USER MANUAL

Provider Financials & Remittance Advice

Department of Medicaid

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Introduction

This desk reference provides the steps and functions of accessing provider financial information including a transaction summary of claim information, 1099s, and remittance advices in the PNM system.

If the provider is set up to receive electronic remittance advices, that enrollment will remain in place and also apply to payments from managed care plans without additional enrollment needed. All remittance advices for fee-for-service and managed care claims submitted through the PNM portal or EDI will be available in PNM or Providers currently enrolled to receive Electronic Remittance Advice for fee-for-service Medicaid will automatically be enrolled to receive Remittance Advice and direct payments for the Managed Care Plans. No reenrollment will be needed. All Remittance Advice for fee-for-service and Managed Care Plan claims, whether submitted through the PNM portal or EDI, will be available for review on the PNM portal.

Managed Care Entities will not have a history of Remittance Advice in PNM. Starting from 2/1/2023, remittance advices is available in PNM as part of the Next Generation of Ohio Medicaid.

For a Provider Agent user to access financial documents, the role/action *"1099 Information"* must be assigned to the Agent by the Provider Administrator for the Medicaid ID for which the financials documents are pulled.

For a Provider Agent user to access remittance advice information, the role/action *"View Remittance Advice"* must be assigned to the Agent by the Provider Administrator for the Medicaid ID in which the remittance advice is pulled.

Provider User Initial Login

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

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

Step 2: Click **Log in with OH|ID**.
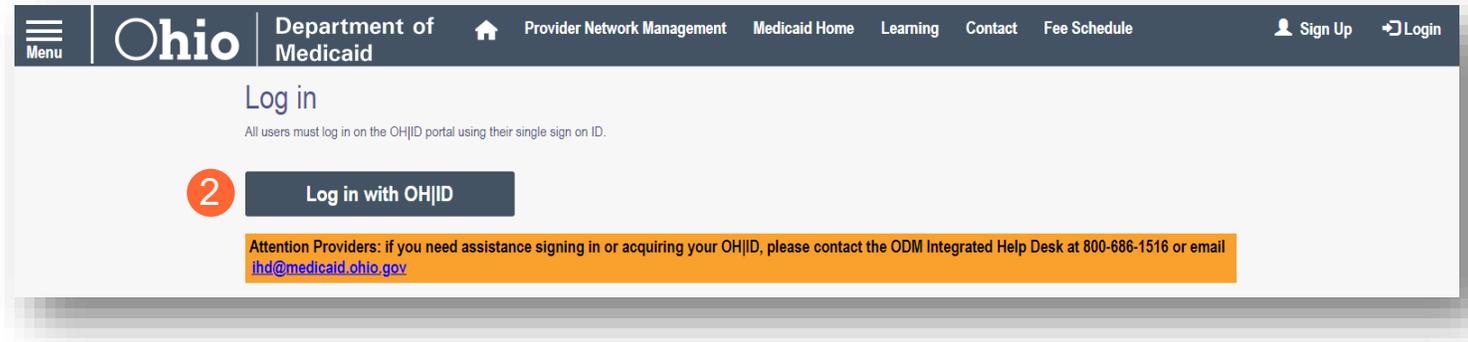
Step 3: The system will prompt you to enter your username and password on the IOP login screen. Once entered, click **Log in**.

