

Welcome to Training!

Fee-for-Service Institutional Claims

Using 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

Claims Assistance/Questions/Payment Information: *Option 1*

PNM Assistance/Error Messages: *Option 2*

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

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



Fee-for-Service (FFS) Institutional Claims Session Agenda



Accessing the Self Service Panel



Claims Submission Process in PNM



Submitting a Claim



Claims Status Summary



Searching for a Previously
Submitted Claim

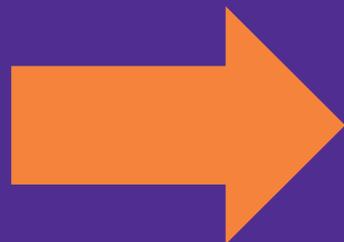


Questions, Training Materials,
Upcoming Training Schedule

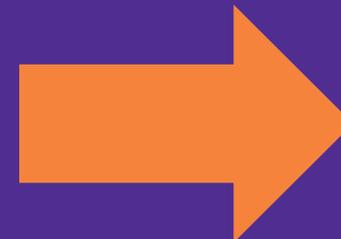
Fee-For-Service Institutional Claims in PNM

- An institutional claim is submitted in PNM. Then Gainwell, the Fiscal Intermediary (FI) oversees, manages, and processes the institutional claim.
- The institutional claim data appears in PNM after it is processed by the FI.
 - Providers will not have any direct interaction with the FI, but providers will view processed claim data from the FI in PNM.
 - Managed Care claims submission will be completed through the same channels in which they are today.
 - This training information does not apply to MyCare Ohio.

**Institutional Claim
Data Submitted in
PNM**



**Data is Sent to the Fiscal
Intermediary (FI) to Oversee,
Manage & Process the
Institutional Claim**



**PNM Shows
Processed
Institutional Claim
Data**

Accessing the Self Service Panel



Learn how to access the self service selections, where the claims function is housed, for a provider listed on your dashboard.



Accessing the Self Service Panel



My Providers Account Administration Excel Print [New Provider ?](#)

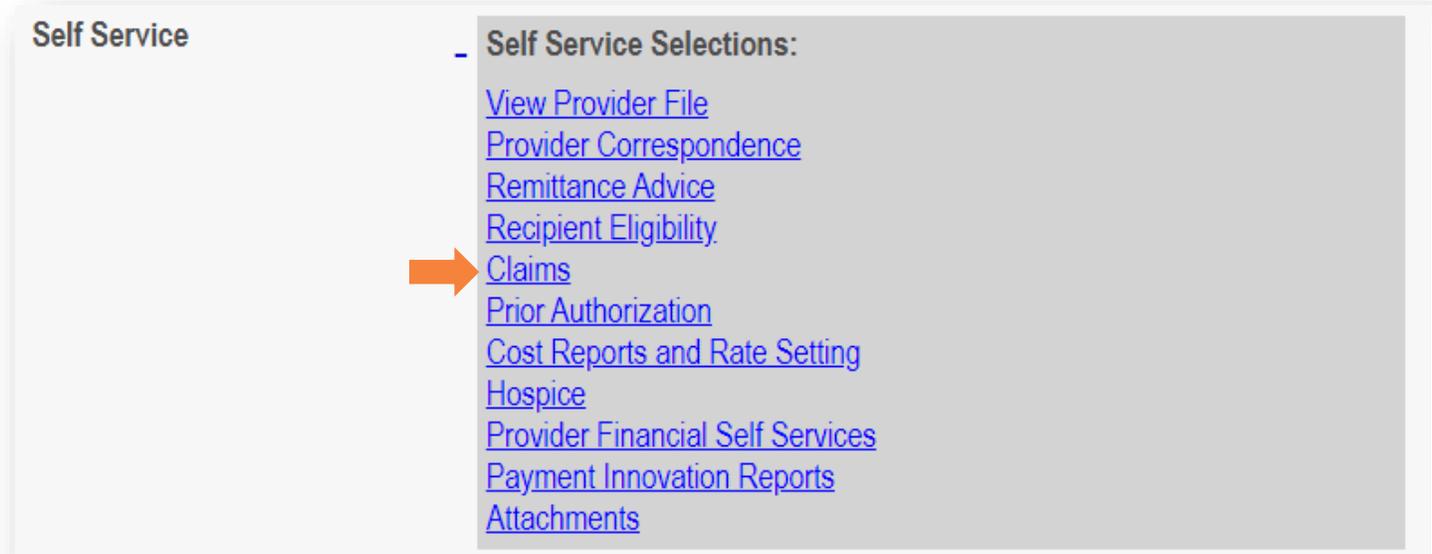
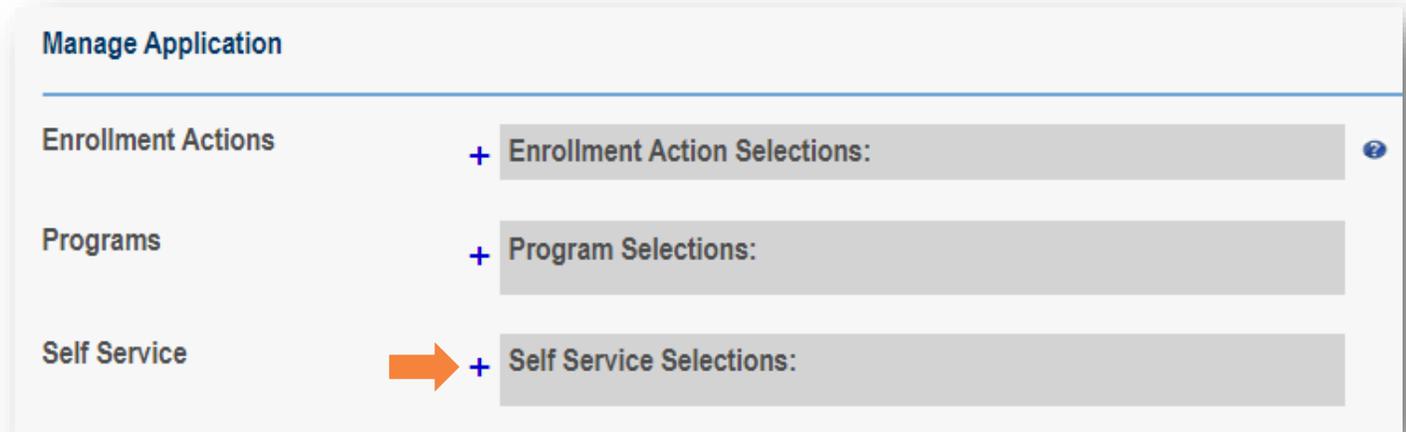
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>					
518134	LP Jacksonville	Complete	86 - NURSING FACILITY	1154644912	0000062	Dual Certified Skilled Nursing Facility				08/17/2022	08/17/2022	10/19/2022

- From your homepage/dashboard, find the Medicaid ID this claim will be submitted under and click on the **Reg ID or Provider Name** hyperlink to access the Provider Management Home page.

Accessing the Self Service Panel



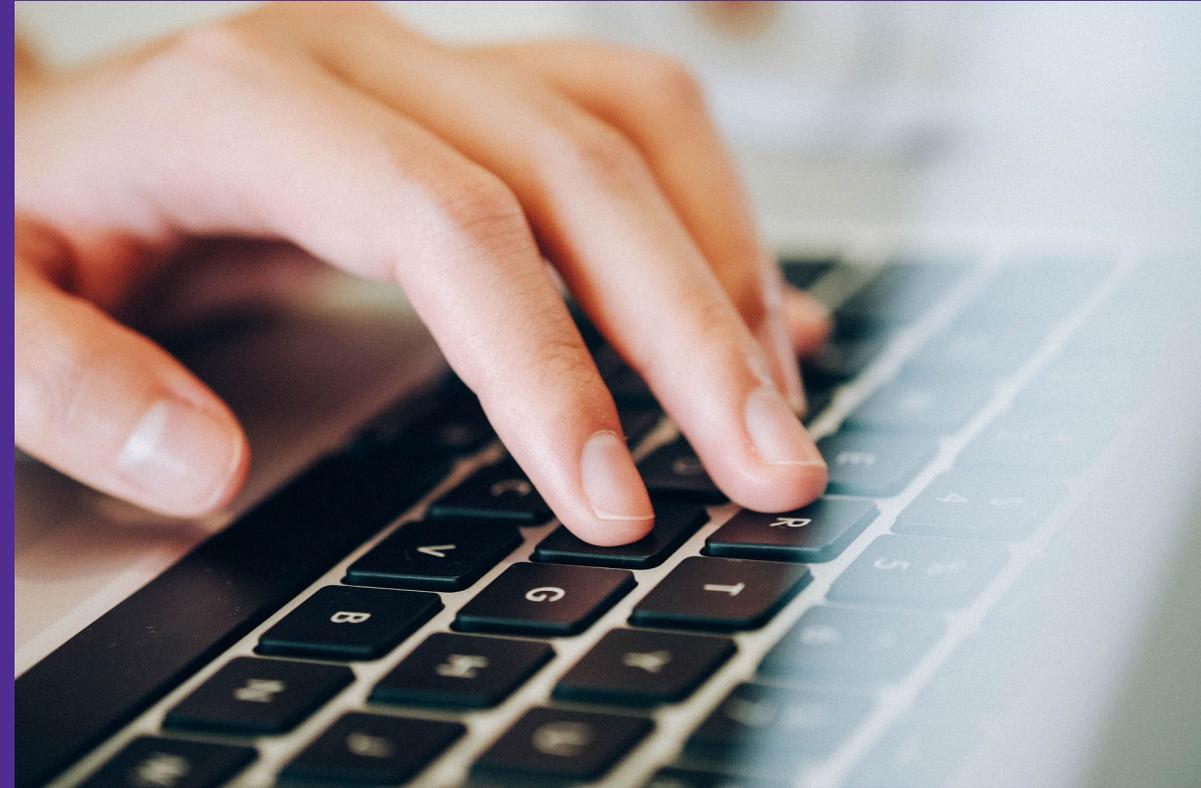
- On the Provider Management Home page, locate the Manage Application section.
- Expand the Self Service section.
- From the Self Service Selections, click 'Claims.'
- For an Agent to have the blue 'Claims' hyperlink appear, they need the proper roles assigned from the Administrator:
 - **Claim Submission** – to have the ability to submit claims.
 - **Claim Search** – to search for claim information.



