USER MANUAL

Behavioral Health Provider Enrollment Applications

Behavioral Health Organization Provider

Ohio Department of Medicaid

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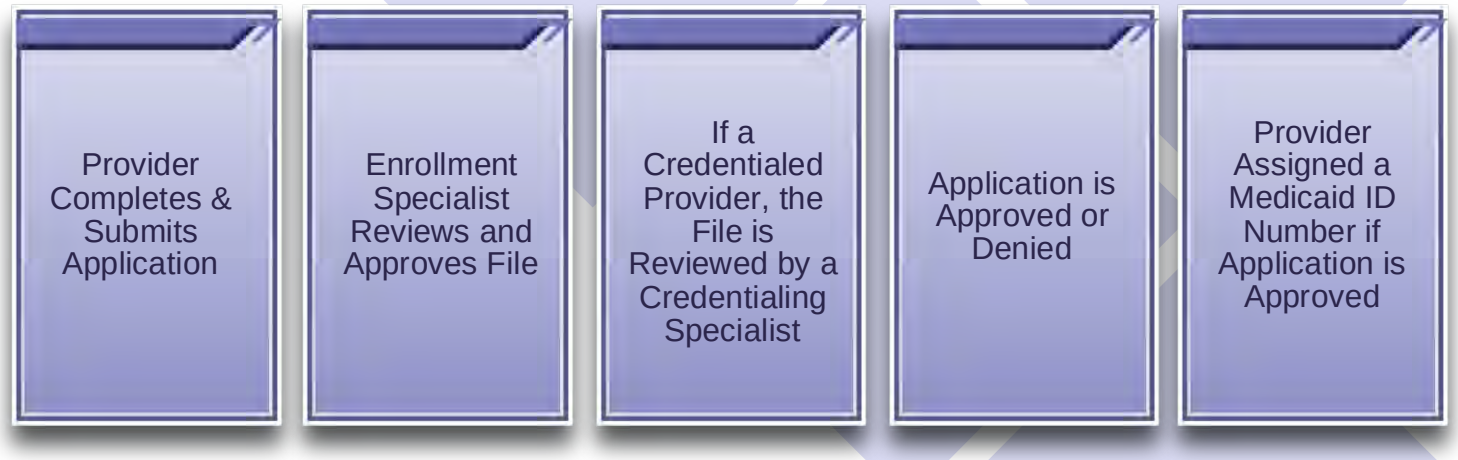
Introduction

This user guide provides the steps and functions of entering a new provider application to enroll in the Ohio Department of Medicaid (ODM) program. An NPI number is required to complete an enrollment. Once submitted, your application will be processed by the Medicaid Enrollment team and then sent to Credentialing, if Credentialing is required for your Provider Type. When all the necessary steps are completed for Enrollment and Credentialing (if necessary), you will receive a 'Welcome Letter' notice and a Medicaid Identification Number will be assigned to the provider.

To obtain a status update on an application submitted and in process, please contact the ODM Integrated Help Desk at 1-800-686-1516.

This document also contains the steps required when the application is returned to provider for additional information. Additionally, the process for completing provider updates and a revalidation is included in this document.

The steps in this document are for Provider Type 84 – Community Mental Health and Provider Type 95 – OMHAS Certified/Licensed Treatment Program, which would have a specific Behavioral Health page appear on the enrollment application.

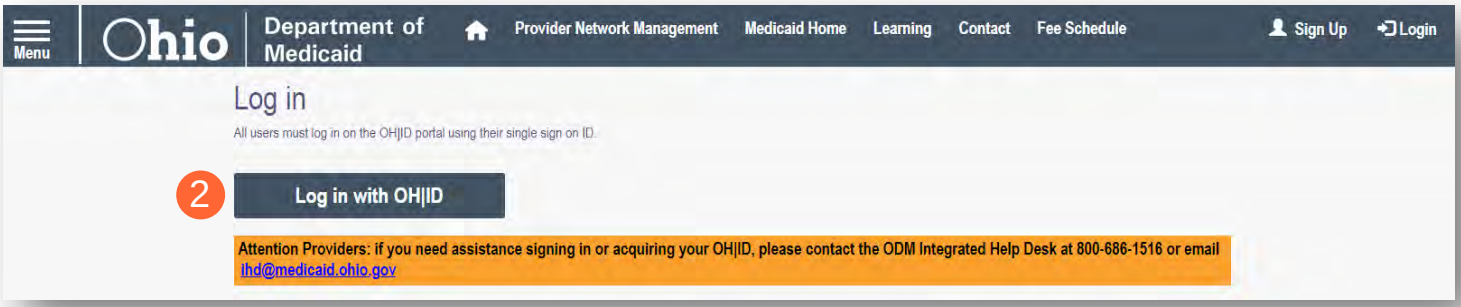


Provider User Initial Login

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).

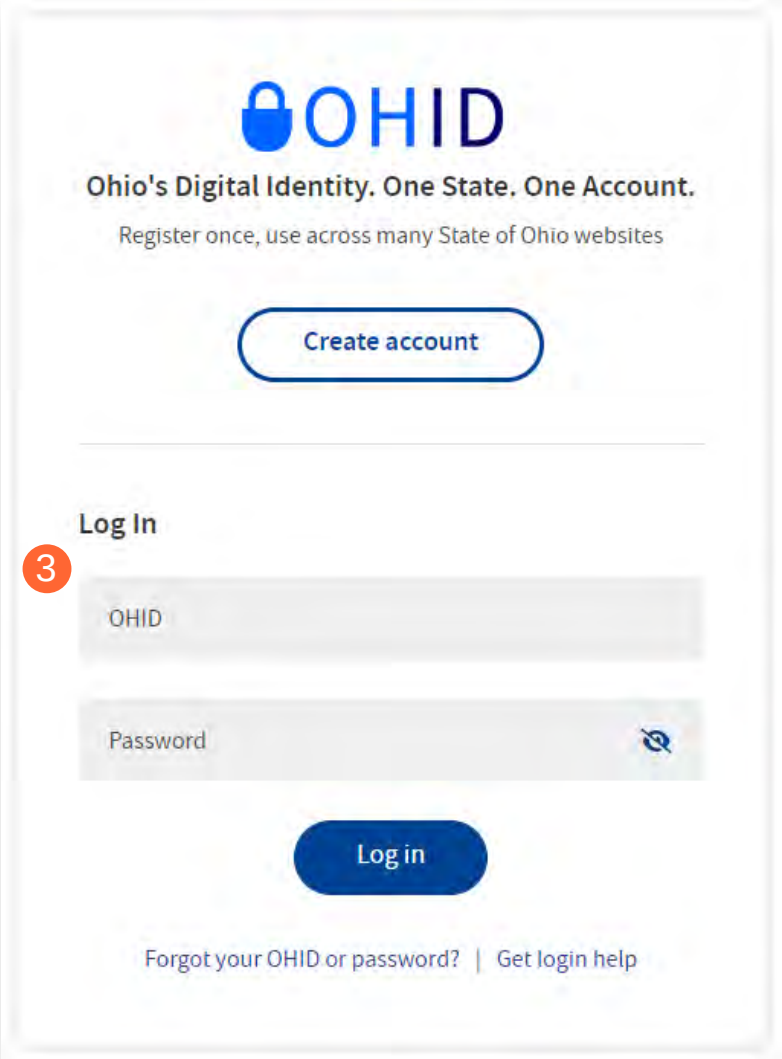
Step 1: Visit the PNM web addess: https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx.

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

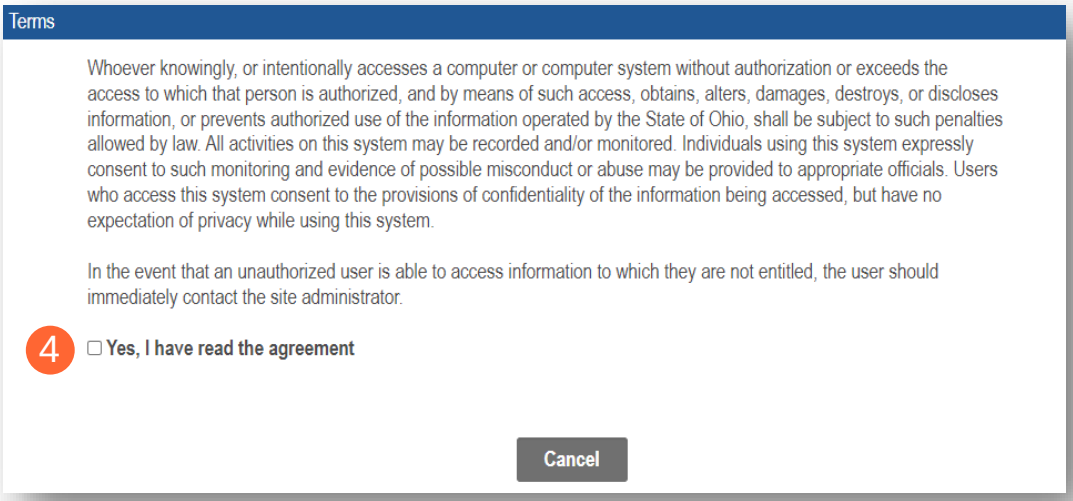


Step 3: The system will prompt you to enter your username and password on the IOP login screen. Once entered, click **Log in**.

- 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.

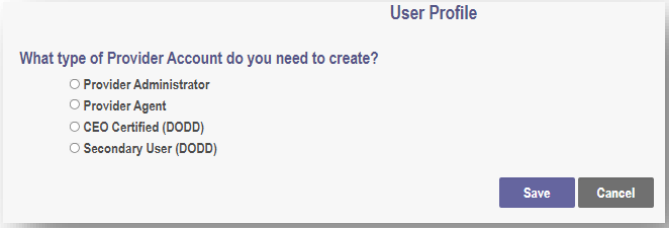


Provider Home Page

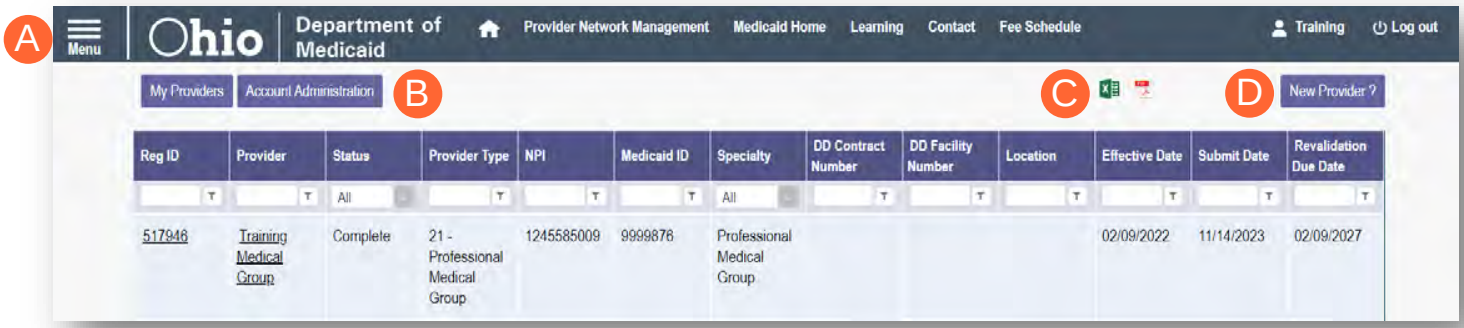
There are two provider roles in PNM:

- **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).

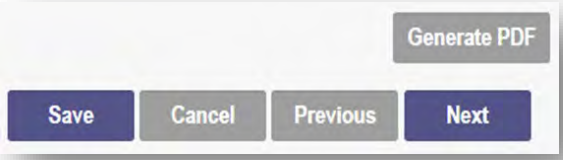
Account Administration: This button allows a Provider Administrator to set up Agent users, assign them actions/roles, or transfer the Provider to another Provider Administrator user *(button only displays for users holding the Provider Administrator or CEO Certified role)* (B).

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).

Page Navigation

Throughout each page on the application, you will have access to buttons to 'Save', 'Cancel', 'Previous' and 'Next' to proceed through the application.



Save: Saves the current page and remains on the page.

Cancel: Clears the work entered and does not save the page.

Previous: Returns to the previous page

Next: Saves the current page while advancing to the next page in the application.

Generate PDF: Creates a file with all the application information to be saved to your records.

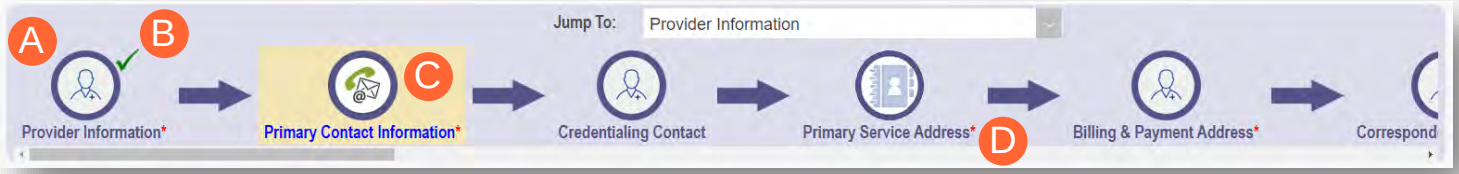
A green checkmark on any page indicates that you have completed the necessary information on that page and can continue through the subsequent pages.

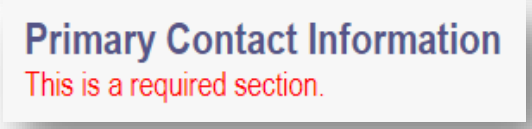
Navigational Bar: A workflow at the top of the page that shows the progress made throughout your application. Click the icon to review a specific page and jump to other pages for entry into the application (A).

Green Checkmark: A green checkmark on any page indicates that you have completed the necessary information on that page and can continue through the subsequent pages (B).

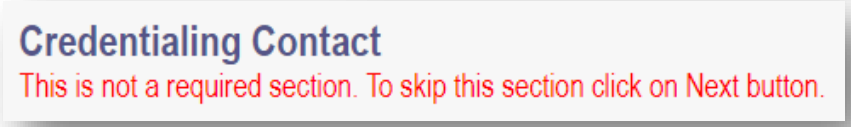
Highlighted Box: The highlighted section indicates the page your are actively working or viewing (C).

Red Asterisk: A red asterisk on a page indicates the page is required to be completed. Help text will also appear in red text on each page to indicate whether or not it is required to be completed (D).





Pages that do not have a red asterisk are optional to be completed.

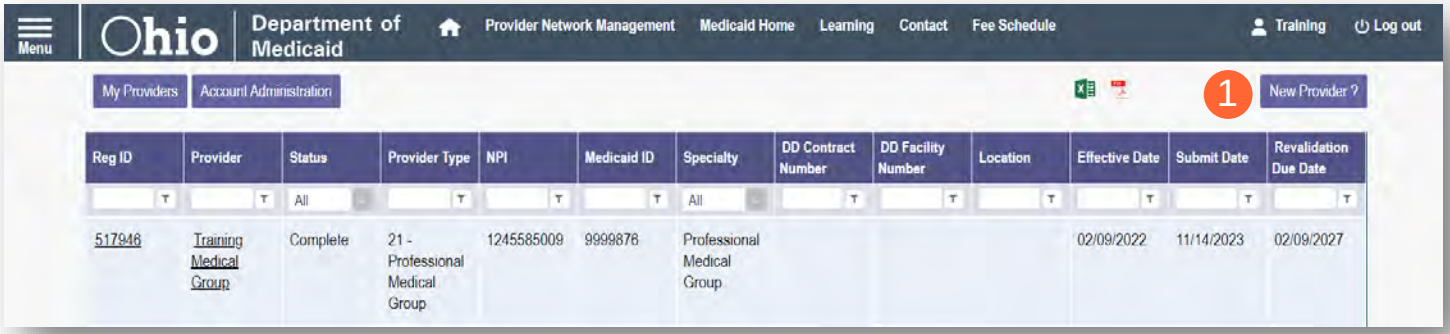


New Provider Application Entry – Organization

This section displays the necessary steps for creating an initial application for an organization provider.

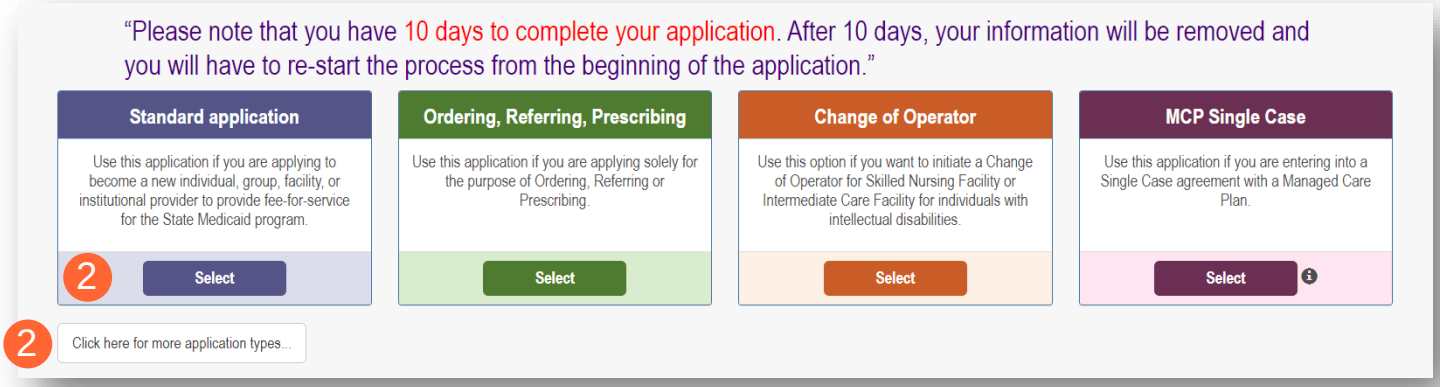
Note: The 'New Provider?' button, and the ability to complete new enrollment application, is only avaiable to users holding the Provider Administrator or CEO Certified roles in PNM.

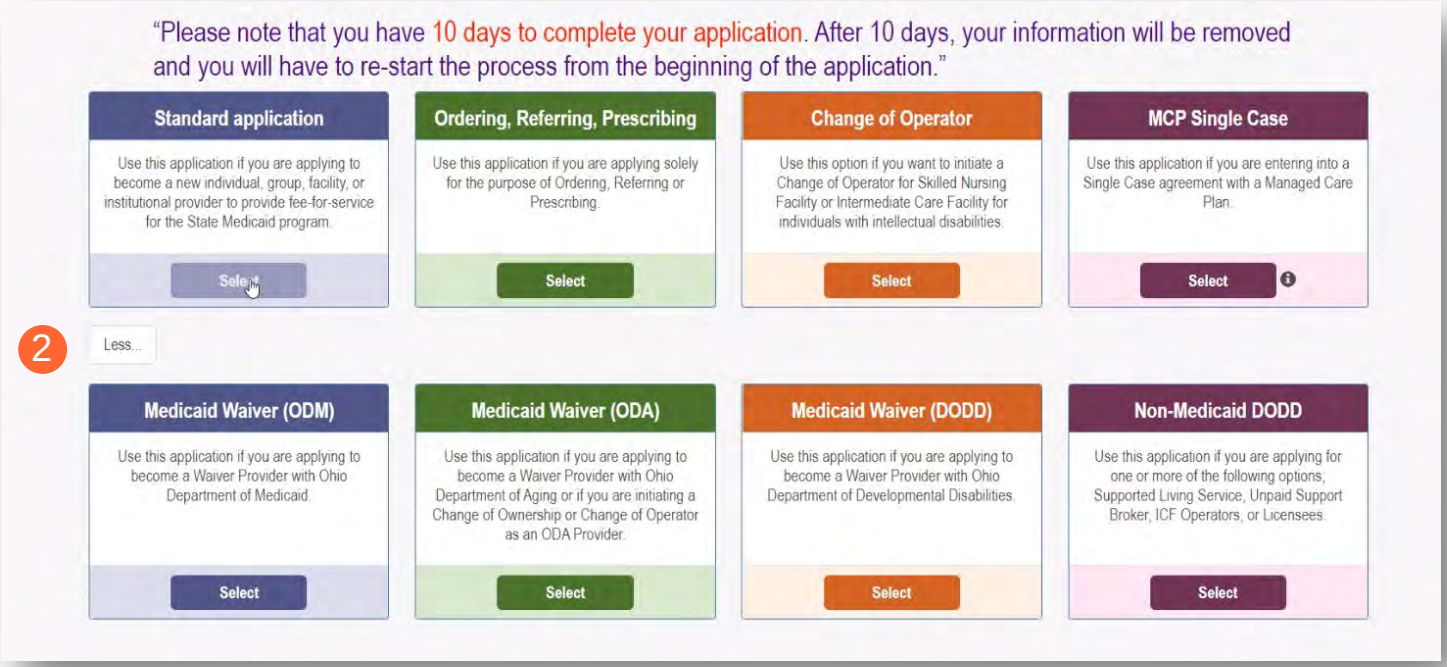
Step 1: Click **New Provider?**



Step 2: Select the button for the appropriate application type for the new provider.

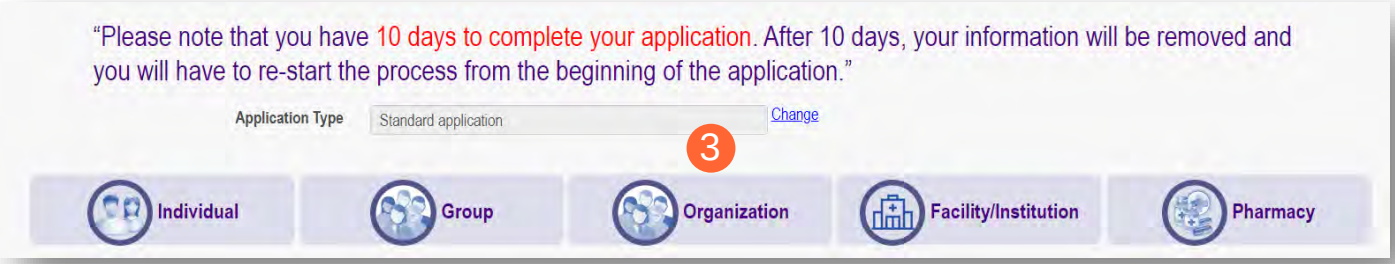
- Additional application types are displayed by selecting the **Click here for more application types…** button.





Note: For ODA and DODD Waiver applications, you will enter the Key Identifiers within PNM and then be navigated to the State Sister Agency portals to complete the application process. More details on these processes can be found in the ODA and DODD Provider User Guides.

Step 3: Next, click **Organization** to begin an organization provider application.



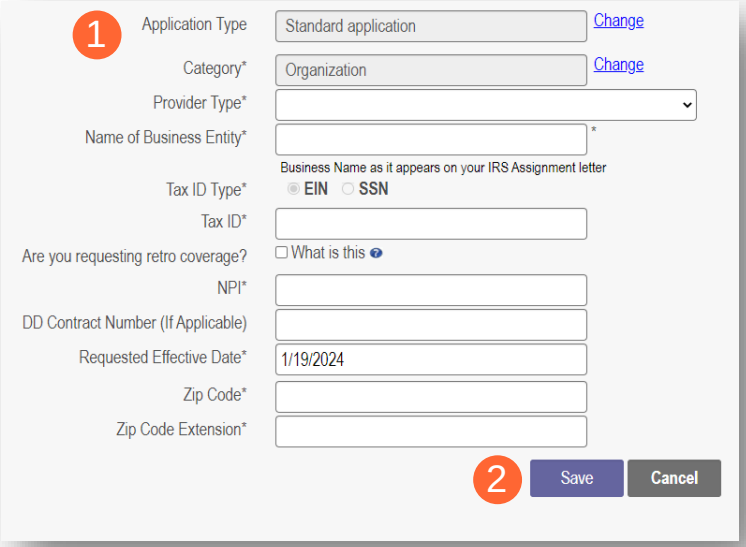
Key Identifiers Information Page

Note: Previous selections made (application type, category) can be changed by clicking on the “Change” link.

Step 1: Enter key provider information for the provider.

Enter all required fields marked with an asterisk (*).

- Provider Type
- Name of Business Entity
- EIN (Employer Identification Number)
- Tax ID
- NPI (National Provider Identifier)
- DD Contract Number *(If Applicable, for DODD Providers)*
- Requested Effective Date *(MM/DD/YYYY)*
- Zip Code
- Zip Code Extension



Note: If requesting a retro coverage date (a start date with Medicaid prior to the date you are entering the application, please indicate that through the appropriate box on the page).

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

Hint - PNM validates the NPI number is a Type 2 NPI number with the National Plan and Provider Enumeration System (NPPES) Registry database. If it is not a Type 2 NPI number, you will get an error before the taxonomy field appears.

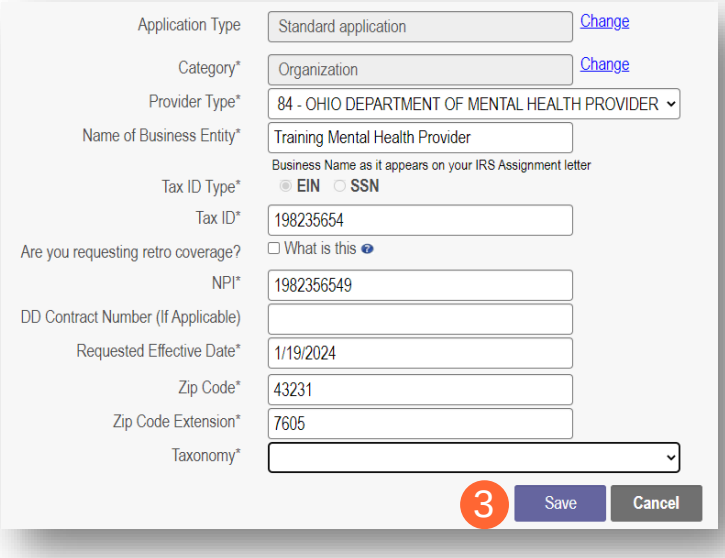
The NPI entered is not in the NPPES list.

The NPI entered must be a Type 2 NPI.

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

The available taxonomy choices listed are pulled from the NPPES registry database. If you need to update taxonomy information, please contact NPPES.

If multiple taxonomies need to be listed, additional taxonomies can be added on the on the ‘Taxonomies’ page of the application.

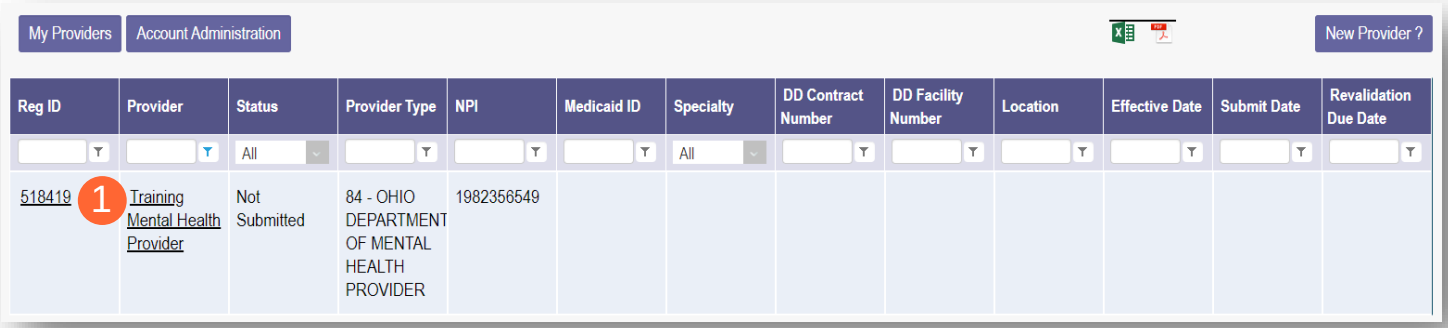


Continuing an 'In Progress' Application

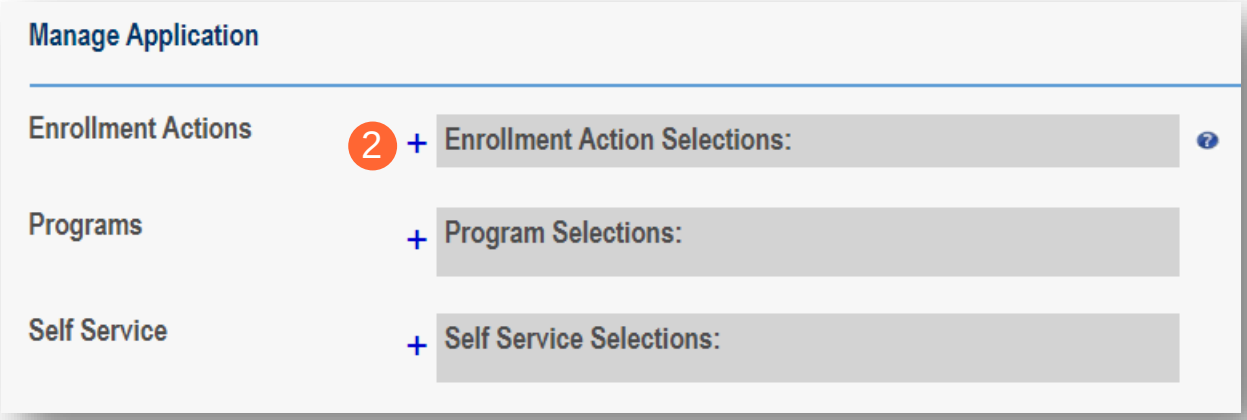
If an application has been initiated, but has not been submitted, you can pick up the 'in progress' application to continue adding information. The steps below show how to access an application that has been initiated but not submitted.

Note: Applications that have been initiated, but not submitted will display a Status of "Not Submitted."

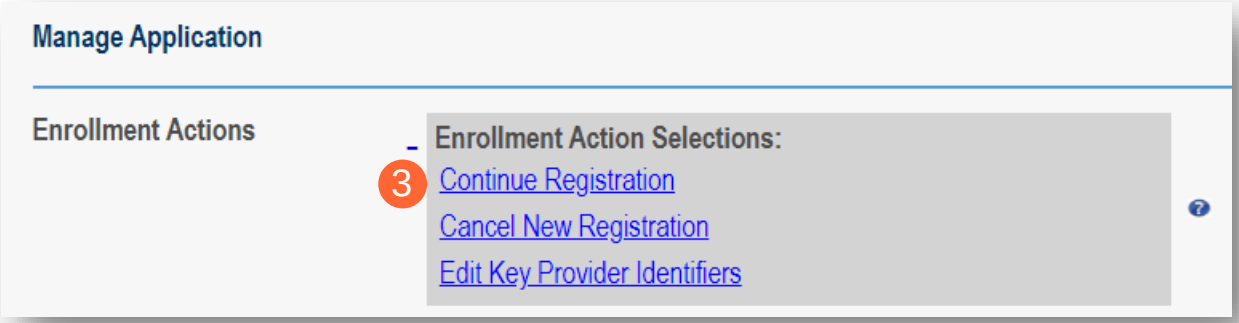
Step 1: Click the Reg ID or Provider hyperlink for the provider for which you wish to continue the application.



Step 2: Expand the Enrollment Action Selections by clicking the '+' icon.



Step 3: Click the hyperlink "Continue Registration."



Note: PNM will open to the first 'unsaved' page of the application.

Document Upload Process (Any Page)

The option to upload documents is available on most pages of the application. Some pages have a box asking for a specific document and uploads can be completed there. For all other uploads, the steps below can be followed.

Step 1: To upload a document, click **Choose File**, select the file on your computer, and click **OK**.

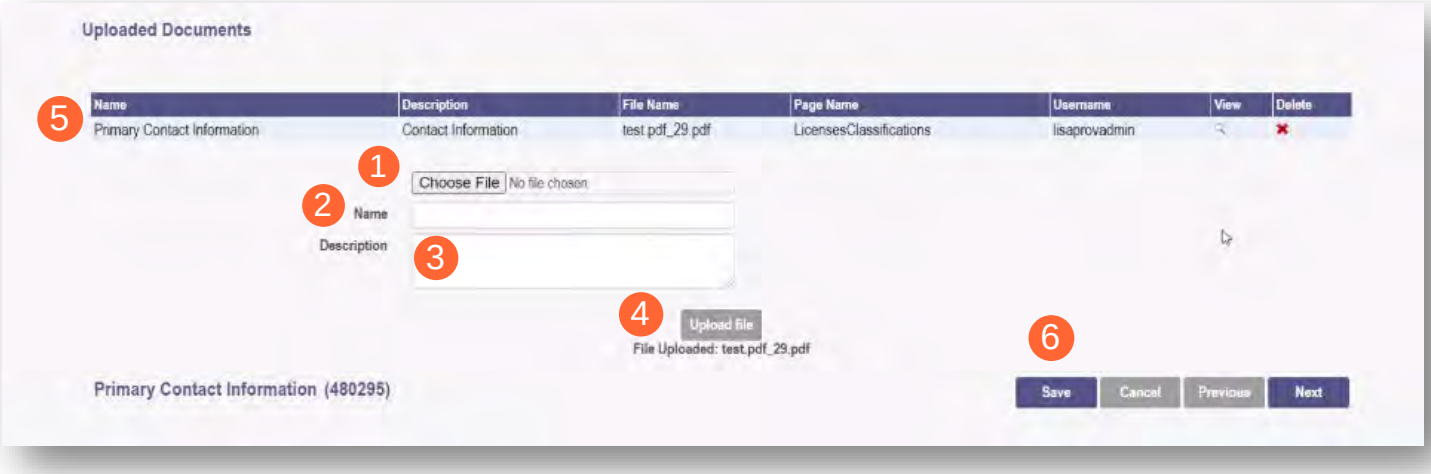
Step 2: Give the file a name.

Step 3: Enter a Description (Optional).

Step 4: Click **Upload File**.

Step 5: Verify your document was uploaded by reviewing the information in the table.

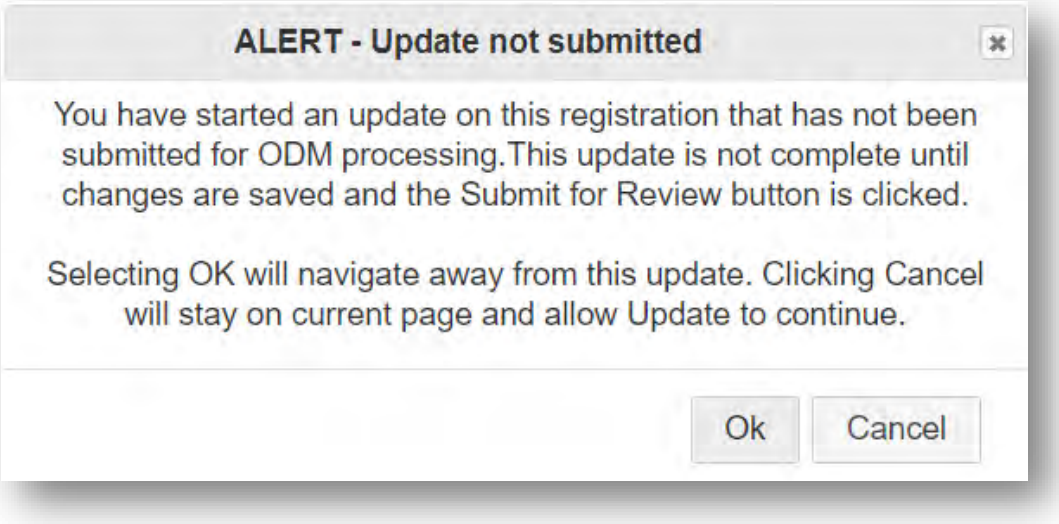
Step 6: Click 'Save' or 'Next' to advance to the next page.



Page Save Warning Message

While the application pages can be completed in any order, PNM is set up to present the pages in an order that user-friendly to complete. To change to different pages, you can click the icon in the navigation bar or choose the page name from the drop-down menu.

If you leave a page where information has not been saved, PNM displays a pop-up window.



To advance to the page selected, click **Ok**.

To remain on the current page, click **Cancel**.

Provider Information Page

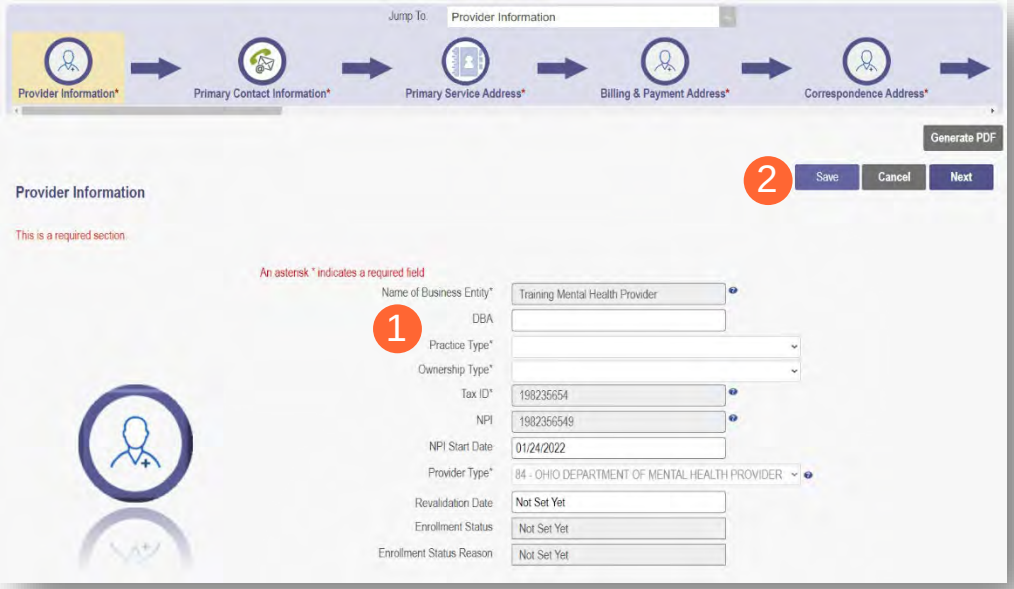
The first page that displays is the Provider Information page. Fill in all fields and click **Next** to continue with the application. *(Clicking 'Next' saves the information on the page and advance to the next page of the application.)*

Note: Some information will auto-fil from the key identifiers page you previously completed.

Step 1: Enter all the information in the required fields marked with an asterisk (*).

For this page the following fields are required:

- Name of Business Entity
- Practice Type
- Ownership Type
- Tax ID
- NPI (National Provider Identifier)
- Provider Type



Step 2:

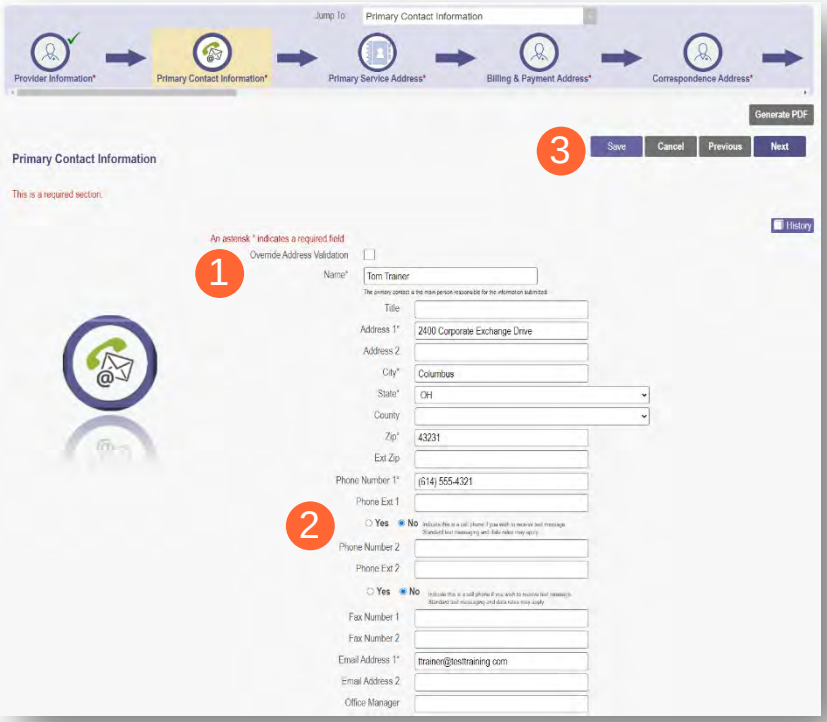
- Click the **Save** button to save the information on the page *OR*
- Click the **Next** button to save and move to the next screen.

