PNM Enrollment Application Support Guide

Personal Care Aide

Last Updated: February 2024

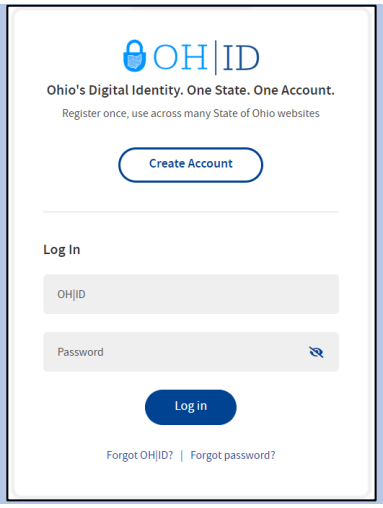
PUBLIC CONSULTING GROUP

Quick Reference Guide: Creating OH|ID Account for PNM

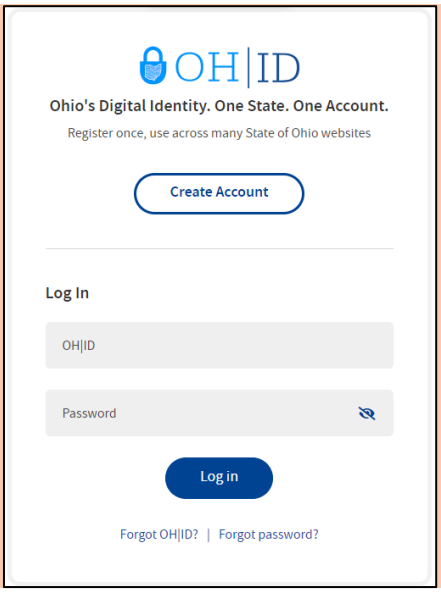
Steps:

1

Access the OH|ID login page for the InnovateOhio Platform by accessing this link: https://ohid.ohio.gov/wps/portal/gov/ohid/login/



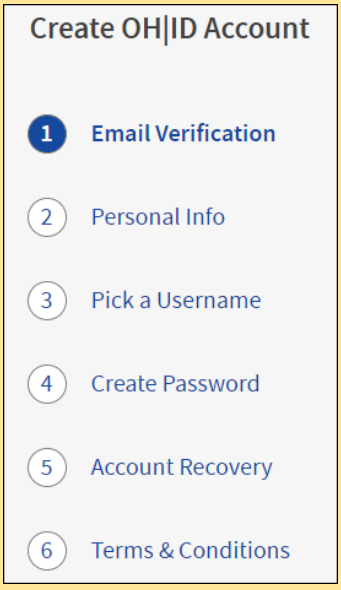
2



On the OH|ID page, click 'Create Account'

3

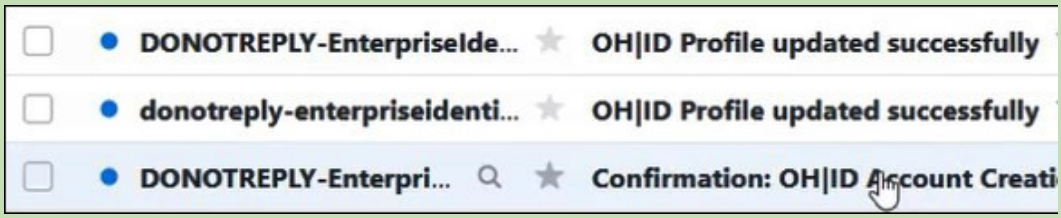
Complete the 6-step account creation process, including the Email Verification step, where an email with a PIN will be sent to the email address listed



Quick Reference Guide: Creating OH|ID Account for PNM

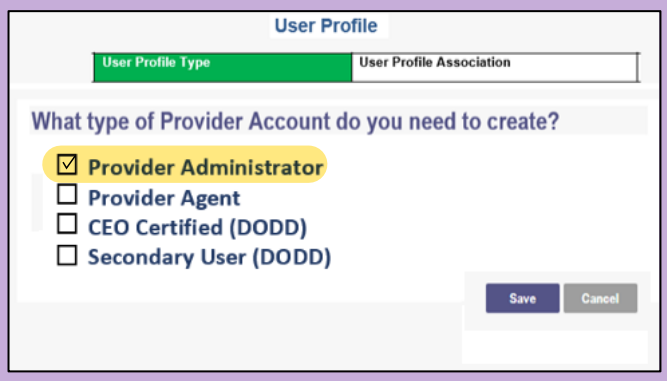
Steps:

4



Continually check the email listed on the account creation page for email updates and PIN numbers to verify your identity

5



You should be automatically directed back to the PNM system.

During your initial login, you may be asked for what type of Provider Account (role) you need to create for PNM. Select the proper option and click Save.

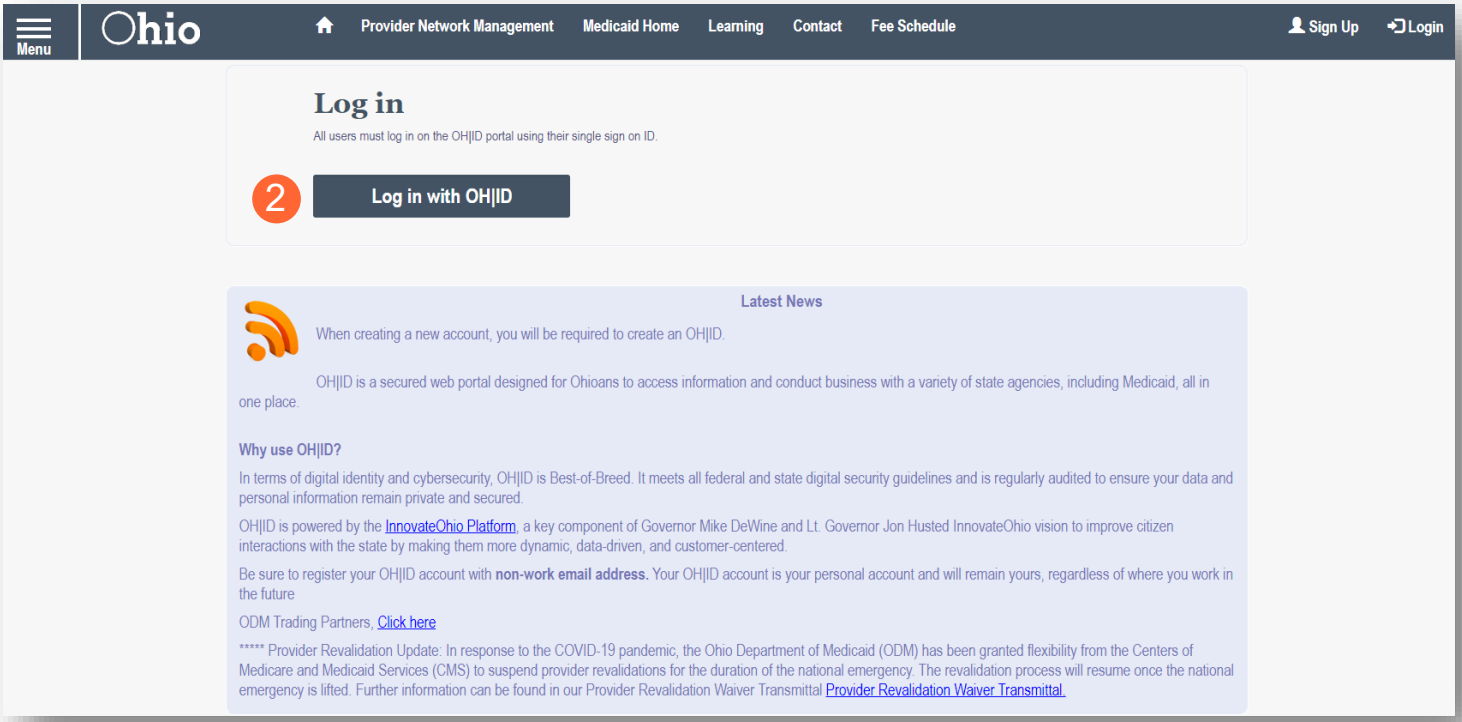
Disclaimer: It is the Provider's responsibility to keep information up to date in PNM. This includes specialties, contact information, addresses, etc.

Provider Administrator Initial Login

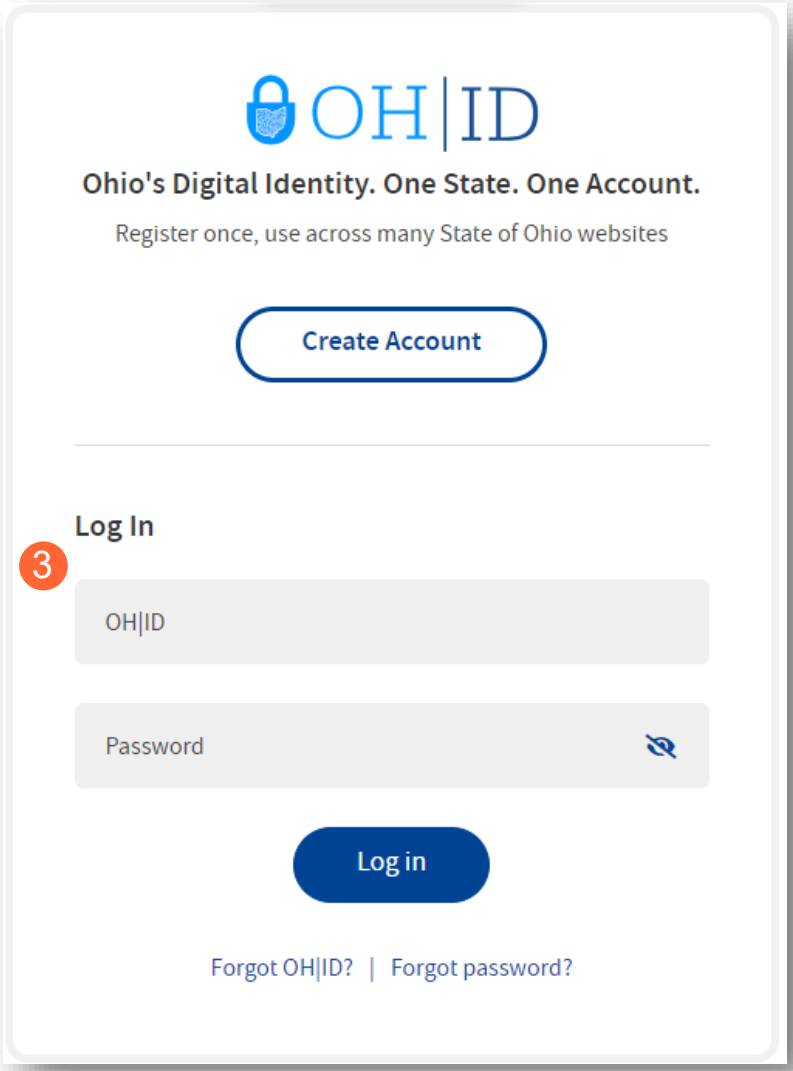
In this section of the user manual we will review the initial steps of logging into PNM. All users will log into the PNM system by using IOP (Innovate Ohio Platform).