Claims Submission in PNM



Learn to navigate submitting an institutional claim in PNM and know the difference between entering required claim information and situational claim information.





Search-RA Submit PA Search Eligibility Search PA Submit Claim Search Claim Hospice Enrollment Retrieve Reports Provider Financial Upload Attachments Correspon

Jump To: Search Claim

Provider Medicaid ID: 0000195 Provider NPI: 1023283884 Provider Name: Test Nursing Facility

CLAIM SEARCH

ICN

Medicaid Billing Number

Patient Account Number

Rendering Provider ID

Amount Billed

Prescription Number

Payor Name

Claim Type Institutional

Claim Status

RA Date

Date of Service From To

Max Records 20

Search Clear

- Click the **Submit Claim** icon at the top of the page.
- Or select '**Submit Claim**' from the 'Jump to:' drop-down menu.



Jump To:

[Search-RA](#) [Submit PA](#) [Search Eligibility](#) [Search PA](#) [Submit Claim](#) [Search Claim](#) [Hospice Enrollment](#) [Retrieve Reports](#) [Provider Financial](#) [Upload Attachments](#) [Correspond](#)

Provider Medicaid ID: 0463664 Provider NPI: 1740821982 Provider Name: Training Test

Claim Type
 Dental Institutional Professional

Claim Status:
ICN:
Paid Amount:
Adjudication Date:

* Destination Payer Name:
* Destination Payer ID:
* Destination Payer Responsibility Sequence:

- The claims submission page opens.
- Under Claim Type, select the radio button for an **Institutional** claim.

Required Sections/Fields



*** RECIPIENT INFORMATION**

* Medicaid Billing Number *** Date of Birth** Gender:

Last Name: * Patient Control Number Address Line 1:

First Name: Medical Record Number: Address Line 2:

Middle Name: City:

State:

Zip Code:

*** SERVICE INFORMATION**

*** Type of Bill** [Search](#) * Patient Status Patient Paid Amount

* Release of Information Admission Date and Hour Submitted DRG

* From Date Discharge Hour Final DRG

* To Date * Admission type

* Admit Source

- A red asterisk appearing at the beginning of any section indicates there is required information within that section.
- A red asterisk appearing next to a specific field indicates that field is required.

Required Sections/Fields



- * SERVICE DETAILS

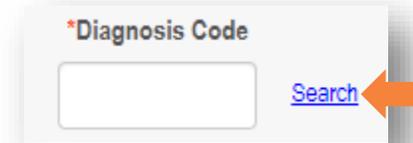
Service Line	* Revenue Code	Procedure Type	Procedure Code	* Unit	* Unit of Measurement	* From DOS	To DOS	* Total Charges	Paid Amount	Status
									Total Amount Billed: 0 Total Amount Paid:	
ADD										
Service Line: 01										
* Revenue code:	<input type="text"/>	Search				* From DOS:	<input type="text"/>			Status: Pending Submission
	*Revenue code is Required						*From DOS is required.			
Procedure Type:	HCPCS					To DOS:	<input type="text"/>			* Unit: <input type="text"/>
										*Unit is required.
Procedure code:	<input type="text"/>	Search				Final EAPG:				* Unit of Measurement: <input type="text"/>
Procedure Modifier:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Payment Action:				* Total Charges: <input type="text"/>
										*Total Charges is required.
Line Control Number:	<input type="text"/>					Non Covered Charges:	<input type="text"/>			Paid Amount: <input type="text"/>

- PNM will display red error messages next to any required fields that are missing information or next to any required fields that may have information entered in incorrectly.
- The **Add** button allows you to add multiple pieces of information in a section.

Search Function



- The blue 'Search' hyperlink opens a search panel to locate additional information, such as codes or provider data.
- Enter search criteria and click the **Search** button.
- Search results will appear below the entered criteria.
- Click the hyperlink to add the information to the proper field on the claims page.



DIAGNOSIS CODE	ICD VERSION	DIAGNOSIS DESCRIPTION
<input type="text"/>	ICD 10	<input type="text"/>
Search		

DIAGNOSIS CODE	ICD VERSION	DIAGNOSIS DESCRIPTION
<input type="text"/>	ICD 10	gastro
Search		

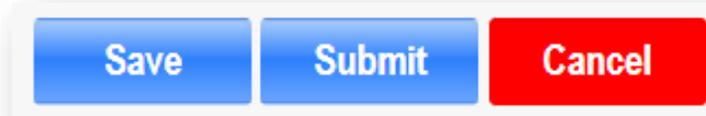
SEARCH RESULTS

Diagnosis Code	ICD Version	Diagnosis Description
A081	ICD 10	ACUTE GASTROENTEROPATHY DUE TO NORWALK AGENT AND OTHER SMALL ROUND VIRUSES
A09	ICD 10	INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED
A213	ICD 10	GASTROINTESTINAL TULAREMIA
C49A4	ICD 10	GASTROINTESTINAL STROMAL TUMOR OF LARGE INTESTINE
C49A5	ICD 10	GASTROINTESTINAL STROMAL TUMOR OF RECTUM
C49A	ICD 10	GASTROINTESTINAL STROMAL TUMOR

NPI	MEDICAID ID	BUSINESS/LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>	smith	<input type="text"/>
Search			

SEARCH RESULTS

NPI	Medicaid ID	Business/Last Name	First Name	Address Line 1	Address Line 2	City	State	Zip
1003005455	10000046	SMITH	NANCI	2400 CORPORATE EXCHANGE DR		COLUMBUS	OH	43231
1003144130	9999915	SMITH THERAPY SERVICES		141 WASHINGTON AVE		COLUMBUS	OH	43231



- These buttons appear at the bottom of the Claims page:
 - **Save:** Saves the claim form and data entered for up to 72 hours or until the claim is submitted.
 - **Submit:** Sends the claim for review.
 - **Cancel:** Cancels the claim and erases data entered.

Destination Payer Information



Provider Medicaid ID: [REDACTED] Provider NPI: 1689615148 Provider Name: [REDACTED]

Claim Type
 Dental Institutional Professional

Claim Status: Pending Submission

ICN: [REDACTED]

Paid Amount: [REDACTED]

Adjudication Date: [REDACTED]

* Destination Payer Name: [REDACTED] *Destination payer is required

* Destination Payer ID: [REDACTED] *Destination payer is required

* Destination Payer Responsibility Sequence: [REDACTED]

- Primary
- Secondary
- Tertiary
- Payer Responsibility Four
- Payer Responsibility Five
- Payer Responsibility Six
- Payer Responsibility Seven
- Payer Responsibility Eight
- Payer Responsibility Nine
- Payer Responsibility Ten
- Payer Responsibility Eleven

- Select a Destination Payer Name from the drop-down menu.
- Select a Destination Payer ID.
 - Depending on the Payer Name selected, different options will appear under this drop-down.
- Select a Destination Payer Responsibility Sequence from the drop-down menu.



