

Welcome to Training!

Fee-for-Service (FFS) Hospice Recipient Enrollment

Provider Network Management (PNM)

Please check your audio settings to ensure everything is working properly before the session begins



maximus

Contact Information

Phone Number

Ohio Dept of Medicaid
Integrated Help Desk

1-800-686-1516

PNM Assistance/Error Messages: *Option 2 followed by Option 3*

Medicaid Related Questions: *Option 8*

Emails

ODM Integrated Help Desk

ihd@medicaid.ohio.gov

PNM Troubleshooting/
Error Messages

pnmsupport@medicaid.ohio.gov

Ohio Medicaid Enrollment
(for updates to specialties)

Medicaid_Provider_Update@medicaid.ohio.gov

Ohio Medicaid Credentialing
Questions

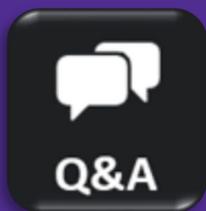
credentialing@medicaid.ohio.gov

Training Assistance and
Resources

ohiotrainingteam@maximus.com

Fee-for-Service (FFS) Hospice Recipient Enrollment Session Agenda

Ask questions during the session using the Q&A panel or the 'Raise Hand' feature through the Zoom toolbar



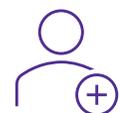
Viewing the FFS Hospice Enrollment Process



Accessing Recipient Enrollment Using the Self Service Panel



Searching PNM Using Hospice Tracking Number (HTN)



Adding a New Hospice Recipient Enrollment in PNM



Viewing Possible Validation Error Messages

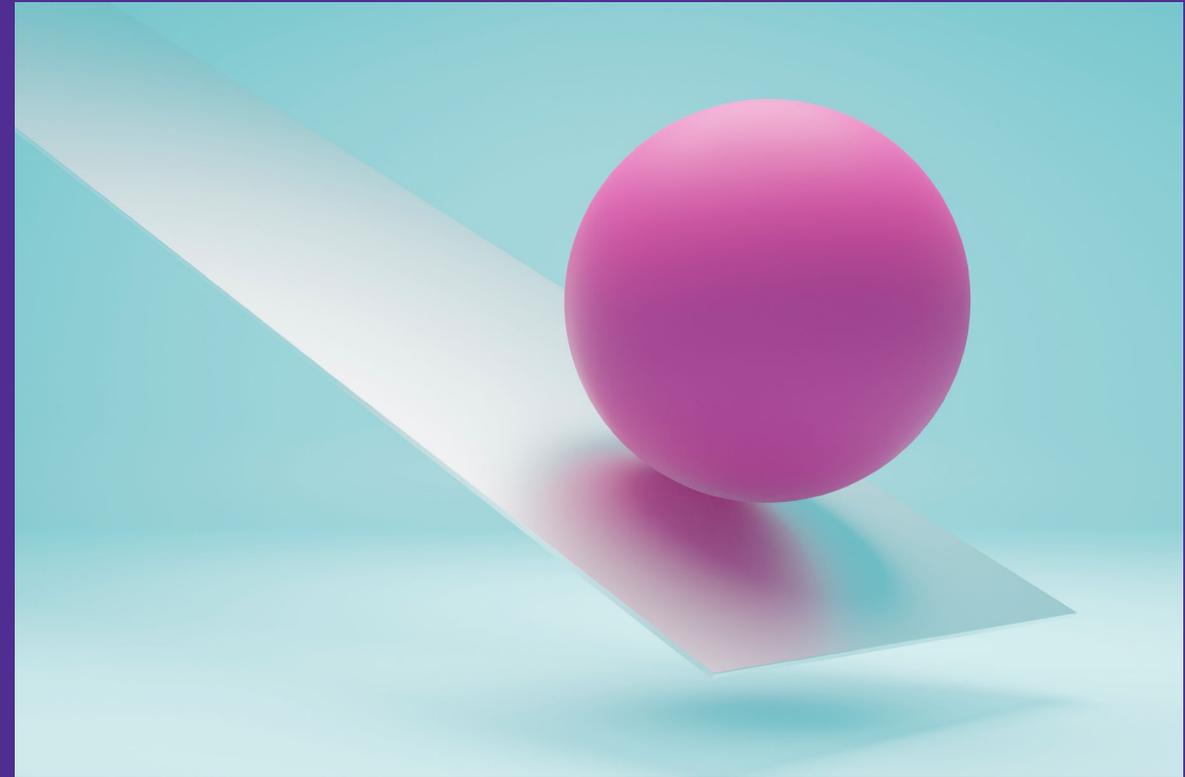


Updating a Hospice Enrollment in PNM

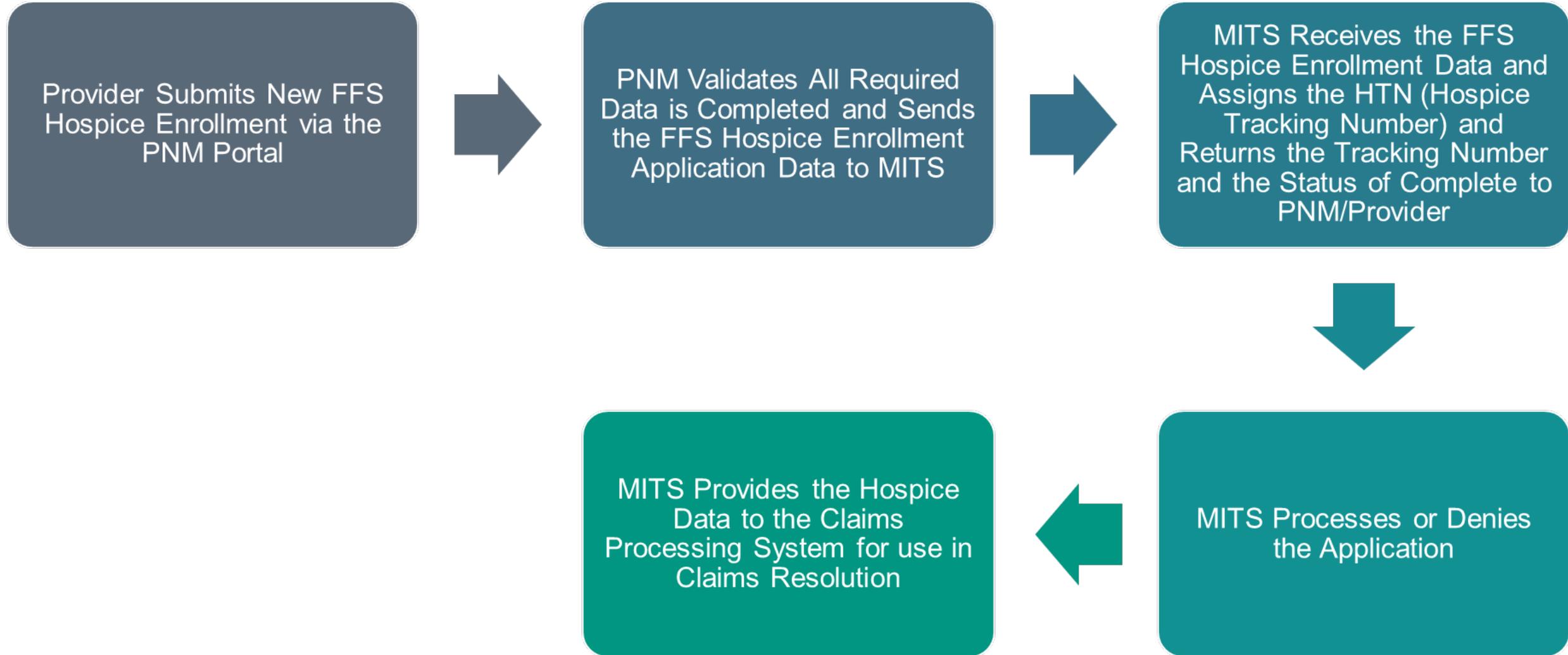
The FFS Hospice Enrollment Process



Learn about the relationship with the Medicaid Information Technology System (MITS) and the Hospice Eligibility process in PNM.



