# Frequently Asked Questions (FAQ)

maximus

Ohio | Department of Medicaid

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# OH|ID / InnovateOhio Platform (IOP)

**Do I need an OH|ID to access the Provider Network Management (PNM) system?**

All individual users of the Provider Network Management will need their own OH|ID account to log into the PNM system. You can create an OH|ID by going to https://ohid.ohio.gov/wps/portal/gov/ohid/login/ and clicking 'Create Account.'

**Do I use my personal information when creating an OH|ID?**

Yes, the OH|ID allows for access to a variety of state agency systems, some of which you may interact with on a personal level. Use your personal information (email, address, etc.) instead of any business details.

**Should I create an OH|ID for my office or organization?**

An OH|ID should be created and used by individual users. Each individual user of PNM should have their own unique OH|ID account.

**Is an OH|ID the same as the ID (MCD ID) that is used to login into MITS?**

The OH|ID is different than the current MCD ID used the access MITS. The OH|ID is an account created through the InnovateOhio Platform and allows for a single ID to access systems for multiple state agencies throughout Ohio.

**How do I know if I already have an OH|ID?**

You can review email communications that you may have received from the InnovateOhio Platform, or go to the OH|ID login page, https://ohid.ohio.gov/wps/portal/gov/ohid/login, and click 'Forgot OH|ID' to have those details sent to your email, if your email address is on record.

**If I already have an OH|ID for personal reasons, is this the same OH|ID that I would use to access PNM?**

Yes, the OH|ID is not specific to PNM. The OH|ID is a login created through the InnovateOhio Platform that allow a user the ability to access systems for several different state agencies, including PNM, with the same login credentials.

**When I create an OH|ID, is this where I indicate that I am an Administrator/Agent?**

No, creating an OH|ID is just creating that username and password on the InnovateOhio Platform. This login is not unique to PNM and can be used for a variety of state agency systems. The linking of existing providers from MITS to your OH|ID account will occur by accessing the Pre-Registration site, which will be available starting August 15th.

**I already have an OH|ID account, will I use that account for PNM when it goes live?**

Yes, but it is important to complete the pre-registration process if you are an Administrator so that any providers you administer are linked to your account and will appear on your homepage/dashboard when you log into PNM.

**I only handle claims submission and eligibility searches, since those functionalities are still going to be in MITS on October 1st, do I need an OH|ID account?**

Yes, after the October 1, 2022, launch of PNM all users accessing the PNM system will need an OH|ID account. This includes those who are completing self-service functions in MITS, because all users will need to access PNM first and then click on links within the PNM system to access functionalities in MITS.

# Pre-Registration

**Who will receive the pre-registration email communication?**

The Pre-Reg emails are sent to all registered Providers, MCEs, Trading Partners, etc. via GovDelivery. It was also in an article in the July 28th ODM Press Issue.

**How do I link the current providers I administer in MITS to my OH|ID account?**

When going through the pre-registration process, after indicating that you are an Administrator of providers, complete the Provider Associations section by filing in information including Medicaid ID, Tax ID, and NPI of each provider to link the providers to your OH|ID account. After a successful linkage, these providers will appear on your homepage/dashboard when you log into PNM after October 1, 2022.

**What if I don't link the providers to my account during the pre-registration timeframe?**

Providers that were not linked to a PNM user account during the pre-registration timeframe can be linked directly through PNM after the system launches in October. From the homepage/dashboard, click on 'Select Providers' and enter the Medicaid ID, Tax ID, and NPI for the provider you wish to link to your PNM user account.

**I exited out of the Pre-Registration tool early. How do I finish account registration?**

If Providers have not completed their provider affiliations, they will have the ability to log in and complete until the Pre-Registration site is decommissioned (prior to go-live).

**Can I still access my MITS account in the meantime?**

Yes, Providers will still be able to access their MITS accounts through PNM Go-Live on October 1st. After PNM go-live, Providers will be able to access their MITS account through the PNM portal until December 1st. After December 1, all MITS functionalities will be replaced by the PNM module.