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

Step 2: Click 'Log in with OH|ID'



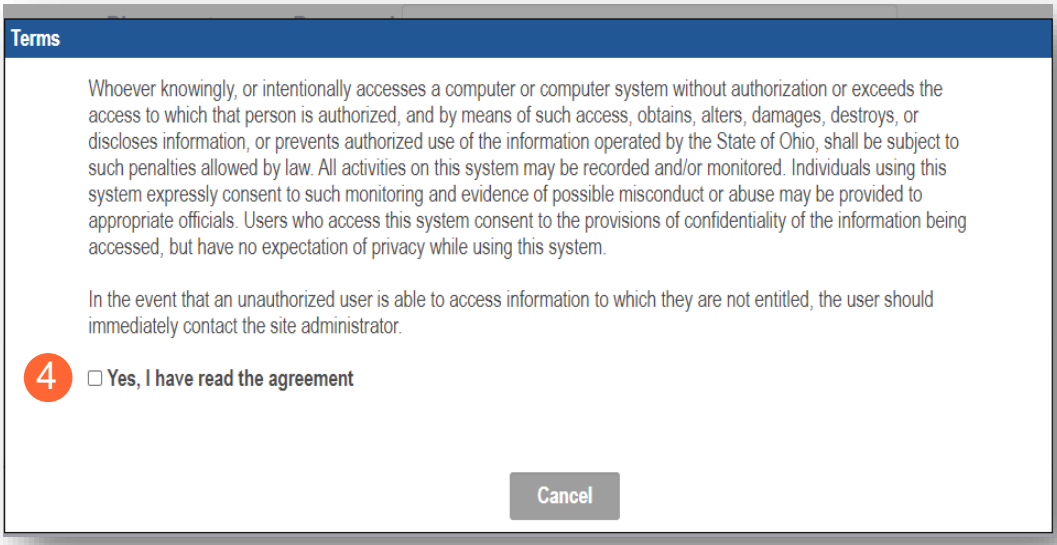
Step 3: The system will prompt you to enter your username and password on the IOP login screen illustrated below. Once entered, click 'Log in'



Tips

- Log in or click 'Create Account' if you do not have an OH ID and Password.
- If you are creating a new account, you may need to log back into https://ohpnm.omes.maximus.com/OHPNM_PROD/Account/Login.aspx once your account

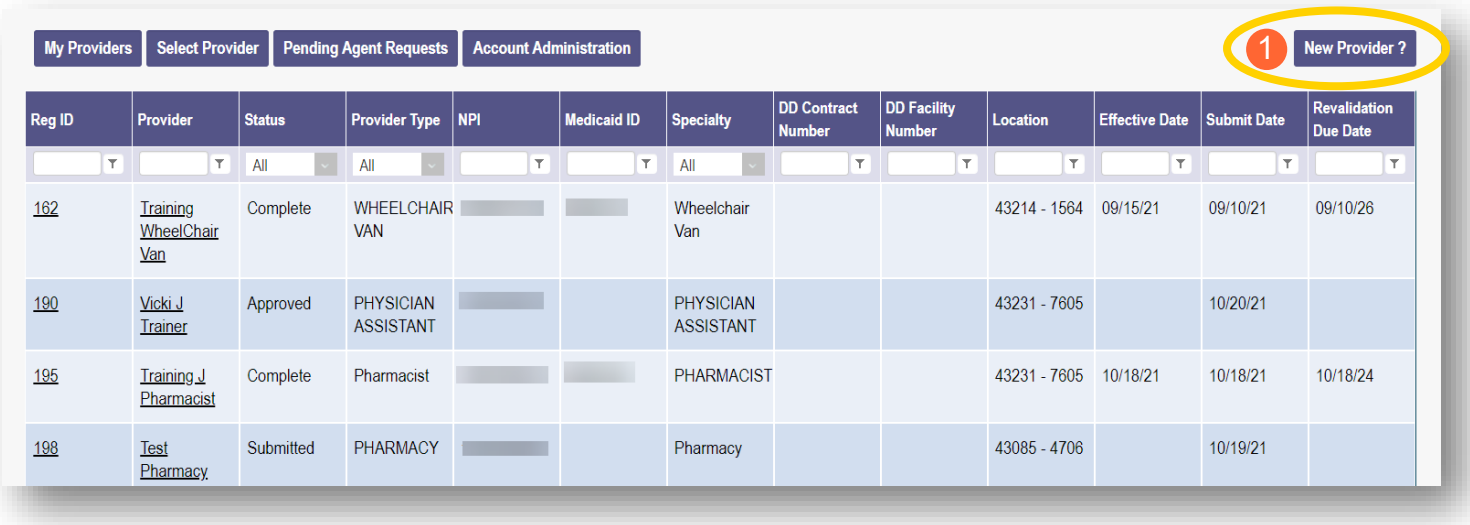
Step 4: You will be redirected to the PNM system. Read the Terms of Use and click "Yes, I have read the agreement" to proceed into PNM



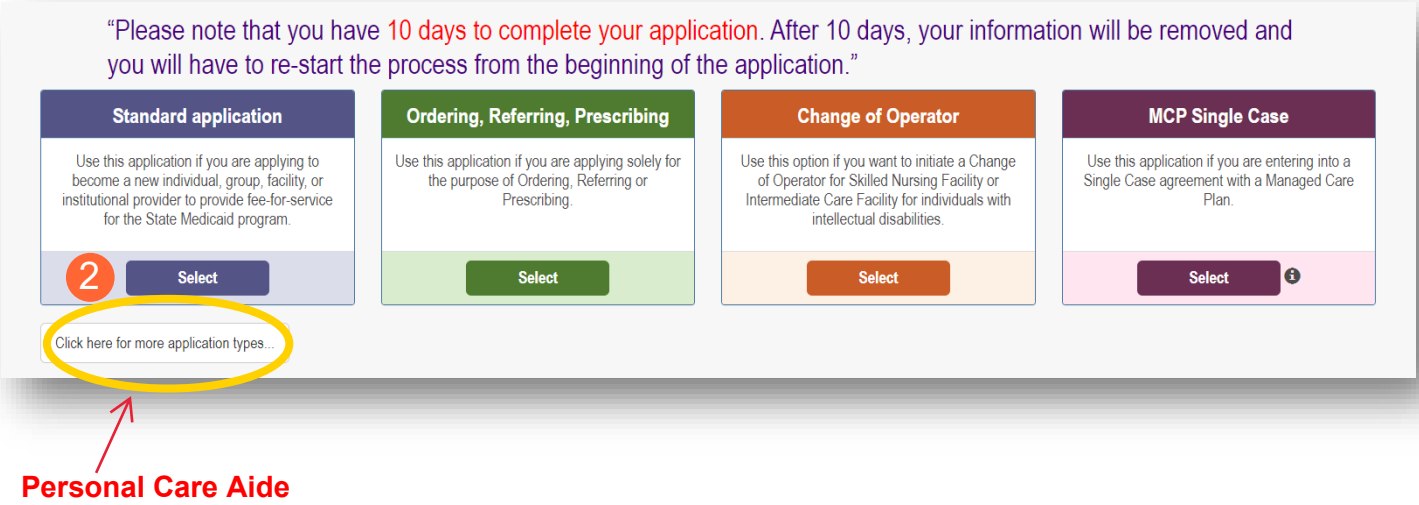
Individual Provider - New Provider Entry

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

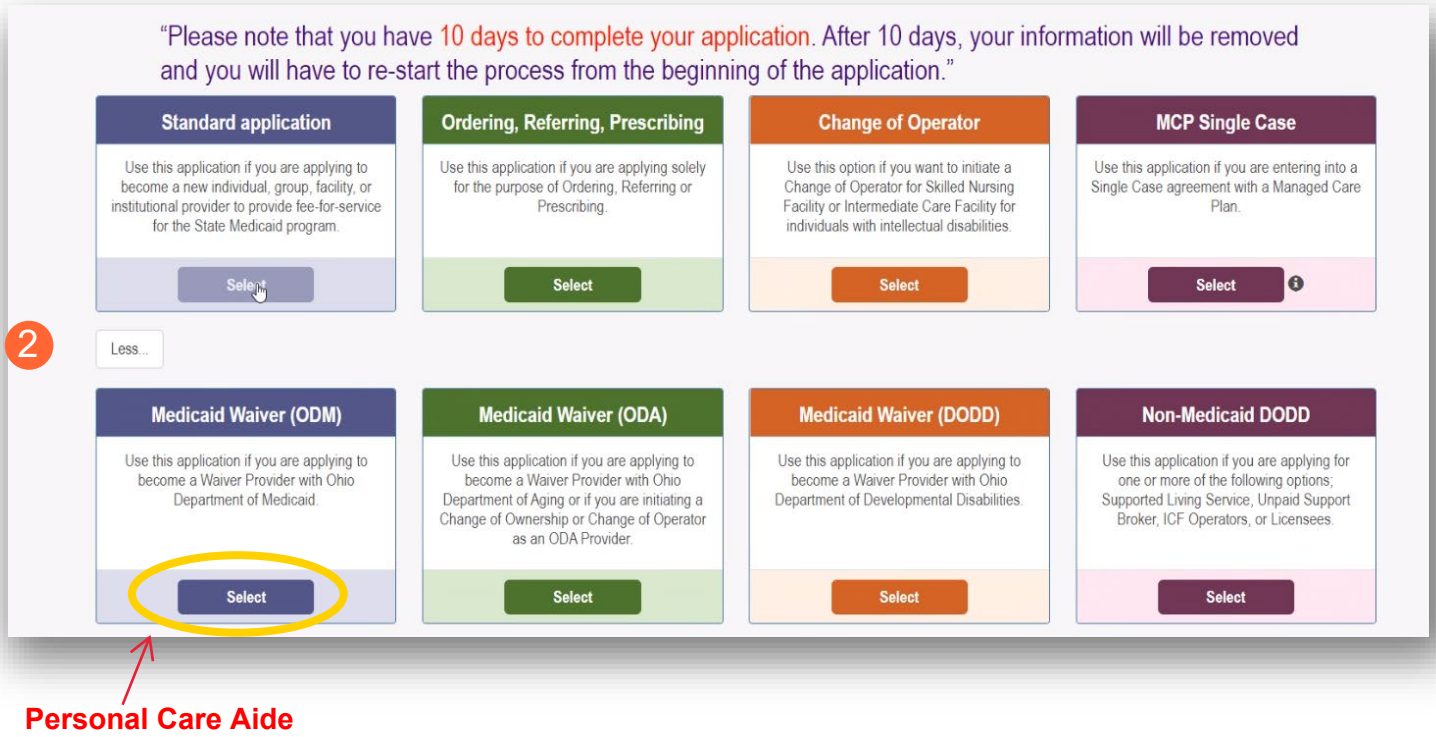
Step 1: Click 'New Provider'



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

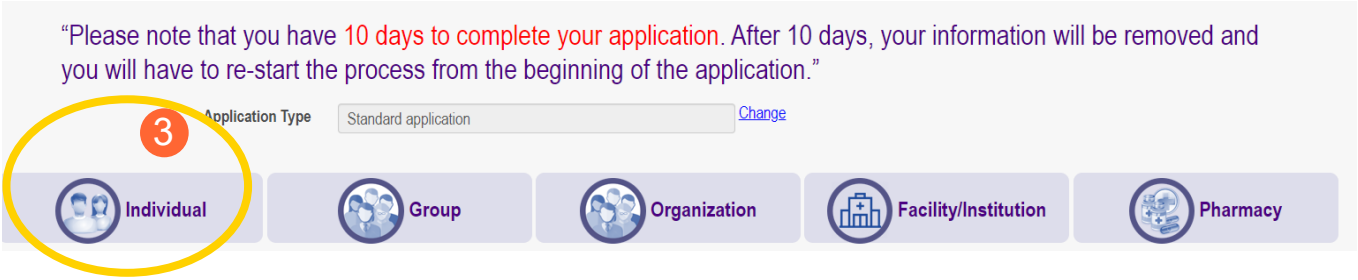


- Additional application types are displayed by selecting the 'Click here for more application types…' button



Note: For ODA and DODD Waiver applications, you will enter the Key Identifiers within PNM and then be navigated to the State Sister Agency portals to complete the application process. More details on these processes can be found in the ODA and DODD Provider User Desk Reference Guides.

