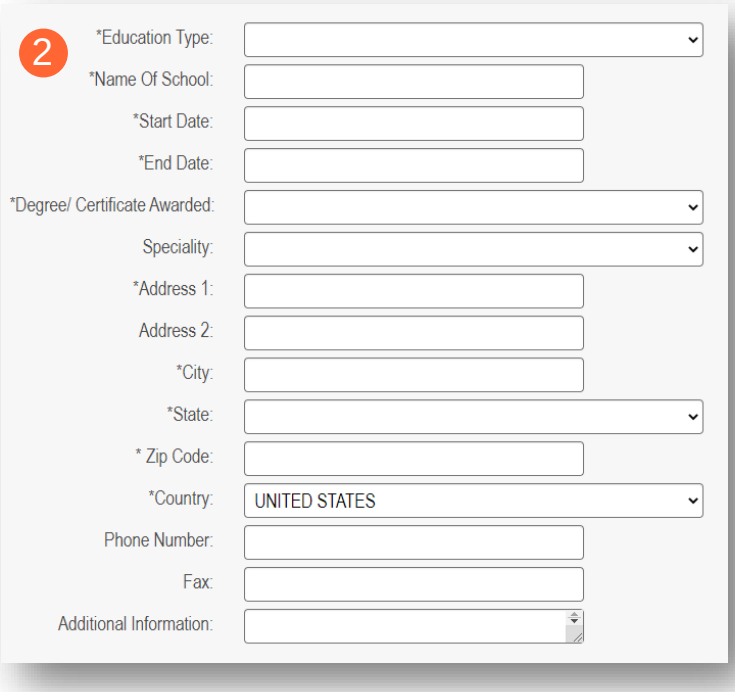
On this page, indicate all education and training that has been completed beginning with an undergraduate degree through professional education and training.

Step 1: To add Education History, click **Add New**.



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

- Education Type
- Name of School
- Start Date *(MM/DD/YYYY)*
- End Date *(MM/DD/YYYY)*
- Degree Awarded
- Address
- City
- State
- Zip Code
- Country

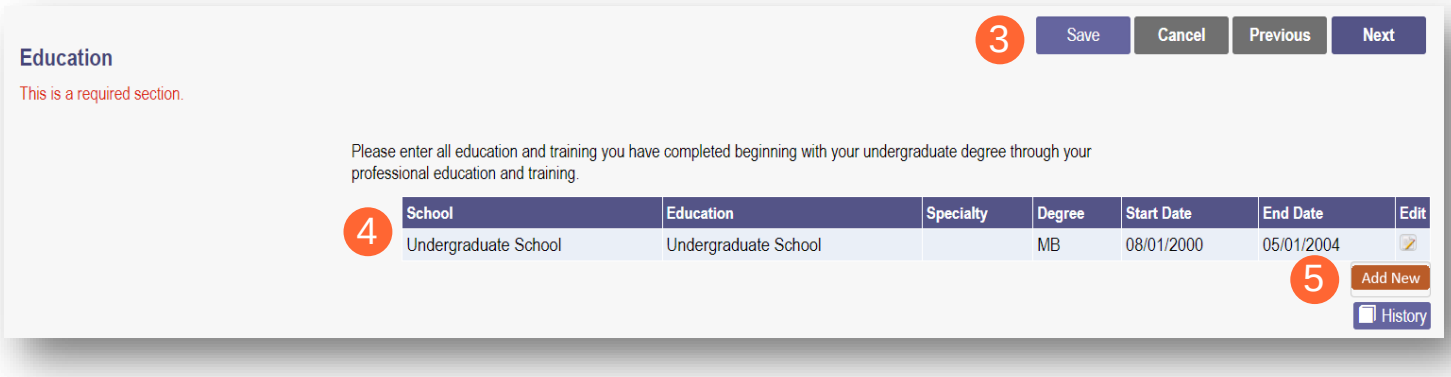


Note: The Additional Information field can be used to enter other details that may help during the credentialing process. You can provide information such as a Contact Name, Phone Number, Department, or any other information that can help verify education.

Step 3: Click **Save** to continue.

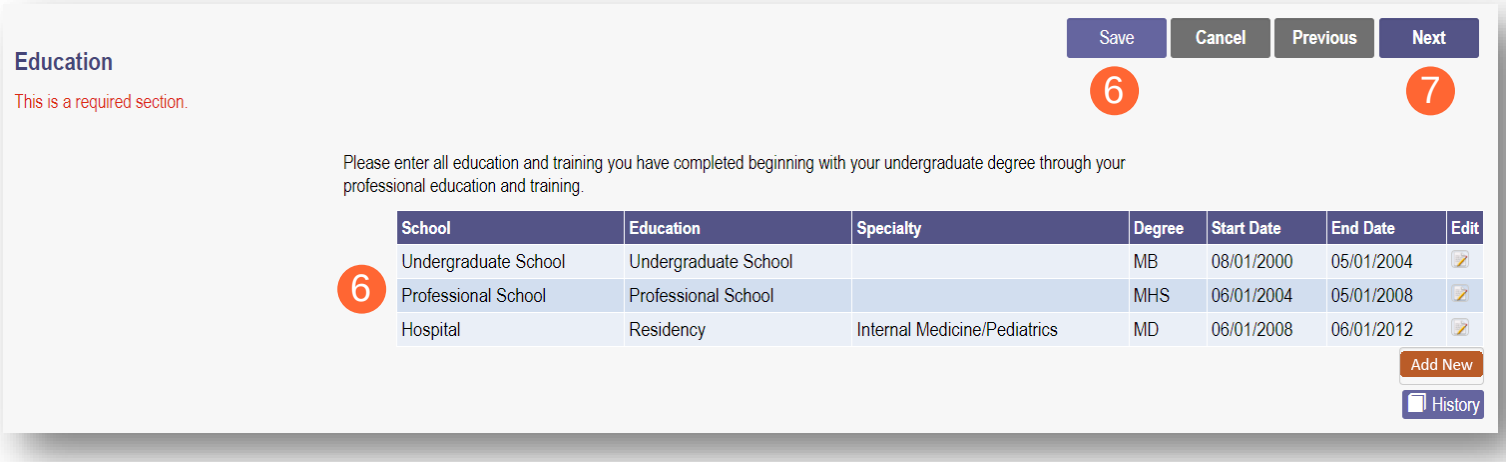
Step 4: Confirm that the undergraduate education information saved.

Step 5: To enter additional education details, click **Add New** and follow the steps above.



Step 6: Click **Save** to continue and verify the additional education history as it appears on the screen.

Step 7: Click **Next** to advance to the next page once all education information has been added.



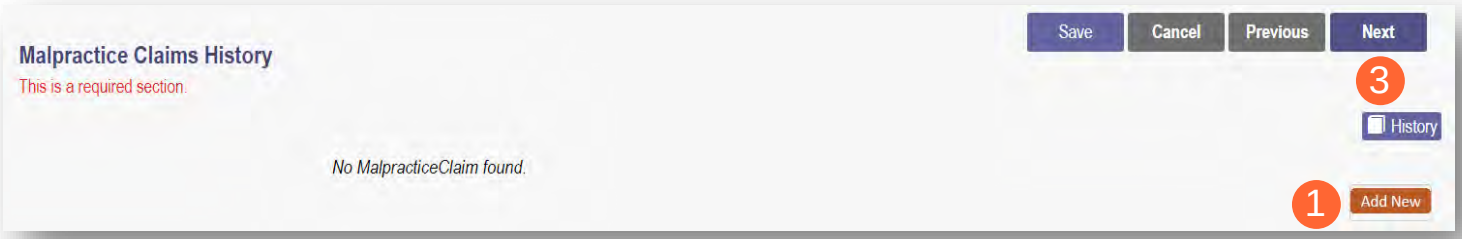
Malpractice Claims History Page

This page asks the question: *"Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years?"*

Note: This page will only display for required provider types.

Step 1: Click the **Add New** button.

- Select the 'Yes' or 'No' radio button to indicate your answer.



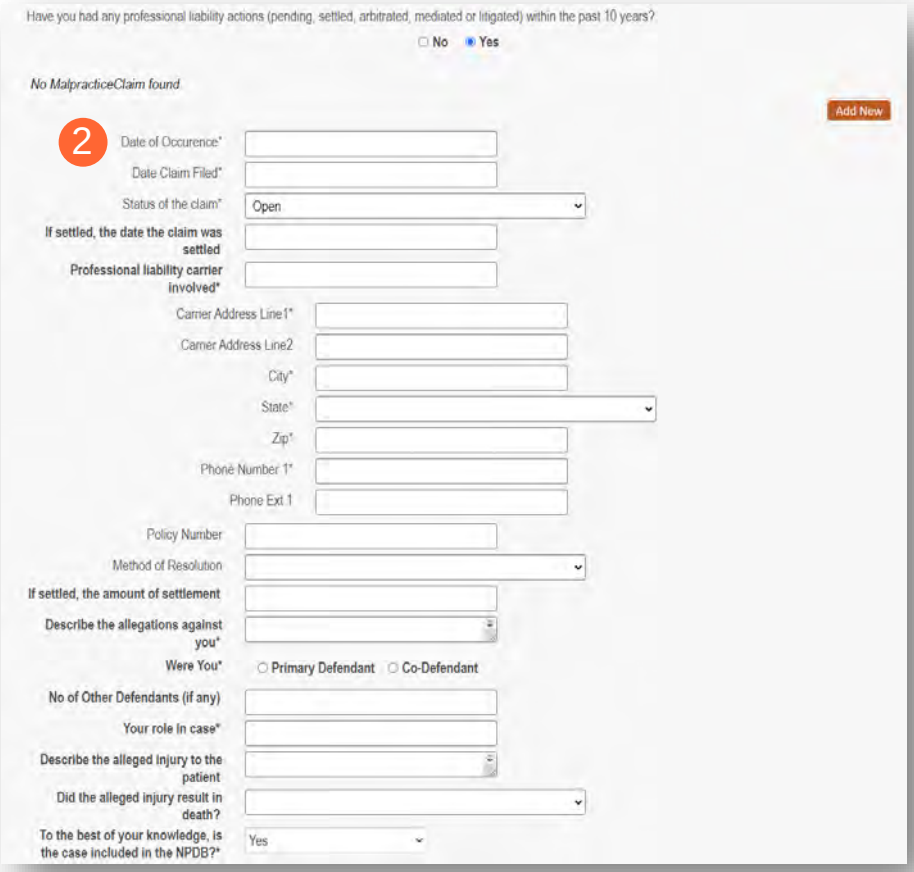
Yes/No Malpractice Claims History

Step 2: Complete the following:

- If 'No' is indicated, proceed to Step 3.
- If 'Yes' is indicated, complete the required information regarding each action.

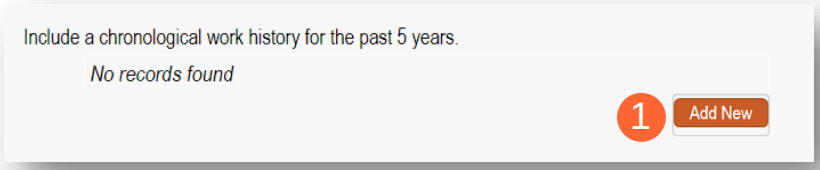
Note: Each action occurring in the past 10 years should have its own entry.

Step 3: After filling in the required fields, click **Next** to save the information and proceed to the next page.



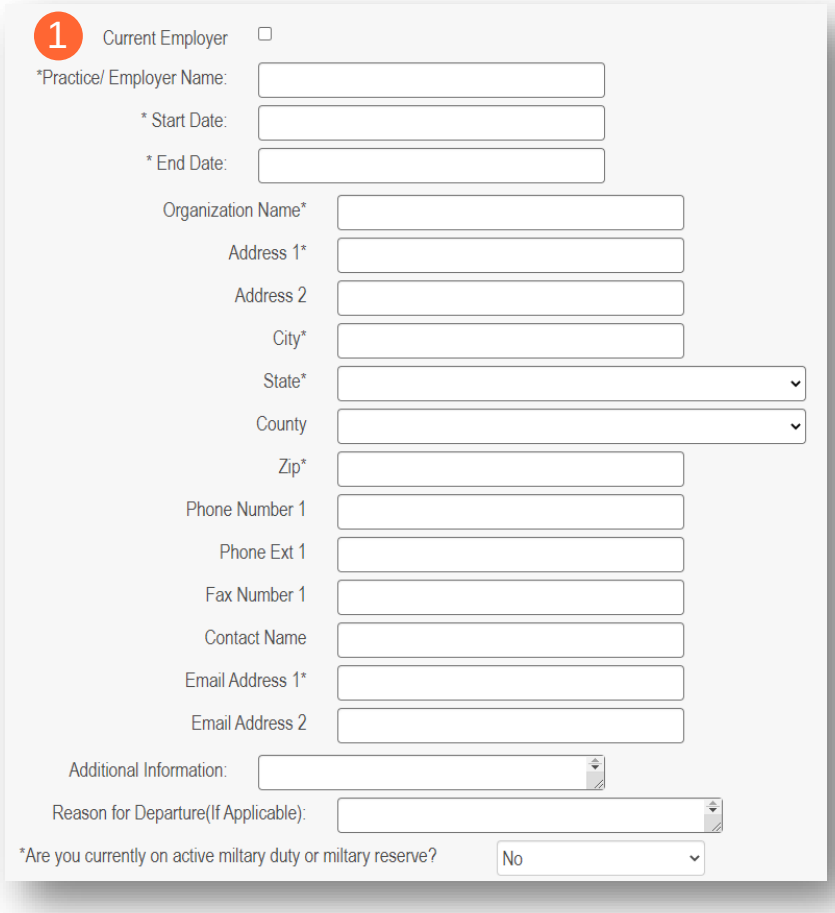
Work History Page

A Work History of 5 years (in chronological order) from the start of the provider's licensure, must be provided on the application.



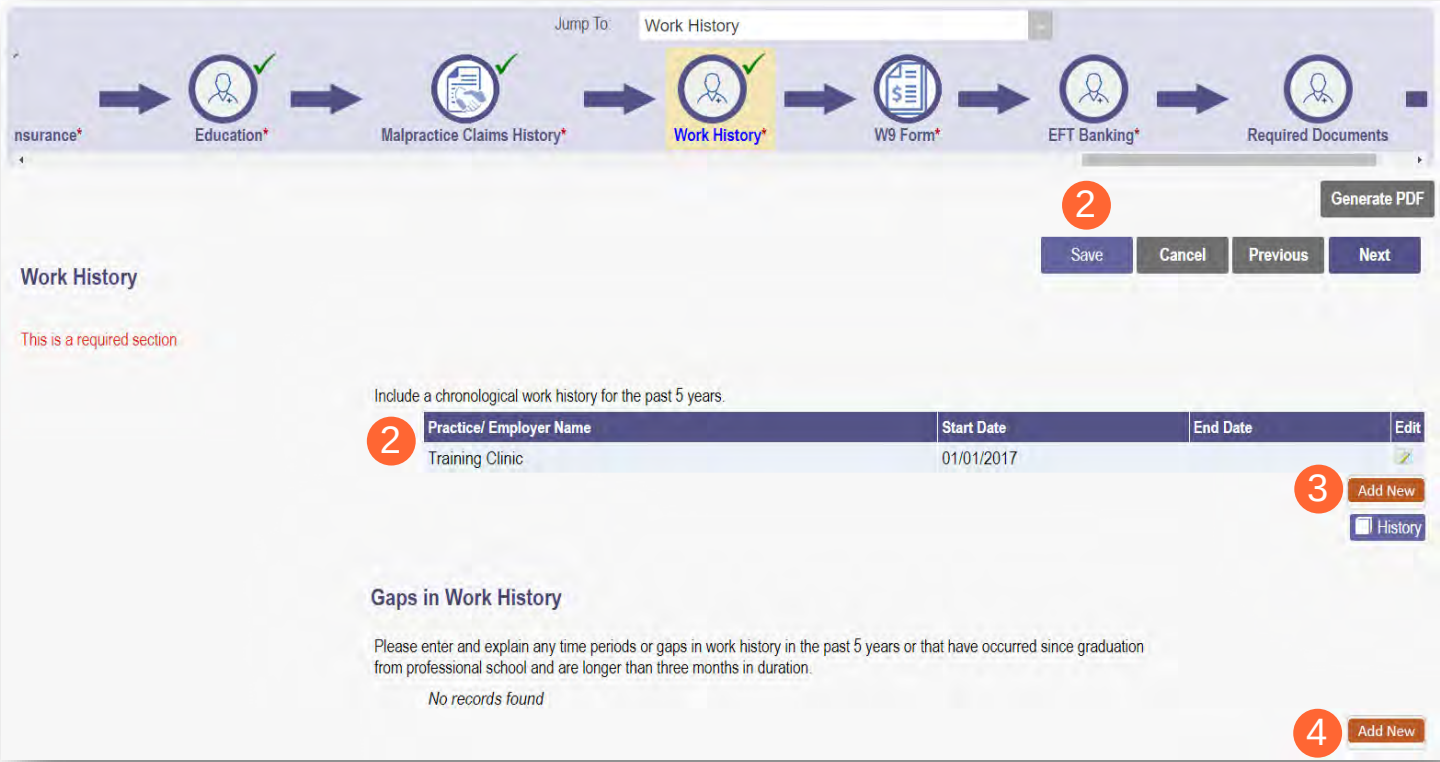
Step 1: To add Work History, click the **Add New** button.

- Select the check box for 'Current Employer' for to list the provider's current employer.
- Enter the relevant and required fields:
  - Practice Employer Name
  - Start Date *(MM/DD/YYYY)*
  - End Date *(MM/DD/YYYY)*
  - Organization Name
  - Address
  - City
  - Zip
  - Phone Number
  - Contact Name: This is a contact for the organization that can verify work history.
  - Email Address
  - Additional Information
  - Reason for Departure (if applicable)
  - Currently on active military duty or military reserve?



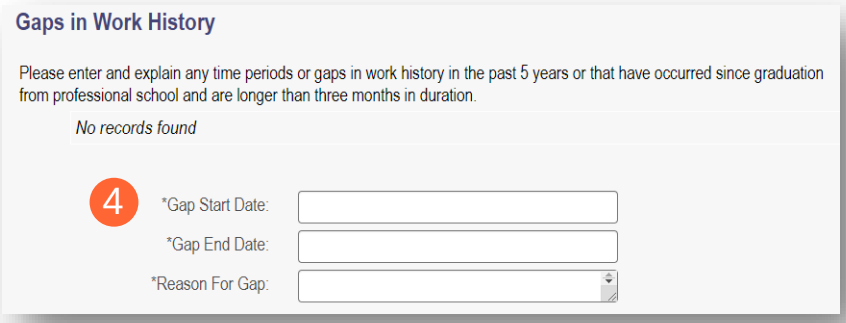
Step 2: Click **Save** and confirm the work history as it appears on the screen.

Step 3: Continue adding work history for the past 5 years (in chronological order) by clicking **Add New** and repeating the steps listed above.



Step 4: If there are any gaps in work history during the past 5 years, enter that information by clicking **Add New** under the Gaps in Work History section.

- Complete Information for any gaps in Work History
  - Gap Start Date *(MM/DD/YYYY)*
  - Gap End Date *(MM/DD/YYYY)*
  - Reason for Gap

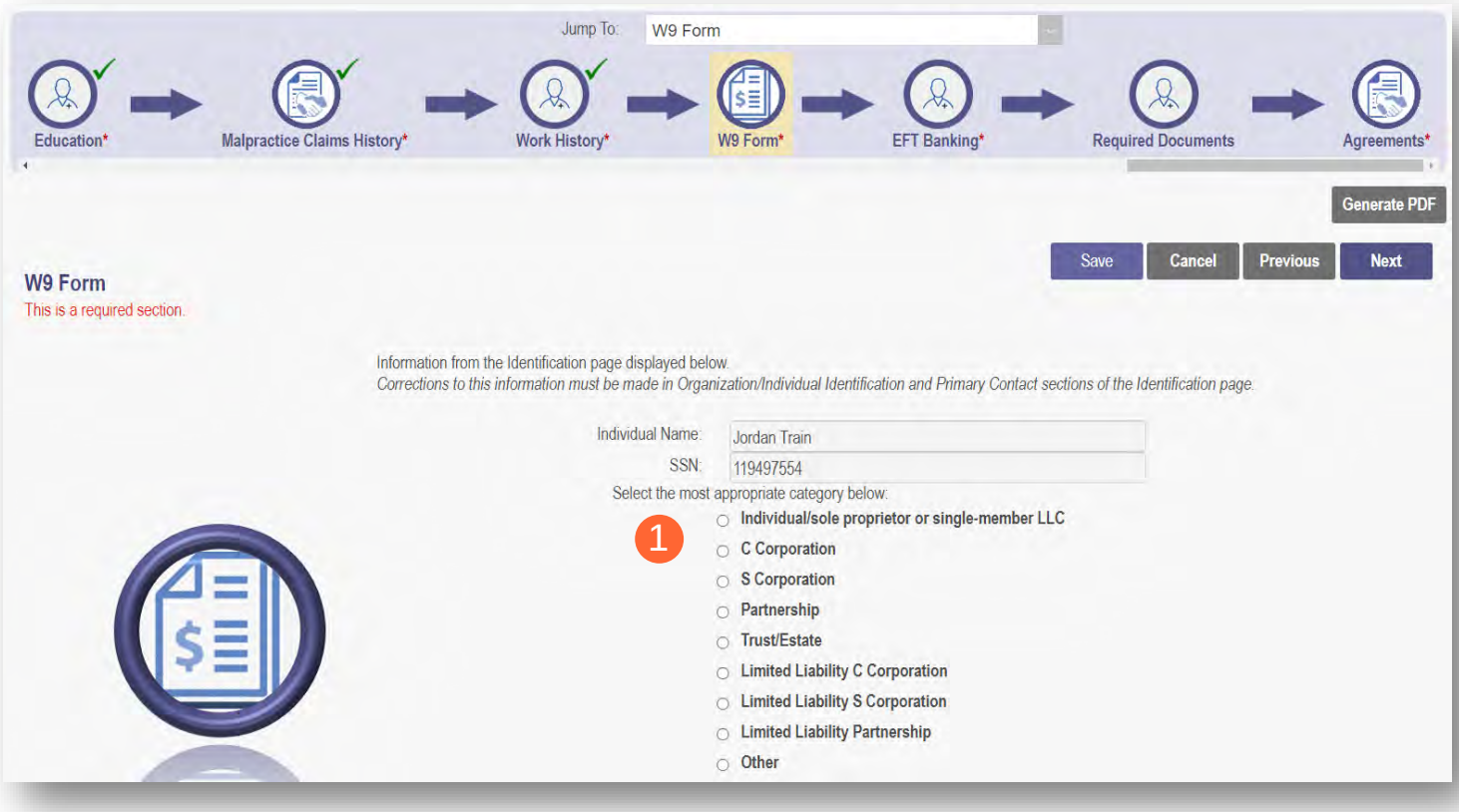


Step 5: Click **Save** to save the work/gap details then click **Next** to advance to the next page.

