# Provider Network Management (PNM)

Frequently
Asked
Questions
(FAQ)

Ohio Department of Medicaid

maximus

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# OH|ID/Innovate Ohio Platform (IOP)

**Do I need an OH|ID to access the Provider Network Management (PNM) system?**

All individual users of the Provider Network Management (PNM) system will need their own individual OH|ID account to log into the PNM system. You can create an OH|ID by going to https://ohid.ohio.gov and clicking "Create OHID Account."

**Do I use my personal information when creating an OH|ID?**

Yes, it is recommended that users use their personal information (such as email, address, etc.) when registering for an OH|ID account. The OH|ID allows for access to a variety of state agency systems, other than PNM, some of which you may interact with on a personal level.

**Should I create an OH|ID for my office or organization?**

An OH|ID should be created and used by individual users. Each individual user of PNM should have their own unique OH|ID account. Since an office or organization is an entity and not an individual person, the office/organization should not have an OH|ID.

**Is an OH|ID the same as the ID that was used to directly login into MITS?**

The OH|ID is different than the MCD ID that was used to access MITS. The OH|ID is an account created through the InnovateOhio Platform and allows for a single ID to access systems for multiple state agencies throughout Ohio.

**Is my OH|ID replacing my Medicaid ID?**

The OH|ID, along with the password created when the OH|ID account was set up, are used as the credentials to login to PNM. The OH|ID will allow you to login to a variety of different systems used by state agencies throughout the state. The Medicaid ID obtained after enrolling with the Ohio Department of Medicaid is a different number than an OH|ID.

**How do I know if I already have an OH|ID?**

Review email communications that may have received from the InnovateOhio Platform, or go to the OH|ID login page, https://ohid.ohio.gov and click 'Forgot OH|ID or password?' to have those details sent to the email address on file with OH|ID, if your email address is on record.

**I already have an OH|ID account. Why can't I access it anymore?**

Providers can select "Forgot User ID" and/or "Forgot Password" to regain account access. For further assistance, please visit the OH|ID Help Center. If it appears the OH|ID account does not exist, create a new OH|ID using a new email address. If it appears the OH|ID account does not exist, create a new OH|ID using a new email address. If it appears the OH|ID account does not exist, create a new OH|ID using a new email address.

**If I already have an OH|ID for personal reasons, is this the same OH|ID that I would use to access PNM?**

Yes, the OH|ID is not specific to PNM. The OH|ID is a login created through the InnovateOhio Platform that allows a user the ability to access systems for several different state agency systems, including PNM, with the same login credentials.

**I cannot log in to my OH|ID account. How do I access my account now?**

Providers should follow the "Reset account/password" protocol to access their OH|ID account if they are unable to log in normally. If they need further assistance, please reach out to the OH|ID Help Center or create a new OH|ID using a new email address. Recovering an existing account is preferred, but not always feasible. or create a new OH|ID using a new email address. Recovering an existing account is preferred, but not always feasible.

**When I create an OH|ID, is this where I indicate that I am an Administrator/Agent?**

No, creating an OH|ID is the process of creating that username and password on the InnovateOhio Platform. This login is not unique to PNM and can be used for a variety of state agency systems. Once the OH|ID account is created, the user will log into the PNM system by going to the App Store on the OH|ID website and searching for PNM or going to https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx. The first time the user logs into PNM, the option to select which role (Provider Administrator or Provider Agent) the user will hold in PNM, will be presented. Refer to the User Guides on the Provider Education & Training Resources page in PNM to understand the difference between the roles.

**I only handle claims submission and eligibility searches. Since those functionalities are still in MITS, do I need an OH|ID account?**

Yes, all users accessing the PNM system will need an OH|ID account. This includes those who are completing self-service functions in MITS. All users will need to access PNM first and then click on links within the PNM system, under the Self-Service Selections, to access options/functions in MITS.

**If a provider is no longer my responsibility, and we do not know who the new Administrator is for them, how do we get them off our homepage/dashboard?**

The provider will be removed from the current Administrator's homepage/dashboard once the new Administrator user requests that provider be assigned to them. If this does not occur in a timely manner, please contact the ODM Integrated Help Desk on 1-800-686-1516 (Option 2) to have them removed.

**If a provider on the dashboard is now inactive, due to a new enrollment, how do we remove that inactive provider?**

For the removal of an inactive provider, please reach out to the ODM Integrated Help Desk at 1-800-686-1516 (Option 2) to have the provider removed from your homepage/dashboard.

**I already created my OH|ID but have not received any confirmation email. How do I get access to my account?**

The user should receive a confirmation email within 10 minutes of creating an OH|ID. If email is not in user's inbox, then the user can check their Junk/Spam folder or Clutter folders. If the confirmation email is not in the user's inbox, Junk/Spam or Clutter folders, troubleshooting help will be available on the email verification screen. Providers can add the DONOTREPLY-EnterpriseIdentity@ohio.gov email addresses to their contact list or ask their IT administrators to add this email to the safe-sender list.

**Is there a limit to the number of OH|ID accounts created under one Provider User ID?**

There is no limit to the number of providers that can be managed under one Provider User ID. If multiple OH|ID accounts are created, each account must use a different email address.

**What providers display on my homepage/dashboard?**

The providers that you are an Administrator for or assigned as an Agent for (if your account is an Agent account), are the providers that display on your homepage/dashboard. If you are the Administrator for a group/organization/agency, then you will see the NPI/Medicaid ID for the entity on your dashboard. Access to the group/organization/agency's Medicaid record will allow you to see and update affiliations for individual practitioners affiliated to the entity.

If you are the Administrator for individual practitioners, then those individual practitioners will display on your homepage/dashboard. It is possible to be the Administrator for a group/organization/agency and individual providers, however this is determined by assignment of NPIs/Medicaid IDs to your OH|ID account.

If you are the Administrator for a group/organization/agency, this does not imply that you are automatically the Administrator for all individual practitioners that are affiliated to that entity.

**Why do I need my own OH|ID? Can we share them?**

Sharing OH|IDs is strongly discouraged. OH|ID uses personal information to verify your identity and can be used to access multiple state agencies, boards, and commissions. To protect your personal information, and to protect access to secure Medicaid member information, please create individual OH|ID accounts.

# Administrator and Agent Roles

**What is the difference between the Administrator role and the Agent role in the (PNM) system?**

An Administrator is responsible for the provider. The Administrator signs the provider agreement on the initial new enrollment application and is held accountable for anything included in the provider's application. The Administrator also can set up other users (Agents) with access to Medicaid records.

An Agent can perform specific duties or actions on behalf of the provider and can be granted access by the Administrator to access those screens/functions in PNM. The actions that an Agent is unable to perform are initiating new enrollment applications and assigning Agents to a Medicaid ID. Those actions are only completed by an Administrator.

**How do I know whether I am signed up with an Administrator role or Agent role?**

You can tell which role you have in PNM by viewing the homepage/dashboard. While the homepage/dashboard looks similar for both roles, there are some subtle differences.

An Agent will have the 'My Providers' button displayed on their homepage/dashboard above the table of providers they are assigned to.

An Administrator will have the 'My Providers', 'Account Administration' and 'New Provider' buttons displayed on their homepage/dashboard above the table of providers they are assigned to.

**How do I become a Provider Administrator for an existing provider with a Medicaid ID?**

To be assigned as an Administrator for an existing provider (one who has a Medicaid ID), that provider would need to complete and sign the PNM System Administrator Change Request Form (ODM10304). Once the form has been completed, it needs to be email to pnmsupport@medicaid.ohio.gov with "*Administrator Change Request*" listed in the subject line.