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



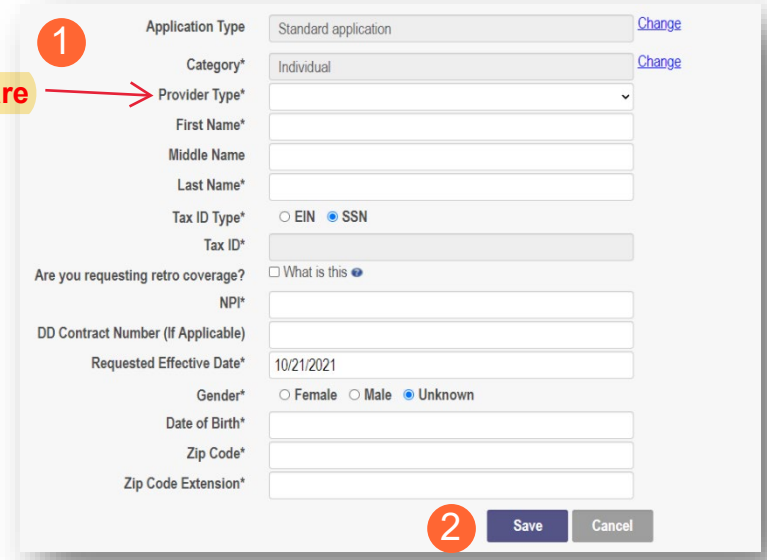
Key Identifier Information

Step 1: Enter key provider information for the Provider

Enter all required fields marked with an asterisk *

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

Non-Agency Personal Care



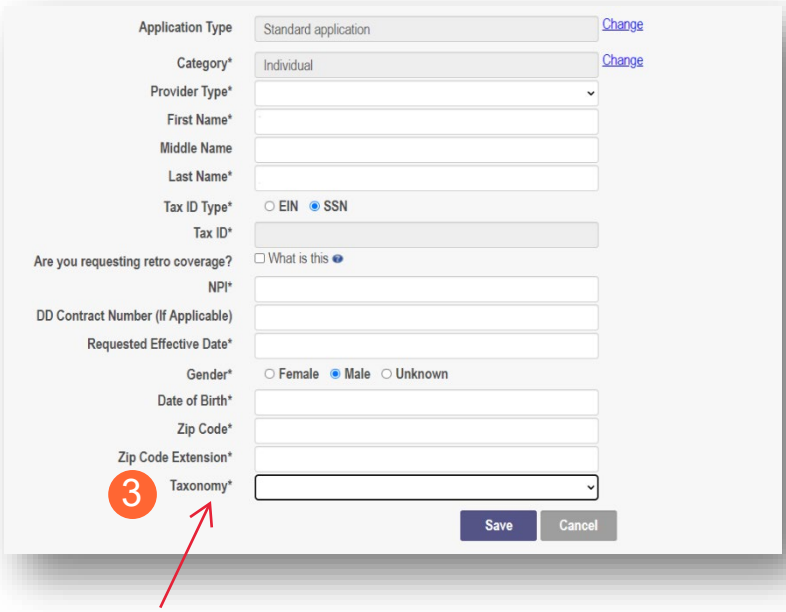
Step 2: Click 'Save' to save the information

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

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

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

Note: Taxonomy will be the same as you entered in NPI registration.



Note: Taxonomy should be 25 - Non-Agency Personal Care Aide

Provider Information Page (Individual)

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

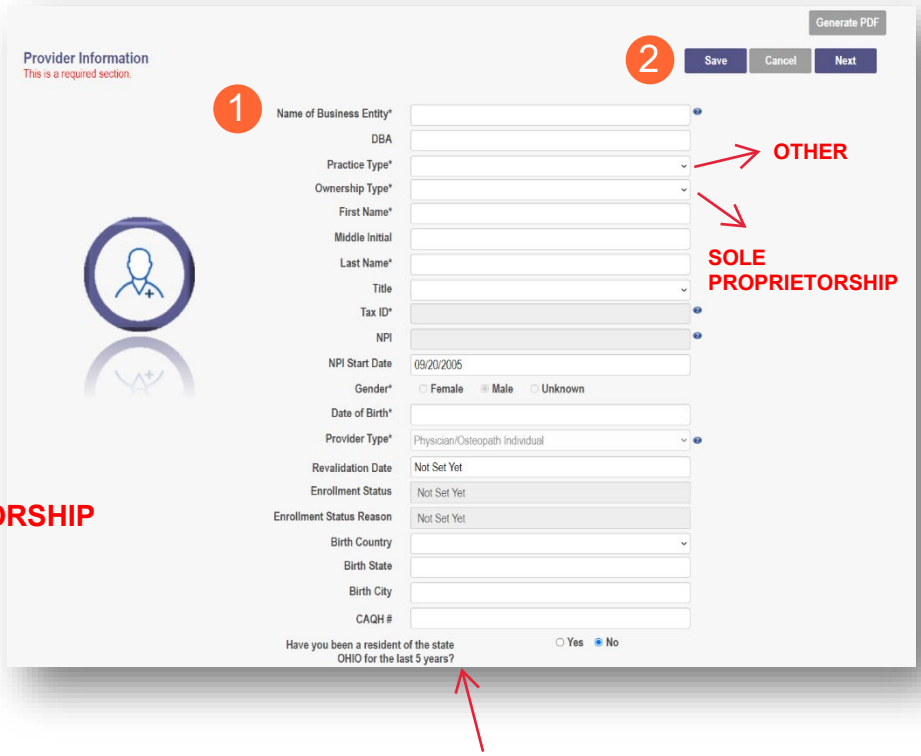
Step 1: Enter all the information for the required fields marked with an asterisk*

For this page the following fields are required:

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

Additional fields for optional entry:

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



Have you been a resident of the state of Ohio for the last 5 years?

YES = You only need a BCI background check.

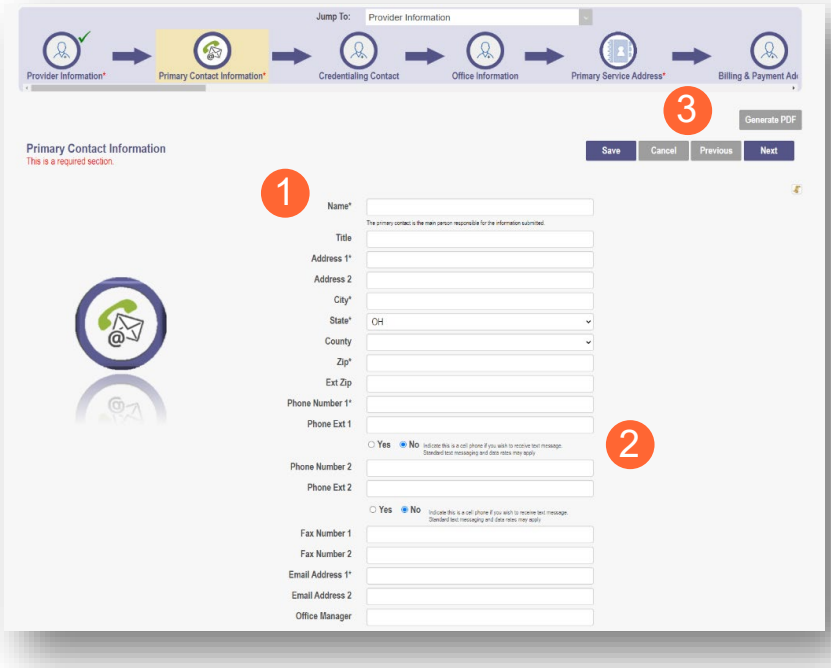
NO = You need both BCI and FBI background checks completed.

Step 2:

- Click the 'Save' button to save the information on the page or
- Click the 'Next' button to save and move to the next screen

Primary Contact Information Page

The Primary Contact Page is the next page that displays for the Provider. This is the primary contact who will be responsible for managing communications and returning any required information that is needed to process the application for enrollment.



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

- Name
- Address
- City
- State
- Zip
- Phone Number
- Email Address

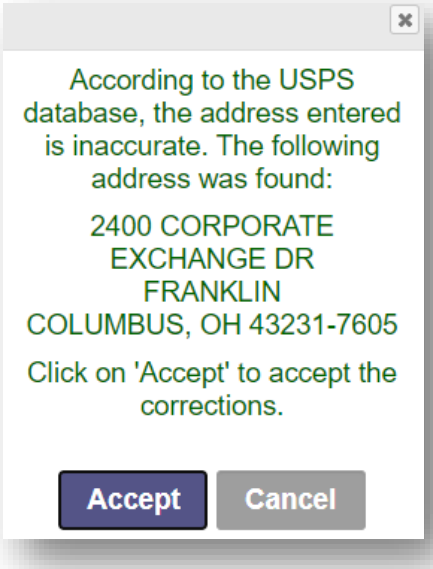
Step 2: Select the applicable radio button (Yes or No) to indicate a cell phone and to sign up to receive text messages regarding important account updates

Step 3:

- Click the ‘Save’ button to save the information on the page or
- Click the ‘Next’ button to save and move to the next screen

USPS Address Search Pop-Up

To maintain accurate mailing addresses, PNM uses a USPS system search validation for addresses. Enter an address into PNM and click ‘Save’ or ‘Next’.’ A USPS system search will review the address and return corrections to the address based on the USPS review.



- Confirm the validation and accuracy of the address information
- Click ‘Accept’ on the USPS confirmation prompt
- Review the changes made to the address
- Click the ‘Next’ button again to proceed to the next page of the application
- **Note:** If ‘Cancel’ is selected, you will be taken back to the previous page. A correct address will need to be entered as a valid postal address is required to proceed.

Tips

- Throughout the application process you will be asked for addresses and phone numbers, both personal and business. Most Independent Providers do not have a separate business office address or telephone number.
- All information is required to be entered if there is an asterisk* but it IS acceptable to use the same address and phone number for both personal and business throughout the application.

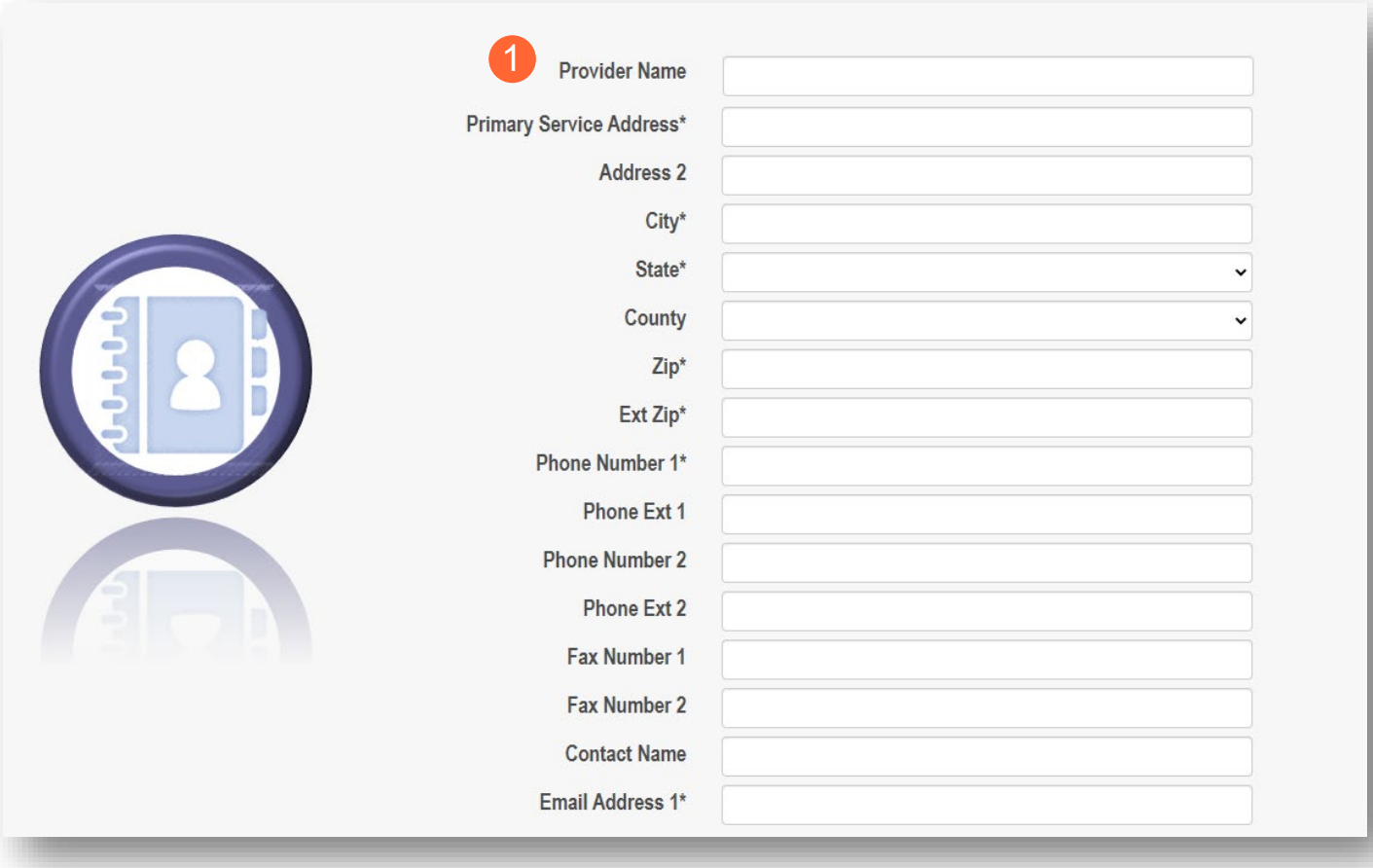
Primary Service Address Page

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

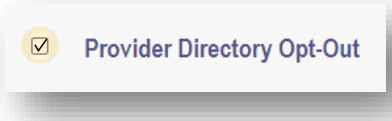
Step 1: Complete the Primary Service Address information.