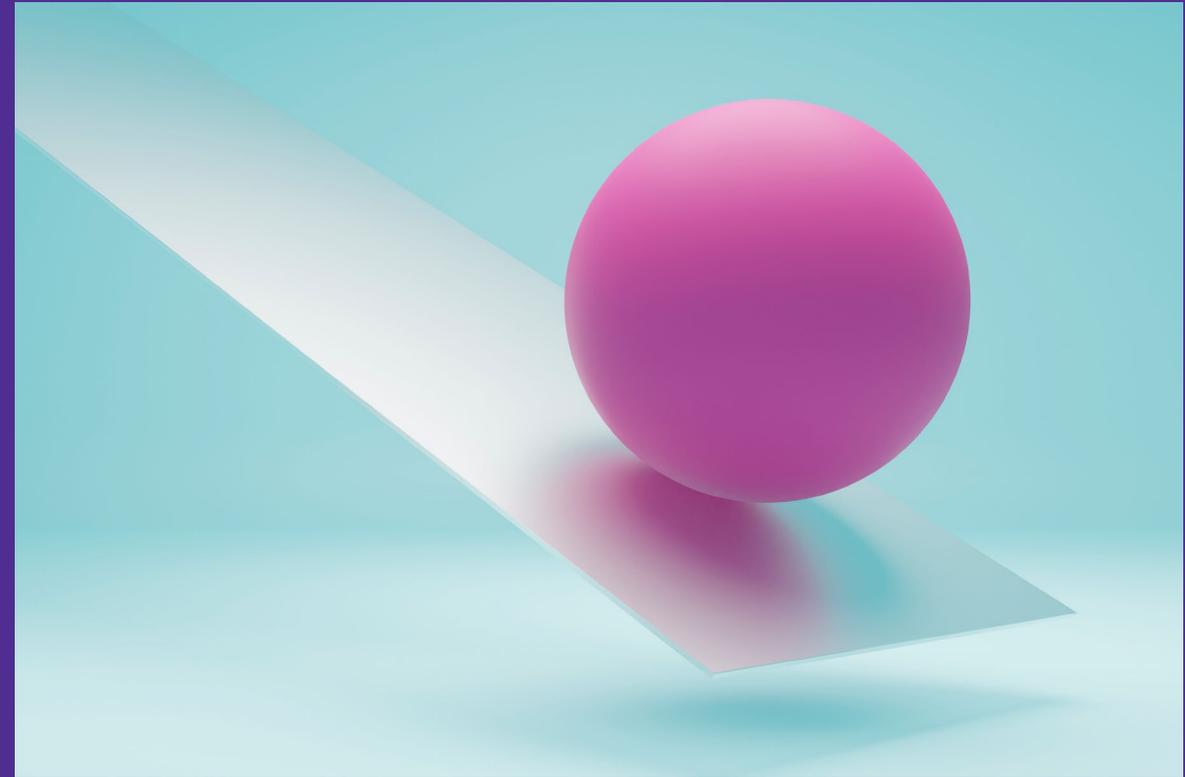
The FFS Hospice Enrollment Process



Accessing the Self Service Panel



Learn where to locate the Self Service panel in PNM and how to access hospice recipient enrollment information.



Accessing the Self Service Panel



Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517990	Above and Beyond Caregivers	Complete	44 - Hospice	1528398476	0000210	Hospice				08/15/2023	04/27/2022	08/15/2026

- From the homepage/dashboard, click on the **Reg ID** or **Provider Name** hyperlink to access the Provider Management Home page.

Accessing the Self Service Panel



- On the Provider Management Home page, locate the Manage Application section.
- Expand the Self Service section.
- From the Self Service Selections, click 'Hospice.'
- For an Agent to have the blue 'Hospice' hyperlink appear, they need the proper roles assigned from the Administrator:
 - **Hospice Enroll Maintenance** – to maintain hospice enrollments.
 - **Hospice Enroll Search** – to search for hospice enrollments.

The screenshot shows the 'Manage Application' section with three expandable options: 'Enrollment Actions', 'Programs', and 'Self Service'. Each option has a plus sign and a corresponding selection box. An orange arrow points to the plus sign next to 'Self Service'.

Manage Application	
Enrollment Actions	+ Enrollment Action Selections:
Programs	+ Program Selections:
Self Service	+ Self Service Selections:

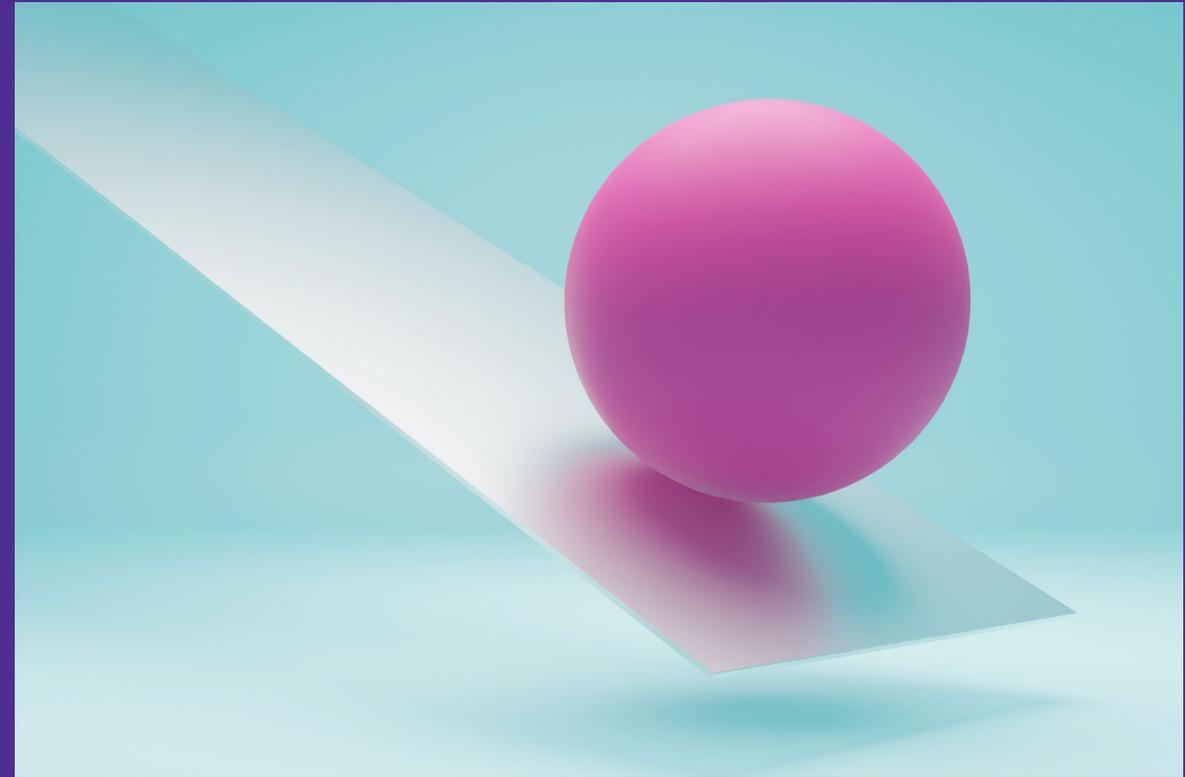
The screenshot shows the expanded 'Self Service Selections' menu. It lists several options, with 'Hospice' highlighted by an orange arrow.

Self Service	
-	Self Service Selections:
	View Provider File
	Provider Correspondence
	Remittance Advice
	Recipient Eligibility
	Claims
	Prior Authorization
	Cost Reports and Rate Setting
	Hospice
	Provider Financial Self Services
	Payment Innovation Reports
	Attachments

Searching PNM Using Hospice Tracking Number (HTN)



Learn how to search in PNM using the Hospice Tracking Number (HTN).



Hospice Search



- On the Hospice search panel, enter a **Hospice Tracking Number (HTN)** or **Medicaid Billing Number**.
- Click **Search**.
- Results display at the bottom of the page.
- The Status field displays the status:
 - **C – Complete (not yet processed by MITS)**
 - **P – Processed**
 - **D – Denied**
- Click the Hospice Tracking Number to view the hospice enrollment details.

Provider Medicaid ID: 0333939 Provider NPI: 1679108679 Provider Name: HEALTH CARE

HOSPICE ENROLLMENT SEARCH

Hospice Tracking Number Medicaid Billing Number

This is a change of hospice provider.

Max Records

SEARCH RESULTS					
Hospice Tracking Number	Medicaid Billing Number	Name	Date Recieved	Status	Denial Reason
101029	108471444444	TRAINER, TOM	04/26/2024	P	



- Review the hospice enrollment.
- Click the '+' icon to expand a section or click the '-' to collapse a section.

