Provider Training Session:

Updates & Revalidation/ Reenrollment

Behavioral Health Organization Providers

Ohio | Department of Medicaid

Agenda

Updates & Revalidation/ Reenrollment

This course is designed to deliver a detailed process for completing an update to a provider file within the PNM system

This course will also show how to complete the revalidation/reenrollment process.
A revalidation/reenrollment occurs every
3 years for credentialed providers and
5 years for non-credentialed providers

In this session, we will review and discuss slides, then open the Provider Network Management (PNM) system to review how the processes are completed

01

Completing an Update in PNM

02

Display in PNM System – Updates

03

Accessing & Initiating Self-Service Functionalities

04

Revalidation/Reenrollment

05

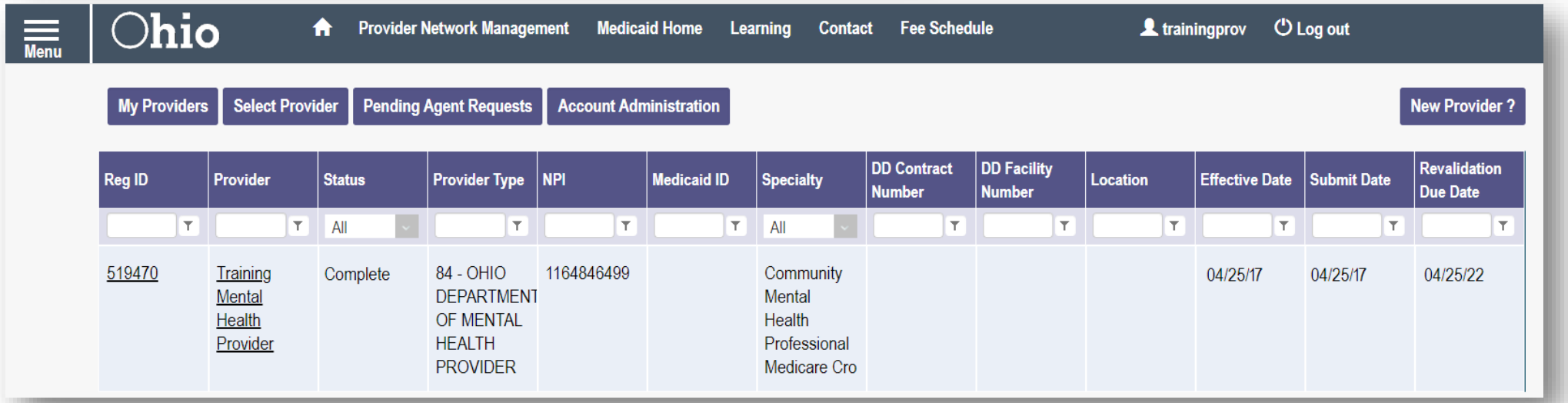
Submitting Revalidation/Reenrollment

06

Display in PNM System – Revalidation/Reenrollment

Completing an Update in PNM

Updates & Revalidation - Homepage



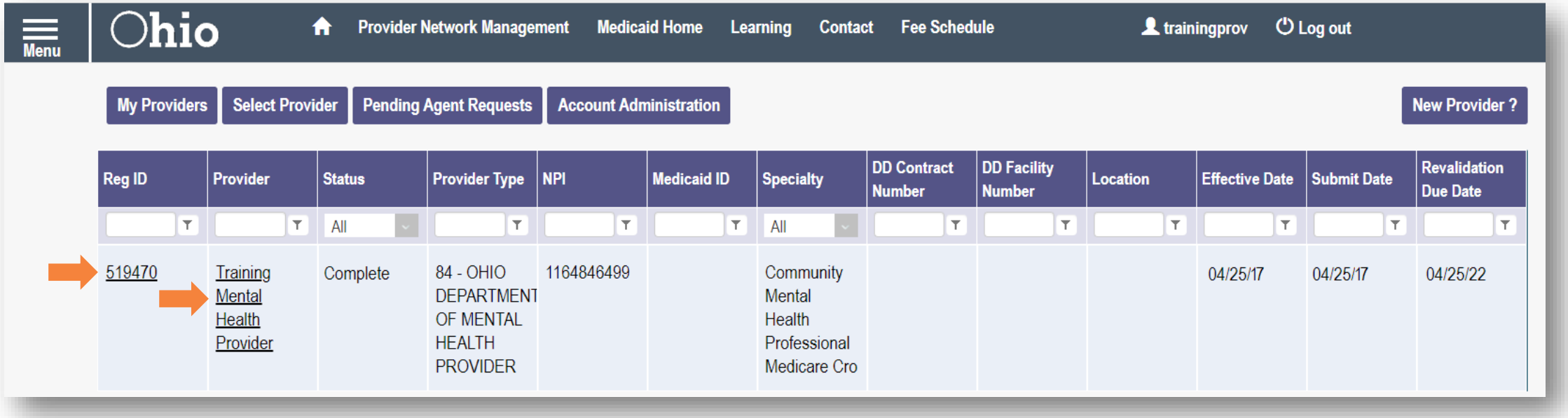
Menu: The menu can be accessed by clicking on the three-bars in the top left-hand corner of the screen. This will provide you with access to the Provider Directory, Learning Resources, Provider Financials, My Profile, Contact Us, and other key information for the Provider

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 any Agents that wish to have access to Provider records to Submit Claims, Run Reports, and other functions

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

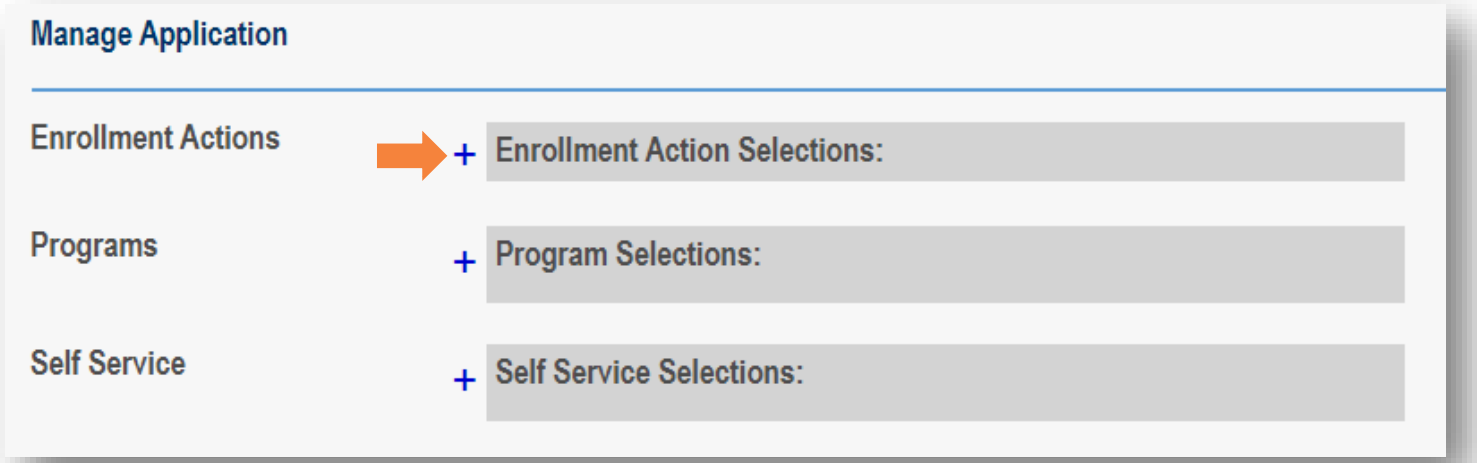
Initiating Update to Provider File

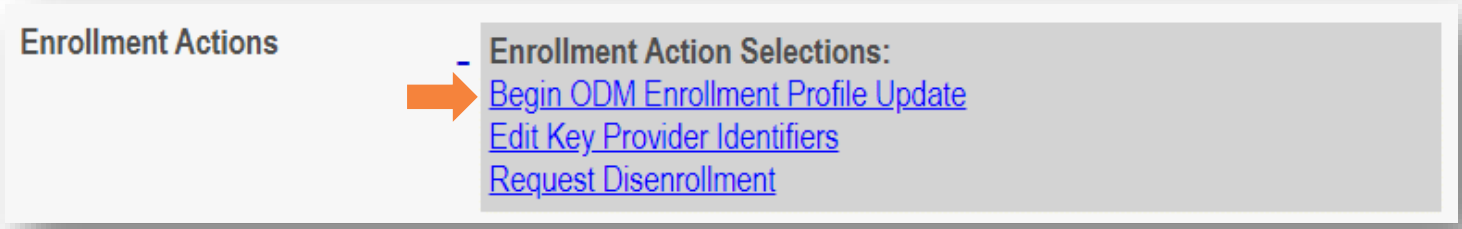


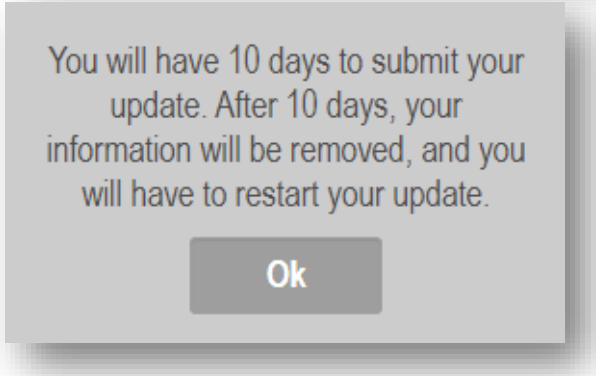
- It may be necessary to update your provider file with new or changed information
- Updates are necessary to ensure that all your details with the State Medicaid Program are accurate
- A lack of up-to-date information may cause issues during data review periods
- To begin the update process, access the ‘Manage Application’ section by clicking either on the Reg ID or Provider Name hyperlink

Initiating Update to Provider File

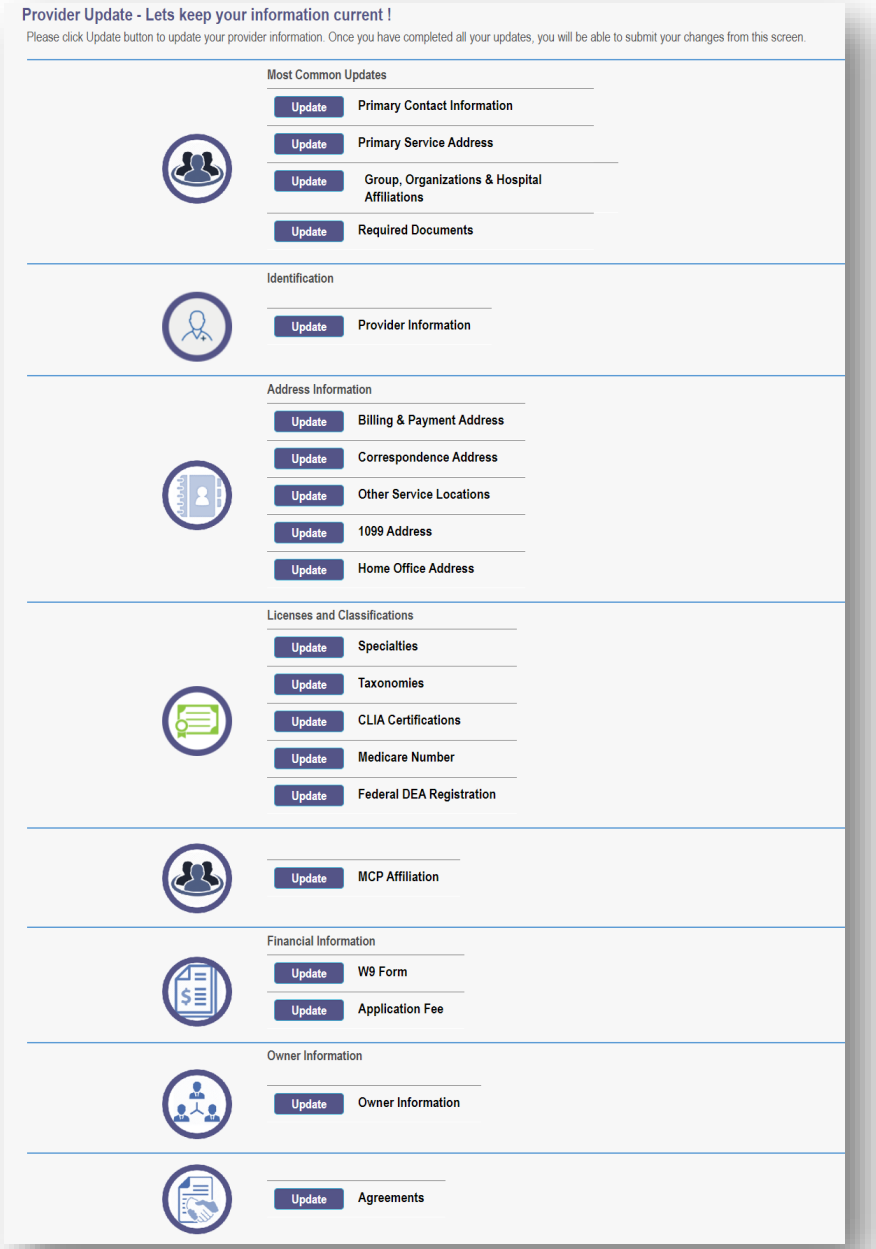
- Select the '+' icon to expand the section titled 'Enrollment Actions'
- Click the hyperlink for 'Begin ODM Enrollment Profile Update'
- A pop-up appears informing you that you have 10 days to submit your update







Initiating Update to Provider File

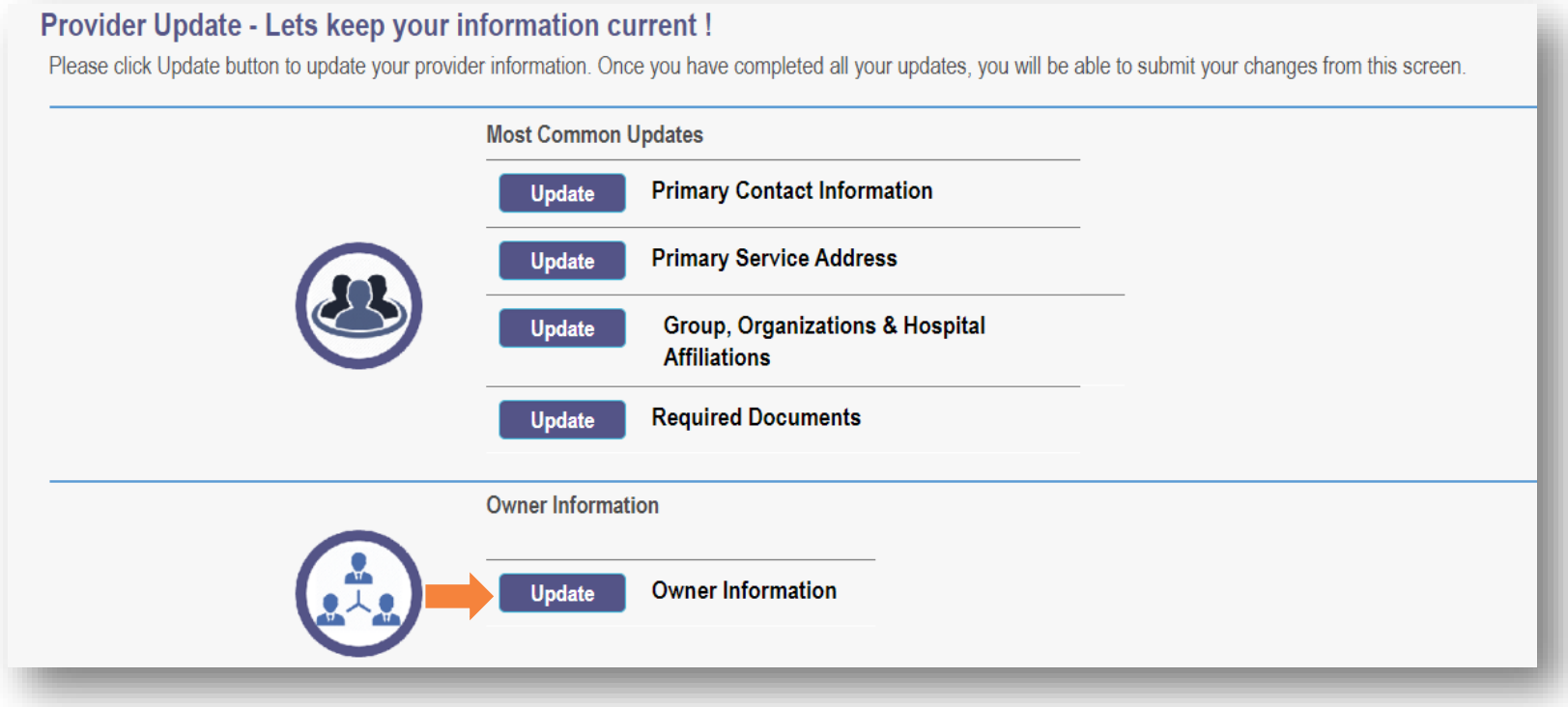


- The Provider Update page will display, showing the different sections of the application that can be updated

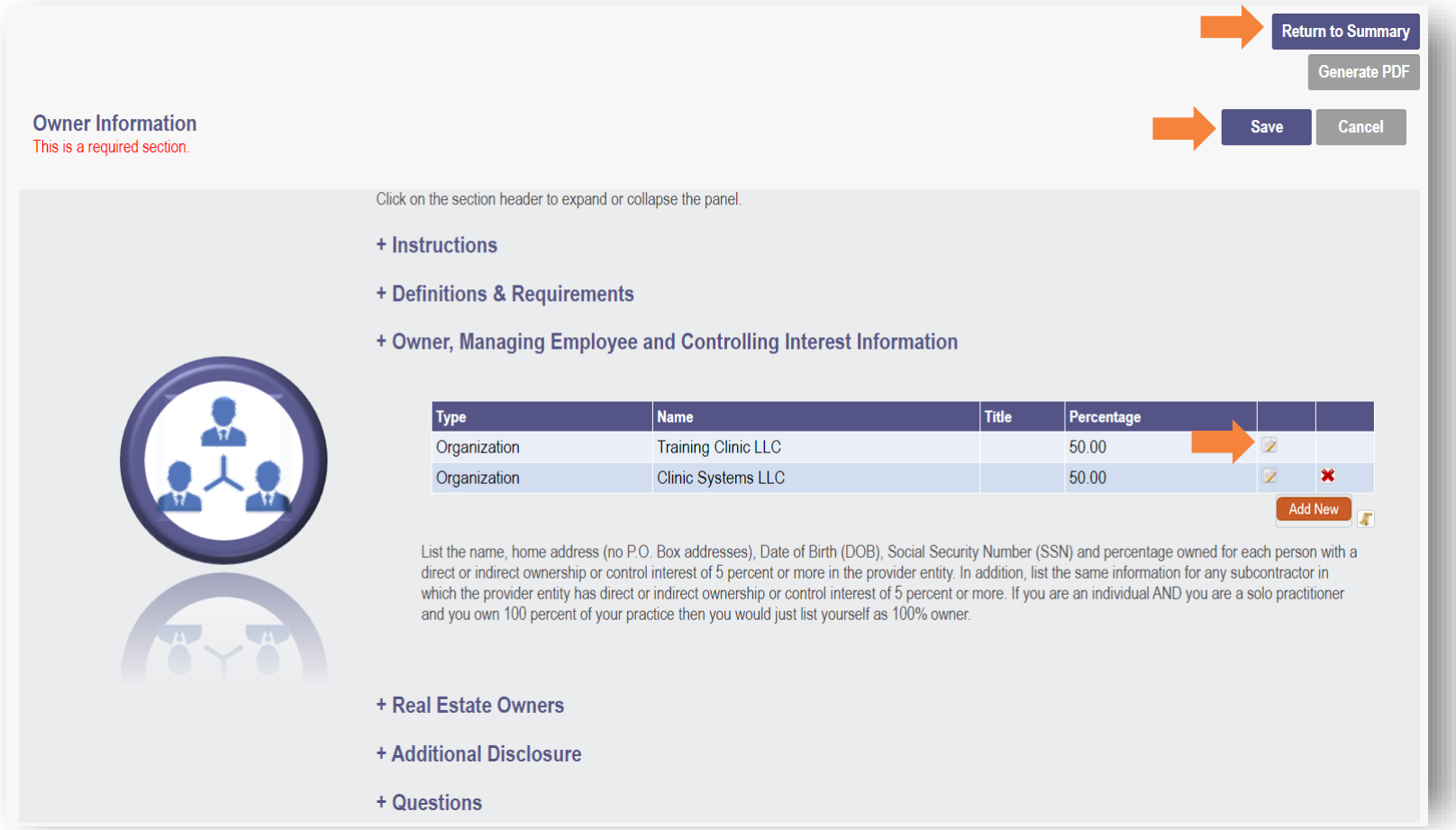
- The sections to update include:
  - Most Common Updates
  - Identification
  - Credentialing Information *(for Credentialed providers)*
  - Address Information
  - Licenses and Classifications
  - MCP Affiliation
  - Financial Information
  - Agreements

Initiating Update to Provider File

- One or multiple updates can be completed in one sitting, however only one update can be completed at a time
- Determine which set of data you wish to update and click ‘Update’

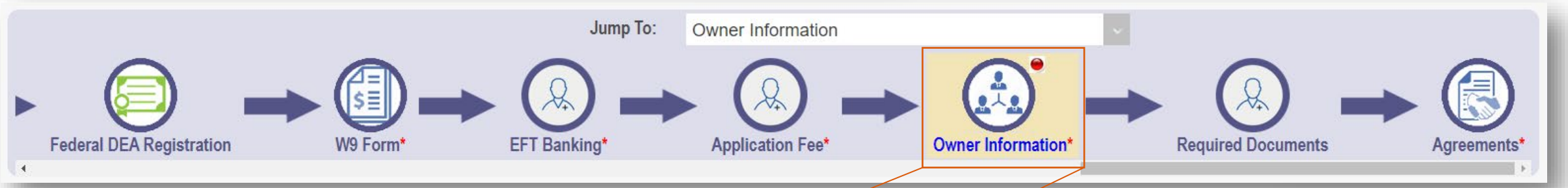


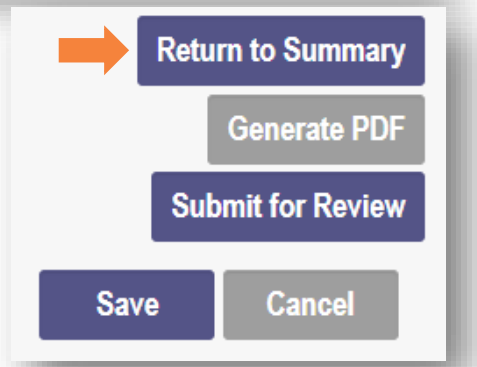
Initiating Update to Provider File



- If you click ‘Update’ for the wrong section by mistake, go back to the Provider Update page by clicking ‘Return to Summary’
- Click the ‘pencil and paper’ icon to edit the existing owner information or ‘Add New’ to add additional owner information
- In this example, we have edited the ownership percentage of the existing owner and added a new owner
- After all updates have been completed on the page, click ‘Save’

Initiating Update to Provider File





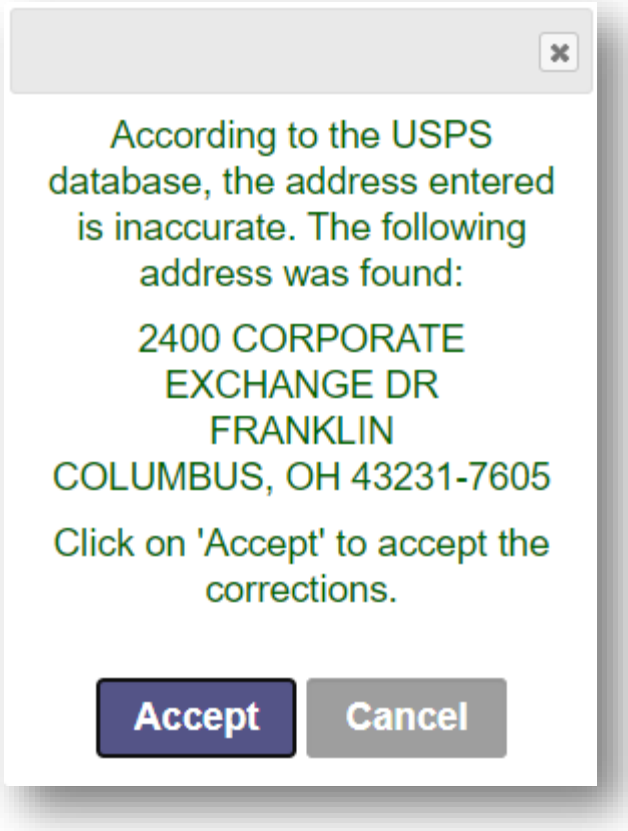
Before

After

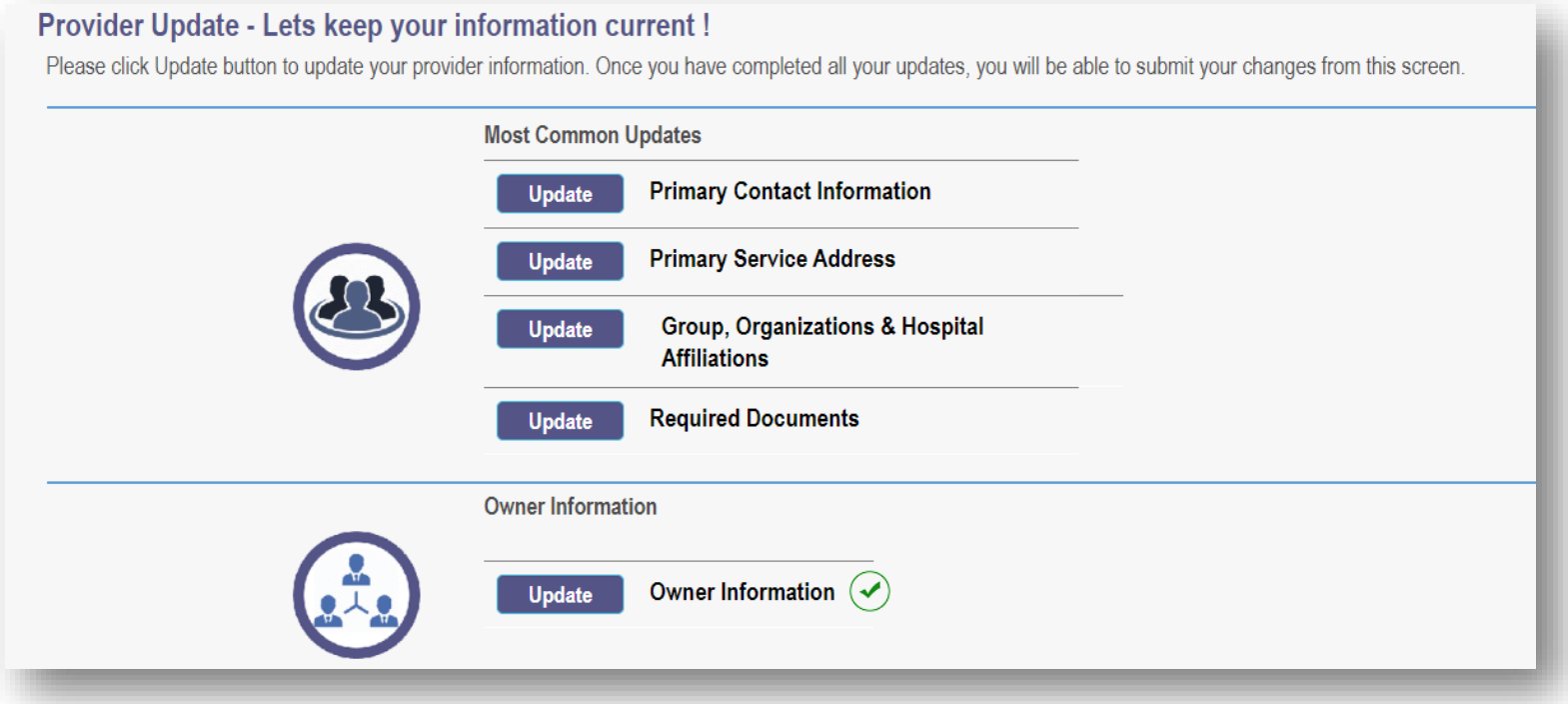
- To confirm an update has been saved, a ‘red dot’ will appear in the navigation bar for page that has been updated
- Initiate additional updates by clicking ‘Return to Summary’