Primary Contact Information Page

The Primary Contact Page is the next page that displays on the application. This is the primary contact who will receive communications from PNM and be responsible for managing those communications as well as returning any required information that is needed to process the application for enrollment.

Step 1: Enter the required fields marked with an asterisk (*).

- Name
- Address
- City
- State
- Zip
- Phone Number 1 *(can enter multiple)*
- Email Address 1 *(can enter multiple)*



Step 2: Select the applicable radio button, (Yes or No), to indicate a cell phone and to sign up to receive text messages regarding important account updates.

Step 3:

- Click the **Save** button to save the information on the page *OR*
- Click the **Next** button to save and move to the next screen.

USPS Address Search Pop-Up

To maintain accurate mailing addresses, PNM uses a USPS system search validation for addresses. Enter an address into PNM and after clicking 'Save' or 'Next', a USPS system search will review the address and return corrections to the address based on the USPS review.

- Confirm the validation and accuracy of the address information.
- Click **Accept** on the USPS confirmation prompt.
- Review the changes made to the address.
- Click the **Next** button again on the page to proceed to the next page of the application.

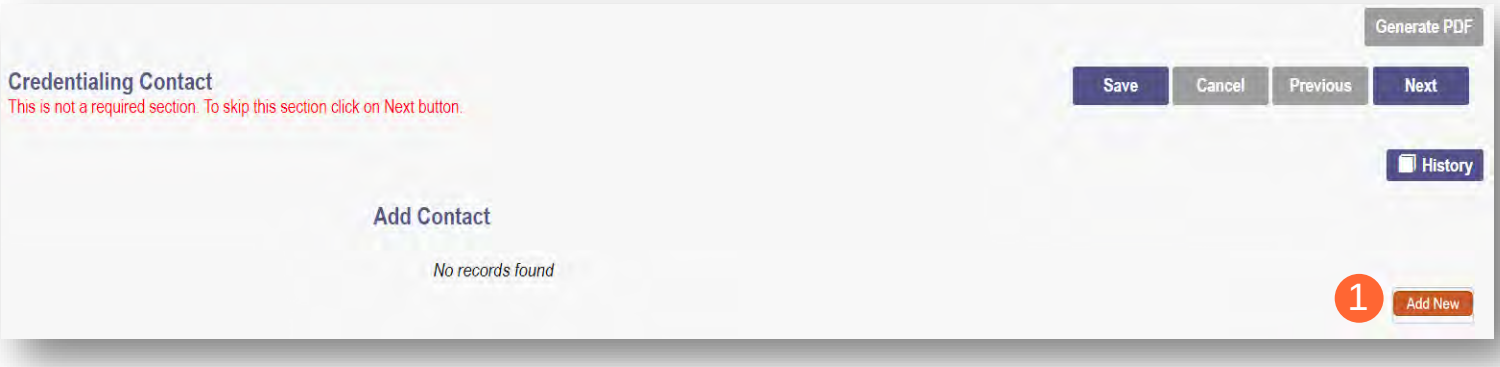
If the address listed cannot be validated by USPS, select the 'Override Address Validation' box to proceed forward.

Credentialing Contact Page

This screen allows you to add an individual as a contact for Credentialing in case additional information needs to be gathered for Credentialing purposes.

Note: Depending on the provider type selected, this page may not appear on the application. If it does, PNM indicates, that this is not a required section. Click **Next** to skip the section and proceed in the application.

Step 1: To add a new contact, click **Add New**.

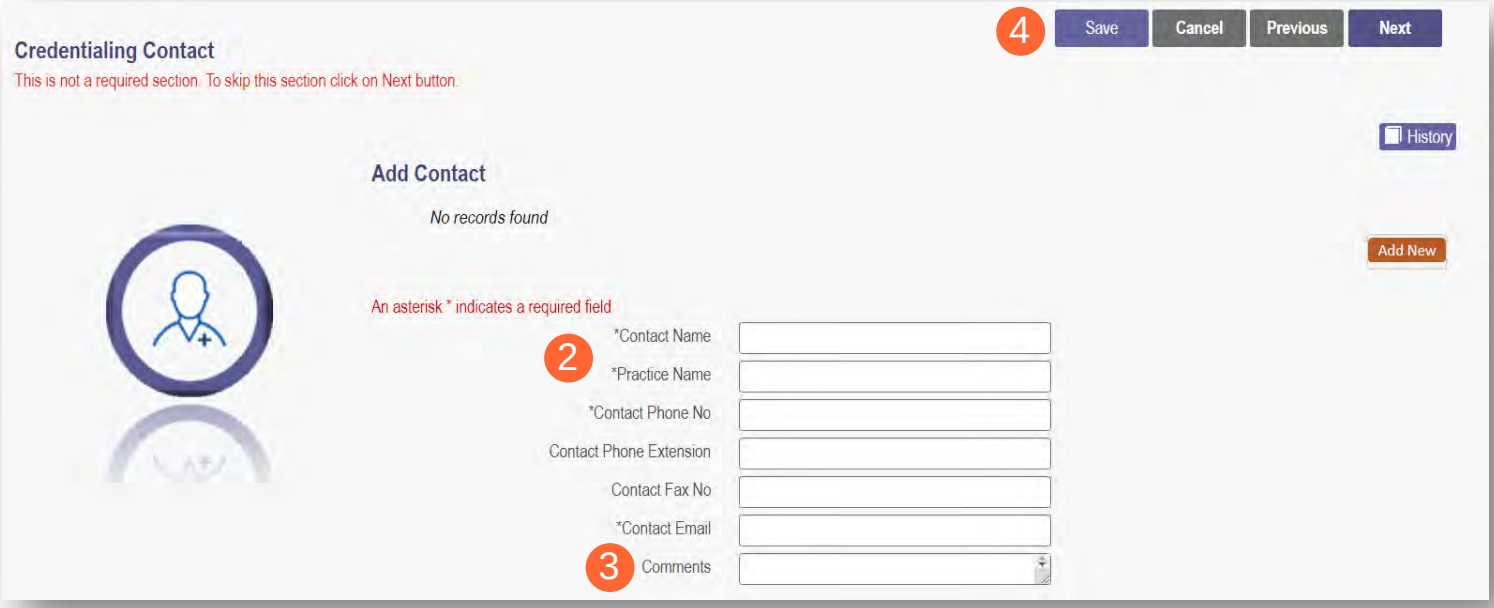


Step 2: Enter all required fields marked with an asterisk (*).

Step 3: Enter any comments or instructions for Credentialing in the 'Comments' field.

Step 4:

- Click the **Save** button to save the information on the page *OR*
- Click the **Next** button to save and move to the next screen.



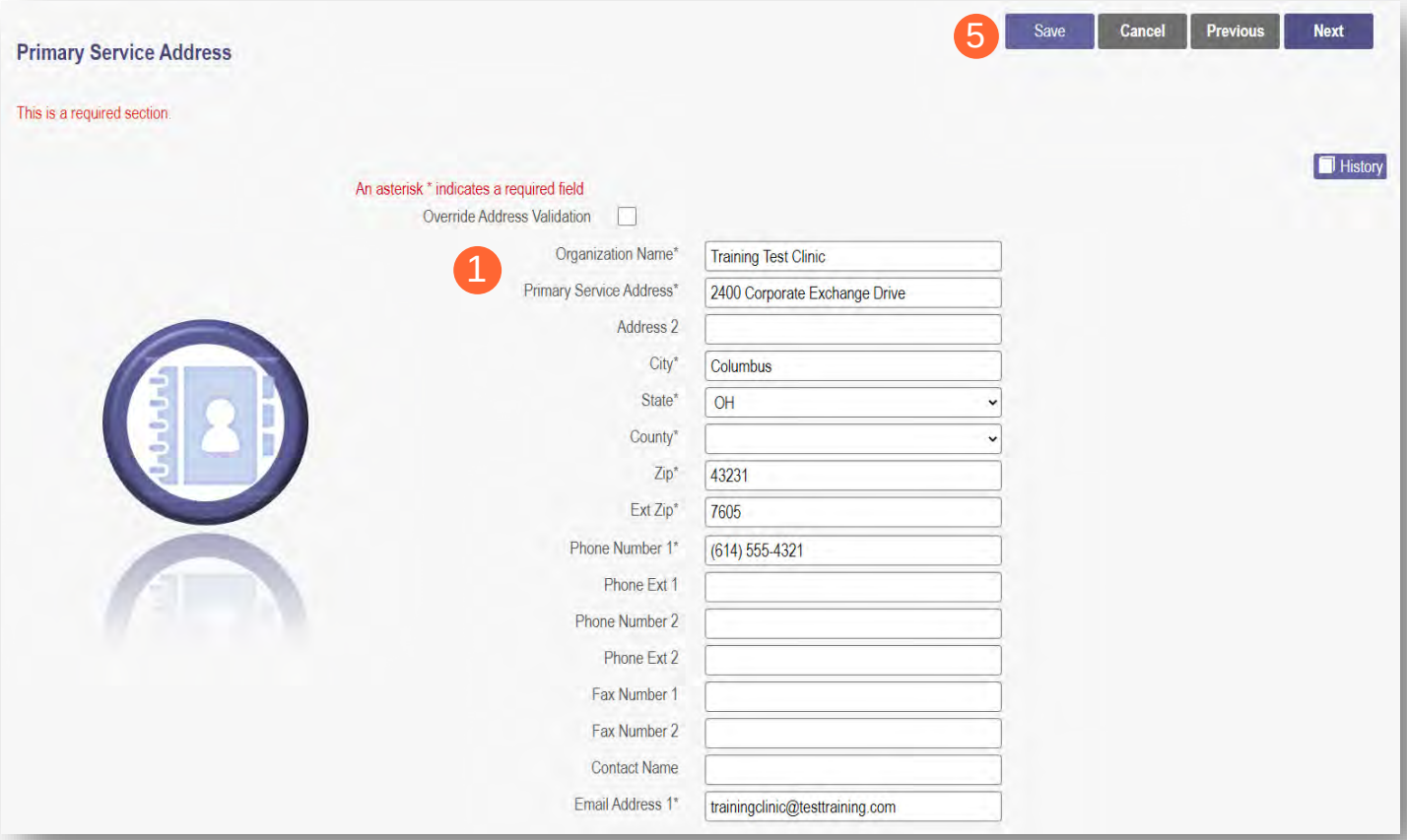
Primary Service Address Page

The Primary Service address page provides a place to enter the primary service address for the provider's location along with specific information about the provider's office that will be included in the Provider Directory.

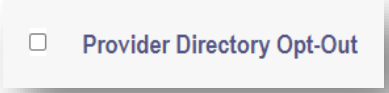
Step 1: Complete the Primary Service Address information.

Required fields include:

- Organization Name
- Primary Service Address
- City
- State
- County *(will be automatically inputted after USPS database check)*
- Zip
- Zip Ext *(will be automatically inputted after USPS database check)*
- Phone Number *(XXX-XXX-XXXX)*
- Email Address



Note: Steps 2 – 4 are optional. If you select 'Provider Directory Opt-Out,' provider information will not be included in the public facing Provider Directory accessible through PNM.



Step 2: Indicate specific operating information about the provider or provider's office using the drop-down menus/data entry fields:

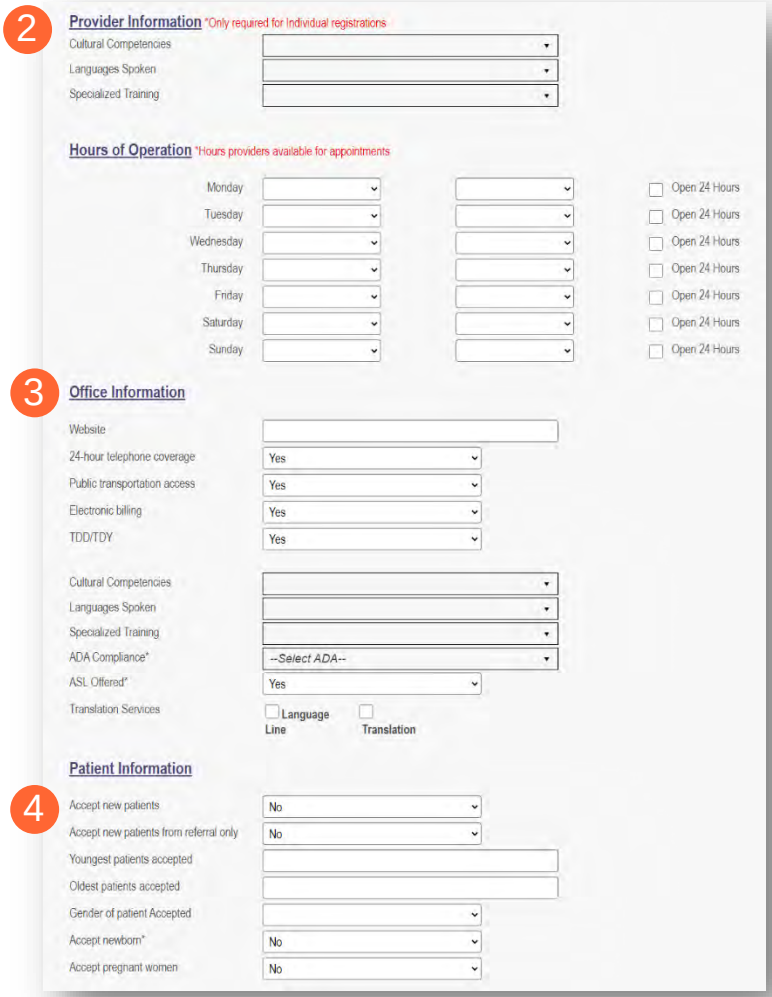
- Cultural Competencies
- Languages Spoken
- Specialized Training
- Hours of Operation
- Whether the location is open 24 hours

Step 3: Indicate specific office information about the provider or provider's office using the drop-down menus/data entry fields:

- Website
- Telephone Coverage
- Electronic Billing
- Cultural Competencies
- Language Spoken
- Specialized Training
- ADA Compliance
- ASL Offered

Step 4: Indicate specific information about the types of patients the provider's office serves:

- Accepting new patients
- Accept patients from referral only
- Youngest patient accepted
- Oldest patient accepted
- If they serve or specialize in a particular gender
- Accept newborns
- Accept pregnant women



Step 5:

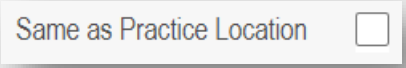
- Click the **Save** button to save the information on the page *OR*
- Click the **Next** button to save and move to the next screen.

Address Pages

The following table provides samples of the types of address pages that will be required for an organization application.

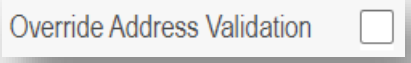
Billing & Payment Address Page

If the Billing & Payment Address is the same as the Primary Service Address, select the check box to indicate it is the 'Same as the Practice Location.' This will pre-populate information that was entered on the previous screen into the fields.

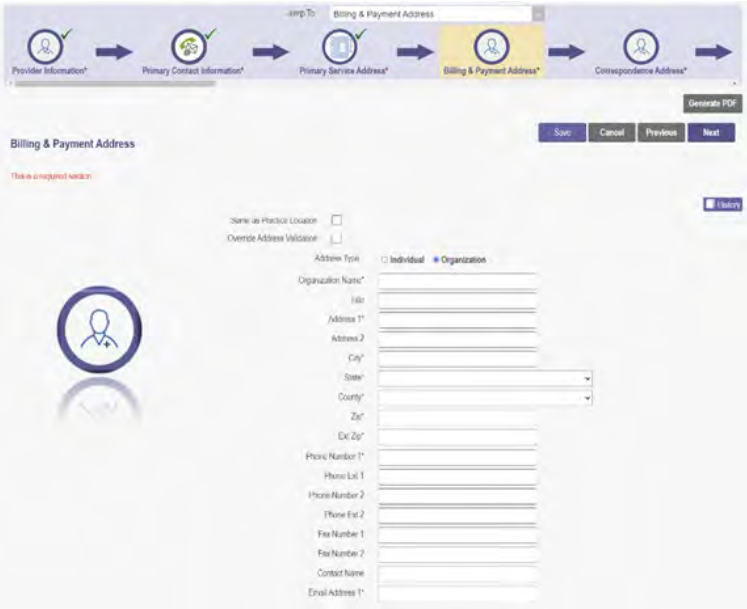


If a different address, enter the required fields marked with an asterisk (*).

If the address listed cannot be validated by USPS, click the 'Override Address Validation' box to proceed forward.



Click **Next** to save the information to the record and advance to the next page.



Correspondence Address Page

If the Correspondence Address is the same as the Primary Service Address, select the check box to indicate it is the 'Same as the Practice Location.' This will pre-populate information that was entered on the Primary Service Address page into the fields.

If a different address, enter the required fields marked with an asterisk (*).

If the address listed cannot be validated by USPS, click the 'Override Address Validation' box to proceed forward.

Click **Next** to save the information to the record and advance to the next page.

1099 Address Page

If the 1099 Address is the same as the Primary Service Address, select the check box to indicate it is the 'Same as the Practice Location.' This will pre-populate information that was entered on the Primary Service Address page into the fields.

If the 1099 Address is the same as the Billing & Payment Address, select the check box to indicate it is the 'Same as Billing Location.' This will pre-populate information that was entered on the Billing & Payment page into the fields.

If a different address, enter the required fields marked with an asterisk (*).

If the address listed cannot be validated by USPS, click the 'Override Address Validation' box to proceed forward.

Depending on the original provider entry and provider type, the relevant tax identification information will display automatically.

Select the radio buttons for 'Tax Exempt'; Type of form (W9 or 147)

Click **Next** to save the information to the record and advance to the next page.

Home Office Address

If the Home Office Address is the same as the Primary Service Address, select the check box to indicate it is the 'Same as the Practice Location.' This will pre-populate information that was entered on the Primary Service Address page into the fields.

If a different address, enter the required fields marked with an asterisk (*).

If the address listed cannot be validated by USPS, click the 'Override Address Validation' box to proceed forward.

Click **Next** to save the information to the record and advance to the next page.

Other Service Locations

On this page, enter any other locations where services are provided. Be sure to enter other service locations that bill (or will bill) under the same Medicaid ID. Behavioral Health Providers should be entering all OHMAS certified locations to the record.

Step 1: Click **Add New** to add a Service Location.

Step 2: Complete all line items with an asterisk (*).

Step 3: Click **Save** to save the address.

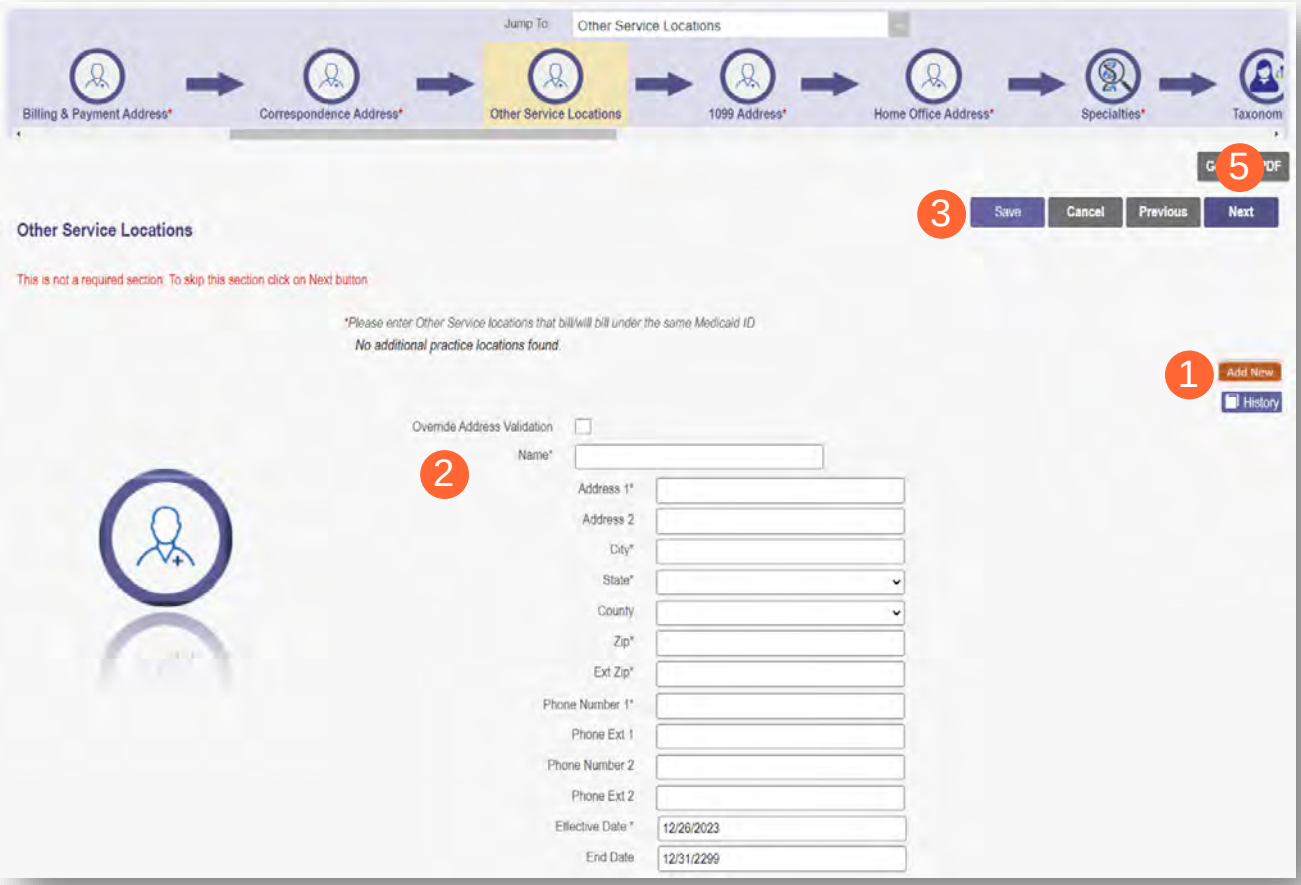
- Select **Add New** to include additional addresses.

Step 4: If you would like, indicate additional operating information regarding the service location *(see Primary Service Address Page for more details)*

- Provider Information
- Hours of Operation
- Office Information
- Patient Information

Step 5:

- Click the **Save** button to save the information on the page *OR*
- Click the **Next** button to save and move to the next screen.



Note: If an address cannot be validated by USPS, click the 'Override Address Validation' box to proceed.

4

Provider Information *Only required for Individual registrations

Cultural Competencies

Languages Spoken

Specialized Training

Hours of Operation *Hours providers available for appointments

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Office Information

Website

24-hour telephone coverage: Yes

Public transportation access: Yes

Electronic billing: Yes

TDD/TDY: Yes

Cultural Competencies

Languages Spoken

Specialized Training

ADA Compliance*: --Select ADA--

ASL Offered*: Yes

Translation Services: ☐ Language Line ☐ Translation

Patient Information

Accept new patients: No

Accept new patients from referral only: No

Youngest patients accepted

Oldest patients accepted

Gender of patient Accepted

Accept newborn*: No

Accept pregnant women: No

Specialties Page

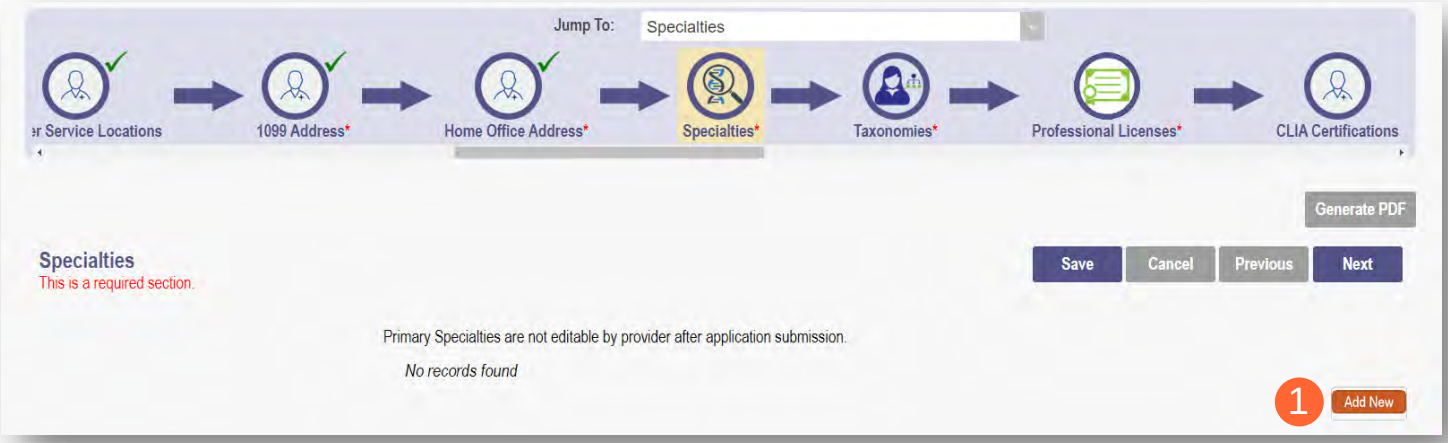
The specialty page allows for an indication of specialties for the organization.

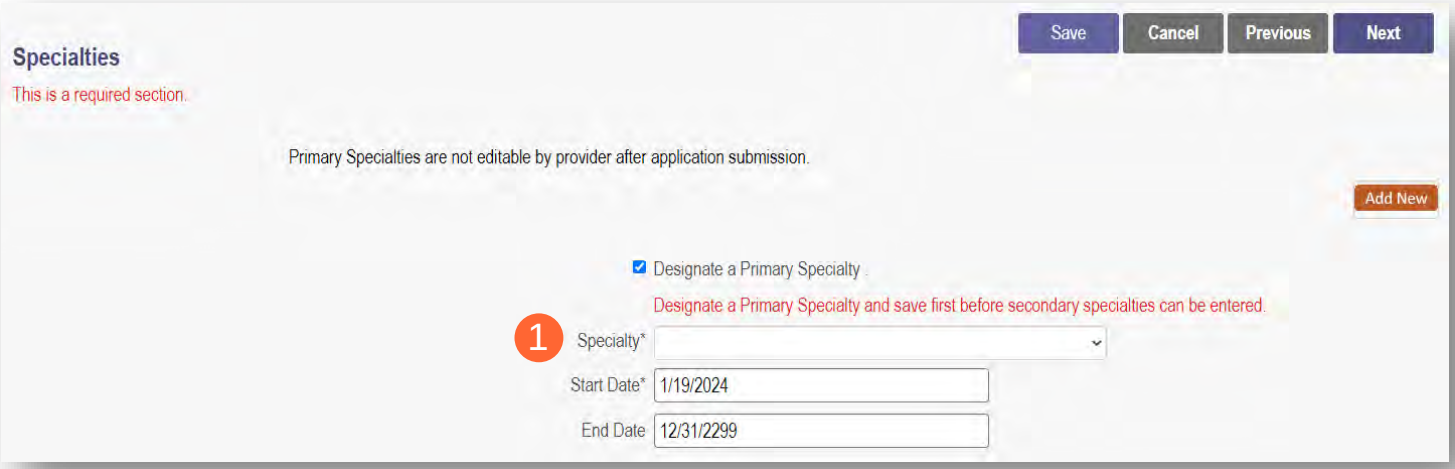
Note: A primary specialty must be designated first, before adding any secondary specialties.

Note: If a specialty needs to be added, but the specialty is in a different scope (not linked in PNM to this provider type) and does not display in the drop-down menu, please send an email to Medicaid_Provider_Update@medicaid.ohio.gov, after submitting the application. Be sure to include the Reg ID or NPI for the practitioner that needs to be updated and indicate the specialty that needs to be added.

Step 1: Click **Add New** to add a specialty.

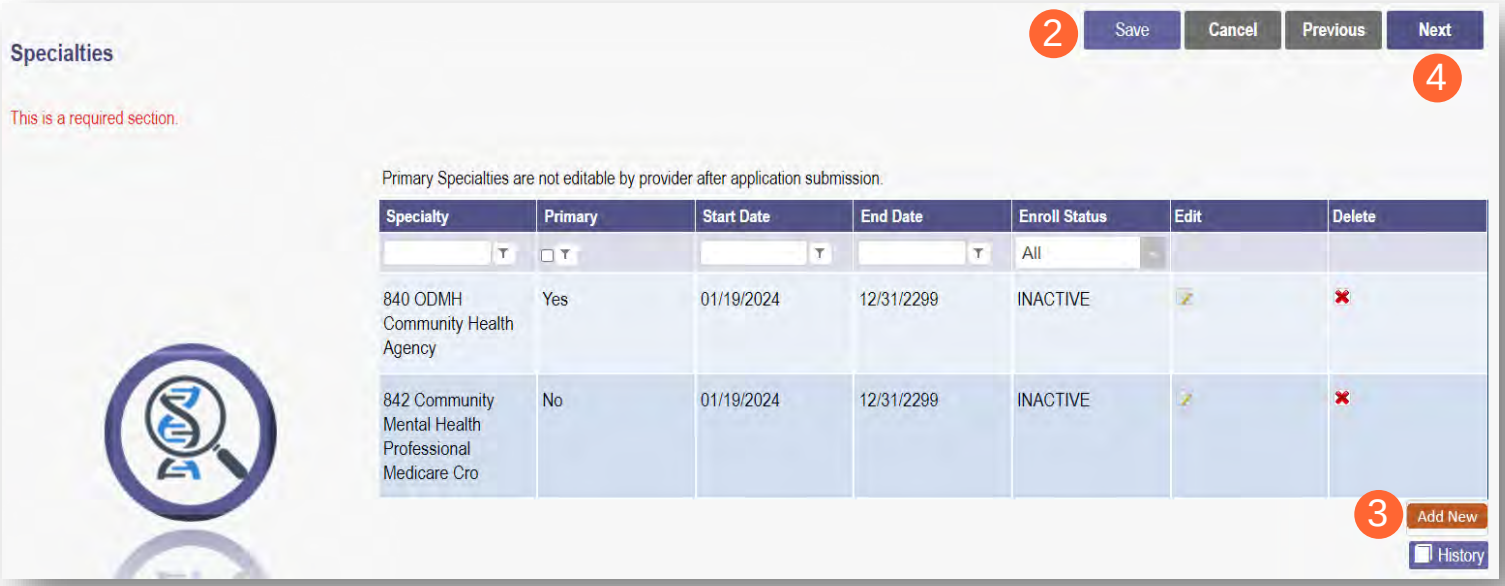
- The specialty drop-down has a variety of specialties that are associated with the selected provider type.
- If it is the primary specialty, select the check box that allows you to 'Designate a Primary Specialty.'
- The Start Date field *(MM/DD/YYYY)* will default to the date that you are entering the information.
    - This can be backdated but cannot be prior to the provider's effective date with Ohio Medicaid.
- The End Date field will default to an infinite date of 12/31/2299.





Step 2: Click **Save** and confirm the New Specialty has been saved by reviewing the table.

Step 3: Click **Add New** and repeat the process to enter any additional specialties.



Note: The 'Enroll Status' of the specialties will show as INACTIVE until the Enrollment Application has been fully approved by the Ohio Department of Medicaid.

Step 4: Click **Next** to proceed to the next page.

Removing Specialties

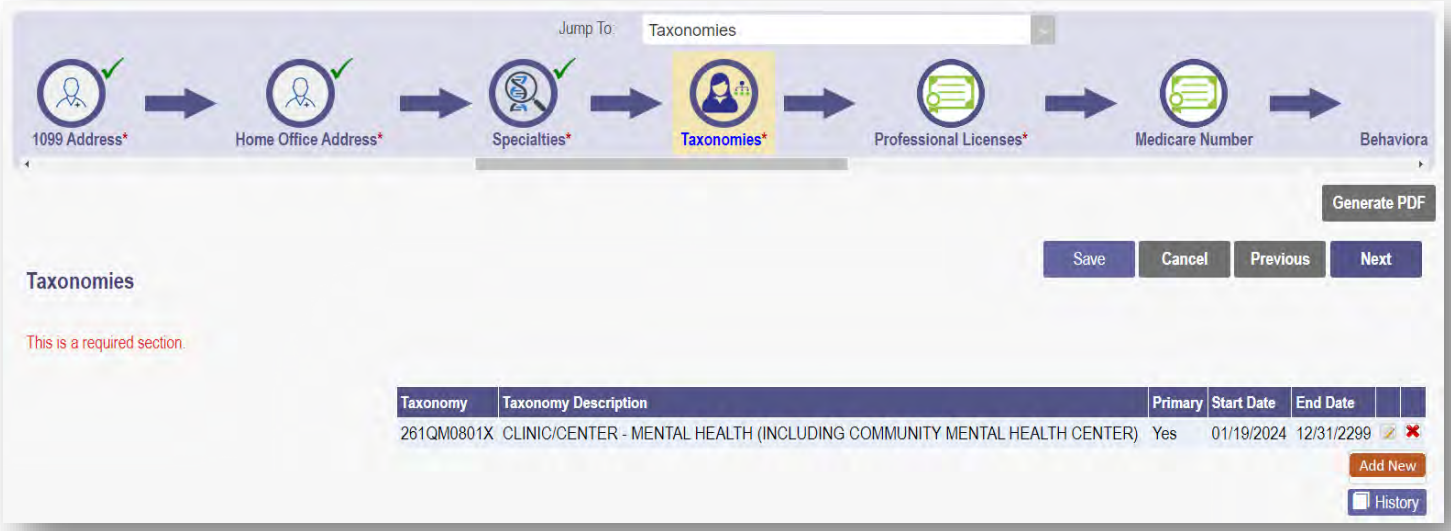
Step 1: To remove an added specialty, click the '**x**' associated with the applicable specialty line.

Taxonomies Page

The Taxonomies page allows you to add, edit, or remove taxonomy codes that are associated in PNM.

Taxonomies associated through NPPES will automatically appear as options within PNM.

Note: If you are missing a taxonomy, you will need to update NPPES first before the taxonomy changes will appear as selections in PNM.



If you need to include additional Taxonomy Codes to the record, manually add them by following the process below:

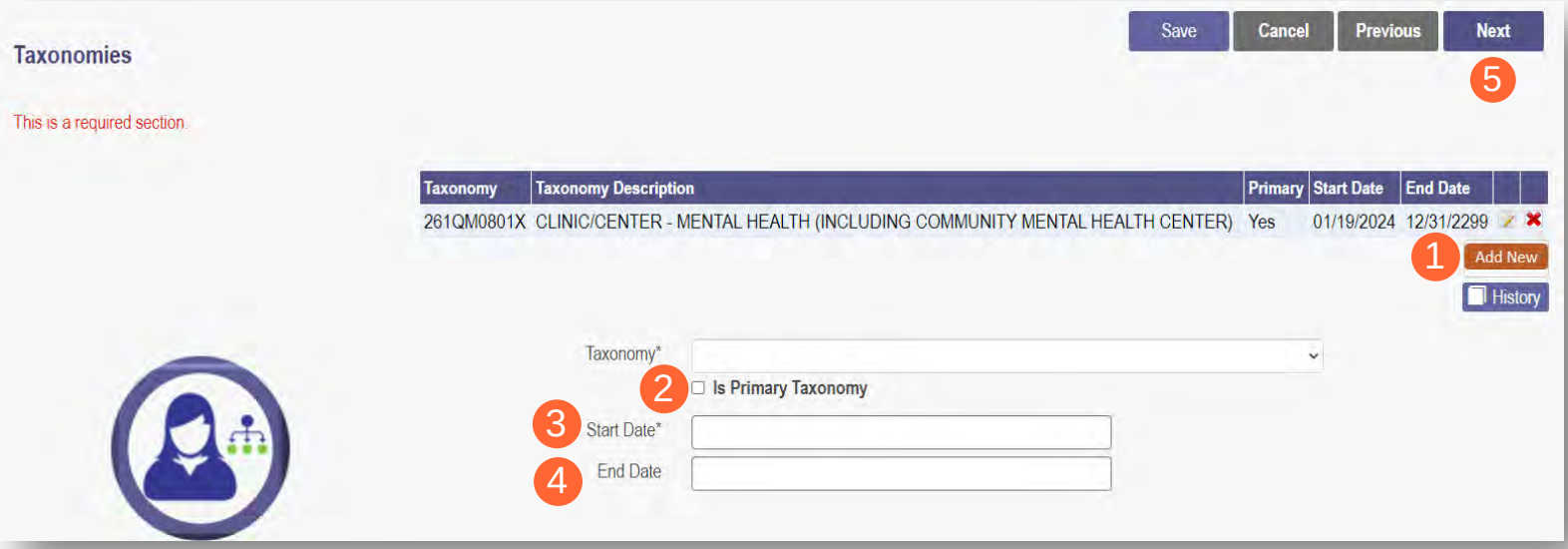
Step 1: Click **Add New** to add a Taxonomy Code.

Step 2: Indicate a Primary Taxonomy by selecting the check box 'Is Primary Taxonomy.'

Step 3: Enter the 'Start Date' (This is the date Taxonomy was added to the provider's NPI record).

Step 4: Enter the 'End Date' (This field can be left blank).

Step 5: Click **Next** to save and proceed to the next page.



Editing or Changing Primary Taxonomy

Step 1: Click the 'pencil and paper' icon next to the Taxonomy on the list associated with your application.

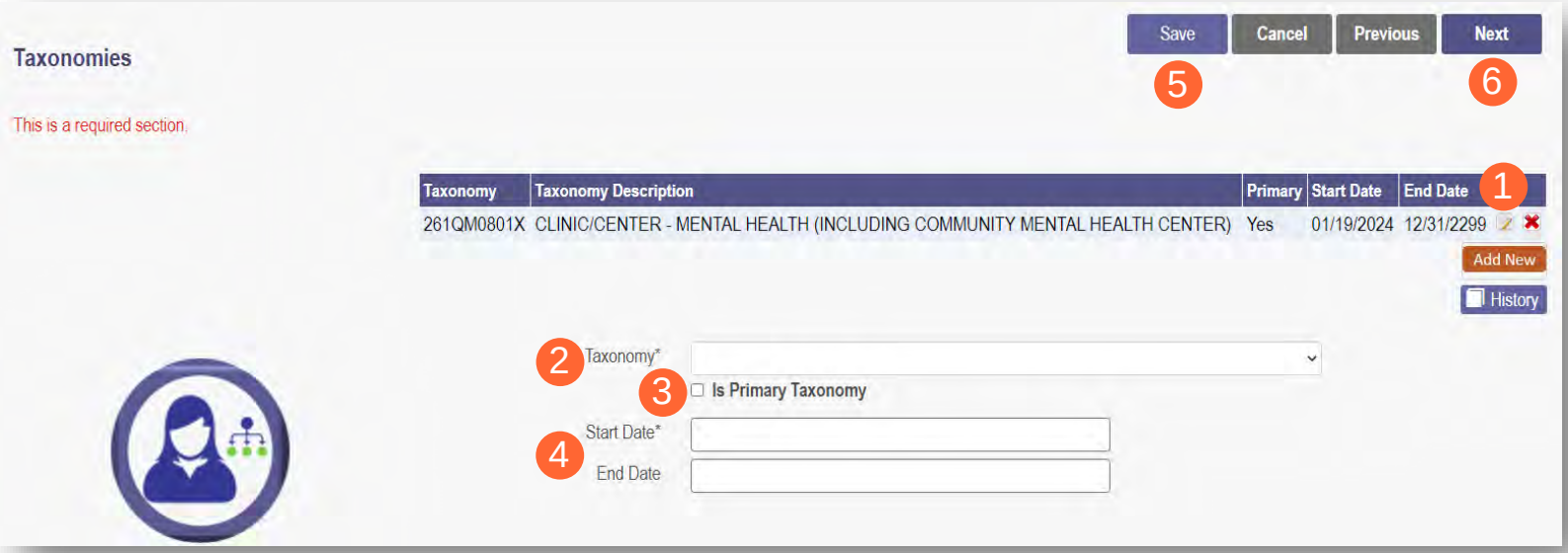
Step 2: Select the appropriate Taxonomy from the drop-down menu and edit start and end dates as needed.