**I got a message that said the Provider information provided does not match records. What should I do?**

Providers should verify and re-enter the requested Provider information.

**Do I need any additional applications to log into the PNM Pre-Registration tool or OH|ID?**

No, Providers do not need additional applications to access the PNM Pre-Registration tool or OH|ID. They will need a cell phone or access to your email address to confirm their OH|ID account creation.

**What if I miss the Pre-Registration period?**

Providers who miss the Pre-Registration period will still be able to create an OH|ID but will not be able to associate the OH|ID to their PNM account until go-live on October 1st.

**What if I am a new Provider and did not meet the Pre-Registration cutoff outlined on the Pre-Registration tool?**

Providers who are new to Medicaid, or who enrolled too close to the Pre-Registration period will be able to create an OH|ID for PNM access beginning October 1st.

**What is the difference between a Provider Administrator and a Provider Agent on the Pre-Registration tool?**

The Provider Administrator and Agent roles function in a parent-child relationship. Provider Administrators, the Parent, are responsible for assigning unique roles and permissions to Provider Agents. A Provider Agent, the Child will not be able to perform key tasks in the PNM until they are assigned roles by the Provider Administrator.

**How do I identify my Provider Administrator?**

If you do not know who your Provider Administrator is, please contact Provider Relations for support.

**What if an Agent accidently links their account to the provider as the Administrator?**

During the pre-registration process, there are specific selections that must be made. Only the user who indicated they are the 'Provider Administration' will be asked to link existing providers to their account.

**I already have an OH|ID account, why can't I access it anymore?**

Providers can use "Forgot User ID" and/or "Forgot Password" to gain account access. For further assistance, please visit OH|ID Self-Service Resources.

**I can't log in to my OH|ID. How do I access my account now?**

Providers should follow the "Reset account/ Password" protocol to access their OH|ID account. If they need further assistance, please direct them to OH|ID Self-Service Resources, or suggest creating a new OH|ID using a new email address. Recovering an existing account is preferred, but not always feasible.

**I already created my OH|ID but haven't received any confirmation email. How do I get access to my account?**

Troubleshooting help will be available on the email verification screen. Providers can add DONOTREPLY-EnterpriseIdentity@ohio.gov email addresses to their contact list or ask their IT administrators to add this email to the safe-sender list.

**Is there a limit to the number of OH|ID account created under one Provider User ID?**

There is no limit to the number of providers that can be managed under one Provider User ID.

## Why do I need my own OH|ID? Can we share them?

Sharing OH|IDs is not advised. OH|ID uses your personal information to verify your identity and can be used to access multiple State agencies, boards, and commissions. To protect your personal information, and to protect access to secure Medicaid Member information please create individual OH|ID accounts.

# Administrator and Agent Roles

**What is the difference between the Administrator role and the Agent role in the (PNM) system?**

An Administrator is ultimately responsible for the provider. The Administrator signs the provider agreement and are held accountable to anything that's being included in the provider application
An Agent can perform specific duties or actions on behalf of the provider and can be granted access by the Administrator to access those screens in PNM

**Can more than one user have an Administrator role for a provider?**

No, only one Administrator role is assigned per provider (NPI/Medicaid ID).

**Can a user with an Administrator role administer more than one provider?**

Yes, a user with an Administrator role can be an Administrator for multiple providers. Each of the providers that the user administers will appear on their homepage/dashboard in PNM.

**Can I be an Administrator for one provider (NPI/Medicaid ID) and an Agent for a different provider?**

Yes, your individual user account could have the role of an Administrator for a certain provider or several providers and have an Agent role for others.

**What if we have 5 different NPIs that we provide services for, how is that handled?**

You can have multiple NPIs linked to your own PNM (OH|ID) login. Both Administrations and Agents have the ability to view multiple records in their dashboard in PNM.

**Can a user with an Agent role have all the same permissions as an Administrator?**

While an Agent can be assigned many roles, there are certain processes that only an Administrator can complete. These include initiating a new enrollment application, completing an update on a provider file, and completing the revalidation/reenrollment process.

The roles available to assign to Agents are listed in Appendix 1.

