

# Quick Reference Guide: Editing Key Provider Identifiers in PNM

## Steps:

**1** *Note: The 'Edit Key Provider Identifiers' link in PNM is another way to edit identifying information on a Medicaid record. This option is designed for changes/updates to items such as: names, zip code or primary taxonomy, for instance.*

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
518319	Test Training	Complete	20 - Physician/Oste Individual	13866528028	9999879	Family Practice					03/21/23	03/09/25

Editing key identifier information for a provider enrolled in Medicaid is completed by selecting an Enrollment Action link under the provider's Medicaid record. Locate the provider's record on your dashboard in PNM and click on the Reg ID or Provider hyperlink.

*NOTE: This process can be completed by the Administrator for the provider's Medicaid ID or a user with the Agent role, if that Agent has been assigned the 'Enrollment Agent' action by the Administrator.*

## 2

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

Click on the hyperlink which says, "Edit Key Provider Identifiers."

**Manage Application**

Enrollment Actions + Enrollment Action Selections:

Programs + Program Selections:

Self Service + Self Service Selections:

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Enrollment Actions - Enrollment Action Selections:

[Begin ODM Enrollment Profile Update](#)

[Edit Key Provider Identifiers](#)

[Request Disenrollment](#)

## 3

Type in details or select information for the line items that need to be updated.

Once all information has been entered, click **Save**.

Application Type: Standard application

Category\*: Individual

Provider Type\*: 96 - Behavioral Health Para-Professionals

First Name\*: Test

Middle Name:

Last Name\*: Training

Tax ID Type\*:  EIN  SSN

Tax ID\*: 138631398

Are you requesting retro coverage?  What is this

NPI\*: 1386313931

DD Contract Number (If Applicable):

Requested Effective Date\*: 6/28/2023

Gender\*:  Female  Male  Unknown

Date of Birth\*: 10/2/1980

Zip Code\*: 43231

Zip Code Extension\*: 7605

Taxonomy\*: Behavior Technician (106S00000X)

Application Type: Standard application

Category\*: Group

Provider Type\*: 21 - Professional Medical Group

Name of Business Entity\*: Training Medical Group

Business Name as it appears on your IRS Assignment letter:

Tax ID Type\*:  EIN  SSN

Tax ID\*: 124558500

Are you requesting retro coverage?  What is this

NPI\*: 1245585055

DD Contract Number (If Applicable):

Requested Effective Date\*: 6/28/2023

Zip Code\*: 43231

Zip Code Extension\*: 7605

Taxonomy\*: Family Medicine (207Q00000X)

**If the Tax ID or NPI need to be changed, please send an email to [Medicaid.Provider.Update@medicaid.ohio.gov](mailto:Medicaid.Provider.Update@medicaid.ohio.gov) detailing the provider and information that need to be changed, along with appropriate verification (e.g., social security card).**

**Disclaimer: It is the Provider's responsibility to keep information up to date in PNM. This includes specialties, license information, addresses, etc.**


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**Provider Update - Lets keep your information current !**  
Please click Update button to update your provider information. Once you have completed all your updates, you will be able to submit your changes from this screen.

Most Common Updates

-   Primary Contact Information
- Primary Service Address
- Professional Licenses
- Group, Facility & Hospital Affiliations (Individual)
- Required Documents

Identification

-   Provider Information

PNM provides the opportunity to complete additional updates, before submitting for review. To update information on another page, click **Update** next to the appropriate page.

If you have no other updates to complete, other than the changes to the key identifying information, click **Update** next to 'Primary Contact Information.'

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Jump To: Primary Contact Information

Provider Information\* → **Primary Contact Information\*** → Credentialing Contact → Primary Service Address\* → Billing & Payment Address\* → Cor

**Primary Contact Information**

This is a required section.

On the page that you selected, update the information necessary and click **Save**.

Or, if you don't have any information to change, click **Save** on the Primary Contact Information page.

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According to the USPS database, the address entered is inaccurate. The following address was found:

2400 CORPORATE  
EXCHANGE DR  
STE 240  
FRANKLIN  
COLUMBUS, OH 43231-7607

Click on 'Accept' to accept the corrections.

Override Address Validation

If an address page has been edited, PNM will check that address against the United States Postal Service (USPS) address database.

If the address is correct, click **Accept**.

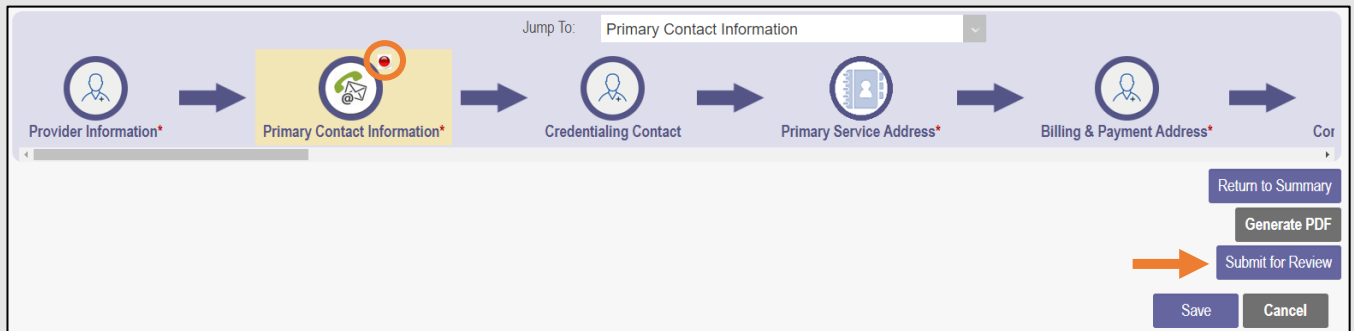
If changes to the address need to be made, click **Cancel** and click the 'Override Address Validation' box.

Click **Save** again to save the address information.

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A 'red dot' icon appears in the navigation bar, confirming information on that page has been saved.

To process the updated information, click **Submit for Review**.

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

Primary Contact Information

OK

Cancel

A message appears informing you of the page(s) that have been edited and saved.

*NOTE: Key Identifiers will not be listed on this message but were saved after you moved to the update page in Step 4.*

Click **OK** to submit the update for processing.

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### Submission Confirmation

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

Return to Home Page

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

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