USER MANUAL

Recipient Eligibility

Department of Medicaid

Table of Contents

Introduction

This desk reference provides the steps and functions of searching for Recipient Eligibility within the PNM system. The returned eligibility information that is displayed in PNM comes from the Fiscal Intermediary (FI) for fee-for-service and for Managed Care the information is provided by the Managed Care Organizations and submitted through FI.

The Recipient Eligibility Page serves the function from a Provider perspective to ensure that before a Provider renders medical services, a verification is completed showing that the recipient is active and has active benefits in terms of the Ohio Department of Medicaid or Managed Care Organization. This will allow the Provider to understand reimbursement for medical services rendered, but the information does not guarantee reimbursement will be provided for the services.

For fee-for-service members, a full eligibility response will be provided that will include information regarding specific services covered and availability of remaining units against a service limit.

For managed care members, a limited eligibility response will be provided that indicates if a member has eligibility for the dates requested. For full eligibility details, contact the member's Managed Care Entity.

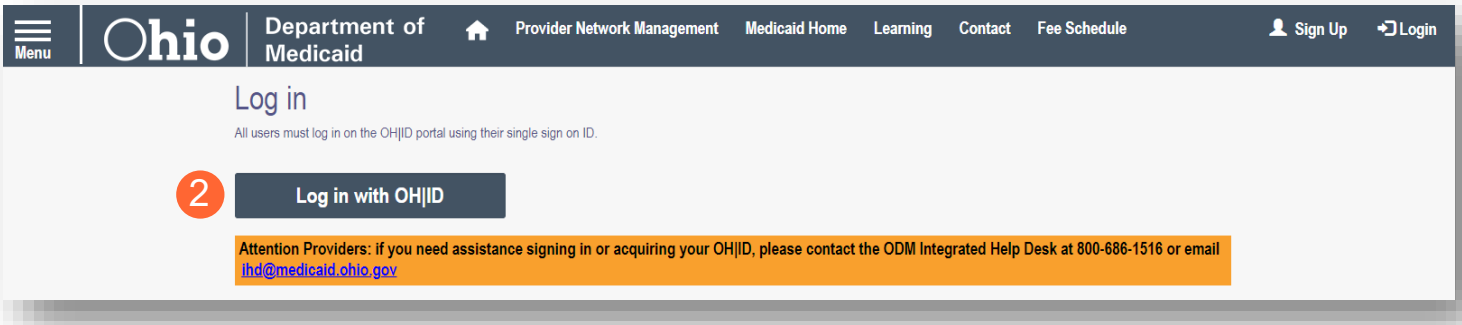
For a Provider Agent user to access eligibility information, the role/action *"Eligibility"* must be assigned to the agent by the Provider Administrator for a Medicaid ID.

Provider User Initial Login

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

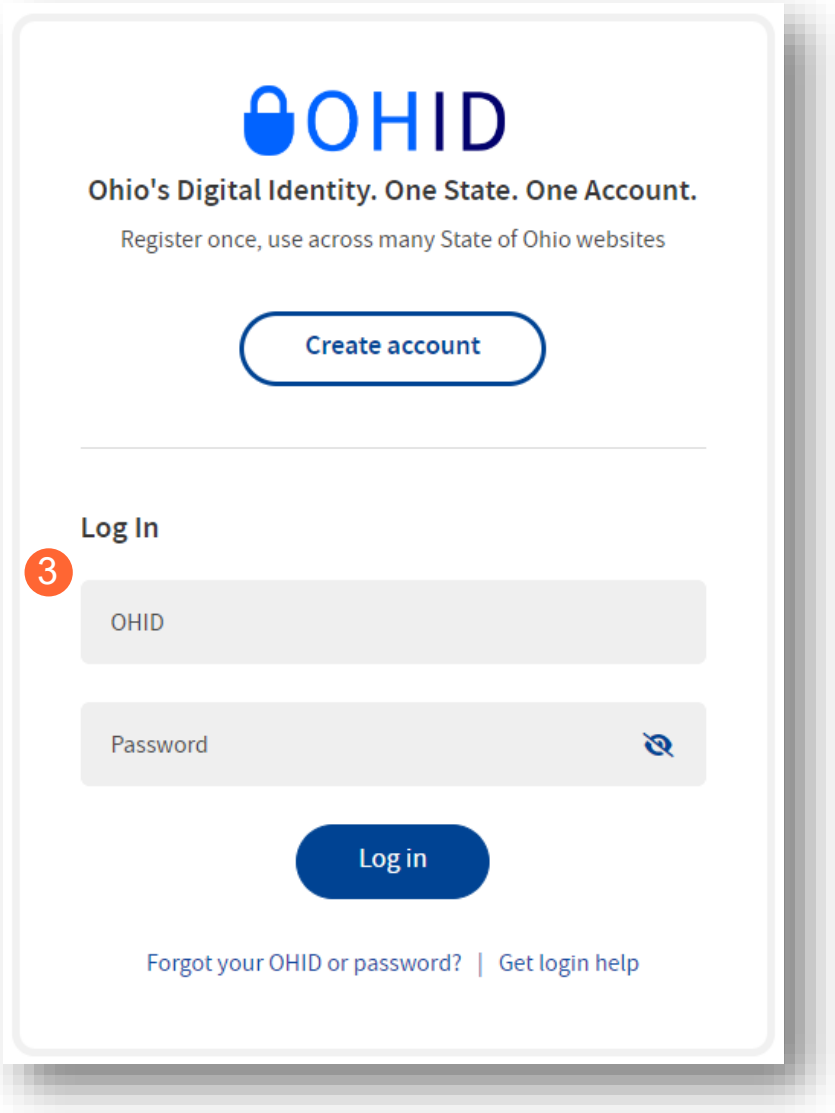
Step 1: Visit the PNM web address: https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx.