Step 3: Select the checkbox for 'Is Primary Taxonomy.'

Step 4: Confirm your changes have been adjusted.

Step 5: Click **Save** to save your work.

Step 6: Click **Next** to save and proceed to the next page.



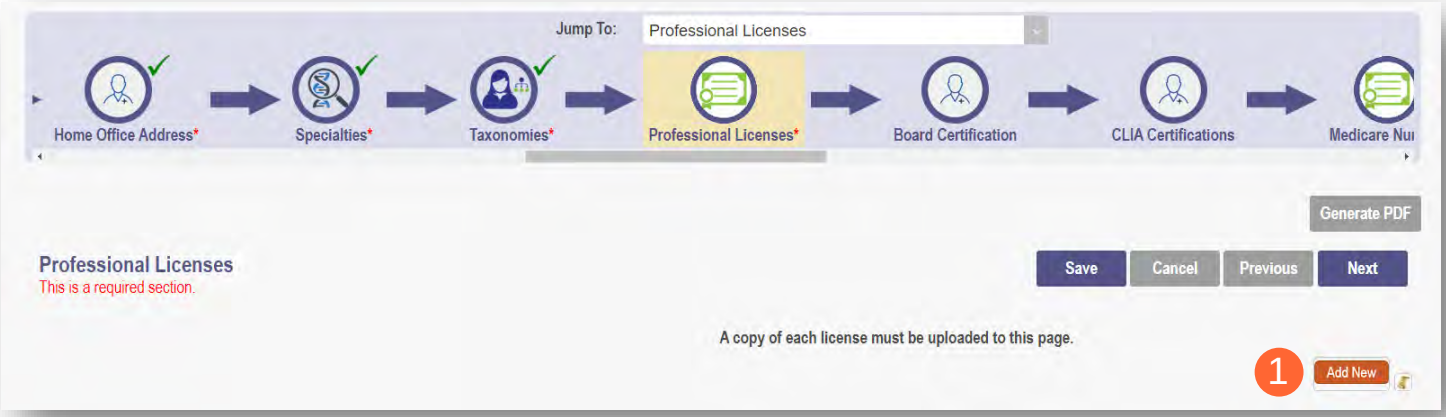
Professional Licenses

Note: License information and a copy of a valid license are not required for every provider type. Click **Next** to skip, if not required.

If the license is in Ohio, a digital Ohio e-license check may be completed after entering some preliminary details. If a successful e-license check inputs data into PNM, an upload of a license document is not required.

This page allows you to enter and upload information related to the provider's professional licenses.

Step 1: To add a Professional License, click **Add New**.



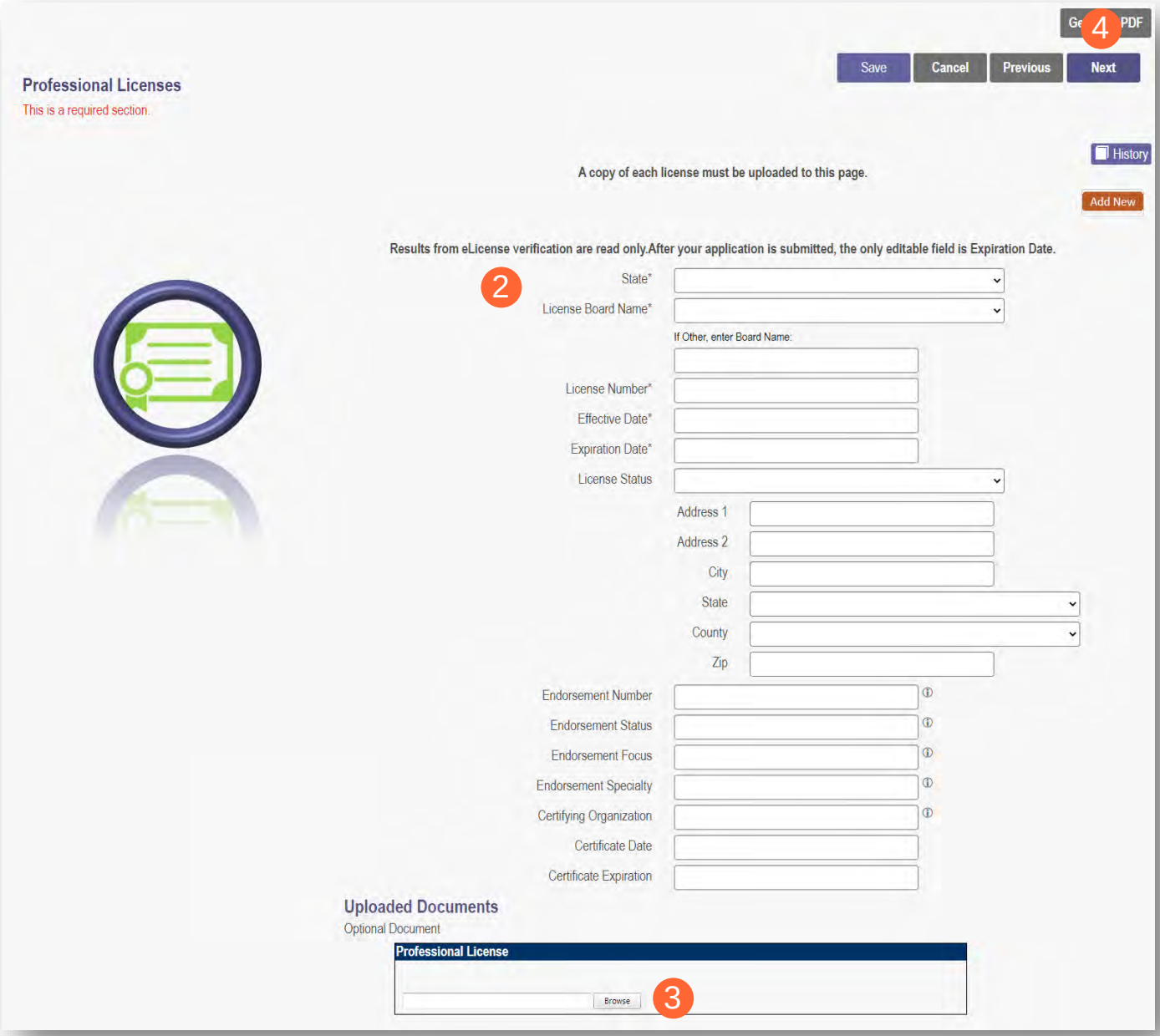
Step 2: Complete the required fields marked with an asterisk (*).

Note: Most fields will auto-populate if the license is active in Ohio and an e-license check can be completed. If this is the case, an upload of a license document is not required. Out-of-state licenses require an upload.

Step 3: If necessary, upload a copy of the Professional License by click **Browse** under the Upload Documents section.

- Locate, on your computer, the file you wish to upload then click **Open**.
- The file name will appear in green text to indicate a successful upload.

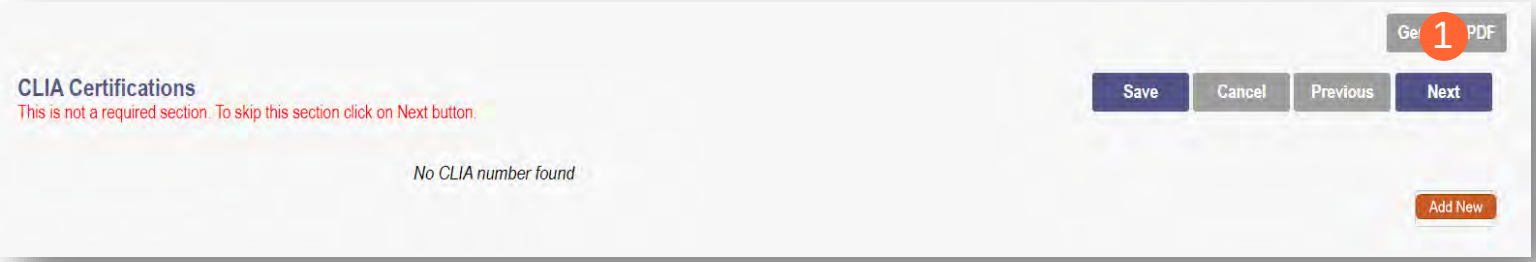
Step 4: Click **Next** to save and proceed to the next page.



CLIA Certifications Page

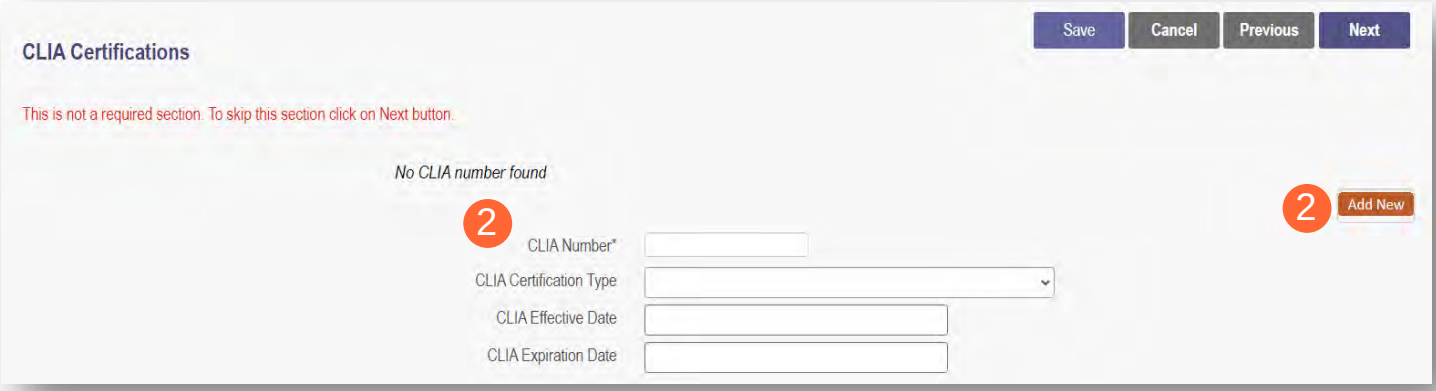
Step 1: This page only appears for a Provider Type 95 - OMHAS Certified/Licensed Treatment Program provider and is not a required section.

- To move past the CLIA (Clinical Laboratory Improvement Amendments) Certification, click **Next**.



Step 2: If you are a provider that needs to enter a CLIA Certification, enter that information on this page.

- Click **Add New** to enter CLIA certification information.
- Click **Next** to save and proceed to the next page.



Medicare Number Page

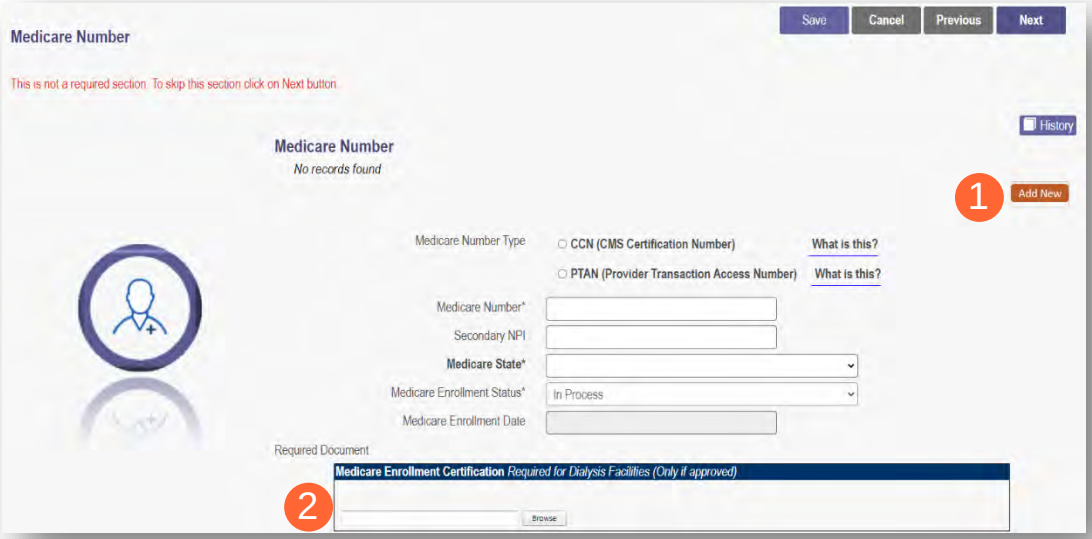
Depending on the provider type, this may not be a required section. Click **Next** to skip, if not required.

Step 1: If you need to complete this section, click **Add New** and enter the relevant information:

- Medicare Number type

If you need further clarification, click 'What is this?' for help.

- Medicare Number (based on type selected)
- Medicare State
- Medicare Enrollment Status (Required)
- Medicare Enrollment Date

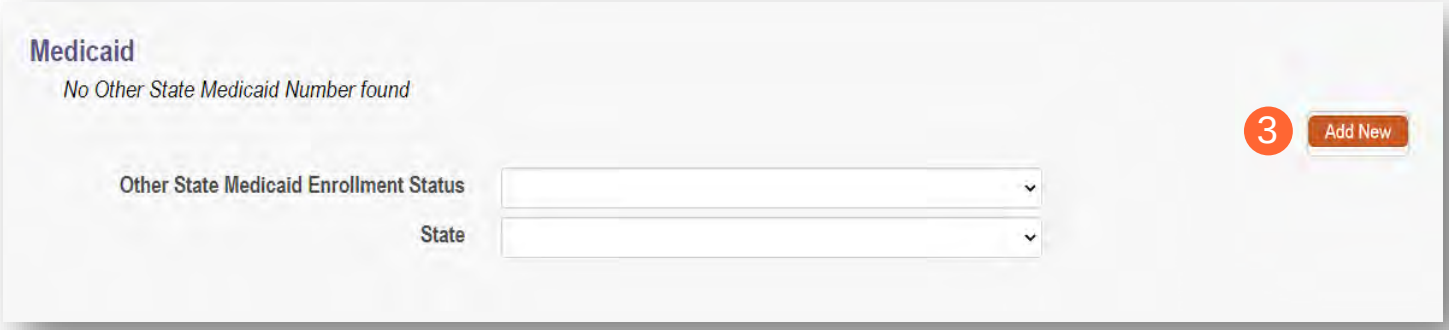


Note: System uses Secondary NPI and Medicare State to look up and verify Provider is in PECOS.

Step 2: Upload a Medicare Enrollment Certification document by clicking **Browse** and locate the file on your computer.

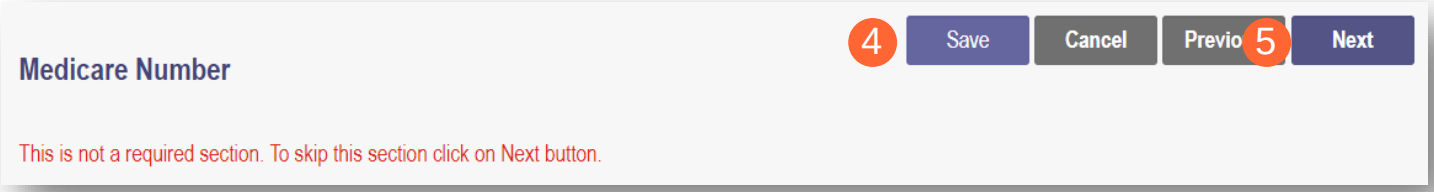
Step 3: Determine if you need to add Medicaid information from another State.

- Click **Add New** to add another State.
- Enter all relevant and required information.



Step 4: Click **Save** to save your work.

Step 5: Click **Next** to move to the next screen.



Behavioral Health Information

This page is required to be completed and asks questions relating to the services provided by the mental health organization.

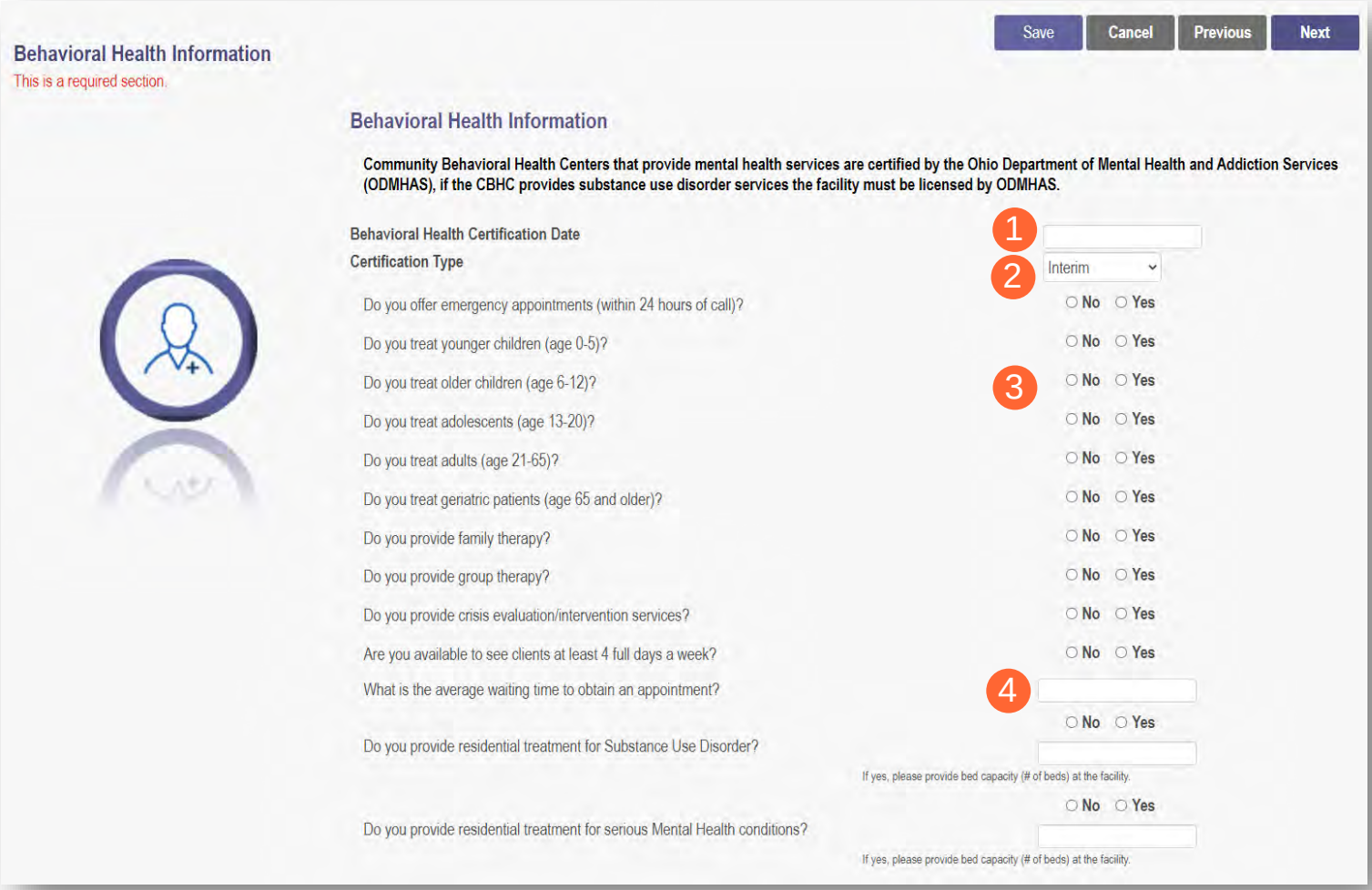
Note: For some questions, if 'Yes' is answered, additional information needs to be listed.

Step 1: Enter a Behavioral Health Certification Date.

Step 2: Select a Certification Type (Interim or Full Certification).

Step 3: Select a 'Yes' or 'No' answer for each of the questions listed.

Step 4: Enter the average waiting time to obtain an appointment.

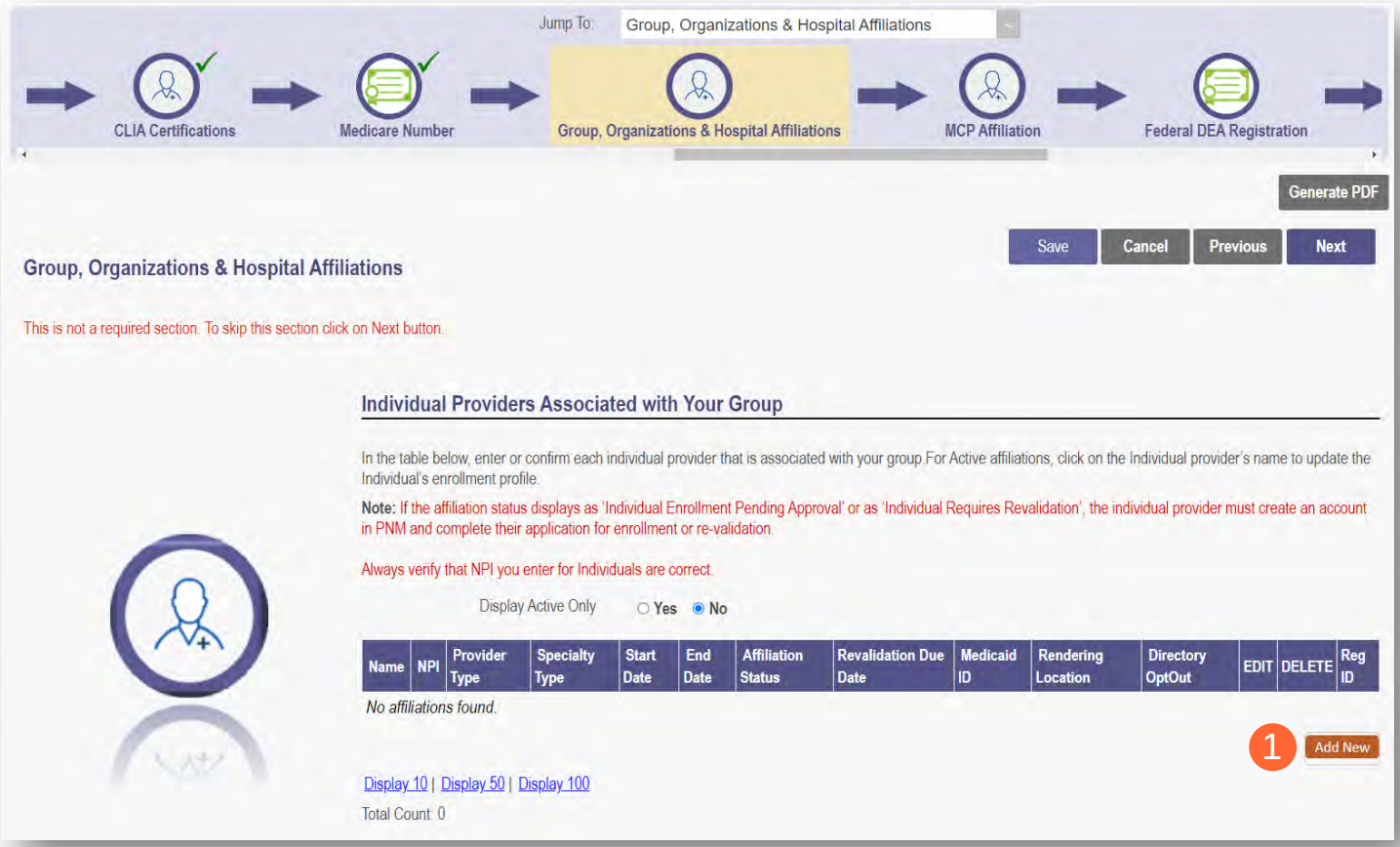


Group, Organizations & Hospital Affiliations Page

This page allows for the indication of any individual providers who are affiliated with your organization. If this is not a required section, you can click **Next** to skip.

Adding an Individual Provider Associated with Your Group

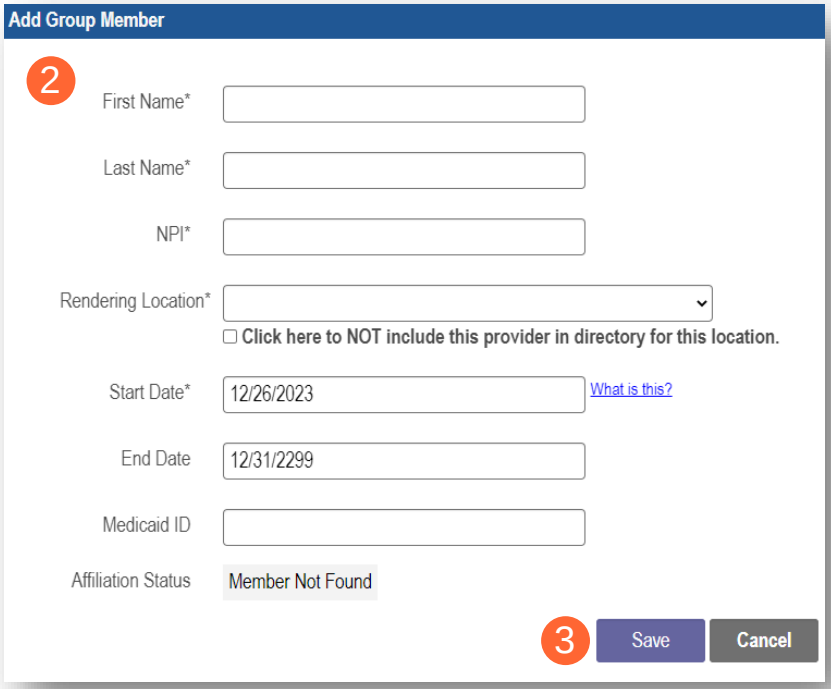
Step 1: To add an individual affiliation, click **Add New**.



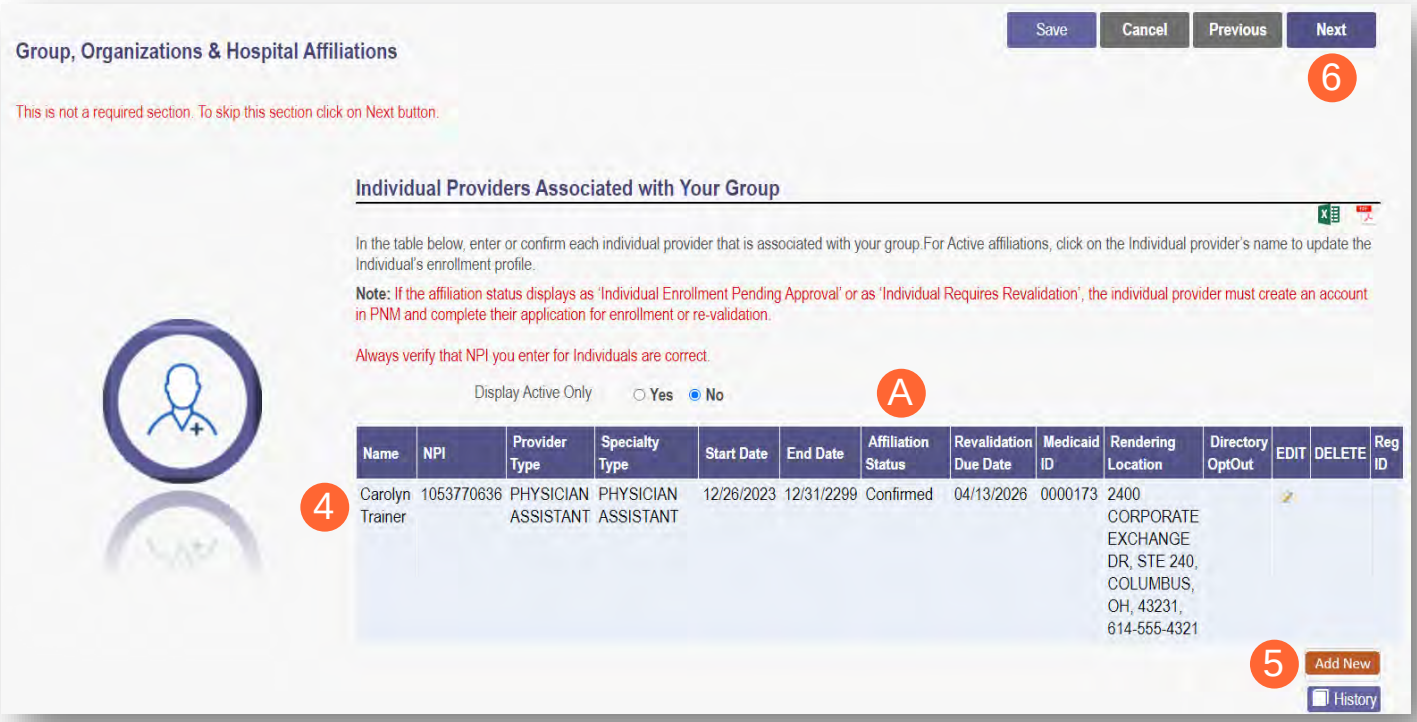
Step 2: Enter the information for the individual provider, including the Rendering Location.

- Note: You will need the First Name, Last Name, and NPI for the provider and will have to enter that information.
- Rendering Location option selections are based on the Primary Service Address or Other Service Locations listed under the group/organization/agency's Medicaid record.

Step 3: Click **Save** to continue.



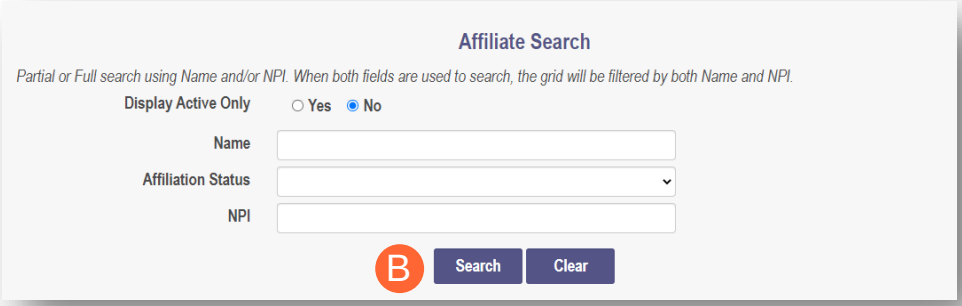
Step 4: Confirm the affiliation is listed on the screen.



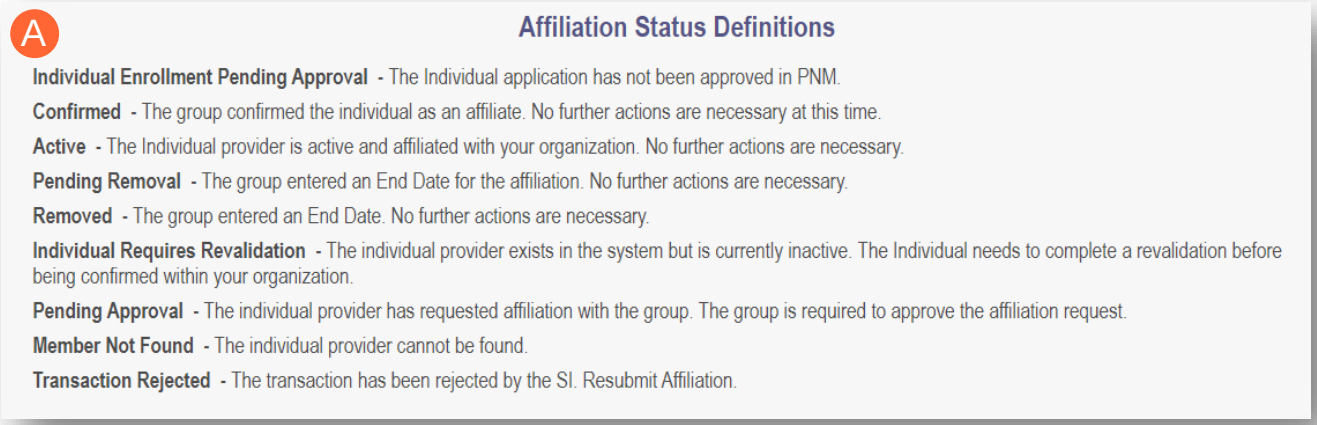
Step 5: Click **Add New** to add more affiliations.

Note: The individual Providers will have a different affiliation status. The definitions of that status are shown at the bottom of this section (A). For example, the added affiliate will display as a 'Confirmed' status until the application has been fully processes, at which time it will change the status of the affiliate to 'Active.'

Note: If you are viewing a previously submitted application and there are numerous affiliations listed, you can use the Affiliate Search to locate a specific Provider from your affiliations list (B).



Step 6: Once all affiliations are added, click **Next**.

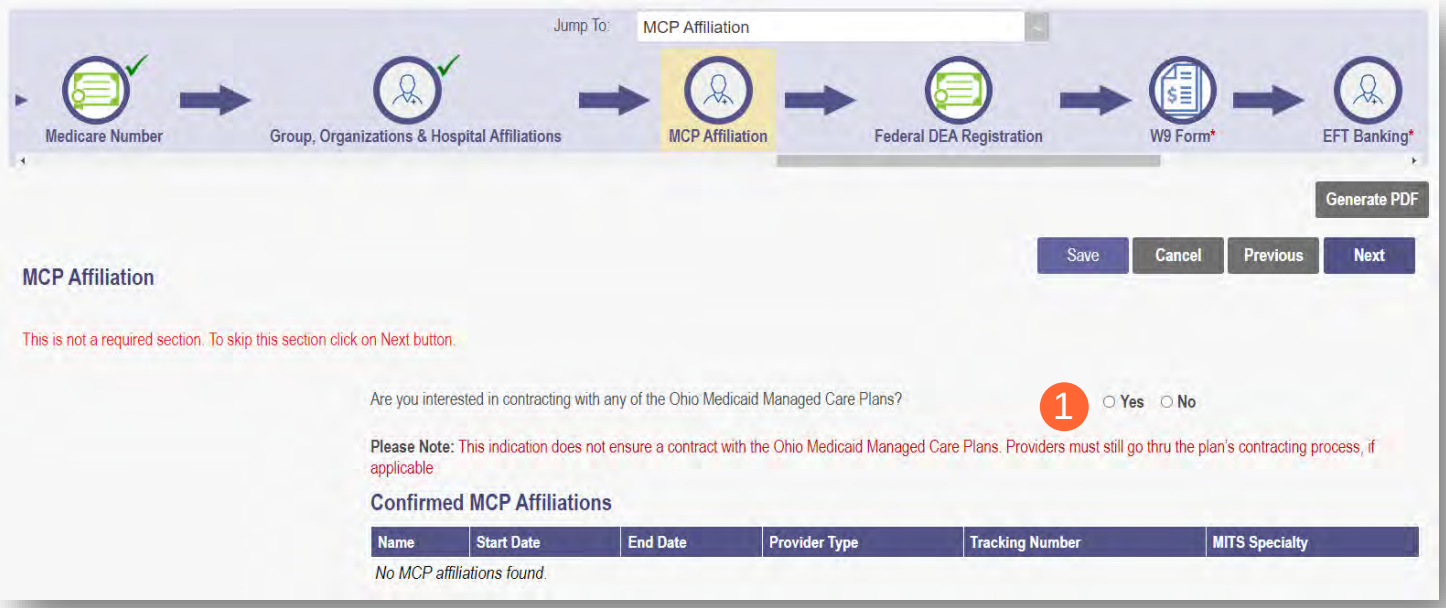


MCP Affiliation

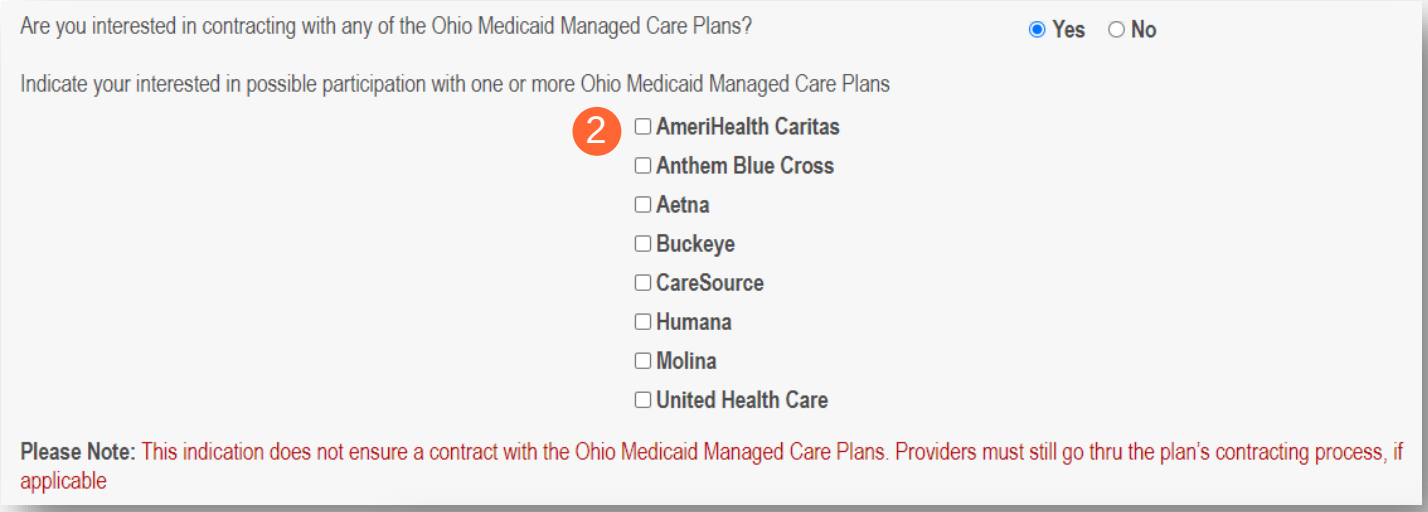
This page only appears for a Provider Type 95 - OMHAS Certified/Licensed Treatment Program provider and allows for the ability to enter interest in contracting with an Ohio Medicaid Managed Care Plan.

Step 1: Indicate interest in contracting with any of the Ohio Medicaid Managed Care Plans by selecting 'Yes' or 'No' radio button.

Note: This indication does not ensure a contract with the Ohio Medicaid Managed Care Plans. You must still go through the plan's contracting process, if applicable



Step 2: If you select 'Yes,' this indicates interest in possible participation with one or more Ohio Medicaid Managed Care Plans. Select the appropriate checkbox(es) for which Managed Care Plans you are interested in participating.



Note: Any confirmed MCP Affiliations would appear at the bottom of the page.

Professional Liability Insurance Page

This page allows for the entry of information about the provider's professional liability insurance.

Note: Professional Liability Insurance information is not required for every provider type. To bypass this page, click **Next**.

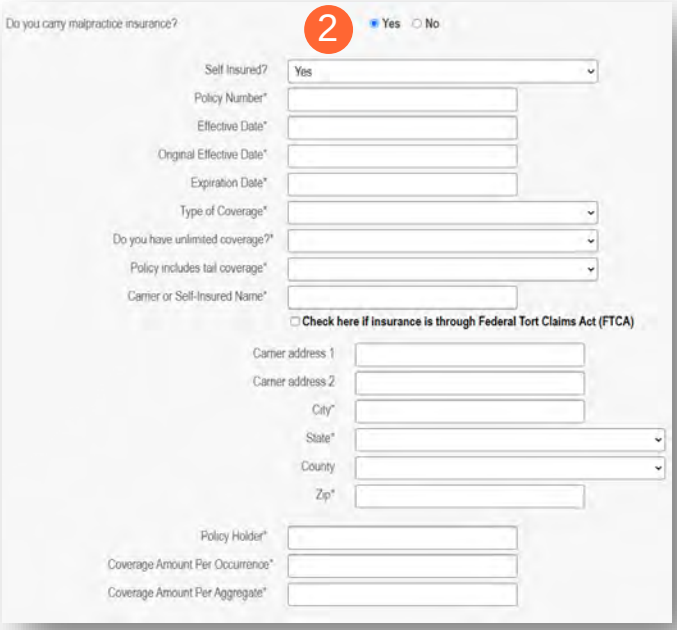
Step 1: To add professional liability insurance information, click **Add New**.