**How do I identify my Provider Administrator?**

If unaware of who the Provider Administrator is for a particular NPI/Medicaid ID, please contact the ODM Integrated Help Desk at 1-800-686-1516 (Option 2) for support.

**What if an Agent accidentally sets up their role to be a Provider Administrator in PNM?**

If a user has selected an incorrect role when signing into the PNM system, please contact the ODM Integrated Help Desk at 1-800-686-1516 (Option 2) to have the role changed to the correct role.

**Can more than one user have an Administrator role for a provider?**

No, only one Administrator role is assigned per provider (NPI/Medicaid ID).

**Can a user with an Administrator role manage more than one provider?**

Yes, a user with an Administrator role can be an Administrator for multiple providers. Each provider the user administers will appear on their homepage/dashboard in PNM.

**As an Administrator, where can I see the names of my Agent users?**

As an Administrator, you can see the names of Agents assigned to a provider by selecting the 'Account Administration' button. After selecting the Medicaid ID for which you wish to view Agents, the name of the Agent will appear under the 'Agent Name' section after they are assigned, while the OH|ID User ID for the Agent will appear under the 'Action' section.

**Can I be an Administrator for one provider (NPI/Medicaid ID) and an Agent for a different provider?**

Yes, a user can be an Administrator for one provider and an Agent for another. However, a single user (OH|ID) cannot have both the Agent and Administrator roles assigned to it. To hold both roles, the Administrator and Agent roles will each need their own unique login (OH|ID) account.

**What if we have five different NPIs that we provide services for? How is that handled?**

A user can have multiple NPIs linked to their own PNM (OH|ID) login. Both Administrations and Agents can view multiple records in their dashboard in PNM. If the user is the Administrator, or an Agent, for a group/organization/agency, that user can also be an Administrator, or Agent, for individual practitioners. Keep in mind there is only one Administrator per NPI/Medicaid ID in PNM.

**Can a user with an Agent role have all the same permissions as an Administrator?**

While an Agent can be assigned many permissions, there are certain processes that only an Administrator can complete. This includes initiating a new enrollment application with Ohio Medicaid and assigning roles to Agents. A user cannot hold both an Administrator and Agent role for the same provider, unless separate OH|ID accounts are created for each role.

The roles available to assign to Agents are listed under Agent Roles at the end of this document.

**Can a user be the Administrator for an individual provider and a group provider?**

Yes, the user with the Administrator role can be the Administrator for multiple providers: individuals, groups, organizations, facilities, etc.

**Can an Administrator assign the Administrator role to another user?**

Yes, this can be completed by clicking the 'Account Administration' button on the homepage/dashboard, selecting the Medicaid ID for the provider that the Administrator will be changing, and filling in the OH|ID user ID (typically an 8-digit number, beginning with a 7) next to "Change Admin To." Once entered, click 'Change Admin' and the provider will no longer show on homepage/dashboard of the Administrator who transferred the provider, but will now display on the new Administrator's homepage/dashboard.

**How is a user with an Agent role given actions and/or granted access to a provider's Medicaid record?**

A user with the Administrator role will select 'Account Administration' from their dashboard. The Administrator will then select the Medicaid ID they want to grant an Agent access to and click 'Add User.' Next, enter the desired agent's OH|ID User ID (number) and the email address associated with that OH|ID account. Once an account is confirmed, the Administrator will choose the actions they want to give to the Agent and click "Save."

**Does each Agent need to be set up with separate permissions by provider (Medicaid ID)?**

Each Agent role can be given separate permissions or actions for each provider (Medicaid ID). These permissions or actions are assigned to Agents by the Administrator. Agents can hold the same permissions as other Agents. If you need to 'bulk' assign Agent permissions, please contact the ODM Integrated Help Desk at 1-800-686-1516 (Option 2).

**Can a provider be linked to more than one agent?**

Yes, Agents can be assigned specific roles for each provider (NPI/Medicaid ID), so multiple Agents may complete different actions for a provider.

**If you use the group Medicaid ID when assigning Agents, will that allow the Agents to access all providers listed under/affiliated with the group?**

Agent assignments in PNM are made by each Medicaid ID number. An Agent with access to a group's Medicaid number can see the group's information (including the individual providers affiliated to the group). However, if changes need to be made to an individual provider's Medicaid record, that Agent would need to be assigned to the individual provider's Medicaid ID to complete that process. Only providers (Medicaid IDs) assigned to an Administrator or Agent will appear on that user's homepage/dashboard.

**My Agents are having trouble requesting to be an Agent. How can this be completed?**

Agents are not able to request to be an Agent for a specific Medicaid ID in PNM currently. The Administrator for the Medicaid ID will need to initiate the process to set up the Agents for that Medicaid ID.

**Is there a backup role for the Administrator who can have the same access permissions?**

There is no designed 'back up' role for an Administrator. An Administrator can reassign their role to another user, using the 'Account Administration' button, if they know they are going to be unable to complete actions during a specific period.

**If the Administrator leaves our company, how can another employee obtain the Administrator role for a Medicaid ID?**

The current process to change Administrators (if they cannot do it through PNM) is to have the practitioner complete the PNM System Administrator Change Request form (ODM10304) and email it to pnmsupport@medicaid.ohio.gov with "*Administrator Change Request*" listed in the subject line.

**As an independent, non-agency provider, will I need to list myself as Administrator and list myself as a provider?**

Yes, you would serve as your own Administrator unless someone else (perhaps someone at an Agency) is overseeing your Medicaid account. The Administator is a PNM role assigned to each Medicaid ID. So, each provider would have an Administator and could also potentially have other users (Agents) with access to the Medicaid record.

**Is there a limit to how many providers an Agent can have access to?**

No, there is no limit to how many providers each Agent can access or complete actions for.

**Can an Agent complete a Comprehensive Primary Care (CPC) application?**

Yes, an Agent assigned the "CPC Agent" action by an Administrator can complete these functions.

**Why isn't the option to change provider information available under an Agent account?**

An Agent can change provider information through an update process, but the Agent would need the 'Enrollment Agent' action assigned to them by the Administrator for the provider (Medicaid ID) to which they wish to make changes. If this is assigned, an Agent can complete updates to the provider record by selecting the provider from their homepage/dashboard (clicking on the Reg ID or Provider hyperlink) and then clicking 'Begin ODM Enrollment Profile Update' under Enrollment Actions.

**I have a login and no providers found. Do I have to email them to get connected?**

If you plan to serve as the Administrator for those providers, you will need to have each of the providers complete the PNM System Administrator Change Request form (ODM10304) to indicate that you will serve as their Provider Administrator. Once the form is completed, it will need to be emailed to pnmsupport@medicaid.ohio.gov with "*Administrator Change Request*" listed in the subject line.

**As an Administrator where do I go to link/set up Agents?**

This is completed via the 'Account Administration' button on the homepage/dashboard. The user will need the Agent's numerical OH|ID User ID and the email address associated with their OH|ID account to link them. The Administrator will oversee providing Agents with specific access to functions in PNM *(see the Quick Reference Guide for Agent Assignment & Actions)*.

**Why don't I have Enrollment access as the Administrator for my staff that are pending, denied or processing?**

If you are the Administrator for an Agency, you will have the Agency's Medicaid ID on your dashboard and can approve any affiliations from individual practitioners. *(See the Quick Reference Guide for Affiliations)*. Even though you have Administrator access for the Agency, if you were not the Administrator who entered the new enrollment application for an individual practitioner, that individual practitioner would not display on your homepage/dashboard. If you have the Agency on your dashboard and still do not have access to approve the affiliations for the Agency, then there is PNM issue, and you should call the ODM Integrated Help Desk at 1-800-686-1516 (Option 2).