USPS Address Pop-up

- To maintain accurate addresses, PNM uses a USPS system search validation for addresses entered
- If your update includes a change of address, the pop-up window may display
- Complete the following steps to advance the process:
  - Confirm the validation and accuracy of the address information
  - Click ‘Accept’ on the USPS confirmation prompt

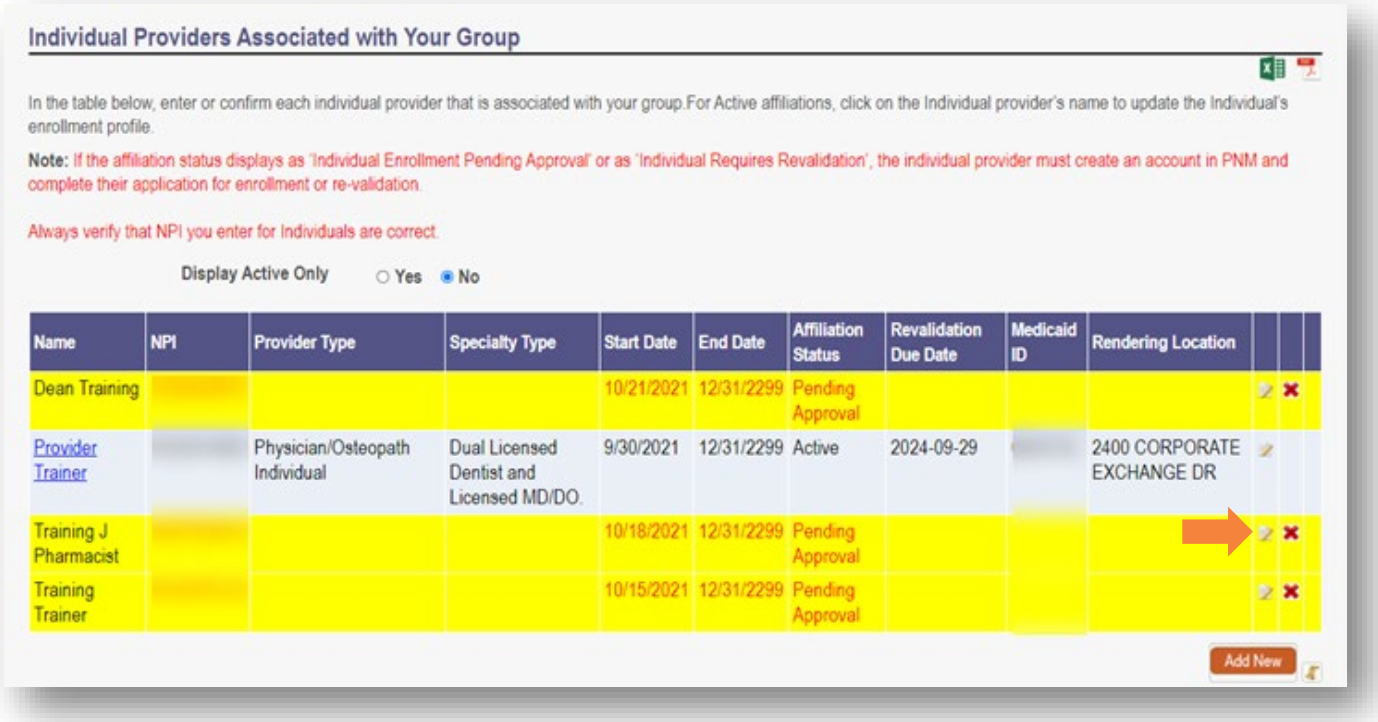


Performing Multiple Updates



- On the Provider Update screen, the section updated will display a green checkmark
- Click ‘Update’ for any additional sections that need updated data and enter the new information on that page
- Repeat the process for any other sections that need to be updated

Affiliations Updates



Individual Providers Associated with Your Group

In the table below, enter or confirm each individual provider that is associated with your group.For Active affiliations, click on the Individual provider's name to update the Individual's enrollment profile.

Note: If the affiliation status displays as 'Individual Enrollment Pending Approval' or as 'Individual Requires Revalidation', the individual provider must create an account in PNM and complete their application for enrollment or re-validation.

Always verify that NPI you enter for Individuals are correct.

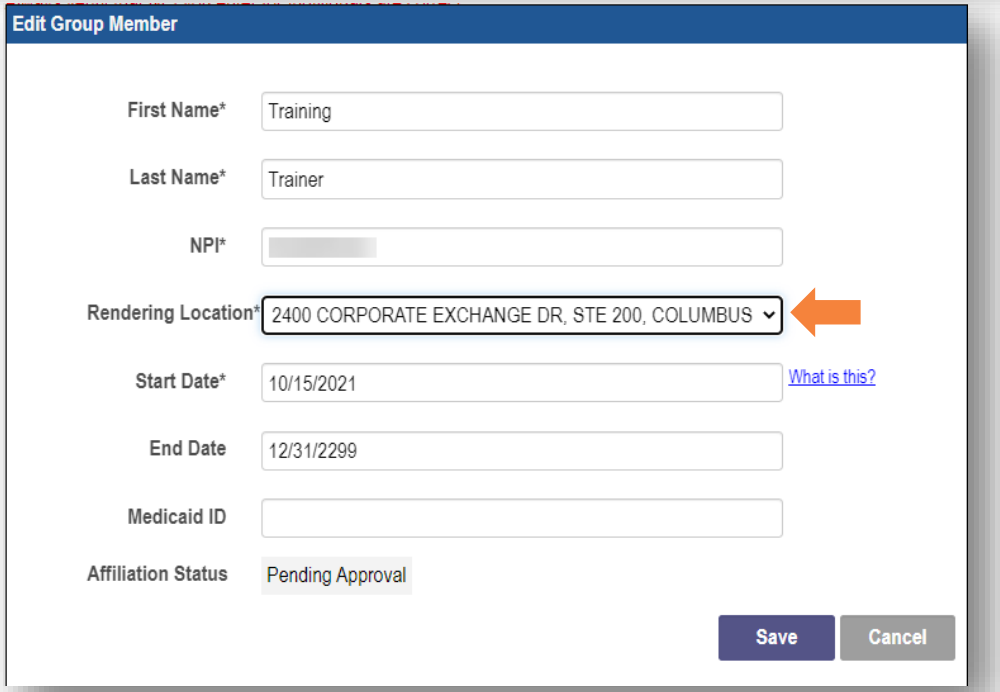
Display Active Only ○ Yes ◉ No

Name	NPI	Provider Type	Specialty Type	Start Date	End Date	Affiliation Status	Revalidation Due Date	Medicaid ID	Rendering Location
Dean Training				10/21/2021	12/31/2299	Pending Approval			
Provider Trainer		Physician/Osteopath Individual	Dual Licensed Dentist and Licensed MD/DO	9/30/2021	12/31/2299	Active	2024-09-29		2400 CORPORATE EXCHANGE DR
Training J Pharmacist				10/18/2021	12/31/2299	Pending Approval			
Training Trainer				10/15/2021	12/31/2299	Pending Approval			

Add New

- Organizations must confirm individual provider affiliations. (This is when an individual provider lists the affiliation on their file)
- To confirm, an update must be initiated for Group, Organization & Hospital Affiliations
- Review the individual providers that are highlighted and have a status of 'Pending Approval'
- Click the 'pencil and paper' icon to edit the provider

Affiliations Updates

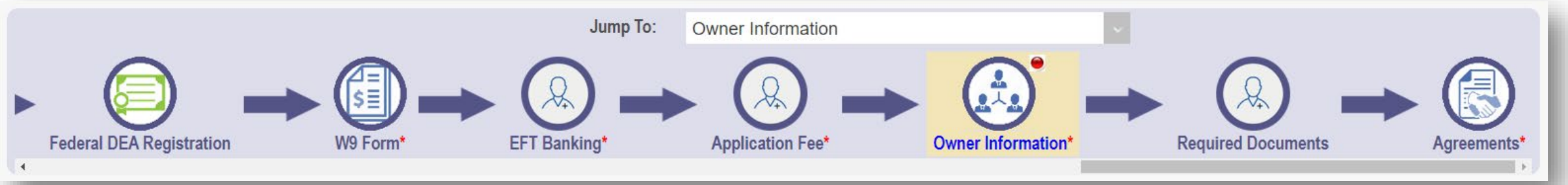


Name	NPI	Provider Type	Specialty Type	Start Date	End Date	Affiliation Status	Revalidation Due Date	Medicaid ID	Rendering Location
Dean Training				11/16/2021	12/31/2299	Individual Enrollment Pending Approval			2400 CORPORATE EXCHANGE DR
Provider Trainer		Physician/Osteopath Individual	Dual Licensed Dentist and Licensed MD/DO.	9/30/2021	12/31/2299	Active	2024-09-29		2400 CORPORATE EXCHANGE DR
Training J Pharmacist		Pharmacist	PHARMACIST	11/16/2021	12/31/2299	Confirmed	2024-10-18		2400 CORPORATE EXCHANGE DR
Training Trainer				11/16/2021	12/31/2299	Individual Enrollment Pending Approval			2400 CORPORATE EXCHANGE DR

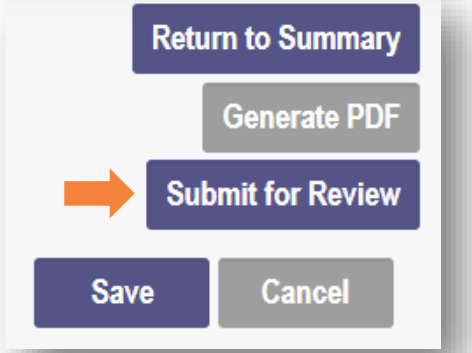
- Select a Rendering Location for the provider and click ‘Save’
- Continue this process for all providers with a ‘Pending Approval’ affiliation status
- Once all ‘Pending Approval’ providers have been updated, they will no longer display in yellow

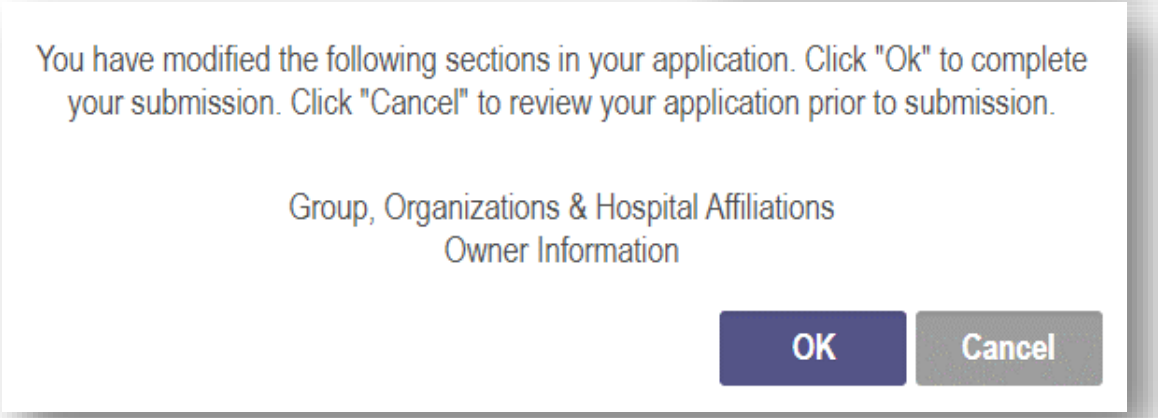
Submitting an Update

Submitting Update to Provider File

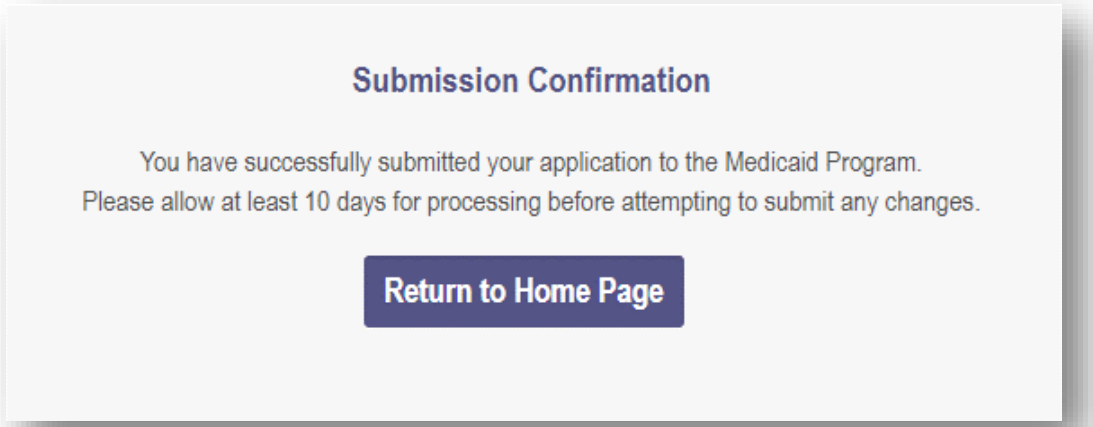


- When all updates are complete, click ‘Submit for Review’
- A pop-up window displays indicating that the file has been modified and which sections have been changed
- Click ‘OK’ to proceed and submit

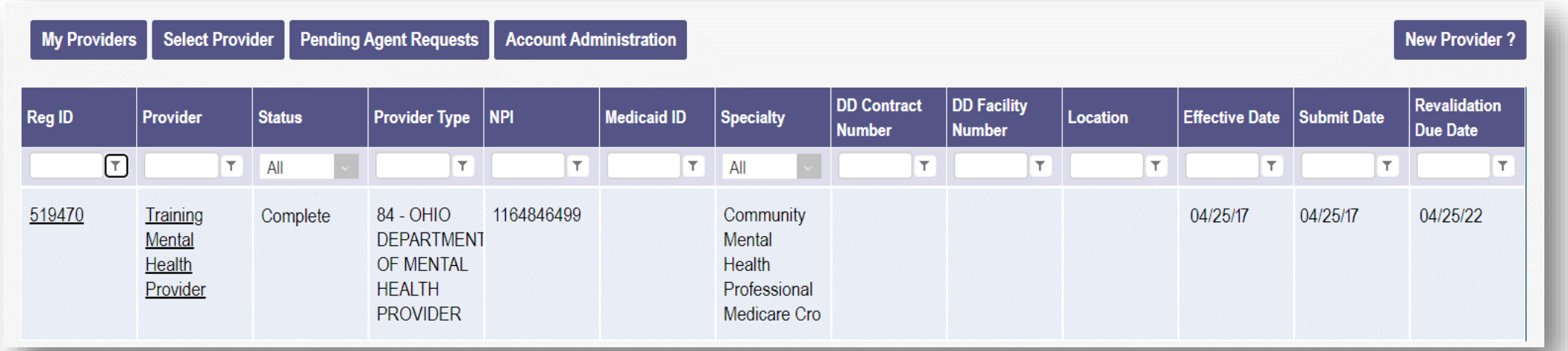




Submitting Update to Provider File

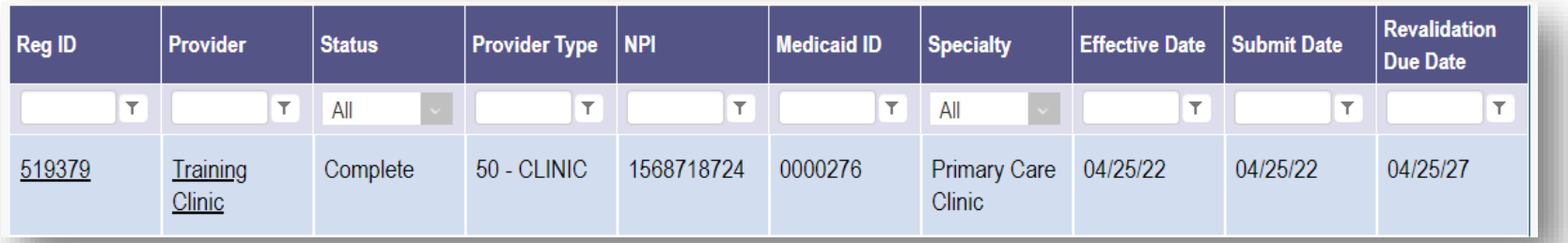


- A submission confirmation message displays to verify your updated file has been successfully submitted
- Click ‘Return to Homepage’ to view your dashboard

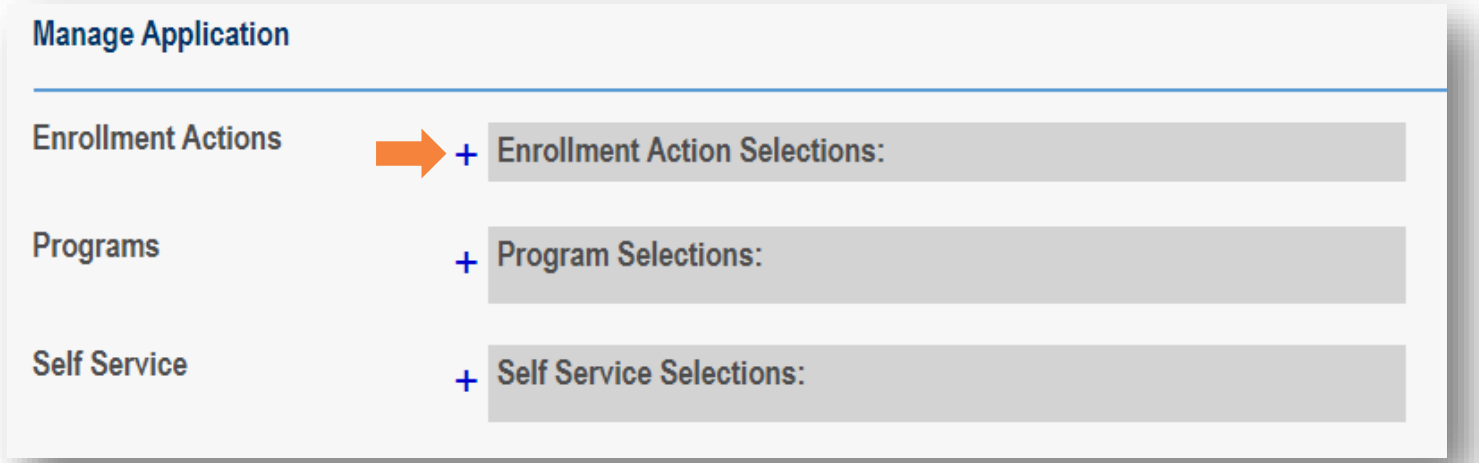


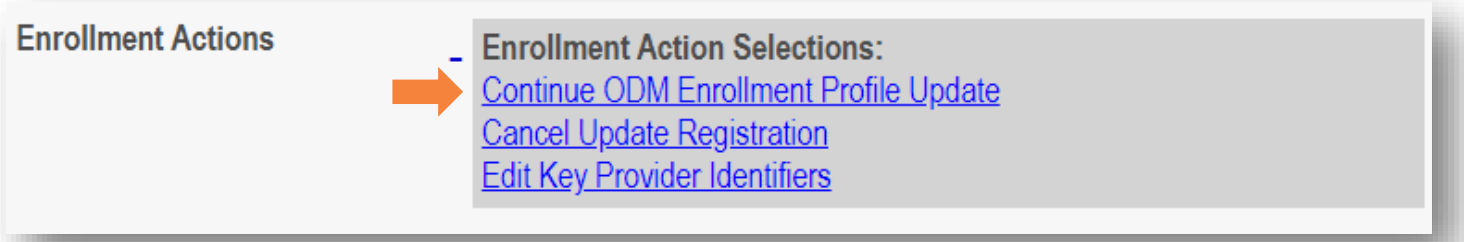
Continuing an Unfinished Update

- Click on the Reg ID or Provider Name Hyperlink
- Select the '+' icon to expand the section titled 'Enrollment Actions'
- Click the hyperlink for 'Continue ODM Enrollment Profile Update'
- PNM will open the application to the last unsaved page
- Continue entering provider details for the new enrollment application



Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	Effective Date	Submit Date	Revalidation Due Date
		All				All			
519379	Training Clinic	Complete	50 - CLINIC	1568718724	0000276	Primary Care Clinic	04/25/22	04/25/22	04/25/27



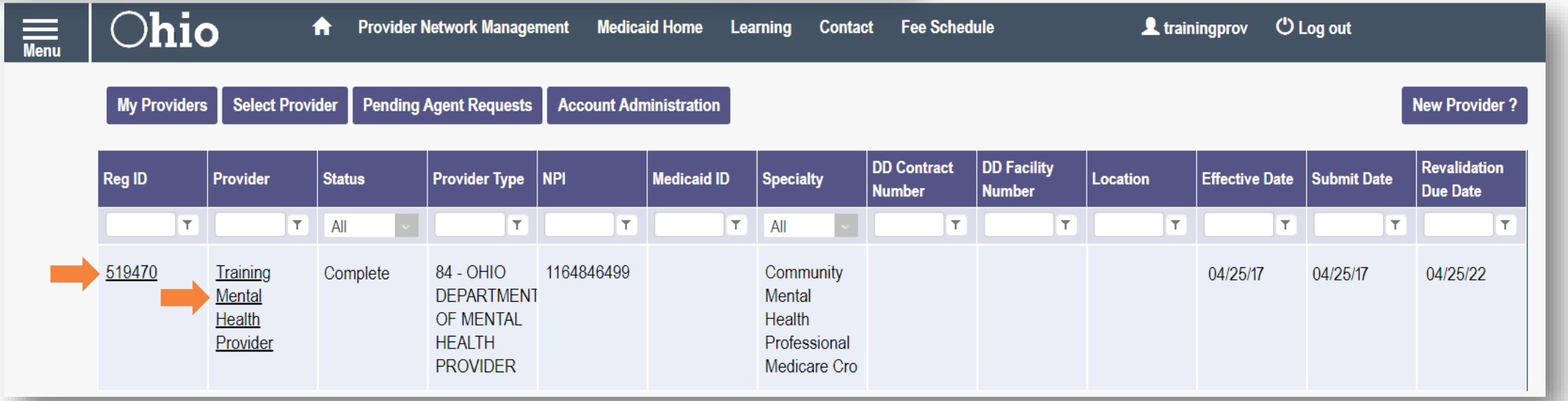


Submitting Update to Provider File

Scenario	Requires Screening	Requires Review
Change in Provider Name	Yes	Yes
Change in Ownership	Yes	Yes
Practice Location (Moderate/High Risk)	Yes	Yes
Add Initial Services (Multi-Agency)	Yes	Yes
Adding Specialties	No	Yes
Updating Affiliations	No	No
Other Address Screens	No	No
Primary Contact Information	No	No
Updates to Required Documents (W9 Form)	No	No
Professional Licenses (In State)	No (automatic call with e-license)	No
Professional Licenses (Out of State)	Yes	Yes
Taxonomies	No	No
Medicare Number	No	No
Board Certifications	No	No
MCP Affiliation (Interest)	No	No
DEA/CDS	No	No
Work History	No	No
Education and Training	No	No
Credentialing Contact	No	No
Malpractice Claims History	No	No
CLIA Certifications	No	No
Provider Agreement	No	No
DME Information	No	No

