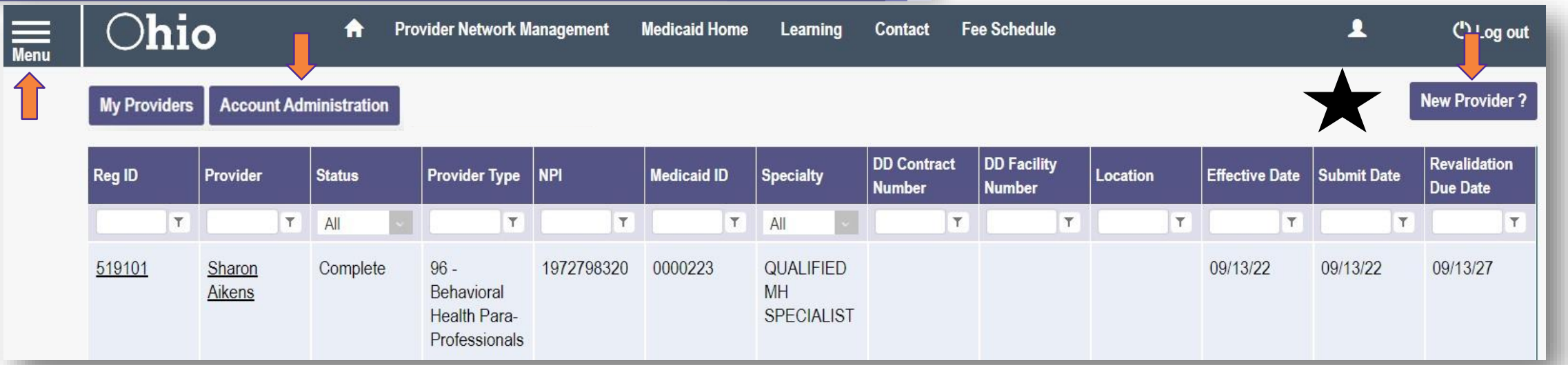
Creating a New Application in PNM

Creating a New Application - Homepage



Menu: The menu can be accessed by clicking on the three bars in the top left corner of the screen. The Menu provides a variety of key topics to choose from such as the Provider Directory, Learning Resources, Provider Financials, My Profile, and Contact Us

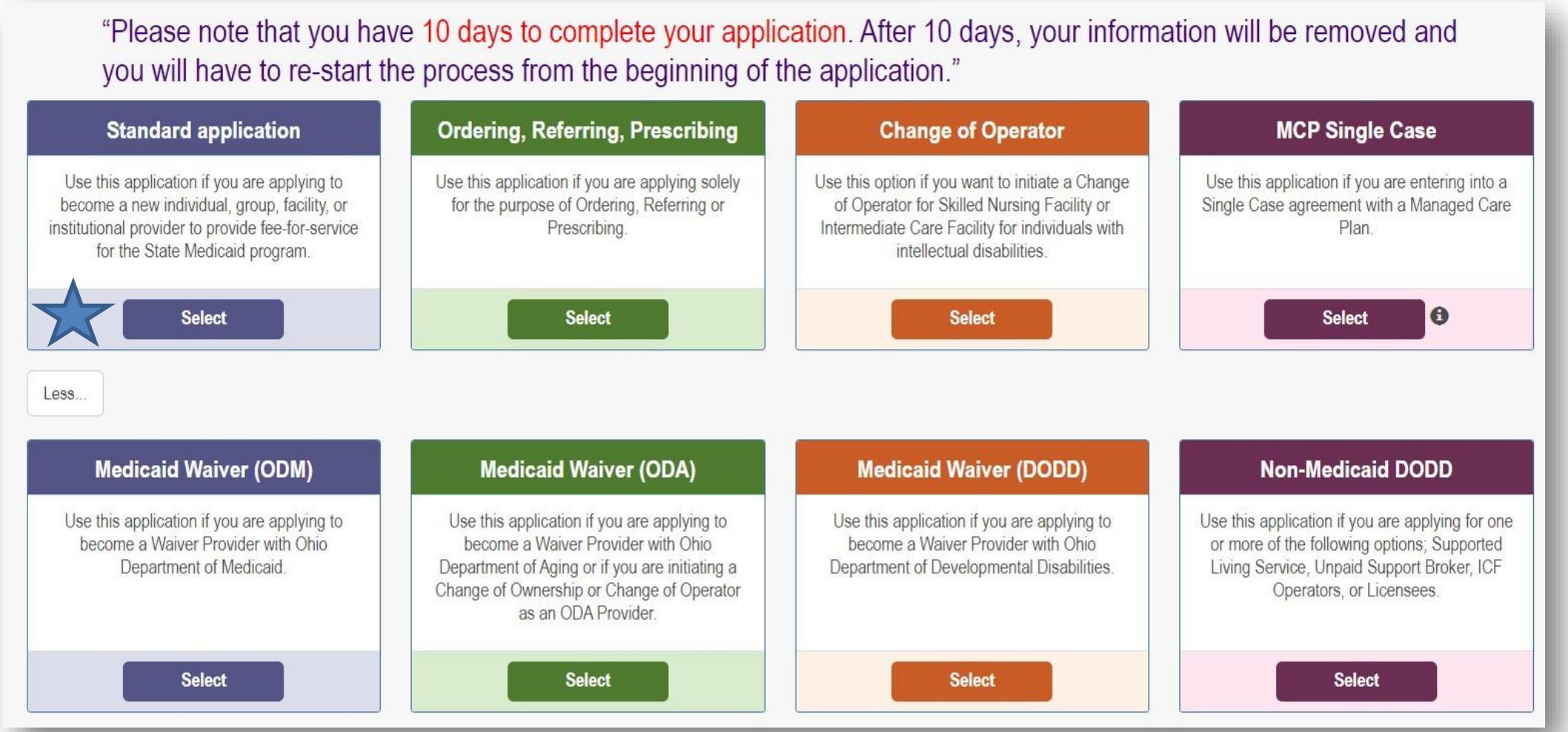
Account Administration: This button allows you to manage/setup Agents and transfer the Provider Administrator role to another Account Administrator

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

Creating a New Application

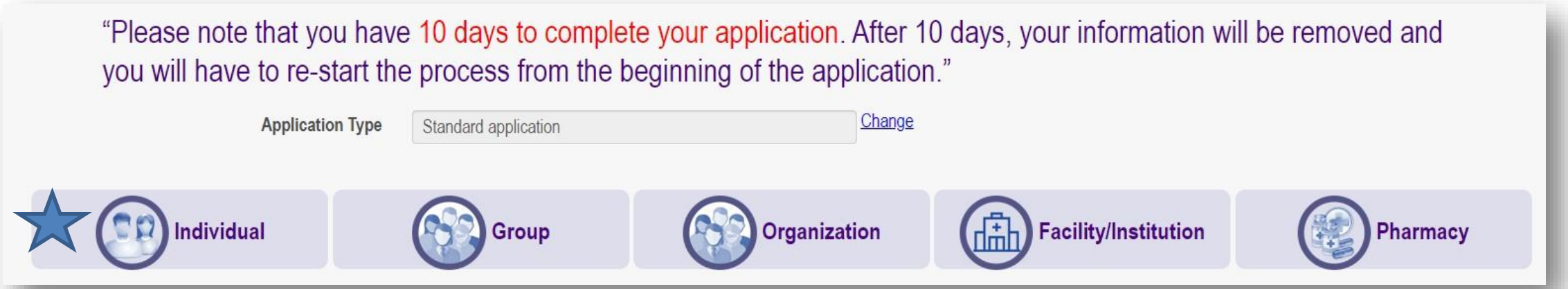
- Determine which application type to begin and click '**Select**' within its corresponding box
  - **<u>Standard Application</u>**
  - Ordering, Referring, Prescribing
  - Change of Operator
  - MCP Single Case

Creating a New Application



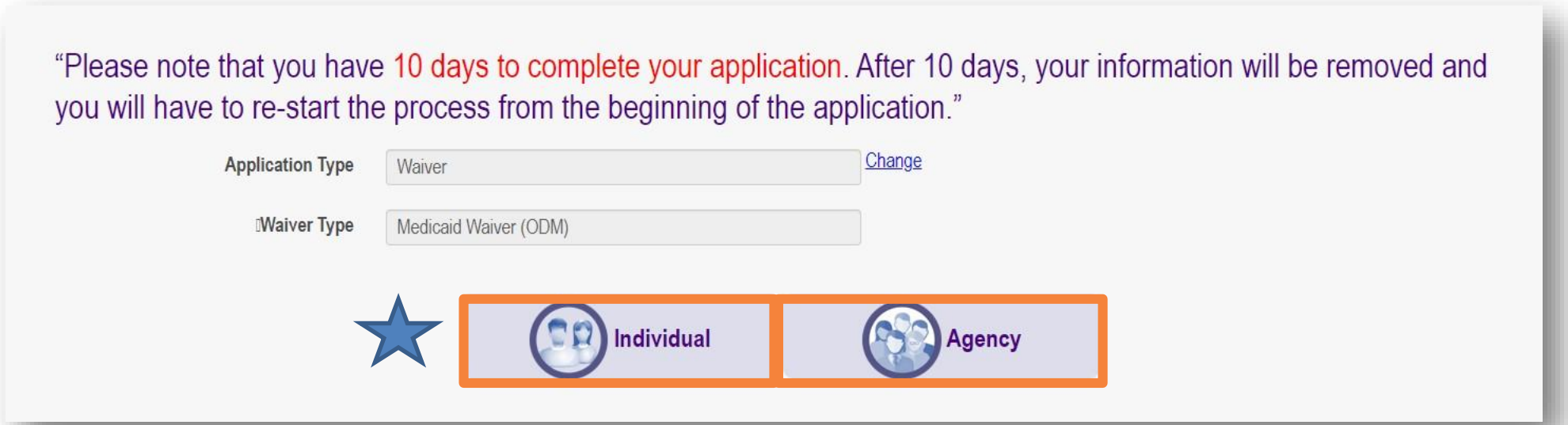
- Medicaid Waiver (ODM)
- Medicaid Waiver (ODA)
- Medicaid Waiver (DODD)
- Non-Medicaid (DODD)

Creating a New Application



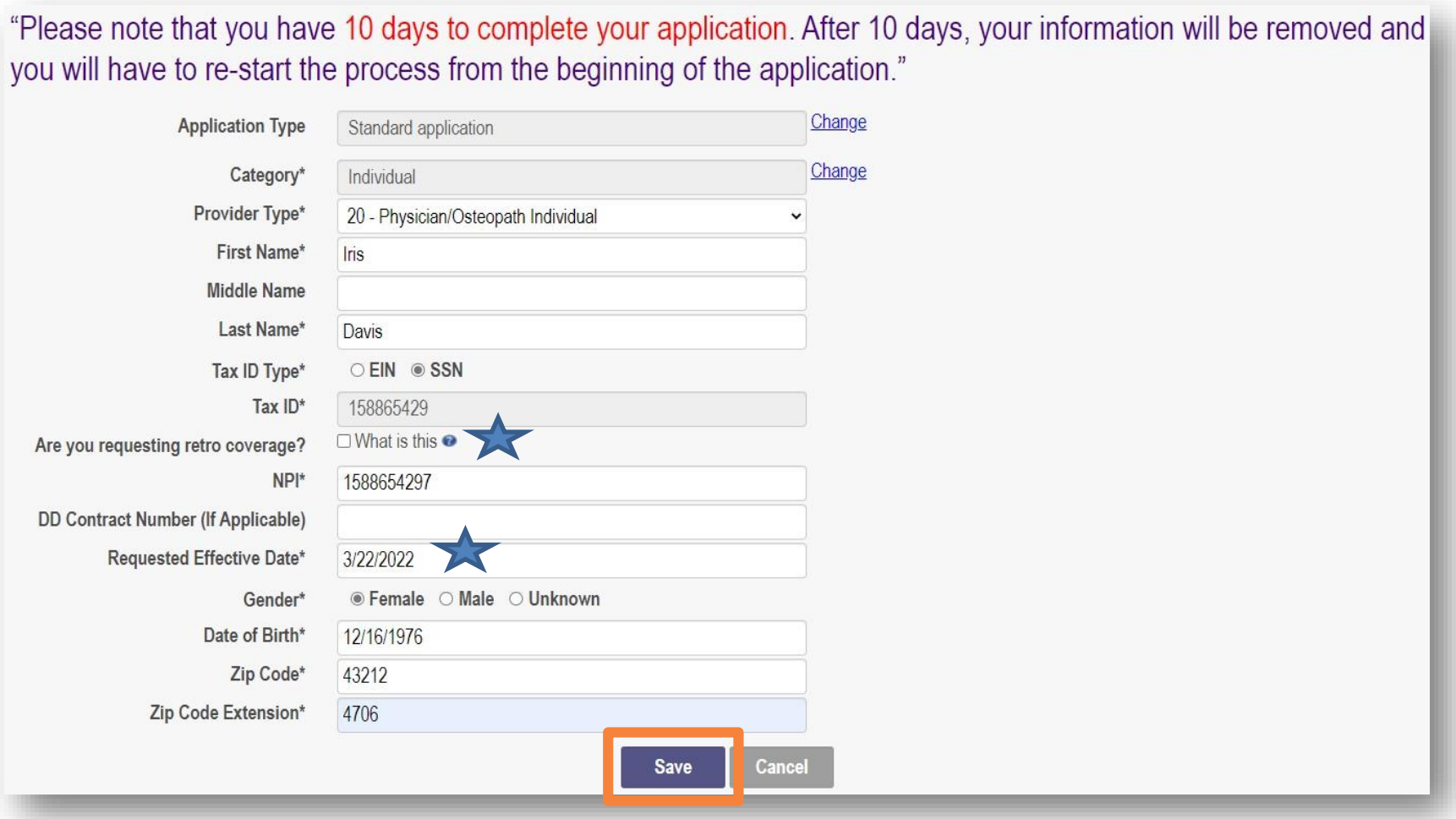
- After choosing the Application Type, Click Individual

Creating a New Application



- Waiver providers will have a few less options when it comes to choosing a Provider Type
- Either Individual or Independent and Agency appear

Creating a New Application

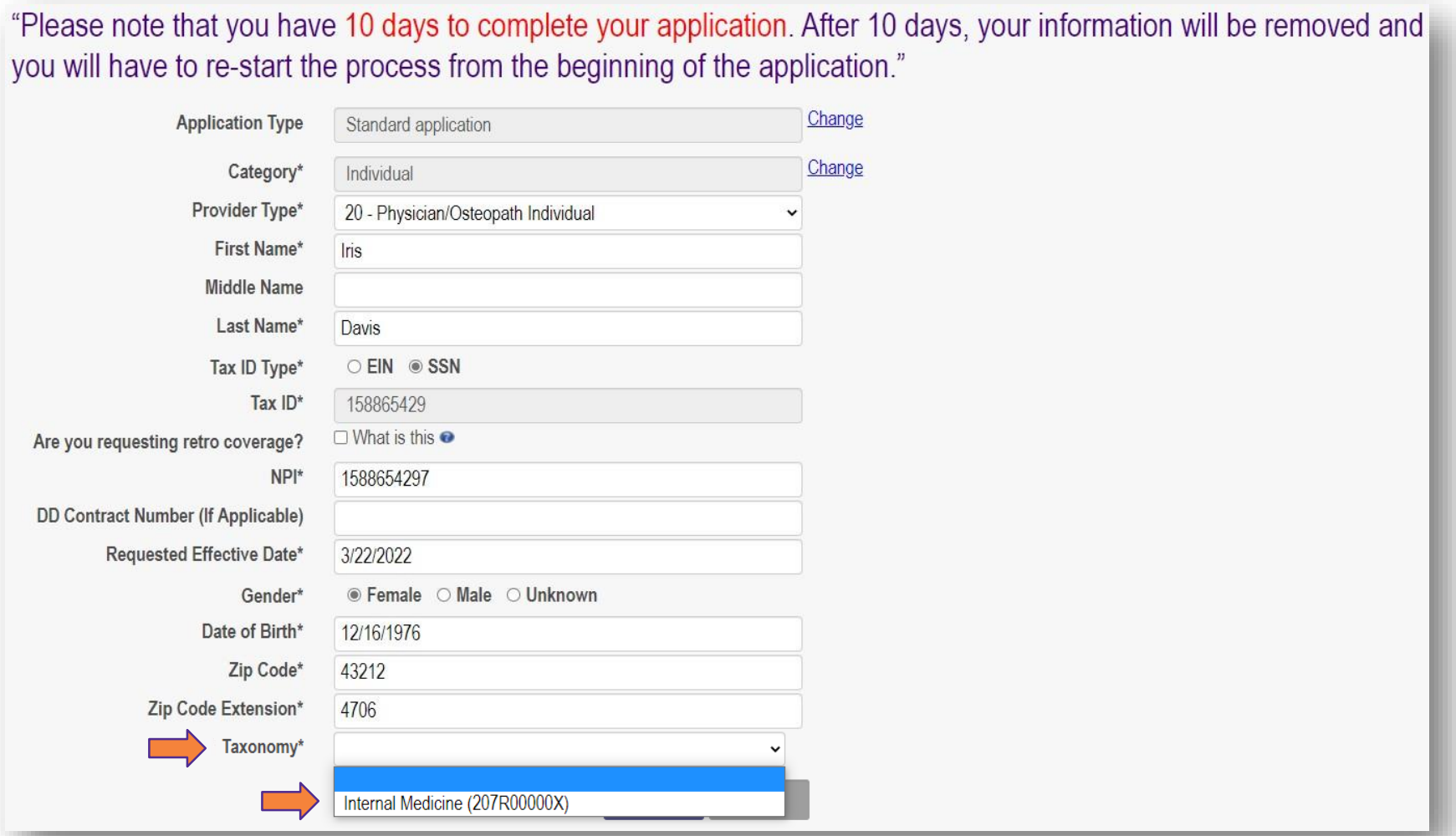


- Complete the required information on the page, indicated by an *asterisk:
  - Provider Type
  - First and Last Name
  - Tax ID Type
  - Tax ID
  - National Provider Identifier (NPI)
  - Check retro coverage
  - Requested Effective Date (NPI effective date)
  - Gender of the Provider
  - Date of Birth
  - Zip Code
  - Zip Code Extension
- Once all required fields are filled in, click 'Save'

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

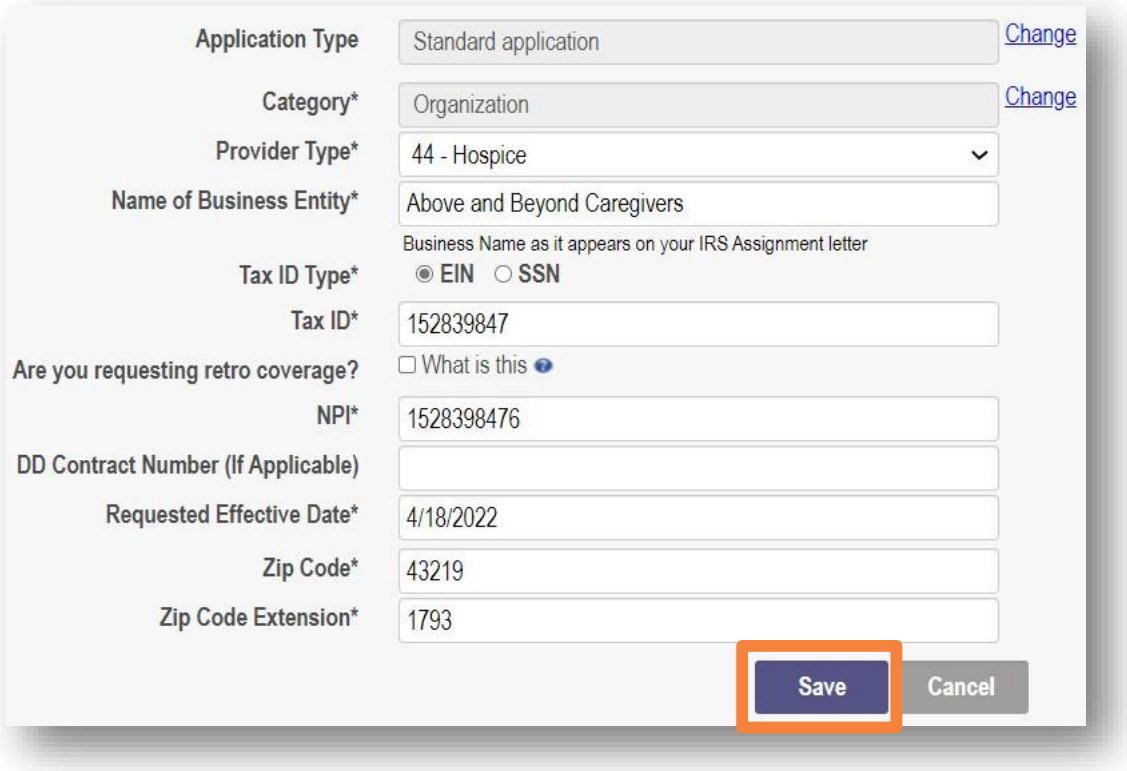
There is a name mis-match with NPPES.
There is a gender mis-match with NPPES.