**I have numerous Administrator user IDs in MITS; how does that work with PNM?**

A user with an Administrator role in PNM can be the Administrator for multiple providers (NPIs/Medicaid IDs). If linked correctly, an Administrator in PNM would be able to see all the providers they administer displayed on their dashboard in PNM under their single OH|ID User ID login.

**Is there a way for a new provider who hasn't been assigned a Medicaid ID yet to have an Agent assigned to their OH|ID account?**

No, Agents can only be assigned by the Administrator for the provider after the provider has been given a Medicaid ID number and is enrolled with Ohio Medicaid.

**How do we handle adding our organization's information to providers without taking over as Administrators?**

You do not need to be an Administrator for the individual practitioner to add them or edit their affiliations with your organization. If you are the Administrator or Agent for the organization's Medicaid ID, you can complete these updates/changes.
However, if you do need to make changes to the individual practitioner's Medicaid record (under their Medicaid ID), you will need to either be the Provider Administrator or set up as a Provider Agent (with the Enrollment Agent ability) for that individual practitioner's Medicaid ID.

**If I'm an agent for a provider and a new user takes over as the Administrator, can I still see the provider on my dashboard as an Agent and am I still able to make updates?**

If there is an Administrator change for a Medicaid ID, the Agents previously assigned to the provider will be reset/cleared out. The 'new' Administrator will oversee adding Agent accesses to the Medicaid ID.

# Application

**How can I obtain the Medicaid ID number for a provider?**

The Administrator or assigned Agent for the provider, can view the Medicaid ID under the "Medicaid ID" column heading on their homepage/dashboard after the application for enrollment with the Ohio Department of Medicaid has been fully reviewed and processed. For new enrollment applications, the Medicaid ID number is also listed on the Welcome Letter, which is accessible by selecting Provider Correspondence from the Self-Service Selections.

**Will we receive a tracking number, like the Application Tracking Number (ATN) in MITS, to access and locate our application in PNM?**

Each application in PNM is assigned a Registration ID (Reg ID) number when it is created in the system. The Registration ID is linked with the provider (NPI/Medicaid ID) and is displayed on the homepage/dashboard in the far-left column for Administrators and Agents. Upon submitting an update or revalidation, the system generates an additional "Application ID" for internal tracking purposes that falls under the same Registration ID for the provider.

**How many days does a provider have to complete a new enrollment application before it expires?**

10 calendar days.

**I am an Ohio Department of Developmental Disabilities (DODD) or Ohio Department of Aging (ODA) waiver provider. Do I complete my new enrollment application with those agencies in PNM?**

Yes, the process of a new enrollment for a waiver provider application will begin in PNM, but during the process you will be redirected to outside systems. The system used by DODD is the Provider Services Management (PSM). The system used by ODA is the Provider Certification Wizard (PCW).

**When enrolling a resident and fellow to obtain a Medicaid number, who can complete that and how is it completed?**

To obtain a Medicaid ID, a new enrollment application would need to be completed for the individual. This function can only be completed by users who hold the Provider Administrator role in PNM.

**How can I access an approval letter?**

A Medicaid approval/welcome letter can be obtained by accessing "Provider Correspondence" in PNM. It will be listed under "Enrollment Correspondence." After locating the correspondence, click the hyperlink to open a window with the approval letter. A print function is also available on the "Provider Correspondence" page. *(See the Quick Reference Guide for Provider Communications)*

**Why am I receiving emails about a provider that does not appear on my dashboard?**

Correspondence is sent from PNM to the email address(es) listed on the 'Primary Contact Information' page. If you are listed as the primary contact for the Medicaid ID, but you are not an Administrator or Agent for that Medicaid ID, you will not see it in your homepage/dashboard. If you need to find out which Reg ID the correspondence is addressing, email pnmsupport@medicaid.ohio.gov to obtain those details.

**Can I submit or access claims and/or prior authorizations in PNM?**

Self-service functionalities, including claims and prior authorizations, will continue to be completed in the MITS system. However, to access these processes in MITS, a user will need to log into PNM, click the Reg ID or Provider name hyperlink for the provider, and access the direct links for each action, located under the Self-Service Selections, to be redirected to MITS.

**How do I access the self-service functions in PNM (claims, prior authorization, remittance advice, eligibility, etc.)?**

These functions can be accessed from the dashboard. Click either the Reg ID or Provider hyperlink to access the Provider Management Home Page. From the "Manage Application" section located in the middle of the page, click the "+" icon to expand the self-service sections. Available options will appear as links under that heading. Click the link to begin the process. For some functions, i.e., claims, prior authorizations, eligibility verification, and hospice, you will be redirected to MITS to complete the process. *(see the Quick Reference Guide for Accessing MITS Secure Portal from PNM)*

**Why am I not seeing any links or options listed under Enrollment Actions?**

If there is an update either in process by another user or in review by ODM, options will not appear under Enrollment Actions to complete an update. This can be confirmed by reviewing the status listed under the 'My Current and Previous Applications' section on the Provider Management Home page (same page where Enrollment Actions are). If the application is not in an update or review process, and the options are not appearing under Enrollment Actions, please reach out to the ODM Integrated Help Desk at 1-800-686-1516 (Option 2).

**Does the lack of a NPI also prevent providers from making updates/changes to the provider record?**

If the provider has been successfully enrolled with Ohio Medicaid or any other agencies (DODD or ODA) updates should be able to be completed on the provider record by accessing the 'Enrollment Actions' section under the Provider Management Home page.

**Do we need to wait until a provider is no longer pending before begining the disenrollment and reenrollment process for a provider type change?**

A provider cannot be under processing with ODM if they need to be disenrolled. The processing would need to be completed and the 'Request Disenrollment' link would need to appear under Enrollment Actions to initiate that process.

**How do I get a written copy of my application?**

To obtain a written copy of the application, it is important to complete this step prior to submitting for review because the user will not have access to the application while in the review process. To obtain a PDF (Portable Document Format) copy of the application by downloading, click the 'Generate PDF' button in PNM.

**Which provider types should enter a CAQH number on the Provider Information page?**

A CAQH is required for any independent practitoner and provider not working within an inpatient setting or that is not delegated.

**I have a provider on my dashboard with a status of "Converted." What does that mean?**

A 'Converted' status refers to the data conversation that occurred from MITS to PNM when the PNM system launched October 1, 2022. Converted means that the provider's data was converted to PNM but has not had any processes completed or submitted related to the Medicaid record, since that time.

**How do I know if an application I submitted is still being reviewed?**

On the Provider Management Home page, locate the section titled "My Current and Previous Applications." This section provides you with a status for your submission and the far-right column also informs you if they workflow (the review process) has been completed.

**On the Provider Management Home page, under the My Current and Previous Applications, what does the status of "Cancelled" mean?**

"Cancelled" refers to an application that was initiated, such as an update, but was not submitted. Most likely the 10 days passed after the process was initiated and was never submitted, and therefore was cancelled out.

