USER MANUAL

Provider Enrollment Applications

Individual Provider

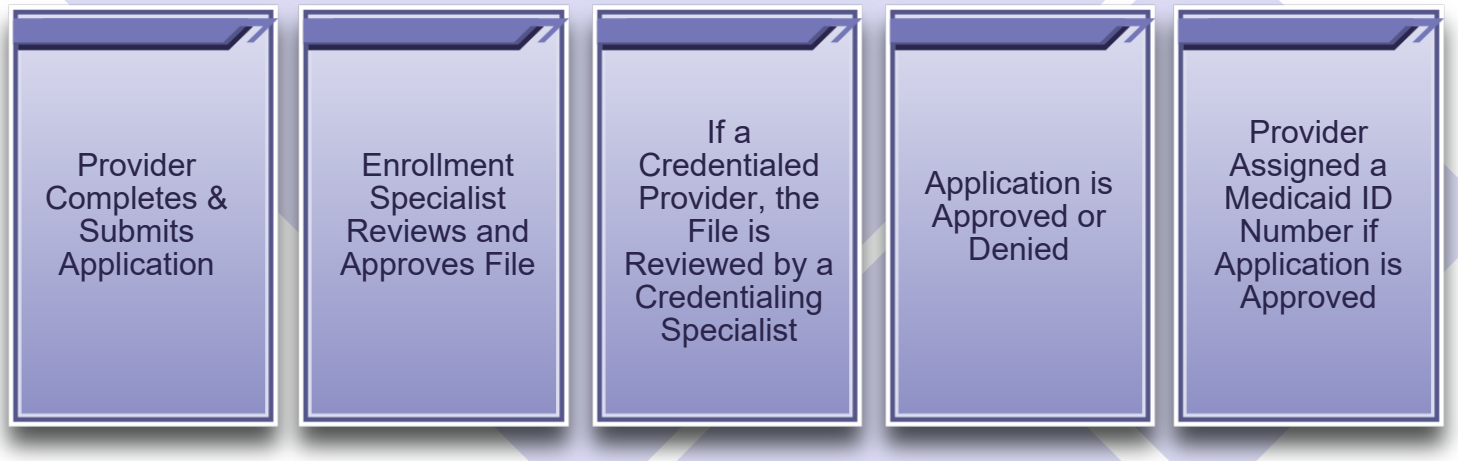
Ohio | Department of Medicaid

Table of Contents

Introduction

This desk reference provides the steps and functions of entering a new Provider application to enroll in the Ohio Department of Medicaid (ODM) program. 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.

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 revalidation is included in this document.



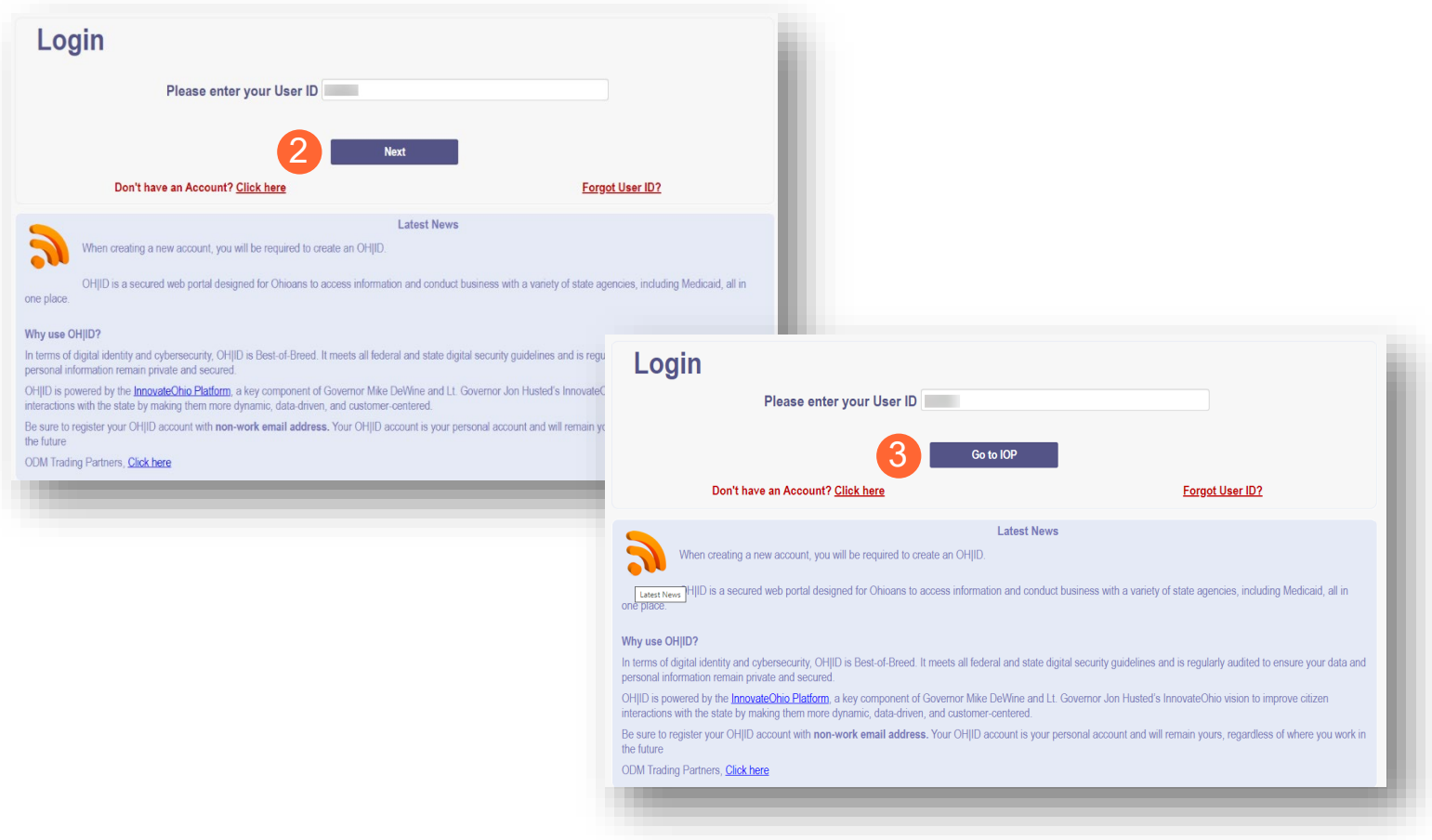
Provider Administrator Initial Login

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).

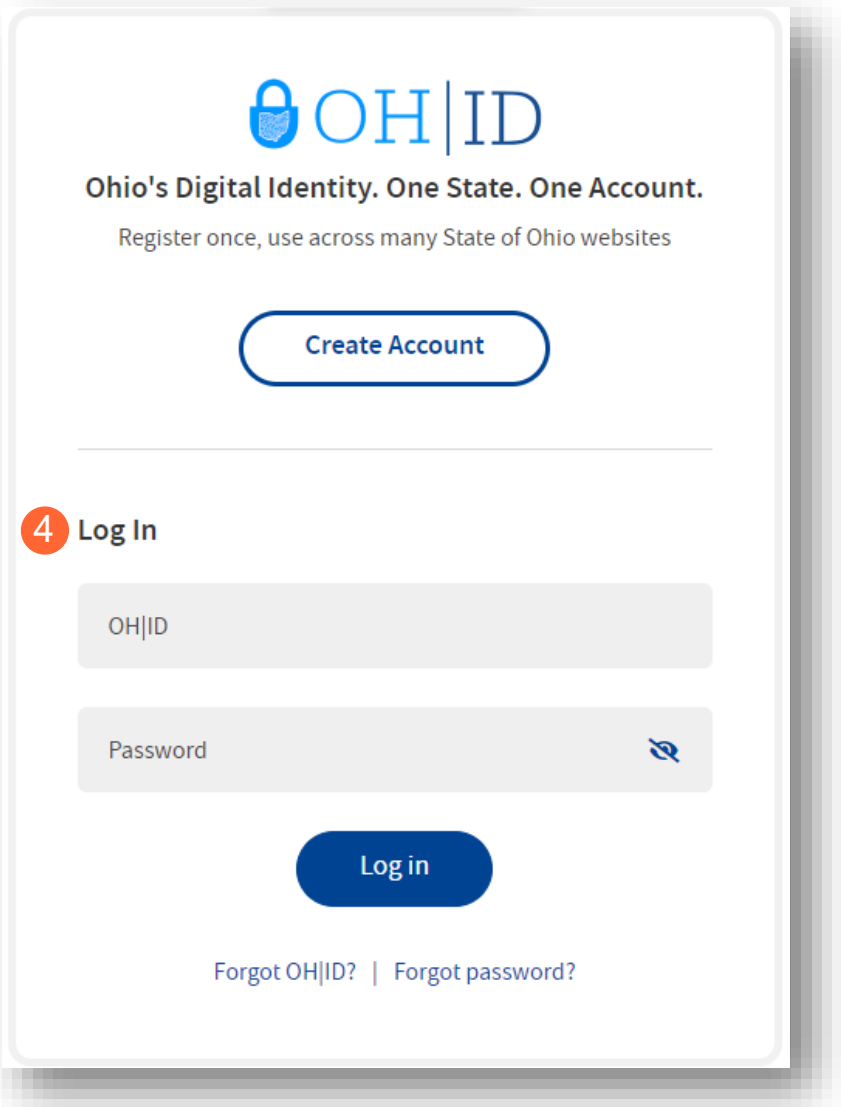
Step 1: Visit the PNM web addess: https://ohpnm.omes.maximus.com/OH_PNM_PRD/Account/Login.aspx

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

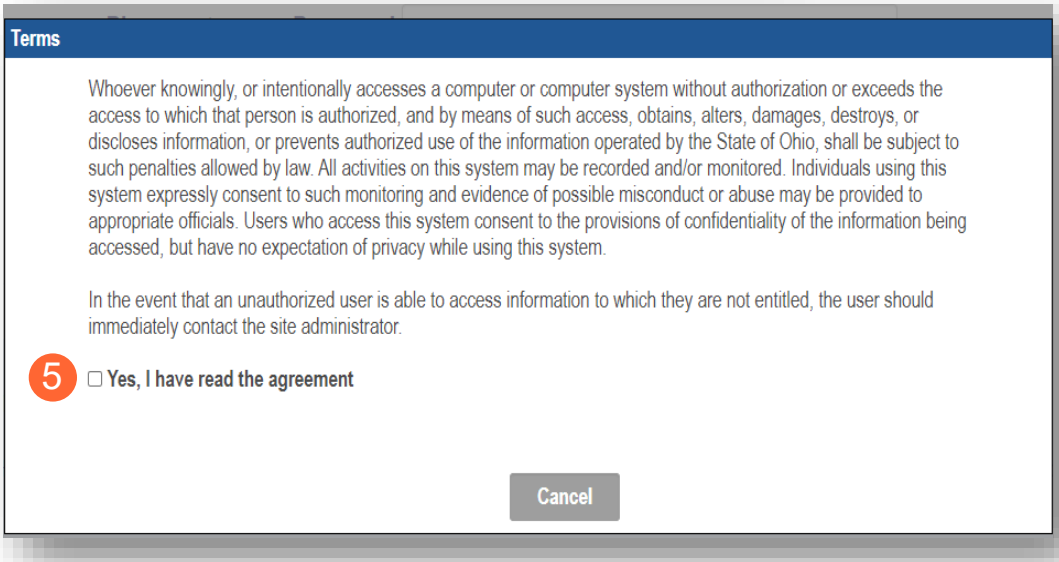
Step 3: Click 'Go to IOP'



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

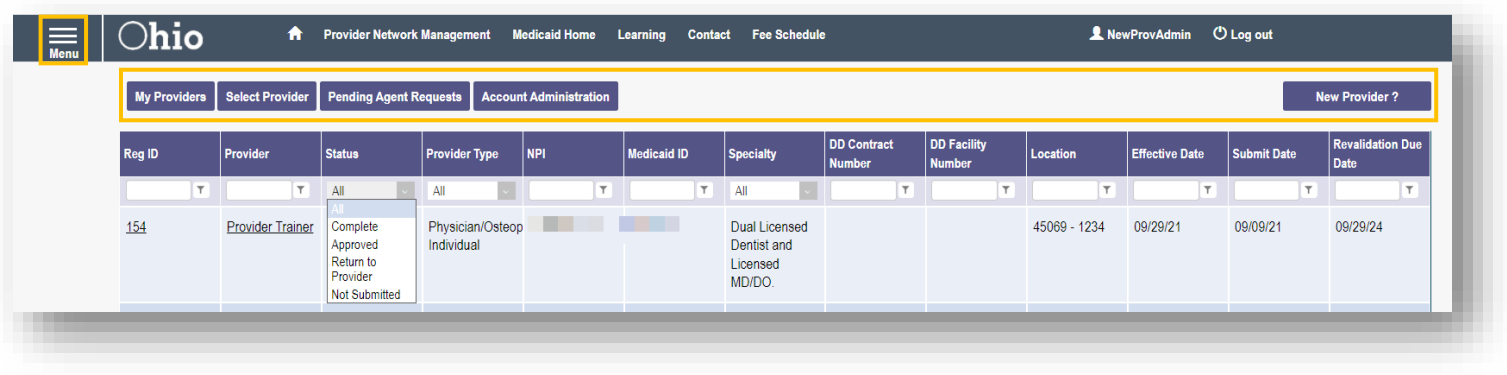


Step 5: The next screen will allow you to 'Accept the Terms' to log into the PNM system by clicking the terms box



Provider Home Page

When you first login to the PNM system you will see a variety of buttons to help with administering your Providers.



Menu: The menu can be accessed by clicking on the three-bars in the top left-hand corner of the screen. This will provide you with access to the Provider Directory, Learning Resources, Provider Financials, My Profile, Contact Us, and other key information for the Provider.

Select Provider: This button allows you to search for and move Providers to your OHID account based on identifying information such as Tax ID, NPI, and Medicaid ID.

Pending Agent Requests: This button allows you to approve Agent requests for access to functions such as Submit Claims and Run Reports, with Provider records when needed

Account Administration: This button allows you to transfer the Provider to another Account Administrator

New Provider?: This button is used to start a New Enrollment Application for New Ohio Medicaid Providers that you will be responsible for administering.

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.

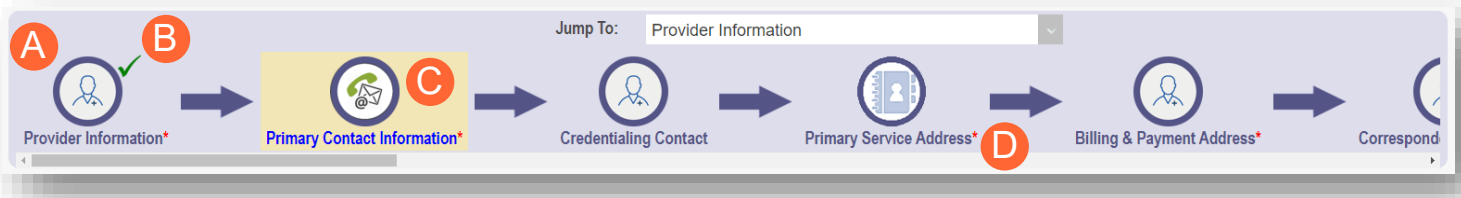
Generate PDF: Creates a file with all the application information to be saved to your records.

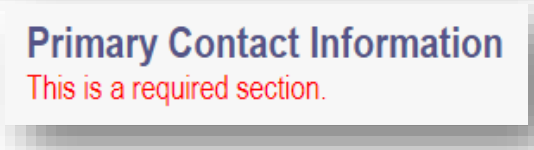
Navigational Bar: A workflow at the top of the page that shows the progress made throughout your application. Click the icon to review a specific page and jump to other pages for entry into the application (A).

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).

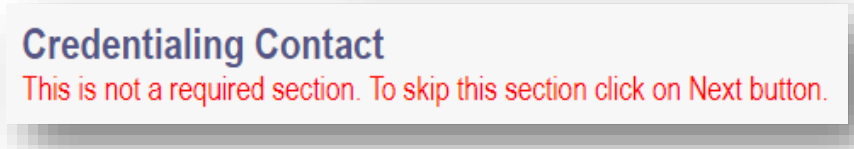
Highlighted Box: The highlighted section indicates the page your are actively working or viewing (C).

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).





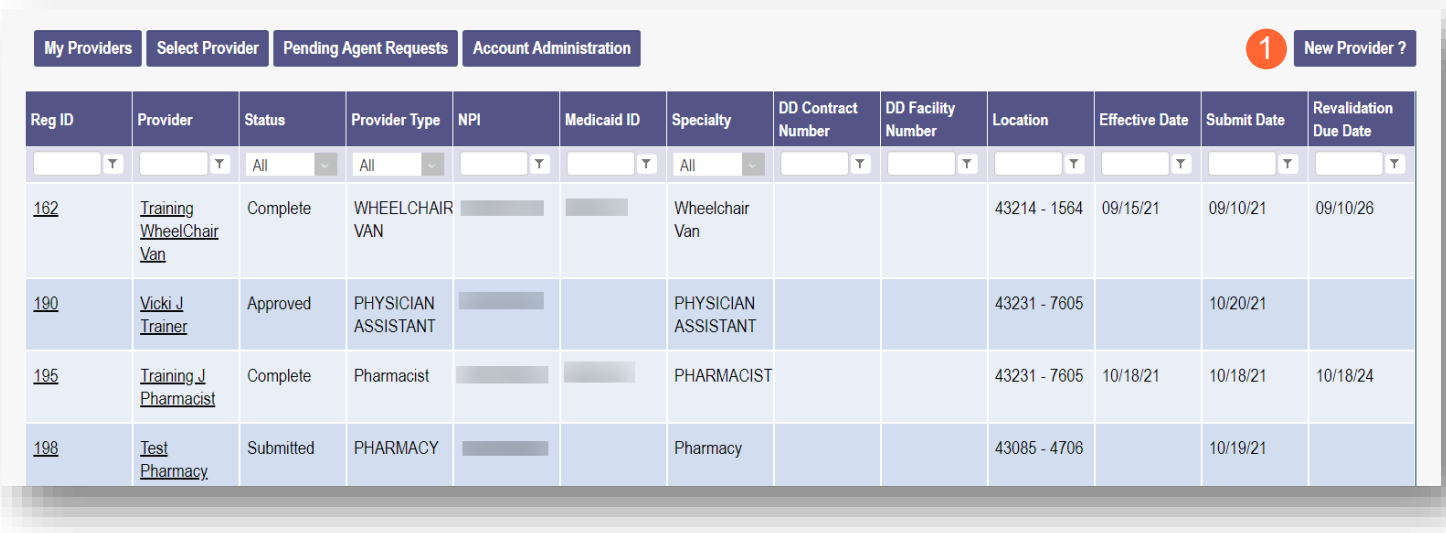
Pages that do not have a red asterisk are optional to be completed.



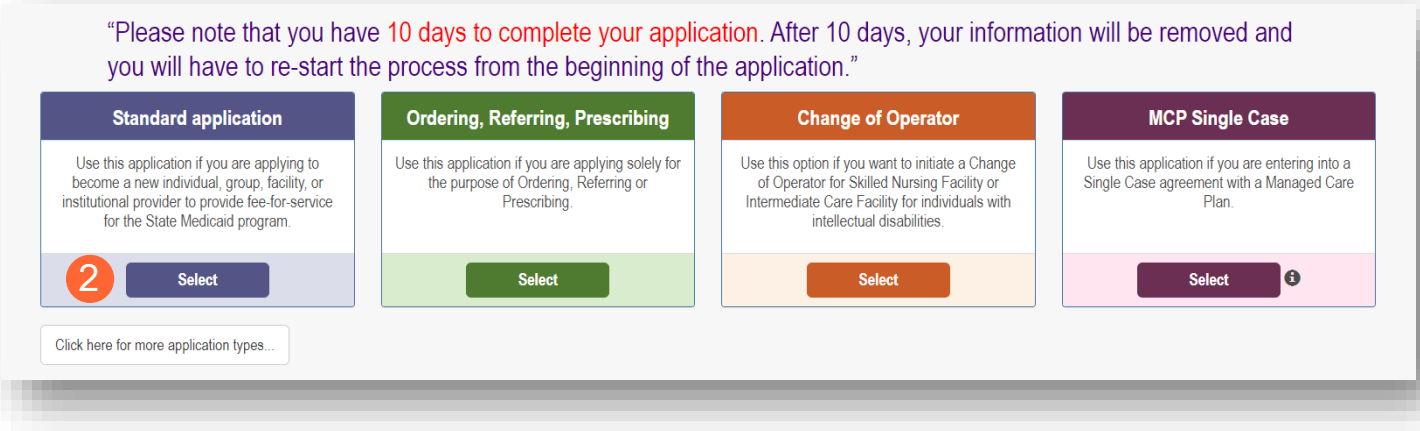
Individual Provider - New Provider Entry

This section displays the necessary steps for creating an Initial Application for an Individual Provider.

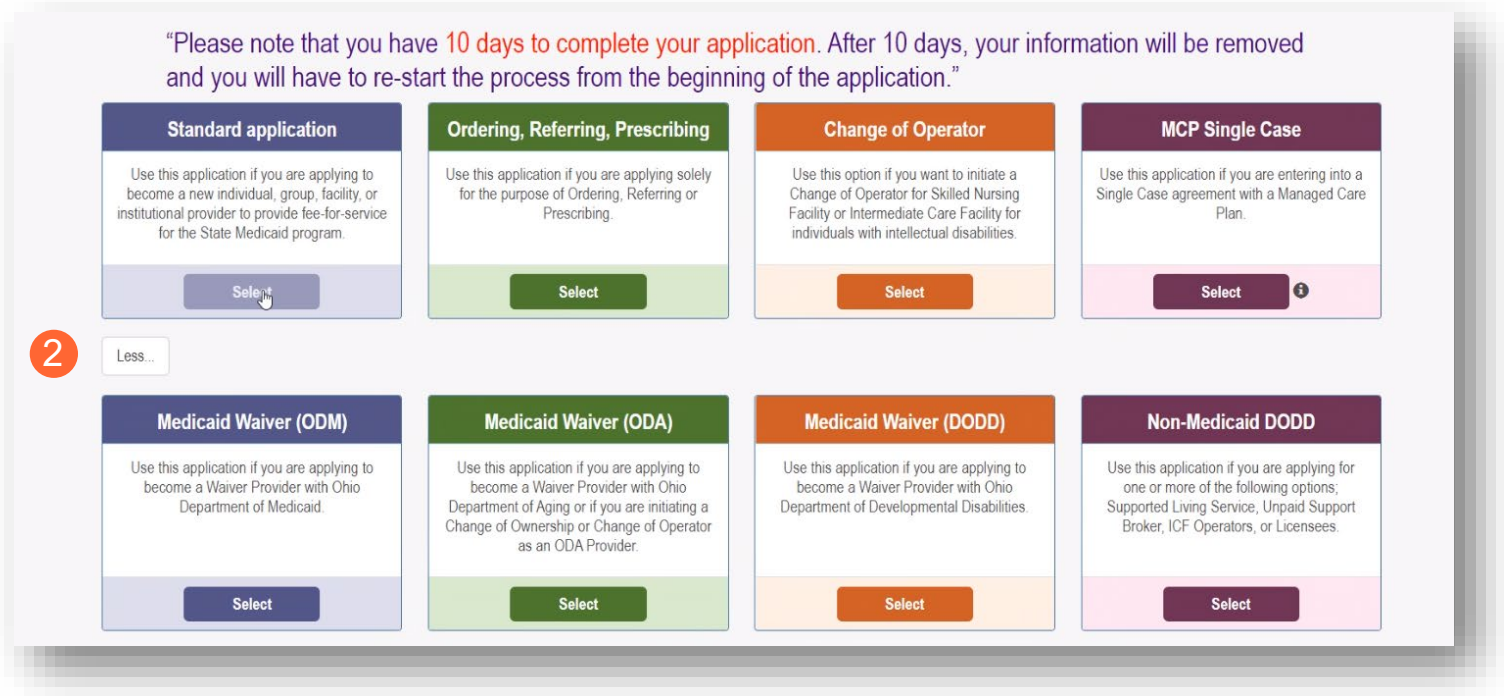
Step 1: Click 'New Provider'



Step 2: Select the button for the application type for your new Provider

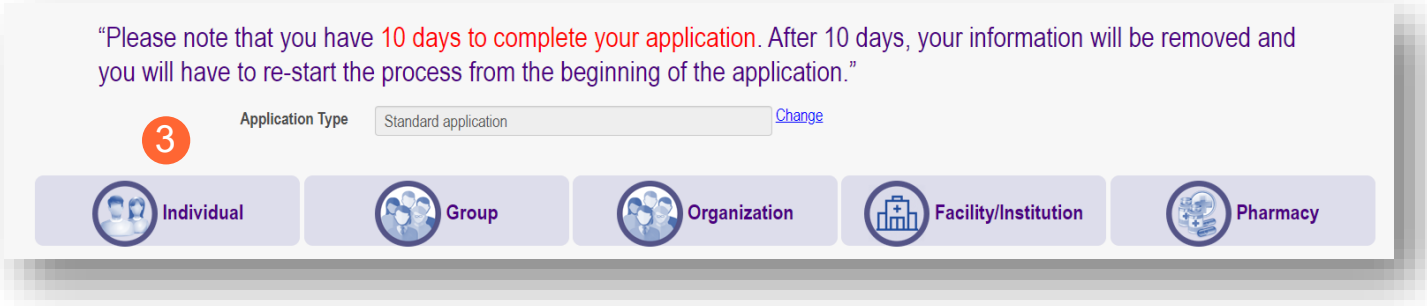


- Additional application types are displayed by selecting the 'Click here for more application types…' button



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 Desk Reference Guides.

Step 3: Next, click 'Individual' to begin an Individual Provider application

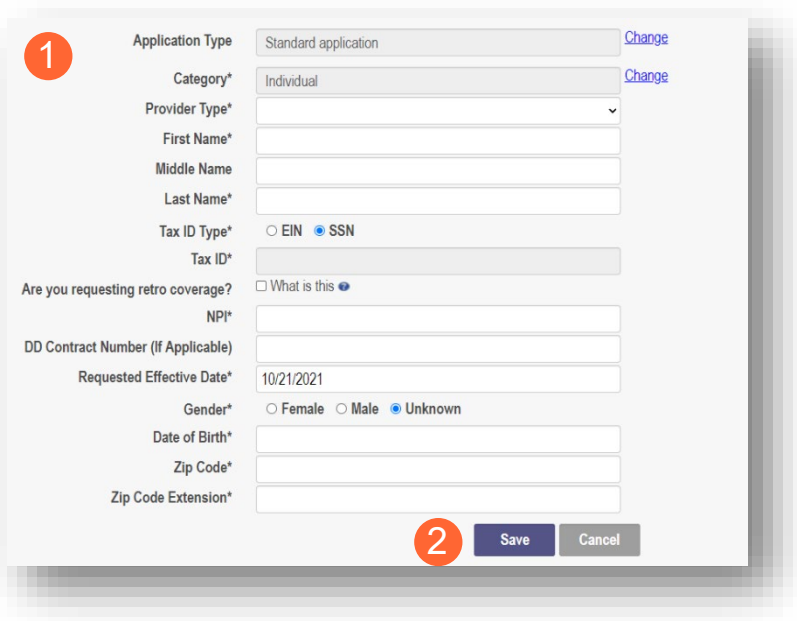


Key Identifier Information

Step 1: Enter key provider information for the Provider

Enter all required fields marked with an asterisk *

- Provider Type
- First Name
- Last Name
- EIN (Employer Identification Number) / SSN (Social Security Number)
- NPI (National Provider Identifier)
- Requested Effective Date
- Gender
- Date of Birth
- Zip Code
- Zip Code Extension

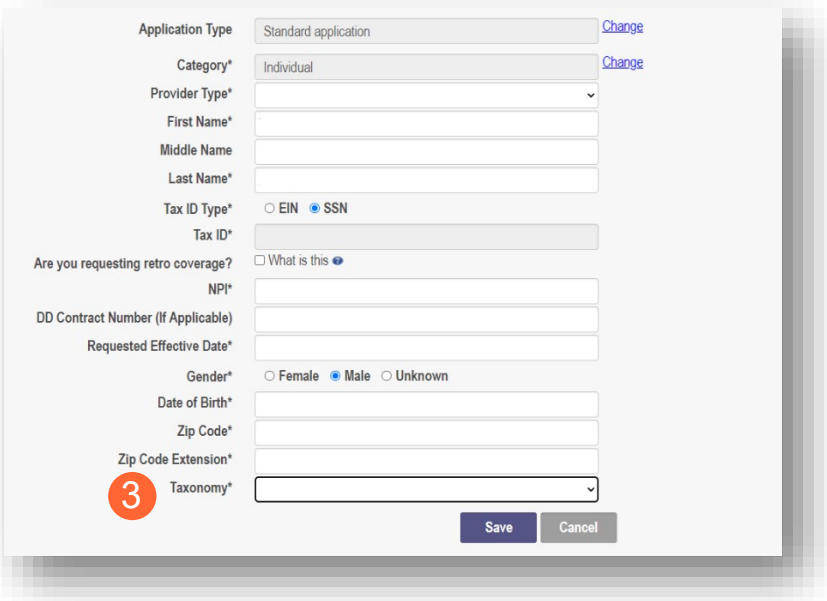


Step 2: Click 'Save' to save the information

Hint - PNM validates the NPI number with the individual name and gender listed in the National Plan and Provider Enumeration System (NPPES) Registry database. If the NPI doesn't match the name and gender, you will get an error before the taxonomy field appears.

There is a name mis-match with NPPES.
There is a gender mis-match with NPPES.

Step 3: Select the appropriate primary Taxonomy associated with the Provider's NPI and click 'Save'. If you need to update or add Taxonomy Codes for an Individual Provider, that will be available on the 'Taxonomy' page of the application.



Document Upload Process (Any Page)

The option to upload documents is available on most pages of the application.

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

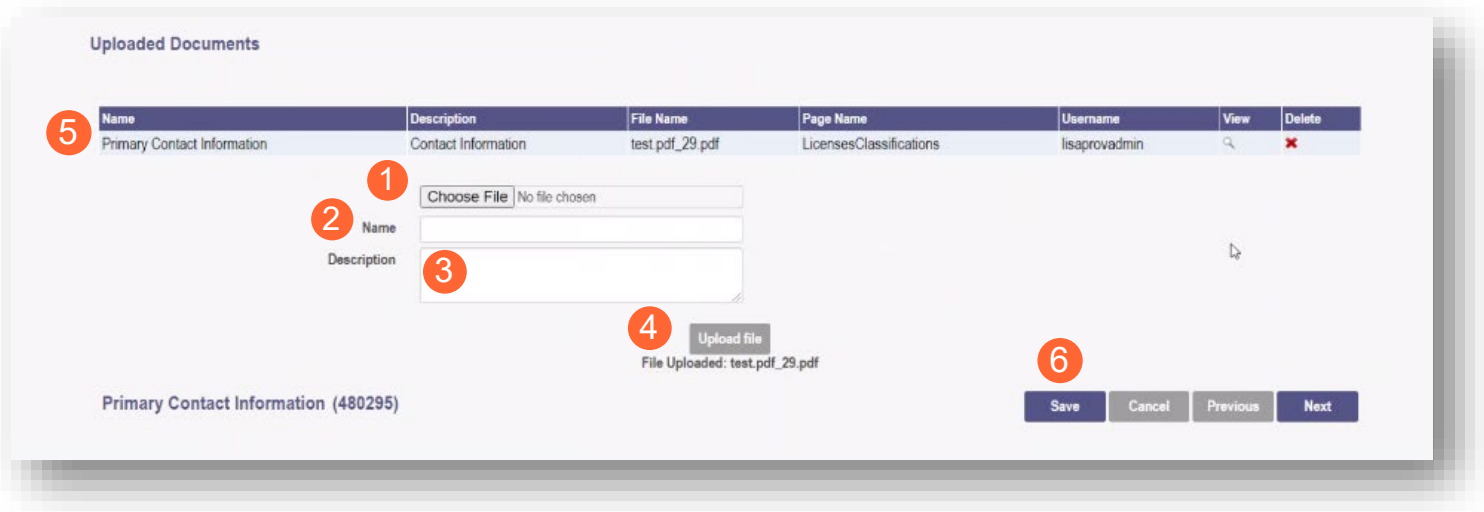
Step 2: Give the file a name

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

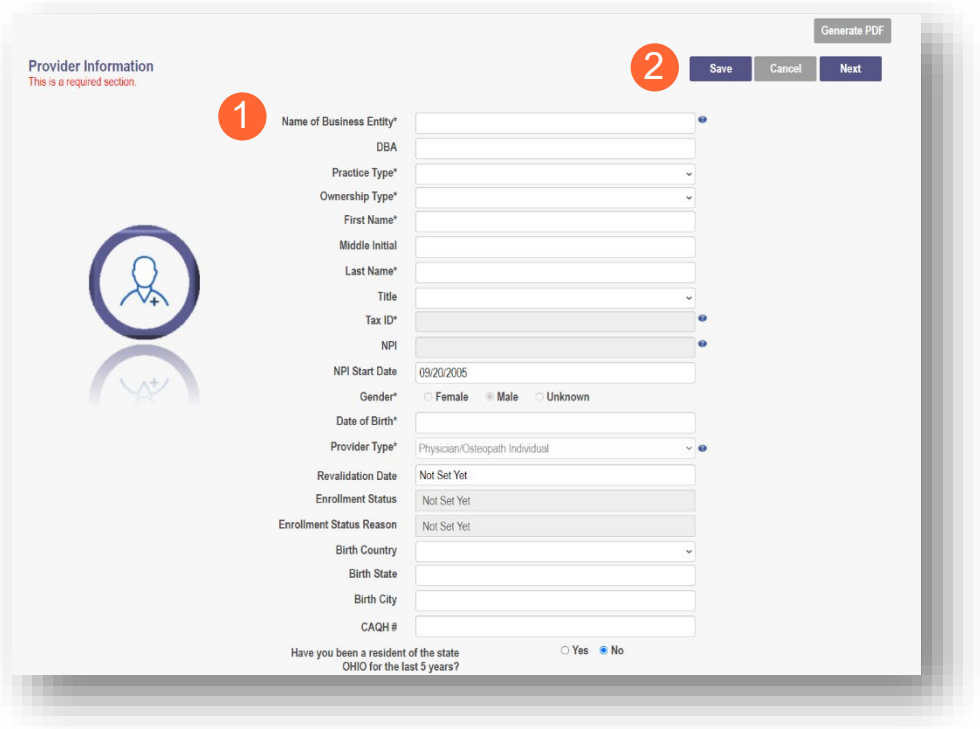
Step 6: Click ‘Save’ or ‘Next’ to advance to the next page



Provider Information Page (Individual)

The first page that displays is the Provider Information page. Fill in all fields and click 'Next' to continue with your application. **Note:** Some information will auto-fil from the key identifier page you previously completed.