Hospice Application Action Type New Enrollment (Changing this selection will result to loose unsaved data)

- * RECIPIENT INFORMATION

Medicaid Billing Number : 10847144444 Date of Birth : 09/05/1948 Submission Date : 04/26/2024
 Last Name : Trainer Street Address : 2401 Ontario Street County of Record :
 First Name, MI : Tom City, State, and Zip Code : CLEVELAND, OH 44115

- * ENROLLMENT AND DISENROLLMENT

Election Date: Disenrollment Date:

- * HOSPICE BENEFIT PERIOD

Line No	Benefit Period Type	Effective Date	EndDate	Status	Reason For Update	Action
1	First 90 days period	02/01/2024	04/30/2024	Processed		

[Check Eligibility](#)

+ COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION

Benefit Line No	Benefit Period Type	Benefit Period	State Of Service	County of Service	Effective Date	EndDate	Action
1	First 90 days period	02/01/2024-04/30/2024	OH	FRANKLIN	02/01/2024	04/30/2024	

- * ATTENDING PHYSICIAN INFORMATION

Benefit Line No	Benefit Period Type	Benefit Period	NPI	Oral Certification Date	Written Certification Date	Action
1	First 90 days period	02/01/2024-04/30/2024	1699249250		02/01/2024	

- * HOSPICE IDG PHYSICIAN INFORMATION

Benefit Line No	Benefit Period Type	Benefit Period	NPI	Oral Certification Date	Written Certification Date	Action
1	First 90 days period	02/01/2024-04/30/2024	1699249250		02/01/2024	

+ HOSPICE OTHER PAYER SPAN

+ HOSPICE EPISODE OF CARE

- * HOSPICE TERMINAL ILLNESS DIAGNOSIS

Benefit Line No	Benefit Period Type	Benefit Period	Primary Terminal Diagnosis	Terminal Diagnosis 2	Terminal Diagnosis 3	Diagnosis Effective Date	Diagnosis EndDate	Action
1	First 90 days period	02/01/2024-04/30/2024	A150			02/01/2024	04/30/2024	

- * HOSPICE PROVIDER SERVICE SPAN

Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	02/01/2024-04/30/2024	ABOVE HOSPICE LLC	02/01/2024	04/30/2024	

+ HLTCF PROVIDER SERVICE

+ ATTACHMENT

- CONFIRMATION

Application Submission Date : 04/26/2024 Hospice Tracking Number : 101029

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Application submitted after 4 PM will not be processed until next business day.

Please remember to attach following documents.

[Submit](#) [Cancel](#)

Fee-for-Service (FFS) Hospice Recipient Enrollment Session Agenda

What Questions Do You Have?

Use the Q&A or 'Raise Hand' feature to ask questions



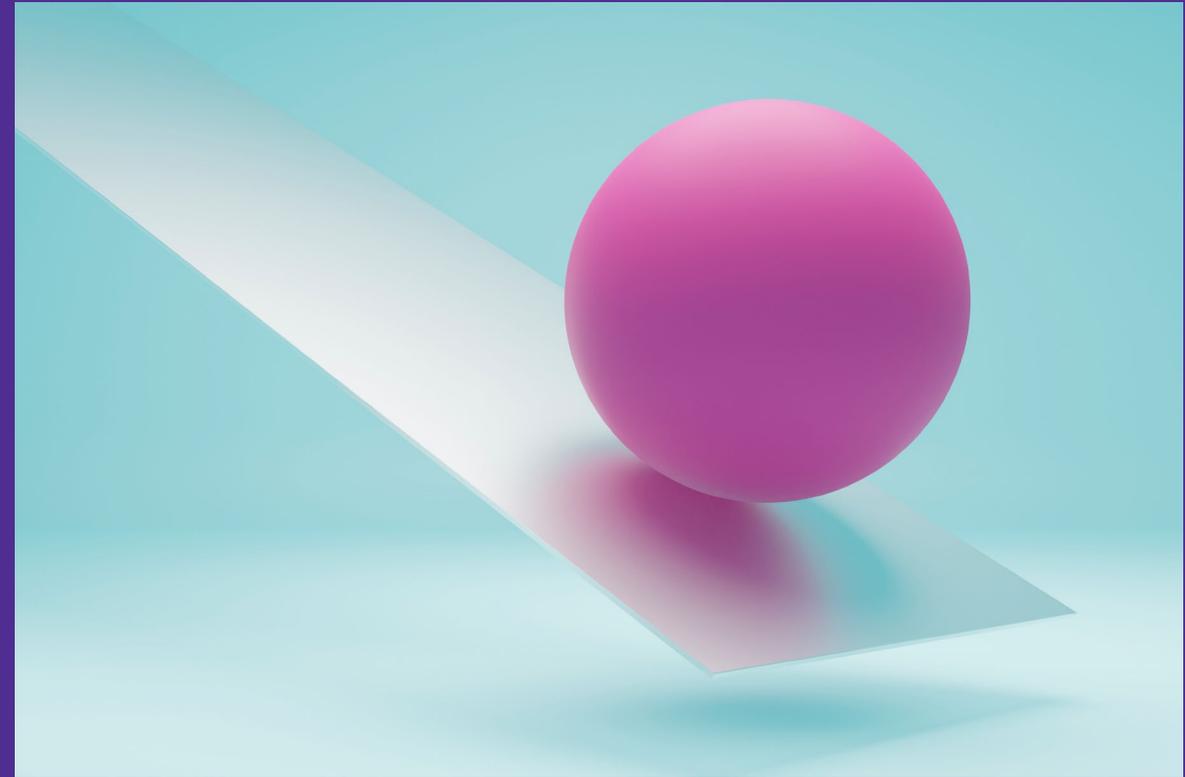
Email the Maximus Training Team at ohiotrainingteam@maximus.com with further questions beyond today's session.

-  Viewing the FFS Hospice Enrollment Process
-  Accessing Recipient Enrollment Using the Self Service Panel
-  Searching PNM Using Hospice Tracking Number (HTN)
-  **Adding a New Hospice Recipient Enrollment in PNM**
-  **Viewing Possible Validation Error Messages**
-  **Updating a Hospice Enrollment in PNM**

Adding a New Hospice Recipient Enrollment in PNM



Learn how to use PNM to enter a new hospice recipient enrollment.





HOSPICE ENROLLMENT SEARCH

Hospice Tracking Number ⓘ

Medicaid Billing Number ⓘ

This is a change of hospice provider.

Max Records

- Enter the **Medicaid Billing Number** of the hospice recipient in the space provided to begin a new enrollment.
- Click **'Add'** after entering the Medicaid Billing Number.



- Enter the **DOB** (date of birth) of the hospice recipient by typing in the date or selecting from the calendar view.
- Once the date is entered, click **Save**.

The screenshot shows a form titled "Please enter DOB of the Recipient". A text input field contains the date "07/04/1976". To the right of the input field is a blue "Save" button with an orange arrow pointing to it. Below the input field is a calendar view for July 1976. The calendar shows days of the week (Su, Mo, Tu, We, Th, Fr, Sa) and dates from 1 to 31. The date 4 is highlighted in blue. At the bottom of the calendar, it says "Today: April 26, 2024".

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

Adding a New Enrollment



*** RECIPIENT INFORMATION**

Medicaid Billing Number : 108471444444	Date of Birth : 09/05/1948	Submission Date : 04/26/2024
Last Name : Trainer	Street Address : 2401 Ontario Street	County of Record :
First Name, MI : Tom	City, State, and Zip Code : CLEVELAND, OH 44115	

*** ENROLLMENT AND DISENROLLMENT**

* Election Date: <input type="text" value="04/25/2024"/>	Disenrollment Date: <input type="text"/>
---	--

- An ***asterisk** indicates there is **required information** to be entered.
- A red asterisk appearing next to a specific field indicates that field is required.
 - **For this example, the Election Date is a required field within a required section.**



- * RECIPIENT INFORMATION		
Medicaid Billing Number : 108471444444	Date of Birth : 09/05/1948	Submission Date : 04/26/2024
Last Name : Trainer	Street Address : 2401 Ontario Street	County of Record :
First Name, MI : Tom	City, State, and Zip Code : CLEVELAND, OH 44115	

- * ENROLLMENT AND DISENROLLMENT	
 * Election Date: <input type="text" value="04/25/2024"/>	Disenrollment Date: <input type="text"/>

- Review the **Recipient Information** to ensure the correct recipient is displaying.
- In the **Enrollment and Disenrollment** section, enter an **Election Date**.
- **The Election Date is the date the patient was elected hospice** and is not the same as the Effective Date, which is explained on the next slide.

Adding a New Enrollment



*** ENROLLMENT AND DISENROLLMENT**

* Election Date: Disenrollment Date:

*** HOSPICE BENEFIT PERIOD**

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
	First 90 days period	<input type="text" value="4/25/2024"/>	<input type="text" value="7/23/2024"/>	<input type="text" value="Complete"/>	<input type="text" value=""/>	<input type="button" value="Add New"/>

- The **Check Eligibility** button will make a call to the eligibility section of PNM to determine if there is Medicaid eligibility for the dates in this benefit period.
- In the **'Hospice Benefit Period'** section, enter the **'Effective Date'** after the 90-day benefit period eligibility is confirmed, and the **End Date will auto-populate**.
- Click **'Add New'** to add **Benefit Line No 1** to the list of options in future sections.