Accessing & Initiating Self-Service Functions

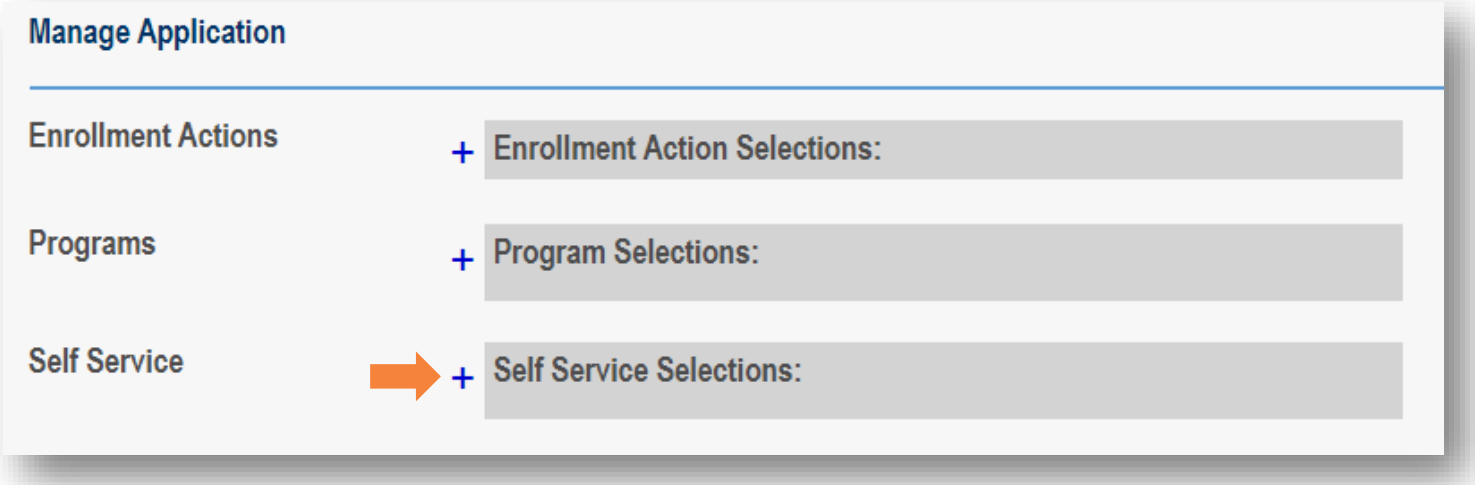
Accessing Self-Service Functions



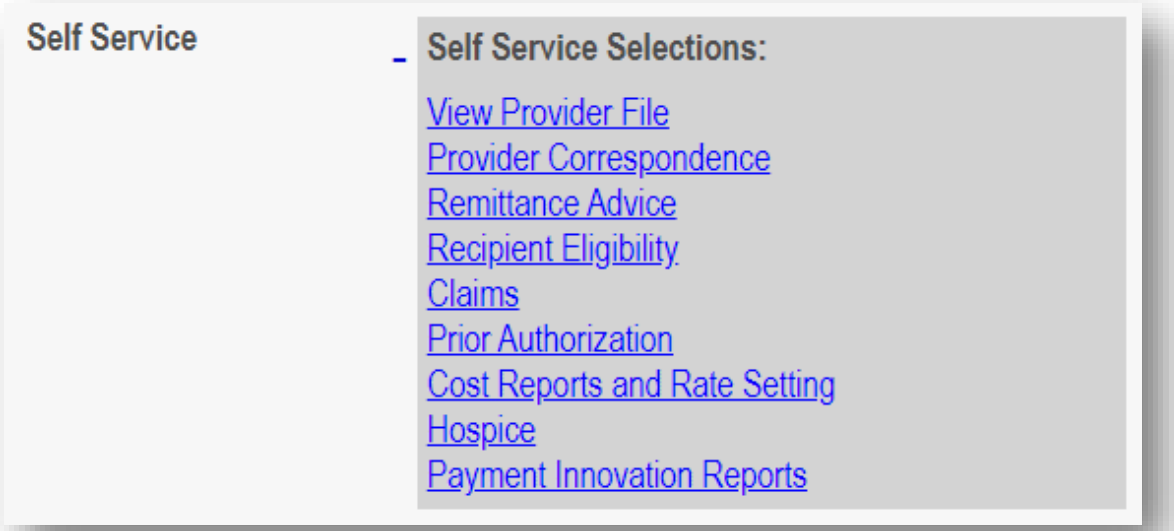
- The self-service panel of functions is accessed through the Provider Management homepage
- To begin the process, click either on the Reg ID or Provider Name hyperlink

Accessing Self-Service Functions

- Select the '+' icon to expand the section titled 'Self Service'
- The panel will display with several options, or hyperlinks, for you to access to begin the process



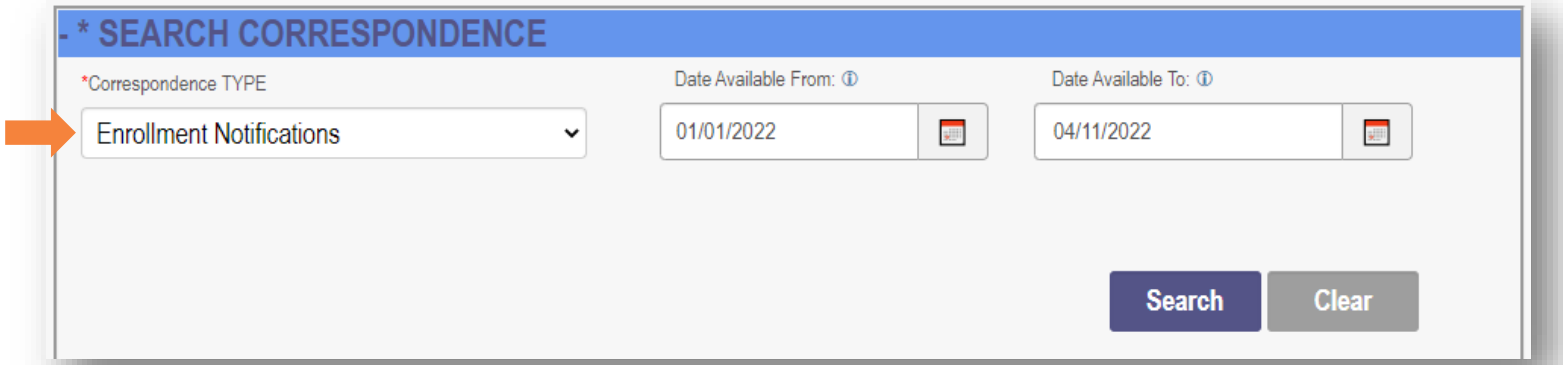
Accessing Self-Service Functions



- **View Provider File:** Opens a ‘read-only’ version of the provider file
- **Provider Correspondence:** Allows you to access any correspondence that has been sent from PNM or MITS relating to the provider file
- **Remittance Advice:** Redirects you to MITS to begin a Remittance Advice search
- **Recipient Eligibility:** Redirects you to MITS to begin an Eligibility search
- **Claims:** Redirects you to MITS to begin a claim submission or inquiry
- **Prior Authorization:** Redirects you to MITS to begin a prior authorization submission or inquiry
- **Cost Reports and Rate Setting:** Redirects you to MITS to access the information
- **Hospice:** Redirects you to MITS for Hospice details
- **Payment Innovation Reports:** Redirects you to the Haven portal

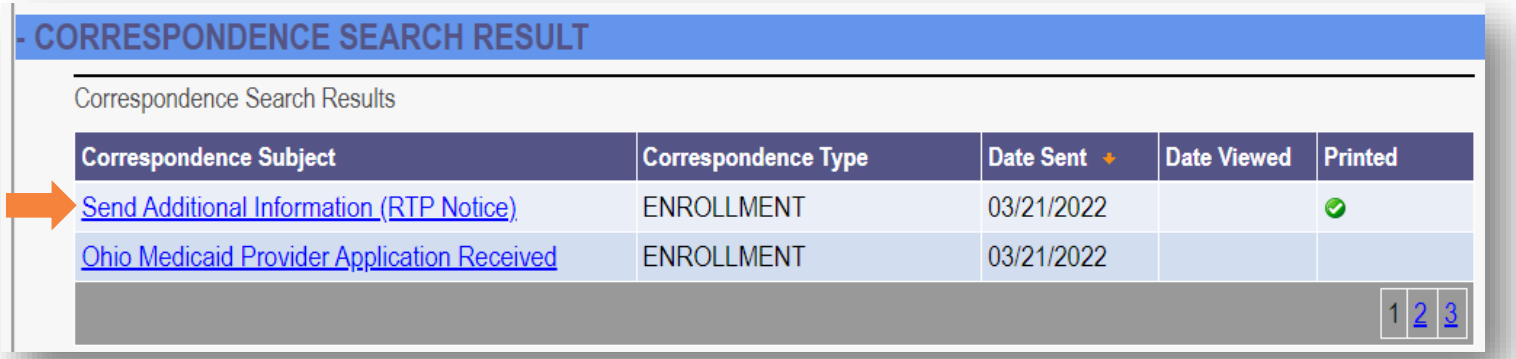
Provider Correspondence

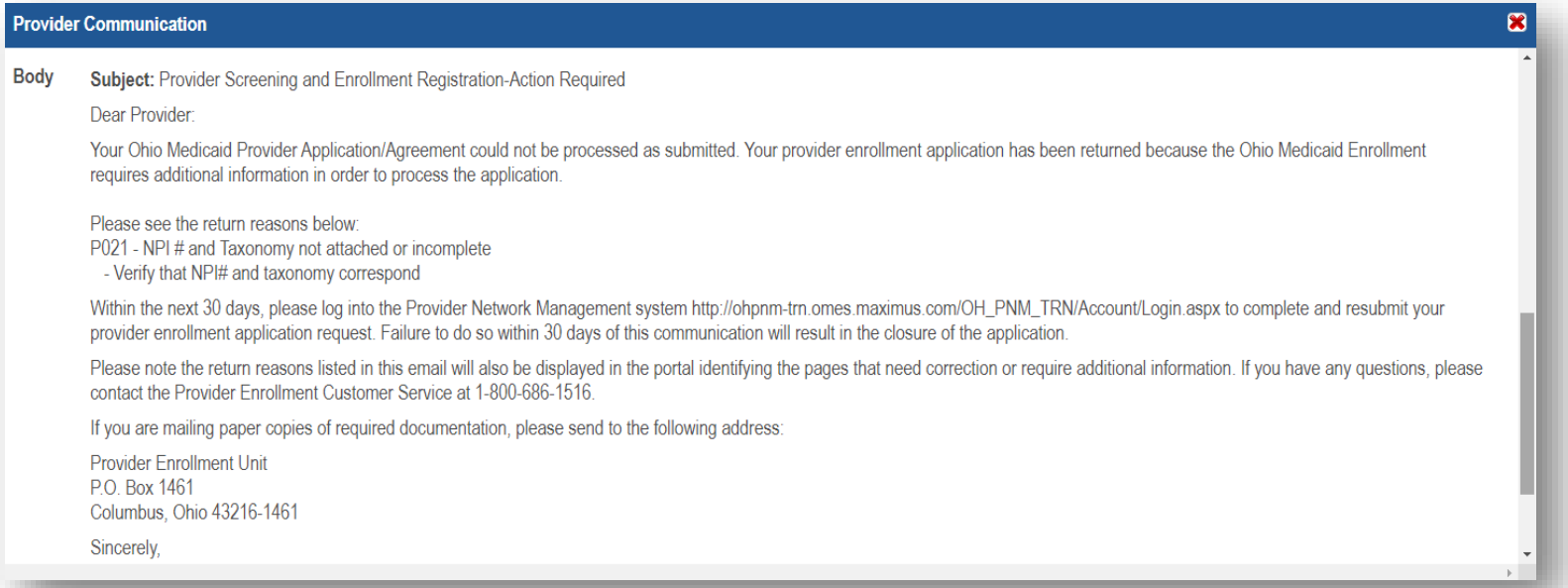
- Click the hyperlink for ‘Provider Correspondence’
- Select a Correspondence Type from the drop-down
  - Ex. For Correspondence related to the provider enrollment application, select ‘Enrollment Notifications’
- Enter a date range for the search
- Click ‘Search’
- The results will appear at the bottom of the page



Provider Correspondence

- Click on the Correspondence you wish to view
- A pop-up window opens containing the text of the correspondence
- Click the ‘x’ in the top-right corner to close the message pop up



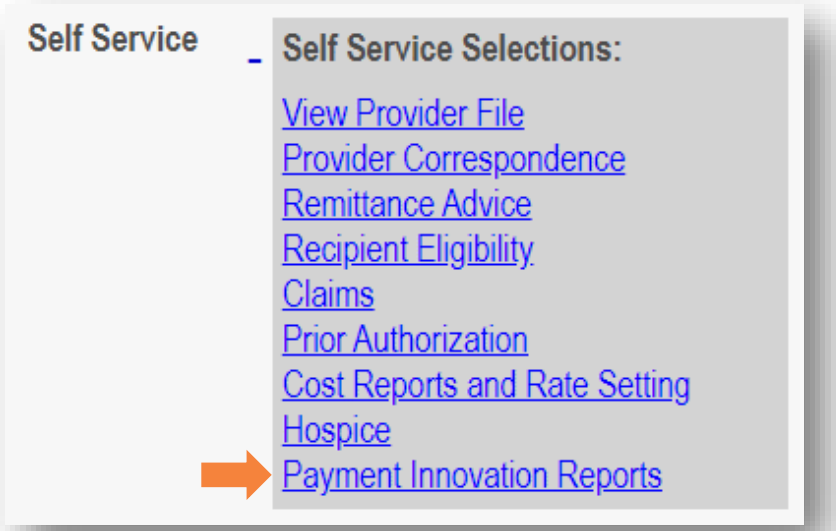


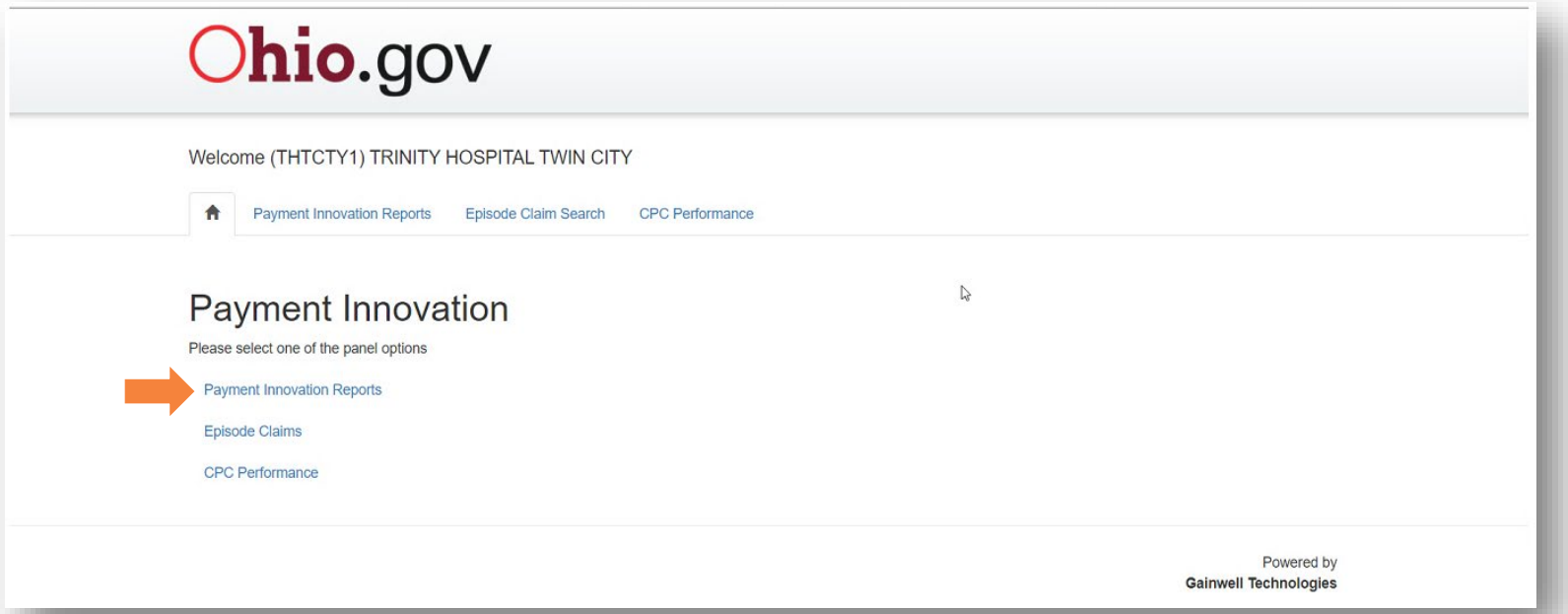
Self-Service Redirect to MITS

- For the functions that redirect you to MITS, the MITS panel will open, and the options will display at the top of the screen

- Complete the processes for Claims, Prior Authorization, Recipient Eligibility, Hospice and Cost Reports as you do today in the MITS portal

Payment Innovation Reports

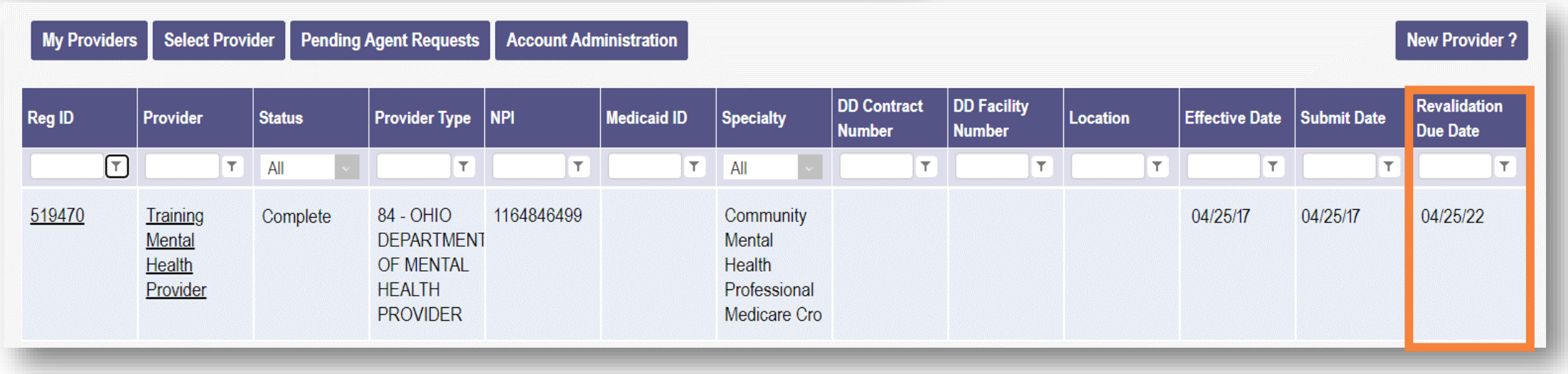




- Selecting 'Payment Innovation Reports' from the Self-Service menu directs you to the Haven portal where you can access the Payment Innovation Reports by clicking on the hyperlink listed

Revalidation/ Reenrollment

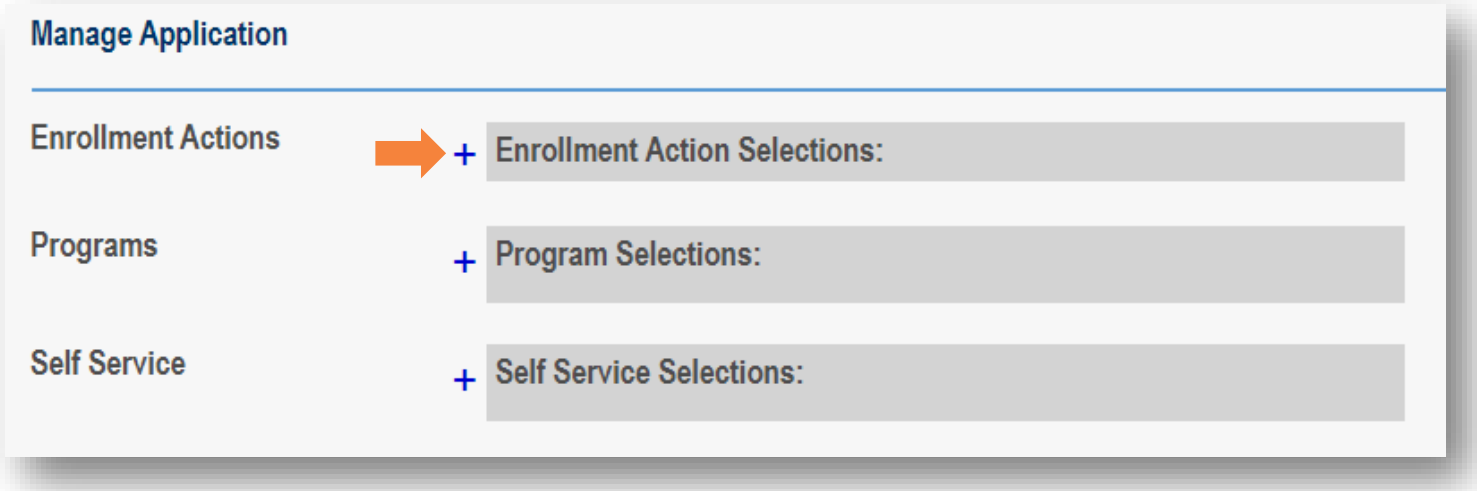
Revalidation/Reenrollment - Homepage

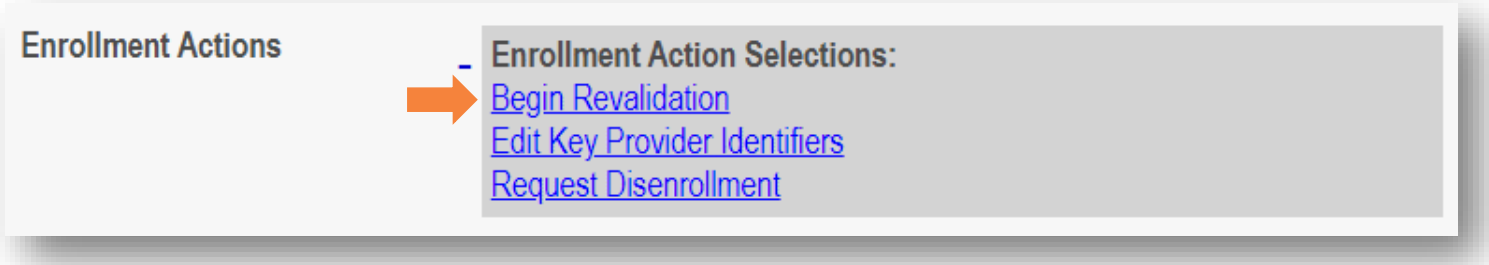


- Make note of the Revalidation Due Date on the far-right column
- If within 120 days of Revalidation Due Date, the option to begin a revalidation/reenrollment will be present
- Revalidation/Reenrollment is required to be completed by all providers:
  - For credentialed providers, every three (3) years
  - For non-credentialed providers, every five (5) years
- To begin the Revalidation/Reenrollment process, access the 'Manage Application' section by clicking either on the Reg ID or Provider Name hyperlink

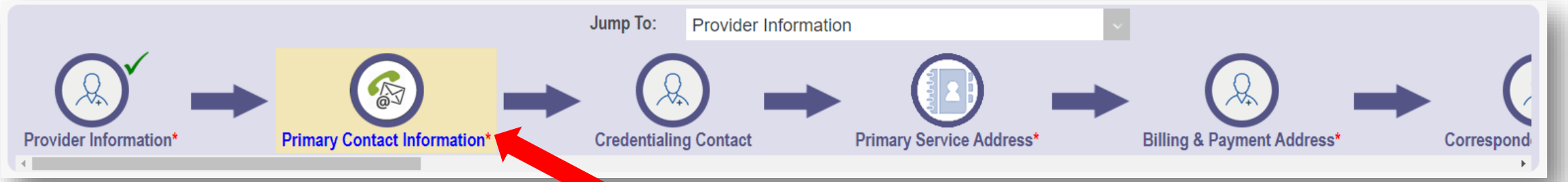
Initiating Revalidation/Reenrollment

- Select the '+' icon to expand the section titled 'Enrollment Actions'
- Click the hyperlink for 'Begin Revalidation'
- The file will open to the first page: Provider Information

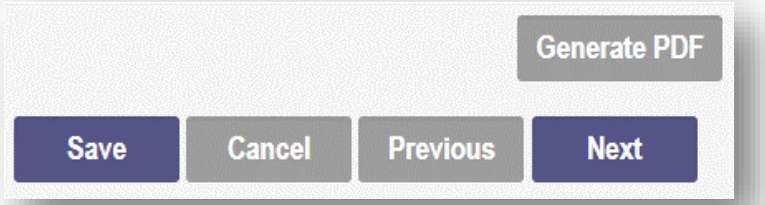




Revalidation - Navigation



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



- A navigational bar appears at the top of the application allowing you to view which page you are actively working (highlighted)
- 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

