



# Provider Network Management (PNM)

Frequently  
Asked  
Questions  
(FAQ)

**maximus**

**Ohio** | Department of  
Medicaid

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## OH|ID/InnovateOhio Platform (IOP)

### **Do I need an OH|ID to access the Provider Network Management (PNM) system?**

All individual users of the Provider Network Management will need their own OH|ID account to log into the PNM system. You can create an OH|ID by going to <https://ohid.ohio.gov/wps/portal/gov/ohid/login/> and clicking "Create Account."

### **Do I use my personal information when creating an OH|ID?**

Yes, the OH|ID allows for access to a variety of state agency systems, some of which you may interact with on a personal level. Use your personal information (email, address, etc.) instead of any business details.

### **Should I create an OH|ID for my office or organization?**

An OH|ID should be created and used by individual users. Each individual user of PNM should have their own unique OH|ID account. Because an office or organization is an entity and not an individual person, it should not have an OH|ID.

### **Is an OH|ID the same as the ID that is used to login into MITS?**

The OH|ID is different than the current MCD ID used to access MITS. The OH|ID is an account created through the Innovate Ohio Platform and allows for a single ID to access systems for multiple state agencies throughout Ohio.

### **Is my OH|ID replacing my Medicaid ID?**

Your OH|ID will be used to login to PNM and replaces your existing MITS login. The OH|ID will allow you to login to a variety of different systems used by state agencies throughout the state.

### **How do I know if I already have an OH|ID?**

You can review email communications that you may have received from the InnovateOhio Platform, or go to the OH|ID login page, <https://ohid.ohio.gov/wps/portal/gov/ohid/login/>, and click 'Forgot OH|ID' to have those details sent to your email, if your email address is on record.

### **If I already have an OH|ID for personal reasons, is this the same OH|ID that I would use to access PNM?**

Yes, the OH|ID is not specific to PNM. The OH|ID is a login created through the InnovateOhio Platform that allows a user the ability to access systems for several different state agency systems, including PNM, with the same login credentials.

**When I create an OH|ID, is this where I indicate that I am an Administrator/Agent?**

No, creating an OH|ID is just creating that username and password on the InnovateOhio Platform. This login is not unique to PNM and can be used for a variety of state agency systems. The linking of existing providers from MITS to your OH|ID account will occur by accessing the preregistration site, which is available until September 23. Providers who do not participate in the preregistration period will be able to create an OH|ID login for the PNM module beginning October 1.

**I already have an OH|ID account, will I use that account for PNM when it goes live?**

Yes, but it is important to complete the preregistration process if you are an Administrator so that any providers you administer are linked to your account and appear on your homepage/dashboard when you log in to PNM.

**I only handle claims submission and eligibility searches. Since those functionalities are still going to be in MITS on October 1, do I need an OH|ID account?**

Yes, after the October 1 launch of PNM, all users accessing the PNM system will need an OH|ID account. This includes those who are completing self-service functions in MITS, because all users will need to access PNM first and then click on links within the PNM system to access functionalities in MITS.

## Preregistration

### **How do I link the current providers I administer in MITS to my OH|ID account?**

When going through the preregistration process, after indicating that you are an administrator of providers, complete the Provider Associations section by filling in information including the Medicaid ID, Tax ID, and NPI of each provider to link them to your OH|ID account. After a successful linkage, these providers will appear on your homepage/dashboard when you log into PNM after October 1. Only provider Administrators can complete provider associations.

### **What if I don't link the providers to my account during the preregistration timeframe?**

Providers (NPI/Medicaid) that were not linked to a PNM user account during the preregistration timeframe can be linked directly through PNM after the system launches in October by contacting the ODM Integrated Help Desk at 1-800-686-1516.

### **I exited out of the preregistration tool early. How do I finish account registration?**

If providers have not completed their provider affiliations, they will have the ability to log in and complete until the preregistration site is decommissioned on September 23.

### **Can I still access my MITS account in the meantime?**

Yes, providers will still be able to access their MITS accounts through PNM go-live on October 1. After PNM go-live, providers can access their MITS account through the PNM portal until December 1. After December 1, all MITS functionalities will be replaced by the PNM module.

### **I got a message saying the provider information provided does not match records. What should I do?**

Providers should verify and re-enter the requested provider information. For additional support, please contact the IHD Command Center at 1-800-686-1516.