Creating a New Application - Taxonomy



- After clicking 'Save', PNM will read the NPI Number, and a **new drop-down** menu will appear at the bottom with **Taxonomy choices**
- Select the appropriate Taxonomy and then click 'Save' again on the application page

Creating a New Application



- Complete the required information on the page indicated by an ***asterisk**:
  - Provider Type
  - Name of Business Entity
  - Tax ID Type
  - Tax ID
  - National Provider Identifier (NPI)
  - Requested Effective Date (will default to today's date)
  - Zip Code
  - Zip Code Extension
- Once all required fields are filled in, click '**Save**'

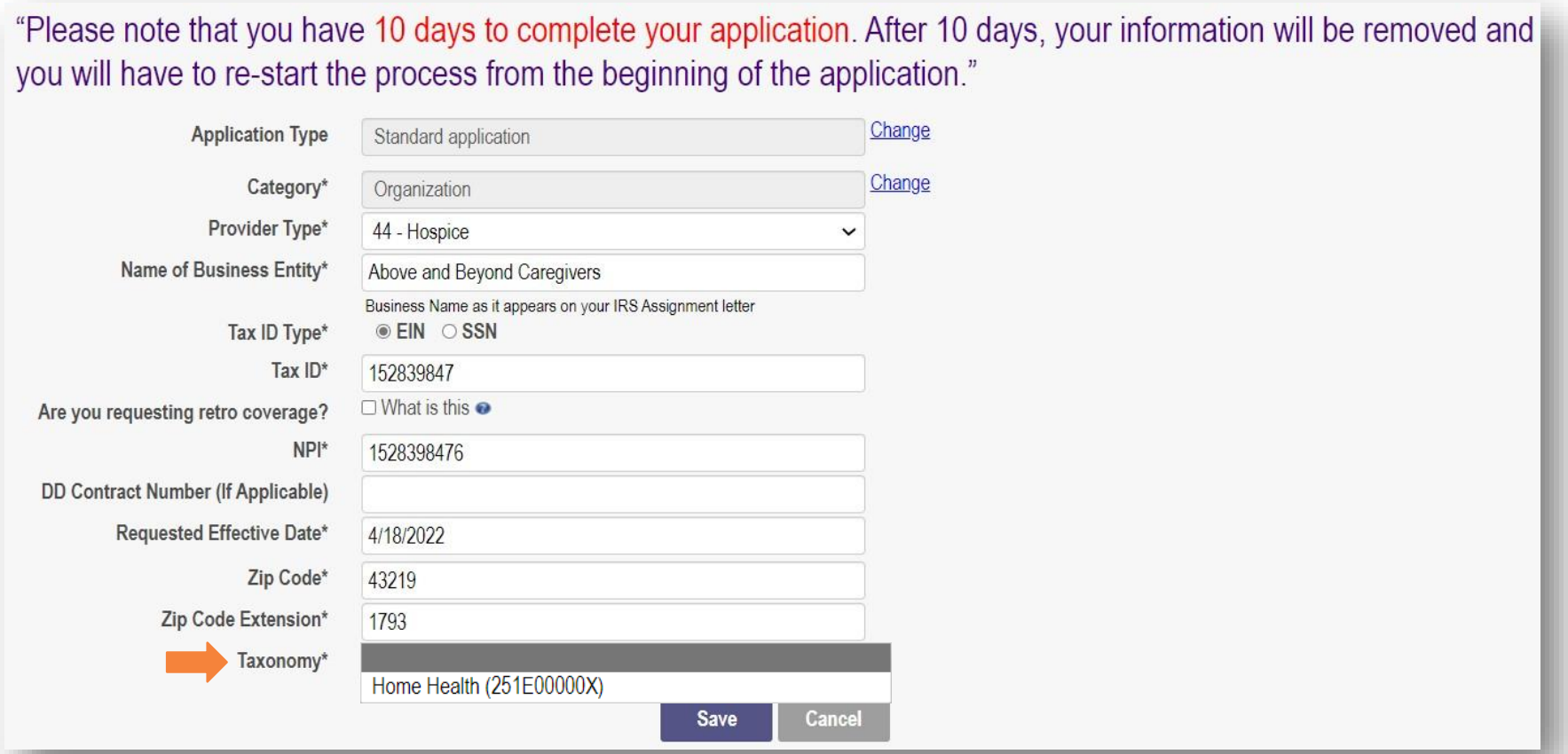
PNM validates NPI is a Type 2 NPI number with the National Plan and Provider Enumeration System (NPPES) Registry database

If it is not a Type 2 NPI number, you will receive an error message

The NPI entered is not in the NPPES list.

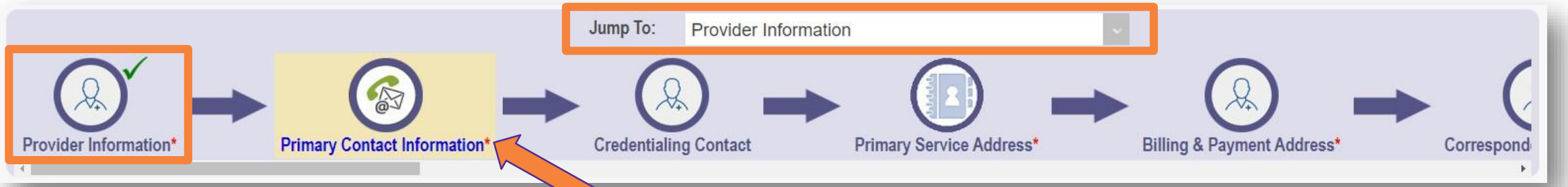
The NPI entered must be a Type 2 NPI.

Creating a New Application - Taxonomy



- After clicking 'Save', PNM will read the NPI Number, and a **new drop-down** menu will appear at the bottom with **Taxonomy choices**
- Select the appropriate Taxonomy and then click 'Save' again on the application page

Creating a New Application - Navigation



- A navigational bar appears at the top of the application and highlights the page you are actively working

- Once an application page has been completed and saved with the required information, a green checkmark will appear next to the image in the navigational bar

- Pages can also be accessed through the '**Jump To**' drop-down

A red asterisk (*) indicates the application page is required to be completed

Save: Saves the current page and remains on the page

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

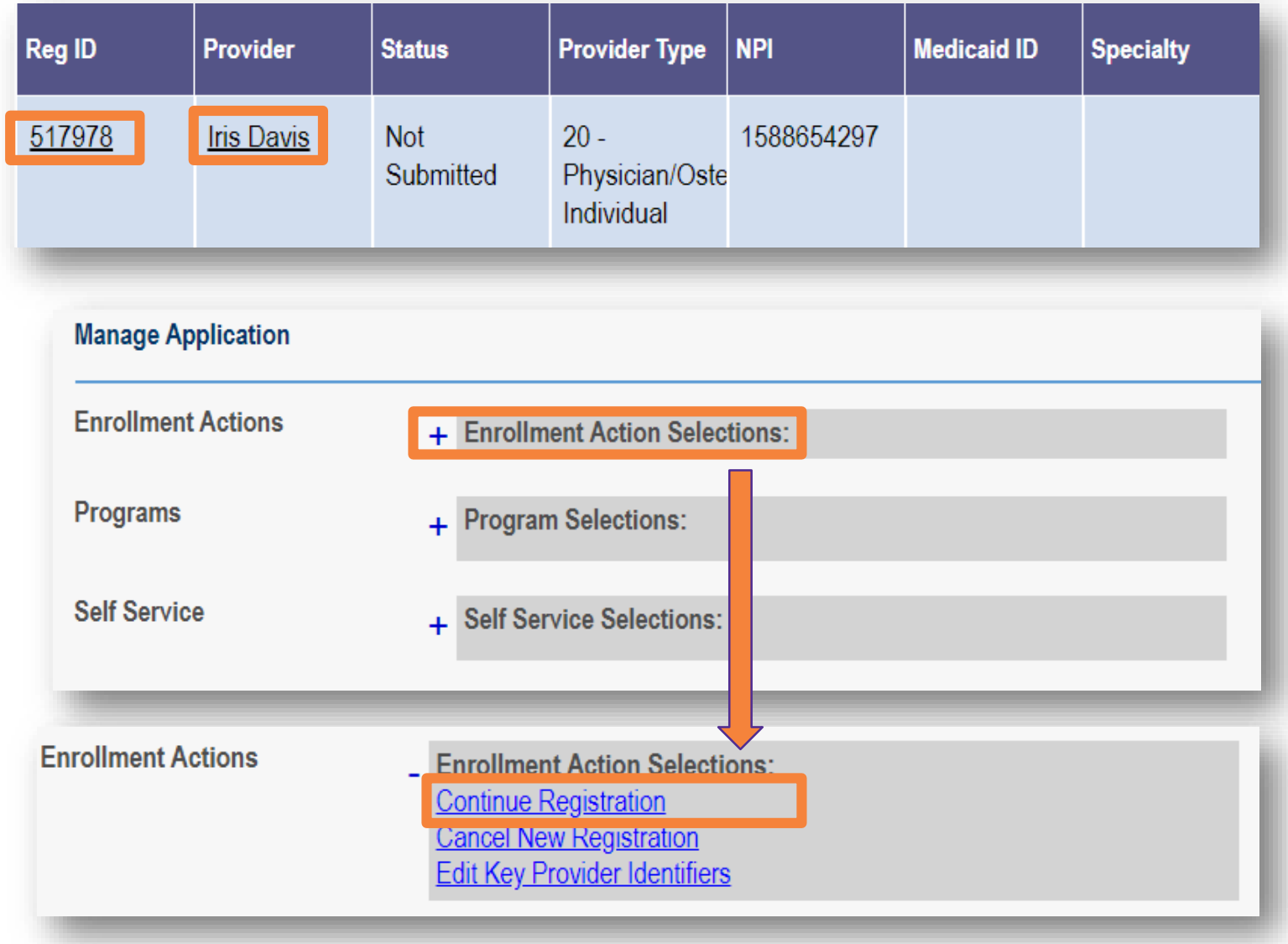
Previous: Returns to the previous page

Next: Saves the current page while advancing to the next page of the application

Generate PDF: Creates a file with all the application information to be saved to your records *(use once application is complete)*

Continuing an Unfinished Application

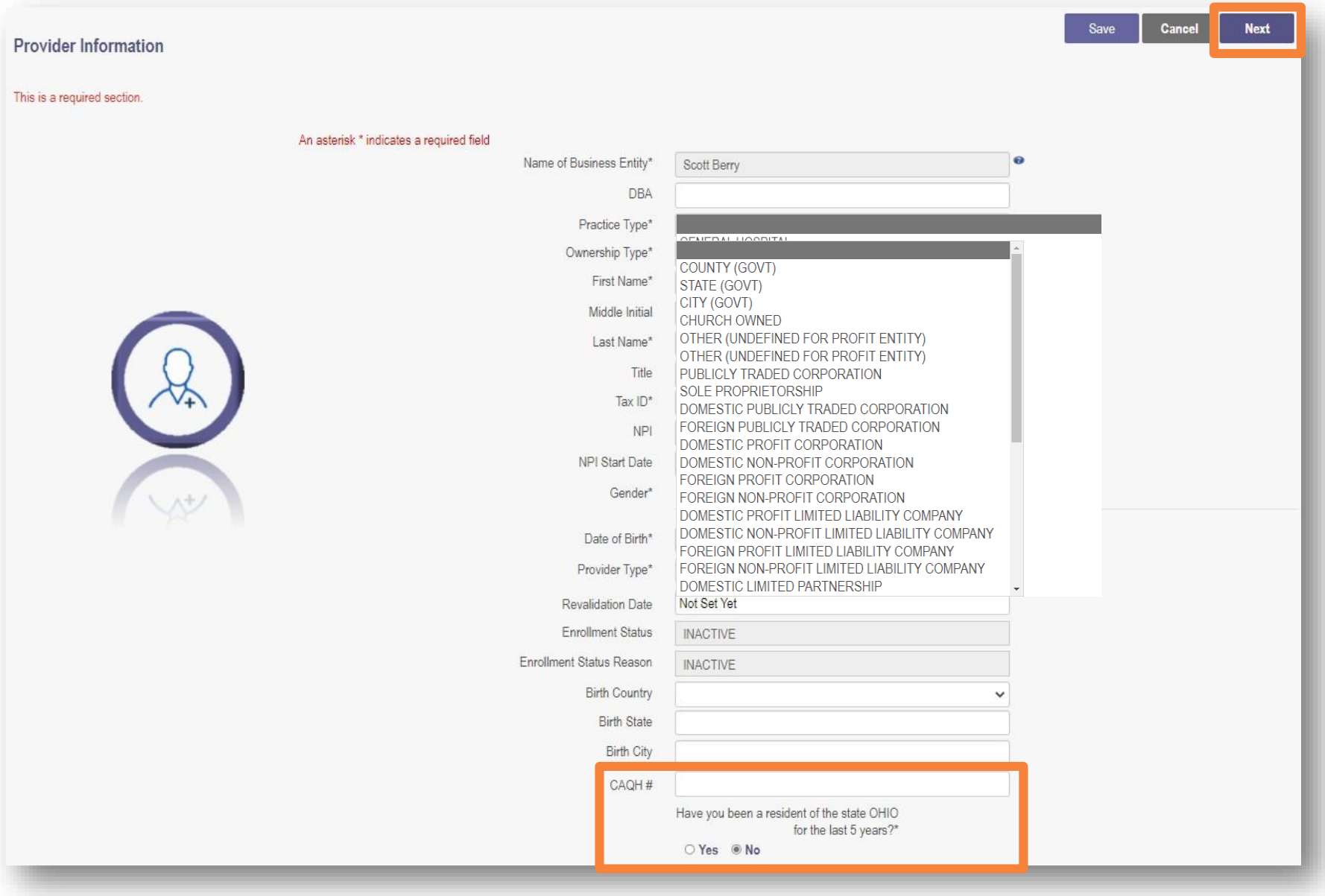
- After you log into PNM, click on the **Reg ID or Provider** hyperlink
- Select the '+' icon to expand 'Enrollment Actions Selections'
- Click the hyperlink for 'Continue Registration'
- PNM will open the application to the last unsaved page
- Continue entering provider details for the new enrollment application



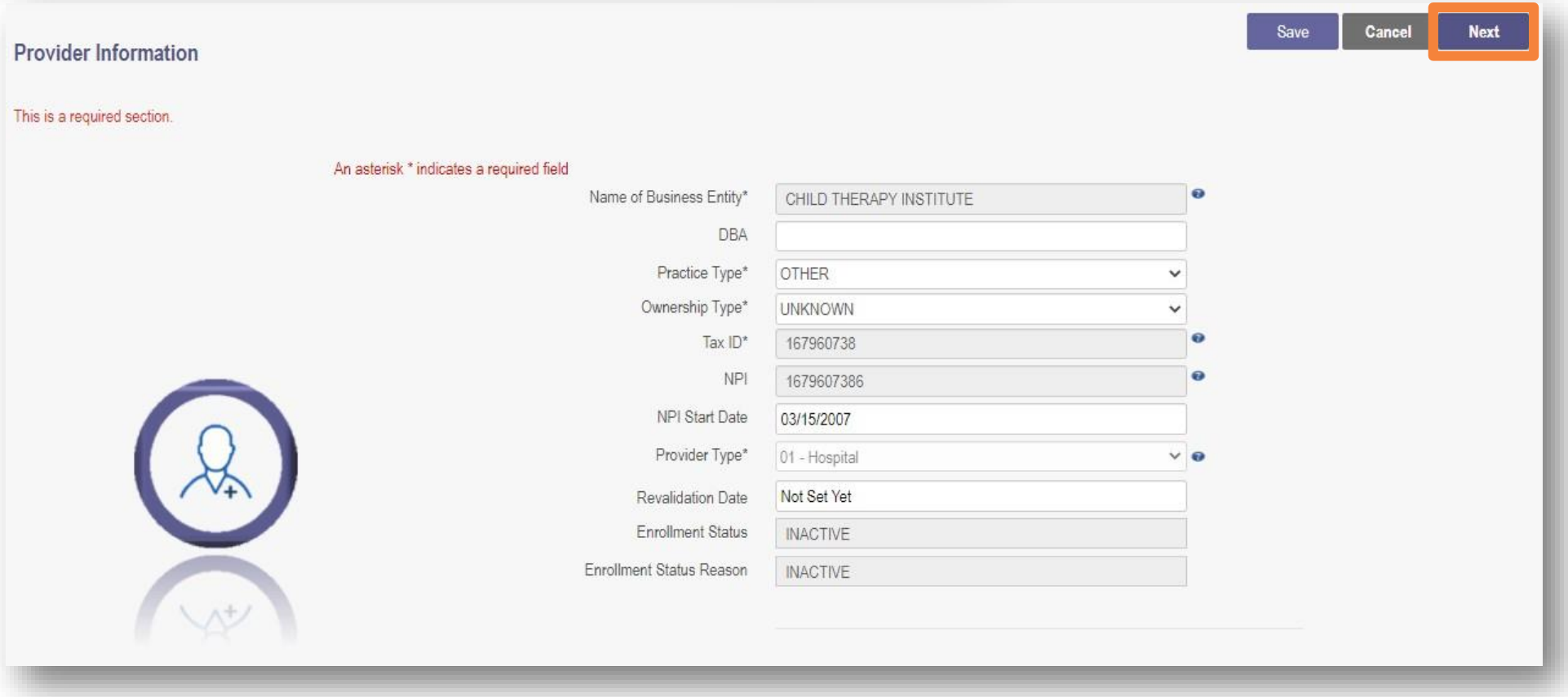
Application Pages

Provider Information

- Complete the required Provider Information:
  - Practice Type (Individual) using the drop-down menu
  - Ownership Type (Sole Proprietor) using the drop-down menu
  - First and Last Name
  - Date of Birth
  - Ohio Residency
- Click **Next** to save the information and proceed to the next page of the application