Required fields include:

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



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



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

- Cultural Competencies
- Languages Spoken
- Specialized Training

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

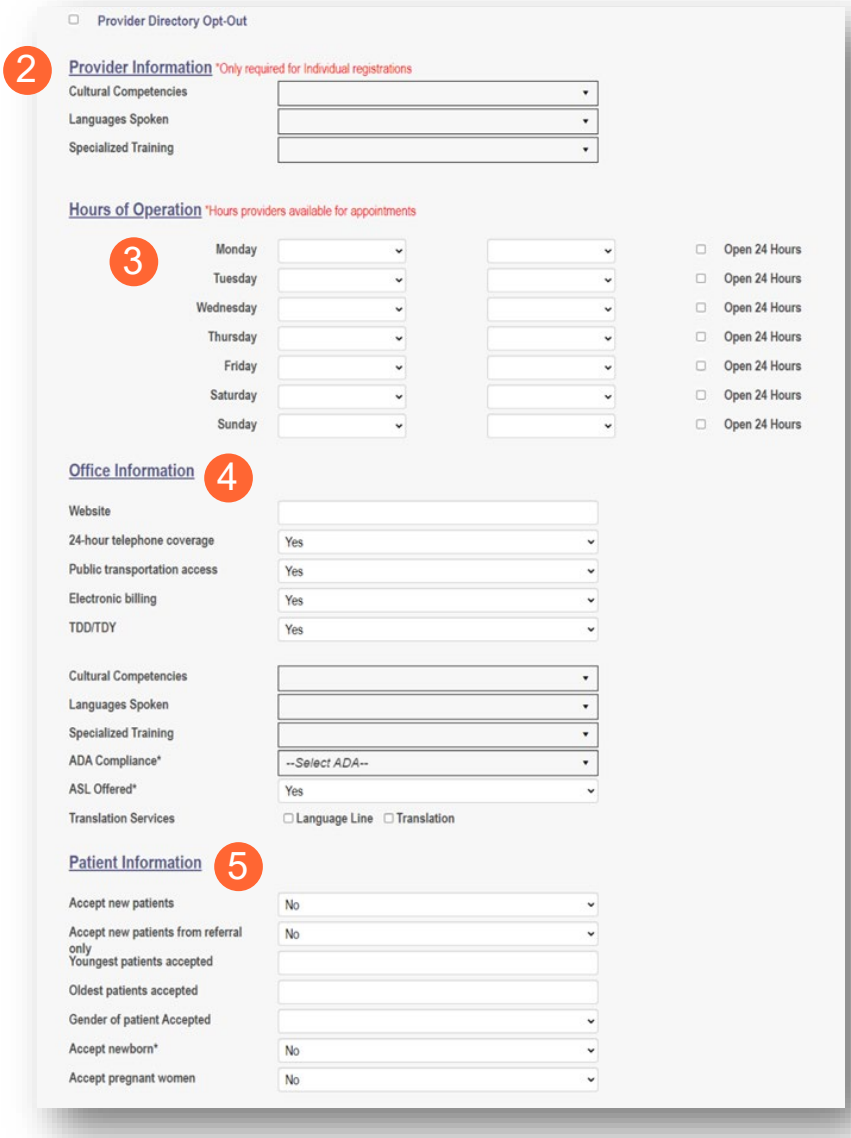
- Hours of Operation
- Whether the location is open 24 hours

Step 4: Indicate specific office information about yourself or your office using the drop-down menus/data entry fields

- Website
- Telephone Coverage
- Electronic Billing
- Cultural Competencies
- Language Spoken
- Specialized Training
- ADA Compliance
- ASL Offered

Step 5: Indicate specific information about the types of patients your office serves

- Accepting new patients
- Accept patients from referral only
- Youngest patient accepted
- Oldest patient accepted
- If they serve or specialize in a particular gender
- Accept newborns
- Accept pregnant women



Step 6:

- Click the 'Save' button to save the information on the page or
- Click the 'Next' button to save and move to the next screen

Address Pages

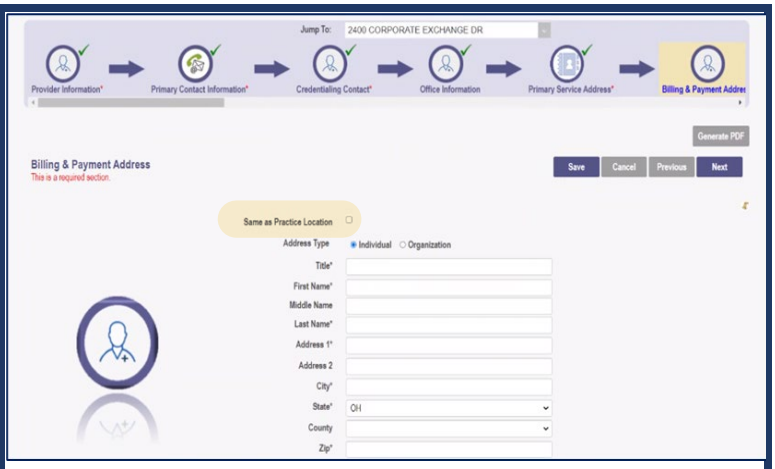
The following table provides samples of the types of address pages that will be required for your application.

Billing & Payment Address Page

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

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

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

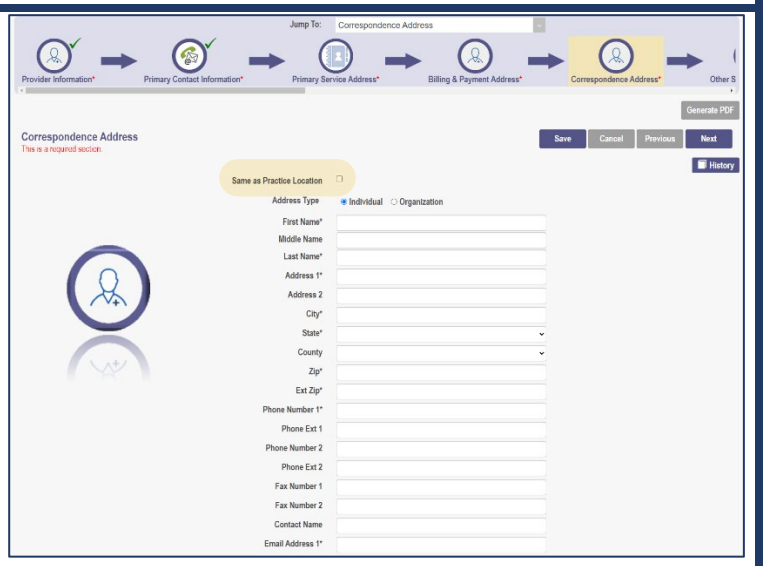


Correspondence Address Page

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

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

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



1099 Address Page

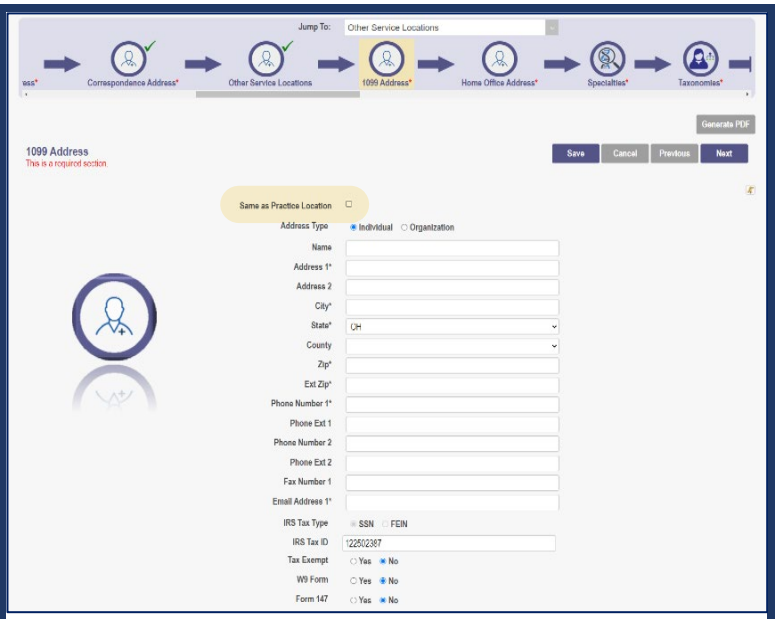
If the 1099 Address is the same as the Primary Service Address, select the check box to indicate it is the 'Same as the Practice Location.' This will pre-populate information that was entered on the previous screen into the fields.

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

Depending on the original Provider entry and Provider type, the relevant tax identification information will display automatically.

Select the radio buttons for 'Tax Exempt'; Type of form (W9 or 147)

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

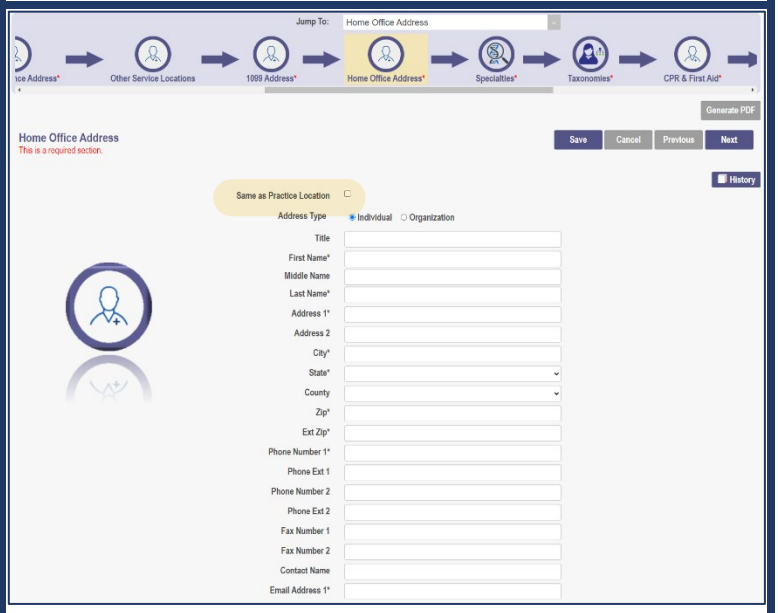


Home Office Address

If the Home Office Address is the same as the Primary Service Address, select the check box to indicate it is the 'Same as the Practice Location.'

This will pre-populate information that was entered on the previous screen into the fields.

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



Other Service Locations

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

This section is NOT REQUIRED. Select next to skip this section.