Adding a New Enrollment



- * HOSPICE BENEFIT PERIOD

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	04/25/2024	07/23/2024	Complete		Edit Delete
	Second 90 days period	<input type="text"/>	<input type="text"/>	Complete	<input type="text"/>	

Check Eligibility

- * COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION

* Benefit Line No	Benefit Period Type	Benefit Period	* State Of Service	* County of Service	* Effective Date	* EndDate	Action
<input type="text"/>	Add New						

State of service is required County of service is required Effective date is required End date is required

- In the **County and State of Recipient's Hospice Service Location** section:
 - Select the Benefit Line Number Benefit (Period Type and Benefit Period will auto-populate)
 - Select the State of Service County of Service
 - Enter the Effective Date
 - Enter the End Date
- Click **Add New** to add the new line item.

Adding a New Enrollment



- * COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION							
* Benefit Line No	Benefit Period Type	Benefit Period	* State Of Service	* County of Service	* Effective Date	* EndDate	Action
1	First 90 days period	04/25/2024-07/23/2024	OH	Crawford	04/25/2024	07/23/2024	Edit Delete
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Add New

- * ATTENDING PHYSICIAN INFORMATION						
* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	Written Certification Date	Action
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	Add New
1			Search			

- In the **Attending Physician Information** section:
- Select a Benefit Line Number Benefit (Period Type and Benefit Period will auto-populate)
- Enter the NPI (National Provider Identifier) for the attending physician:
 - Click 'Search' to look up the provider.
- Enter **Written Certification Date**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Search"/>			
NPI	Medicaid ID	Business/Last Name	First Name

Adding a New Enrollment



- * ATTENDING PHYSICIAN INFORMATION						
* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	04/25/2024-07/23/2024	1063043685		04/25/2024	Edit Delete
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	Add New

- * HOSPICE IDG PHYSICIAN INFORMATION						
* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	04/25/2024-07/23/2024	1063043685		4/25/2024	Add New
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	

- In the **Hospice IDG (Interdisciplinary Group) Physician Information** section, enter or select the following:
 - Select the Benefit Line Number (Period Type and Benefit Period will auto-populate)
 - National Provider Identifier (NPI) number for the Hospice IDG physician
 - Oral Certification Date
 - Written Certification Date
- Click **Add New** to add the new line item.

Adding a New Enrollment



- * HOSPICE IDG PHYSICIAN INFORMATION

* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	04/25/2024-07/23/2024	1063043685		04/25/2024	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add New"/>

[Search](#)

+ HOSPICE OTHER PAYER SPAN

* Payer Type	* Payer Name	* Effective Date	* End Date	Action
Self-Pay	Martha Smith	4/25/2024	6/14/2024	<input type="button" value="Add New"/>

dropdown menu:
Medicare
Others
Self-Pay
Private Insurance

Orange arrows point to the dropdown menu and the Add New button.

- In the **Hospice Other Payer Span** section (*situational*):
 - Select the Payer Type
 - Medicare, Others, Self-Pay, Private Insurance
 - Enter the Payer Name
 - Enter the Effective Date
 - Enter the End Date
- Click **Add New** to add the new line item.

Adding a New Enrollment



- * HOSPICE TERMINAL ILLNESS DIAGNOSIS

Benefit Line No	Benefit Period Type	Benefit Period	* Primary Terminal Diagnosis	Terminal Diagnosis 2	Terminal Diagnosis 3	* Diagnosis Effective Date	* Diagnosis EndDate	Action
1	First 90 days period	04/25/2024-07/23/2024	D701 Search	 Search	 Search	4/25/2024	7/23/2024	Add New

- In the **Hospice Terminal Illness Diagnosis** section, enter or select the following:
 - Select the Benefit Line Number (Period Type and Benefit Period will auto-populate)
 - Primary Terminal Diagnosis Code – must be ICD-10
 - Click ‘Search’ to look up diagnosis code information.
 - Terminal Diagnosis Code 2 (*if needed*)
 - Terminal Diagnosis Code 3 (*if needed*)
 - Diagnosis Effective Date
 - Diagnosis End Date
- Click **Add New** to add the new line item.

Diagnosis Code: ICD Version: ICD 10 Code Description: cancer

Diagnosis Code	ICD Version	Diagnosis Code Description	
R971	ICD 10	ELEVATED CANCER ANTIGEN 125 [CA 125]	<input type="button" value="Select"/>
D701	ICD 10	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	<input type="button" value="Select"/>

Adding a New Enrollment



- * HOSPICE TERMINAL ILLNESS DIAGNOSIS

Benefit Line No	Benefit Period Type	Benefit Period	* Primary Terminal Diagnosis	Terminal Diagnosis 2	Terminal Diagnosis 3	* Diagnosis Effective Date	* Diagnosis EndDate	Action
1	First 90 days period	04/25/2024-07/23/2024	D701			04/25/2024	07/23/2024	Edit Delete
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Add New

- * HOSPICE PROVIDER SERVICE SPAN

* Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	04/25/2024-07/23/2024		04/25/2024	07/23/2024	Add New
<input type="text"/>						

- In the **Hospice Provider Service Span** section:
 - Select the Benefit Line Number (Period Type, Benefit Period, Effective Date and End Date will auto-populate)
- Click **Add New** to add the new line item.

Adding a New Enrollment



+ HLTCF PROVIDER SERVICE

* Benefit Line No	Benefit Period Type	Benefit Period	* Provider NPI	Provider Medicaid ID	Provider Name	* Effective Date	* EndDate	Action
1	First 90 days period	04/25/2024-07/23/2024	<input type="text"/>	<input type="text"/>	BROWN <input type="text"/>	4/25/2024	7/23/2024	Add New

[Search](#)



- In the **HLTCF** (Hospice Long Term Care Facility) **Provider Service** section (*situational*):
 - Select the Benefit Line Number (Period Type and Benefit Period will auto-populate)
 - Enter the Provider NPI (National Provider Identifier)
 - Click ‘Search’ to look up provider NPI information.
 - Enter the Effective Date
 - Enter the End Date
- Click **Add New** to add the new line item.

NPI Medicaid ID Business/Last Name First Name

Adding a New Enrollment

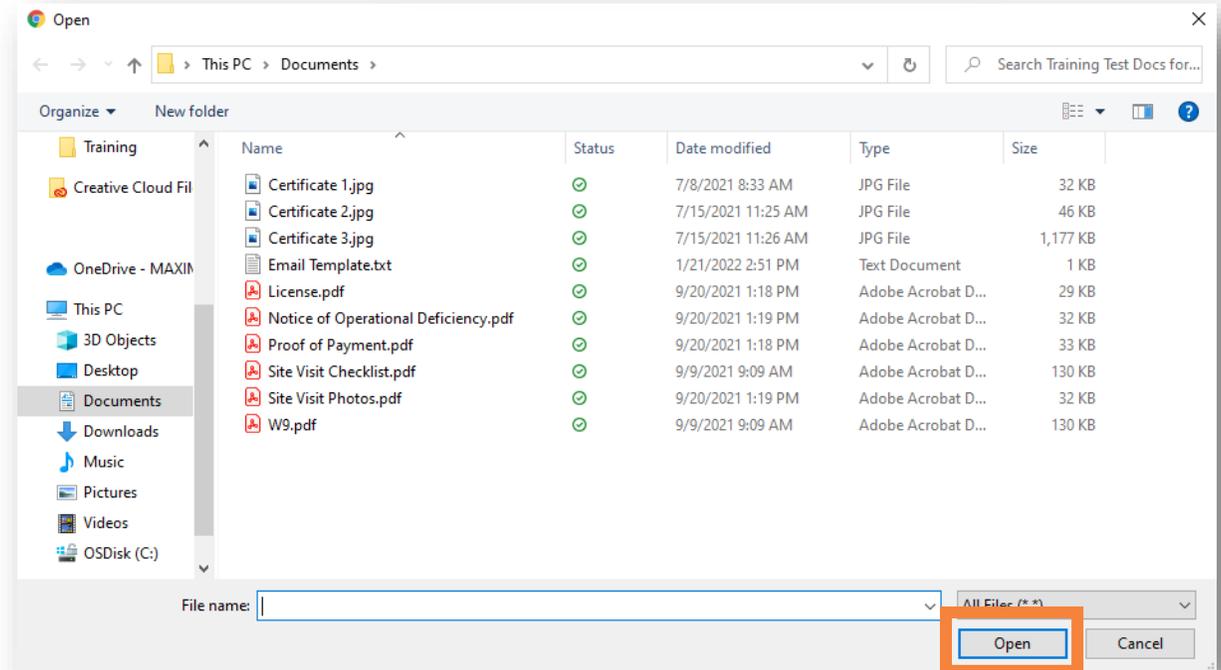


+ ATTACHMENT

* Attachment	* Benefit Line No	Benefit Period Type	Benefit Period	Document ID	* Document Type	Action
<input type="button" value="Choose File"/>	1	First 90 days period	04/25/2024-07/23/2024			<input type="button" value="Add New"/>