### **Do I need any additional applications to log into the PNM preregistration tool or OH|ID?**

No, providers do not need additional applications to access the PNM preregistration tool or OH|ID. They will need a cell phone or access to their email address to confirm their OH|ID account creation.

### **What if I miss the preregistration period?**

Providers who miss the preregistration period can still create an OH|ID but cannot associate the OH|ID to their PNM account until go-live on October 1.

### **What if I am a new provider and did not meet the preregistration cutoff outlined on the preregistration tool?**

Providers who are new to Medicaid or who enrolled too close to the preregistration period can create an OH|ID for PNM access beginning October 1.

## **What is the difference between a provider Administrator and a provider Agent on the preregistration tool?**

The provider Administrator and Agent roles function like a parent-child relationship. provider Administrators, the parents, are responsible for assigning unique roles and permissions to provider Agents. Provider Agents, the children, are unable to perform key tasks in the PNM until they are assigned roles by the provider Administrator.

## **How do I identify my Provider Administrator?**

If you do not know who your Provider Administrator is, please contact the Provider Hotline at 1-800-686-1516 for support.

## **What if an agent accidentally links their account to the provider as the Administrator?**

During the preregistration process, there are specific selections that must be made. Only the user who indicated they are the "Provider Administration" will be asked to link existing providers to their account.

## **I already have an OH|ID account. Why can't I access it anymore?**

Providers can select "Forgot User ID" and/or "Forgot Password" to regain account access. For further assistance, please visit [OH|ID Self-Service Resources](#). If it appears your account doesn't exist, create a new OH|ID using a new email address.

## **I can't log in to my OH|ID. How do I access my account now?**

Providers should follow the "Reset account/password" protocol to access their OH|ID account if they are unable to log in normally. If they need further assistance, please reach out to [OH|ID Self-Service Resources](#) or create a new OH|ID using a new email address. Recovering an existing account is preferred, but not always feasible.

## **I already created my OH|ID but haven't received any confirmation email. How do I get access to my account?**

You should receive a confirmation email within 10 minutes of creating your OH|ID. If the email is not in your junk folder, troubleshooting help will be available on the email verification screen. Providers can add [DONOTREPLY-EnterprisIdentity@ohio.gov](mailto:DONOTREPLY-EnterprisIdentity@ohio.gov) email addresses to their contact list or ask their IT administrators to add this email to the safe-sender list.

## **Is there a limit to the number of OH|ID accounts created under one Provider User ID?**

There is no limit to the number of providers that can be managed under one Provider User ID.

## **Why do I need my own OH|ID? Can we share them?**

Sharing OH|IDs is strongly discouraged. OH|ID uses personal information to verify your identity and can be used to access multiple state agencies, boards, and commissions. To protect your personal information, and to protect access to secure Medicaid member information, please create individual OH|ID accounts.

## Administrator and Agent roles

### **What is the difference between the Administrator role and the Agent role in the (PNM) system?**

An Administrator is ultimately responsible for the provider. The Administrator signs the provider agreement on the initial new enrollment application and is held accountable to anything that's being included in the provider application.

An Agent can perform specific duties or actions on behalf of the provider and can be granted access by the Administrator to access those screens in PNM.

### **Can more than one user have an Administrator role for a provider?**

No, only one Administrator role is assigned per provider (NPI/Medicaid ID).

### **Can an Administrator role manage more than one provider?**

Yes, a user with an Administrator role can be an Administrator for multiple providers. Each of the providers that the user administers will appear on their homepage/dashboard in PNM.

### **Can I be an Administrator for one provider (NPI/Medicaid ID) and an Agent for a different provider?**

Yes, a user can be an Administrator for one provider and an Agent for another. However, a single user (OH|ID) cannot have both the Agent and Administrator roles assigned to it. The Administrator and Agent roles will each need their own login (OH|ID) account.

### **What if we have five different NPIs that we provide services for, how is that handled?**

You can have multiple NPIs linked to your own PNM (OH|ID) login. Both Administrations and Agents can view multiple records in their dashboard in PNM.

### **Can a user with an Agent role have all the same permissions as an Administrator?**

While an Agent can be assigned many roles, there are certain processes that only an Administrator can complete. This includes initiating a new enrollment application and assigning roles to Agents. A user cannot hold both an administrator and agent role for the same provider.

