



PNM Resource Guide for LTSS/HCBS Providers

Centralized Credentialing

The Ohio Department of Medicaid (ODM) has made it easier for providers by creating a single way for providers to be credentialed. This is called the Provider Network Management (PNM) portal. Here is how it works:

- **One Process:** You only need to go through one process to get approved to work with CareSource.
- **Get Your OHID:** To use the PNM portal, you need a State of Ohio digital ID (OHID). You can create your account at ohid.ohio.gov. If you need help, call Ohio Medicaid's help desk at 1-800-686- 1516. They are available Monday to Friday from 8 a.m. to 4:30 p.m.
- [Individual Practitioner - PNM User Guide](#)
- [Ohio Department of Aging \(ODA\) Provider - PNM User Guide](#)
- [Ohio Department of Developmental Disabilities \(DODD\) Provider - PNM User Guide](#)

PNM Quick Reference Guides

Logging into PNM and Enrolling with ODM, ODA, or DODD

- [Creating OH ID for IOP PNM Login](#)
- [General Application](#)
- [PNM Login/Access](#)
- [Identifying Your Role Within PNM](#)
- New Users (*never been a provider with ODM, ODA, or DODD*)
 - [DODD New Provider Application](#)
 - [ODA New Provider Application](#)
 - [New Provider Application](#)
 - [New Provider Application Type 19](#)

Update Your PNM Information

It is important to keep your address and other information up to date in the PNM system. This helps ensure that you get paid correctly and that CareSource has the right information about you.

Steps to Update:

- Make sure to update your addresses and affiliations in the PNM module.
- Follow the links for step-by-step instructions on how to update your information.

Provider Affiliation

When you work with CareSource, you need to make sure that your provider information is complete. If it is not, you may have problems getting paid for your services.

Common Issues:

- Your affiliation may be "Pending Approval" or "Confirmed."
- To finish the process, you need to save your updates and click "Submit for Review."

If you do not complete these steps, your affiliation will not be processed, and you could have payment problems.

Updating Provider Information

- [Adding an Individual Provider to a Group-Organization](#)
- [Affiliations](#)
- [Adding/Updating Electronic Funds Transfer \(EFT\) Banking Information](#)
- [Converting ORP to Standard \(FFS\)](#)
- [Disenrolling a Provider from Ohio Medicaid](#)
- [Edit Key Provider Identifiers](#)
- [EVV Training](#)
- [Provider Directory Opt-In or Opt-Out](#)
- [Submitting a Plan of Correction \(Site Visit Deficiencies\)](#)
- [Updating a Provider File \(Overview\)](#)
- [Updating or Adding Owner Information](#)
- [Updating or Adding Practice Locations](#)
- [Updating or Adding Professional License Information](#)
- [Updating or Adding a Specialty](#)
- [Uploading Documents](#)
- [Uploading Documents to Existing Claim or Prior Authorization](#)

Submitting Claims and Authorizations

ODM has a new way to make sending claims easier. You can submit claims in two ways:

1. **Electronic Data Interchange (EDI):** If you have a trading partner or use an authorized clearinghouse, you can send your claims this way.
2. **Provider Network Management (PNM):** You can also submit claims through the PNM portal.

Important Note: ODM does not accept paper claims. If you cannot send claims electronically, you can use the CareSource portal. You can either fill out a claim directly in the portal or upload a claim file.

If submitting claims directly to ODM through the EDI here are few things to check and understand:

1. **Check that your trading partner is authorized to work with ODM.**
All clearinghouses or trading partners who are already authorized to submit claims to ODM continue to have access to submit claims on behalf of providers – but we encourage these trading partners to practice submitting claims to the new system prior to submitting claims. Providers should validate that their trading partner is authorized to work with ODM and has practiced submitting claims through the new system.
2. **Provider claims submitted to trading partners must include the Medicaid member's ID (MMIS ID).**
A Medicaid ID should be obtained with each visit. Member eligibility can be verified using the ID through the PNM module, which redirects to MITS.
3. **Each managed care claim must include the internal managed care payer ID and a receiver ID.** If you submit your own claims through the EDI, please refer to the [ODM Companion Guides](#) for the updated receiver and payer IDs list for the managed care plans.
4. **For EDI-related claims submissions, ODM requires one rendering provider per claim at the header level, rather than the detail level, for professional claims.**
Different rendering providers at the detailed level are no longer acceptable. Exceptions for FFS Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) providers are detailed in the [Medicaid Advisory Letter 622](#).
5. **Trading partners do not submit attachments on behalf of providers.**
All managed care attachments are handled by each managed care entity (MCE). Providers should work with each MCE to submit attachments following the process outlined by the applicable MCE.

Providers must use the same system they used to submit a claim to view or change it.

Providers can view or edit their claims using the same system they used to submit them. This includes:

- Managed Care Entity (MCE) portals
- The MITS page accessed through the PNM module
- An authorized trading partner using the new EDI portal

For example, if a provider submitted a claim through an MCE portal, they must use that same portal to view or change their claim. Claims submitted through trading partners cannot be viewed in the PNM module, but providers can contact their trading partner to check the status of a claim.

Claims Rejections

Starting May 5, 2023, CareSource will not pay claims if the provider is not authorized by the state, except for emergency services. Here is what you need to know:

- Claims will be rejected if the provider is not listed as active in the Provider Master File (PMF) on the date of service.
- If you have a Medicaid ID, your claim will not be rejected as long as you are active in the PMF.

Rejection Codes:

- **562:** Invalid National Provider Identifier (NPI)
- **677:** Entity Not Affiliated

Getting Help

If you have questions or problems with the Provider Network Management module, there are resources available to help you.

- Check the PNM Learning tab for quick guides on how to add affiliations.
- If you need to view or edit a claim, use the same system you used to submit it, whether it is the MCE portal or the PNM module.

How to Stay Informed

ODM will continue to use the ODM Press to provide information about the upcoming implementation for providers. In the meantime, please reach out to the [Next Generation mailbox](#) with questions. Thank you for your continued partnership and support of the Next Generation Ohio Medicaid program!

Getting help with Provider Network Management module issues and questions

[Resources on the PNM and Centralized Credentialing page](#) are available to assist you in resolving the most common issues providers are experiencing.

The [PNM Learning tab](#) includes step-by-step instructions in three quick reference guides (QRG) under “Existing Users” for affiliation assistance. These are titled “Adding a Group Affiliation”, “Adding a Hospital Affiliation” and “Affiliations”.