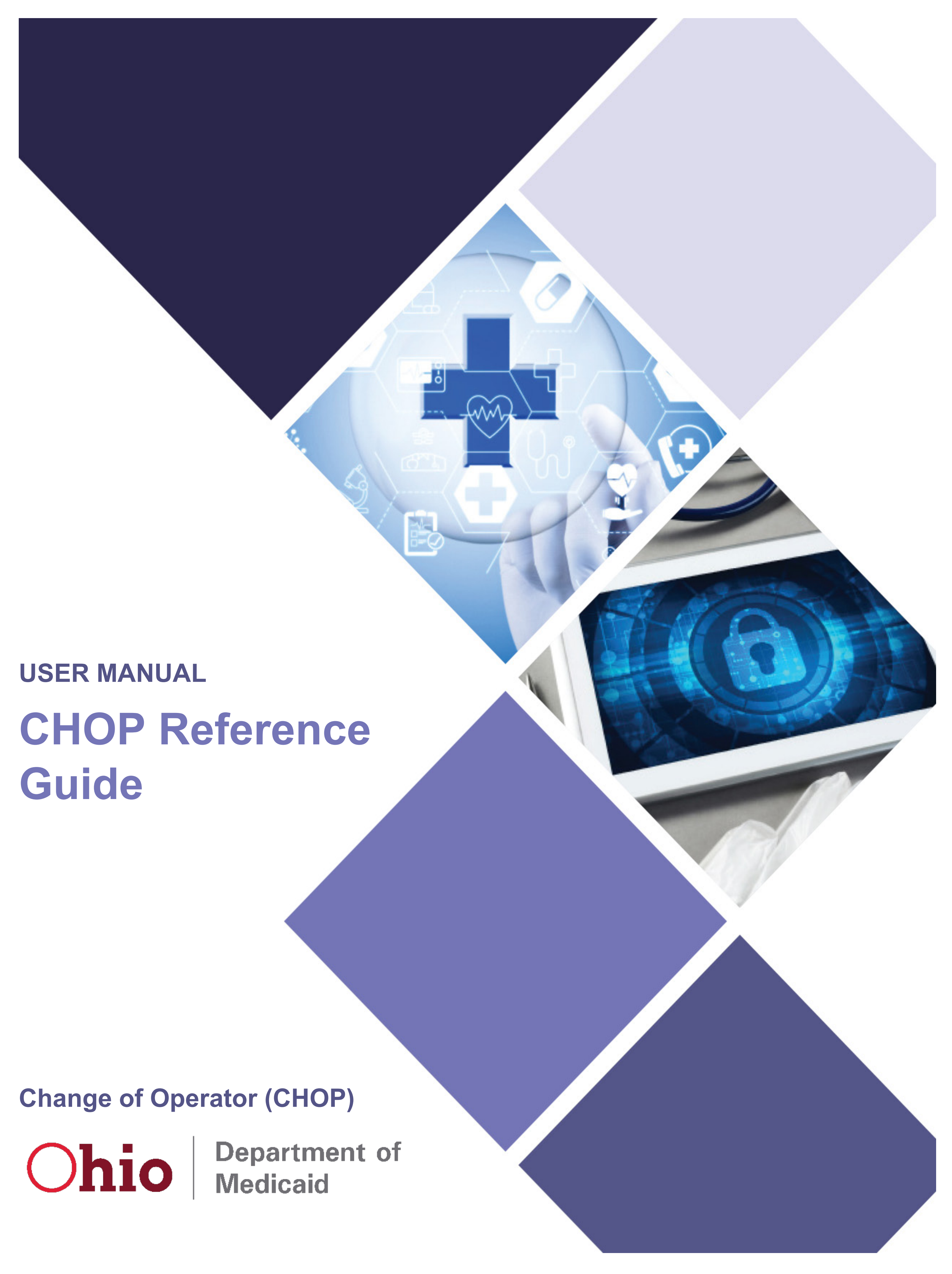

USER MANUAL

CHOP Reference Guide

Change of Operator (CHOP)

Ohio | Department of Medicaid

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Introduction

This document discusses the steps and functions of initiating a Change of Operator (CHOP) in PNM. In the overall process, files will be initiated by the Exiting Provider when a Change of Operator is requested. Once the Change of Operator (CHOP) is initiated by the Exiting Provider, the Entering Provider will complete a new enrollment application.

A CHOP is initiated by the Exiting Provider

The Entering Provider begins a new enrollment application with Exiting Provider Information Provided in the Application

Data entered on the new application is reviewed and approved

Exiting Provider becomes inactive, and the Entering Provider is now active

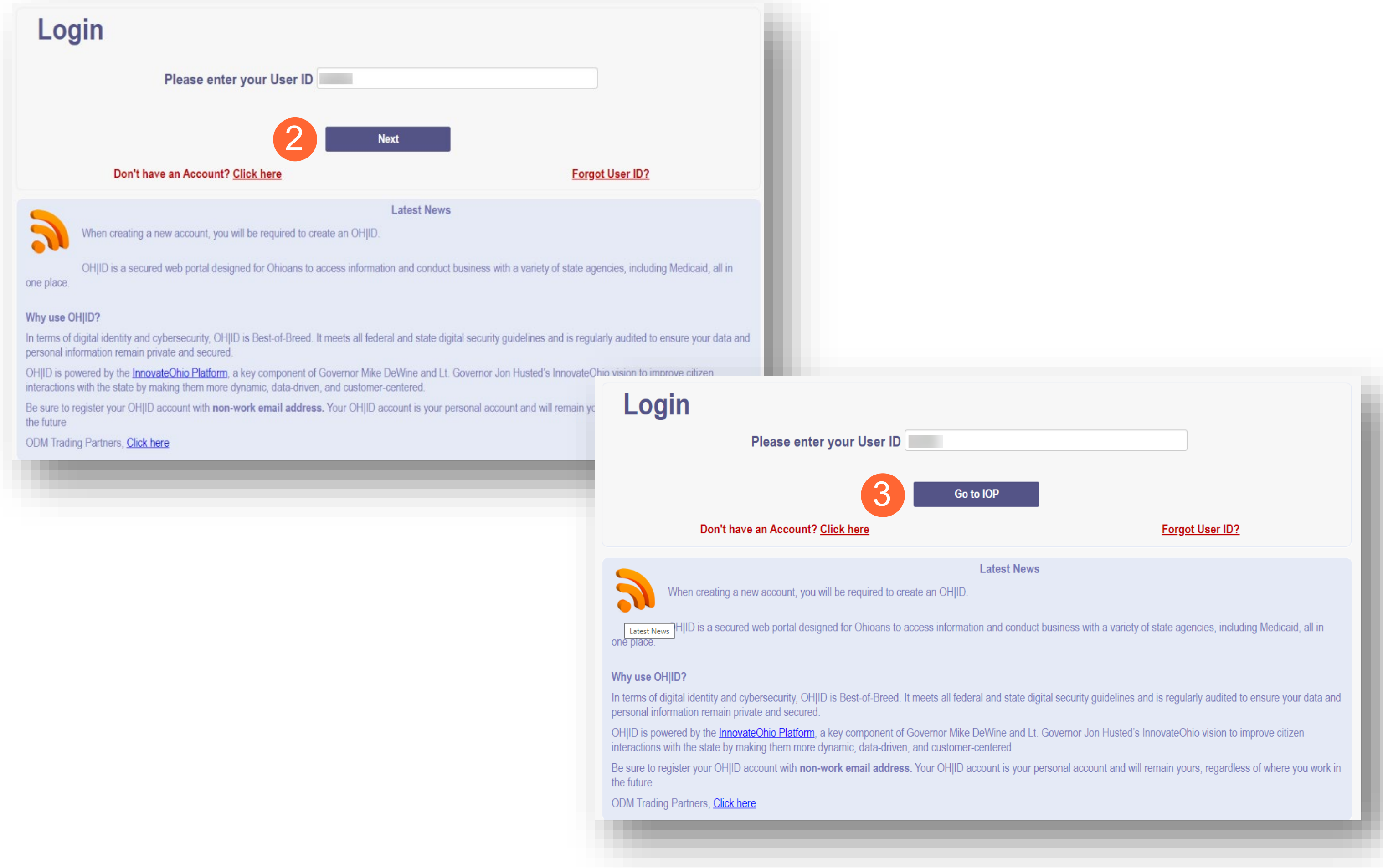
Initial Login to PNM

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

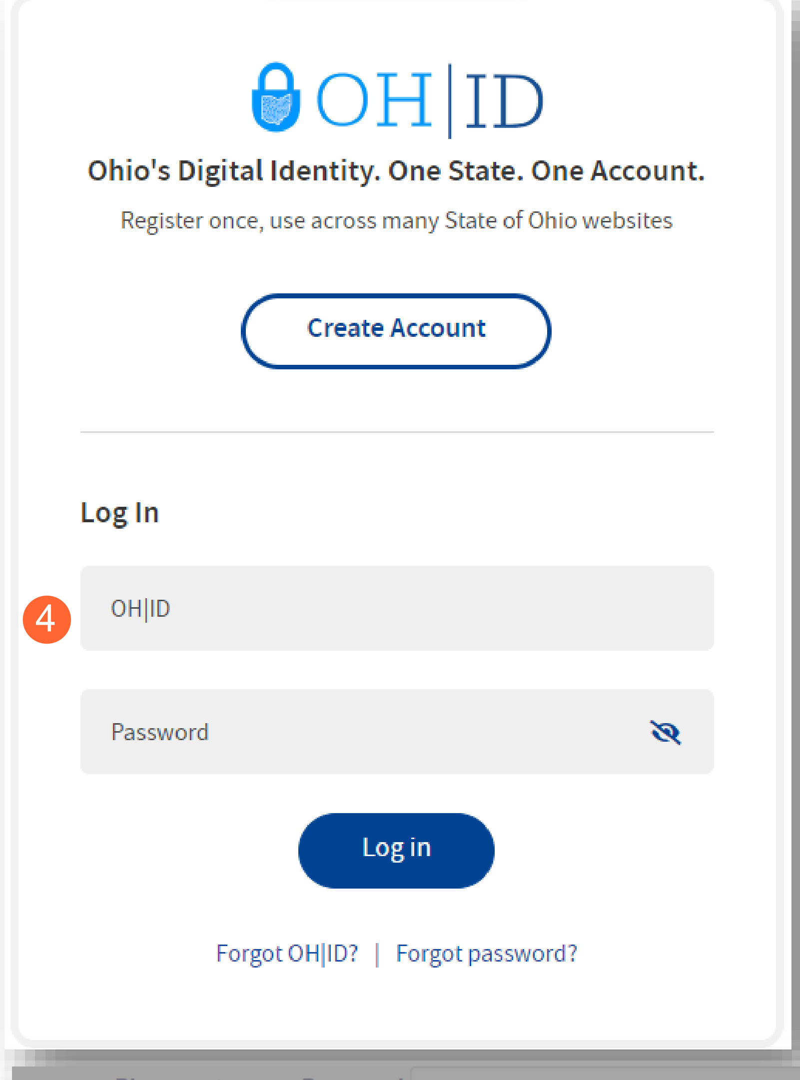
Step 1: Visit the PNM web address: https://ohpnm.omes.maximus.com/OH_PNM_PRD/Account/Login.aspx

Step 2: Enter the User ID and click 'Next'

Step 3: Click 'Go to IOP'



Step 4: The system will prompt you to enter your username and password on the IOP login screen illustrated below



Step 5: The next screen will allow you to 'Accept the Terms' to log into the PNM system by clicking the terms box

Terms

Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system.

In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately contact the site administrator.