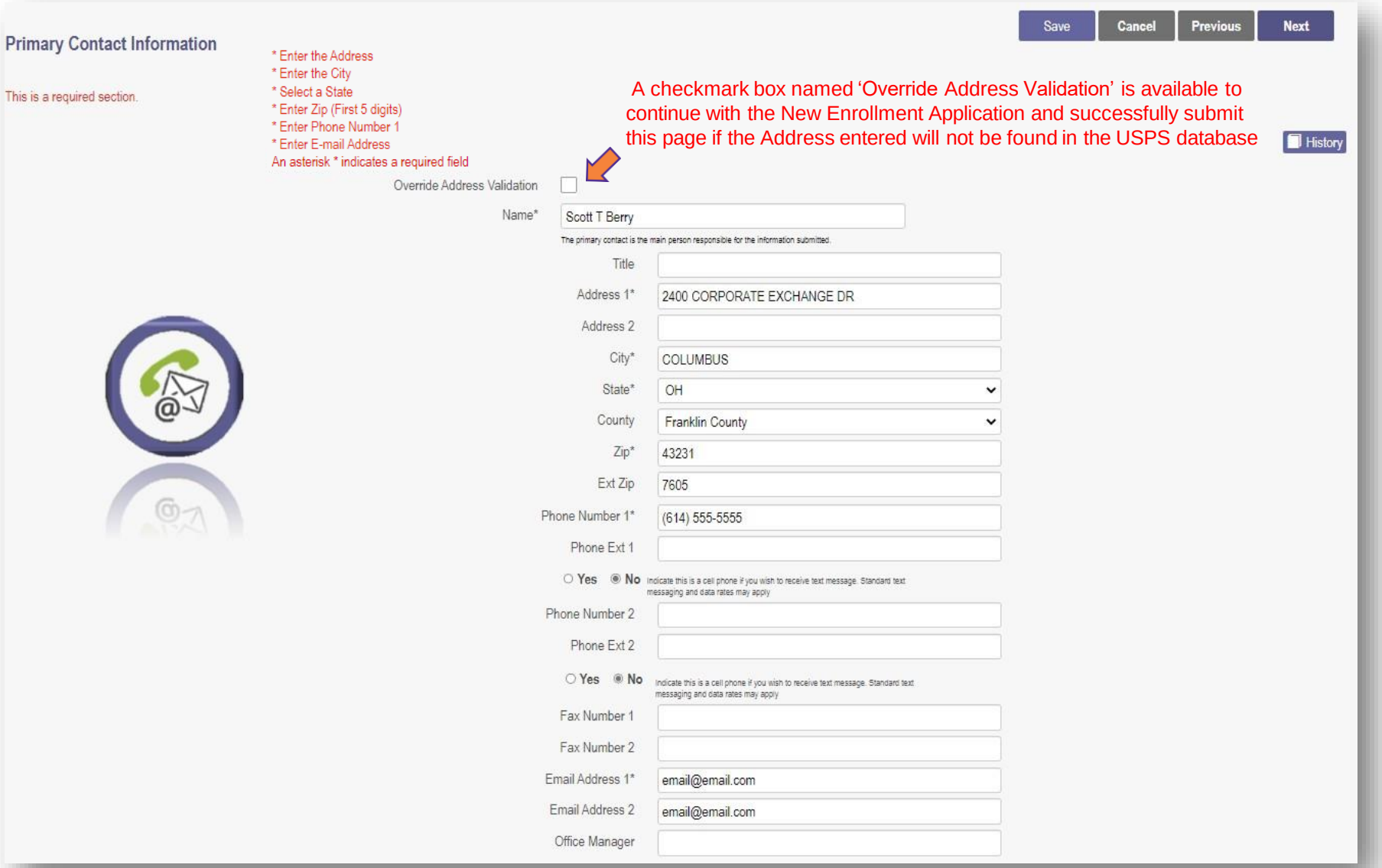


Provider Information



- Complete the required Provider Information:
  - Practice Type (Individual) using the drop-down menu
  - Ownership Type (Sole Proprietor) using the drop-down menu
- Click **Next** to save the information and proceed to the next page of the application

Primary Contact Information



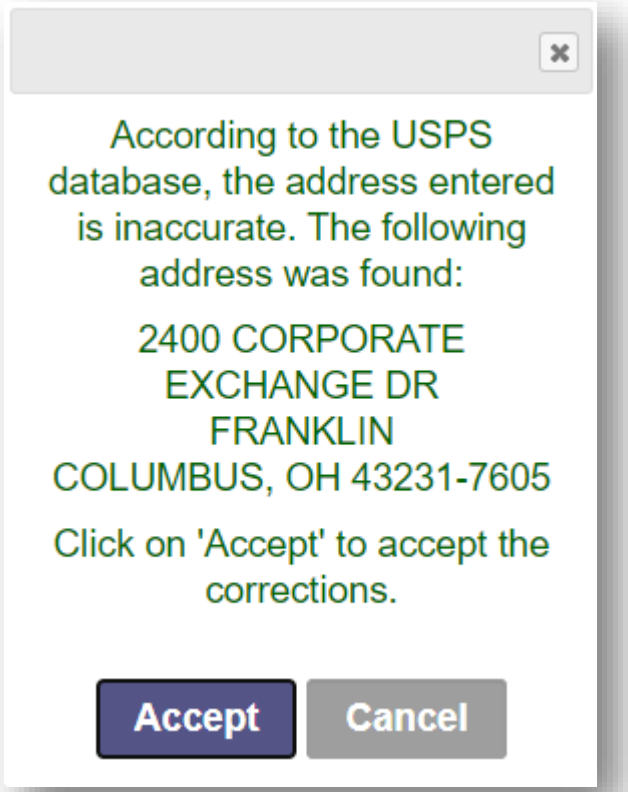
- Complete the required Primary Contact Information:
  - Name
  - Address
  - City
  - State
  - Zip
  - Phone Number
  - Email Address
- Click **Next** to save the information and proceed to the next page of the application

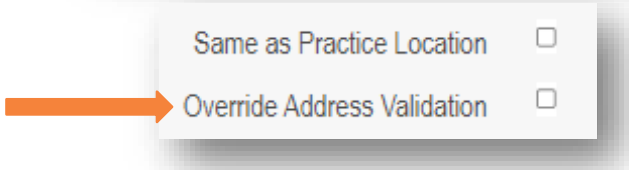
USPS Address Pop-up

- To verify the accuracy of the addresses entered in a provider file, PNM uses the United States Postal Service (USPS) database to validate the addresses entered or updated on each address page

- The USPS pop-up window to the right will display each time an address page has information entered or updated on it

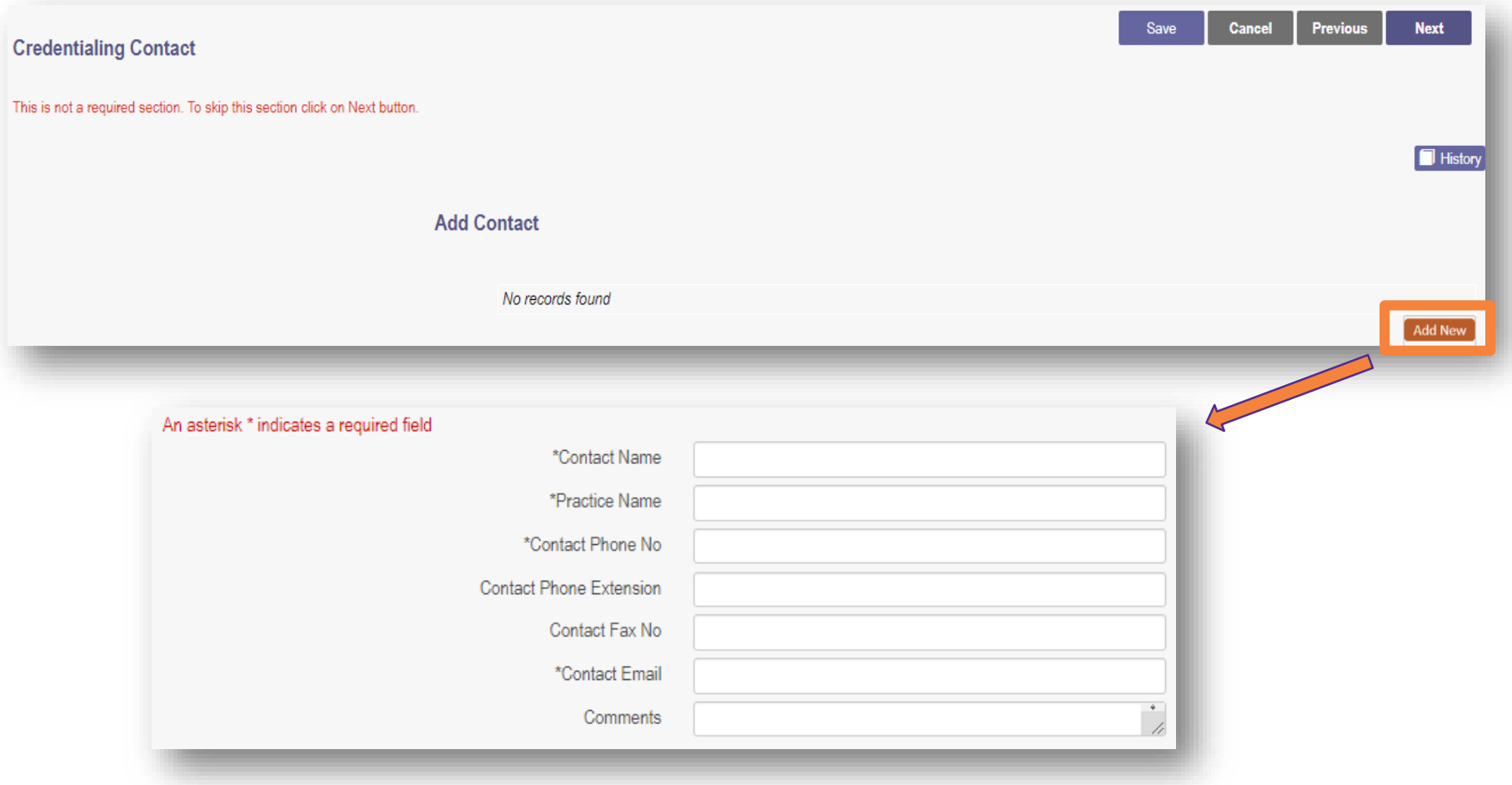
- Complete the following steps to move through the USPS address verification pop-up process:
  - Confirm the validation and accuracy of the address information
  - Click **Accept** on the USPS confirmation prompt
  - If the address cannot be validated, then click **Cancel** on the pop-up and check the ‘Override Address Validation’ box located below the ‘Same as Practice Location’ checkbox
  - The click **Save** again to save the address page updated address information





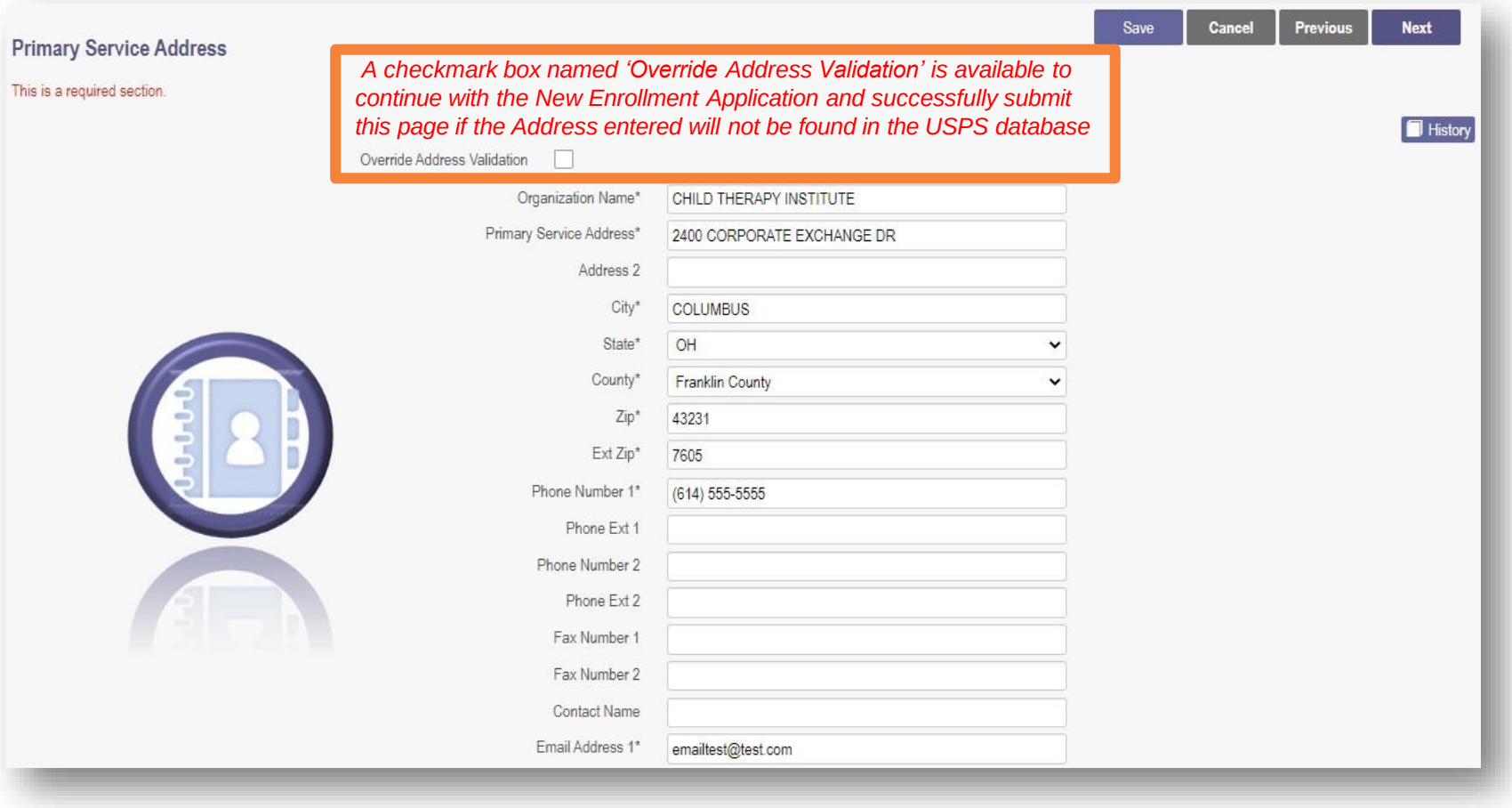
Credentialing Contact

- To skip this section, click **Next** to move to the next page
- If you wish to complete this information, click **Add New**
- Fill in the required information for the Credentialing Contact
- Click **Next** to save and proceed to the next page



Primary Service Address

- Complete the required information at the top of the Primary Service Address page:
  - Provider Name (You)
  - 885 E. Buchtel Ave
  - Akron
  - Ohio
  - 44305
  - 330-535-8116
  - Email Address (Yours)
- Click **Next** to save and proceed to the next page



Primary Service Address cont'd

- Located below the Primary Service Address information, you can enter additional details about your practice location *(this information is not required)*

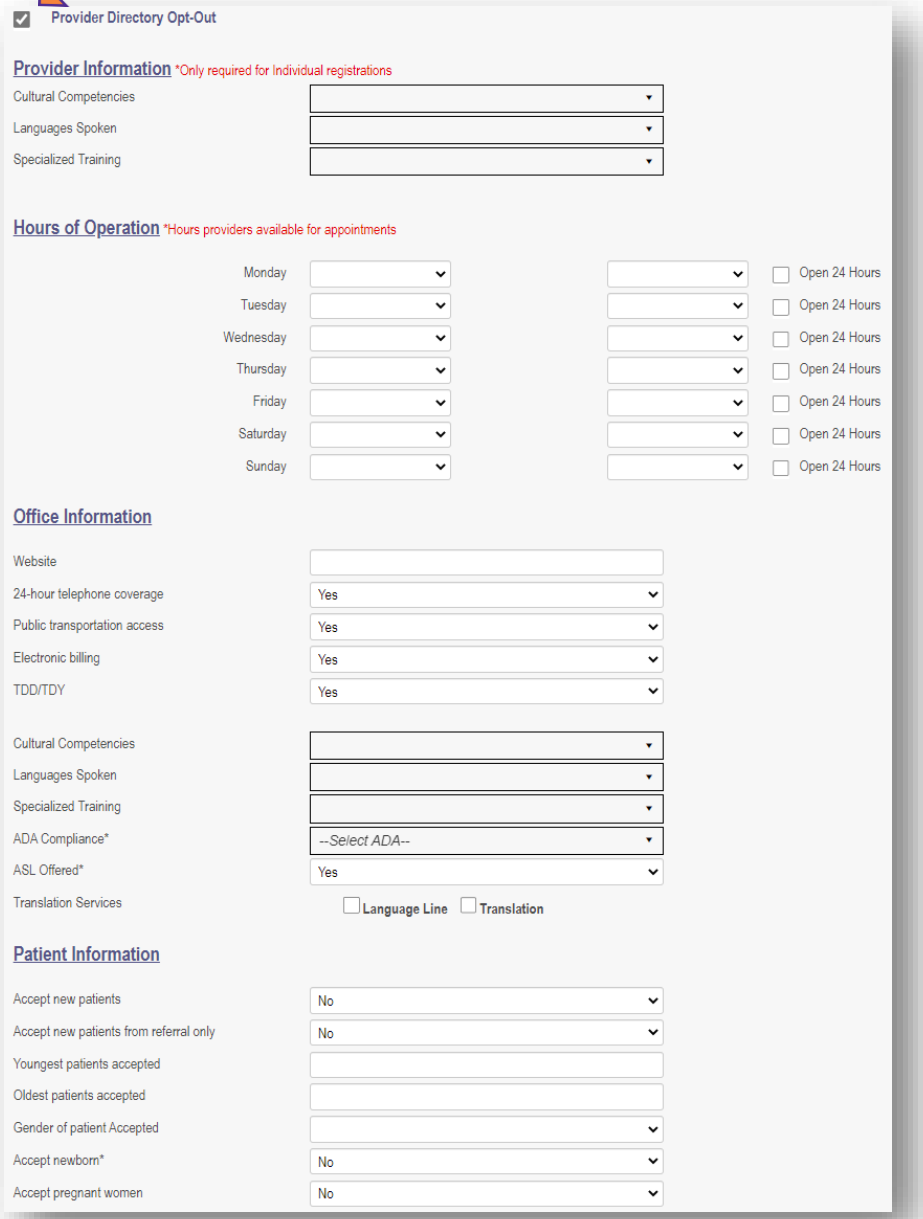
- Enter details regarding:
  - Provider Information
  - Hours of Operation
  - Office Information
  - Patient Information

- This information will be accessible to a public-facing Provider Directory once it is entered in PNM. *If you are enrolled in a Managed Care Plan (MCP), the information will also be accessible in the MCP Directory*

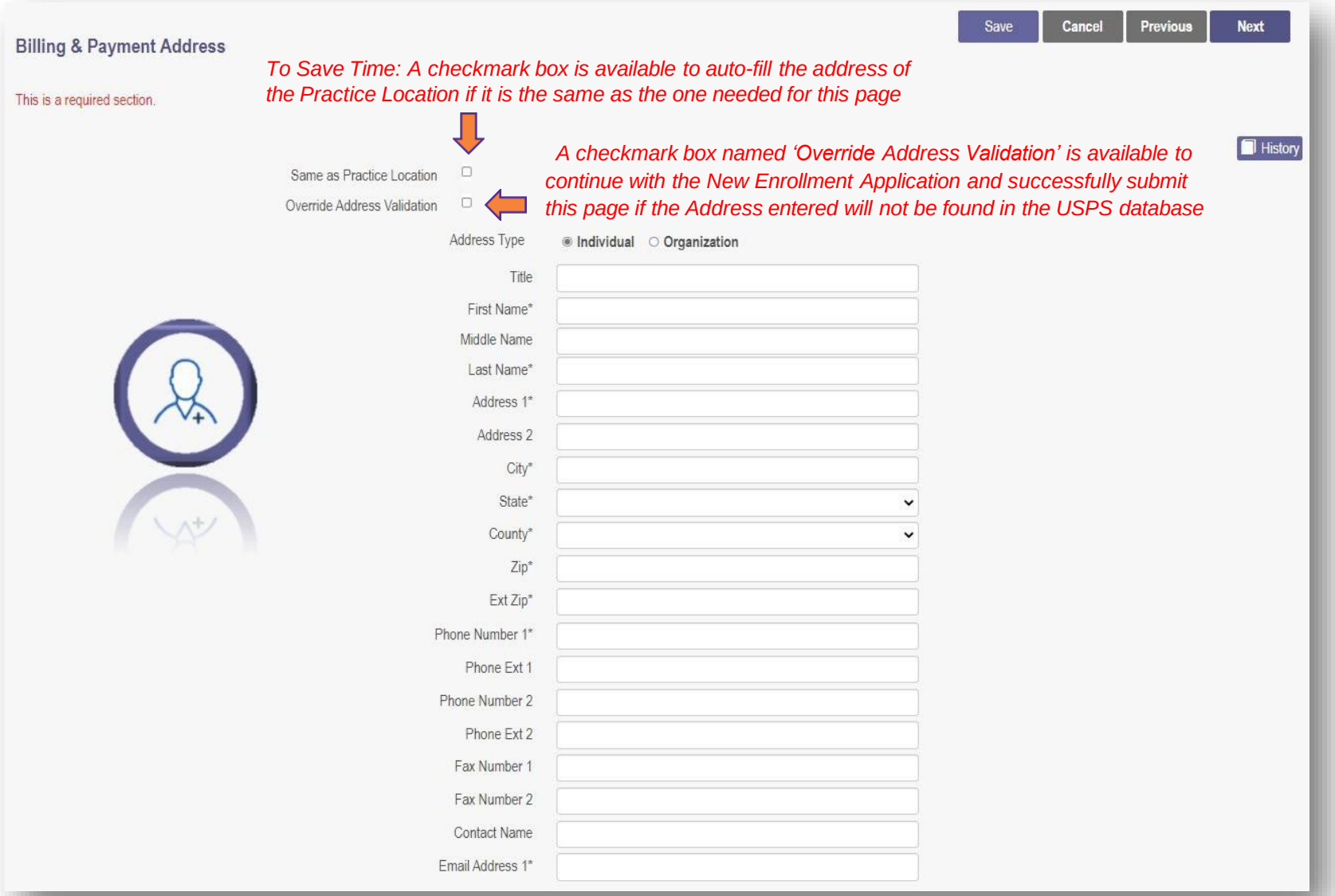
- **Note:** If you do not wish to be a part of the Directory, you can **opt out** by clicking the box at the top of the section