W9 Form Page

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

Step 1: Select the most appropriate individual 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.

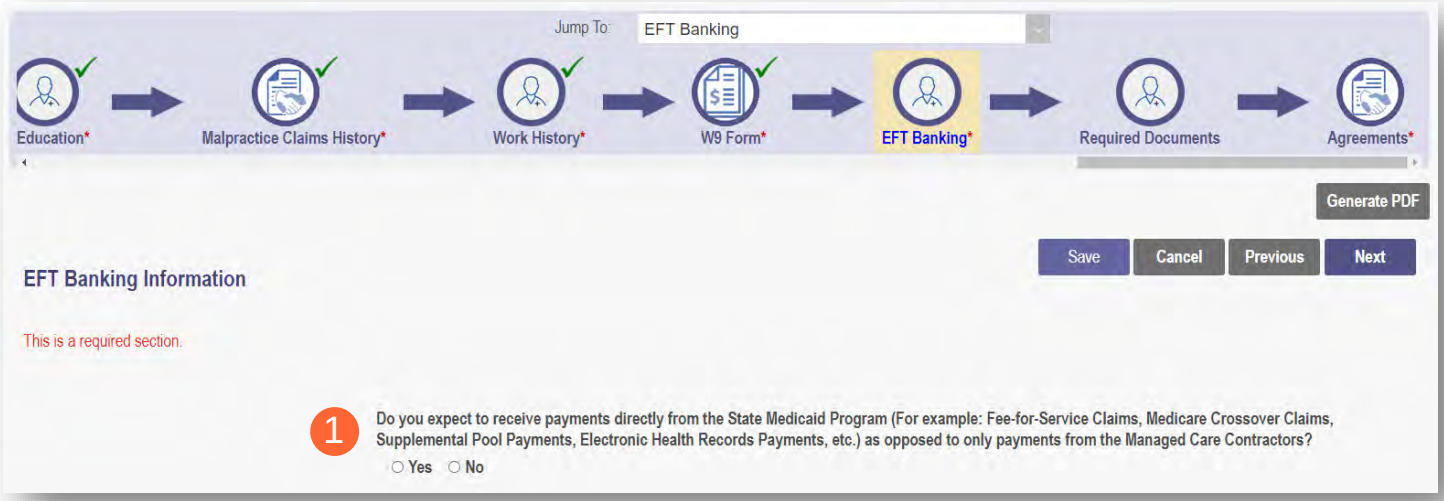
- The file name will appear in green text when it has successfully uploaded.

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.

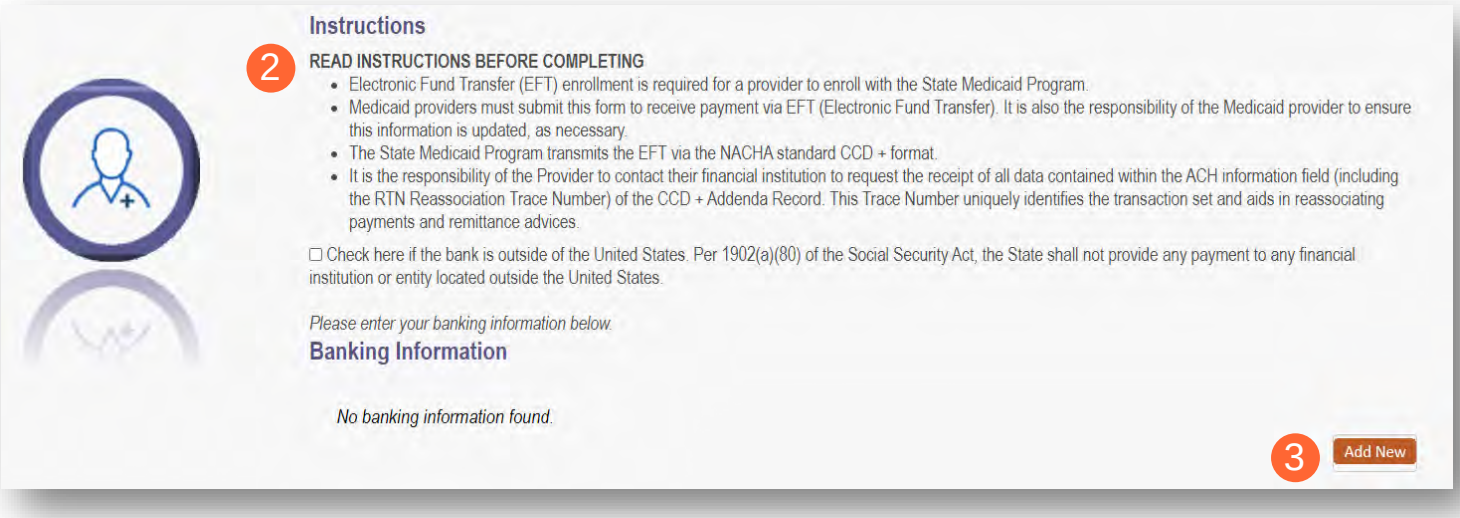
Step 1: Select the 'Yes' or 'No' radio button to answer the question at the top of the page.



Step 2: If 'Yes' is answered, read the instructions section before proceeding to Step 3.

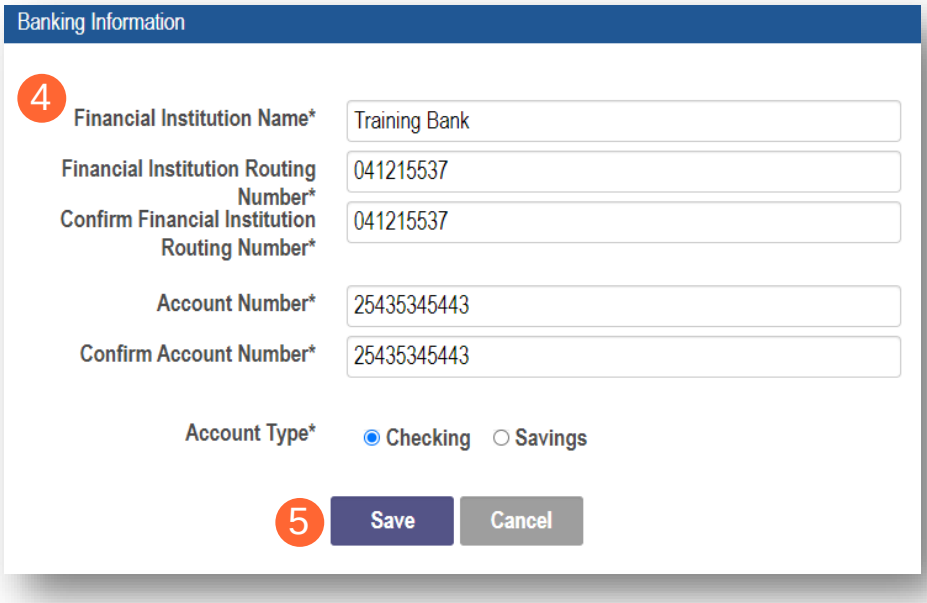
Note: If your bank is outside of the United States, click the checkbox at the end of the 'Instructions' section.

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



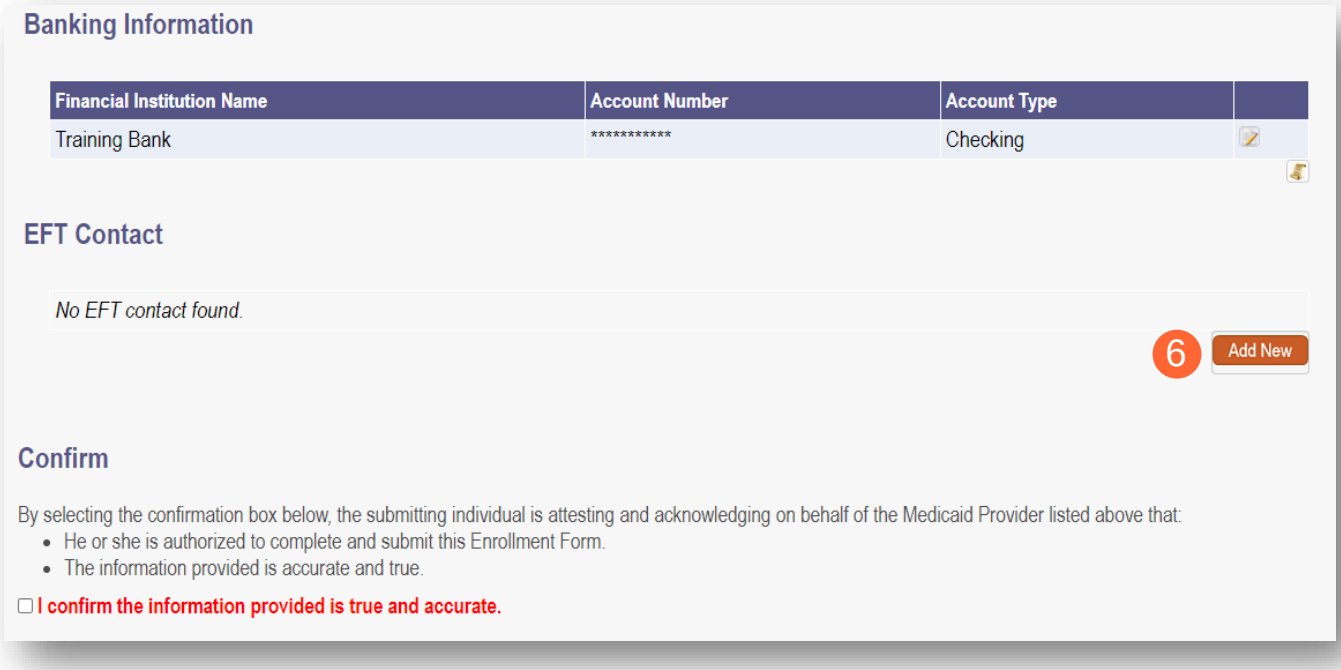
Step 4: Complete the required information:

- 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.



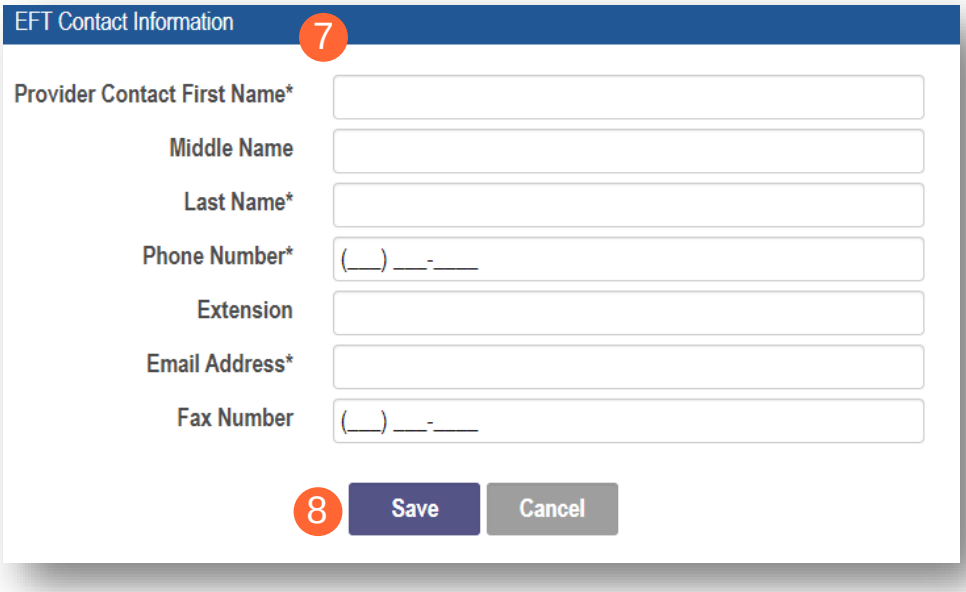
Step 7: Enter the following contact information for the person who will handle the Electric Funds Transfer account:

Required

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

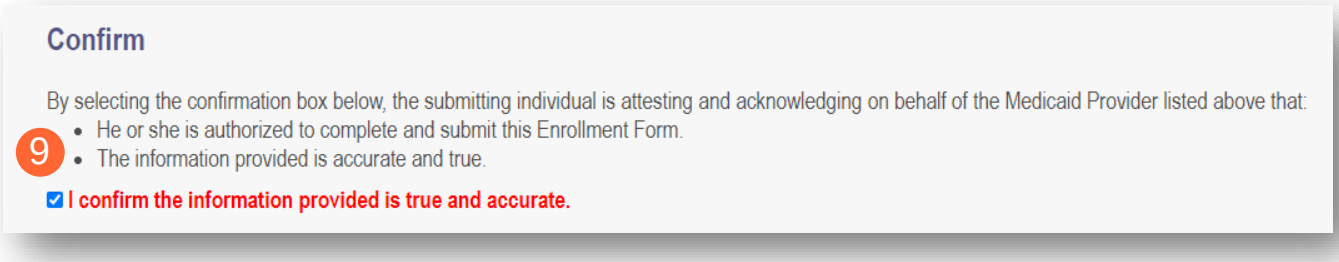
Optional

- Middle Name
- Phone Extension
- Fax Number

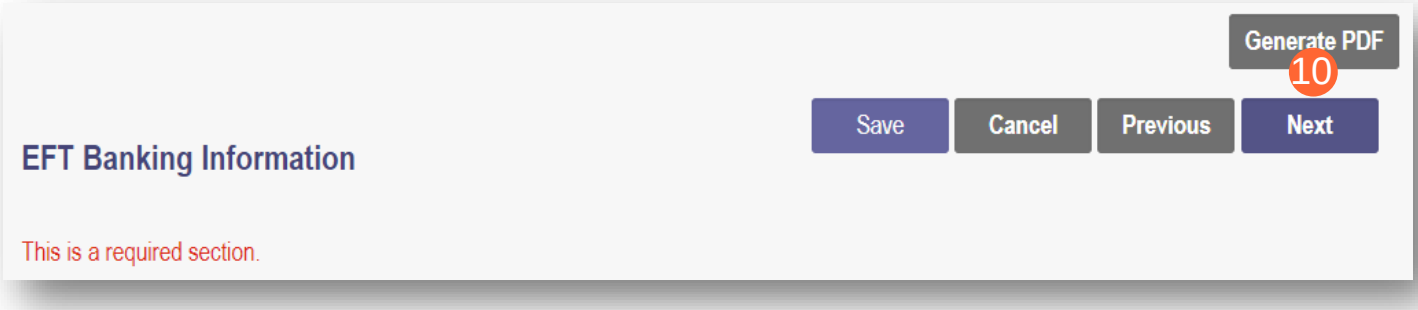


Step 8: Click **Save**.

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



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



Required Documents Page

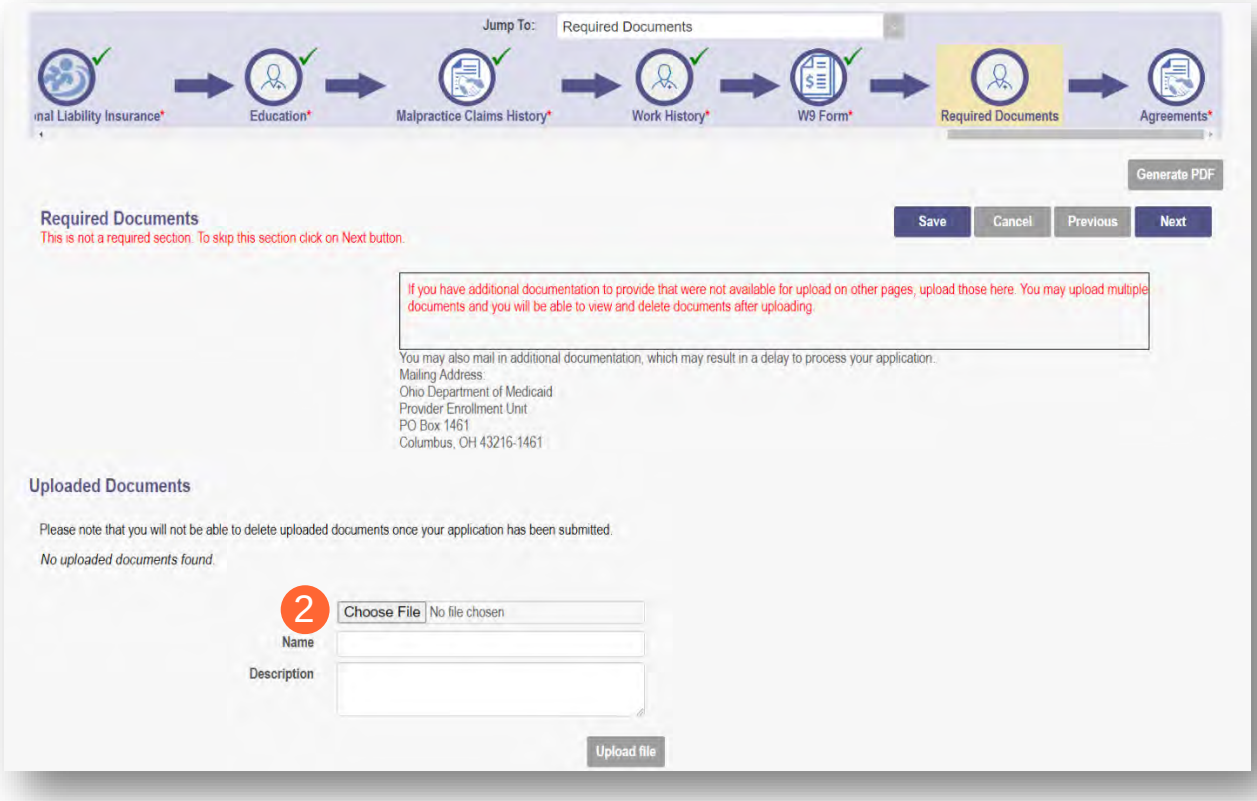
The required documents page allows for the ability to upload required or optional supporting documentation that was not indicated on previous pages of the application. Click **Next** to bypass this page if there is nothing to upload.

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.



Agreements Page

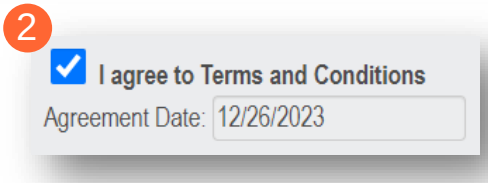
The Agreements page will ask for you to agree and attest to information that you have provided on the application.

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.'

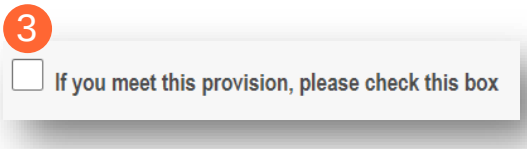
Step 2: Read the Non-Credentialed Providers section of the agreements.

- 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.'

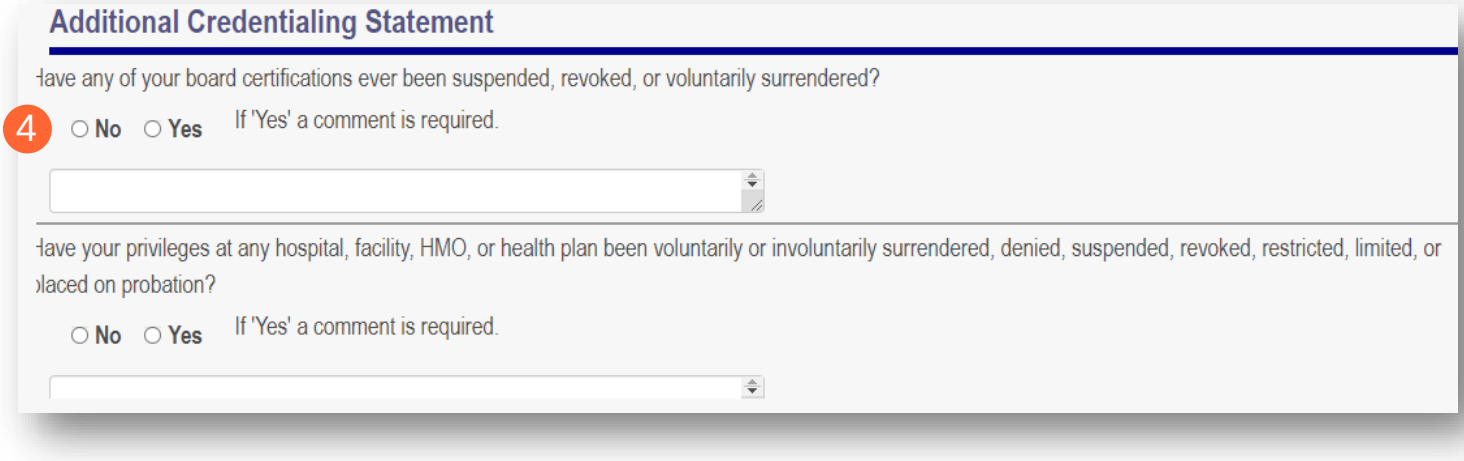


Step 4: Complete the Additional Credentialing Statement questions if the provider type requires credentialing.