Save: Saves the current page and remains on the page

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

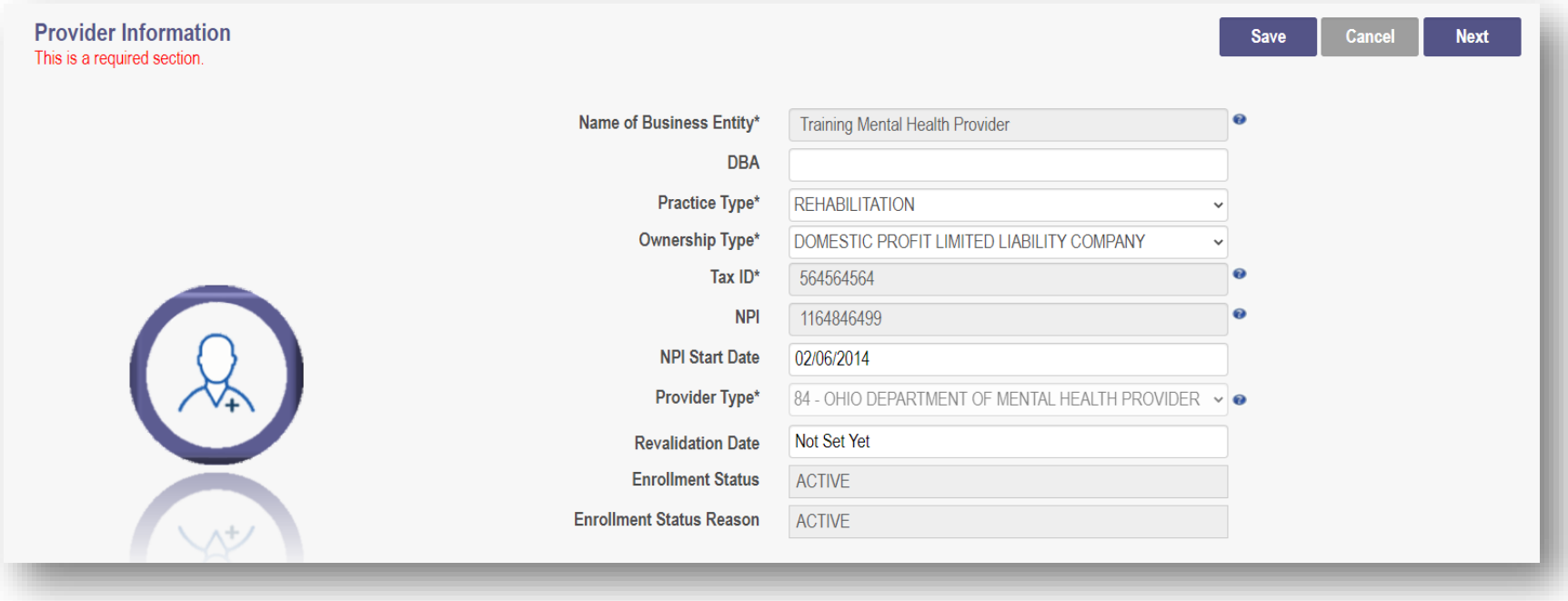
Previous: Returns to the previous page

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

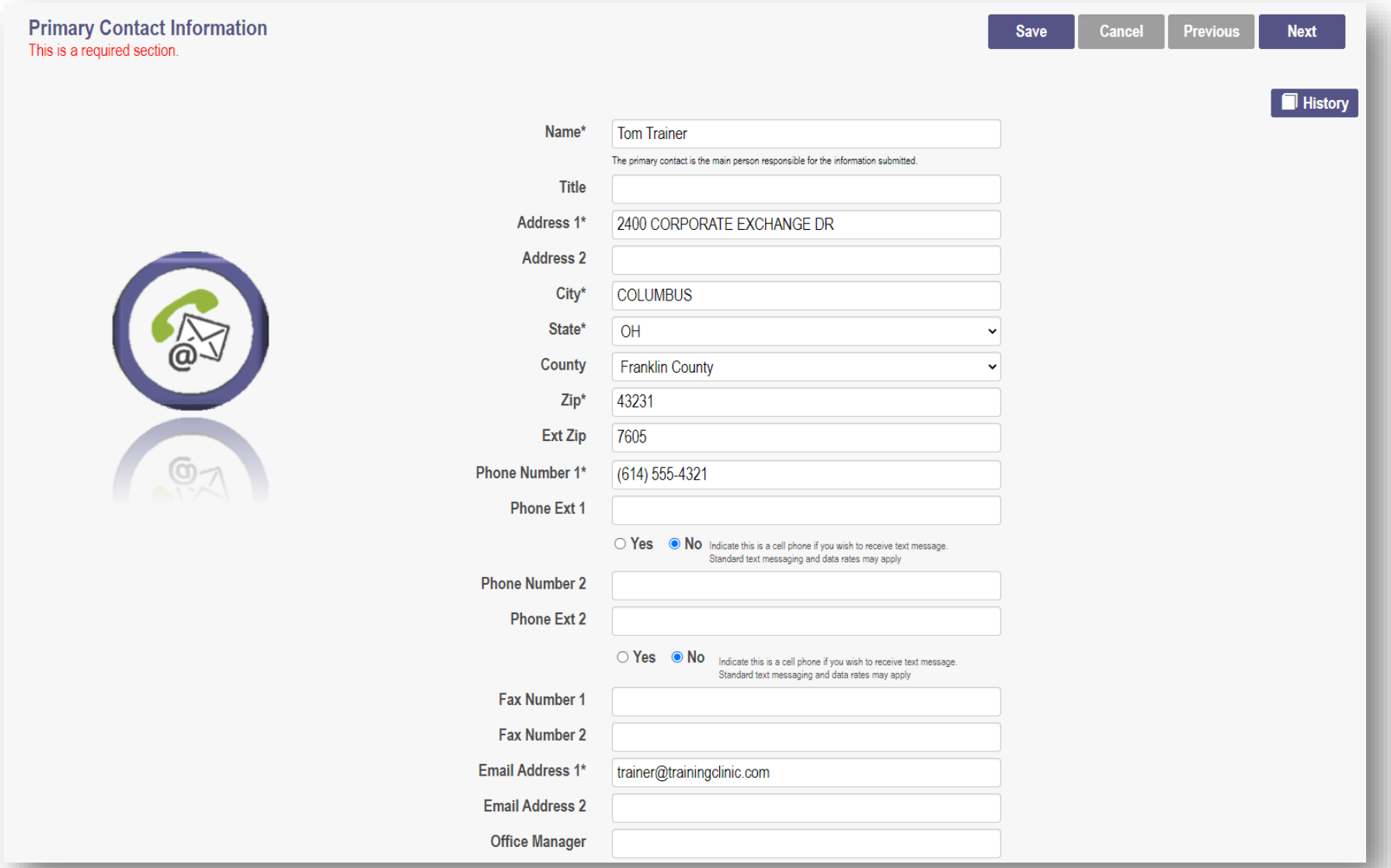
Generate PDF: Creates a file with all the application information to be saved to your records *(use once application is complete)*

Provider Information

- Review the information on the page to determine accuracy
- Change or update any information that is not current
- Click ‘Next’ to save the information and proceed to the next page



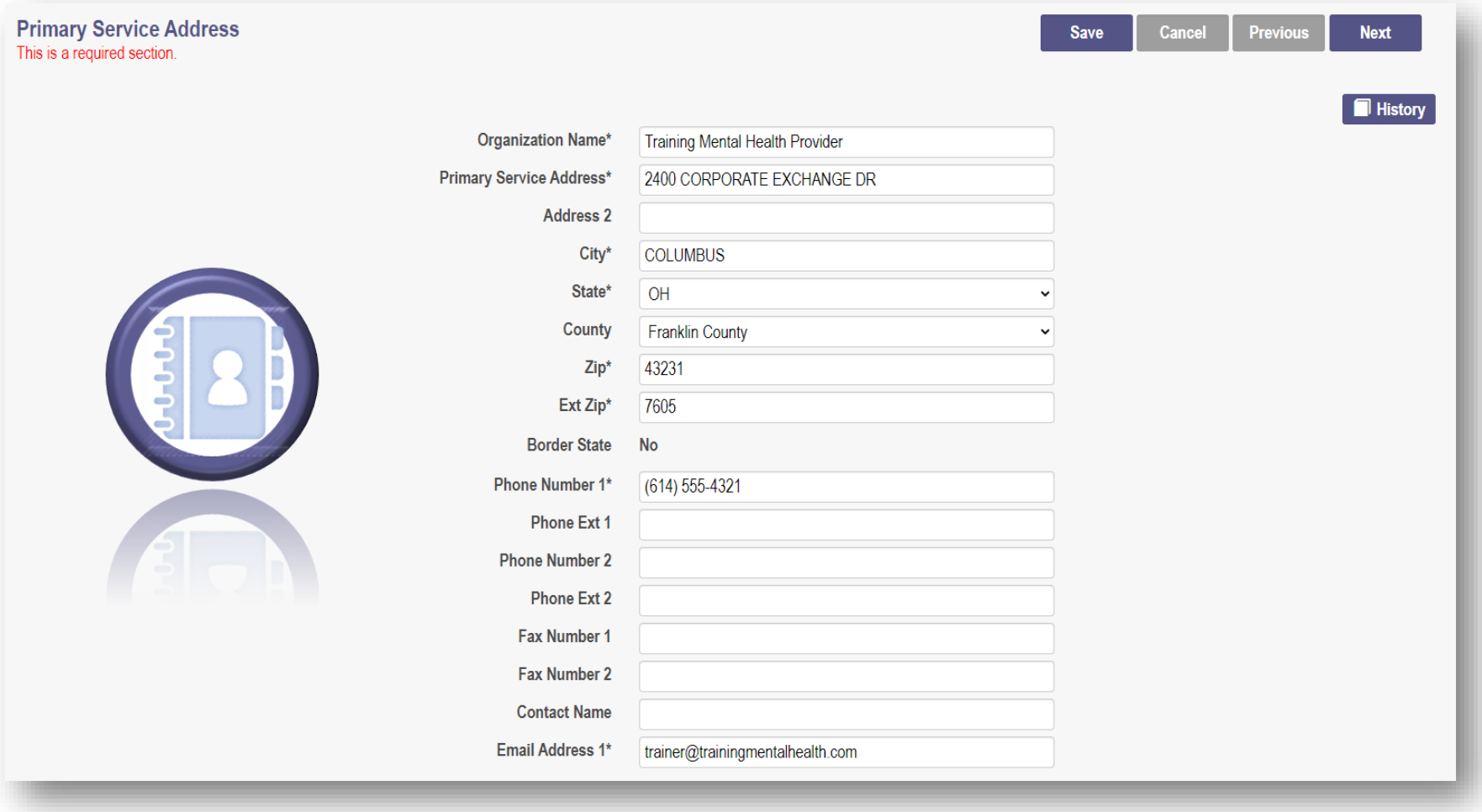
Primary Contact Information



- Review the information on the page to determine accuracy
- Change or update any information that is not current
- Click ‘Next’ to save the information and proceed to the next page

Primary Service Address

- Review the information on the page to determine accuracy
- Change or update any information that is not current
- Click ‘Next’ to save the information and proceed to the next page



Primary Service Address cont'd

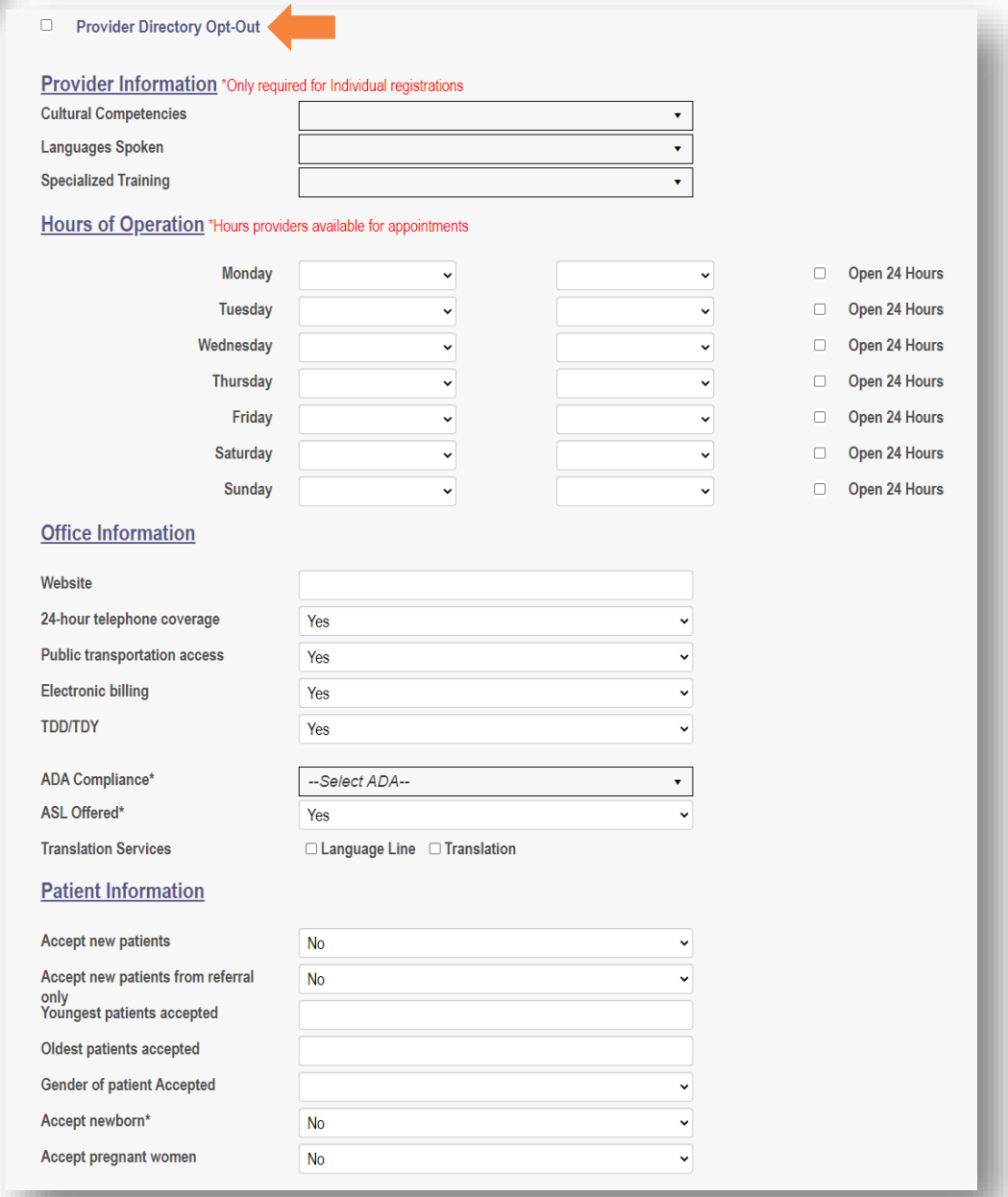
- Located below the Primary Service Address information, you can enter additional details about your practice location *(this information is not required)*

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

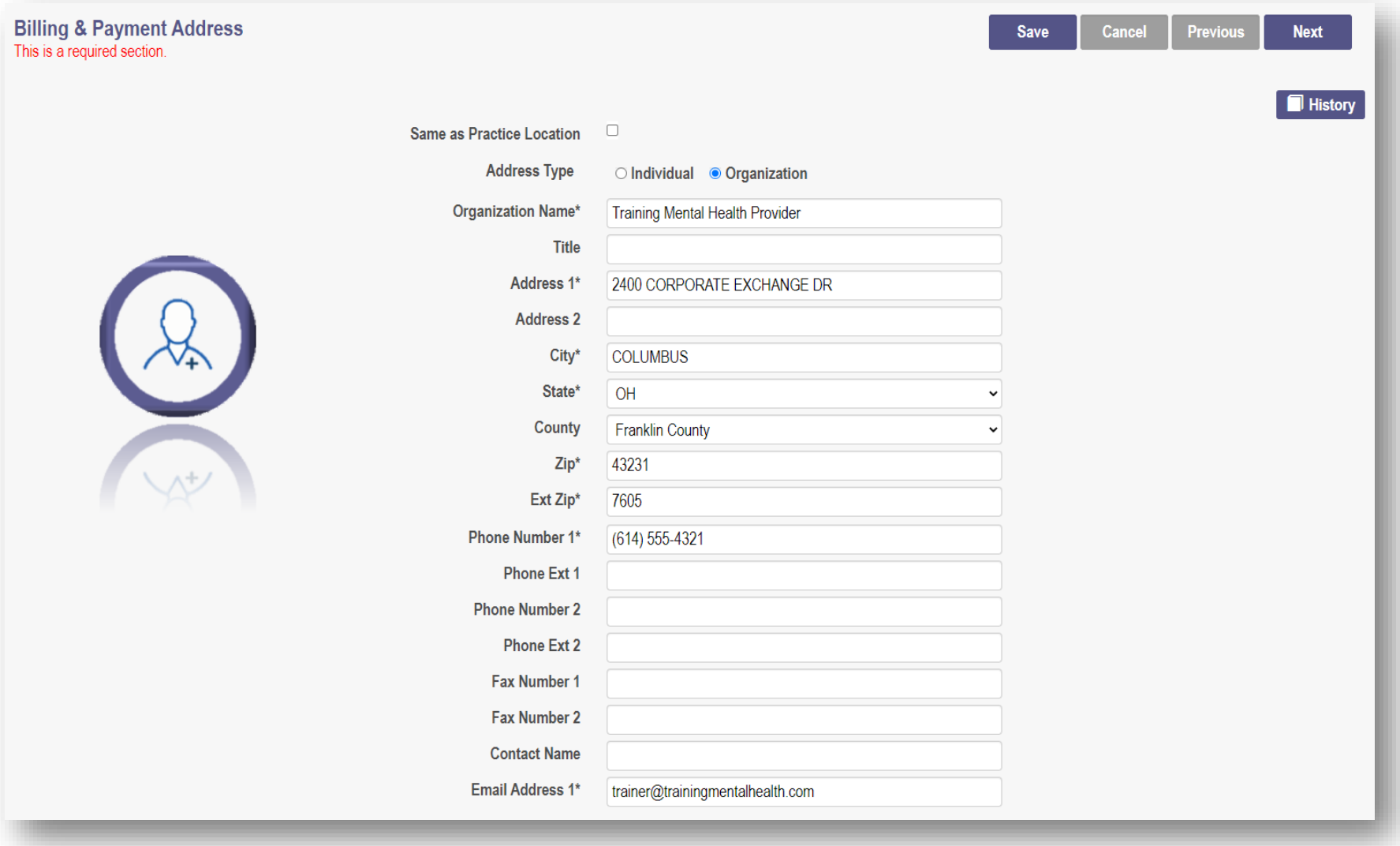
- This information will be housed in a public-facing Provider Directory through PNM. *If you are enrolled in a Managed Care Plan (MCP), the information will also be accessible in the MCP Directory*

- **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

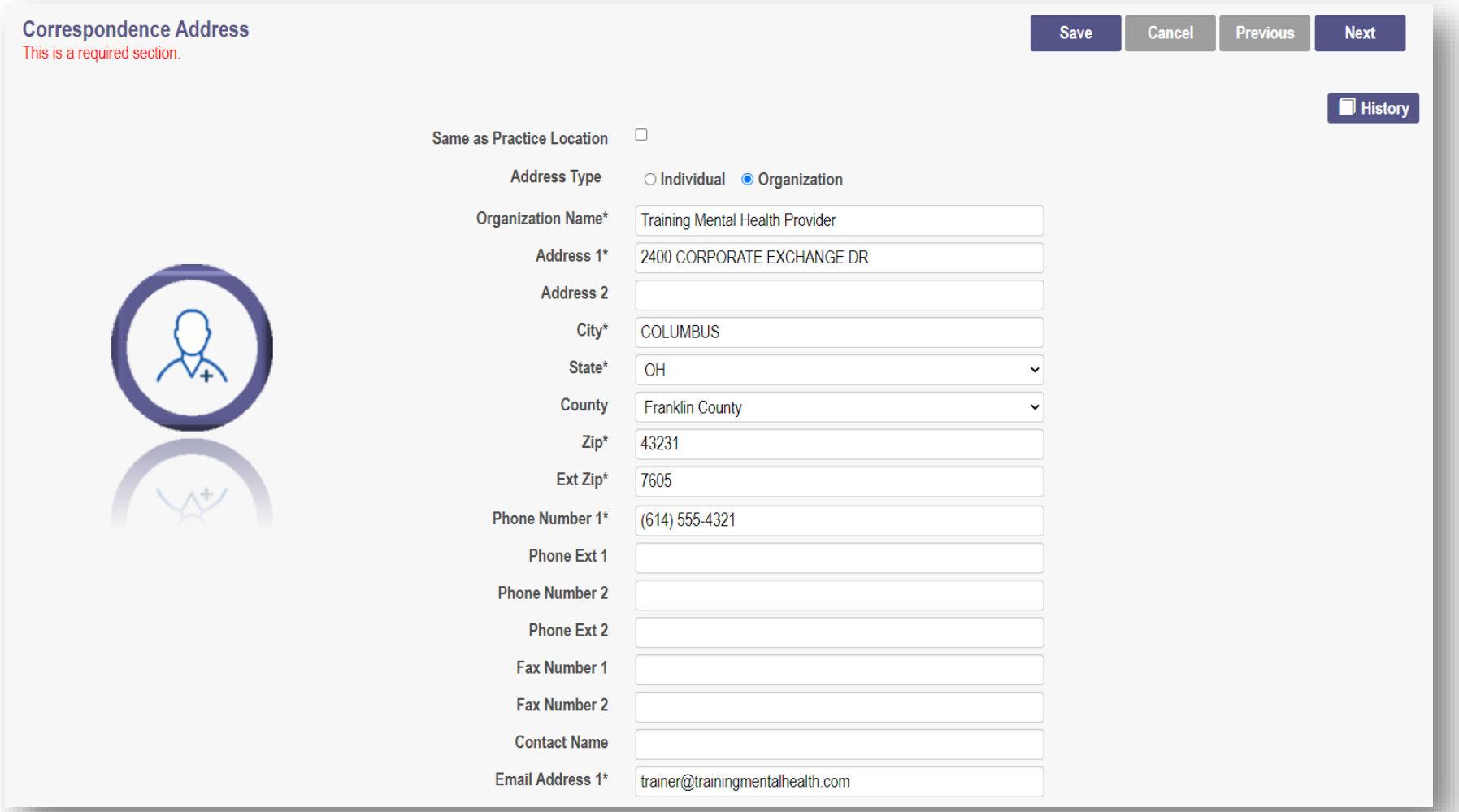


Billing & Payment Address



- Review the information on the page to determine accuracy
- Change or update any information that is not current
- Click ‘Next’ to save the information and proceed to the next page

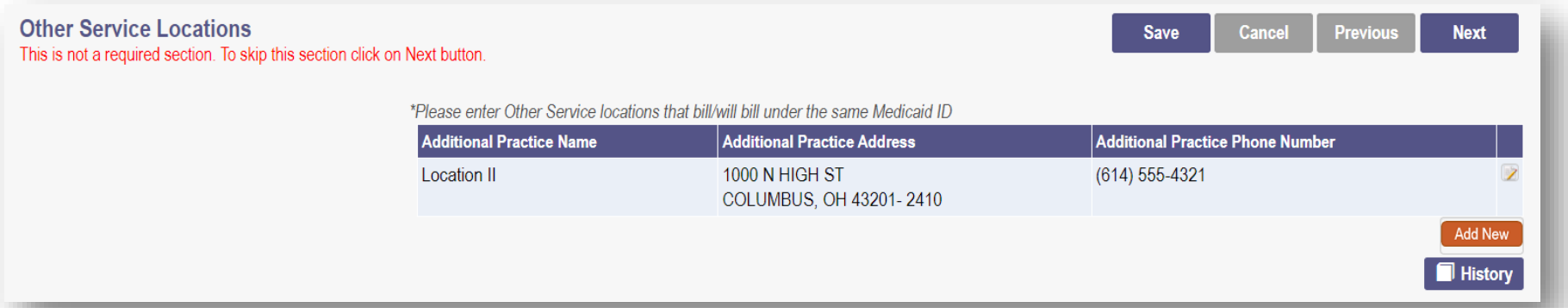
Correspondence Address

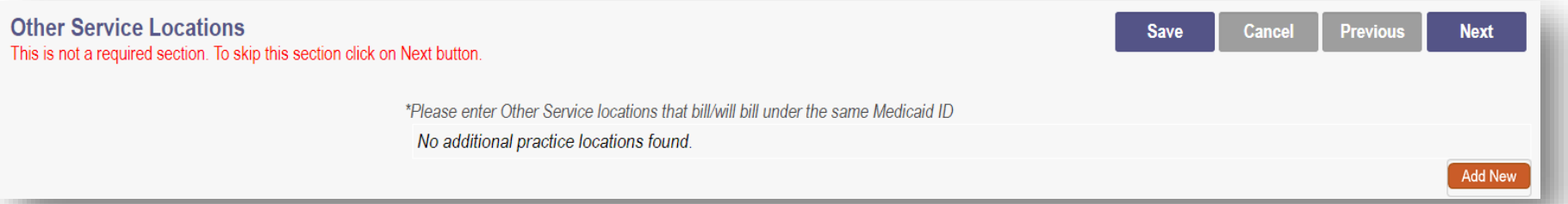


- Review the information on the page to determine accuracy
- Change or update any information that is not current
- Click ‘Next’ to save the information and proceed to the next page

Other Service Locations

- This section asks you to include details for any other service locations that bill/will bill under the same Medicaid ID
- To skip this section, click ‘Next’ to move to the next page
- If you wish to update existing information, click the ‘pencil and paper’ icon to edit
- If you wish to add new information, click ‘Add New’





Other Service Locations cont'd

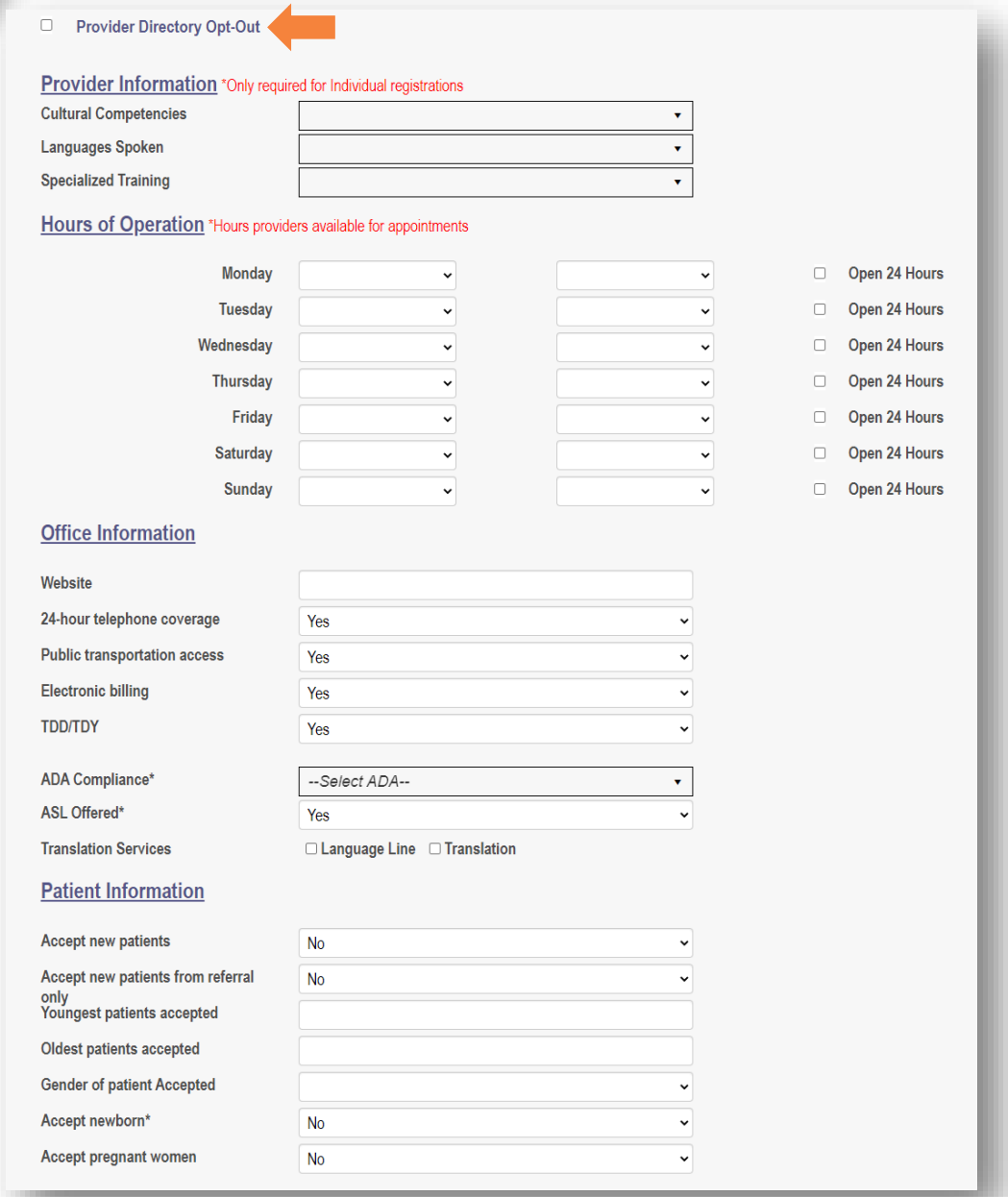
- Located below the Other Service Location information, you can enter additional details about your practice location *(this information is not required)*