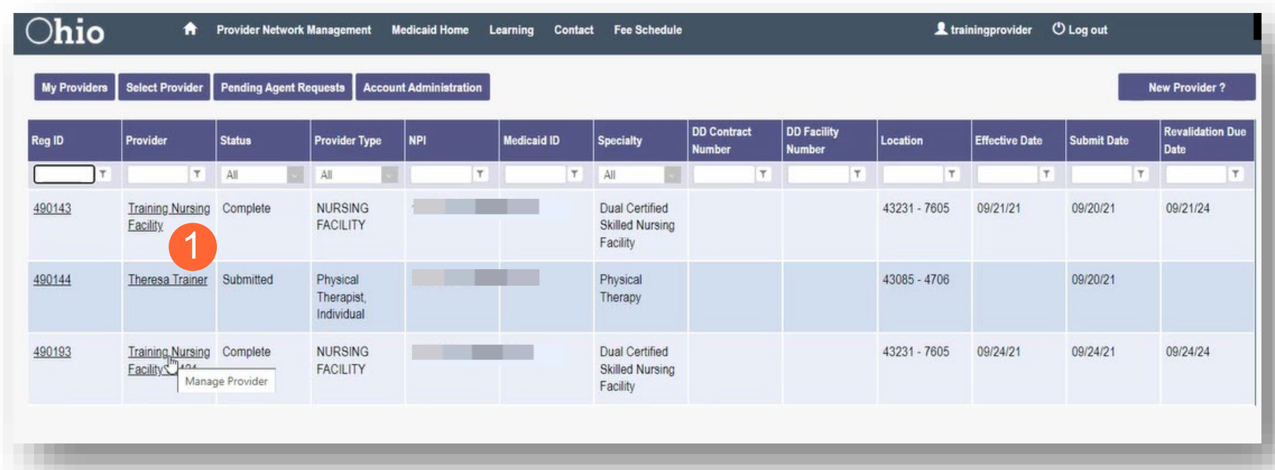
5 ☐ Yes, I have read the agreement

Cancel

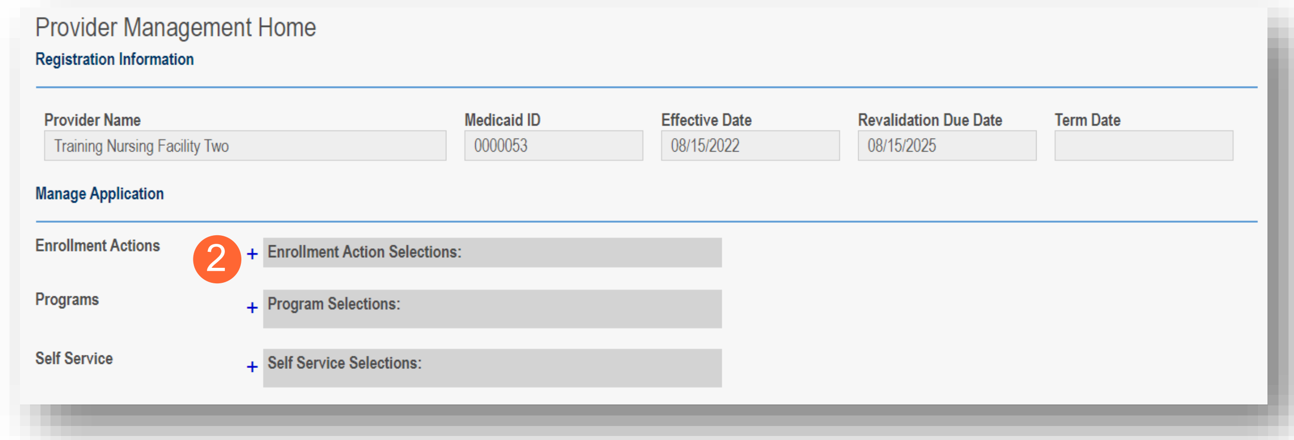
Initiating a CHOP (Exiting Proivder)

This section demonstrates the CHOP (Change of Operator) process when initiated by the Exiting Provider.

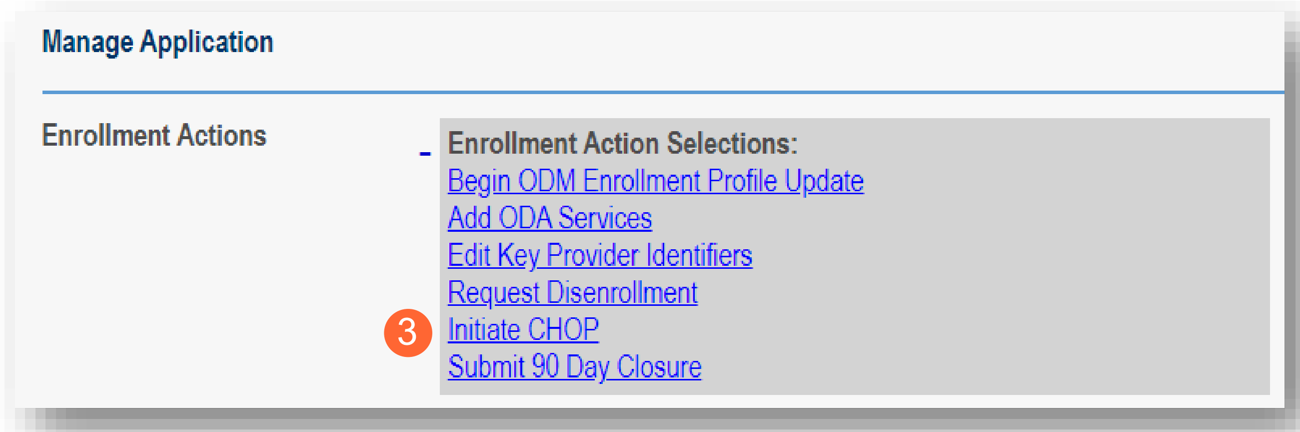
Step 1: From the list of providers on the Homepage/Dashboard, click on the link under Reg ID or Provider for the provider that will be the 'Exiting Provider' for the CHOP



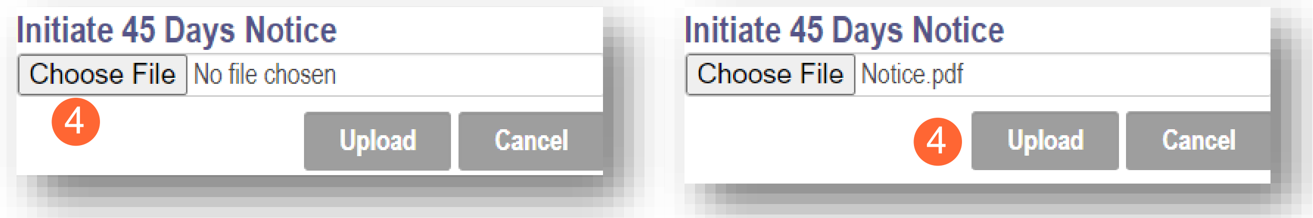
Step 2: On the Provider Management Home page, under the Manage Application section, click the '+' icon to expand the Enrollment Actions



Step 3: Under the Enrollment Actions, click the hyperlink labeled 'Initiate CHOP'



Step 4: A pop-up appears requesting a 45-day notice. Click 'Choose File' to locate the document on your computer. Once located, select the document, and click 'Open.' When the file has been selected, click 'Upload.'



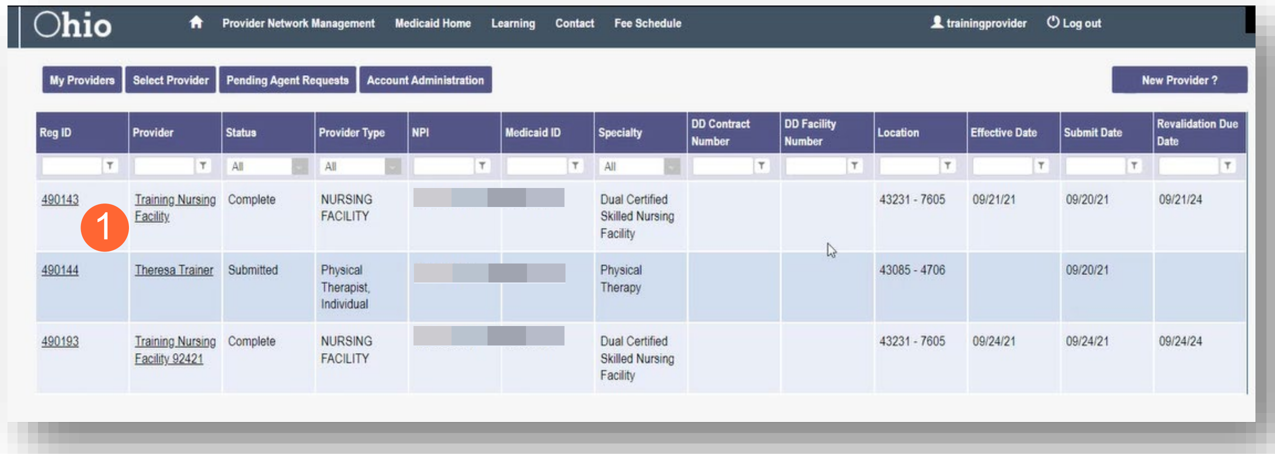
Uploading the '45 Days Notice' begins the CHOP process. PNM will display a message stating that the CHOP has been initiated.

CHOP has been initiated.

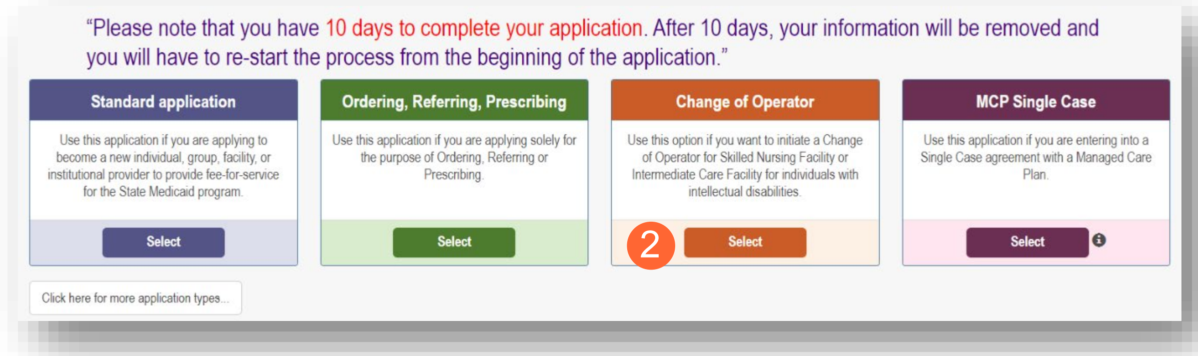
Entering a New Provider (Entering Provider)

Now the Entering Provider needs to provide their records to continue the CHOP process. This section demonstrates the entering of the new Provider.

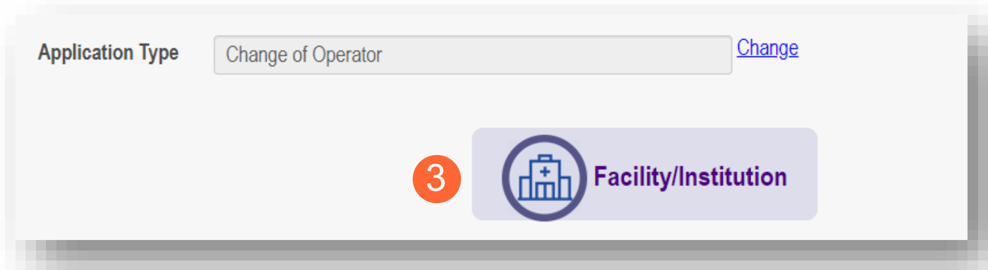
<u>Step 1:</u> From the Homepage/Dashboard, click 'New Provider?' to begin a new application.



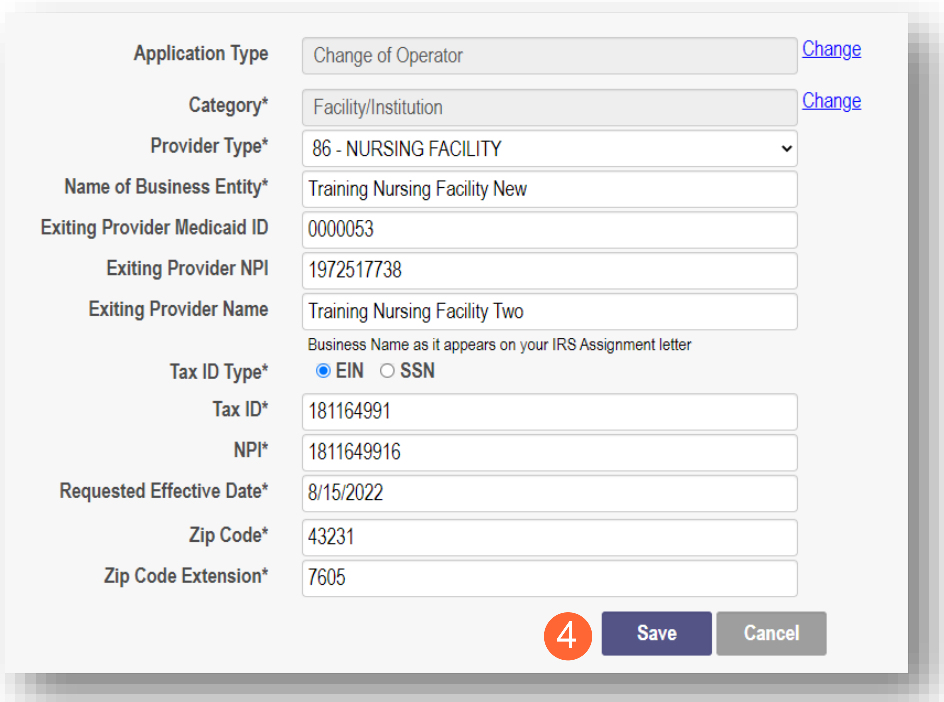
<u>Step 2:</u> Under Application Type, click 'Select' for the Change of Operator option