**How does an Administrator get notified that an Agent wants to gain access to an NPI/Medicaid ID record?**

The Administration will receive a request and can complete the process of linking the agent through the 'Pending Agent Requests' button on their dashboard.

**Can an Administrator be the Administration for an individual provider as well as a Group provider?**

Yes, the user with the Administrator role can be the Administrator for multiple providers, individuals, groups, organizations, facilities, etc.

## Can an Administrator assign the Administrator role to another user?

Yes, this can be completed by clicking the 'Account Administration' button the homepage/dashboard, selecting the Medicaid ID for the provider which the Administrator will be changing, and filling in the user ID next to 'Change Admin To:'

## How is a user with an Agent role given actions/granted access to a provider record?

A user with the Administrator role will select 'Account Administration' from their dashboard. The Administrator will then select the Medicaid ID they want to grant an Agent access to and then enter the username (OH|ID) of the Agent and the email address associated with the Agent's OH|ID. Once an account is confirmed, the Administrator will choose the actions they want to give to the Agent and save.

## If a user with an Agent role requests affiliation to a provider, will everyone see that request?

Only users with an Administrator role will see pending agent requests in PNM. The Administrator role can also approve requests and assign Agents specific action permissions in PNM.

## Does each agency need to be set up with separate permissions by provider (Medicaid ID)?

Each Agent role can be given separate permissions or actions for each provider (Medicaid ID).

## Is there a backup role for the Administrator that can have the same access permissions?

There is no designed 'back up' role for an Administrator. An Administrator can reassign their role to another user, if they know they are going to be unable to complete actions during a specific period.

## If the Administrator leaves our company, how can another employee obtain the Administrator role?

The Administrator role can be assigned to a different user by the Administrator. This process could occur prior to them leaving the company. If the Administrator role cannot be assigned prior to the person leaving, contact Help Desk support so they can initiate the process.

## Can a provider be linked to more than one agent?

Yes, Agents can be assigned specific roles for each provider (NPI/Medicaid ID), so multiple Agents may complete different actions for a provider.

## Is there a limit to how many providers an Agent can have access to?

No, there is no limit to how many providers each Agent can access or complete actions for.

## Can an Agent complete a Comprehensive Primary Care (CPC) application?

Yes, an Agent assigned the 'CPC Agent' action by an Administrator can complete these functions.

# Provider Network Management (PNM) System

## Overall

**When will the PNM system by up and running so I can access?**

PNM will launch on October 1, 2022, with functionalities complete processes related to provider enrollment and centralized credentialing

**I have numerous admins user IDs in MITS; how does that work with PNM?**

A user with an Administrator role in PNM can be the Administrator for multiple providers (NPIs/Medicaid IDs). If linked correctly, an Administrator in PNM would be able to see all the providers they administer displayed on their dashboard in PNM.

**Can I submit claims or prior authorizations in PNM after the October launch?**

Self-Service functionalities, including claims and prior authorizations, will continue to be completed in the MITS system after PNM launches in October. However, to access these processes in MITS, a user will need to log into PNM and access the direct links for each action to be re-directed to MITS.

**Will we receive a tracking number, like the Application Tracking Number (ATN) in MITS, to access and locate our application in PNM?**

Each application in PNM is assigned a Registration ID (Reg ID) number when it is created in the system. The Registration ID is linked with the provider (NPI/Medicaid ID). Upon submitting an update or revalidation, you may receive an additional 'Application ID' for that particular process, which still falls under the same Registration ID for the provider.

**How many days does a provider have to complete a new enrollment application before it expires?**

10 calendar days

**I am an Ohio Department of Developmental Disabilities (DODD) or Ohio Department of Aging (ODA) Waiver provider. Do I complete my new enrollment application with those agencies in PNM?**

Yes, the process of a new enrollment for a waiver provider application will begin in PNM, but during the process you will be redirected to outside systems (PSM for DODD and PCW for ODA)

**How can I obtain the Medicaid ID number for a provider?**

If you are the Administrator or Agent for the provider, the Medicaid ID will appear under the 'Medicaid ID' column heading on your homepage/dashboard.