The roles available to assign to Agents are listed in [Appendix 1](#).

### **Can a user be the Administrator for an individual provider as well as a group provider?**

Yes, the user with the Administrator role can be the Administrator for multiple providers, individuals, groups, organizations, facilities, etc.

### **Can an Administrator assign the Administrator role to another user?**

Yes, this can be completed by clicking the "Account Administration" button on the homepage/dashboard, selecting the Medicaid ID for the provider that the Administrator will be changing, and filling in the user ID (typically an 8-digit number, beginning with a 7) next to "Change Admin To."

**How is a user with an Agent role given actions and/or granted access to a provider record?**

A user with the Administrator role will select “Account Administration” from their dashboard. The Administrator will then select the Medicaid ID they want to grant an Agent access to and enter the desired agent’s username (OH|ID) and the email address. Once an account is confirmed, the Administrator will choose the actions they want to give to the Agent and save.

**If a user with an Agent role requests affiliation to a provider, will everyone see that request?**

Only users with an Administrator role will see pending agent requests in PNM. The Administrator role can also approve requests and assign Agents specific action permissions in PNM.

**Does each agency need to be set up with separate permissions by provider (Medicaid ID)?**

Each Agent role can be given separate permissions or actions for each provider (Medicaid ID). These permission or actions are assigned to Agents by the Administrator.

**Is there a backup role for the Administrator who can have the same access permissions?**

There is no designed ‘back up’ role for an Administrator. An Administrator can reassign their role to another user, if they know they are going to be unable to complete actions during a specific period.

**If the Administrator leaves our company, how can another employee obtain the Administrator role?**

The Administrator role can be assigned to a different user by the Administrator. If able, this process should occur prior to the employee leaving the company. If the Administrator role cannot be assigned prior to the person leaving, contact the Integrated Help Desk support, at 1-800-686-1516, so they can initiate the process.

**Can a provider be linked to more than one agent?**

Yes, Agents can be assigned specific roles for each provider (NPI/Medicaid ID), so multiple Agents may complete different actions for a provider.

**Is there a limit to how many providers an Agent can have access to?**

No, there is no limit to how many providers each Agent can access or complete actions for.

**Can an Agent complete a Comprehensive Primary Care (CPC) application?**

Yes, an Agent assigned the ‘CPC Agent’ action by an Administrator can complete these functions.

# Provider Network Management (PNM) System

## Overall

### **When will the PNM system be up and running so I can access?**

PNM will launch on October 1, 2022, with functionalities related to provider enrollment and centralized credentialing

### **I have numerous admins user IDs in MITS; how does that work with PNM?**

A user with an Administrator role in PNM can be the Administrator for multiple providers (NPIs/Medicaid IDs). If linked correctly, an Administrator in PNM would be able to see all the providers they administer displayed on their dashboard in PNM.

### **Can I submit claims or prior authorizations in PNM after the October launch?**

Self-service functionalities, including claims and prior authorizations, will continue to be completed in the MITS system after PNM launches in October. However, to access these processes in MITS, a user will need to log into PNM and access the direct links for each action to be redirected to MITS.

### **Will we receive a tracking number, like the Application Tracking Number (ATN) in MITS, to access and locate our application in PNM?**

Each application in PNM is assigned a Registration ID (Reg ID) number when it is created in the system. The Registration ID is linked with the provider (NPI/Medicaid ID). Upon submitting an update or revalidation, the system generates an additional "Application ID" for internal tracking purposes that falls under the same Registration ID for the provider.

### **How many days does a provider have to complete a new enrollment application before it expires?**

10 calendar days.

### **I am an Ohio Department of Developmental Disabilities (DODD) or Ohio Department of Aging (ODA) waiver provider. Do I complete my new enrollment application with those agencies in PNM?**

Yes, the process of a new enrollment for a waiver provider application will begin in PNM, but during the process you will be redirected to outside systems. The system used by DODD is the Provider Services Management (PSM). The system used by ODA is the Provider Certification Wizard (PCW).

### **How can I obtain the Medicaid ID number for a provider?**

If you are the Administrator or Agent for the provider, the Medicaid ID will appear under the "Medicaid ID" column heading on your homepage/dashboard.