DECLARATION OF ELECTION OF HOSPICE BENEFIT DOCUMENT TYPE
ATTENDING PHYSICIAN WRITTEN CERTIFICATION DOCUMENT TYPE
REVOCAION OF HOSPICE BENEFIT DOCUMENT TYPE
STATEMENT OF TERMINATION OF HOSPICE BENEFIT DOCUMENT TYPE
SELECTION OF A DIFFERENT HOSPICE PROVIDER DOCUMENT TYPE
IDG WRITTEN CERTIFICATION DOCUMENT TYPE

- To upload an attachment, click **Choose File**.
- Select the document on your computer and click **Open**.
- Choose the Benefit Line Number that the attachment belongs to.
- Select a Document Type from the drop-down menu.
- Click **Add New** to add the new document.



Adding a New Enrollment



+ ATTACHMENT						
* Attachment	* Benefit Line No	Benefit Period Type	Benefit Period	Document ID	* Document Type	Action
	1	First 90 days period	04/25/2024-07/23/2024	12151421	ATTENDING PHYSICIAN WRITTEN CERTIFICATION DOCUMENT TYPE	Edit Delete
Choose File	<input type="text"/>				<input type="text"/>	Add New

- The uploaded document displays.
- Click **Edit** or **Delete** if you wish to change the document.
- Repeat the process to update any additional documents.

+ ATTACHMENT						
* Attachment	* Benefit Line No	Benefit Period Type	Benefit Period	Document ID	* Document Type	Action
	1	First 90 days period	04/25/2024-07/23/2024	12151421	ATTENDING PHYSICIAN WRITTEN CERTIFICATION DOCUMENT TYPE	Edit Delete
	1	First 90 days period	04/25/2024-07/23/2024	12151422	IDG WRITTEN CERTIFICATION DOCUMENT TYPE	Edit Delete
Choose File	<input type="text"/>				<input type="text"/>	Add New



- CONFIRMATION

➔ Application Submission Date : 04/26/2024 Hospice Tracking Number : 101041

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Application submitted after 4 PM will not processed until next business day.

Please remember to attach following documents.

➔

- The **Submit** button will appear light colored and The **Application Submission Date** and **Hospice Tracking Number (HTN)** will display.
 - The HTN is needed for accessing the status of this new enrollment after it is submitted.
 - **Write down HTN or print this page to keep for your records BEFORE exiting this page.**



Hospice application is successfully submitted.

Hospice Application Action Type (Changing this selection will result to loose unsaved data.)

- * RECIPIENT INFORMATION

Medicaid Billing Number : 704

Date of Birth : 08/20/

Submission Date :

Last Name :

Street Address : 4475 RD

County of Record :

First Name, MI : PEGGY

City, State, and Zip Code : SHELBY OH 44875

- * ENROLLMENT AND DISENROLLMENT

* Election Date:

Disenrollment Date:

- If the hospice recipient enrollment **application was successfully submitted** PNM show a message at the top of the page.

Adding a New Enrollment



Enrollment date is required.
County and State of Recipient's Hospice Location is required information panel.
Hospice IDG Physician is required information panel.
Hospice Attending Physician is required information panel

Hospice Application Action Type

- * RECIPIENT INFORMATION

Medicaid Billing Number : 108471444444

Date of Birth : 09/05/1948

Submission Date : 04/26/2024

Last Name : Trainer

Street Address : 2401 Ontario Street

County of Record :

First Name, MI : Tom

City, State, and Zip Code : CLEVELAND, OH 44115

- * ENROLLMENT AND DISENROLLMENT

* Election Date:

Disenrollment Date:

- If the **Submit** button is selected and the hospice recipient enrollment application cannot be submitted because of errors, then PNM will display the **red errors** at the top of the page.
- These errors are clickable and will help navigate you to the panel or highlighted field that needs to be addressed before submitting the new enrollment.

Fee-for-Service (FFS) Hospice Recipient Enrollment Session Agenda

What Questions Do You Have?

Use the Q&A or 'Raise Hand'
feature to ask questions



Email the Maximus Training Team at ohiotrainingteam@maximus.com with further questions beyond today's session.

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-  Viewing Possible Validation Error Messages
-  Updating a Hospice Enrollment in PNM



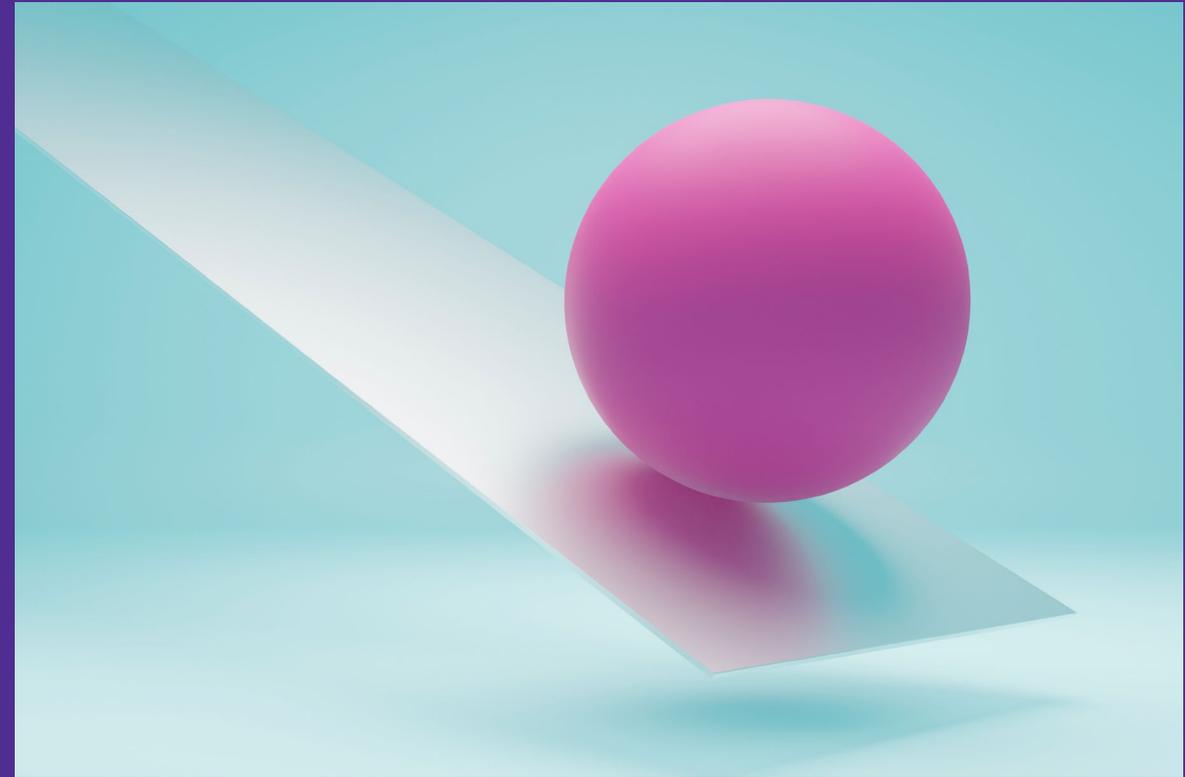
Error Message
Resubmit with a valid Medicaid Billing Number.
Resubmit with a valid Type of Action code.
Resubmit with a valid County of Service.
Resubmit with a valid State of Service.
Resubmit with valid HLTCF Provider Medicaid ID's.
Resubmit with valid Benefit periods.
Resubmit with valid Benefit Update Reason codes.
Resubmit with valid diagnosis codes.

Error Message
Resubmit with a valid Provider ID.
Resubmit with valid Attachment Types.
Resubmit with a NPI that is valid and in MITS.
Resubmit with a valid payer type.

