

USER MANUAL

ODA Provider Enrollment Applications

ODA Provider



**Department of
Medicaid**



**Department of
Aging**

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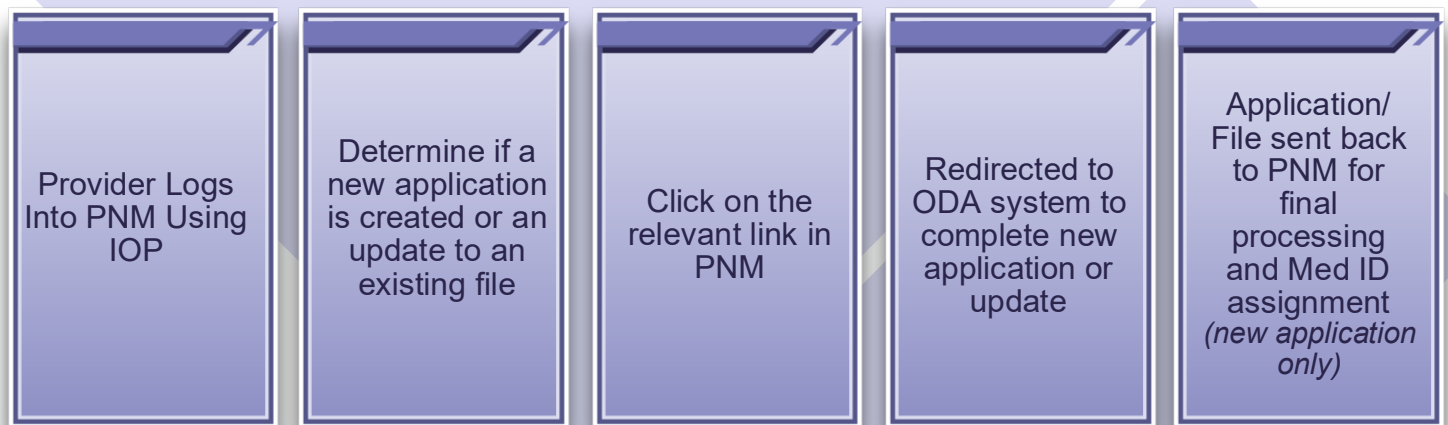
Introduction

This desk reference provides the steps and functions of entering a new provider application and completing provider updates for Ohio Department of Aging (ODA)-only providers. This document does not include any multi-agency steps.

THIS DOCUMENT ALSO CONTAINS THE STEPS TO INITIATE A REVALIDATION/REENROLLMENT WHICH WILL BE COMPLETED IN THE PNM SYSTEM.

Once submitted, your application will be reviewed by ODA, then processed by the Medicaid Enrollment team. When all the necessary steps are completed for Enrollment, you will be notified by ODA of Medicaid approval and a Medicaid Identification Number will be assigned.

Additionally, the process for completing provider updates is included in this document.

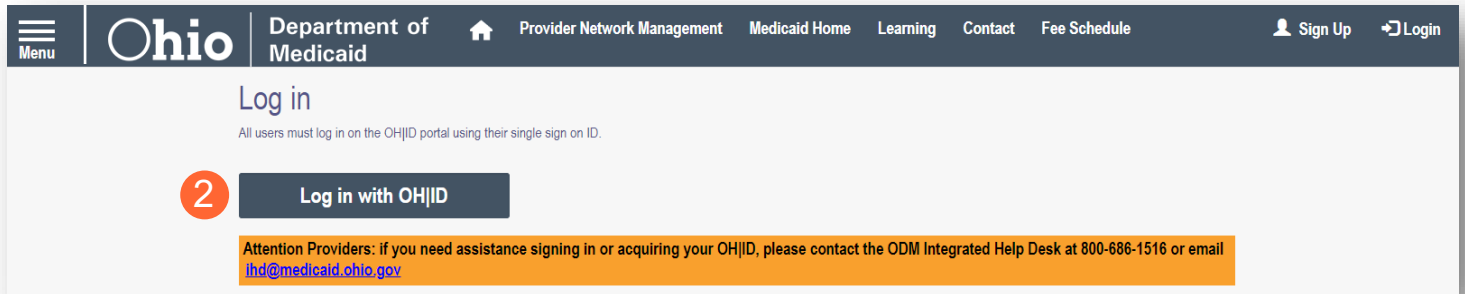


Provider User Initial Login

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.