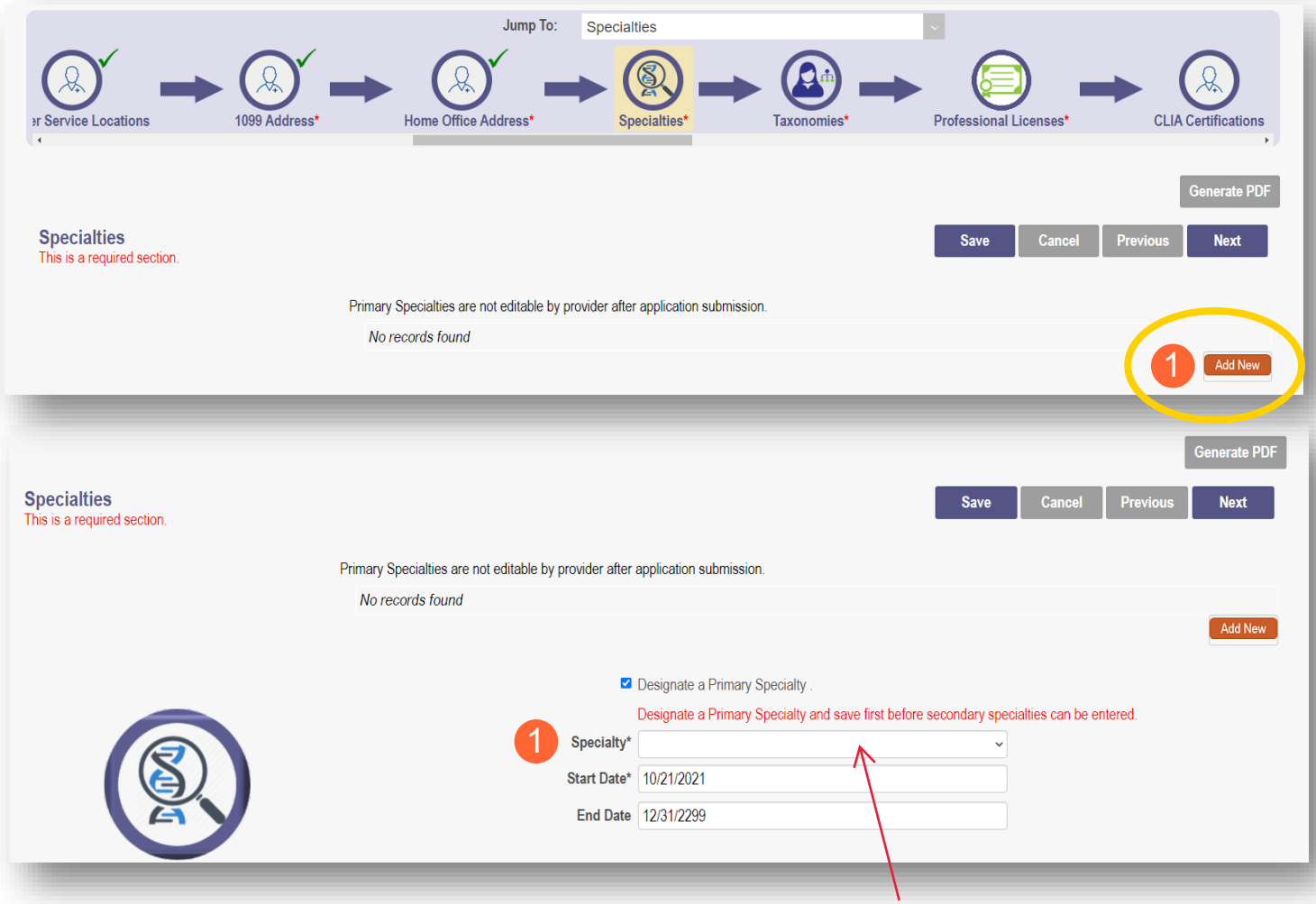
Specialties Page

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

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

Step 1: Click 'Add New' to add a Specialty

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



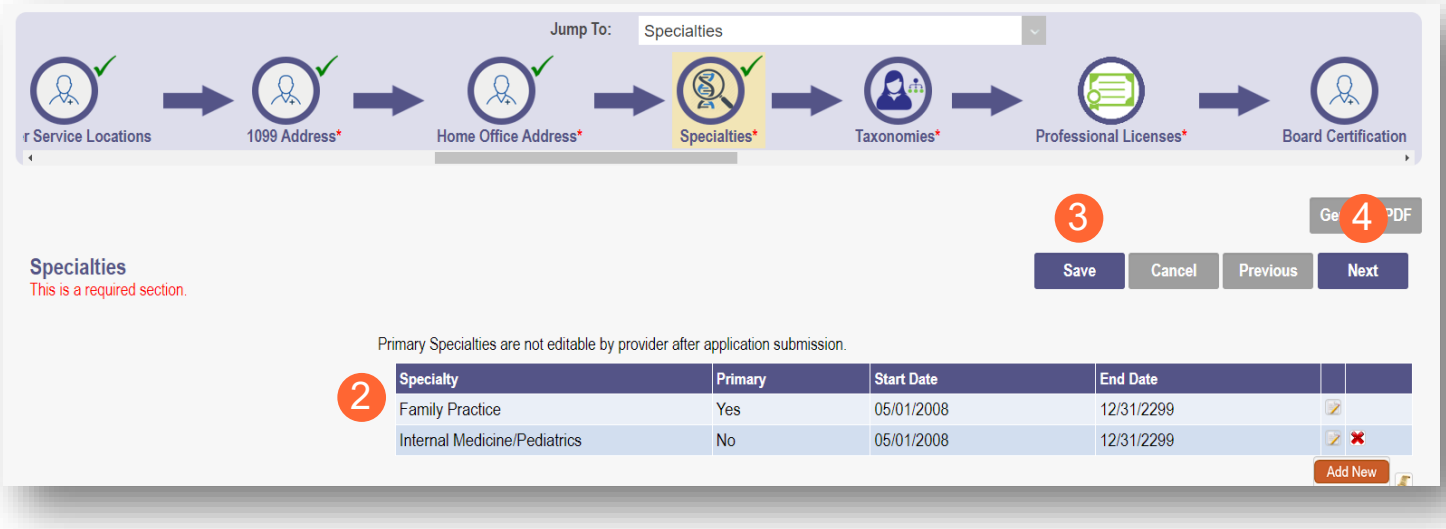
Personal Care Aides - For specialty select "250 ODM Waiver Non-Agency Personal Care Aide"

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

Step 3: Click 'Add New' and repeat the process to enter any additional specialties

Note: The 'Enroll Status' of the Specialties will show as INACTIVE until your Enrollment Application has been fully approved

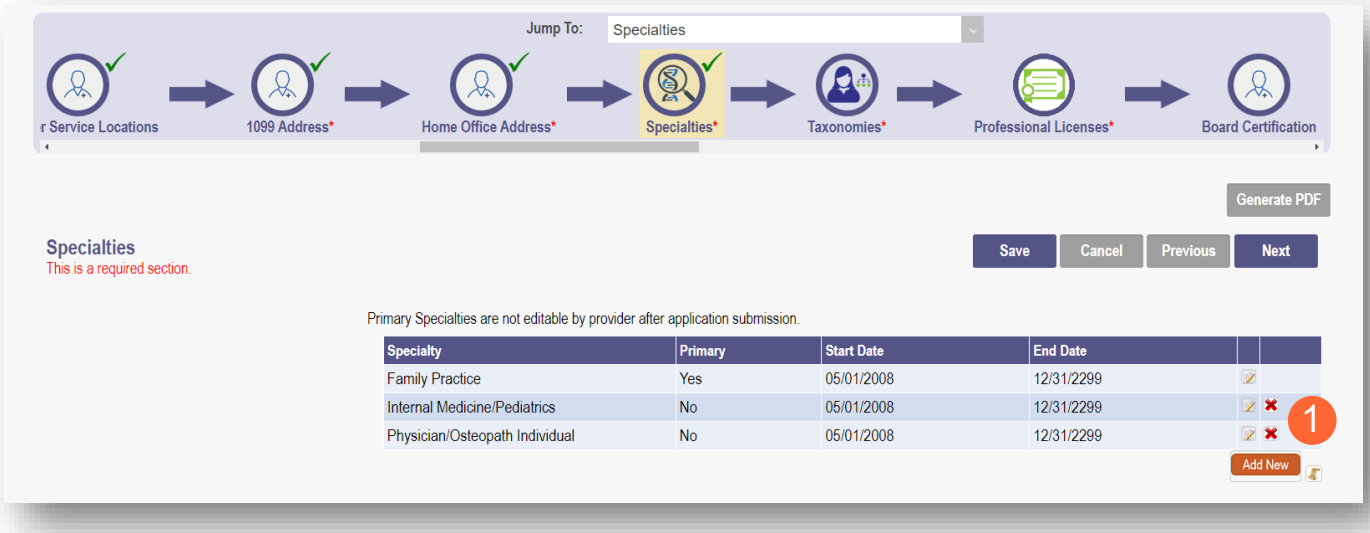
Step 4: Click 'Next' to proceed to the next page



Removing Specialties

Step 1: To Remove an added Specialty:

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

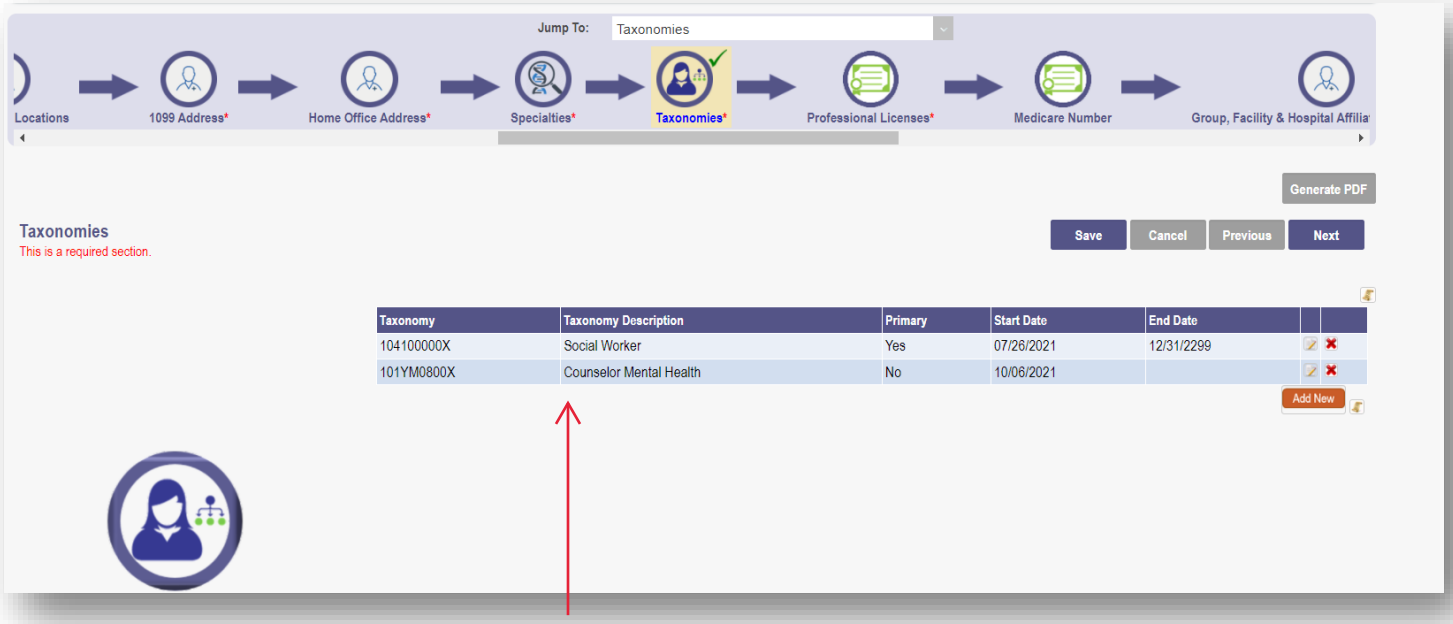


Taxonomies Page

The Taxonomies page allows you to add, edit, or remove taxonomy codes that are associated in PNM.

Taxonomies associated through NPPES will automatically appear as options within PNM.

Note: If you are missing a taxonomy, you will need to update NPPES first before the taxonomy changes will appear as selections in PNM.



Note: Personal Care Aides should see "3747P1801X - TECHNICIAN-PERSONAL CARE ATTENDANT"

Note: Additional taxonomy is not required, select 'Next' to move to the CPR& First Aid Page