Yes/No Professional Liability Insurance

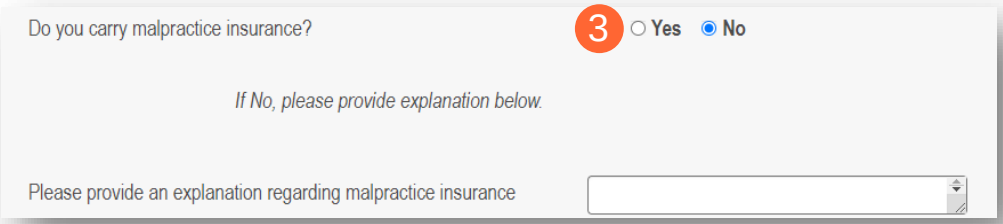
Step 2: You must select a 'Yes' or 'No' radio button for the question: *"Do you carry malpractice insurance?"*

If 'Yes' is selected, you will be prompted to enter required corresponding information into the screen:

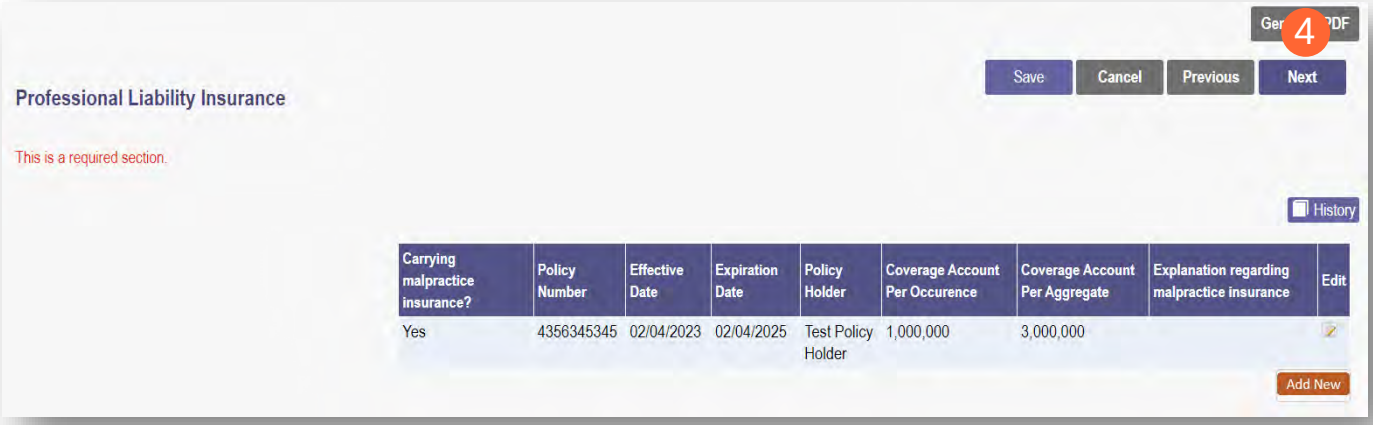
- Self-Insured?
- Policy Number
- Effective Date *(MM/DD/YYYY)*
- Original Effective Date *(MM/DD/YYYY)*
- Expiration Date *(MM/DD/YYYY)*
- Type of Coverage
- Do you have unlimited coverage?
- Policy includes tail coverage?
- Carrier or Self-Insured Name
- Address
- City
- State
- Zip
- Policy Holder
- Coverage Amount Per Occurrence
- Coverage Amount Per Aggregate



Step 3: If 'No' is selected, you will need to provide an explanation regarding malpractice insurance.



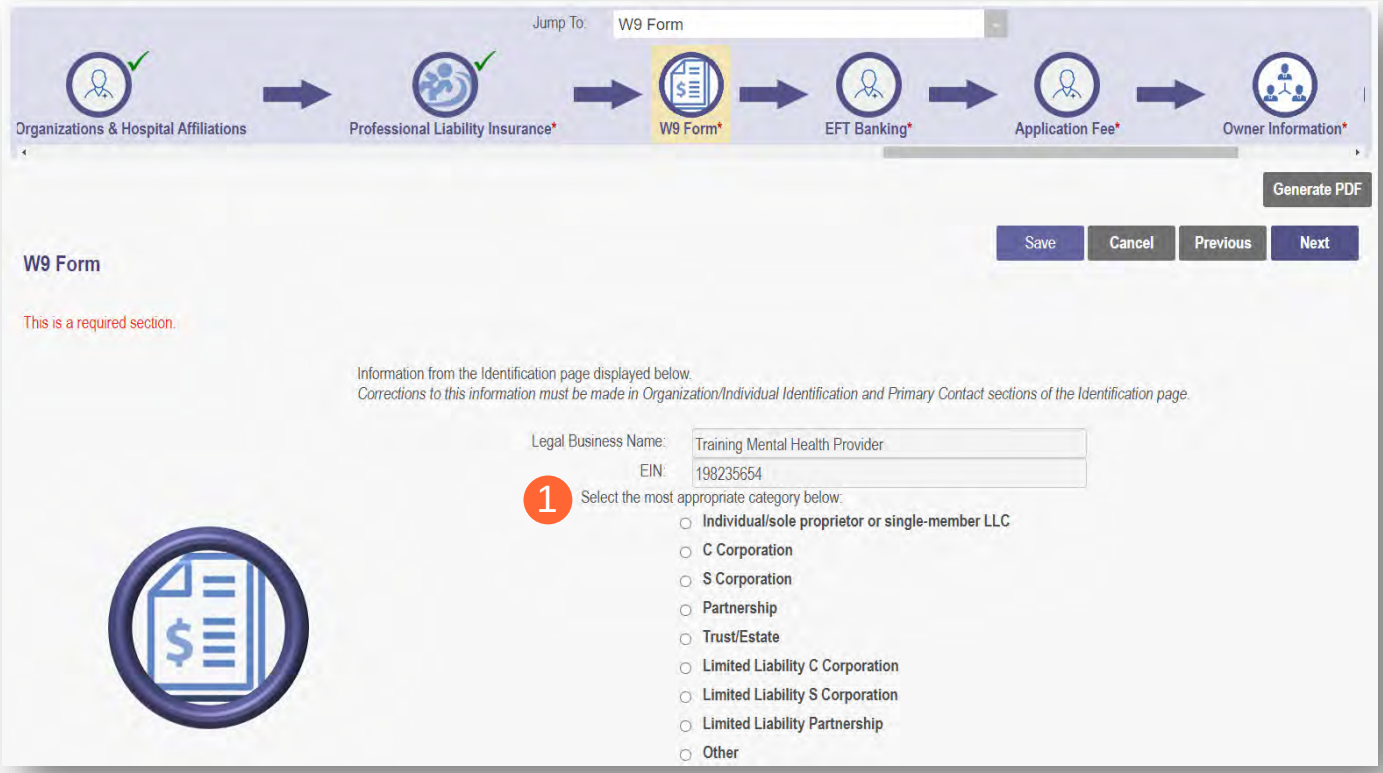
Step 4: Click **Next** to save and move to the next screen.



W9 Form Page

On this page, indicate which tax filing category and document the provider completes to provide the correct EIN/TIN information.

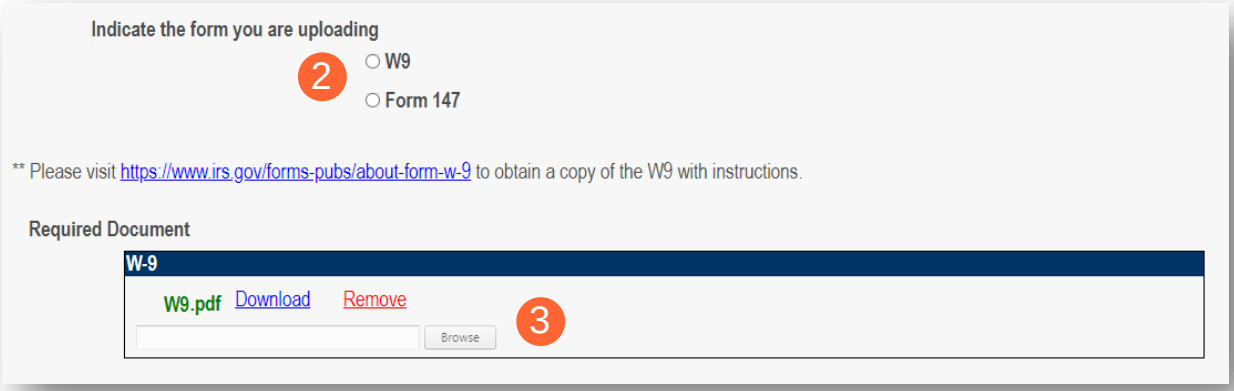
Step 1: Select the most appropriate organization type by clicking on the appropriate radio button category.



Step 2: Indicate the type of form you are uploading by selecting the radio button for 'W9' or 'Form 147.'

Step 3: Under the Required Document section, use the **Browse** option at the bottom of the screen to upload your W9 or Form 147.

- The file name will appear in green text when it has successfully uploaded.

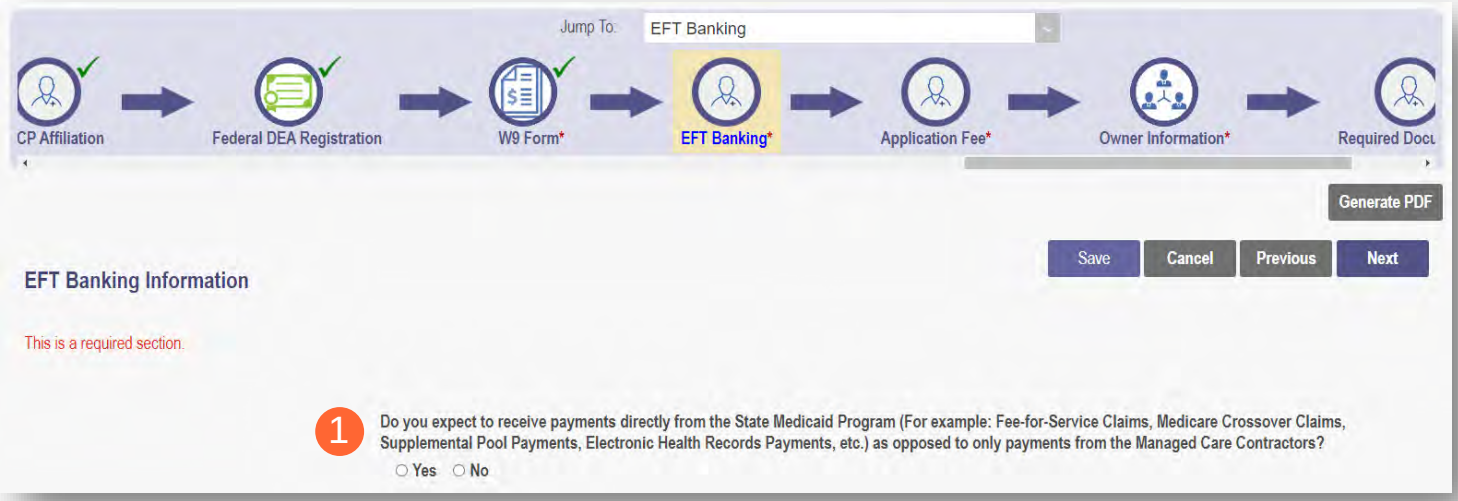


Step 4: Click **Next** to save the information and move to the next page.

EFT Banking Information Page

This page requires to you indicate the use of Electric Fund Transfer (EFT), which is required to enroll with the State Medicaid Program. However, if 'No' is answered to the first question, no additional details need to be entered.

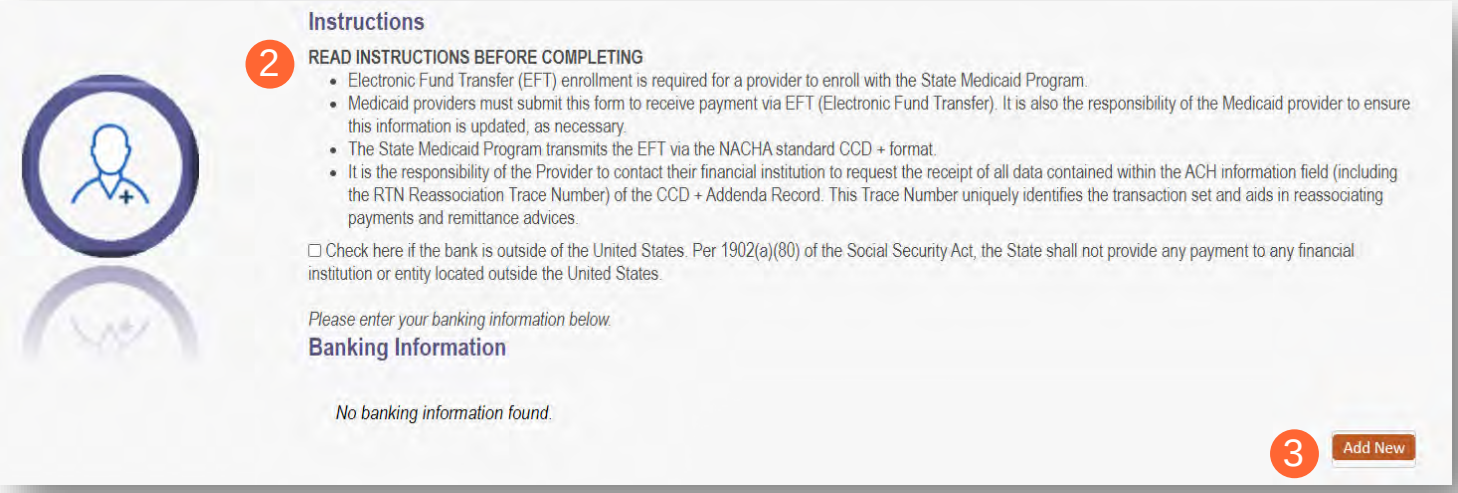
Step 1: Select the 'Yes' or 'No' radio button to answer the question at the top of the page.



Step 2: If 'Yes' is answered, read the instructions section before proceeding to Step 3.

Note: If your bank is outside of the United States, click the checkbox at the end of the 'Instructions' section.

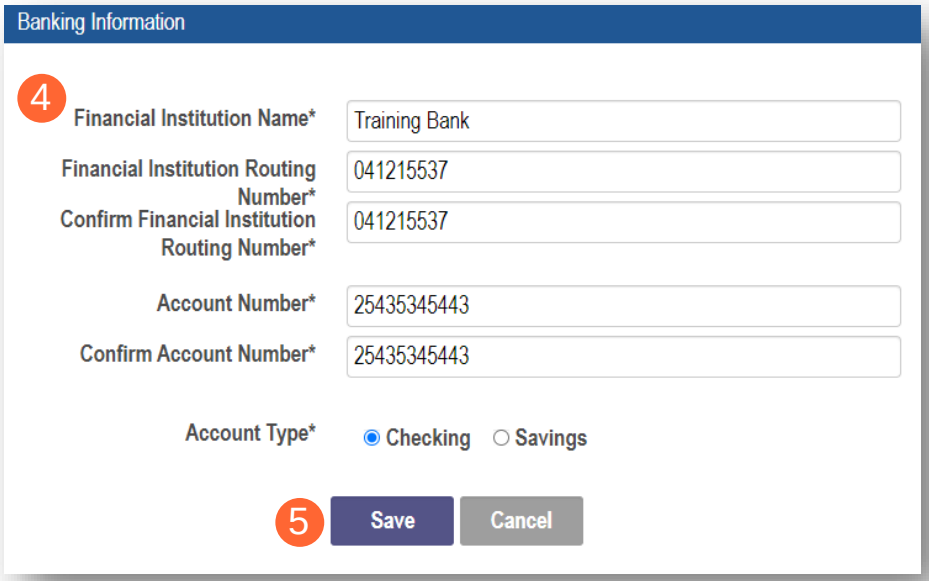
Step 3: To enter your Bank Account information, click **Add New** under the Banking Information section.



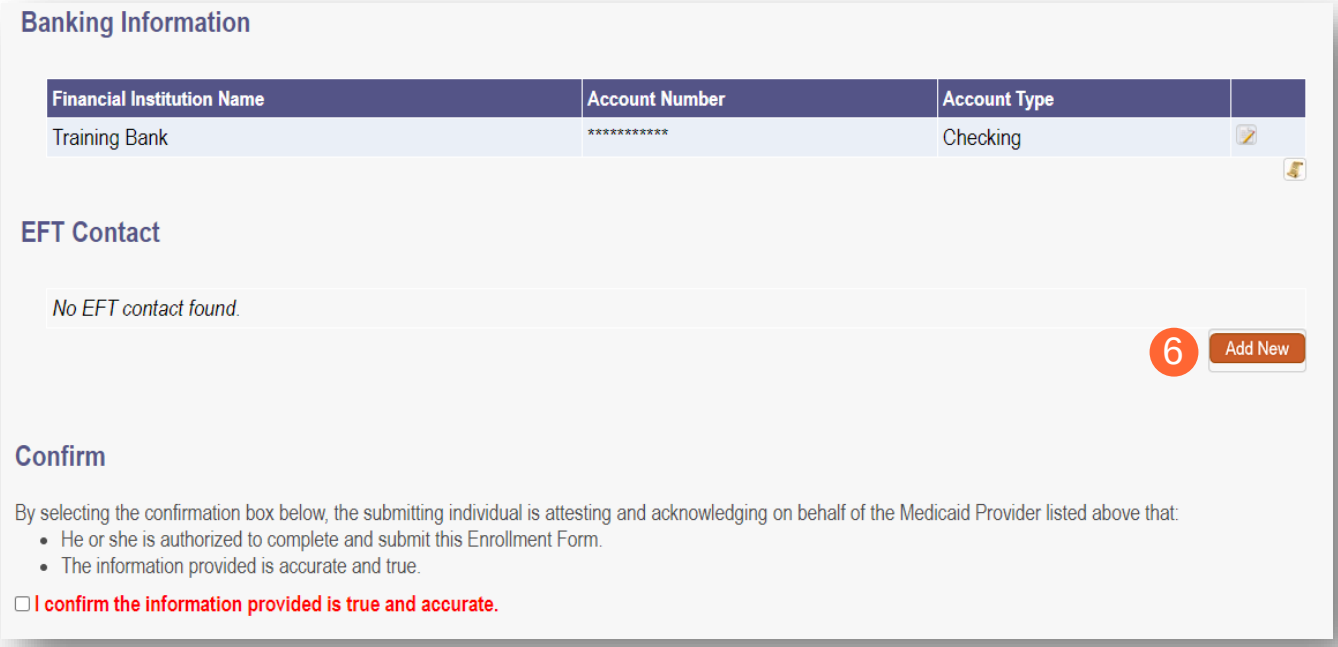
Step 4: Complete the required information:

- Financial Institution Name
- Financial Routing Number
- Confirm the Routing Number
- Account Number
- Confirm the Account Number
- Account Type: Checking or Savings

Step 5: Click **Save**.



Step 6: Click **Add New** to enter information for the EFT Contact.



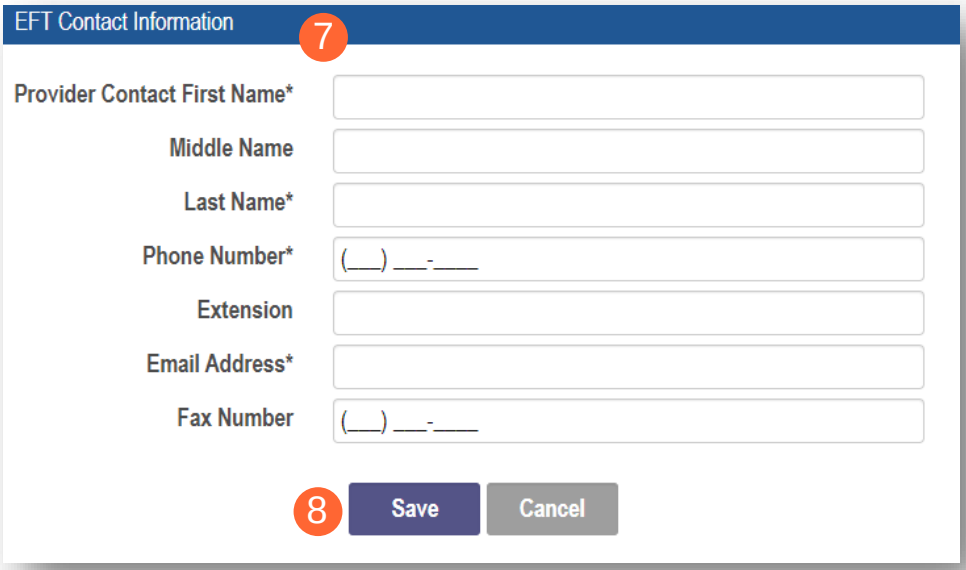
Step 7: Enter the following contact information for the person who will handle the Electric Funds Transfer account:

Required

- Contact First Name
- Last Name
- Phone Number
- Email Address

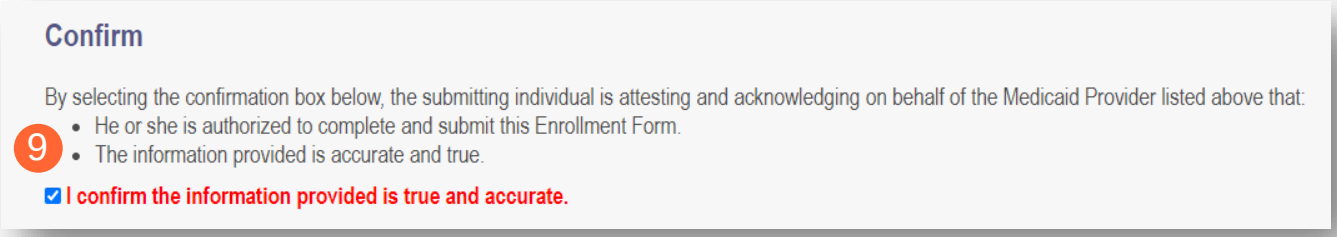
Optional

- Middle Name
- Phone Extension
- Fax Number

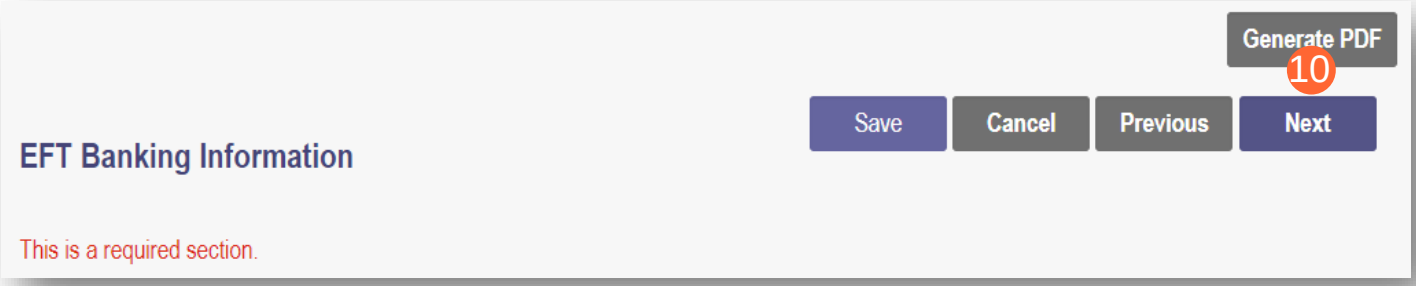


Step 8: Click **Save**.

Step 9: Review the statement under the Confirm section. Select the checkbox if the information provided is true and accurate.



Step 10: Click **Next** to save the information and move to the next page.



Application Fee

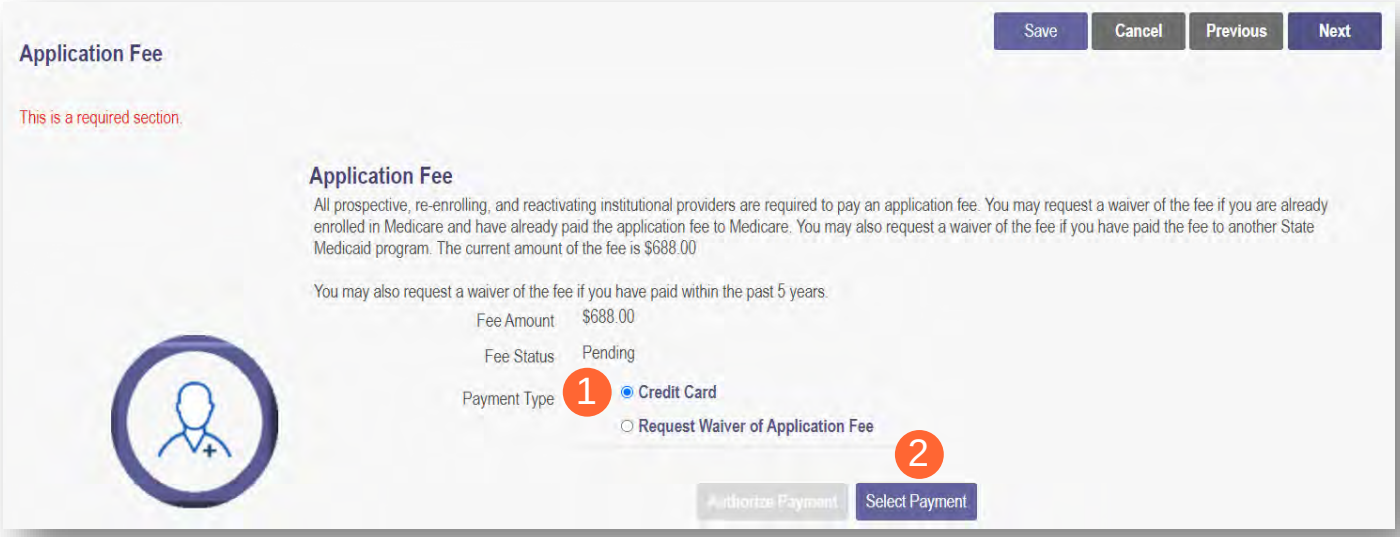
An application fee is required to be paid by certain provider types to be enrolled in the State Medicaid program. The fee can be paid through PNM via credit card, or if you have already paid the fee (within the past 5 years or in another state) a fee waiver request can be submitted.

Note: This page will only appear if the provider type being entered is required to pay the application fee.

Paying The Fee

Step 1: Select the 'Credit Card' radio button for Payment Type.

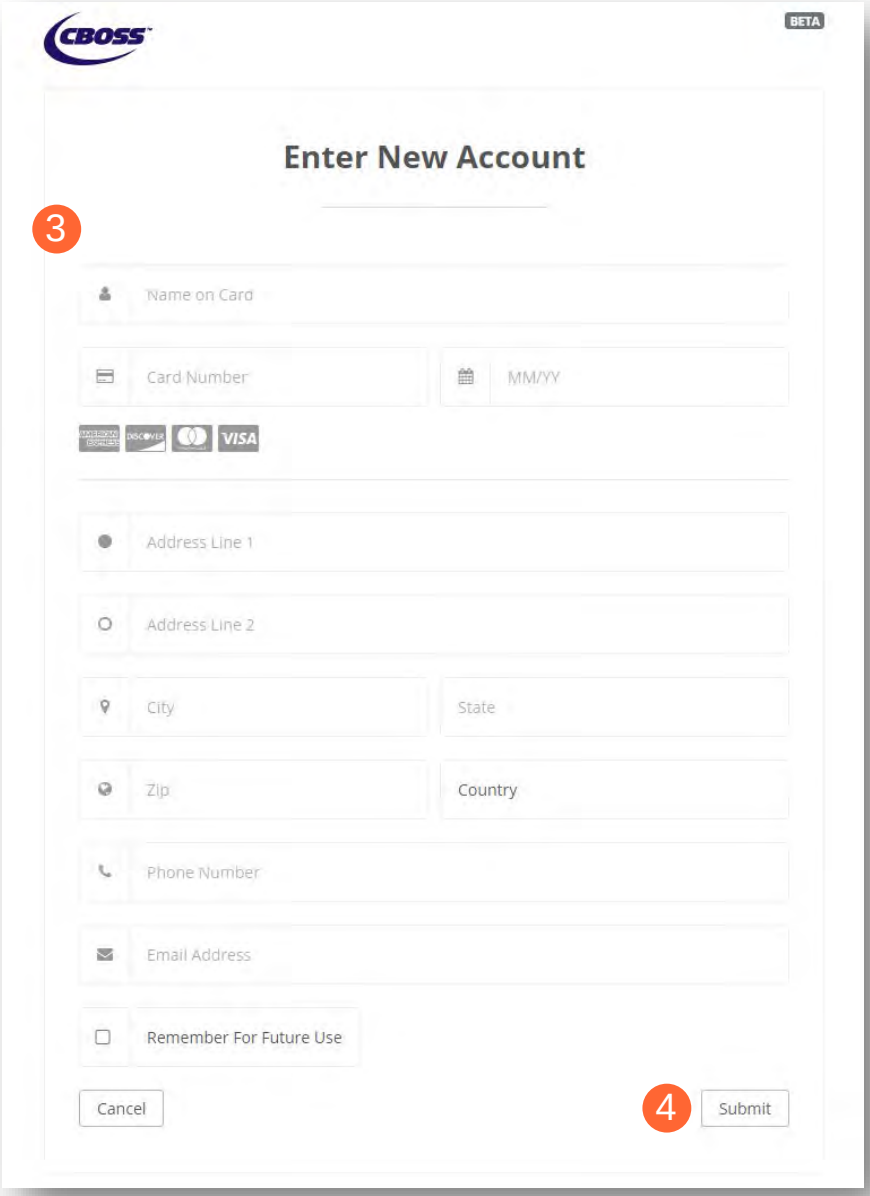
Step 2: Click **Select Payment**.



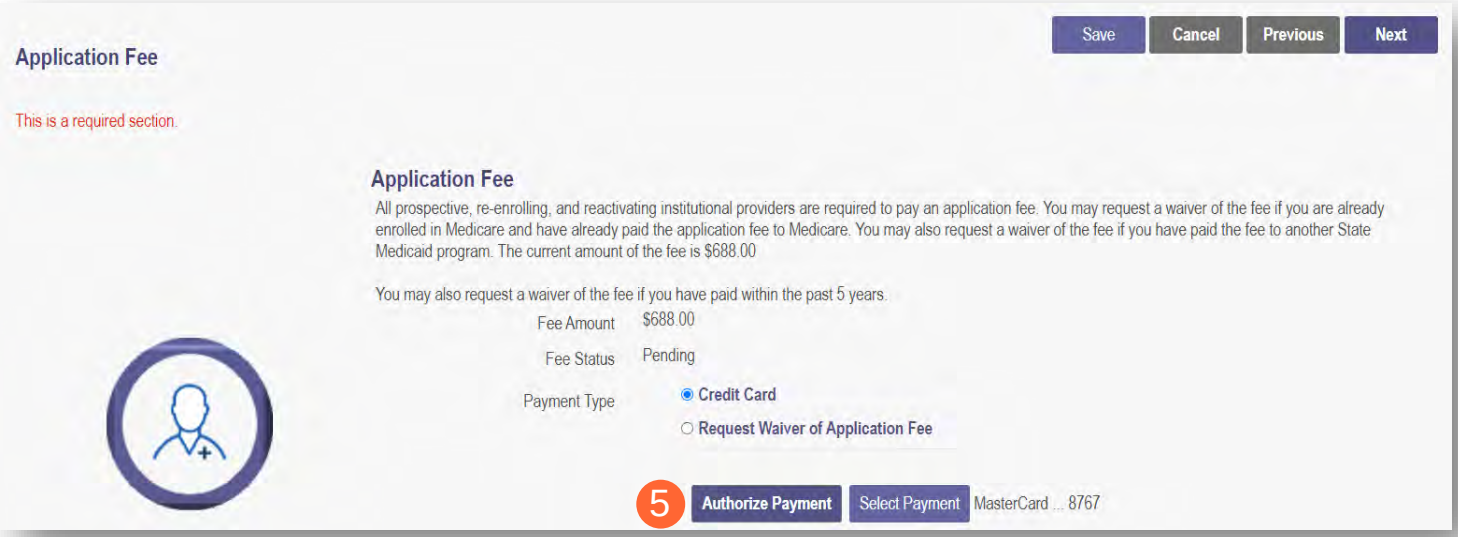
Step 3: Enter your credit card information in the secure CBOSS system.

- You can select the checkbox to remember your information for future use.

Step 4: When all the information has been entered, click **Submit**.

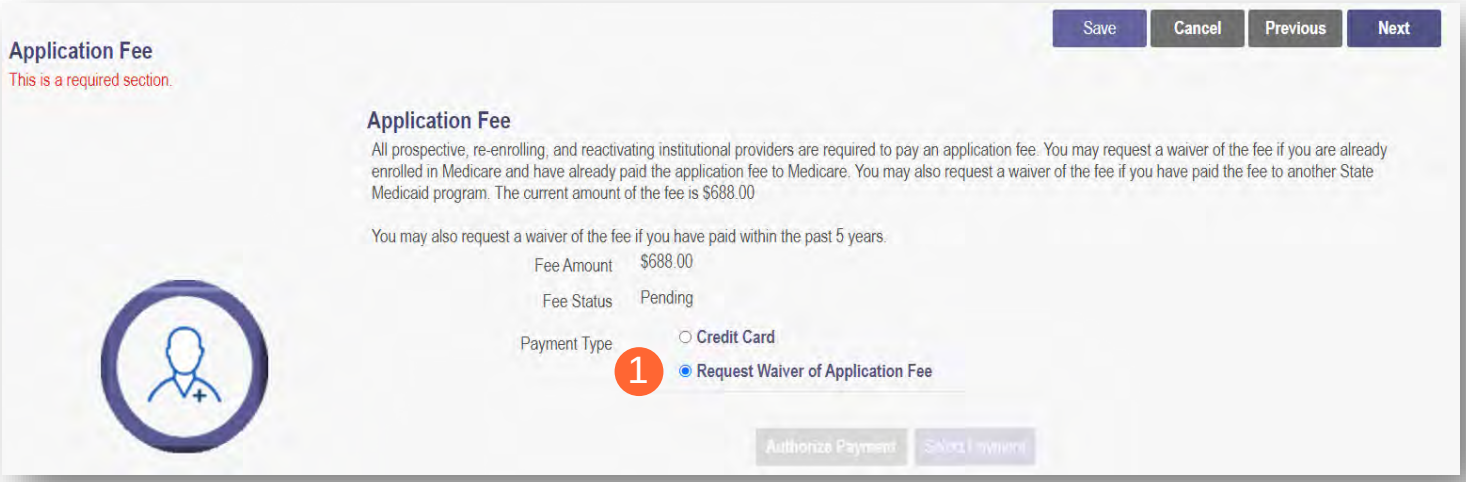


Step 5: Once returned to the Application Fee screen, click **Authorize Payment**.

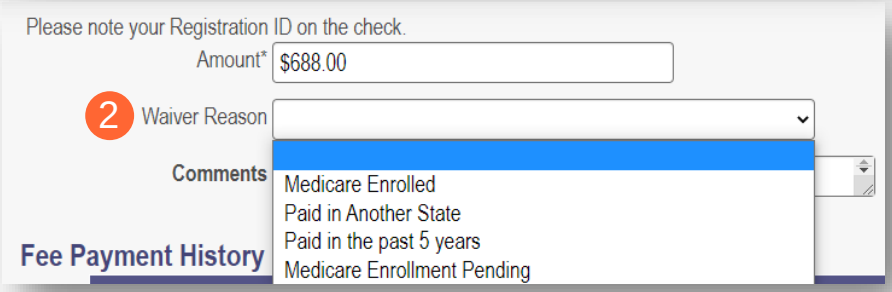


Waiving the Fee

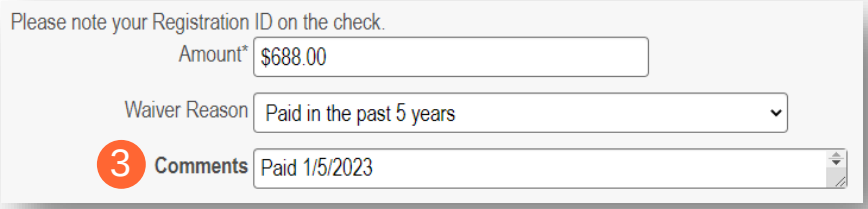
Step 1: Select the 'Request Waiver of Application Fee' radio button.



Step 2: From the drop-down menu, choose the appropriate reason you are seeking a waiver.

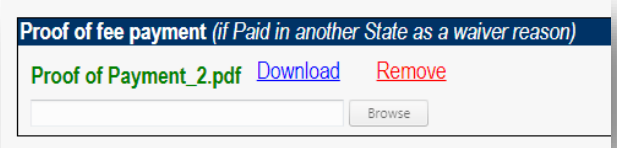


Step 3: If needed, type comments in the box.



Step 4: If the fee has been paid in another state or paid previously, a document must be uploaded, including the proof of payment for waiver reasons, by clicking **Browse** and locating the document on your computer.

Step 5: Click **Next** to proceed to the next page.



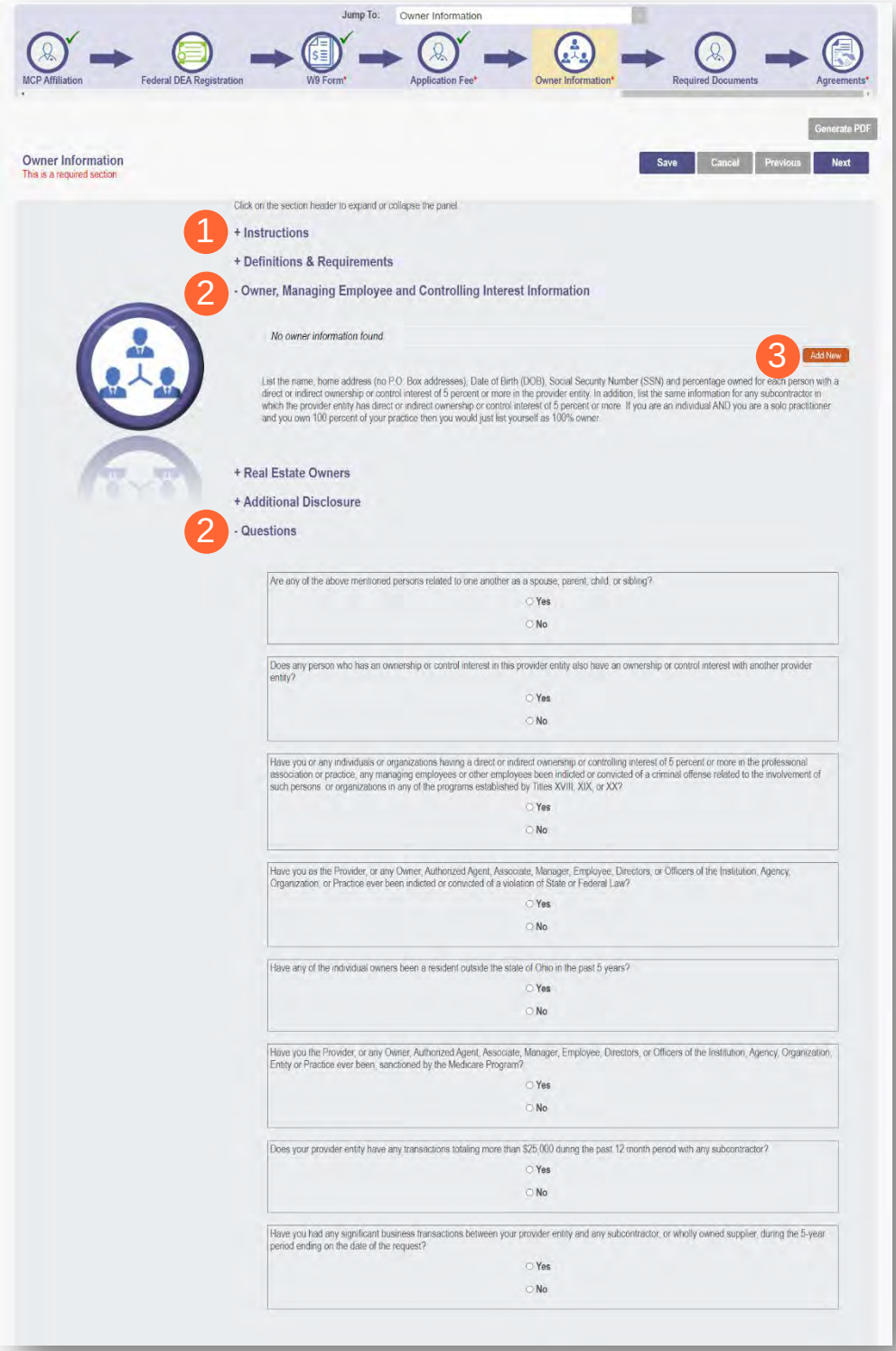
Owner Information

Step 1: There are several sections on the Owner Information page. Each section can be expanded by clicking '+' or reduced by clicking '-.'