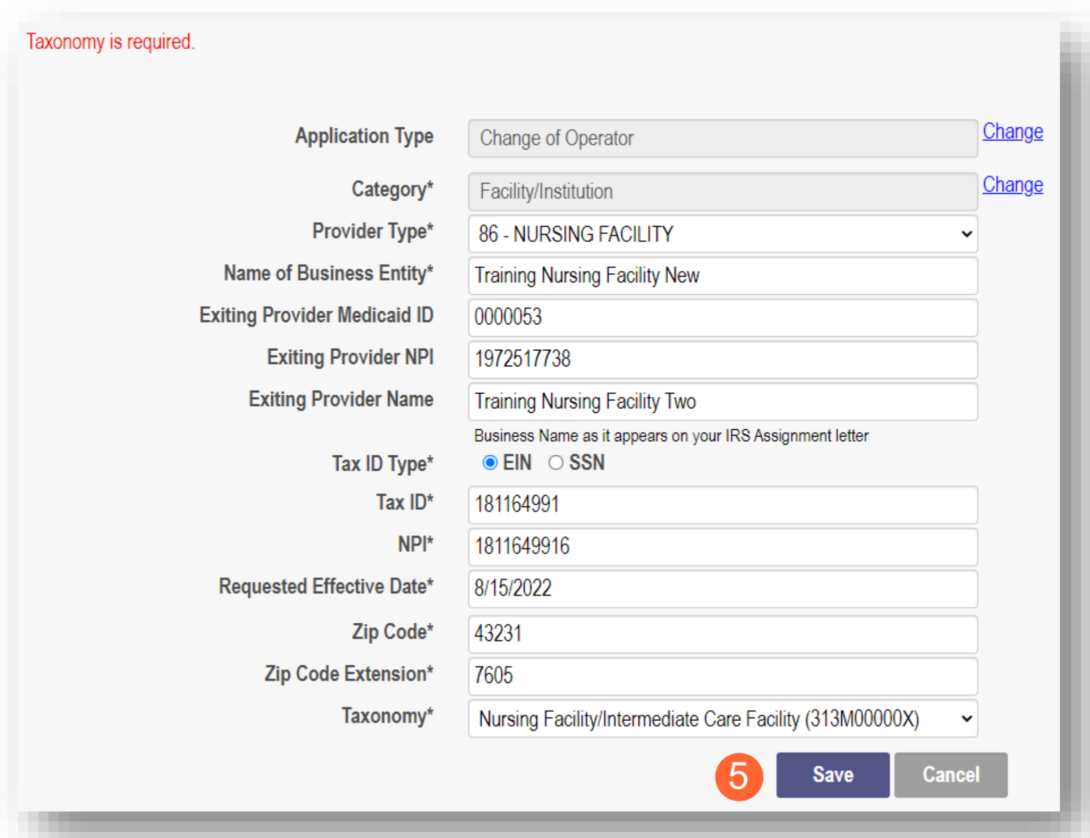
<u>Step 3:</u> Click 'Facility/Institution'



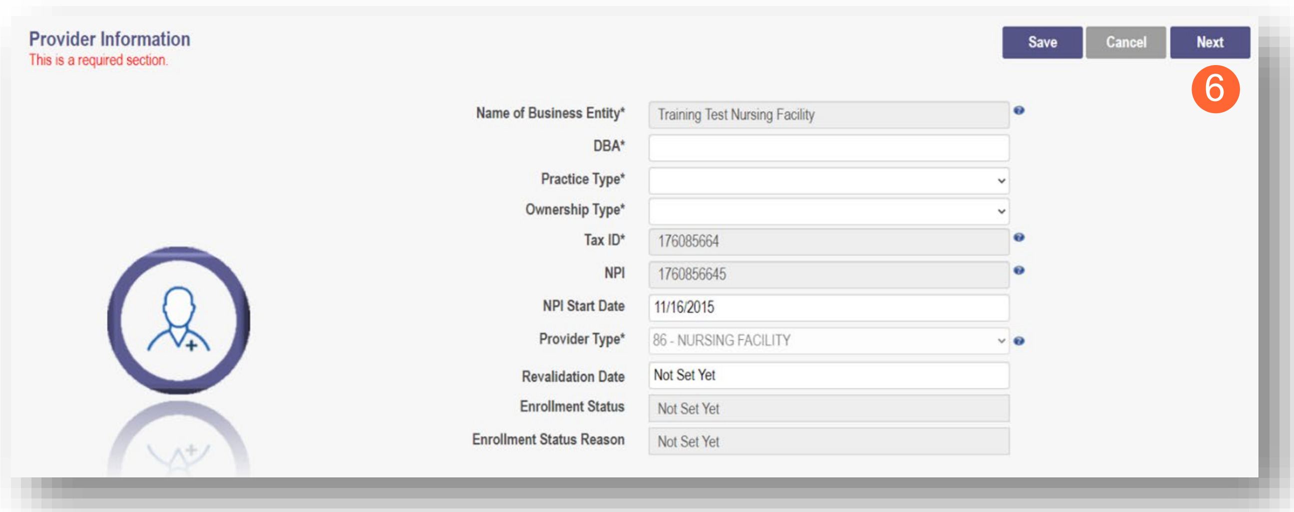
Step 4: On the Key Identifiers page, fill out the required fields and click 'Save'



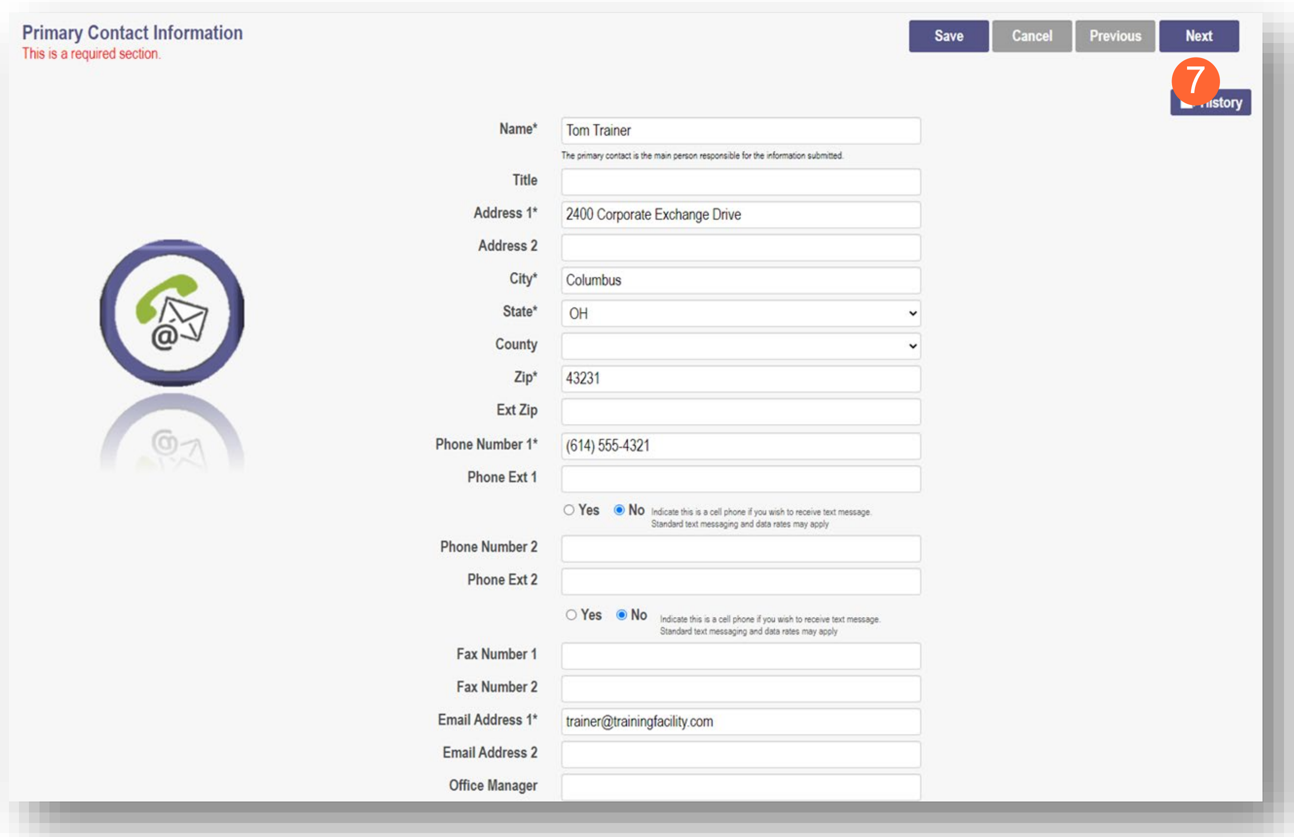
Step 5: Select a Taxonomy from the drop-down menu and click 'Save' again.



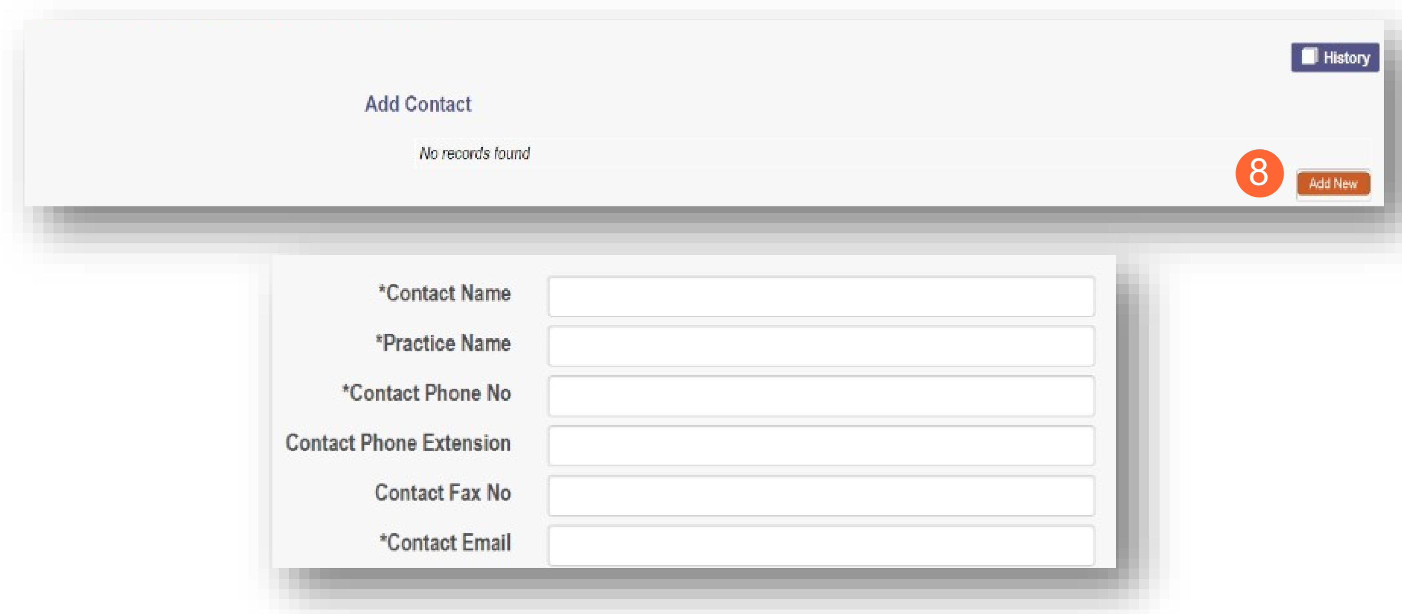
Step 6: Fill all the necessary fields on the application and click 'Next' at the top of the page. Begin with completing the Provider Information section.