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

A checkmark box is available To 'Opt-Out' of the (public facing) Provider Directory

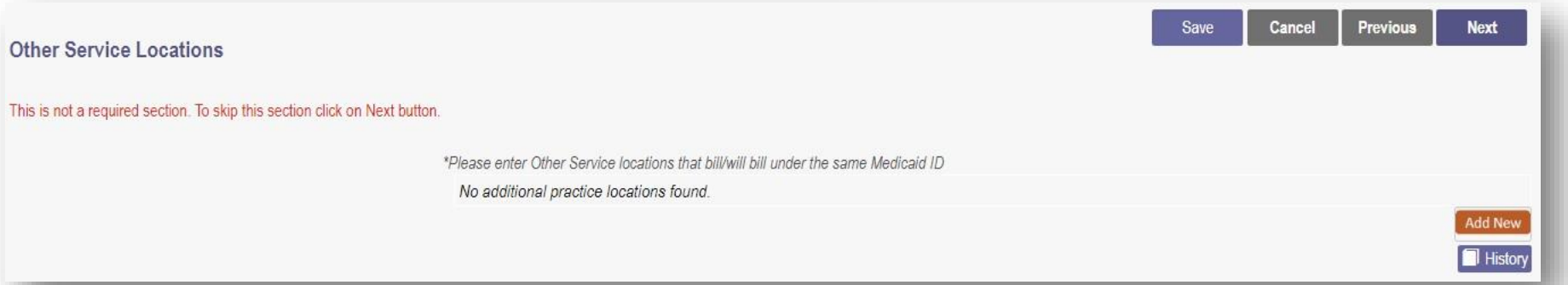


Billing & Payment Address



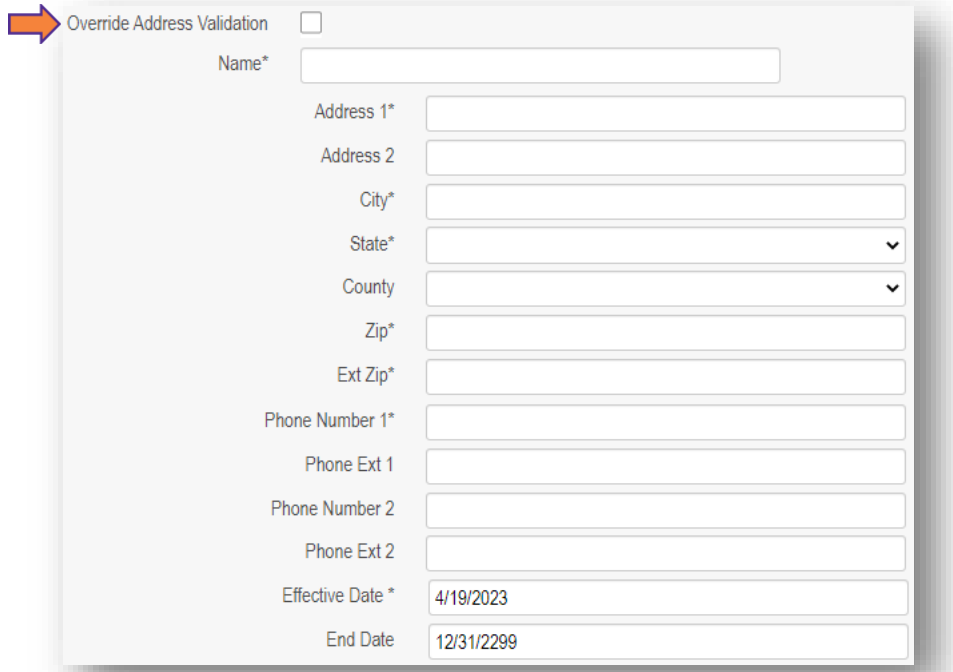
- Since the Billing & Payment address is the same as the Practice Location Address, click the box at the top of the page to auto-fill the information
- Click **Next** to save the information and proceed to the next page of the application

Other Service Locations



- This section asks you to include details for any Other Service Locations that bill or will be billed under the same Medicaid ID

A checkmark box named 'Override Address Validation' is available to continue with the New Enrollment Application and successfully submit this page if the Address entered will not be found in the USPS database



- <u>To skip this section, click **Next** to move to the next page</u>
- If you wish to complete this information, click **Add New**
- Fill in the required information for the Other Service Location
- Click **Next** to save the information and proceed to the next page of the application

Other Service Locations cont'd

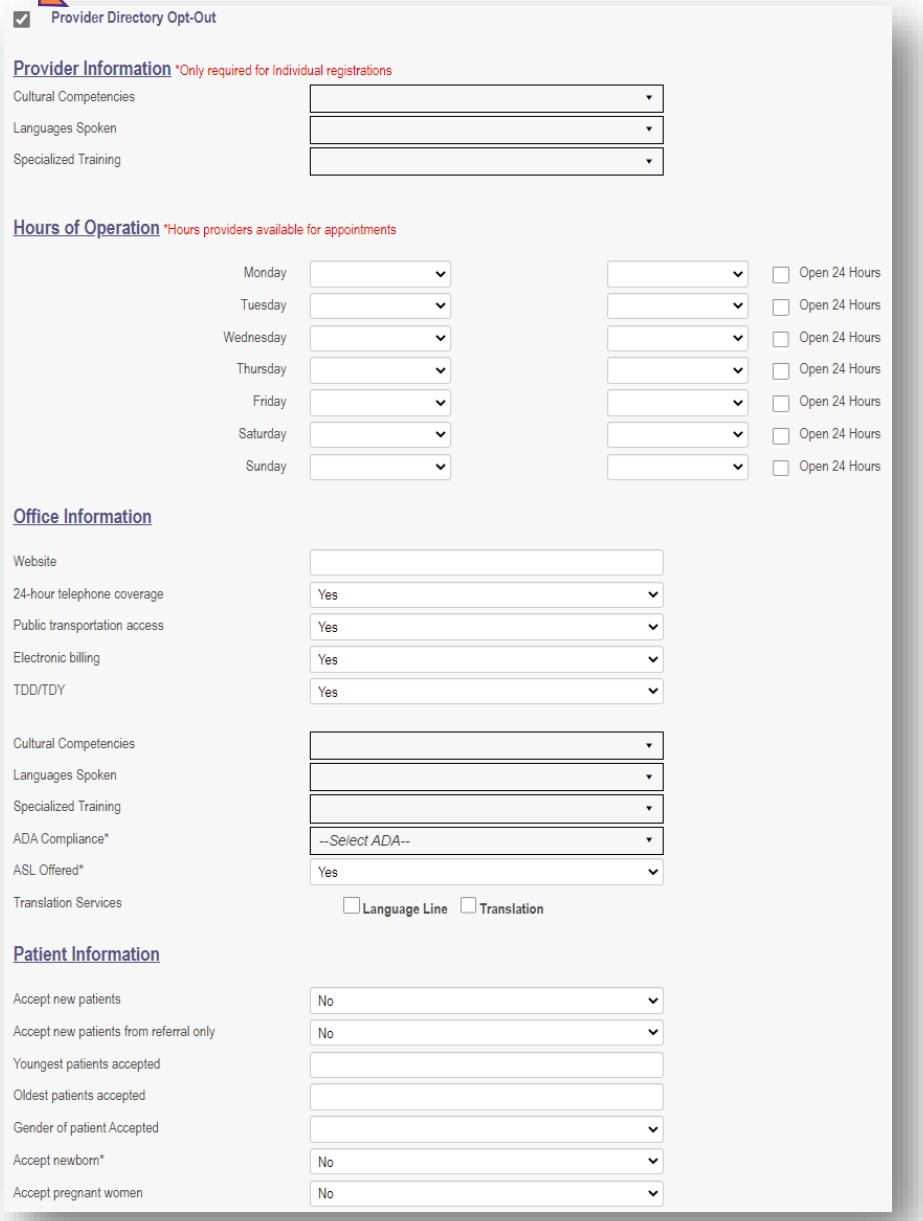
- Located below the Other Service Locations Address information, you can enter additional details about your practice location *(this information is not required)*

- Enter details regarding:
  - Provider Information
  - Hours of Operation
  - Office Information
  - Patient Information
- This information will be accessible to a public-facing Provider Directory once it is entered in PNM. *If you are enrolled in a Managed Care Plan (MCP), the information will also be accessible in the MCP Directory*

- **<u>Note:</u>** If you do not wish to be a part of the Directory, you can **opt out** by clicking the box at the top of the section

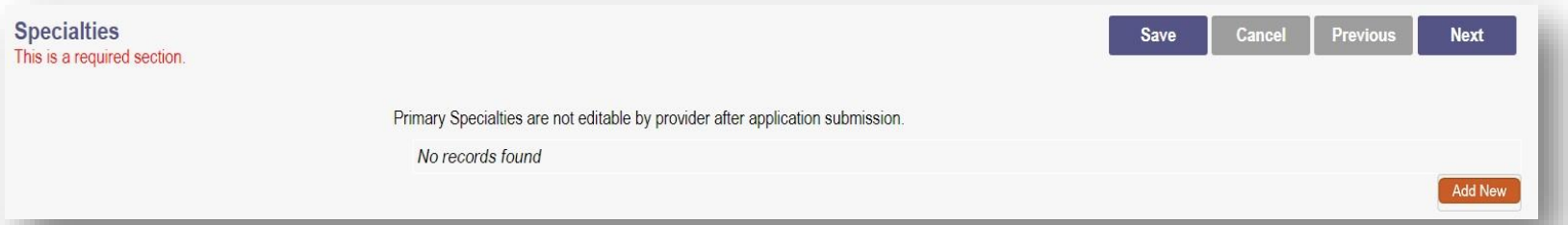
- Click **Next** to save and proceed to the next page

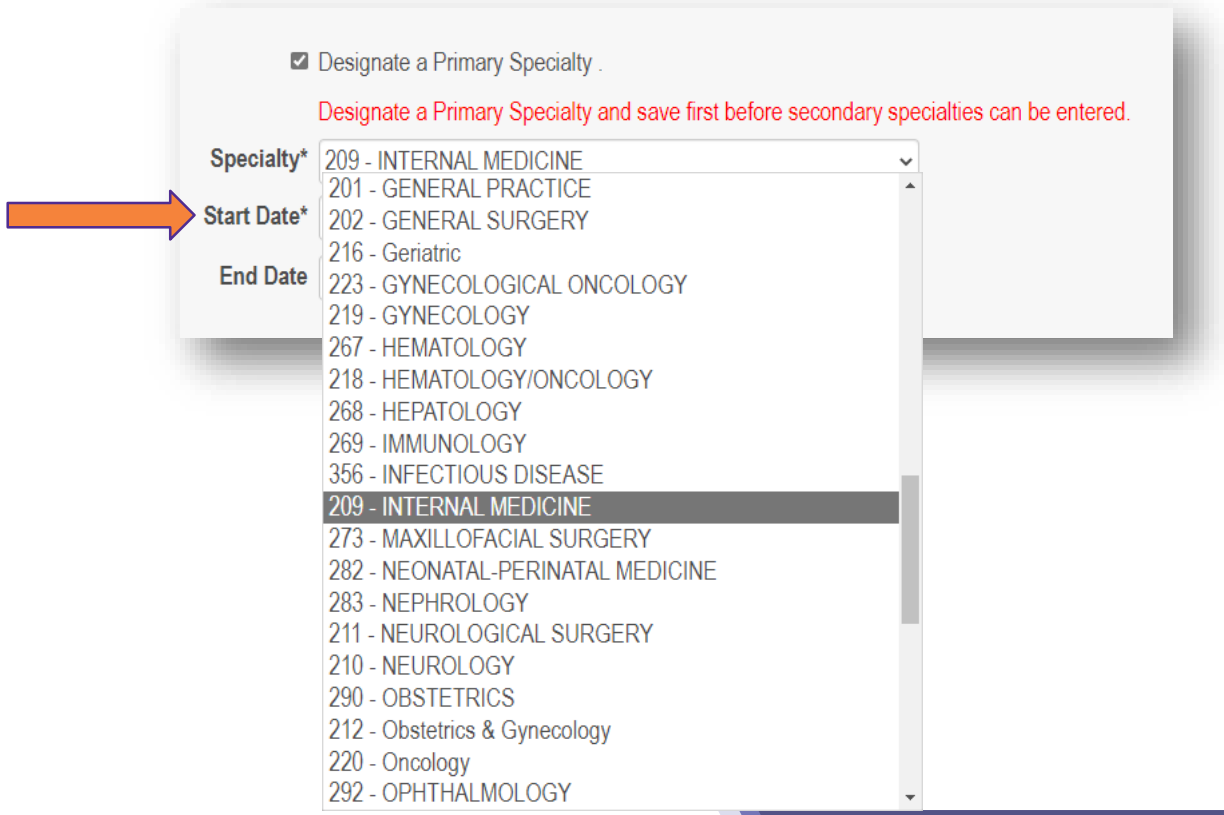
A checkmark box is available To 'Opt-Out' of the (public facing) Provider Directory



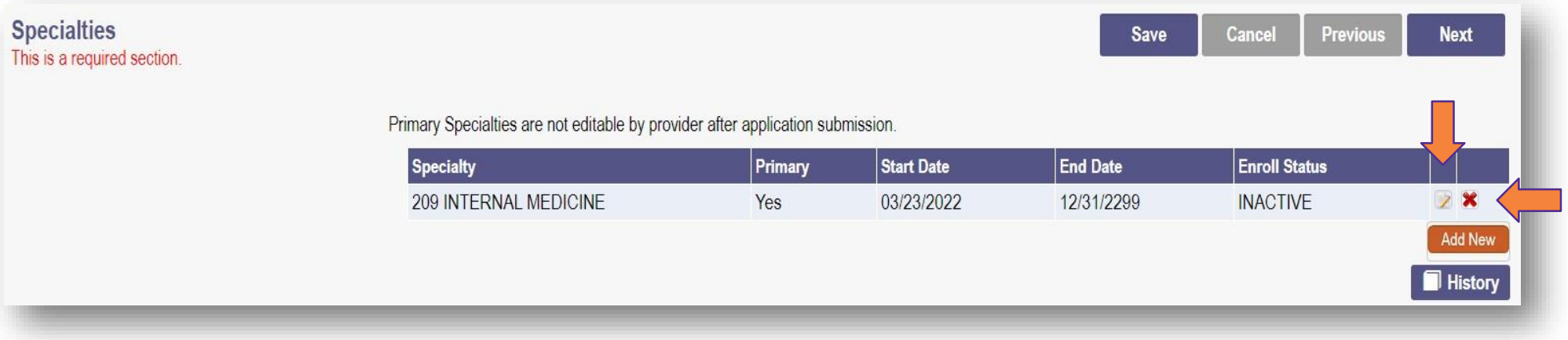
Specialties

- Click **Add New** to add a Specialty
- Select the Primary Specialty from the Specialty the drop-down menu *(Available specialties for the provider type will be listed in the drop-down menu)*
- The ‘Start Date’ can be updated, and the ‘End Date’ will default with an infinite date *(12/31/2299)*
- Additional Specialties can be added after clicking **Save** on the Primary Specialty designation and then repeating the process



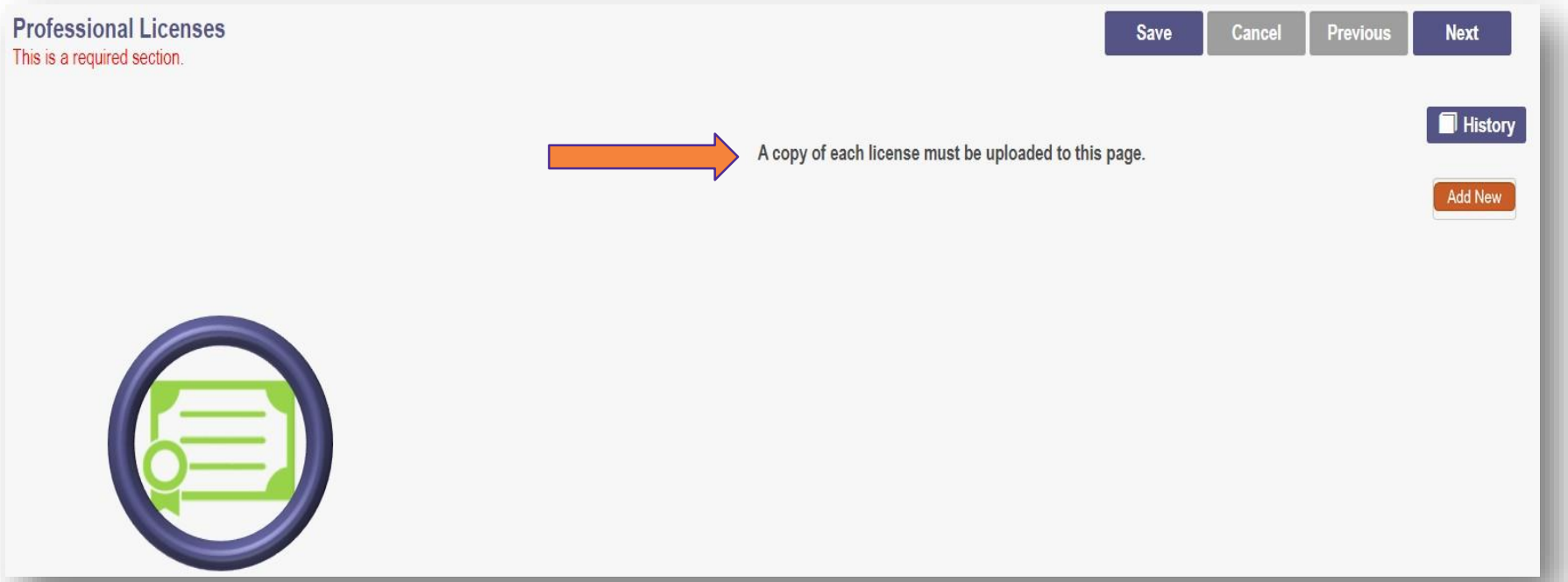


Specialties cont’d



- To edit a Specialty, click on the ‘pencil and paper’ icon and update the information
- To remove an added Specialty, click the ‘x’ associated with the applicable Specialty line
- Click **Next** to save the information and proceed to the next page of the application