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

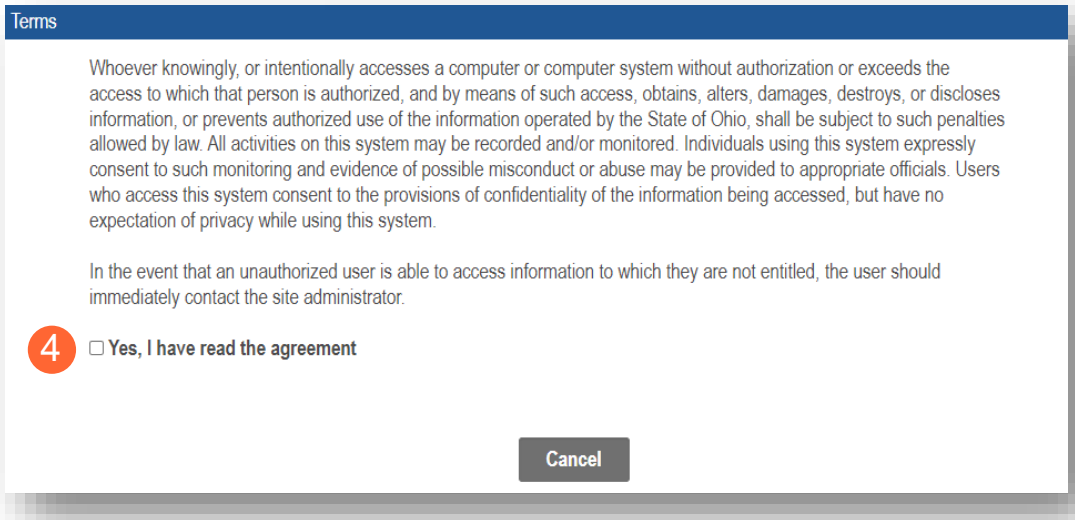


Step 3: The system will prompt you to enter your username and password on the IOP login screen. Once entered, click **Log in**.

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



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

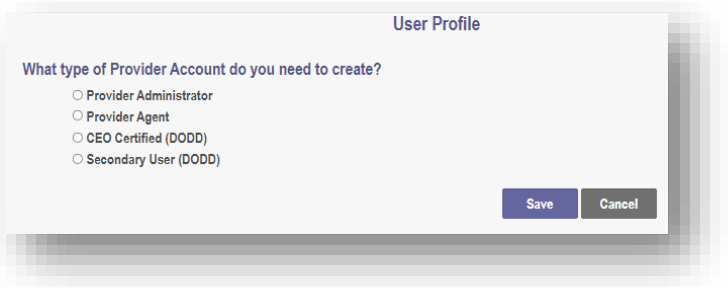


Provider Home Page

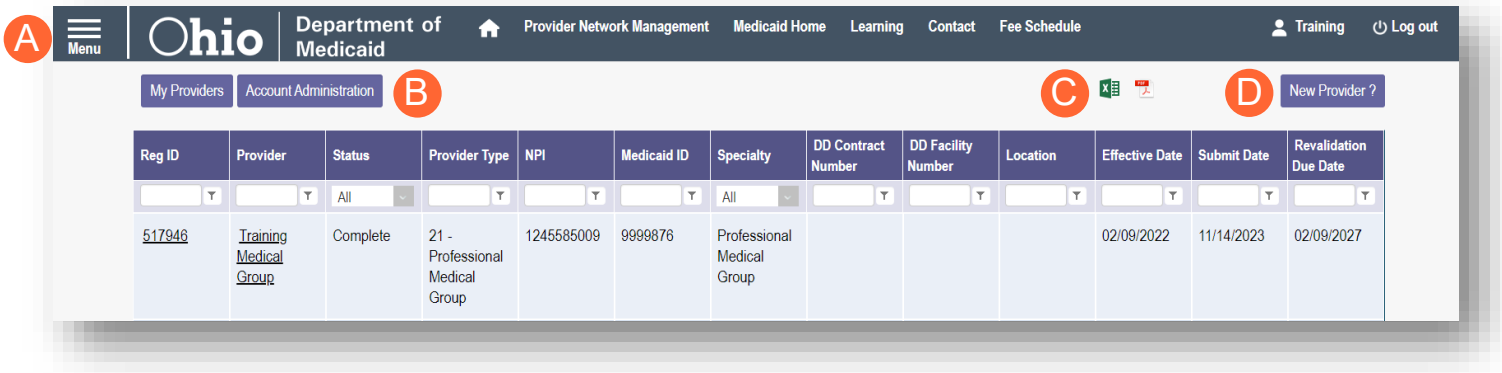
There are two provider roles in PNM:

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

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



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



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

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

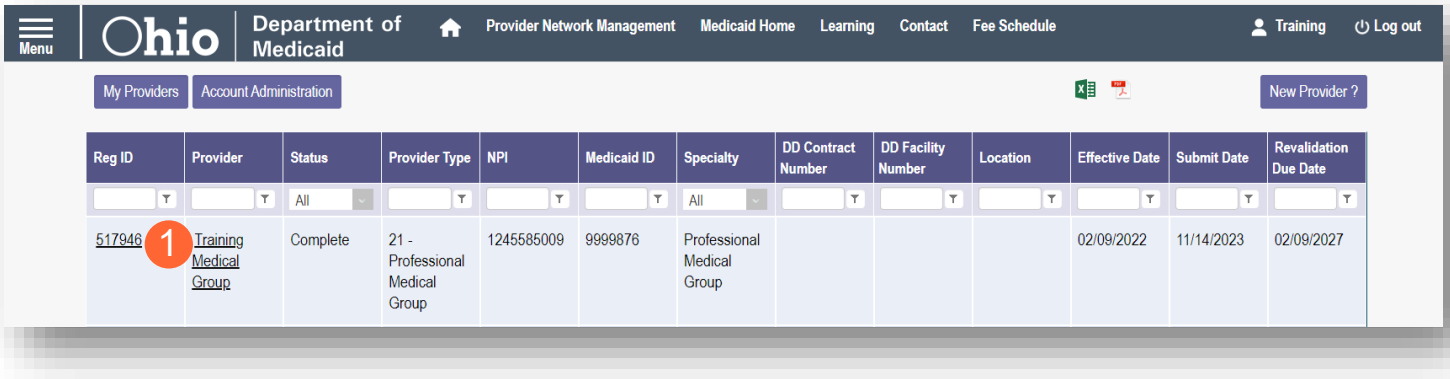
Excel and PDF Icons: These buttons allow you to export the list of providers appearing on your dashboard. Click the 'green' icon to export the list in an Excel format or the 'red' icon to export the list in a PDF format (C).

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

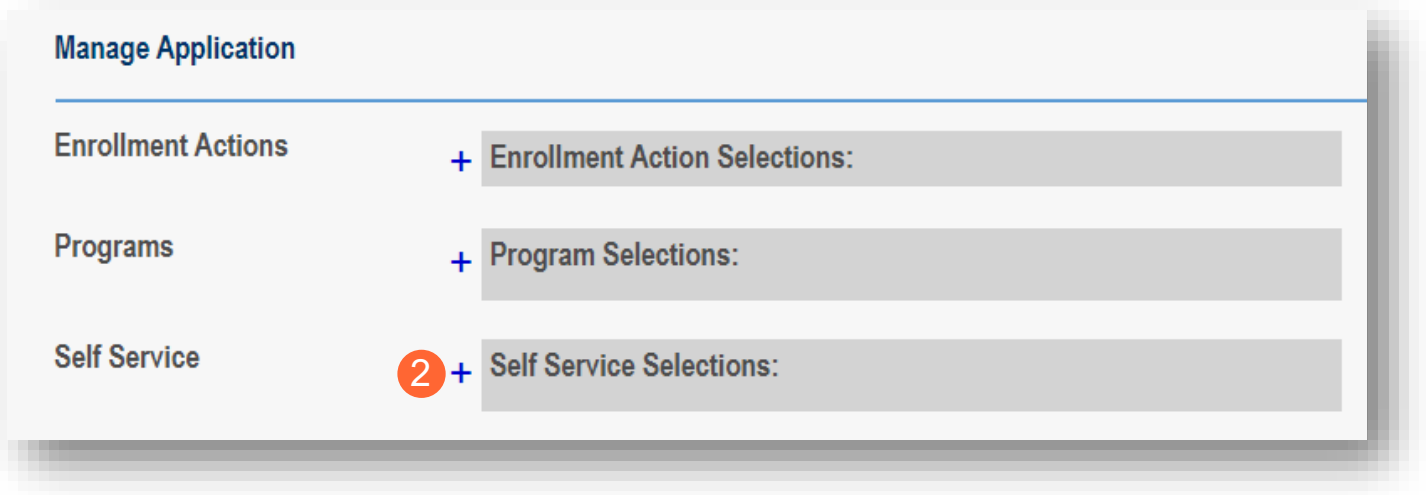
Accessing the Provider Self Service Panel