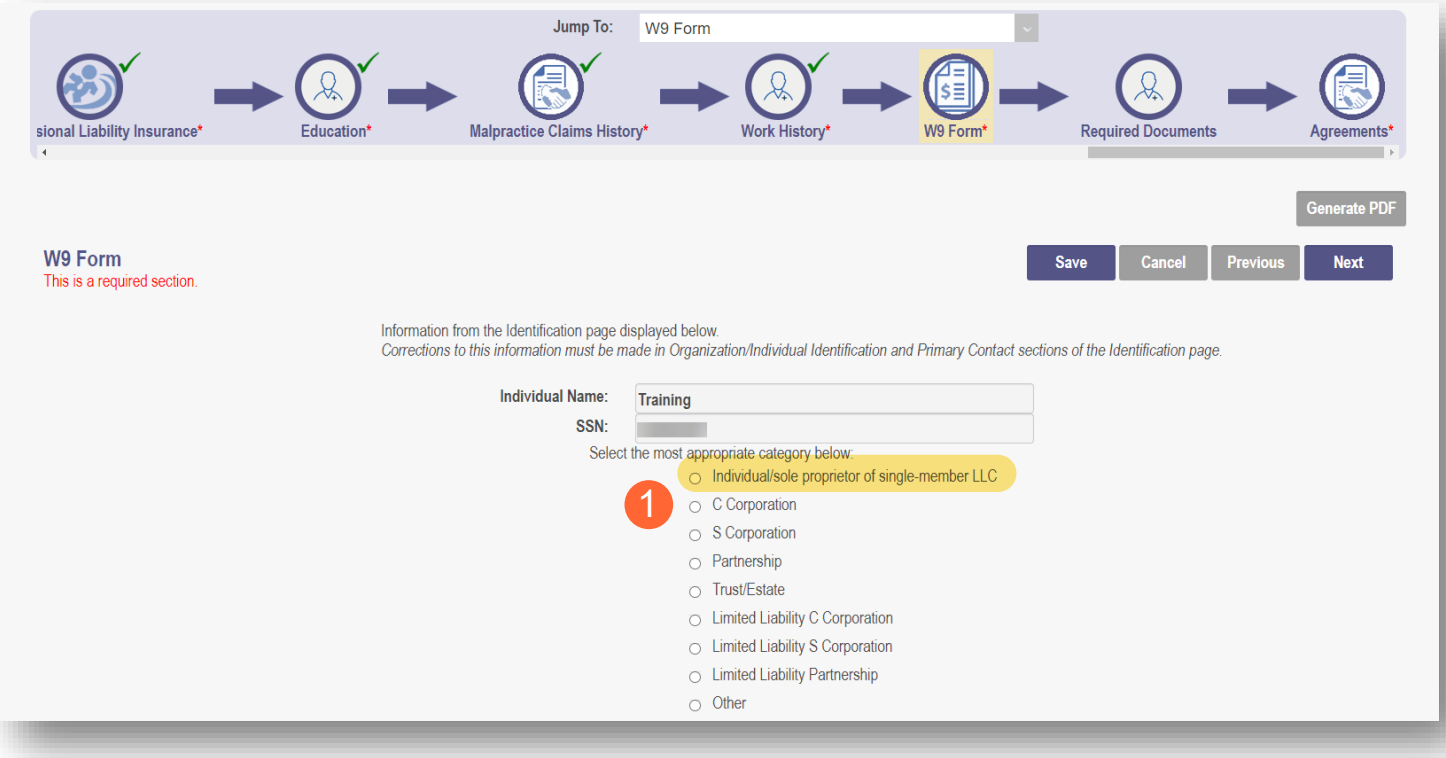
CPR & First Aid Page

- This is the first location where you need to upload documents.
- Personal Care Aides only need to add a First Aid certificate.
- Certificate can be earned online but the date of certification, trainer signature, and valid until date (valid until dates are typically 2 years or less) are required.

W9 Form Page

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

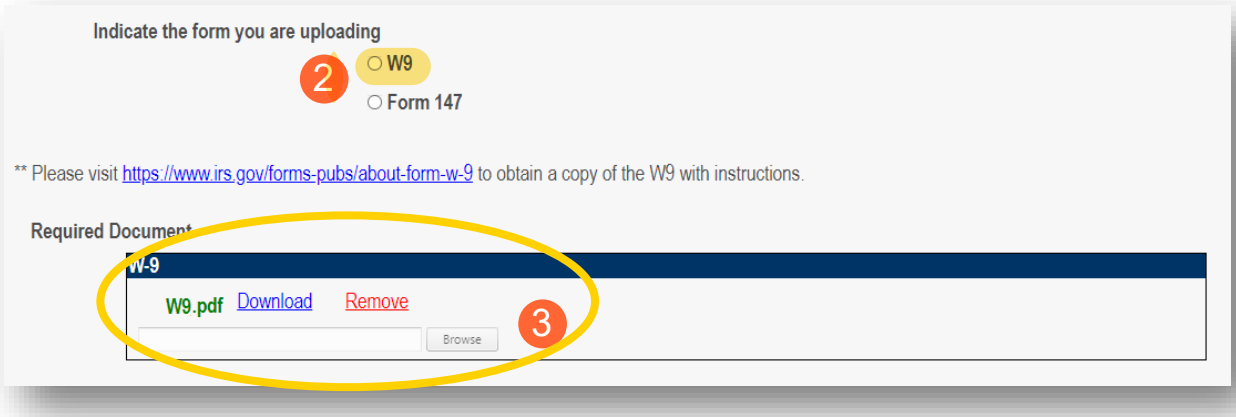
Step 1: Select the most appropriate individual type by clicking on the appropriate radio button category



Step 2: Indicate the type of form you are uploading by selecting the radio button for 'W9' or 'Form 147'

Step 3: Under the Required Document section, use the 'Browse' option at the bottom of the screen to upload your W9 or Form 147

- The file name will appear in green text when it has uploaded



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

EFT Banking Information Page

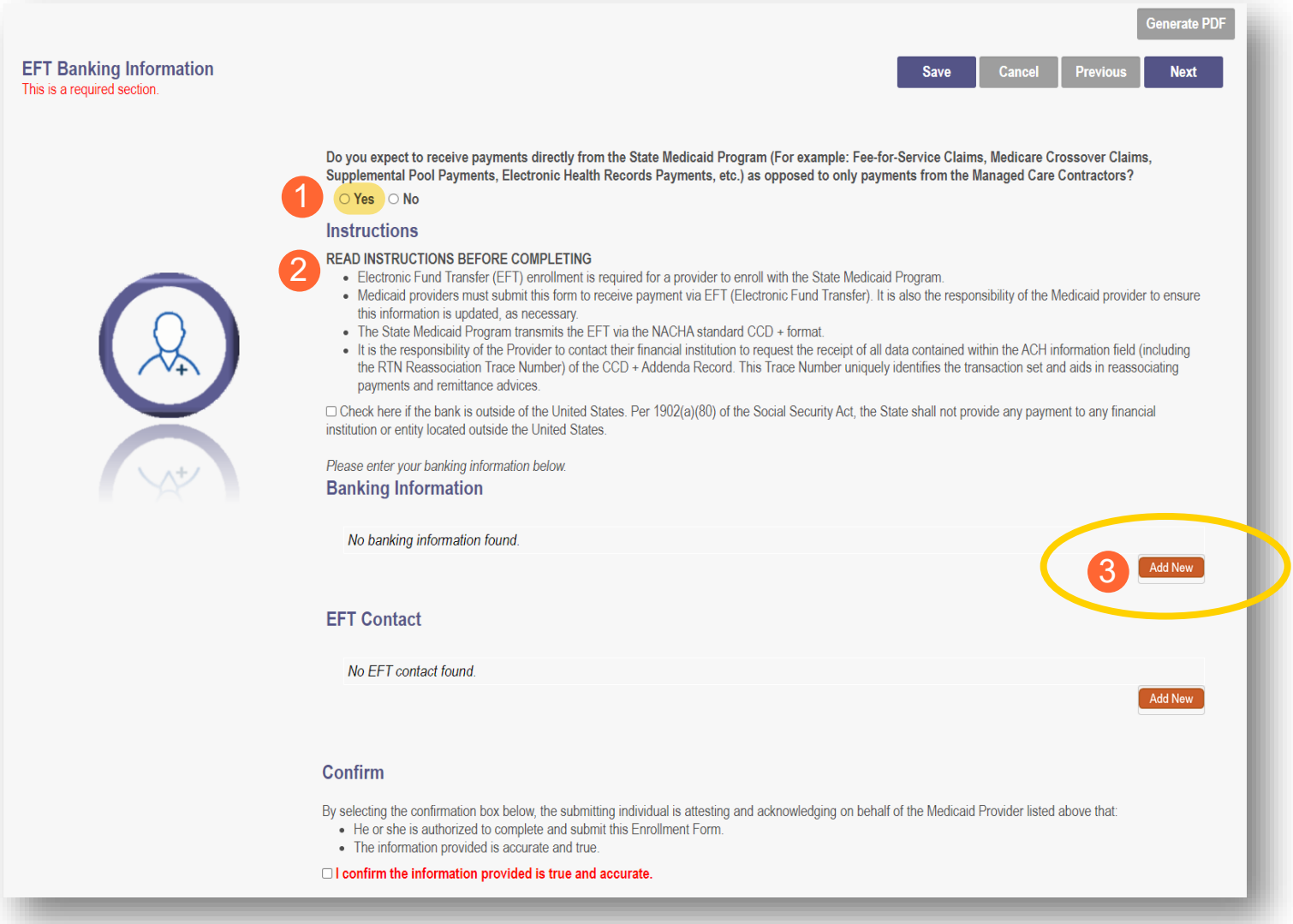
This page asks to you indicate enrollment of Electric Fund Transfer (EFT), which is required to enroll with the State Medicaid Program. However, if 'No' is answered to the first question, no additional details need to be entered

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

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

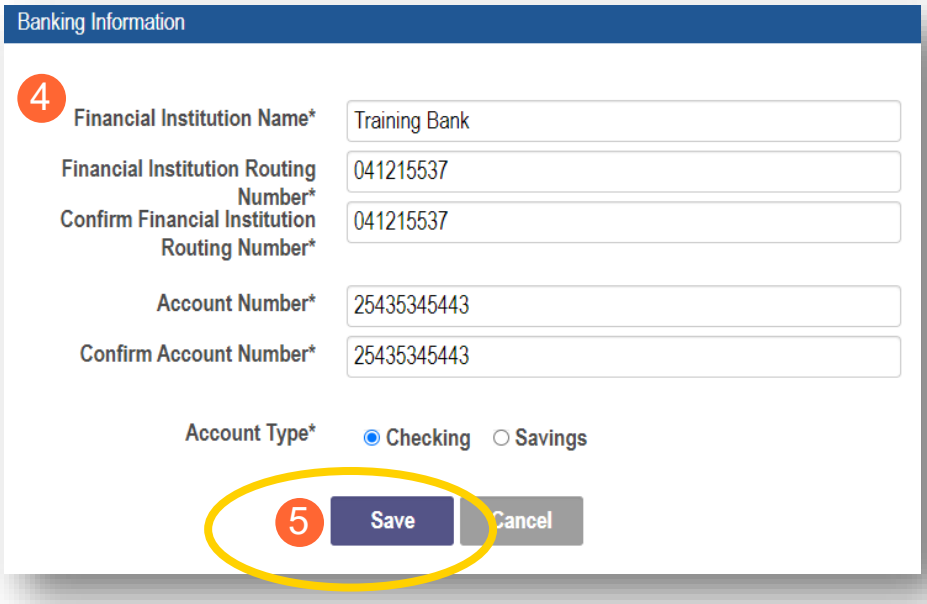
Note: If your bank is outside of the United States, click the checkbox at the end of the 'Instructions' section

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



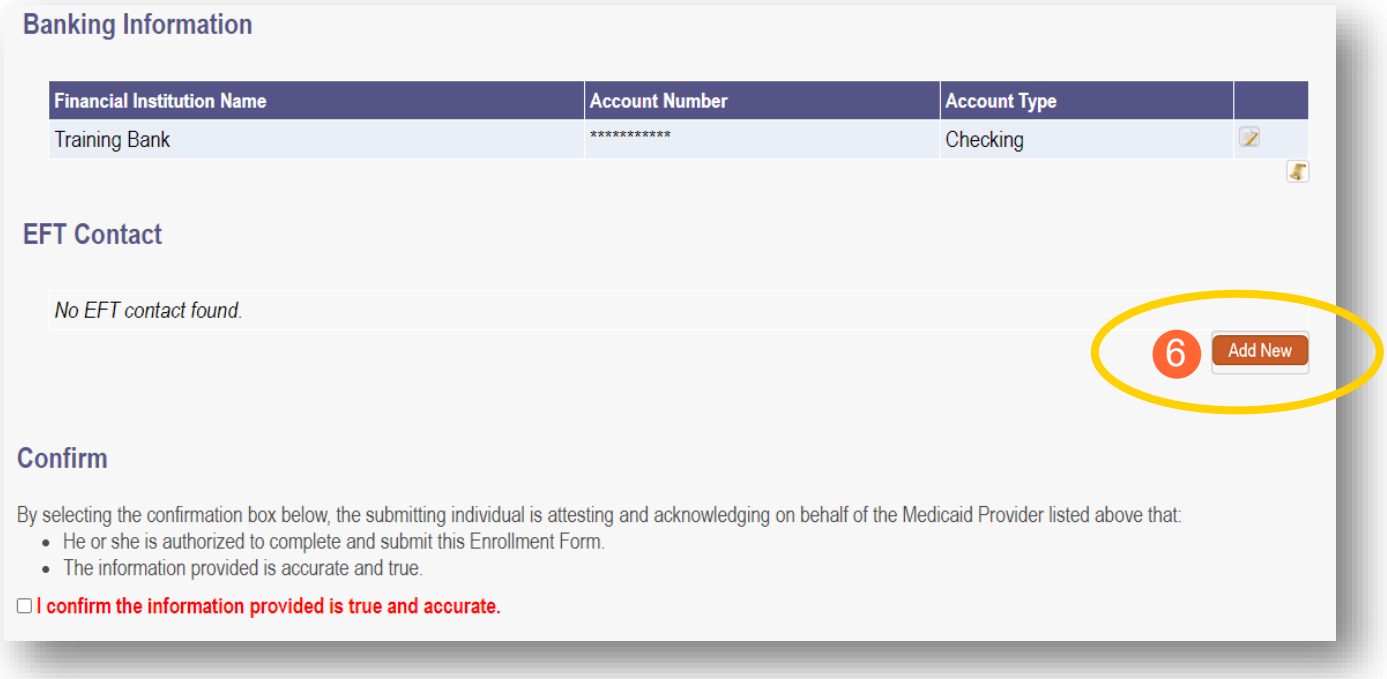
Step 4: Complete the required information