Professional Licenses

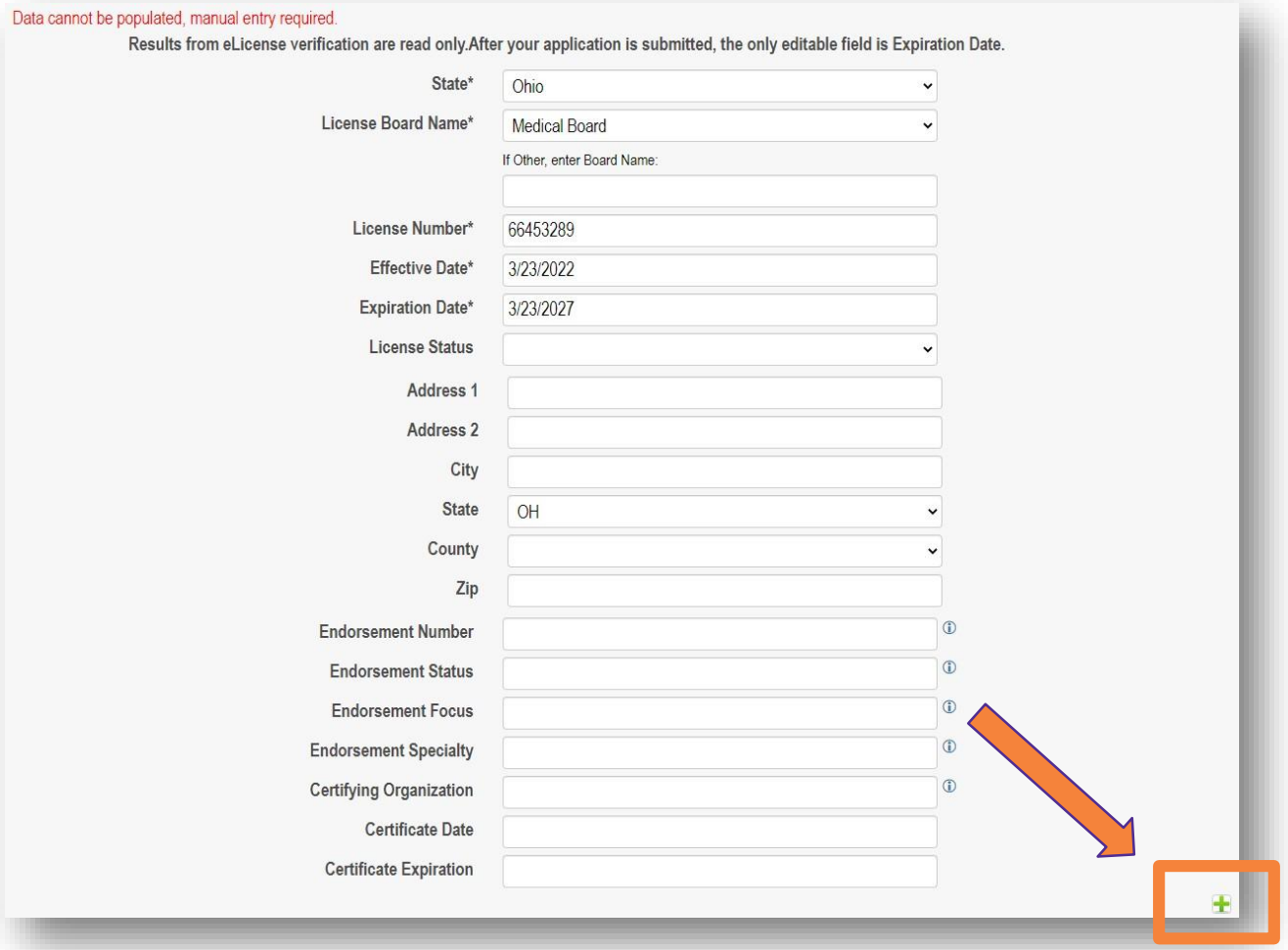


- A copy of each license must be uploaded to the page
  - If an Ohio license and Ohio e-license information can be successfully pulled in PNM, a license upload is not needed
- Click ‘Add New’ to add an entry for Professional License information

Professional Licenses cont'd

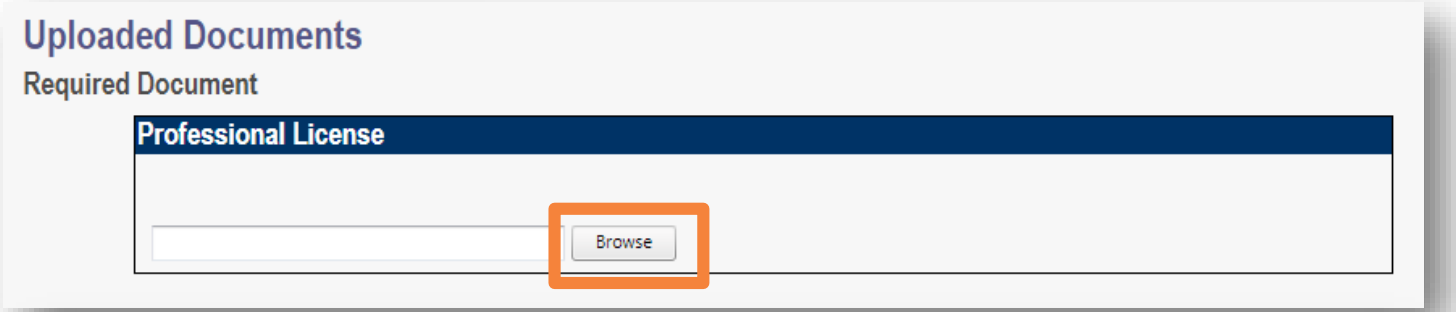
- Enter the required information for the professional license *(marked with an asterisk)*

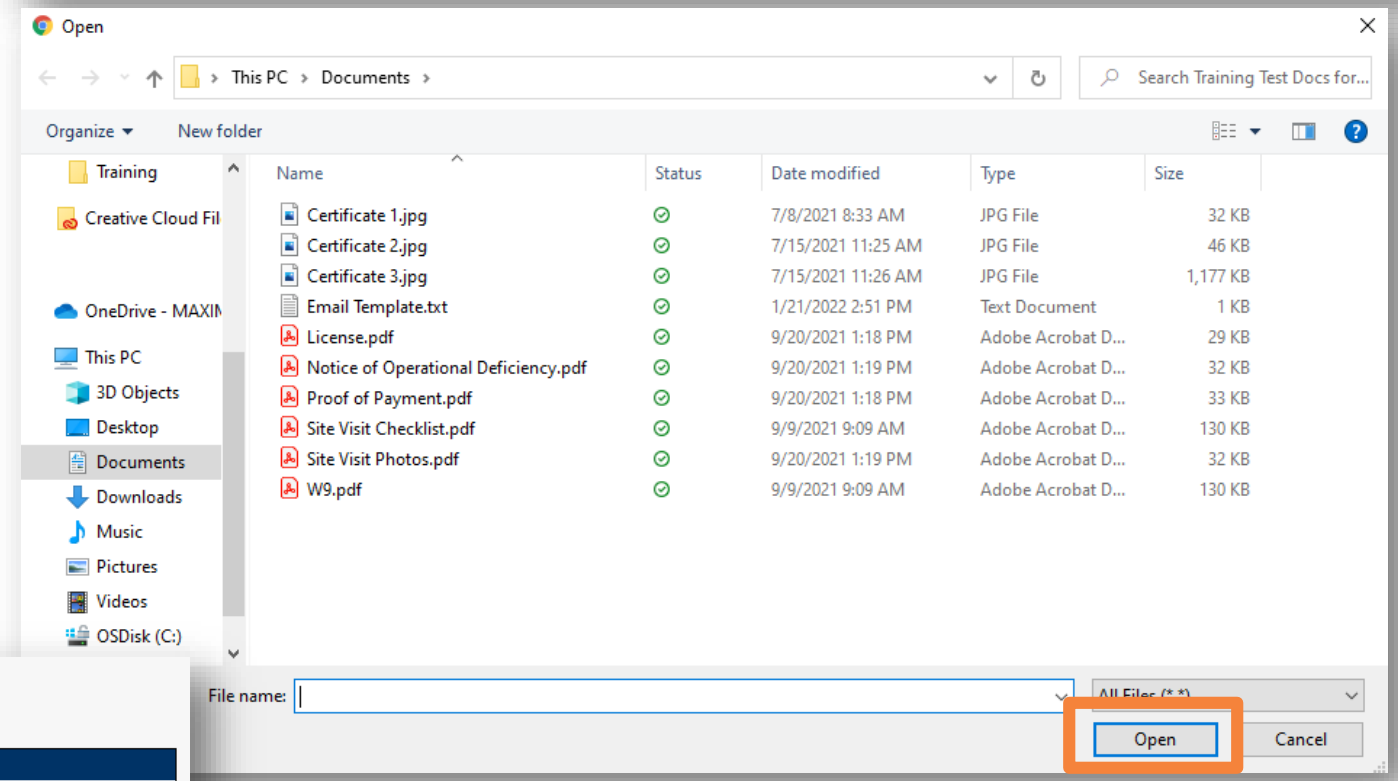
- If entering Endorsement information, click the green '+' icon at the bottom of the page to add a new Focus, Endorsement Specialty and Certifying Organization

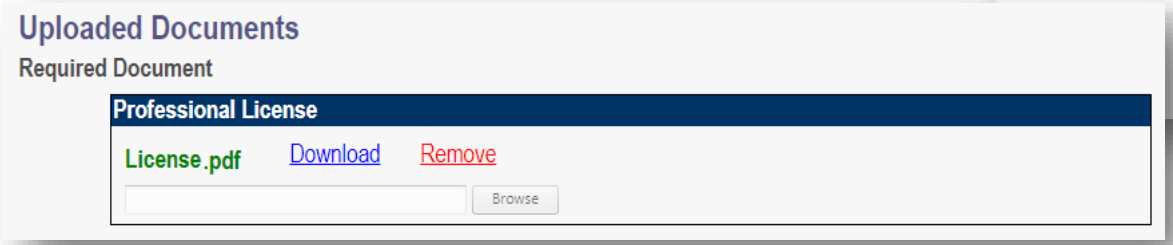


Professional Licenses – Upload License

- To upload a Professional License document, click **Browse**
- Locate the license document on your computer, select it, and click **Open**
- Confirm the document has been uploaded by locating the file name in green text
- Click **Next** to save the information and proceed to the next page of the application



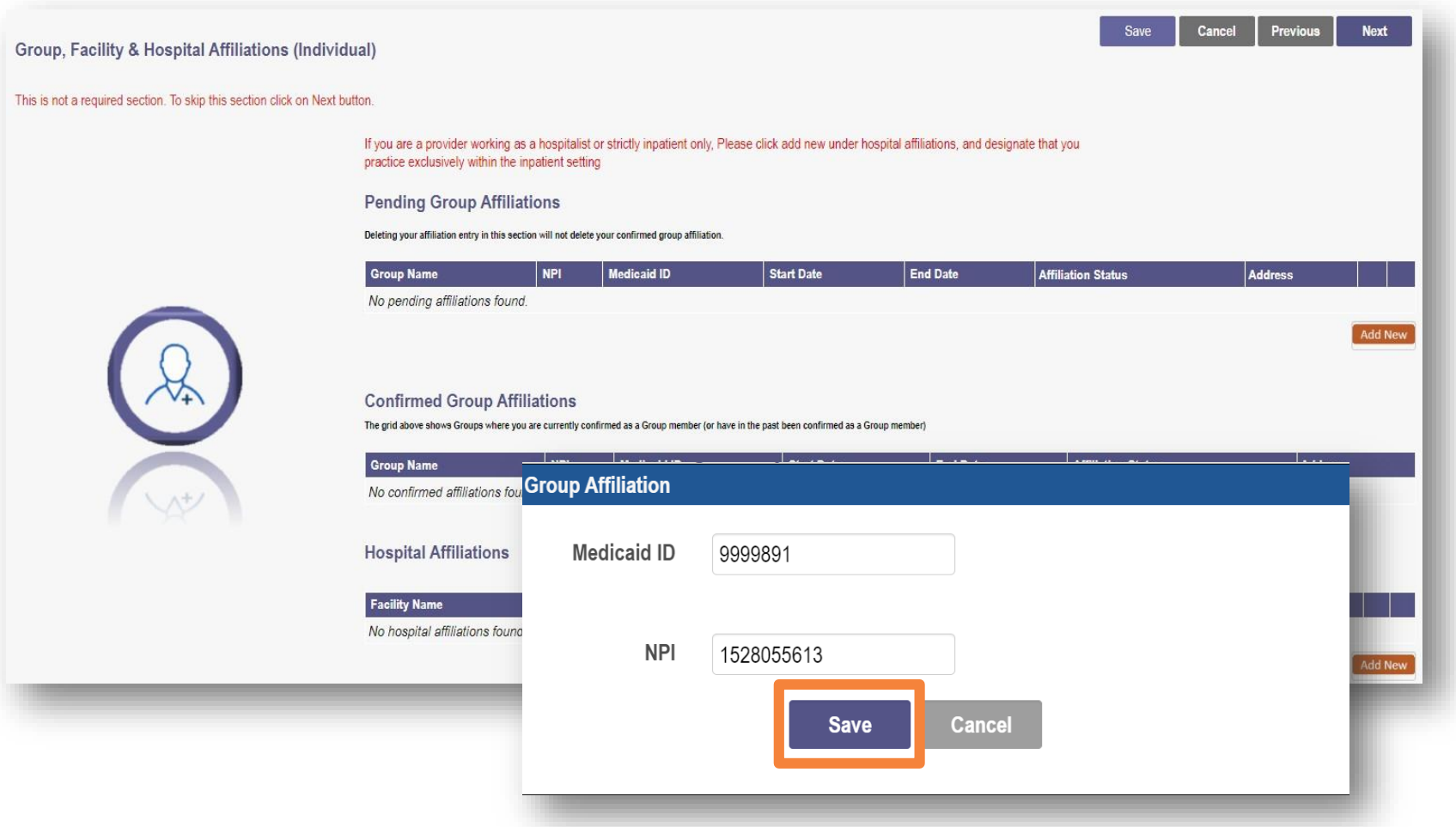




Medicare Number

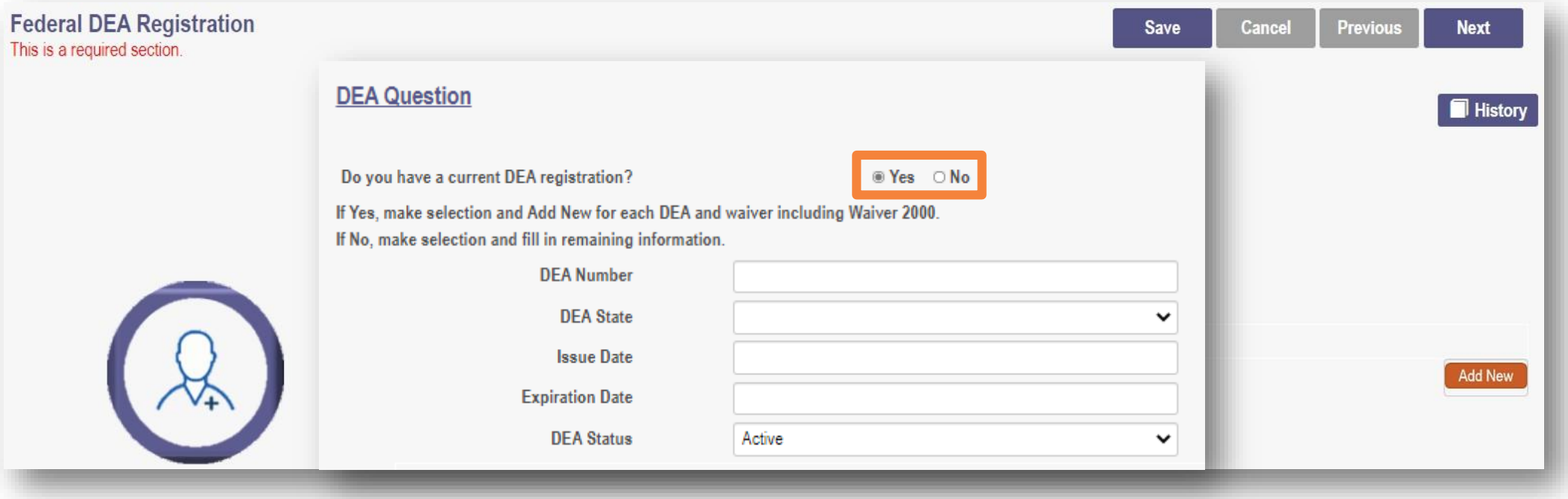
- <u>This screen can be skipped by pressing Next</u>
- This page allows you to indicate a Medicare Number you hold, a Medicaid Number that you hold outside of Ohio, or both
- To add an entry for either section, click **Add New**

Group, Organizations & Hospital Affiliations



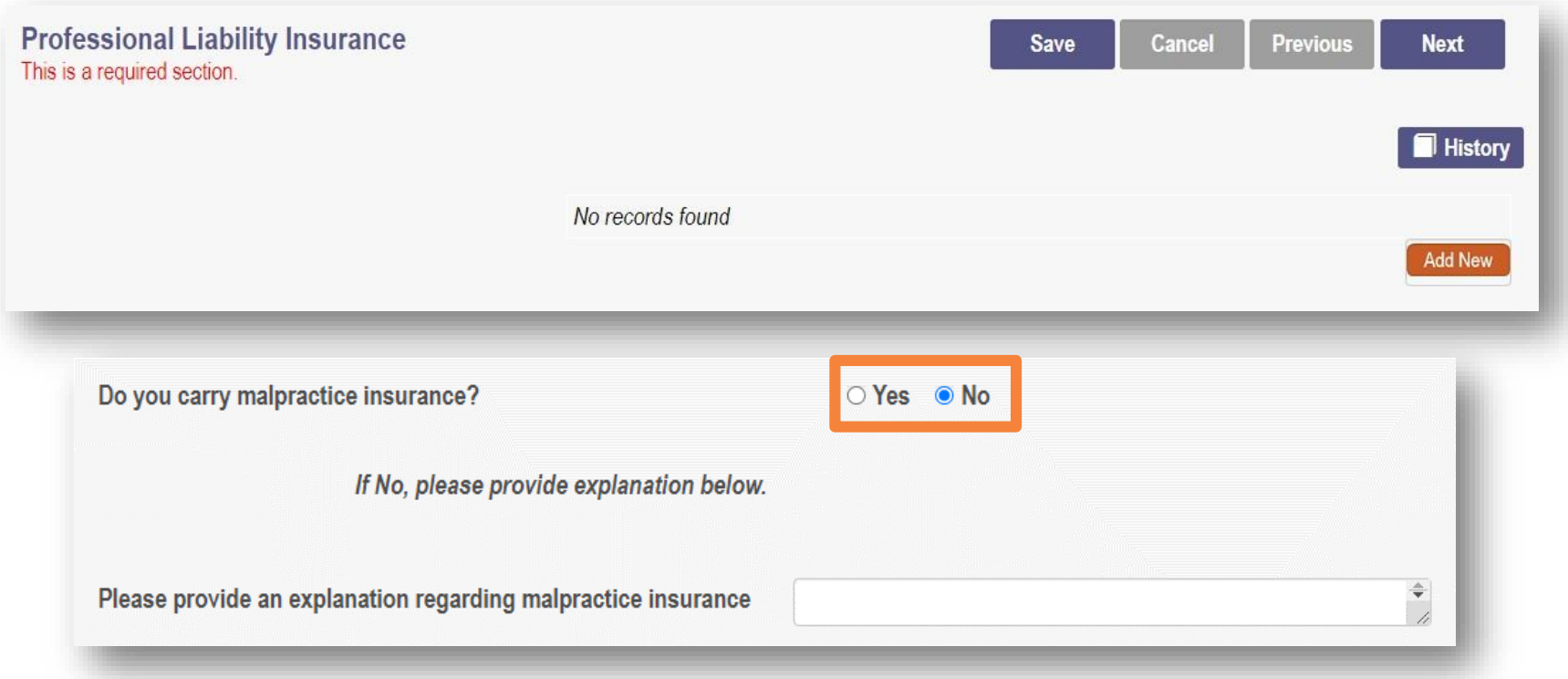
- <u>This screen can be skipped by pressing Next</u>
- This page asks you to indicate any Group or Hospital Affiliations
- A *Group Affiliation* begins as a *'Pending Group Affiliation'* until it is confirmed by the Affiliated Group
- To add a Group, click **Add New** within the 'Pending Group Affiliations' section
- Enter the Medicaid ID and NPI for the Group Affiliation
- Once details are entered, click **Save**