- * RECIPIENT INFORMATION

* Medicaid Billing Number	121212121212	* Date of Birth	04/01/1950	Gender:	Female
Last Name:	Doe	* Patient Control Number	123456	Address Line 1:	2400 Corporate Exchange Dr
First Name:	Jane	Medical Record Number:		Address Line 2:	Ste 300
Middle Name:	M			City:	Columbus
				State:	OH
				Zip Code:	43231

- Under the **Recipient Information**, enter the Medicaid Billing Number for the recipient.
- Enter the recipient's **Date of Birth** (*must be in MM/DD/YYYY format*).
 - Once these are entered, the recipient's information (Last Name, First Name, Gender, Address) will auto-populate.
- Enter the **Patient Control Number** (*Internal term: Patient Account Number*).
 - This will be used as a reference number for the patient.



- Under the **Service Information** section, enter the following information as needed or required:

- Type of Bill (*required*)
 - Click 'Search' to look up Type of Bill code.
 - 4-digit code.
- Release Information (*required*)
 - Yes or No
- From Date of Service (*required*)
- To Date of Service (*required*)
- Patient Status (*required*)**
- Admission Date and Hour (*situational*)

*** SERVICE INFORMATION**

* Type of Bill	0322 Search	* Patient Status	6-Discharged/Transfere	Patient Paid Amount	
* Release of Information	Yes	Admission Date and Hour		Submitted DRG	
* From Date	04/17/2024	Discharge Hour		Final DRG	
* To Date	04/22/2024	* Admission type	Urgent		
		* Admit Source	4-Transfer from Hospital		

- 1-Discharged to Home or Self Care (Routine Discharge)
- 2-Discharged/Transferred to a Short-Term General Hospital for Inpatient Care
- 3-Discharged/Transferred to Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of Skilled Care
- 4-Discharged/Transferred to a Facility That Provides Custodial or Supportive Care
- 5-Discharged/Transferred to a Designated Cancer Center or Childrens Hospital
- 6-Discharged/Transferred to Home under Care of an Organized Home Health Service Organization in Anticipation of Covered Skilled Care
- 7-Left Against Medical Advice or Discontinued Care
- 9-Admitted as an Inpatient to This Hospital
- 20-Expired
- 21-Discharged/Transferred to Court/Law Enforcement
- 30-Still Patient
- 40-Expired at Home
- 41-Expired in a Medical Facility (E.G. Hospital, SNF, ICF, or Free Standing Hospice)
- 42-Expired - Place Unknown
- 43-Discharged/Transferred to a Federal Health Care Facility
- 50-Hospice - Home
- 51-Hospice - Medical Facility (Certified) Providing Hospice Level of Care
- 61-Discharged/Transferred to a Hospital-Based Medicare Approved Swing Bed
- 62-Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) Including Rehabilitation Distinct Part Units of a Hospital



- Discharge Hour (*situational*)
- Admission Type (*required*)
 - Emergency, Urgent, Elective, Newborn, Trauma, Information Not Available
- Admit Source (*required*)
 - Code for source of admission
- Patient Paid Amount (*situational*)
 - Amount paid by patient to provider as patient liability
- Submitted Diagnosis Related Group (DRG) (*situational*)

The screenshot shows a web form titled "SERVICE INFORMATION" with a blue header bar. The form contains several fields and dropdown menus:

- * Type of Bill:** Text input field containing "0322" with a "Search" link to its right.
- * Patient Status:** Dropdown menu with "6-Discharged/Transfere" selected.
- Patient Paid Amount:** Empty text input field.
- * Release of Information:** Dropdown menu with "Yes" selected.
- Admission Date and Hour:** Two empty text input fields.
- Submitted DRG:** Empty text input field.
- * From Date:** Text input field containing "04/17/2024" with a calendar icon to its right.
- Discharge Hour:** Empty text input field.
- Final DRG:** Empty text input field.
- * To Date:** Text input field containing "04/22/2024" with a calendar icon to its right.
- * Admission type:** Dropdown menu with "Urgent" selected.
- * Admit Source:** Dropdown menu with "4-Transfer from Hospital" selected.



- ➔ + ACCIDENT INFORMATION
- ➔ + PRIOR AUTHORIZATION & REFERRAL INFORMATION
- + ATTENDING PHYSICIAN INFORMATION
- + REFERRING PROVIDER INFORMATION
- + RENDERING PROVIDER
- + SERVICE FACILITY LOCATION INFORMATION
- + OTHER OPERATING PHYSICIAN INFORMATION
- + OPERATING PHYSICIAN INFORMATION
- + OTHER PAYER INFORMATION

- ACCIDENT INFORMATION

Accident State

- PRIOR AUTHORIZATION & REFERRAL INFORMATION

Prior Authorization Number Referral Number

- The next panels are 'situational.'
- Click the '+' icon to expand the 'situational' panel.
- Enter any required information within that section pertaining to the institutional claim.

'Situational' Panels



- Click the '+' icon to expand the 'Situational' panel.
- Enter any information within that section as needed for the institutional claim.

- + ACCIDENT INFORMATION
- + PRIOR AUTHORIZATION & REFERRAL INFORMATION
- + ATTENDING PHYSICIAN INFORMATION
- + REFERRING PROVIDER INFORMATION
- + RENDERING PROVIDER
- + SERVICE FACILITY LOCATION INFORMATION
- + OTHER OPERATING PHYSICIAN INFORMATION
- + OPERATING PHYSICIAN INFORMATION
- + OTHER PAYER INFORMATION

- ATTENDING PHYSICIAN INFORMATION			
*NPI	Medicaid ID	Last Name	First Name
<input type="text"/>			
Search			

- REFERRING PROVIDER INFORMATION			
*NPI	Medicaid ID	Last Name	First Name
Referring Provider	<input type="text"/>		
Search			

- RENDERING PROVIDER			
* NPI	Medicaid ID	Last Name	First Name
<input type="text"/>			
Search			

'Situational' Panels



- Click the '+' icon to expand the 'Situational' panel.
- Enter any required information within that 'Situational' section pertaining the institutional claim.

- + ACCIDENT INFORMATION
- + PRIOR AUTHORIZATION & REFERRAL INFORMATION
- + ATTENDING PHYSICIAN INFORMATION
- + REFERRING PROVIDER INFORMATION
- + RENDERING PROVIDER
- + SERVICE FACILITY LOCATION INFORMATION
- + OTHER OPERATING PHYSICIAN INFORMATION
- + OPERATING PHYSICIAN INFORMATION
- + OTHER PAYER INFORMATION

- SERVICE FACILITY LOCATION INFORMATION

*NPI	Medicaid ID	Name	Address1	Address2	City	State	Zip
<input type="text"/>							

Search

- OTHER OPERATING PHYSICIAN INFORMATION

*NPI	Medicaid ID	Last Name	First Name
<input type="text"/>			

Search

- OPERATING PHYSICIAN INFORMATION

*NPI	Medicaid ID	Last Name	First Name
<input type="text"/>			

Search

'Situational' Panel – Other Payer Info



- Click the '+' icon to expand the 'Situational' panel.
- Enter any required information within that 'Situational' section pertaining the institutional claim.
- Click **Add** to add the information to the claim.

- + ACCIDENT INFORMATION
- + PRIOR AUTHORIZATION & REFERRAL INFORMATION
- + ATTENDING PHYSICIAN INFORMATION
- + REFERRING PROVIDER INFORMATION
- + RENDERING PROVIDER
- + SERVICE FACILITY LOCATION INFORMATION
- + OTHER OPERATING PHYSICIAN INFORMATION
- + OPERATING PHYSICIAN INFORMATION
- + OTHER PAYER INFORMATION



- OTHER PAYER INFORMATION

* Other Payer Name :	<input type="text"/>	* Patient Relationship To Subscriber :	<input type="text"/>	Claim Adjudication Level :	<input type="text"/>
* Health Plan ID :	<input type="text"/>	* Subscribers First Name :	<input type="text"/>	Claim Number :	<input type="text"/>
* Claim Filing Indicator :	<input type="text"/>	* Subscriber Last Name :	<input type="text"/>	Paid Date :	<input type="text"/>
* Payer Responsibility Sequence :	<input type="text"/>	Subscriber's Middle Name :	<input type="text"/>	Paid Amount :	<input type="text"/>
* Subscriber Number:	<input type="text"/>	Subscriber's Address Line 1:	<input type="text"/>	Non Covered Amount:	<input type="text"/>
Policy Number:	<input type="text"/>	Subscriber's Address Line 2:	<input type="text"/>		
Group Name:	<input type="text"/>	Subscriber's City:	<input type="text"/>		
Insurance Type Code :	<input type="text"/>	Subscriber's State :	<input type="text"/>	Subscriber's Zip :	<input type="text"/>

 **ADD**



- * DIAGNOSIS CODES

No records found.

*Sequence	*Diagnosis Code	*ICD Version	*Present on Admission	Diagnosis Description
Admittina	A048	ICD 10	U - Unknown	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS

ADD

Note: An orange arrow points to the ADD button.