Step 7: Fill all the necessary fields for Primary Contact on the application and click 'Next' at the top of the page

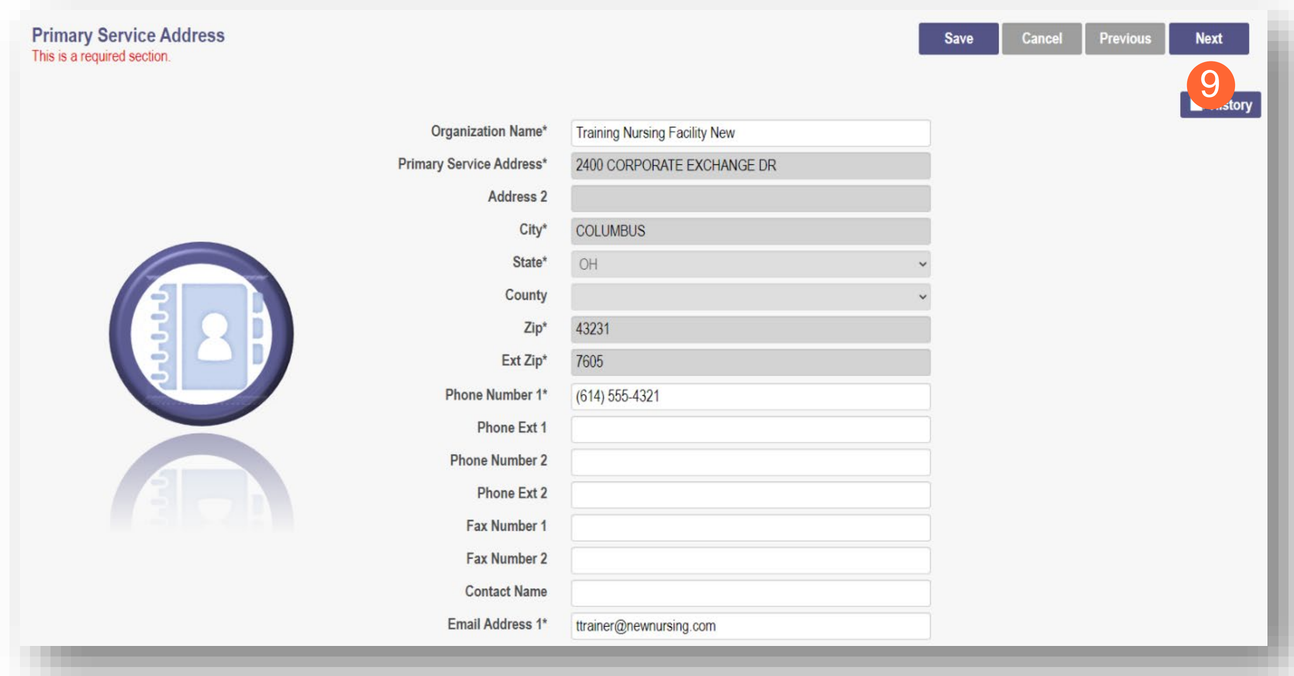


Step 8: If you want, enter Credentialing Contact information, and click 'Next.' If you want to skip this section, click 'Next' before entering information

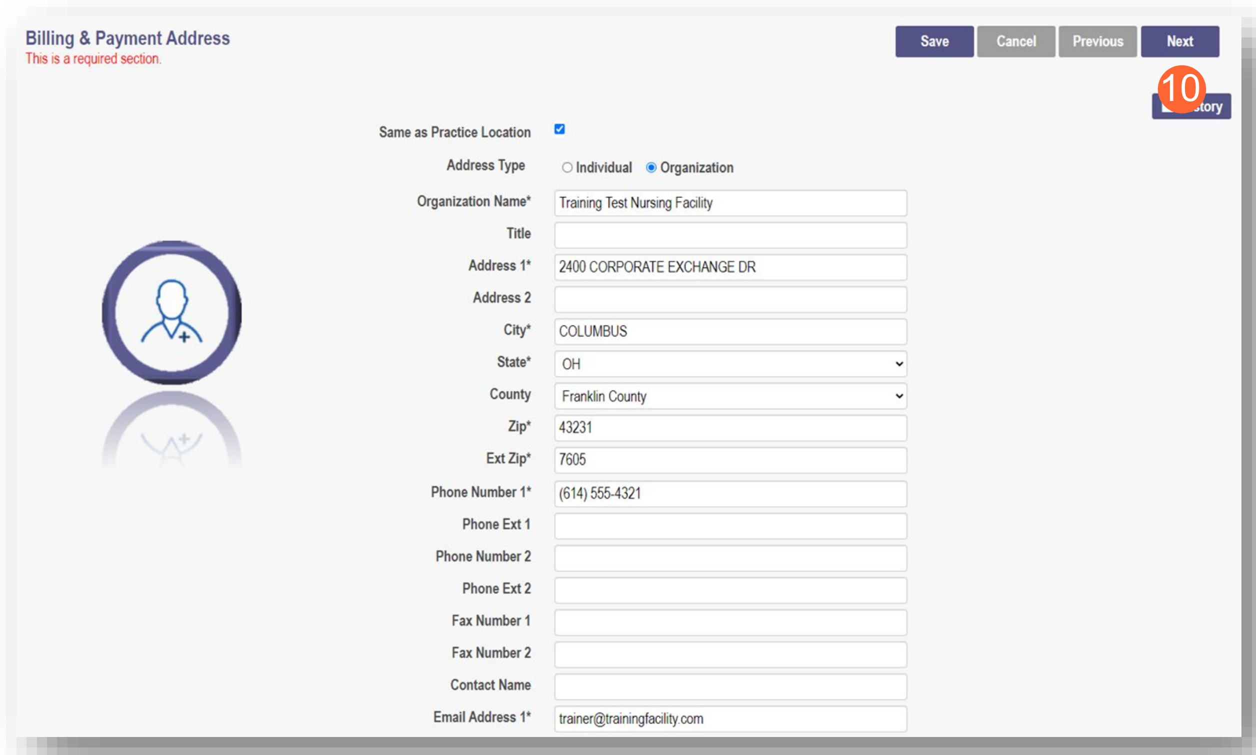


Step 9: Enter the Primary Service Address details and click 'Next'

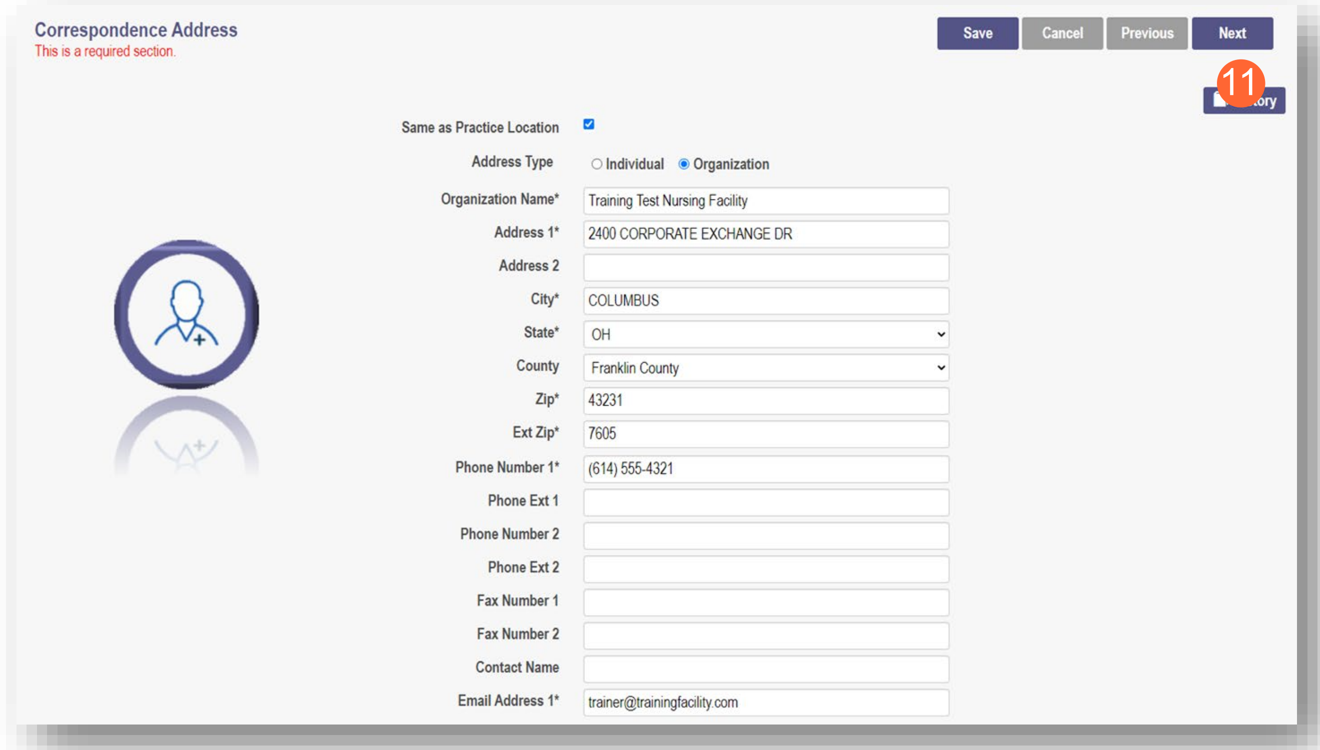
Note: The Primary Service location address information is the same as the information for the Exiting Provider and cannot be changed by the Provider. It is greyed out.



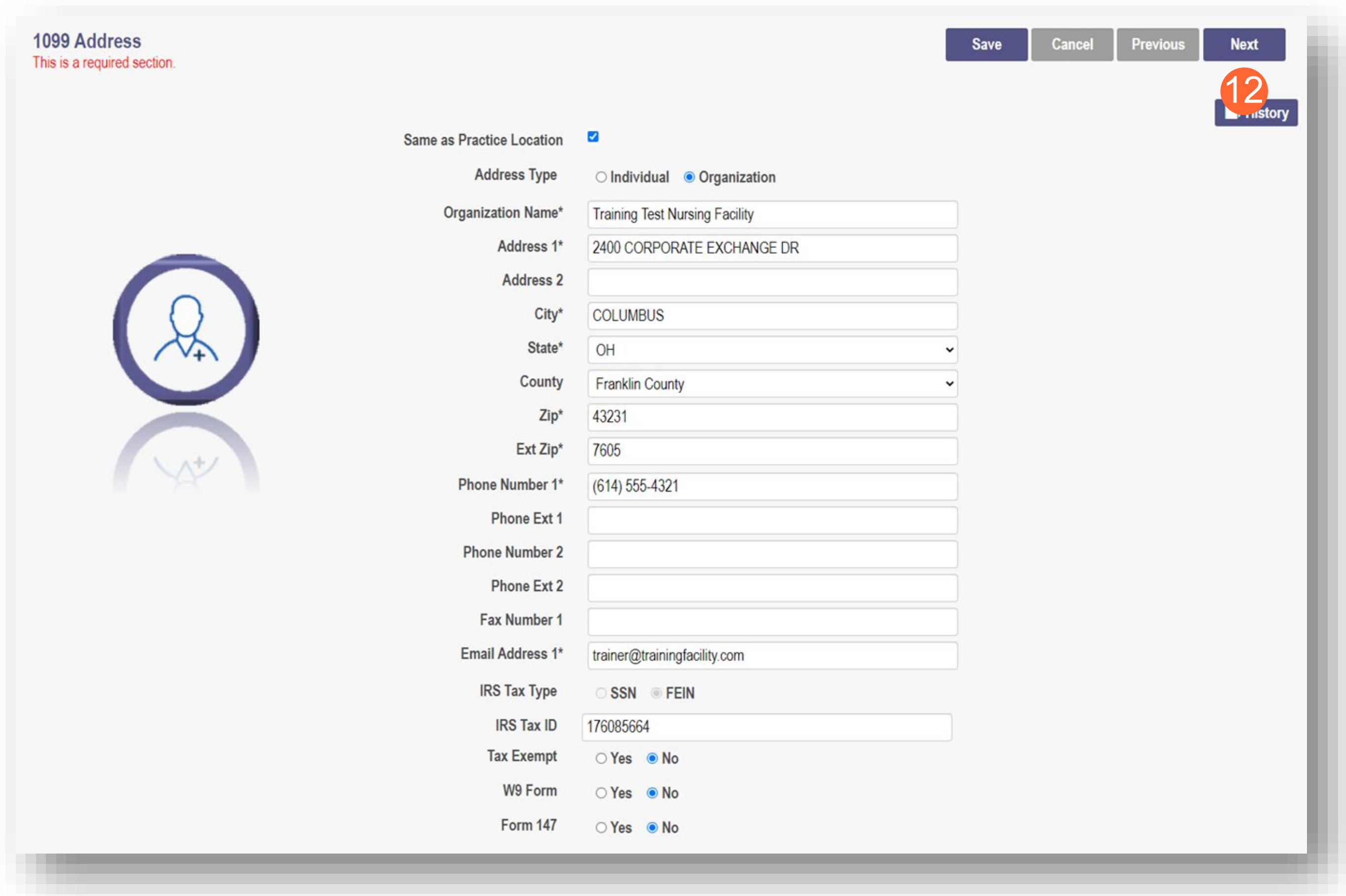
Step 10: Enter the Billing & Payment Address details and click 'Next.' If the address is the same as the Practice Location (Primary Service Address) you can check the box at the top of the page