Federal DEA Registration



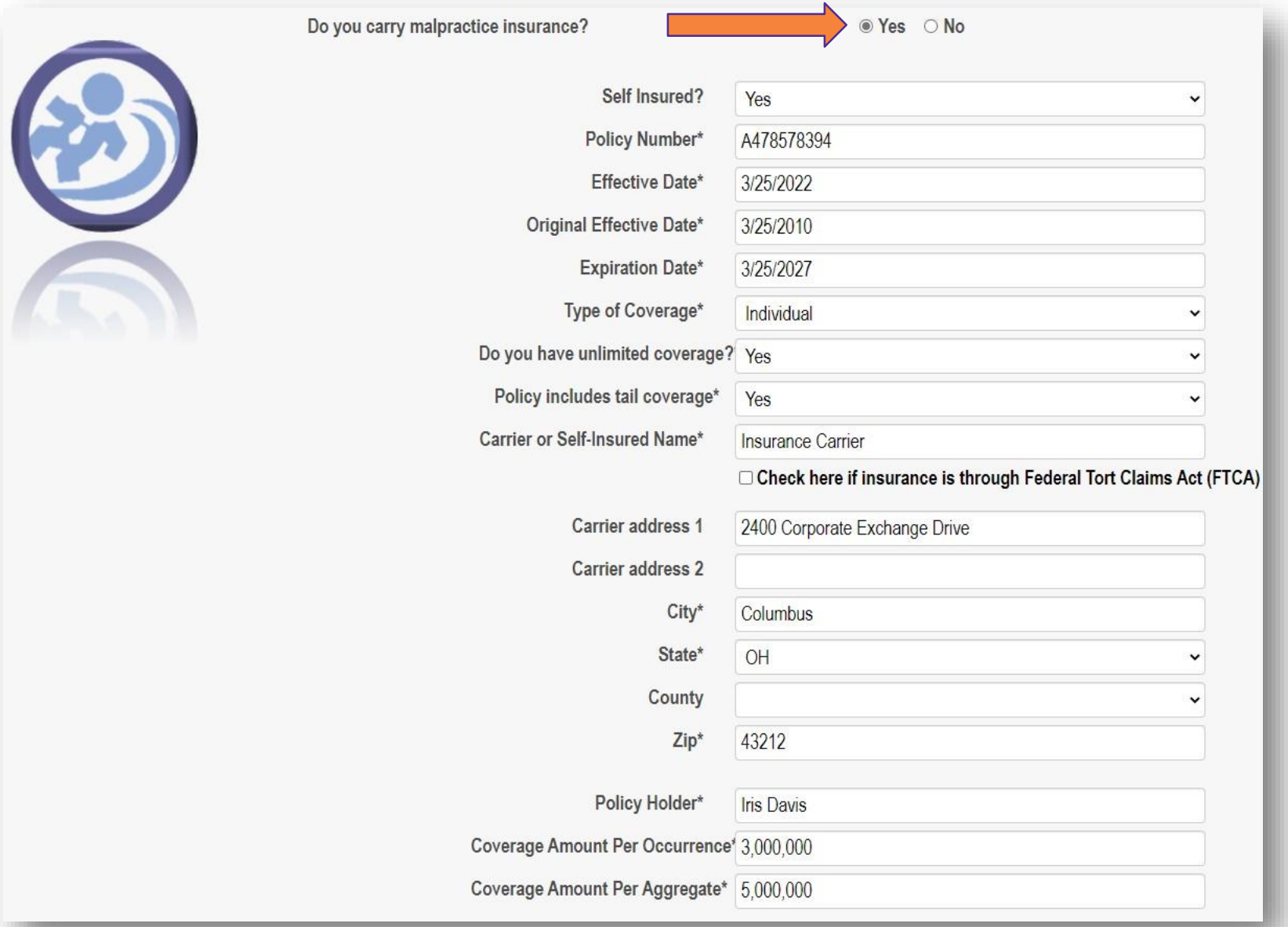
- This screen can be skipped by pressing Next
- This section allows you to enter Federal Drug Enforcement Agency (DEA) Registration information
- Answer the DEA Question by selecting the appropriate 'Yes' or 'No' radio button
- If 'Yes' is selected, a new box appears to enter the DEA information
- Once the information is complete, click **Next** to save the information and proceed to the next page of the application

Professional Liability Insurance



- To enter details of your Professional Liability Insurance, click **Add New**
- Click a 'Yes' or 'No' radio button to the question, *Do you carry malpractice insurance?*
- If *'No'* is selected, provide an explanation in the text box
- Click **Next** to save the information and proceed to the next page of the application

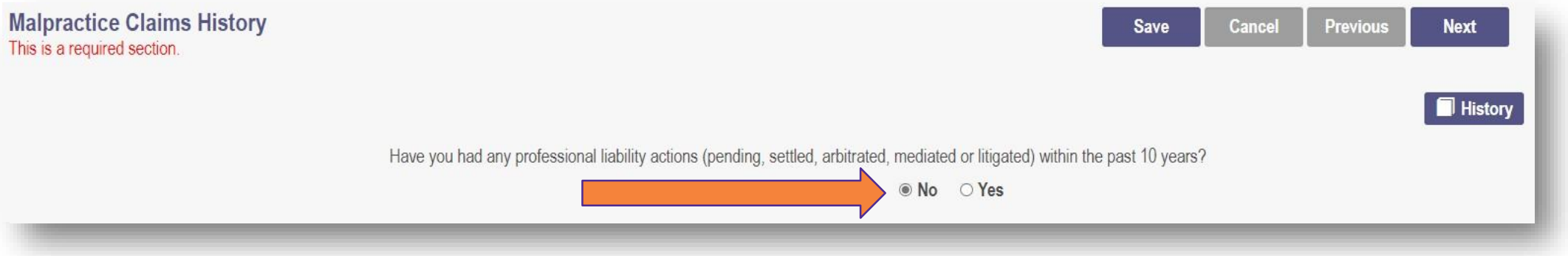
Professional Liability Insurance cont'd



- If *'Yes'* is selected, complete the required information including dates, coverage details, address, policy holder, and coverage amounts

- Click **Next** to save the information and proceed to the next page of the application

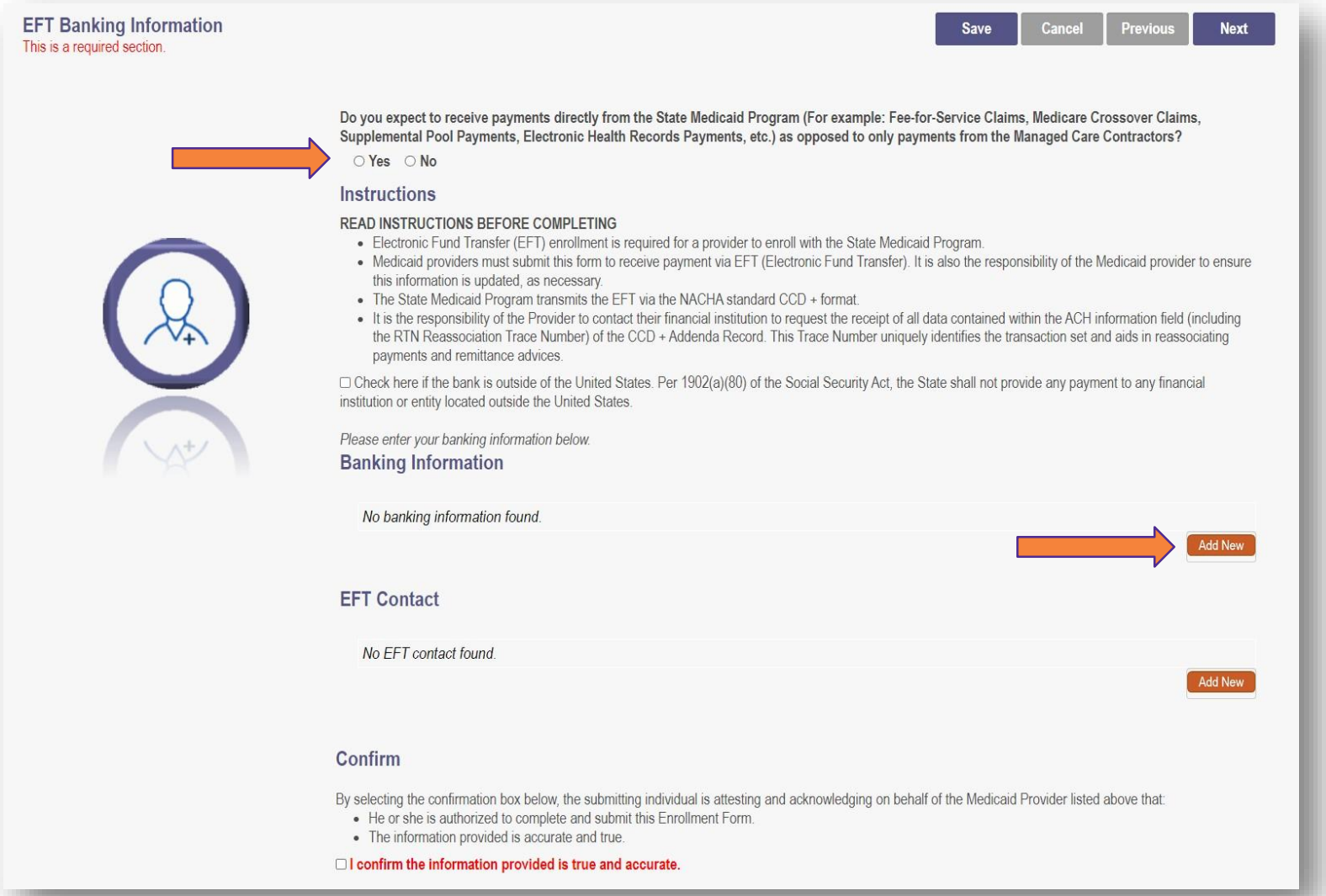
Malpractice Claims History



- This required section allows you to enter Malpractice Claims History
- Click **Add New** to answer the question using the 'Yes' or 'No' radio buttons
- When *'No'* is selected, click **Next** to save and advance to the next page

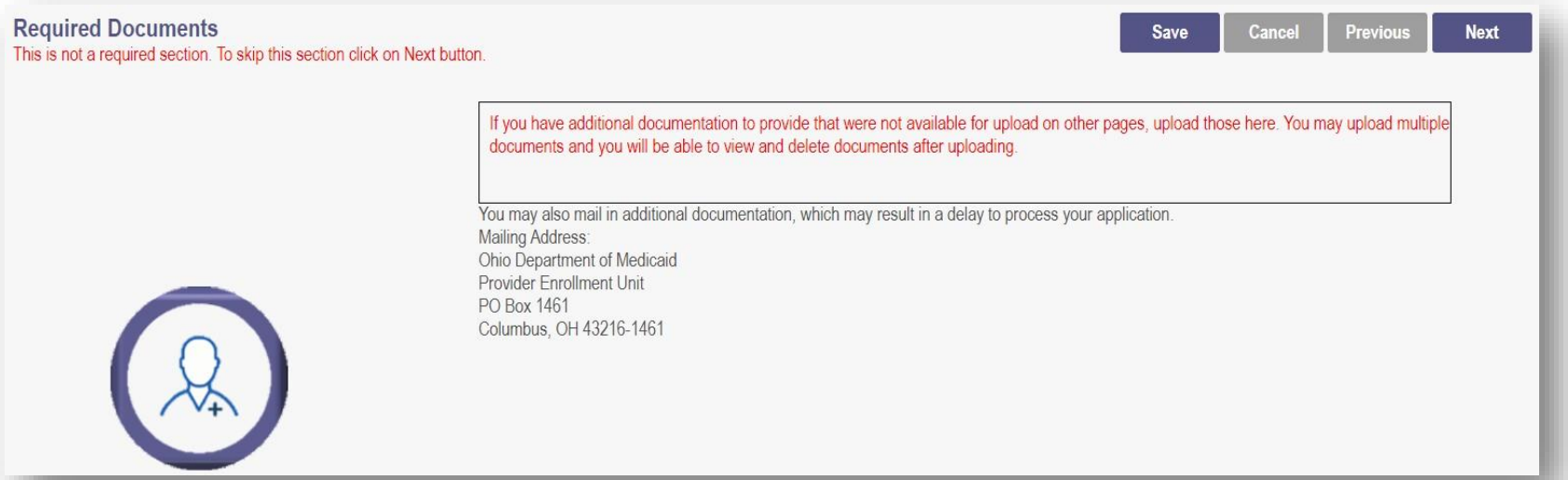
EFT Banking

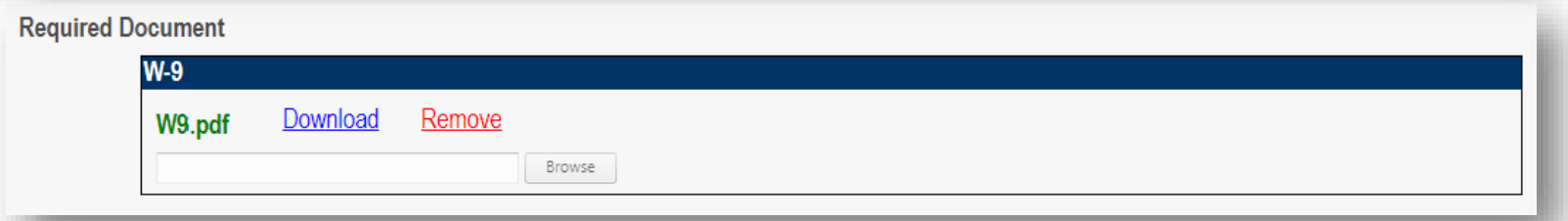
- <u>This screen can be skipped by pressing Next</u>
- This section asks you to indicate enrollment of Electronic Fund Transfer (EFT), which is required to receive payments directly from the State Medicaid Program
- Use the 'Yes' or 'No' radio buttons to answer the question at the top of the page
  - If *'No'* is answered, no additional details need to be entered
- Read the instructions on the page before entering any information
- To enter *Banking Information*, click the **Add New** button below the Banking Information heading

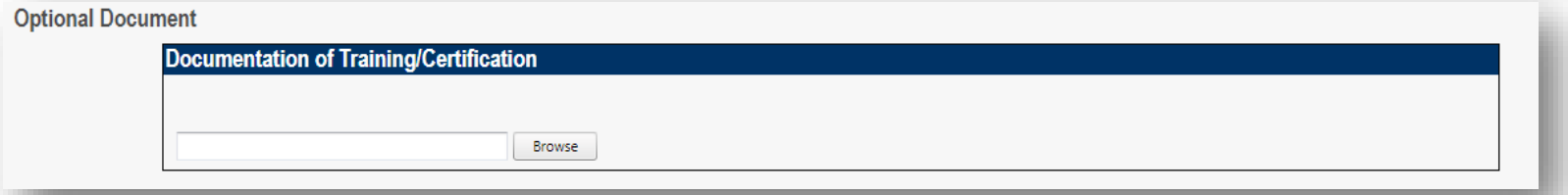


Required Documents

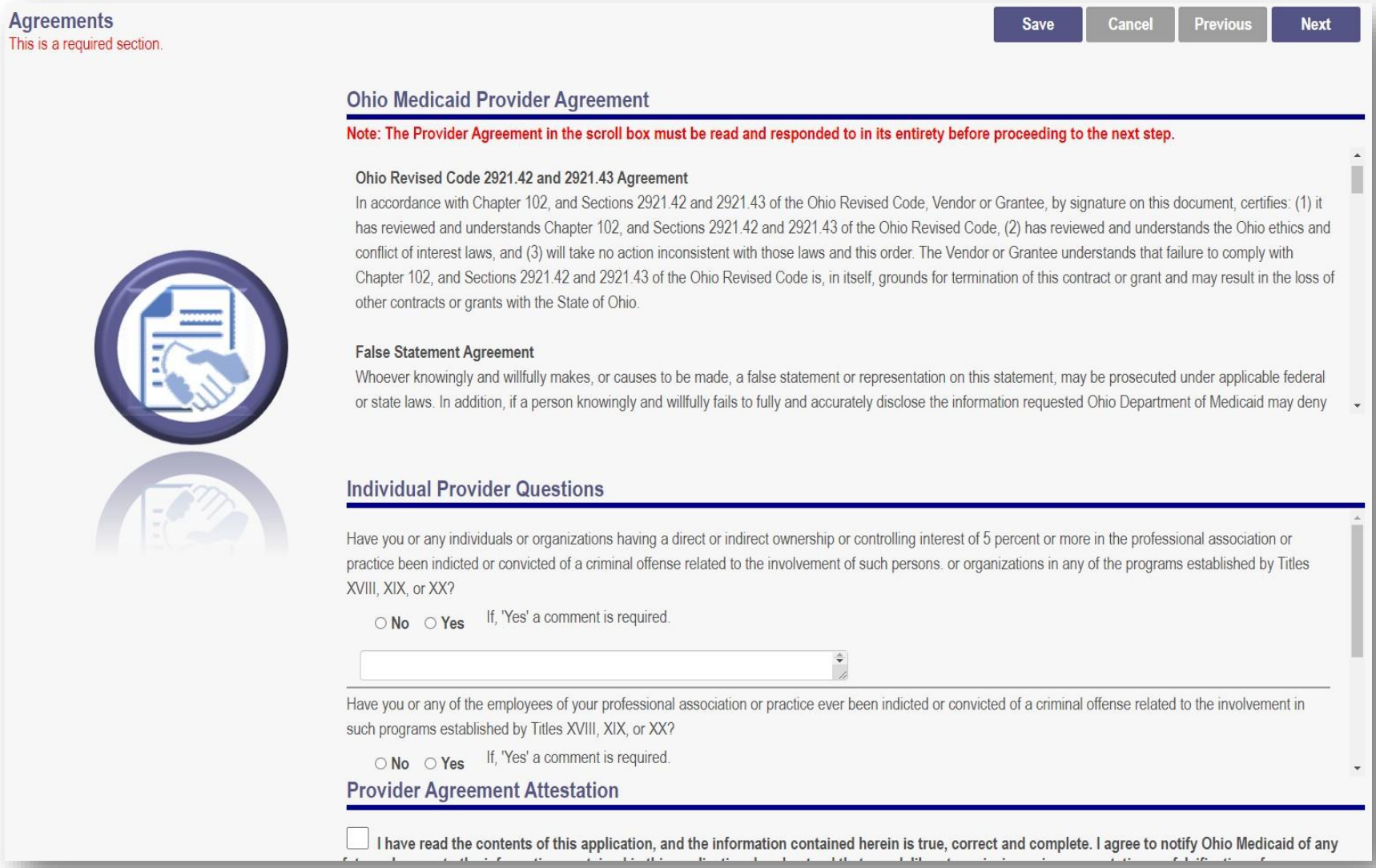
- The ‘Required Documents’ page *may or may not* display as a required page with the application
- To upload a required document, click **Browse** under the document type you want to upload, locate the document on your computer, select and click **Open** to upload
- Confirm the document has been uploaded by locating the file name in green text
- Click **Next** to save the information and proceed to the next page of the application