- Click the **Add** to add the Diagnosis Code.

- Under the **Diagnosis Codes** section, enter or select the following information:
- Sequence (*required*)
 - Principal, Admitting, Other, Patient Reason for Visit, External Cause of Injury.
- Diagnosis Code (*required*)
 - Click 'Search' to look up Diagnosis Code.
- International Classification of Diseases (ICD) Version (*required*)
- Present on Admission (*situational*)
 - N – No, U – Unknown, W – Not Applicable, Y – Yes



- * DIAGNOSIS CODES

* Sequence	* Diagnosis Code	* ICD Version	* Present On Admission	Diagnosis Code Description		
Admitting	A048	ICD 10	U	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Edit	Delete

*Sequence: *Diagnosis Code: Search *ICD Version: *Present on Admission: [ADD](#)

- The added diagnosis appears on a list.
 - The line can be edited or deleted by clicking the **Edit** or **Delete** button.
- Repeat the process to add another diagnosis.

- * DIAGNOSIS CODES

* Sequence	* Diagnosis Code	* ICD Version	* Present On Admission	Diagnosis Code Description		
Admitting	A048	ICD 10	U	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Edit	Delete
Principle	A049	ICD 10	U	BACTERIAL INTESTINAL INFECTION, UNSPECIFIED	Edit	Delete

*Sequence: *Diagnosis Code: Search *ICD Version: *Present on Admission: [ADD](#)



- + OUTPATIENT ADJUDICATION INFORMATION
- + INPATIENT ADJUDICATION INFORMATION
- + HEADER OTHER PAYER ADJUSTMENT INFORMATION
- + ICD PROCEDURE CODES
- + OCCURRENCE INFORMATION
- + OCCURRENCE SPAN INFORMATION
- + CONDITION CODE INFORMATION
- + VALUE CODE INFORMATION

- Click the '+' icon to expand a section.
- Enter information within that section for the claim as needed for the claim.

- OUTPATIENT ADJUDICATION INFORMATION

Reimbursement Rate(Percentage as decimal):

Claim Remark Code(MOA 03):

HCPCS Payable Amount:

Claim Remark Code(MOA 04):

- INPATIENT ADJUDICATION INFORMATION

Covered Days or Visits Count (MIA01):

Claim Remark Code (MOA05):

Claim DRG Amount (MIA04):

Claim Remark Code (MOA20):

'Situational' Panels



- + OUTPATIENT ADJUDICATION INFORMATION
- + INPATIENT ADJUDICATION INFORMATION
- + HEADER OTHER PAYER ADJUSTMENT INFORMATION
- + ICD PROCEDURE CODES
- + OCCURRENCE INFORMATION
- + OCCURRENCE SPAN INFORMATION
- + CONDITION CODE INFORMATION
- + VALUE CODE INFORMATION

- HEADER OTHER PAYER ADJUSTMENT INFORMATION

* Health Plan ID	* Adjustment Group	* Reason Code	* Amount	Quantity	
<input type="text"/>	<input type="text"/>	<input type="text"/> Search	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

- ICD PROCEDURE CODES

* Sequence	* ICD Procedure Code	* ICD Version	* Date	ICD Procedure Code Description	
<input type="text"/>	<input type="text"/> Search	ICD 10	<input type="text"/>		<input type="button" value="ADD"/>

- Click the '+' icon to expand the 'Situational' panel.
- Enter any required information within that 'Situational' section pertaining the institutional claim.
- Click **Add**, if necessary, to add the information.

'Situational' Panels



- + OUTPATIENT ADJUDICATION INFORMATION
- + INPATIENT ADJUDICATION INFORMATION
- + HEADER OTHER PAYER ADJUSTMENT INFORMATION
- + ICD PROCEDURE CODES
- + OCCURRENCE INFORMATION
- + OCCURRENCE SPAN INFORMATION
- + CONDITION CODE INFORMATION
- + VALUE CODE INFORMATION

- Click the '+' icon to expand the 'Situational' panel.
- Enter any required information within that 'Situational' section as needed for the institutional claim.
- Click **Add**, if necessary, to add the information.

- OCCURRENCE INFORMATION

* Occurrence Code	* Occurrence Date	Occurrence Description
<input type="text"/> Search	<input type="text"/>	
		<input type="button" value="Add"/>

- OCCURRENCE SPAN INFORMATION

* Occurrence Span Code	* From Date	* To Date	Occurrence Description
<input type="text"/> Search	<input type="text"/>	<input type="text"/>	
			<input type="button" value="ADD"/>

'Situational' Panels



- + OUTPATIENT ADJUDICATION INFORMATION
- + INPATIENT ADJUDICATION INFORMATION
- + HEADER OTHER PAYER ADJUSTMENT INFORMATION
- + ICD PROCEDURE CODES
- + OCCURRENCE INFORMATION
- + OCCURRENCE SPAN INFORMATION
- + CONDITION CODE INFORMATION
- + VALUE CODE INFORMATION

- Click the '+' icon to expand the 'Situational' panel
- Enter any required information within that 'Situational' section pertaining the institutional claim
- Click **Add**, if necessary, to add the information

- CONDITION CODE INFORMATION

*Condition Code	Condition Description
<input type="text"/> Search	
	<input type="button" value="Add"/>

- VALUE CODE INFORMATION

*Value Code	*Amount	Value Code Description
<input type="text"/> Search	<input type="text"/>	
		<input type="button" value="ADD"/>



*** SERVICE DETAILS**

Total Amount Billed: 0
Total Amount Paid: **ADD**

Service Line: 01

* Revenue code: 0500 Search	* From DOS: 04/17/2024	Status: Pending Submission
Procedure Type: HCPCS	To DOS: 04/22/2024	* Unit: 5
Procedure code: 99342 Search	Final EAPG: <input type="text"/>	* Unit of Measurement: DA
Procedure Modifier: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Payment Action: <input type="text"/>	* Total Charges: 754.25
Line Control Number: <input type="text"/>		Paid Amount:

- Under the **Service Details** section, enter the following required or situational information:
 - Revenue Code (*required*)
 - Click 'Search' to look up the Revenue Code.
 - Procedure Code (*situational*)
 - Click 'Search' to look up the Procedure Code.
 - Procedure Modifier (*situational*)
 - Line Control Number (*situational*)



- * SERVICE DETAILS

Total Amount Billed: 0
Total Amount Paid:

Service Line: 01

* Revenue code: <input type="text" value="0500"/> Search	* From DOS: <input type="text" value="04/17/2024"/>	Status: Pending Submission
Procedure Type: HCPCS	To DOS: <input type="text" value="04/22/2024"/>	* Unit: <input type="text" value="5"/>
Procedure code: <input type="text" value="99342"/> Search	Final EAPG:	* Unit of Measurement: <input type="text" value="DA"/>
Procedure Modifier: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Payment Action:	* Total Charges: <input type="text" value="754.25"/>
Line Control Number: <input type="text"/>		Paid Amount:

- From DOS—Date of Service (*required*)
- To DOS—Date of Service (*situational*)
- Unit (*required*)
 - Number of units to be billed
- Unit of Measurement (*required*)
 - DA – Days or UN – Units
- Total Charges (*required*)

Service Details Cont'd



- Click **Add**.
- The added service detail appears on a list.
 - The line can be edited or deleted by clicking the **Edit** or **Delete** button.
- Repeat the process to add other service details.

- * SERVICE DETAILS

Total Amount Billed: 0
Total Amount Paid: **ADD**

Service Line: 01

* Revenue code: [Search](#) * From DOS:

Procedure Type: HCPCS To DOS:

Procedure code: [Search](#) Final EAPG:

Procedure Modifier: Payment Action:

Line Control Number:

Status: Pending Submission

* Unit:

* Unit of Measurement:

* Total Charges:

Paid Amount:

- * SERVICE DETAILS

Service Line	*Revenue Code	Procedure Type	Procedure Code	*Unit	Unit Of Measurement	*From DOS	To DOS	*Total Charges	Paid Amount	Status	
1	0500	HCPCS	99342	5.000	DA	04/17/2024	04/22/2024	754.25		Pending Submission	Edit Delete

Total Amount Billed: 754.25
Total Amount Paid: 0 **ADD**

Service Line: 2

* Revenue code: [Search](#) * From DOS:

Procedure Type: HCPCS To DOS:

Procedure code: [Search](#) Final EAPG:

Procedure Modifier: Payment Action:

Line Control Number:

Status: Pending Submission

* Unit:

* Unit of Measurement:

* Total Charges:

Paid Amount:



- The example shows 2 service lines that have been added to this claim and the space below to enter a third if needed.