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

Create account

Log In

3 OHID

Password

Log in

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

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

Terms

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

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

4 ☐ Yes, I have read the agreement

Cancel

Provider Home Page

There are two provider roles in PNM:

- **Provider Administrator:** *(Also known as CEO Certified for DODD)* A role assigned to a user in PNM that allows that user to create new enrollment applications, update provider records, and complete revalidations among other tasks. The Administrator role will also be able to grant accesses/actions to other users in PNM, known as Agents.
 - There is one Administrator role per NPI/Medicaid ID. However, a single user with the Administrator role can administer to multiple providers (NPIs/Medicaid IDs).
- **Provider Agent:** *(Also known as Secondary User for DODD)* A role assigned to a user in PNM that allows that user to complete specific actions such as updating a provider record, revalidation, claims submission, prior authorization, the viewing of reports, etc. These actions are assigned to each Agent by the Administrator for the Medicaid ID.

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

User Profile

What type of Provider Account do you need to create?

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

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.

A  **Ohio** Department of Medicaid  Provider Network Management Medicaid Home Learning Contact Fee Schedule  Training  Log out

My Providers Account Administration **B**   **C** **D** New Provider ?

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

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)**.

ODA Provider - New Provider Entry

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

Step 1: Click **New Provider?**.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517980	Sohan Abad	Complete	55 - Waivered Services Individual	1558033399	0000204					01/22/2023	02/10/2023	01/22/2028

Step 2: Click the **Click here for more application types...** button to expand the list.

Note: The information at the top of the page stating “you have 10 days to complete your application” refers to the demographic information in PNM. Providers will have 90 days to submit an application in PCW.

“Please note that you have **10 days to complete your application**. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application.”

Standard application

Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program.

Select

Ordering, Referring, Prescribing

Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing.

Select

Change of Operator

Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities.

Select

MCP Single Case

Use this application if you are entering into a Single Case agreement with a Managed Care Plan.

Select

Click here for more application types... **2**

Step 3: Select the application type that you wish to begin: Medicaid Waiver (ODA).

Standard application

Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program.

Select

Ordering, Referring, Prescribing

Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing.

Select

Change of Operator

Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities.

Select

MCP Single Case

Use this application if you are entering into a Single Case agreement with a Managed Care Plan.

Select 

Less...

Medicaid Waiver (ODM)

Use this application if you are applying to become a Waiver Provider with Ohio Department of Medicaid.

Select

Medicaid Waiver (ODA)

Use this application if you are applying to become a Waiver Provider with Ohio Department of Aging or if you are initiating a Change of Ownership or Change of Operator as an ODA Provider.

3 Select

Medicaid Waiver (DODD)

Use this application if you are applying to become a Waiver Provider with Ohio Department of Developmental Disabilities.

Select

Non-Medicaid DODD

Use this application if you are applying for one or more of the following options; Supported Living Service, Unpaid Support Broker, ICF Operators, or Licensees.

Select

Note: For ODA Waiver applications, you will enter the Key Identifiers within PNM and then be navigated to the State Sister Agency portal to complete the application process

Step 4: After selecting the Application and Waiver Type, click the provider category: Individual or Agency.

Note: Non-Agency and Assisted Living applicants should choose the 'Agency' option.

Application Type

Waiver
[Change](#)

Waiver Type

Medicaid Waiver (ODA)

4


Individual


Agency

Provider Information (Individual)

The first page that displays is the Key Identifiers page, where you will list details for the provider.

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

For this page, the following fields are required:

- Provider Type
- First Name
- Last Name
- Tax ID Type: EIN (Employer Identification Number) / SSN (Social Security Number)
- Tax ID
- NPI (National Provider Identifier)
- Gender
- Date of Birth
- Zip Code
- Zip Code Extension

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

1 Application Type

Waiver [Change](#)

Waiver Type

Medicaid Waiver (ODA)

Category* [Change](#)

Individual

Provider Type*

Are you a nurse with a valid nursing license? ☐ Yes ☐ No

First Name*

Middle Name

Last Name*

Tax ID Type* ☐ EIN ☒ SSN

Tax ID*

NPI*

Gender* ☐ Female ☐ Male ☒ Unknown

Date of Birth*

Zip Code*

Zip Code Extension*

2 Save Cancel

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

Taxonomy is required.