Step 2: The two areas that are required to be completed are the 'Owner, Managing Employee and Controlling Interest Information' and 'Questions' sections.

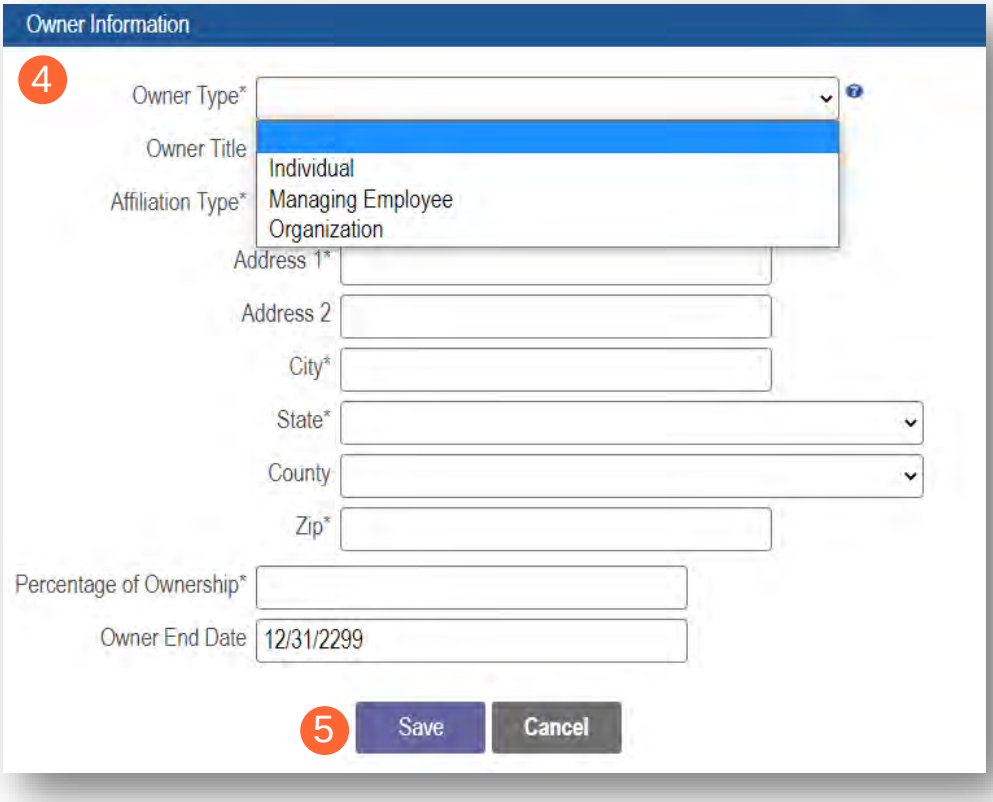
- Note: If additional sections such as 'Real Estate Owners' or 'Additional Disclosure' apply to the situation of the provider being entered, please complete those sections as well.

Step 3: To add Owner Information, click **Add New**.

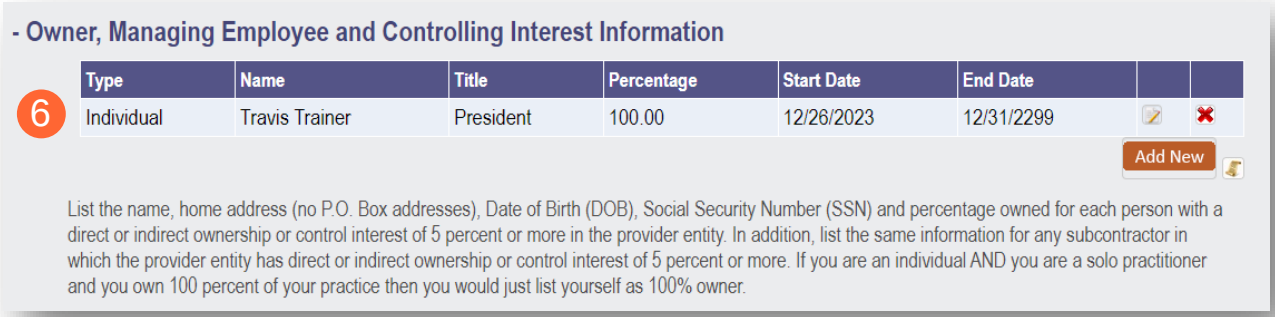


Step 4: Enter the detailed Owner Information for any Individuals, Managing Employees, or Organizations who have direct or indirect ownership or controlling interest of 5 percent or more in the provider entity (Group or Organization).

Step 5: Click **Save**.



Step 6: Confirm all owners, managing partners, and individuals with controlling interest, have been added.



Step 7: Once all necessary sections have been completed, answer the Questions listed by either indicating 'Yes' or 'No.'

Note: If 'Yes' is answered on any questions, additional information may need to be provided.

- Questions 7

Are any of the above mentioned persons related to one another as a spouse, parent, child, or sibling?

○ Yes

○ No

Does any person who has an ownership or control interest in this provider entity also have an ownership or control interest with another provider entity?

○ Yes

○ No

Have you or any individuals or organizations having a direct or indirect ownership or controlling interest of 5 percent or more in the professional association or practice, any managing employees or other employees been indicted or convicted of a criminal offense related to the involvement of such persons. or organizations in any of the programs established by Titles XVIII, XIX, or XX?

○ Yes

○ No

Have you as the Provider, or any Owner, Authorized Agent, Associate, Manager, Employee, Directors; or Officers of the Institution, Agency, Organization, or Practice ever been indicted or convicted of a violation of State or Federal Law?

○ Yes

○ No

Have any of the individual owners been a resident outside the state of Ohio in the past 5 years?

○ Yes

○ No

Have you the Provider, or any Owner, Authorized Agent, Associate, Manager, Employee, Directors, or Officers of the Institution, Agency, Organization, Entity or Practice ever been, sanctioned by the Medicare Program?

○ Yes

○ No

Does your provider entity have any transactions totaling more than $25,000 during the past 12 month period with any subcontractor?

○ Yes

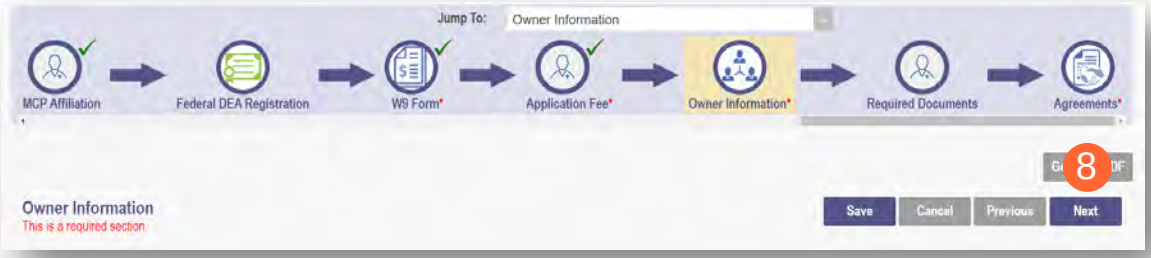
○ No

Have you had any significant business transactions between your provider entity and any subcontractor, or wholly owned supplier, during the 5-year period ending on the date of the request?

○ Yes

○ No

<u>Step 8:</u> When all items are completed on the Owner Information page, click **Next** to proceed to the next page.

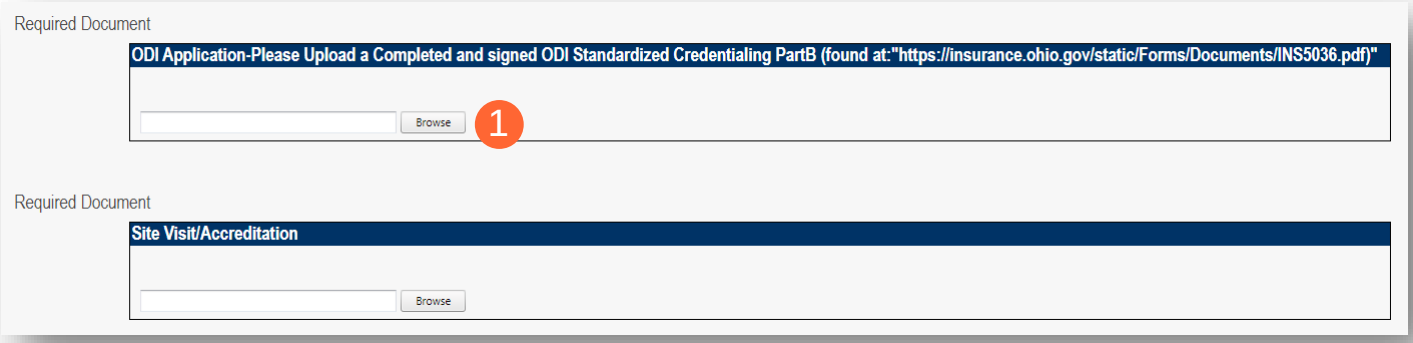


Required Documents Page

The required documents page allows for the ability to upload required or optional supporting documentation that was not indicated on previous pages of the application. Click **Next** to bypass this page if there is nothing to upload.

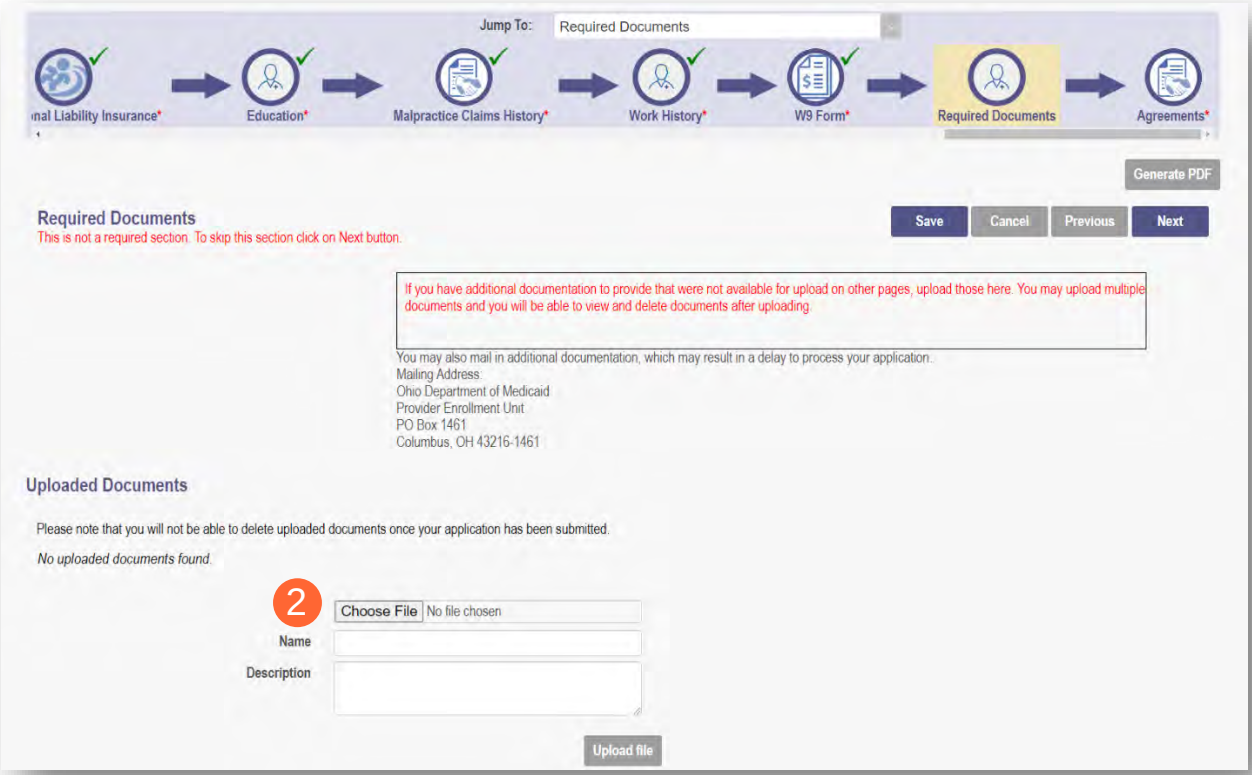
Step 1: If you are required to upload documents, blue upload boxes will be displayed under the Required Documents section.

- To upload a document, click **Browse**, then select the file on your computer and click **Open**.



Step 2: If you want to upload a document not listed in PNM, click **Choose File**.

- Select the file and open.
- Name the file.
- Add a Description of the file.
- Select **Upload File**.
- Confirm the document is attached.

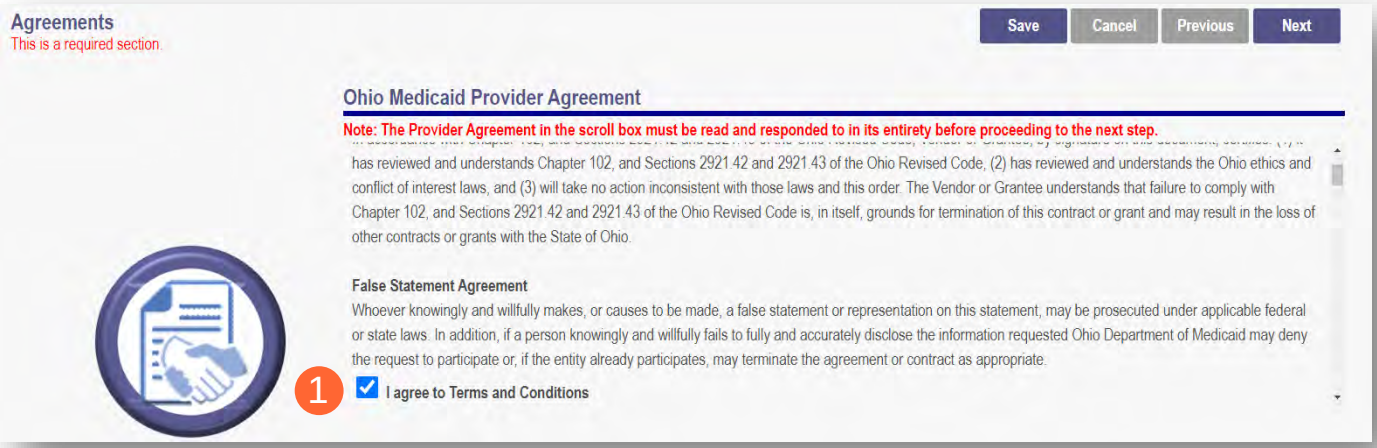


Agreements Page

The Agreements page will ask for you to agree and attest to information that you have provided on the application.

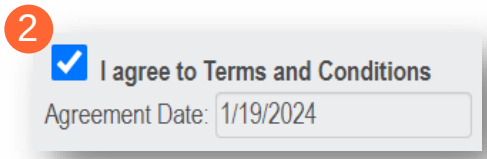
Step 1: Complete the Ohio Medicaid Provider Agreement attestation. The agreement must be viewed in its entirety before the 'I Agree' box will be available for selection.

- Click 'I agree to Terms and Conditions.'



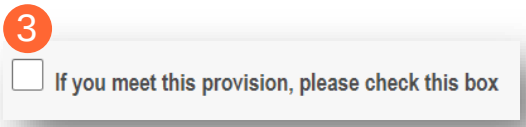
Step 2: Read the Non-Credentialed Providers section of the agreements.

- Select the check box: "I agree to Terms and Conditions."



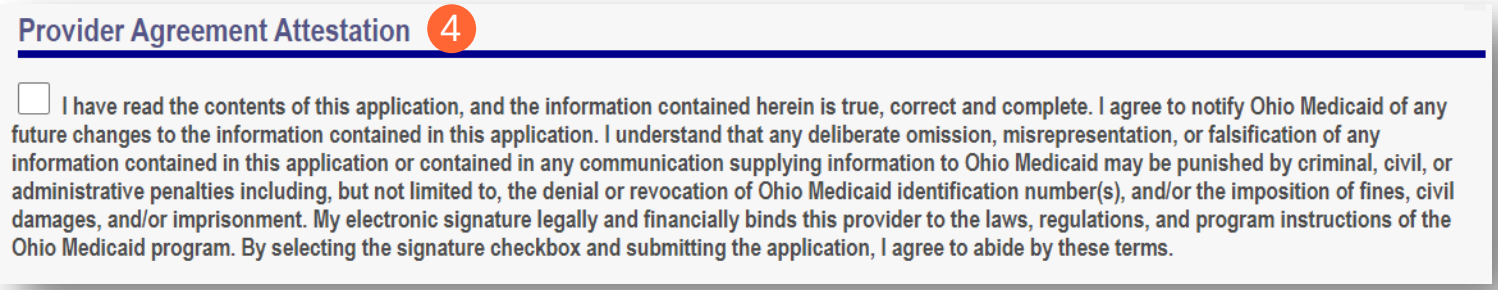
Step 3: Under the Provision Check section:

- If applicable for requesting retroactive coverage, select the checkbox: 'If you meet this provision, please check this box.'



Step 4: Complete the Provider Agreement Attestation:

- Read the information provided.
- Select the check box confirming that you have read the contents of the application and attest it is true, correct, and complete.

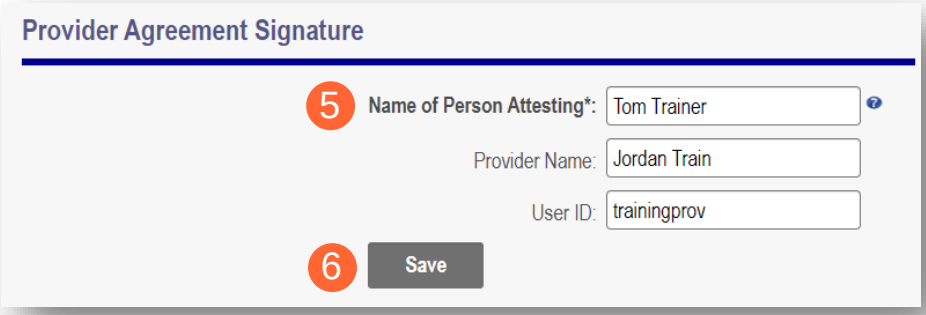


Step 5: Complete the Provider Agreement Signature:

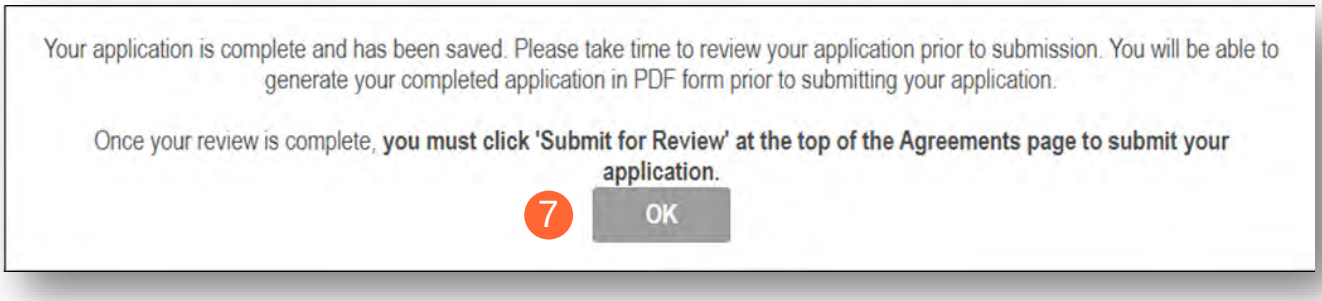
- Enter the Name of the Person Attesting.
- Confirm Provider Name and User ID auto-filled correctly.

Step 6: Click **Save**.

- A pop-up appears confirming your application is complete.

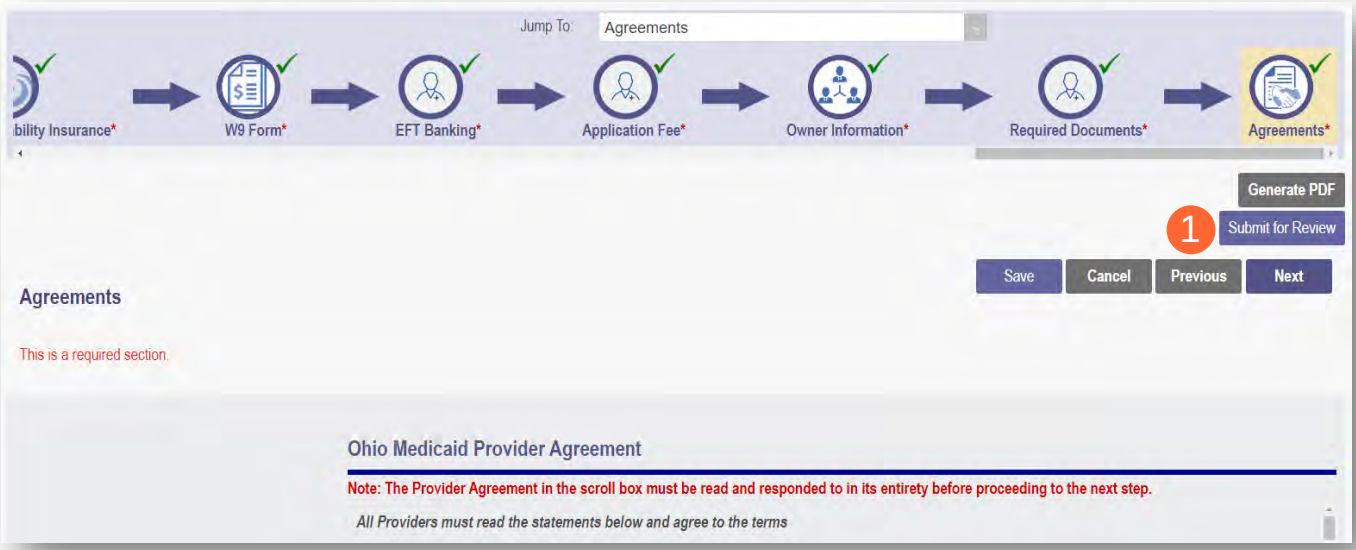


Step 7: Click **OK** to review the application prior to submission.

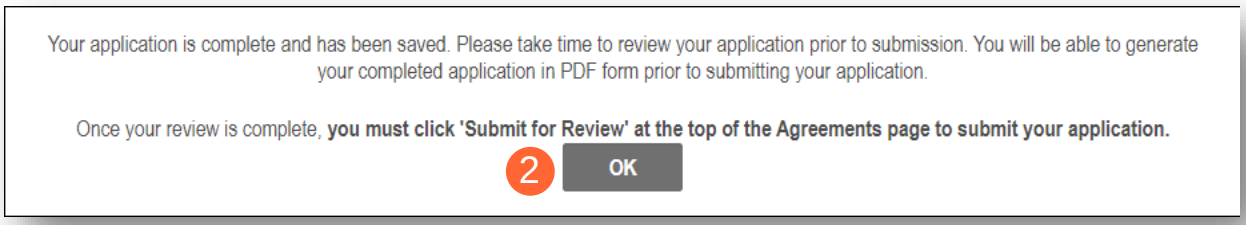


Submitting Application

Step 1: When you are satisfied that all information has been entered accurately on the application, click **Submit for Review** to submit the application.



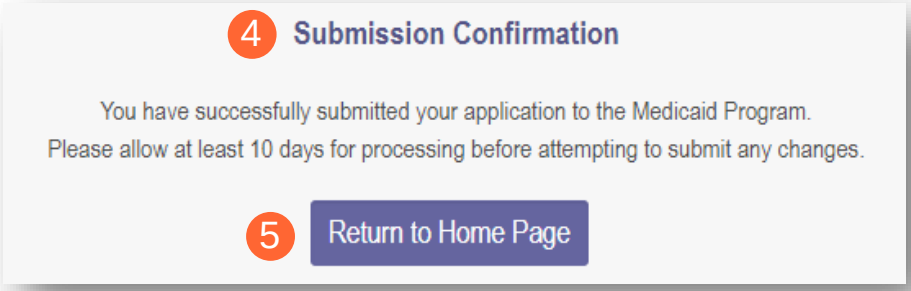
Step 2: You will receive a message giving one last opportunity to review the application pages. Click **OK**.



Step 3: When the information on all pages is satisfactory, click **Submit for Review** again.

Step 4: You will receive a confirmation message stating that the application has been successfully submitted.

Step 5: Click **Return to Home Page** to go to your dashboard.



Resubmitting an Application (Return to Provider – RTP)

If a specialist reviewing the application needs additional information, they will return the file with a description of the missing information needed for your application.

Step 1: An email will be sent to the address listed on the Primary Contact Information page, indicating the application has been returned.

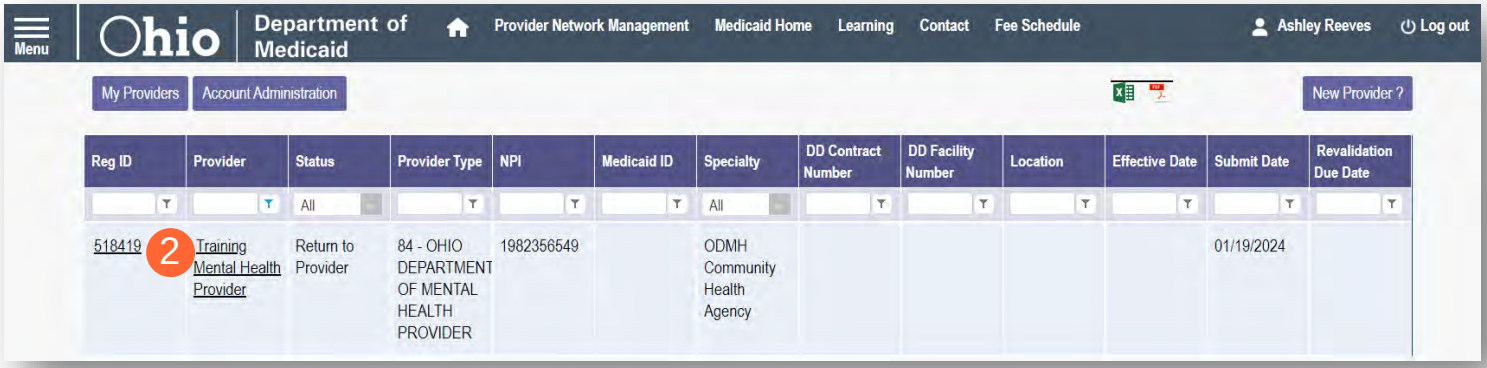
Provider Name: Training Mental Health Provider

Medicaid ID:

Please log into your account at Login to view a notice issued by the Ohio Department of Medicaid. You may be required to take action to maintain your Medicaid enrollment.

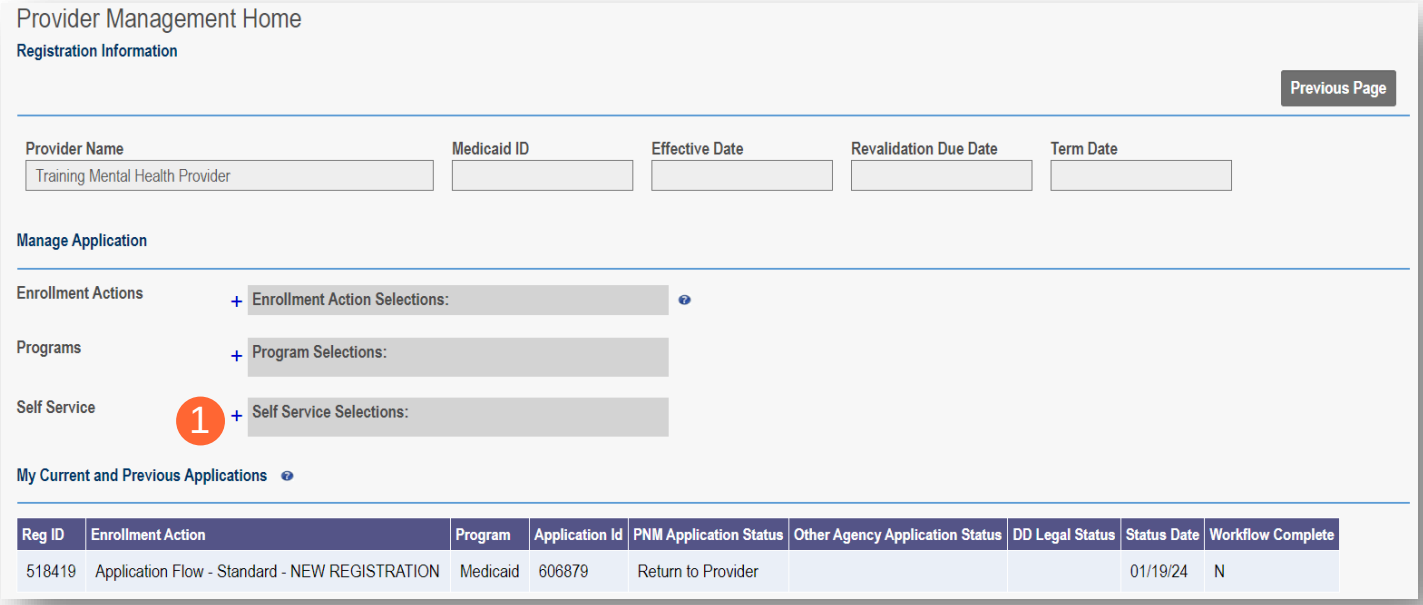
REG_ID: 518419

Step 2: Access the application, indicated by the Reg ID in the email, (which will be in 'Return to Provider' status) by logging into PNM and clicking on the link under the Reg ID or Provider heading.

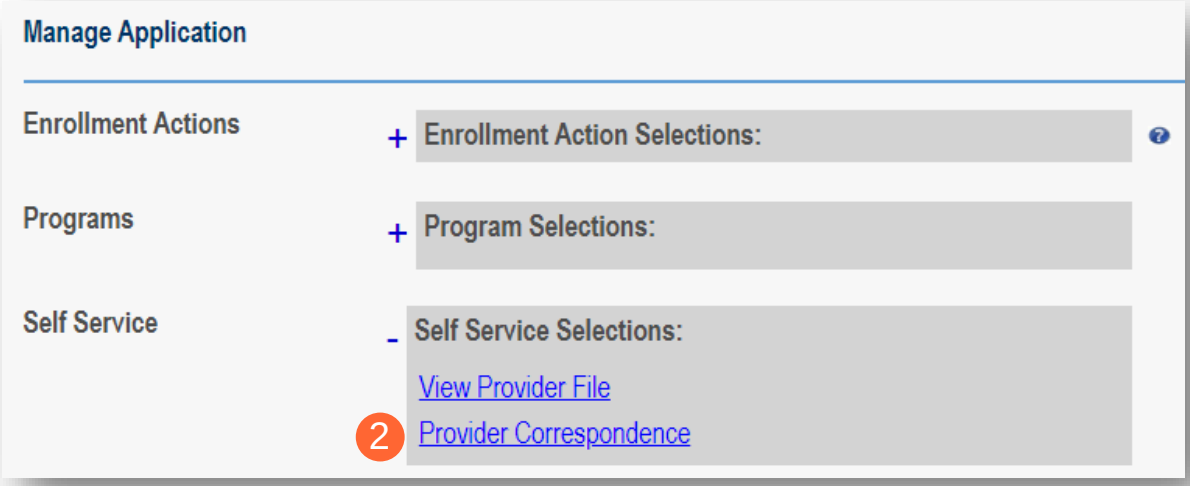


Reviewing Correspondence

Step 1: Under the Manage Application section, click the '+' icon to expand Self Service Selections.

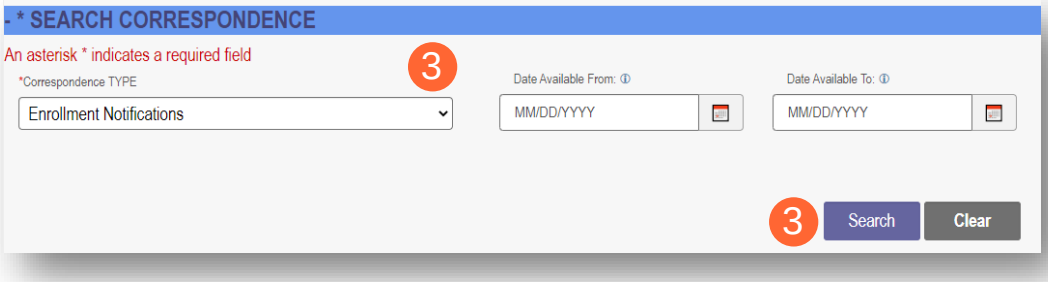


Step 2: Click the 'Provider Correspondence' hyperlink.

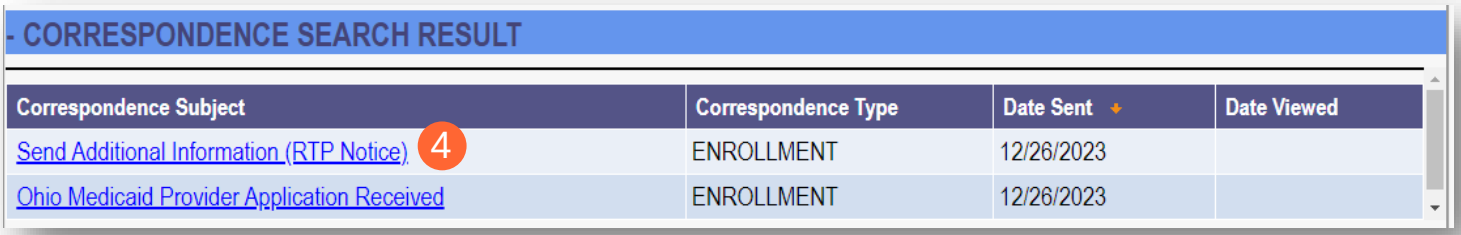


Step 3: To locate correspondence, complete the following:

- Select 'Enrollment Notifications' from the Correspondence Type drop-down menu.
- Enter a date range for the search (optional).
- Click **Search**.

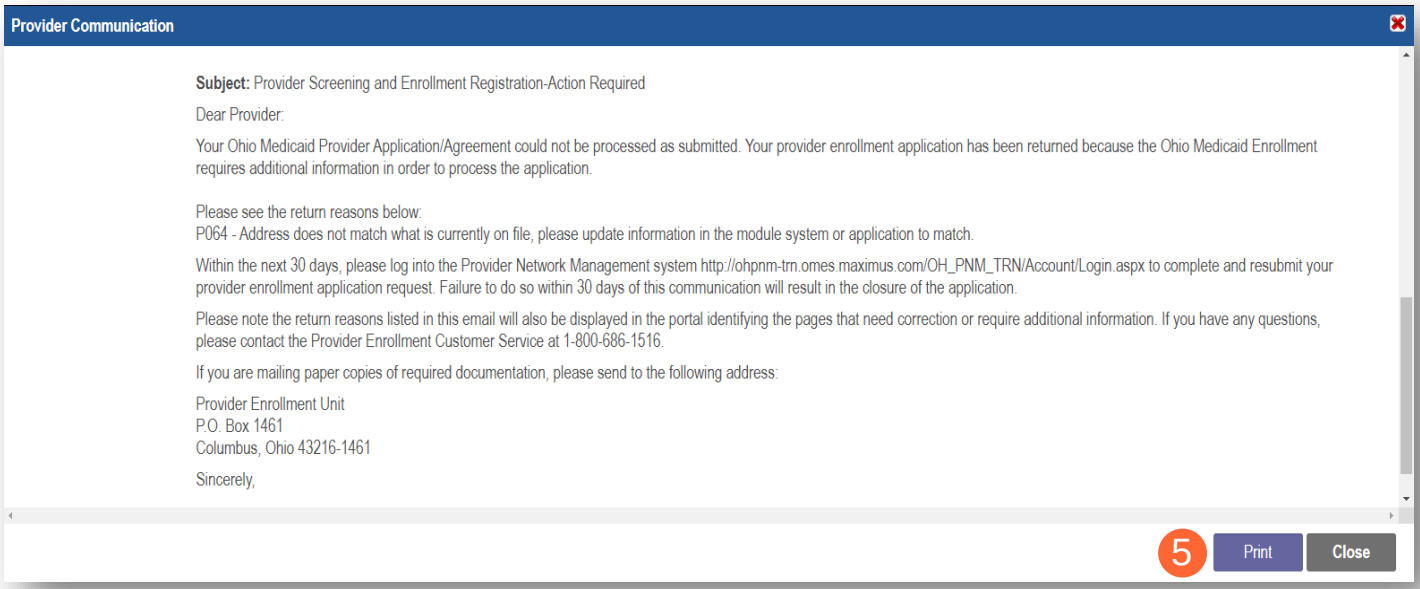


Step 4: Locate the search results at the bottom of the page and select the one with the subject of 'Send Additional Information (RTP Notice).'



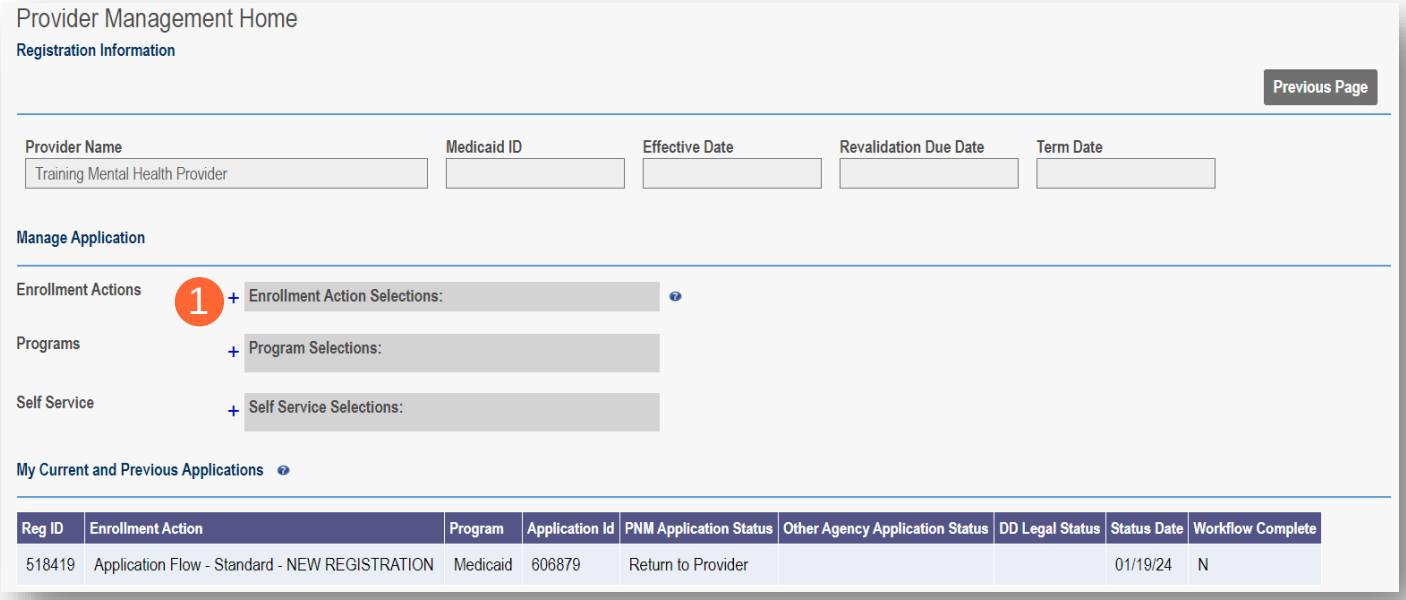
Step 5: Review the correspondence to understand the reason for the return. Once you have viewed, you can click the 'X' in the top-right corner to close or click **Close** at the bottom of the window.