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

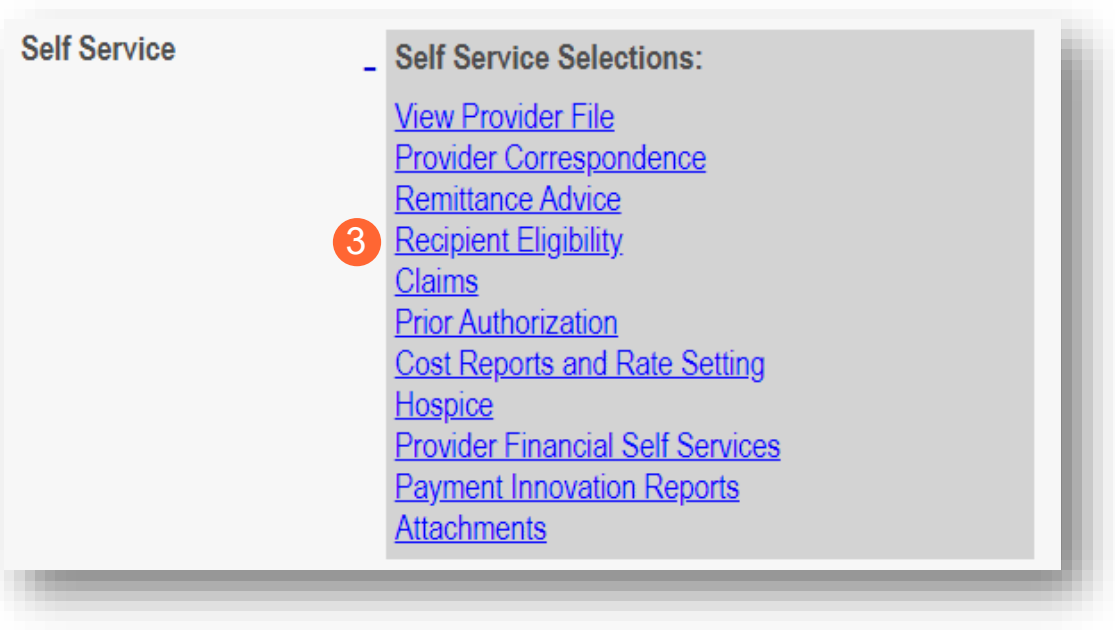
Step 1: From the Provider Homepage/Dashboard, click the hyperlink under Reg ID or Provider to manage the file of the Provider you wish to access.



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



Step 3: Click the hyperlink for “Recipient Eligibility.”



Note: An Agent user would need to have *‘Eligibility’* role/action assigned to them by an Administrator for the option to search for eligibility to display in PNM. Without this assigned by the Administrator, the *‘Recipient Eligibility’* link would not appear for the Agent.

Recipient Eligibility Search

Step 1: Enter member information in the 'Eligibility Search' section.

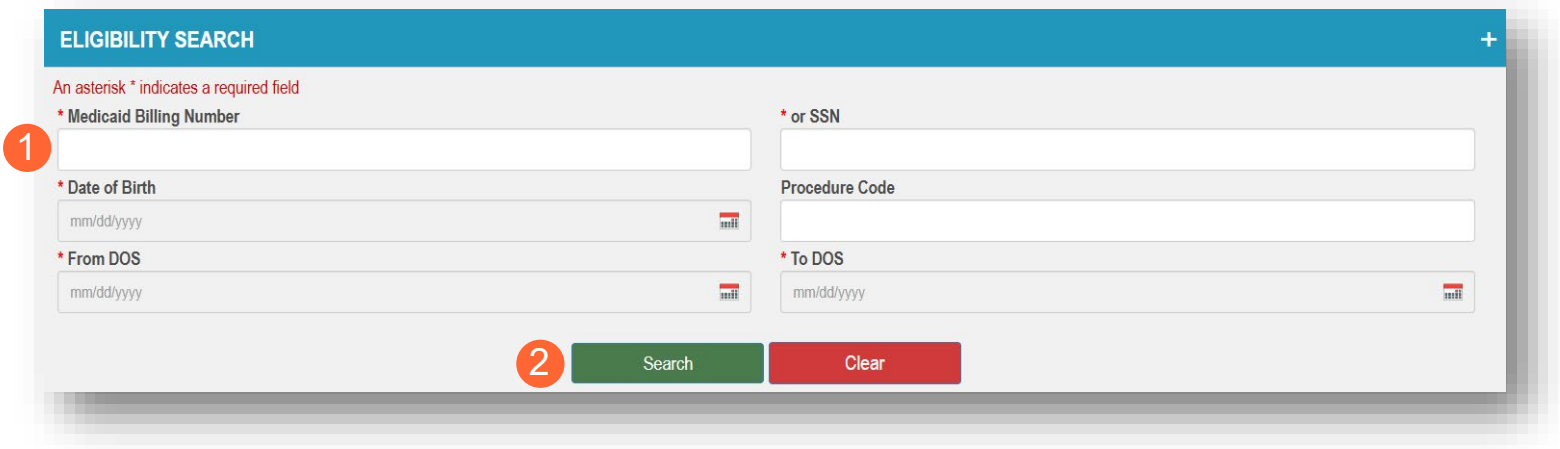
The following information is required:

- Medicaid Billing Number **OR** Social Security Number (SSN)
  - Both fields do not need to be entered, it is one or the other for these identifiers.
- Date of Birth
- From Date of Service (DOS)
  - The date listed here cannot be more than 48 months prior to the date of inquiry.
- To Date of Service (DOS)
  - The date listed here cannot be a future date.