Application Type [Change](#)

Waiver Type

Category* [Change](#)

Provider Type*

Are you a nurse with a valid nursing license? ☐ Yes ☐ No

First Name*

Middle Name

Last Name*

Tax ID Type* ☐ EIN ☒ SSN

Tax ID*

NPI*

Gender* ☒ Female ☐ Male ☐ Unknown

Date of Birth*

Zip Code*

Zip Code Extension*

3 Taxonomy*

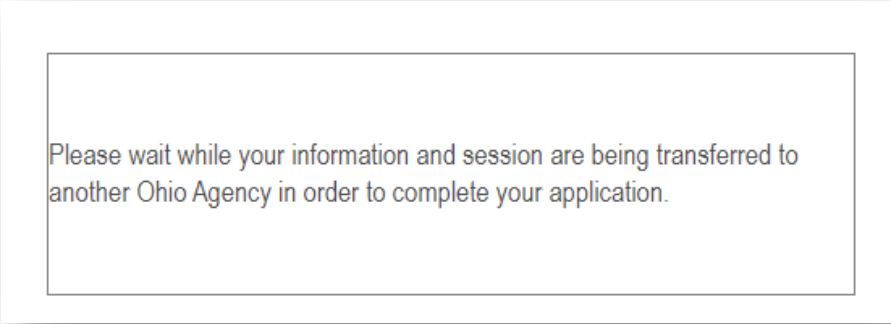
[Save](#) [Cancel](#)

Step 4: A confirmation message will appear. Click **Save and Submit** to proceed.

After your submission is completed and approved, you can apply for additional Waiver Services with other Agencies thru this registration in the Provider Network Module.

4 [Save And Submit](#)

Note: A notification appears informing you that the system will transfer you to PCW at ODA to complete your ODA application.



Please wait while your information and session are being transferred to another Ohio Agency in order to complete your application.

Step 5: You will be transferred to the landing page for ODA. Continue the process through that system.

Note:

The transfer to PCW at ODA may take 15 – 20 minutes.

Do not refresh or close the browser during this time.

Provider Information (Agency)

The first page that displays is the Key Identifiers page, where you will list details for the provider.

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

For this page, the following fields are required:

- Provider Type
- Name of Business Entity
- Tax ID Type: EIN (Employer Identification Number) / SSN (Social Security Number)
- Tax ID
- NPI (National Provider Identifier)
- Zip Code
- Zip Code Extension

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

1 Application Type [Change](#)

Waiver Type

Category* [Change](#)

Provider Type*

Name of Business Entity*

Business Name as it appears on your IRS Assignment letter

Tax ID Type* ☒ EIN ☐ SSN

Tax ID*

NPI*

Zip Code*

Zip Code Extension*

2

Step 3: Select the appropriate primary Taxonomy associated with the Provider's NPI and click **Save**.

Taxonomy is required.

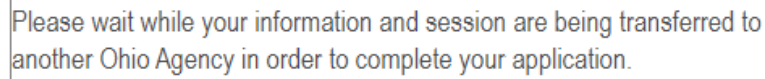
Application Type	Waiver	Change
Waiver Type	Medicaid Waiver (ODA)	
Category*	Agency	Change
Provider Type*		
Name of Business Entity*		
	Business Name as it appears on your IRS Assignment letter	
Tax ID Type*	☒ EIN ☐ SSN	
Tax ID*		
NPI*		
Zip Code*		
Zip Code Extension*		
3 Taxonomy*		

Step 4: A confirmation message will appear. Click **Save and Submit** to proceed.

After your submission is completed and approved, you can apply for additional Waiver Services with other Agencies thru this registration in the Provider Network Module.

4

Note: A notification appears informing you that the system will transfer you to PCW at ODA to complete your ODA application.



Please wait while your information and session are being transferred to another Ohio Agency in order to complete your application.

Step 5: You will be transferred to the landing page for ODA. Continue the process through that system.

Note:

The transfer to PCW at ODA may take 15 – 20 minutes.

Do not refresh or close the browser during this time.

Continuing 'In Progress' Application

The steps below indicate how to continue an application that was started, but not submitted for review.