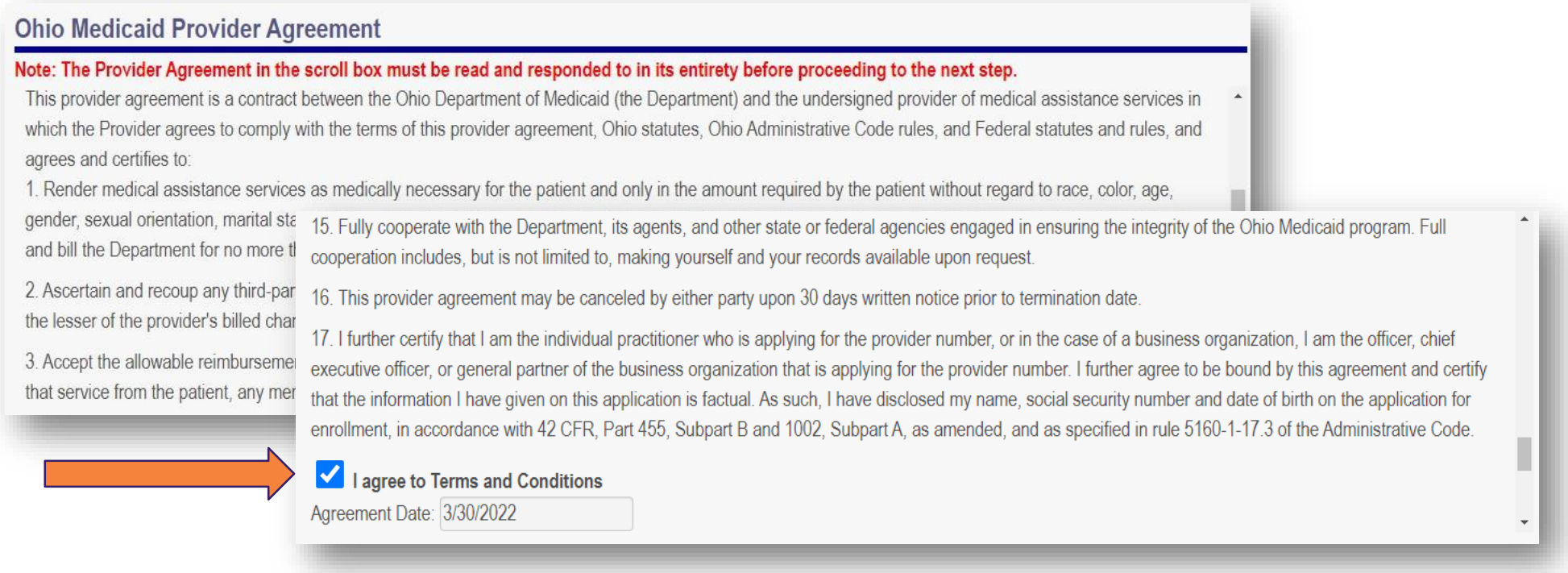


Agreements



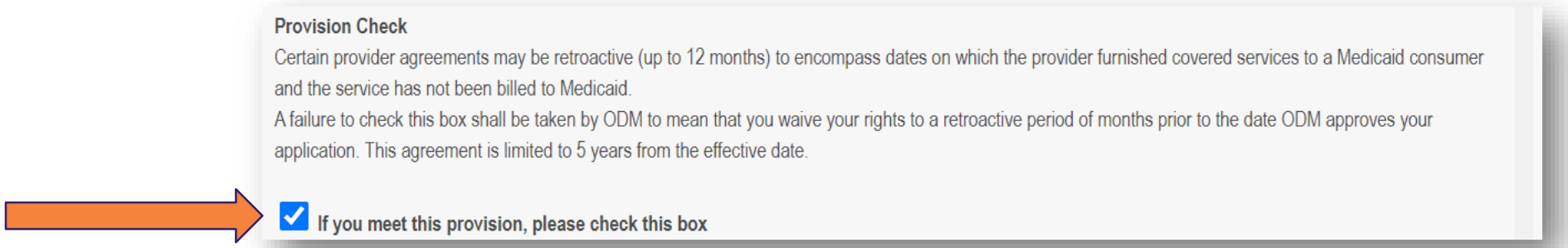
- The final page of the application is the Agreements page
- This section is required before the application can be submitted
- This section includes **Ohio Medicaid Provider Agreements**, **Individual Provider Questions**, **Provider Agreement Attestation,** and a **digital signature**

Agreements cont'd



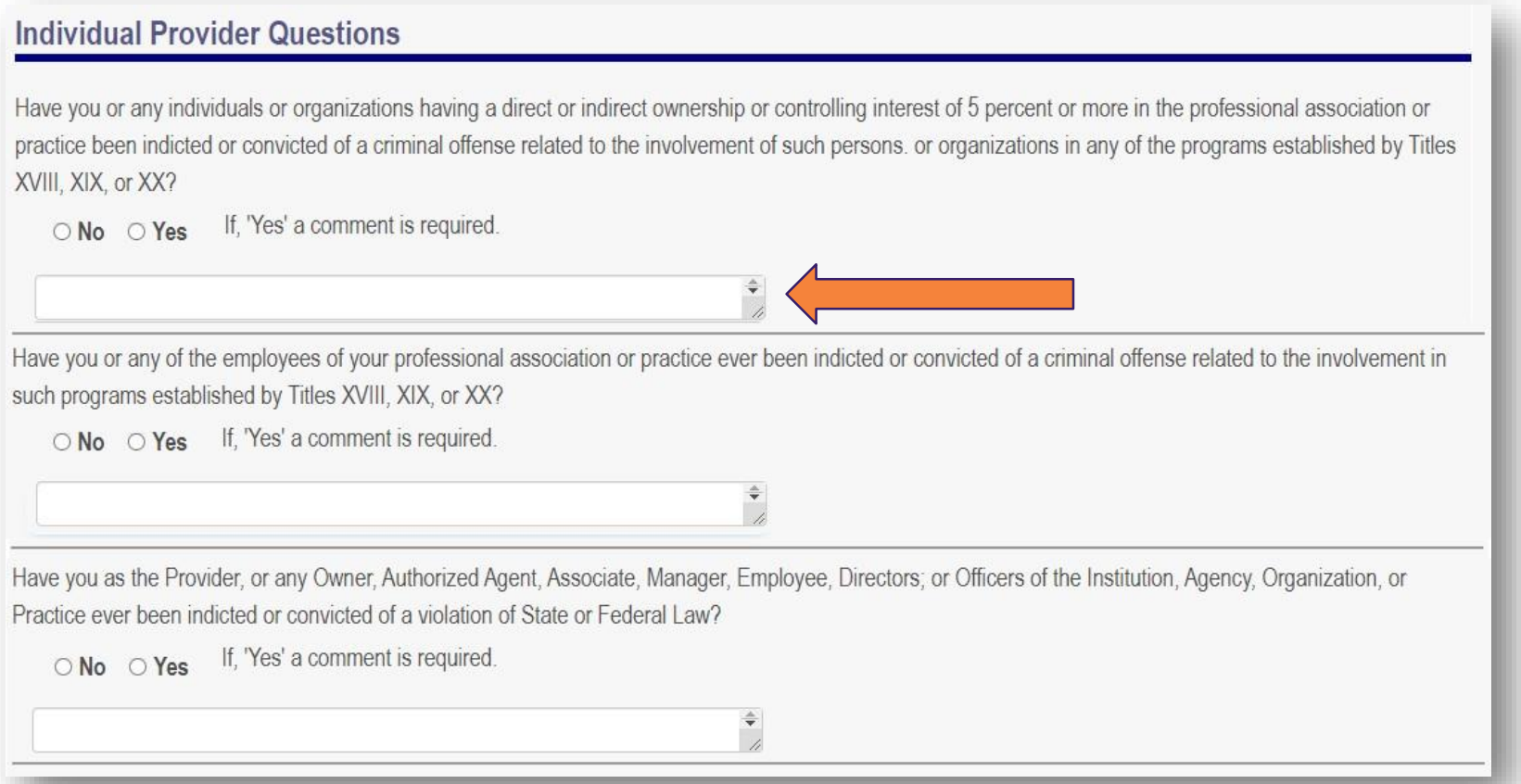
- Read through all statements in The Ohio Medicaid Provider Agreement section
- Use the scroll bars on the right side to navigate each section
- Once the Ohio Medicaid Provider Agreement section is completed, check the box to agree to the Terms and Conditions

Agreements cont’d



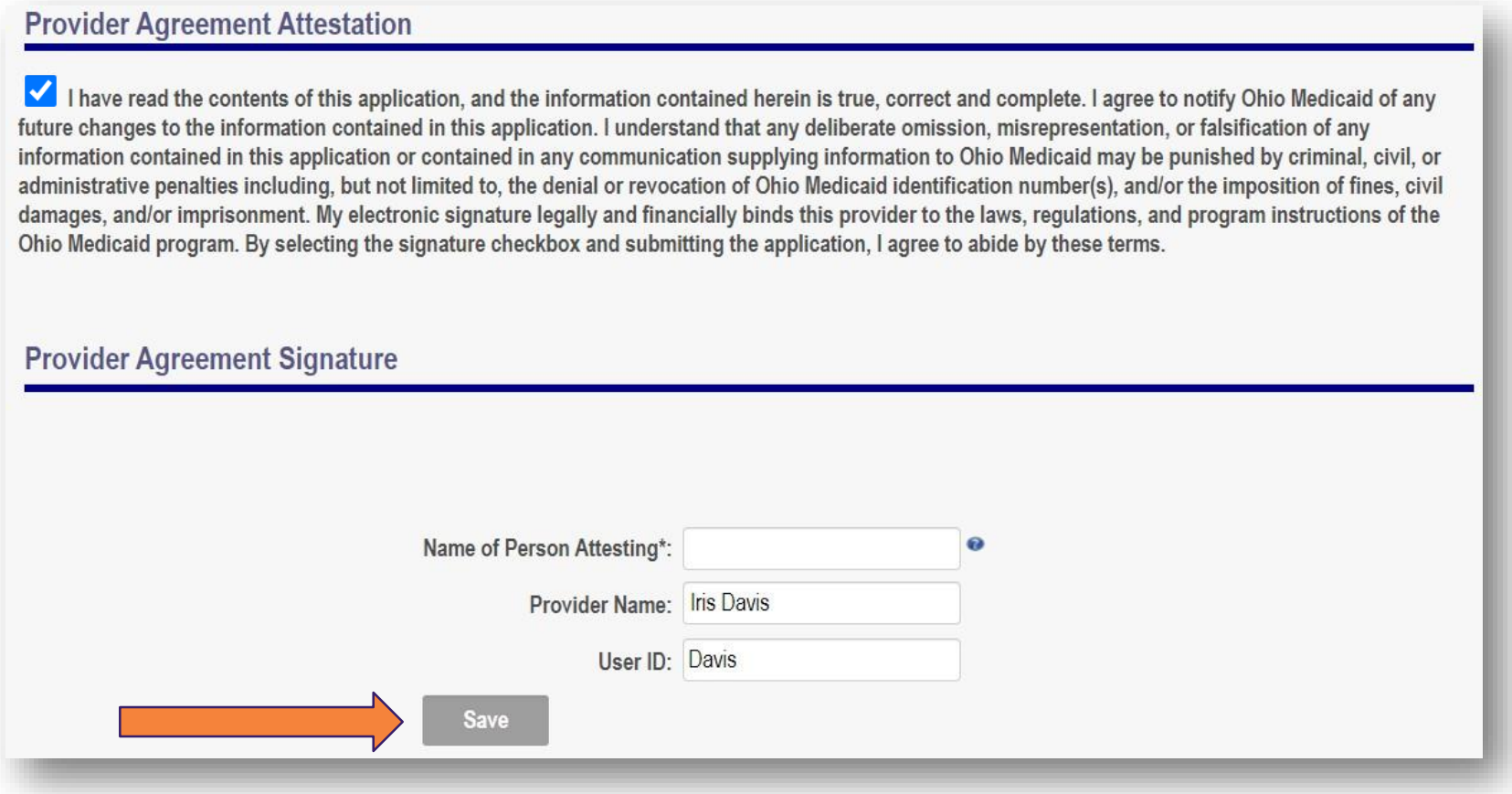
- This section includes the Ohio Medicaid Provider Agreement Provision
- <u>If you requested retro coverage, you must check this box</u>
- If you do not, leave the box blank

Agreements cont'd



- This section includes three Individual Provider Questions
- Each question has a 'Yes' or 'No' radio button answer
- *'Yes'* answers require a comment
- Each question needs answered before moving to the next section

Agreements cont'd



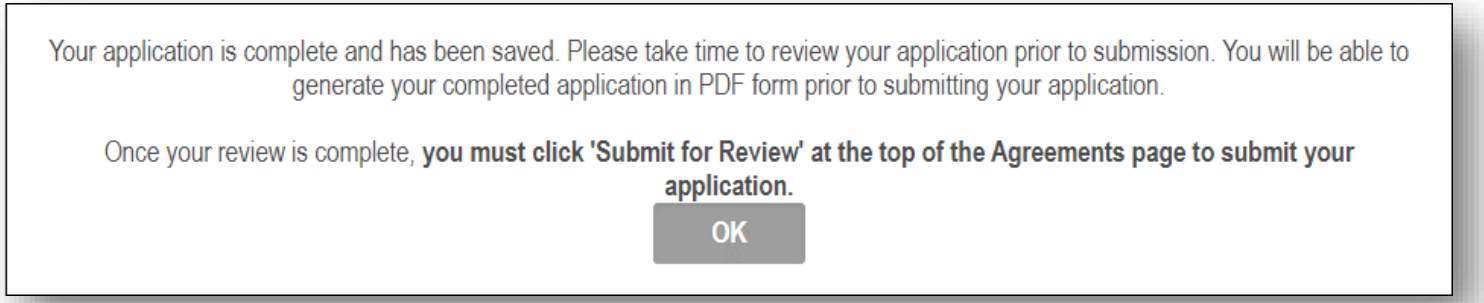
- This section includes the Provider Agreement Attestation and Provider Agreement Signature
- Check the box next to the Provider Agreement Attestation statement
- Enter the required digital signature information:
  - Name of Person Attesting
  - **Provider Name*
  - **User ID*

  **These lines auto-fill*
- Click **Save** once the digital signature is completed

Submitting Application

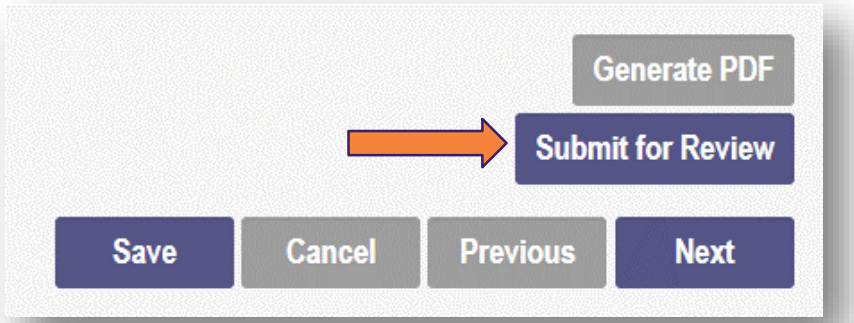
Submitting the Application

- Once all pages of the application are complete, click ‘Save’
- You will receive a pop-up window as a reminder to *review the application* before it is submitted
  - Click **OK**
- Review any application pages by clicking on the icon or selecting the page from the ‘Jump To’ drop-down menu
- Pages that have been completed or viewed should have a green checkmark



Submitting the Application

- If you would like a copy of the application for your records, click **Generate PDF** to download a PDF copy of the application to your computer
- The PDF copy will download to the folder that you have specified for downloads in your browser
- When you are ready to submit your application, click **Submit for Review**



Ohio | Department of Medicaid

Registration Application Details

Office Information

Provider Information

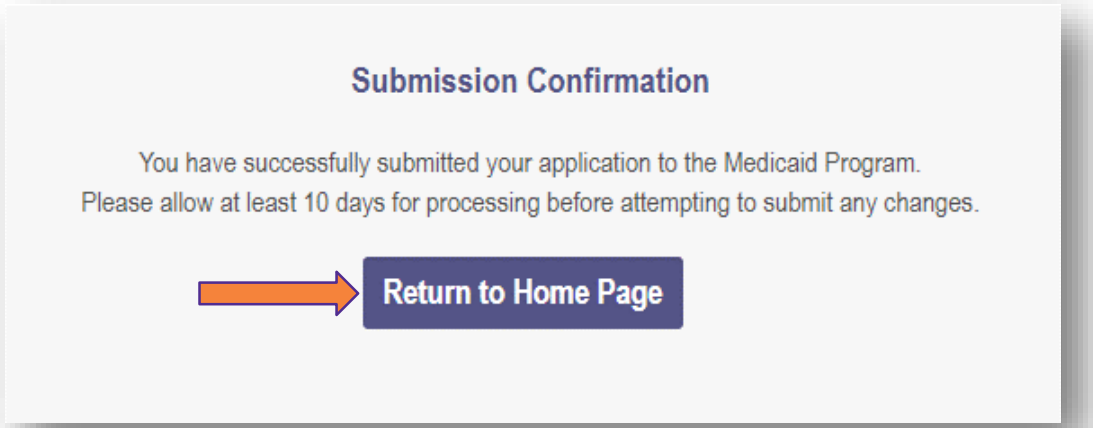
☐ Provider Directory Opt-Out

Provider Information

Name of Business Entity	Iris Davis
DBA	
Practice Type	INDIVIDUAL PRACTICE
Ownership Type	SOLE PROPRIETORSHIP
First Name	Iris
Middle Initial	
Last Name	Davis
Title	
Tax ID	158865429
NPI	1588654297
NPI Start Date	10/24/2005
Gender	FeMale
Date of Birth	12/16/1976
Provider Type	Physician/Osteopath Individual
Revalidation Date	
Enrollment Status	Not Set Yet
Enrollment Status Reason	Not Set Yet

Example of pdf

Submitting the Application



- A Submission Confirmation message displays to verify your application has been successfully submitted
- Click **Return to Homepage** to view your dashboard
- On your dashboard, the completed application Status will display as ‘Submitted’

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	Effective Date	Submit Date	Revalidation Due Date
		All				All			
517978	Iris Davis	Submitted	20 - Physician/Oste Individual	1588654297		INTERNAL MEDICINE			

Return to Provider

Return to Provider

- During the review process for New Enrollment, an Enrollment Specialist or Credentialing Specialist may return the application to the provider/provider administrator seeking additional information

- The Primary Contact on the application will receive an email indicating a notice on the account has been issued by the Ohio Department of Medicaid.

  - The notice may require you to act

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

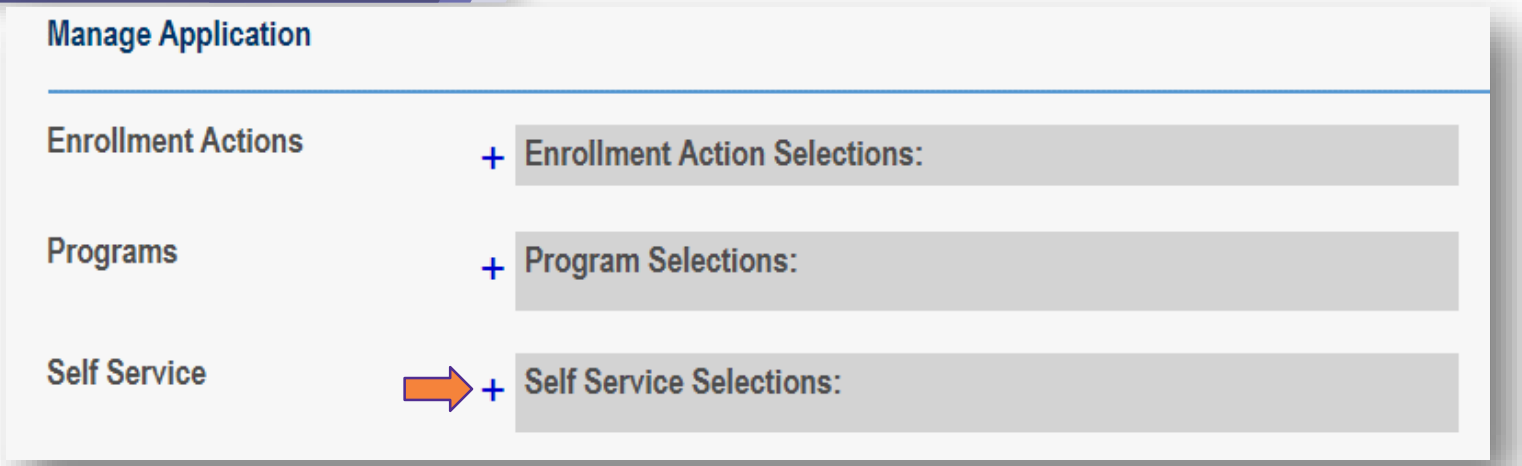
- The details of the notice are accessed in PNM

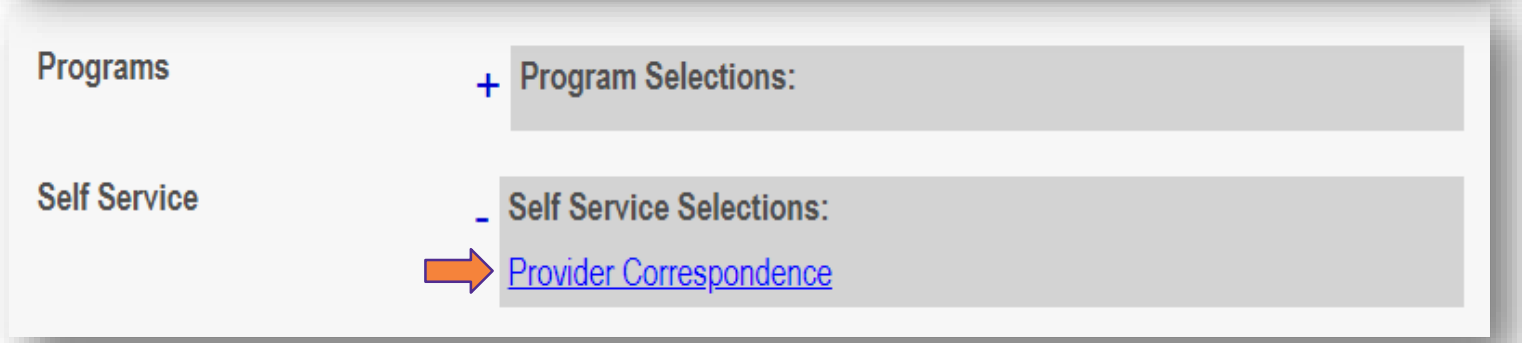
  - Click on the link under Reg ID or Provider to manage the application