# Behavioral Health Providers

**I have a behavioral health provider who is changing their license type (going from a trainee to a licensed professional). How can I update that in PNM?**

A change to a license can be reflected in PNM by completing an update process. For this update, select the provider from your homepage/dashboard and click 'Begin ODM Enrollment Profile Update' under Enrollment Actions. Once on the update page, select the Specialties page to update. On the Specialties page, you can add the new specialty and update the 'old' specialty by updating/changing the end date of it. After this is completed, click 'Save' at the top of the page, and then select 'Submit for Review' to process the update. *(See the [Quick Reference Guide for Updating or Adding a Specialty](#))*

**I have a behavioral health provider who has multiple provider types. They are a Paraprofessional (Type 96) and a Chemical Dependency Counselor (Type 54). How can I update that in PNM?**

PNM does not allow for multiple provider types to be listed under a single NPI. This would require a change in the provider type (meaning the provider is changing provider type numbers with Ohio Medicaid, *in this case from a 96 to a 54*), then the current provider type will need to be disenrolled and a new application for the new provider type will need to be completed. To disenroll a provider, select the provider from the homepage/dashboard and then click the 'Request Disenrollment' link under Enrollment Actions. Enter an effective date for the disenrollment and select 'Other' as the reason. Once filled out, click 'Save.' The disenrollment will be processed by the Ohio Department of Medicaid Enrollment Team. Once this disenrollment has been processed, the 'old provider' type will show ad 'Inactive' and an application for new enrollment with the new provider type can be initiated. *(See the [Quick Reference Guide for Behavioral Health – Adding Specialties/New Provider Type](#))*

**What if we need to add a specialty such as a 960 QMHS to a 54 CDCA?**

If you need to add a specialty that is in a different scope (the specialty is not related to the provider type listed in PNM), send an e-mail containing the provider's name and identifying number (Reg ID, NPI, Medicaid ID) to the Ohio Department of Medicaid Enrollment Team at [medicaid_provider_update@medicaid.ohio.gov](mailto:medicaid_provider_update@medicaid.ohio.gov).

**On the Key Identifiers page, as a behavioral health provider or group, do I select Professional Medical Group, since there are no choices to select for behavioral health?**

Professional Medical Group is an incorrect provider type for an agency certified for mental health and/or SUD treatment of Ohio MHAS. When creating a new application, select 'Organization' to find the appropriate provider types for a behavioral health agency.

# Key Identifiers

**Is zip code extension a required field to complete on the Key Identifiers page?**

Yes, the Zip Code Extension field must be completed on the Key Identifiers page. An error message displays if this field is not filled out.

**If a provider begins work as a Medicaid provider before their application is entered in PNM, are they able to "back date" their Medicaid Enrollment Effective Date?**

Yes. By selecting the checkbox next to "Are you requesting retro coverage?" on the Key Identifiers page, a user can indicate a "back date" of the Medicaid Enrollment date by entering that date on the 'Requested Effective Date' line. There is also a Provision Check section on the 'Agreements' page of the application that the user will want to select as well, to indicate they are requesting retro coverage.

This would align to Ohio Administrative Code (OAC) rule 5160-1-17.4, stating that certain provider agreements may be made retroactive (up to 12 months) to encompass dates on which the provider furnished covered services to a Medicaid consumer and the service has not been billed to Medicaid. A failure to select the box shall be taken by ODM to mean you waive your right to a retrospective period of months prior to the date ODM approved your application. Be sure to also click the "provision check" box on the Provider Agreements page to confirm your request for retroactive dates.

**If you select the "Are you requesting retro coverage" box, how far back can it go?**

You can select 'retro coverage' for up to 12 months from the date the application is being entered.

**The taxonomy line is not appearing for me, how do I get that to come up?**

After entering the Zip Code Extension field, click the "Save" button. The system will automatically make a call to the National Plan and Provider Enumeration System (NPPES) database, using the NPI number entered, to check which taxonomies are associated with the NPI number. After clicking that initial "Save," the Taxonomy field will display. Select a taxonomy and save again to proceed.

**Do I need to enter a taxonomy, or can I leave that field blank and proceed?**

The Taxonomy field is a required field to be completed on the Key Identifiers page. Information must be listed in the field to proceed with the application.

**What if the taxonomies listed are not ones I want to choose?**

The taxonomies in the drop-down menu are the ones associated with the provider's NPI on the National Plan and Provider Enumeration System (NPPES). If you want different taxonomies to display, you will need to update the record with the NPPES database.

**Can I select more than one taxonomy on the Key Identifiers screen?**

Only one taxonomy can be selected on the Key Identifiers screen, but additional taxonomies can be listed on the application under the 'Taxonomies' page.

**What option do you pick to make sure the Edit Key Provider Identifiers option is available to an Agent? Is it built into the Enrollment Agent or Group Agent option?**

"Edit Key Identifiers" should display if the 'Enrollment Agent' option is selected for an Agent. If there is an update either in process by another user or in review by ODM, options for enrollment, such as completing and update, will not appear under Enrollment Actions. If the application is not in an update or review process, and you do not have the Edit Key Identifier's option appearing, please reach out to the ODM Integrated Help Desk at 1-800-686-1516 (Option 2).

**How long does it take for Key Identifiers updates to process?**

If it is an update that requires a manual review (such as a name change), please allow several weeks for the Ohio Department of Medicaid Enrollment team to process this change.

# Pages

## Address

**What if the address I enter is not in the USPS database?**

PNM will run a check of all addresses against the United States Postal Service (USPS) database. If the address listed in PNM is not valid per USPS and the application needs to proceed, click the "Overwrite Address Validation" box.

**When entering an address, are suite numbers accepted?**

PNM allows suite numbers to be entered if the suite number is part of a valid address in the USPS database.

**On an address page, if I click the checkbox for "Same as Practice Location" can I edit address information after it populates?**

Yes, clicking the checkbox will populate the primary service address information in the address boxes, but this information can still be edited.

## Affiliations

**How does an individual provider indicate they are affiliated with a group or organization?**

This is indicated on the Group, Organization & Hospital Affiliations page within PNM. *(See the Quick Reference Guide for Affiliations)*

**How does a group indicate which individuals are affiliated with them?**

This is indicated on the Group, Organization & Hospital Affiliations page within PNM. *(See the Quick Reference Guide for Affiliations)*

**I have an individual practitioner who is listed as 'Pending Approval' on the Affiliations page, but they have received their Welcome Letter. Why aren't they approved?**

'Pending Approval' on the Affiliations page indicates that the individual practitioner is pending approval as an affiliate to a group/organization/agency. A member (the Administrator or an Agent with the 'Enrollment Agent' role) of the group/organization/agency must confirm the individual practitioner's affiliation in PNM. This is fulfilled by initiating and completing an update under the group/organization/agency's Medicaid ID in PNM. A practitioner is still able to obtain a Welcome Letter and Medicaid ID, even though an affiliation is 'pending.'

**If I click "Add New" by mistake, can I go back or delete it?**

Yes, clicking the "Cancel'" button will cancel out any selections or information that was entered.

**If you add a new provider as an affiliate for your practice, will that information be sent to the Managed Care Organization? Or we must contact each individual Managed Care Organization to add the provider?**

If an individual practitioner is affiliated with a group/organization/agency, and that affiliation is showing as 'Active' on the Affiliations page, this information should be provided to the Managed Care companies in a report (Provider Master File) that is sent daily to the MCOs.

**Why isn't my provider showing on the Provider Master File (PMF) that is sent to the Managed Care Organizations?**

For an individual provider to show on the Provider Master File (PMF) for your group or agency, the status of that provider's affiliation must be 'Active'. 'Confirmed' providers will not be on the Provider Master File. If an update has been completed to confirm the provider as an affiliate, it is imporant to save the page with the updated information and then click 'Submit for Review' for the updated affiliation to be processed.

**How long does it take for an affiliation to go from a 'Confirmed' status to an 'Active' status?**

This information should be updated in a matter of minutes after 'Submit for Review' has been selected, assuming no other updates requiring manual review were completed in the same sitting. If individual practitioners are not listed on the roster, it is possible the affiliation submitted on an individual provider application may have not be confirmed by the group. This can be completed through an update process under the group's Medicaid ID number. For any updates, make sure to click 'Submit for Review' to process the update. This includes additions, confirmations, or removals of individual practitioner affiliations. *(see the Quick Reference Guide for Affiliations)*

**Does the group affiliation have to be requested from the individual level, or can a group complete that from their side?**

The affiliation can be completed either by the individual provider or the group. Only the group needs to confirm an individual provider if the individual indicates affiliation. The individual does not have to confirm the group.

