

Quick Reference Guide: Updating a Provider File

Steps:

1

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All				All						
518319	Test Training	Complete	20 - Physician/Oste Individual	1366528028	9999879	Family Practice					03/21/23	03/09/25

Updating information for a provider enrolled in Medicaid is completed by initiating and finalizing an update to the provider's Medicaid record. Locate the provider's record on your dashboard in PNM and click on the Reg ID.

This process can be completed by the Provider Administrator or by an Agent who has been assigned the 'Enrollment Agent' ability/action.

2

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

Click on the hyperlink which says "Begin ODM Enrollment Profile Update."

Manage Application

Enrollment Actions

+ Enrollment Action Selections:

Programs

+ Program Selections:

Self Service

+ Self Service Selections:

Enrollment Actions

- Enrollment Action Selections:

[Begin ODM Enrollment Profile Update](#)

[Edit Key Provider Identifiers](#)

[Request Disenrollment](#)

3

Choose which element/page on the Medicaid record you wish to update, from the provided list, and click **Update**.

Provider Update - Lets keep your information current !

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



Most Common Updates

Update

Primary Contact Information

Update

Primary Service Address

Update

Group, Organizations & Hospital Affiliations

Update

Required Documents

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Update the Medicaid record page that you selected with the information that needs to be changed (Ex. new address information, updated contact information, etc.) and click **Save** once finished.

The screenshot shows a user interface for updating a Medicaid record. At the top, there are two circular icons: one with a house and the text 'Primary Service Address*' and another with a person and the text 'Billing & Payment Address*'. An arrow points from the first icon to the second. Below the icons, there are three buttons: 'Return to Summary' (blue), 'Generate PDF' (grey), and 'Save' (blue) and 'Cancel' (grey) buttons at the bottom.

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The screenshot shows a summary page with a sequence of steps represented by circular icons: 'Response Address*', 'Other Service Locations' (highlighted in yellow), '1099 Address*', 'Home Office Address*', 'Specialties*', 'Taxonomies*', and 'Professional Licenses*'. A 'Jump To:' dropdown menu is set to 'Other Service Locations'. A red dot is visible on the 'Specialties*' icon, with an orange arrow pointing to it. Below the icons, there are three buttons: 'Return to Summary' (blue), 'Generate PDF' (grey), and 'Submit for Review' (blue).

A red dot indicates that updated information has been saved on a page.

If there are other pages that need to be updated, click **Return to Summary** and select 'Update' for the next page that needs to be updated.

Repeat Step 4 for the new page selected.

Once all pages are updated, review the information entered for accuracy.

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The screenshot shows the same summary page as in Step 5. The 'Submit for Review' button at the bottom right is highlighted with an orange arrow.

To complete the update process (and the changes made), click **Submit for Review**.

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A pop-up window confirms which page(s) were edited/received an update.

Click **OK** to complete the submission.

You have modified the following sections in your application. Click "Ok" to complete your submission. Click "Cancel" to review your application prior to submission.

Group, Facility & Hospital Affiliations (Individual)
Primary Service Address
Other Service Locations
Specialties

OK

Cancel

8

Submission Confirmation

You have successfully submitted your application to the Medicaid Program.
Please allow at least 10 days for processing before attempting to submit any changes.

[Return to Home Page](#)

A submission confirmation message displays indicating that the update has been submitted.

Click **Return to Home Page**, to go to your dashboard.

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Provider Update Scenarios:

<u>Scenario</u>	<u>Review Type</u>
Change in Provider Name	Manual
Change in Ownership	Manual
Practice Location (Moderate/High Risk)	Manual
Add Initial Services (Multi-Agency)	Manual
Adding Specialties	Manual
Updating Affiliations	Automatic
Other Address Screens	Automatic
Primary Contact Information	Automatic
Updates to Required Documents (W9 Form)	Automatic
Professional Licenses (In State)	Automatic (with call to e-license)
Professional Licenses (Out of State)	Manual
Taxonomies	Automatic
Medicare Number	Automatic
Board Certifications	Automatic
MCP Affiliation (Interest)	Automatic
DEA/CDS	Automatic
Work History	Automatic
Education and Training	Automatic
Credentialing Contact	Automatic
Malpractice Claims History	Automatic
CLIA Certifications	Automatic
Provider Agreement	Automatic
DME Information	Automatic

A 'Manual' review requires a member of the Ohio Department of Medicaid Enrollment team to review the changes made.

An 'Automatic' review is completed by PNM itself.

**If an update is submitted where changes are completed on pages that require both types of reviews, it will follow the manual review process timeline.*