Note: The Procedure Code is optional search information to enter. However, a Procedure Code must be entered on the search to see 'Service Limitation' information display in the eligibility search results.

Step 2: When information is entered, click **Search**.

Note: To reset the search criteria and begin a new search, click **Clear**.



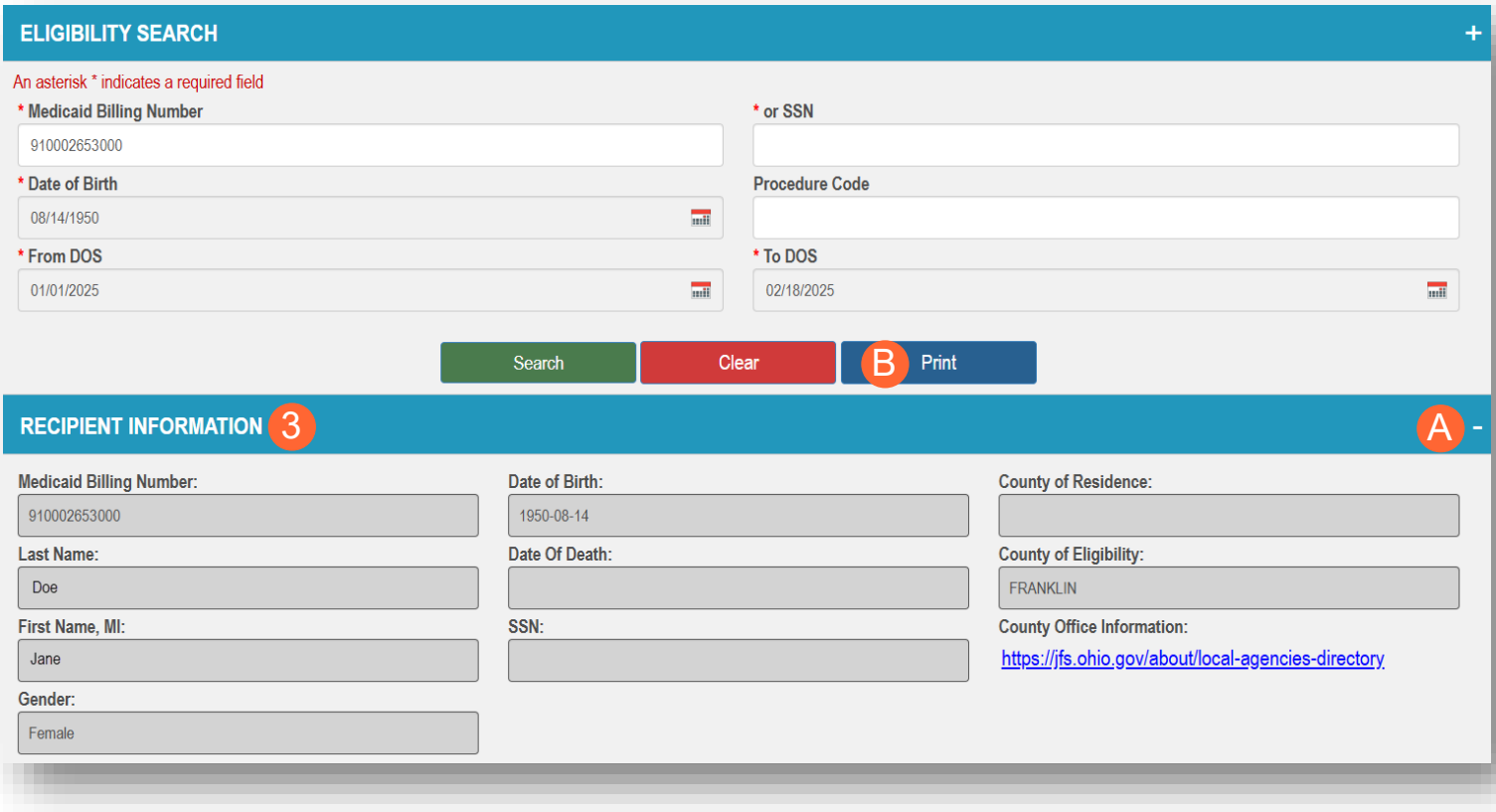
Step 3: The search results will display below the Eligibility Search section.

The first section shows the Recipient Information. Compare this section with the details of the recipient you are seeking, to confirm the correct eligibility is being reviewed.

Note: The information appearing in gray boxes is read-only data and cannot be changed.