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

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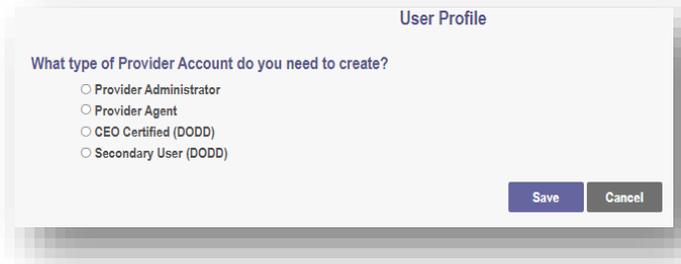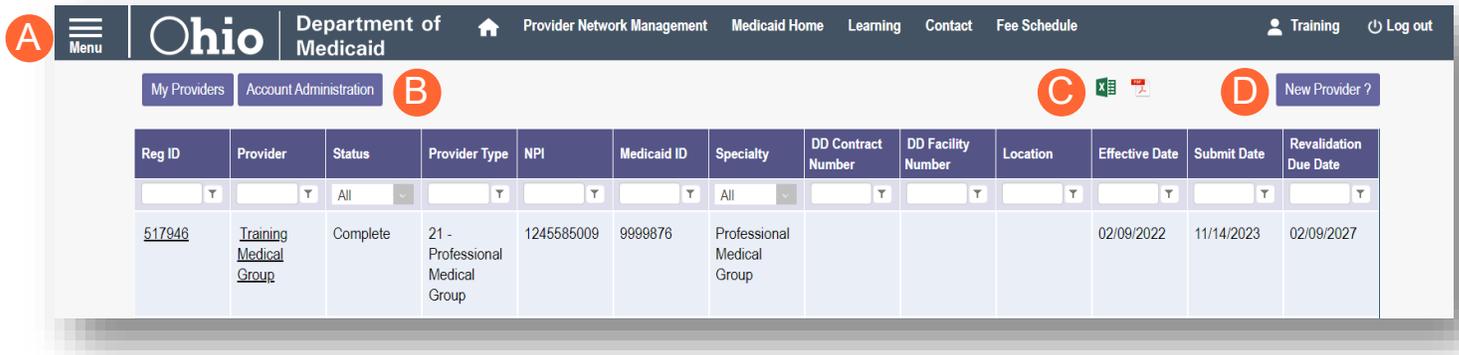
Provider Home Page

There are two provider roles in PNM:

- **Provider Administrator:** *(Also known as CEO Certified for DODD)* A role assigned to a user in PNM that allows that user to create new enrollment applications, update provider records, and complete revalidations among other tasks. The Administrator role will also be able to grant accesses/actions to other users in PNM, known as Agents.

    o   There is one Administrator role per NPI/Medicaid ID. However, a single user with the Administrator role can administer to multiple providers (NPIs/Medicaid IDs).

- **Provider Agent:** *(Also known as Secondary User for DODD)* A role assigned to a user in PNM that allows that user to complete specific actions such as updating a provider record, revalidation, claims submission, prior authorization, the viewing of reports, etc. These actions are assigned to each Agent by the Administrator for the Medicaid ID.

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

User Profile

What type of Provider Account do you need to create?
- ○ Provider Administrator
- ○ Provider Agent
- ○ CEO Certified (DODD)
- ○ Secondary User (DODD)

Save   Cancel

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

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

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

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

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

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

Accessing the Provider Self Service Panel

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

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

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

Step 3: Complete the following:

- Click the hyperlink for "Provider Financial Self Services" to access provider financial information.
- Click the hyperlink for "Remittance Advice" to access remittance advice documents.
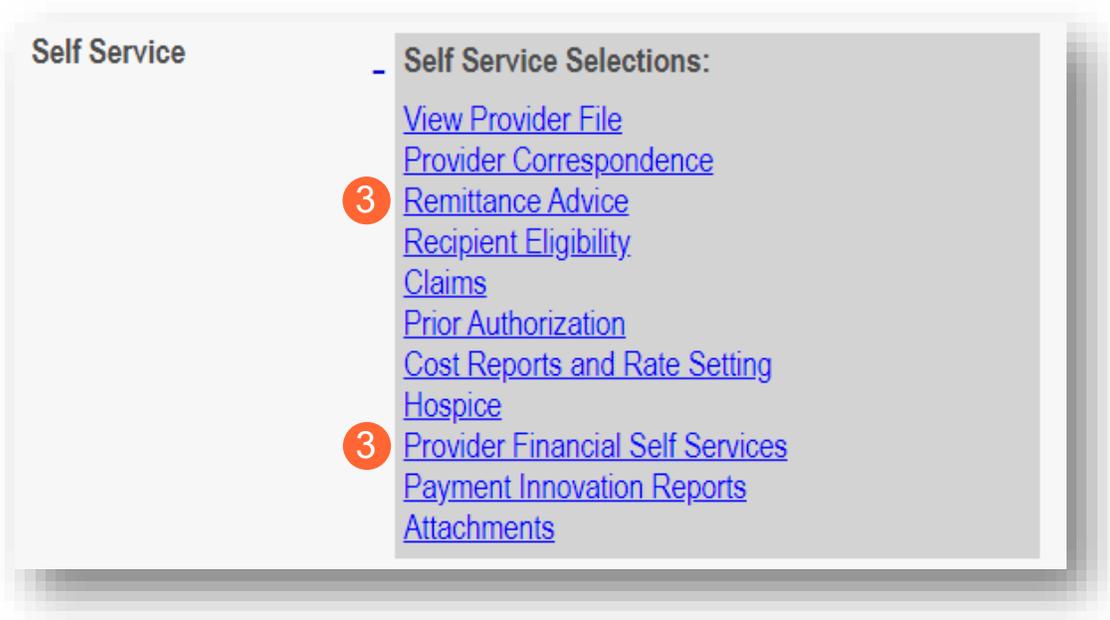
Provider Financials

The section lists instructions for viewing provider financial information such as a 1099 or a claims Transaction History.