**How can I access an Approval Letter?**

An Approval Letter can be obtained by accessing Provider Correspondence in PNM. It will be listed under Enrollment Correspondence. Once you locate the correspondence, click the hyperlink to open a window with the Approval Letter. You can also print from the Provider Correspondence page.

**How do I access the self-service functionalities in PNM (Claims, Prior Auth, Remittance Advice, Eligibility, etc.?**

These functionalities can be accessed from the dashboard. Click either the Reg ID or Provider hyperlink to access the Provider Management Home page. From the Manage Application section (located in the middle of the page), click the '+' icon to expand the Self Service sections. Available options will appear as links under that heading. Click the link to begin the process.

## Key Identifiers

**Is the Zip Code Ext (Zip Ext) a required field to complete on the Key Identifiers page?**

Yes, the Zip Ext field must be completed on the Key Identifiers page. You will receive an error message if this field is not filled out.

**If a provider began work as a Medicaid provider before their application is entered in PNM, are they able to 'back date' their Medicaid Enrollment Effective Date?**

Yes. By selecting the checkbox next to 'Are you requesting retro coverage?' on the Key Identifiers page, this will allow a user to indicate a 'back date' of the Medicaid Enrollment date.

This would align to rule 5160-1-17.4, stating that certain provider agreements may be made retroactive (up to 12 months) to encompass dates on which the provider furnished covered services to a Medicaid consumer and the service has not been billed to Medicaid. A failure to select the box shall be taken by ODM to mean you waive your right to a retrospective period of months prior to the date ODM approved your application.

**The taxonomy line is not appearing for me, how do I get that to come up?**

After entering the Zip Ext field, click the 'Save' button. The system will automatically make a call to the National Plan and Provider Enumeration System (NPPES) database, using the NPI number entered, to check which taxonomies are associated with the NPI number. After clicking that initial 'Save' the Taxonomy field will display. Select a Taxonomy and click 'Save' again to proceed.

**Do I need to enter a taxonomy, or can I leave that field blank and proceed?**

The taxonomy field is a required field to be completed on the Key Identifiers page. Information must be listed in the field to proceed with the application.

**What if the taxonomies listed are not ones that I want to choose?**

The taxonomies in the drop-down menu are the ones associated with the provider record on the National Plan and Provider Enumeration System (NPPES). If you want different taxonomies to display, you will need to update your record with the NPPES database.

**Can I select more than one taxonomy on the Key Identifiers screen?**

You are only able to select one taxonomy on the Key Identifiers screen but have the ability to add additional taxonomies on the application under the Taxonomies page.

## Pages

**If I click 'Add New' by mistake, can I go back or delete?**

Yes, clicking the 'Cancel' button will cancel out any selections or information that was entered.

**What if the address I enter is not in the USPS database?**

PNM will run a check of all addresses against the United States Postal Service (USPS) database. If the address listed in PNM is not valid per USPS, it will not be accepted.

**When entering an address, are suite numbers accepted?**

PNM does allow for suite numbers to be entered as long as the suite number is part of a valid address in the USPS database.

**On an address page, if I click the checkbox for 'Same as Practice Location' can I edit address information after it populates?**

Yes, clicking the checkbox will populate the primary service address information in the address boxes, but this information can still be edited.

**Can multiple specialties be added to a provider?**

Yes, multiple specialties can be added for a provider. While a primary specialty must be added to the provider record first, additional 'secondary' specialists can also be added. The available options that display in the specialties drop-down menu are based on the provider type selected.

**Do I need to enter details on the EFT Banking Information page?**

Details are only required to be completed on the EFT Banking Information page if you select 'Yes' to the question *"Do you expect to receive payment directly from the State Medicaid Program as opposed to only payment from the Managed Care Contractors?"*

If 'No' is answered to that question, no further banking details need to be entered on the page.

**Is the contact that needs to be listed on the EFT Banking Information the provider or the financial institution?**

The EFT Contact information would be for the provider or whomever handles the financial information/transactions on behalf of the provider.