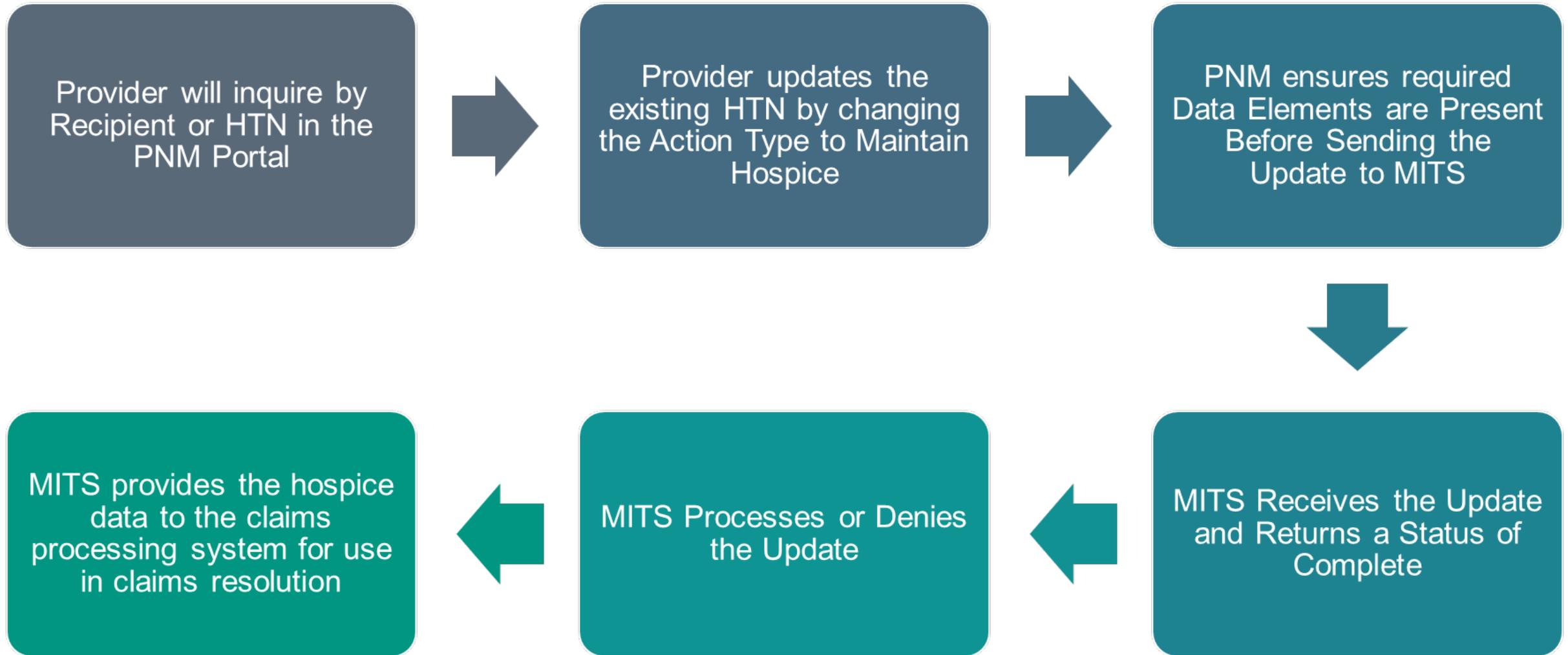
Updating a Hospice Enrollment in PNM



Learn when and how to submit an update to a hospice recipient enrollment record in PNM.



Fee-for-Service Hospice Enrollment Processing - Update





- **Hospice Enrollment Updates can only be made when the benefit period status is to 'P' - meaning Processed.**
- Hospice Statuses are provided for the benefit period and include:
 - 'C' Complete – The data has not been processed by MITS yet.
 - **'P' Processed – The data has been processed by MITS.**
 - 'D' Denied – The data has been denied by MITS.



- * HOSPICE BENEFIT PERIOD						
Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	02/01/2024	04/30/2024	Processed	Death	

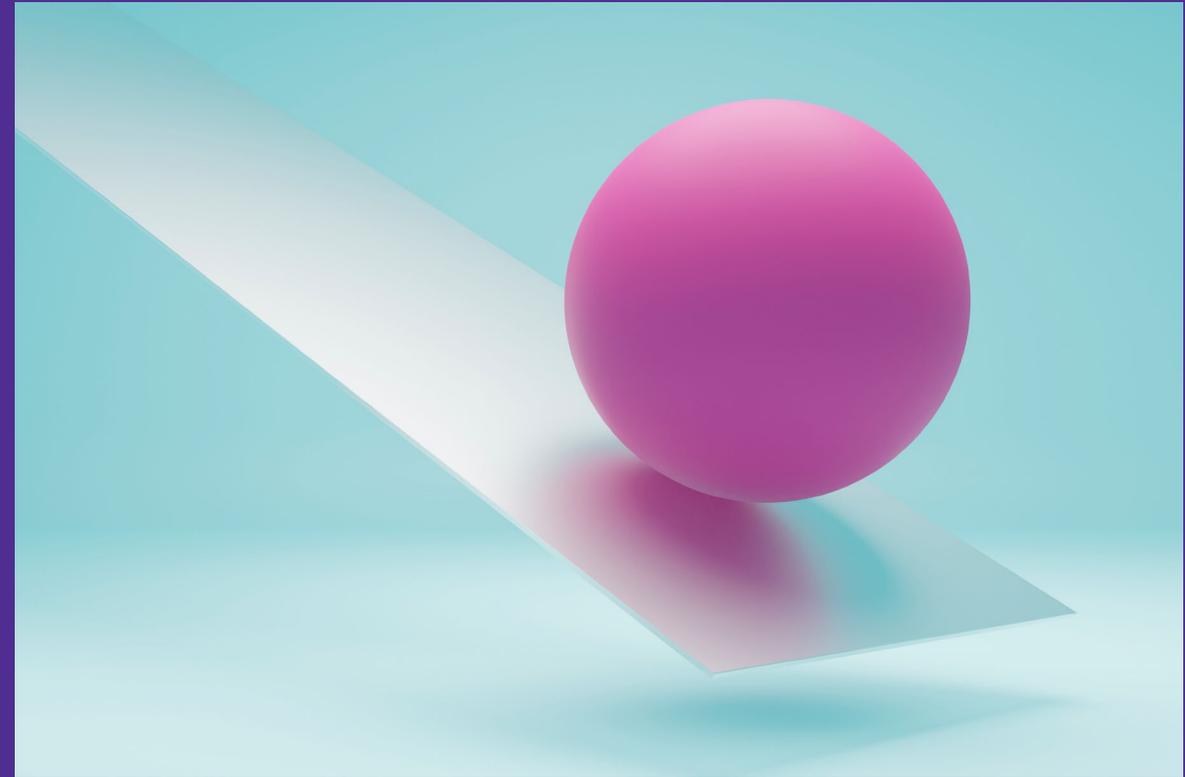
[Check Eligibility](#)

- **If the Hospice Benefit is considered closed, limited updates can be made, and a new benefit period cannot be added.**
 - On a closed Hospice application, the user can select to create a new hospice application (New Enrollment) from the drop-down options.
- **If the benefit period is still open, updates can be made.**

Hospice Application Actions



Learn how to access and use the Hospice Application Actions drop-down menu to perform a variety of action types on a hospice record.



Hospice Application Actions Begins with Searching



- On the Hospice search panel, enter a **Hospice Tracking Number (HTN) or Medicaid Billing Number**.
- Click **Search**.
- Results display at the bottom of the page.
 - The Status field displays the status:
 - **C – Complete**
 - **P – Processed**
 - **D – Denied**
- Click the Hospice Tracking Number to view details.

Provider Medicaid ID: 0333939 Provider NPI: 1679108679 Provider Name: HEALTH CARE

HOSPICE ENROLLMENT SEARCH

Hospice Tracking Number Medicaid Billing Number

This is a change of hospice provider.