- * SERVICE DETAILS

Service Line	*Revenue Code	Procedure Type	Procedure Code	*Unit	Unit Of Measurement	*From DOS	To DOS	*Total Charges	Paid Amount	Status		
1	0500	HCPCS	99342	5.000	DA	04/17/2024	04/22/2024	754.25		Pending Submission	Edit	Delete
2	0988	HCPCS	99345	1.000	DA	04/17/2024	04/17/2024	134.23		Pending Submission	Edit	Delete

Total Amount Billed: 888.48
 Total Amount Paid: 0

[ADD](#)

Service Line: 3

* Revenue code: <input type="text"/> Search	* From DOS: <input type="text"/>	Status: Pending Submission
Procedure Type: HCPCS	To DOS: <input type="text"/>	* Unit: <input type="text"/>
Procedure code: <input type="text"/> Search	Final EAPG:	* Unit of Measurement: <input type="text"/>
Procedure Modifier: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Payment Action:	* Total Charges: <input type="text"/>
Line Control Number: <input type="text"/>		Paid Amount:

'Situational' Panels



- + NDC DETAILS
- + ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL
- + OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN
- + OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL
- + ATTACHMENT
- + PROVIDER NOTES
- + REVIEWER NOTES
- + DELAYED SUBMISSION/RESUBMISSION INFORMATION
- + CLAIM ADJUDICATION
- + CLAIMSXTEN INFORMATION
- + RELATED ICN SCREEN
- +CARC AND RARC INFORMATION

- Click the '+' icon to expand the 'Situational' panel.
- Enter any required information within that 'Situational' section pertaining the institutional claim.
- Click **Add**, if necessary, to add the information.

- NDC DETAILS

*Service Line	*NDC	*Unit Of Measure	Prescription Number	*Total Unit	
<input type="text"/>	<input type="text"/> Search	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

- ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL

* Service Line	* Provider Type	* Provider NPI	Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/> Search			
					<input type="button" value="ADD"/>

'Situational' Panels



- + NDC DETAILS
- + ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL
- + OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN
- + OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL
- + ATTACHMENT
- + PROVIDER NOTES
- + REVIEWER NOTES
- + DELAYED SUBMISSION/RESUBMISSION INFORMATION
- + CLAIM ADJUDICATION
- + CLAIMSXTEN INFORMATION
- + RELATED ICN SCREEN
- +CARC AND RARC INFORMATION

- Click the '+' icon to expand the 'Situational' panel.
- Enter any required information within that 'Situational' section pertaining the institutional claim.
- Click **Add**, if necessary, to add the information.

- OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN

*Service Line	Revenue Code	Procedure Code	*Health Plan ID	*Amount Paid	Paid Date	*Paid Service Unit Count	
<input type="text"/>	<input type="button" value="Add"/>						

- OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL

*Service Line	Revenue Code	Procedure Code	*Health Plan ID	*Adjustment Group	*Reason Code	*Amount	Quantity	
<input type="text"/> Search	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>					

'Situational' Panel – Provider Notes



- Click the '+' icon to expand the selection.
- Enter information as needed within that section for the claim.

- + NDC DETAILS
- + ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL
- + OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN
- + OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL
- + ATTACHMENT
- + PROVIDER NOTES
- + REVIEWER NOTES
- + DELAYED SUBMISSION/RESUBMISSION INFORMATION
- + CLAIM ADJUDICATION
- + CLAIMSXTEN INFORMATION
- + RELATED ICN SCREEN
- +CARC AND RARC INFORMATION

- PROVIDER NOTES

*Note Reference Code * Note

- ALG - Allergies
- DCP - Goals, Rehabilitation Potential, or Discharge Plans
- DGN - Diagnosis Description
- DME - Durable Medical Equipment (DME) and Supplies
- NTR - Nutritional Requirements
- ODT - Orders for Disciplines and Treatments
- RHB - Functional Limitations, Reason Homebound, or Both
- RLH - Reasons Patient Leaves Home
- RNH - Times and Reasons Patient Not at Home
- SET - Unusual Home, Social Environment, or Both
- SFM - Safety Measures
- SPT - Supplementary Plan of Treatment
- MED - Medications
- UPI - Updated Information

Line	* Note Reference Code	* Note		
01	ALG - Allergies	Patient is a college student	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

'Situational' Panel – Delayed Submission/Resubmission



- DELAYED SUBMISSION/RESUBMISSION INFORMATION

Disclaimer: Documentation to justify the use of this panel and data entered must be retained for future audit purpose.

Previously Denied ICN:



Reason for Delay:

- Proof of Eligibility Unknown or Unavailable
- Litigation
- Authorization Delays
- Delay in Certifying Provider
- Third Party Processing Delay
- Delay in Eligibility Determination
- Administration Delay in the Prior Approval Process
- Other
- Natural Disaster
- Delay In Supplying Billing Forms
- Delay In Delivery Of Custom-made Appliances
- Original Claim Rejected or Denied Due To a Reason Unrelated To The Billing Limitation Rules

- This section allows you to indicate a reason for a delayed submission or resubmission for the claim.
- Note the disclaimer asking for documentation to justify the use of this panel.
- Select a reason from the drop-down menu.

Attachment



- Prior to submitting the claim, make sure to add any necessary attachments by expanding the **Attachment** section (click the '+' icon).
- Click 'Choose File,' locate the file on your computer you wish to upload and select the Document Type from the drop-down menu.
- Click **Add**.
- The added attachment appears on a list.
 - Repeat the process to add other attachments.

- ATTACHMENT

Line Item	Document ID	Document Type
* Upload attachment: <input type="button" value="Choose File"/> Referral Form 6653.pdf		
* Document Type: Referral Form (Ohio 6653) <input type="button" value="Add"/>		

- ATTACHMENT

Line Item	Document ID	Document Type
1	10232838841666352618	Referral Form (Ohio 6653) <input type="button" value="Delete"/>
* Upload attachment: <input type="button" value="Choose File"/> No file chosen		
* Document Type: Admission Summary <input type="button" value="Add"/>		

- ATTACHMENT

Line Item	Document ID	Document Type
1	10232838841666352618	Referral Form (Ohio 6653) <input type="button" value="Delete"/>
2	10232838841666352741	Radiology Films <input type="button" value="Delete"/>
* Upload attachment: <input type="button" value="Choose File"/> No file chosen		
* Document Type: Admission Summary <input type="button" value="Add"/>		

Claim Submission Recap

- Select the provider/Medicaid ID for which the claim will be submitted under, from your dashboard.
- Expand the Self Service Selections and click “Claims.”
- Choose “Submit Claims.”
- Select ‘Institutional’ for the claim type.
- Enter the information related to the claim – a red asterisk within a header indicates information is required in that section and the red asterisk indicates the required field(s) in that section.
- Some sections/panels are situational and can be expanded by clicking the ‘+’ icon.
- Attachments can be added to the claim; the maximum number of documents that can be added on the submission page is 10, with the maximum file size of 10 MB for each file.