Step 1: Locate the provider on your dashboard for which you want to continue the application.

Note: Applications awaiting submission display with a "Not Submitted" status.

My Providers

Account Administration

New Provider ?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All				All						
1 490976	2 Testing Testing	Not Submitted	45 - WAIVERED SERVICES ORGANIZATIC			ODA WAIVER						

Step 2: Click the Reg ID or Provider name hyperlink to access the Provider Management Home page.

Step 3: Click the '+' icon to expand the Enrollment Action selections.

Manage Application

Enrollment Actions

3 + Enrollment Action Selections: ?

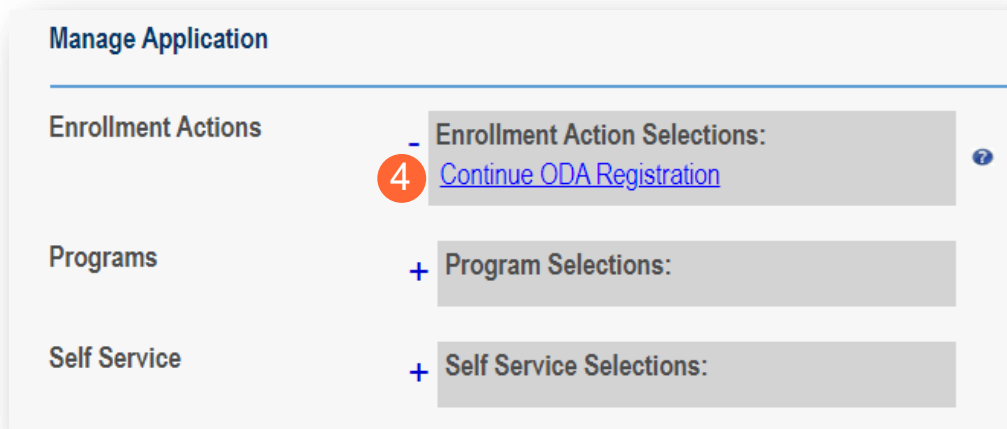
Programs

+ Program Selections:

Self Service

+ Self Service Selections:

Step 4: Click the hyperlink 'Continue ODA Registration.'



PNM will redirect you to PCW at ODA to continue the application.

Review the Final Decision for Provider Submission

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

- Use number timeline at the bottom to navigate to the last page.
- Locate your newly assigned Medicaid ID number (6th column) next to your application in the table.

Step 2: Click the hyperlink under the Reg ID or Provider column heading to review the file.

- Here you can view communications, view Provider file, complete updates, and access other Provider self service functions by clicking the '+' icon to expand the selection.

My Providers

Account Administration

New Provider ?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
518370	Michael Aaron	All	55 - Waivered Services Individual	1859367597	9999876	55 - Waivered Services Individual				02/09/2022	02/14/2024	02/09/2027

Manage Application

Enrollment Actions



Enrollment Action Selections:

Programs



Program Selections:

Self Service



Self Service Selections:

Enrollment Actions: Items that pertain to the provider enrollment (Ex. Updates, Revalidation).

Programs: Items relating to programs the provider is enrolled in.

Self Service: Functions a provider can complete in a self-service capacity (Ex. Submit Claims, Eligibility).

Enrollment Actions	- Enrollment Action Selections: Begin ODM Enrollment Profile Update Add ODA Services Edit Key Provider Identifiers Request Disenrollment
Programs	- Program Selections:
Self Service	- Self Service Selections: Provider Correspondence Remittance Advice Recipient Eligibility Claims Prior Authorization Hospice Provider Financial Self Services Payment Innovation Reports Attachments

Note: 'Add ODA Services' (listed under Enrollment Actions) is an option for providers who are not already certified by ODA to apply to add ODA certification. If you are a currently certified ODA Provider who wants to add services to your certification, please contact ODA.