Possible 'Additional Credentialing Statement' questions:

- *Have any of your board certifications ever been suspended, revoked, or voluntarily surrendered?*
- *Have your privileges at any hospital, facility, HMO, or health plan been voluntarily or involuntarily surrendered, denied, suspended, revoked, restricted, limited or placed on probation?*
- *Have you ever been placed on probation or asked to resign from an internship, residency, or other training program?*
- *Has your malpractice insurance ever been cancelled, suspended, restricted, limited, special rated, or not renewed?*
- *Has information pertaining to you ever been reported to the National Practitioner Data Bank?*

Select the 'Yes' or 'No' radio button for the appropriate answer *(If 'Yes' is selected, a comment is required).*

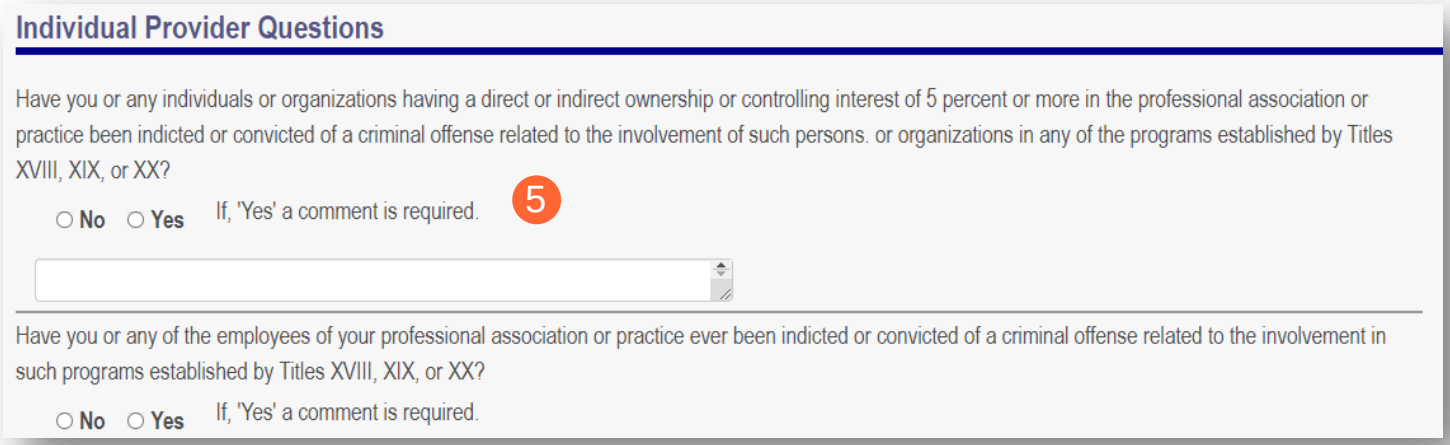


Step 5: Complete the Individual Provider Questions.

Possible Individual Provider Questions:

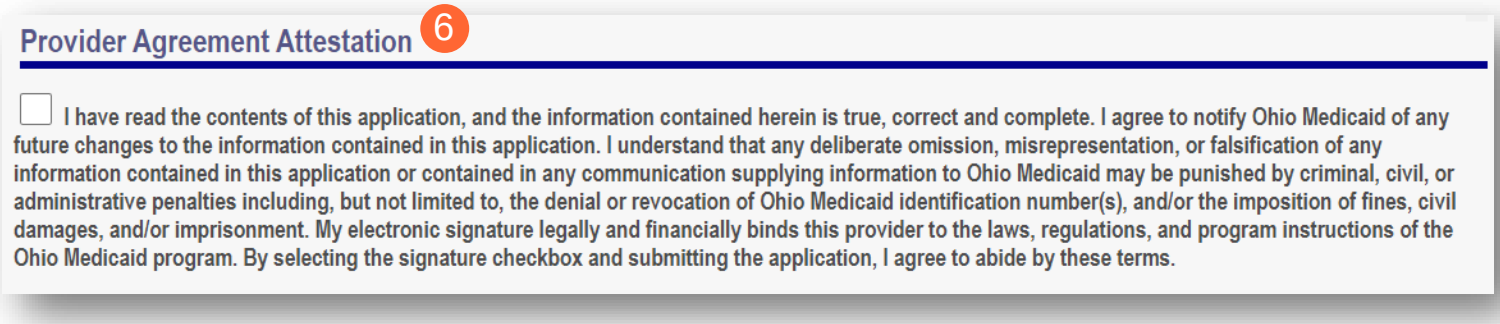
- *Have you or any individuals or organizations having a direct or indirect ownership or controlling interest of 5 percent or more in the professional association or practice been indicted or convicted of a criminal offense related to the involvement of such persons or organization in any of the programs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

Select the 'Yes' or 'No' radio button for the appropriate answer *(If 'Yes' is selected, a comment is required).*



Step 6: Complete the Provider Agreement Attestation:

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

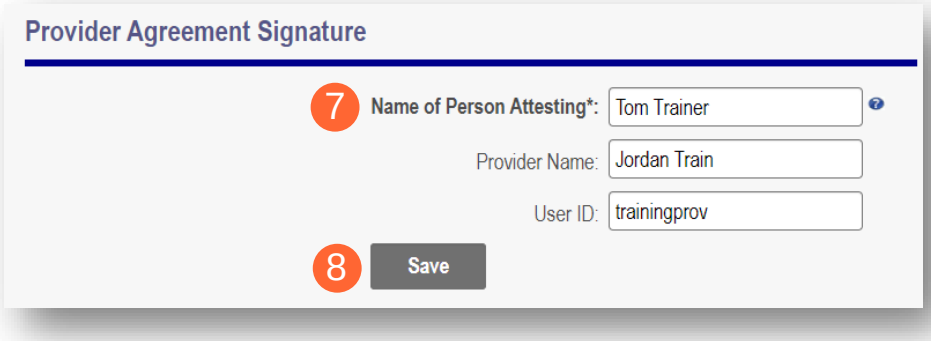


Step 7: Complete the Provider Agreement Signature:

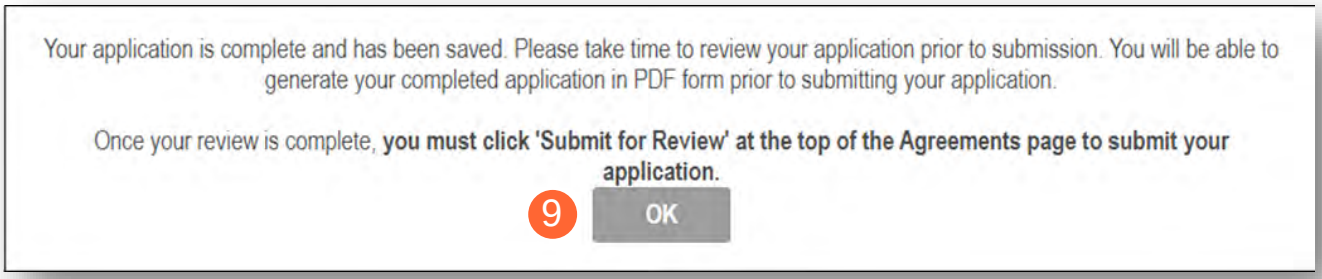
- Enter your full name as the person attesting.
- Confirm Provider Name and User ID auto-filled correctly.

Step 8: Click **Save**.

- A pop-up appears confirming your application is complete.

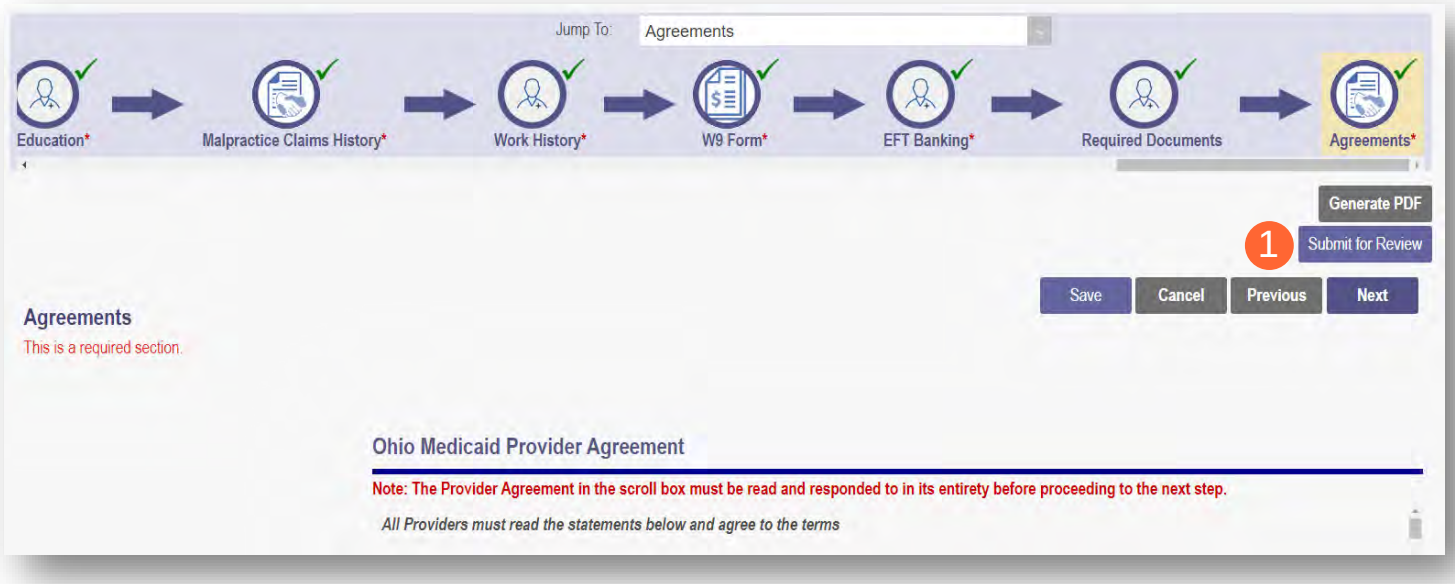


Step 9: Click **OK** to review the application prior to submission.

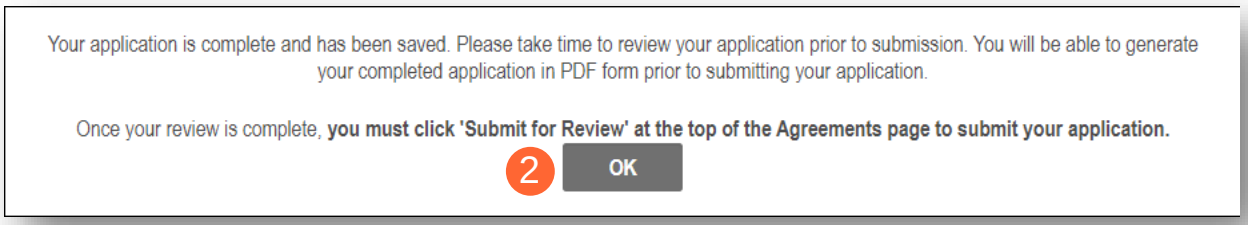


Submitting Application

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



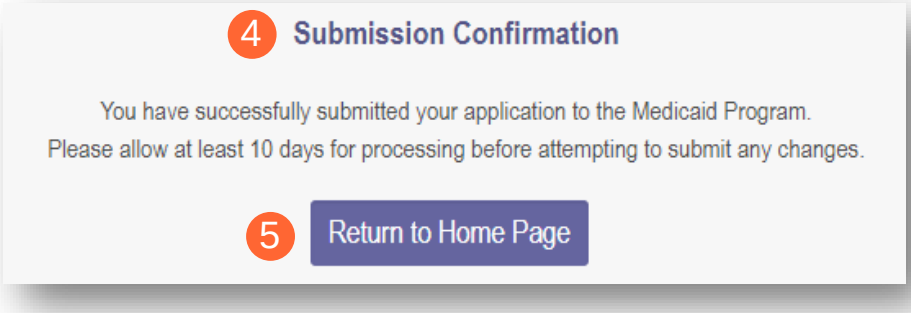
Step 2: You will receive a message giving one last opportunity to review the application pages. Click **OK**.



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.

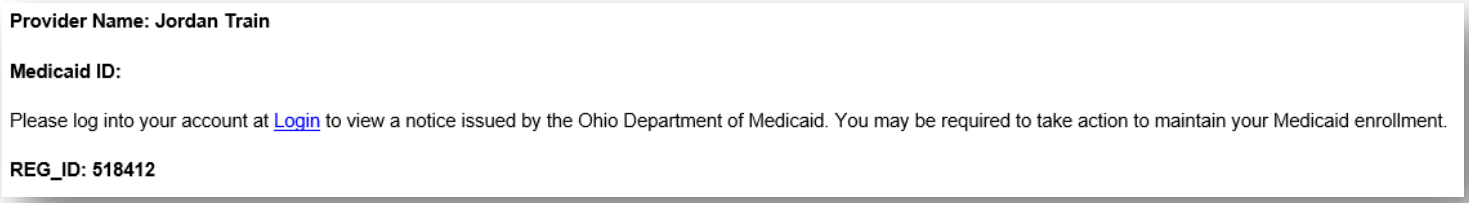
Step 5: Click **Return to Home Page** to go to your dashboard.



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.



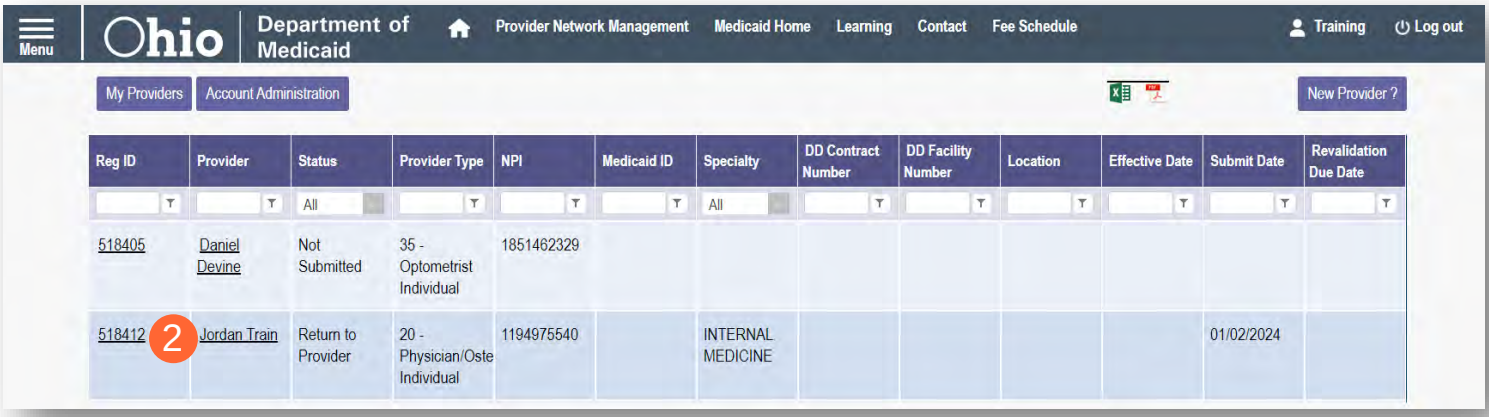
Provider Name: Jordan Train

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: 518412

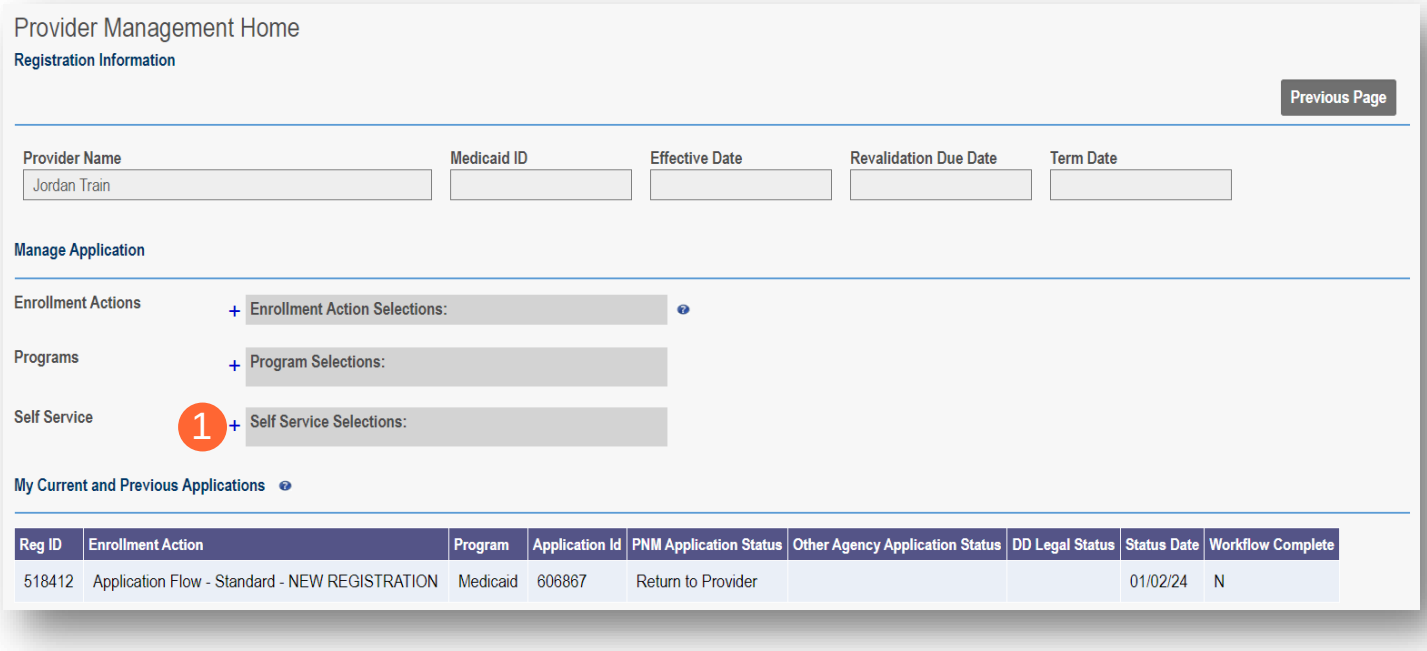
Step 2: Access the application, indicated by the Reg ID in the email, (which will be in 'Return to Provider' status) by logging into PNM and clicking on the link under the Reg ID or Provider heading.



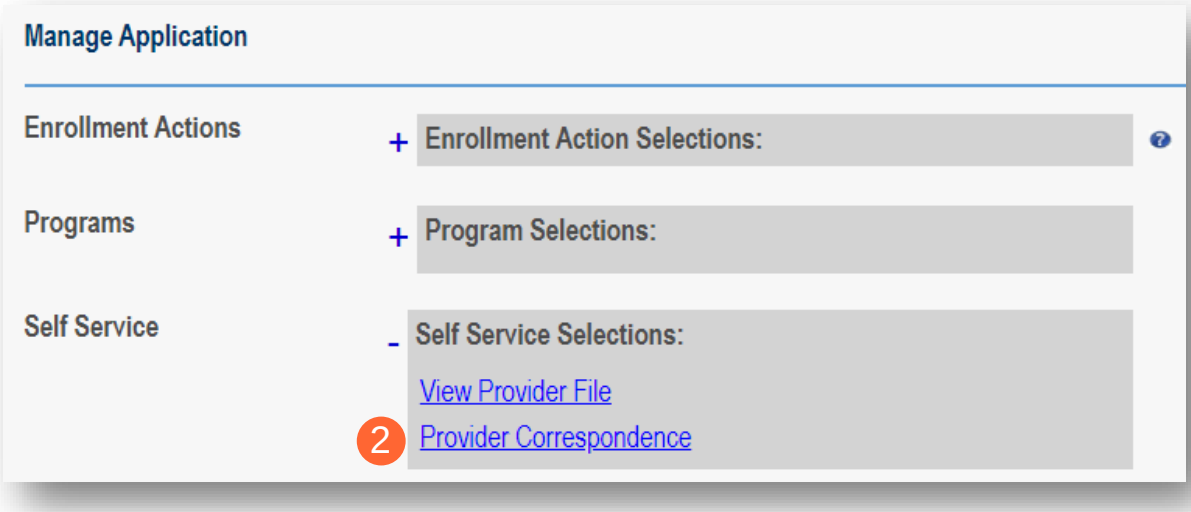
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All				All						
518405	Daniel Devine	Not Submitted	35 - Optometrist Individual	1851462329								
518412	Jordan Train	Return to Provider	20 - Physician/Oste Individual	1194975540		INTERNAL MEDICINE					01/02/2024	

Reviewing Correspondence

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

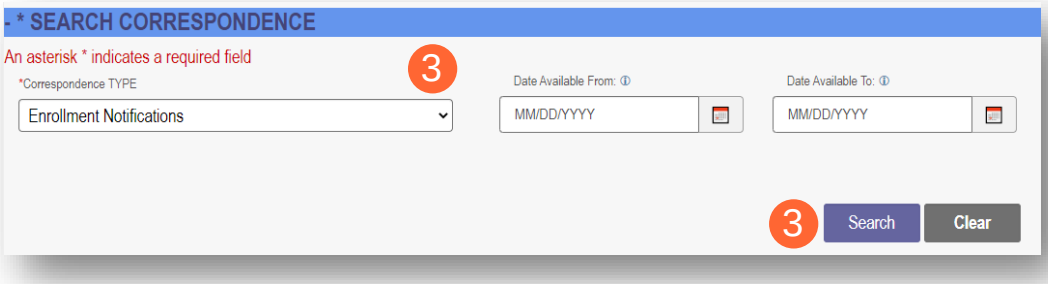


Step 2: Click the 'Provider Correspondence' hyperlink.