**Where do I indicate information or enroll in plans for Medicaid Managed Care Plans (MCP)?**

If you have interested in contracting with one of the Ohio Medicaid Managed Care Plans, that would be indicated the MCP Affiliation page. The Managed Care Plans will receive information regarding all providers interested and will reach out to those providers directly. Once a Managed Care Plan has been confirmed, it will show under the 'Confirmed Affiliations' section of the MCP Affiliation page.

**If I get credentialed by ODM, do I need to contract with a managed care organization?**

Yes.  All providers serving members enrolled with a managed care plan are required to be credentialed by ODM, based on their provider type.  Providers do <u>not</u> need to be credentialed by each managed care plan.  Being credentialed is not the same as contracting with a managed care plan.  Providers <u>will</u> need to contract with each managed care plan.  The terms of those contracts must be negotiated separately between the plan and the provider.

**What is the definition of a 'subcontractor' listed on the Owner Information page?**

A subcontractor is defined as any supplier, distributor, vendor, or firm that furnishes supplies or services to or for a prime contractor or another subcontractor, except for providers of direct medical services or supplies pursuant to the Carrier's health benefits plan. (If any additional clarifications are needed review the rules and information set by the Centers for Medicare & Medicaid Services (CMS))

**How does an individual provider indicate they are affiliated with a Group or Organization?**

This is indicated on the Group, Organization & Hospital Affiliations page within PNM.

**What does a Group indicate which individuals are affiliated with them?**

This is indicated on the Group, Organization & Hospital Affiliations page within PNM.

**Does the group affiliation have to be requested from the individual level, or can a group complete that from their side?**

The affiliation can be completed either by the individual provider or the group. Only the group needs to confirm an individual provider if the individual indicates affiliation. The individual does not have to confirm the group.

**Can individuals remove a group affiliation without the group confirming?**

No, an individual can only request affiliation with a group or organization. Once the affiliation is confirmed by the group or organization, that entity will manage the affiliations, including the ability to remove an individual.

**Can I list an affiliation with a Hospital under the Group section and the Hospital section?**

Yes. As an individual provider if you enter information to affiliate to a Hospital under the Group section, the Hospital will need to confirm your affiliation. Entering information under the Hospital Affiliation section is an informational section, asking if the provider practices exclusively with the inpatient setting and if the provider has Hospital privileges, which hospital that is with. A provider can be affiliated with a hospital (Group Affiliations) and also have privileges at that hospital (Hospital Affiliations).

**As a hospital provider, do I need to confirm affiliations?**

Yes, if the provider lists the affiliation under the Group Affiliations section, this affiliation will need to be confirmed.

## Documents

### What document is required to be uploaded on the Professional License page?

On the Professional License page, a document stating the provider's name, who they are licensed through, the license number, and an expiration date would be needed. This could be the license issued directly from the board or another document containing that information.

### For a Behavioral Health Paraprofessional (Provider Type 96) how can they indicate their education history?

A required document of 'High School Diploma or GED' will be listed on the Required Documents page and the user filling out the application will need to upload that document to PNM before submitting the new enrollment application.

### Are verifications from the ODH websites acceptable when required to upload documents, such as State License, CLIA Certificate, Medicare Number, etc.?

Yes, those verification from the ODH websites are acceptable to use when uploading documents in PNM.

### If I want a written copy of my application, do I need to select 'Generate PDF' prior to submitting the application for review?

Yes, if you need a written copy of the application, it is important to complete this set prior to submitting for review because you may not have access to the application while it is in the review process.

## Return to Provider

**If an application is sent back to me for some reason, will I receive a notification?**

Yes, the person listed as the Primary Contact on the application will receive an email stating that a notification has been received in PNM and to login to PNM to review the notification and act, if necessary.

**If an application is sent back to me for more information, how soon must I provide it?**

You have 30 calendar days to provide the requested information. Reminder notifications will continue to be sent and a delay in enrollment could occur if the information is not provided in a timely manner. If the requested information is not provided in the 30-day timeframe, the application will be denied.