Provider types that can "Add ODA Services":

- 01 – Hospital
- 12 – Federally Qualified Health Center (FQHC)
- 16 – Other Accredited Home Health Agency
- 25 – Non-Agency Personal Care Aide
- 26 – Non-Agency Home Care Attendant
- 37 – Social Worker
- 38 – Private Duty Nurse
- 45 – Waivered Services Organization

- 50 – Clinic (AHCC)
- 55 – Waivered Services Individual
- 60 – Medicare Certified Home Health Agency
- 65 – Clinical Nurse Specialist Individual
- 70 – Pharmacy
- 71 – Nurse Midwife Individual
- 72 – Nurse Practitioner Individual
- 76 – Durable Medical Equipment (DME) Supplier
- 82 – Ambulance
- 83 – Wheelchair Van
- 86 – Nursing Facility
- 88 – State Operated ICF-IID
- 89 – Non-State Operated ICF-IID

Completing an Update

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

My Providers

Account Administration

New Provider ?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
Y Y All Y Y Y All Y Y Y Y Y Y												
518370 1 Michael Aaron	Complete	55 - Waivered Services Individual	1659367597	9999876	55 - Waivered Services Individual					02/09/2022	02/14/2024	02/09/2027

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

Manage Application

Enrollment Actions

2 +

Enrollment Action Selections:

Programs

+

Program Selections:

Self Service

+

Self Service Selections:

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

Enrollment Actions

-

3

[Begin ODM Enrollment Profile Update](#)
[Add ODA Services](#)
[Edit Key Provider Identifiers](#)

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

Provider Update - Lets keep your information current !

Please click Update button to update your provider information. Once you have completed all your updates, you will be able to submit your changes from this screen.

4

Most Common Updates

[Update](#)

Primary Contact Information

[Update](#)

Primary Service Address

[Update](#)

Required Documents

Identification

[Update](#)

Provider Information

Address Information

[Update](#)

Billing & Payment Address

[Update](#)

Correspondence Address

[Update](#)

Other Service Locations

[Update](#)

1099 Address

[Update](#)

Home Office Address

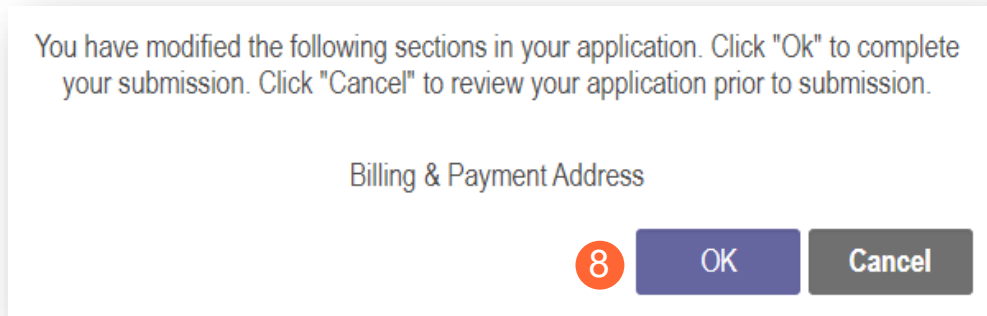
Step 5: Update the application page that you selected and click **Save** once finished.

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.

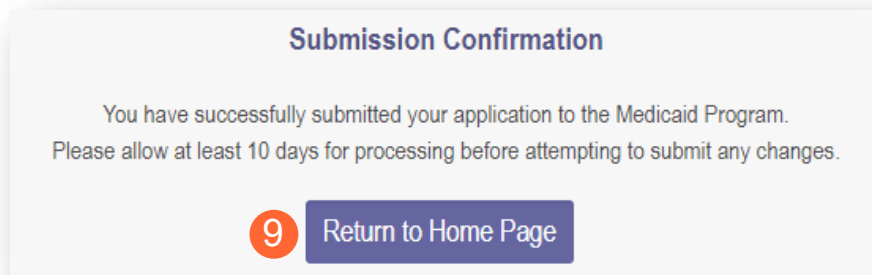
Step 7: Once all pages are updated, click **Submit for Review**.

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.



Reapplication Steps (Medicaid 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.

Ohio Department of Medicaid													
Provider Network Management Medicaid Home Learning Contact Fee Schedule Log out													
My Providers Account Administration New Provider ?													
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date	
517919	Test Training	Terminated	39 - Physical Therapist, Individual	1912011818	9999876	LICENSED INDEPENDENT SOCIAL WORKER				02/09/2022	02/14/2024	02/09/2027	

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

Provider Management Home

Registration Information

Previous Page

Provider Name

Test Training

Medicaid ID

9999883

Effective Date

03/09/2022

Revalidation Due Date

03/23/2022

Term Date

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

+

Program Selections:

Self Service

+

Self Service 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.'