Step 1: Enter all the information for the required fields marked with an asterisk*



For this page the following fields are required:

- Name (Business and First and Last)
- Tax ID
- NPI (National Provider Identifier)
- Gender
- Date of Birth
- Practice Type
- Ownership Type
- Select the applicable radio button (Yes or No) for residency

Additional fields for optional entry:

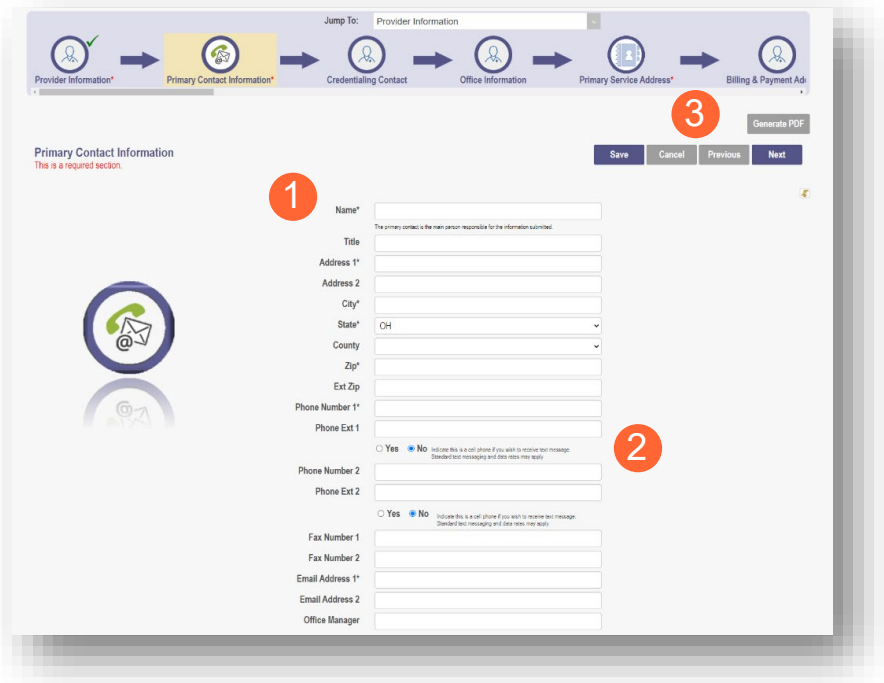
- Birth Country
- Birth State
- Birth City
- CAQH # (Council for Affordable, Quality Healthcare)

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 for the Provider. This is the primary contact who will be responsible for managing communications and 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
- Email Address

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

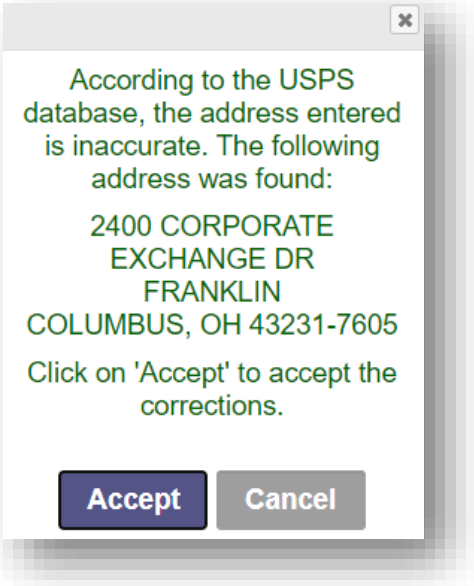
Step 3:

- 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 click ‘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 to proceed to the next page of the application
- **Note:** If ‘Cancel’ is selected, you will be taken back to the previous page. A correct address will need to be entered as a valid postal address is required to proceed.

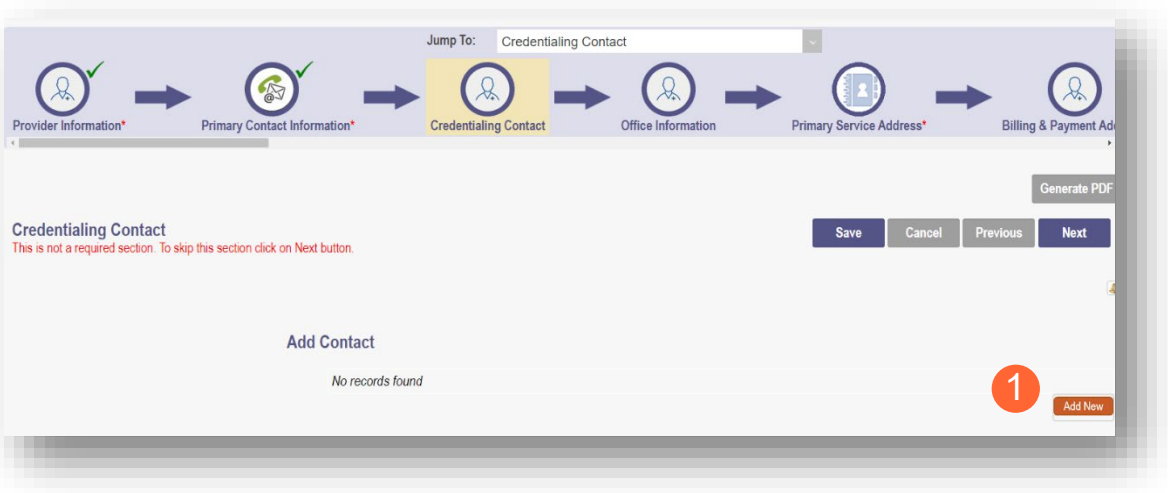


Credentialing Contact Page

Note: Credentialing contact information is not required for every Provider type. Click 'Next' to skip.

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

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

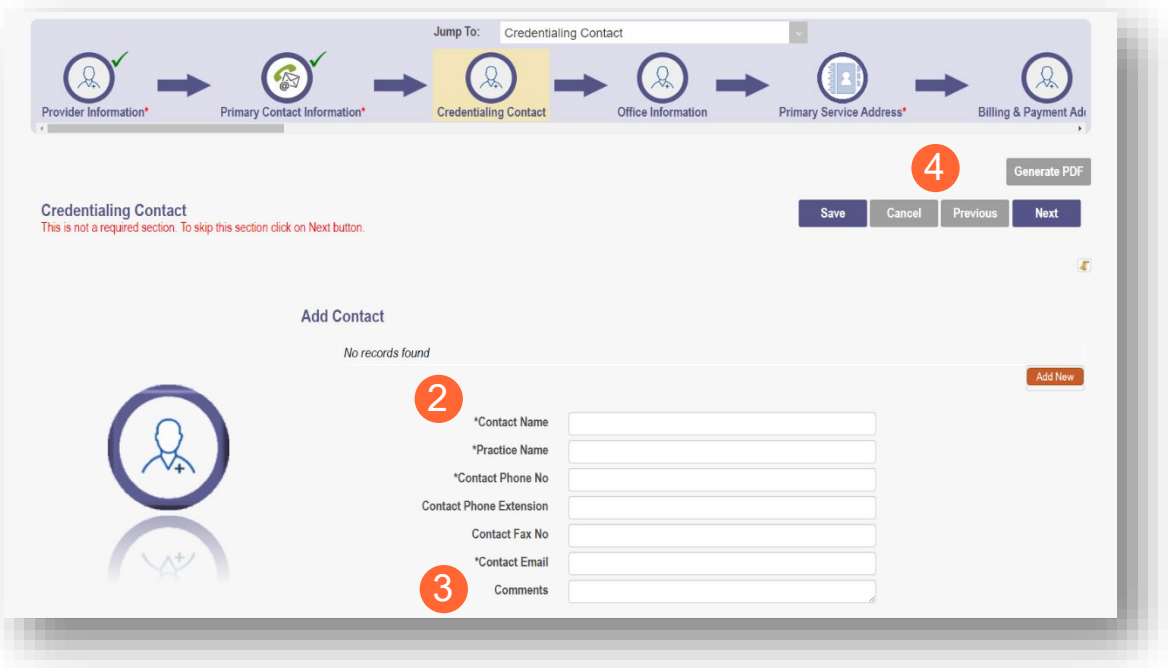


Step 2: Enter all required fields marked with an asterisk *

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



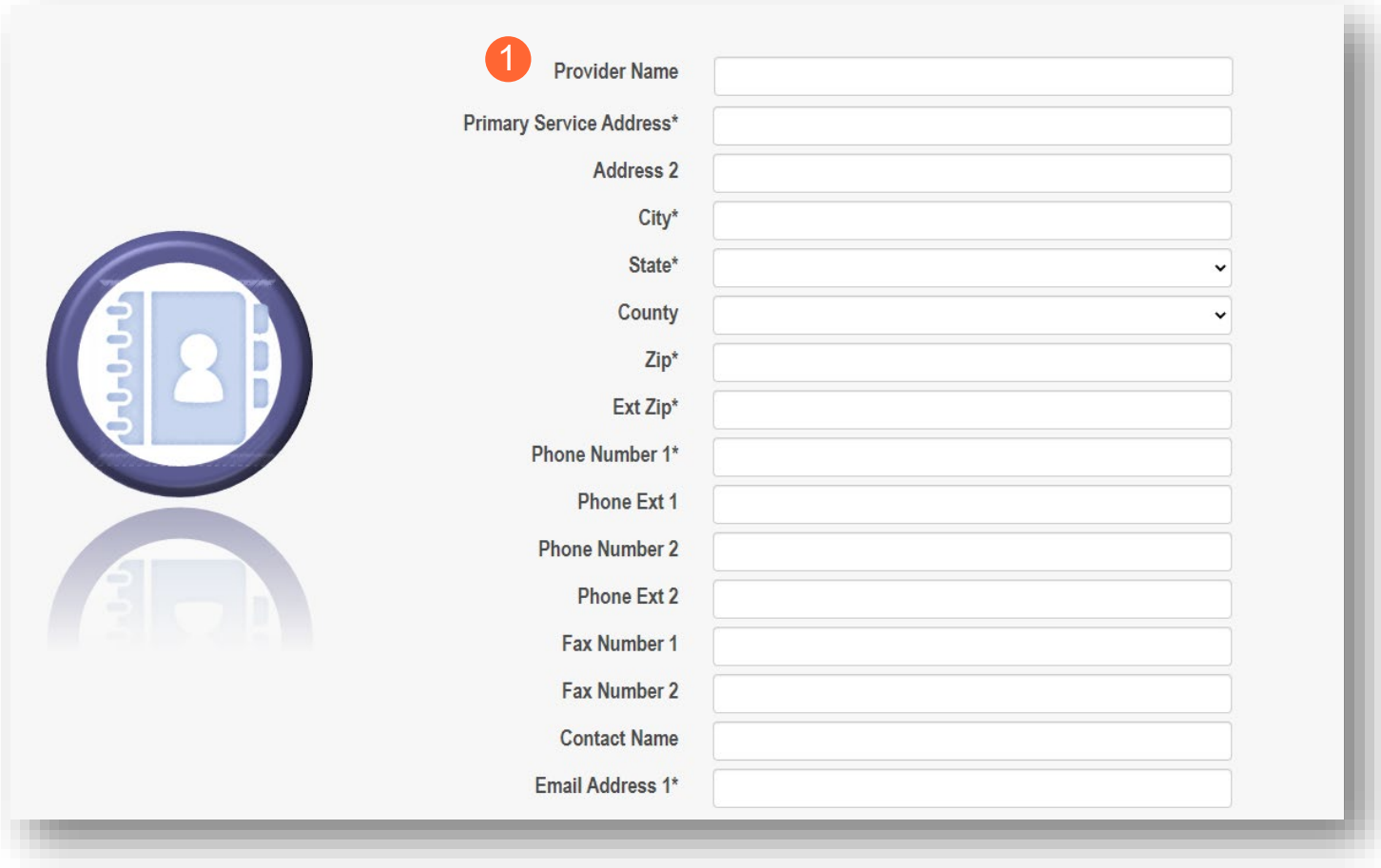
Primary Service Address Page

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

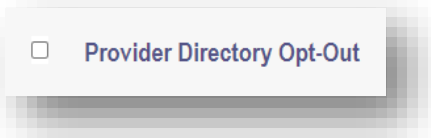
Step 1: Complete the Primary Service Address information.

Required fields include:

- Primary Service Address
- City
- State
- Zip
- Zip Ext *(will be automatically imputed after USPS database check)*
- Phone Number
- Email Address



Note: Steps 2 – 5 are optional. If you select 'Provider Directory Opt-Out,' Provider information will not be included in the public facing Provider Directory.



Step 2: Indicate specific about yourself using the drop-down menus/data entry fields

- Cultural Competencies
- Languages Spoken
- Specialized Training

Step 3: Indicate specific operating information about yourself or your office using the drop-down menus/data entry fields

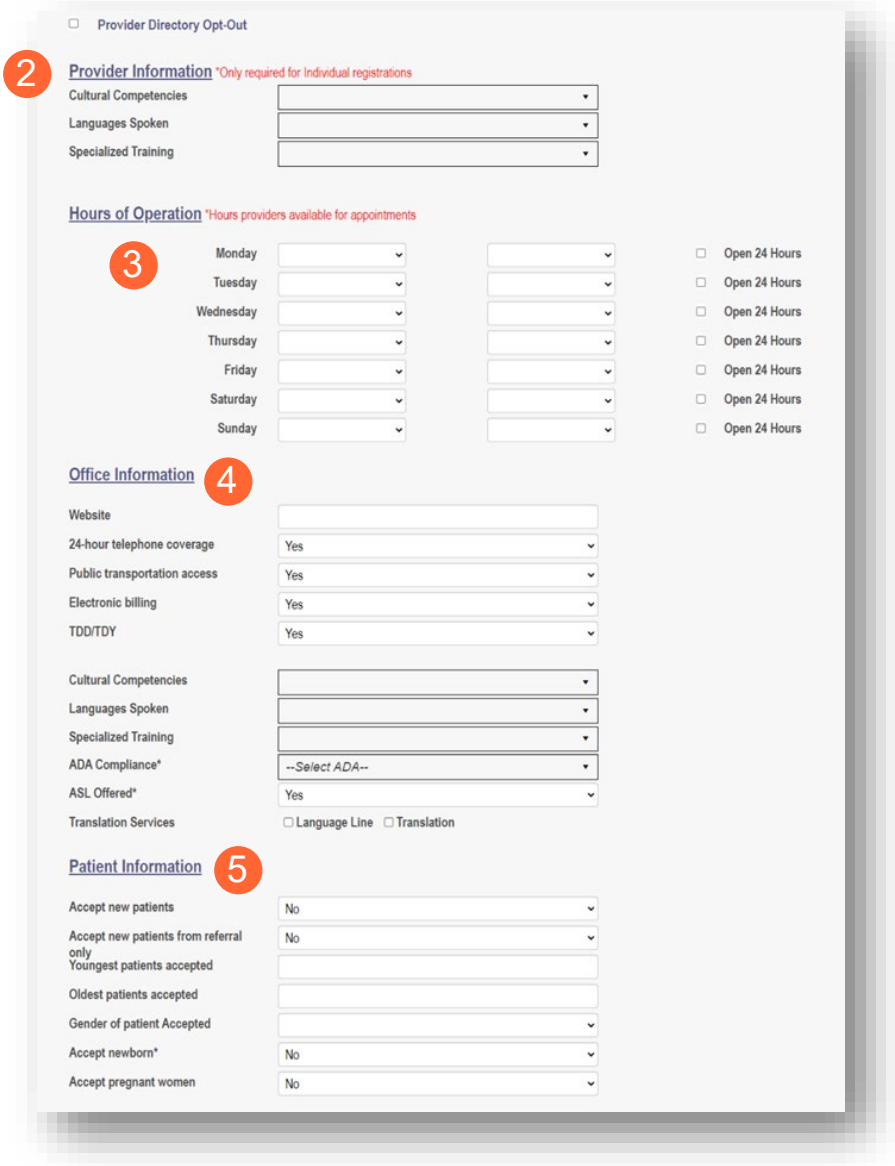
- Hours of Operation
- Whether the location is open 24 hours

Step 4: Indicate specific office information about yourself or your 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 5: Indicate specific information about the types of patients your 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 6:

- 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

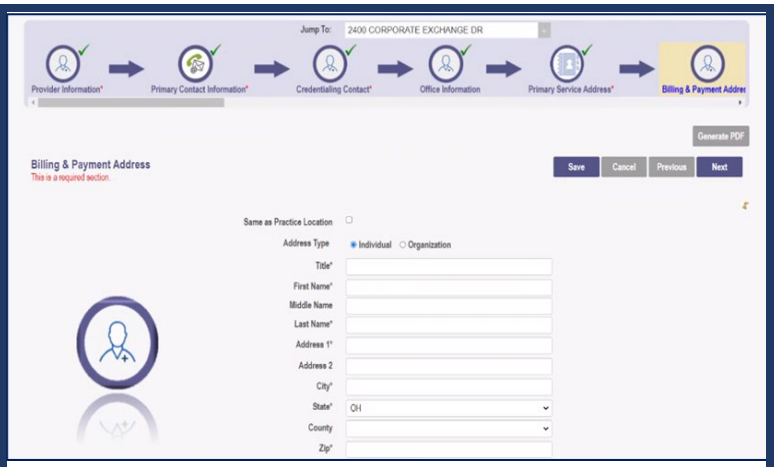
The following table provides samples of the types of address pages that will be required for your application.

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 *

Click ‘Save’ or ‘Next’ to save the contact to the record

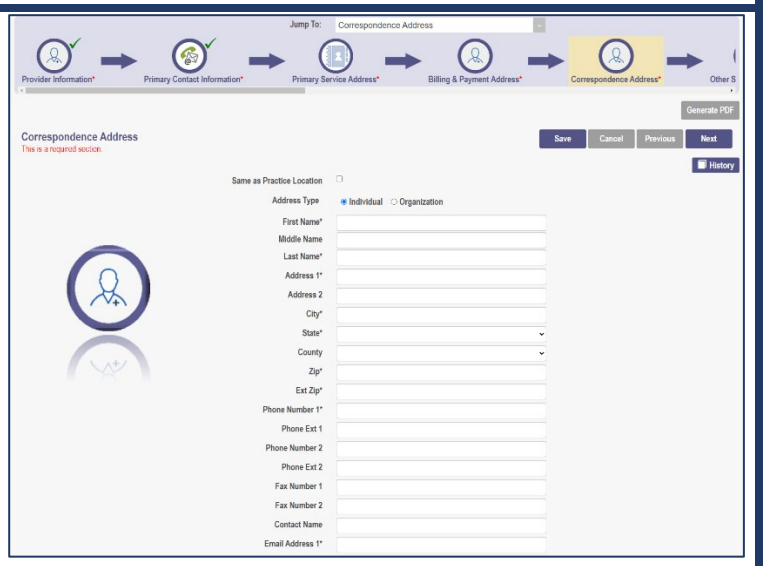


Correspondence Address Page

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 previous screen into the fields.

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

Click the ‘Save’ or ‘Next’ buttons to save the contact to the record



1099 Address Page

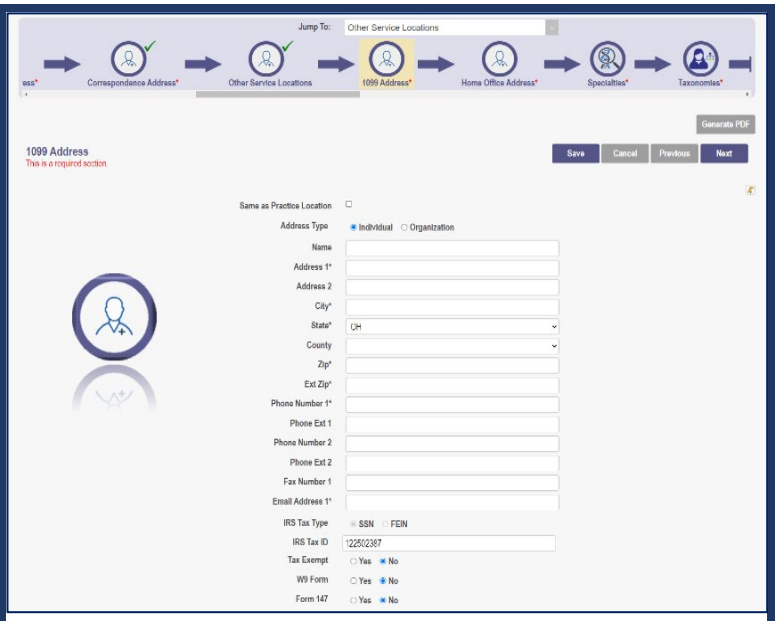
If the 1099 Address is the same as the Primary Service Address, select the check box to indicate it is the 'Same as the Practice Location.' This will pre-populate information that was entered on the previous screen into the fields.

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

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 the 'Save' or 'Next' buttons to save the contact to the record

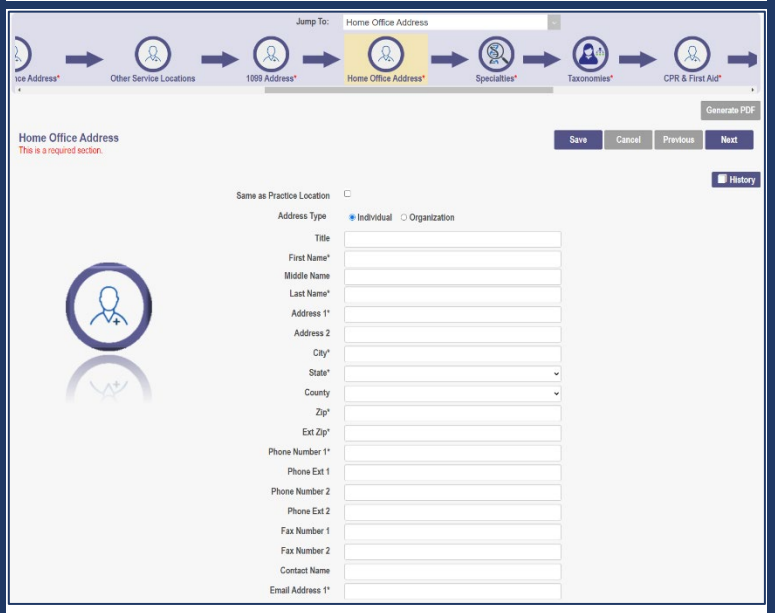


Home Office Address

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 previous screen into the fields.

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



Other Service Locations

This page allows you to enter any other locations where you provide services.

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

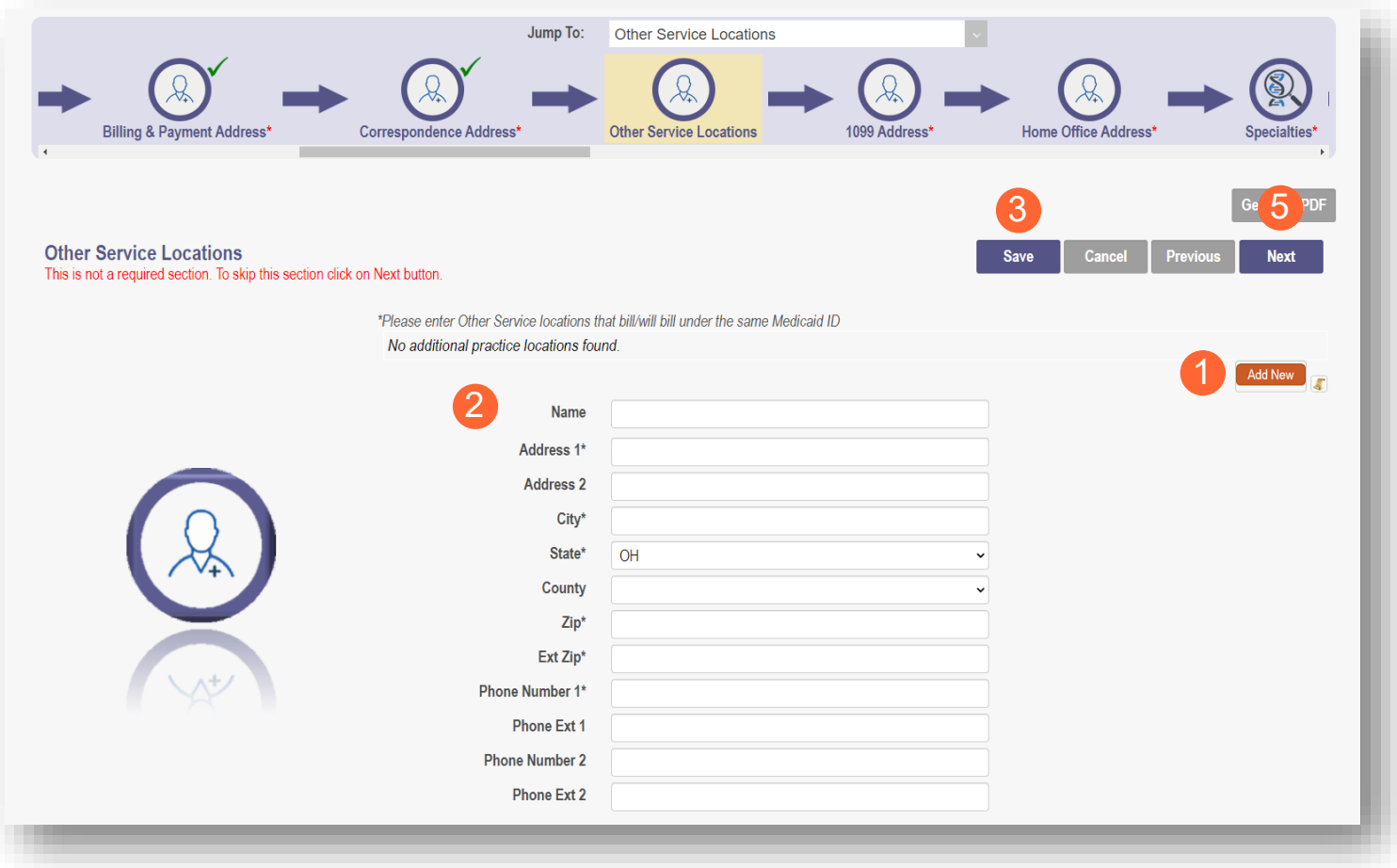
- Select 'Add New' to add any additional addresses

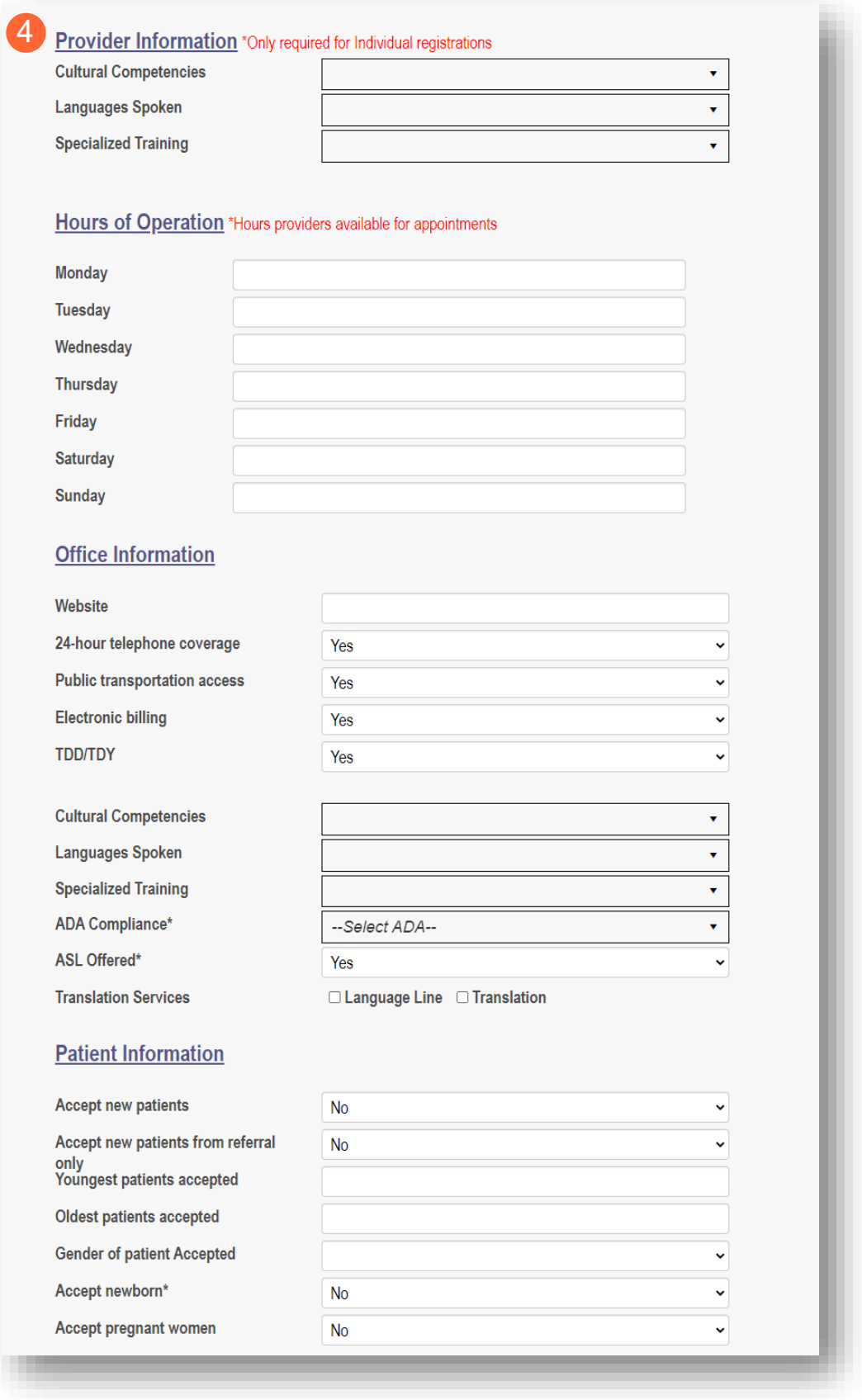
Step 4: If you would like, indicate additional operating information regarding the service location *(see Primary Service Address Page for more details)*

- 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





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

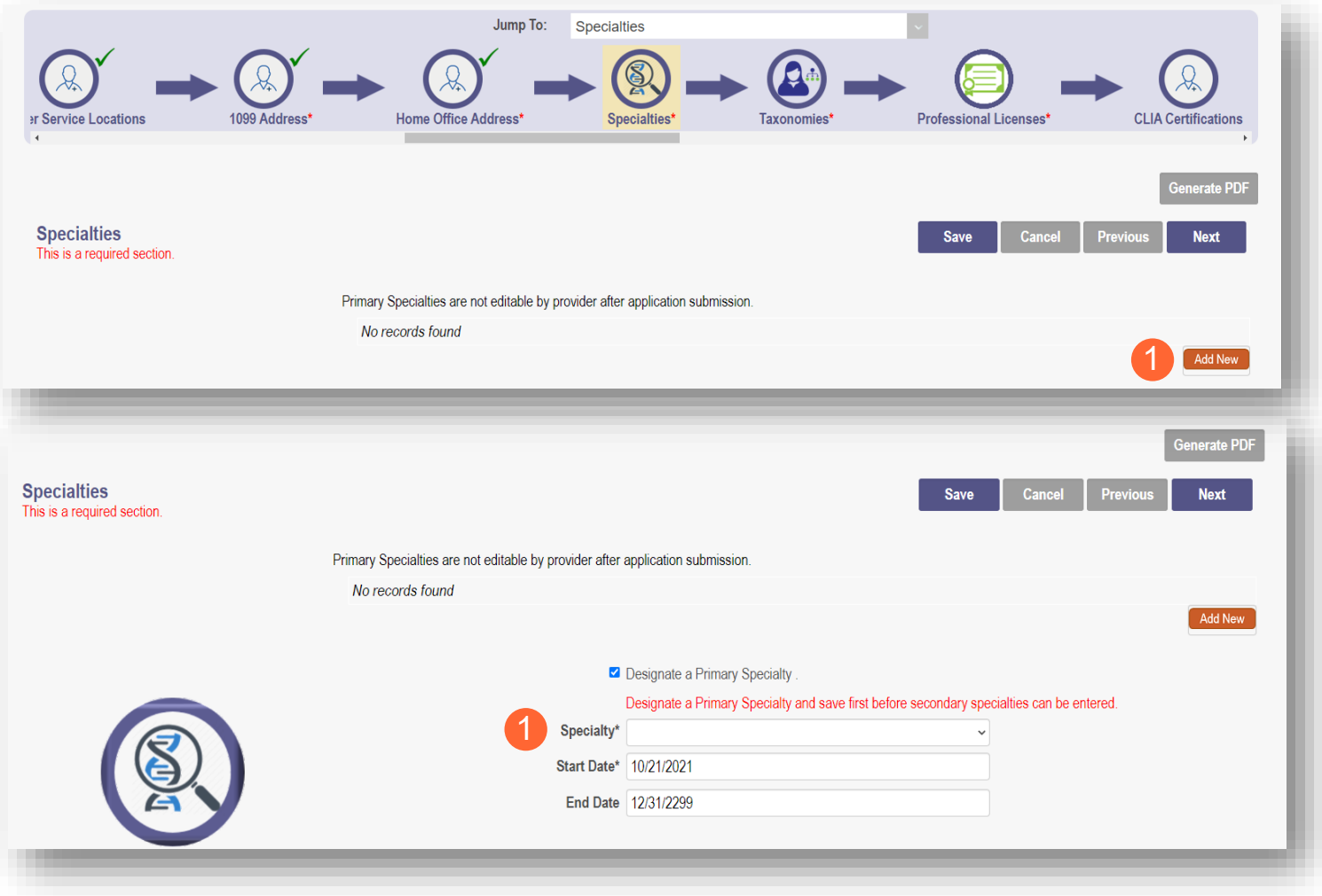
Specialties Page

The specialties page allows you to indicate any specialties for the Provider

Note: At least one specialty must be designated as primary.