Step 1: After clicking the "Provider Financial Self Services" hyperlink, the search menu will appear. From the drop-down menu select an Activity Type:

- Transaction History
- 1099

Note: Review the Provider Medicaid ID, Provider NPI, and Provider Name listed above the search fields to ensure you are looking up information for the correct provider (A).

Step 2: Select a year from the drop-down menu *(only needed if 1099 is selected as the Activity Type)*.

Step 3: Click **Search**.

Transaction History

Step 1: After selecting "Transaction History" as the Activity Type and clicking Search, a Claim Activity Summary displays under the search section.

Note: The line description and figures are read-only and cannot be rearranged or altered.

Step 2: Review the information in the summary, which includes:

- Number of Claims Paid on Current Month
- Amount Paid in Current Month
- Number of Claims Denied in Current Month
- Number of Claims Paid in Past 12 Months
- Amount Paid in Past 12 Months
- Number of Claims Denied in Past 12 Months
- Number of Suspended Claims
- Number of Claims in Final Disposition
- Date of Most Recent Payment
- Type of Most Recent Payment
- Amount of Most Recent Payment
- Total Credit Balance Amount
- Amount Applied Toward Credit Balance

Activity Type	Transaction History	Year	--Year--	Search

Claim Activity Summary ①

② Number of Claims Paid in Current Month	0
Amount Paid in Current Month	$0.00
Number of Claims Denied in Current Month	3
Number of Claims Paid in Past 12 Months	80
Amount Paid in Past 12 Months	$2387.83
Number of Claims Denied in Past 12 Months	154
Number of Suspended Claims	0
Number of Claims in Final Disposition	299
Date of Most Recent Payment	08/18/2022
Type of Most Recent Payment	FFS
Amount of Most Recent Payment	$0.00
Total Credit Balance Amount	$0
Amount Applied Toward Credit Balance	$0

1099

Step 1: After selecting "1099" as the Activity Type, selecting a Year, and clicking Search, 1099 information for that year displays under the search section.

Note:

- The column headers and figures are read-only and cannot be rearranged or altered.
- Providers who require a 1099 prior to calendar year 2023 should contact the Fiscal Intermediary (FI) Integrated Help Desk (IHD).

Step 2: Review the information in the summary, which includes:

- Tax ID
- Issued Date
- System Earning
- Manual Earning
- Claim Refunds
- Non-Claim Refunds
- Void Amount
- FICA Amount
- Backup Withholding Amount
- Net Earning
- Adjust Reason
- Payer Name

Note: As shown in the screenshot below, users accessing 1099 information in PNM may see two different payer names: "Gainwell Technologies" is 'FI', and "Ohio Department of Medicaid Bureau of Provider Services" is 'MITS.'

FINANCIAL INFORMATION

Activity Type: 1099   Year: 2023   [Search]

① 1099 Search Result

② Tax ID	Issued Date	System Earning	Manual Earning	Claim Refunds	Non-Claim Refunds	Void Amount	FICA Amount	Backup Withholding Amount	Net Earning	Adjust Reason	Payer Name
42	01/01/2023	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$159.71	0	GAINWELL TECHNOLOGIES
42	01/01/2023	$0.00	$0.00	$0.00	$0.00	$339.10	$0.00	$0.00	$0.00	0	GAINWELL TECHNOLOGIES
42	01/06/2025	$1665.81	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1665.81	0	Ohio Department of Medicaid Bureau of Provider Services
Page Totals:		$1,665.81	$0.00	$0.00	$0.00	$339.10	$0.00	$0.00	$1,825.52		

Ⓐ [Print]

Note: Clicking the 'Print' button generates 1099 information a printable PDF document (A).

Direct any questions about 1099 content or data to the Fiscal Intermediary (FI) – 1-800-686-1516 (Option 1 followed by Option 5 – after entering account information).