Enrollment Actions

-

Enrollment Action Selections:

3

[Begin Reapplication](#)
[Edit Key Provider Identifiers](#)

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.

The screenshot shows the 'Agreements' section of the ODA Provider Agreement page. A dropdown menu is open, displaying a list of sections and their status. The sections listed are: 1099 Address*, Home Office Address*, Specialties*, Taxonomies*, Professional Licenses*, Board Certification, CLIA Certifications, Medicare Number, Group, Facility & Hospital Affiliations (Individual)*, MCP Affiliation, State CDS Number, Federal DEA Registration*, Professional Liability Insurance*, Education*, Malpractice Claims History*, Work History*, W9 Form*, EFT Banking*, and Required Documents. The status for each section is indicated by a green checkmark. A red circle with the number 5 is placed over the dropdown menu. The main content area shows the 'Ohio Medicaid Provider Agreement' section, which includes a note about the provider agreement and a link to the agreement document. A red circle with the number 4 is placed over the 'Next' button in the navigation bar.

Section Name	Status
1099 Address*	✓
Home Office Address*	✓
Specialties*	✓
Taxonomies*	✓
Professional Licenses*	✓
Board Certification	✓
CLIA Certifications	✓
Medicare Number	✓
Group, Facility & Hospital Affiliations (Individual)*	✓
MCP Affiliation	✓
State CDS Number	✓
Federal DEA Registration*	✓
Professional Liability Insurance*	✓
Education*	✓
Malpractice Claims History*	✓
Work History*	✓
W9 Form*	✓
EFT Banking*	✓
Required Documents	✓

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

The screenshot shows the bottom of the ODA Provider Agreement page. The 'Submit for Review' button is highlighted with a red circle and the number 6. Other buttons visible include 'Generate PDF', 'Save', 'Cancel', 'Previous', and 'Next'.

Revalidation/Re-Enrollment Steps

If Revalidation/Re-Enrollment is within 120 days, you will see the 'Begin Revalidation' option appear under the 'Enrollment Actions Selections' on the Provider Management Home page's Manage Application section.

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

My Providers		Account Administration											New Provider ?	
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date		
518370	Michael Aaron	Complete	55 - Waivered Services Individual	1659367597	9999876	55 - Waivered Services Individual				02/09/2022	02/14/2024	02/09/2027		

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

Manage Application

Enrollment Actions

2 +

Enrollment Action Selections:

Programs

+

Program Selections:

Self Service

+

Self Service Selections:

Step 3: Click the 'Begin Revalidation' hyperlink to initiate the update.

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

Enrollment Actions

-

3

Enrollment Action Selections:

[Begin Revalidation](#)
[Edit Key Provider Identifiers](#)
[Request Disenrollment](#)

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.

Registration*

Professional Liability Insurance*

Education*

Jump To:

Agreements

History*

W9 Form*

Agreements

This is a required section.

Ohio Medicaid Provider Agreement

Note: The Provider Agreement in the screenshot below is for informational purposes only. All Providers must read the statements of work and understand the requirements of the Ohio Revised Code 2921.42 and 2921.44. In accordance with Chapter 102, and Section 102.01, the provider has reviewed and understands Chapter 102, and the provider understands the conflict of interest laws, and (3) will take no action to circumvent the conflict of interest laws.

Section Name	Status
Other Service Locations	✓
1099 Address*	✓
Home Office Address*	✓
Specialties*	✓
Taxonomies*	✓
Professional Licenses*	✓
Board Certification	✓
CLIA Certifications	✓
Medicare Number	✓
Group, Facility & Hospital Affiliations (Individual)*	✓
MCP Affiliation	✓
State CDS Number	✓
Federal DEA Registration*	✓
Professional Liability Insurance*	✓
Education*	✓
Malpractice Claims History*	✓
Work History*	✓
W9 Form*	✓
EFT Banking*	✓
Required Documents	✓
A total of 27 items	✓

Proceeding to the next step.

Generate PDF

Submit for Review

Save Cancel Previous Next

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

[Save](#)
[Cancel](#)
[Previous](#)
[Next](#)