Step 1: Click ‘Add New’ to add a Specialty

- The Specialty drop-down has a variety of specialties that are associated with your Provider type
- If it is your primary specialty, select the check box that allows you to ‘Designate as Primary Specialty’

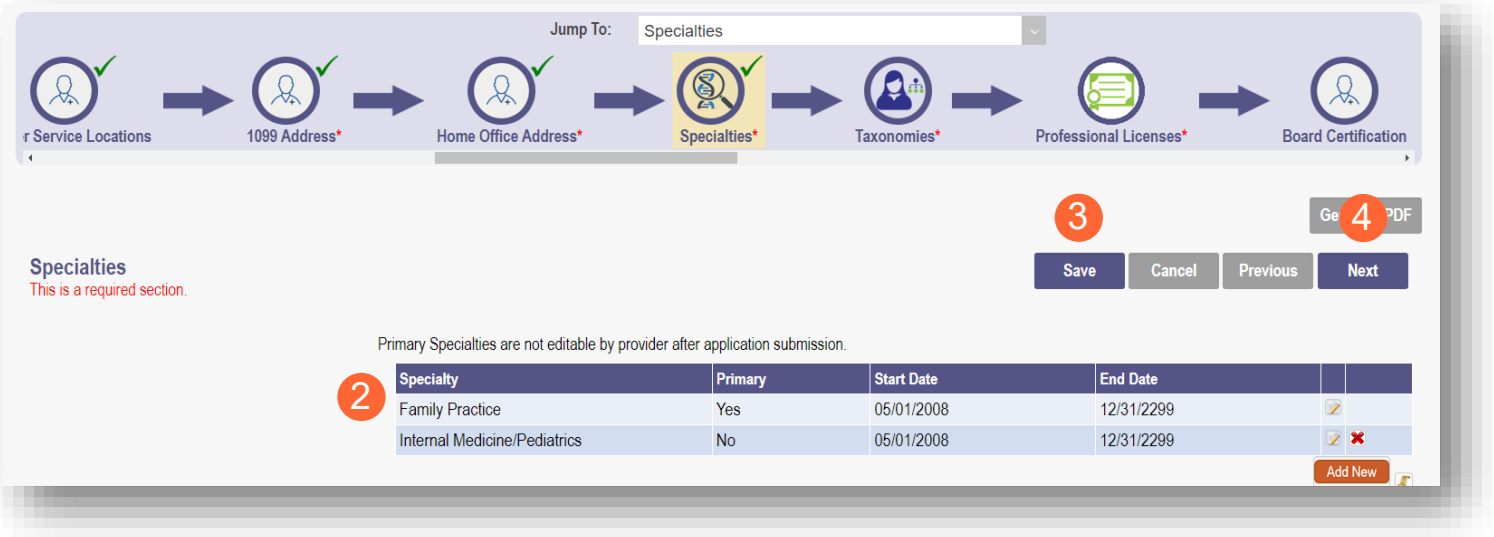


Step 2: Click 'Save' and confirm the new specialty has been saved by reviewing the table *(if specialty is not saved prior to clicking 'Add New' the specialty previously entered will be reset)*

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 your Enrollment Application has been fully approved

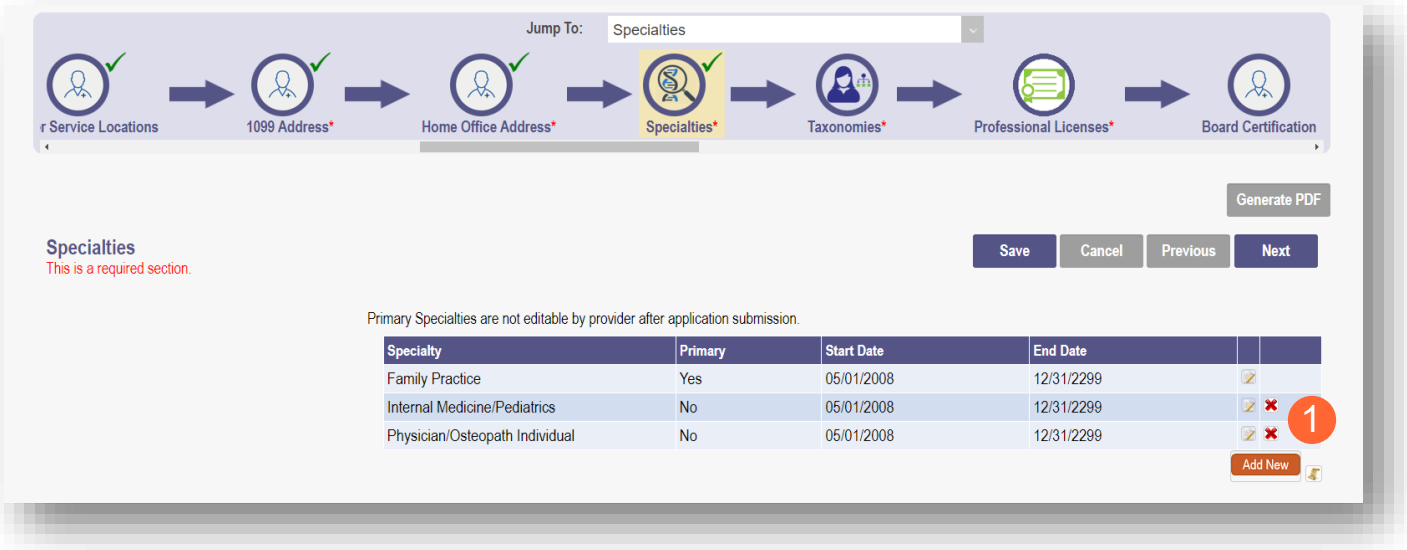
Step 4: Click 'Next' to proceed to the next page



Removing Specialties

Step 1: To Remove an added Specialty:

- Click the '**x**' associated with the applicable specialty line

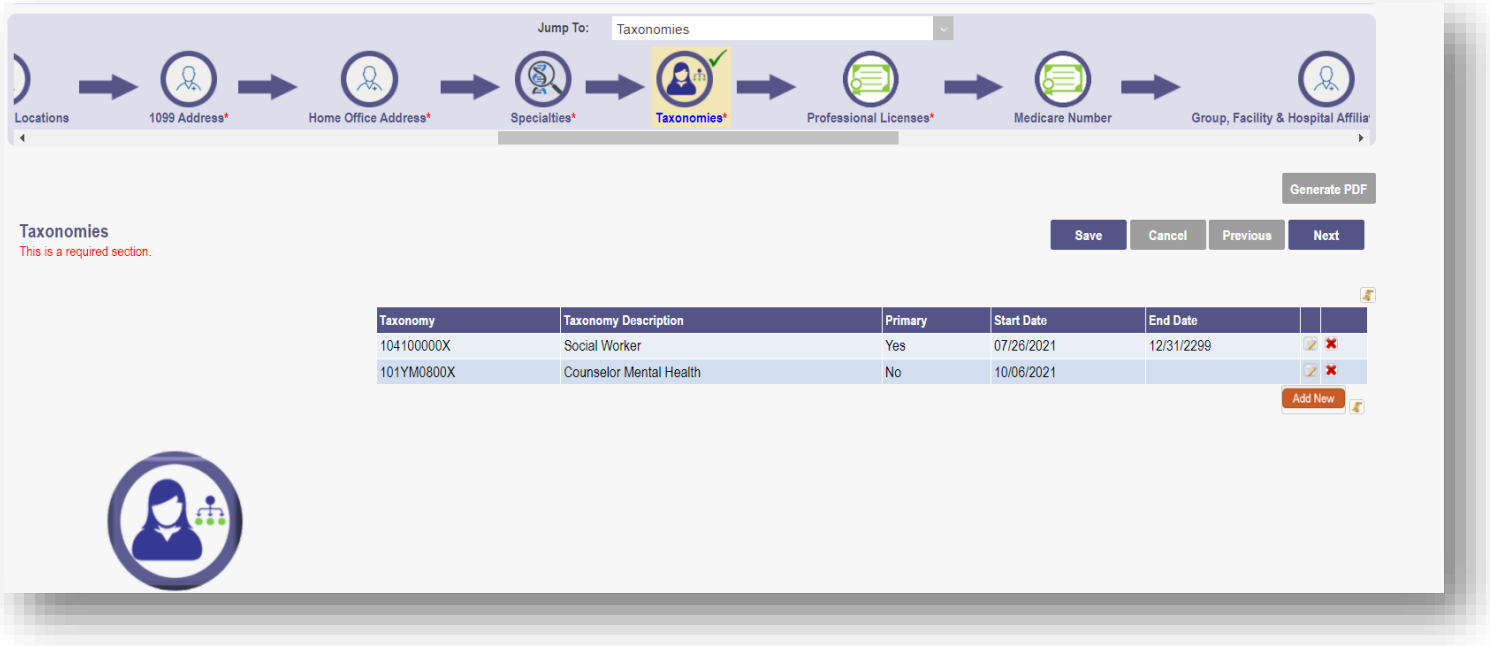


Taxonomies Page

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 your record, manually add them by following the process below:

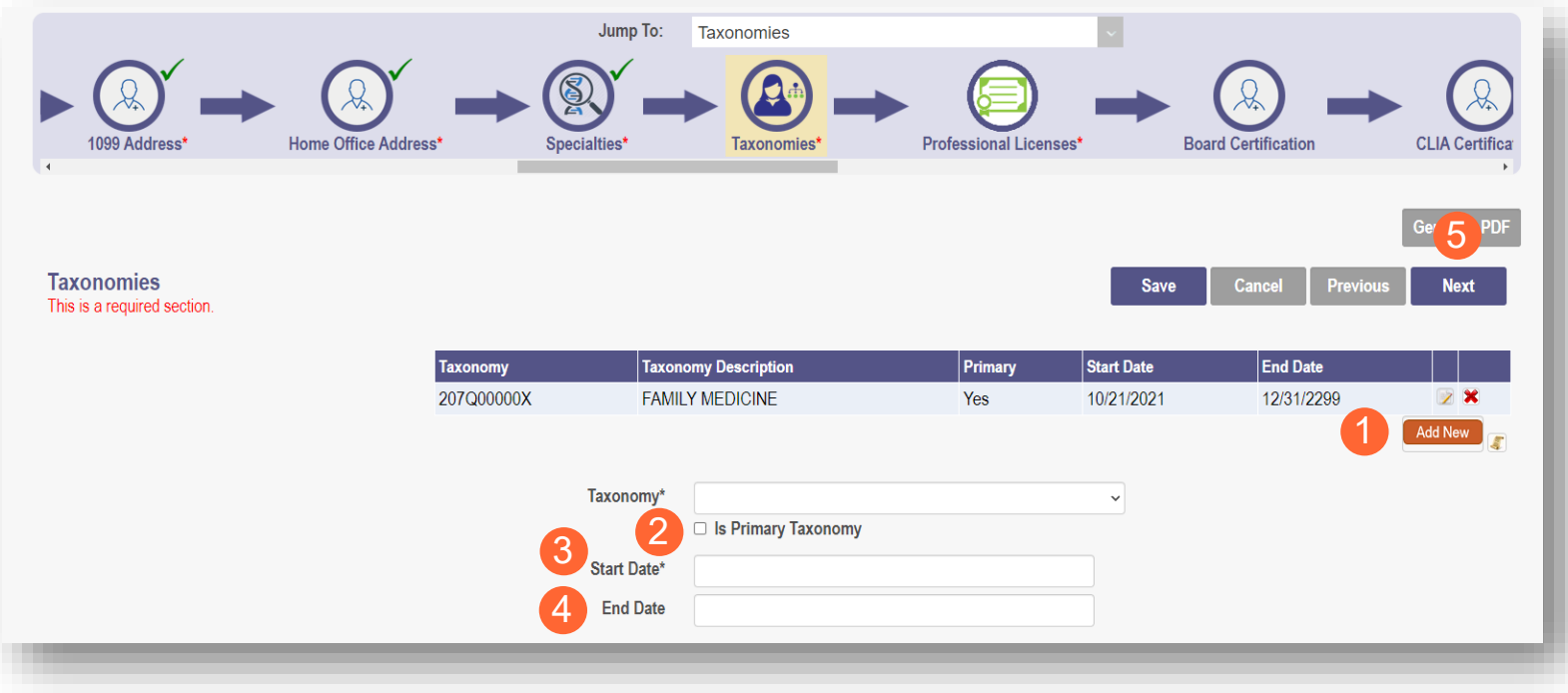
Step 1: Click ‘Add New’ to add a taxonomy code

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 your 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 Notepad' icon next to the taxonomy on the list associated with your application

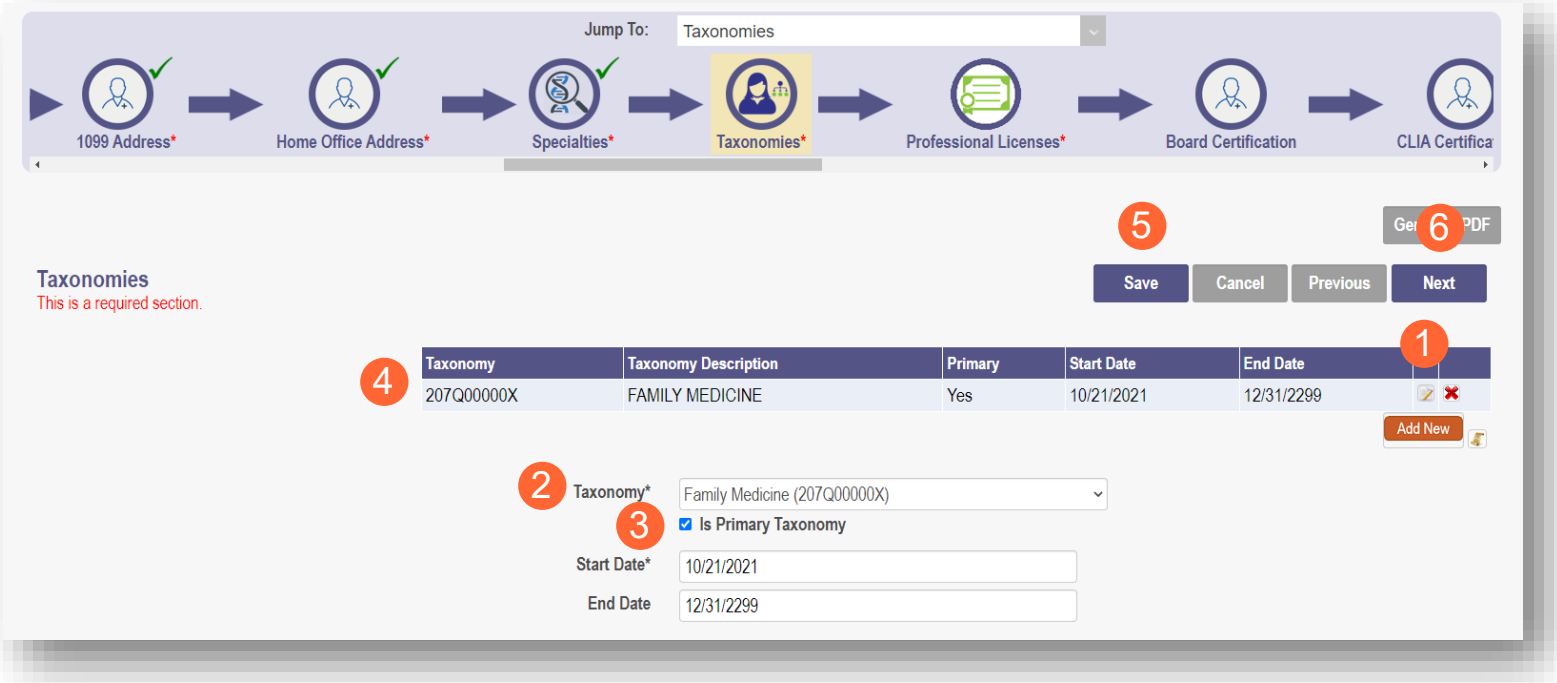
Step 2: Select the appropriate taxonomy from the drop-down menu and edit start and end dates as needed

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 your work and move to the next screen

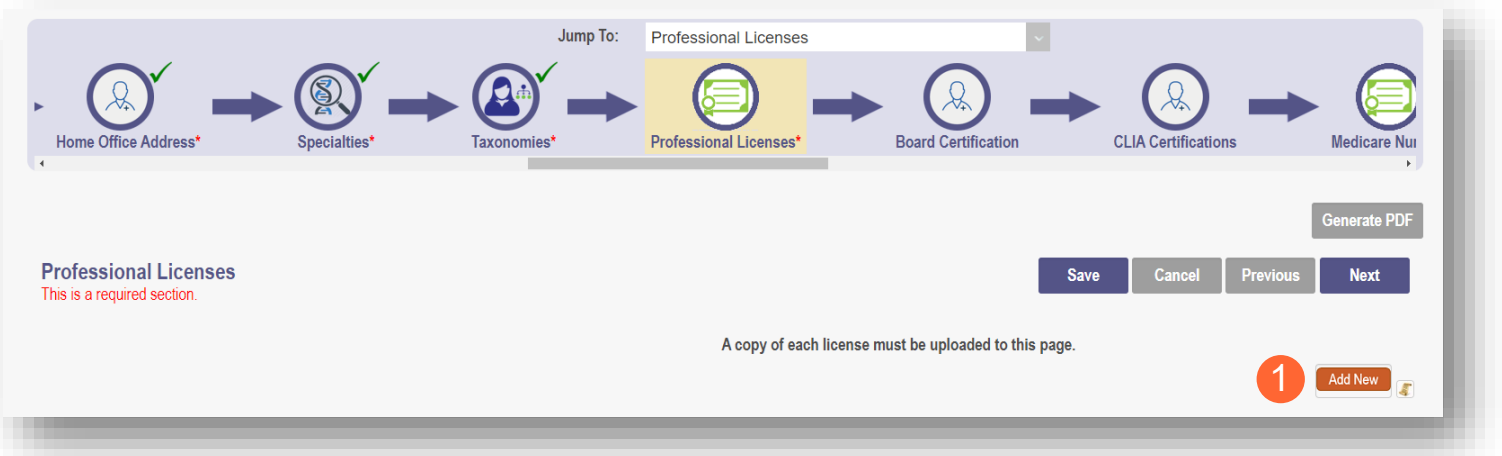


Professional Licenses

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

This page allows you to enter and upload information related to your Professional Licenses.

Step 1: To add a Professional License, click ‘Add New’



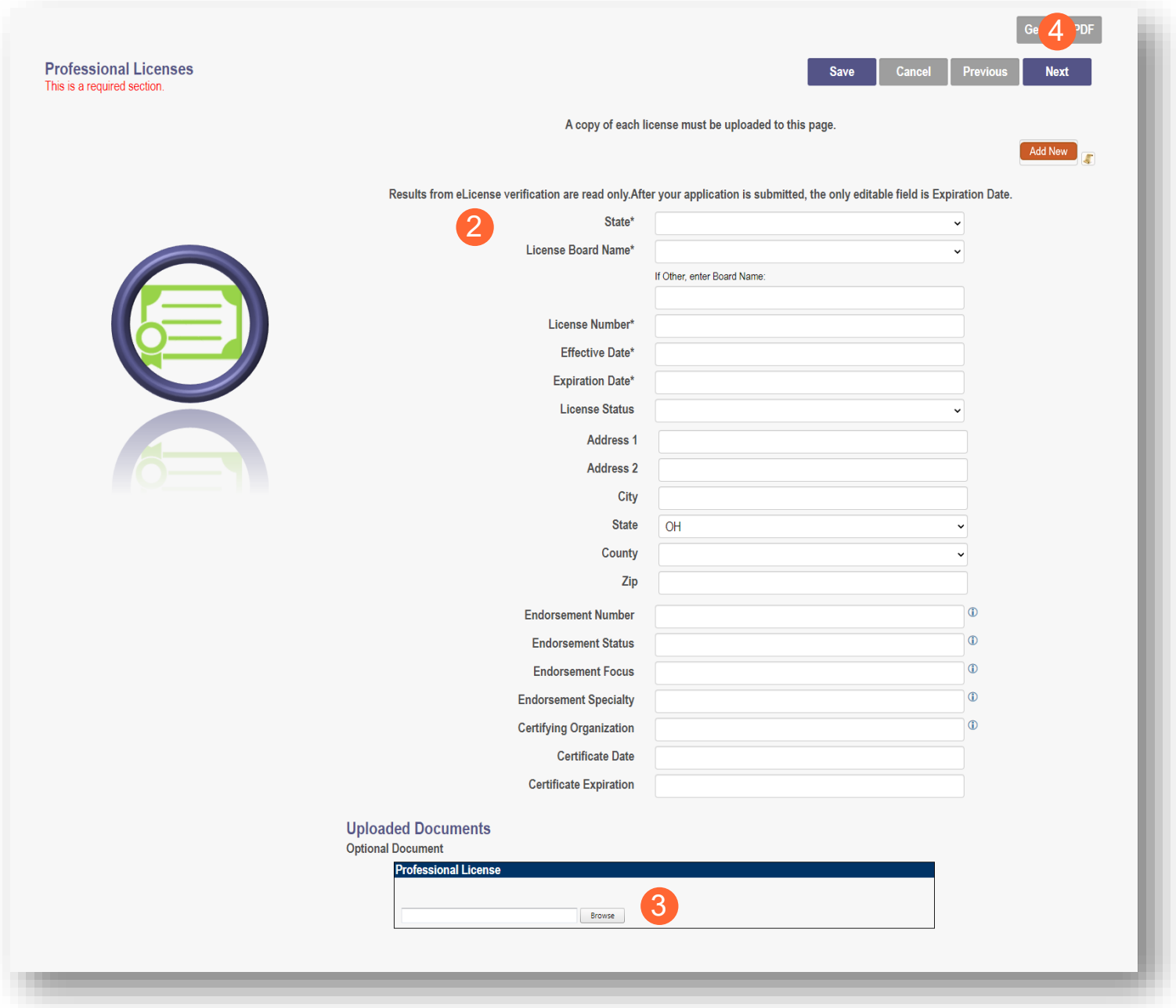
Step 2: Complete the required fields marked with an asterisk*

Note: Most fields will auto-populate if the license is active and in Ohio with the e-license check.

Step 3: Upload a copy of your 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

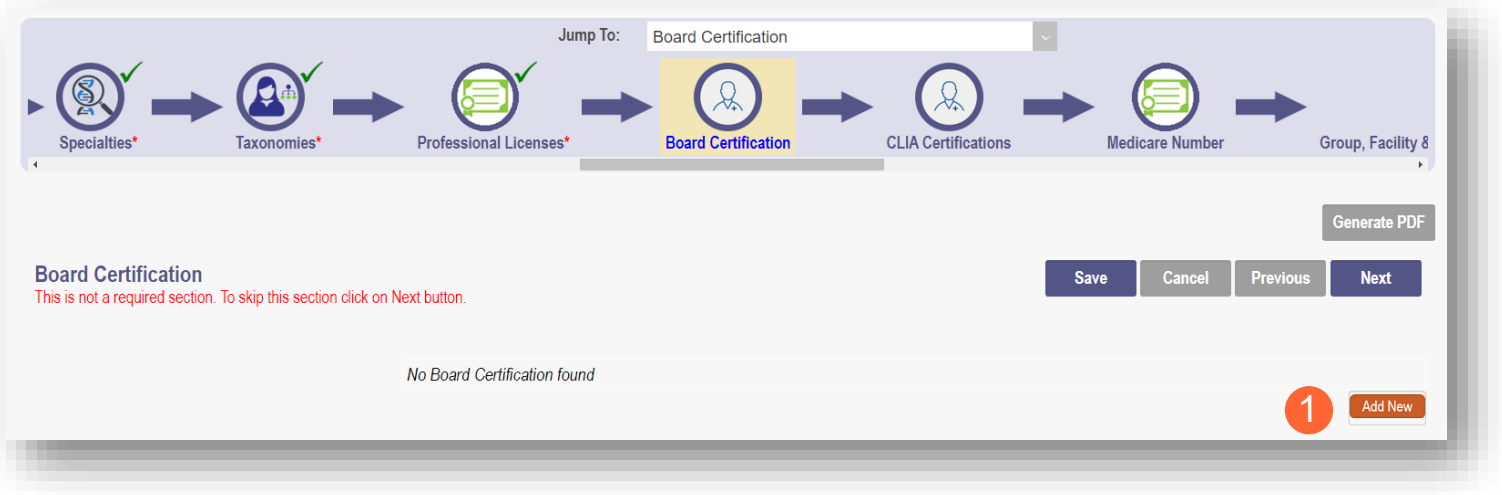


Board Certification Page

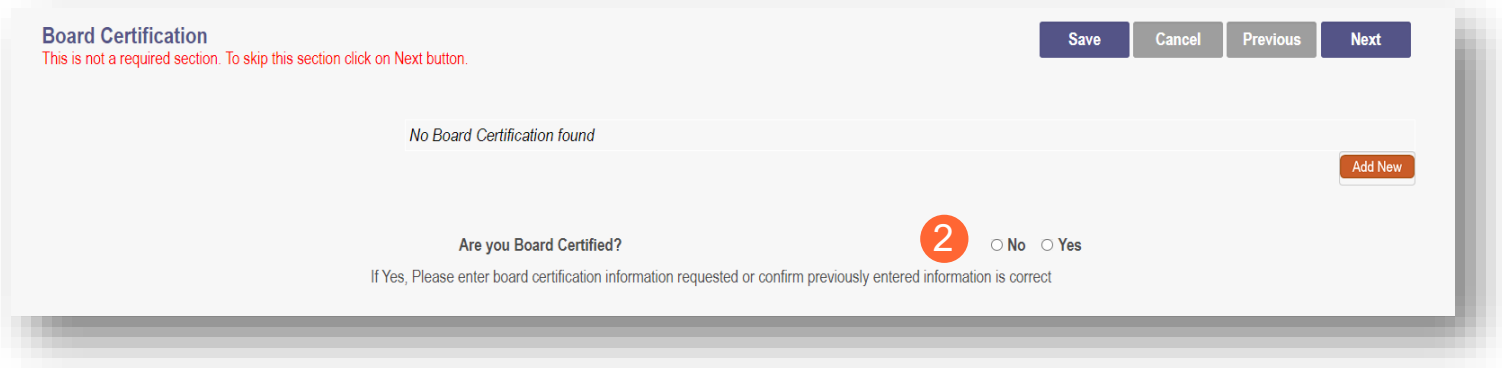
The Board Certification page allows you to add any recognized board certifications.

Note: Board Certification information is not required for every Provider type. Click ‘Next’ to skip, if not required.

Step 1: To add a Board Certification, click ‘Add New’



Step 2: Click the ‘radio’ button to identify if you are Board Certified (Yes or No)



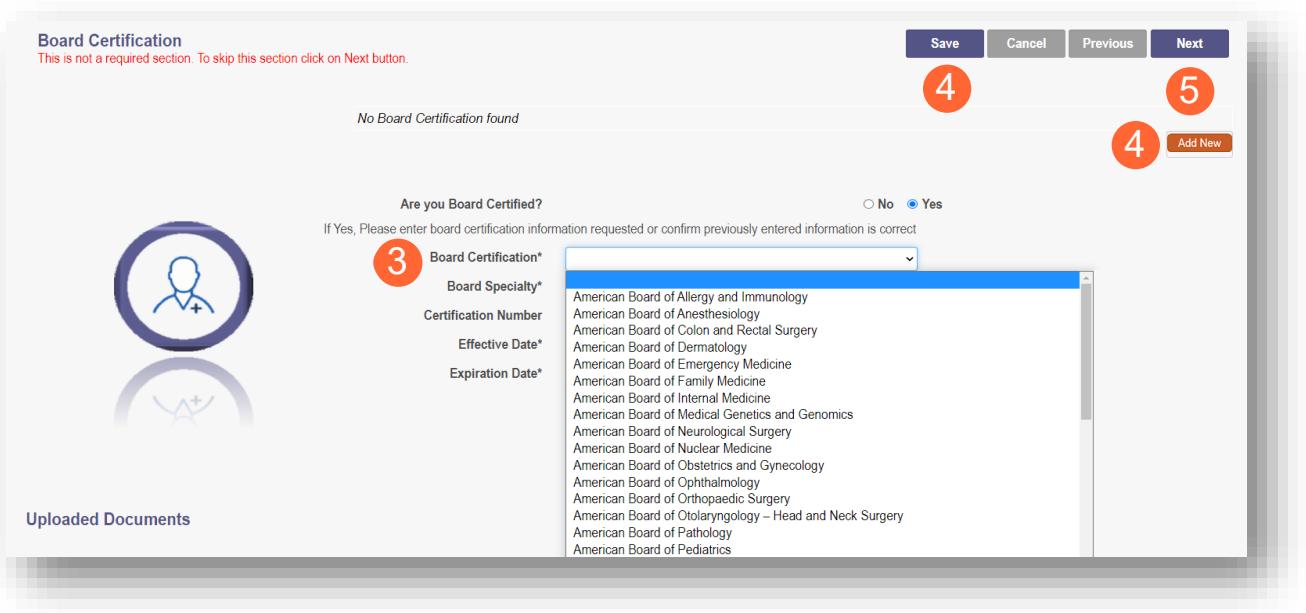
Step 3: If 'Yes' is chosen, enter the required fields marked with an asterisk *

- Board Certification
- Board Specialty (If necessary)
- Certificate Number (This is not a required field, but certification identification can be included here)
- Effective Date (Date when certification was received)
- Expiration Date (Date the certification expires)

Note: It is important that this information is accurate and matches what is on file with our CAQH

Step 4: Click 'Save' to save your work and then click 'Add New' to add additional certifications

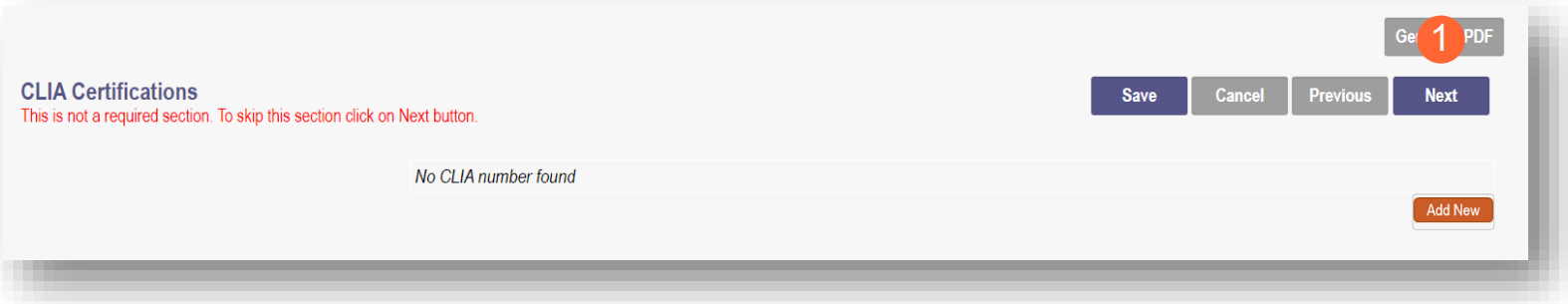
Step 5: Click 'Next' to save and move to the next screen



CLIA Certifications Page

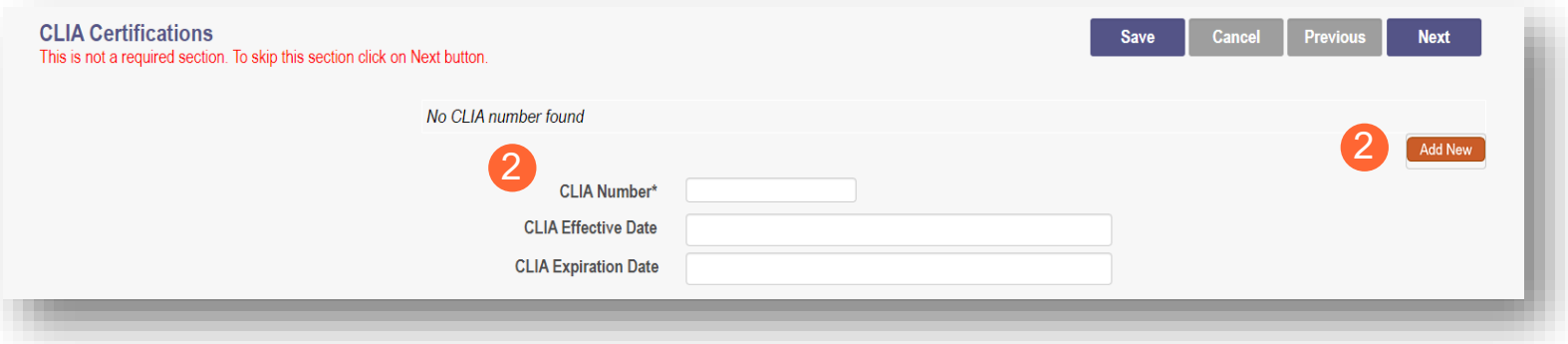
Step 1: For some Providers, this is not a required section

- 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

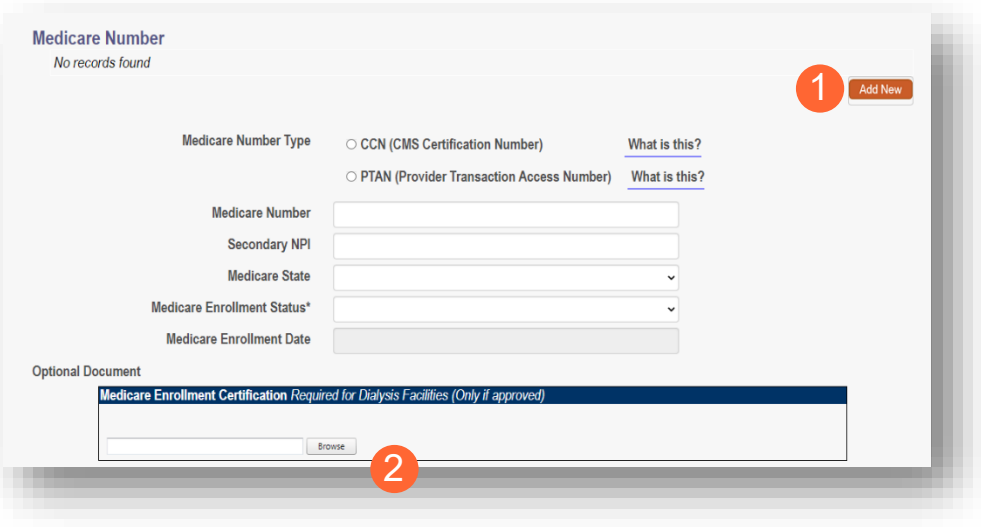
Note: Depending on your Provider type, this may not be a required section. Click 'Next' to skip, if not required.