## **How can I access an approval letter?**

An approval letter can be obtained by accessing “Provider Correspondence” in PNM. It will be listed under “Enrollment Correspondence”. Once you locate the correspondence, click the hyperlink to open a window with the approval letter. You can also print from the “Provider Correspondence” page.

## **How do I access the self-service functions in PNM (claims, prior authorization, remittance advice, eligibility, etc.)?**

These functions can be accessed from the dashboard. Click either the Reg ID or Provider hyperlink to access the Provider Management Home Page. From the “Manage Application” section located in the middle of the page, click the “+” icon to expand the self-service sections. Available options will appear as links under that heading. Click the link to begin the process. For some functions, i.e., claims, prior authorizations, remittance advice, cost reports, eligibility verification, and hospice, you will be redirected to MITS to complete the process until Stage 3, which takes effect on December 1.

## Key Identifiers

### **Is zip code extension (Zip Ext) a required field to complete on the Key Identifiers page?**

Yes, the Zip Ext field must be completed on the Key Identifiers page. You will receive an error message if this field is not filled out.

### **If a provider begins work as a Medicaid provider before their application is entered in PNM, are they able to “back date” their Medicaid Enrollment Effective Date?**

Yes. By selecting the checkbox next to “Are you requesting retro coverage?” on the Key Identifiers page, a user can indicate a “back date” of the Medicaid Enrollment date.

This would align to Ohio Administrative Code (OAC) rule 5160-1-17.4, stating that certain provider agreements may be made retroactive (up to 12 months) to encompass dates on which the provider furnished covered services to a Medicaid consumer and the service has not been billed to Medicaid. A failure to select the box shall be taken by ODM to mean you waive your right to a retrospective period of months prior to the date ODM approved your application. Be sure to also click the “provision check” box on the Provider Agreements page to confirm your request for retroactive dates.

### **The taxonomy line is not appearing for me, how do I get that to come up?**

After entering the Zip Ext field, click the “Save” button. The system will automatically make a call to the National Plan and Provider Enumeration System (NPPES) database, using the NPI number entered, to check which taxonomies are associated with the NPI number. After clicking that initial “Save,” the Taxonomy field will display. Select a taxonomy and save again to proceed.

### **Do I need to enter a taxonomy, or can I leave that field blank and proceed?**

The Taxonomy Field is a required field to be completed on the Key Identifiers page. Information must be listed in the field to proceed with the application.

### **What if the taxonomies listed are not ones I want to choose?**

The taxonomies in the drop-down menu are the ones associated with the provider record on the National Plan and Provider Enumeration System (NPPES). If you want different taxonomies to display, you will need to update your record with the NPPES database.

### **Can I select more than one taxonomy on the Key Identifiers screen?**

You are only able to select one taxonomy on the Key Identifiers screen, but you have the ability to add additional taxonomies on the application under the Taxonomies page.

## Pages

### **If I click “Add New” by mistake, can I go back or delete?**

Yes, clicking the “Cancel” button will cancel out any selections or information that was entered.

### **What if the address I enter is not in the USPS database?**

PNM will run a check of all addresses against the United States Postal Service (USPS) database. If the address listed in PNM is not valid per USPS, it will not be accepted.

### **When entering an address, are suite numbers accepted?**

PNM does allow for suite numbers to be entered as long as the suite number is part of a valid address in the USPS database.

### **On an address page, if I click the checkbox for “Same as Practice Location” can I edit address information after it populates?**

Yes, clicking the checkbox will populate the primary service address information in the address boxes, but this information can still be edited.

### **Can multiple specialties be added to a provider?**

Yes, multiple specialties can be added for a provider. While a primary specialty must be added to the provider record first, additional secondary specialties can also be added. The available options that display in the specialties drop-down menu are based on the provider type selected.

### **Do I need to enter details on the Electronic Funds Transfer (EFT) Banking Information page?**

Details are only required to be completed on the EFT Banking Information page if you select “Yes” to the question “Do you expect to receive payment directly from the state Medicaid program as opposed to only payment from the managed care contractors?”

If “No” is selected, no further banking details need to be entered on the page.

### **Is the contact that needs to be listed on the EFT Banking Information the provider or the financial institution?**

The EFT contact information would be for the provider or whoever handles the financial information/transactions on behalf of the provider.