- Can enter details about:
  - Provider Information
  - Hours of Operation
  - Office Information
  - Patient Information

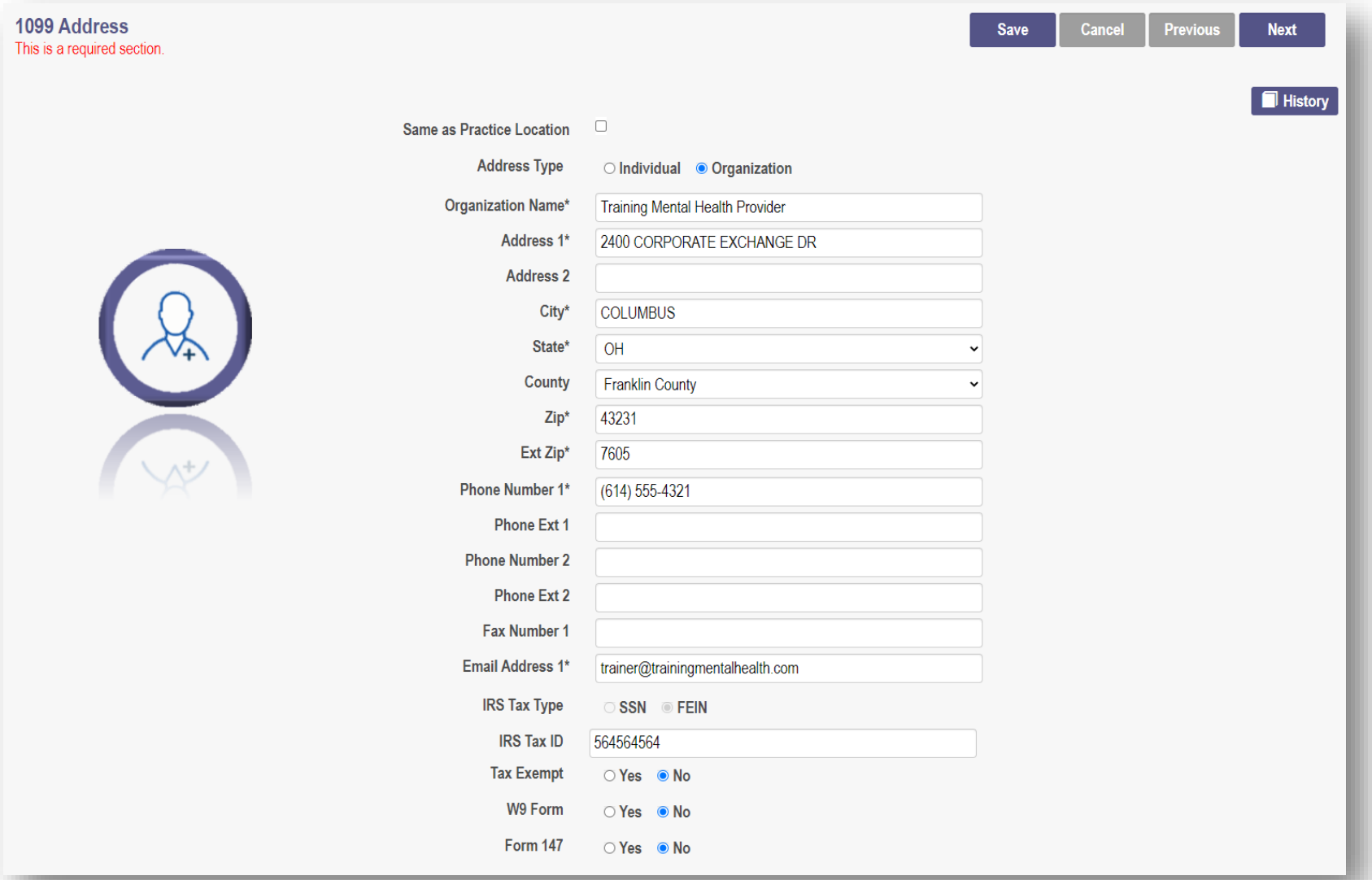
- This information will be housed in a public-facing Provider Directory through PNM *(and MCP Directory, if you are enrolled with MCP)*

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

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

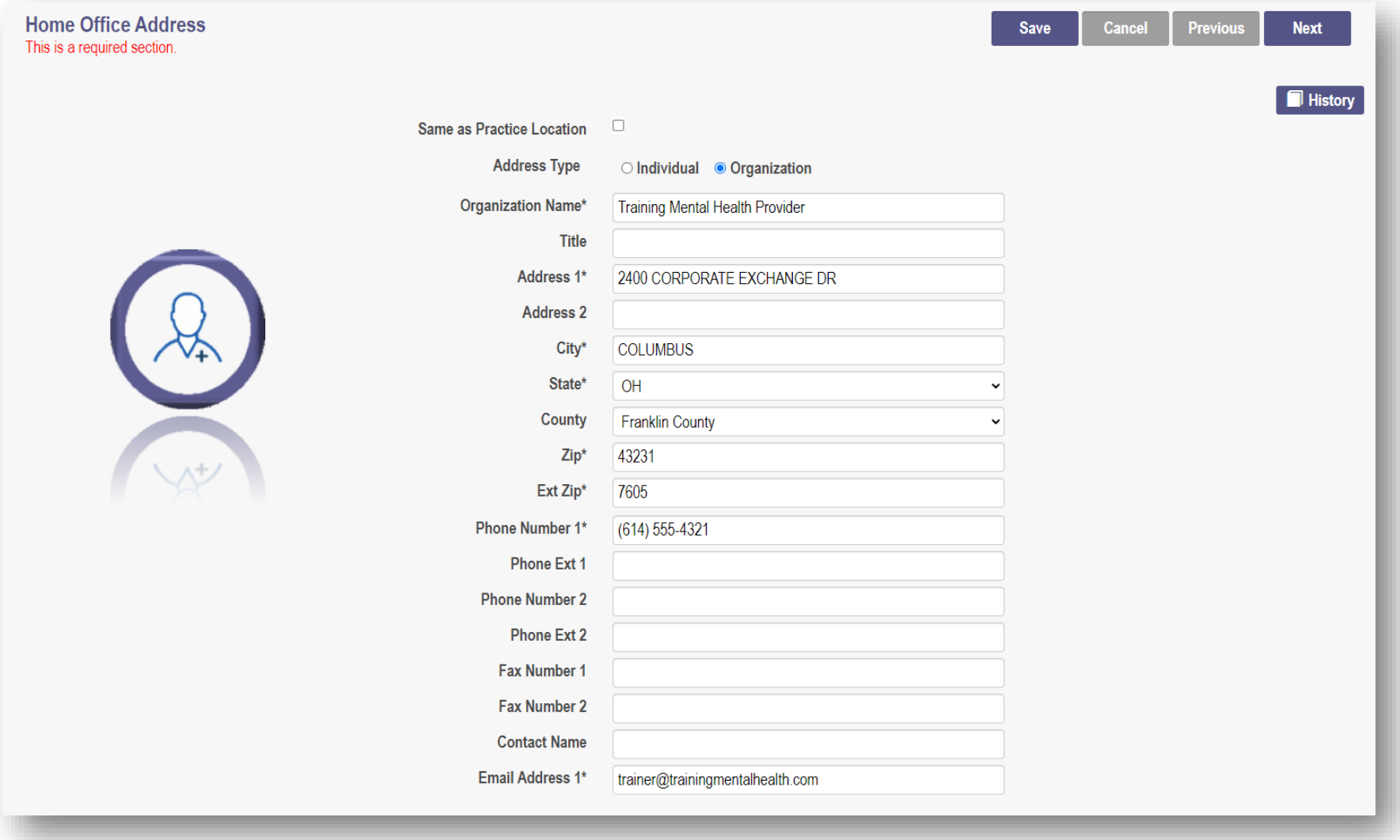


1099 Address



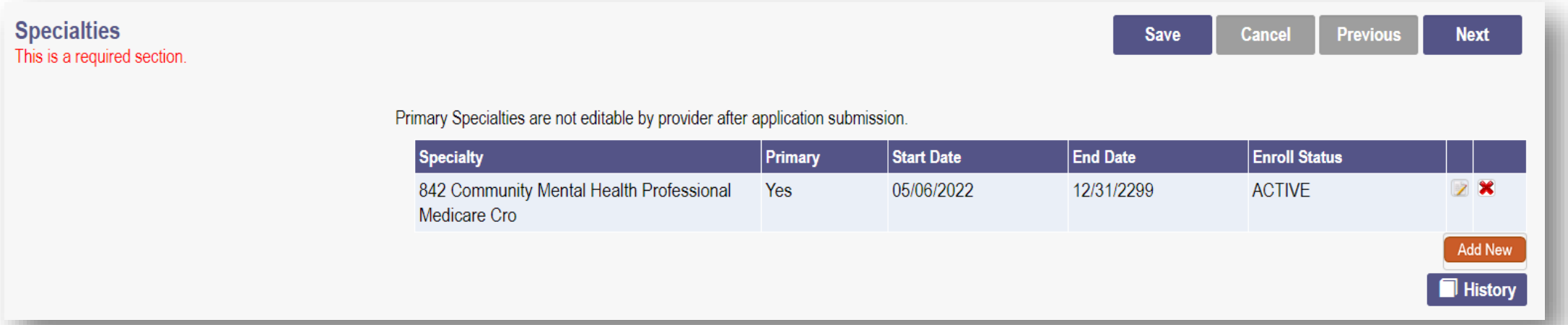
- Review the information on the page to determine accuracy
- Change or update any information that is not current
- Click ‘Next’ to save the information and proceed to the next page

Home Office Address



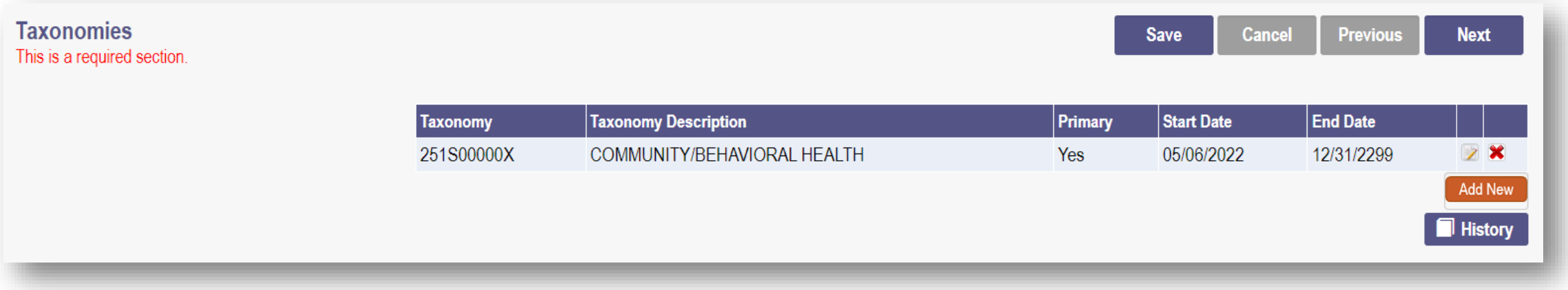
- Review the information on the page to determine accuracy
- Change or update any information that is not current
- Click ‘Next’ to save the information and proceed to the next page

Specialties



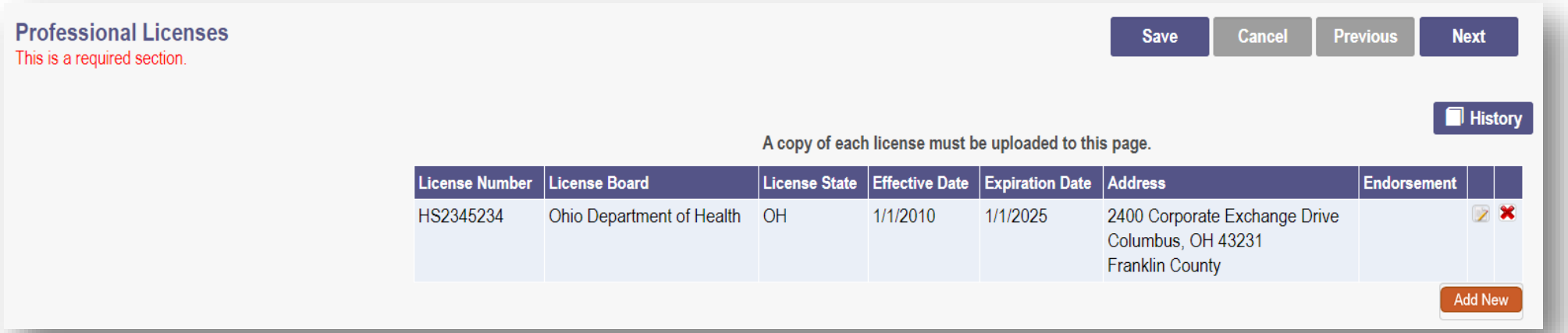
- Review the information on the page to determine accuracy
- If you wish to update an existing specialty, click the ‘pencil and paper’ icon to edit
- To remove a specialty, click the ‘x’ associated with the applicable specialty line
- If you wish to add a new specialty, click ‘Add New’
- Click ‘Next’ to save the information and proceed to the next page

Taxonomies



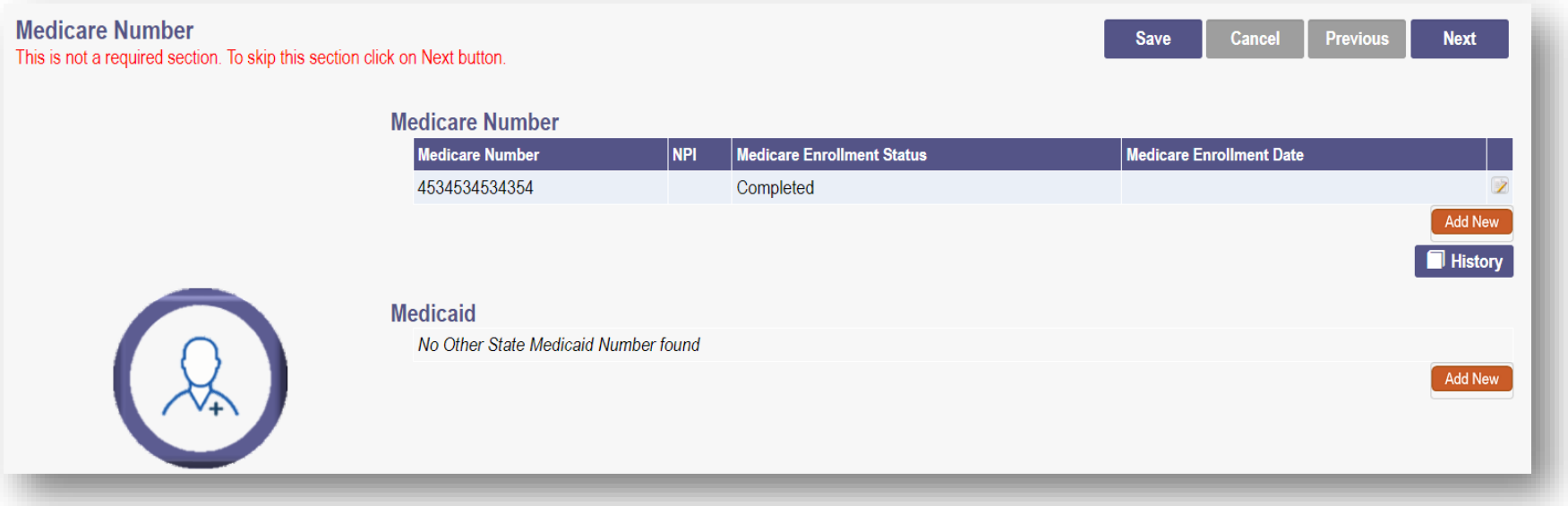
- Review the information on the page to determine accuracy
- Change or update any information that is not current
- To edit a taxonomy, click on the ‘pencil and paper’ icon and update the information
- To remove a taxonomy, click the ‘x’ associated with the taxonomy
- Click ‘Next’ to save the information and proceed to the next page

Professional Licenses



- Review the information on the page to determine accuracy
- Change or update any information that is not current
- To edit a license, click on the 'pencil and paper' icon and update the information
- To remove a license, click the 'x' associated with the license
- Click 'Next' to save the information and proceed to the next page
- A copy of each license must be uploaded to the page

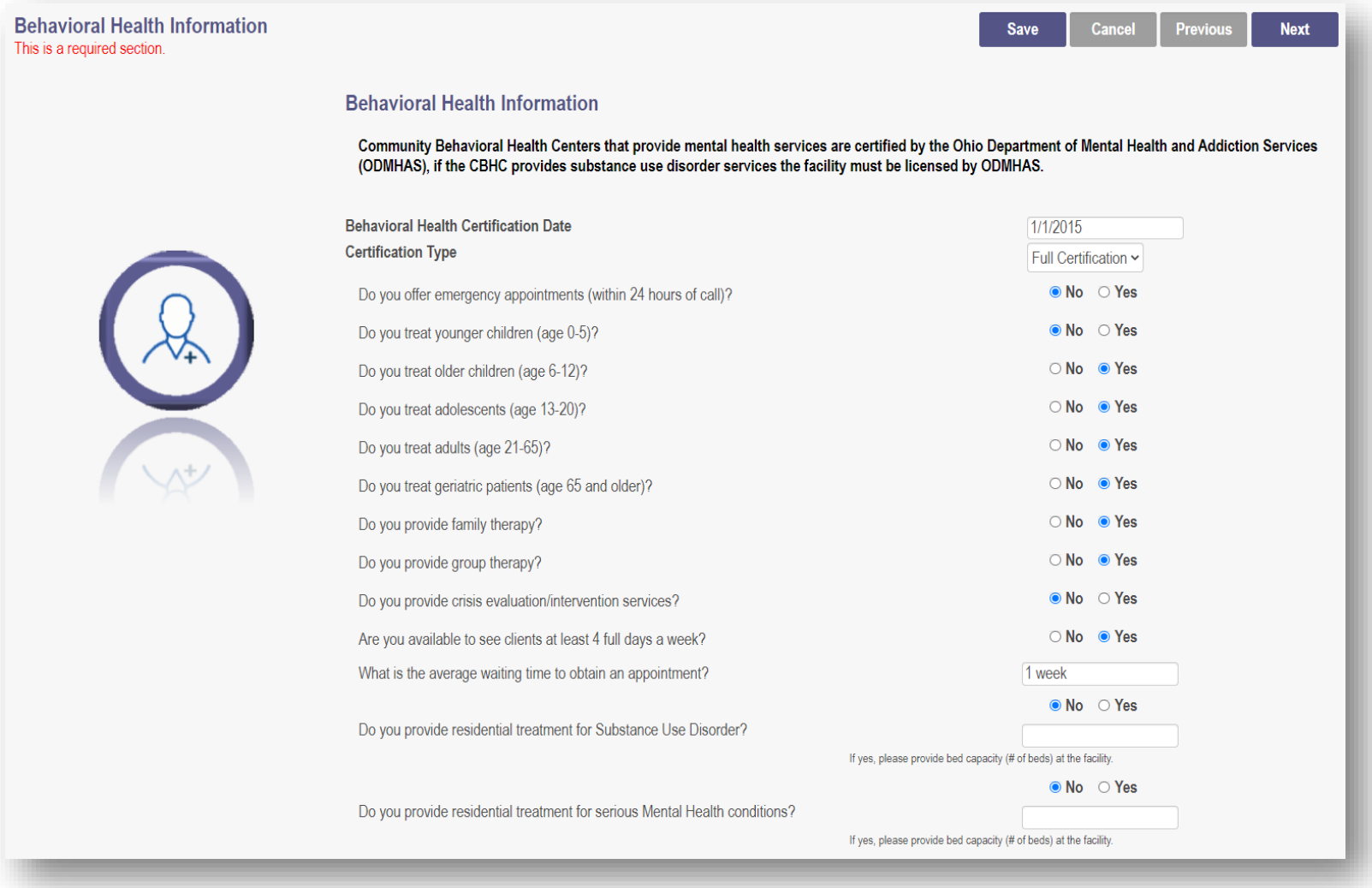
Medicare Number



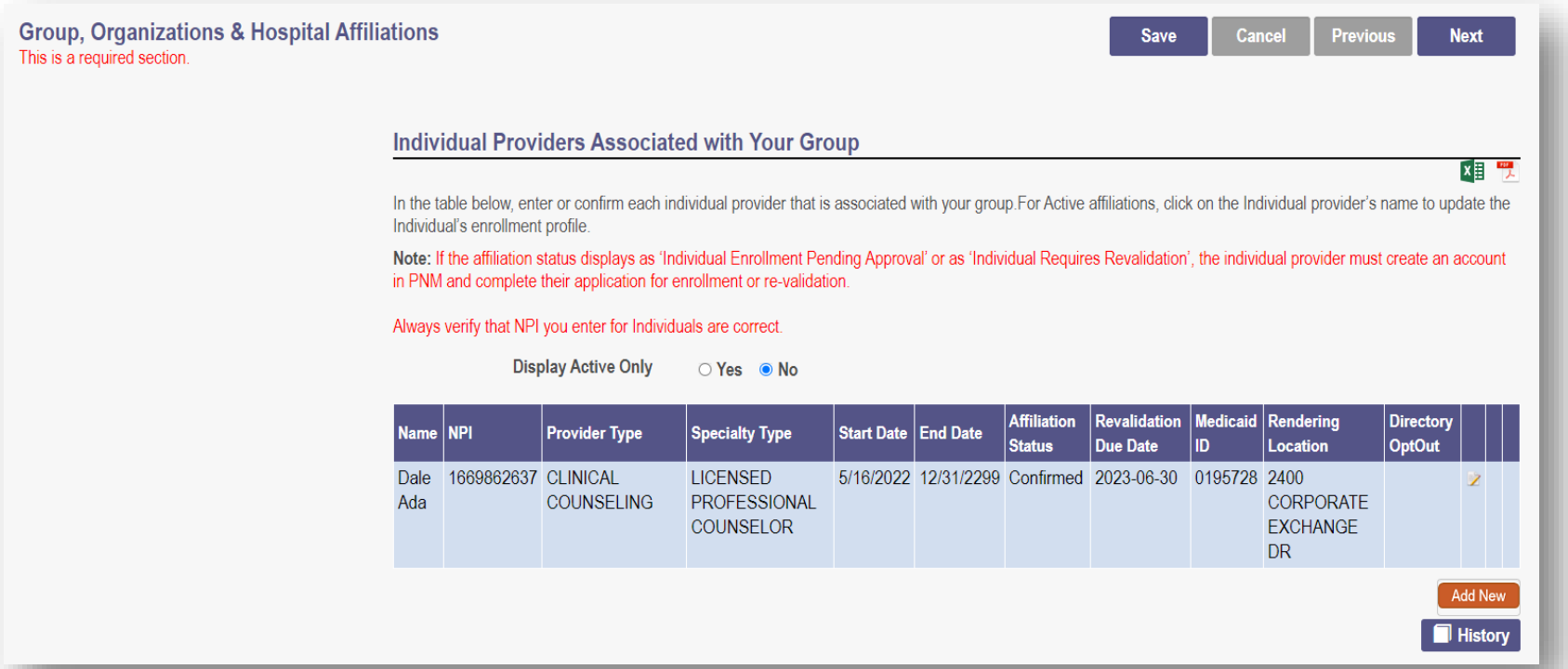
- Review the information on the page to determine accuracy
- Change or update any information that is not current
- To edit a Medicare or Medicaid number, click on the ‘pencil and paper’ icon and update the information
- If you wish to add a new Medicare or Medicaid Number, click ‘Add New’
- Click ‘Next’ to save the information and proceed to the next page