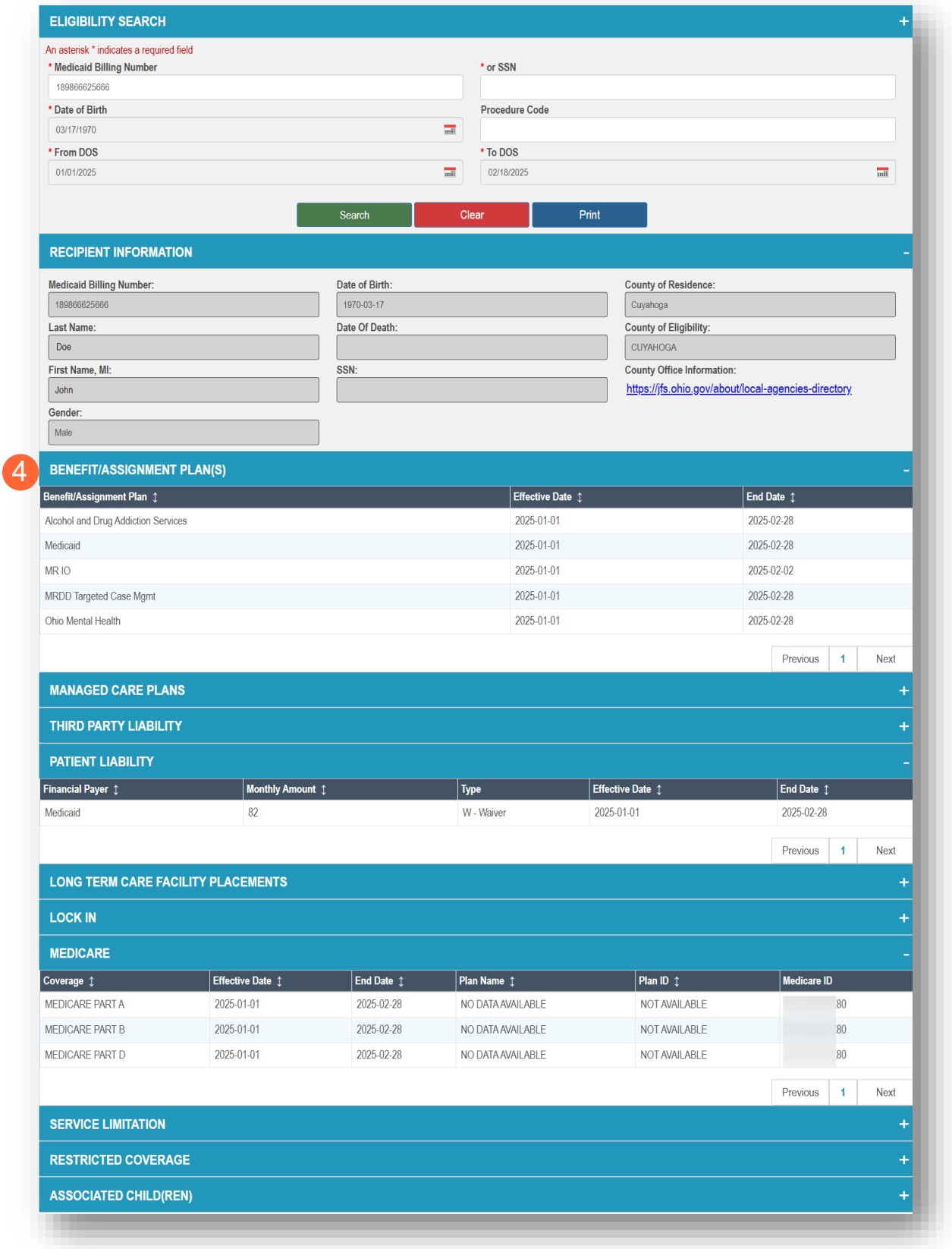
To expand a section, click the '+' icon. To collapse a section, click the '-' icon (A).

Note: A PDF copy of the returned eligibility results can be created by clicking 'Print' (B).



Step 4: Review the sections of returned data.

Below is example of possible returned eligibility data. Review the Returned Data Panels in this guide for additional details on the data returned in each specific section/panel.