- Financial Institution Name
- Financial Routing Number
- Confirm the Routing Number
- Account Number
- Confirm the Account Number
- Account Type: Checking or Savings



Step 5: Click 'Save'

Step 6: Click 'Add New' to enter information for the EFT Contact



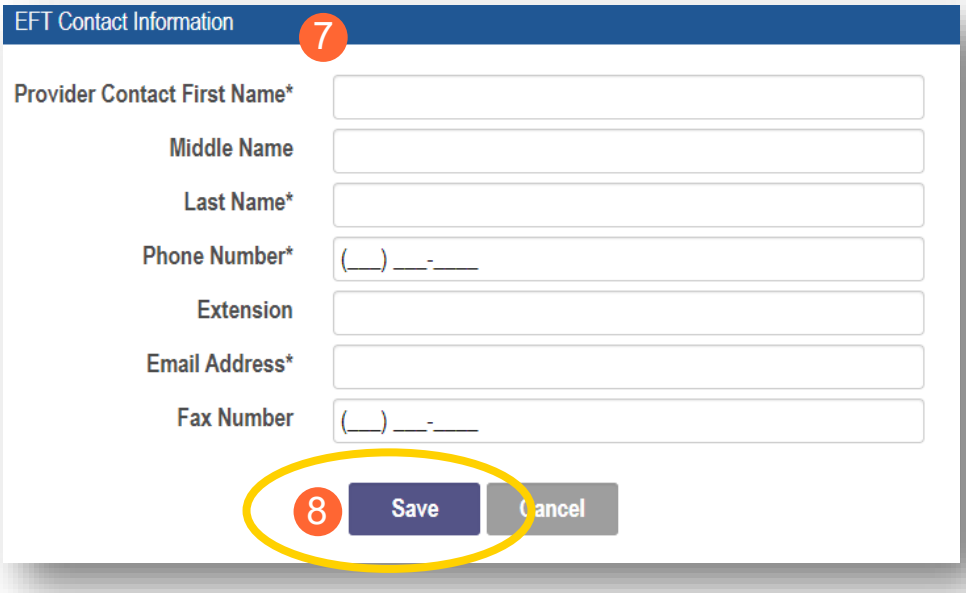
Step 7: Enter the following contact information for the person who will handle the Electric Funds Transfer account

Required

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

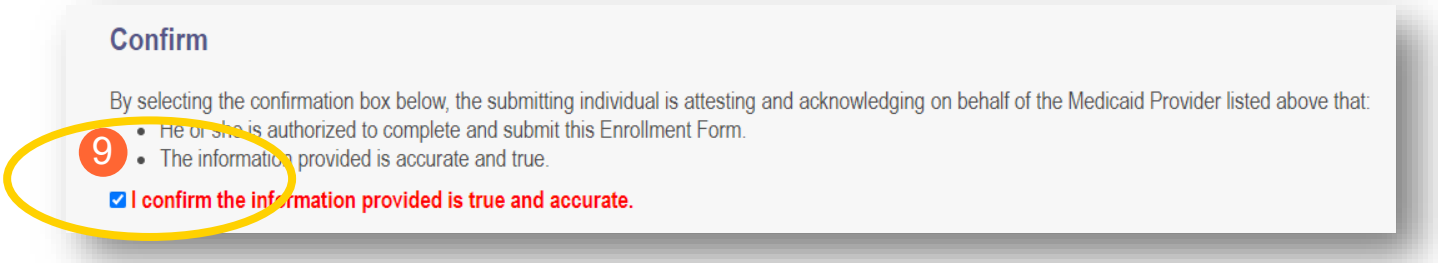
Optional

- Middle Name
- Phone Extension
- Fax Number

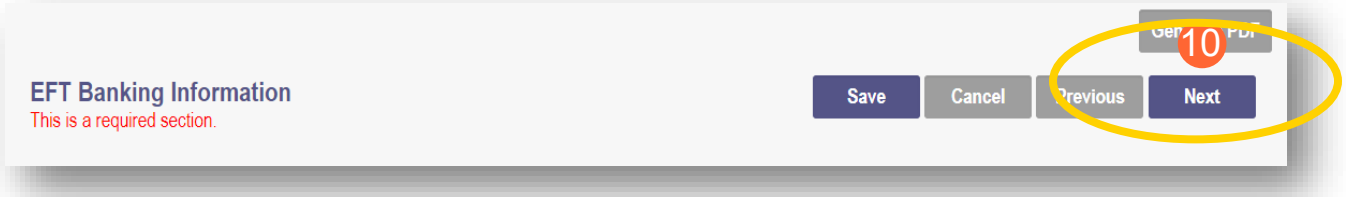


Step 8: Click 'Save'

Step 9: Review the statement under the Confirm section. Select the checkbox if the information provided is true and accurate



Step 10: Click 'Next' to save the information and move to the next page



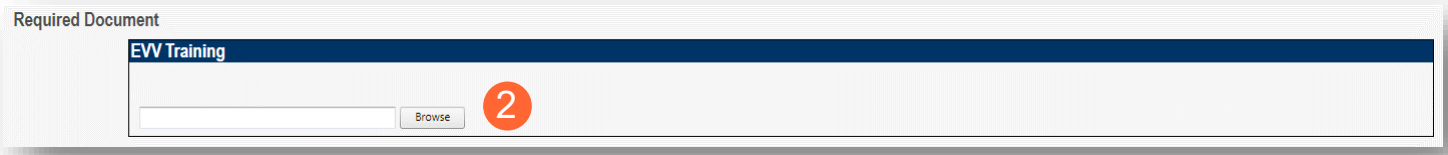
Required Documents Page

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

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

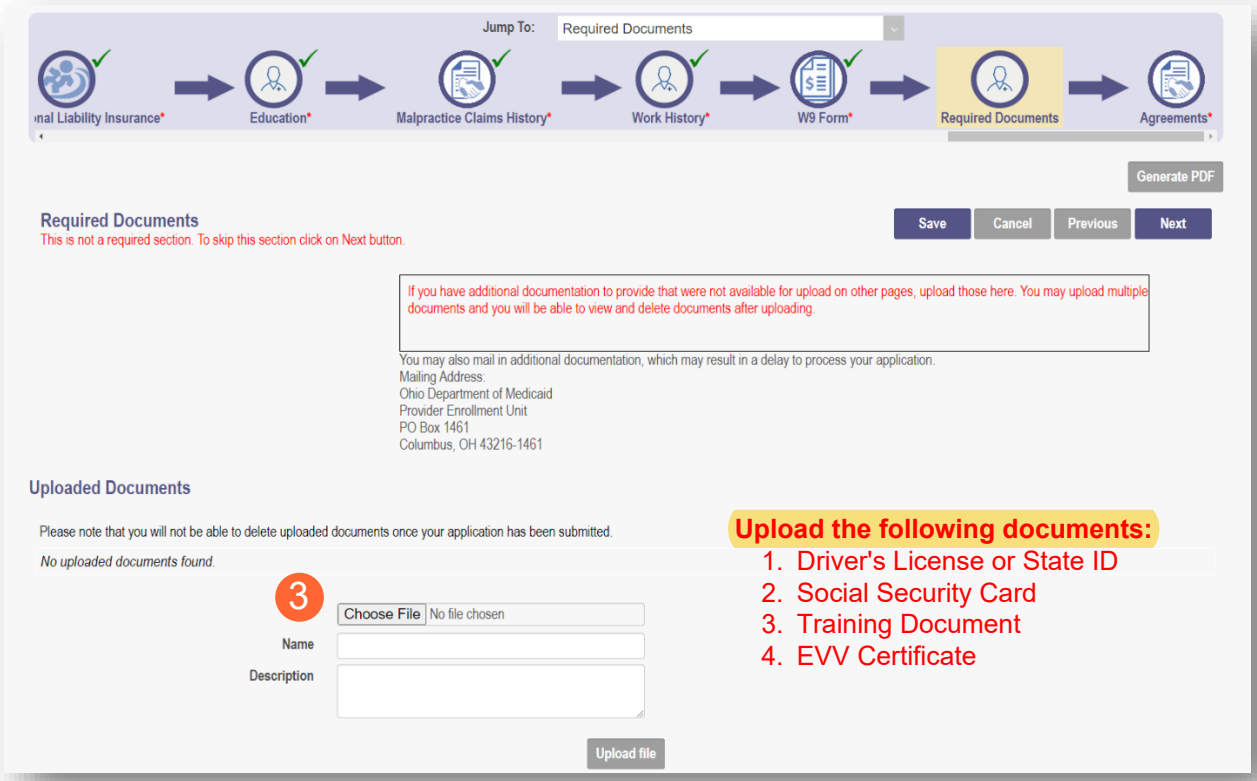
Step 2: If you are required to upload documents, blue upload boxes will be displayed under the Required Documents section. **The required documents are listed in step 3 below.**

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



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

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

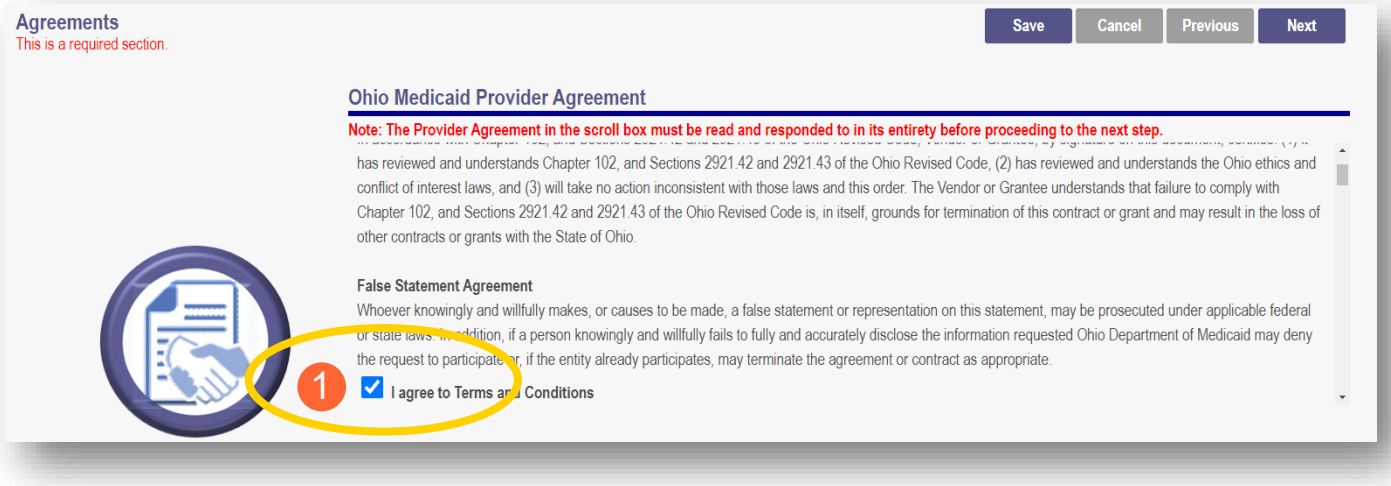


Agreements Page

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

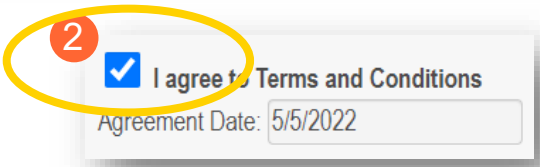
Step 1: Complete the Ohio Medicaid Provider Agreement attestation. The agreement must be viewed in its entirety before the 'I Agree' box will be available for selection.