**Can individuals remove a group affiliation without the group confirming?**

No, an individual can only request affiliation with a group or organization. Once the affiliation is confirmed by the group or organization, that entity will manage the affiliations, including the ability to remove an individual.

**Can I list an affiliation with a hospital under the group section and the hospital section?**

Yes. As an individual provider, if you enter information to affiliate with a Hospital under the group section, the hospital will need to confirm your affiliation. Anything entered the Hospital Affiliation section is meant to be informational. This includes asking if the provider practices exclusively in an inpatient setting and with what hospital the provider may have privileges.

**As a hospital provider, do I need to confirm affiliations?**

Yes, if the provider lists an affiliation with your hospital under the Group Affiliations section, this affiliation will need to be confirmed. If it is listed under the Hospital Affiliations section, this does not need to be approved.

**Can you confirm affiliation for providers that have applied, but have not been approved for Medicaid enrollment yet?**

It is the best practice to wait until the provider is approved and they have their Medicaid ID assigned to confirm affiliation. PNM will not allow you to have a 'Confirmed' status for their affiliation until they have finalized. If you attempt to confirm while the new enrollment application is in the review process, a status of "Individual Enrollment Pending Approval" displays for that individual practitioner.

**Where can I find the Provider Master File that is sent to the MCO plans?**

The Provider Master File is an internal file sent automatically from PNM to the MCOs. It is not a file accessible to any users in PNM.

**I have providers that I need to remove from our group, but it says that I need to revalidate them before removing them, why can't I just go in and remove them?**

Currently in PNM, a provider who displays as 'Requires Revalidation' cannot be removed as an affiliate until that revalidation has been completed.

**Can I add more than one affiliate at a time?**

Yes, you can save the first affiliate then click the 'Add New' option to add more affiliates as needed.

**What if PNM does not allow me to confirm an individual who is 'Pending Approval'?**

If the system displays an error message that is preventing you from confirming an individual, you can note the name and NPI of the individual and then click the red 'x' icon to delete the line. Then, click 'Add New' and follow the steps (Pages 7-9) for adding an individual affiliate.

**What if my provider has more than one location where they practice? How do I enter that?**

PNM only allows one rendering location to be entered per affiliate line. If an individual provides services at several locations, and multiple rendering locations need to be listed, enter an additional line (by clicking 'Add New') with the provider's information but select a different rendering location from the drop-down menu. The selections available in the drop down are the Primary Service Address and Other Service Locations addresses listed on the group/organization/agency's Medicaid record.

**Can I add an individual provider as an affiliate before they get their Medicaid ID? What would the start date be, if they don't have an effective date with Medicaid, meaning they have not been assigned a Medicaid ID yet?**

The best practice is to add the provider as an affiliate once they are enrolled in Medicaid (have a Medicaid ID). This is to ensure the addition goes in correct with the proper effective date and ensures that the provider gets to the 'Active' status.

**Is the affiliation only added during an update, or can it be listed on a new application submission?**

An affiliate can be listed on a new application submission as well as an update. You will have to hit the 'Add New' button to add a new affiliate.

**Can we see that the Affiliation status has been updated to 'Removed'?**

Yes, when you first select to remove an affiliate, the status will display as "Pending Removal" but will be updated to "Removed" within the Affiliation status column after the removal is processed. Both statuses are written in red text.

**Can the Start Date be the date from which the provider has joined our agency?**

Yes, but if the date listed for the start date cannot be prior to the practitioner's effective date with Ohio Medicaid.

**Can we edit the Start Date to back date the affiliates start date with us?**

To change a start date, you would need to go into PNM and initiate an update under the organization's Medicaid ID. Then, locate the practitioner that you wish to change, click the edit icon, and update the start date. Upon completing that, save the page, and then submit the update for review. You should have the ability to put in a start date going back to the practitioner's effective date with Ohio Medicaid. If PNM is preventing you from completing this, please reach out to the ODM Integrated Help Desk at 1-800-686-1516 (Option 2).

**When we affiliate a provider in our group and click Submit for Review. Will the provider be listed on PNM Dashboard once approved?**

No. The providers listed on your dashboard are ones assigned to your PNM user account (OH|ID). For a provider to appear on your dashboard you would need to be the assigned Provider Administrator or Provider Agent (depending on your account's role) for that provider's Medicaid ID.

**Do affiliates that we have removed disappear from the table of affiliates on the Group, Organization & Hospital affiliations page?**

Practitioners who are affiliated or have been affiliated with your organization will always appear on the table on the 'Affiliations' page. You can select the 'Display Active Only' box to only see the practitioners with an 'Active' status.

**If we add an affiliate to our group, does our group address information appear on their individual Medicaid record?**

For accuracy of the individual's Medicaid record, if you have access to that record, you will want to put in all the information related to that individual. This would include any locations where they provide services.

**If we have a provider that is seeing patients at multiple locations in our organization, do we need to add them as an affiliate under each address where they see patients?**

It is encouraged to add individuals as affiliates for all rendering locations where services are being provided by that individual for your group/organization/agency.

**I have providers who leave our organization, should I disenroll or remove affiliation?**

You never want to disenroll because it will remove the provider completely from their enrollment with Ohio Medicaid. If they are no longer affiliated with your organization, you will just remove them as an affiliate. The Affiliations Quick Reference Guide (pages 10-12) cover this process.

**Are providers allowed to be linked to FQHC and CMHC rosters?**

Individual practitioners can be affiliated with FQHC and CMHC in PNM. If these rosters are created based on the affiliation information, the individual practitioner details should be included.

**Are there features that prevent crossovers for a provider between agencies, affiliated NPIs, etc.?**

There is no set limit in PNM to the number of agencies that an individual practitioner can be affiliated with. If that group/organization has their name and NPI, they can list that individual practitioner has an affiliate for their group/organization.

**Are all provider types required to have affiliating providers listed in PNM for claims to pay if they are attending physicians on the claim?**

PNM does require affiliations for most group/organization providers. This is dependent on the provider type. PNM will indicate in red text on the Group, Organization & Hospital Affiliations page whether information on that page is required.

**Can an NCQA certified CVO still 'opt out' of the centralized credentialing plan?**

If an entity has a delegated credentialing agreement with ODM in place, they can indicate, via a checkbox, on the Group, Organization & Hospital Affiliations page, that any newly enrolling providers engaged in that agreement have delegated credentialing. Checking the 'delegated credentialing' box indicates that the review of the application should not be sent to the centralized credentialing team.

## EFT Banking

**Do I need to enter details on the Electronic Funds Transfer (EFT) Banking Information page?**

Details are only required to be completed on the EFT Banking Information page if you select "Yes" to the question *"Do you expect to receive payment directly from the state Medicaid program as opposed to only payment from the managed care contractors?"*

If "No" is selected, no further banking details need to be entered on the page.

**Is the contact that needs to be listed on the EFT Banking Information the provider or the financial institution?**

The EFT contact information would be for the provider or whoever handles the financial information/transactions on behalf of the provider.

## Managed Care Plan (MCP) Affiliations

**Where do I enroll or indicate information for Medicaid Managed Care Plans (MCP)?**

When completing a new enrollment application, if the provider is interested in contracting with one of the Ohio Medicaid Managed Care Plans, check "yes" and then indicate which plan(s) the provider is interested in on the MCP Affiliation page. The MCPs will receive information regarding all interested providers and can reach out directly if they intend to pursue contracts for in-network panels. Once a Managed Care Plan has been confirmed, it will show under the "Confirmed Affiliations" section of the MCP Affiliation page. The purpose of this interest file is to reduce the amount of time a provider must wait for potential contracting with the Managed Care Entities (MCE). Contracting is at the discretion of MCEs.