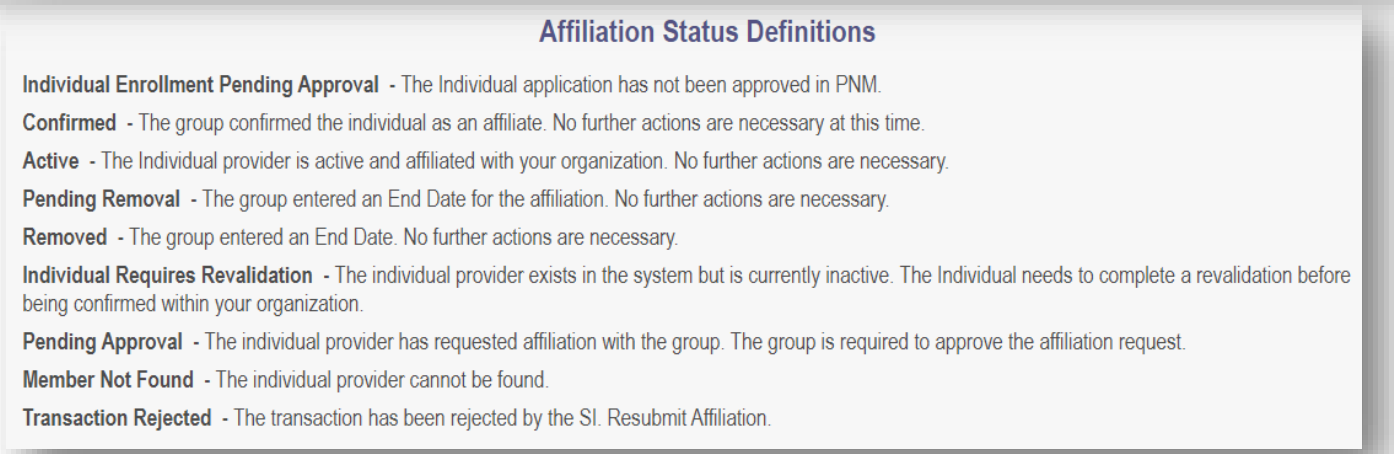
Behavioral Health Information

- Review the Behavioral Health information on the page to change or update:
  - Behavioral Health Certification Date
  - Certification Type
    - Interim
    - Full Certification
  - Certification Type
    - Yes or No
    - Fill in the blank
- Click ‘Next’ to save and proceed to the next page



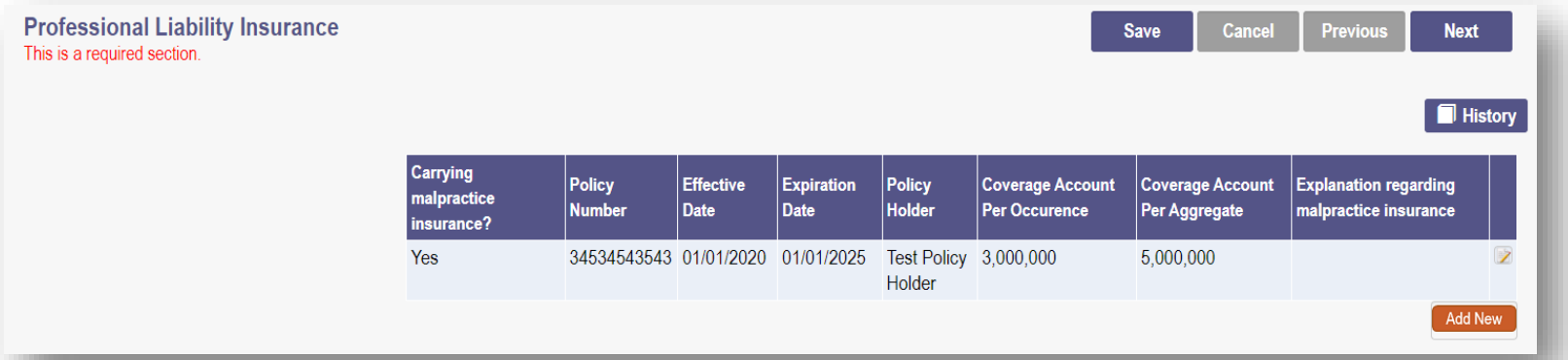
Group, Organizations & Hospital Affiliations





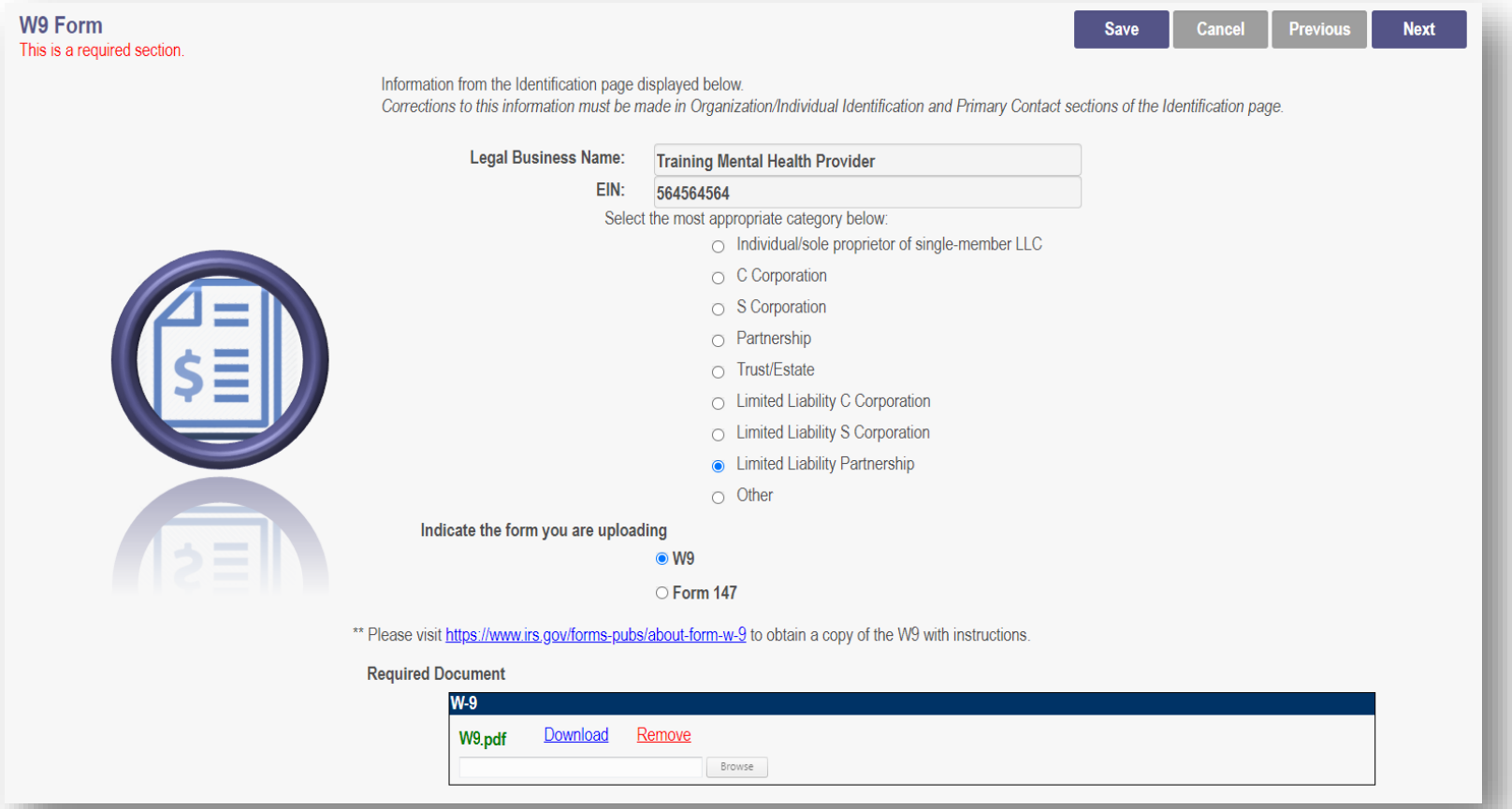
- Change or update any information that is not current
- To edit an affiliation, click on the 'pencil and paper' icon and update the information
- To add any new group or hospital provider affiliations, click 'Add New'
- Click 'Next' to save the information and proceed to the next page

Professional Liability Insurance



- Review the information on the page to determine accuracy
- Change or update any information that is not current
- To edit Professional Liability Insurance information, click the ‘pencil and paper’ icon
- To add Professional Liability Insurance information, click ‘Add New’
- Click ‘Next’ to save the information and proceed to the next page

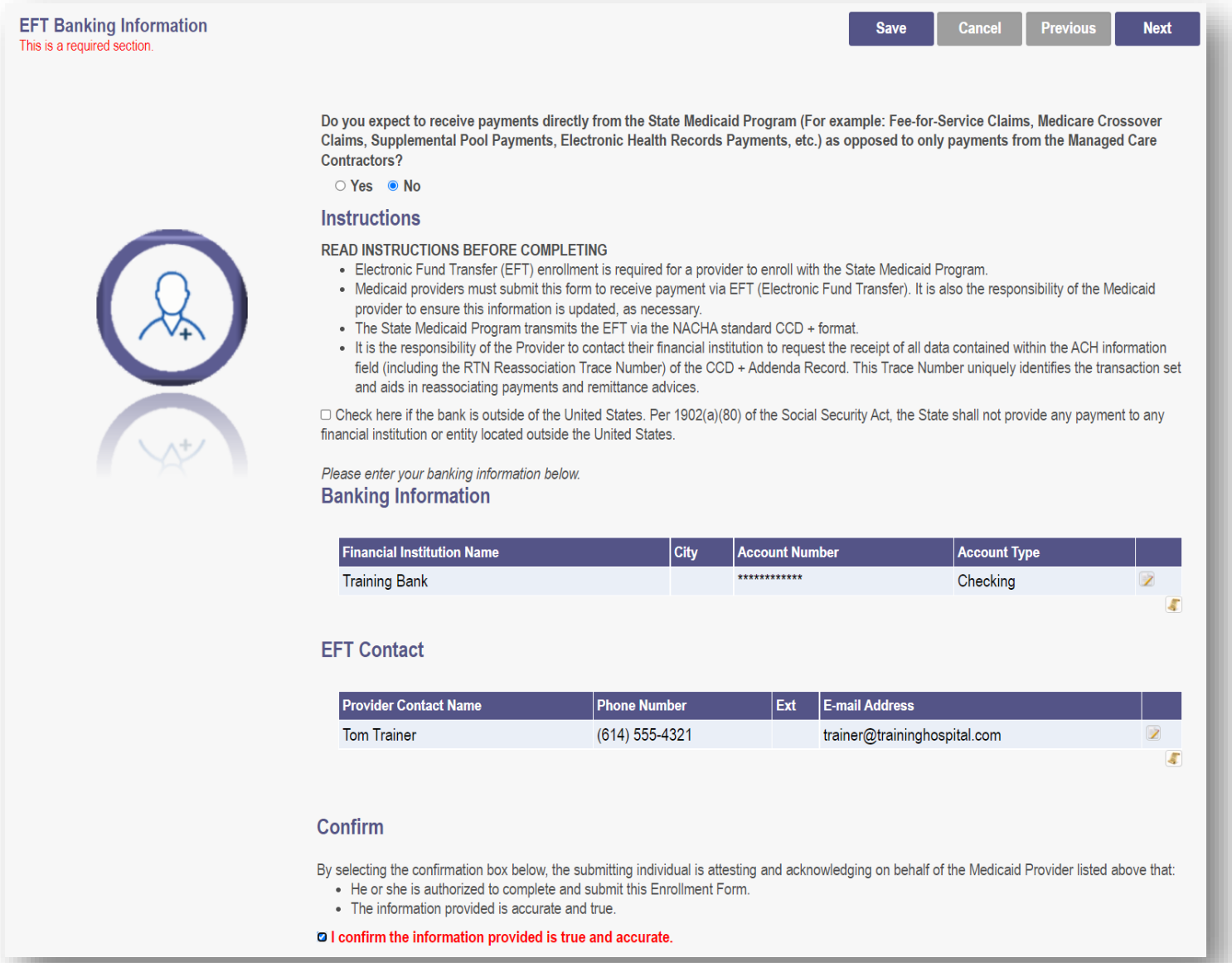
W9 Form



- Review the information on the page to determine accuracy
- Change or update any information that is not current
- Upload the document by clicking ‘Browse,’ locate the document on your computer, 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

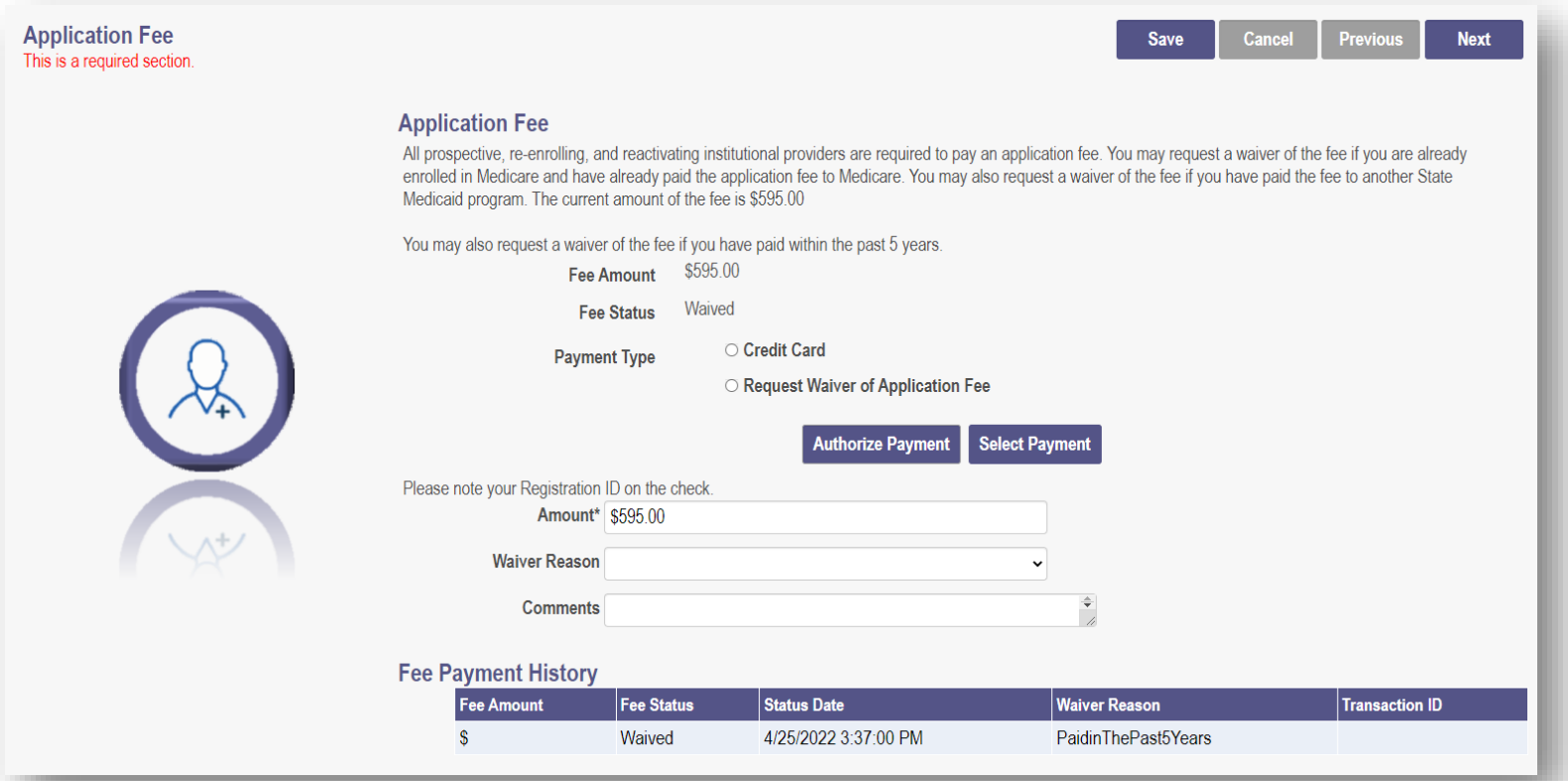
EFT Banking

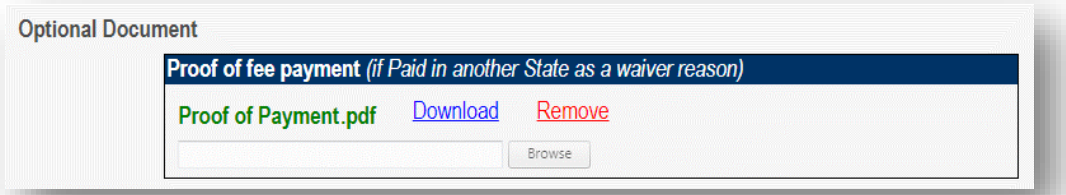
- Review the information on the page to determine accuracy
- Change or update any information that is not current
- To edit Banking Information or EFT Contact details, click on the ‘pencil and paper’ icon and update the information
- Click ‘Next’ to save the information and proceed to the next page



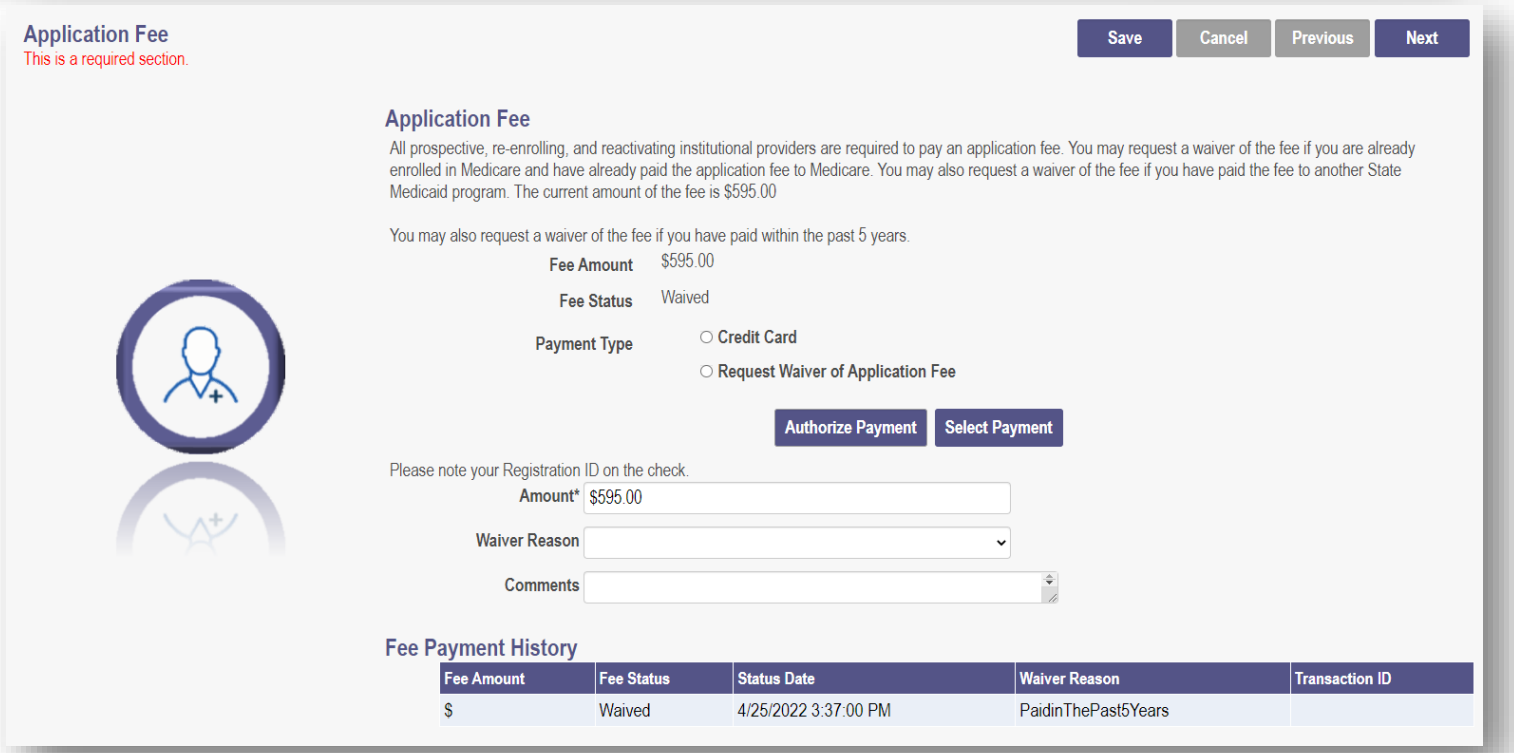
Application Fee

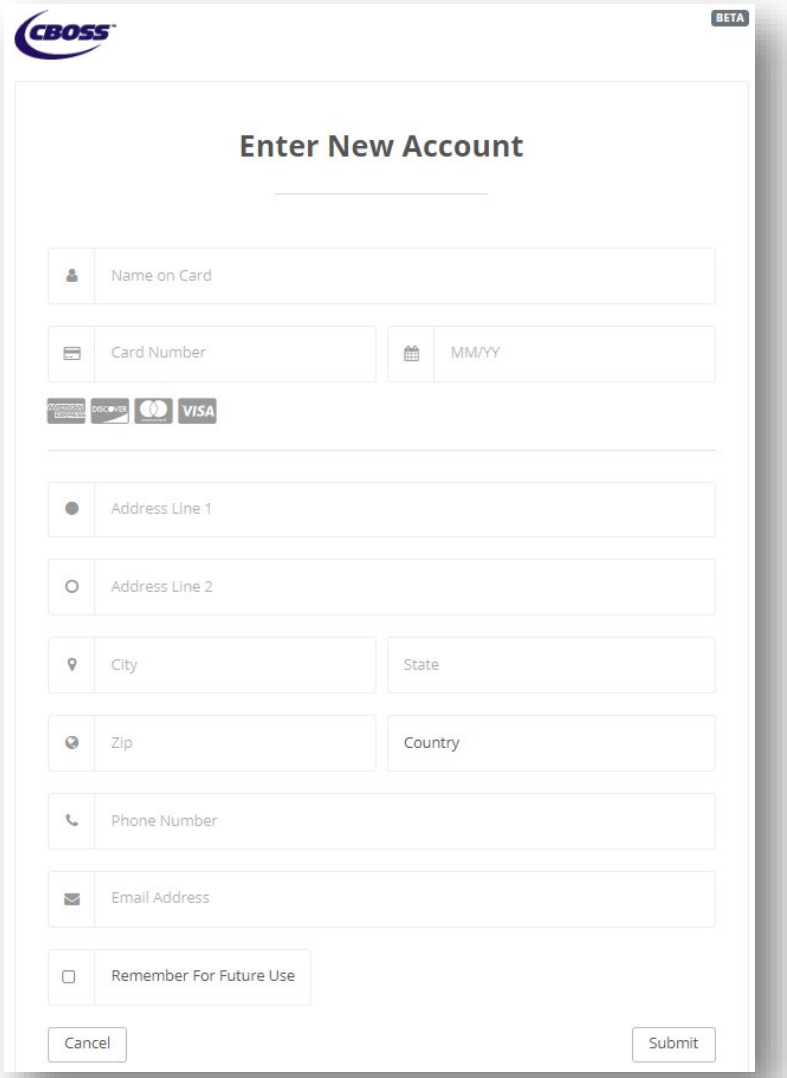
- An application fee will be required to be paid during revalidation
- Select the ‘Payment Type’
- If you are requesting a waiver of the application fee payment, indicate that via the Payment Type, provide a Waiver Reason and upload a document
- Click ‘Next’ to save the information and proceed to the next page