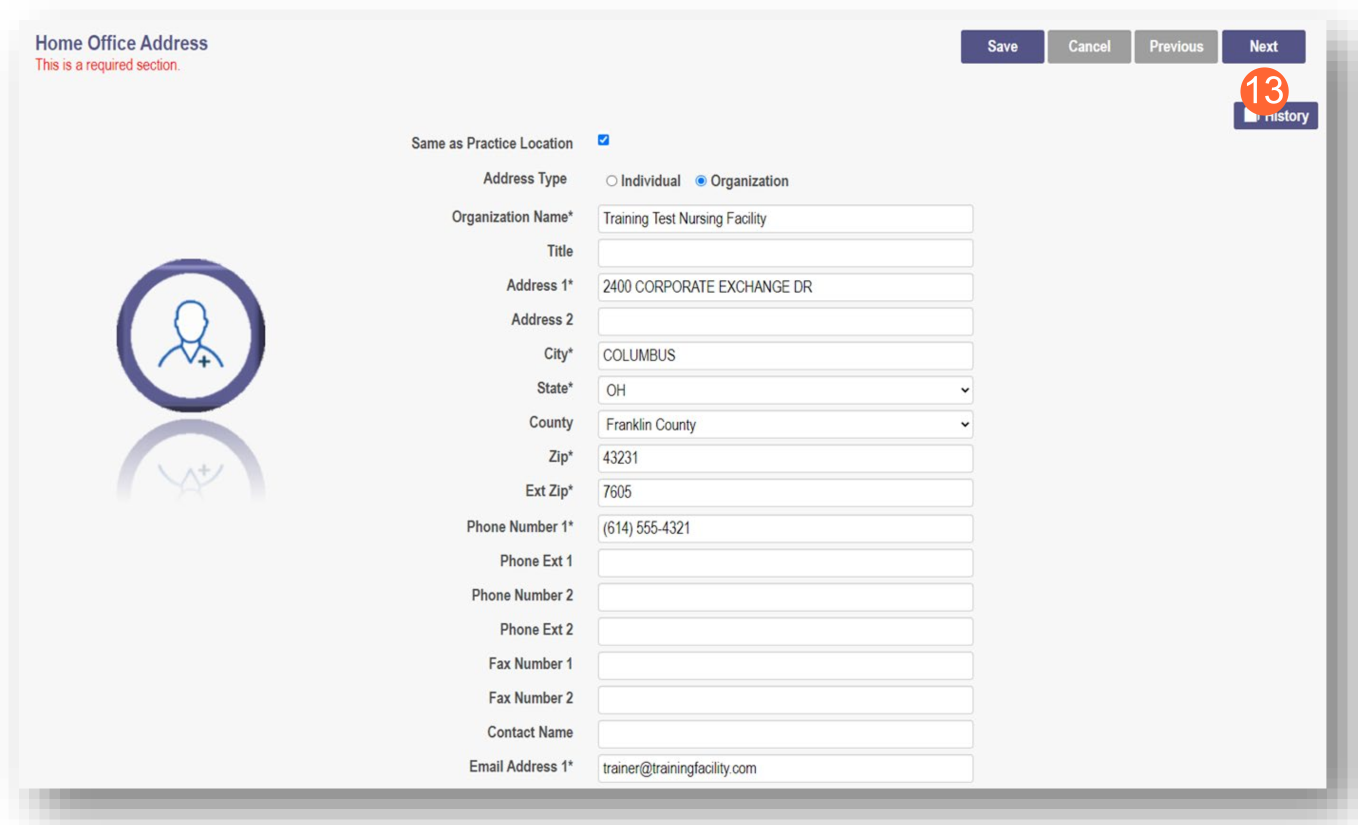
Step 11: Enter the Correspondence Address details and click 'Next.' If the address is the same as the Practice Location (Primary Service Address) you can check the box at the top of the page



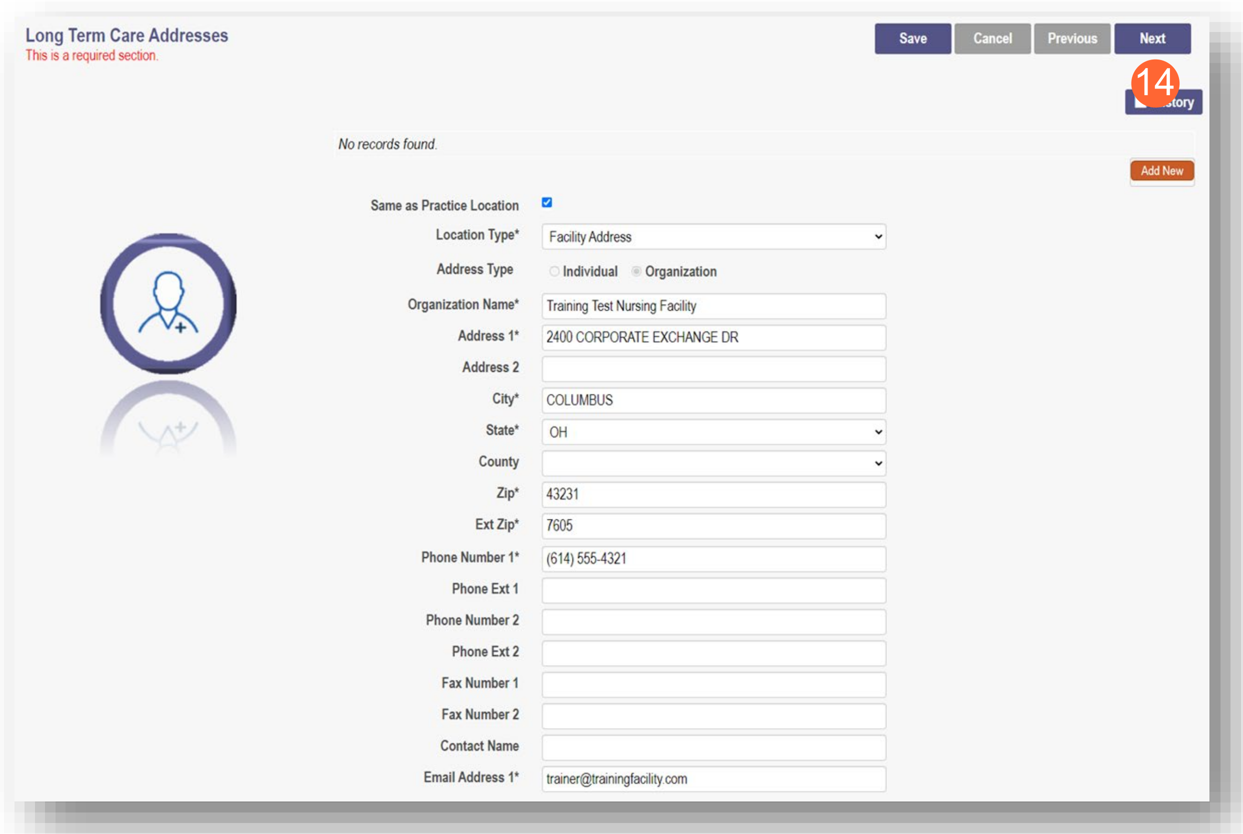
Step 12: Enter the 1099 Address details and click 'Next.' If the address is the same as the Practice Location (Primary Service Address) you can check the box at the top of the page



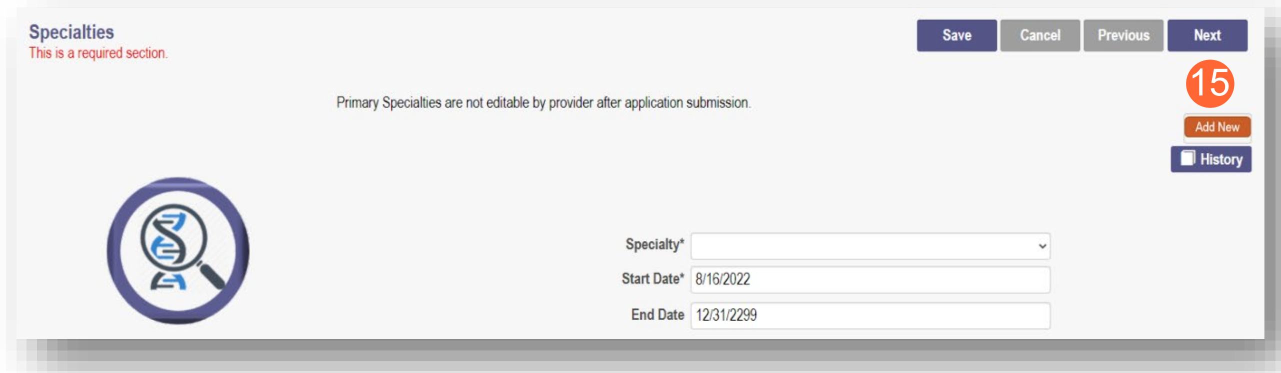
Step 13: Enter the Home Office Address details and click 'Next.' If the address is the same as the Practice Location (Primary Service Address) you can check the box at the top of the page



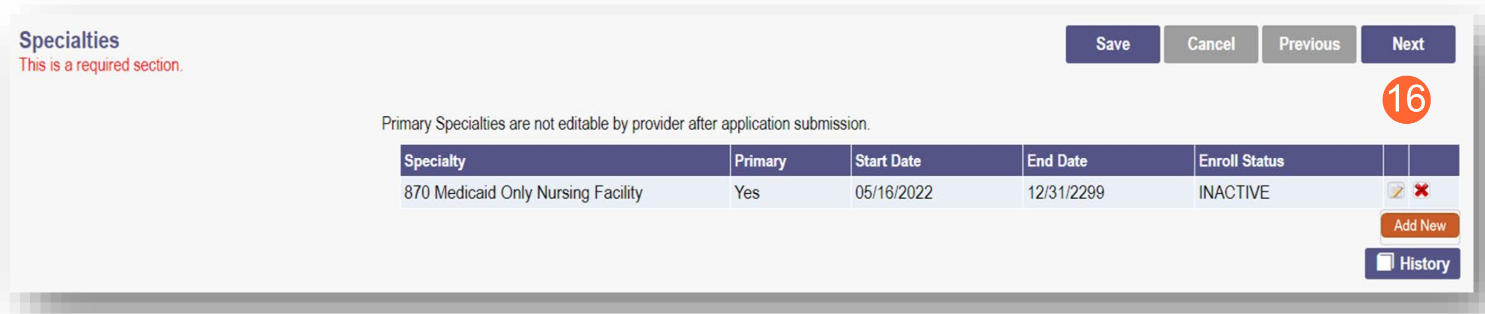
Step 14: Click the 'Add New' button to add the Long-Term Care Address(es). If the address is the same as the Practice Location (Primary Service Address) you can check the box at the top of the page. Make sure toe select the location type from the drop-down menu.



Step 15: Add new Specialties by clicking 'Add New' button, enter the details and then click 'Next' to continue



Step 16: Add additional taxonomies if relevant by clicking ‘Add New’ then enter the details and click on ‘Next’ to continue



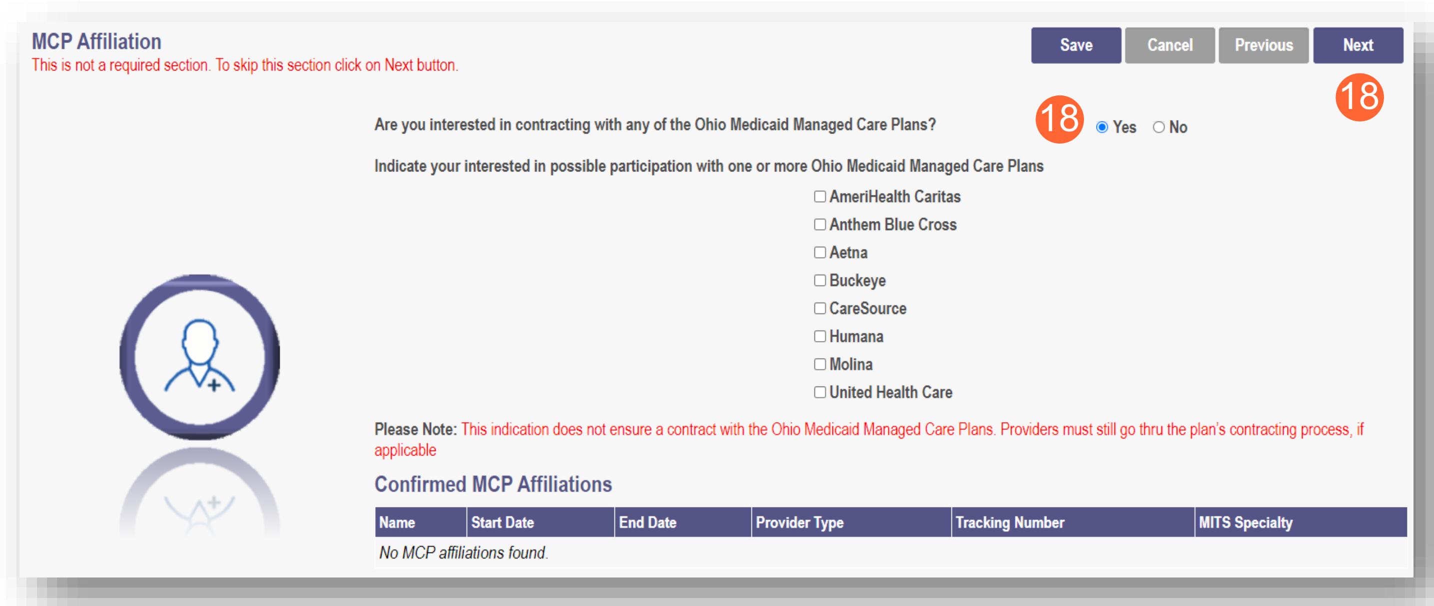
Step 17: Add an out of state Medicare number and/or Medicaid number by clicking the corresponding ‘Add New’ button. Enter the details and then click ‘Next’ to continue

Note: If Medicare Enrollment Status is in process, then upload the Medicare Enrollment Certificate.