If you are planning to bill a Managed Care Organizations as a group or agency for services provided by an individual practitioner, then you will want to make sure that individual practitioner is added as an affiliate for your group or agency under the Group, Organization & Hospital Affiliations page.

**If I get credentialed by ODM, do I need to contract with a managed care organization?**

Yes. All providers serving members enrolled with a Managed Care Plan are required to be credentialed by ODM, based on their provider type. Providers do not need to be credentialed by each Managed Care Plan. Being credentialed is different from contracting with a Managed Care Plan. Providers will need to contract with each managed care plan. The terms of those contracts must be negotiated separately between the plan and the provider.

**Do I update Medicaid Managed Care Plan (MCP) information in PNM?**

The only information indicated on the 'MCP Affiliations' page in PNM is, during a new enrollment application, if the provider is interesting in contracting with a Managed Care Plan, they can indicate their interest by selecting the appropriate boxes. Otherwise, the MCP Affiliations page contains details for informational purposes only. No details regarding a provider's contract or relationship with a Managed Care Plan is manually added or edited on this page.

## Owner Information

**Which owners need to be listed on the Owner Information page?**

Each person with a direct or indirect ownership or control interest of 5 percent or more in the provider entity need to be listed on the Owner Information page. In addition, list the same information for any subcontractor in which the provider entity has direct or indirect ownership or control interest of 5 percent or more. If you are an individual and you are a solo practitioner and you own 100 percent of your practice, then you would just list yourself as 100% owner.

**What is the definition of a "subcontractor" listed on the Owner Information page?**

A subcontractor is any supplier, distributor, vendor, or firm that furnishes supplies or services to or for a prime contractor or another subcontractor, except for providers of direct medical services or supplies pursuant to the carrier's health benefits plan. If any additional clarifications are needed, review the rules and information set by the Centers for Medicare and Medicaid Services (CMS).

**When entering information for an FQHC, how can I list the board member details, since PNM does not allow me to list 0% for ownership?**

If you need to list the information for individual board members on the Owner Information page, click 'Add New.' When adding the individual's details, select 'Managing Employee' as the Ownership Type. Selecting this option does not require an ownership percentage to be listed. Therefore, the individual details for each board member can be listed without having to worry about listing an ownership percentage for the individual.

## Specialties

**Can multiple specialties be added to a provider?**

Yes, multiple specialties can be added for a provider. While a primary specialty must be added to the provider record first, additional secondary specialties can also be added. The available options displayed in the specialties drop-down menu are based on the provider type selected.

**If I update specialties, does it go through a manual review process?**

Yes, an update to specialties requires a manual review by the Ohio Department of Medicaid Enrollment Team and therefore the change to specialties will not be seen instantaneously.

**What if I am trying to add a specialty that does not appear on the drop-down menu on the Specialties page?**

The specialties displayed in the drop-down menu on the Specialties page are coded based on the provider type selected. If you need to add a specialty that does not appear on the drop-down list, please send an email to medicaid_provider_update@medicaid.ohio.gov with the provider's name and identifier (Reg ID/Medicaid ID/NPI) along with the specialty that needs to be added.

**When a practitioner changes their specialty, would the start date change to when their new credentials became active, or will it stay as when they became enrolled with Medicaid?**

No, the start date listed on the affiliations page is the start date for the affiliation with the group or organization. A change to a specialty for an existing provider would not change this start date.

**How do we edit the primary specialty if it no longer applies?**

Editing primary specialties can be made through PNM, however, a change to a primary (such as ending it) cannot be made until another specialty has been promoted to the primary.

To promote a specialty to the primary, it must be listed as a secondary specialty and have an Enrollment Status of 'Active.' To make it the primary specialty, click the 'pencil and paper' icon and select the box "Designate as Primary." Once selected, click "Save." The secondary specialty will now become the primary, and the previous primary, can now be ended by clicking the 'pencil and paper' icon and entering an End Date.

## Required Documents

**What is required to be uploaded on the Professional License page?**

A document stating the provider's name, who they are licensed through, the license number, and an expiration date must be uploaded on the Professional License page, if information is not able to be obtained from Ohio e-license. This could be the license issued directly from the board or another document containing all previously stated information.

**How can a behavioral health Paraprofessional (Provider Type 96) indicate their education history?**

The applicant is required to upload their high school diploma or General Education Development (GED) to PNM, under the Required Documents page, before submitting a new enrollment application.

**Are verifications from ODH websites acceptable when required to upload documents such as a state license, CLIA certificate, Medicare number, etc.?**

Yes, verifications from Ohio Department of Health (ODH) websites are acceptable to use when those required documents are asked for by PNM.

**Can we delete a license that is no longer applicable?**

For audit purposes, PNM does not allow you to 'delete' the information, but you can provide an expiration date if the license has ended. You can click "Add New" to enter details relating to a new license that may be held.

# MITS and PNM Relationship

**Can I still access MITS?**

MITS may still need to be accessed if the user needs to complete self-service functionalities, such as claims, prior authorization, eligibility, etc. Users will need to log in to PNM but can access these functions by clicking on the appropriate link under the Self-Service functions that will redirect to MITS. *(see the Quick Reference Guide for Accessing MITS Secure Portal from PNM)*

**Does the Medicaid ID for an existing provider in MITS change when providers are transferred to PNM?**

No, the Medicaid ID number assigned to an existing provider remains the same after the data is converted to PNM.

**When I click on the Remittance Advice link under Self Service selections, it no longer redirects me to the MITS portal. How can I access Remittance Advice?**

Remittance Advice documents can be accessed within the PNM system by clicking on the Remittance Advice link under the Self-Service Selections; this includes non-claims Remittance Advice. Complete the Remittance Advice search and select the 'Download Report' link under the search results.

**When I transfer to the MITS secure portal, I cannot see the link I need (to verify recipient eligibility or prior authorization). Why is this not displaying?**

If the user is an Agent, ensure the Provider Administrator assigned the appropriate security role in PNM to allow the Eligibility link to be available on the MITS secure portal for the provider selected in PNM. If that has been completed, once in MITS, look for an 'Account' selection and the button for 'Switch To' to switch to different provider accounts that the user has access to.

**Will the current enrollment information in MITS automatically transfer to PNM?**

Yes, enrollment information in MITS is accessible in PNM**.**

**Can I access Cost Report information in MITS?**

Cost Report and Rate Setting information is accessed through Myers and Stauffer. By clicking on the link for 'Cost Report and Rate Setting' under the Self-Service Selections, you will be redirected to the Myers and Stauffer site. If you need to access historical Cost Reports (reports from years past), those can still be accessed through MITS. To access MITS, click on any of the links (Ex. claims or prior authorization) under the Self-Service Selections to be redirected to the MITS portal.

# Return to Provider

**If an application is sent back to me, will I receive a notification?**

Yes, the person listed as the Primary Contact on the application will receive an email stating that a notification has been received in PNM and prompt them to log in to PNM to review and act, if necessary. Details of the return reason can be found by accessing Provider Correspondence. *(see the Quick Reference Guide for Provider Communications)*

**If an application is sent back to me for more information, how long do I have to respond?**

Once an application is returned to a provider, the timeframe will vary based on different processes. Please refer to your Return to Provider (RTP) notice, located under the Provider Correspondence link, for additional details.

**When receiving an email regarding a Return to Provider Notice, where can I locate the reason for the return?**

Specialists reviewing the application/Medicaid record should be entering notes when they 'return to provider' indicating the specific reasons for the return. These notes will be listed on the RTP Notice correspondence that you can access in PNM. If, unfortunately, these notes were not added, the best way to find out the reasons for return would be to contact ODM Enrollment at 1-800-686-1516 (Option 3 followed by Option 3).