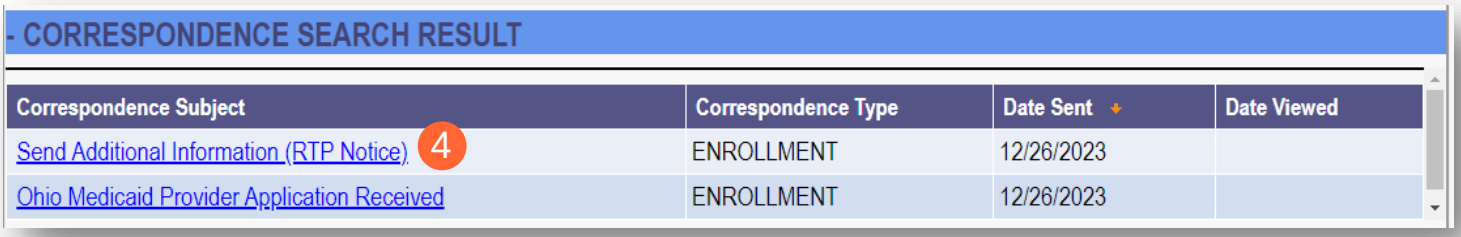


Step 3: To locate correspondence, complete the following:

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

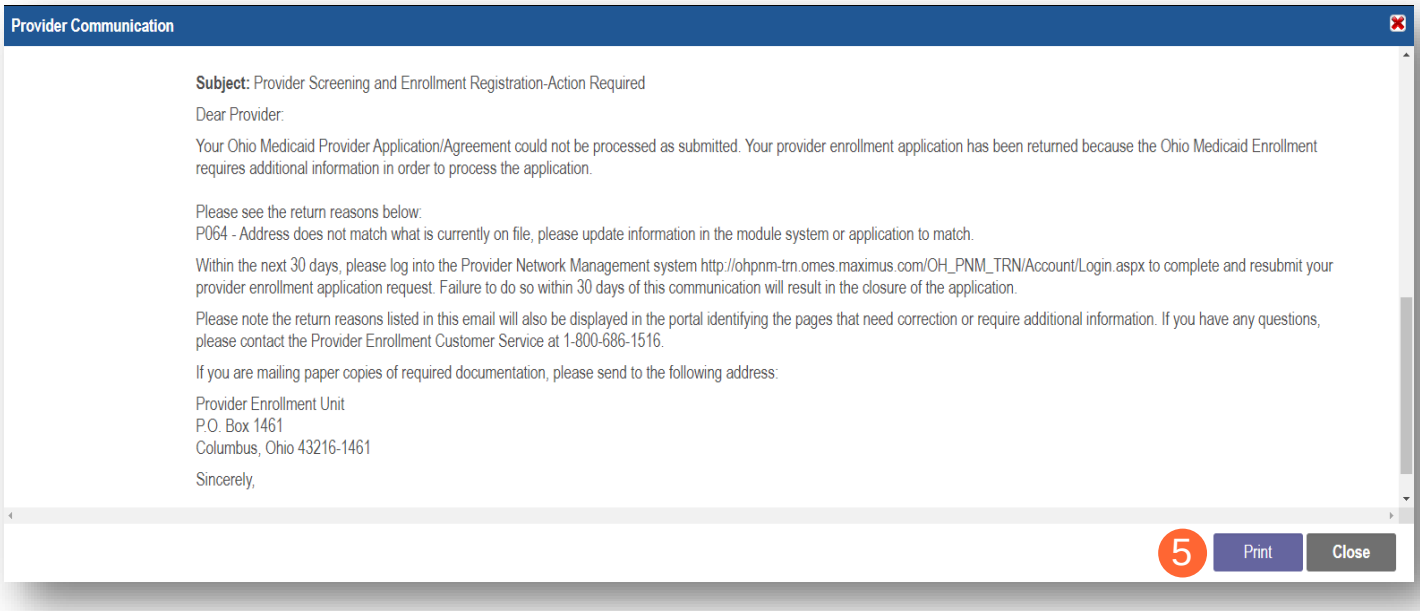


Step 4: Locate the search results at the bottom of the page and select the one with the subject of 'Send Additional Information (RTP Notice).'



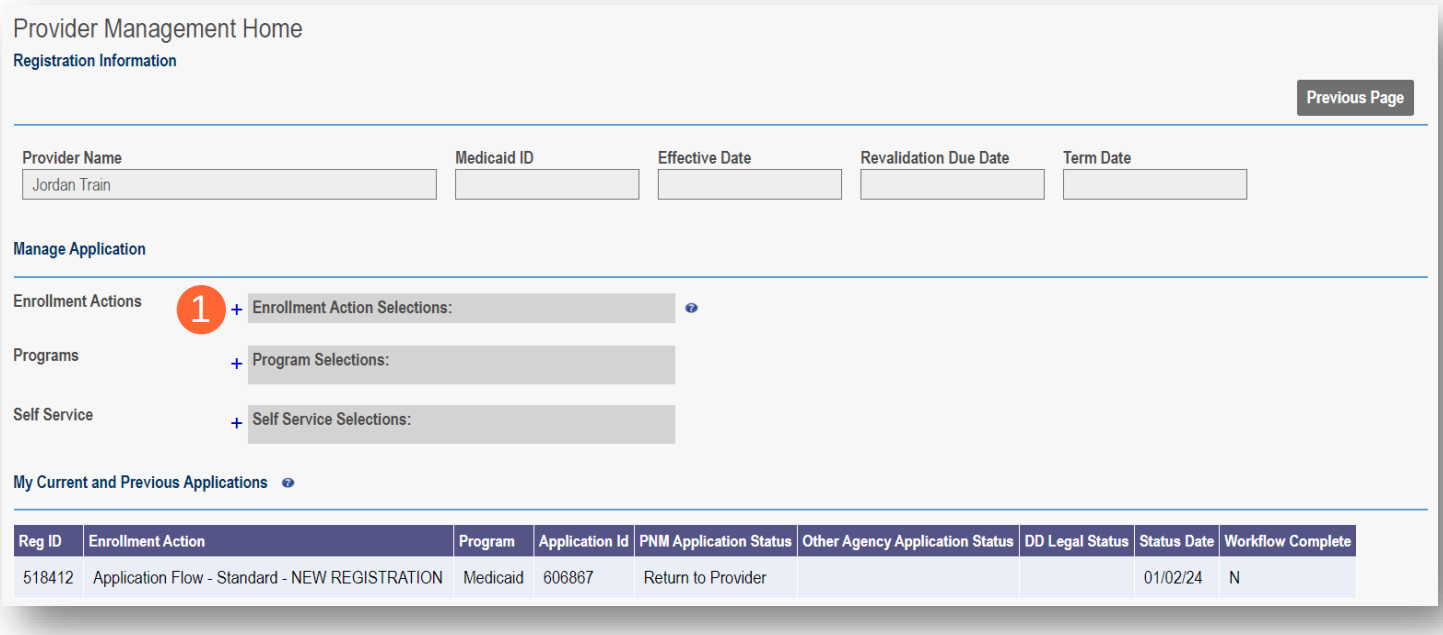
Step 5: Review the correspondence to understand the reason for the return. Once you have viewed, you can click the 'X' in the top-right corner to close or click **Close** at the bottom of the window.

Click **Print** to print a physical copy of the correspondence or download as a PDF.

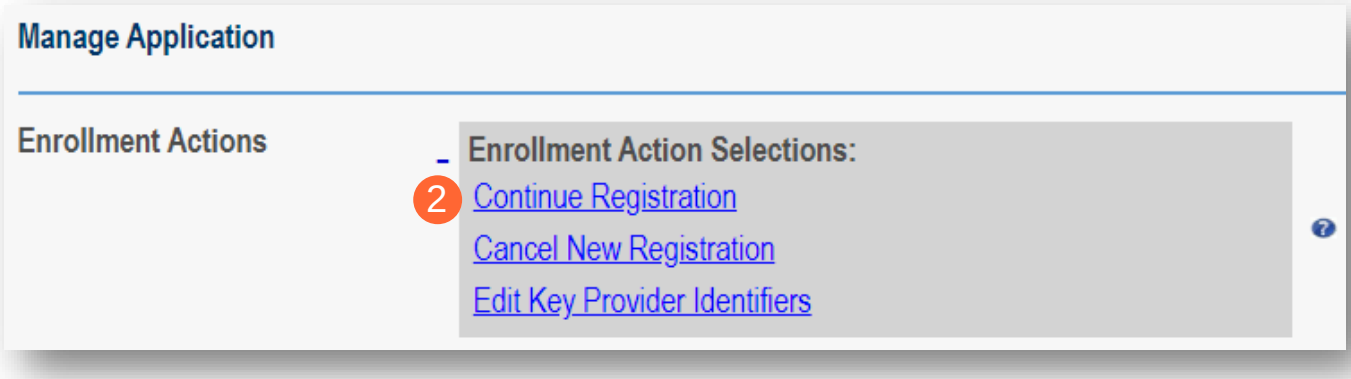


Completing Return to Provider (RTP) Process

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



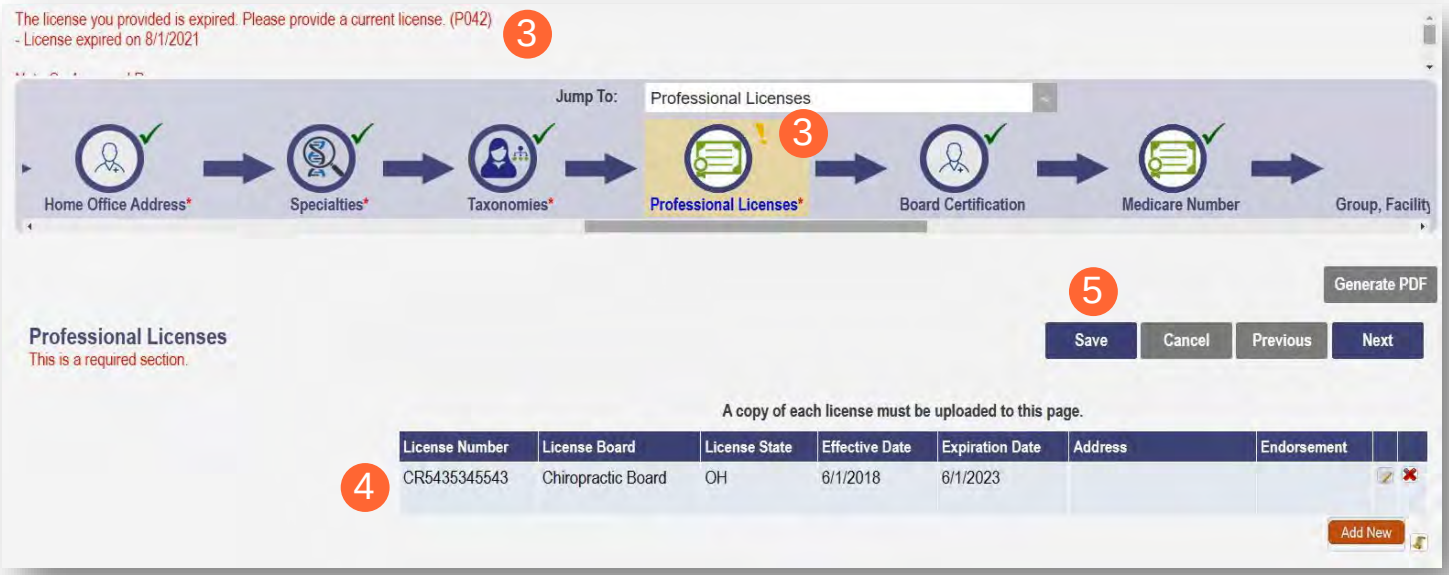
Step 2: Click the 'Continue Registration' hyperlink.



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

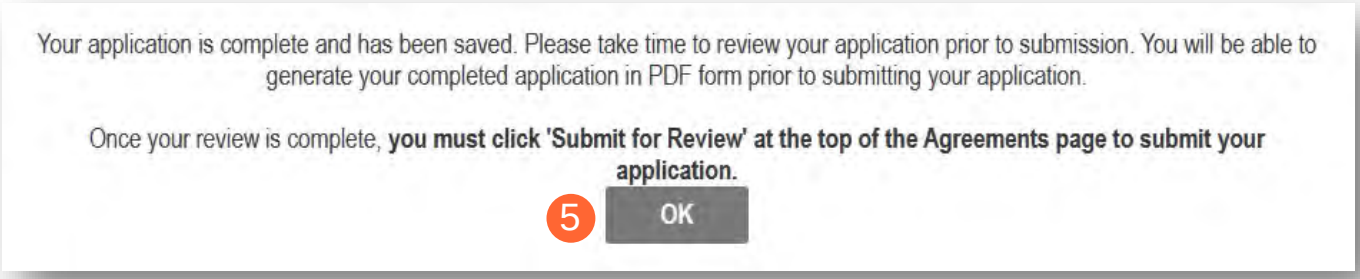
- Rejected pages are marked with a yellow exclamation point.
- Messaging will appear at the top of the page indicating the reason the application was rejected.
  Note: This is the same messaging that appeared in the correspondence.

Step 4: Correct or update the information on the page.



Step 5: Click **Save** to save the new information.

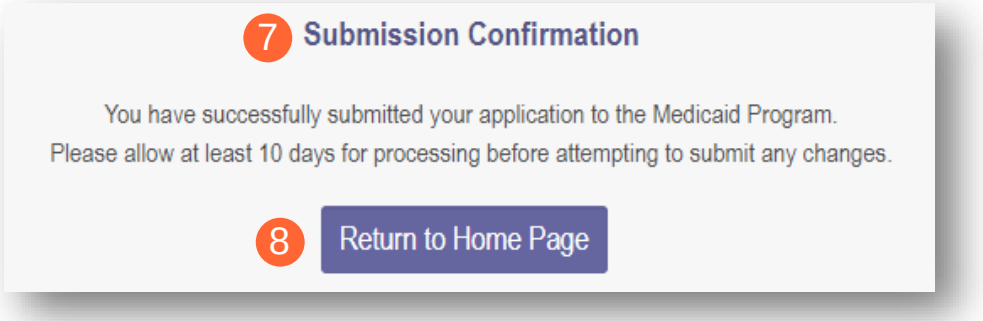
- You will receive a message stating the application has been saved. Click **OK**.



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

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

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

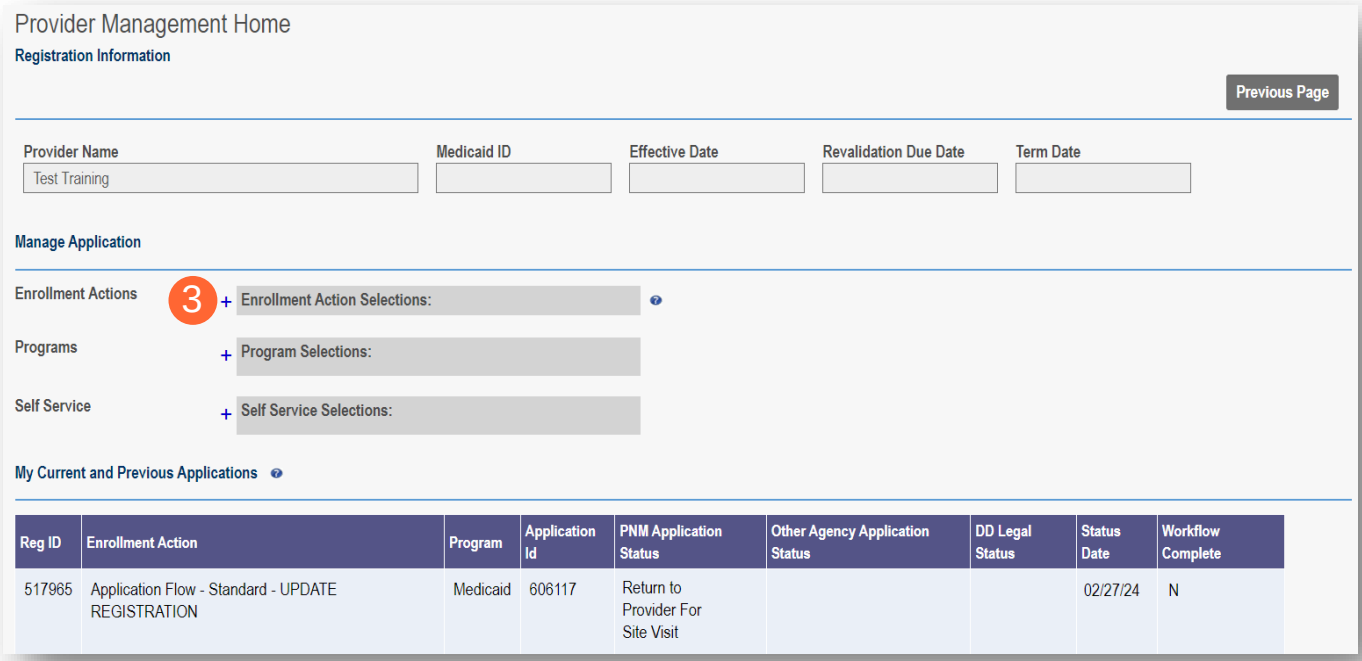


Submitting a Plan of Correction (Response to Notice of Operational Deficiency)

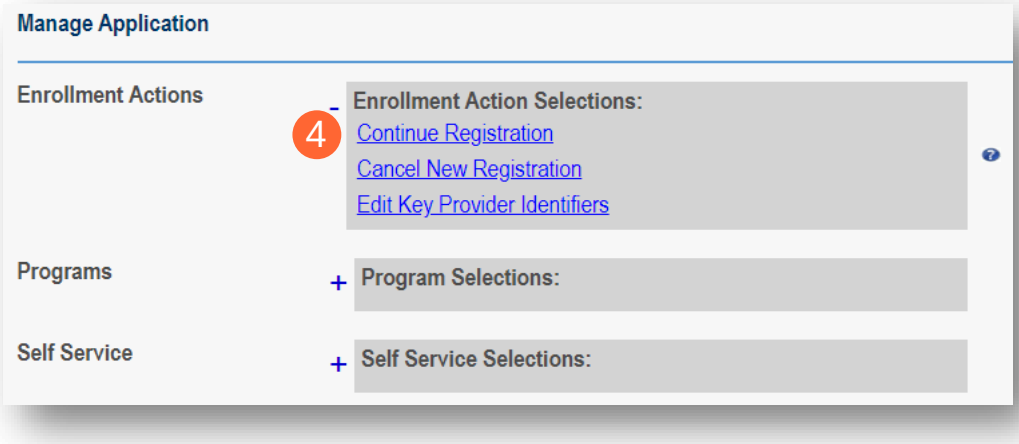
Step 1: If the file is returned to you with a Notice of Operational Deficiency, you will need to provide a Plan of Correction to address this.

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

Step 3: Under the Manage Application section, click the '+' icon to expand 'Enrollment Actions.'



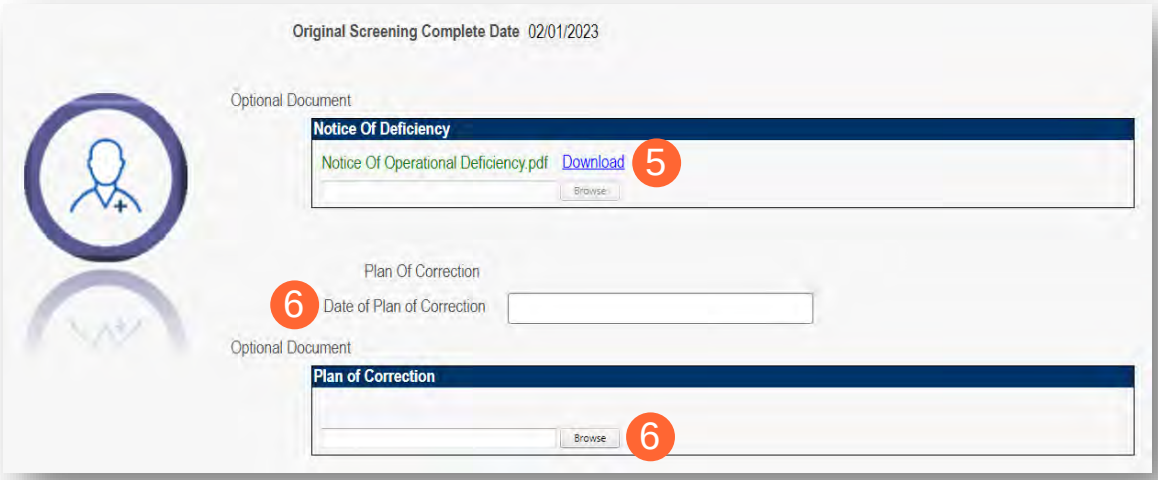
Step 4: To access the application, click 'Continue Registration.'



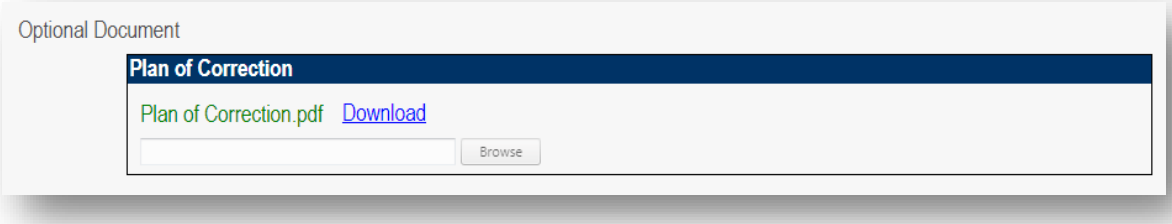
Step 5: You will be redirected to the 'Site Visit Screening' page where you will find the Notice of Operational Deficiency (NOD) issued by the Ohio Department of Medicaid (ODM). To view the Notice, click 'Download.'

Step 6: To address the Notice of Operational Deficiency (NOD), create a Plan of Correction (POC).