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
- Secondary NPI *(if applicable)*
- Medicare State
- Medicare Enrollment Status (Required)
- Medicare Enrollment Date

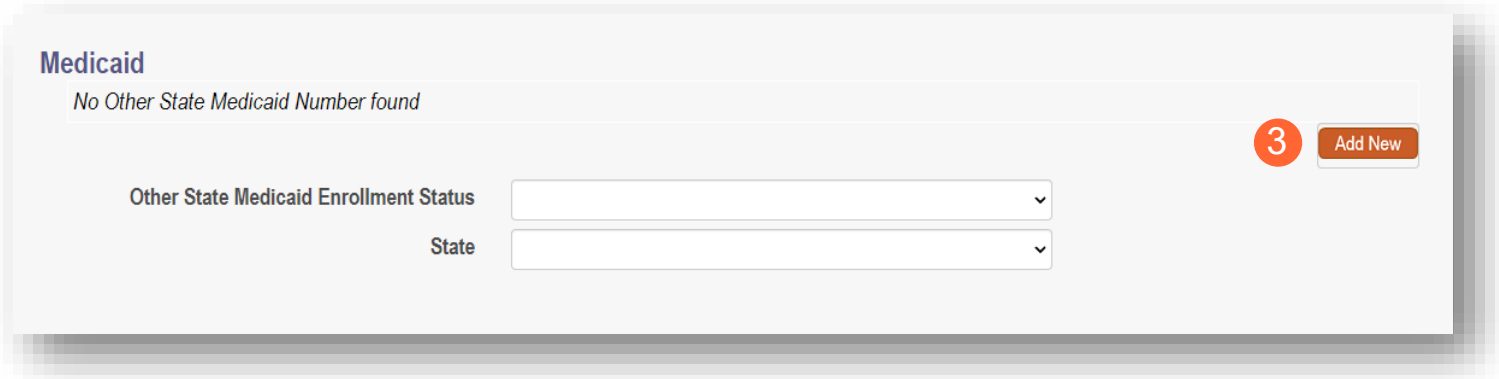


Note: *System uses Secondary NPI and Medicare State to look up and verify Provider is in PECOS*

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

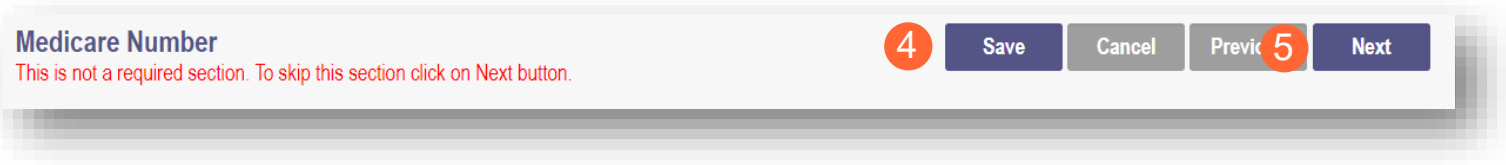
Step 3: Determine if you need to add Medicaid through another State

- 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



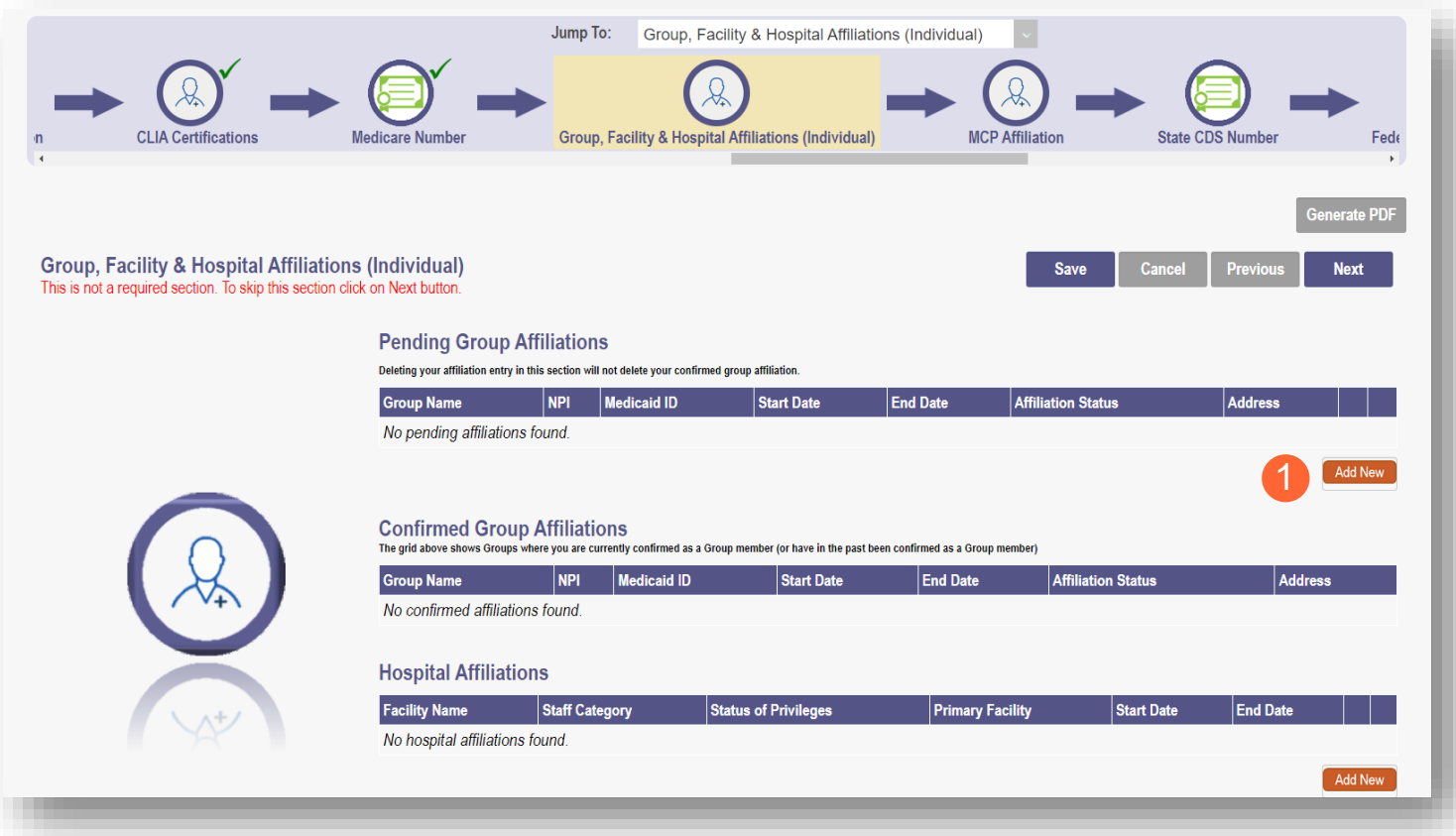
Group, Facility & Hospital Affiliations (Individual) Page

This page will allow you to indicate any group, facility, or hospital affiliations you/your Provider may have.

Adding a Group Affiliation

Step 1: To add a Group Affiliation:

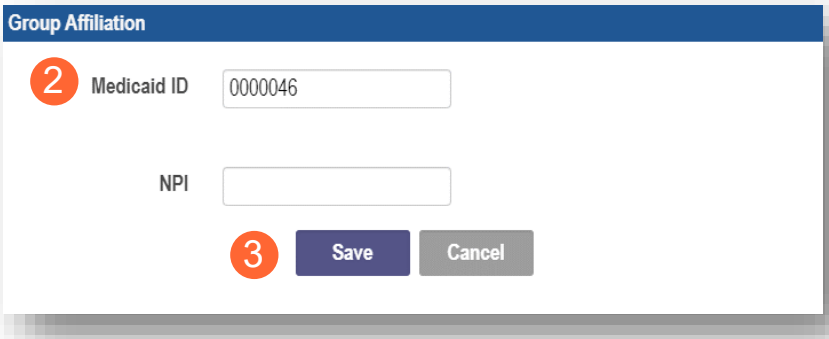
- Click 'Add New' under the Pending Group Affiliations section



Medicaid Pop-Up

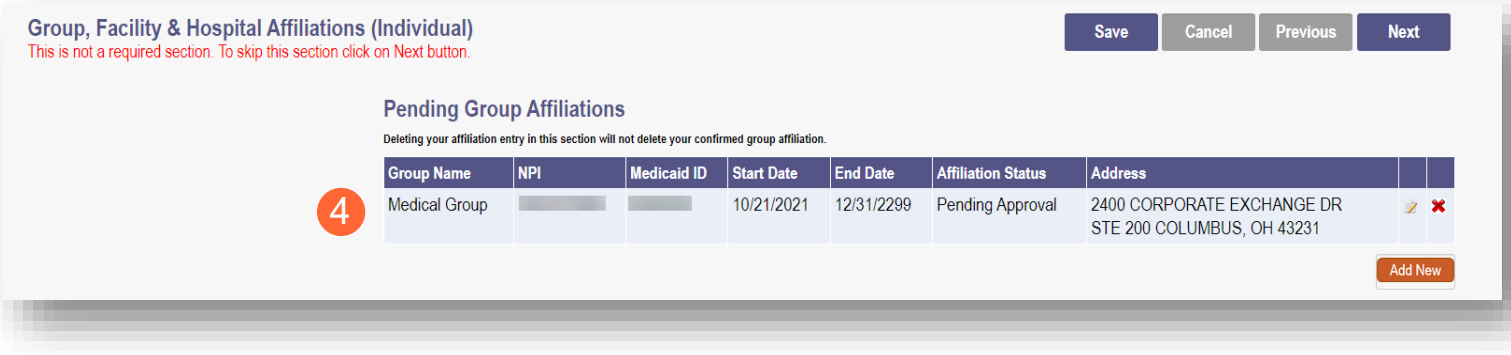
Step 2: Enter the Medicaid ID

- Click outside of the field and the NPI field will automatically update

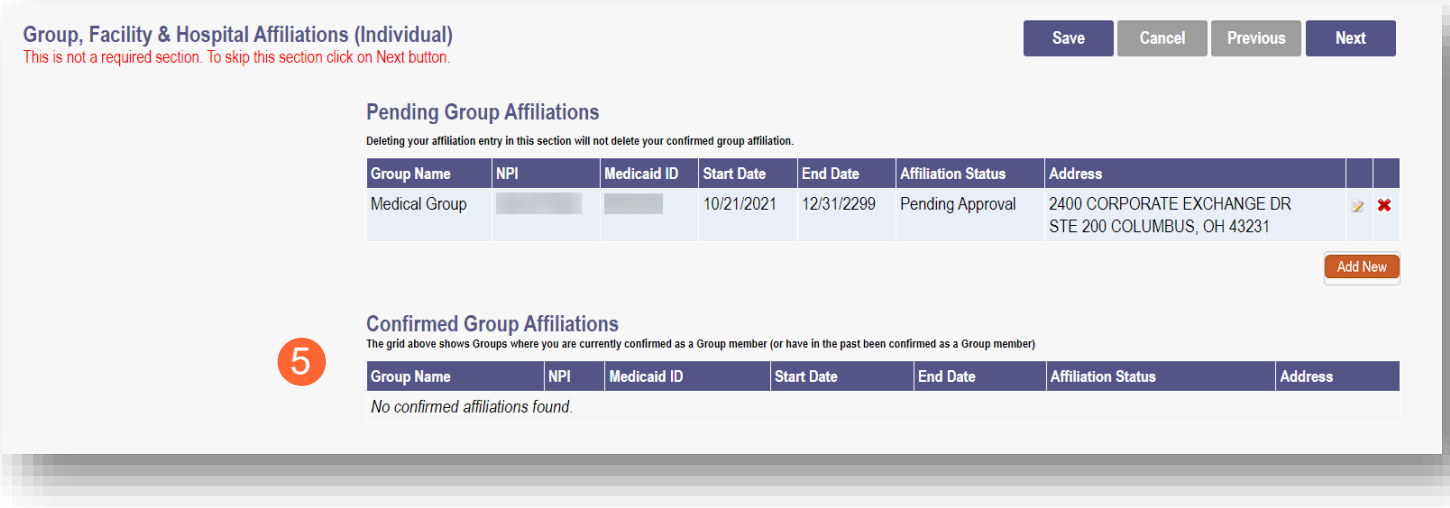


Step 3: Click 'Save' to continue

Step 4: Confirm the affiliation is listed on the screen *(Repeat the process to add additional affiliations)*



Step 5: When the 'Pending Group Affiliations' are approved, they will move to the 'Confirmed Group Affiliations' section *(these are approved by the Group or Facility provider themselves)*

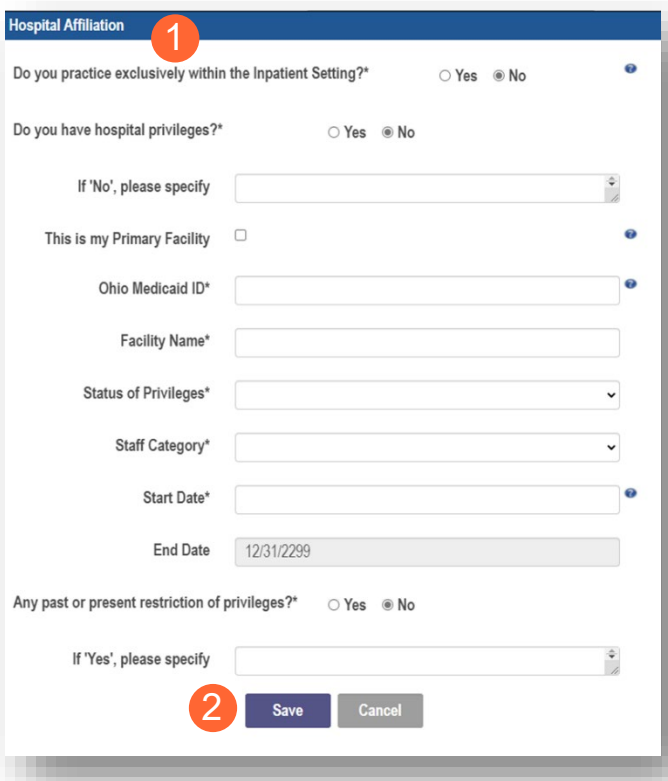


Adding a Hospital Affiliation

Step 1: Click ‘Add New’ under the Hospital Affiliations category. Enter all relevant and required information:

- Is this your primary facility?
  - If yes, click the ‘check box’ next to “This is my Primary Facility”
- Enter an Ohio Medicaid ID, this will populate the Facility name
- Select Status of Privileges from the drop-down menu
- Select Staff Category from the drop-down menu
- Select the Start Date
- Select the applicable ‘Yes’ or ‘No’ radio button for: “Any past or present restrictions of privileges?”
  - If ‘Yes’ is selected, complete the box stating “please specify”

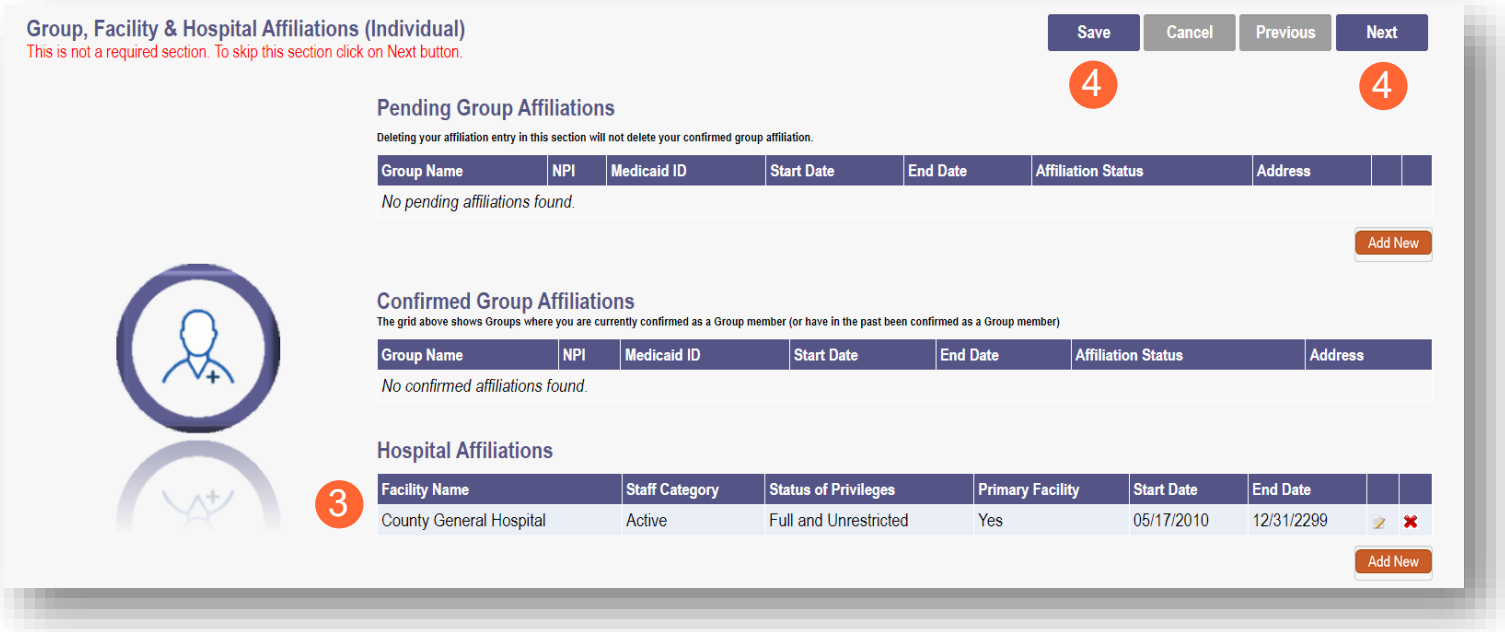
Step 2: Click ‘Save’ to continue



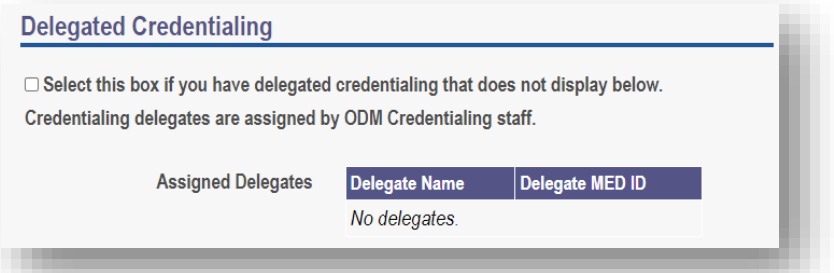
Step 3: Confirm Hospital Affiliation has saved *(Repeat the process to add additional affiliations)*

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



Note: 'Delegated Credentialing' will also appear on this screen, if appropriate. Select the checkbox if you have delegated credentialing that does not display in the table. Information will be updated by the ODM Credentialing staff after submission.

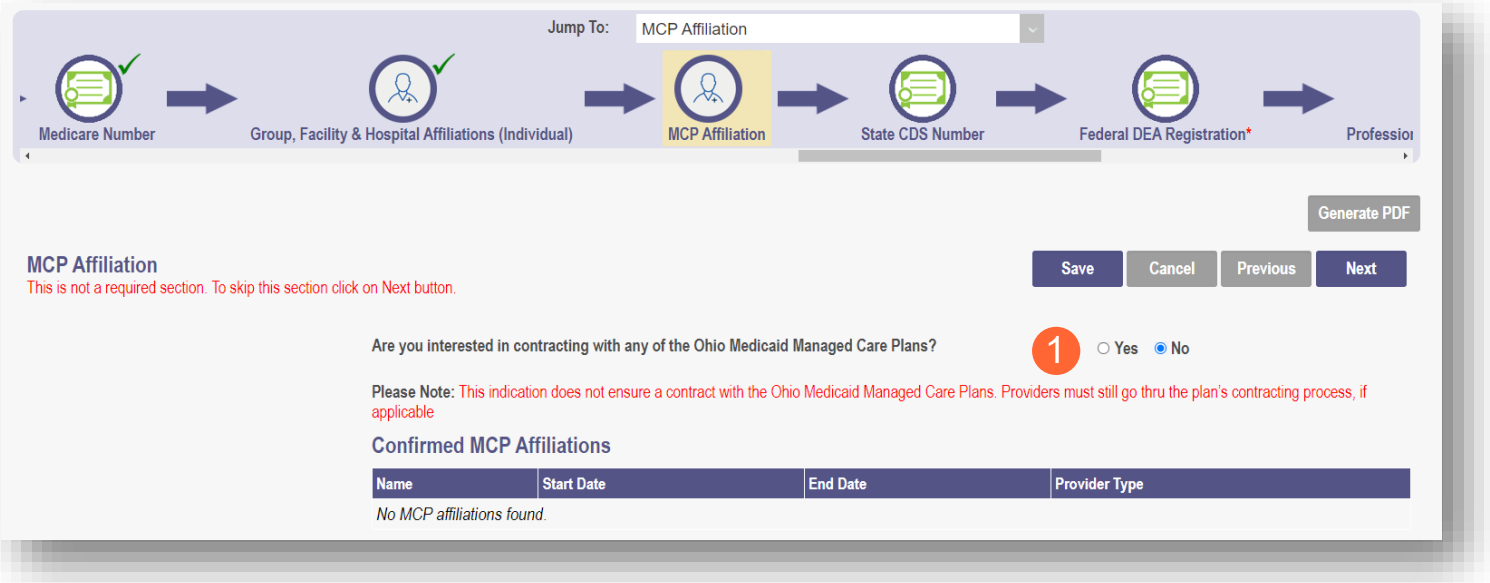


MCP Affiliation

This page allows you to confirm your interest with an Ohio Medicaid Managed Care Plan.

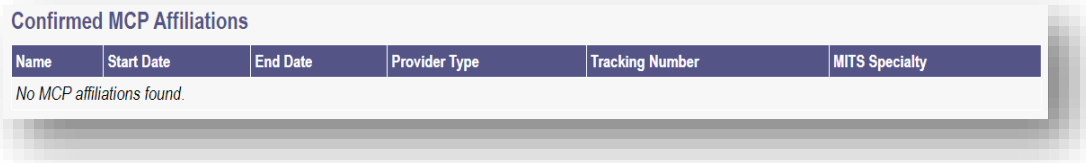
Step 1: Indicate if you are interested in contracting with any of the Ohio Medicaid Managed Care Plans by selecting 'Yes' or 'No' radio button

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: Once an MCP Affiliation has been confirmed, it would appear at the bottom of the page



State CDS Number Page

If you have a state-registered Controlled Dangerous Substance number, enter that information on this page

- If you do not have a CDS number, you can bypass the page by clicking 'Next'

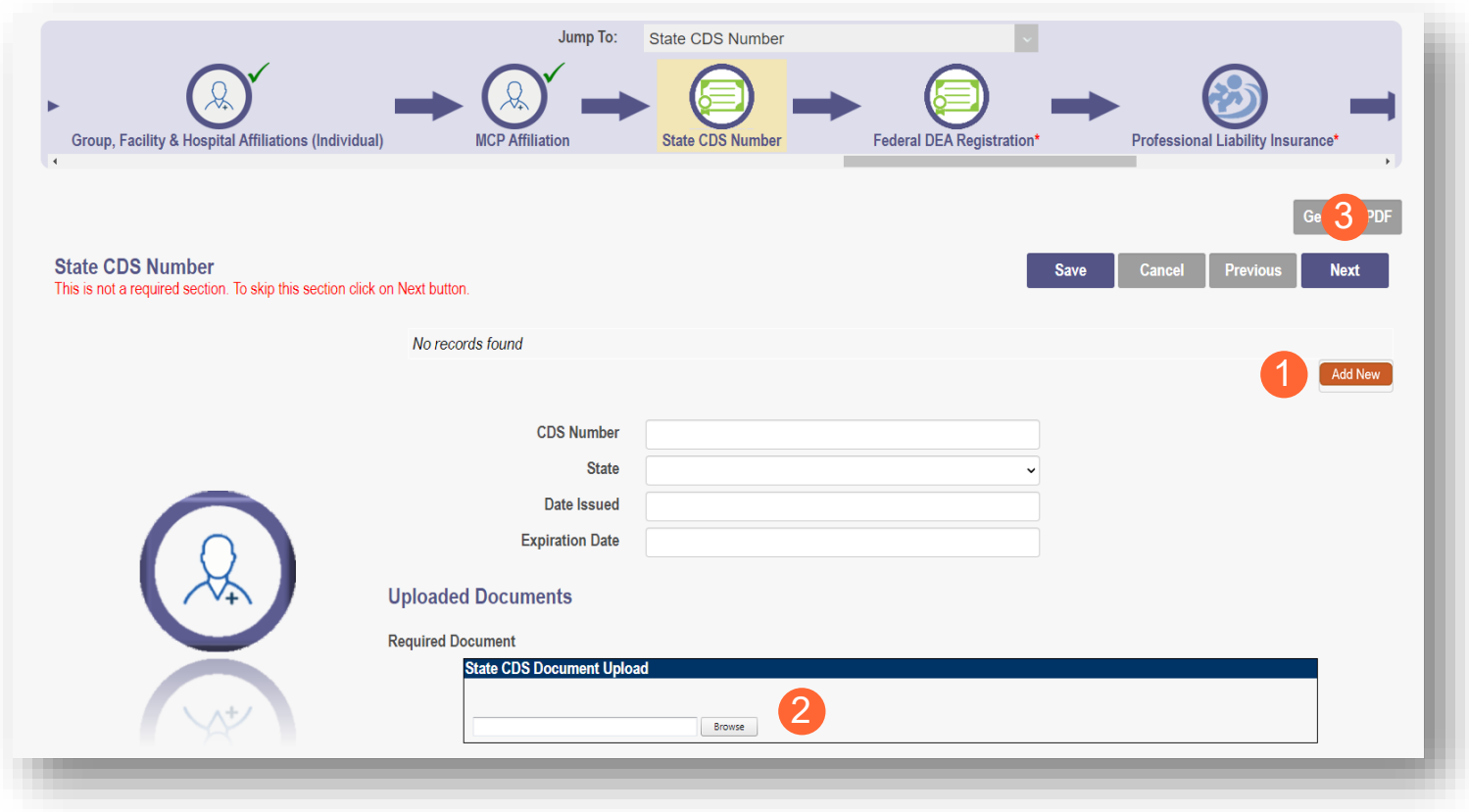
Step 1: If you have a CDS Number:

- Click 'Add New'
- Fill in the required fields

Step 2: Upload your State CDS document by clicking 'Browse'

- Locate, on your computer, the file you wish to upload and click 'Open'

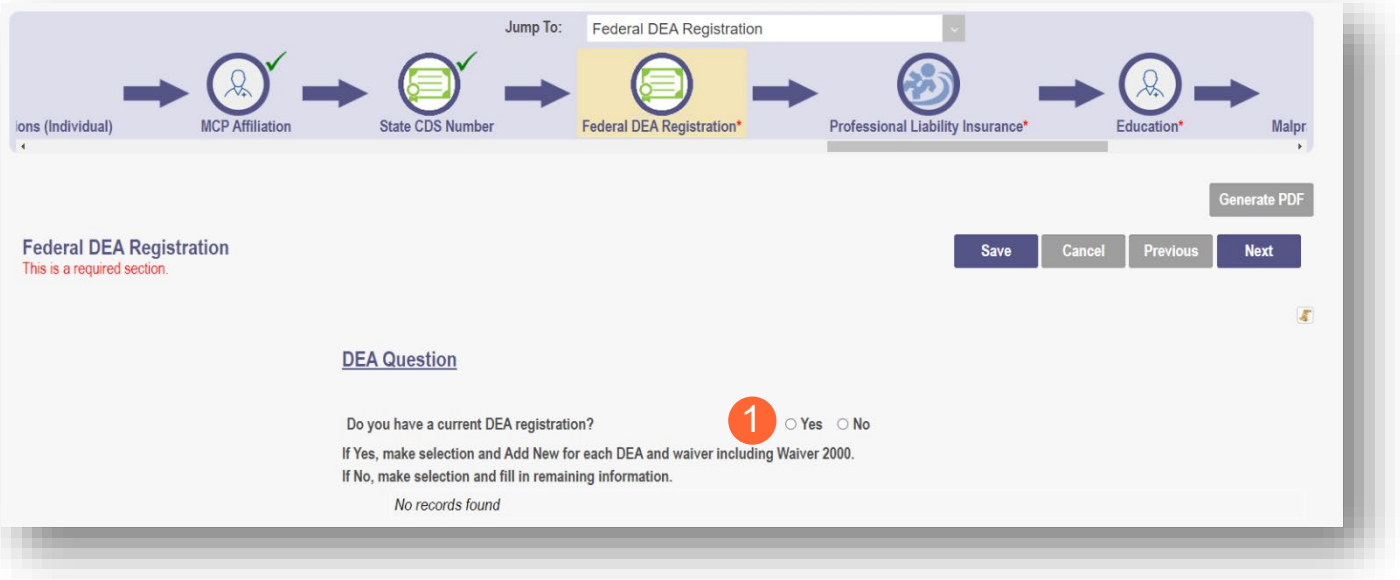
Step 3: Click 'Next' to save and move to the next screen



Federal Drug Enforcement Administration (DEA) Registration Page

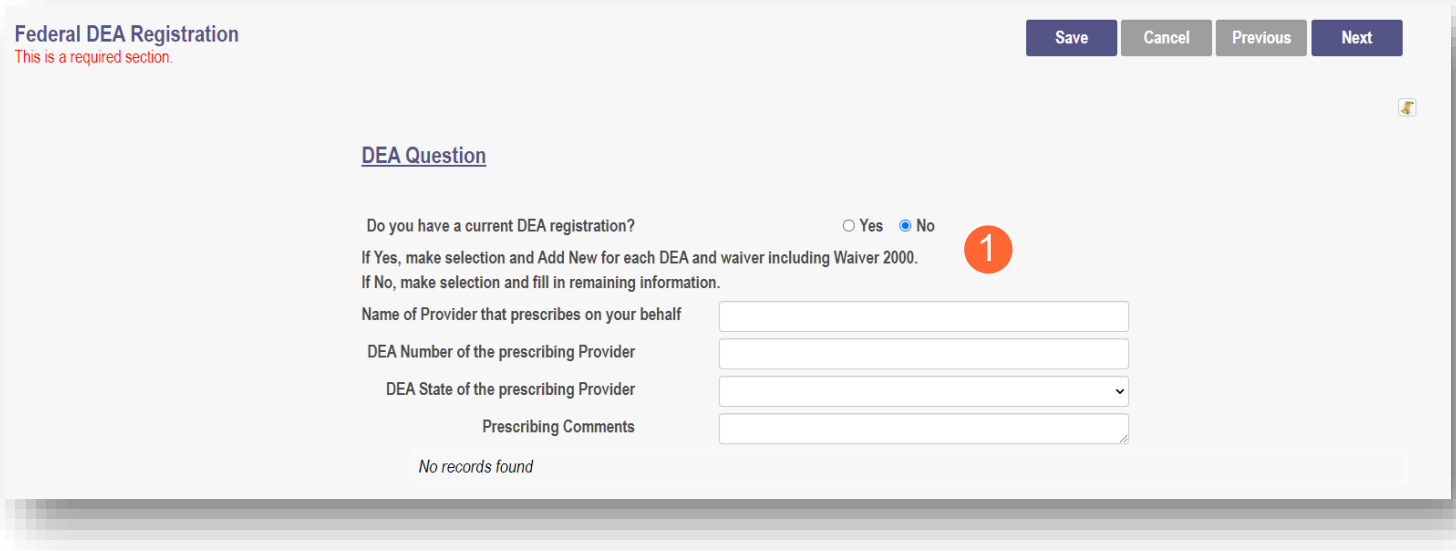
Note: Federal DEA Registration information is not required for every Provider type. Click 'Next' to skip, if not required.

Step 1: If this page appears, you must select the 'Yes' or 'No' radio buttons to answer the question: "Do you have a current DEA registration?"



Yes/No DEA Number

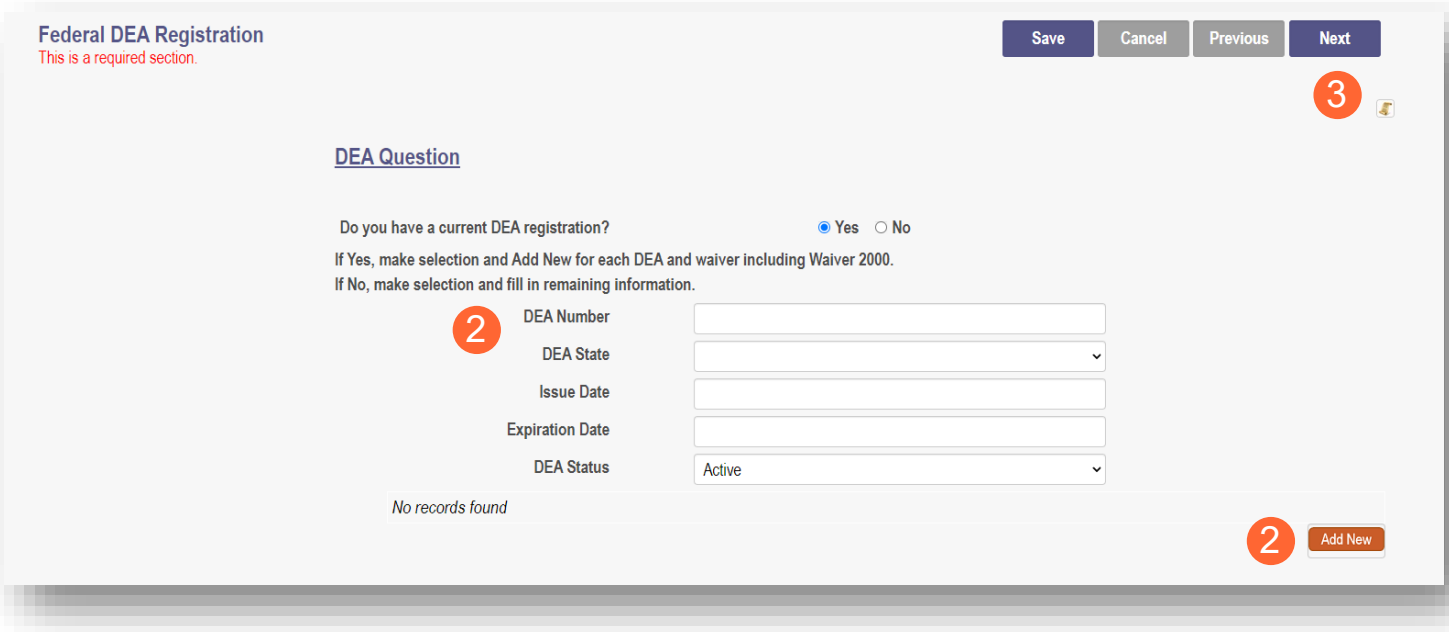
Step 1: If you select 'No', you will be prompted to enter the representative's information



Step 2: If you select 'Yes', you will be prompted to complete the screen with the corresponding DEA information by clicking 'Add New'

- DEA Number
- DEA State
- Issue Date
- Expiration Date

Step 3: Click 'Next' to save and move to the next screen



Professional Liability Insurance Page

This page allows you to enter information about your professional liability insurance

Note: Professional Liability Insurance information is not required for every Provider type. Click 'Next' to skip.

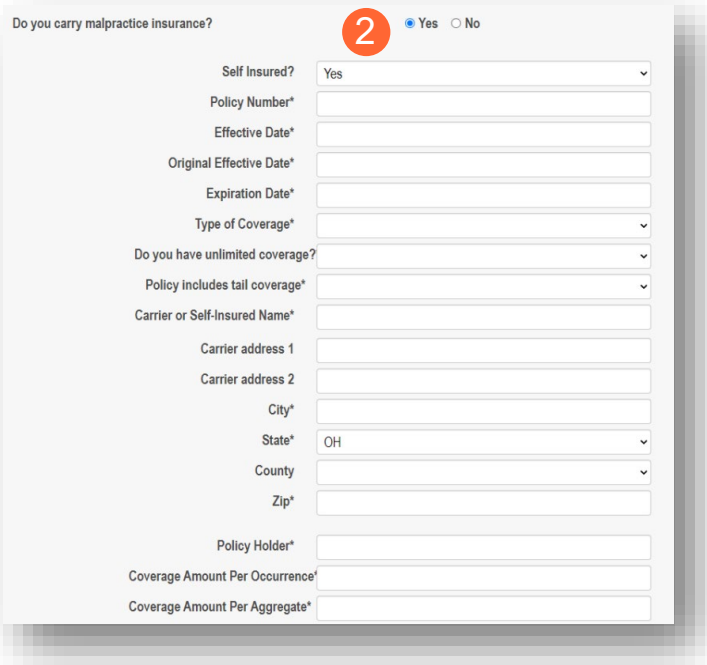
Step 1: To add Professional Liability Insurance, click 'Add New'

Yes/No Professional Liability Insurance

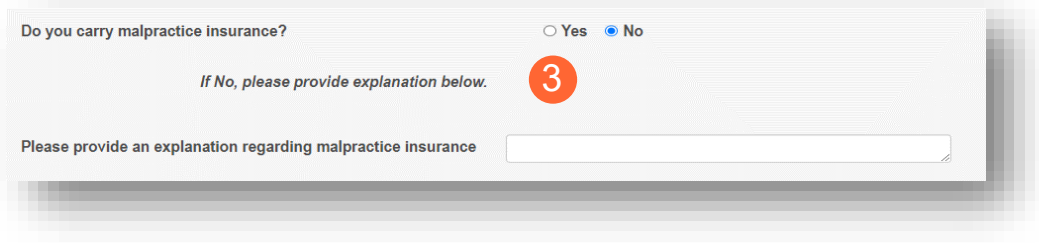
Step 2: You must select a 'Yes' or 'No' radio button for the question: "Do you carry malpractice insurance?"