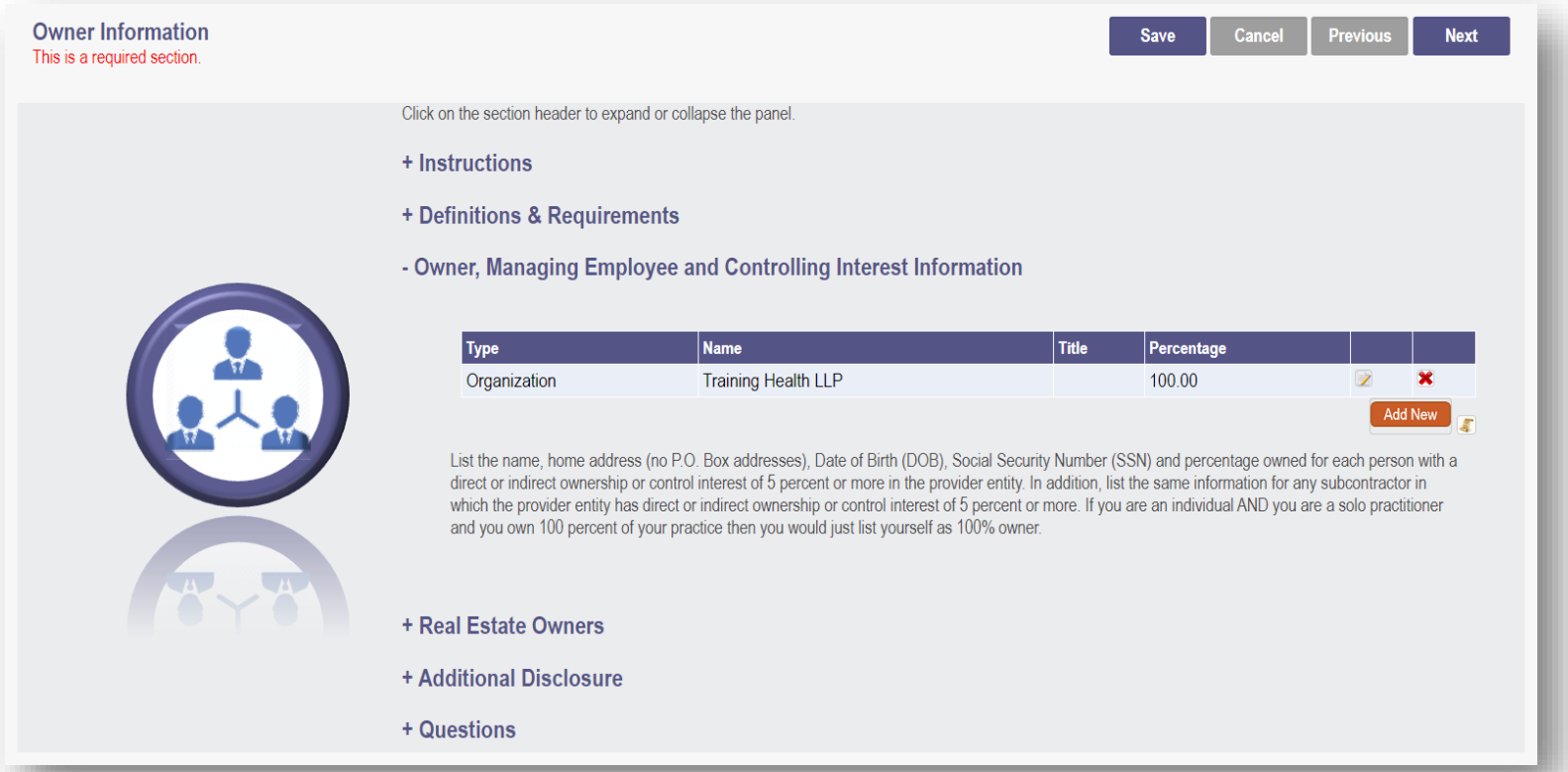
Application Fee





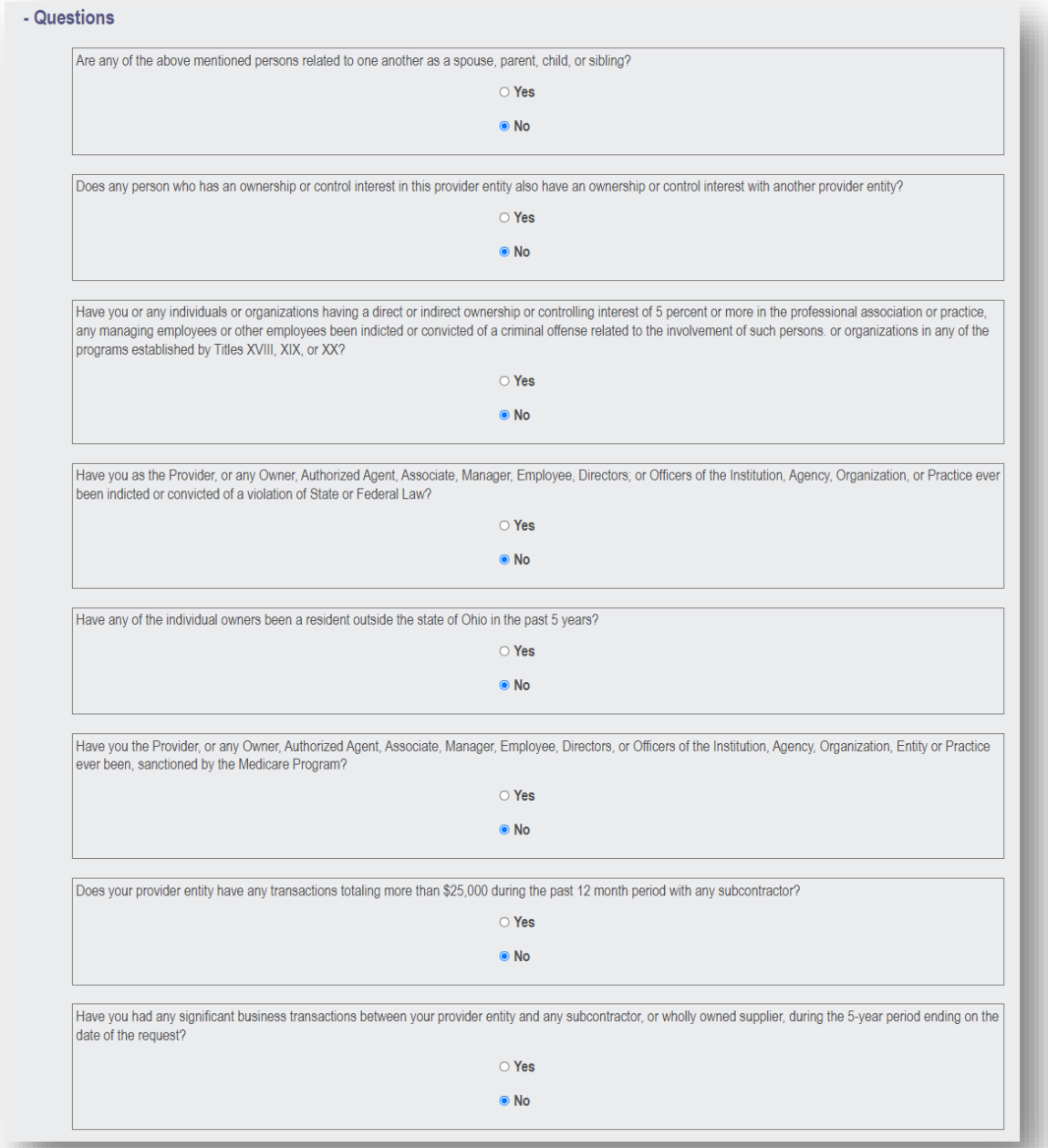
- If Credit Card is selected, click ‘Select Payment’ to complete the credit card information
- Click ‘Submit’
- Click the ‘Authorize Payment’ button
- Click ‘Next’ to save the information and proceed to the next page

Owner Information

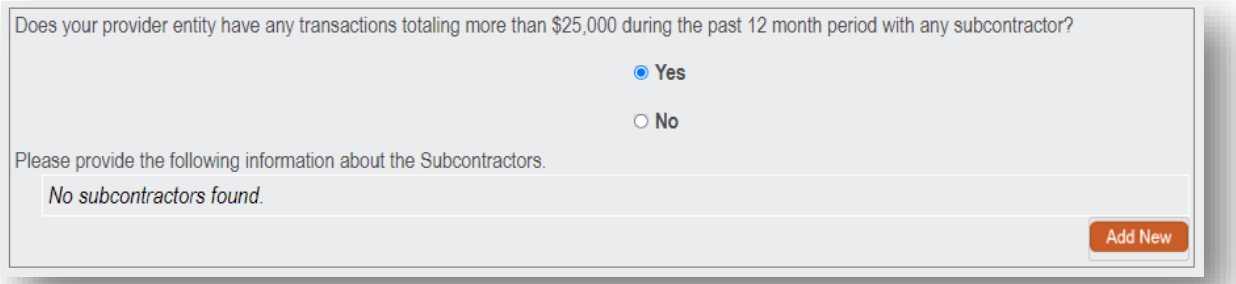


- To expand a section, click the '+' icon. To reduce the section, click the '-' icon
- Review the information on the page to determine accuracy
- Change or update any information that is not current
- To edit an, click on the 'pencil and paper' icon and update the information
- To remove an owner, click the 'x' associated with the owner

Owner Information

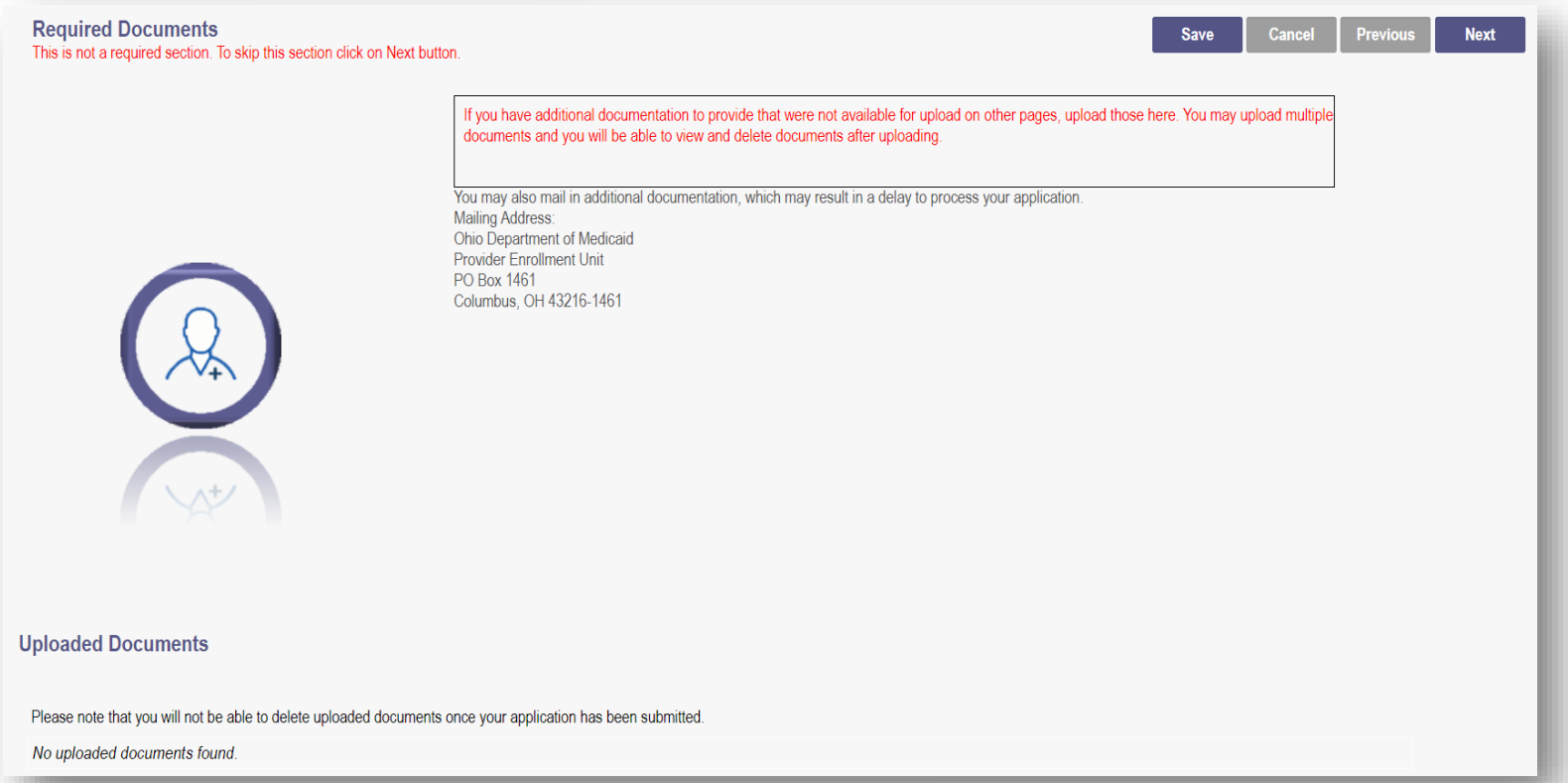


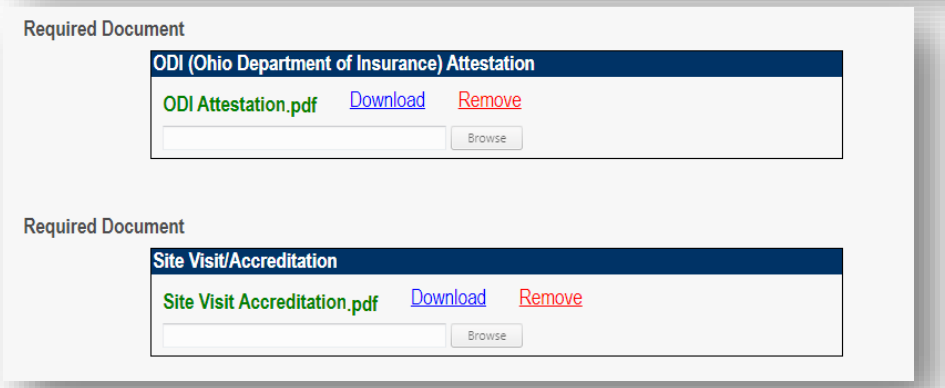
- Expand the ‘Questions’ section by clicking the ‘+’ icon
- Review the information on the page to determine accuracy
- Change or update any information that is not current
- **Note:** If ‘Yes’ is answered, additional information will need to be added/uploaded by clicking ‘Add New’
- Click ‘Next’ to save the information and proceed to the next page



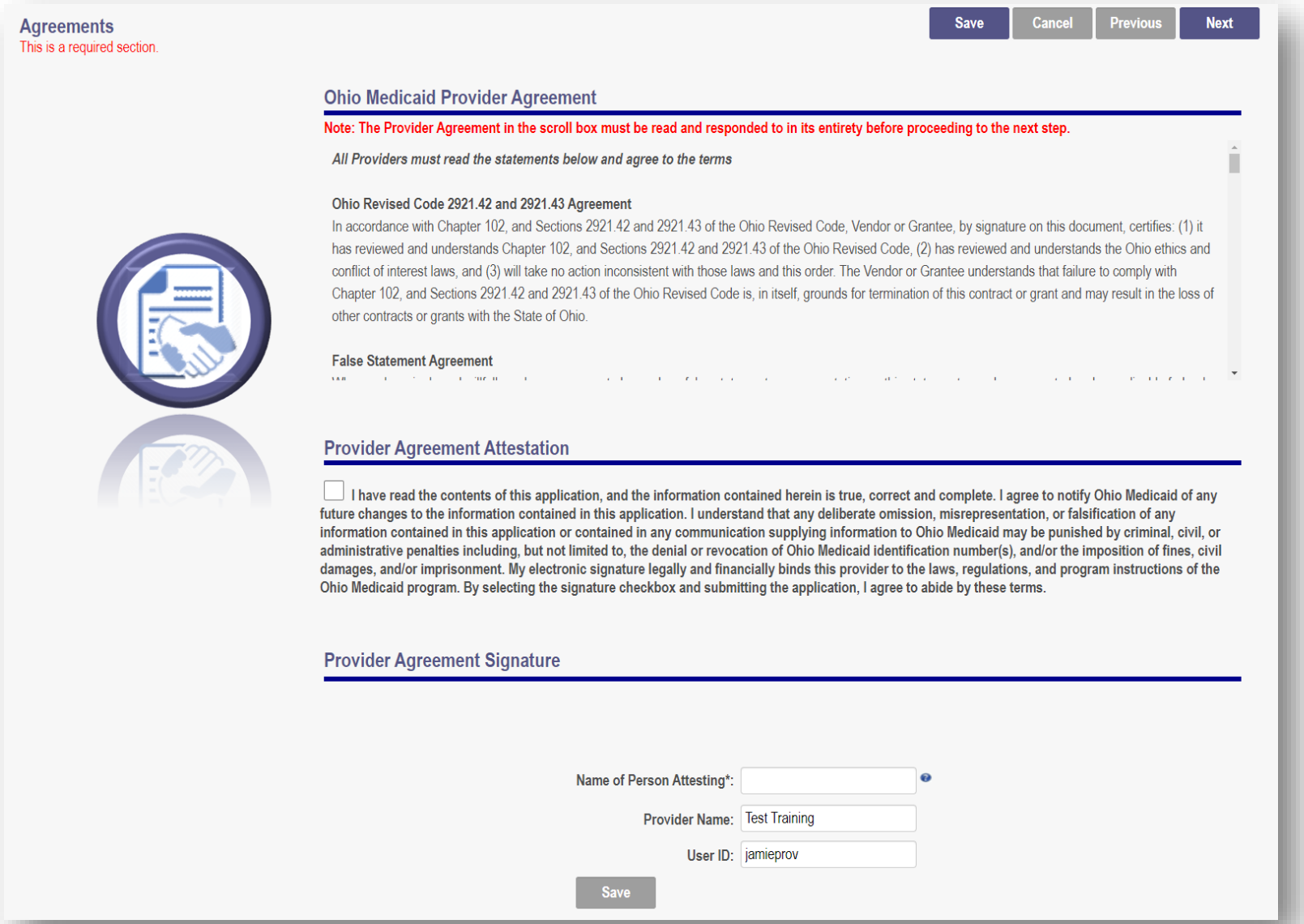
Required Documents

- The ‘Required Documents’ page will display with required or optional documents that can be uploaded
- To upload updated documents, 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



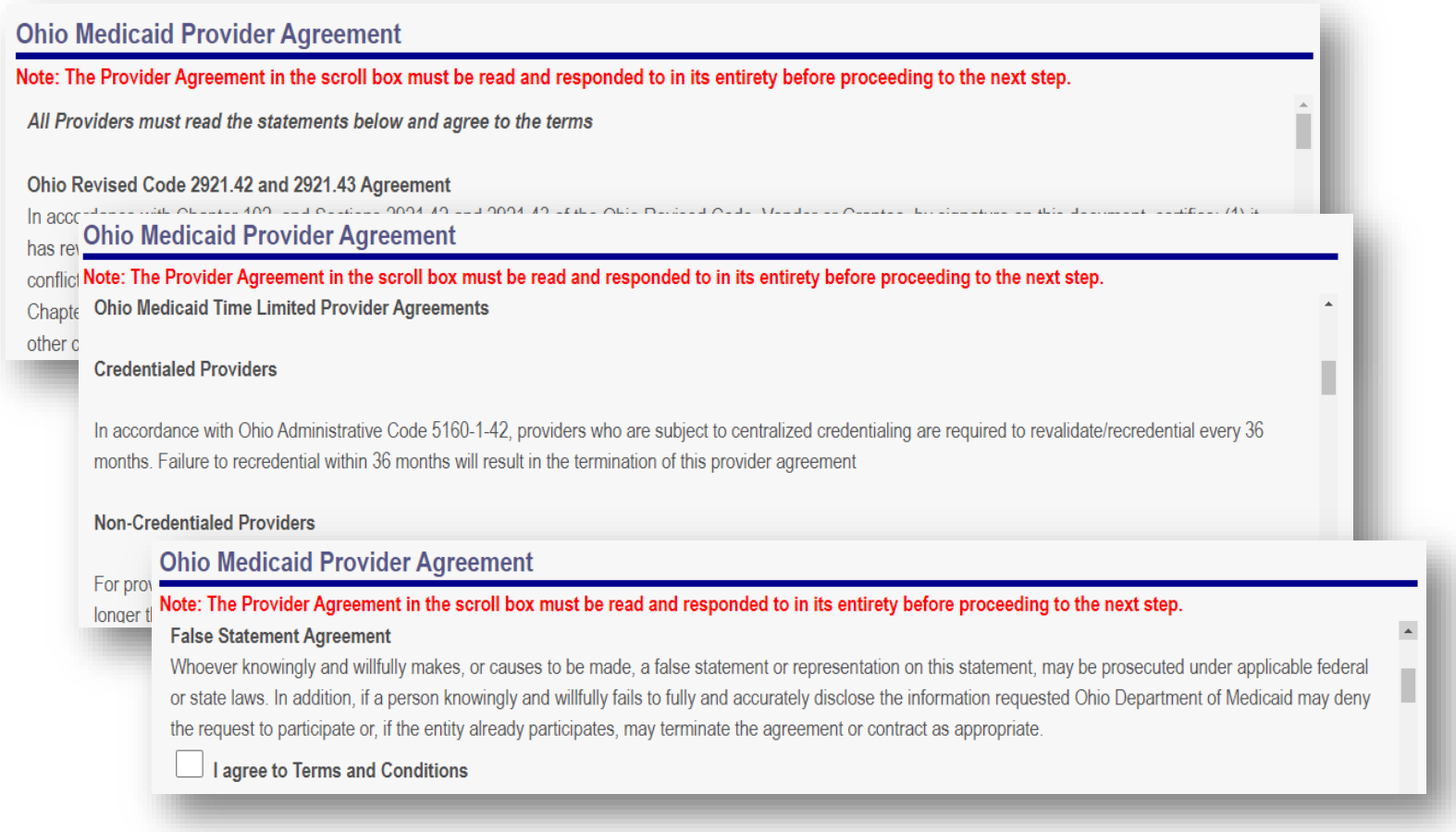


Agreements



- Complete the following:
  - Read Ohio Medicaid Provider Agreements
  - Attest to the information submitted on the application
  - Provide a digital signature

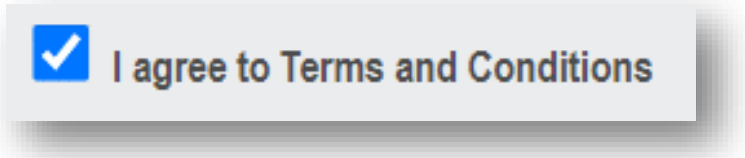
Agreements cont’d

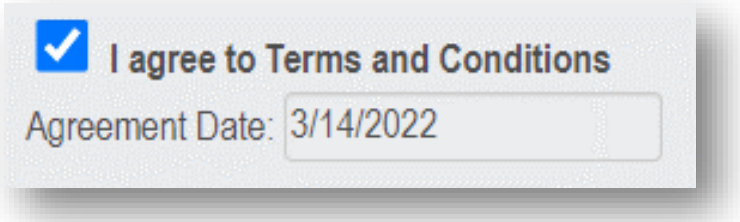


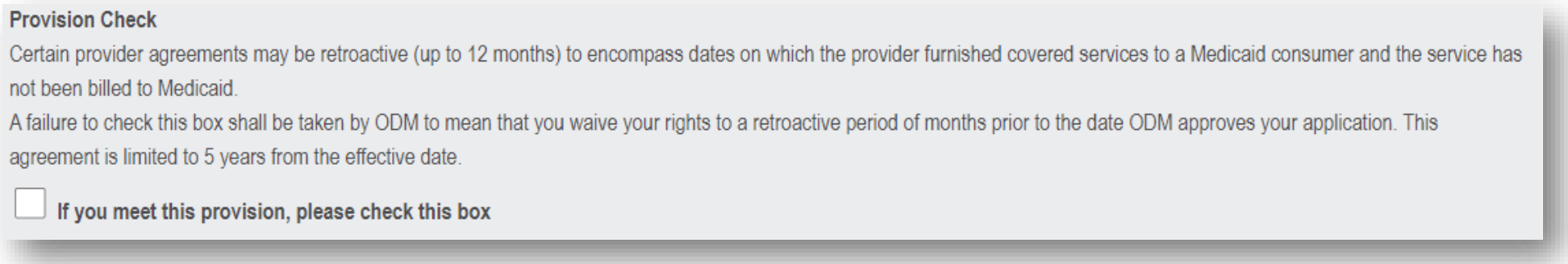
- This section lists each Ohio Medicaid Provider Agreement
- Use the scroll bars on the right side in each section to navigate, acknowledge the statements, and agree to the terms

Agreements

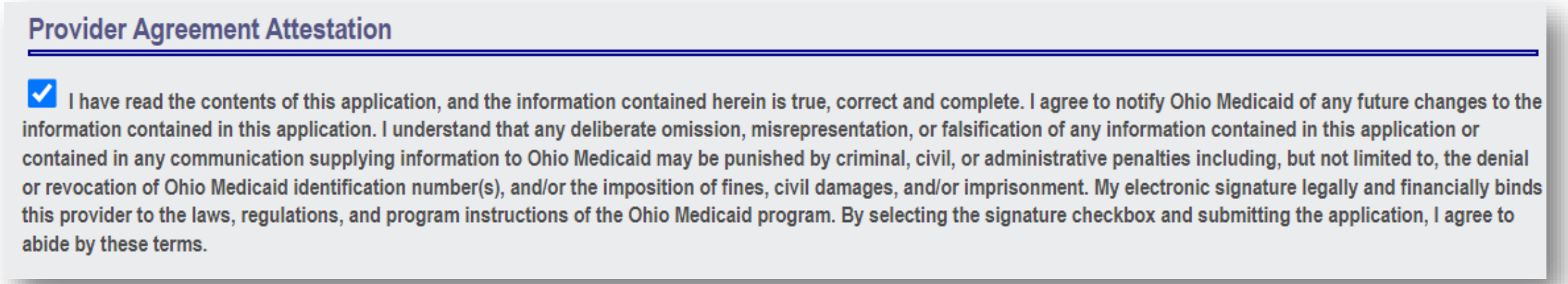
- Select the checkboxes if you agree to the terms and conditions
- Read the Provision Check and select the checkbox if you meet the provision
  - If you do not meet the provision, leave it blank





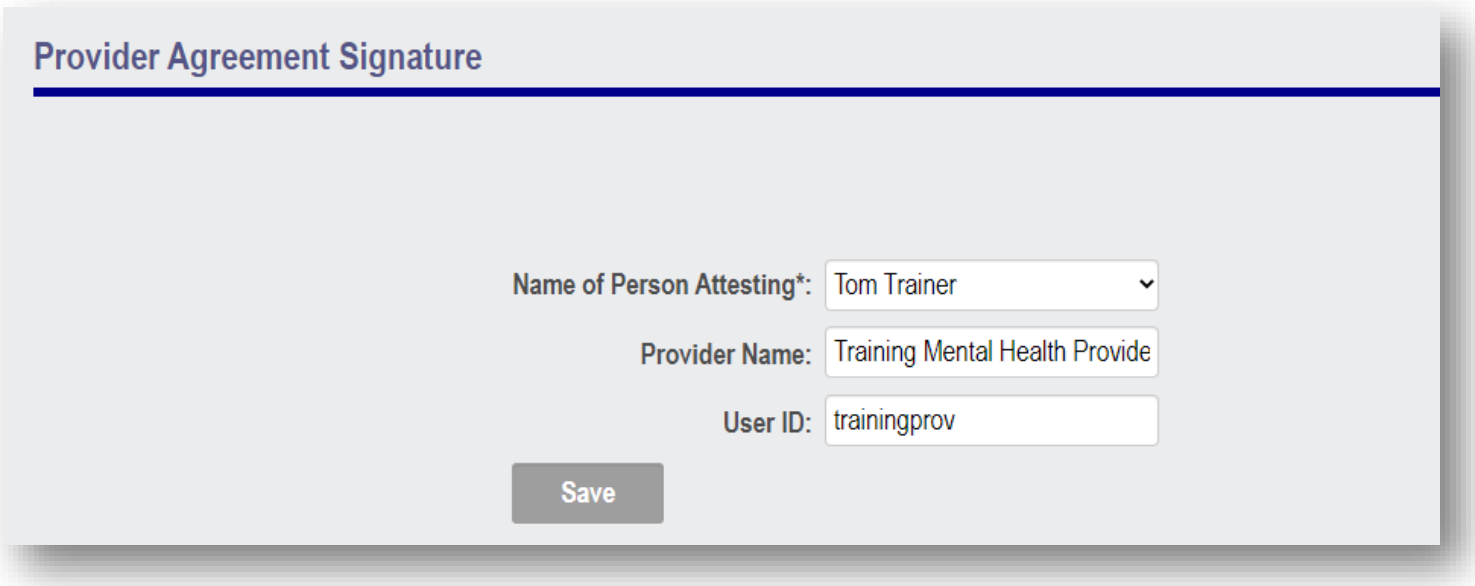


Attestation



- Read the attestation statement to ensure you understand what you are agreeing to
- Click the checkbox to attest to the information

Provider Agreement Signature



- Provide a digital signature for the application by selecting the following:
  - Name of Person Attesting
  - **Provider Name*
  - **User ID*