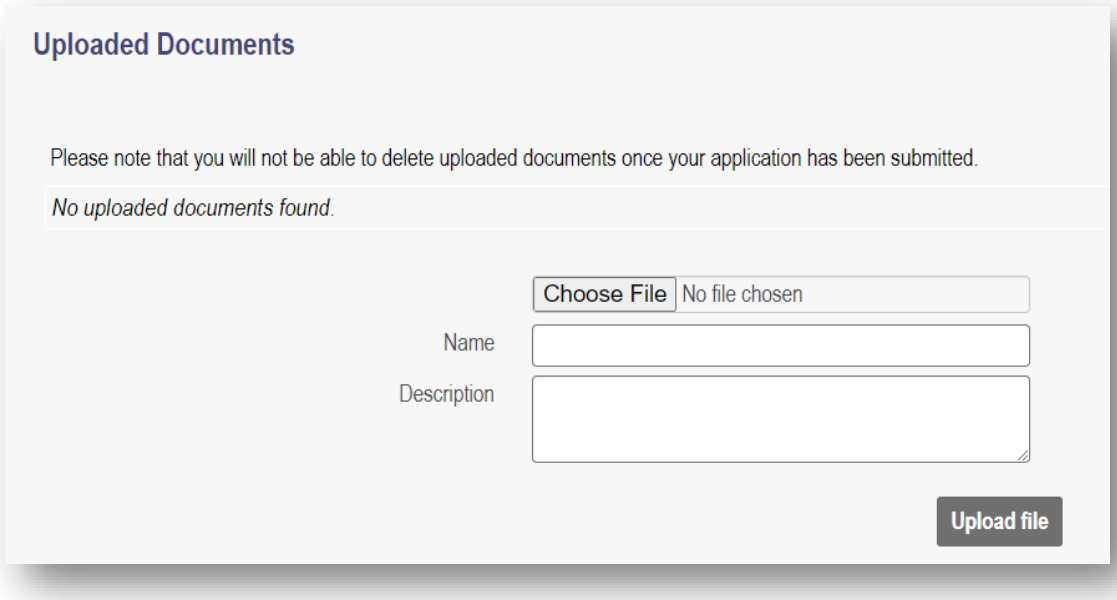
- Once developed, enter the date of the Plan of Correction (POC) in the space provided.
- Upload the Plan document by clicking **Browse** and choosing the file from your computer.



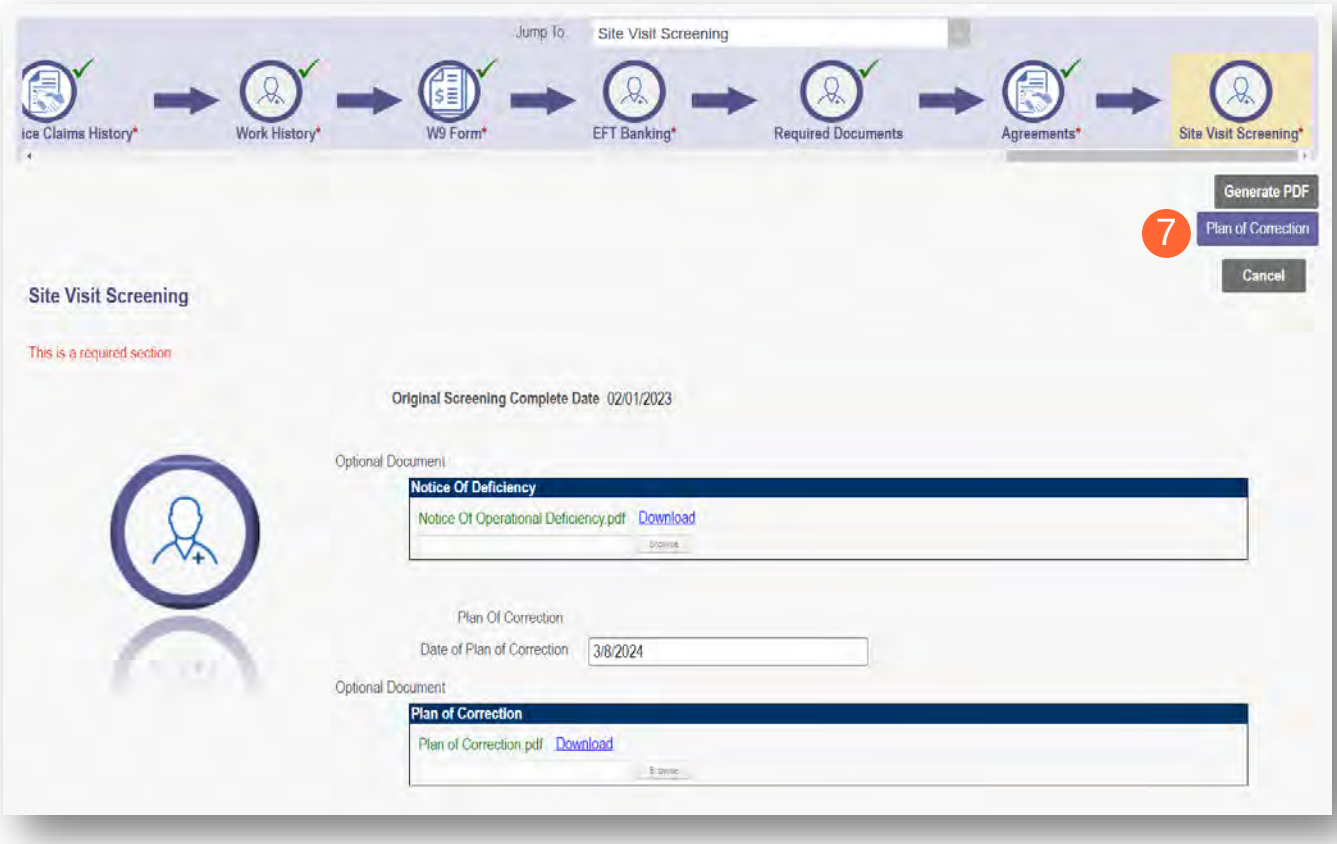
Note: To confirm the document uploaded successfully, the name of the document will appear in green text.



Note: If additional Notice of Operational Deficiency indications are submitted, you will need to click **Choose File** under the Uploaded Documents section at the bottom of the page to add additional Plan of Correction documents to address the information listed in the Notice of Operational Deficiency. Once the document has been added, click **Upload file**.



Step 7: Once uploaded, click **Plan of Correction**. This will send the file back to ODM for review.

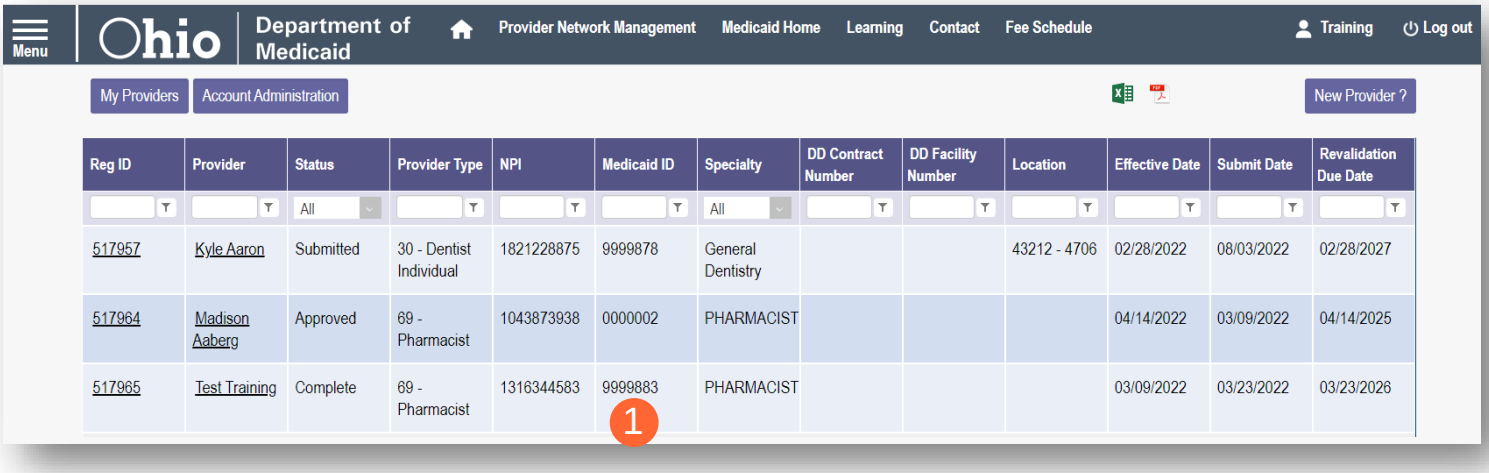


Review the Final Decision for Provider Submission

Step 1: Once the entire review process has been completed, the provider will be assigned a Medicaid ID number by the Ohio Department of Medicaid.

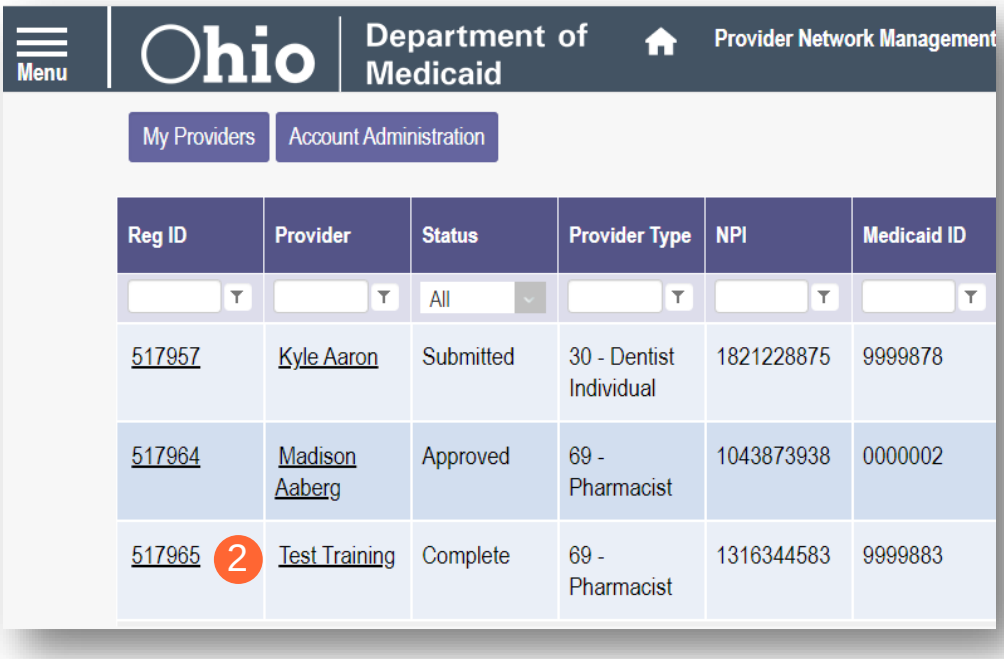
- Locate the newly assigned Medicaid ID for the provider listed in the table on your dashboard.
- If the provider does not appear, use number timeline at the bottom to navigate to the correct page.

Note: The Medicaid ID is also listed on a 'Welcome Letter' which is accessible by Reviewing Provider Correspondence in PNM.



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

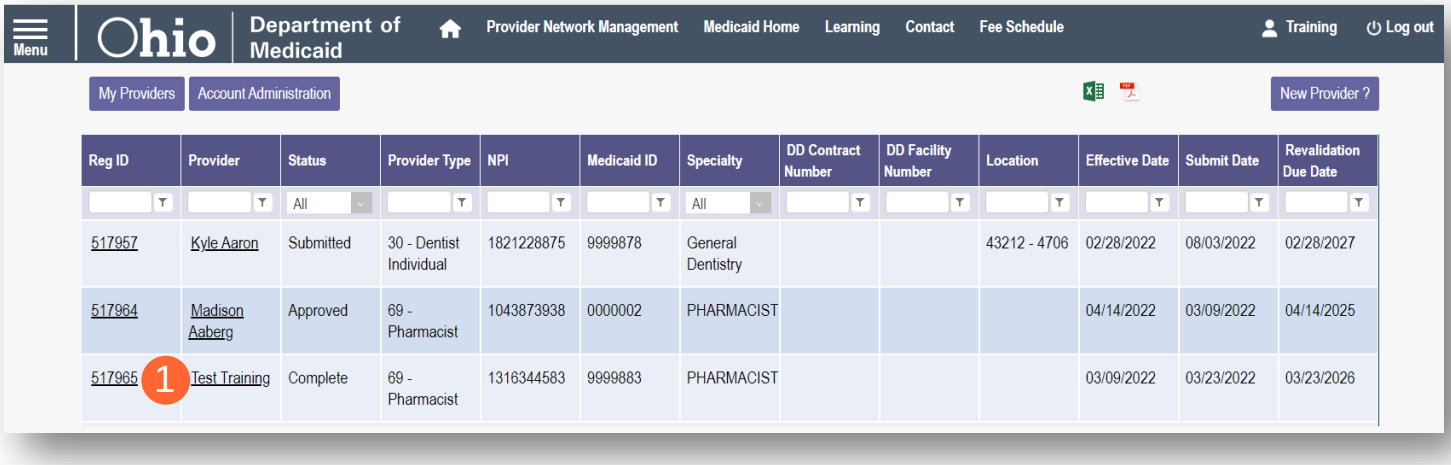
- Here you can view communications, view provider file, begin revalidation, and access other provider self service functions.



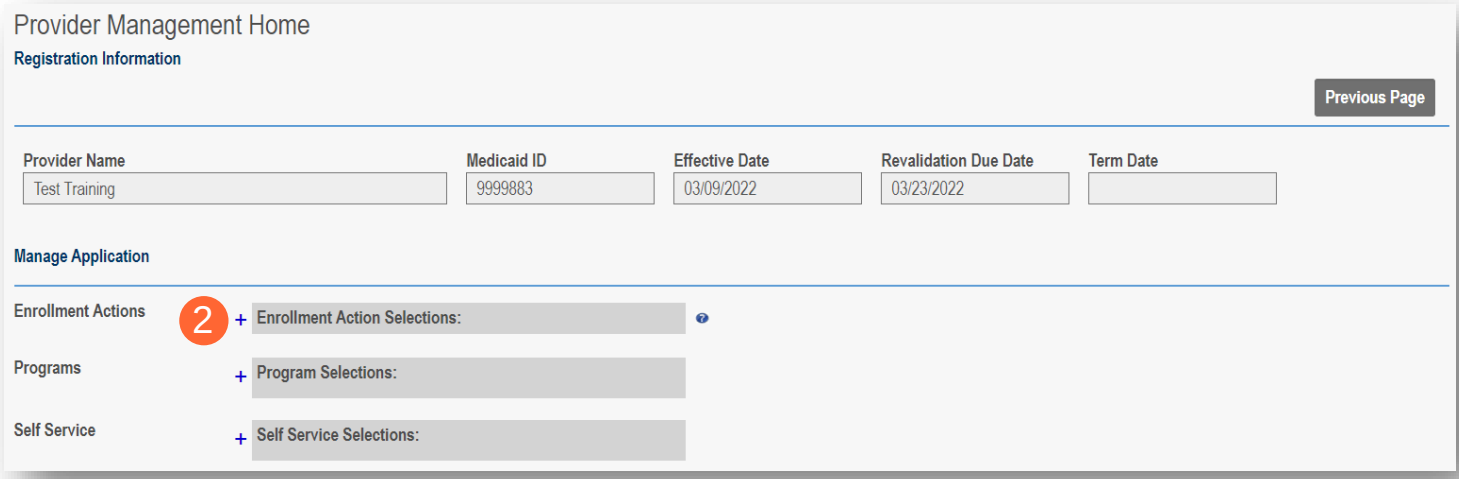
Completing an Update to a Medicaid Record

Review the PNM Provider Education & Training Resources page for guides containing steps for specific PNM page updates.

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

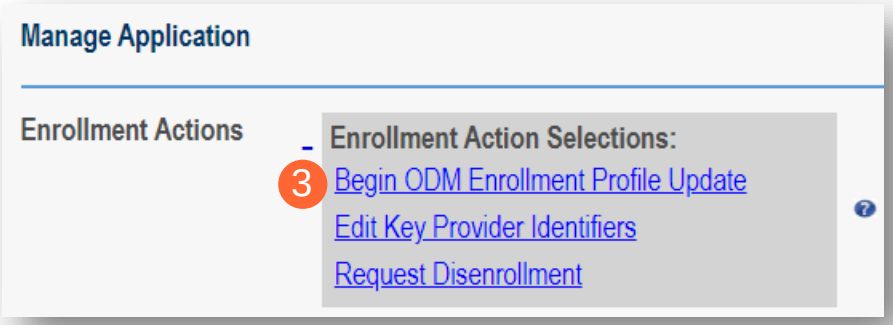


Step 2: Under the Manage Application section, click the '+' icon to expand 'Enrollment Action Selections.'



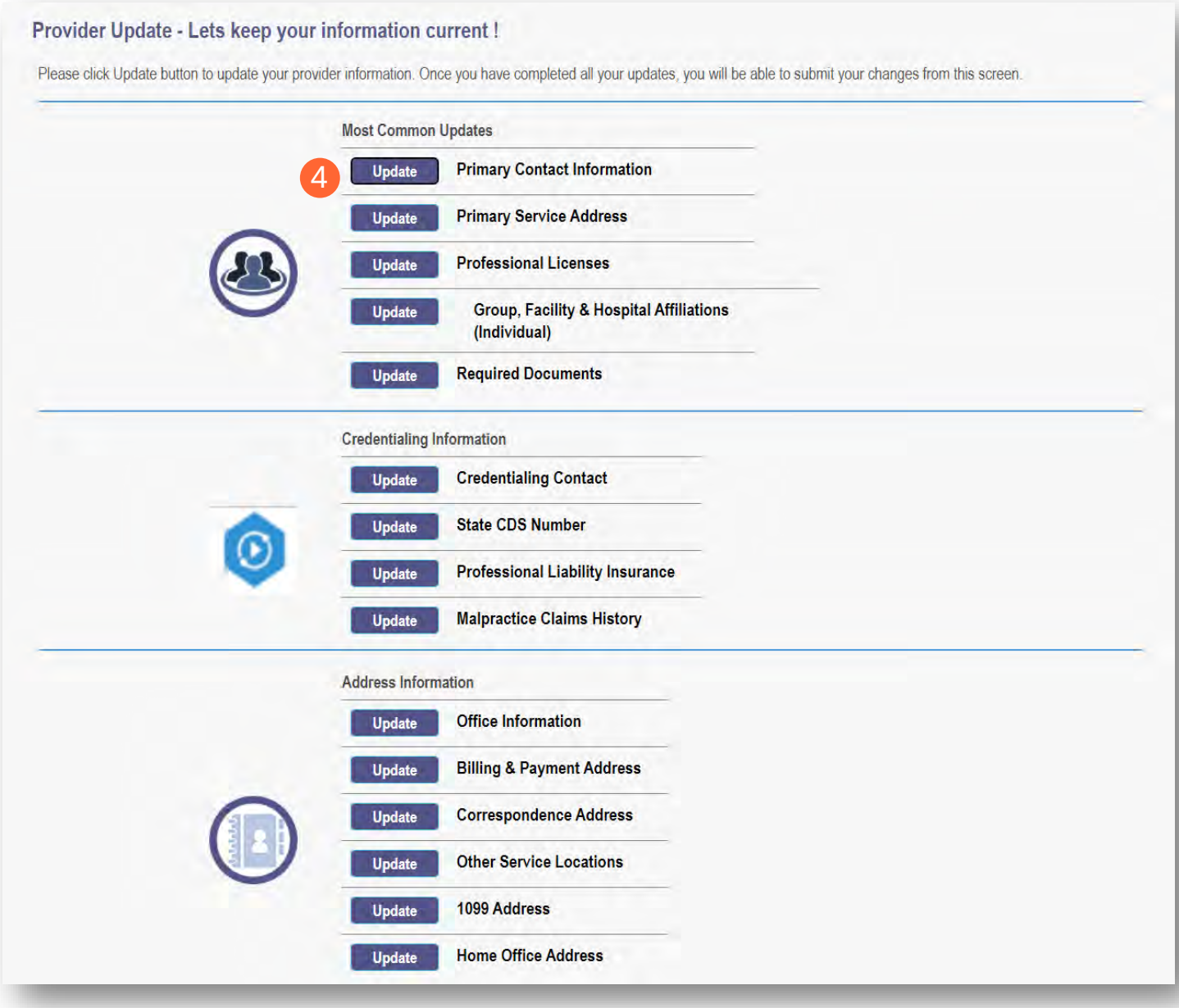
Step 3: Click the 'Begin ODM Enrollment Profile Update' hyperlink.

Note: A pop-up window displays informing you that you have 10 days to complete and submit the update. Click **OK** to proceed.



Step 4: Choose which element on the application you wish to update from the provided list and click **Update** to be taken to that page.

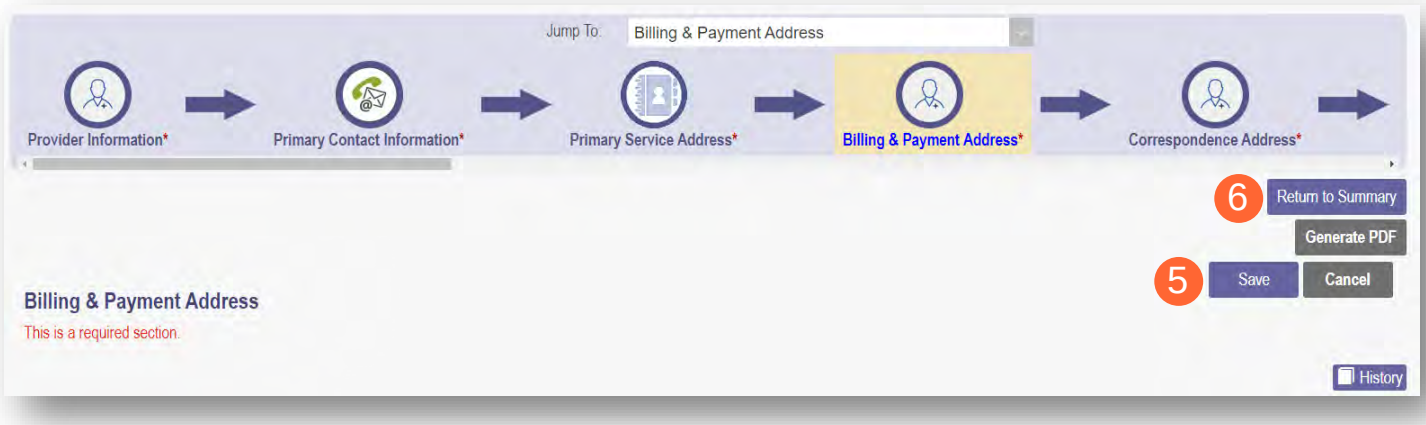
Note: All updates, including changes to owner information, license information, address information, service locations, contact information, affiliations, etc. are completed through this same process.