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

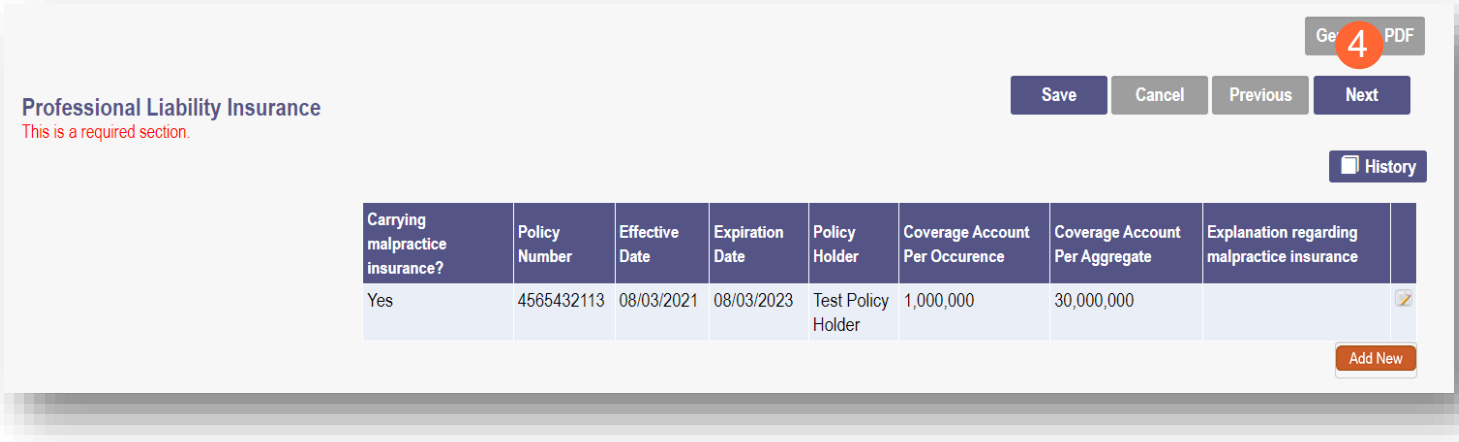
- Self-Insured?
- Policy Number
- Effective Date
- Original Effective Date
- Expiration Date
- Type of Coverage
- Do you have unlimited coverage?
- Policy includes tail coverage?
- Carrier or Self-Insured Name
- Address
- City
- State
- Zip
- Policy Holder
- Coverage Amount Per Occurrence
- Coverage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



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



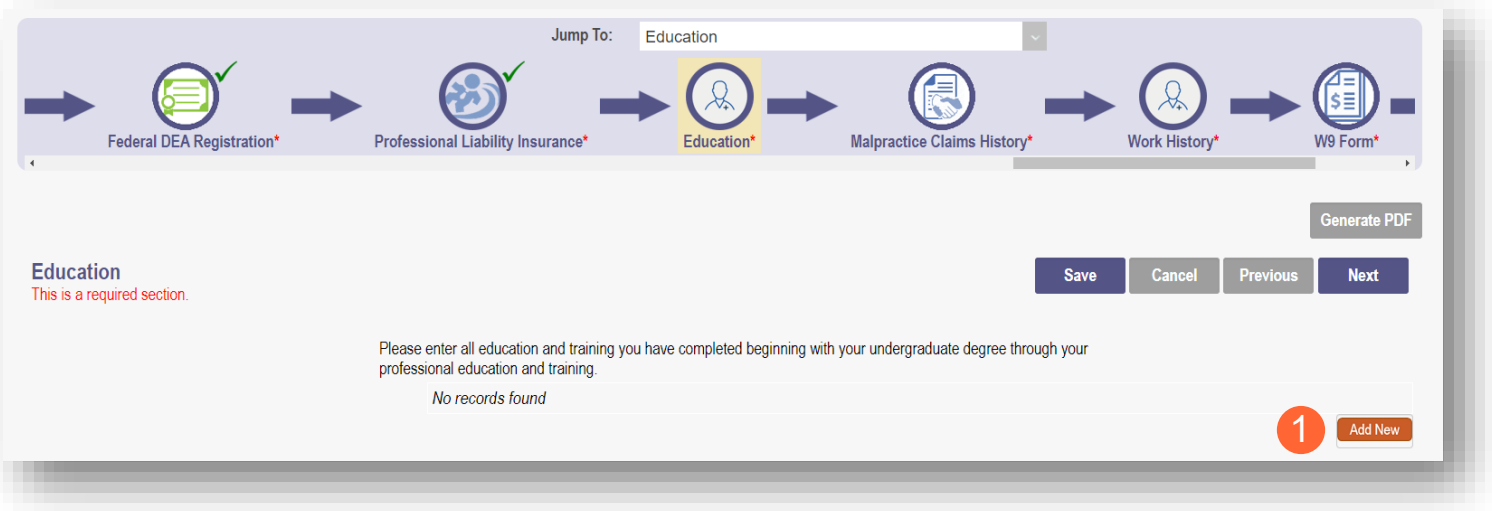
Step 4: Click 'Next' to save and move to the next screen



Education Page

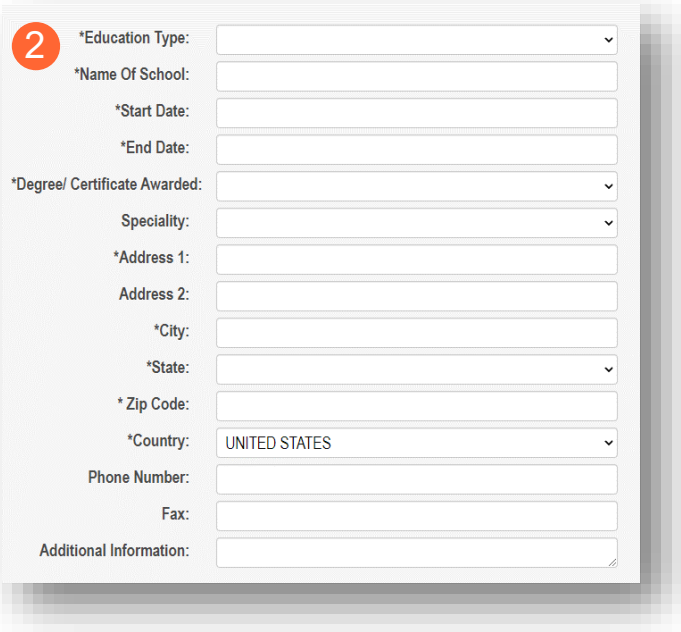
On this page, indicate all education and training that has been completed beginning with an undergraduate degree through professional education and training.

Step 1: To add Education History, click 'Add New'



Step 2: Enter the required fields with an asterisk *

- Education Type
- Name of School
- Start Date
- End Date
- Degree Awarded
- Address
- City
- State
- Zip Code

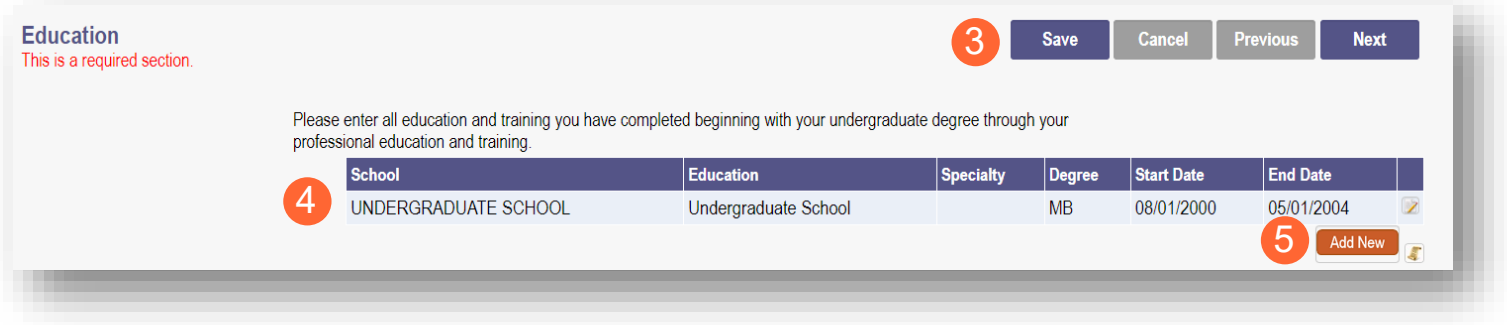


Note: The Additional Information field can be used to enter other details that may help during the credentialing process. You can provide information such as a Contact Name, Phone Number, Department, or any other information that can help verify education

Step 3: Click ‘Save’ to continue

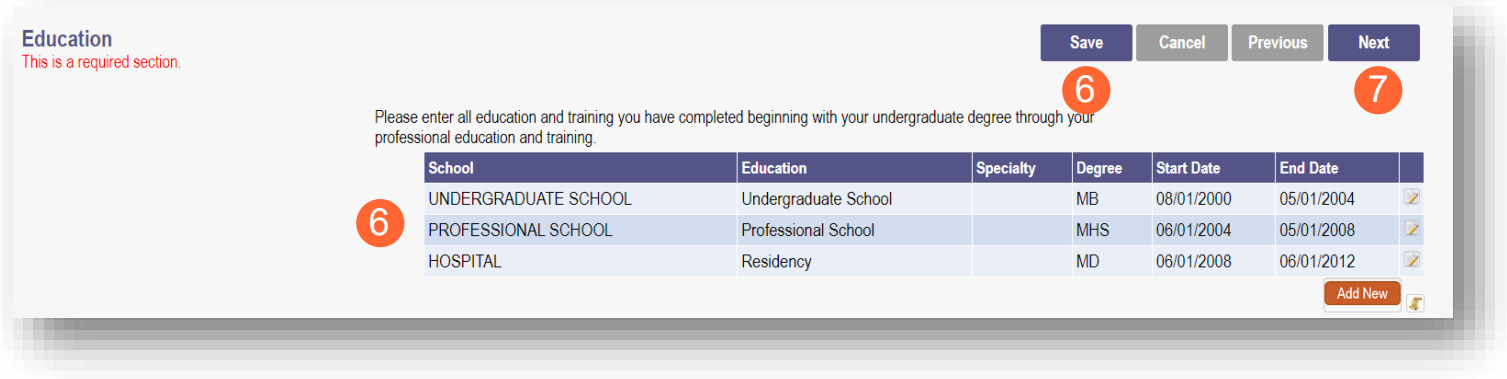
Step 4: Confirm that the Undergraduate School saved

Step 5: To enter additional education, click ‘Add New’ and follow the same process above



Step 6: Click ‘Save’ to continue and verify the additional education history as it appears on the screen

Step 7: Click ‘Next’ to proceed to the next page once all education has been added



Malpractice Claims History Page

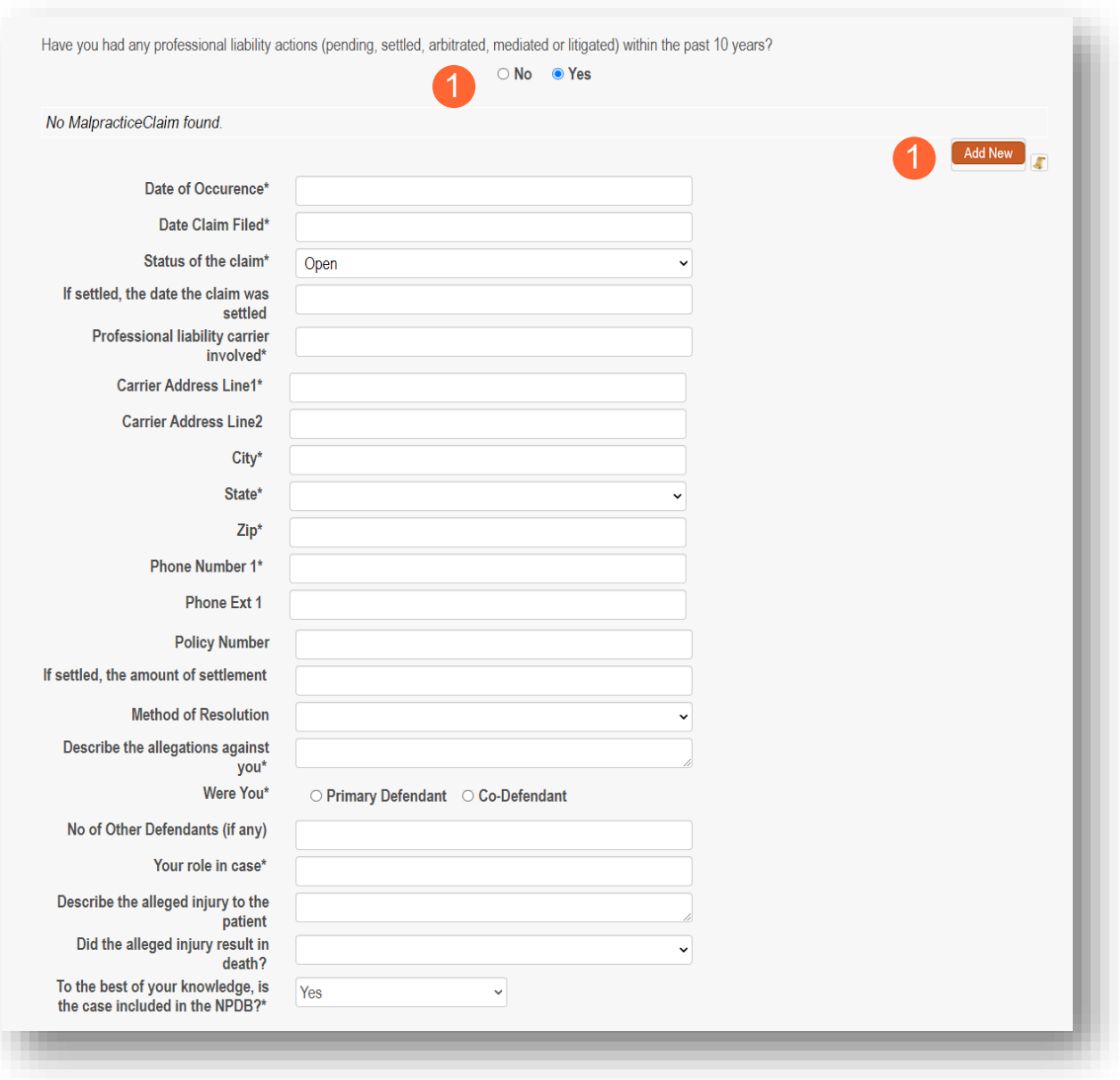
This page asks the question: “Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years?”

Note: This page will only display for required Providers

Step 1: Click the ‘Yes’ or ‘No’ radio button to indicate your answer

Yes/No Malpractice Claims History

- If ‘No’ is indicated, click ‘Next’ to save and proceed to the next page
- If ‘Yes’ is indicated, select ‘Add New’ complete the required information regarding each action



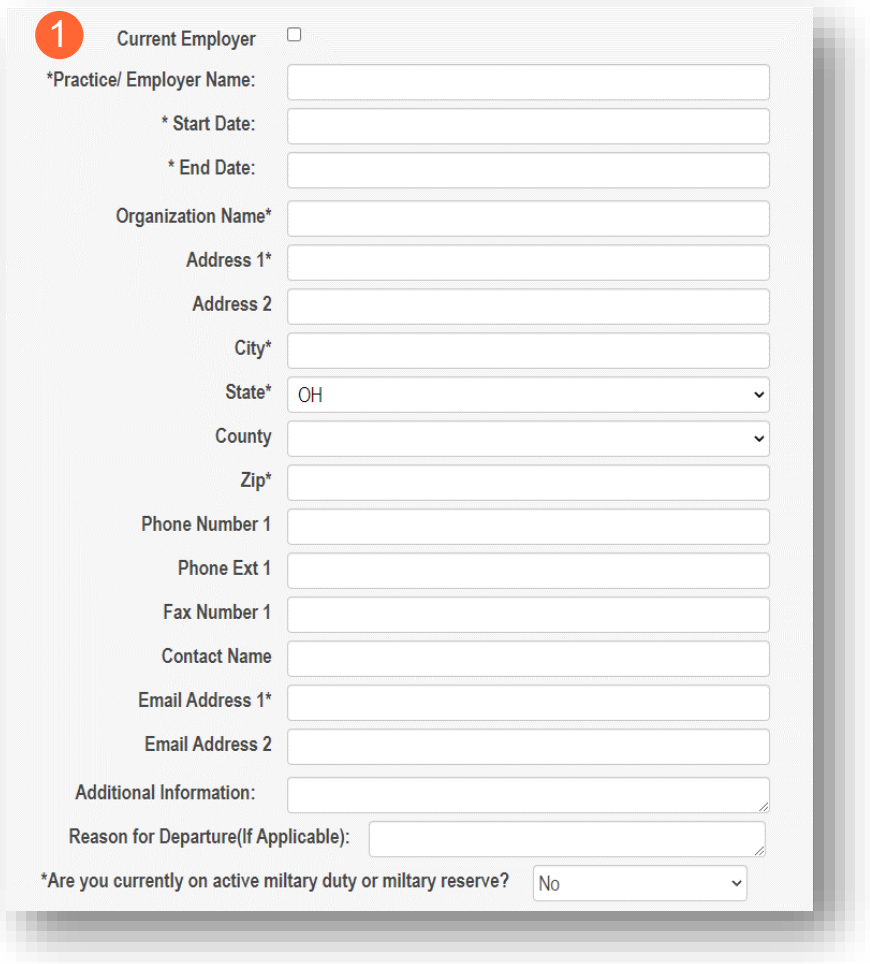
Step 2: After filling in the required fields, click ‘Next’ to save the information and proceed to the next page

Work History Page

A Work History of 5 years (in chronological order) from the start of your licensure, must be provided on your application

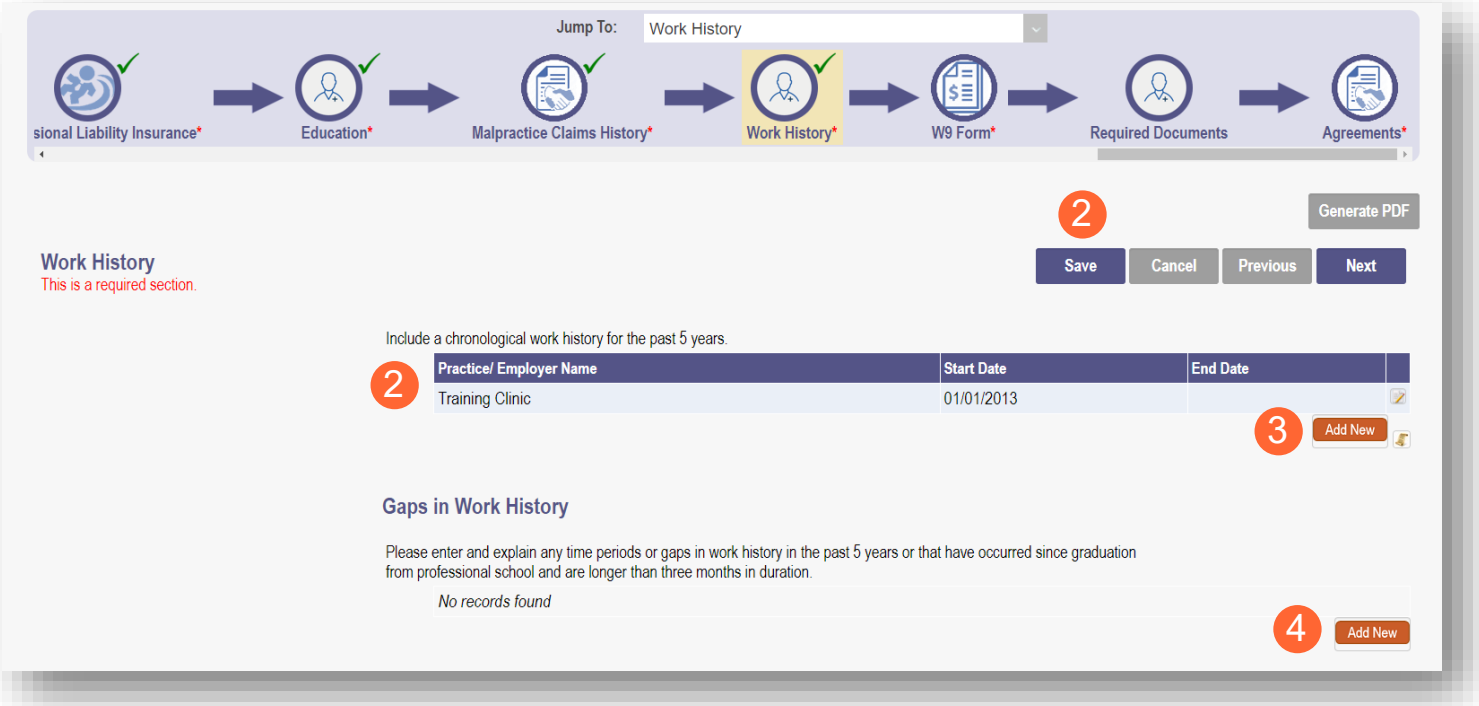
Step 1: To add Work History, click the 'Add New' button

- Select the check box for 'Current Employer' for your current employer
- Enter the relevant and required fields
  - Practice Employer Name
  - Start Date
  - End Date
  - Organization Name
  - Address
  - City
  - Zip
  - Phone Number
  - Contact Name: This is a contact for the organization that can verify work history
  - Email Address
  - Additional Information
  - Reason for Departure (if applicable)



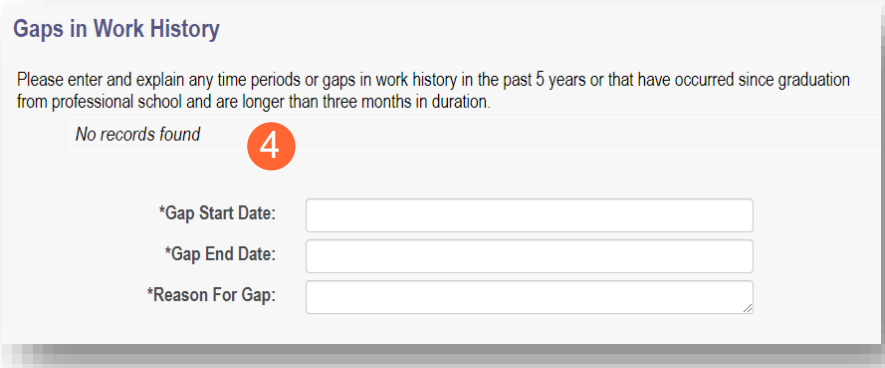
Step 2: Click ‘Save’ to confirm the work history as it appears on the screen

Step 3: Continue adding work history for the past 5 years (in chronological order) by clicking ‘Add New’ and repeating the process above



Step 4: If there are any gaps in work history during the past 5 years, enter that information by clicking ‘Add New’ under the Gaps in Work History section

- Complete Information for any gaps in Work History
  - Gap Start Date
  - Gap End Date
  - Reason for Gap

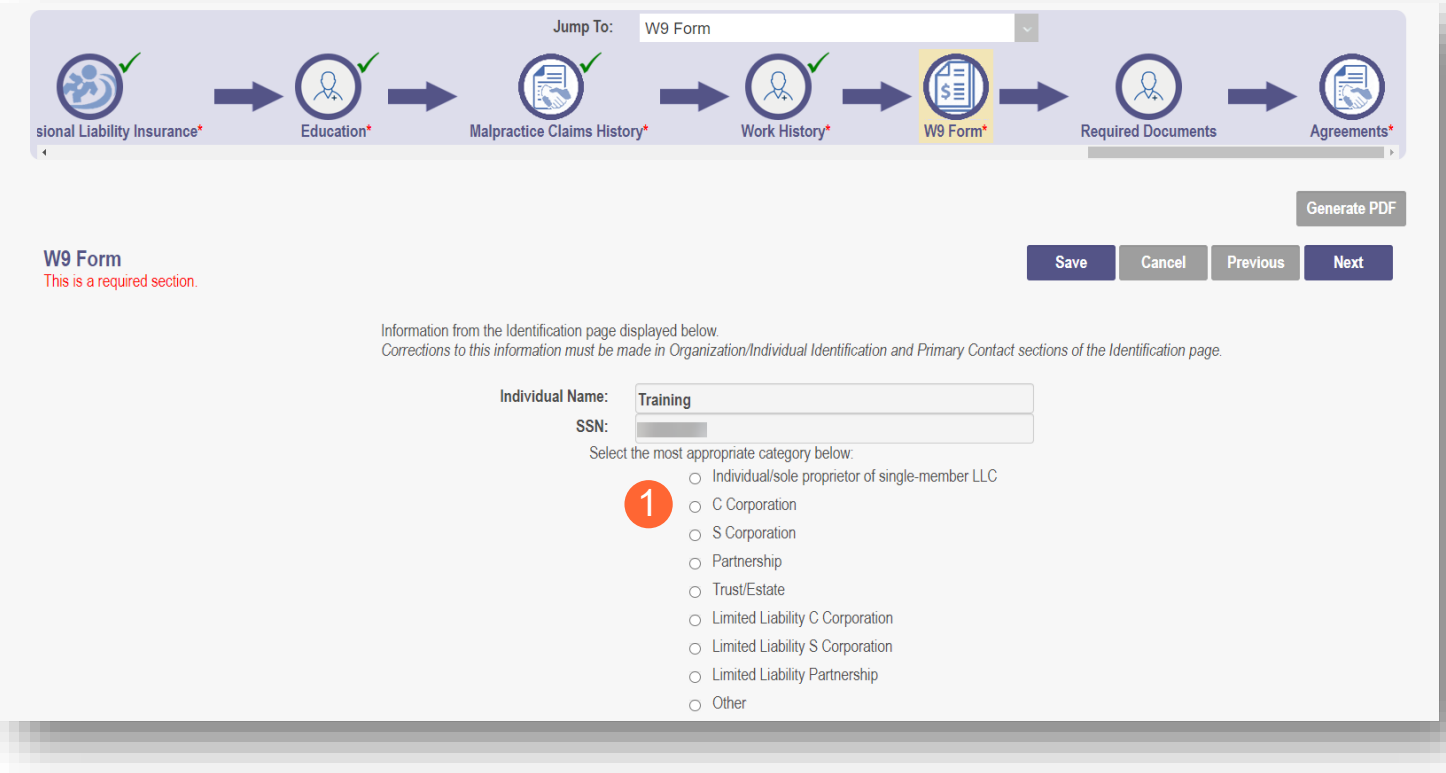


Step 5: Click ‘Save’ to save the work details then click ‘Next’ to continue

W9 Form Page

On this page, indicate which tax filing category and document you complete to provide the correct EIN/TIN

Step 1: Select the most appropriate individual 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 uploaded

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

EFT Banking Information Page

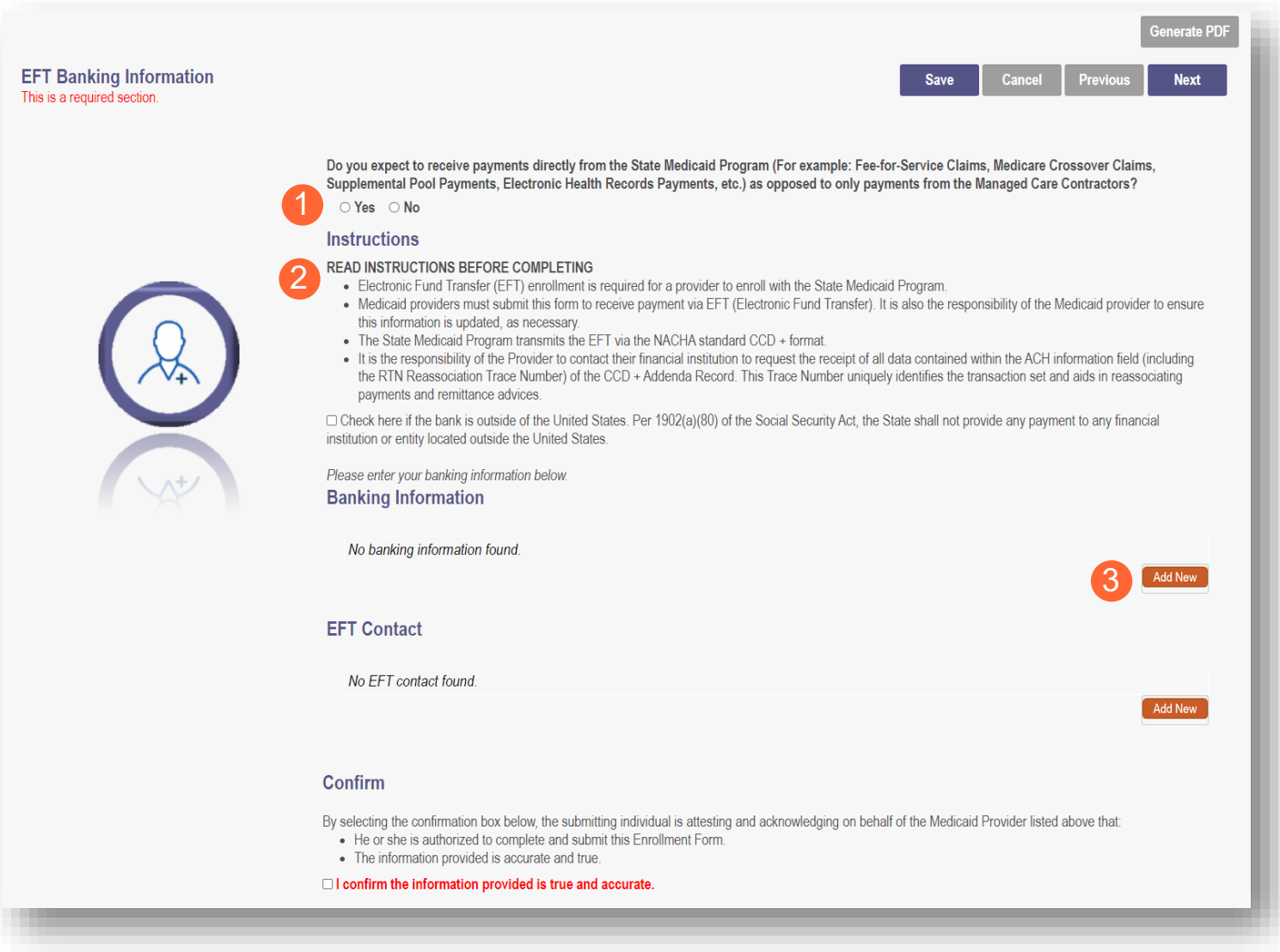
This page asks to you indicate enrollment of Electric Fund Transfer (EFT), which is required to enroll with the State Medicaid Program. However, if 'No' is answered to the first question, no additional details need to be entered

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

Step 2: Read the instructions section before proceeding to Step 3

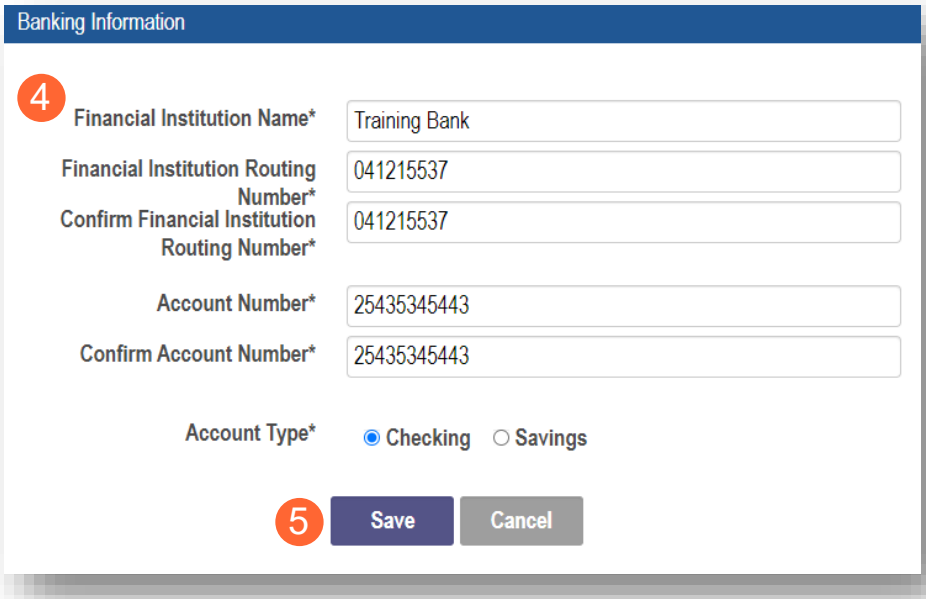
Note: If your bank is outside of the United States, click the checkbox at the end of the 'Instructions' section

Step 3: To enter your Bank Account information, click 'Add New' under the Banking Information Section



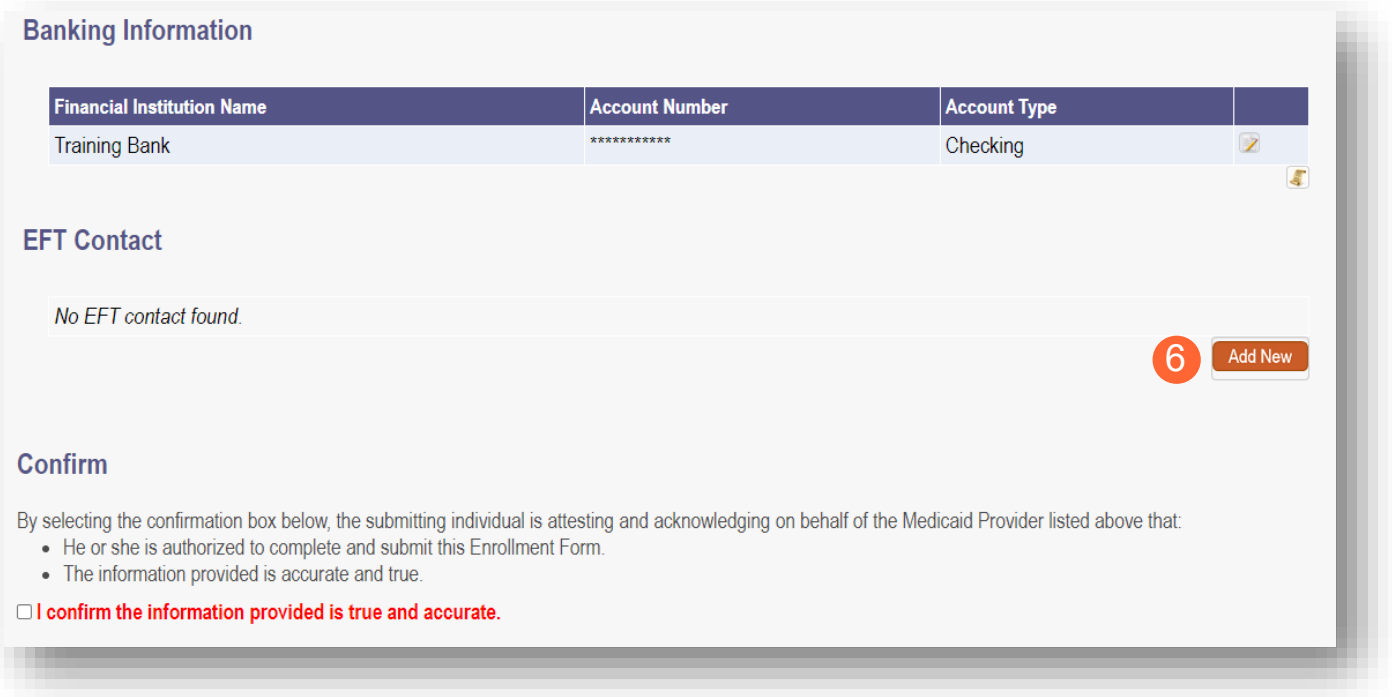
Step 4: Complete the required information