Remittance Advice

If the provider is set up to receive Electronic Remittance Advice from fee-for-service Medicaid, that enrollment will continue and will also reflect all of their remittance advices from the Managed Care Plans moving forward. No reenrollment is needed. Fee-for service claims submitted via the PNM portal or through EDI are available on the ODM produced Remittance Advice via the PNM portal. Managed Care Organization produced Remittance Advice are also available in PNM.

Note: The naming convention for Remittance Advices (RAs) is the date, followed by the NPI.

Ex: Remittance Date: 03/30/2023 & NPI: 1234567890

Remittance Advice (RA) Number: 202303301234567890
           Date   NPI

Step 1: After selecting the "Remittance Advice" hyperlink, enter search criteria to locate the Remittance Advice document. Begin by selecting a Payer from the drop-drown menu.

Step 2: Enter an RA Number (if available), an ICN, a Report Run Date From, and a Report To Date.
Note that these are optional fields and are not required to get a search result.
Currently, the ICN field will not return a result when searching for fee-for-service remittance advices.

Note: There is no limit on the timeframe for Remittance Advice queries. When searching for remittance advice, there is no remittance advice history for Managed Care Organizations.

Step 3: Click **Search**

- To remove search criteria and begin a new search, click **Clear**.

Step 4: Search results will appear in a table at the bottom of the page. The Remittance Advice (RA) Number and the date and time of the Report Run Date are returned for each Remittance Advice meeting the search criteria. Click the "Download Report" or "pdf" hyperlink to open a copy of the report.

Note: The report will download to the designated download folder for your internet browser (Ex. Google Chrome, Microsoft Edge, Firefox, Safari).

REMITTANCE ADVICE SEARCH RESULT

RA Number	Report Run Date ▼	
202305041719541954	4/29/2023 8:00:00 PM	④ Download Report pdf

Step 5: Once downloaded, open the document. A PDF document will open allowing you to view the details.

⑤ 📄 CLMRP00092_202....pdf ∧

Example Remittance Advice pdf pulled from PNM:

Ohio Department of Medicaid

Provider Remittance Advice
As of 04/18/2024

Remit Date: 4/18/2024   NPI :
Group Provid :   Remittance Advice #:

Line	Line Status	Reason	Remark	Service Date From	To	Remit Revenue Code	Remit Service Code	Modifiers OR Tooth#	Remit Units	Amount Billed	TPL Amt And/Or MC Amt	Refund Amount	Member Amount	Recoup Amount	Copay	Amount Paid

Service Provider ID: Service Provider: Service Provider NPI:

BMS Claim Type :PRACTITIONER

Claim Status : PAID

Claim ID	Patient Name:	Mem ID:	Status: PAID

	Submitted Mem ID:	Patient Number:	Auth #:

1		45		04/03/2024	04/03/2024		98941	AT	1	$60.00	$0.00	$0.00	$0.00	$0.00	$0.00	$22.25

Rule Description:

			Totals for claim #	$60.00	$0.00	$0.00	$0.00		$0.00	$22.25
			Totals By Servicing Provider :	$60.00	$0.00	$0.00	$0.00		$0.00	$22.25

DISBURSEMENT OF FUNDS

Totals by Group/Pay to Provider
Billed Claim Amount $60.00
TPL/MC Amount $0.00
Member Amount $0.00

Medicaid Payment Amount $22.25
Capitated Payment Amount $0.00
Less: Recoupment Amount

TOTAL $22.25

* If there are any questions regarding this payment, please contact GainwellTechnologies Provider Services at 800-686-1516

Claim Status Explanations:
DENIED: The claim has failed the adjudication process and has been denied.
PAID: The claim has been finalized and the payment process is complete.
REVERSED: The claim has been finalized. Errors have been identified and a mirror image of the claim has been created to correct the errors.
RECOUPMENT: This claim has been finalized. The Recoup Amount relates to the reversal claim indicated.

Fee-for-Service Payment Schedule

Below is the payment schedule for fee-for-service claims.

For a claim to be included in the current week's payment cycle, the claim must be submitted by the appropriate deadline.

Note: Claims suspended for manual intervention are not guaranteed to be included in that week's payment cycle.

PREVIOUS WEDNESDAY

EDI FFS claims must be submitted by 12pm EST

PREVIOUS FRIDAY

FFS claims entered through the PNM portal must be submitted by 12pm EST

Payment processing begins

CURRENT MONDAY

PDF RAs available on PNM Portal

CURRENT WEDNESDAY

835s are available

CURRENT THURSDAY

Payments issued to providers via EFT or Check
*The payment date may shift due to Holidays