Step 18: Answer the question at the top of the page with either 'Yes' or 'No.'

If 'No' is answered, click 'Next' to proceed.

If 'Yes' is answered, indicate which MCP(s) you wish to indicate interest in contracting with. Click 'Next' to proceed



Step 19: Answer the question at the top of the page for Nursing Facility Ventilator with either ‘Yes’ or ‘No.’

If ‘No’ is selected, click ‘Next to proceed.

If ‘Yes’ is selected, then additional questions must be answered, and this will add additional specialties to the entering provider’s record. Click ‘Save’ to continue

Nursing Facility Ventilator
This is a required section.

Save | Cancel | Previous | Next

19

Are you applying as a new nursing facility ventilator provider? ○ No ◉ Yes

Ventilator Questions

Ventilators are connected to emergency outlets connected to a backup generator in an amount sufficient to meet the needs of ventilator dependent individuals.
○ No ○ Yes

Respiratory care professional (RCP) is on-site at least 5 hours per week.
○ No ○ Yes

Registered Nurse (RN) with 1-year experience working with ventilator dependent individuals is in the facility at least 5 hours per week.
○ No ○ Yes

If ordered by a physician, initial therapy assessments can be done within 48 hours of receipt of order.
○ No ○ Yes

If ordered by a physician, therapy is available for up to 2 hours per day, 6 days per week for each ventilator dependent individual.
○ No ○ Yes

Stat laboratory services are available 24 hours per day, 7 days per week with results within 4 hours.
○ No ○ Yes

For new admissions, pain medications can be administered within two hours from receipt of physician order.
○ No ○ Yes

Has not been a special focus facility in past 6 months.
○ No ○ Yes

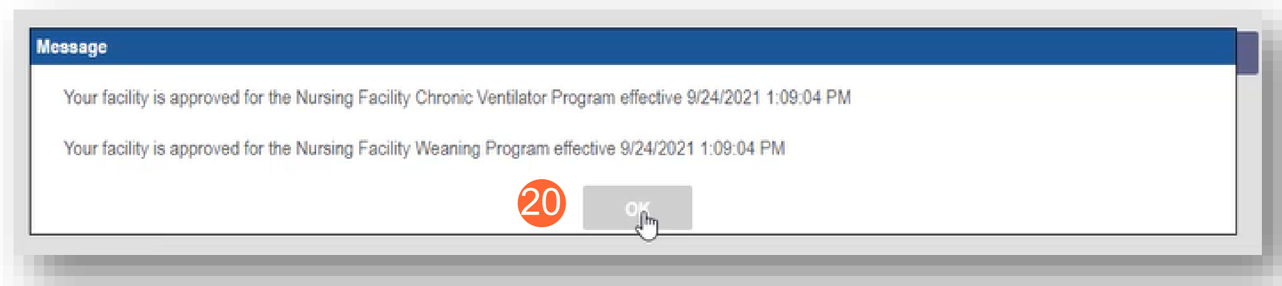
Weaning Questions

A weaning protocol is in place established by a physician trained in pulmonary medicine who is available by phone 24 hours per day 7 days per week while weaning services are provided.
○ No ○ Yes

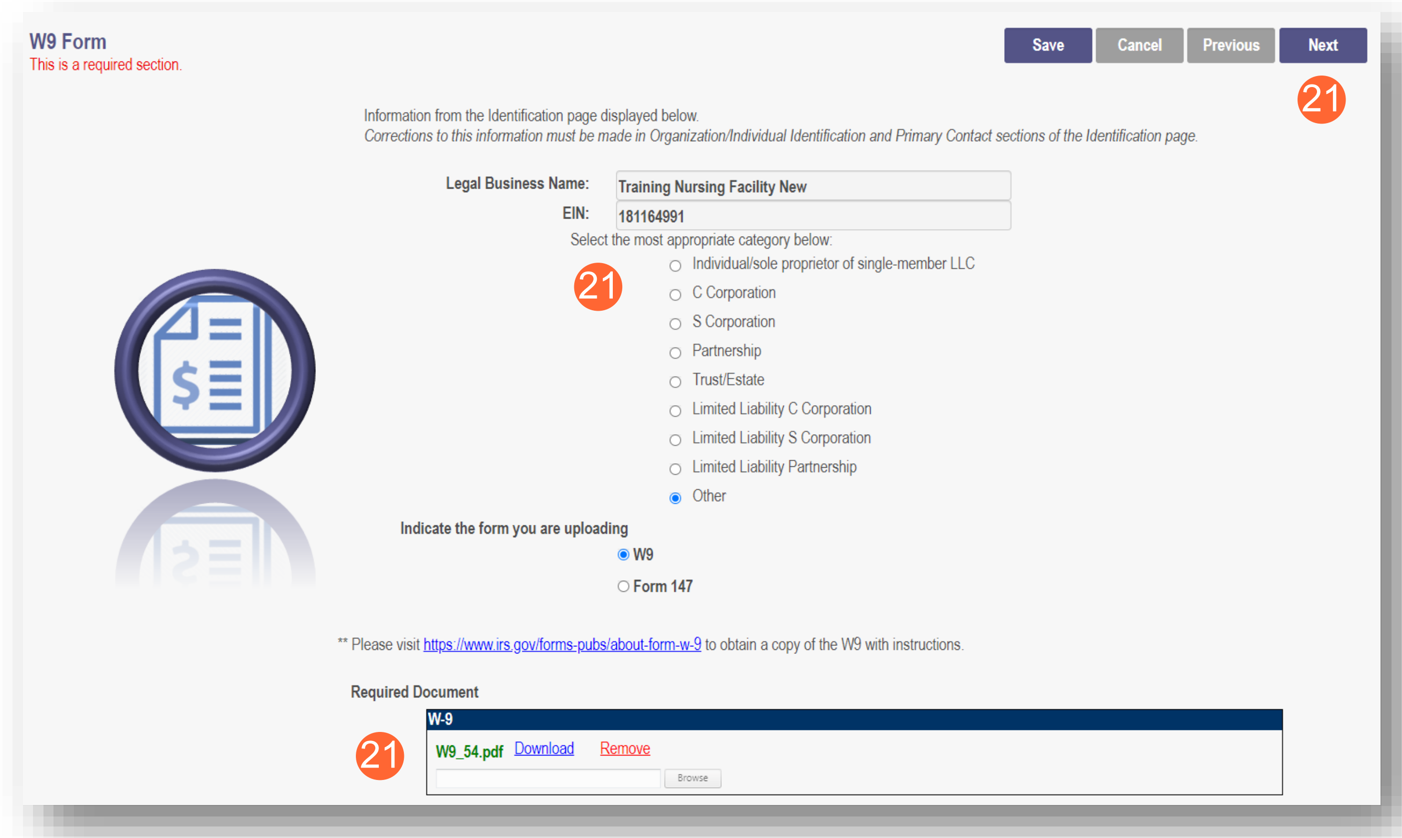
A respiratory care professional (RCP) with training in basic life support is on-site 8 hours per day 7 days per week and available by phone during the remaining hours of the day while weaning services are provided.
○ No ○ Yes

A Registered Nurse (RN) with training in basic life support is on-site 24 hours per day 7 days per week while weaning services are provided.
○ No ○ Yes

Step 20: A message pop-up appears. Click ‘OK’ to approve additional specialties



Step 21: Complete the W9 form page by selecting the appropriate category, indicating the form you are uploading, and upload the form under the Required Document heading. Click 'Next' to proceed

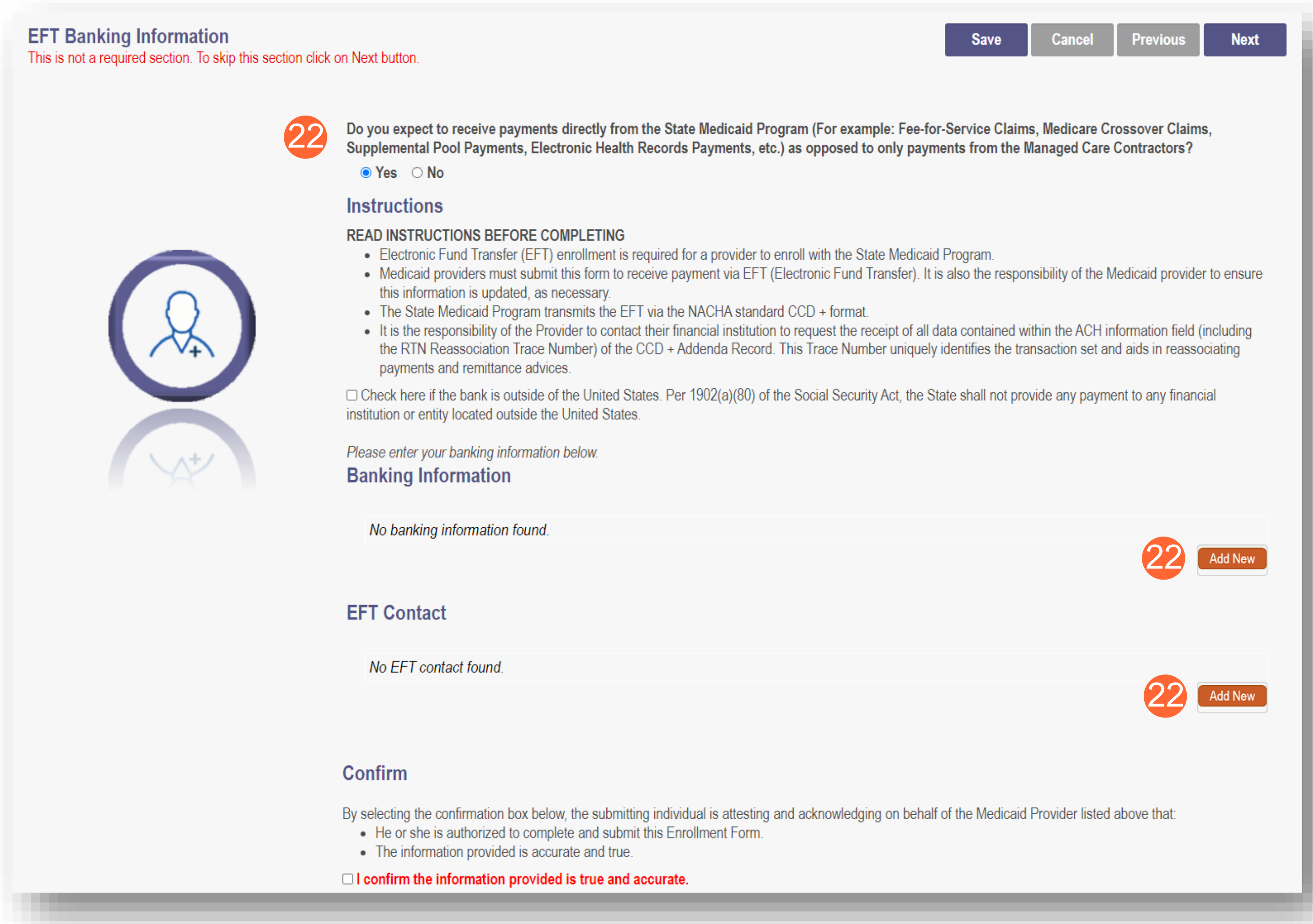


Step 22: On the EFT Banking Information page, answer the question at the top of the page with either 'Yes' or 'No.'

If 'No' is answered, click 'Next' to proceed

If 'Yes' is answered, information needs to be added under the Banking Information and EFT Contact sections. To provider this information, click 'Add New' under each section.

When all information has been entered, click 'Next' to proceed

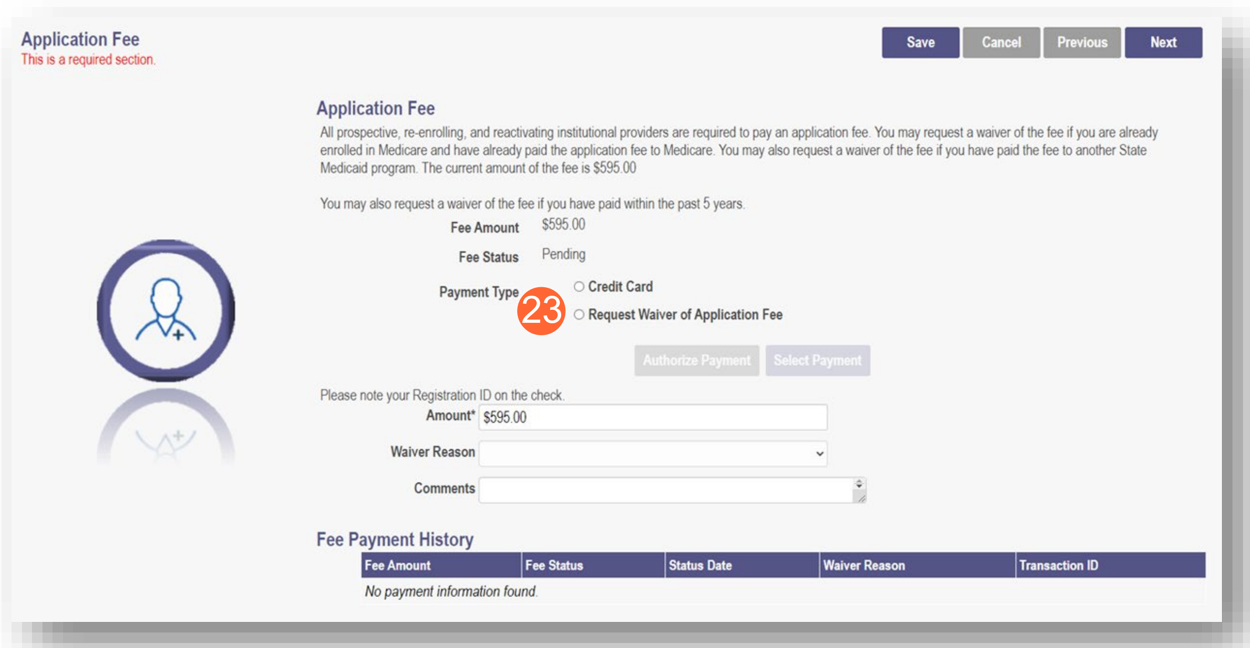


Step 23: On the Application Fee page, select to pay the fee via credit card or request a waiver of the application fee by selecting the appropriate button.