Returned Data Panels

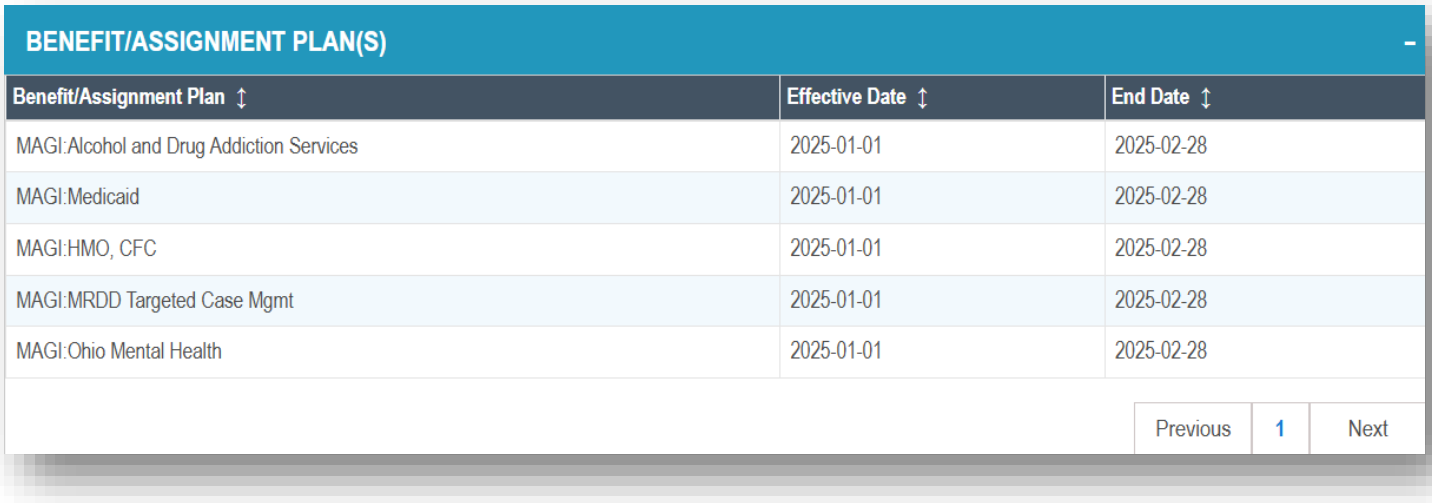
Below is a breakdown of the panels/sections of returned Medicaid recipient data from the Fiscal Intermediary (FI) that appear in PNM.

Note: The 'End Date' field displays the last day of the inquiry month, even if coverage continues into the next month.

Benefit/Assignment Plan(s)

This section will return information if the recipient is eligible for Medicaid or if they have coverage. If the recipient has coverage, this panel will not be blank. This section will also display specific data for the type of plan that the recipient has. For someone to be fully eligible for Medicaid, MRDD Targeted Case Mgmt, Alcohol and Drug Addiction Services, Ohio Mental Health and Medicaid should all display in this panel.

It is important to make sure that the date of service will fall in between the effective date and end date.



BENEFIT/ASSIGNMENT PLAN(S)

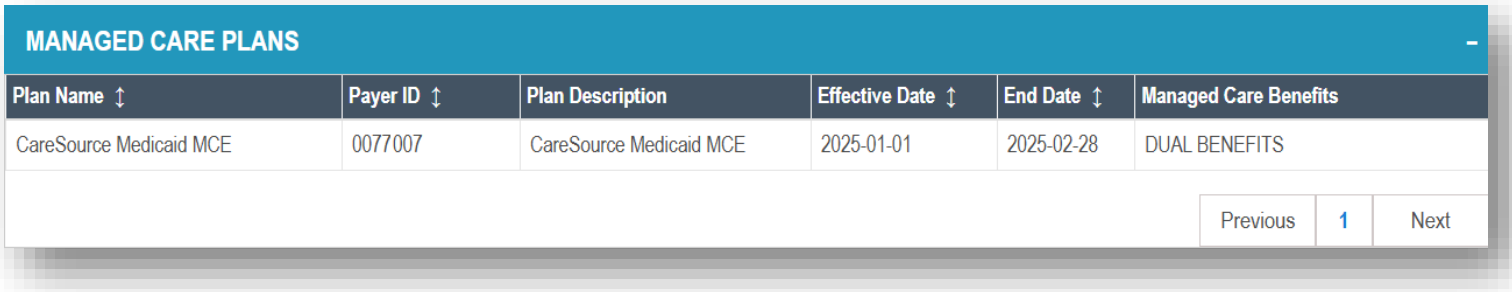
Benefit/Assignment Plan	Effective Date	End Date
MAGI:Alcohol and Drug Addiction Services	2025-01-01	2025-02-28
MAGI:Medicaid	2025-01-01	2025-02-28
MAGI:HMO, CFC	2025-01-01	2025-02-28
MAGI:MRDD Targeted Case Mgmt	2025-01-01	2025-02-28
MAGI:Ohio Mental Health	2025-01-01	2025-02-28

Previous 1 Next

Managed Care Plans

If the recipient is enrolled in a Managed Care Plan, it would be shown here. The details shown would include which plan they are enrolled in, a description of the plan and the benefits, along with the effective date and end date of the plan. All the new Managed Care Plans/Organization will be returned in eligibility responses as a Managed Care Plan.

Note: The Payer ID listed here is an ID that would be needed for FQHC and RHC when submitting claims for wrap around payment.



MANAGED CARE PLANS

Plan Name	Payer ID	Plan Description	Effective Date	End Date	Managed Care Benefits
CareSource Medicaid MCE	0077007	CareSource Medicaid MCE	2025-01-01	2025-02-28	DUAL BENEFITS

Previous 1 Next

Third Party Liability

This section shows any third party who is liable to pay the recipient's claim. This information is for commercial insurance.