## Updates

**If I make an update of an address (billing address for example) to a group's record, does this update the billing address for all the individual providers under that group?**

Unfortunately, it does not. Changes in information will need to be updated on each individual record, there is not a current functionality for global changes.

# MITS and PNM Relationship

**Can I still access MITS after PNM goes live in October?**

MITS may still need to be accessed after PNM launches in October if you need to complete self-service functionalities, such as claims, prior authorization, remittance advice, eligibility, accessing cost reports, etc. Users will need to login to PNM but can access these functions by clicking on the appropriate link to be redirected to the MITS system.

**Do I need to re-enter provider data in the PNM system, or will that come over from MITS?**

Data for existing providers who are in the MITS system will be converted to PNM prior to the October 1st launch date. If a provider needs to be updated after October 1, 2022, that process would be completed in PNM.

**Will the Medicaid ID for an existing provider in MITS change when providers are transferred to PNM?**

No, the Medicaid ID assigned to an existing provider today will remain the same Medicaid ID number after the data is converted to PNM.

**Will associations or affiliations that providers have currently in MITS carry over to PNM?**

Yes, data for existing providers, including affiliations, will be converted from MITS to PNM.

**Should we make sure that everything regarding the provider record in MITS is correct before the data converts to PNM?**

Yes, this will ensure that all data in PNM is accurate when the system launches on October 1st.

**What kind of impact will this move from MITS to PNM have on claims submission and/or payment?**

When PNM launches on October 1, 2022, the self-service functionalities, which include things such as claims, prior authorization, eligibility, cost reports, etc., will still be completed through the MITS system as they are today. A user will need to log into PNM to access links for these functionalities, but submission, inquiries and payments should work the same way as they did before the launch of PNM. Stage 3 implemented, which is slated for December 1, 2022, will see those functionalities move directly into PNM to access and complete.

**After the conversation of data from MITS to PNM is completed and we have a concern about the data that may have come over, who should be contact?**

If you have questions or need assistance regarding the information listed for providers in PNM, you can reach out to the ODM Provider Assistance and Enrollment line at 1-800-686-1516

## Blackout

### What does the term 'blackout' mean?

The blackout will be a period for which processes are disabled in MITS so that data can be converted accurately to PNM

### When is the blackout period for MITS?

There are two blackout dates in relation to the MITS conversion to PNM.

First, a blackout was initiated on July 31, 2022, for new provider enrollment. This means that any new provider, not already enrolled in Medicaid will need to wait to complete that new enrollment until October 1st and complete that process in the PNM system.

A second blackout will go into effect on August 31, 2022, for existing providers. This blackout means that updates to demographic information, which would include affiliations (adding or removing providers from groups) would need to be completed in MITS prior to August 31st or will need to wait until October 1st to be completed in PNM.

The functionalities of searching and submitting claims and prior authorization, searching member eligibility and remittance advice, and accessing cost reports will continue in MITS and will not be impacted by this blackout period

### Can I still submit claims and remittance advice in MITS during the blackout period (August 31st – October 1st)?

Yes, the blackout of MITS will not impact these processes.

### Will there be a blackout of MITS to standup self-service functionalities in PNM regarding the Stage 3 (December 2022) release?

There will most likely be a blackout period to covert data from MITS to PNM in Stage 3. Specific dates will be communicated with all users closer to the launch date.

# Revalidation/Reenrollment

### How often do I need to complete a Revalidation or Reenrollment?

A revalidation/reenroll needs to be completed every 3 years for credentialed providers and every 5 years for non-credentialed providers.

### When can I begin a revalidation in PNM?

You will receive the option (link) in PNM under the Enrollment Actions on the Provider Management Homepage to 'Begin Revalidation' starting 120 days prior to your revalidation due date. Currently, revalidations are on hold due to the Public Health Emergency (PHE) and a date when revalidations will be required again will be communicational out.

### Will I receive notifications that I am due for revalidation?

Yes, PNM will send correspondence starting 120 days prior to the revalidation due date and then every 30 days after, leading up to the revalidation due date.

### If I am a credentialed provider and am going through recredentialing (revalidation/reenrollment) in Year 3 and I have paid my application fee in the past 5 years, do I need to pay it again?