## **Where do I enroll or indicate information for Medicaid managed care plans (MCP)?**

If you are interested in contracting with one of the Ohio Medicaid managed care plans, be sure to check “yes” and then indicate which plan(s) you are interested in on the MCP Affiliation page. The MCPs will receive information regarding all interested providers and can reach out directly if they intend to pursue contracts for in-network panels. Once a Managed Care Plan has been confirmed, it will show under the “Confirmed Affiliations” section of the MCP Affiliation page. The purpose of this interest file is to reduce the amount of time a provider has to wait for potential contracting with the Managed Care Entities (MCE). Contracting is at the discretion of MCEs.

## **If I get credentialed by ODM, do I need to contract with a managed care organization?**

Yes. All providers serving members enrolled with a managed care plan are required to be credentialed by ODM, based on their provider type. Providers do not need to be credentialed by each managed care plan. Being credentialed is not the same as contracting with a managed care plan. Providers will need to contract with each managed care plan. The terms of those contracts must be negotiated separately between the plan and the provider.

## **What is the definition of a “subcontractor” listed on the Owner Information page?**

A subcontractor is any supplier, distributor, vendor, or firm that furnishes supplies or services to or for a prime contractor or another subcontractor, except for providers of direct medical services or supplies pursuant to the carrier's health benefits plan. If any additional clarifications are needed, review the rules and information set by the Centers for Medicare and Medicaid Services (CMS).

## **How does an individual provider indicate they are affiliated with a group or organization?**

This is indicated on the Group, Organization & Hospital Affiliations page within PNM.

## **How does a group indicate which individuals are affiliated with them?**

This is indicated on the Group, Organization & Hospital Affiliations page within PNM.

## **Does the group affiliation have to be requested from the individual level, or can a group complete that from their side?**

The affiliation can be completed either by the individual provider or the group. Only the group needs to confirm an individual provider if the individual indicates affiliation. The individual does not have to confirm the group.

## **Can individuals remove a group affiliation without the group confirming?**

No, an individual can only request affiliation with a group or organization. Once the affiliation is confirmed by the group or organization, that entity will manage the affiliations, including the ability to remove an individual.

## **Can I list an affiliation with a hospital under the group section and the hospital section?**

Yes. As an individual provider, if you enter information to affiliate with a Hospital under the group section, the hospital will need to confirm your affiliation. Anything entered into the Hospital Affiliation section is meant to be informational. This includes asking if the provider practices exclusively in an inpatient setting and with what hospital the provider may have privileges

**As a hospital provider, do I need to confirm affiliations?**

Yes, if the provider lists an affiliation with your hospital under the Group Affiliations section, this affiliation will need to be confirmed.

## Documents

### **What is required to be uploaded on the Professional License page?**

A document stating the provider's name, who they are licensed through, the license number, and an expiration date must be uploaded on the Professional License page. This could be the license issued directly from the board or another document containing all previously stated information.

### **How can a behavioral health paraprofessional (provider type 96) indicate their education history?**

The applicant is required to upload their high school diploma or General Education Development (GED) to PNM before submitting a new enrollment application.

### **Are verifications from ODH websites acceptable when required to upload documents such as a state license, CLIA certificate, Medicare number, etc.?**

Yes, verifications from Ohio Department of Health (ODH) websites are acceptable to use when

### **How do I get a written copy of my application?**

Yes, if you need a written copy of the application, it is important to complete this step prior to submitting for review because you may not have access to the application while in the review process. To obtain a PDF copy of the application by downloading, click the 'Generate PDF' button in PNM.

## Return to Provider

### **If an application is sent back to me, will I receive a notification?**

Yes, the person listed as the primary contact on the application will receive an email stating that a notification has been received in PNM and prompt them to log in to PNM to review and act, if necessary.

### **If an application is sent back to me for more information, how long do I have to respond?**

Once an application is returned to a provider, timeframes vary based on different processes. Please refer to your return to provider (RTP) notice, located in Provider Correspondence, for additional details.

## Updates

### **If I update an address (e.g., a billing address) of a group's record, does this update the billing address for all the individual providers under that group?**

Unfortunately, it does not – changes in information will need to be updated on each individual record. There is not a current functionality for global changes.

## **MITS and PNM Relationship**

### **Can I still access MITS after PNM goes live in October?**

MITS may still need to be accessed after PNM launches in October if you need to complete self-service functionalities, such as claims, prior authorization, remittance advice, eligibility, accessing cost reports, etc. Users will need to log in to PNM but can access these functions by clicking on the appropriate link that will redirect to MITS.