Click **Print** to print a physical copy of the correspondence or download as a PDF.

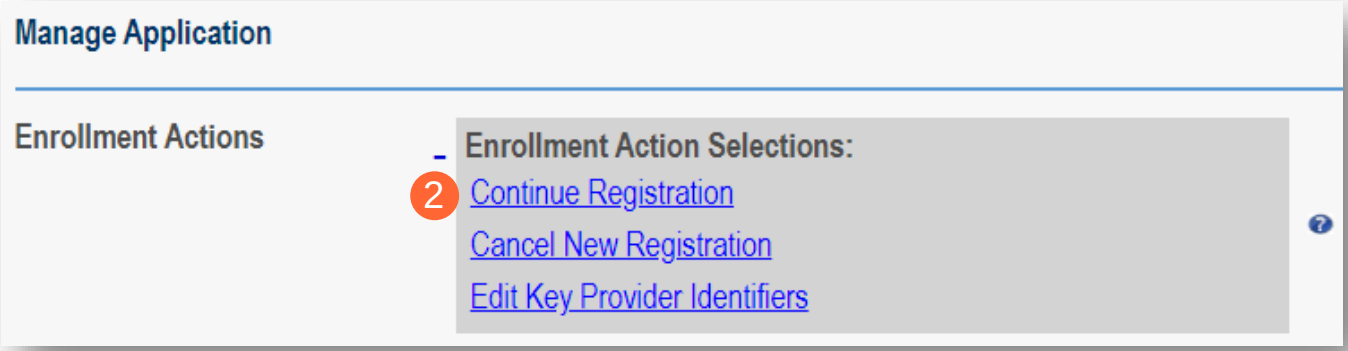


Completing Return to Provider (RTP) Process

Step 1: Under the Manage Application section, click the '+' icon to expand 'Enrollment Action Selections.'



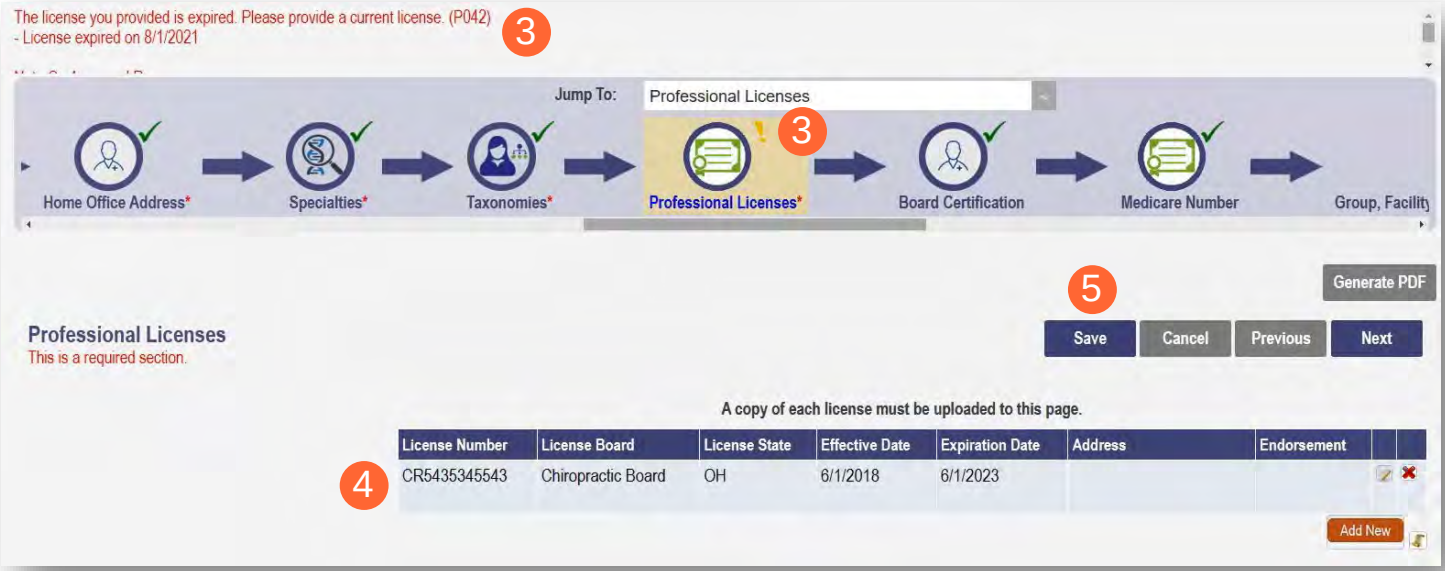
Step 2: Click the 'Continue Registration' hyperlink.



Step 3: The application will open to the page that was 'rejected' during the review.

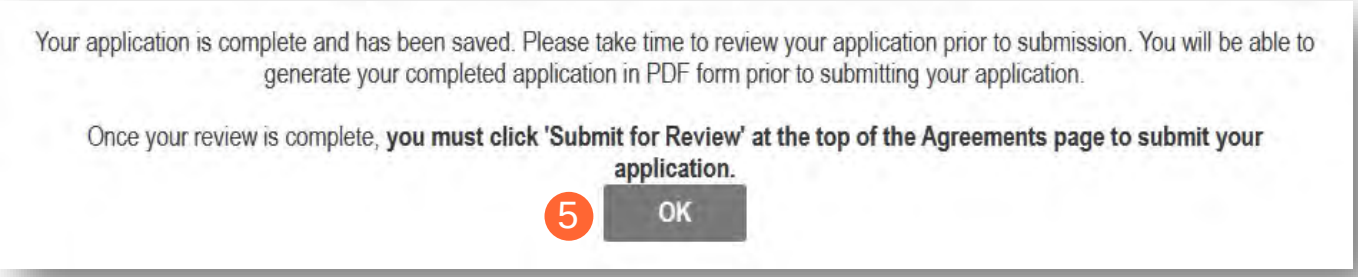
- Rejected pages are marked with a yellow exclamation point.
- Messaging will appear at the top of the page indicating the reason the application was rejected.
  Note: This is the same messaging that appeared in the correspondence.

Step 4: Correct or update the information on the page.



Step 5: Click **Save** to save the new information.

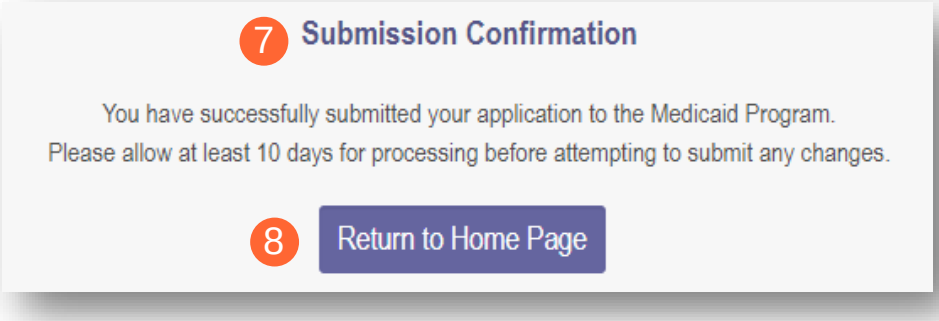
- You will receive a message stating the application has been saved. Click **OK**.



Step 6: To resubmit your application for review, click the **Submit for Review** button.

Step 7: You will receive a message indicating your application has been resubmitted.

Step 8: To access your dashboard, click **Return to Home Page**.

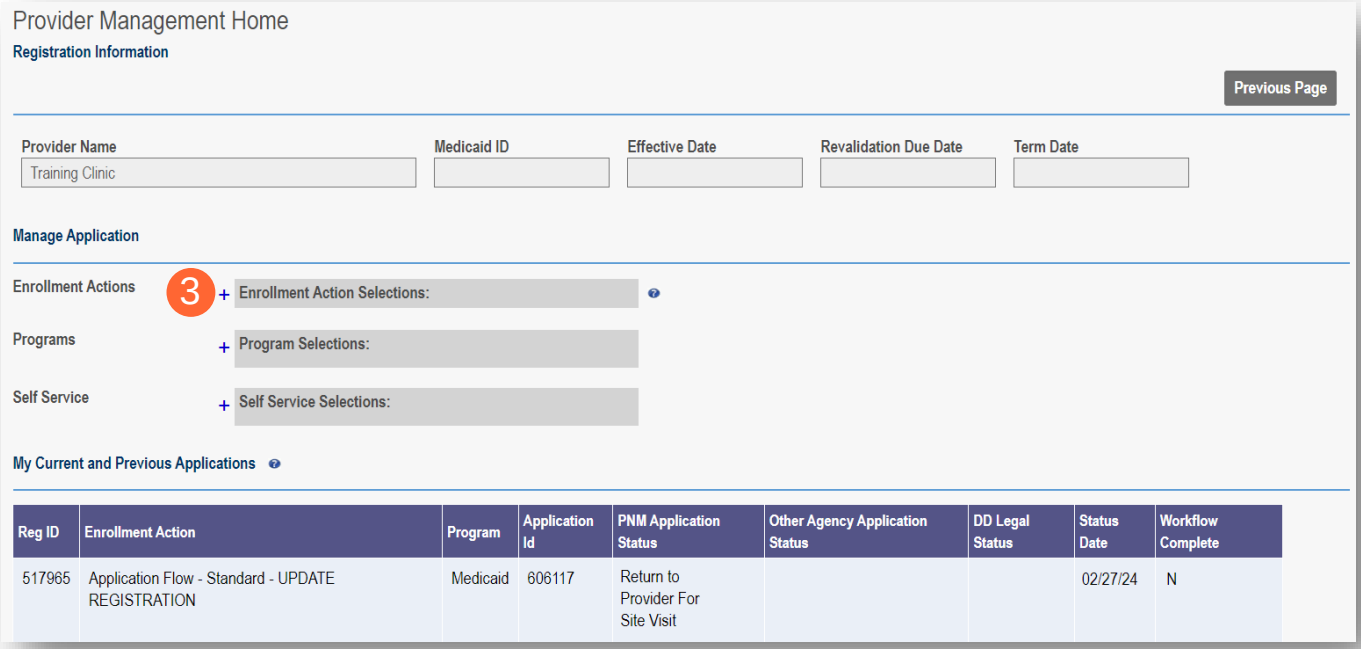


Submitting a Plan of Correction (Response to Notice of Operational Deficiency)

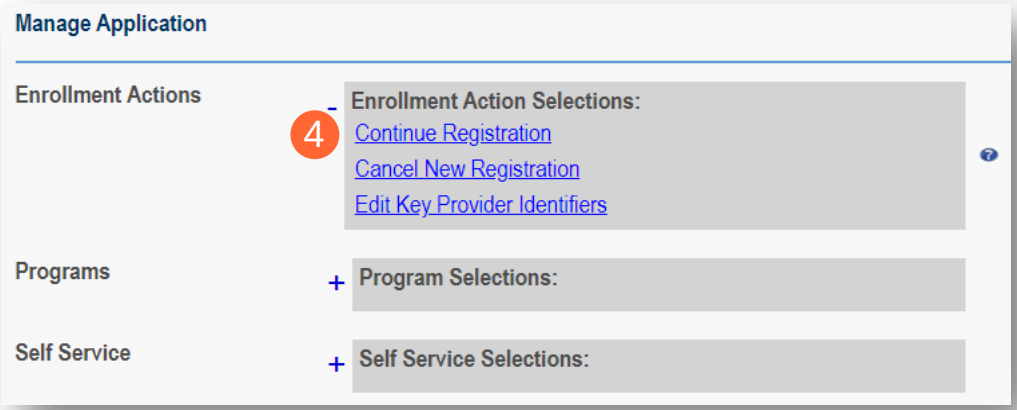
Step 1: If the file is returned to you with a Notice of Operational Deficiency, you will need to provide a Plan of Correction to address this.

Step 2: Access the application, which will be in 'Return to Provider for Site Visit' status, by logging into PNM and clicking on the link under the Reg ID or Provider heading.

Step 3: Under the Manage Application section, click the '+' icon to expand 'Enrollment Actions.'



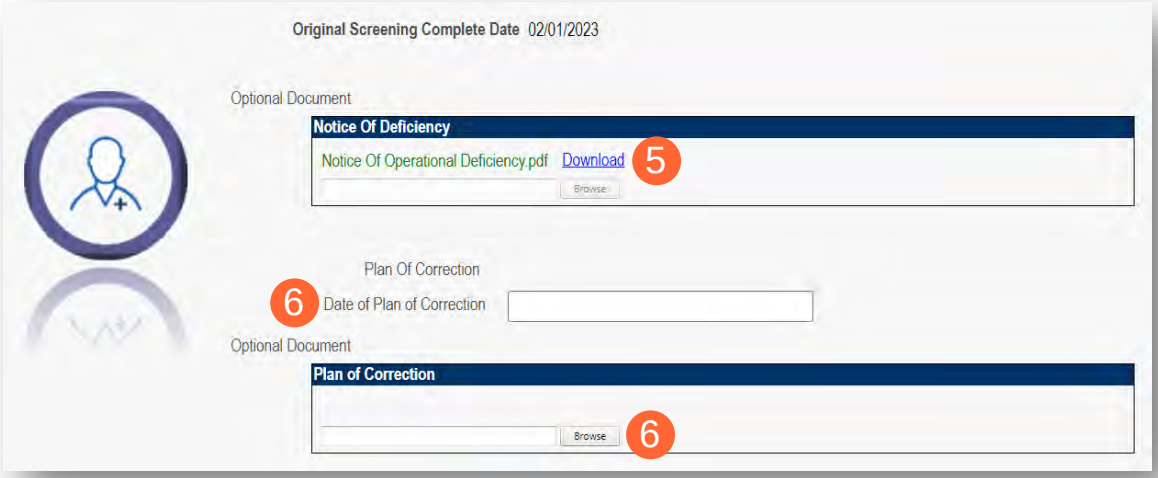
Step 4: To access the application, click 'Continue Registration.'



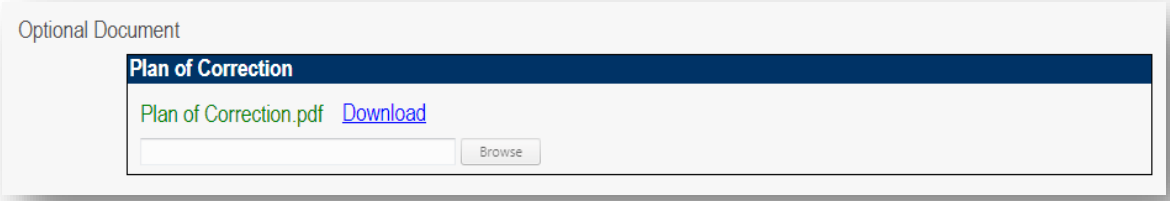
Step 5: You will be redirected to the 'Site Visit Screening' page where you will find the Notice of Operational Deficiency (NOD) issued by the Ohio Department of Medicaid (ODM). To view the Notice, click 'Download.'

Step 6: To address the Notice of Operational Deficiency (NOD), create a Plan of Correction (POC).

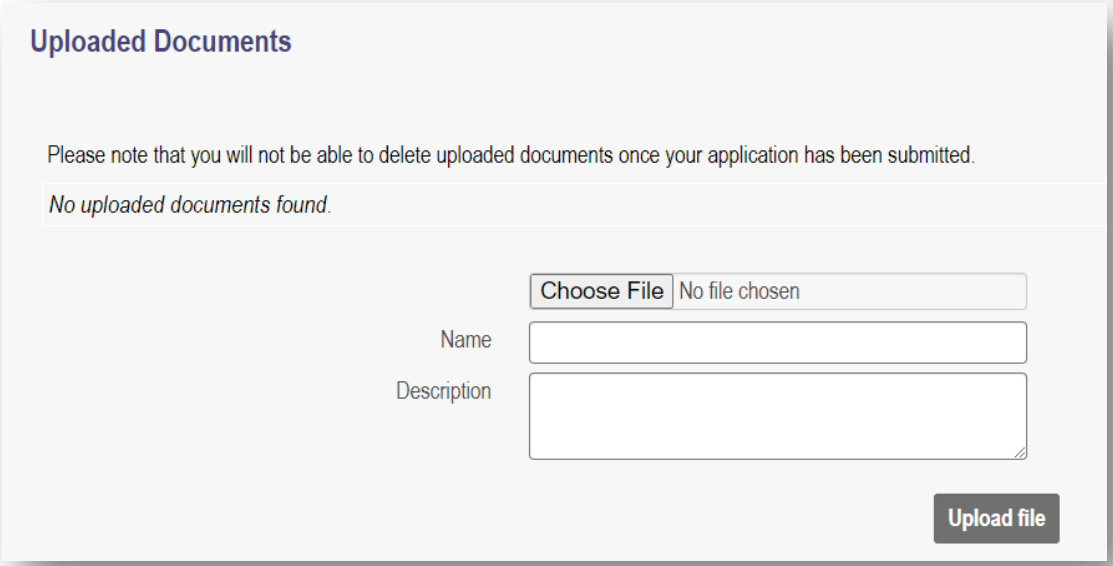
- Once developed, enter the date of the Plan of Correction (POC) in the space provided.
- Upload the Plan document by clicking **Browse** and choosing the file from your computer.



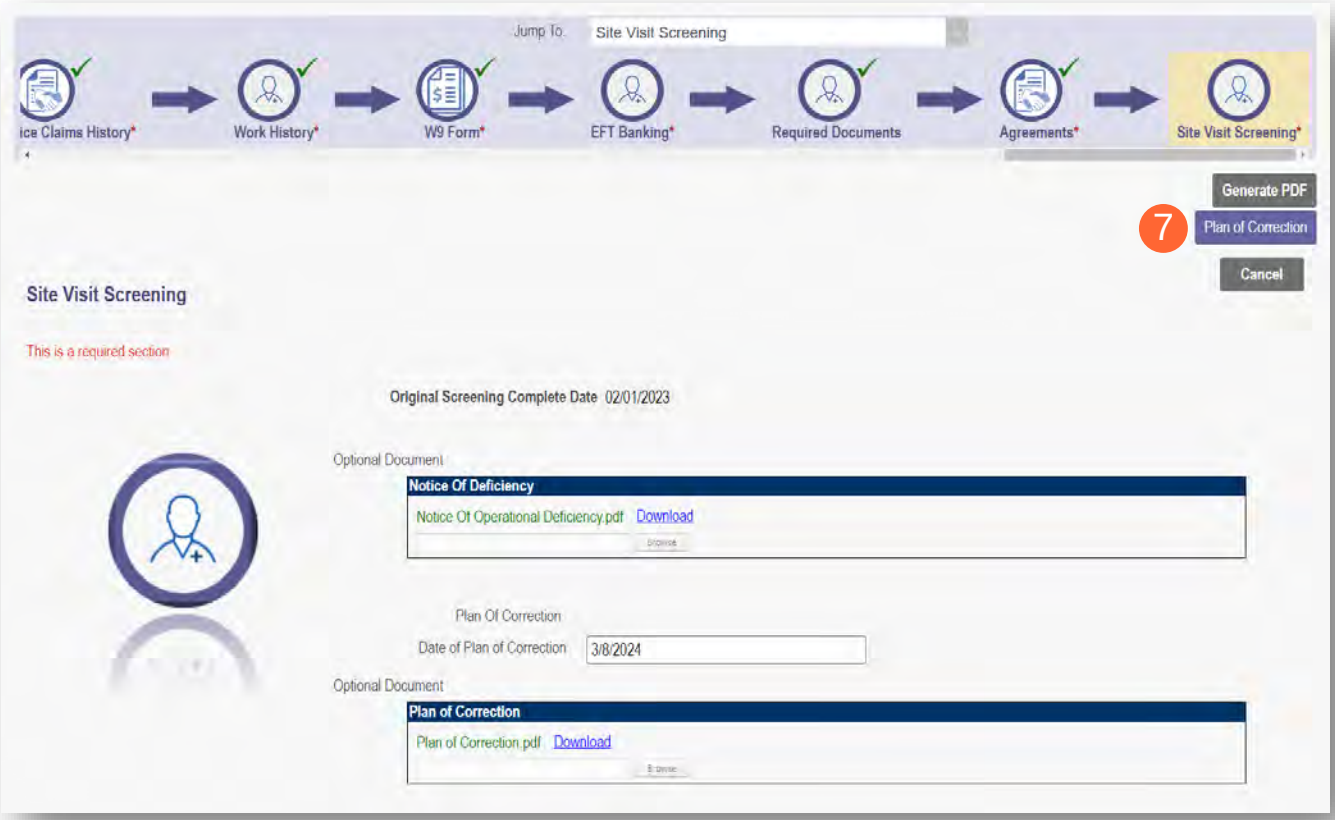
Note: To confirm the document uploaded successfully, the name of the document will appear in green text.



Note: If additional Notice of Operational Deficiency indications are submitted, you will need to click **Choose File** under the Uploaded Documents section at the bottom of the page to add additional Plan of Correction documents to address the information listed in the Notice of Operational Deficiency. Once the document has been added, click **Upload file**.



Step 7: Once uploaded, click **Plan of Correction**. This will send the file back to ODM for review.

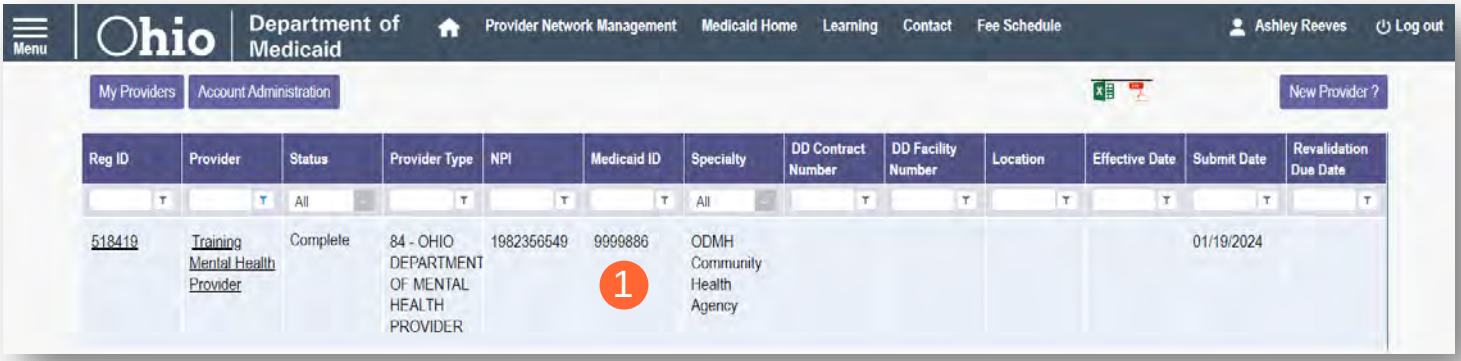


Review the Final Decision for Provider Submission

Step 1: Once the entire review process has been completed, the provider will be assigned a Medicaid ID number by the Ohio Department of Medicaid.

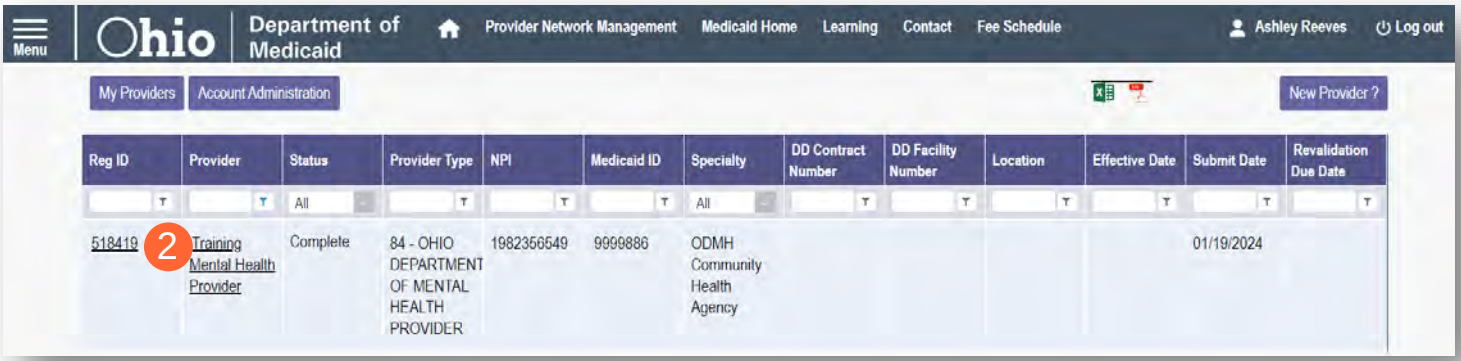
- Locate the newly assigned Medicaid ID for the provider listed in the table on your dashboard.
- If the provider does not appear, use number timeline at the bottom to navigate to the correct page.

Note: The Medicaid ID is also listed on a 'Welcome Letter' which is accessible by Reviewing Provider Correspondence in PNM.



Step 2: Click the link under the Reg ID or Provider heading to review the file:

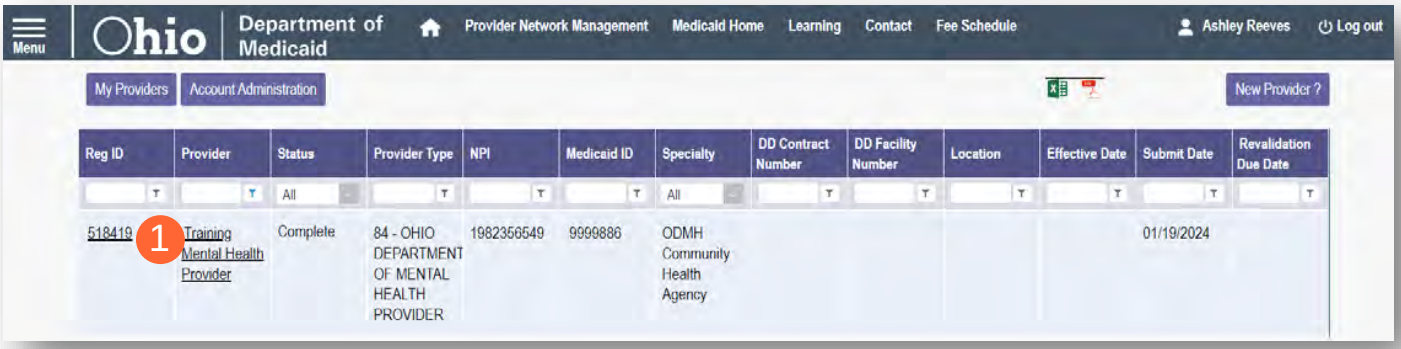
- Here you can view communications, view provider file, begin revalidation, and access other provider self service functions.



Completing an Update to a Medicaid Record

Review the PNM Provider Education & Training Resources page for guides containing steps for specific PNM page updates.

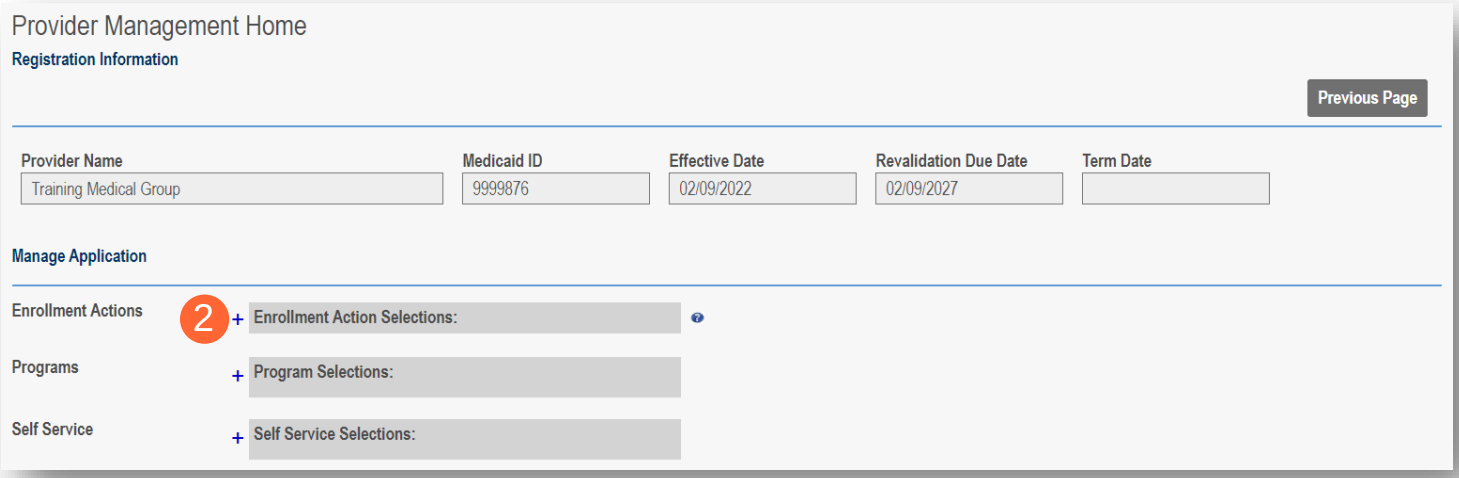
Step 1: Access the provider's record on your dashboard by clicking on the link listed under Reg ID or Provider.



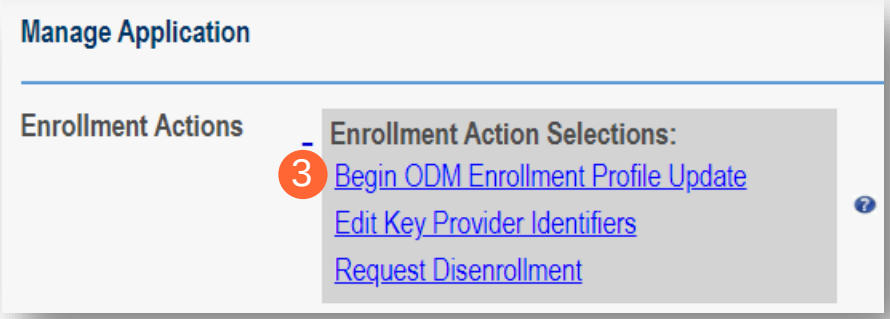
Step 2: Under the Manage Application section, click the '+' icon to expand 'Enrollment Action Selections.'

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

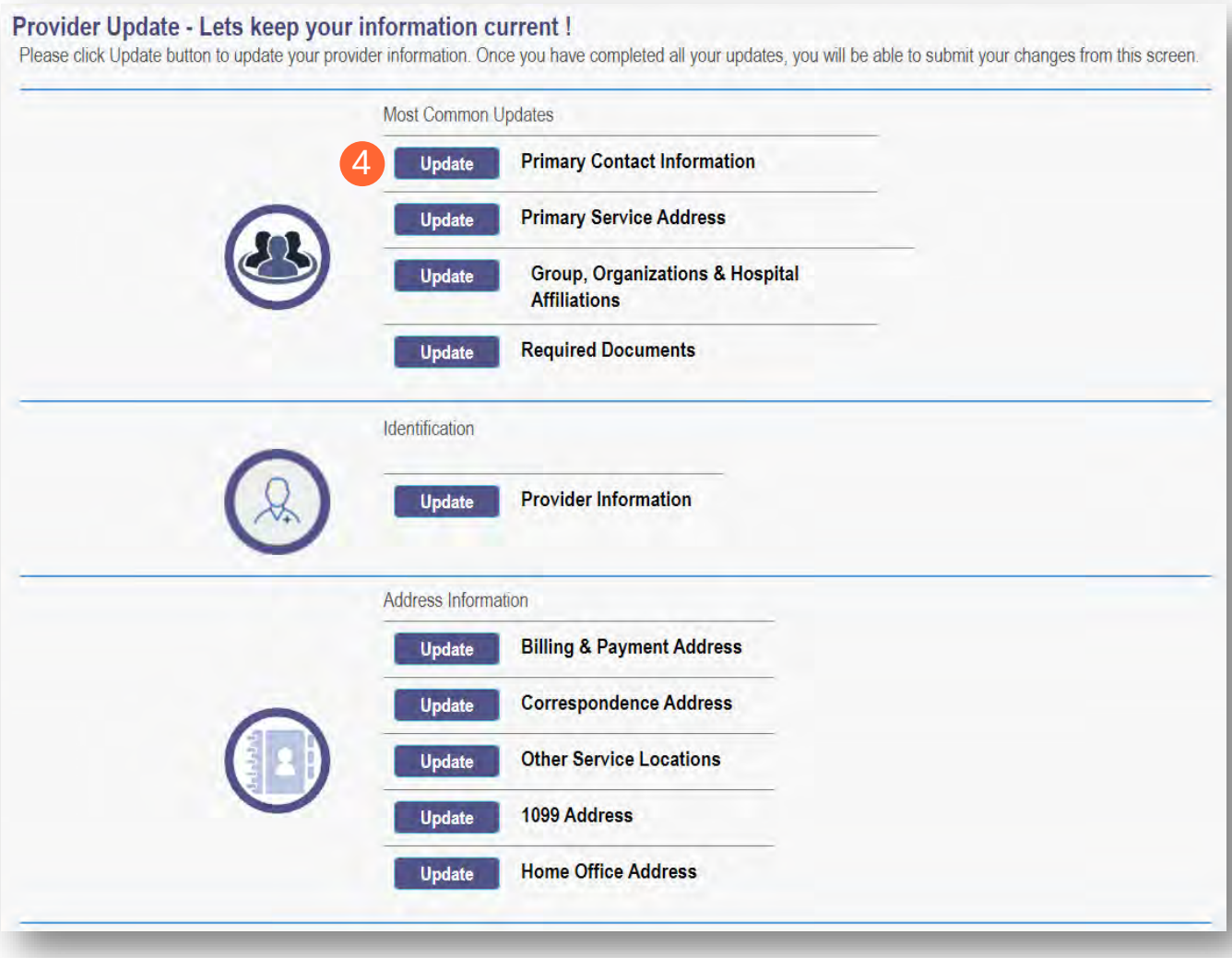
Note: A pop-up window displays informing you that you have 10 days to complete and submit the update. Click **OK** to proceed.



Step 4: Choose which element on the application you wish to update from the provided list and click **Update** to be taken to that page.



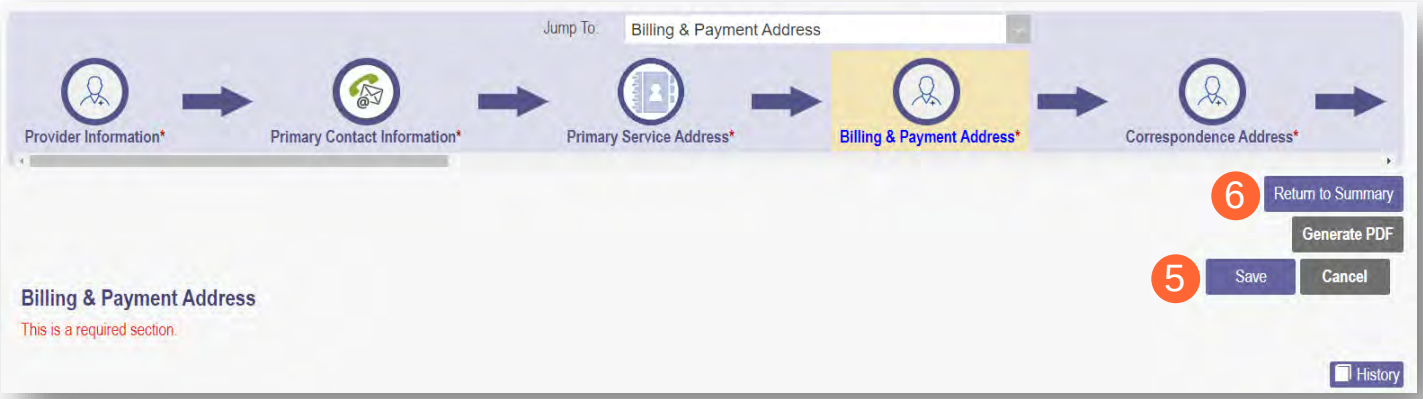
Note: All updates, including changes to owner information, license information, address information, service locations, contact information, affiliations, etc. are completed through this same process.



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

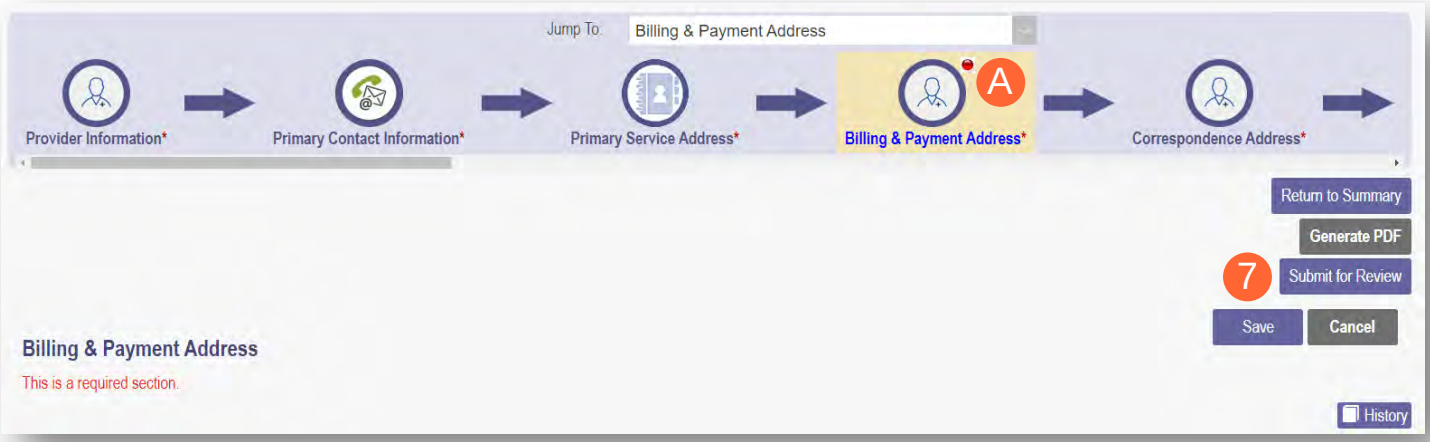
Note: A red dot will display on the updated page once it is saved (A) *(see screenshot below Step 7)*

Step 6: If there are other pages that need to be updated, click **Return to Summary** and select 'Update' for that section.

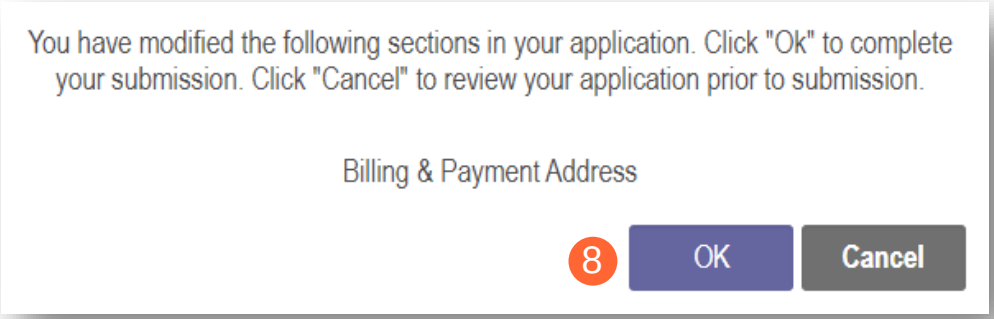


Step 7: Once all pages are updated, click **Submit for Review**.