- 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



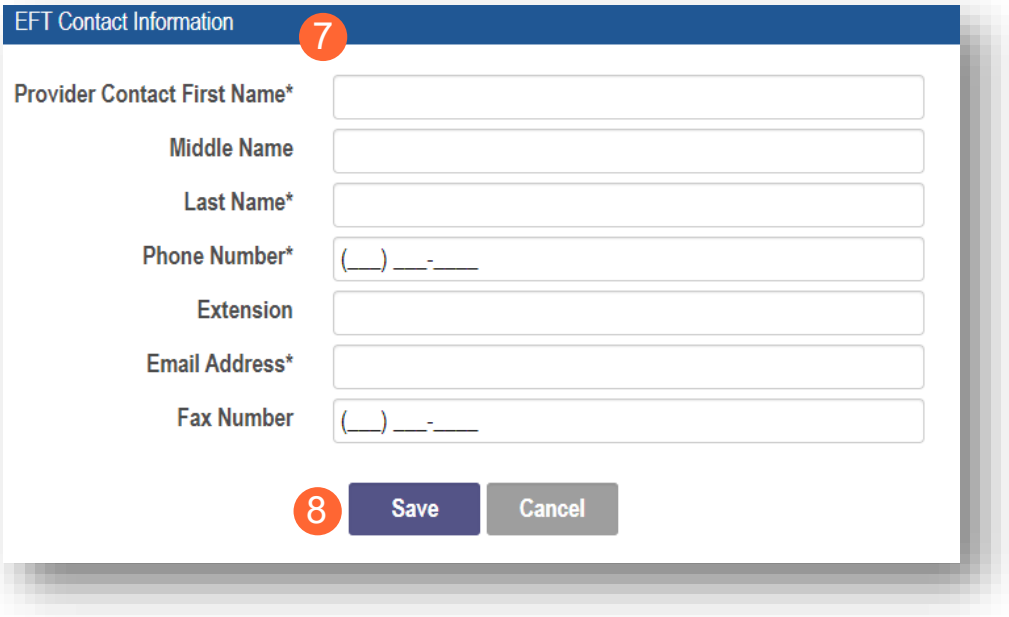
Step 7: Enter the following contact information for the person who will handle the Electric Funds Transfer account

Required

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

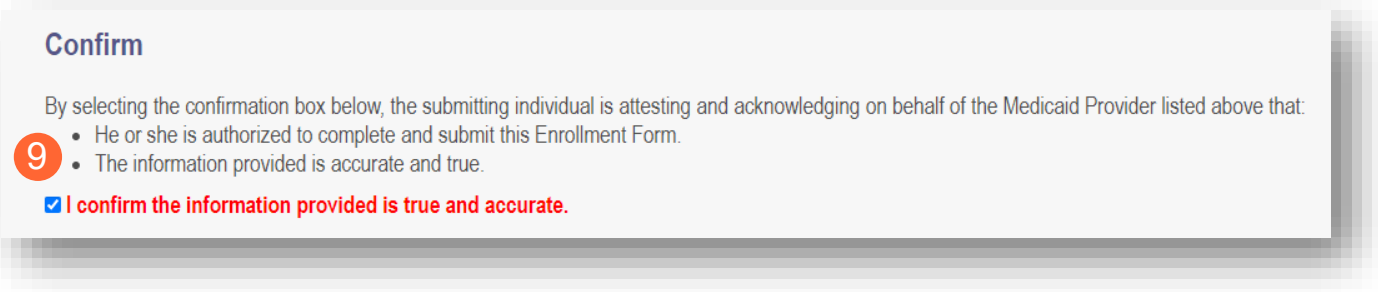
Optional

- Middle Name
- Phone Extension
- Fax Number

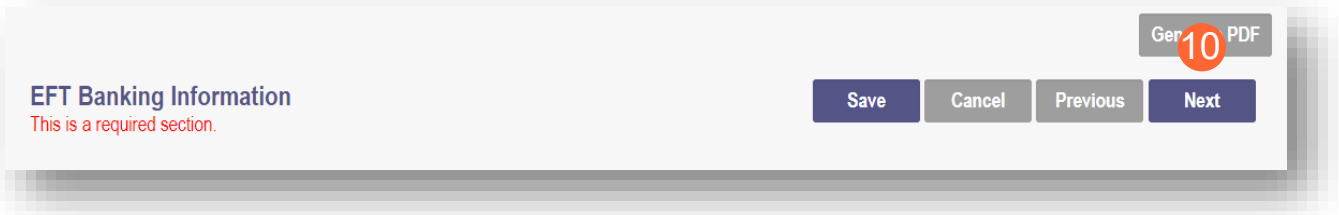


Step 8: Click 'Save'

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



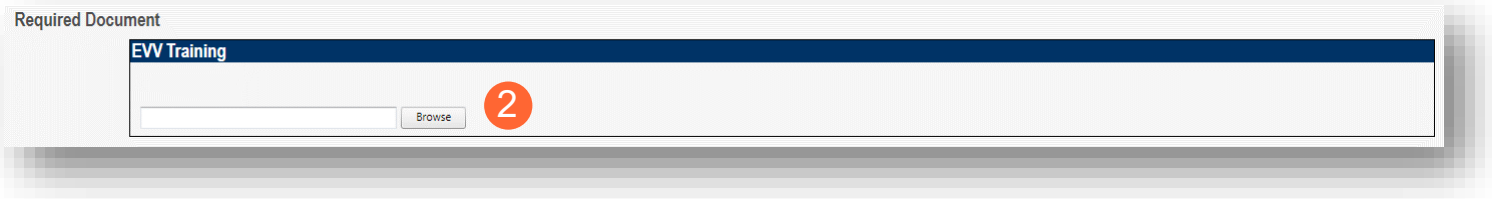
Required Documents Page

The required documents page allows you to upload required or supporting documentation

Step 1: If you have additional documentation not uploaded on other pages, you can upload it here

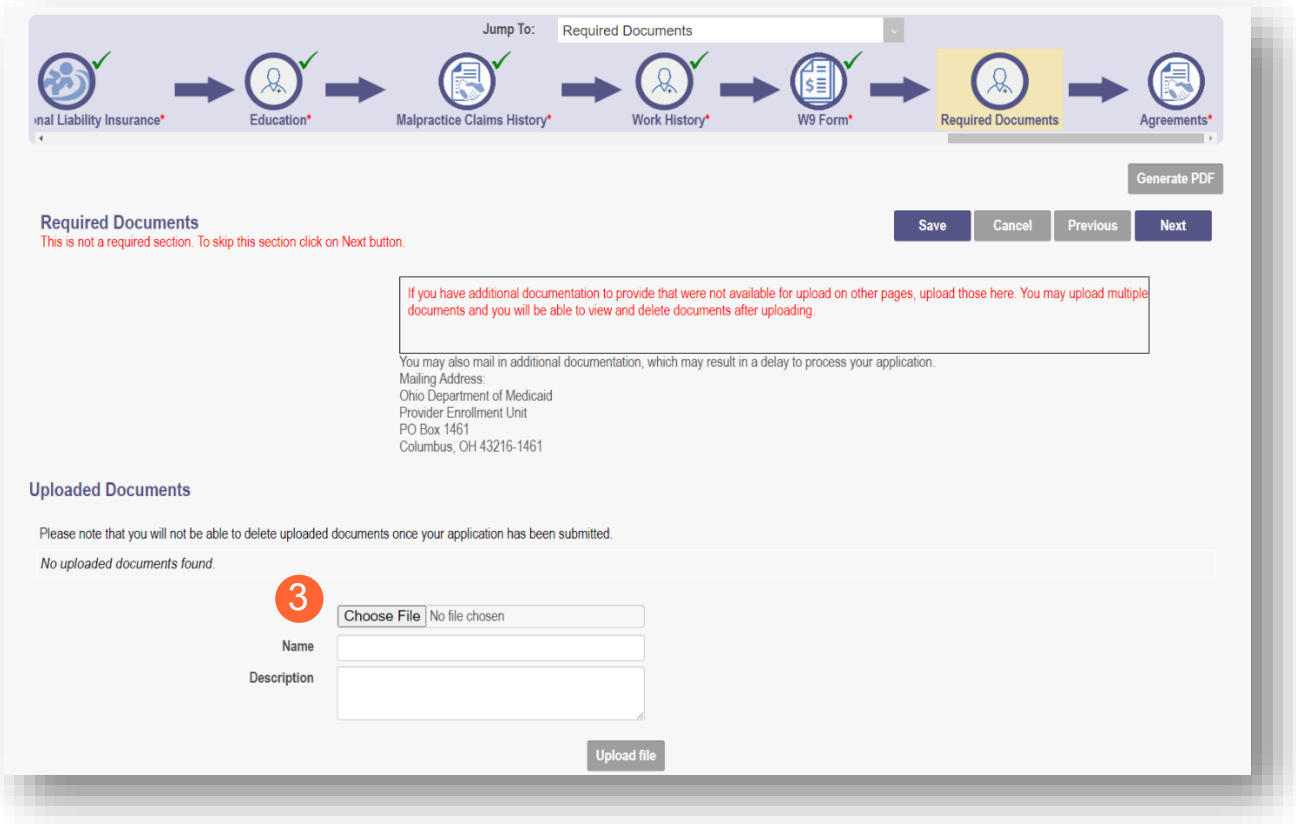
Step 2: If you are required to upload documents, blue upload boxes will be displayed under the Required Documents section

- To upload a document, click 'Browse'
  - Select the file on your computer and open



Step 3: If you want to upload a document not required by any previous page, click 'Choose File'

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

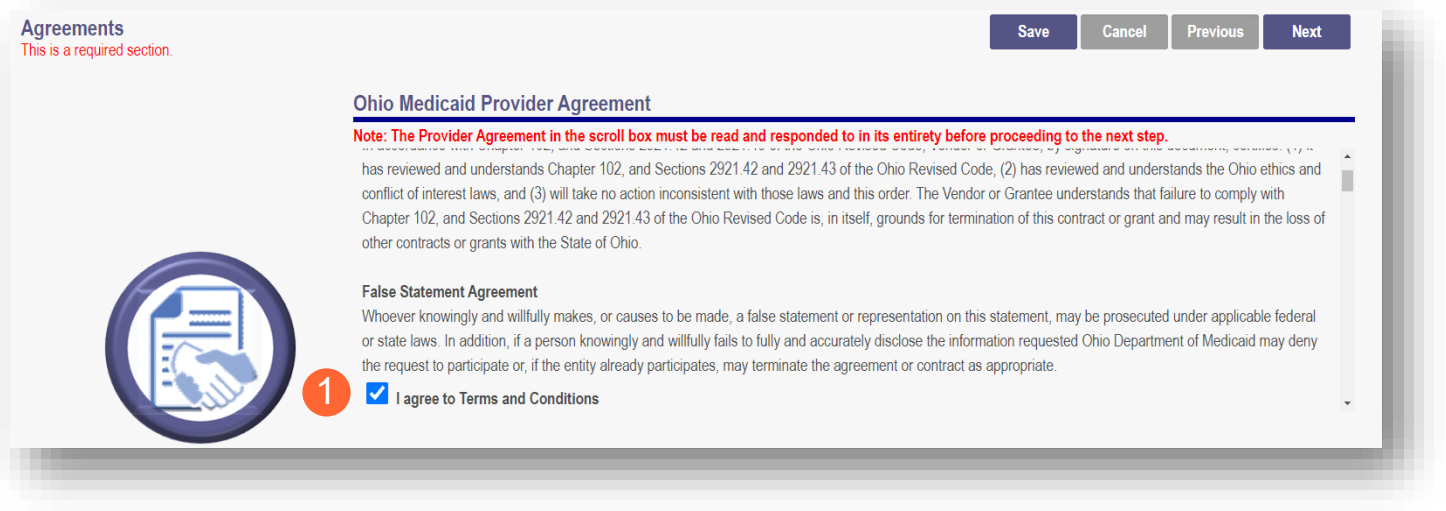


Agreements Page

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

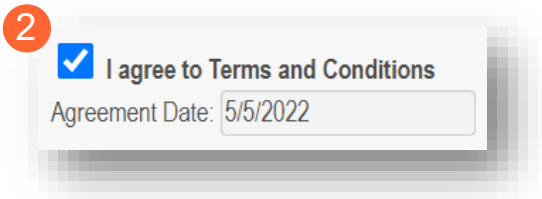
Step 1: Complete the Ohio Medicaid Provider Agreement attestation. The agreement must be viewed in its entirety before the 'I Agree' box will be available for selection.

- Click 'I agree to Terms and Conditions'



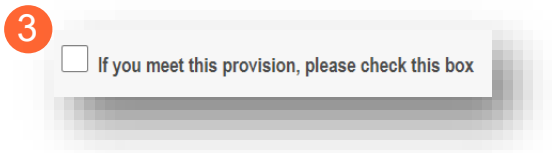
Step 2: Read the Non-Credentialed Providers section of the agreements

- 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'

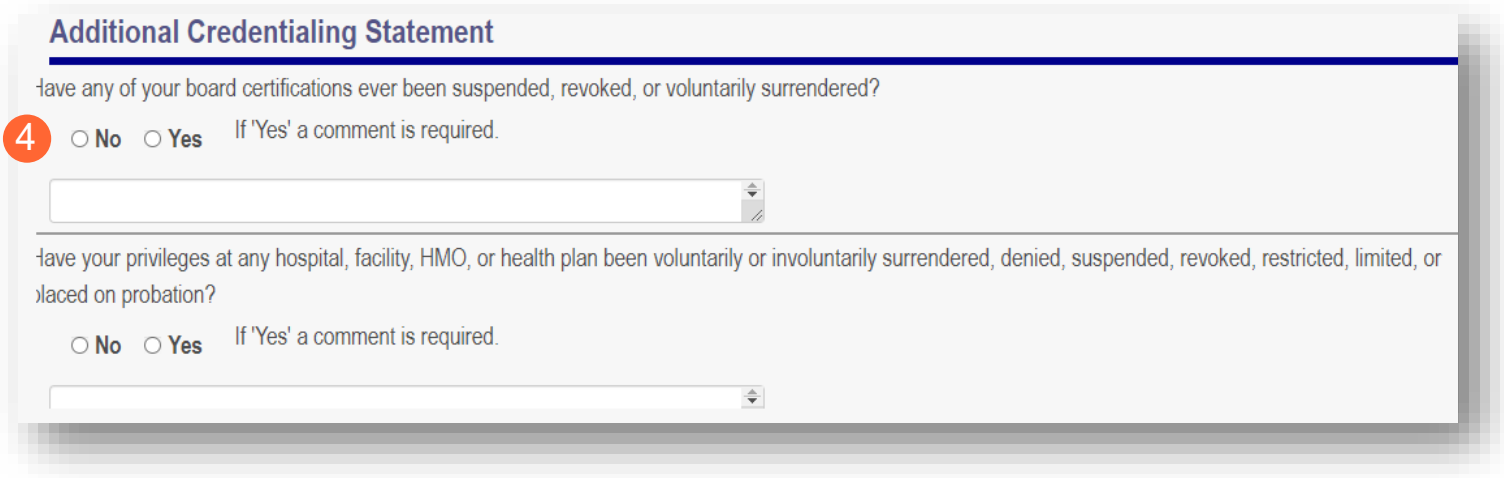


Step 4: Complete the Additional Credentialing Statement questions if your Provider type requires credentialing

Possible 'Additional Credentialing Statement' questions:

- Have any of your board certifications ever been suspended, revoked, or voluntarily surrendered?
- Have your privileges at any hospital, facility, HMO, or health plan been voluntarily or involuntarily surrendered, denied, suspended, revoked, restricted, limited or placed on probation?
- Have you ever been placed on probation or asked to resign from an internship, residency, or other training program?
- Has your malpractice insurance ever been cancelled, suspended, restricted, limited, special rated, or not renewed?
- Has information pertaining to you ever been reported to the National Practitioner Data Bank?

Select the 'Yes' or 'No' radio button for the appropriate answer *(If 'Yes' is selected, a comment is required)*

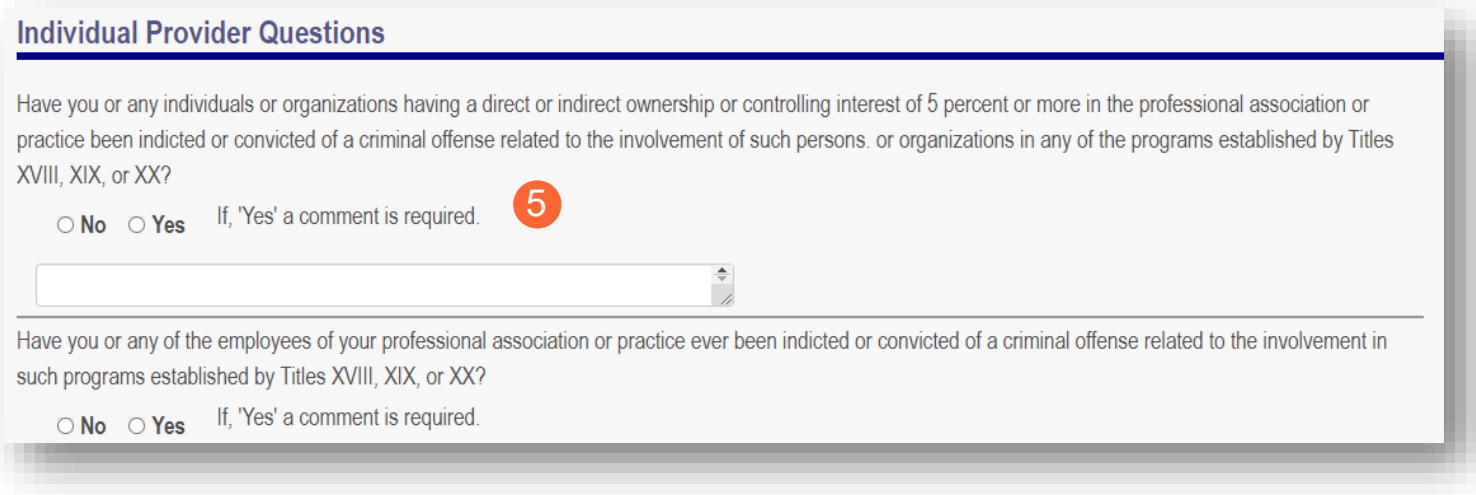


Step 5: Complete the Individual Provider Questions

Possible Individual Provider Questions:

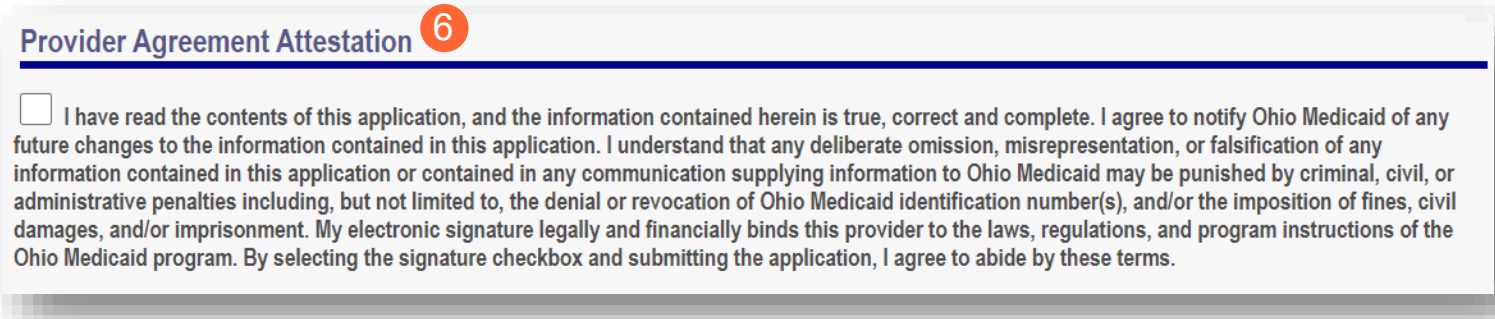
- Have you or any individuals or organizations having a direct or indirect ownership or controlling interest of 5 percent or more in the professional association or practice been indicted or convicted of a criminal offense related to the involvement of such persons or organization in any of the programs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

Select the 'Yes' or 'No' radio button for the appropriate answer *(If 'Yes' is selected, a comment is required)*



Step 6: 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



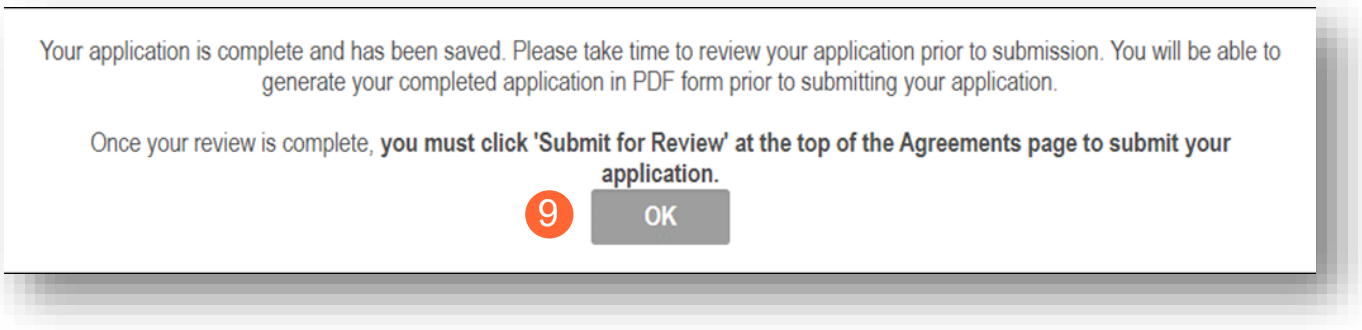
Step 7: Complete the Provider Agreement Signature

- Enter your full name as the person attesting
- Confirm Provider Name and User ID auto-filled correctly

Step 8: Click ‘Save’

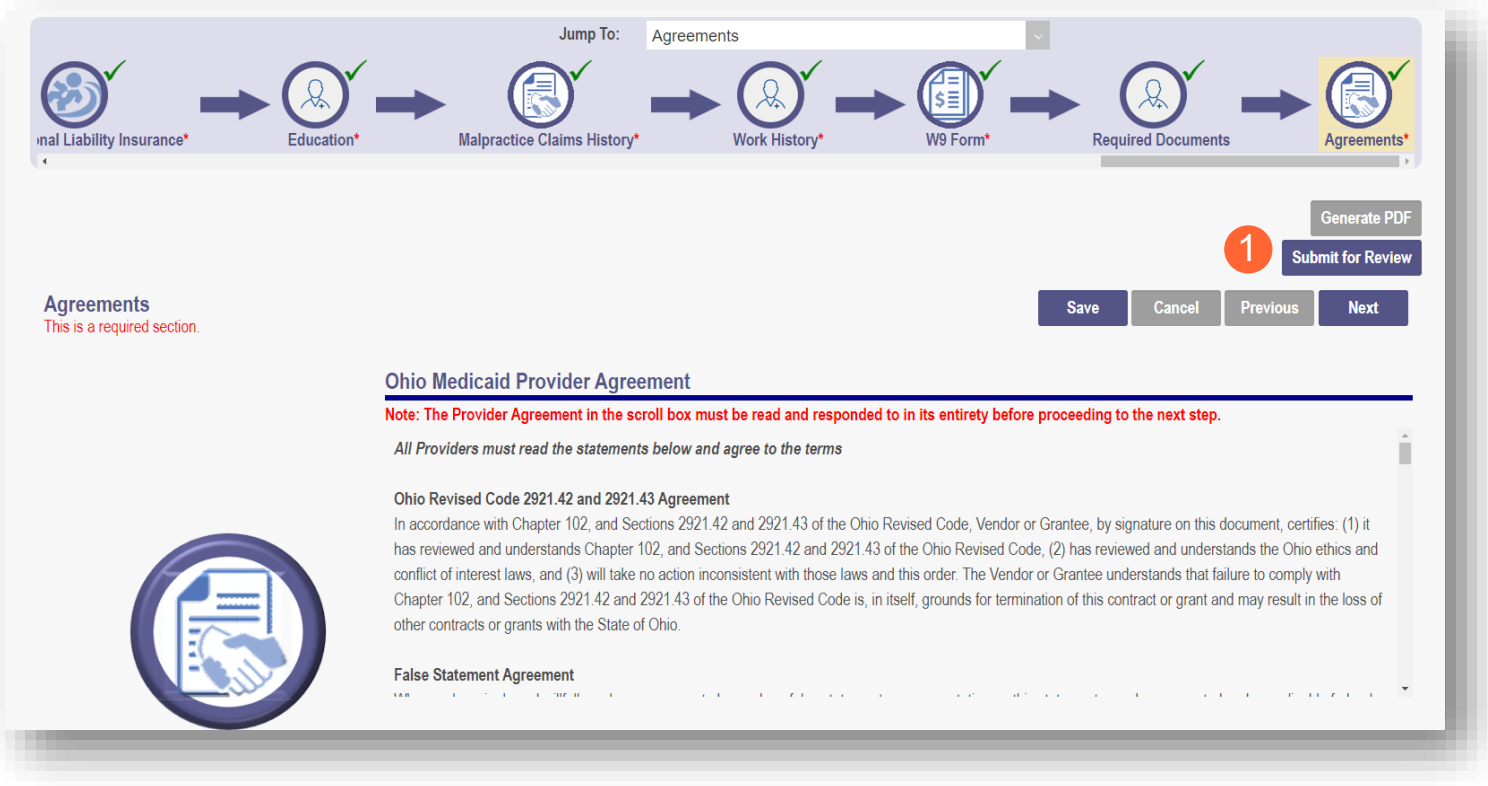
- A pop-up will appear confirming your application is complete

Step 9: Click ‘OK’ to review your application prior to submission



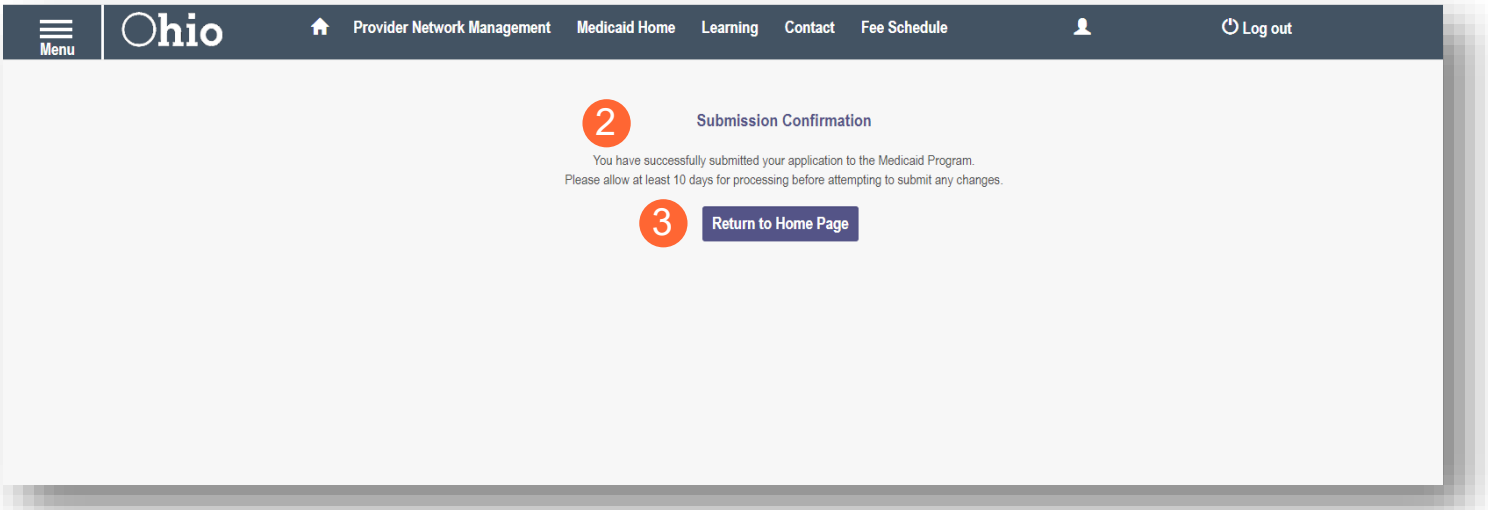
Submitting Application

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 confirmation message stating that your application has been successfully submitted

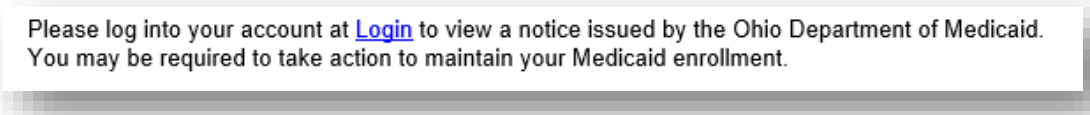
Step 3: Click 'Return to Home Page' to go to your dashboard



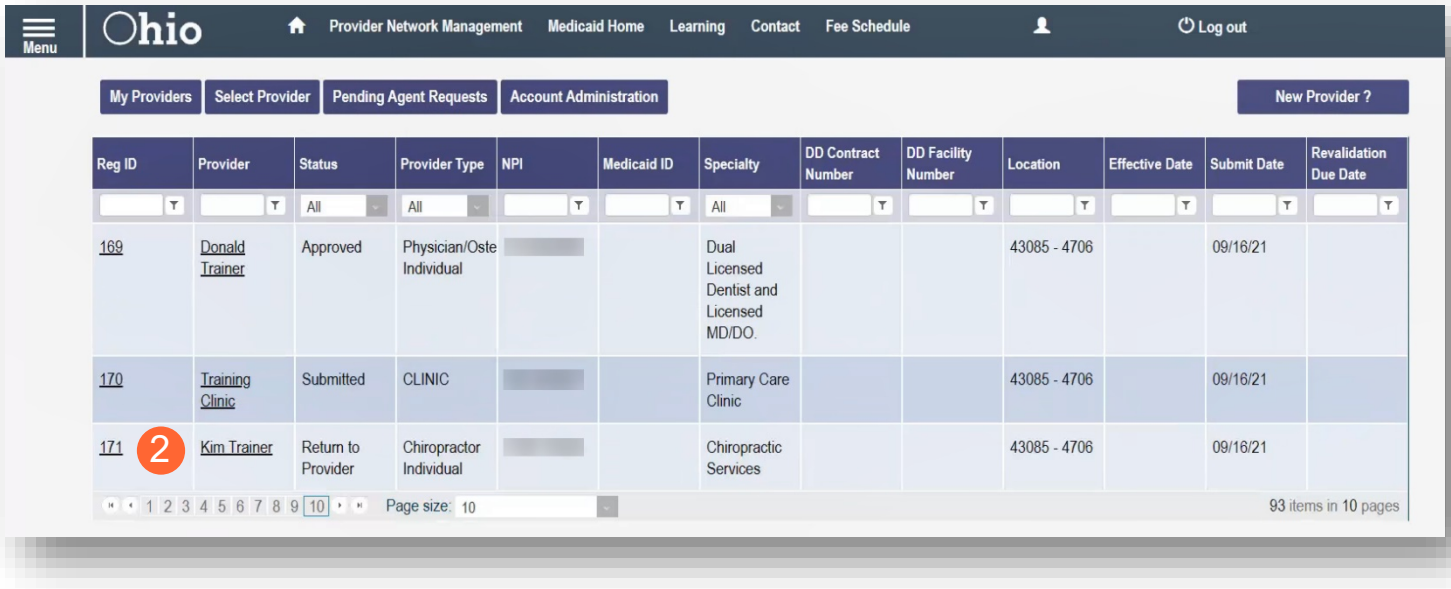
Resubmitting an Application

If a specialist reviewing your application needs additional information, they will return the application to you 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 to you.