Fee-for-Service (FFS) Institutional Claims Session Agenda



Accessing the Self Service Panel



Claims Submission Process in PNM



Submitting a Claim



Claims Status Summary



Searching for a Previously Submitted Claim

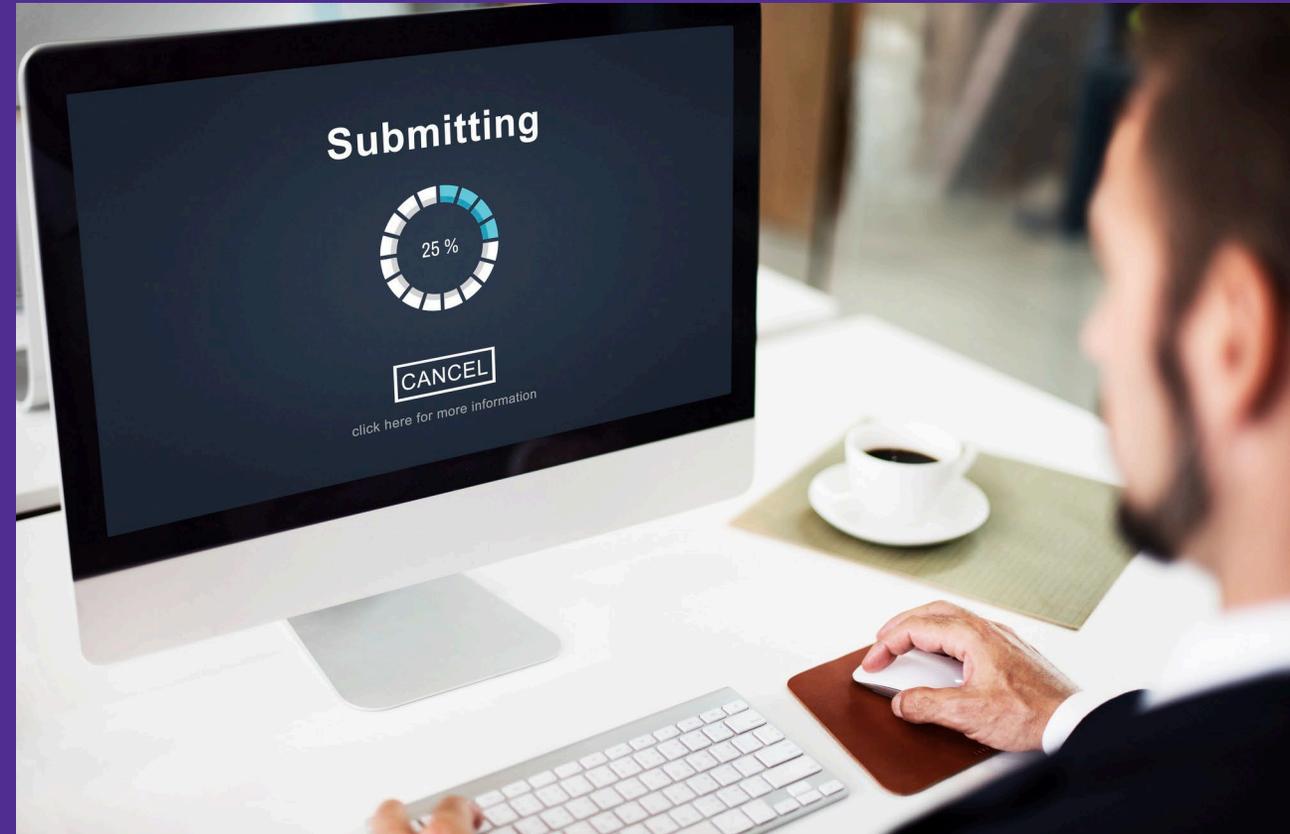


**Questions, Training Materials,
Upcoming Training Schedule**

Submitting a Claim



Learn how to submit the claim in PNM for review and processing.



Submitting a Claim



- When all information for the claim has been entered, click **Submit** located at the bottom of the page.
- Confirm the claim was successfully submitted by looking at the status section at the top of the page.
- If the claim appears in a 'Deny' status, review the Adjudication Errors section/panel and the CARC and RARC Information section/panel for more details.



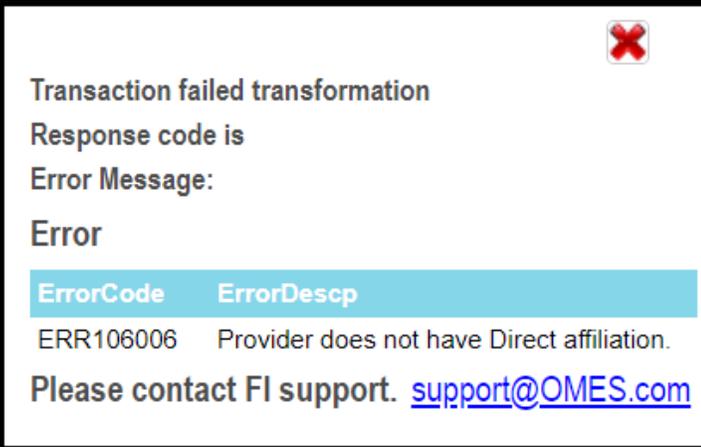
Claim Status	PAY
ICN	2022256029317
Paid Amount	\$47.19
Adjudication Date	04/15/2024

Claim Status	DENY
ICN	230375000002
Paid Amount	\$0.00
Adjudication Date	04/15/2024

-ADJUDICATION ERRORS		
Service Line Number	ErrorCode	ErrorDescp
01	150	NO CONTRACT TERM FOUND FOR SERVICE



- *Medicaid billing number is required
- *Missing Recipient date of birth
- *Patient Control Number is required
- *Release of Information is required
- *Place of Service is required
- *At least one service detail is required.



Transaction failed transformation

Response code is

Error Message:

Error

ErrorCode	ErrorDescp
ERR106006	Provider does not have Direct affiliation.

Please contact FI support. support@OMES.com

- If the **Submit** button is selected and the claim cannot be submitted because of errors with entry in PNM, the system marks the errors in red at the top of the page.
- These errors are clickable and will navigate you to the panel or field where the error needs to be addressed.
- If transaction errors (errors in processing the claim by FI) occur, those messages appear in a pop-up window.
- Review the error message description, work to resolve, and **Submit** again.
- *Example: This error shows that the claim could not be processed because the rendering provider is not affiliated with the group submitting the claim.*



Institutional Claim New/Update

Error Message
Add/Update operation could not be performed.
Invalid Principal Diag Code - XXXXX
Invalid Patient Reason Code - XXXXX
Invalid Admitting Diag. Code - XXXXXX
Invalid Cause of Injury Code - XXXXXXXX
Invalid Service Code/Codes - XXXXXX
Duplicate Service Code - XXXXXX
Invalid Revenue Code/Codes - XXXXXX
Invalid Claim Occurrence Code - XXXXXX
Invalid Claim Occurrence Span Code - XXXXXX
Invalid Claim Condition Code - XXXXXX
Invalid Claim Principal Procedure Code - XXXXXX
Invalid Claim Other Procedure Code - XXXXXX
Invalid Claim Value Code - XXXXXX
Your Claim is in the process of being adjudicated, please check back later. ICN: XXXXXXXXXXXXX



Date Format	Source
YYJJJP	SPBM incoming pharmacy claims
YYJJJX	FI incoming CHC FFS pharmacy claims
YYJJJM	FI MyCare and Managed Care run-out incoming Encounter pharmacy
YYJJJE	FI FFS incoming EDI claims
YYJJJW	FI FFS incoming web portal claims
YYJJJB	FFS incoming Partner State Agency claims
EYYJJJ	FI incoming encounter claim
MYYJJJ	FI Managed Care incoming routed claims

Example:

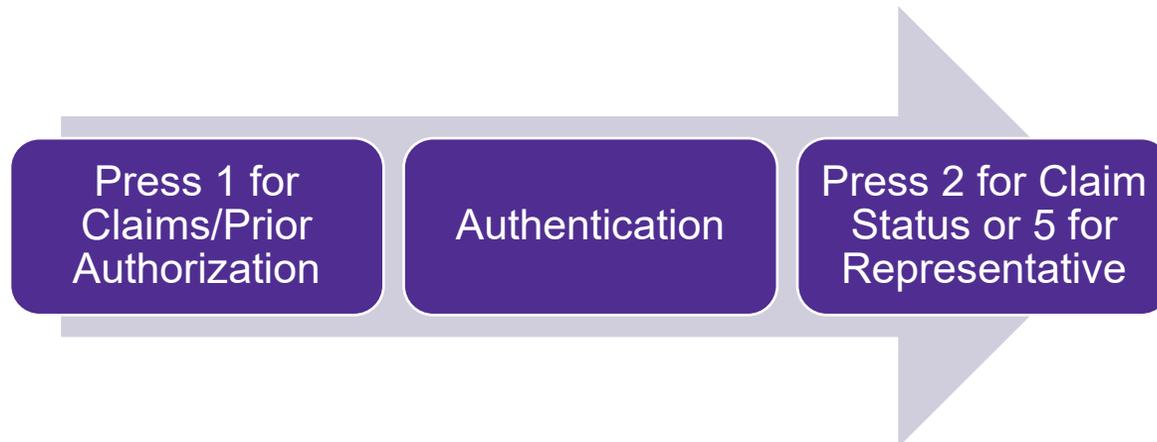
If today was 2/25/2024 and the claim received came from the Provider Portal, the ICN would be the following:

24056W256347



- IVR accepts numbers only.
- FI's ICNs contain alpha characters and numbers.
- The IVR will return the most recent claim if the claim has been adjusted, or always the Adjusted claim if both an Adjustment and Reversal exist.
- The IVR will return FI ICN with the alpha character for confirmation.