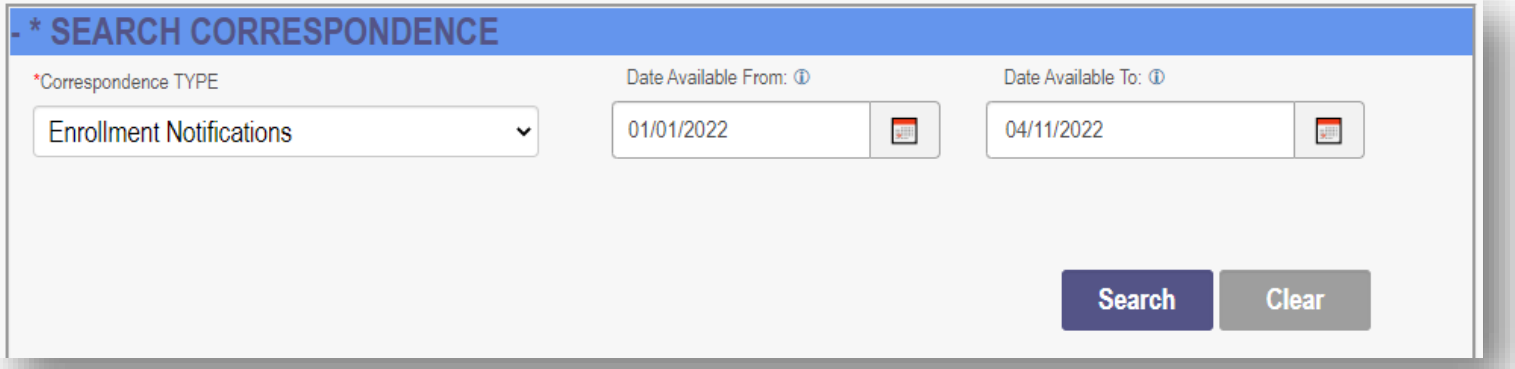
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All				All						
517968	James Aust	Return to Provider	30 - Dentist Individual	1770659625	9999889	General Dentistry				03/18/22	03/14/22	03/14/27

Return to Provider

- Select the '+' icon to expand the section titled 'Self Service'
- Click the hyperlink for 'Provider Correspondence'
- Select a Correspondence Type from the drop-down
    - For Correspondence related to Return to Provider, select 'Enrollment Notifications'
- Enter a date range for the search
- Click **Search**
- The results will appear at the bottom of the page

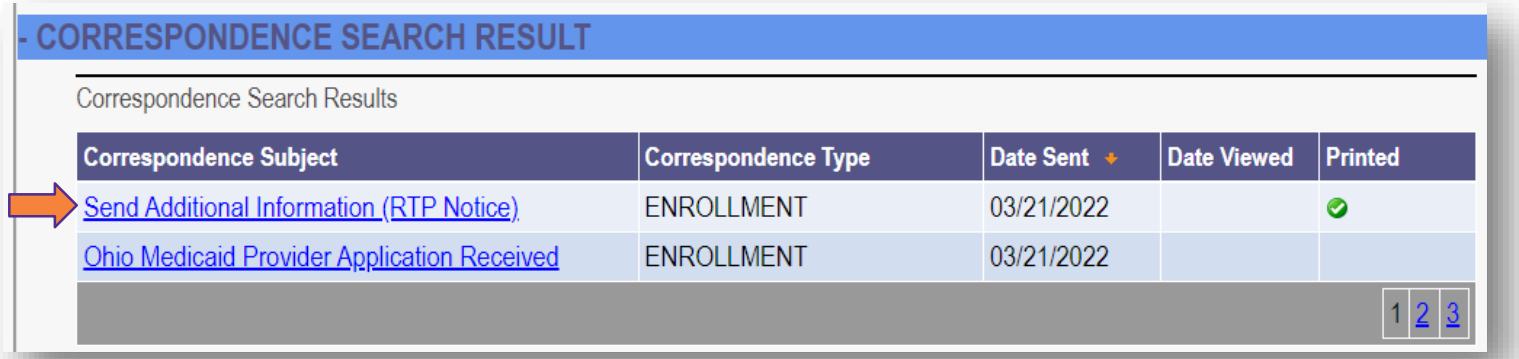


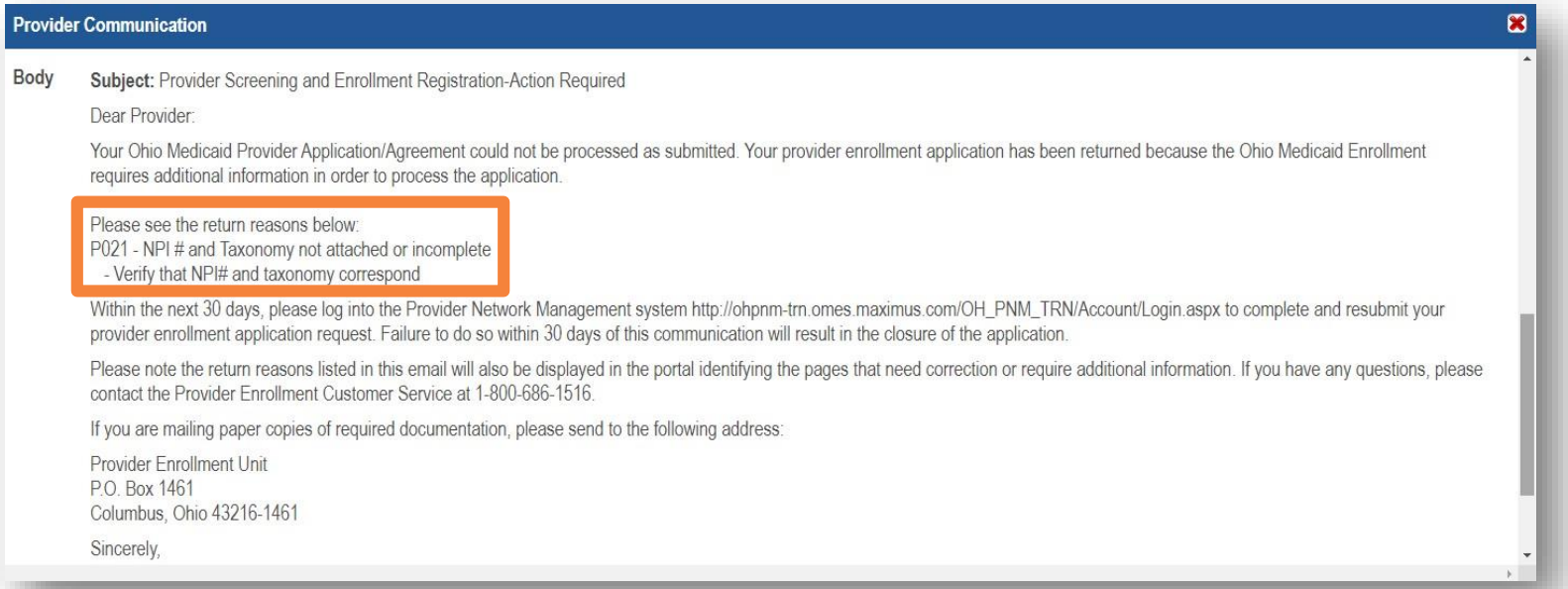




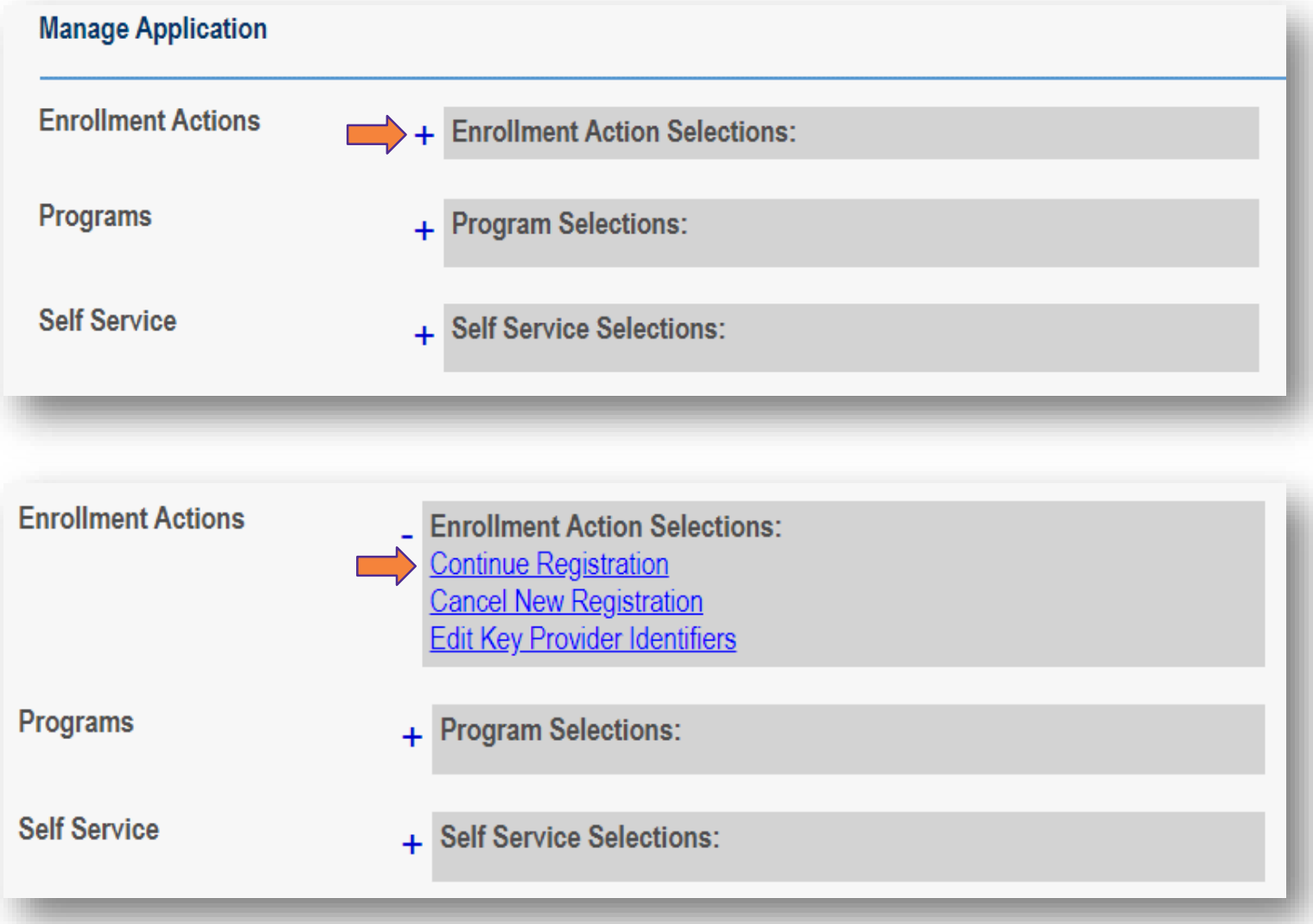
Return to Provider

- Click on the Correspondence you wish to view
- A pop-up window opens containing the text of the correspondence
  - The reasons for the return are listed in the body of the email
- Click the ‘x’ in the top-right corner to close the message pop up



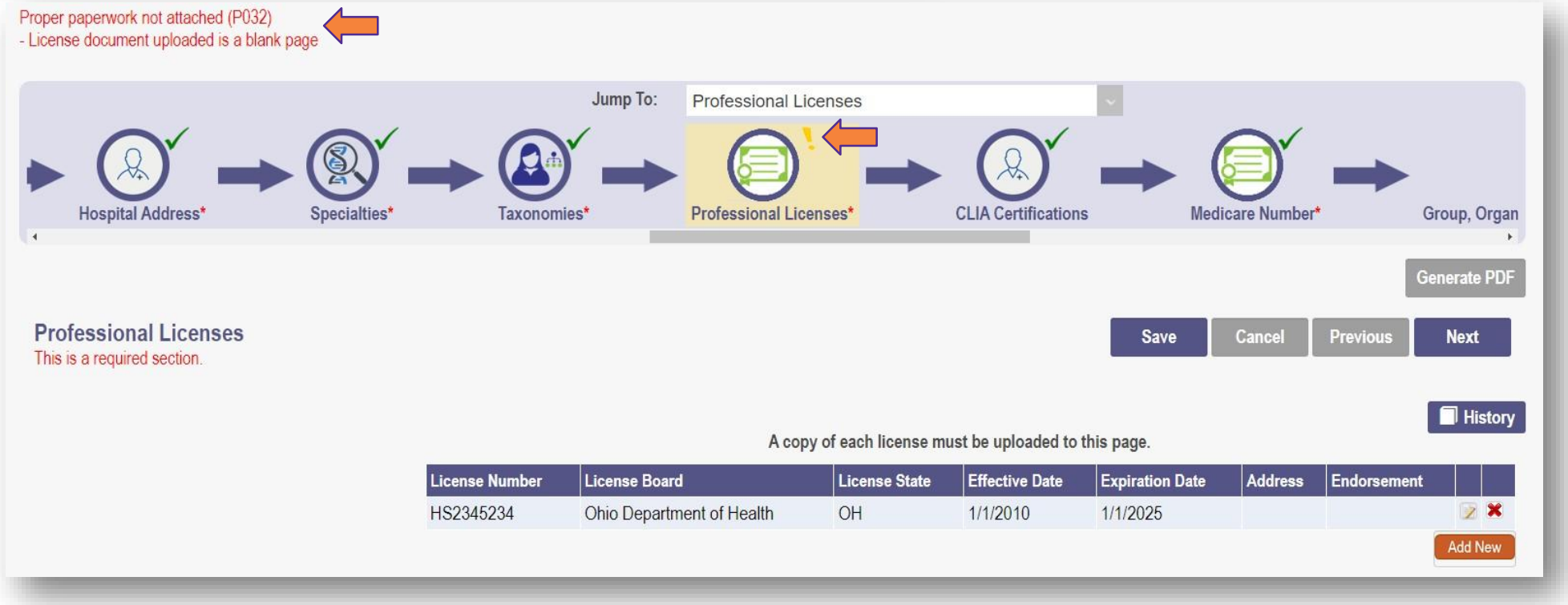


Return to Provider



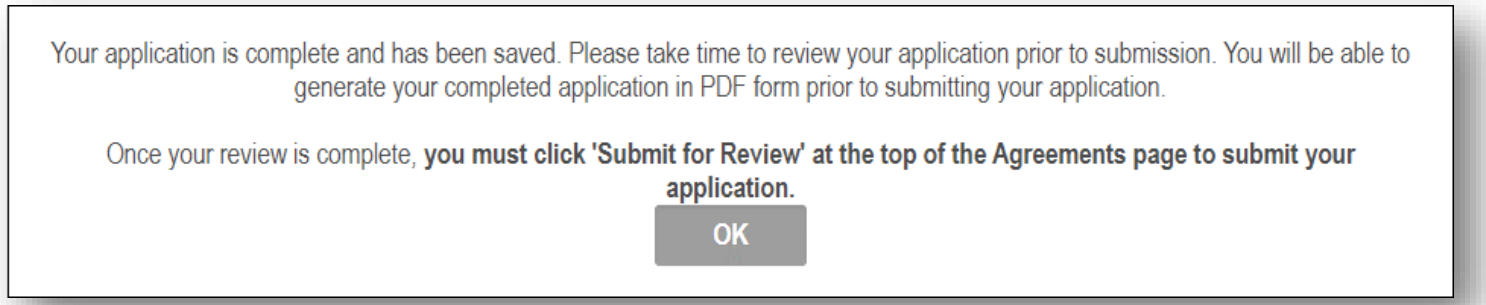
- Select the '+' icon to expand the section titled 'Enrollment Actions'
- Click the hyperlink for 'Continue Registration'
- PNM will open directly to the page(s) that need additional information

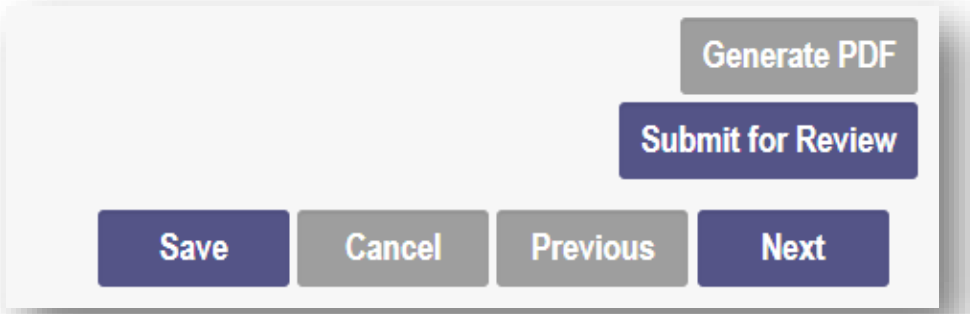
Return to Provider



- That page(s) that need additional information or a correction will be marked with a yellow exclamation point
- The reason that page was returned will be listed in red text at the top of the page
- Make the proper updates or corrections to the page and click **Next** to update the information

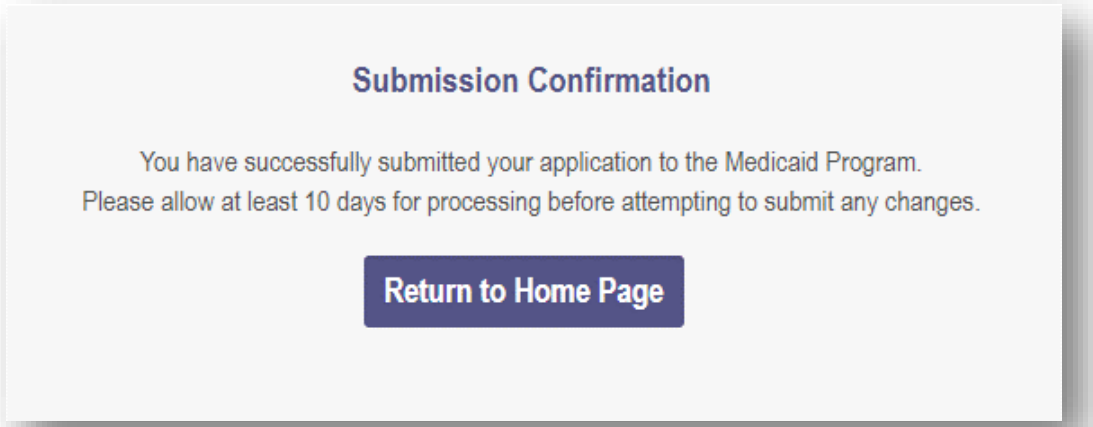
Return to Provider





- If any additional pages need additional information, complete those pages
- When updates/corrections are made to the page(s) a pop-up window displays stating that the application is complete
  - Click **OK**
- The page(s) with the yellow exclamation point will now display a green checkmark
- Click **Submit for Review** to return the application, with the additional information, to be reviewed

Return to Provider



- A submission confirmation message displays to verify your application, with the additional information, has been successfully submitted
- Click **Return to Homepage** to view your dashboard
- The completed application will have an updated status of ‘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
		All				All						
517968	James Aust	Submitted	30 - Dentist Individual	1770659625	9999889	General Dentistry				03/18/22	03/14/22	03/14/27

Contact Information

- If you need assistance or run into issues when using PNM, please reach out to the following:

ODM Integrated Help Desk
1-800-686-1516

PNM Assistance/Error Messages: *Option 2 followed by Option 3*

Ohio Medicaid Enrollment/Credentialing Questions: *Option 2 followed by Option 2*

Email
ODM Integrated Help Desk: **ihd@medicaid.ohio.gov**

PNM Assistance/Error Messages: **pnmsupport@medicaid.ohio.gov**

Ohio Medicaid Enrollment (updates to effective date):
Medicaid_Provider_Update@medicaid.ohio.gov

Ohio Medicaid Credentialing Questions : **credentialing@medicaid.ohio.gov**

Help Locating Training Materials/LMS: **ohiotrainingteam@maximus.com**