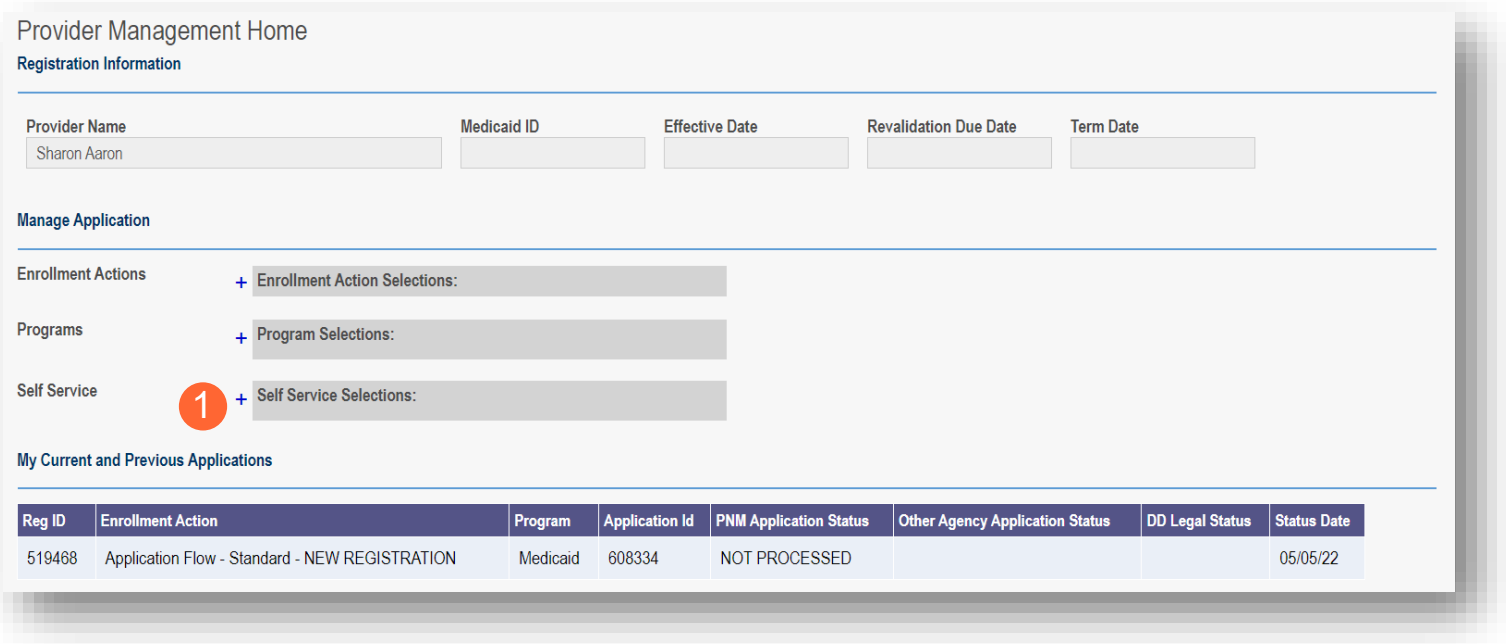


Step 2: Access your application (in 'Return to Provider' status) by logging into PNM and clicking on the link under the Reg ID or Provider heading

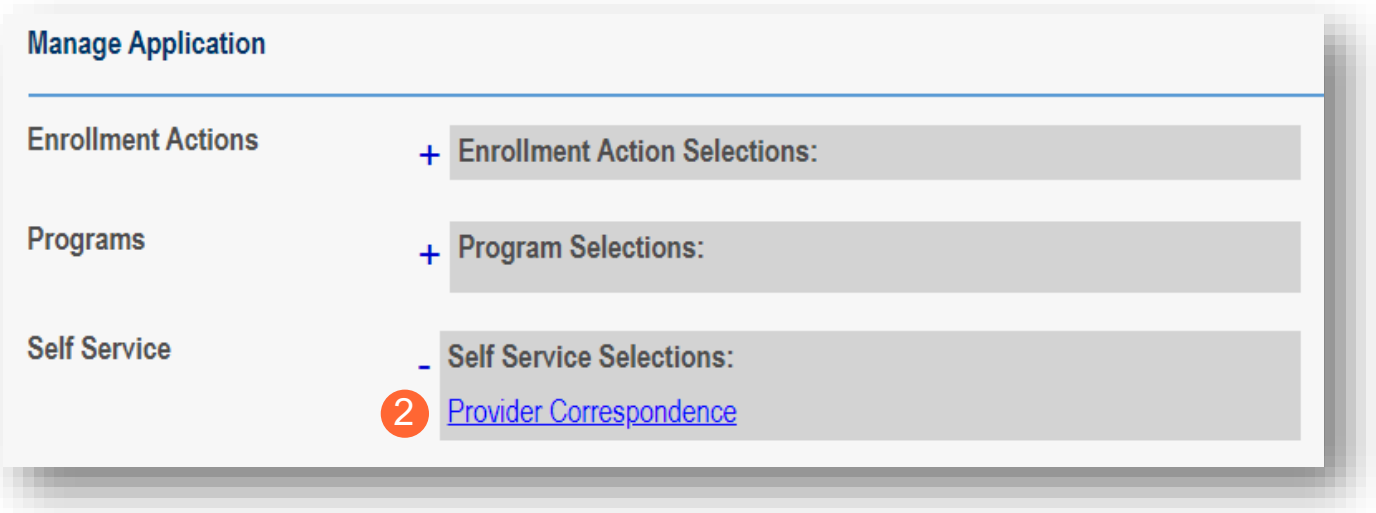


Reviewing Correspondence

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

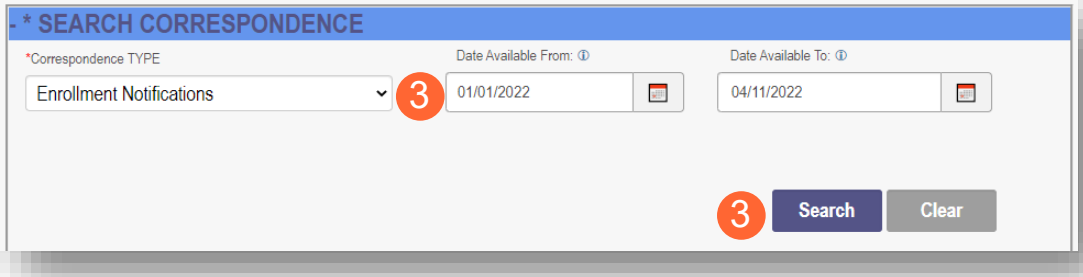


Step 2: Click the 'Provider Correspondence' hyperlink

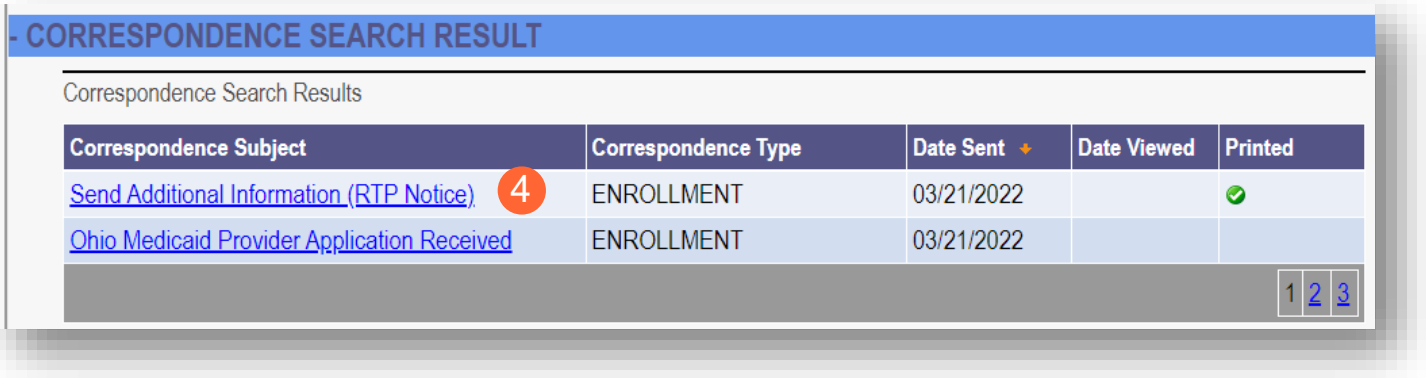


Step 3: To locate correspondence, complete the following

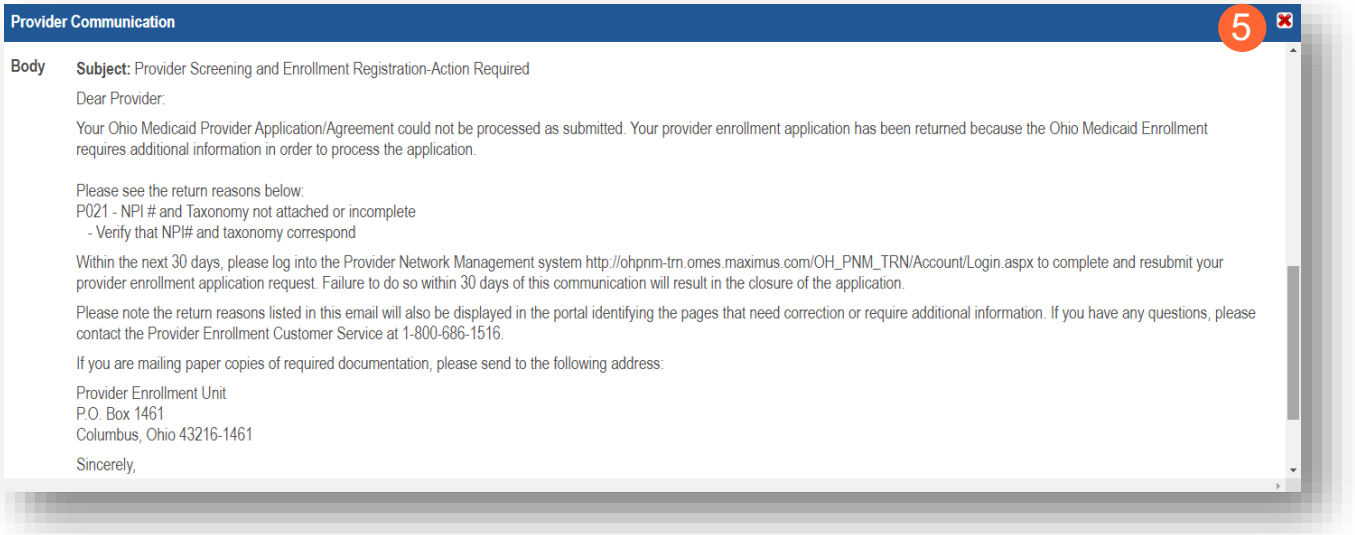
- Select 'Enrollment Notifications' from the Correspondence Type drop-down menu
- Enter a data range for the search
- Click 'Search'



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)

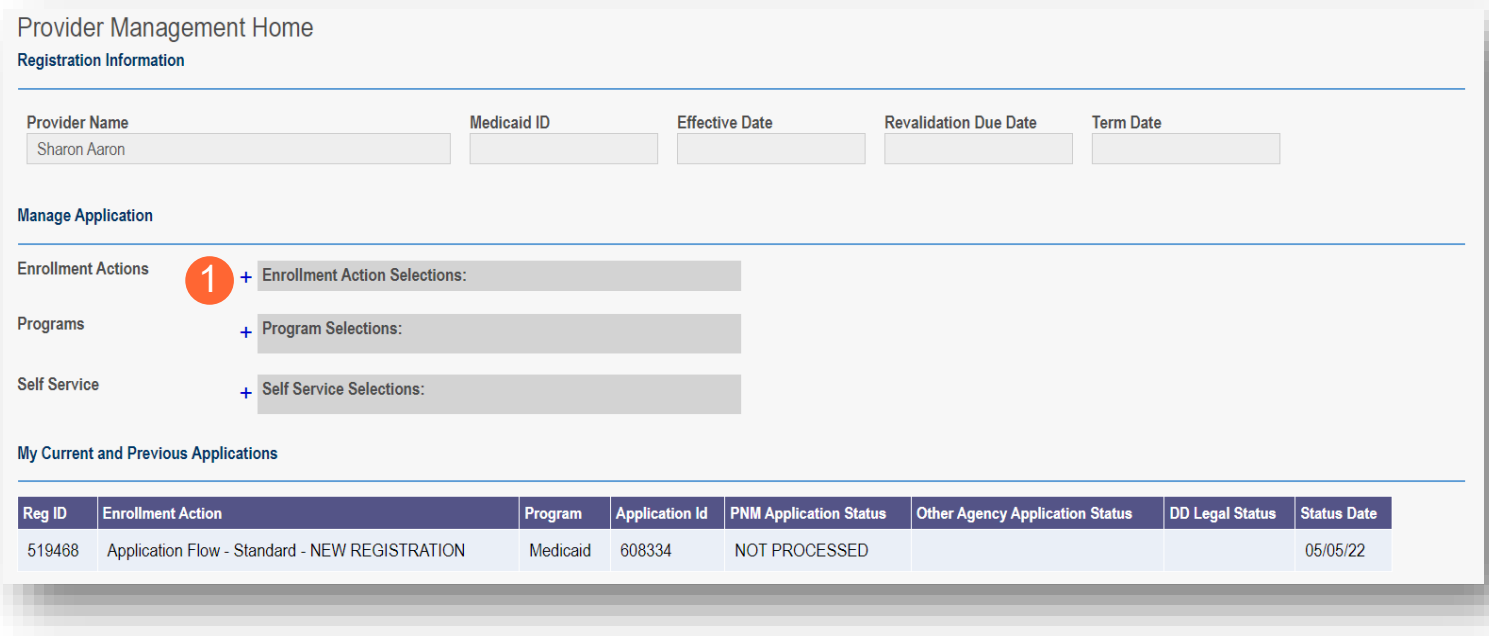


Step 5: Review the correspondence to understand the reason for the return. Once you have viewed, you can click the 'X' in the top-right corner to close

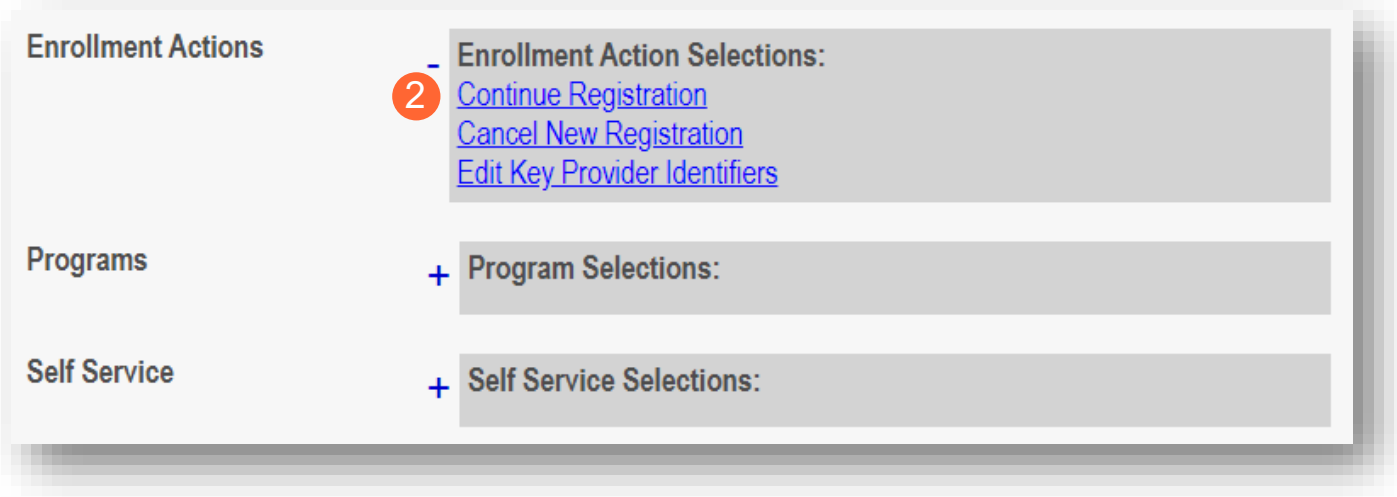


Completing Return to Provider (RTP) Process

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



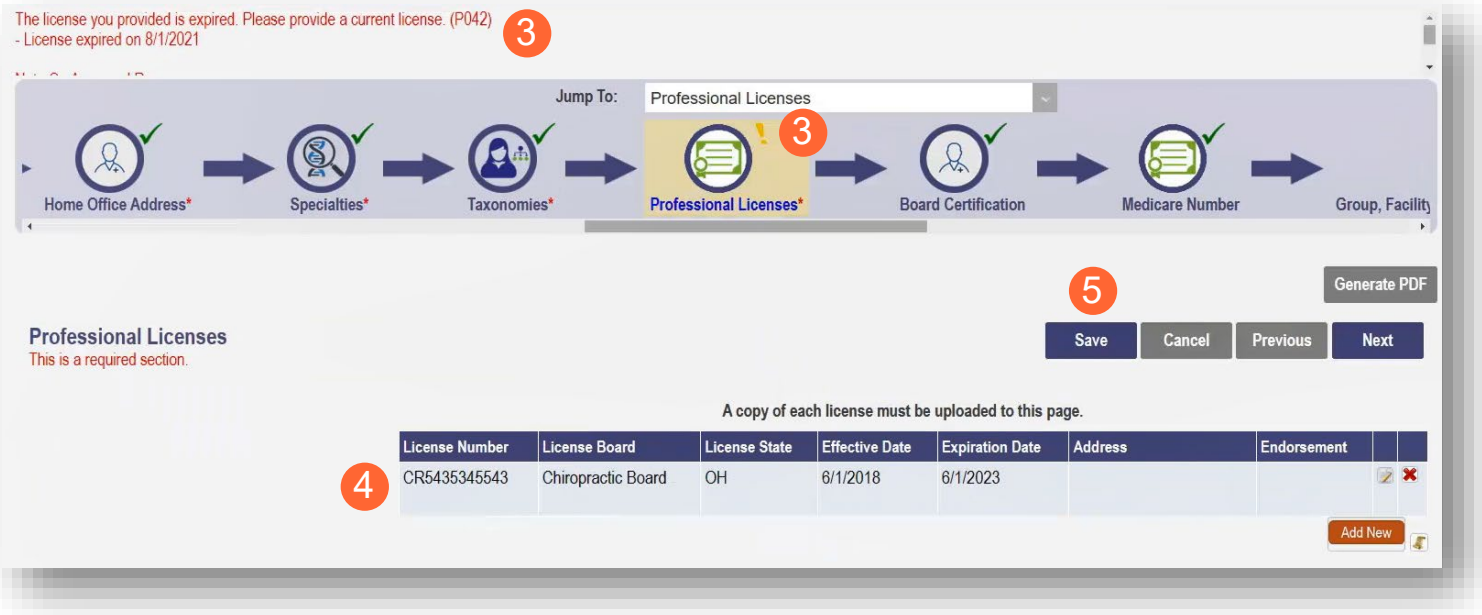
Step 2: Click 'Continue Registration' hyperlink



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

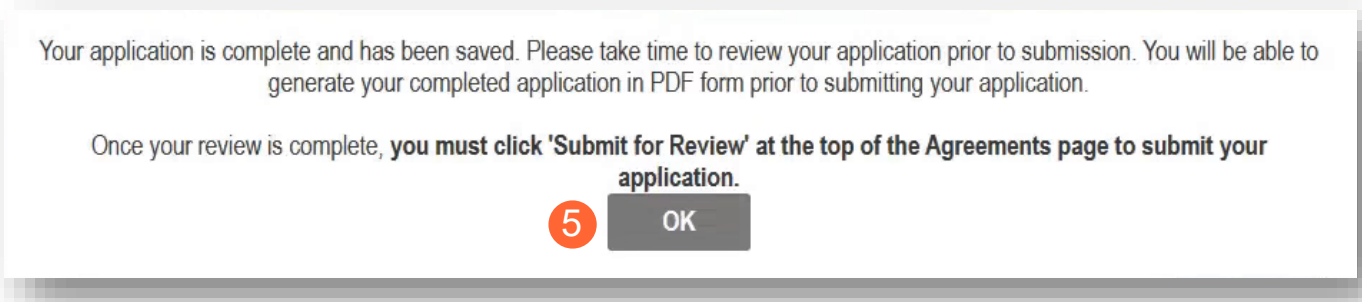
- Rejected pages are marked with a yellow exclamation point
- Messaging will appear at the top of the page indicating the reason the application was rejected

Step 4: Correct or update the information on the page



Step 5: Click 'Save' to save the new information

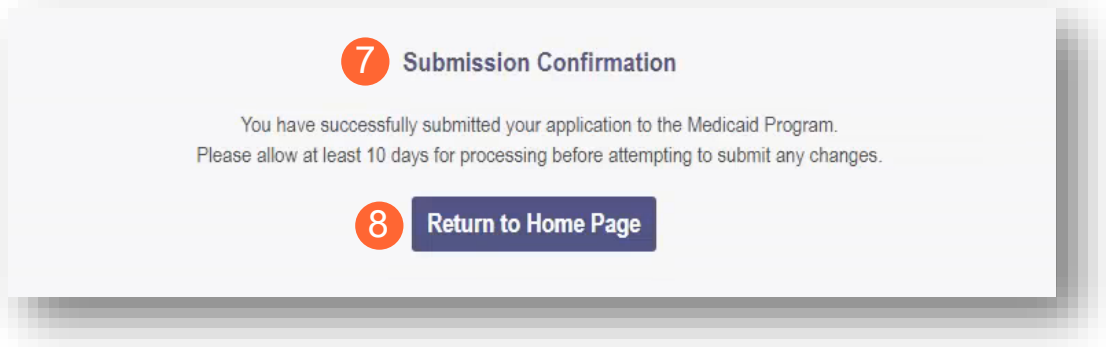
- You will receive a message stating the application has been saved. Click 'OK'



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

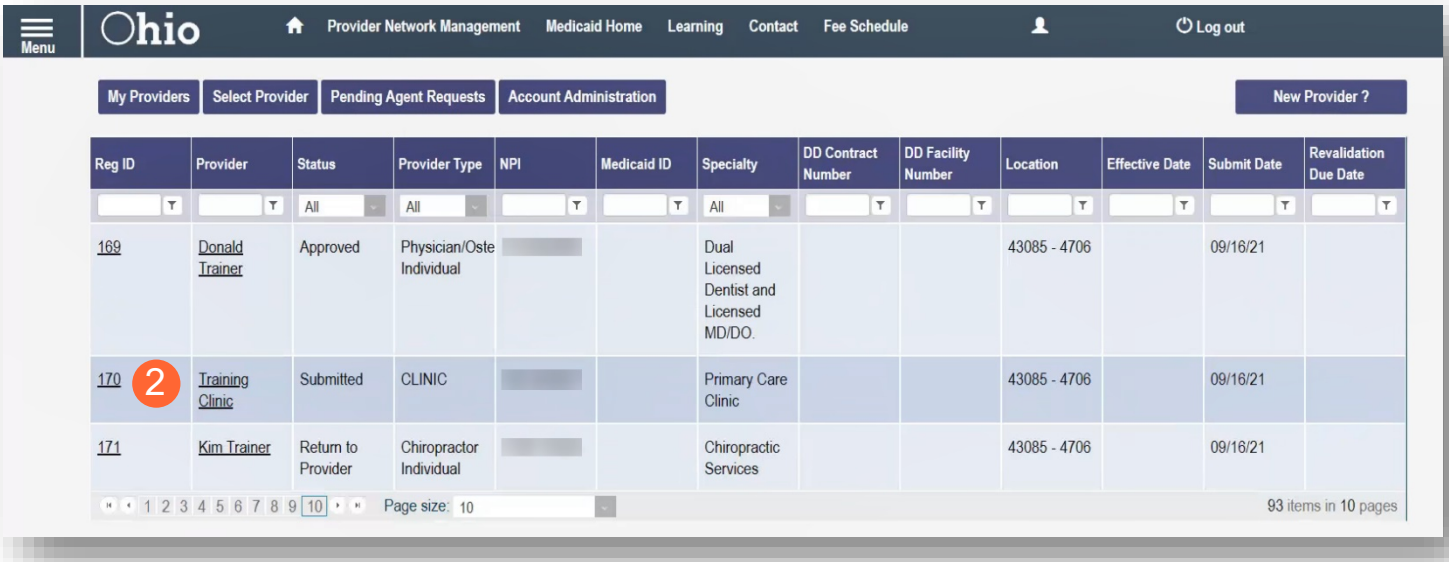
Step 8: To access your dashboard, click 'Return to Home Page'



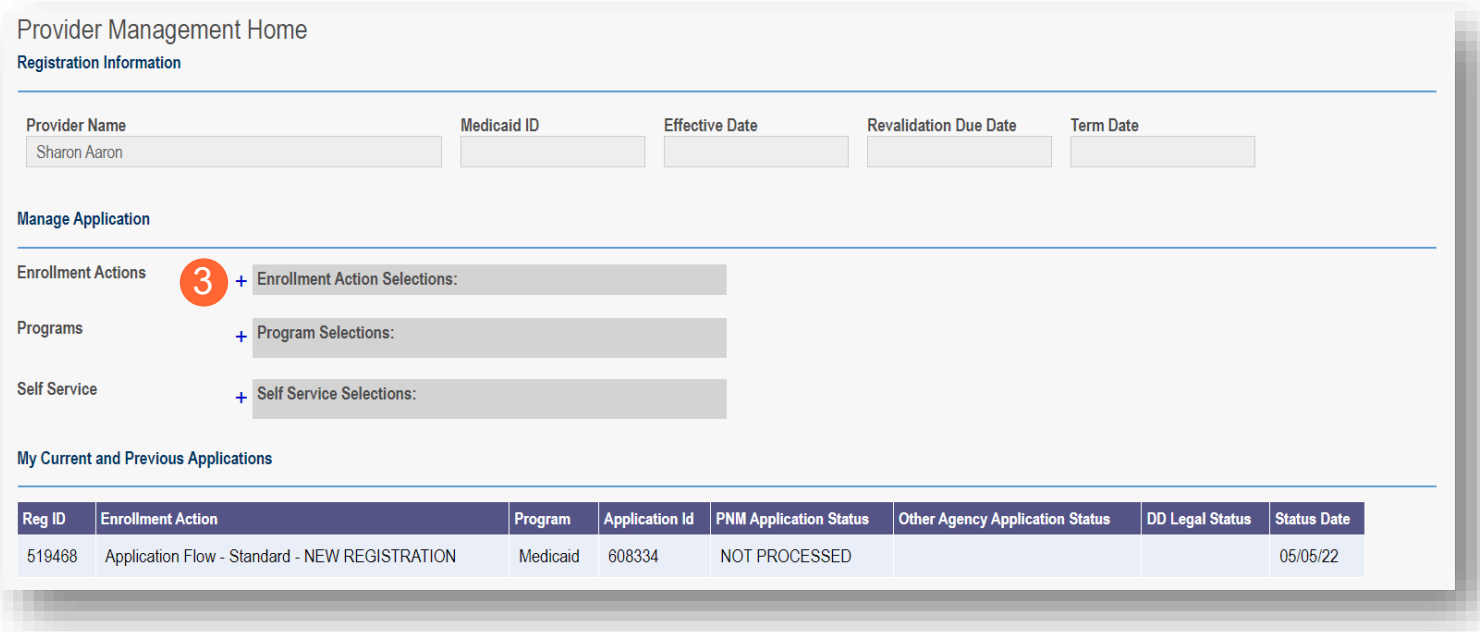
Submitting a Plan of Correction

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 the issues

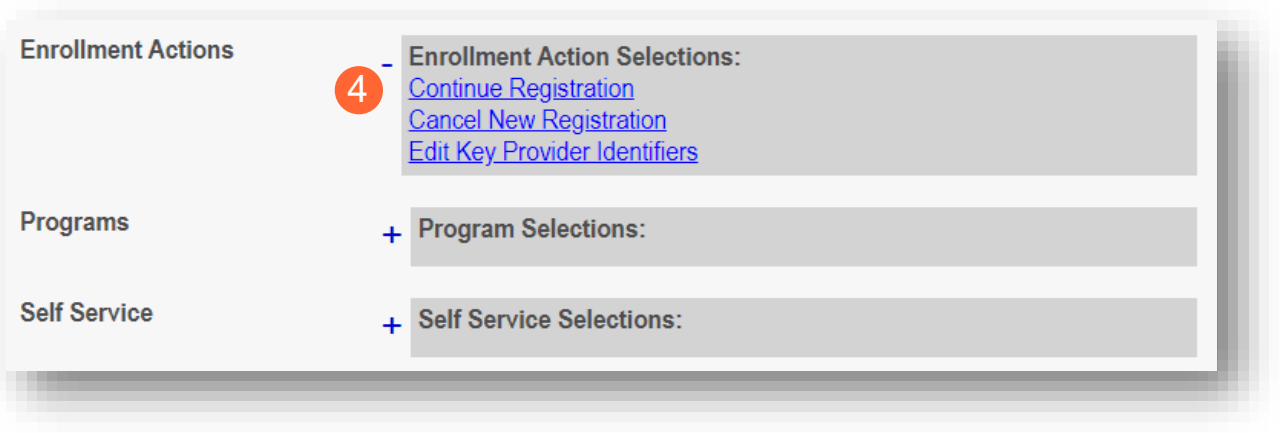
Step 2: Access your application (in 'Return to Provider' status) by logging into PNM and clicking on the link under the Reg ID or Provider heading



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

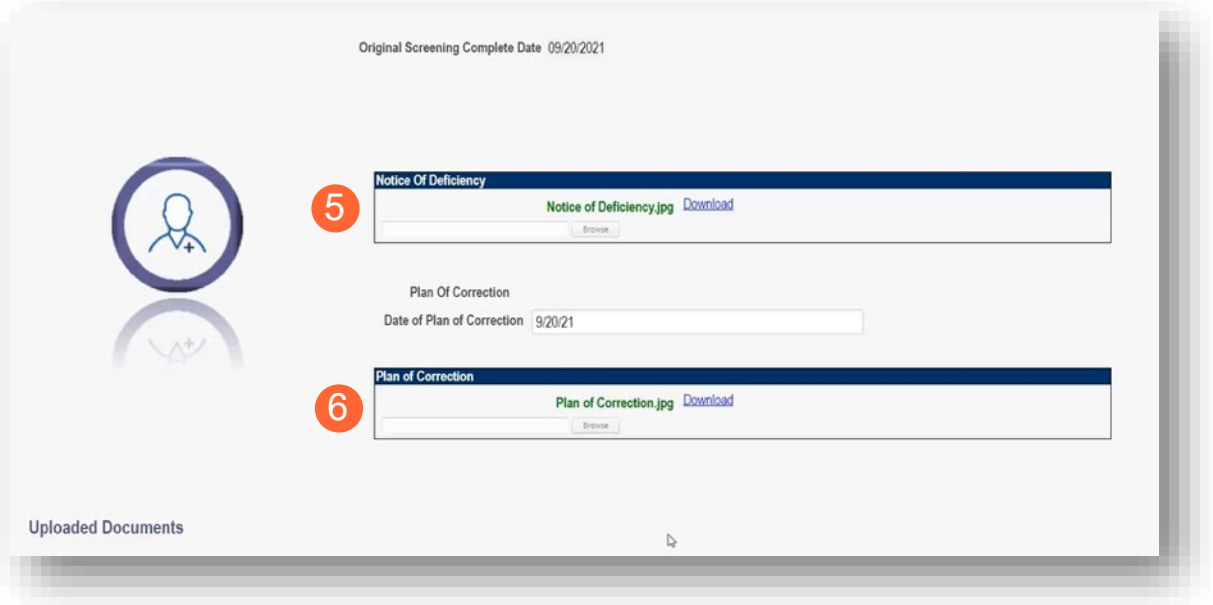


Step 4: To access the application, click 'Continue Registration'

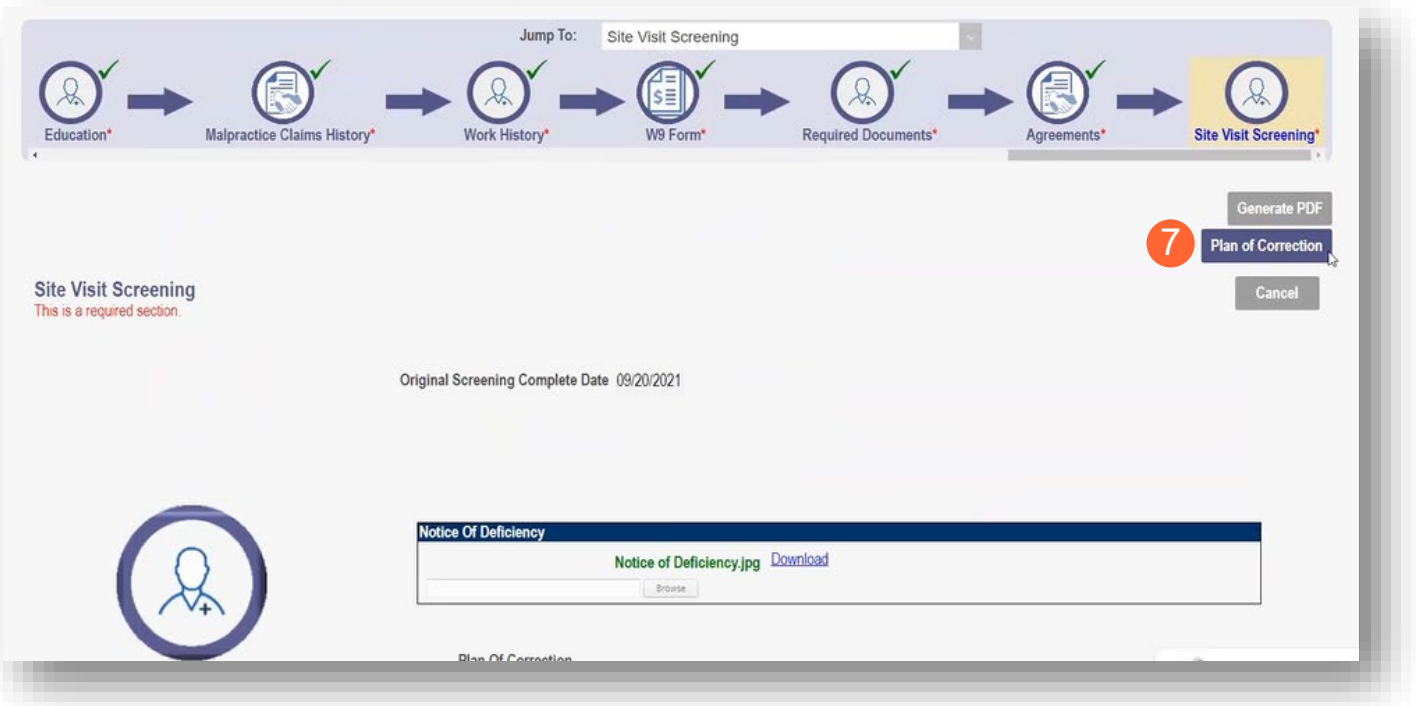


Step 5: You will be redirected to the 'Site Visit Screening' page where you will find the Notice of Operational Deficiency issued by the Compliance Specialist. To view the Deficiency, click 'Download'

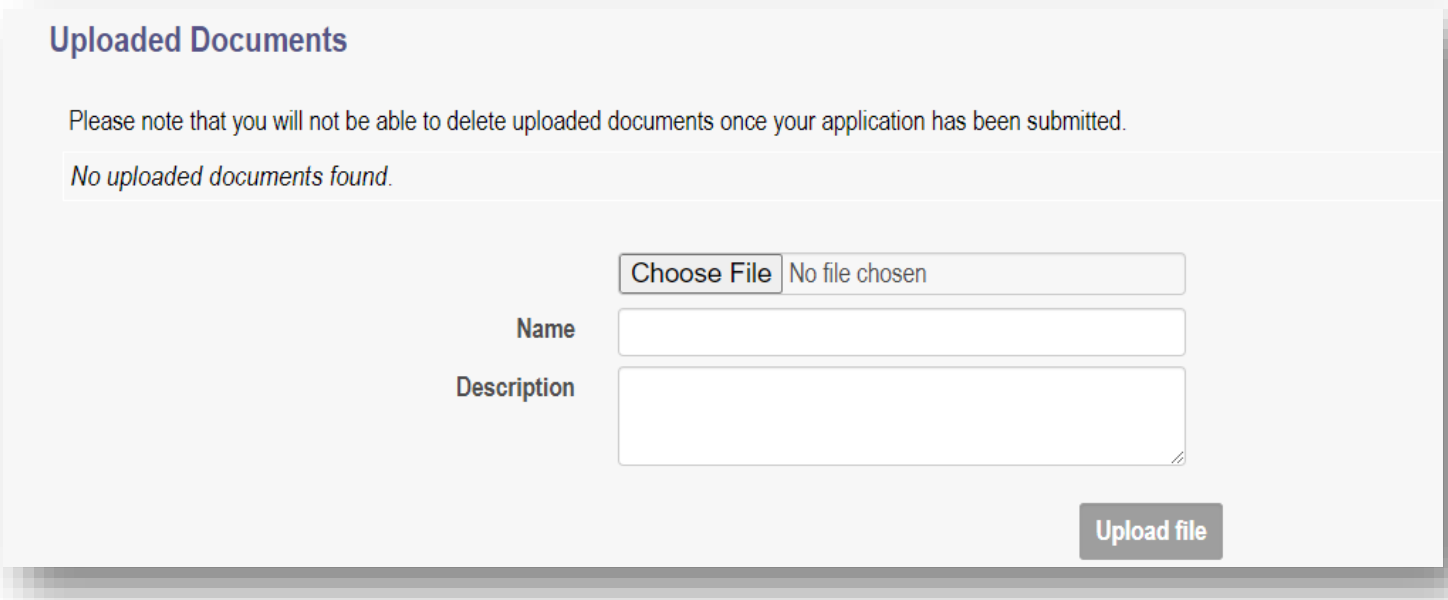
Step 6: To resolve the issue or issues, create a 'Plan of Correction' and once developed, upload the plan by clicking 'Browse' and choosing the file from your computer



Step 7: Once uploaded, click ‘Plan of Correction’. This will send the file back to the Compliance Specialist