Step 5: Update the application page that you selected and click **Save** once finished.

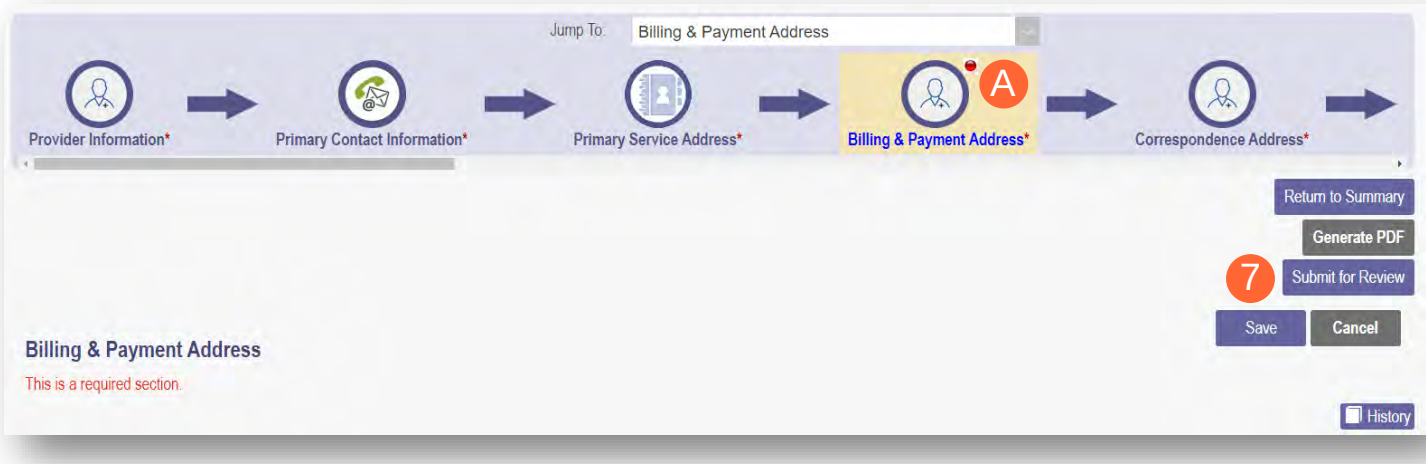
Note: A red dot will display on the updated page once it is saved (A) *(see screenshot below Step 7)*

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

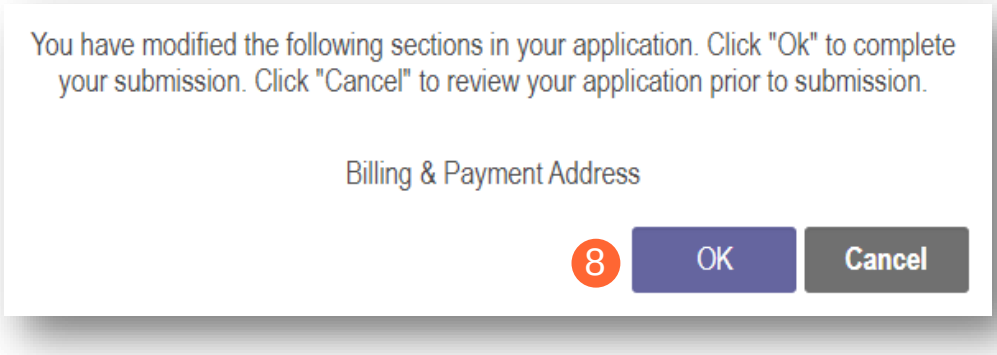


Step 7: Once all pages are updated, click **Submit for Review**.

Note: For an update to be processed correctly, the application must be submitted. Updates made without submitting will result in the updated information being 'lost' after the 10-day period.

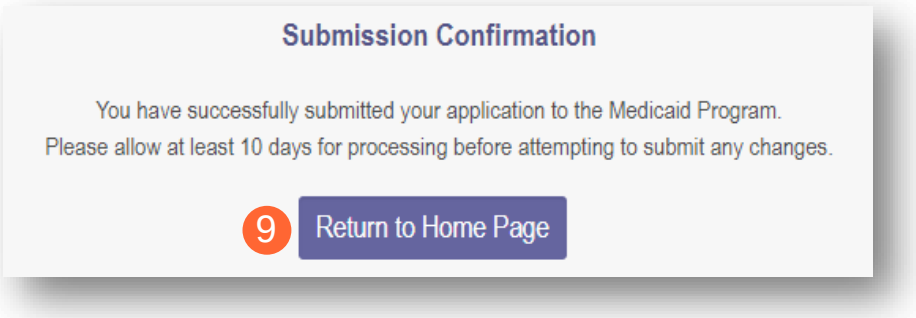


Step 8: A pop-up window displays confirming which page(s) received an update. Click **OK** to complete the submission.



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

- Click the **Return to Home Page** button to go to your dashboard.



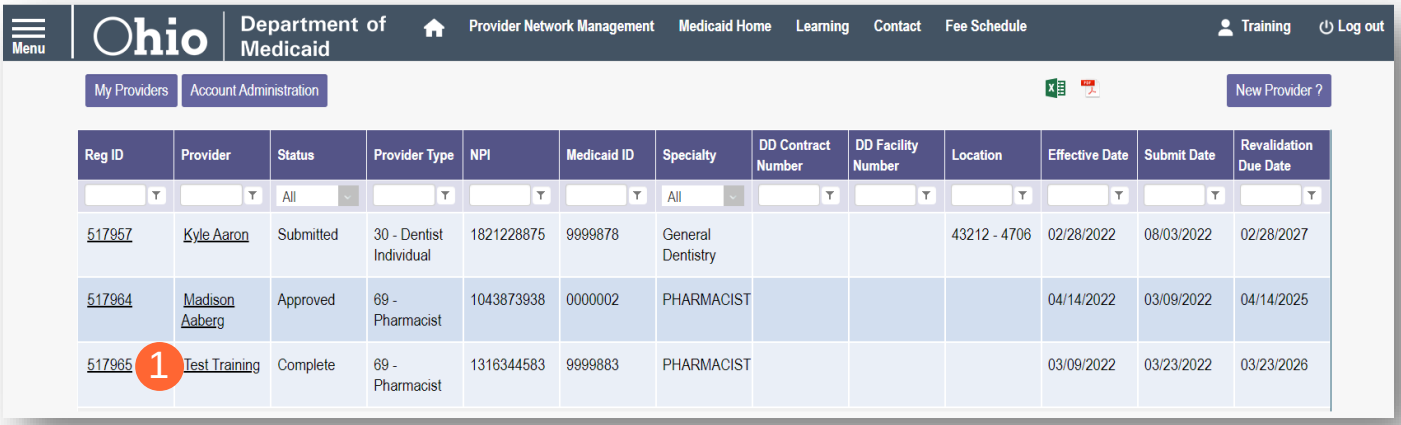
Note: Depending on the information that was updated, the processing time for the updated data to display on the Medicaid record may vary.

For example, updates to a Billing & Payment Address or to Primary Contact Information may be processed in a matter of minutes/hours. However, changes to the Primary Service Address or changes to Specialties make take days/weeks to be fully processed. Please contact ODM Enrollment directly for status updates.

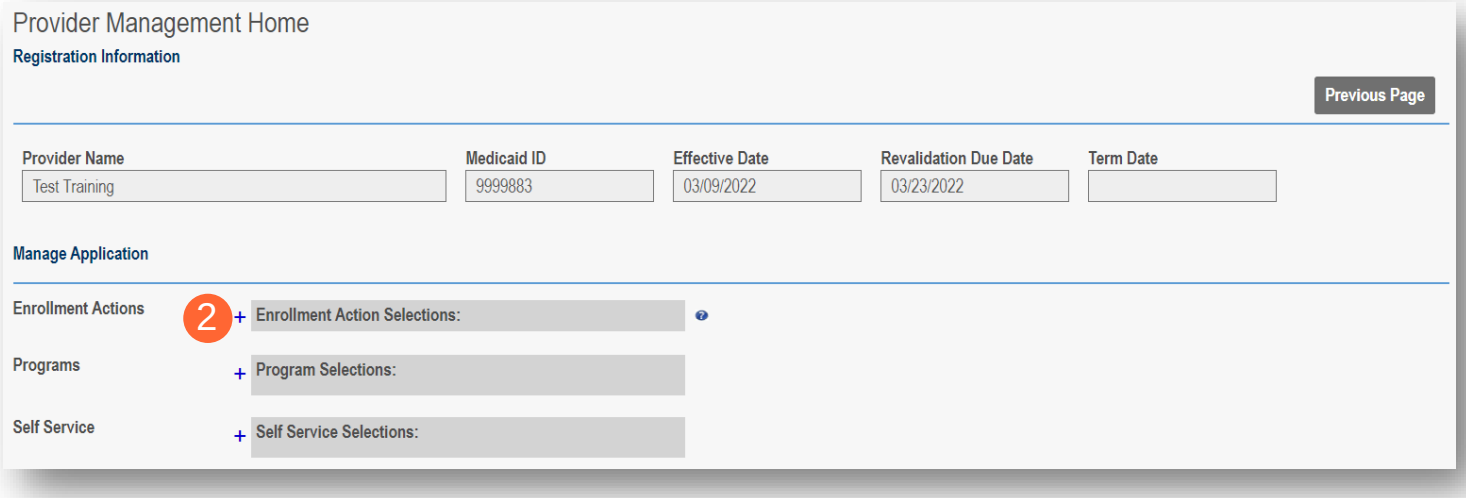
Updating Professional License Information

The steps below outline how to make changes to license information or add a new license to an existing individual's Medicaid record.

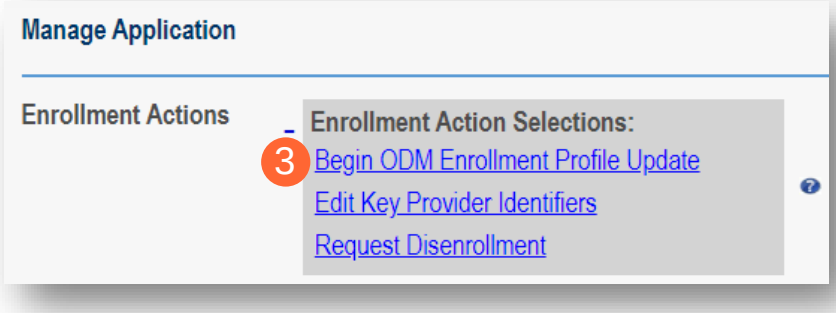
Step 1: Access the application on your dashboard by clicking on the link listed under Reg ID or Provider.



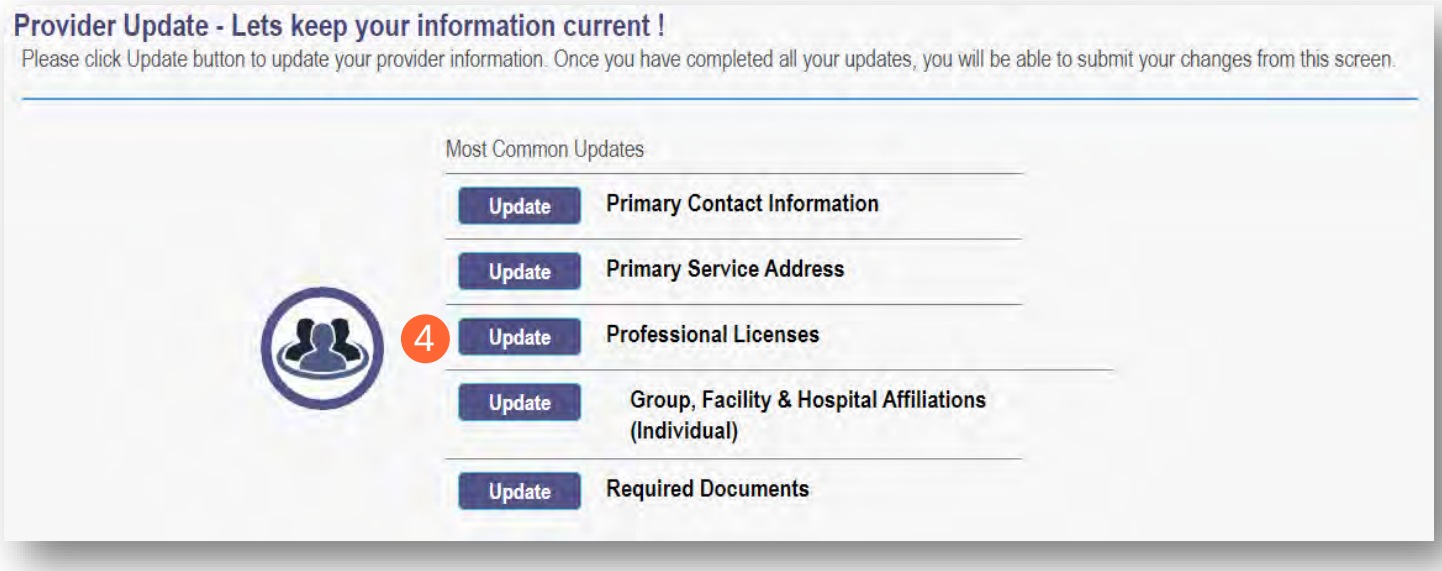
Step 2: Under the Manage Application section, click the '+' icon to expand 'Enrollment Action Selections.'



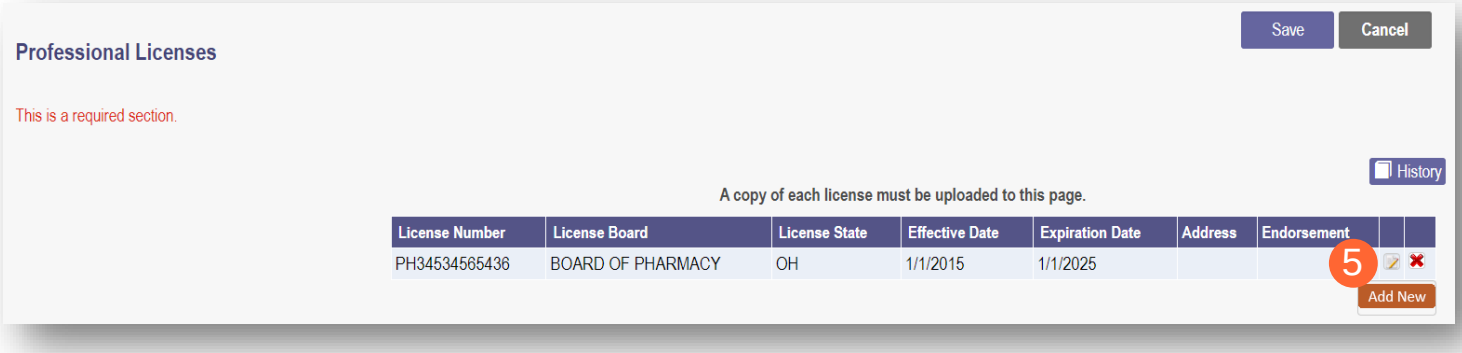
Step 3: Click the 'Begin ODM Enrollment Profile Update' hyperlink.



Step 4: Click **Update** next to Professional Licenses.

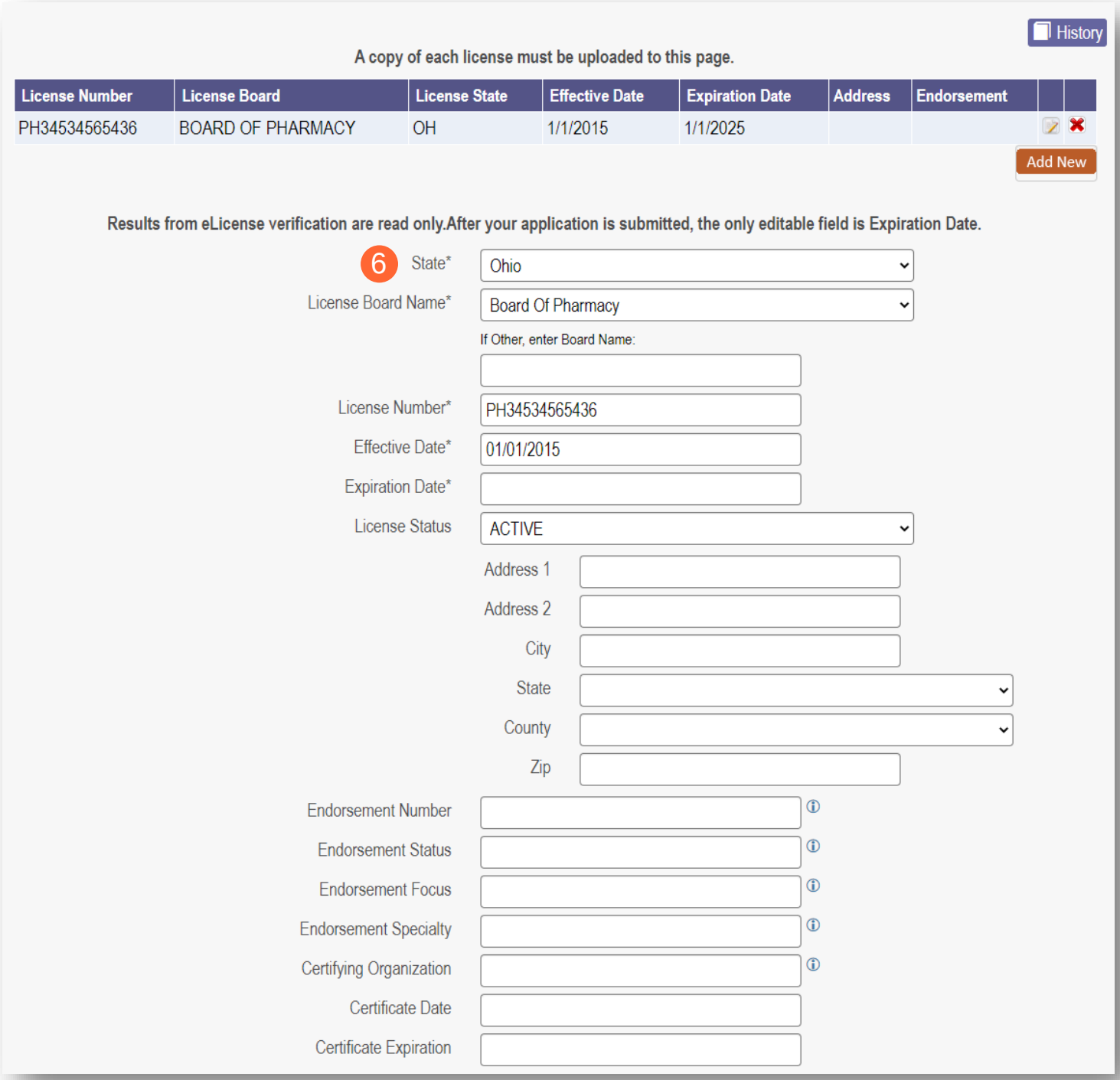


Step 5: To edit the existing license information, click the 'pencil and paper' icon for the license that needs to be edited.



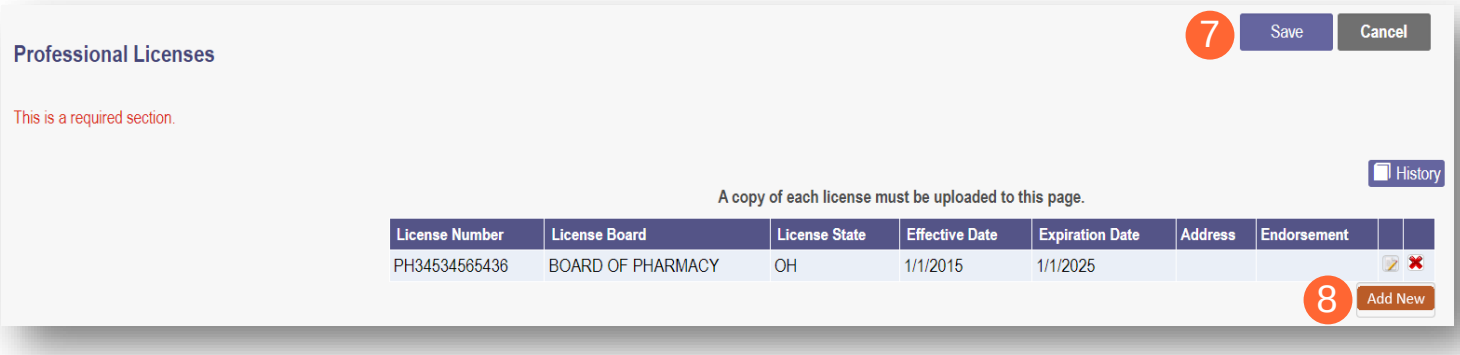
Step 6: Update the license details.

Note: If the license is issued by the state of Ohio, PNM will make a call to the Ohio e-license system. If the call is successful, information will be returned and may be grayed out, not allowing for manual changes.

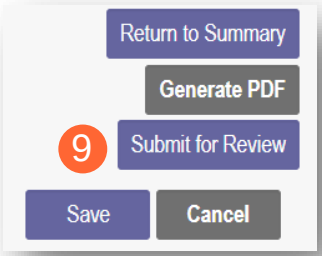


Step 7: Once information has been updated, click **Save**.

Step 8: If an additional license needs to be added, click **Add New** and follow the steps to add a professional license.