# Revalidation/Reenrollment

**How often do I need to complete a revalidation or reenrollment?**

Per provider agreements with Ohio Medicaid, a revalidation or reenrollment needs to be completed every three years for credentialed providers and every five years for non-credentialed providers.

**When can I begin a revalidation in PNM?**

The option (link) in PNM under 'Enrollment Actions' on the Provider Management Home page to "Begin Revalidation" appears 120 days (about 4 months) prior to the provider's revalidation due date.

**Will I receive notifications if I am due for revalidation?**

Yes, PNM will send correspondence via email (or text notification, if enabled) to the Primary Contact listed on the provider's Medicaid record 120 days (about 4 months) prior to the revalidation due date and then every 30 days (about 4 weeks) after that until the due date.

**If I am a credentialed provider, going through recredentialing (revalidation/reenrollment) in year three, and have paid my application fee in the past five years, do I need to pay it again?**

No, if you are recredentialing in year three, but have paid the application fee when you created the new enrollment application, you have satisfied the requirement of paying one fee in five years and can indicate a waiver request.

**Can an Agent complete revalidation for a provider?**

Yes, an Agent with the 'Enrollment Agent' role can submit revalidations on behalf of the provider. In PNM, the provider will have the "Begin Revalidation" link appear under 'Enrollment Actions' for that Medicaid ID, and a notice will be made available on their Correspondence page. The person who completes a revalidation must be assigned as an Administrator or Agent (with the Enrollment Agent action).

**I am about to perform a revalidation for one of our groups. Does the same option appear for the group as it does for individuals?**

Yes. If you are completing a revalidation for a group, the "Begin Revalidation" option should appear under the Enrollment Actions selections of the group's Medicaid ID. If you are the Administrator for the group's Medicaid ID, or an Agent with the 'Enrollment Agent' action assigned, you can complete the revalidation for the group through PNM.

**Do you have to upload a W9 again for a revalidation or is that only needed for the initial enrollment?**

A W9 is only needed for initial enrollment. The only reason that you would upload one during Revalidation would be if it is different than the one that was added during initial enrollment.

**Can I make updates to the Medicaid Record when I am within 120 days of revalidation?**

The 'Begin ODM Enrollment Profile Update' link will not appear under 'Enrollment Actions' when the provider is within 120 days of revalidation. Instead, 'Begin Revalidation' displays. If updates to information need to be made for the provider, they can be completed as part of the revalidation process.

# Updates

**If I update an address (e.g., a billing address) of a group's record, does this update the billing address for all the individual providers under that group?**

Unfortunately, no. Changes in information must be updated on each record, meaning that if there is a change needed for the individual provider, the update must be initiated and completed under the individual provider's Medicaid ID. There is not a current functionality in PNM for global changes.

**Why don't I have the 'Begin ODM Enrollment Profile Update' link under Enrollment Actions?**

If the application/Medicaid record is currently in a review process, or an update has been initiated by another user (Administrator or Agent for that Medicaid ID), then no options will be listed under Enrollment Actions. After the update process and all reviews are completed, the options/links will display again under Enrollment Actions. You can determine whether a review is in progress by reviewing the information listed under the 'My Current and Previous Applications' section of the Provider Management Home page.

**Why do I need to click 'Submit for Review' or 'Submit Update' when I make changes to a Medicaid record in PNM?**

The 'Submit for Review' or 'Submit Update' buttons ensure that the update is processed correctly. Some updated information may require a manual enrollment review process and clicking the submit button ensures the information goes to the correct party to review. If the update does not require a manual review process, clicking the button makes sure the automated system review process is initiated and the updates are confirmed.

**How do I know if I completed an update, and the changes are being processed?**

After updating or changing any information in PNM, it is critical to click 'Save' on each updated page and then select the 'Submit for Review' or 'Submit Update' button. If the update is not submitted, it will not be processed. Once the update is submitted, a confirmation message is displayed in PNM to verify that it was submitted. If the link under Enrollment Actions shows 'Continue ODM Enrollment Profile Update' that indicates that the update process has been started but has not been completed/submitted. You can also determine whether a review is in progress by reviewing the information listed under the 'My Current and Previous Applications' section of the Provider Management Home page.

**How long does it take for updated information to show in PNM?**

The timing of the updated information showing in PNM is dependent upon what information is updated. Some updates, such as a change of name or change in specialties, require a manual review by the Ohio Department of Medicaid Enrollment Team. These manual reviews may take days/weeks to complete. Other updates, such as change in billing address or affiliations, go through an automated review process with the changed data appearing sooner.

**Can I make updates if a previous update or revalidation is being reviewed?**

No. You will not be given the option to complete an update if a previously submitted update, or revalidation, is currently being reviewed by the Ohio Department of Medicaid. This includes the inability to make changes to affiliations while an update/revalidation is being reviewed. Once all review processes have been completed, the option to "Begin ODM Enrollment Profile Update" will display under the 'Enrollment Action Selections.'

**Can I update information in PNM by clicking on the 'View Provider File' link under the Self-Service Selections?**

No, to change or update information in PNM the "Begin ODM Enrollment Profile Update" link *(shows as "Continue ODM Enrollment Profile Update" if the update process has been initiated)* must be selected. After selecting the update link, update the information and save each page where information is updated. Then click 'Submit for Review' or 'Submit Update' to process the update. The "View Provider File" link that displays under the Self-Service Selections provides a view-only version of the record. Changes cannot be completed or processed correctly under the view-only selection.

**If a provider's license expiration date needs to be updated but "Begin Revalidation" is listed under the Enrollment Actions, how can I complete that update?**

Begin the revalidation and that will allow you to update the license section with the new one. Once the revalidation is approved it'll have the new information with the new expiration date.

**When I complete an update, why cannot I not see the 'Submit for Review' button?**

You will need to make sure that you click 'Save' on the updated page first. Saving the page should put a 'red dot' icon in the navigation bar. Once the page is saved, then the 'Submit for Review' button should appear. If you have completed these steps and the button does not appear, please contact the ODM Integrated Help Desk at 1-800-686-1516 (Option 2).

**How do out-of-state providers update the term date on their license in PNM?**

A user can edit license information by selecting the Reg ID from the dashboard and then the 'Begin ODM Enrollment Profile Update" link under the Enrollment Actions on the Provider Management Home page. Then, select to update the 'Professional Licenses' page. For the license information an expiration date and license status can be indicated. Once the update is complete, click Save and then Submit for Review, to process the update.

**When a provider is employed by several entities, how can information be updated for each entity with only one administrator allowed per provider?**

The Provider Administrator or any Agent assigned to the individual practitioner's Medicaid ID (with the 'Enrollment Agent' ability granted by the Administrator) can update information on the individual practitioners Medicaid record. If the Administrator and Agents work for different entities, if they are assigned to the Medicaid ID with the proper roles to edit information, they can do so.

**Will PNM automatically update Ohio license expiration dates as they renew?**

Yes, the e-license call from PNM to Ohio licensing will update Ohio licenses if the license number is entered properly in PNM.

# Miscellaneous

**Where are CPC attestations linked to a provider?**

CPC attestations are affiliations to the primary Medicaid ID. During the open enrollment period for CPC, when a user begins their enrollment, there is a page which contains a list of CPC attestations that the user must review and check boxes for.

**When will electronically submitted claims be available to view in the PNM system?**

No set date has been determined for this function in PNM. The PNM currently has the ability for users to access Remittance Advice documents under the Self Service selections on the Provider Management Home page.

