

Quick Reference Guide: Accessing Communications within PNM

Steps:

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The Provider Correspondence is for communication directly from ODM/PNM only

Menu

Ohio

Home

Provider Network Management

Medicaid Home

Learning

Contact

Fee Schedule

Person

Log out

My Providers

Select Provider

Pending Agent Requests

Account Administration

New Provider ?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<div>517946</div>	<div>Training Medical Group</div>	Complete	21 - Professional Medical Group			Professional Medical Group				02/09/22	02/09/22	02/09/27

Once you have logged into PNM, access the Provider file by clicking the hyperlink under the 'Provider' heading, for the file you wish to access

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Provider Management Home

Registration Information

Provider Name	Medicaid ID	Effective Date
Training Medical Group		02/09/2022

Manage Application

Enrollment Actions

+ Enrollment Action Selections:

Programs

+ Program Selections:

Self Service

+ Self Service Selections:

On the Provider Management Home page, click the '+' symbol to expand the 'Self Service' section

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Self Service

- Self Service Selections:

[View Provider File](#)

[Provider Correspondence](#)

[Remittance Advice](#)

[Recipient Eligibility](#)

[Claims](#)

[Prior Authorization](#)

[Hospice](#)

[Provider Financial Self Services](#)

[Payment Innovation Reports](#)

[Provider Reports](#)

[Attachments](#)

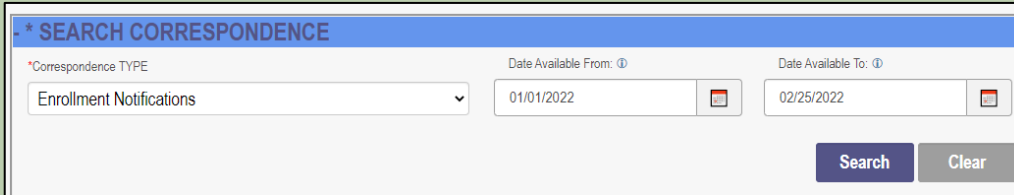
Within the Self Service Selections, click on the 'Provider Correspondence' hyperlink

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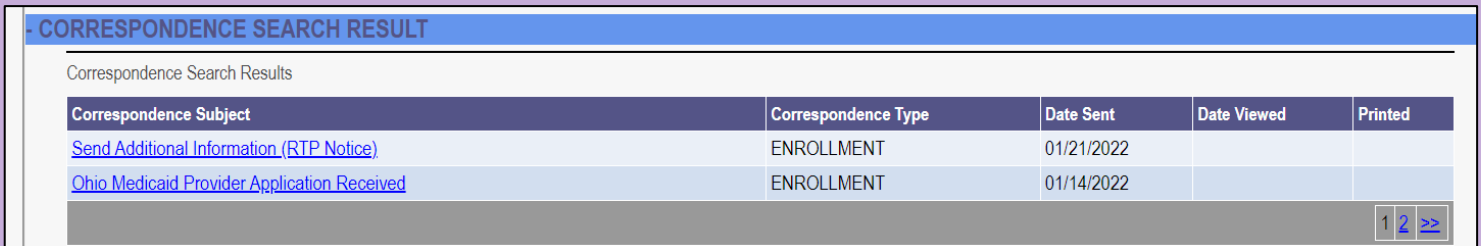
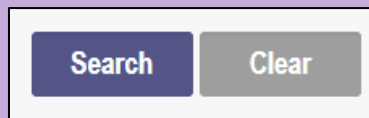
In the 'Search Correspondence' section, chose a Correspondence Type from the drop-down menu:



- Enrollment Notifications
- Financial Notifications
- Financial MSP Notifications
- SURS Notifications
- Eligibility Notifications
- Prior Authorization Notifications
- Claims Notifications
- Ad Hoc Notifications

Enter a date in the 'Date Available From' and 'Date Available To' boxes

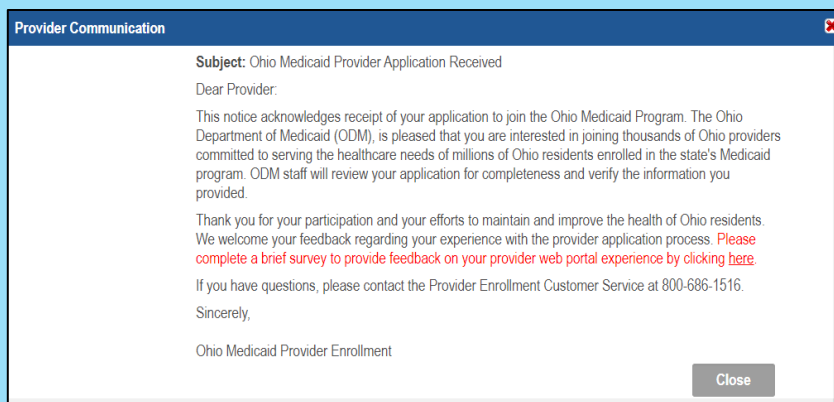
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Correspondence Subject	Correspondence Type	Date Sent	Date Viewed	Printed
Send Additional Information (RTP Notice)	ENROLLMENT	01/21/2022		
Ohio Medicaid Provider Application Received	ENROLLMENT	01/14/2022		

After entering the Correspondence Type and Date Range, click the "Search" button. The search results will display at the bottom of the page. If there are multiple pages, click the number or arrow hyperlinks to move through them

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Provider Communication

Subject: Ohio Medicaid Provider Application Received

Dear Provider:

This notice acknowledges receipt of your application to join the Ohio Medicaid Program. The Ohio Department of Medicaid (ODM), is pleased that you are interested in joining thousands of Ohio providers committed to serving the healthcare needs of millions of Ohio residents enrolled in the state's Medicaid program. ODM staff will review your application for completeness and verify the information you provided.

Thank you for your participation and your efforts to maintain and improve the health of Ohio residents. We welcome your feedback regarding your experience with the provider application process. [Please complete a brief survey to provide feedback on your provider web portal experience by clicking here.](#)

If you have questions, please contact the Provider Enrollment Customer Service at 800-686-1516.

Sincerely,

Ohio Medicaid Provider Enrollment

Close

To review the contents of a correspondence, click on the hyperlink under the Correspondence Subject heading that you wish to view.

A pop-up window with the correspondence appears. To close the window, click the 'Close' button