Max Records:

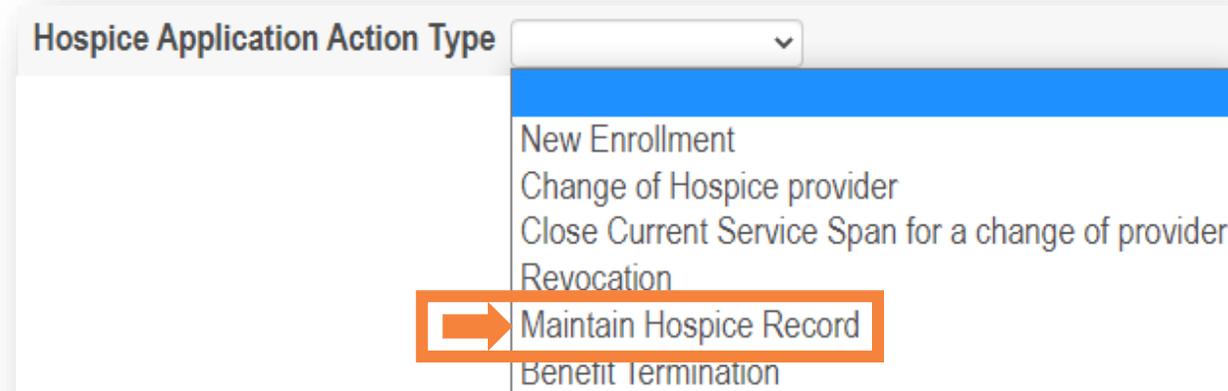
SEARCH RESULTS					
Hospice Tracking Number	Medicaid Billing Number	Name	Date Recieved	Status	Denial Reason
101029	108471444444	TRAINER, TOM	04/26/2024	P	



Hospice Application Action Type

- New Enrollment
- Change of Hospice provider
- Close Current Service Span for a change of provider
- Revocation
- Maintain Hospice Record
- Benefit Termination

- At the top of the page, chose a Hospice Application Action Type from the drop-down menu:
 - New Enrollment
 - Change of Hospice Provider
 - Close Current Service Span for a Change of Provider
 - Revocation
 - Maintain Hospice Record
 - Benefit Termination



- Selecting '**Maintain Hospice Record**' from the Hospice Application Action Type drop-down menu:
 1. To make updates to the Hospice Recipient Enrollment record.
 2. To add a new hospice benefit period.

Hospice Application Actions – Maintain Hospice Record



- * COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION							
* Benefit Line No	Benefit Period Type	Benefit Period	* State Of Service	* County of Service	* Effective Date	* EndDate	Action
1	First 90 days period	01/25/2024-04/23/2024	OH	Brown	01/25/2024	04/23/2024	Edit
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Add New

- To make an update to a hospice record, locate the panel of information that you wish to update and then locate the row that needs to be changed.
- Click **Edit**.

Hospice Application Actions – Maintain Hospice Record



- * COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION

* Benefit Line No	Benefit Period Type	Benefit Period	* State Of Service	* County of Service	* Effective Date	* EndDate	Action
1	First 90 days period	01/25/2024-04/23/2024	Ohio	Clinton	01/25/2024	04/23/2024	Update Cancel
							Add New

- Change the information that you wish to update and click the **'Update'** button.
- The updated information displays in the panel and the **'Edit'** button will appear.

- * COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION

* Benefit Line No	Benefit Period Type	Benefit Period	* State Of Service	* County of Service	* Effective Date	* EndDate	Action
1	First 90 days period	01/25/2024-04/23/2024	OH	Clinton	01/25/2024	04/23/2024	Edit
							Add New

Hospice Application Actions – Maintain Hospice Record



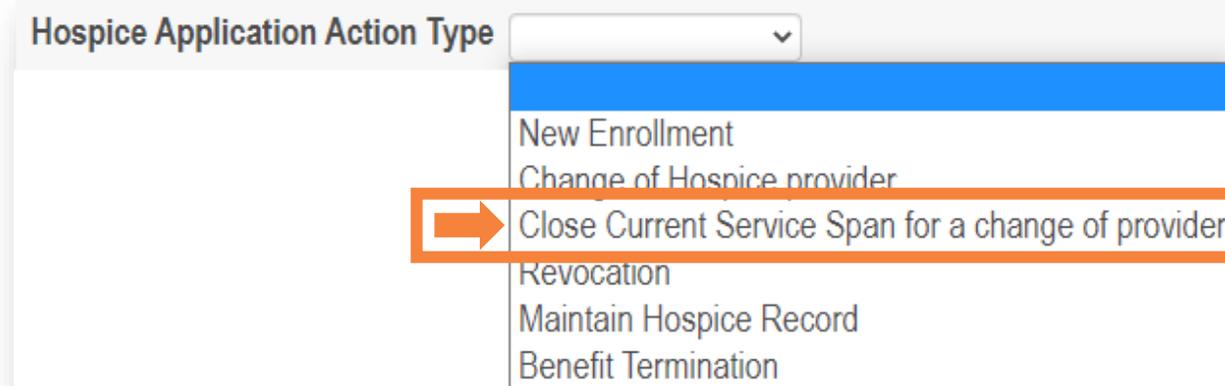
- * HOSPICE BENEFIT PERIOD

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	01/20/2024	04/19/2024	Processed		<input type="button" value="Edit"/>
	Second 90 days period	<input type="text" value="04/20/2024"/>	<input type="text" value="7/18/2024"/>	<input type="button" value="Complete"/>	<input type="text" value=""/>	<input type="button" value="Add New"/>

- To add a second hospice benefit period, locate the **Hospice Benefit Period** panel.
- Underneath the previously submitted **Line No** enter the information for the benefit period you are entering, including the **Effective Date**.
- Once entered, click **Add New**.

- * HOSPICE BENEFIT PERIOD

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	01/20/2024	04/19/2024	Processed		<input type="button" value="Edit"/>
2	Second 90 days period	04/20/2024	07/18/2024	Complete		<input type="button" value="Edit"/> <input type="button" value="Delete"/>
	Subsequent 60-day period	<input type="text" value=""/>	<input type="text" value=""/>	<input type="button" value="Complete"/>	<input type="text" value=""/>	



- **If the hospice recipient will be changing hospice providers, then Provider 1 needs to end the service span in PNM (before Provider 2 starts their service span) by selecting **Close Current Service Span for a change of provider** from the application action menu.**
- The end date with Provider 1 and start date with Provider 2 need to be differentiated in PNM because both providers cannot get paid for the same day.

Hospice Application Actions



- * HOSPICE PROVIDER SERVICE SPAN						
Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	01/25/2024-04/23/2024	HEALTH CARE LLC	01/25/2024	04/23/2024	Edit 

- Locate the current benefit period under the **Hospice Provider Service Span** section.
- Click **Edit**.
- **Change the End Date** to the date that service is ending with the provider.
- Click **Update**.

- * HOSPICE PROVIDER SERVICE SPAN						
Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1 	First 90 days period	01/25/2024-04/23/2024		01/25/2024	03/31/2024 	Update Cancel



- * HOSPICE PROVIDER SERVICE SPAN						
Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	01/25/2024-04/23/2024	HEALTH CARE LLC	01/25/2024	03/31/2024	<input type="button" value="Edit"/>

- The updated **End Date** for **Provider 1** displays in the **Hospice Provider Service Span** section and will be saved after clicking 'Submit' at the bottom of the screen.
- The next hospice enrollment application and eligibility for the remaining benefit period will need to be completed using the details of **Provider 2**.



The screenshot shows a web form titled "HOSPICE ENROLLMENT SEARCH". At the top, it displays provider information: "Provider Medicaid ID: 0333939", "Provider NPI: 1679108679", and "Provider Name: HEALTH CARE". The form has two input fields: "Hospice Tracking Number" (containing "101029") and "Medicaid Billing Number" (which is highlighted with an orange border). To the right of the "Medicaid Billing Number" field is a checkbox labeled "This is a change of hospice provider." with an orange arrow pointing to it. Below the input fields is a "Max Records" dropdown menu set to "5". At the bottom of the form are three buttons: "Search" (green), "Clear" (red), and "Add" (blue), with an orange arrow pointing to the "Search" button.

- **Provider 2** begins their service span by searching with the **Medicaid Billing Number** of the recipient, instead of the Hospice Tracking Number (HTN).
 - Enter the **Medicaid Billing Number** of the hospice recipient.
 - Check the box for **‘This is a change of hospice provider’**.
 - Click **‘Search’**.

Hospice Application Actions



Hospice Application Action Type

- New Enrollment
- Change of Hospice provider
- Close Current Service Span for a change of provider
- Revocation
- Maintain Hospice Record
- Benefit Termination

- **Provider 2 selects ‘Change of Hospice Provider’ if the recipient has not consumed all days of the most recent benefit period span.**
- If Provider 1 does not close the current service span before Provider 2 begins their service span, then it will automatically close the Provider 1’s span using the day before the effective date is entered for Provider 2’s span.
- If all days in the benefit period have been consumed, then Provider 2 would need to select ‘New Enrollment’ instead of ‘Change of Provider’.