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# Agent Roles

| Role Name | Description |
|---|---|
| **1099 Information** | Agent role with the ability to update 1099 Information |
| **Claim Search** | Agent role with the ability to search for claims information |
| **Claim Submission** | Agent role with the ability to submit claims |
| **Correspondence** | Allows agents the ability to access and read correspondence/communications in PNM sent to the provider |
| **CPC Agent** | Allows agents access to update and submit CPC Applications |
| **Deemed Eligibility** | Agent role needed for access to Ohio Benefit's Eligibility Portal |
| **DODD Secondary User** | DODD User role that can make updates to DODD registrations, based on the assignment of facility or contract number. Granted access by the CEO Certified provider role |
| **Eligibility** | Agent role with the ability to search for recipient eligibility |
| **Enrollment Agent** | Agent role with the ability to update provider information and submit revalidations on behalf of the provider |
| **FQHC Cost Report Upload** | Agent role with the ability to upload FQHC Cost Reports |
| **Group Agent** | Allows agents access to CPC Group Member, Group, Group Affiliation, Group Member, Group Members |
| **Hospice Enroll Maintenance** | Agent role with the ability to maintain Hospice enrollments |
| **Hospice Enroll Search** | Agent role with the ability to search Hospice enrollments |
| **Hospital Contact** | Agent role with the ability to update Hospital Addresses on behalf of the provider |
| **Hospital Cost Report Upload** | Agent role with the ability to upload Hospital Cost Reports |
| **Lead Investigation Cost Report Upload** | Agent role with the ability to upload Lead Investigation (LI) Cost Reports |
| **MDS Report** | Agent role with the ability to download MDS Reports. This individual must be an employee of the provider |
| **OHF Cost Report Upload** | Agent role with the ability to upload OHF Cost Reports |
| **Prenatal Visit** | Agent role needed to authenticate with Duet's Nurture Ohio System |
| **Prepare Save LTC Cost Report** | Agent role with the ability to prepare LTC Cost Reports and Trade Files |
| **Prepare Save MSP Cost Reports** | Agent role with the ability to approve MSP Cost Reports |
| **Prior Authorization Search** | Agent role with the ability to search prior authorizations |
| **Prior Authorization Submit** | Agent role with the ability to submit prior authorizations |
| **Provider Payment Innovation Reports Agent** | Agent role with the ability to view the HAVEN reports |

| | |
|---|---|
| **Retrieve Reports** | Agent role with the ability to retrieve various provider reports |
| **RHC Cost Report Upload** | Agent role with the ability to upload RHC Cost Reports |
| **Sign Approve LTC Cost Report** | Agent role with the ability to approve LTC Cost Reports and Trade Files |
| **Sign Certify FQHC Cost Report** | Agent role with the ability to approve FQHC Cost Reports |
| **Sign Certify Hospital Cost Report** | Agent role with the ability to approve Hospital Cost Reports |
| **Sign Certify MSP Cost Reports** | Agent role with the ability to approve MSP Cost Reports |
| **Sign Certify OHF Cost Report** | Agent role with the ability to approve OHF Cost Reports |
| **Sign Certify RHC Cost Report** | Agent role with the ability to approve RHC Cost Reports |
| **Trade Files** | Agent role with the ability to view Trade Files in MITS |
| **View FQHC Cost Report** | Agent role with the ability to view FQHC Cost Reports |
| **View Hospital Cost Report** | Agent role with the ability to view Hospital Cost Reports |
| **View LI Cost Report** | Agent role with the ability to view LI Cost Reports |
| **View LTC Cost Report** | Agent role with the ability to view LTC Cost Reports and Trade Files |
| **View MSP Cost Report Due Date** | Agent role with the ability to view MSP Cost Report Due Date |
| **View MSP Cost Reports** | Agent role with the ability to view MSP Cost Reports |
| **View OHF Cost Report** | Agent role with the ability to view OHF Cost Reports |
| **View Provider Reports** | Agent role with the ability to view Provider Reports in PNM |
| **View Remittance Advices** | Agent role with the ability to view remittance advice |
| **View RHC Cost Report** | Agent role with the ability to view RHC Cost Reports |
| **View SURS** | Agent role needed to view SURS File Type Overpayment Letter and SURS Reconsideration Response |

# Glossary

**ATN – Application Tracking Number**

An identification number used to track applications in the MITS portal.

**CLIA – Clinical Laboratory Improvement Amendments**

A body regulating laboratory testing and requirements for clinical laboratories to be certified by the Center for Medicare and Medicaid Services (CMS) before they can accept human samples for diagnostic testing.

**CPC – Comprehensive Primary Care**

A patient-centered medical home program, which is a team-based care delivery model led by a primary care practice that comprehensively manages a patient's health needs.

**DODD – Ohio Department of Developmental Disabilities**

An administrative department of the Ohio state government is responsible for overseeing a statewide system of supportive services that focuses on ensuring health and safety for people with developmental disabilities.

**EFT – Electronic Funds Transfer**

A digital transfer of monetary funds through an online payment system.

**IHD – Integrated Help Desk**

A support phone number, 1-800-686-1516, users can contact for assistance with Ohio Department of Medicaid questions or using the PNM system.

**IOP – InnovateOhio Platform**

Fuels online access to state data and government services with nationally recognized digital products, self-service data analytics capabilities and secure data sharing.

**MCD ID – Medicaid Login Identification**

The username login a user enters to access the MITS portal.

## MCE – Managed Care Entities (also referred to as MCP – Managed Care Plans)

Business that provides coordinated access to medical services for individuals. Ohio Medicaid contracts with these services to provide health care coverage to Medicaid recipients. Providers may contract with these Managed Care Entities to bill the entities for services rendered on Medicaid recipients.

## MITS – Medicaid Information Technology System

The system used as the primary portal to access data for enrolled Medicaid providers or to apply as a newly enrolling Medicaid provider. MITS will be phased out as the primary portal as the PNM system launches in a stepped rollout.

## NPPES – National Plan and Provider Enumeration System

A database which provides basic information about all organizations and individual providers with a National Provider Identifier (NPI).

## NPI – National Provider Identifier

A unique identification number for covered health care providers.

## ODA – Ohio Department of Aging

An administrative department of the Ohio state government responsible for delivery of services and support that improves and promotes quality of life and personal choice for older Ohioans, adults with disabilities, their families, and their caregivers.

## ODH – Ohio Department of Health

An administrative department of the Ohio state government responsible for coordinating activities for child and family health services, children with medical handicaps, early intervention services, nutrition services, and community health services; ensure the quality of both public health and health care delivery systems; and evaluates health status, prevents, and controls injuries and diseases (chronic and infectious) and promotes good health.

## ODM – Ohio Department of Medicaid

An administrative department of the Ohio state government responsible for improving wellness and health outcomes for individuals and families by delivering health care coverage to more than 3 million residents of Ohio through a network of more than 165,000 providers.

## OH|ID – Ohio's Digital Identity

A single account allows users to access various websites used by agencies throughout the State of Ohio.

## PCW – Provider Certification Wizard

A web poral used by providers to access information and complete processes for the Ohio Department of Aging.

## PHE – Public Health Emergency

A declaration made by the Secretary of the Department of Health and Human Services to take certain actions in response to the handing an actual or potential public health crisis. The PHE referred to in this document is related to COVID-19.

## PNM – Provider Network Management (System)

The system was used as of October 1, 2022, to access data for enrolled Ohio Medicaid providers or to apply as a newly enrolled Medicaid provider.

## PSM – Provider Services Management

A web poral used by providers to access information and complete processes for the Ohio Department of Developmental Disabilities.

## Reg ID – Registration ID

An identification number used to track applications in the PNM system.

## USPS – United States Postal Service

The database from which addresses are verified in PNM.