### **Do I need to re-enter provider data in the PNM system, or will that come over from MITS?**

Data for existing providers who are in the MITS system will be converted to PNM prior to the October 1 launch date. If a provider needs to be updated after this date, that process would be completed in PNM.

### **Will the Medicaid ID for an existing provider in MITS change when providers are transferred to PNM?**

No, the Medicaid ID number assigned to an existing provider prior to October 1 remains the same after the data is converted to PNM.

### **Will associations or affiliations that providers have currently in MITS carry over to PNM?**

Yes, data for existing providers, including affiliations, will be converted from MITS to PNM.

### **What kind of impact will this move from MITS to PNM have on claims submission and/or payment?**

When PNM launches on October 1, 2022, self-service functionalities including claims, prior authorization, eligibility, and cost reports will still be completed through MITS. A user will need to log in to PNM to access links for these functionalities, but submission, inquiries, and payments should work as they did before the October 1 launch. Stage 3 implementation, slated for December 1, 2022, will see those functionalities accessed and completed directly in PNM.

### **Who should be contacted if I am concerned about the data converted from MITS to PNM?**

If you have questions or need assistance regarding the information listed for providers in PNM, you can reach out to the ODM Integrated Help Desk at 1-800-686-1516.

### **Why can't I see my Remittance Advice (RA) for my provider when I do an inquiry in the Remittance Advice Report selection in the MITS secure portal?**

If you bill using a group billing provider number, please ensure you see that group billing provider number in your group of providers on the PNM portal. If you do not see the group billing provider number tied to your profile, contact PNM (ODM Integrated Help Desk 1-800-686-1516) to get your user ID affiliated to the group billing provider number. If you are an Agent working on behalf of the provider, and you can see the provider number in your profile, ensure your provider administrator has granted you permissions in PNM to access these reports in the MITS Secure Portal.

### **I can transfer to the MITS secure portal, from PNM, to search for my Remittance Advice, but when I click on the RA, it won't display. Why is this?**

Please check your browser to see if your browser's popup blocker is preventing the RA from opening in a new window. If the popup browser is blocking your access, mark that this is a trusted site, and you should then be able to see your Remittance Advice.

**When I transfer to the MITS secure portal, I cannot see the link to verify recipient eligibility. Why is this not displaying?**

If you are the Agent, ensure provider administrator has assigned you to the appropriate security role in PNM to allow the Eligibility link to be made available on the MITS secure portal for the provider that you selected in PNM.

**When I transfer to the the MITS secure portal, I can't see the link to submit or maintain Prior Authorizations for a recipient. Why is this not displaying?**

If you are the Agent, ensure the Provider Administrator has assigned you to the appropriate security role in PNM, allowing the 'Prior Authorization' link to be made available on the MITS secure portal for the provider that you selected in PNM.

## Blackout

### **What does the term “blackout” mean?**

Blackout is a period of time when processes are disabled in MITS so data can be accurately converted to PNM.

### **When is the blackout period for MITS?**

There are two blackout dates for the MITS conversion to PNM.

The first blackout was initiated on July 31, 2022, for new provider enrollment. This means any new provider not already enrolled in Medicaid will need to wait to complete new enrollment in the PNM system until October 1.

A second blackout went into effect on August 31, 2022, for existing providers. This blackout meant updates to demographic information, including affiliations, needed to be completed in MITS prior to August 31. This functionality can be completed in PNM until October 1.

The functionalities of searching and submitting claims and prior authorization, searching member eligibility and remittance advice, and accessing cost reports will continue in MITS and not be impacted by this blackout period.

### **Can I still submit claims and remittance advice in MITS during the blackout period from August 31 through October 1?**

Yes, the blackout of MITS will not impact these processes.

### **Will there be a blackout of MITS to stand up self-service functionalities in PNM regarding the Stage 3 release in December 2022?**

There will most likely be a blackout period to convert data from MITS to PNM in Stage 3. Specific dates will be communicated with all users closer to the launch date.

## Revalidation/Reenrollment

### **How often do I need to complete a revalidation or reenrollment?**

A revalidation or reenrollment needs to be completed every three years for credentialed providers and every five years for non-credentialed providers.