Note: Third-Party Liability information is provided from Ohio Medicaid. Updates received from the Managed Care entities or self-disclosed is provided to ODM and updated within the system and reported with the next inquiry. To update Third-Party Liability information with Ohio Medicaid you can email the 6614 Health Insurance Fact Request form to tplfax@medicaid.ohio.gov or fax to 614-728-0757. Instructions for how to complete the form can be found here.

THIRD PARTY LIABILITY

Carrier Name	Carrier Number	NAIC	Policy Number	Policy Holder	Coverage Type	Coverage	Effective Date	End Date	Group Number
AETNA US HEALTH	00000	00000	W	JOHN SMITH	Individual Coverage	COB Comprehensive	03/08/2021	12/31/2078	000000000000001
AETNA US HEALTH	00000	00000	W	JOHN SMITH	Individual Coverage	COB Hospital Only	07/26/2021	12/31/2078	000000000000001
CAREMARK PRESCRIPTION SERVICE	33233		0	JOHN SMITH	Unknown	COB Comprehensive	07/26/2021	12/31/2078	0000001
CAREMARK PRESCRIPTION SERVICE	33233		0	JOHN SMITH	Unknown	COB PHARMACY	07/26/2021	12/31/2078	0000001

Patient Liability

This section represents what the patient is responsible for paying. It is the share of cost part of their benefit plan.

PATIENT LIABILITY

Financial Payer	Monthly Amount	Type	Effective Date	End Date
Medicaid	82	W - Waiver	2025-01-01	2025-02-28

Previous 1 Next

Long Term Care Facility Placements

This section shows information if the recipient is placed in long term care. Facility type, date of admission and/or discharge, effective date, and end date, as far as the Medicaid coverage is concerned, are listed.

LONG TERM CARE FACILITY PLACEMENTS

Facility Type	Date of Admission	Discharge Date	Effective Date of Medicaid Coverage	End Date of Medicaid Coverage
Nursing & Custodial Care Facilities	2020-08-13	2299-12-31	01/01/2025	02/28/2025

Lock In

Lock In serves the purpose of locking in a recipient to a particular provider or pharmacy, so the member cannot shop around for new prescription drugs. (Ex. For instance, it would display information if the recipient is locked into a pharmacy on 1st street or locked into a particular provider.)

LOCK IN

Lock-In Plan	Lock-In Type	Effective Date	End Date	Provider NPI	Provider Name	Provider Phone
HSPCA	Partial	07/26/2024	08/04/2024	1000000008	TEST TRAINING	3000980047

Medicare

This panel shows if the recipient has Medicare coverage. A recipient can be dually enrolled in Medicare and Medicaid and if they are, information would display in different sections within the eligibility search results. All Medicare coverage plans would show in this section.

Note: If the recipient is not enrolled in Medicare, this section would be blank.

MEDICARE

Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
MEDICARE PART A	01/01/2025	02/28/2025	NO DATA AVAILABLE	NOT AVAILABLE	1PI
MEDICARE PART B	01/01/2025	02/28/2025	NO DATA AVAILABLE	NOT AVAILABLE	1PI
MEDICARE PART C	01/01/2025	02/28/2025	NO DATA AVAILABLE	NOT AVAILABLE	1PI
MEDICARE PART C	01/01/2025	02/28/2025	Aetna Medicare Assure 1 (HMO D-SNP)	NOT AVAILABLE	1PI
MEDICARE PART C	01/01/2025	02/28/2025	MEDICARE	NOT AVAILABLE	1PI
MEDICARE PART C	01/01/2025	02/28/2025	UnitedHealthcare Dual Complete LP (HMO-POS D-SNP)	NOT AVAILABLE	1PI

Service Limitation

Note: This page only displays Fee-For-Service recipient information.

Note: A procedure code must be entered in the eligibility search criteria (at the top of the page) for information to display under this heading.

- SERVICE LIMITATION

Procedure Code	Description	Benefit Description	Total Limits	Used Limits	Remaining Limits	Time Frame	Date of Next Service
99205	ACTIVE CODE_EVALUATION & MANAGEMENT	E&M - NEW PT VST - 1/90 DAYS	1		1	90 (D) Rolling Days	4/15/2023

Restricted Coverage

This section shows if there is a restricted period of coverage for the recipient. For example, there could be a 30-day restriction before benefits could be paid.

Note: If there is no restriction for the recipient, this section will be blank.

Note: This information is only for LTC services that won't be paid for during the Restricted Medicaid Coverage Period, and non-LTC services are still covered during this period.

RESTRICTED COVERAGE -

Effective Date	End Date
01/01/2025	02/28/2025

Associated Child(ren)

This section shows if the recipient has any children under the age of 19 that are associated with them. The name, gender, and date of birth for each of the children is listed along with the child's Medicaid Billing Number.

ASSOCIATED CHILD(REN) -

Medicaid Billing Number	First Name	MI	Last Name	Gender	Date of Birth
910000000005	JANE		SMITH	F	04/27/2024
199999999999	JENNIFER	J	SMITH	F	08/25/2022