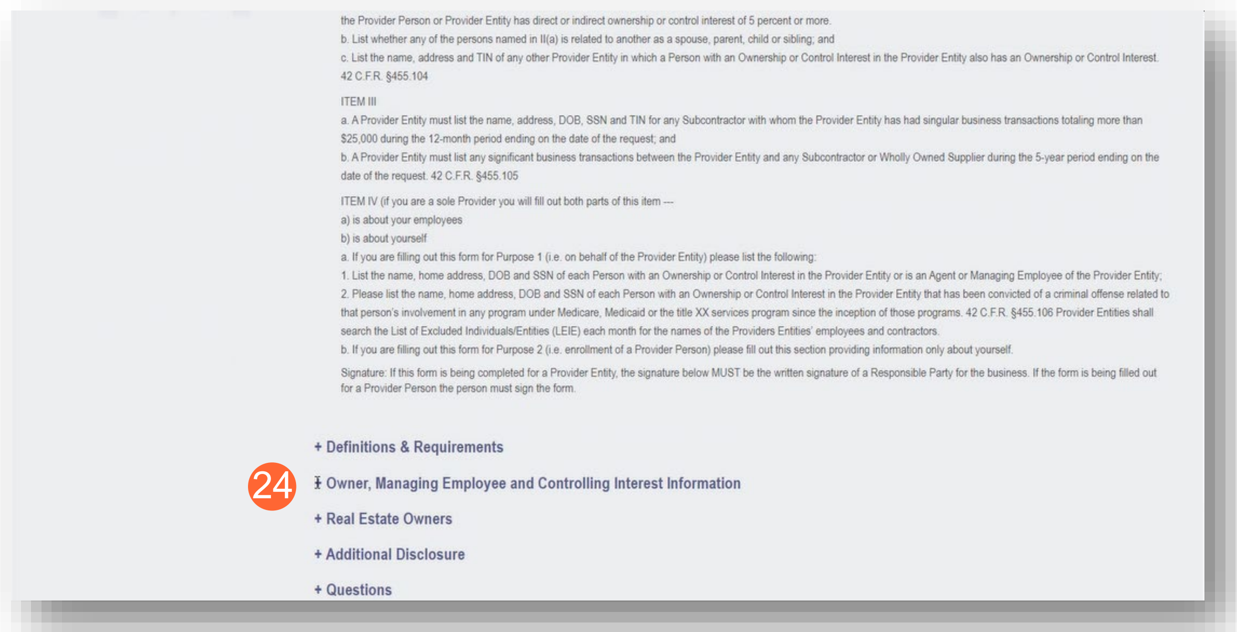
If paying by credit card, click ‘Select Payment’ and enter your credit card information.

If requesting a fee waiver, select the waiver reason from the drop-down menu, enter comments, and upload ad proof of payment document

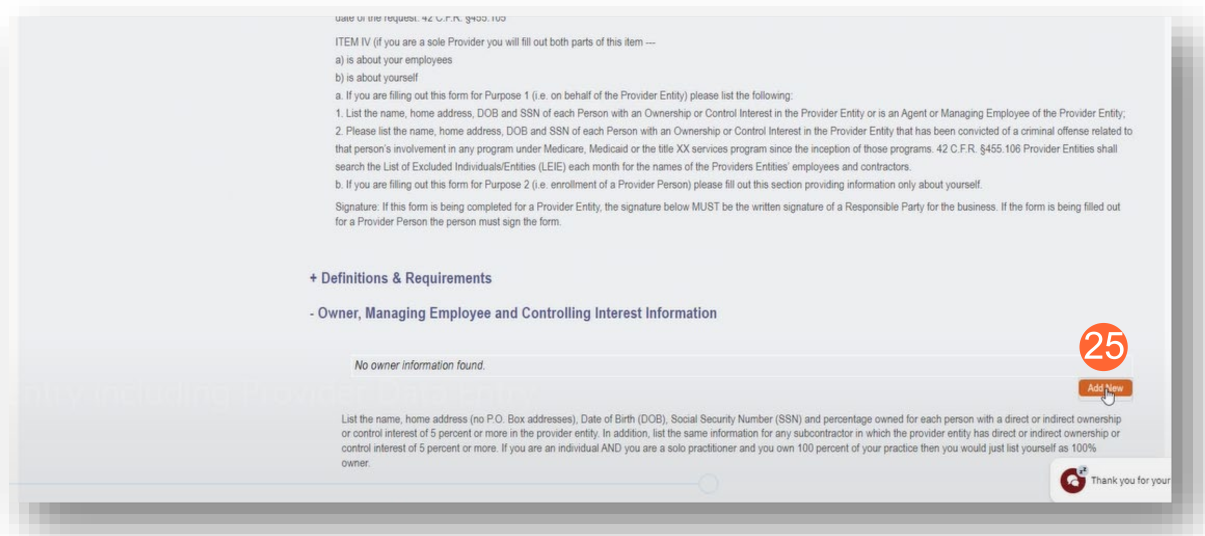
When all details are entered, click ‘Next’



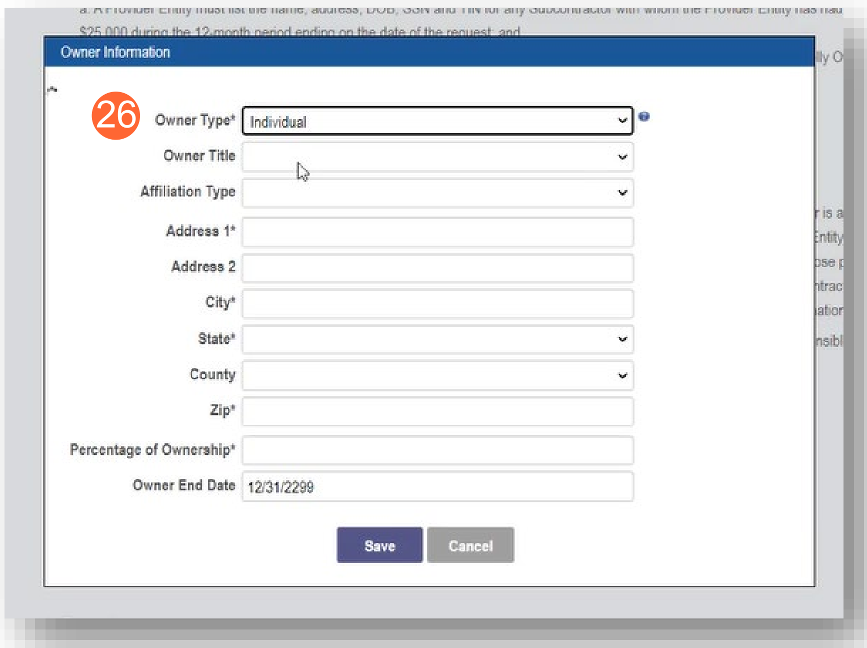
Step 24: Enter the Owner Information. Scroll down and expand the ‘Owner, Managing Employee and Controlling Interest Information’ by clicking the ‘+’ icon



Step 25: Click ‘Add New’



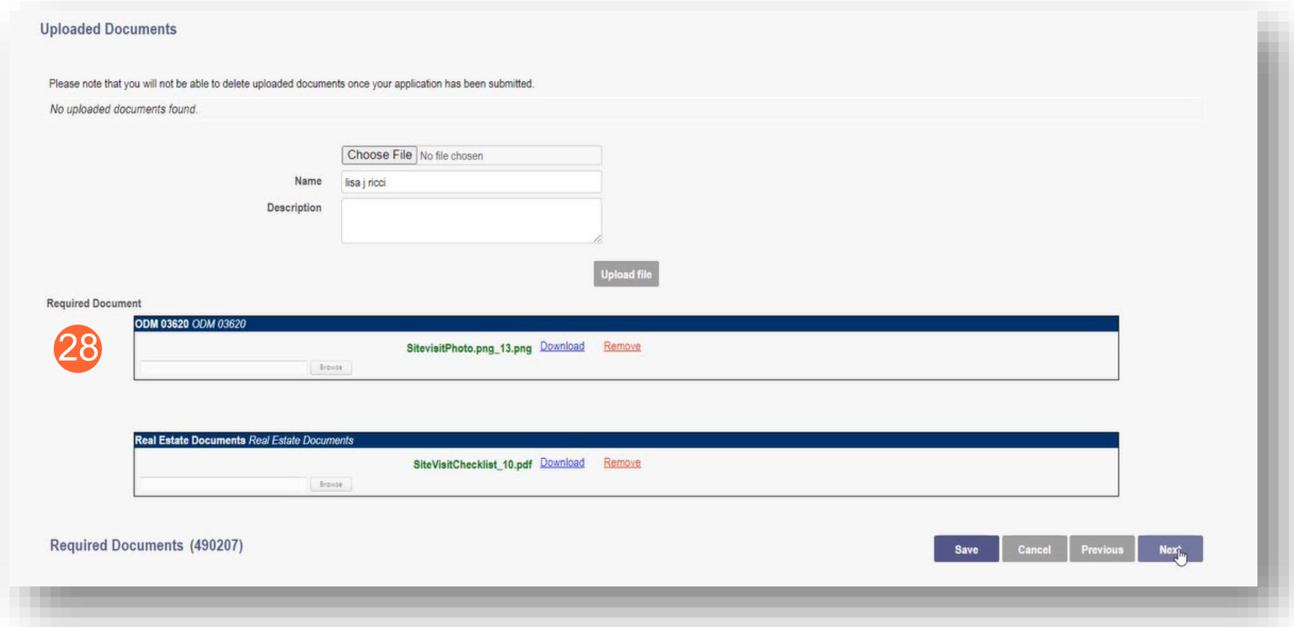
Step 26: Fill owner’s information and click ‘Save’



Step 27: Expand the 'Questions' section by clicking the '+' icon and answer additional questions. Then click 'Next'

Note: If 'Yes' is answered to a question, additional details need to be provided

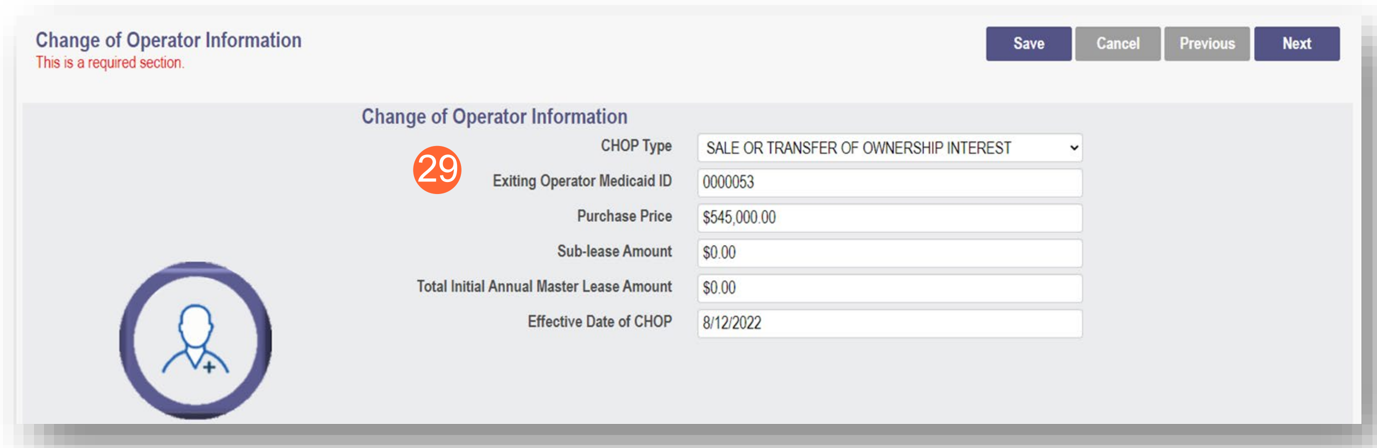
Step 28: On the Required Documents page, scroll down to locate any required documents Upload documents by clicking 'Browse.' Once all documents have been uploaded, click 'Next'