No, if you are recredentialing in Year 3, but have paid the affiliation when you created the new enrollment application, you have paid the fee in the past 5 years and can indicate a waiver for the application fee due to that reason.

### Can an Agent complete revalidation for a provider?

No, the revalidation process is one that can only be initiated and completed by a user with an Administrator role.

### Is there a date in place for when revalidations will begin again after being delayed due to the Public Health Emergency (PHE)?

There is no current date for when revalidations will be required to be completed again. Once that date is set, communications will be provided regarding when that process will start back up.

# Appendix 1

## Agent Roles

| Role Name | Description |
| --- | --- |
| **1099 Information** | Agent role with the ability to update 1099 Information |
| **Claim Search** | Agent role with the ability to search for claims information |
| **Claim Submission** | Agent role with the ability to submit claims |
| **CPC Agent** | Allows agents access to update and submit CPC Applications |
| **Deemed Eligibility** | Agent role needed for access to Ohio Benefit's Eligibility Portal |
| **DODD Secondary User** | DODD User role that can make updates to DD registrations, based on the assignment of facility or contract number. Granted access by the CEO Certified provider role |
| **Eligibility** | Agent role with the ability to search for recipient eligibility |
| **FQHC Cost Report Upload** | Agent role with the ability to upload FQHC Cost Reports |
| **Group Agent** | Allows agents access to CPC Group Member, Group, Group Affiliation, Group Member, Group Members |
| **Hospice Enroll Maintenance** | Agent role with the ability to maintain Hospice enrollments |
| **Hospice Enroll Search** | Agent role with the ability to search Hospice enrollments |
| **Hospital Contact** | Agent role with the ability to update Hospital Addresses on behalf of the provider |
| **Hospital Cost Report Upload** | Agent role with the ability to upload Hospital Cost Reports |
| **Lead Investigation Cost Report Upload** | Agent role with the ability to upload LI Cost Reports |
| **MDS Report** | Agent role with the ability to download MDS Reports. This individual must be an employee of the provider |
| **OHF Cost Report Upload** | Agent role with the ability to upload OHF Cost Reports |
| **Prenatal Visit** | Agent role needed to authenticate with Duet's Nurture Ohio System |
| **Prepare Save LTC Cost Report** | Agent role with the ability to prepare LTC Cost Reports and Trade Files |
| **Prepare Save MSP Cost Reports** | Agent role with the ability to approve MSP Cost Reports |
| **Prior Authorization Search** | Agent role with the ability to search prior authorizations |
| **Prior Authorization Submit** | Agent role with the ability to submit prior authorizations |
| **Provider Payment Innovation Reports Agent** | Agent role with the ability to view the HAVEn reports |
| **RHC Cost Report Upload** | Agent role with the ability to upload RHC Cost Reports |
| **Sign Approve LTC Cost Report** | Agent role with the ability to approve LTC Cost Reports and Trade Files |

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|---|---|
| **Sign Certify MSP Cost Reports** | Agent role with the ability to approve MSP Cost Reports |
| **View FQHC Cost Report** | Agent role with the ability to view FQHC Cost Reports |
| **View Hospital Cost Report** | Agent role with the ability to view Hospital Cost Reports |
| **View LI Cost Report** | Agent role with the ability to view LI Cost Reports |
| **View LTC Cost Report** | Agent role with the ability to view LTC Cost Reports and Trade Files |
| **View MSP Cost Report Due Date** | Agent role with the ability to view MSP Cost Report Due Date |
| **View MSP Cost Reports** | Agent role with the ability to view MSP Cost Reports |
| **View OHF Cost Report** | Agent role with the ability to view OHF Cost Reports |
| **View Provider Reports** | Agent role with the ability to view Provider Reports in PNM |
| **View Remittance Advices** | Agent role with the ability to view remittance advice |
| **View RHC Cost Report** | Agent role with the ability to view RHC Cost Reports |
| **View SURS** | Agent role needed to view SURS File Type Overpayment Letter and SURS Reconsideration Response |