Note: For an update to be processed correctly, the application must be submitted. Updates made without submitting will result in the updated information being 'lost' after the 10-day period.

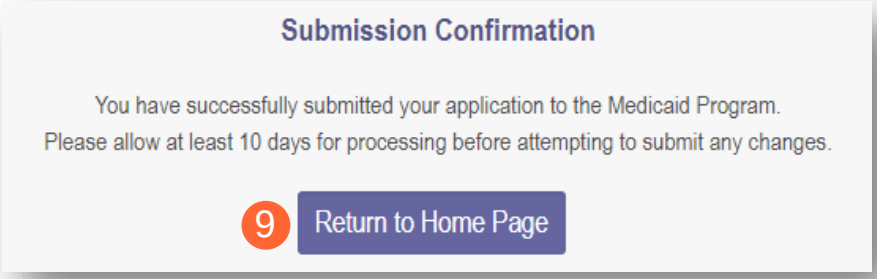


Step 8: A pop-up window displays confirming which page(s) received an update. Click **OK** to complete the submission.



Step 9: You will receive a confirmation message stating that the application has been successfully submitted.

- Click the **Return to Home Page** button to go to your dashboard.



Note: Depending on the information that was updated, the processing time for the updated data to display on the Medicaid record may vary.

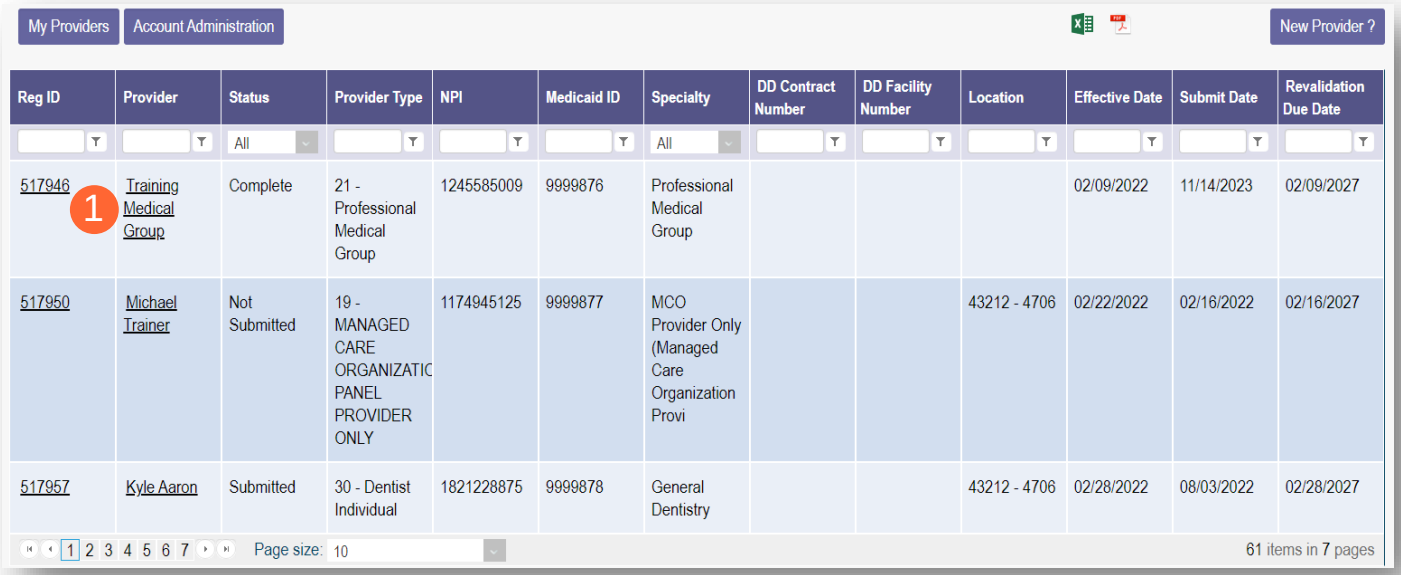
For example, updates to a Billing & Payment Address or to Affiliations may be processed in a matter of minutes/hours. However, changes to the Primary Service Address or changes to Specialties make take days/weeks to be fully processed. Please contact ODM Enrollment directly for status updates.

Affiliating Individuals to Your Group/Organization

Access the Affiliations Quick Reference Guide in PNM for greater detail related to provider affiliations.

Confirming an Individual Affiliate

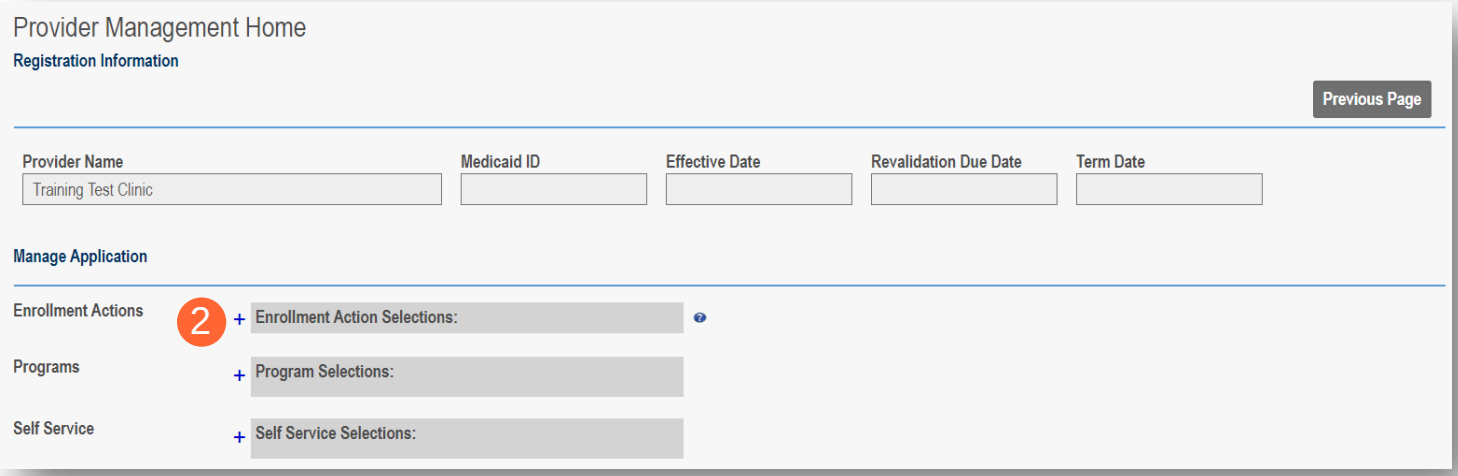
Step 1: Access the application on your dashboard by clicking on the link listed under Reg ID or Provider.



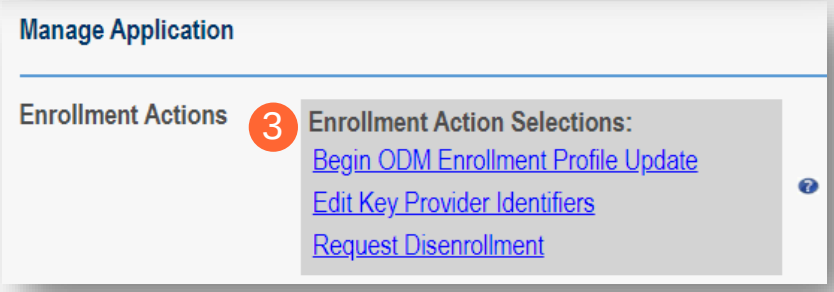
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027
517950	Michael Trainer	Not Submitted	19 - MANAGED CARE ORGANIZATIC PANEL PROVIDER ONLY	1174945125	9999877	MCO Provider Only (Managed Care Organization Provi			43212 - 4706	02/22/2022	02/16/2022	02/16/2027
517957	Kyle Aaron	Submitted	30 - Dentist Individual	1821228875	9999878	General Dentistry			43212 - 4706	02/28/2022	08/03/2022	02/28/2027

1 2 3 4 5 6 7 Page size: 10 61 items in 7 pages

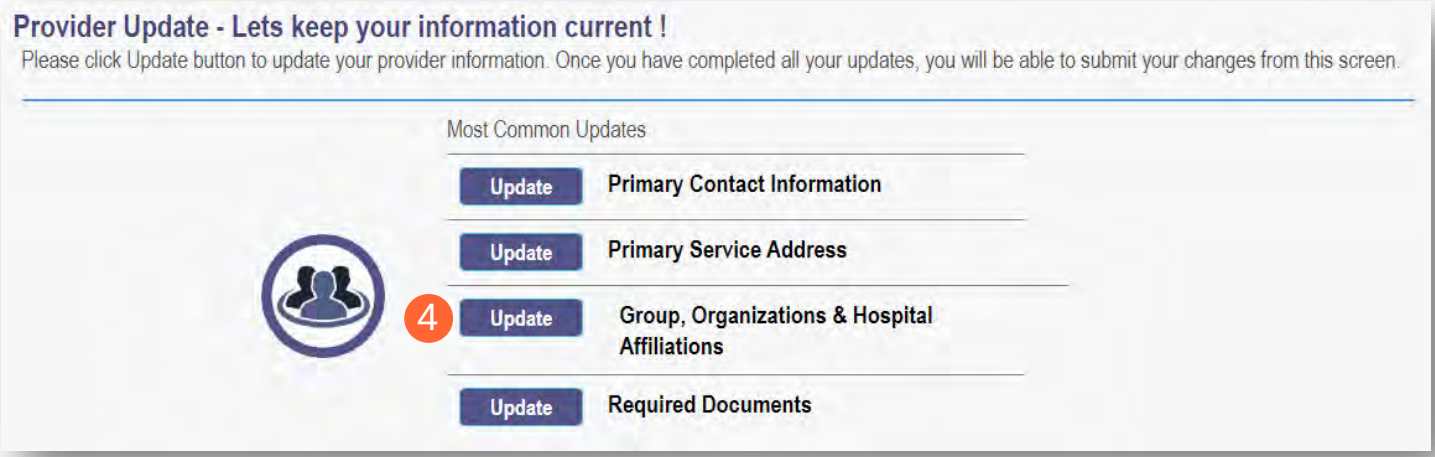
Step 2: Under the Manage Application section, click the '+' icon to expand 'Enrollment Action Selections.'



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



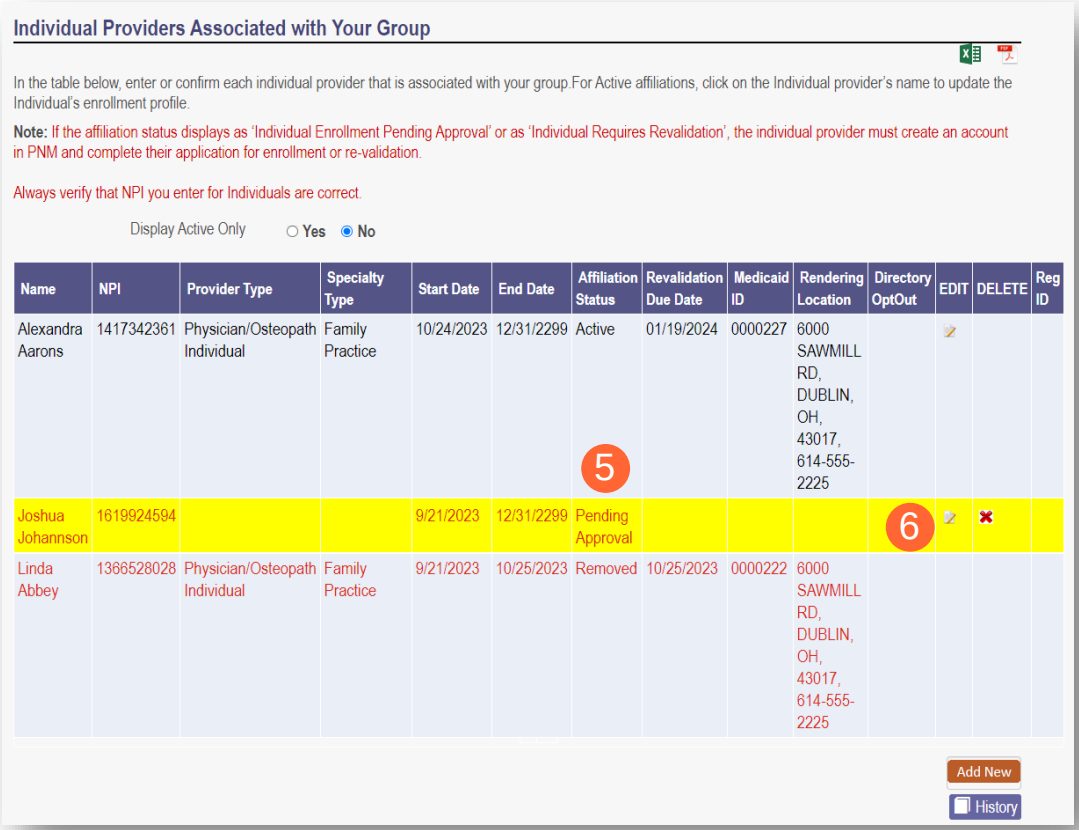
Step 4: Click **Update** next to Group, Organizations & Hospital Affiliations.



Step 5: The providers who are Pending Approval will be highlighted in yellow.

Note: These are providers who have indicated, as individuals, that they are affiliated with a group/organization/agency. It is the responsibility of the group/organization/agency to confirm the accuracy of the affiliation of this individual.

Step 6: Click on the 'pencil and paper' icon to edit the provider affiliation.



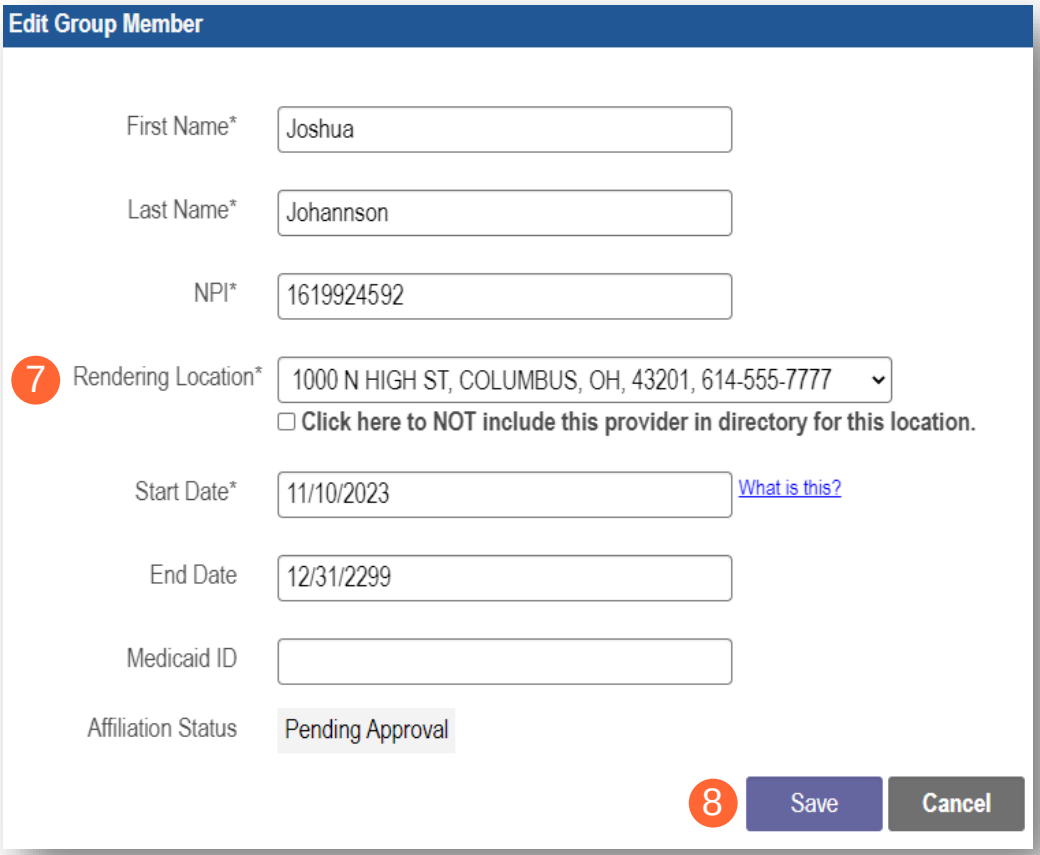
Name	NPI	Provider Type	Specialty Type	Start Date	End Date	Affiliation Status	Revalidation Due Date	Medicaid ID	Rendering Location	Directory OptOut	EDIT	DELETE	Reg ID
Alexandra Aarons	1417342361	Physician/Osteopath Individual	Family Practice	10/24/2023	12/31/2299	Active	01/19/2024	0000227	6000 SAWMILL RD, DUBLIN, OH, 43017, 614-555-2225				
Joshua Johannson	1619924594			9/21/2023	12/31/2299	Pending Approval							
Linda Abbey	1366528028	Physician/Osteopath Individual	Family Practice	9/21/2023	10/25/2023	Removed	10/25/2023	0000222	6000 SAWMILL RD, DUBLIN, OH, 43017, 614-555-2225				

Step 7: Choose the appropriate Rendering Location for the Provider from the drop-down menu and, if needed, edit the Start Date.

Note: The Start Date cannot be prior to the individual or group's effective date with Medicaid.

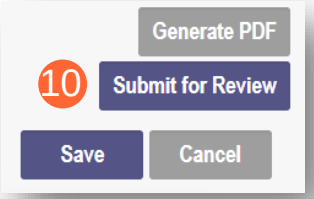
Step 8: Click **Save**.

Step 9: Continue this process for all Providers with a 'Pending Approval' affiliation status.



Step 10: Once all Pending Approval' Providers have been updated, they will no longer display in yellow. Click **Submit for Review** to update the file.

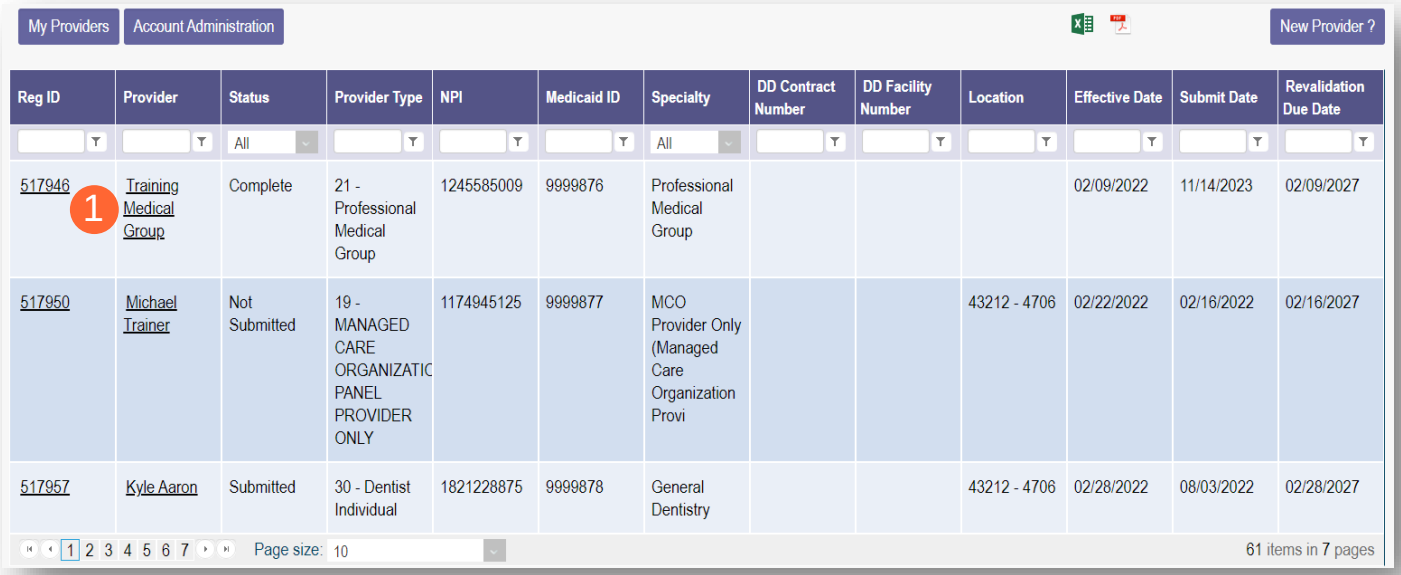
Note: The Affiliation Status will show as 'Confirmed' until the update has been fully submitted and processed. Once processed, the Affiliation Status shows as 'Active.'



Name	NPI	Provider Type	Specialty Type	Start Date	End Date	Affiliation Status	Revalidation Due Date	Medicaid ID	Rendering Location	Directory OptOut	EDIT	DELETE	Reg ID
Alexandra Aarons	1417342361	Physician/Osteopath Individual	Family Practice	10/24/2023	12/31/2299	Active	01/19/2024	0000227	6000 SAWMILL RD, DUBLIN, OH, 43017, 614-555-2225				
Joshua Johannson	1619924594	Physician/Osteopath Individual	GYNECOLOGY	11/10/2023	12/31/2299	Confirmed	11/08/2026	0000249	1000 N HIGH ST, COLUMBUS, OH, 43201, 614-555-7777				
Linda Abbey	1366528028	Physician/Osteopath Individual	Family Practice	9/21/2023	10/25/2023	Removed	10/25/2023	0000222	6000 SAWMILL RD, DUBLIN, OH, 43017, 614-555-2225				

Adding an Individual Affiliate

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



Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027
517950	Michael Trainer	Not Submitted	19 - MANAGED CARE ORGANIZATIC PANEL PROVIDER ONLY	1174945125	9999877	MCO Provider Only (Managed Care Organization Provi			43212 - 4706	02/22/2022	02/16/2022	02/16/2027
517957	Kyle Aaron	Submitted	30 - Dentist Individual	1821228875	9999878	General Dentistry			43212 - 4706	02/28/2022	08/03/2022	02/28/2027

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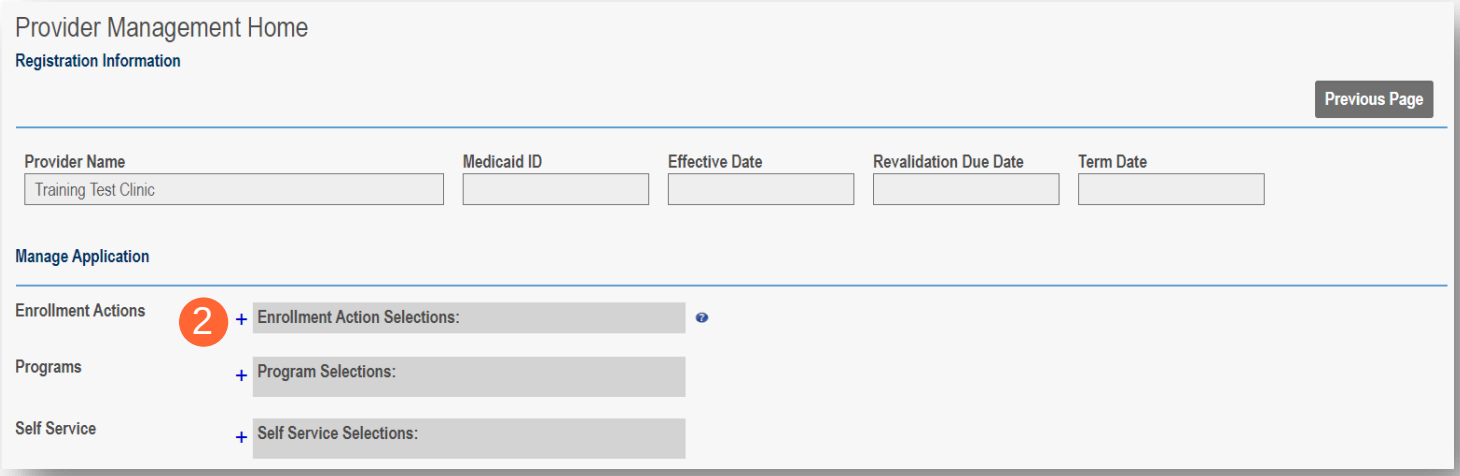
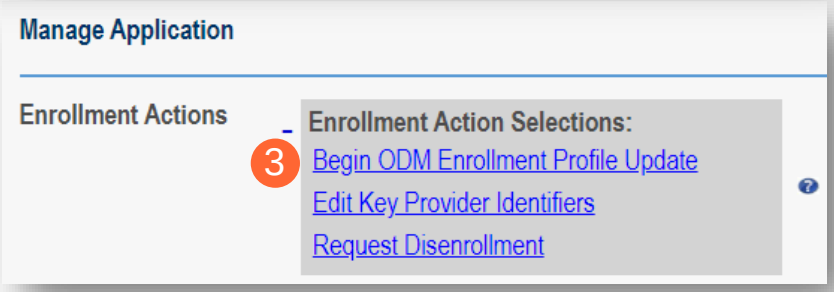
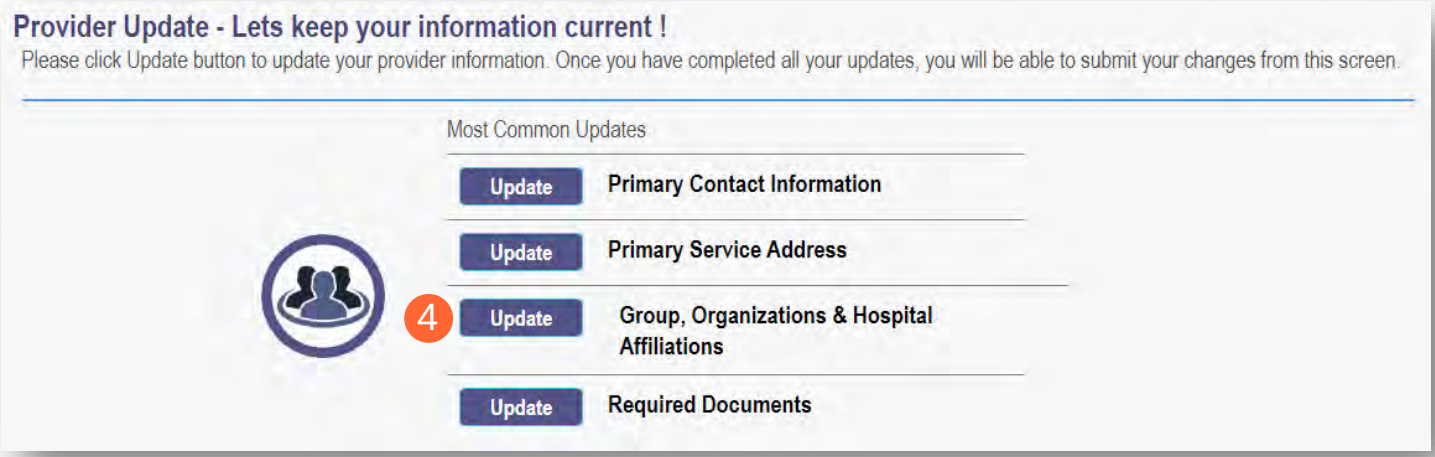
Step 2: Under the Manage Application section, click the '+' icon to expand 'Enrollment Action Selections.'



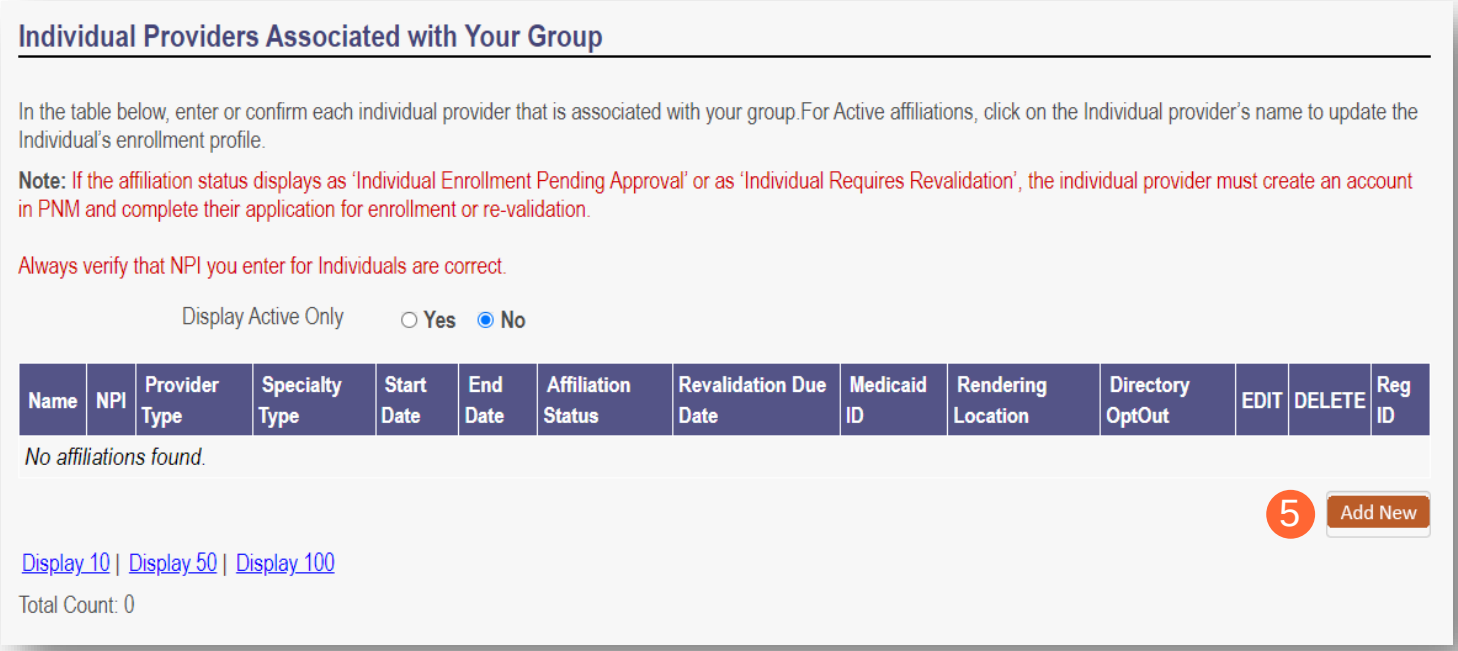
Step 3: Click the 'Begin ODM Enrollment Profile Update' hyperlink.



Step 4: Click **Update** next to Group, Organizations & Hospital Affiliations.



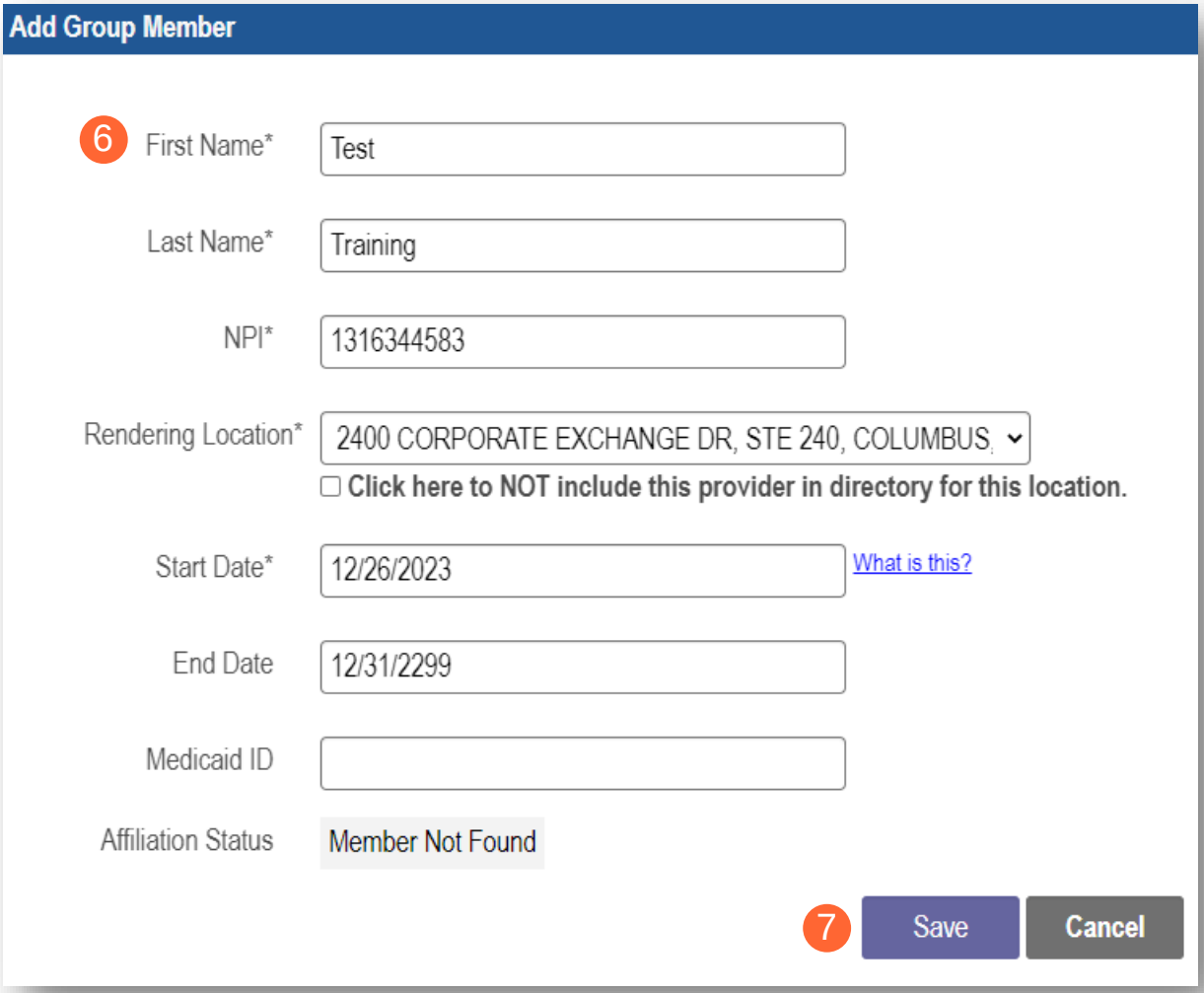
Step 5: Click **Add New** to add an individual as an affiliate for the group/organization/agency.



Step 6: Enter the individual provider's information, including first name, last name, NPI, and Rendering Location along with the start date for the provider.

Note: The Start Date *(MM/DD/YYYY)* of the individual affiliate cannot be prior to their effective date with Ohio Medicaid.

Step 7: Click **Save**.

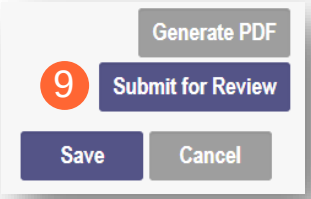


Step 8: Repeat the process of 'adding new' for additional affiliates.

Step 9: Once all individual affiliations have been updated, click **Submit for Review** to update the file.

Note: The Affiliation Status will show as 'Confirmed' until the update has been fully submitted and processed.

Once processed, the Affiliation Status shows as 'Active.'



Individual Providers Associated with Your Group

In the table below, enter or confirm each individual provider that is associated with your group.For Active affiliations, click on the Individual provider's name to update the Individual's enrollment profile.

Note: If the affiliation status displays as 'Individual Enrollment Pending Approval' or as 'Individual Requires Revalidation', the individual provider must create an account in PNM and complete their application for enrollment or re-validation.

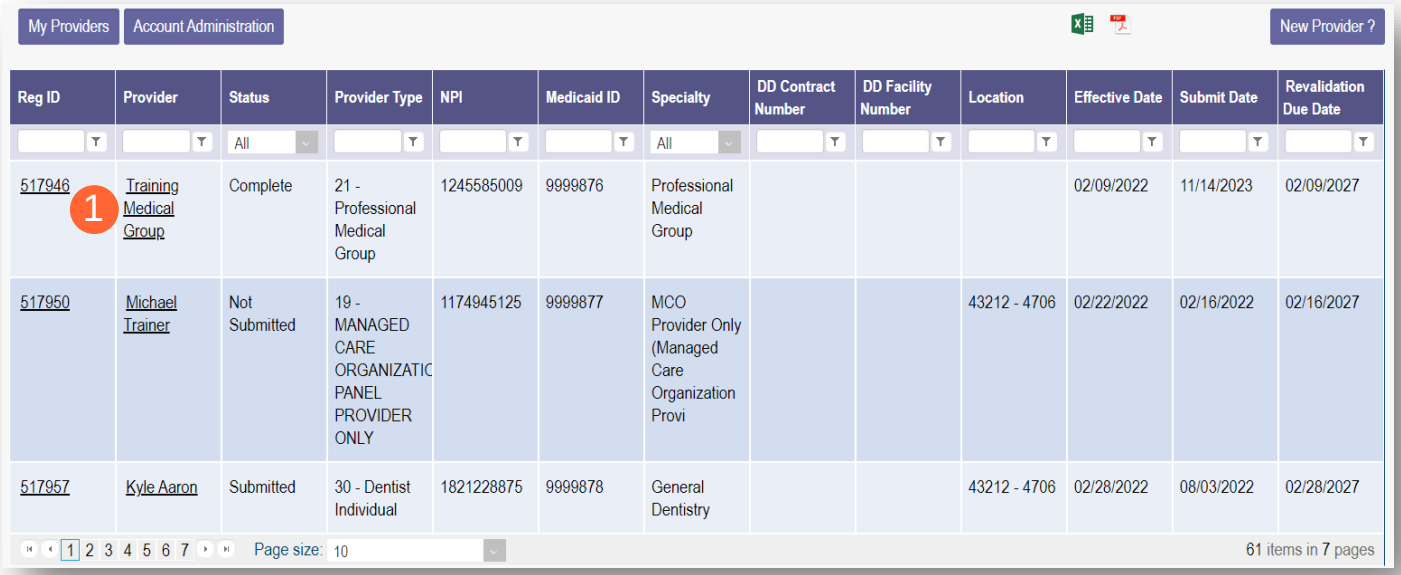
Always verify that NPI you enter for Individuals are correct.

Display Active Only ○ Yes ◉ No

Name	NPI	Provider Type	Specialty Type	Start Date	End Date	Affiliation Status	Revalidation Due Date	Medicaid ID	Rendering Location	Directory OptOut	EDIT	DELETE	Reg ID
Amanda Trainer	1083018287	Non-Agency Home Care Attendant	ODM WAIVER NON-AGENCY HOME CARE ATTENDANT	12/26/2023	12/31/2299	Confirmed	02/16/2027	9999886	2400 CORPORATE EXCHANGE DR, STE 240, COLUMBUS, OH, 43231, 614-555-4321				

Removing an Individual Affiliate

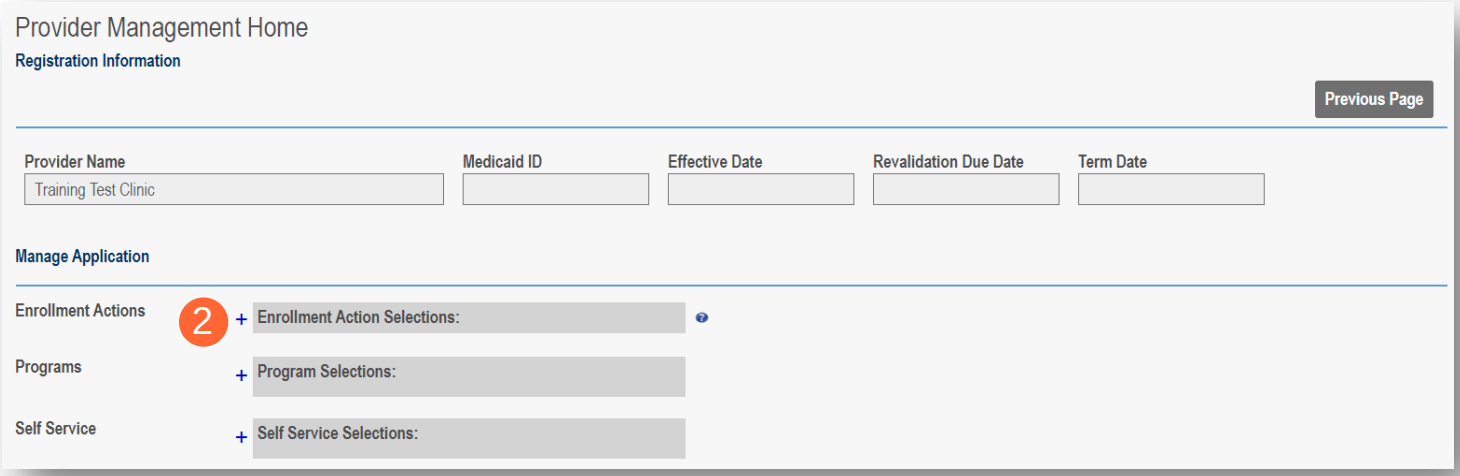
Step 1: Access the application on your dashboard by clicking on the link listed under Reg ID or Provider.