- Click 'I agree to Terms and Conditions'



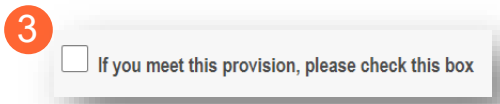
Step 2: Read the Non-Credentialed Providers section of the agreements

- Select the check box: "I agree to Terms and Conditions"



Step 3: Under the Provision Check section:

- If applicable for requesting retroactive coverage, select the checkbox: 'If you meet this provision, please check this box'



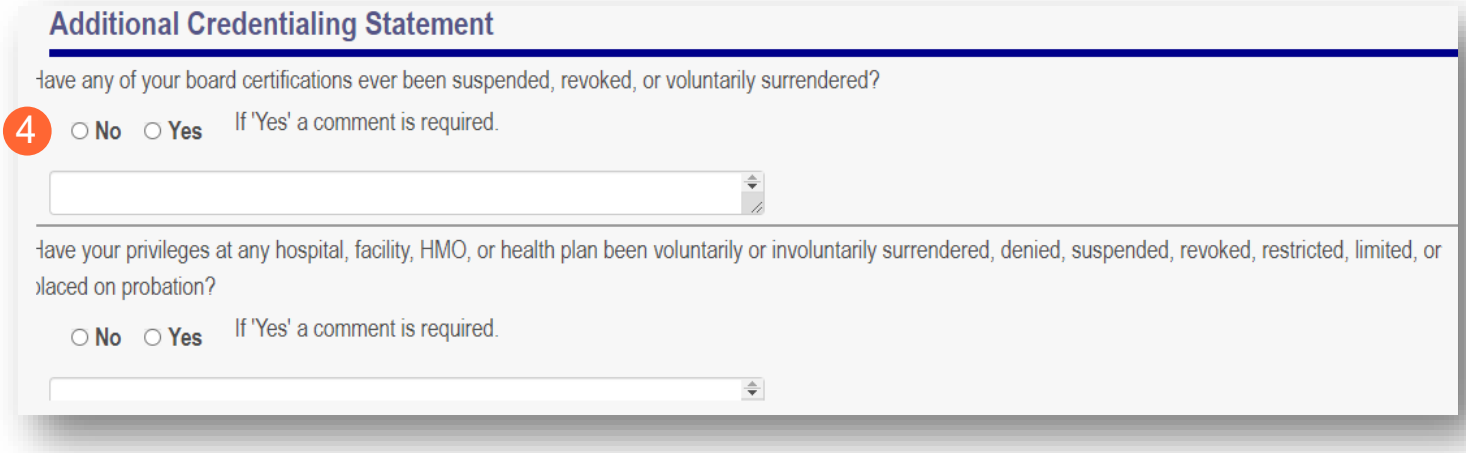
Tip: Be sure to scroll through each section of the agreement page.

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

Possible 'Additional Credentialing Statement' questions:

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

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

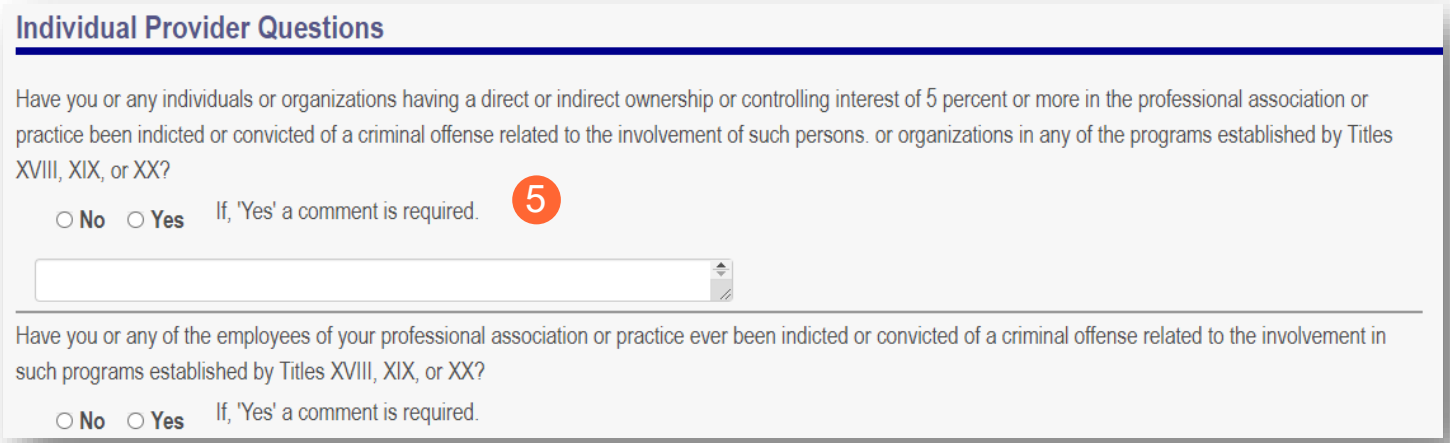


Step 5: Complete the Individual Provider Questions

Possible Individual Provider Questions:

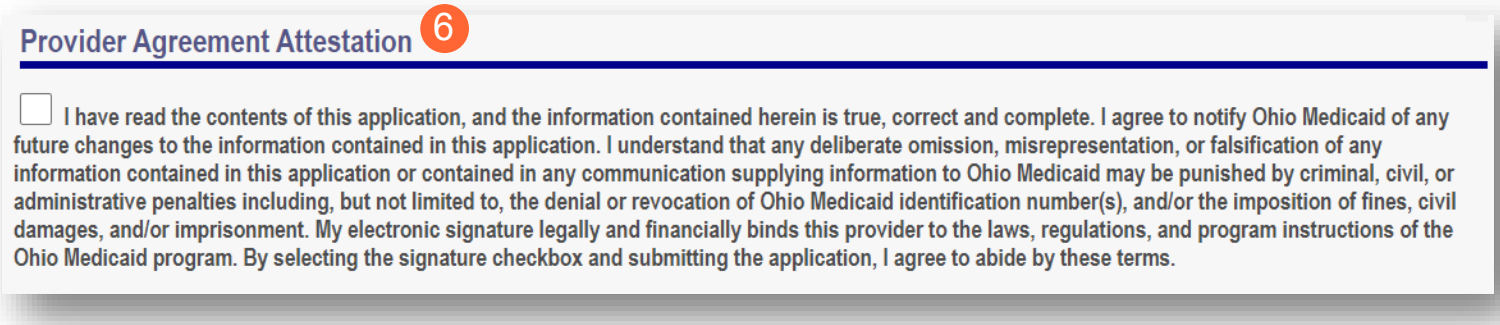
- Have you or any individuals or organizations having a direct or indirect ownership or controlling interest of 5 percent or more in the professional association or practice been indicted or convicted of a criminal offense related to the involvement of such persons or organization in any of the programs established by Titles XVIII, XIX, or XX?
- Have you or any of the employees of your professional association or practice ever been indicted or convicted of a criminal offense related to the involvement in such programs established by Titles XVIII, XIX, or XX?
- Have you as the Provider, or any Owner, Authorized Agent, Associate, Manager, Employee, Directors; or Officers of the Institution, Agency, Organization, or Practice ever been indicted or convicted of a violation of State or Federal Law?

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



Step 6: Complete the Provider Agreement Attestation

- Read the information provided
- Select the check box confirming that you have read the contents of the application and attest it is true, correct, and complete



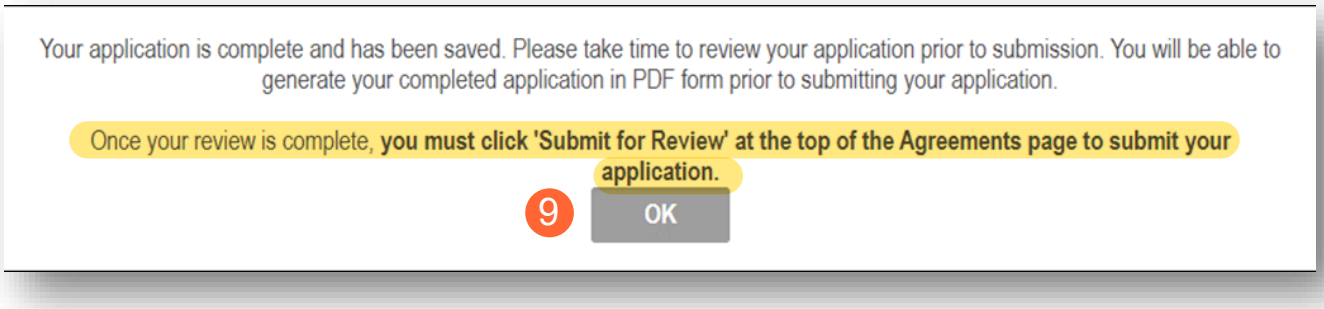
Step 7: Complete the Provider Agreement Signature

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

Step 8: Click 'Save'

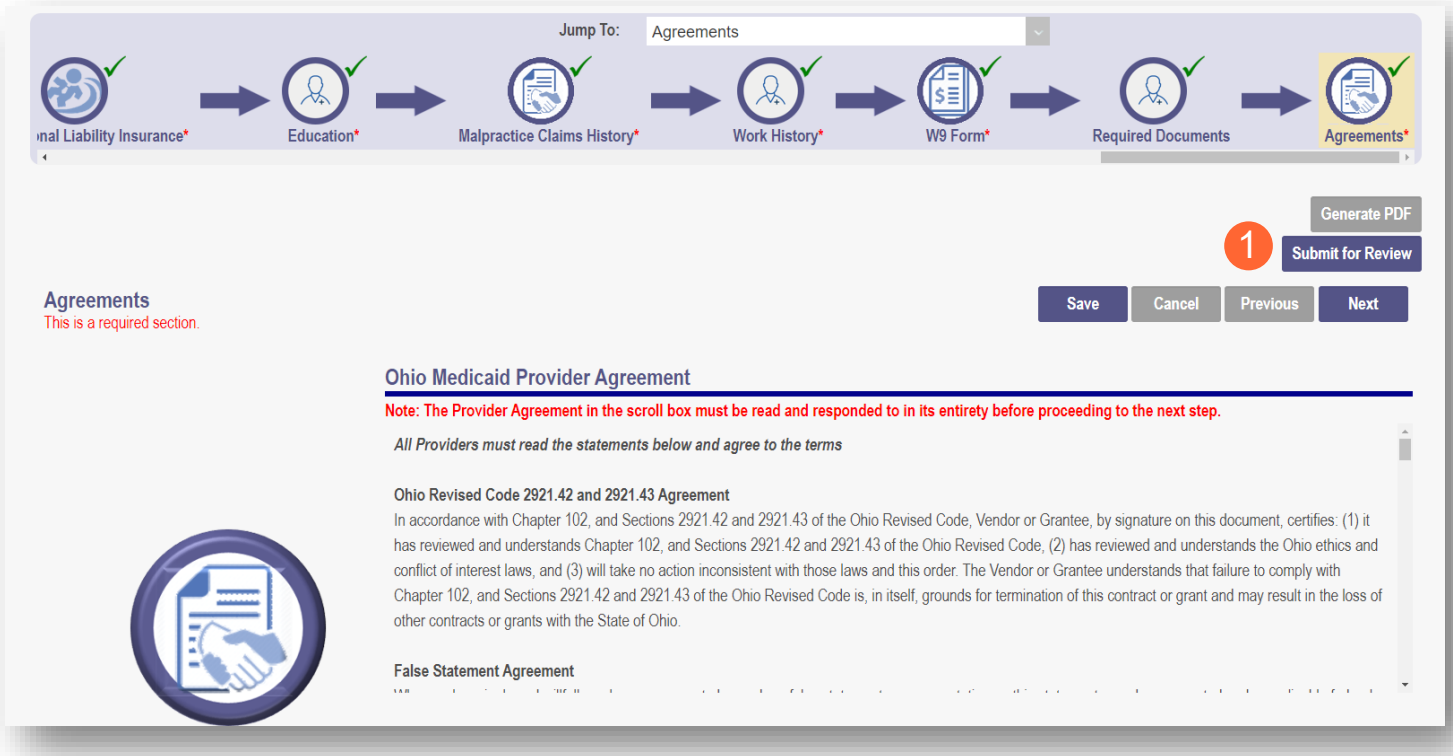
- A pop-up will appear confirming your application is complete

Step 9: Click 'OK' to review your application prior to submission



Submitting Application

Step 1: When you are satisfied that all information has been entered accurately on the application, click 'Submit for Review' found in the upper right-hand corner of the application.



Step 2: You will receive a confirmation message stating that your application has been successfully submitted.

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