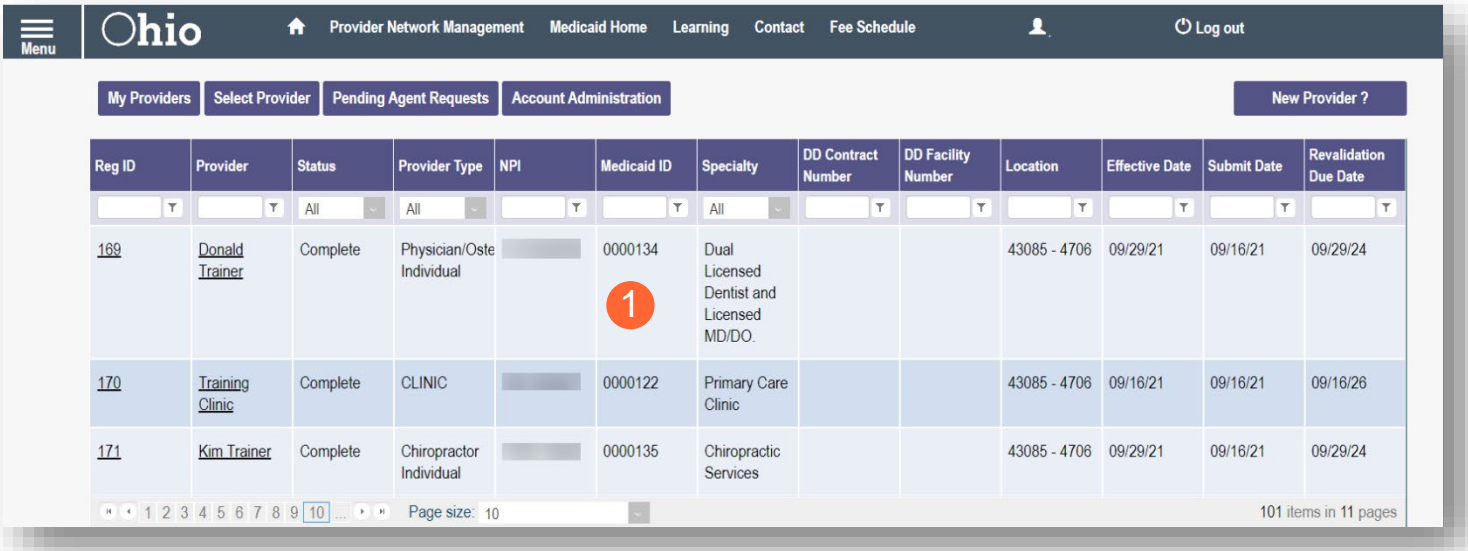
Note: If additional Notice of Operations Deficiency requests are submitted, you will need to click ‘Choose File’ under the Uploaded Documents section at the bottom of the page to add additional Plan of Corrections to address the issue(s)



Review the Final Decision for Provider Submission

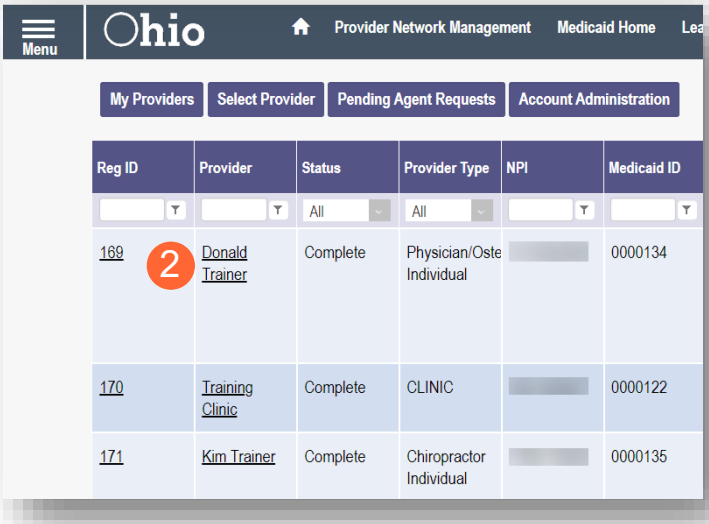
Step 1: Once the entire review process has been approved, you will be assigned a Medicaid ID number

- Locate your newly assigned Medicaid ID number next to your application in the table
- If the provider does not appear, use number timeline at the bottom to navigate to the correct page



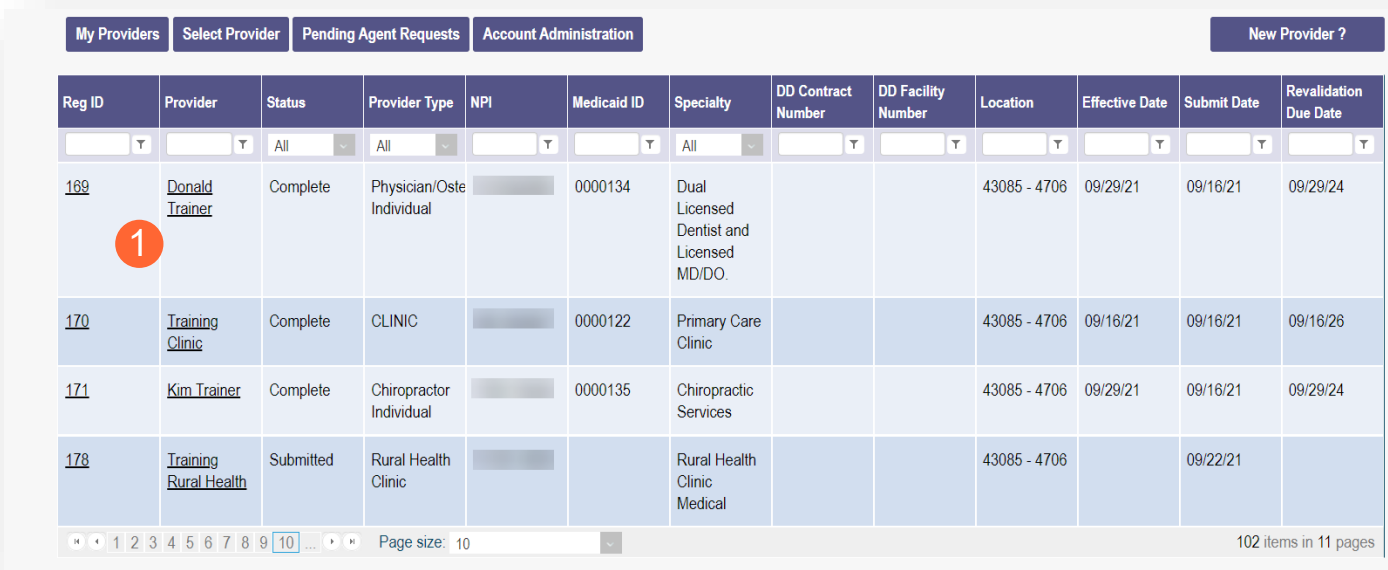
Step 2: Click the link under the Reg ID or Provider heading to review the file

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

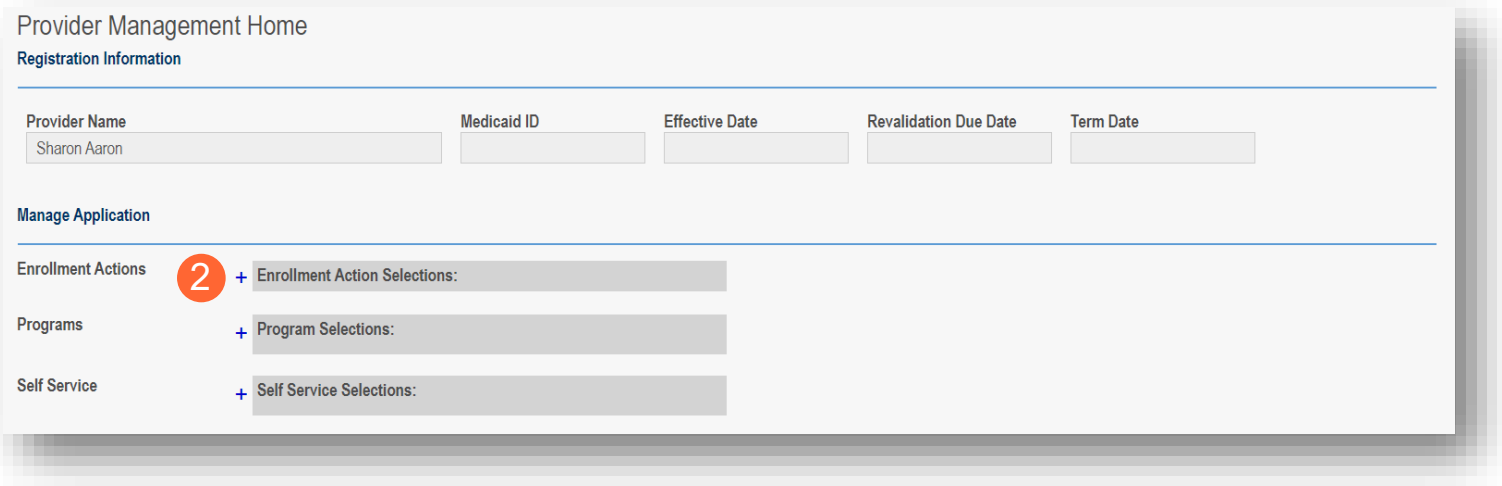


Completing an Update

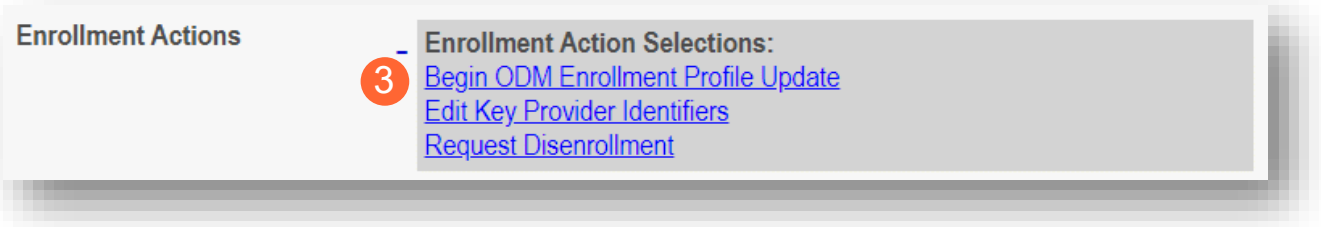
Step 1: Access the application in your dashboard by clicking on the link listed under Reg ID or Provider



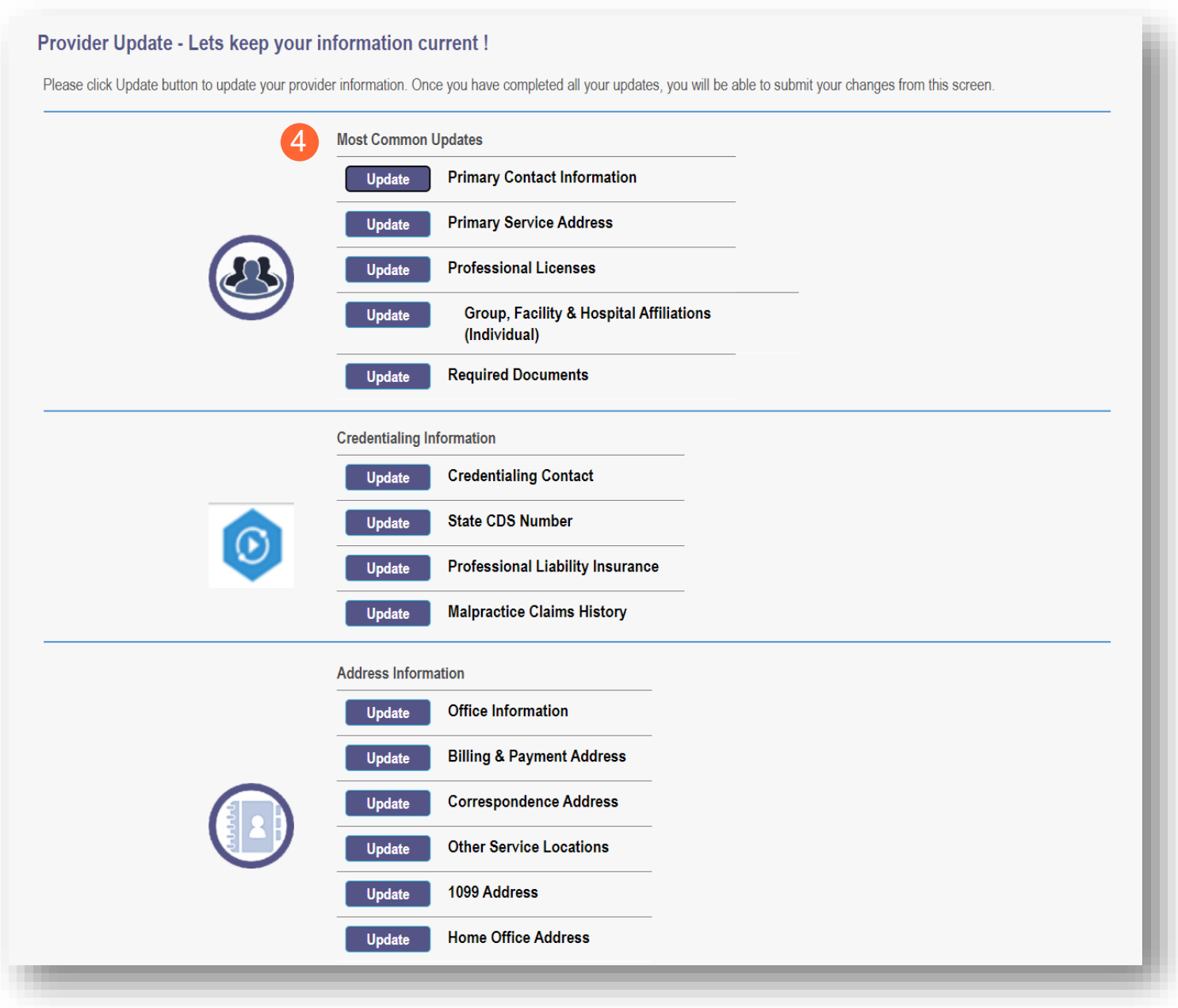
Step 2: Under the Manage Application section, click the '+' icon to expand 'Enrollment Actions'



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



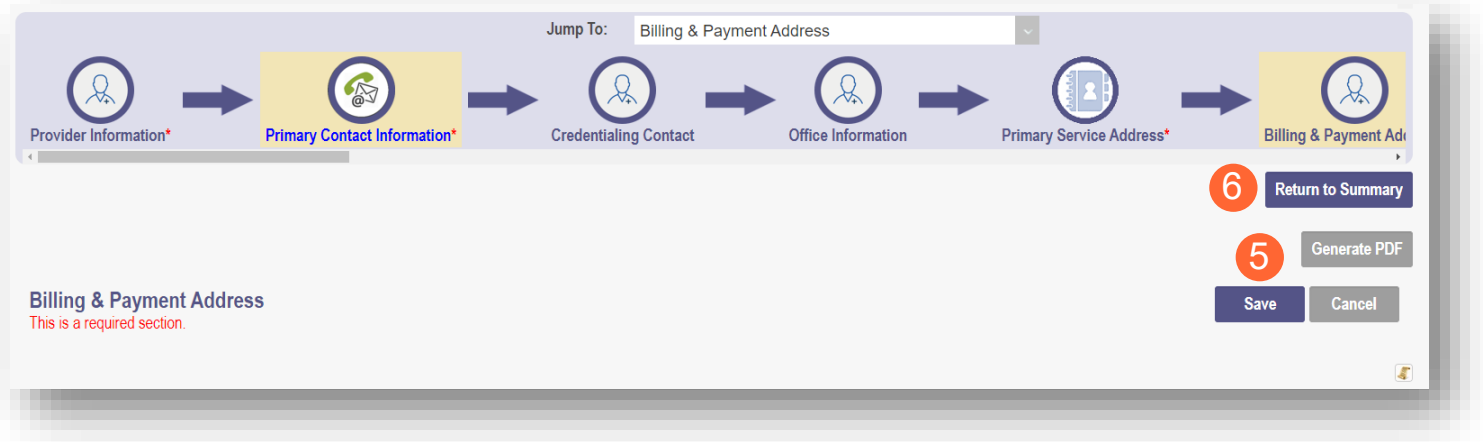
Step 4: Choose which element on the application you wish to update from the provided list and click 'Update'



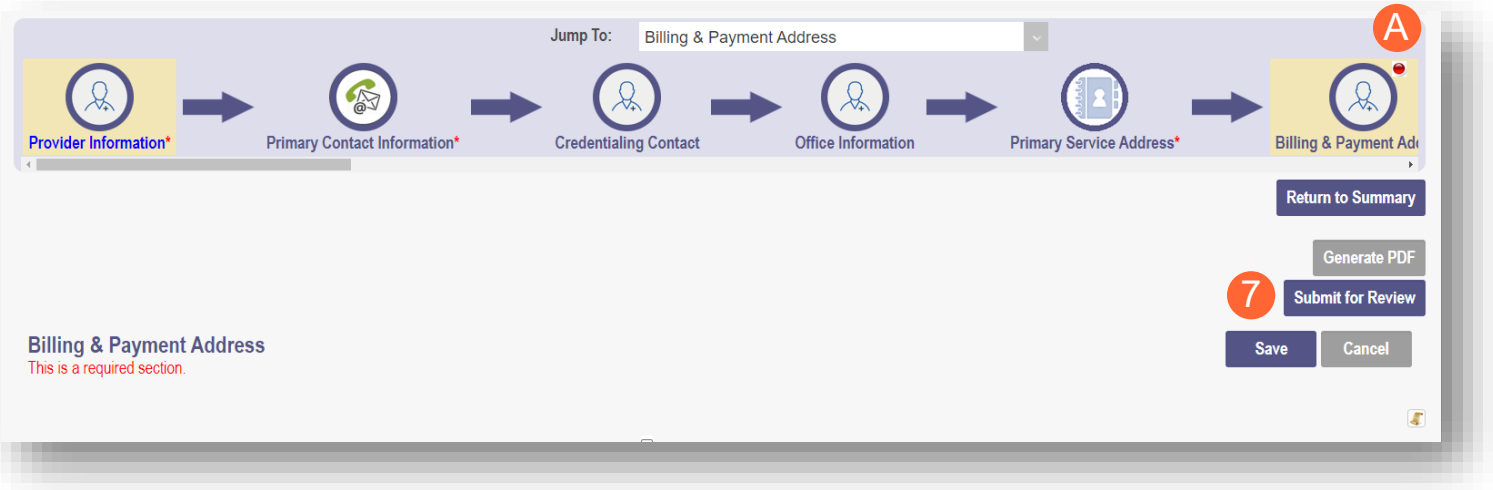
Step 5: Update the application page that you selected and click 'Save' once finished

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

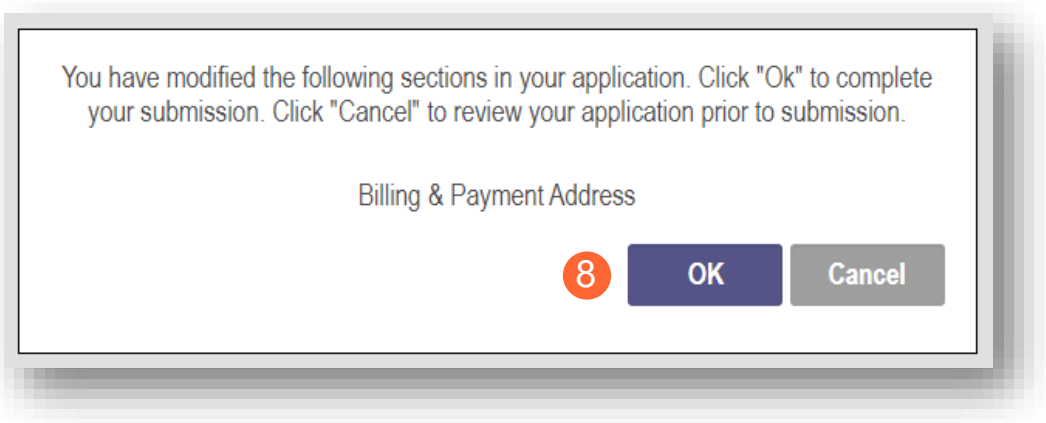
Step 6: If there are other pages that need to be updated, click 'Return to Summary' and select 'Update' for that section



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

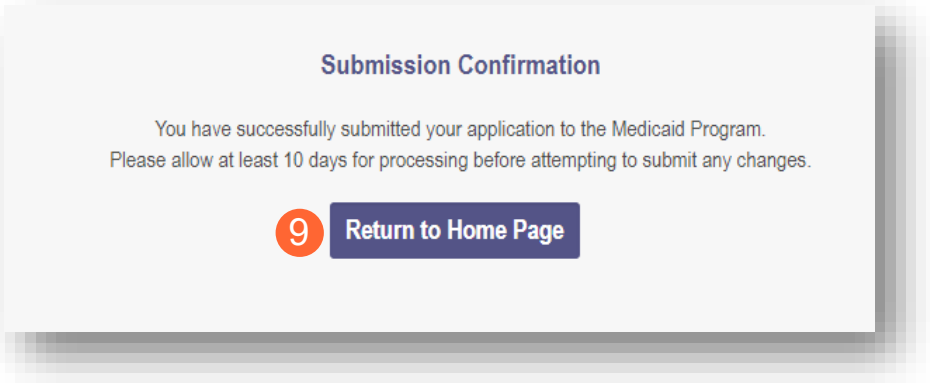


Step 8: A pop-up window displays confirming which page(s) received an update. Click 'OK' to complete the submission



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

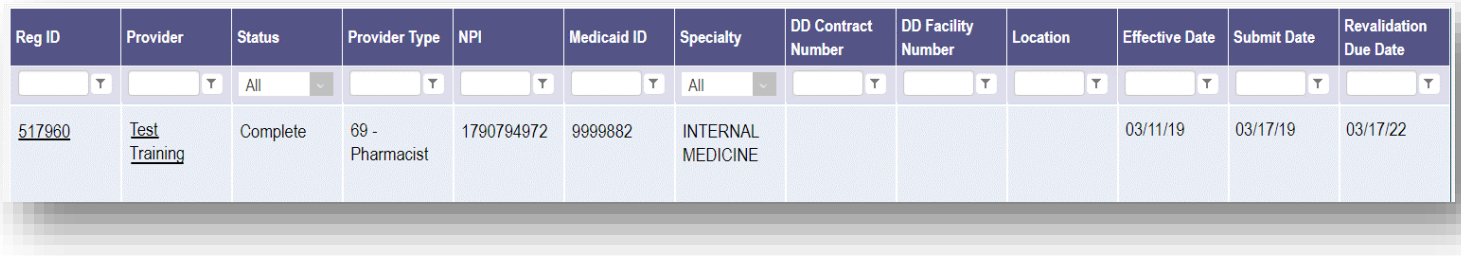
- Click the 'Return to Home Page' button to go to your dashboard



Revalidation/Re-Enrollment Steps

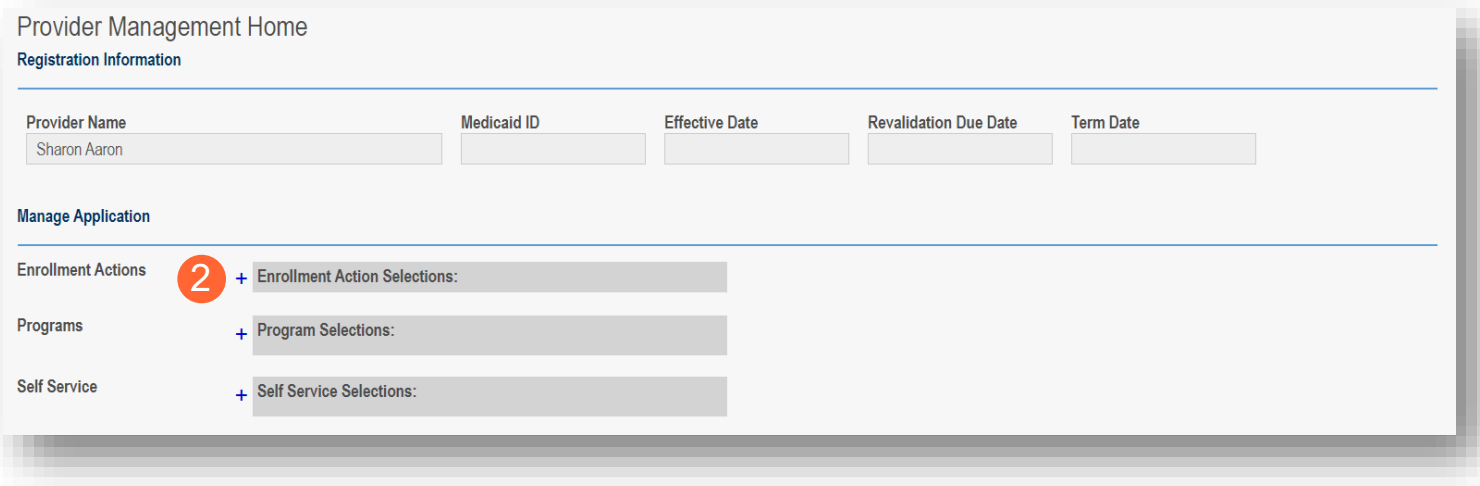
Revalidation/Re-Enrollment is required for all enrolled Providers. This occurs every three (3) years for Credentialed Providers and every five (5) years for Non-Credentialed Providers. You will receive emailed notices when your application is due for revalidation. You can also view the Revalidation Due Date in the far-right column on the dashboard.

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

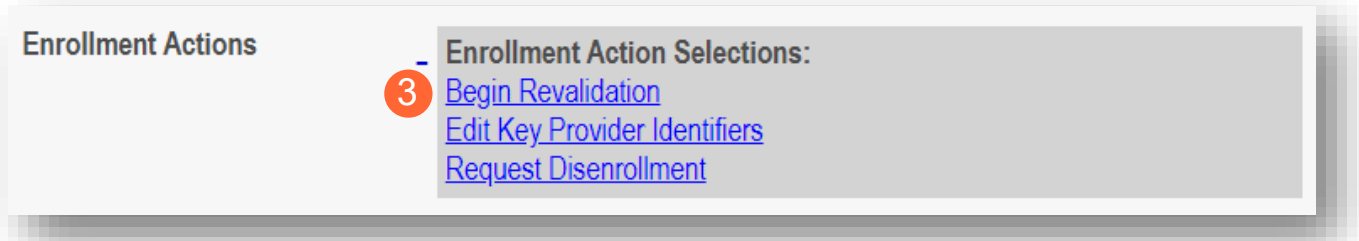


Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All				All						
517960	Test Training	Complete	69 - Pharmacist	1790794972	9999882	INTERNAL MEDICINE				03/11/19	03/17/19	03/17/22

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



Step 3: Click the 'Begin Revalidation' hyperlink

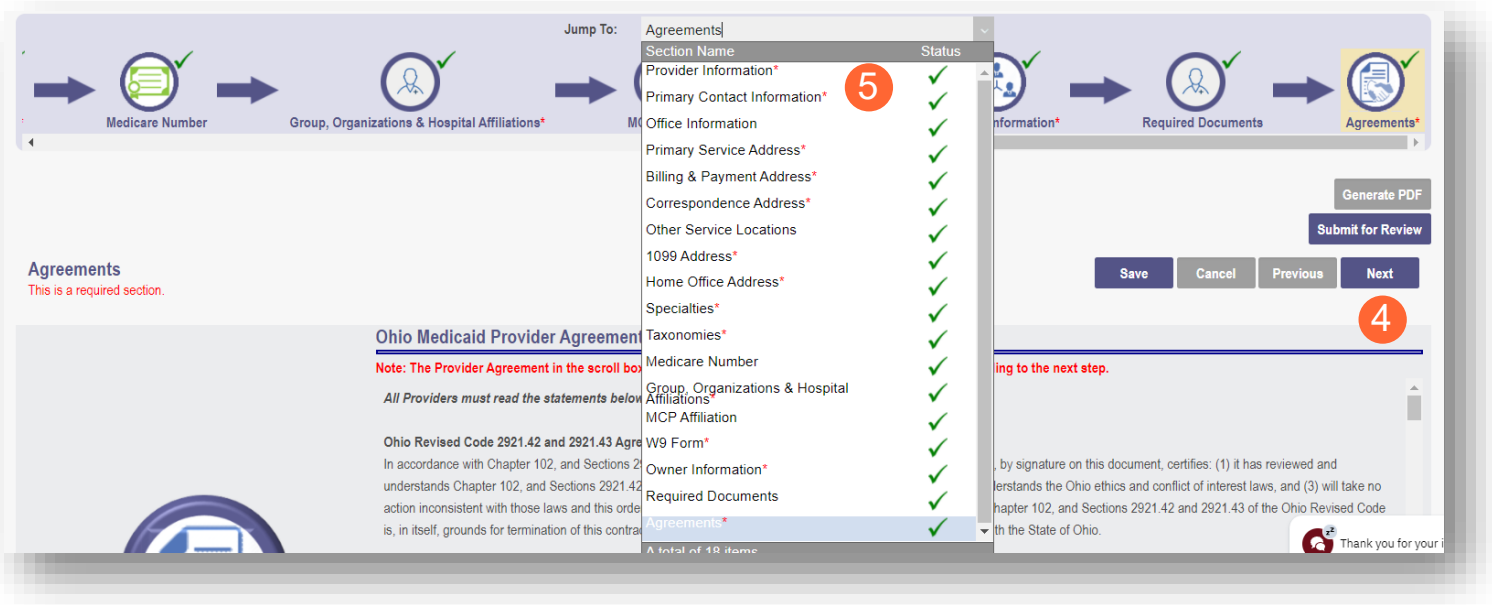


Step 4: Complete each page of the application. Click 'Next' to save and proceed to the next page

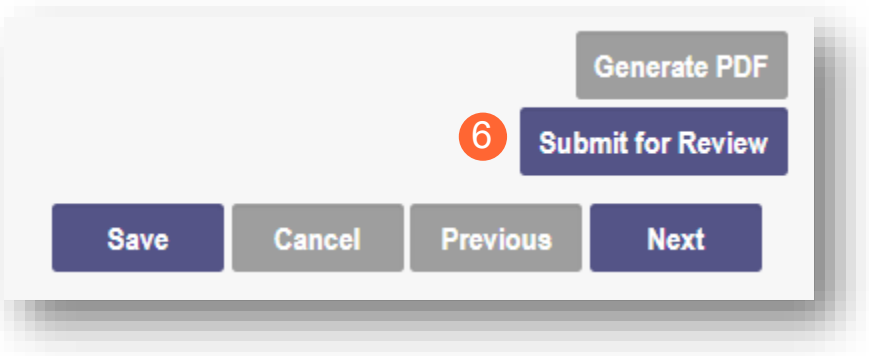
Note: Regardless of whether changes are made, each page needs to be reviewed and saved

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 for Revalidation

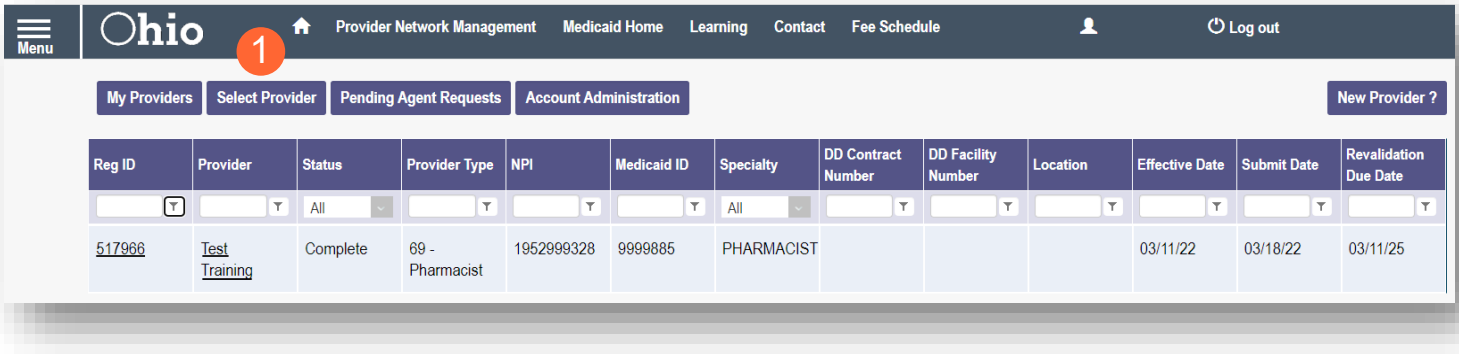


Select and Transfer Providers

The selection and transfer of Providers allows you to move Providers to your OHID account based on identifying information, such as Tax ID, NPI and Medicaid ID.

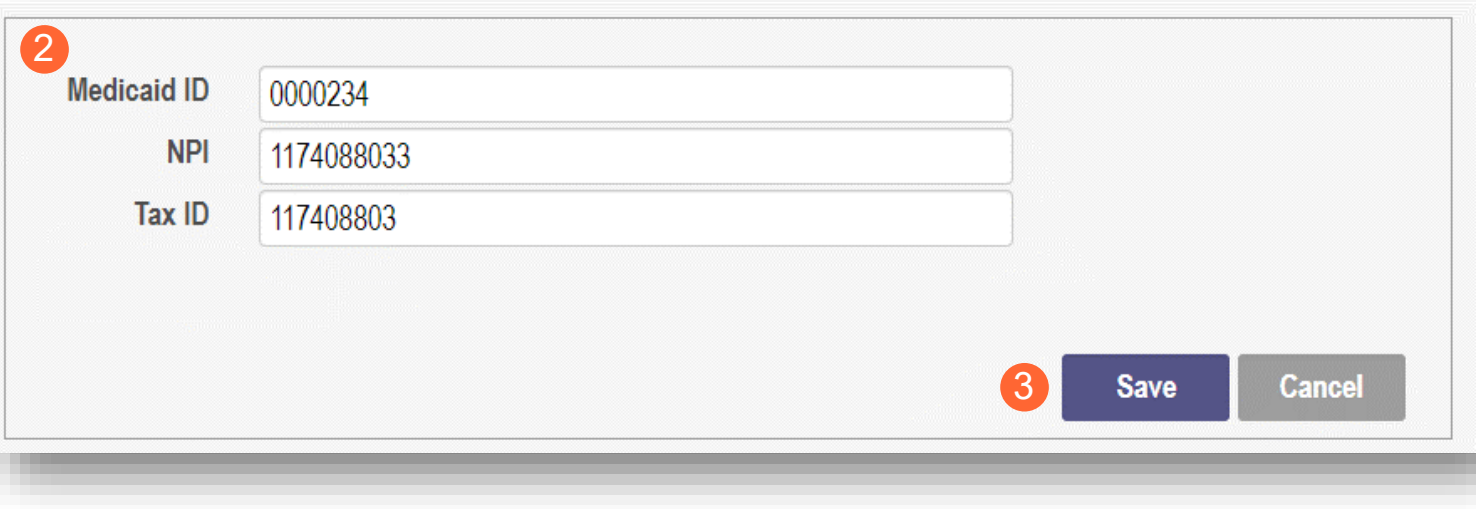
If you would like to transfer Providers to another OHIO ID account, first click ‘Select Provider’ button at the top of the homepage. This will display a list of Providers associated with your email account.

Step 1: Click the ‘Select Provider’ button from your dashboard



Step 2: Enter the Medicaid ID, NPI, and Tax ID numbers for the provider you wish to move to your account

Step 3: Click ‘Save’



Step 4: The newly added Provider will appear on the list of Providers on the Dashboard

Note: If the new Provider does not appear, click the 'home icon' at the top of the page to refresh the screen and see the newly added provider in your Provider list