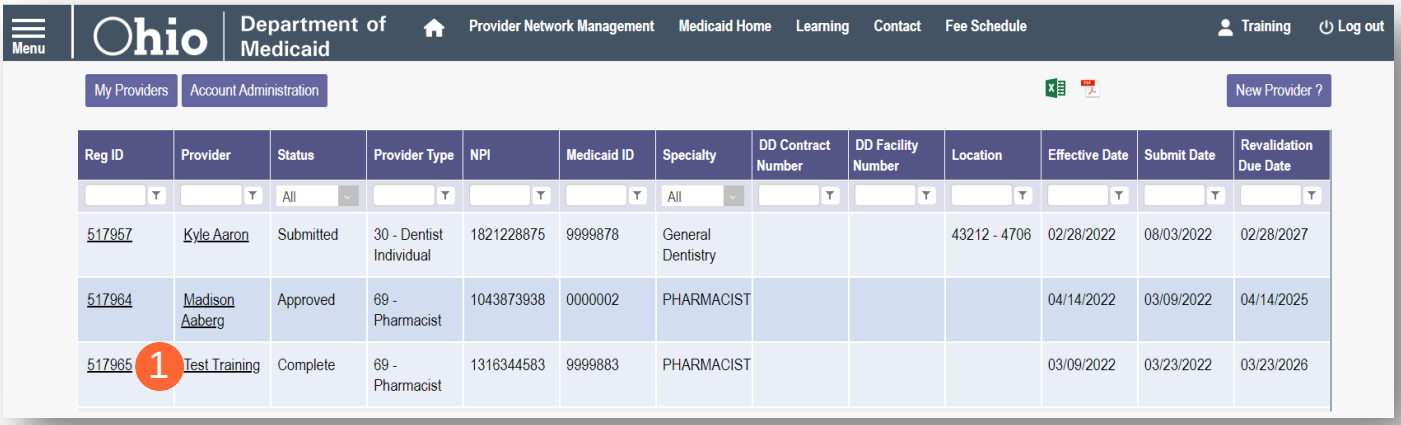
Step 9: Once the license information has been changed, click **Submit for Review** to update the file.



Updating Specialties

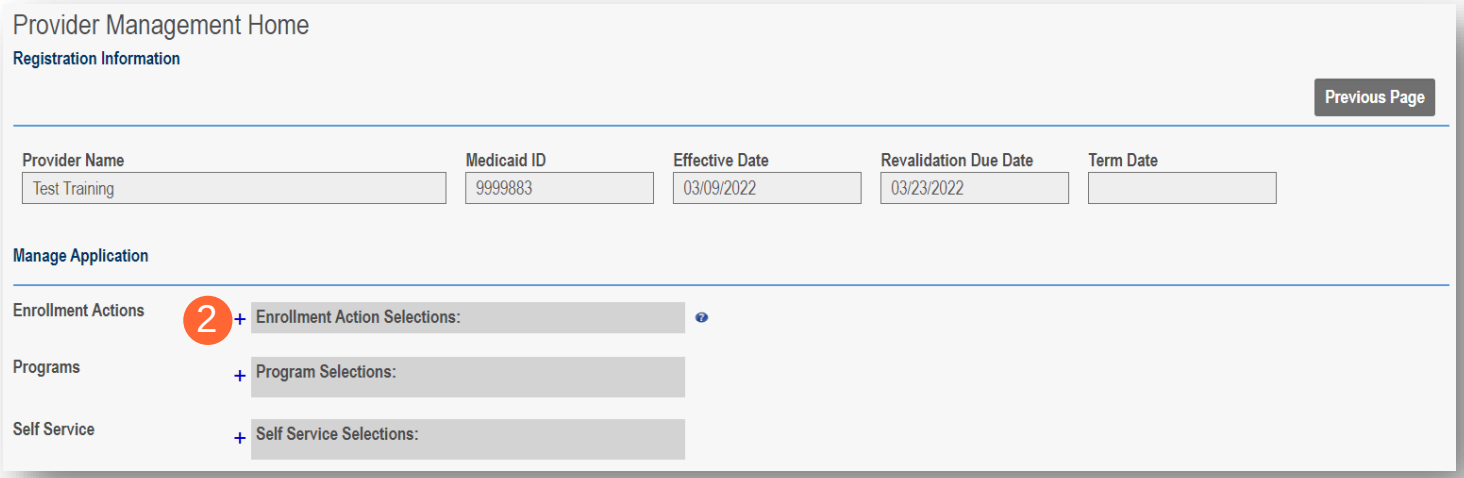
The steps below outline how to make changes to specialty information or add new specialties to an existing individual's Medicaid record.

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

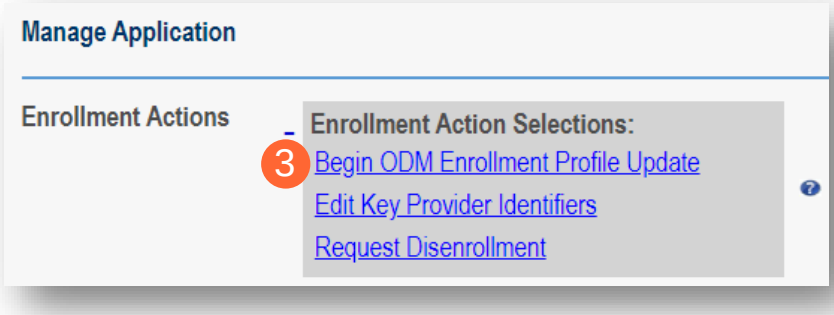


Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All				All						
517957	Kyle Aaron	Submitted	30 - Dentist Individual	1821228875	9999878	General Dentistry			43212 - 4706	02/28/2022	08/03/2022	02/28/2027
517964	Madison Aaberg	Approved	69 - Pharmacist	1043873938	0000002	PHARMACIST				04/14/2022	03/09/2022	04/14/2025
517965	Test Training	Complete	69 - Pharmacist	1316344583	9999883	PHARMACIST				03/09/2022	03/23/2022	03/23/2026

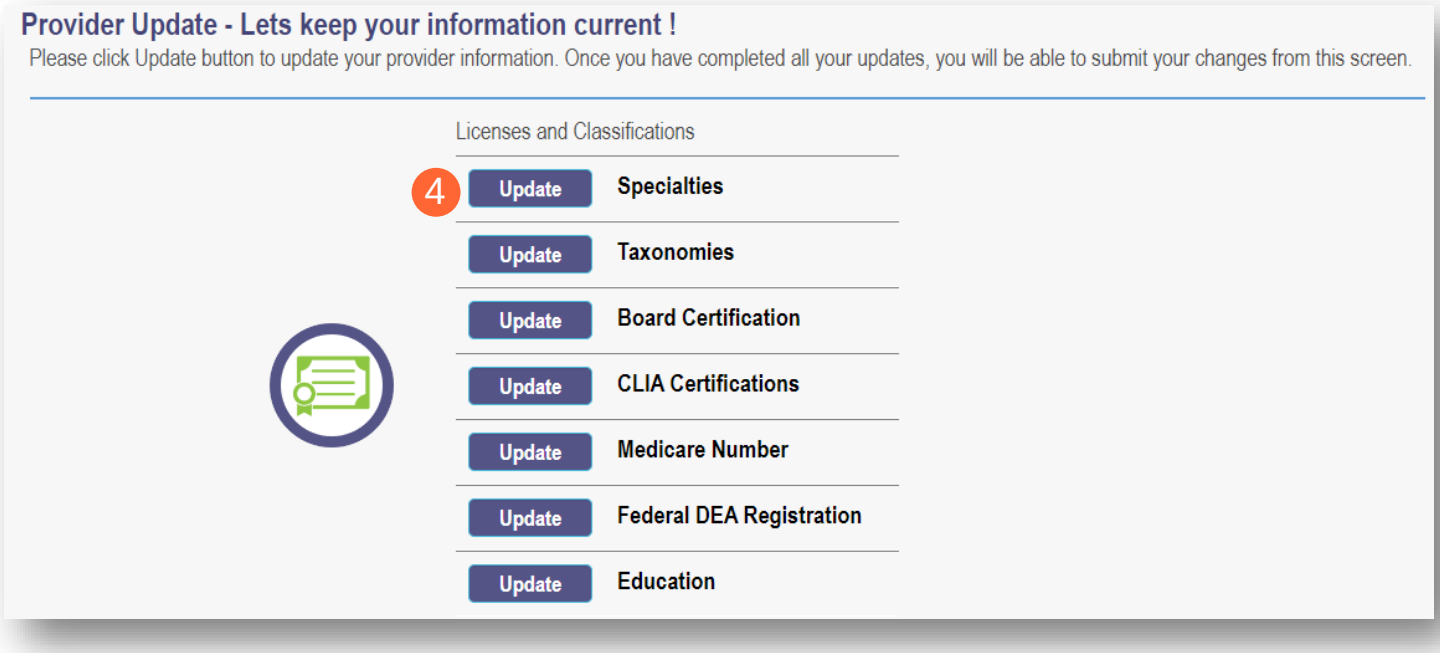
Step 2: Under the Manage Application section, click the '+' icon to expand 'Enrollment Action Selections.'



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



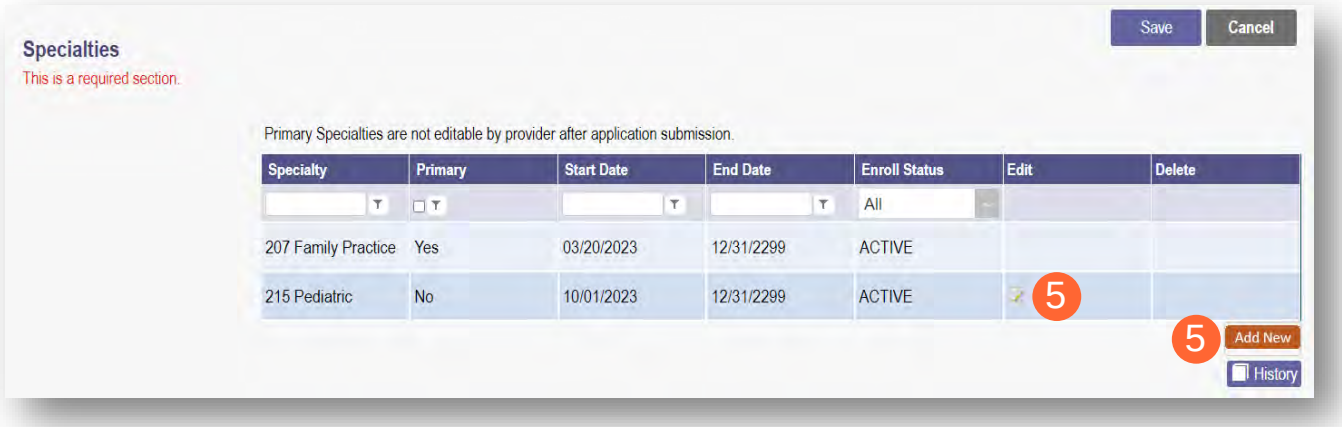
Step 4: Click **Update** next to Specialties.



Step 5:

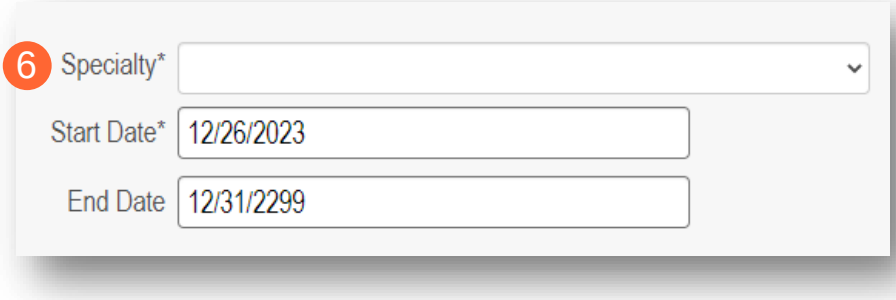
- To edit an existing secondary specialty, click the 'pencil and paper' icon for the specialty that needs to be edited.
- To indicate an additional specialty, click **Add New**.

Note: If changing to a new primary specialty, add the new specialty first. Then, to change the primary, please send an email to Medicaid_provider_update@medicaid.ohio.gov indicating the provider and specialty that should be the primary.



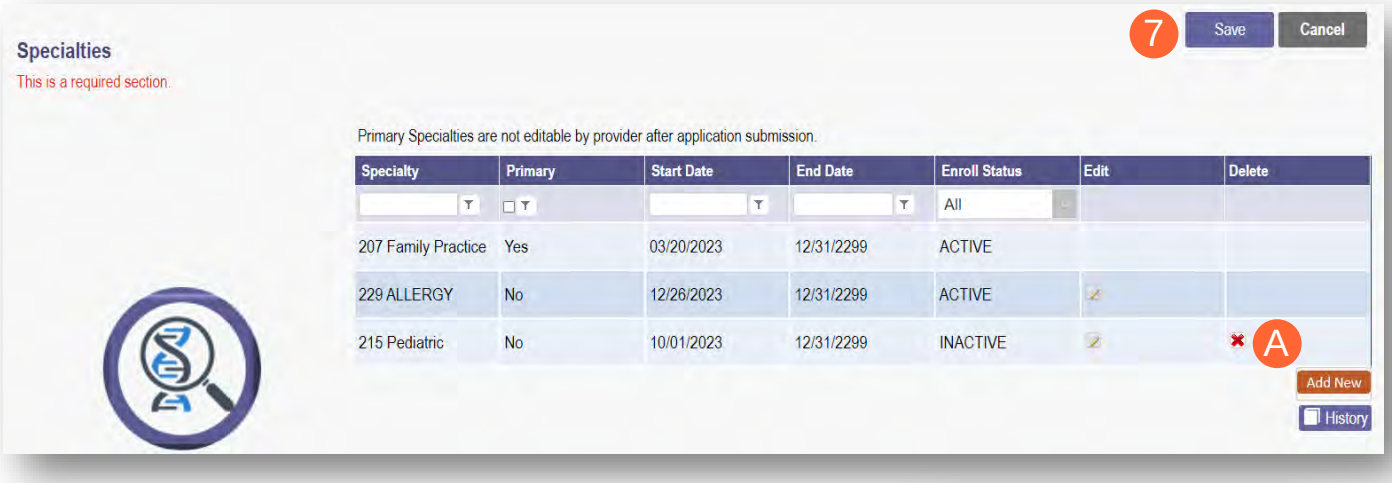
Step 6: Enter the specialty details.

Note: If a specialty needs to be added to the record and the specialty does not appear on the specialty drop-down list, please send an email to Medicaid_provider_update@medicaid.ohio.gov indicating the provider and specialty that needs to be added. The ODM Enrollment team will then add this specialty to the record.

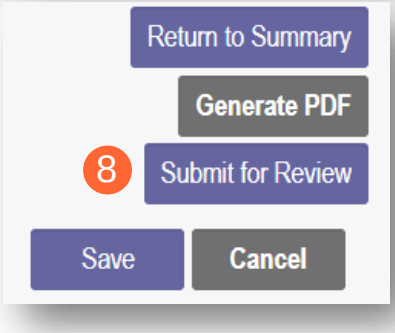


Step 7: Once information has been updated, click **Save**.

Note: An added specialty will appear on the table with a red 'x' under the Delete column. To remove the specialty added during this update process, click the red 'x' (A).



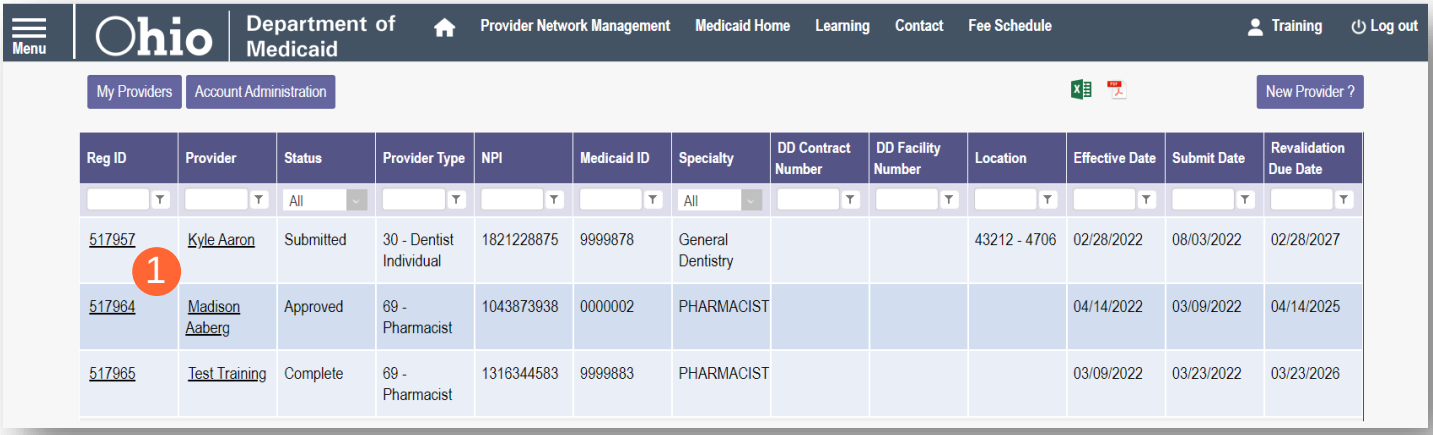
Step 8: Once the license information has been changed, click **Submit for Review** to update the file.



Request Disenrollment

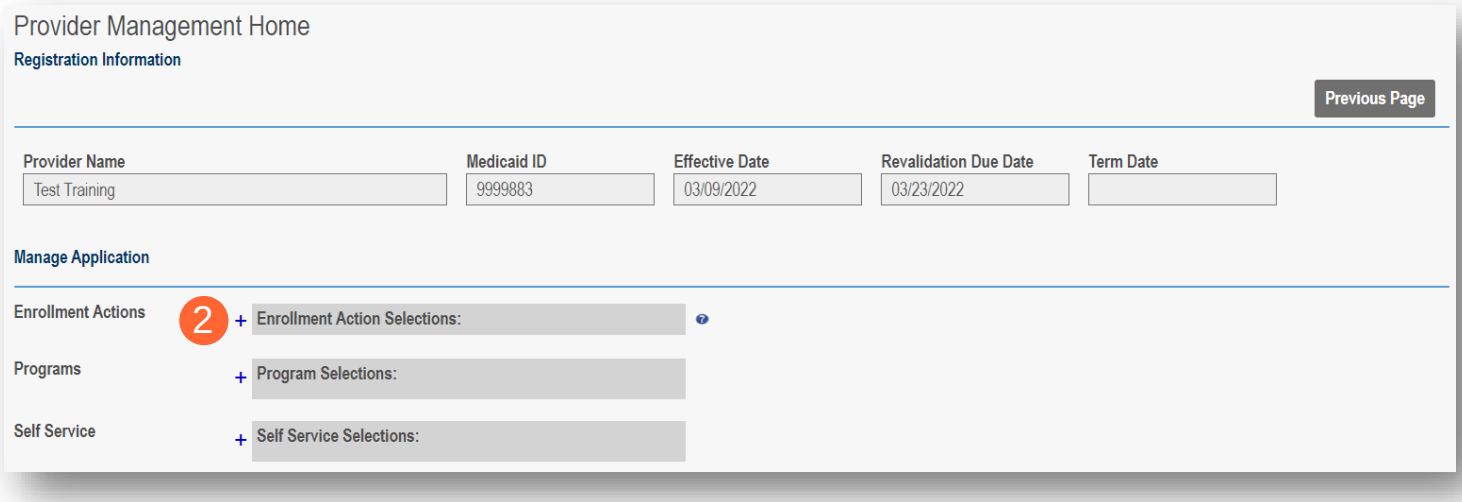
A disenrollment request ends the provider's enrollment with the Ohio Department of Medicaid.

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

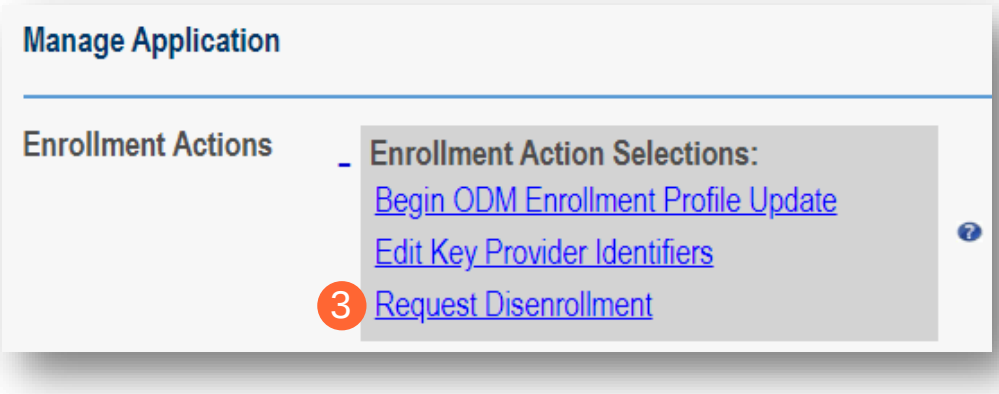


Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All				All						
517957	Kyle Aaron	Submitted	30 - Dentist Individual	1821228875	9999878	General Dentistry			43212 - 4706	02/28/2022	08/03/2022	02/28/2027
517964	Madison Aaberg	Approved	69 - Pharmacist	1043873938	0000002	PHARMACIST				04/14/2022	03/09/2022	04/14/2025
517965	Test Training	Complete	69 - Pharmacist	1316344583	9999883	PHARMACIST				03/09/2022	03/23/2022	03/23/2026

Step 2: Under the Manage Application, click the '+' icon to expand the 'Enrollment Action Selections.'