- * HOSPICE BENEFIT PERIOD						
Line No	Benefit Period Type	Effective Date	EndDate	Status	Reason For Update	Action
1	First 90 days period	04/01/2024	06/30/2024	Processed		

Check Eligibility

Recap – Changing Hospice Providers as Provider 2



- Provider 2 searches for the hospice recipient by Medicaid Billing Number, checks the box for **‘This is a change of hospice provider’** and then clicks **‘Search.’**
 - From the Hospice Applications Action menu, Provider 2 selects **‘Change of Hospice Provider.’**
- If the Provider 2 selects **‘Change of Hospice Provider’** before the Provider 1 closes their service span, then it will automatically close the Provider 1’s span using the day before the effective date is entered for Provider 2’s span.
- The timeframe between the last date with Provider 1 and the end date of the Benefit Period will indicate the remaining days the recipient has left in the benefit span.
 - **Example: The current Benefit Period is from 4/1/2024 - 6/30/2024. The service span with Provider 1 ends on 5/15/2024, therefore, 5/16/2024 – 6/30/2024 would be the remaining days the recipient has in the current Benefit Period to continue the service span with Provider 2.**

Hospice Application Actions

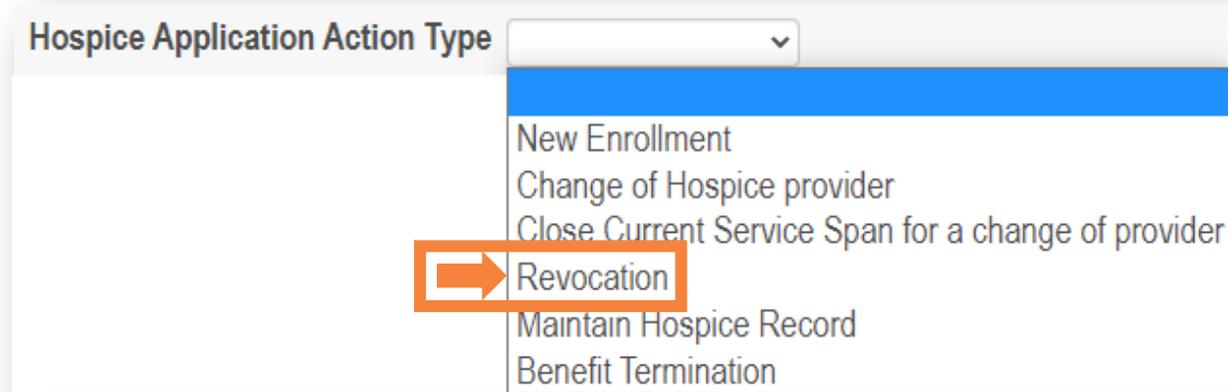


- Complete information in the remaining panels using the effective date when the recipient began services with you.
- The panels with an asterisk (*) are required to be completed.
- Click '+' to expand panels, if necessary.

+* HOSPICE BENEFIT PERIOD
+* COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION
+* ATTENDING PHYSICIAN INFORMATION
+* HOSPICE IDG PHYSICIAN INFORMATION
+ HOSPICE OTHER PAYER SPAN
+ HOSPICE EPISODE OF CARE
+* HOSPICE TERMINAL ILLNESS DIAGNOSIS
+* HOSPICE PROVIDER SERVICE SPAN
+ HLTCF PROVIDER SERVICE
+ ATTACHMENT

- * HOSPICE PROVIDER SERVICE SPAN						
* Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="button" value="Add New"/>

- If there is time remaining in the benefit period, when entering details for the Hospice Provider Service Span, Provider 2 should be able to select the current Benefit Line No.
 - If Provider 2 knows a patient transferred to them during the current benefit period, but cannot select a Benefit Line No., Provider 2 will need to contact Provider 1 and have them update their Hospice Provider Service Span, allowing Provider 2 to enter their enrollment.



- **This action is completed when the individual is revoking hospice services.**
- Select **Revocation** from the application action menu.

Hospice Application Actions – Revocation



- In the **Enrollment and Disenrollment** panel, enter a **Disenrollment Date** for the recipient.
- The Disenrollment Date field will be grayed out until you select the ‘Revocation’ action from the drop-down menu.

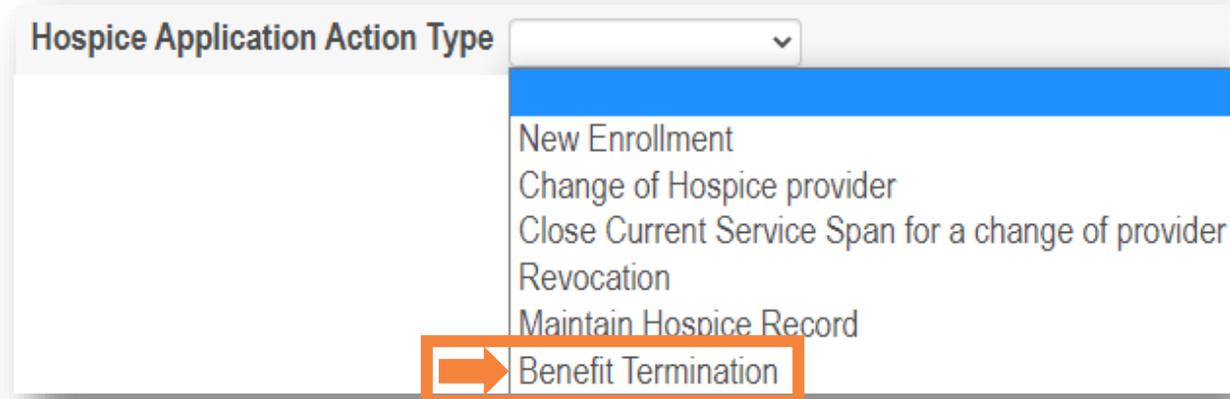
Hospice Application Action Type: Revocation (Changing this selection will result to loose unsaved data.)

- * RECIPIENT INFORMATION

Medicaid Billing Number : 91000 Date of Birth : 09/19/1938 Submission Date : 05/04/2023
Last Name : A Street Address : County of Record :
First Name, MI : NATALIE City, State, and Zip Code :

- * ENROLLMENT AND DISENROLLMENT

* Election Date: 04/15/2024 Disenrollment Date: 05/01/2024



- **This action is completed when the individual is discharged from services.**
- Select **Benefit Termination** from the application action menu.

Hospice Application Actions – Benefit Termination



Hospice Application Action Type (Changing this selection will result to loose unsaved data.)

- * RECIPIENT INFORMATION

Medicaid Billing Number : 91000	Date of Birth : 09/19/1938	Submission Date : 05/04/2023
Last Name : A	Street Address :	County of Record :
First Name, MI : NATALIE	City, State, and Zip Code :	

- * ENROLLMENT AND DISENROLLMENT

* Election Date: <input type="text" value="04/15/2024"/>	Disenrollment Date: <input type="text" value="06/23/2024"/>
--	---



- In the Enrollment and Disenrollment panel, **enter a Disenrollment Date** for the recipient.
- The Disenrollment Date field will be grayed out until you select the ‘Benefit Termination’ action from the drop-down menu.



- CONFIRMATION

Date of Application Update : Hospice Tracking Number : 38881

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Applications submitted after 4 pm will not be processed until the next business day.

Please remember to attach any necessary documents.

Submit **Cancel**

- If an update is made to an open Hospice application, click **Submit** for the changes to take effect.
- **The Date of Application Update will auto-populate.**

Contact Information

Phone Number

Ohio Dept of Medicaid
Integrated Help Desk

1-800-686-1516

PNM Assistance/Error Messages: *Option 2 followed by Option 3*

Medicaid Related Questions: *Option 8*

Emails

ODM Integrated Help Desk

ihd@medicaid.ohio.gov

PNM Troubleshooting/
Error Messages

pnmsupport@medicaid.ohio.gov

Ohio Medicaid Enrollment
(for updates to specialties)

Medicaid_Provider_Update@medicaid.ohio.gov

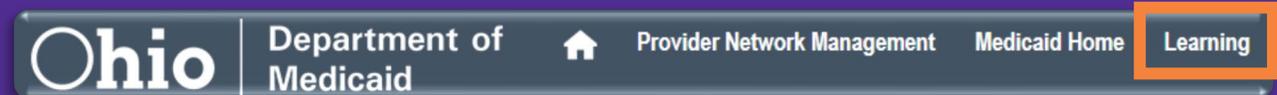
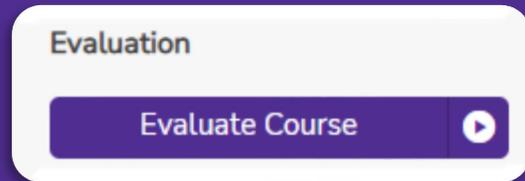
Ohio Medicaid Credentialing
Questions

credentialing@medicaid.ohio.gov

Training Assistance and
Resources

ohiotrainingteam@maximus.com

Thank you for joining!



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- For help with PNM or Absorb, email the Maximus Training Team at ohiotrainingteam@maximus.com.