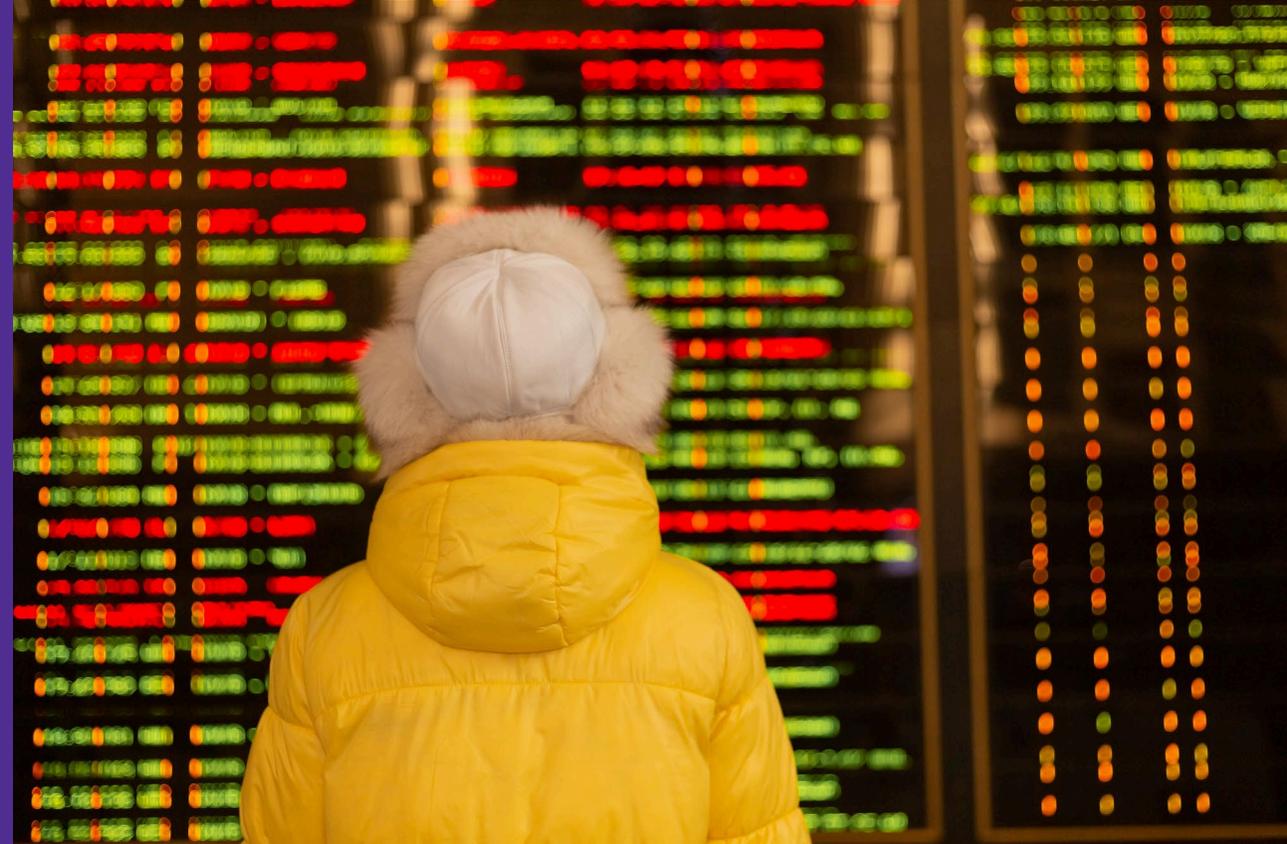
FI ICN	Provider Enters
23005E123456	23005123456
23005A123456A1	23005123456
23005R123456R1	23005123456



Claim Status Summary



A review of the life cycle of the claim and discussion of claim statuses and status definitions.





Life Cycle of a Claim

Cycles	Real-Time	Real-Time	Weekly	Weekly	
Statuses	OPEN	ADJUDICATED	Pay	WAITPAY	PAID
			Deny	WAITDENY	DENIED
			Pend		
	Initial		Awaiting Finalization	Finalized	
Edit Options	Claims may be edited in any of these statuses		These claims are locked and cannot be edited	PAID claims may be adjusted (reversed or replaced)	



Reversal and Replacement: Claim Status and Cycles

Cycles		Real-Time		Weekly	Weekly
Replacement	Reversed Claim	REVSYNCH	REV	WAITREV	REVERSED
	Replacement Claim	ADJUDICATED	PAY	WAITPAY	PAID
			DENY	WAITDENY	DENIED
Reversed Claim ONLY		REV		WAITREV	REVERSED
		Initial		Awaiting Finalization	Finalized

NOTE: Claim Number for Reversals and Replacements - Reversed Claims will be the original claim number followed by R1. Replacement Claims will be the original claim number followed by A1. Subsequent replacements will be incremented by 1, so A1 will be A2 for the second correction



- In Process
- Paid
- Denied
- Void



- Managed Care claim status information found on the PNM portal is limited.
- For additional information about claims processing, payment and other important details please contact the Managed Care Entity associated with the claim.

Claim Status Summary



Claim Status	Definition
Adjudicated	Initial review of business rules complete; needs to go through payment process.
Denied	Claim failed business rules and has gone through the payment process.
Deny	Claim failed header and/or line-level business rules; not finished payment process.
Open	The claim has been received and is in process but has not been adjudicated.
Paid	Claim has been finalized and has gone through the payment process.
Pay	Claim has been adjudicated and all edits satisfied; payment process upcoming.
Pend	Claim has been set aside for review to determine if it should be paid or denied.
Pending Submission	*This is the status of a claim before submission.
Rev	This is a real-time, non-finalized, financial status for a reversed/adjusted claim.
Reversed	Claim has been finalized, but errors identified, and mirror image of claim created.
RevSynch	Rev claim synchronized to go through payment cycle at same time as adjustment claim.
Void	This is a finalized status for a claim that has been voided/canceled by the user.
WaitDeny	Claim has failed business rules and submitted for payment; payment process ongoing.
WaitPay	Claim has been approved and submitted for payment; payment process ongoing.
WaitRev	Reversal claim has been created and sent for payment; payment process ongoing.

Fee-for-Service (FFS) Institutional Claims 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.



Accessing the Self Service Panel



Claims Submission Process in PNM



Submitting a Claim



Claims Status Summary



**Searching for a Previously
Submitted Claim**



**Questions, Training Materials,
Upcoming Training Schedule**

Searching for a Previously Submitted Claim



Learn how to search in PNM for a previously submitted institutional claim.





- On the Provider Management Home Page, locate the Manage Application section.

- Expand the Self Service section.
- From the Self Service Selections, click 'Claims.'
- Or, if already viewing the Self Service options, click 'Search Claim.'

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](#)



Search-RA



Submit PA



Search Eligibility



Search PA



Submit Claim



Search Claim

Searching for a Claim



CLAIM SEARCH

ICN	<input type="text"/>	Claim Type	<input type="text"/>
Medicaid Billing Number	<input type="text"/>	Claim Status	<input type="text"/>
Patient Account Number	<input type="text"/>	RA Date	<input type="text"/>
Rendering Provider ID	<input type="text"/>	Date of Service From	<input type="text"/> To <input type="text"/>
Amount Billed	<input type="text"/>	Max Records	<input type="text" value="20"/>
Prescription Number	<input type="text"/>	<input type="button" value="Search"/>	<input type="button" value="Clear"/>
 Payor Name *	<input type="text"/>		

- When searching for a claim, **select Payor Name** and then any of the following search fields:
 - Internal Control Number (ICN)
 - Tracking number assigned to the claim
 - Medicaid Billing Number
 - Patient Account Number
 - Rendering Provider ID
 - Amount Billed
 - Prescription Number
 - Claim Type (Institutional)
 - Claims Status
 - Remittance Advice (RA) Date
 - Date of Service From
 - Date of Service To

Searching for a Claim



CLAIM SEARCH

ICN	<input type="text"/>	Claim Type	Institutional
Medicaid Billing Number	<input type="text"/>	Claim Status	Paid
Patient Account Number	<input type="text"/>	RA Date	<input type="text"/>
Rendering Provider ID	<input type="text"/>	Date of Service From	<input type="text"/> To <input type="text"/>
Amount Billed	<input type="text"/>	Max Records	20
Prescription Number	<input type="text"/>		
Payor Name *	Ohio Department of Med		



- When criteria is entered, click **Search**.
- Search results display at the bottom of the page.
- Click on the ICN hyperlink to access claim details.



CLAIM SEARCH RESULT

ICN	Medicaid Billing Number	Patient Account Number	Billed Amount	Paid Amount	Claim Type	RA Date	From Date	To Date	Status
2022300045351	1033	304974810	5604.36	0	INSTITUTIONAL	11/03/2022	10/05/2022	10/06/2022	PAID
2020366031595	1033	301516097	6540.82	0	INSTITUTIONAL	01/14/2021	12/04/2020	12/04/2020	PAID



Error Message

Invalid Payor type specified.

Invalid ICN specified. The length should be between 1 and 20.

Invalid Patient Account Number specified. The length should be between 1 and 50.

Invalid Member Medicaid Id specified. The length should be between 1 and 20.

Invalid Rendering Provider ID specified. The length should be between 1 and 20.

Invalid Billing Provider ID specified. The length should be between 1 and 20.

Invalid Prescription Number specified. The length should be between 1 and 10.

Invalid Claim Type specified. The length should be between 1 and 10.

Invalid Status specified. The length should be between 1 and 50.