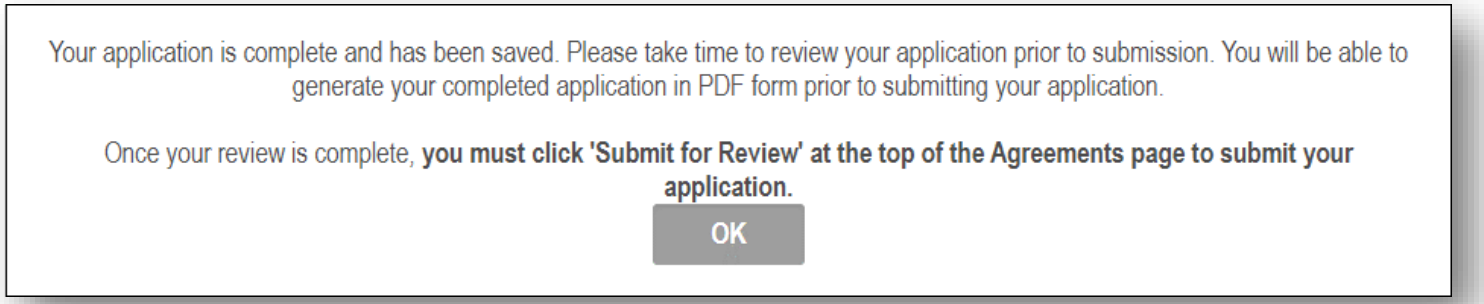
  **These lines auto-fill*

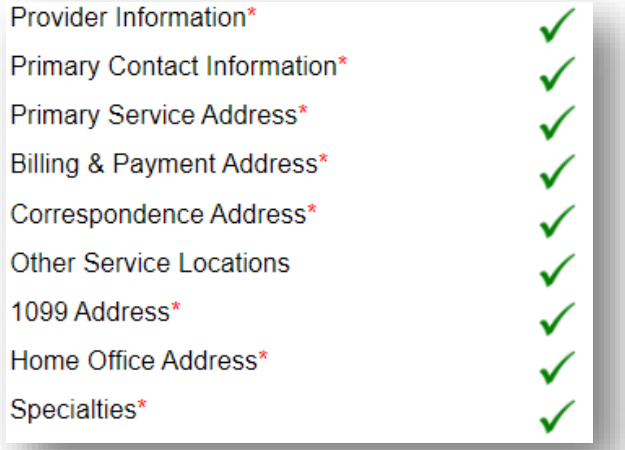
- Click ‘Save’ once agreements, attestation, and signature are complete

Submitting Revalidation/ Reenrollment

Submitting Revalidation/Reenrollment

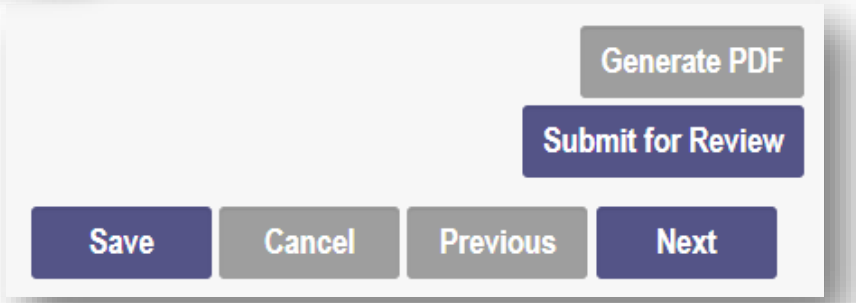
- After you click ‘Save’ and all pages are complete, you will receive a message in a pop-up window
  - Click ‘OK’
- Review any pages by clicking on the icon or selecting the page from the ‘Jump To’ drop-down menu
- Pages that have been completed or viewed should have a green checkmark

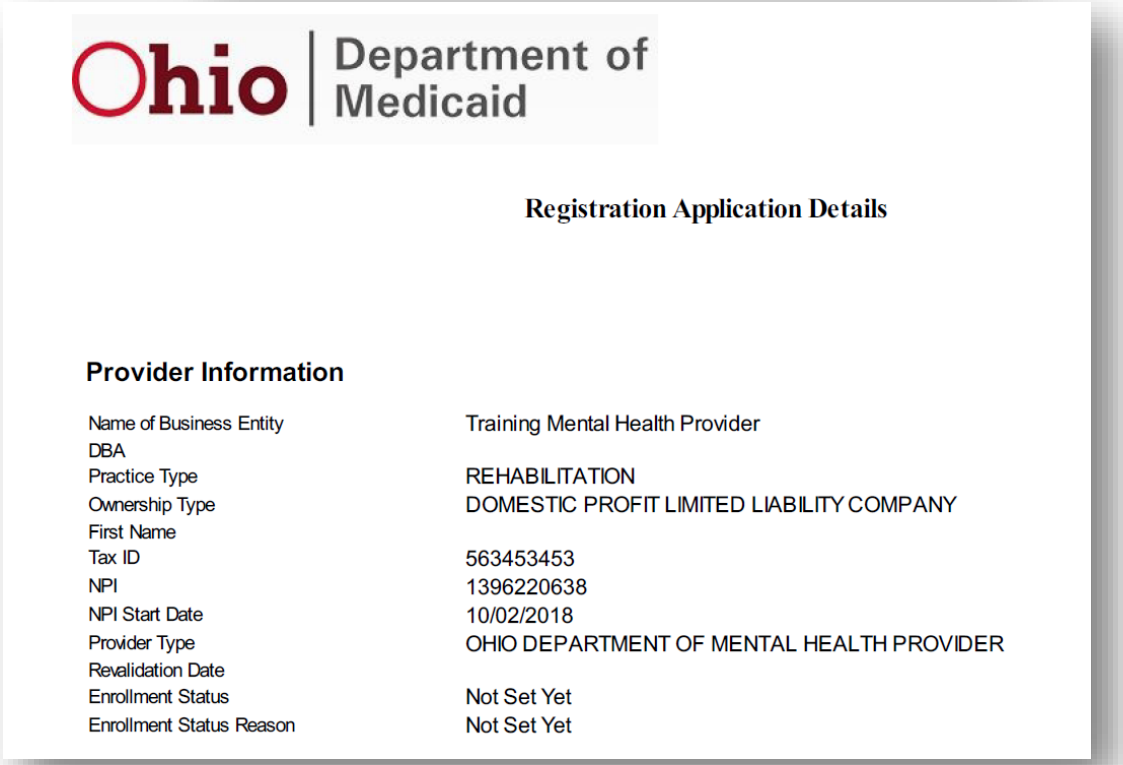




Submitting the Revalidation/Reenrollment

- If you would like a copy for your records, click ‘Generate PDF’ to download a copy of the updated file 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 revalidation/reenrollment, click ‘Submit for Review’





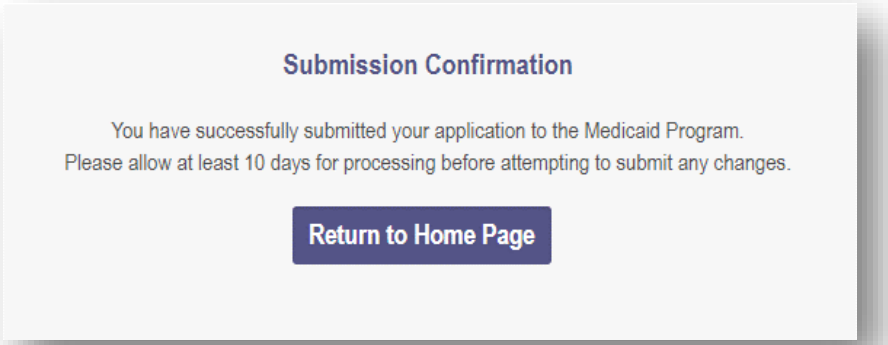
Ohio | Department of Medicaid

Registration Application Details

Provider Information

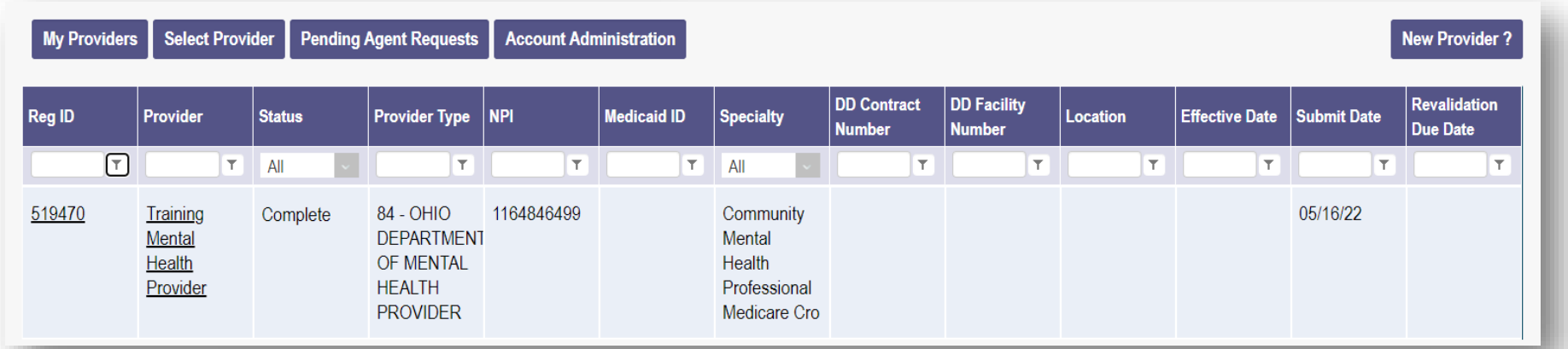
Name of Business Entity	Training Mental Health Provider
DBA	
Practice Type	REHABILITATION
Ownership Type	DOMESTIC PROFIT LIMITED LIABILITY COMPANY
First Name	
Tax ID	563453453
NPI	1396220638
NPI Start Date	10/02/2018
Provider Type	OHIO DEPARTMENT OF MENTAL HEALTH PROVIDER
Revalidation Date	
Enrollment Status	Not Set Yet
Enrollment Status Reason	Not Set Yet

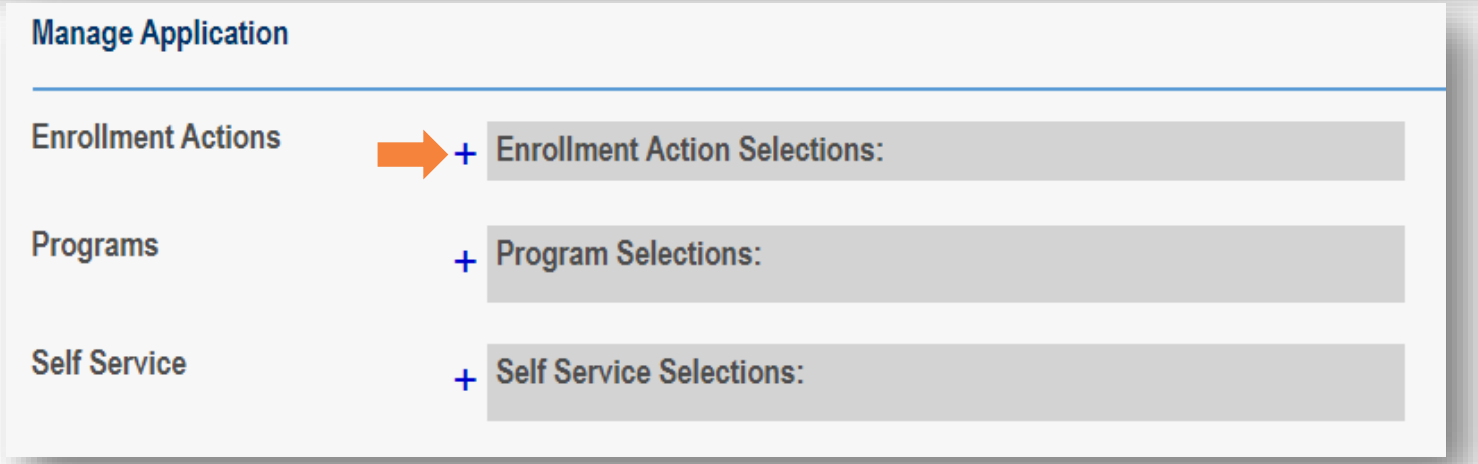
Example of pdf

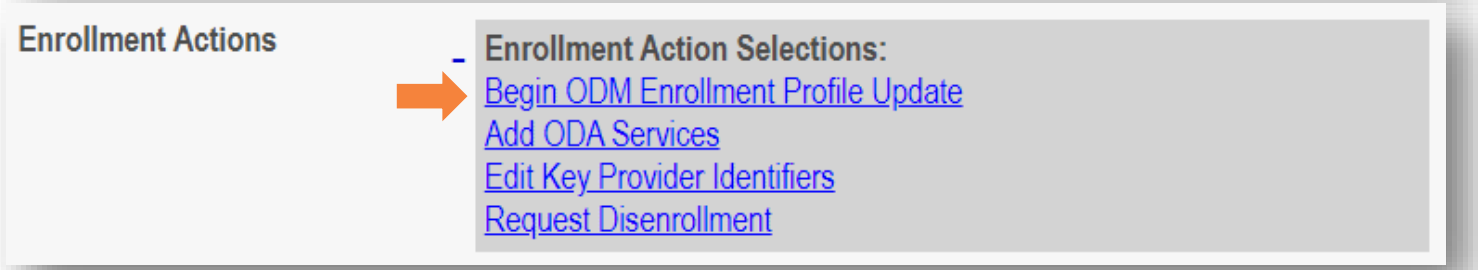


Summary - Updates

- Click either the Reg ID or Provider Name hyperlink to access the ‘Manage Application’ menu
- Select the ‘+’ icon to expand the section titled ‘Enrollment Actions’
- Click the hyperlink for ‘Begin ODM Enrollment Profile Update’

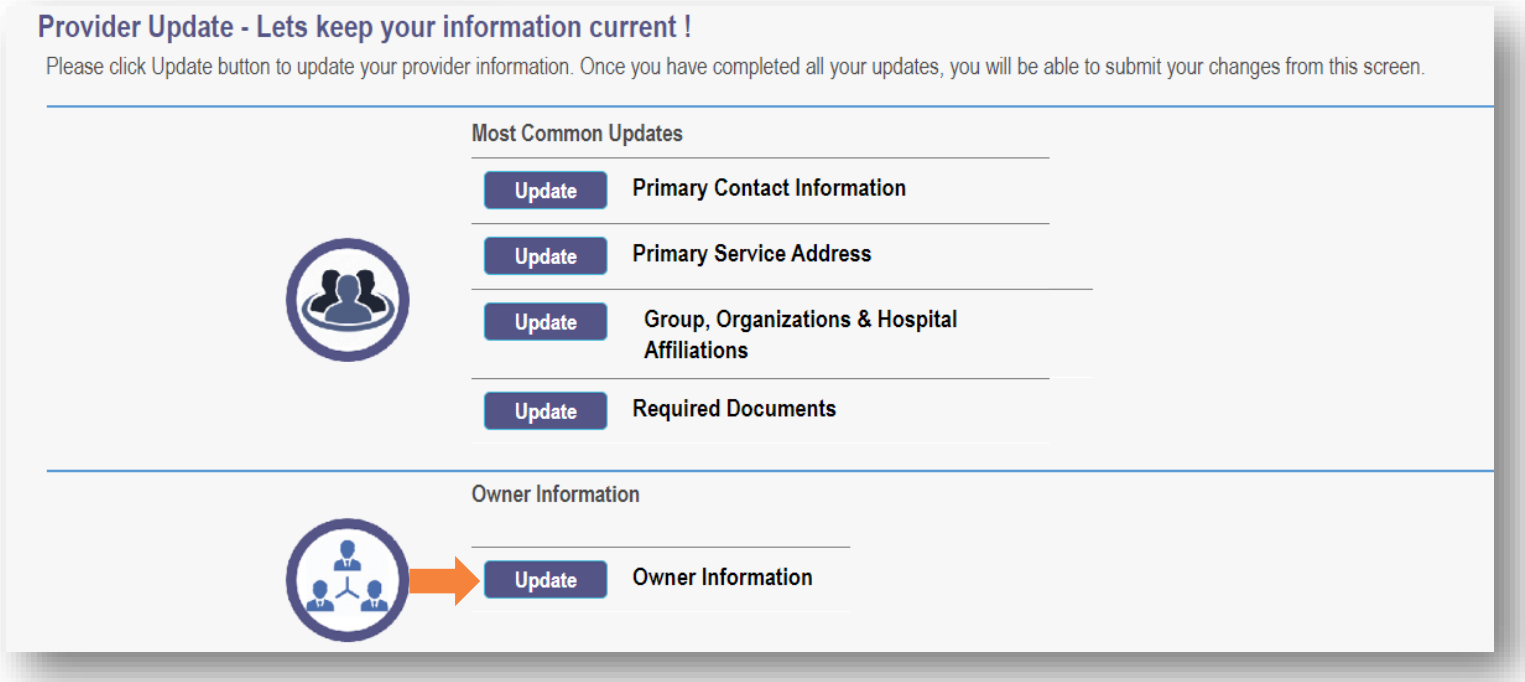


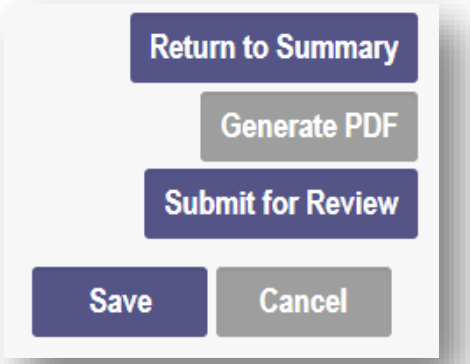




Summary - Updates

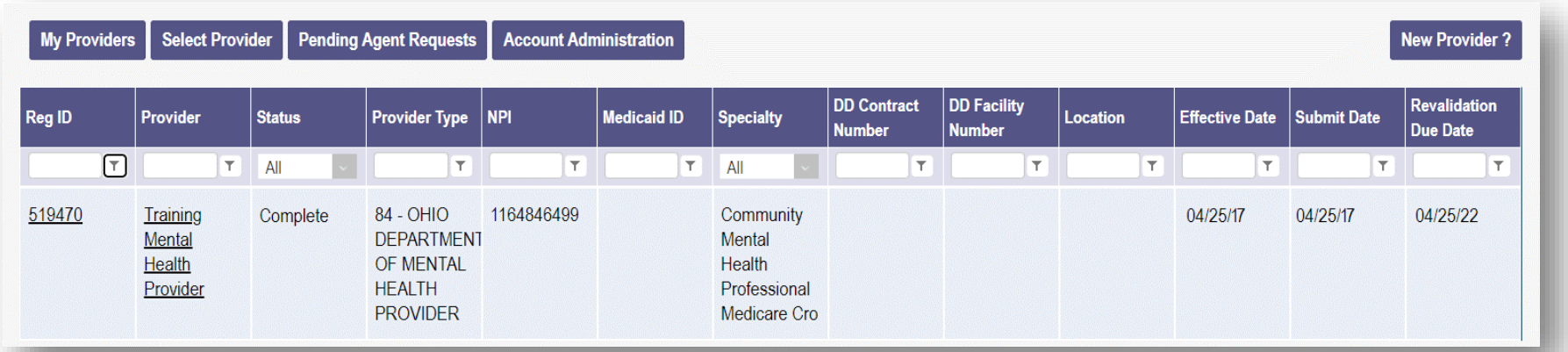
- Click ‘Update’ for the section you wish to change information
- Complete the new/updated information and click ‘Save’
- The navigation bar will display a ‘red dot’ to indicate the update saved
- To make additional updates, click ‘Return to Summary’ and repeat the update steps
- Once all updates are made, click ‘Submit for Review’ to send updates for review

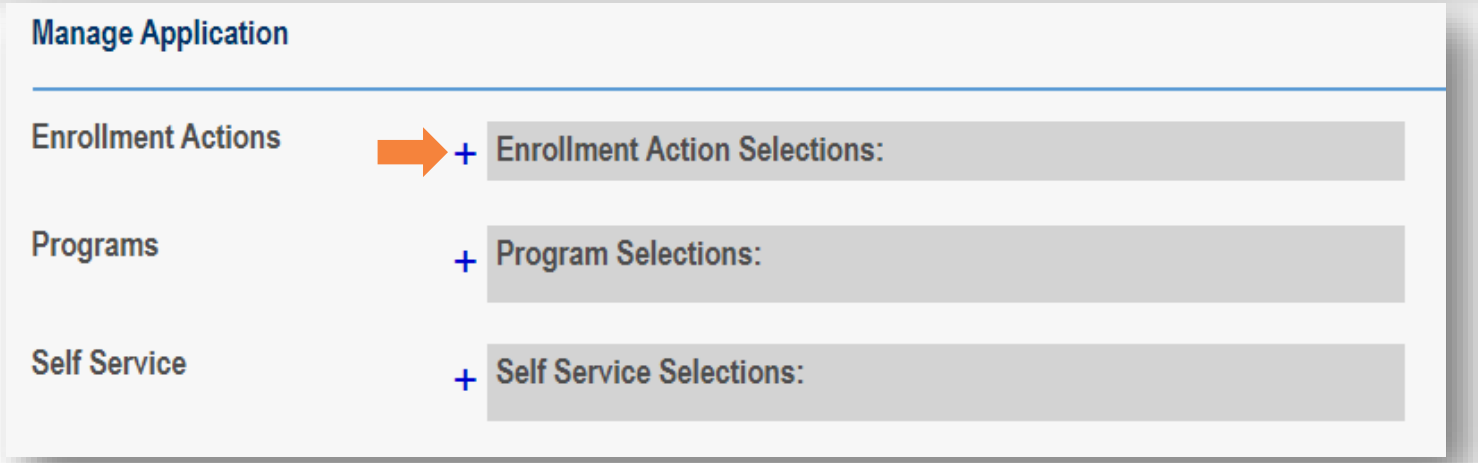


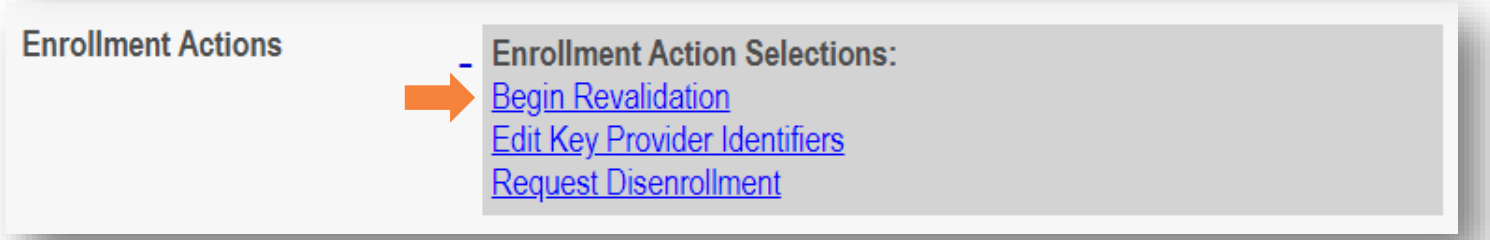


Summary – Revalidation/Reenrollment

- Click either the Reg ID or Provider Name hyperlink to access the ‘Manage Application’ menu
- Select the ‘+’ icon to expand the section titled ‘Enrollment Actions’
- Click the hyperlink for ‘Begin Revalidation’

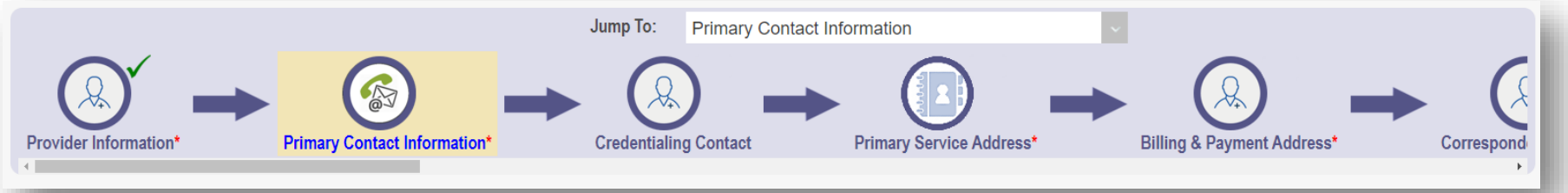


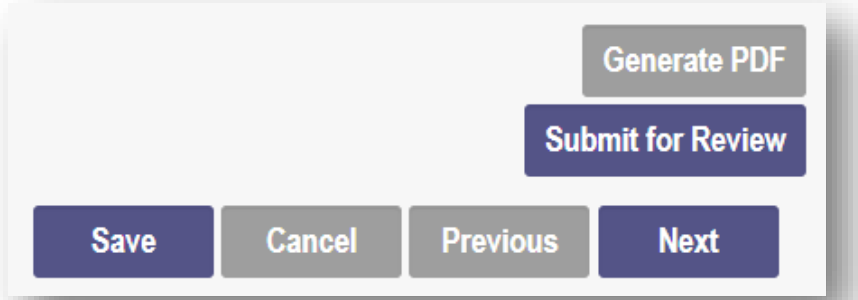




Summary – Revalidation/Reenrollment

- Proceed through each page of the file, reviewing the information present
- If changes need to be made, edit the existing information or add new details
- Once all pages have been reviewed, confirm each page has received a green checkmark
- Click ‘Submit for Review’ to send the revalidation/reenrollment to be looked at

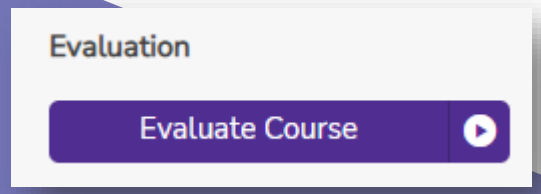




Revalidation/Reenrollment occurs:

- *Every three (3) years for credentialed Providers*
- *Every five (5) years for non-credentialed providers*

Thank you!
We welcome your feedback!



Please complete the course evaluation in the Absorb LMS

Training materials & guides can be found in the Absorb LMS

For additional questions, please reach out to us at ohiotrainingteam@maximus.com