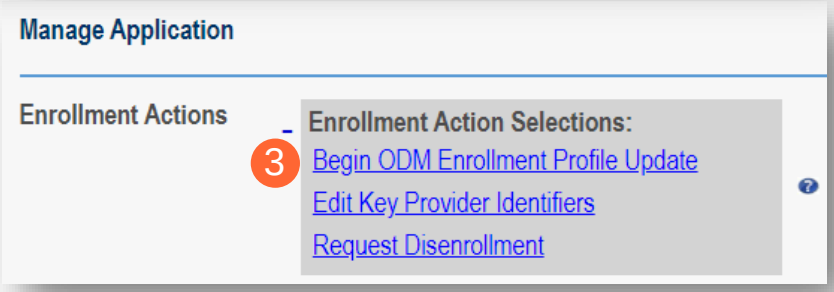
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027
517950	Michael Trainer	Not Submitted	19 - MANAGED CARE ORGANIZATIC PANEL PROVIDER ONLY	1174945125	9999877	MCO Provider Only (Managed Care Organization Provi			43212 - 4706	02/22/2022	02/16/2022	02/16/2027
517957	Kyle Aaron	Submitted	30 - Dentist Individual	1821228875	9999878	General Dentistry			43212 - 4706	02/28/2022	08/03/2022	02/28/2027

1 2 3 4 5 6 7 Page size: 10 61 items in 7 pages

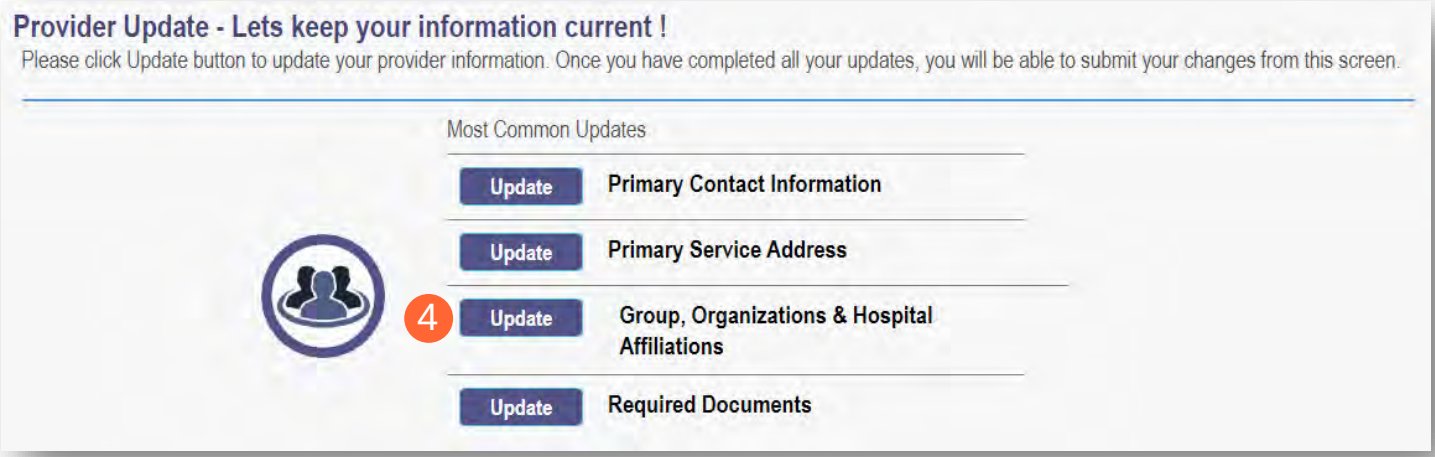
Step 2: Under the Manage Application section, click the '+' icon to expand 'Enrollment Action Selections.'



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



Step 4: Click **Update** next to Group, Organizations & Hospital Affiliations.



Step 5: Locate the individual that you wish to remove and click the 'pencil and paper' icon for the provider.

Individual Providers Associated with Your Group

In the table below, enter or confirm each individual provider that is associated with your group.For Active affiliations, click on the Individual provider's name to update the Individual's enrollment profile.

Note: If the affiliation status displays as 'Individual Enrollment Pending Approval' or as 'Individual Requires Revalidation', the individual provider must create an account in PNM and complete their application for enrollment or re-validation.

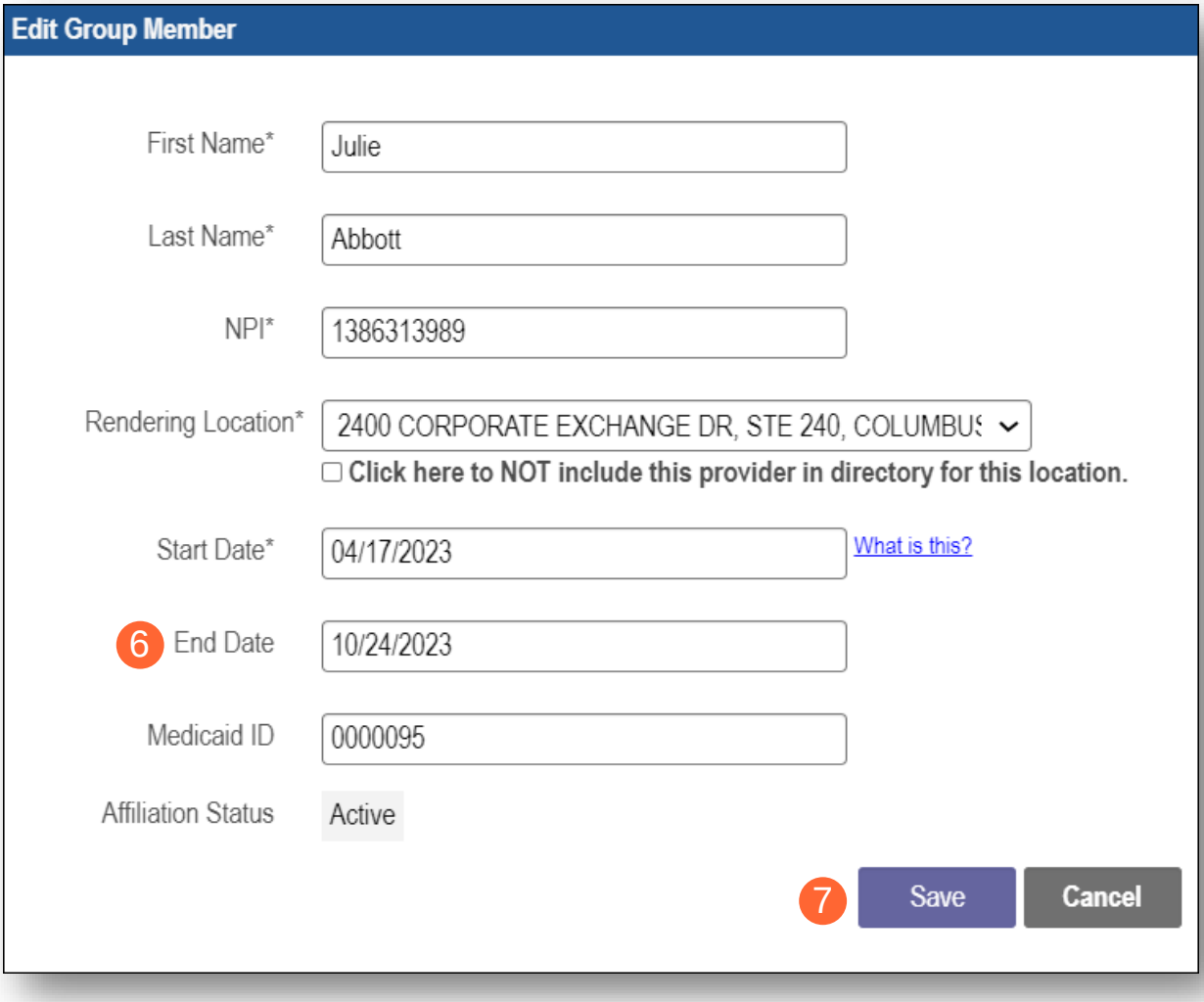
Always verify that NPI you enter for Individuals are correct.

Display Active Only ◉ Yes ○ No

Name	NPI	Provider Type	Specialty Type	Start Date	End Date	Affiliation Status	Revalidation Due Date	Medicaid ID	Rendering Location	Directory OptOut	EDIT	DELETE	Reg ID
Cherry Abary	1821019712	Physician/Osteopath Individual	Family Practice	10/24/2023	12/31/2299	Confirmed	09/20/2026	0000221	2400 CORPORATE EXCHANGE DR, STE 240, COLUMBUS, OH, 43231, 614-654-7788				
Julie Abbott	1386313989	Behavioral Health Para-Professionals	CARE MANAGEMENT SPECIALIST	4/17/2023	12/31/2299	Active	10/01/2023	0000095	2400 CORPORATE EXCHANGE DR, STE 240, COLUMBUS, OH, 43231, 614-654-7788	5			

Step 6: On the End Date field *(MM/DD/YYYY)*, remove the current end date and list the date the individual ended their affiliation with the group/organization/agency.

Step 7: Click **Save**.

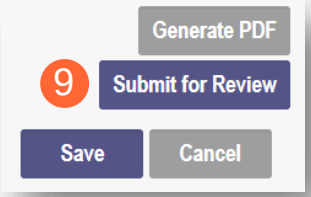


Step 8: Repeat the process of 'removing' for additional affiliates that should be removed.

Step 9: Once all individual affiliations have been removed, click **Submit for Review** to update the file.

Note: The Affiliation Status will show as 'Pending Removal' until the update has been fully submitted and processed or the future removal date reached.

Once processed, and the date has been reached, the Affiliation Status shows as 'Removed.'



Individual Providers Associated with Your Group

In the table below, enter or confirm each individual provider that is associated with your group.For Active affiliations, click on the Individual provider's name to update the Individual's enrollment profile.

Note: If the affiliation status displays as 'Individual Enrollment Pending Approval' or as 'Individual Requires Revalidation', the individual provider must create an account in PNM and complete their application for enrollment or re-validation.

Always verify that NPI you enter for Individuals are correct.

Display Active Only ○ Yes ◉ No

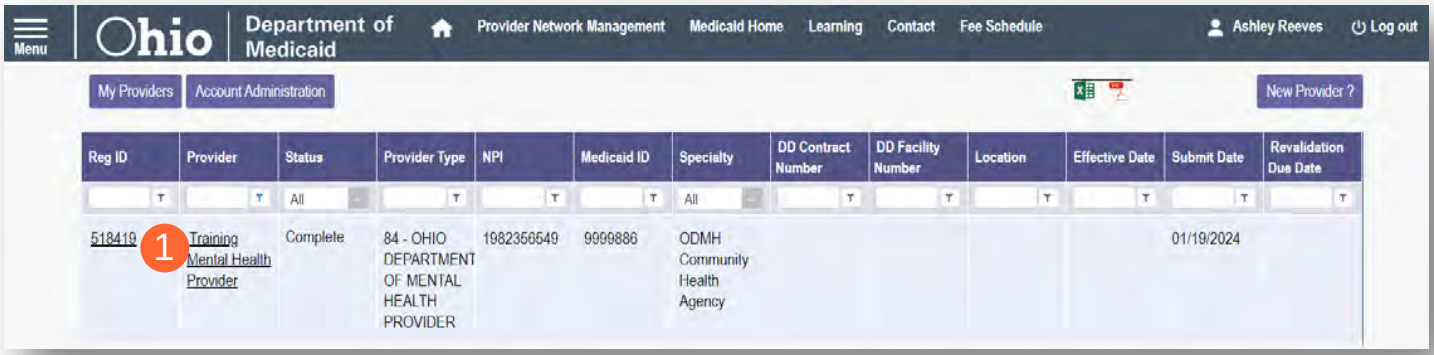
Name	NPI	Provider Type	Specialty Type	Start Date	End Date	Affiliation Status	Revalidation Due Date	Medicaid ID	Rendering Location	Directory OptOut	EDIT	DELETE	Reg ID
Cherry Abary	1821019712	Physician/Osteopath Individual	Family Practice	10/24/2023	12/31/2299	Confirmed	09/20/2026	0000221	2400 CORPORATE EXCHANGE DR, STE 240, COLUMBUS, OH, 43231, 614-654-7788				
Julie Abbott	1386313989	Behavioral Health Para-Professionals	CARE MANAGEMENT SPECIALIST	4/17/2023	10/24/2023	Pending Removal	10/01/2023	0000095	2400 CORPORATE EXCHANGE DR, STE 240, COLUMBUS, OH, 43231, 614-654-7788				

Julie Abbott	1386313989	Behavioral Health Para-Professionals	CARE MANAGEMENT SPECIALIST	4/17/2023	10/24/2023	Removed	10/01/2023	0000095	2400 CORPORATE EXCHANGE DR, STE 240, COLUMBUS, OH, 43231, 614-654-7788				

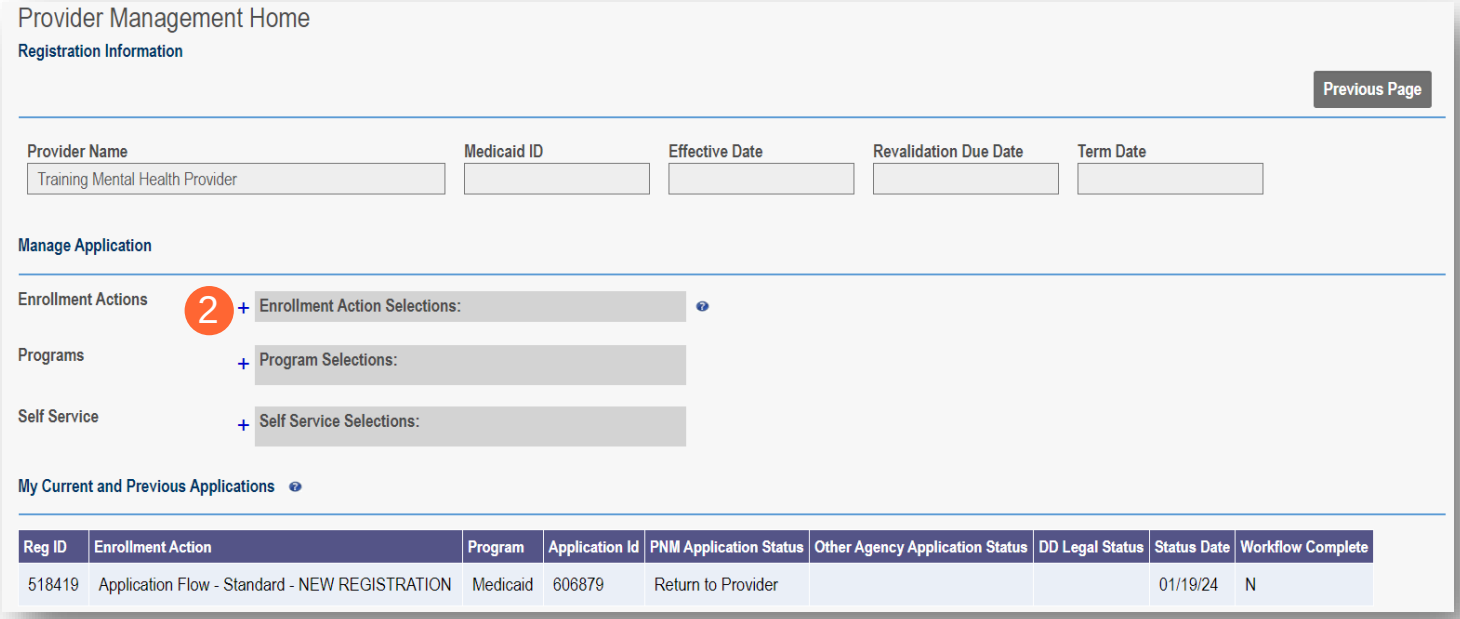
Request Disenrollment

A disenrollment request ends the provider's enrollment with the Ohio Department of Medicaid.

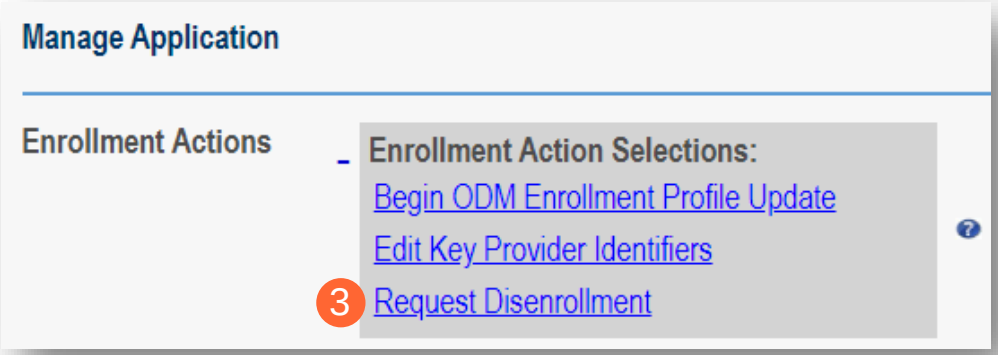
Step 1: Access the file in your dashboard by clicking on link listed under Reg ID or Provider.



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

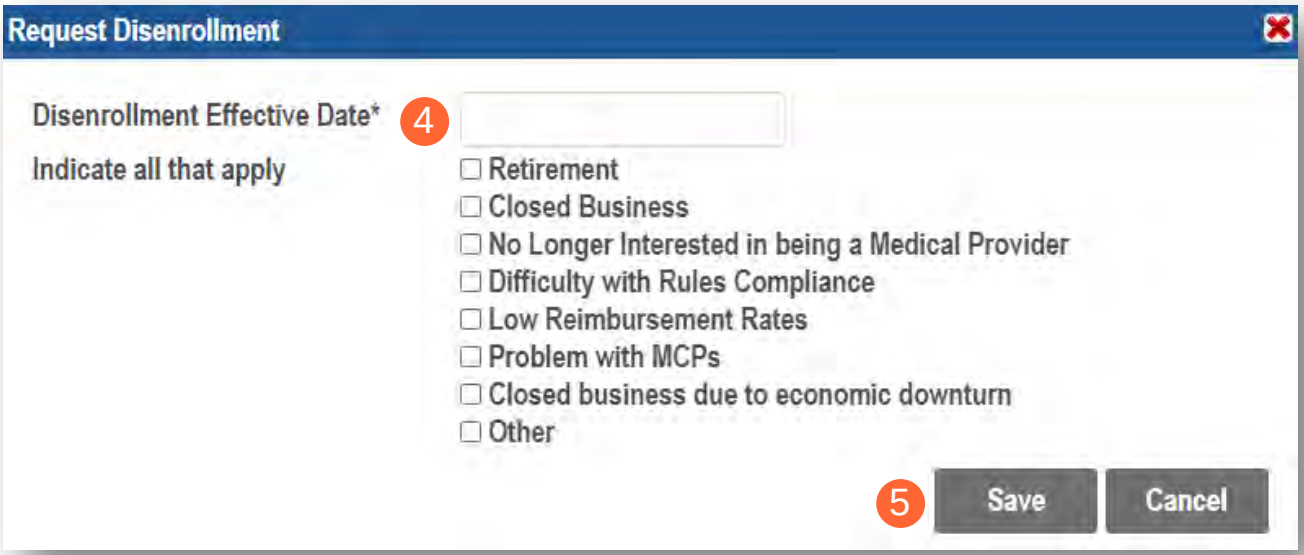


Step 3: Click 'Request Disenrollment' from the options provided.



Step 4: A pop-up window displays. Enter the Disenrollment Effective Date in the line provided and select a checkbox for the reason the disenrollment is being requested.

Step 5: Once entered, click **Save**.



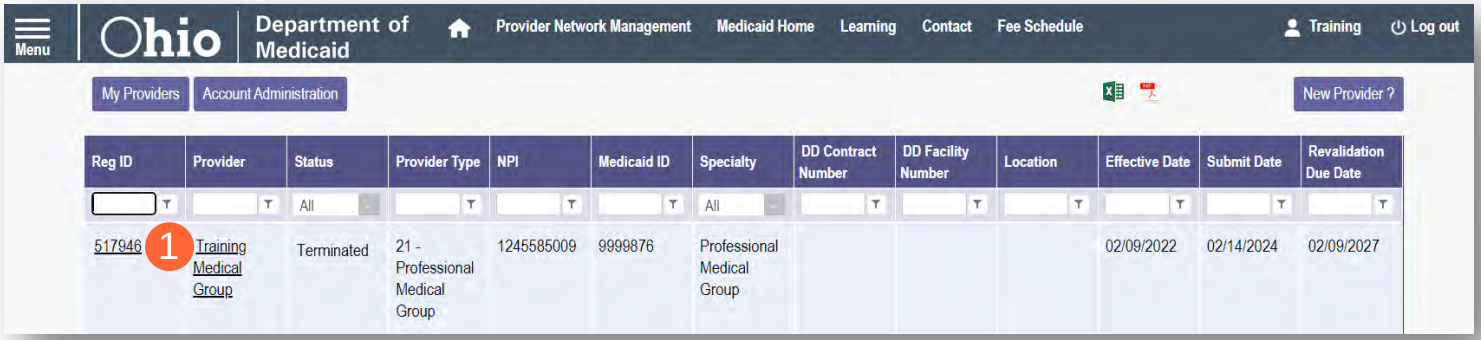
Note: Once the disenrollment is submitted, it will be reviewed and processed by the Ohio Department of Medicaid Enrollment Team.

A status of 'Disenrolled' will display on the provider dashboard once the disenrollment has been processed.

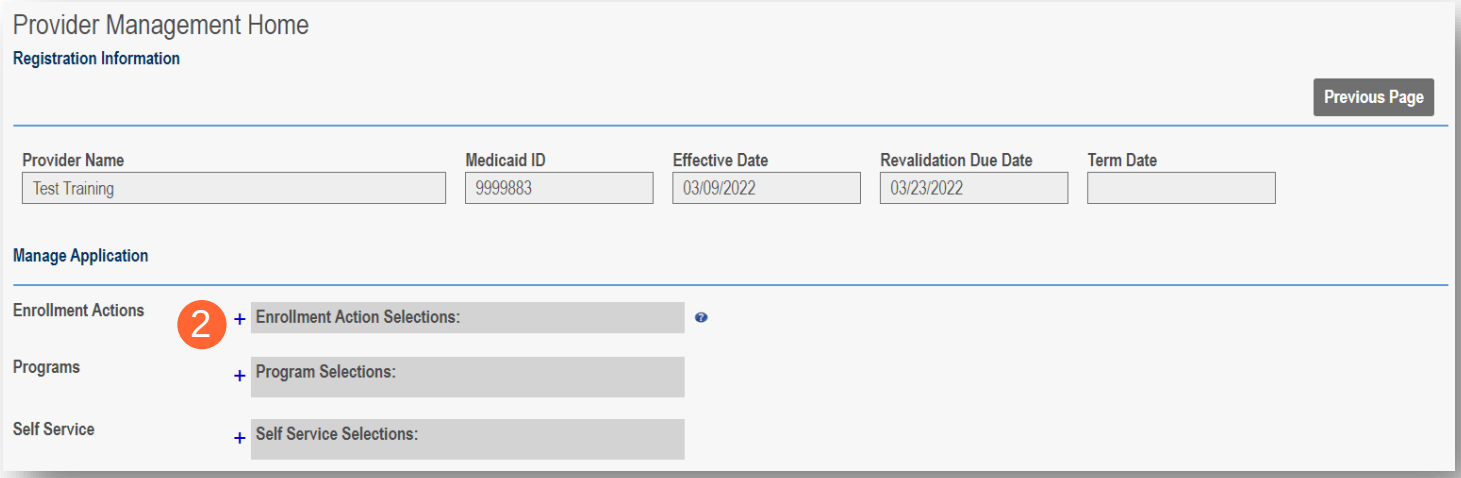
Reapplication Steps (Enrollment Terminated)

Reapplication may be needed if a provider's enrollment is terminated by the Ohio Department of Medicaid. The steps below indicate how to reapply, using the same Medicaid ID.

Step 1: Access the file in your dashboard that has been terminated by clicking on link listed under Reg ID or Provider.

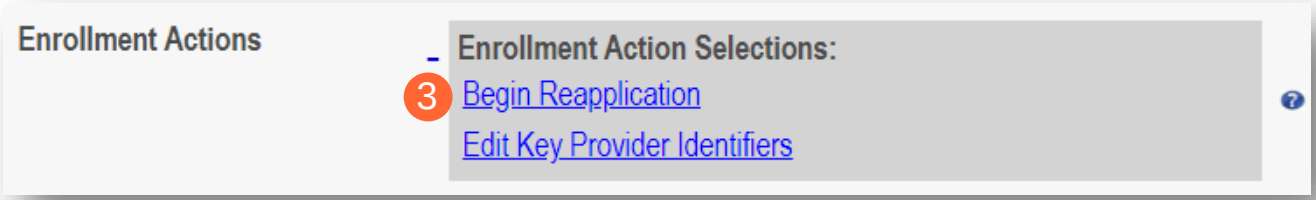


Step 2: Under the Manage Application, click the '+' icon to expand the 'Enrollment Action Selections.'



Step 3: Click the 'Begin Reapplication' hyperlink.

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



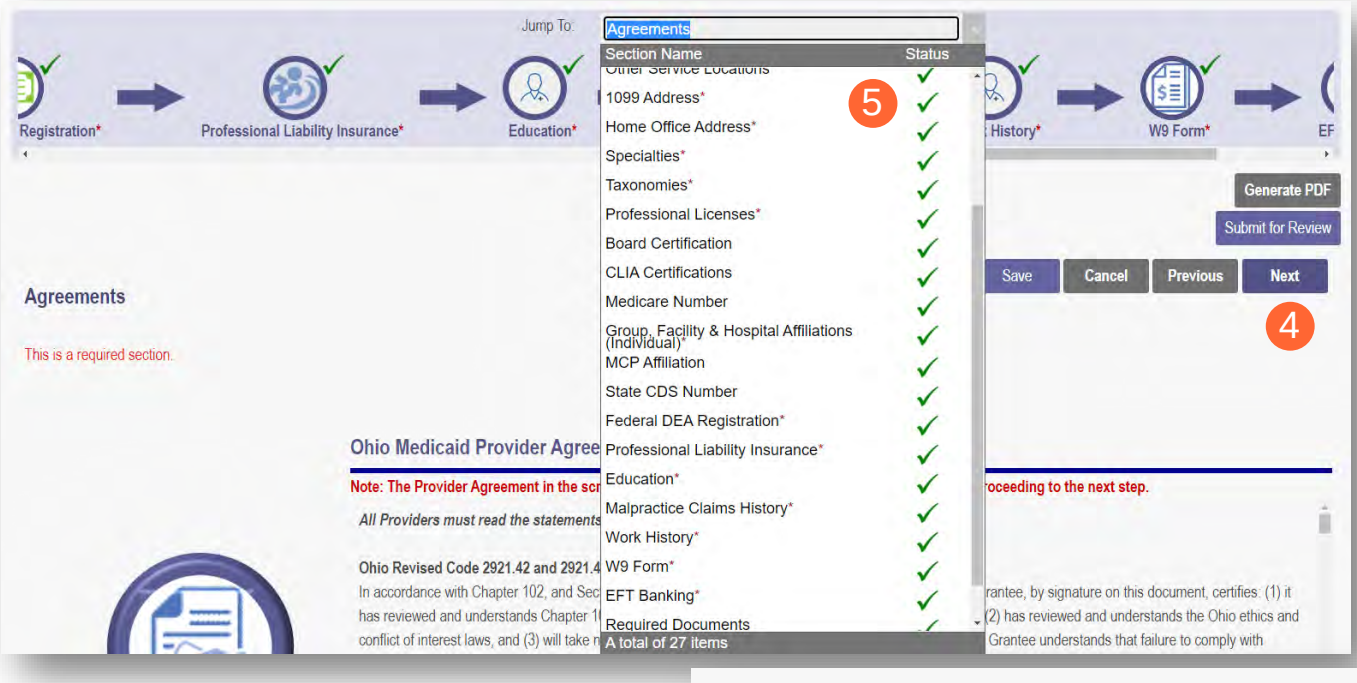
Step 4: Either change the information listed on the page OR review the information on the page and make no changes if it remains accurate.

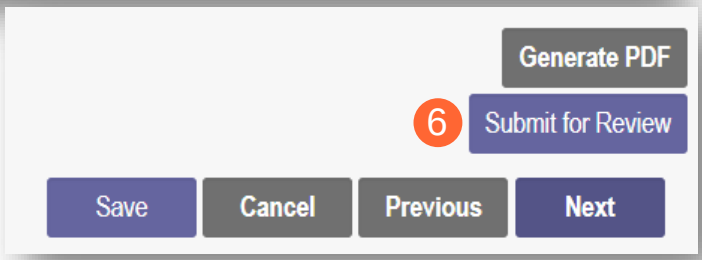
Click **Next** to save and proceed to the next page.

Note: Regardless of whether changes are made, each page needs to be reviewed and saved.

Step 5: Confirm that each page has been reviewed, making sure a green checkmark appears for each page. If a green checkmark does not display for a page, review that page, and save the information.

Note: Application submission will not be available unless all required pages have a green checkmark.





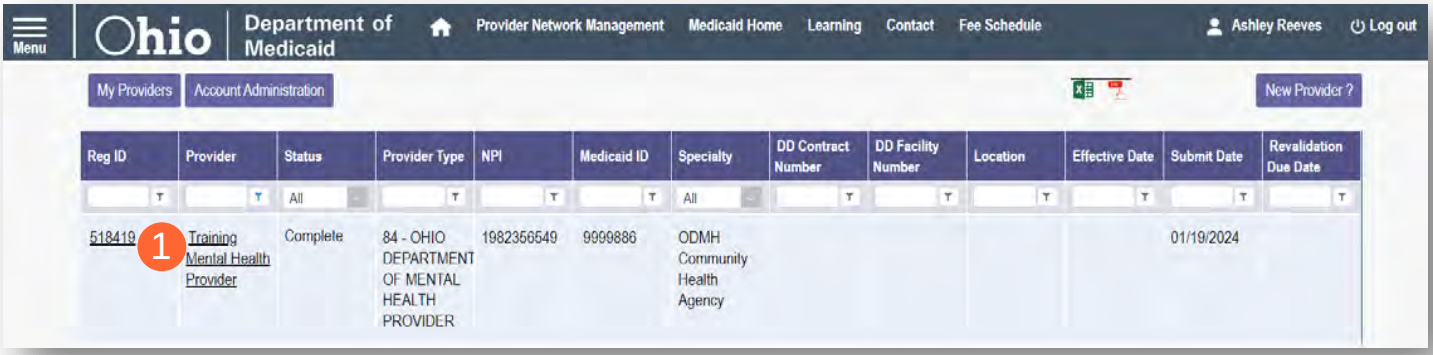
Step 6: Once all pages have been completed, click **Submit for Review** to submit your application.

Revalidation/Re-Enrollment Steps

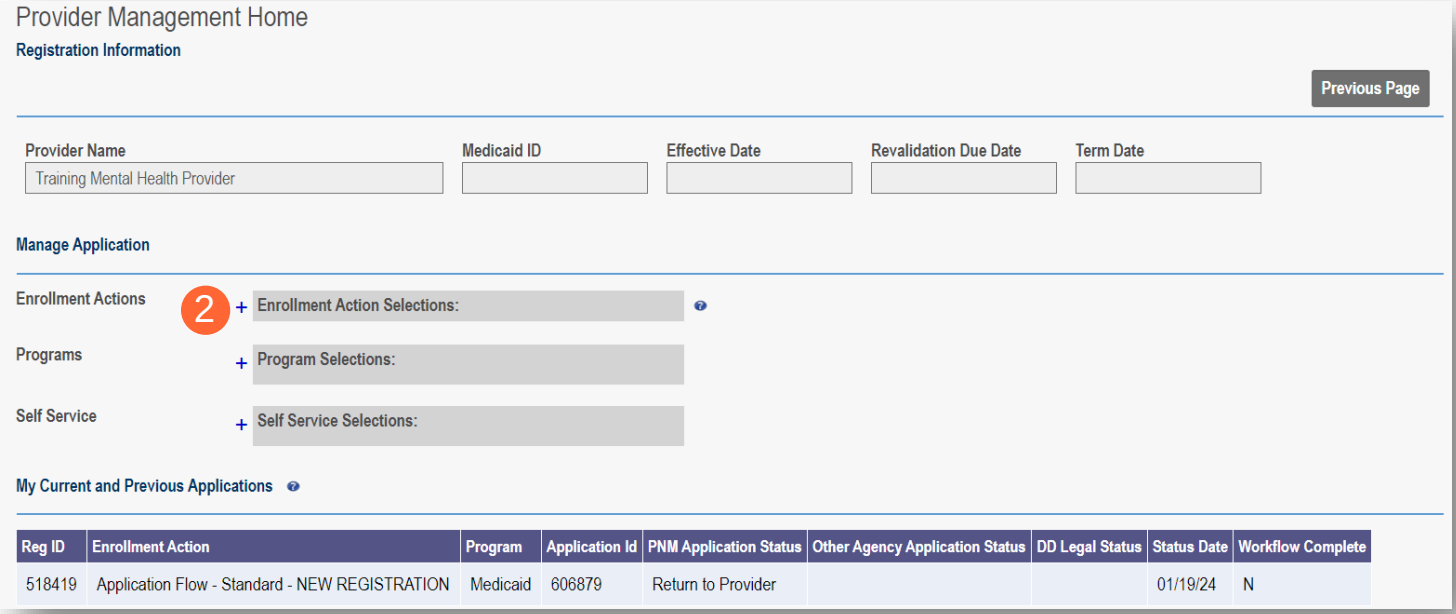
Revalidation/Re-Enrollment is required every three (3) years for credentialed providers and every five (5) years for non-credentialed providers. Email notices will be sent to the Primary Contact listed on the Medicaid record when the provider is due for revalidation/re-enrollment. The revalidation due date can also be viewed in the far-right column on the dashboard.

Note: The link to 'Begin Revalidation' will appear under the Enrollment Action Selections when the provider is within 120 days of the revalidation due date.

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

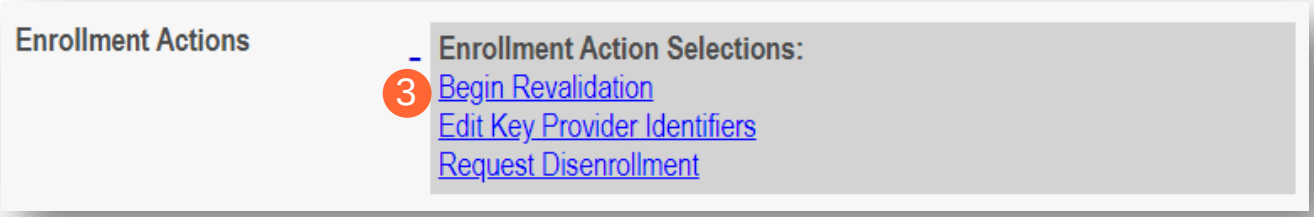


Step 2: Under the Manage Application, click the '+' icon to expand the 'Enrollment Action Selections.'



Step 3: Click the 'Begin Revalidation' hyperlink.

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



Step 4: Either change the information listed on the page OR review the information on the page and make no changes if it remains accurate.

Click **Next** to save and proceed to the next page.

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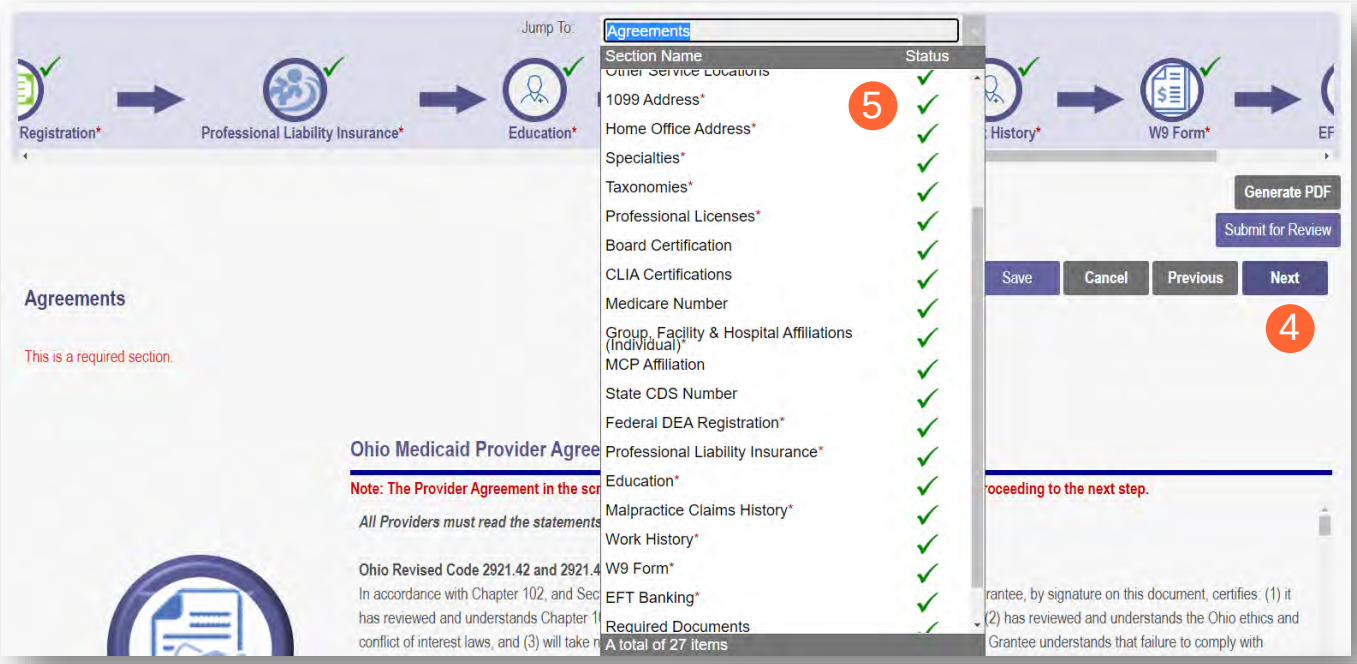
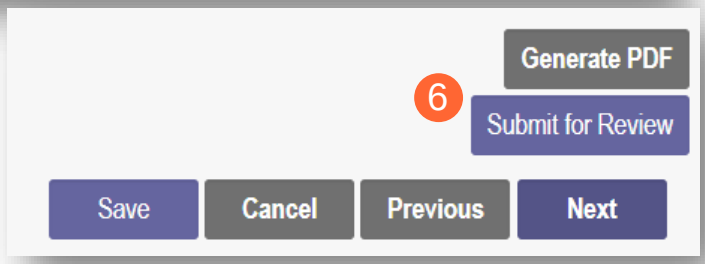
Note: Application submission will not be available unless all required pages have a green checkmark.



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