



NETWORK *Notification*

Notice Date: June 3, 2026
To: Ohio Medicaid and CareSource MyCare Providers
From: CareSource
Subject: Requirements to Enroll Providers in PNM

Summary:

This network notification provides guidance to providers who bill for services but are not enrolled as a Medicaid provider with the Ohio Department of Medicaid (ODM) (e.g. unenrolled emergency service providers and unenrolled out of state providers).

Provider Enrollment Requirements:

Providers rendering services to Medicaid Managed Care, Next Generation MyCare Ohio, OhioRISE, and SPBM beneficiaries must be enrolled with ODM. Claims from unenrolled providers will be rejected at the Electronic Data Interchange (EDI) front door. Unenrolled providers will not be paid, and plan encounters will not be accepted.

How to Enroll:

Providing services under a single case agreement (SCA) requires the provider to follow the SCA process within ODM's PNM module. Any provider not enrolled with ODM seeking to bill the MCE, including out-of-state providers, must be enrolled using one of the options below in accordance with OAC 5160-1-11.

1. Please click [this link](#) to access the PNM and select the "MCP Single Case" tile to begin a new provider enrollment application. Once approved, they will have a typical 5-year provider agreement. Directions: [Quick Reference Guide - Entering New Type 19 Tile Applications in PNM \(maximus.com\)](#).
2. If you do not complete the first option online, you can complete the ODM 10282 and 10283 forms and submit them to **CareSource**. CareSource will then submit both the 10282 and 10283 forms to Medicaid_Provider_Update@medicaid.ohio.gov with the subject line **Single Case Agreement**.
3. If an unenrolled does not complete step one or two, the provider can complete a simplified ODM 10295 form and submit the form to the MCE. The MCE will submit the 10295 forms to Medicaid_Provider_Update@medicaid.ohio.gov. Please use the subject line **Single Case Agreement**. ODM provider enrollment staff will make a manual entry and complete screening. Providers will only have 120-day provider agreement allowing them to submit the claims through the Ohio Department of Medicaid Systems (OMES). Dates of service are important, and CareSource will inform ODM when the 120-day active status should begin. **Providers can only have a single 120-day provider agreement. Having more than one 120-day period would conflict with federal requirements. Once the one 120-day provider agreement expires, providers will be required to apply.**

4. ODM form 10298 was created specifically to enroll “pharmacies” under a single case agreement. This form should only be utilized by the Gainwell Network staff to facilitate SCAs under SPBM.

Please note that MCEs may hold claim adjudication until one of the enrollment steps above is complete. Holding the claim in this scenario will not affect prompt pay as these are not “clean claims” in accordance with the respective MCE provider agreements. This includes out-of-state and emergency service claims.

Claim Denials:

If a provider refuses to enroll using any of these options, then CareSource will deny the provider's claims. Before denying the claim, CareSource must document that they informed the provider of the provider's enrollment options and offered opportunities for provider education.

Encounters:

Providers rendering services for Next Generation MyCare Ohio beneficiaries effective 01/01/2026, must be enrolled with Ohio Medicaid prior to submitting claims through the OMES one front door¹.

MyCareOhio encounters will be rejected if a provider is only enrolled with Medicare and not Medicaid.

¹Providers who delivered services to Aetna MyCare or UnitedHealthcare MyCare Ohio beneficiaries prior to 01/01/2026, must complete Ohio Medicaid enrollment prior to submitting claims directly to the MyCare Ohio plan.

PNM education and training resources can be located here: PSE Provider Registration Portal - Resources (maximus.com)

Your encounter will be rejected for:

- Missing affiliation between billing and rendering if the affiliation was never known to ODM's EDI. The EDI system checks if the billing or rendering provider has been known at any point in time. Once an affiliation is established, it will be valid moving forward from an EDI perspective.
- Invalid affiliation if you submit an encounter where the rendering is required but is no longer known to ODM's EDI. Billing providers who are not required to have a rendering provider listed on the claim must not submit the claim with the rendering provider as the encounter will reject for the MCE. If a rendering provider is required, they must have had an affiliation in PNM. Once an affiliation is established, it will be valid moving forward from an EDI perspective.

Providers and affiliations must be active on the date of service for original claims (e.g., delivery kick payments) to be paid. Billing entities and rendering providers should be directed to enroll as their true provider type (PT), if available, and recognized by ODM. The SCA pathway enrolls the provider as a PT19 (reporting only provider) and as of today PT19s can only affiliate to a PT21 (Professional Medical Group). There is not an option to affiliate rendering practitioners to PT 19s. ODM allows the 365-day retro enrollment option for PT 19s; however, the provider would still be limited to the 120-day agreement window if completing ODM form 10295.

OH-Multi-P-5397977