### **When can I begin a revalidation in PNM?**

You will receive the option (link) in PNM under “Enrollment Actions” on the Provider Management Homepage to “Begin Revalidation,” starting 120 days prior to your revalidation due date. Currently, revalidations are on hold due to the public health emergency (PHE). ODM will realign past revalidation dates in the future, and all providers will receive a minimum of 120 days’ advance notice of their revalidation due date.

### **Will I receive notifications if I am due for revalidation?**

Yes, PNM will send correspondence via email (or text notification, if enabled) 120 days prior to the revalidation due date and then every 30 days after that until the due date.

### **If I am a credentialed provider, going through recredentialing (revalidation/reenrollment) in year three, and have paid my application fee in the past five years, do I need to pay it again?**

No, if you are recredentialing in year three, but have paid the application fee when you created the new enrollment application, you have satisfied the requirement of paying one fee in five years and can indicate a waive

### **Can an agent complete revalidation for a provider?**

Yes, an agent with the enrollment agent role has the ability to submit revalidations on behalf of the provider. In PNM, the provider will have a revalidation button appear in the SECURE portal for that Medicaid ID, and a notice will be made available on their correspondence page. The individual who completes a revalidation must be assigned either an administrator or enrollment agent role.

### **Is there a date in place for when revalidations to start following the end of the Public Health Emergency (PHE)?**

There is no current date for when revalidations will be required to be completed again. Once that date is set, communications will be provided regarding when that process will start back up.

# Appendix 1

## Agent Roles

Role Name	Description
<b>1099 Information</b>	Agent role with the ability to update 1099 Information
<b>Claim Search</b>	Agent role with the ability to search for claims information
<b>Claim Submission</b>	Agent role with the ability to submit claims
<b>CPC Agent</b>	Allows agents access to update and submit CPC Applications
<b>Deemed Eligibility</b>	Agent role needed for access to Ohio Benefit's Eligibility Portal
<b>DODD Secondary User</b>	DODD User role that can make updates to DD registrations, based on the assignment of facility or contract number. Granted access by the CEO Certified provider role
<b>Eligibility</b>	Agent role with the ability to search for recipient eligibility
<b>Enrollment Agent</b>	Agent role with the ability to update provider information and submit revalidations on behalf of the provider
<b>FQHC Cost Report Upload</b>	Agent role with the ability to upload FQHC Cost Reports
<b>Group Agent</b>	Allows agents access to CPC Group Member, Group, Group Affiliation, Group Member, Group Members
<b>Hospice Enroll Maintenance</b>	Agent role with the ability to maintain Hospice enrollments
<b>Hospice Enroll Search</b>	Agent role with the ability to search Hospice enrollments
<b>Hospital Contact</b>	Agent role with the ability to update Hospital Addresses on behalf of the provider
<b>Hospital Cost Report Upload</b>	Agent role with the ability to upload Hospital Cost Reports
<b>Lead Investigation Cost Report Upload</b>	Agent role with the ability to upload LI Cost Reports
<b>MDS Report</b>	Agent role with the ability to download MDS Reports. This individual must be an employee of the provider
<b>OHF Cost Report Upload</b>	Agent role with the ability to upload OHF Cost Reports
<b>Prenatal Visit</b>	Agent role needed to authenticate with Duet's Nurture Ohio System
<b>Prepare Save LTC Cost Report</b>	Agent role with the ability to prepare LTC Cost Reports and Trade Files
<b>Prepare Save MSP Cost Reports</b>	Agent role with the ability to approve MSP Cost Reports
<b>Prior Authorization Search</b>	Agent role with the ability to search prior authorizations
<b>Prior Authorization Submit</b>	Agent role with the ability to submit prior authorizations
<b>Provider Payment Innovation Reports Agent</b>	Agent role with the ability to view the HAVEn reports
<b>RHC Cost Report Upload</b>	Agent role with the ability to upload RHC Cost Reports