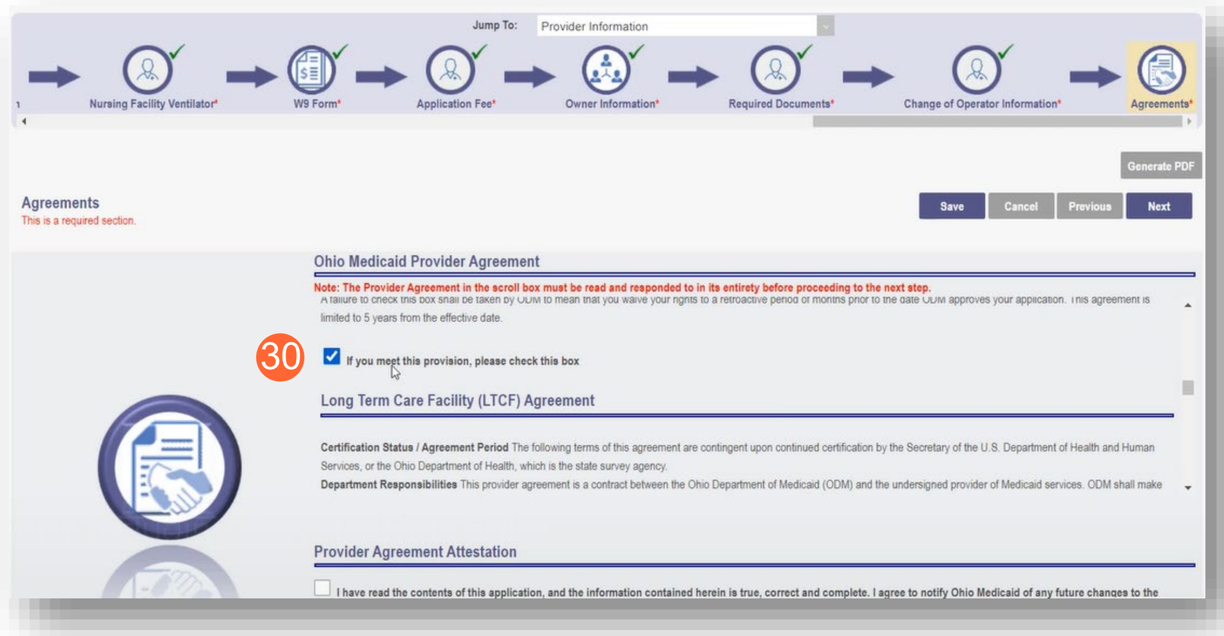
Step 29: Enter Change of Operator information, which could include the following:

- CHOP Type
- Purchase Price
- Sub-lease Amount
- Total Annual Master Lease Amount
- Effective Date of CHOP

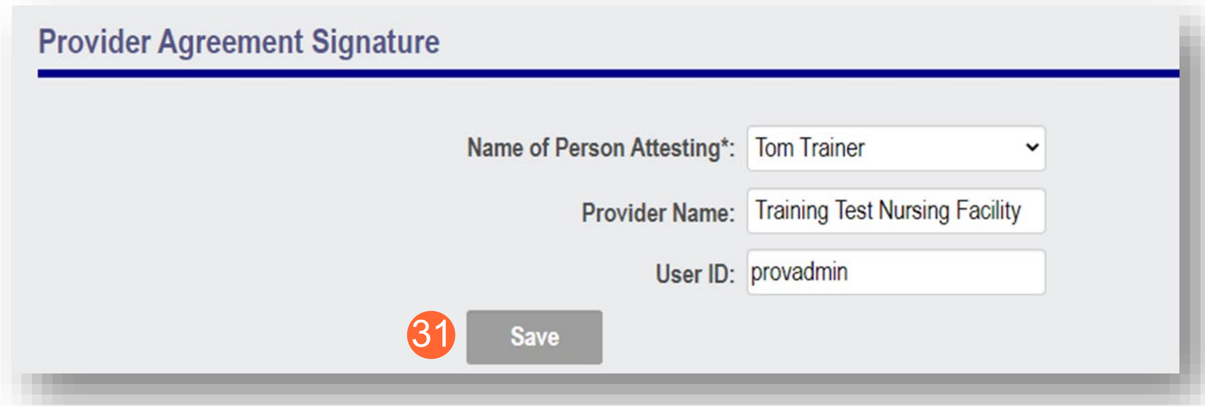
When information has been entered, click 'Next'



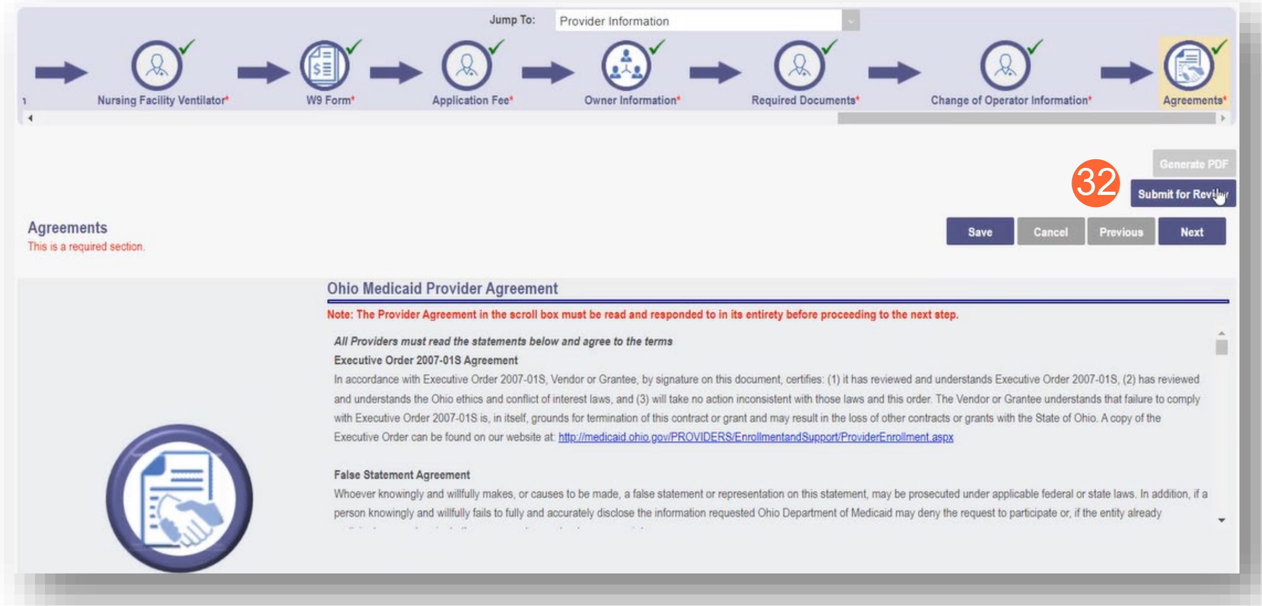
Step 30: On the Agreements page, agree to the terms by marking the checkboxes as checked



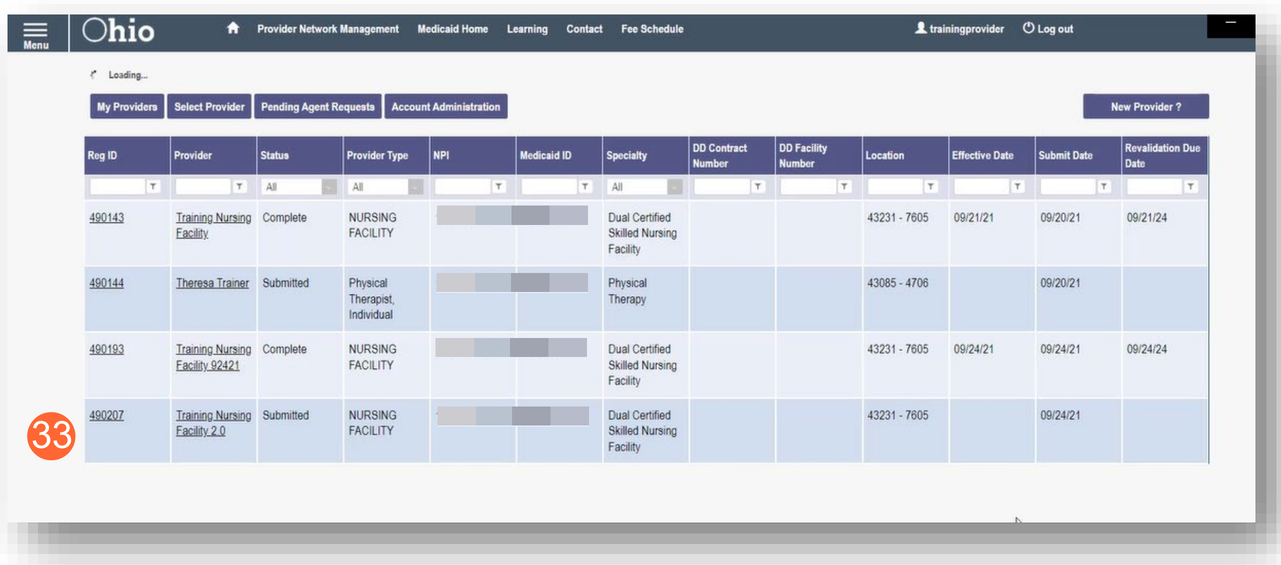
Step 31: Fill Provider Agreement Signature fields and click ‘Save’



Step 32: Click ‘Submit for Review’ at the top of the screen



Step 33: Return to the homepage to view that the Provider has been submitted.

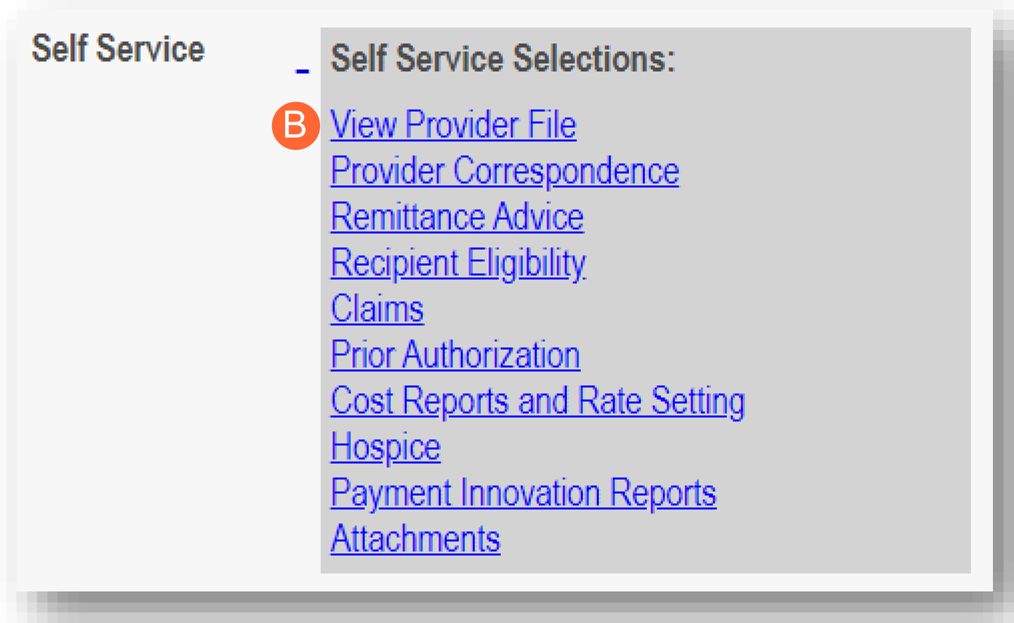


Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
490143	Training Nursing Facility	Complete	NURSING FACILITY			Dual Certified Skilled Nursing Facility			43231 - 7605	09/21/21	09/20/21	09/21/24
490144	Theresa Trainer	Submitted	Physical Therapist, Individual			Physical Therapy			43085 - 4706		09/20/21	
490193	Training Nursing Facility 92421	Complete	NURSING FACILITY			Dual Certified Skilled Nursing Facility			43231 - 7605	09/24/21	09/24/21	09/24/24
490207	Training Nursing Facility 2.0	Submitted	NURSING FACILITY			Dual Certified Skilled Nursing Facility			43231 - 7605		09/24/21	

Confirmation of Building CHOP

Once the CHOP is completed and the new Entering Provider is approved and enrolled, you can verify that the Exiting Provider's building is associated with the Entering Provider. To do this, click on the Reg ID or Provider name hyperlink on the homepage/dashboard (A).

On the Provider Management Home page, expand the Self Service section by clicking the '+' icon. Click 'View Provider File' (B).



CHANGE OF OPERATOR (PROVIDER)

You can find the Building Medicaid ID by searching for the Entering Provider- in the header information (C).