Invalid Total Charges specified. The value should be a decimal.

The Provider is Invalid.

The ICN is Invalid.

Request Validation failed.

Claims Search

Reviewing a Searched Claim



- Navigate & Review Claim panels.
 - Claim status and other key information will appear at the top-right.
 - Reviewer Notes display in a collapsed section.
 - To view information in each panel, click the '+' icon.
 - To close each panel, click the '-' icon.

Claim Type
 Dental Institutional Professional

Claim Status PAID
ICN 2022041019858
Paid Amount \$1,153.75
Adjudication Date 02/10/2022

* Destination Payer Name Ohio Department of Med * Destination Payer ID MMISODJFS - Ohio Dep * Destination Payer Responsibility Sequence Secondary

- * RECIPIENT INFORMATION

* Medicaid Billing Number 9100 * Date of Birth 11/29/1960 Gender: Female
Last Name: Patient Control Number: Address Line 1:
First Name: ESTHER Medical Record Number: 397929 City: STRONGSVILLE
Middle Name: I State: OH
Zip Code: 44149

- * SERVICE INFORMATION

* Type of Bill 0111 * Patient Status 6-Discharged/Transferr Patient Paid Amount:
* Release of Information Yes Admission Date and Hour: Submitted DRG:
* From Date 11/30/2020 Discharge Hour 0100 Final DRG 0204
* To Date 12/03/2020 * Admission type Emergency
* Admit Source 1-Physician Referral

+ ACCIDENT INFORMATION
+ PRIOR AUTHORIZATION & REFERRAL INFORMATION
+ ATTENDING PHYSICIAN INFORMATION
+ REFERRING PROVIDER INFORMATION
+ RENDERING PROVIDER
+ * DIAGNOSIS CODES
+ * SERVICE DETAILS
+ ATTACHMENT
+ PROVIDER NOTES
+ REVIEWER NOTES
+ DELAYED SUBMISSION/RESUBMISSION INFORMATION
+CARC AND RARC INFORMATION
+ADJUDICATION ERRORS

Options Available on a Searched Claim



■ If action needs to be taken on a claim in a Pay/Paid status, use the buttons at the bottom of the screen:

- **Copy:** Create a new claim copying the data of the paid claim.
- **Adjust:** Allows data to be changed to submit claim.
- **Void:** Lets Provider void the previously paid claim.
- **Cancel:** Returns to the main menu.

Claim Status	PAID
ICN	2022041019858
Paid Amount	\$1,153.75
Adjudication Date	02/10/2022

+ NDC DETAILS
+ ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL
+ OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN
+ OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL
+ ATTACHMENT
+ PROVIDER NOTES
+ REVIEWER NOTES
+ DELAYED SUBMISSION/RESUBMISSION INFORMATION
- CLAIM ADJUDICATION

Claim Status :	PAID	ICN :	2022041019858
Total Paid Amount :	\$1,153.75	Adjudication Date :	02/10/2022
Claim Submission Date :	11/10/2022	Total Charges :	\$1,153.75
Claim Paid Date :	02/25/2022	CoPay Amount :	0

+ CLAIMSXTEN INFORMATION
+ RELATED ICN SCREEN
+CARC AND RARC INFORMATION
+ADJUDICATION ERRORS

Copy Adjust Void Cancel

The 'Copy' Button on a Searched Claim



Using the 'Copy' button copies the paid claim data and then uses it to create a new claim.

- Click the blue 'Copy' button .

- Change the required recipient information, if needed:

- 1st: Medicaid Billing Number
- 2nd: Date of Birth
- Patient Control Number

+ ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL
+ OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN
+ OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL
+ ATTACHMENT
+ PROVIDER NOTES
+ REVIEWER NOTES
+ DELAYED SUBMISSION/RESUBMISSION INFORMATION
+ CLAIM ADJUDICATION
+ RELATED ICN SCREEN
-CARC AND RARC INFORMATION

Service Line	CARC	CARC Amount	CARC Description	RARC	RARC Description
01	12	25	Test CARC	21	Test RARC
02	13	20	Test CARC1	22	Test RARC1

↓

Copy Adjust Void Cancel

- * RECIPIENT INFORMATION

Medicaid Billing Number 12-digit number is required

* Medicaid Billing Number → * Date of Birth

Last Name: → * Patient Control Number

First Name: Medical Record Number:

Middle Name:

Gender:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

The 'Copy' Button on a Searched Claim



- Click on the blank space outside of the required recipient information for PNM to present the 'Loading' message.

- * RECIPIENT INFORMATION

* Medicaid Billing Number	259	* Date of Birth	02/22/1944	Gender:	
Last Name:		* Patient Control Number		Address Line 1:	
First Name:		Medical Record Number:		Address Line 2:	
Middle Name:				City:	
				State:	
				Zip Code:	

Click on the blank space outside of the required fields to present the 'Loading' message

- The new Recipient Information will auto populate in the new claim once PNM is finished 'Loading.'

- * RECIPIENT INFORMATION

* Medicaid Billing Number	259	* Date of Birth	02/22/1944	Gender:	Female
Last Name:	W	* Patient Control Number		Address Line 1:	
First Name:	SHIRLEY	Medical Record Number:		Address Line 2:	
Middle Name:				City:	PICKERINGTON
				State:	OH
				Zip Code:	43147

Options for a Searched Claim



- If action needs to be taken on a claim in a Deny/Denied status, use the buttons at the bottom of the screen:
 - **Resubmit:** Field values become editable and claim adjudication information is deleted.
 - **Cancel:** Returns to the main menu.

Claim Status	DENIED
ICN	2022041037924
Paid Amount	\$0.00
Adjudication Date	02/10/2022

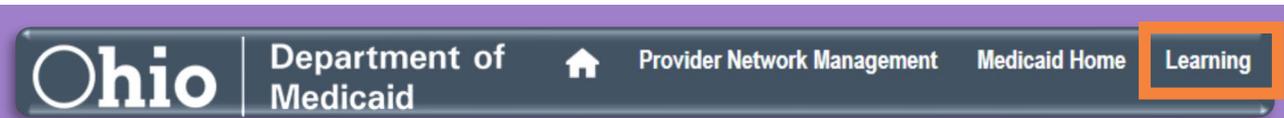
- + NDC DETAILS
- + ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL
- + OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN
- + OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL
- + ATTACHMENT
- + PROVIDER NOTES
- + REVIEWER NOTES
- + DELAYED SUBMISSION/RESUBMISSION INFORMATION
- + CLAIM ADJUDICATION
- + CLAIMSXTEN INFORMATION
- + RELATED ICN SCREEN
- +CARC AND RARC INFORMATION
- +ADJUDICATION ERRORS

Resubmit Cancel



Claim Search

- When searching, include a payor name (at minimum) and then any other criteria.
- Search results appear below the search criteria.
- Click the ICN hyperlink for the claim for which you wish to seek further details.
- A claim status summary appears in the top-right corner of the page.
- Any sections on the claim submission page can be expanded by clicking '+' to view further details.
- Paid claim options include; Copy, Adjust, Void.
- Denied claim options include; Resubmit.
- Even claims that were started, but not submitted can be searched for.



When claims launch in PNM, use the 'Learning' tab to access user guides which describe the processes we have covered today.

Contact Information

Phone Number

Ohio Dept of Medicaid
Integrated Help Desk

1-800-686-1516

Claims Assistance/Questions/Payment Information: *Option 1*

PNM Assistance/Error Messages: *Option 2*

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

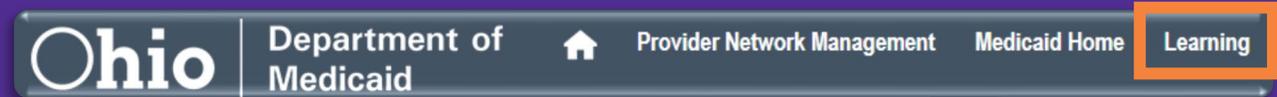
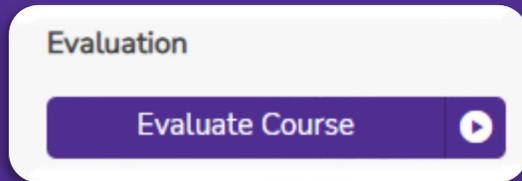
Ohio Medicaid Credentialing
Questions

credentialing@medicaid.ohio.gov

Training Assistance and
Resources

ohiotrainingteam@maximus.com

Thank you for joining!



- Please evaluate this course in Absorb, by locating the course title, and provide us with your feedback which allows for improvements to future training sessions.
- Training materials & guides can be found in the Absorb LMS and on the 'Learning' tab within PNM.
- For help with PNM or Absorb, email the Maximus Training Team at ohiotrainingteam@maximus.com.