<b>Sign Approve LTC Cost Report</b>	Agent role with the ability to approve LTC Cost Reports and Trade Files
<b>Sign Certify MSP Cost Reports</b>	Agent role with the ability to approve MSP Cost Reports
<b>View FQHC Cost Report</b>	Agent role with the ability to view FQHC Cost Reports
<b>View Hospital Cost Report</b>	Agent role with the ability to view Hospital Cost Reports
<b>View LI Cost Report</b>	Agent role with the ability to view LI Cost Reports
<b>View LTC Cost Report</b>	Agent role with the ability to view LTC Cost Reports and Trade Files
<b>View MSP Cost Report Due Date</b>	Agent role with the ability to view MSP Cost Report Due Date
<b>View MSP Cost Reports</b>	Agent role with the ability to view MSP Cost Reports
<b>View OHF Cost Report</b>	Agent role with the ability to view OHF Cost Reports
<b>View Provider Reports</b>	Agent role with the ability to view Provider Reports in PNM
<b>View Remittance Advices</b>	Agent role with the ability to view remittance advice
<b>View RHC Cost Report</b>	Agent role with the ability to view RHC Cost Reports
<b>View SURS</b>	Agent role needed to view SURS File Type Overpayment Letter and SURS Reconsideration Response

# Glossary

## **ATN – Application Tracking Number**

An identification number used to track applications in the MITS portal.

## **CLIA – Clinical Laboratory Improvement Amendments**

A body regulating laboratory testing and requirements for clinical laboratories to be certified by the Center for Medicare and Medicaid Services (CMS) before they can accept human samples for diagnostic testing.

## **CPC – Comprehensive Primary Care**

A patient-centered medical home program, which is a team-based care delivery model led by a primary care practice that comprehensively manages a patient's health needs.

## **DODD – Ohio Department of Developmental Disabilities**

An administrative department of the Ohio state government responsible for overseeing a statewide system of supportive services that focus on ensuring health and safety for people with developmental disabilities.

## **EFT – Electronic Funds Transfer**

A digital transfer of monetary funds through an online payment system.

## **IHD – Integrated Help Desk**

A support phone number, 1-800-686-1516, users can contact for assistance with Ohio Department of Medicaid questions or using the PNM system.

## **IOP – InnovateOhio Platform**

Fuels online access to state data and government services with nationally recognized digital products, self-service data analytics capabilities and secure data sharing.

## **MCD ID – Medicaid Login Identification**

The username login a user enters to access the MITS portal.

## **MCE – Managed Care Entities (also referred to as MCP – Managed Care Plans)**

Business that provides coordinated access to medical services for individuals. Ohio Medicaid contracts with these services to provide health care coverage to Medicaid recipients. Providers may contract with these Managed Care Entities to bill the entities for services rendered on Medicaid recipients.

## **MITs – Medicaid Information Technology System**

The system used as the primary portal to access data for enrolled Medicaid providers or to apply as a newly enrolling Medicaid provider. MITs will be phased out as the primary portal as the PNM system launches in a stepped rollout.

## **NPPES – National Plan and Provider Enumeration System**

A database which provides basic information about all organization and individual providers with a National Provider Identifier (NPI).

## **NPI – National Provider Identifier**

A unique identification number for covered health care providers.

## **ODA – Ohio Department of Aging**

An administrative department of the Ohio state government responsible for delivery of services and support that improves and promotes quality of life and personal choice for older Ohioans, adults with disabilities, their families, and their caregivers.

## **ODH – Ohio Department of Health**

An administrative department of the Ohio state government responsible for coordinating activities for child and family health services, children with medical handicaps, early intervention services, nutrition services, and community health services; ensure the quality of both public health and health care delivery systems; and evaluates health status, prevents, and controls injuries and diseases (chronic and infectious) and promotes good health.

## **OH|ID – Ohio's Digital Identity**

A single account for users to access a variety of websites used by agencies throughout the State of Ohio.

## **PCW – Provider Certification Wizard**

A web portal used by providers to access information and complete processes for the Ohio Department of Aging.

## **PHE – Public Health Emergency**

A declaration made by the Secretary of the Department of Health and Human Services to take certain actions in response to the handling of an actual or potential public health crisis. The PHE referred to in this document is related to COVID-19.

### **PNM – Provider Network Management (System)**

The system used as of October 1<sup>st</sup> to access data for enrolled Medicaid providers or to apply as a newly enrolling Medicaid provider.

### **PSM – Provider Services Management**

A web portal used by providers to access information and complete processes for the Ohio Department of Developmental Disabilities.

### **Reg ID – Registration ID**

An identification number used to track applications in the PNM system.

### **USPS – United States Postal Service**

The database from which addresses are verified in PNM.