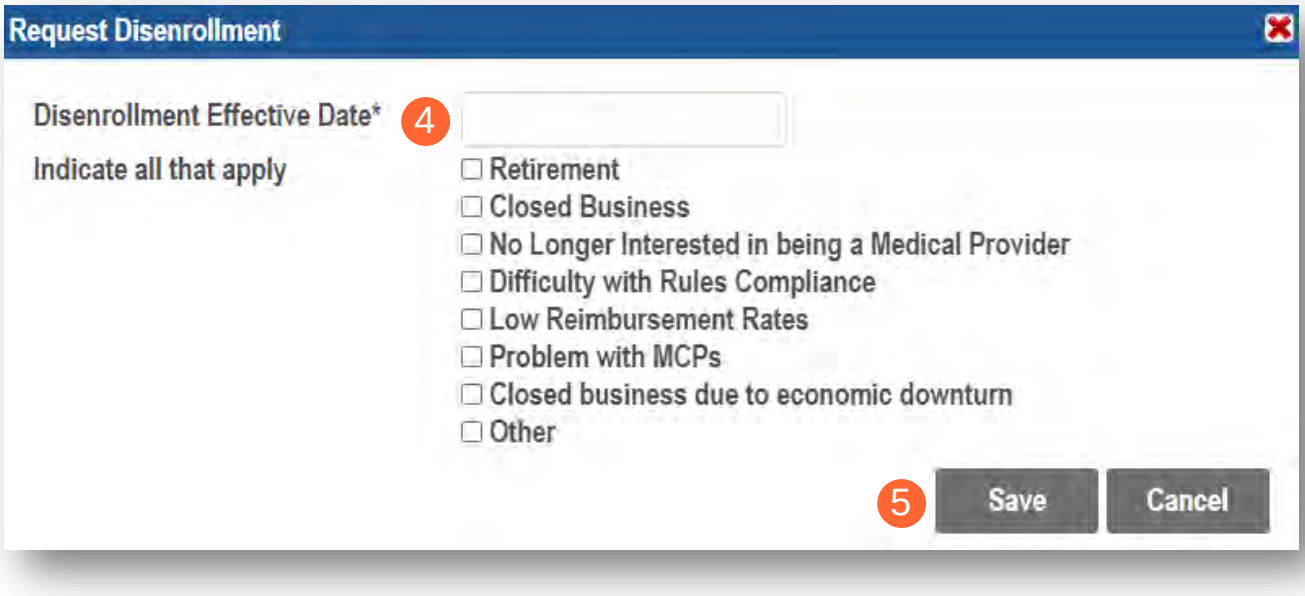


Step 3: Click 'Request Disenrollment' from the options provided.



Step 4: A pop-up window displays. Enter the Disenrollment Effective Date in the line provided and select a checkbox for the reason the disenrollment is being requested.

Step 5: Once entered, click **Save**.



Note: Once the disenrollment is submitted, it will be reviewed and processed by the Ohio Department of Medicaid Enrollment Team.

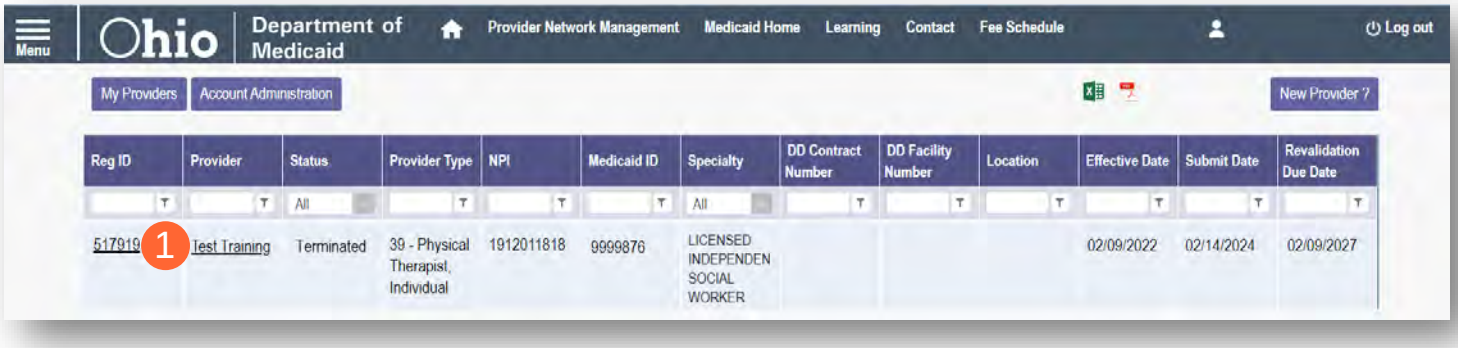
A status of 'Disenrolled' will display on the provider dashboard once the disenrollment has been processed.

To obtain a status update the disenrollment, please contact the ODM Integrated Help Desk at 1-800-686-1516.

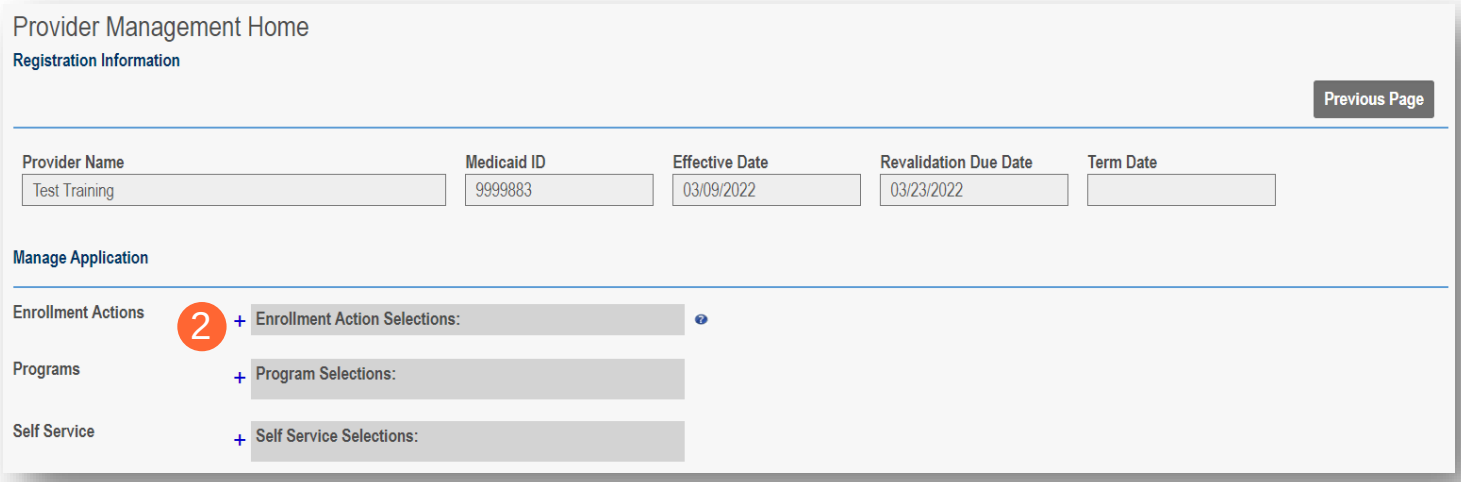
Reapplication Steps (Enrollment Terminated)

Reapplication may be needed if a provider's enrollment is terminated by the Ohio Department of Medicaid. The steps below indicate how to reapply, using the same Medicaid ID.

Step 1: Access the file in your dashboard that has been terminated by clicking on link listed under Reg ID or Provider.

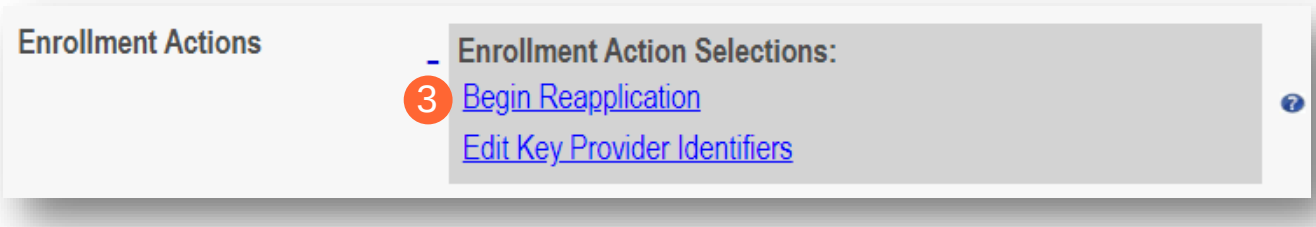


Step 2: Under the Manage Application, click the '+' icon to expand the 'Enrollment Action Selections.'



Step 3: Click the 'Begin Reapplication' hyperlink.

Note: If the reapplication process has been started, but has not been submitted, the link will show 'Continue Reapplication.'



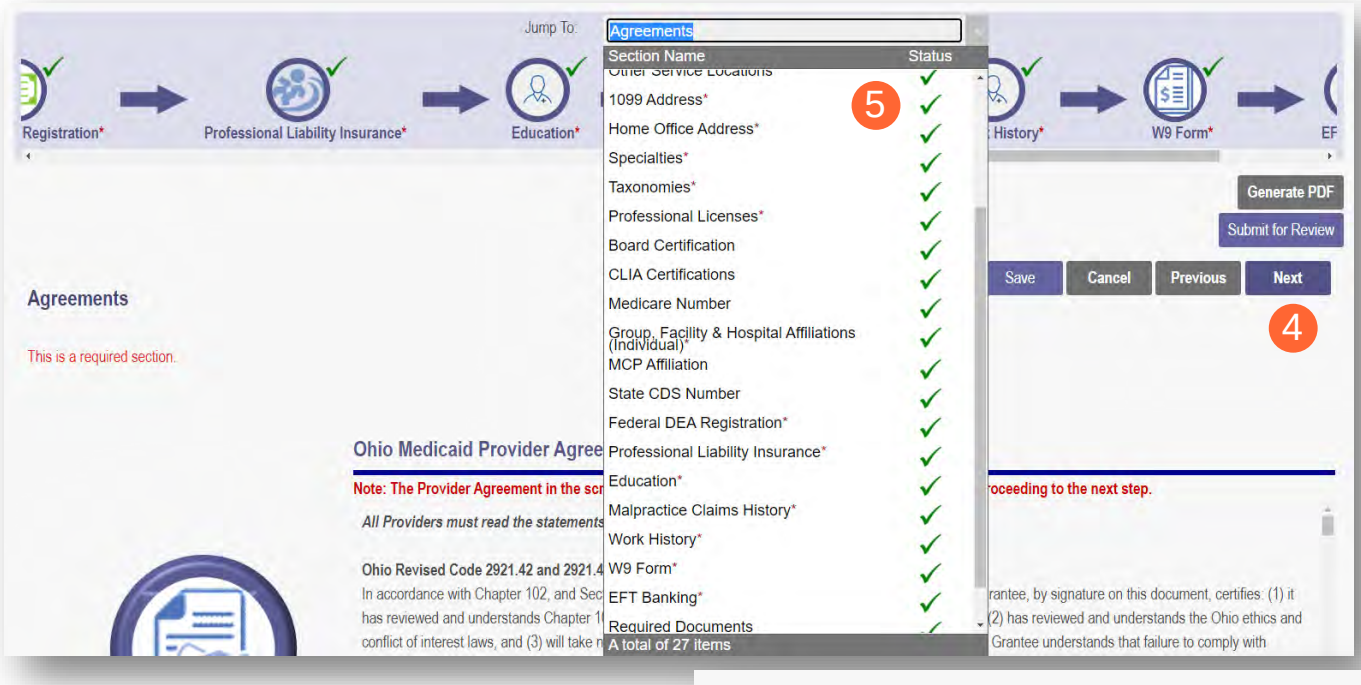
Step 4: Either change the information listed on the page OR review the information on the page and make no changes if it remains accurate.

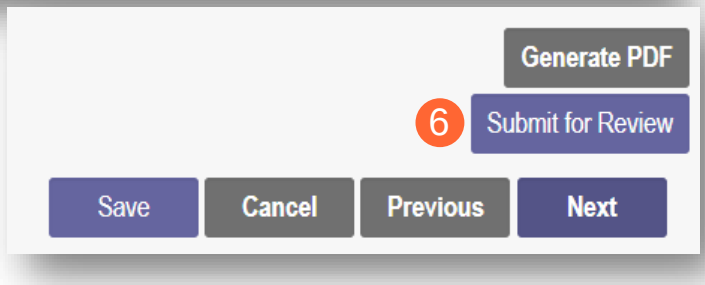
Click **Next** to save and proceed to the next page.

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

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

Note: Application submission will not be available unless all required pages have a green checkmark.





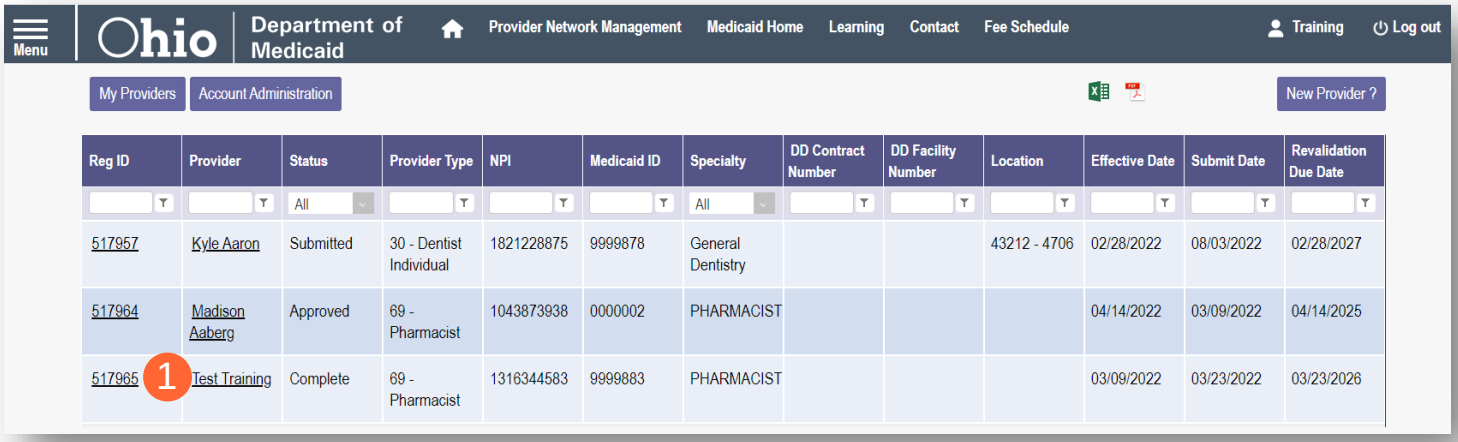
Step 6: Once all pages have been completed, click **Submit for Review** to submit your application.

Revalidation/Re-Enrollment Steps

Revalidation/Re-Enrollment is required every three (3) years for credentialed providers and every five (5) years for non-credentialed providers. Email notices will be sent to the Primary Contact listed on the Medicaid record when the provider is due for revalidation/re-enrollment. The revalidation due date can also be viewed in the far-right column on the dashboard.

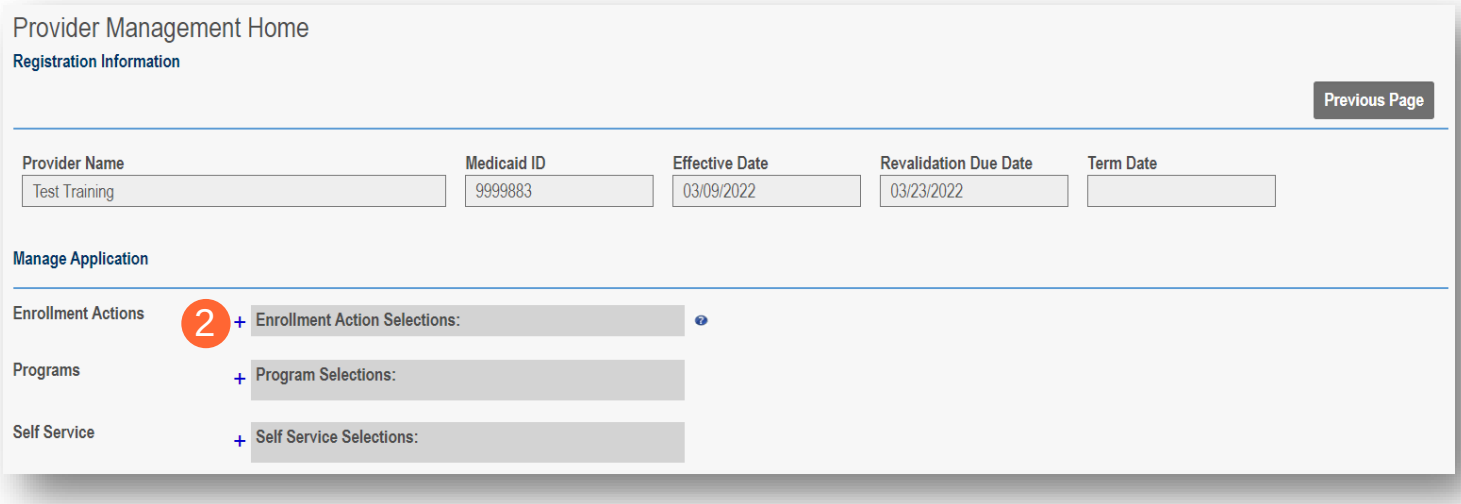
Note: The link to 'Begin Revalidation' will appear under the Enrollment Action Selections when the practitioner is within 120 days of the revalidation due date.

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



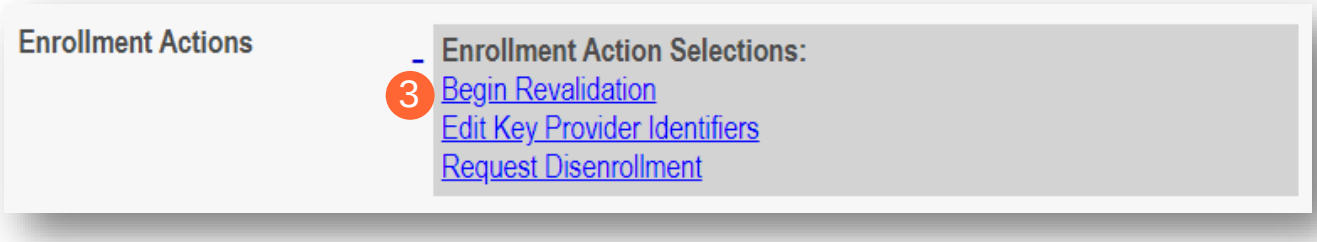
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All				All						
517957	Kyle Aaron	Submitted	30 - Dentist Individual	1821228875	9999878	General Dentistry			43212 - 4706	02/28/2022	08/03/2022	02/28/2027
517964	Madison Aaberg	Approved	69 - Pharmacist	1043873938	0000002	PHARMACIST				04/14/2022	03/09/2022	04/14/2025
517965	Test Training	Complete	69 - Pharmacist	1316344583	9999883	PHARMACIST				03/09/2022	03/23/2022	03/23/2026

Step 2: Under the Manage Application, click the '+' icon to expand the 'Enrollment Action Selections.'



Step 3: Click the 'Begin Revalidation' hyperlink.

Note: If the revalidation process has been started, but not submitted, the link will show 'Continue Revalidation.'



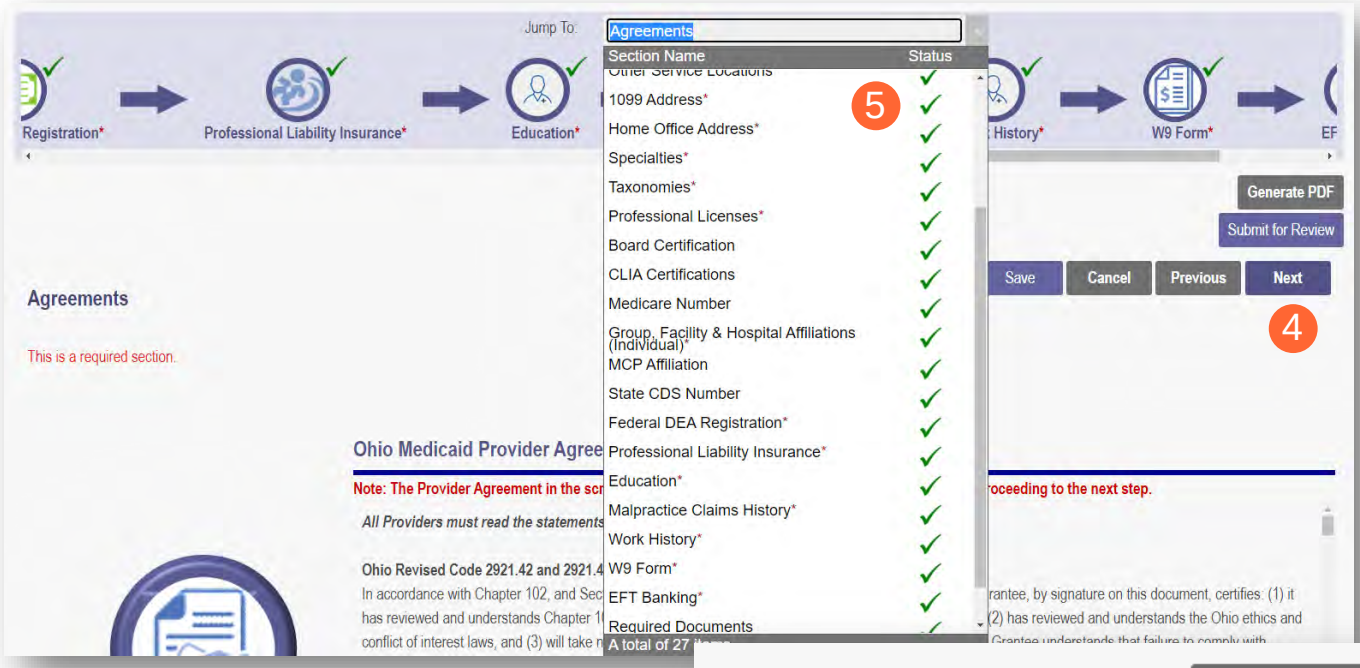
Step 4: Either change the information listed on the page OR review the information on the page and make no changes if it remains accurate.

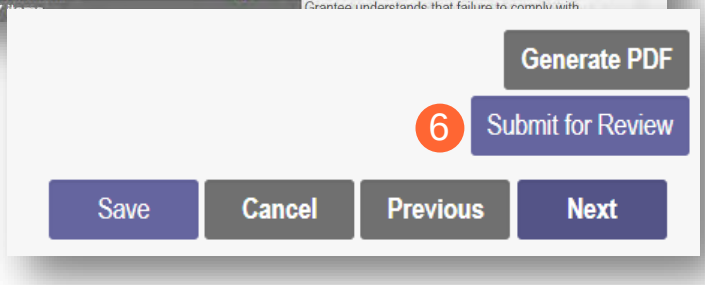
Click **Next** to save and proceed to the next page.

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

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

Note: Application submission will not be available unless all required pages have a green checkmark.





Step 6: Once all pages have been completed, click **Submit for Review** to submit your application for Revalidation.