Welcome to Training!

Professional Claims (Fee-for-Service)

Using Provider Network Management (PNM)

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



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) Professional Claims Session Agenda













Fee-For-Service Professional Claims in PNM

- A professional claim is submitted in PNM. Then Gainwell, the Fiscal Intermediary (FI) oversees, manages, and processes the professional claim.
- The professional 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.

Professional Claim
Data Submitted in
PNM

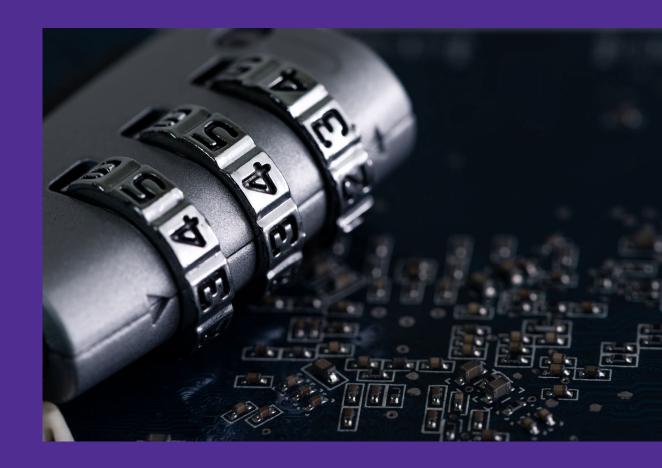
Data is Sent to the Fiscal
Intermediary (FI) to Oversee,
Manage & Process the
Professional Claim
Data

PNM Shows
Processed
Professional Claim
Data

Accessing the Self-Service Panel

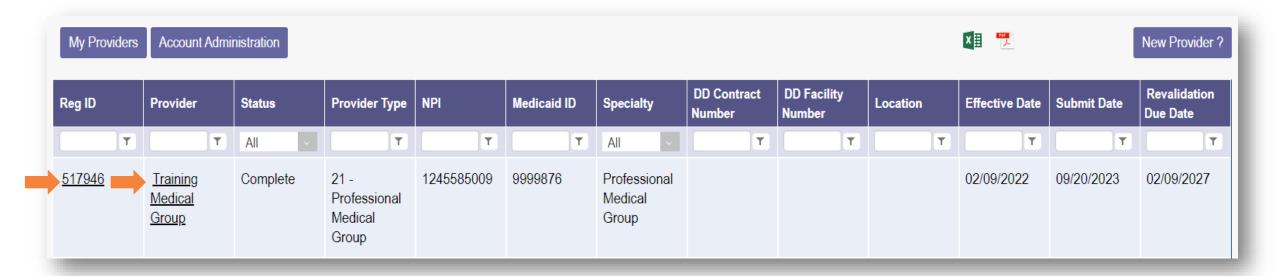


Learn how to initiate the claims process within the self-service panel in PNM.



Accessing the Self-Service Panel



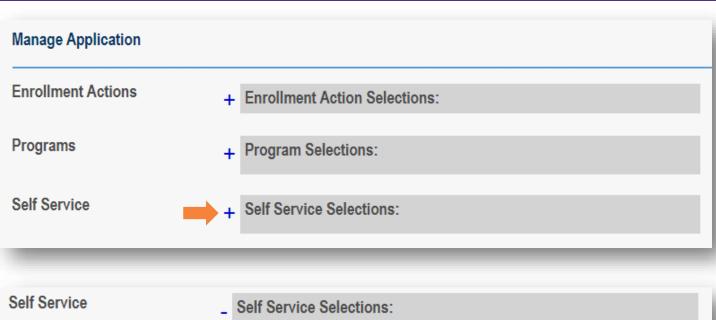


 From your homepage/dashboard, click on the Reg ID or Provider Name hyperlink to access the Provider Management Home page.

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 'Claims.'
- For an Agent to have the blue 'Claims' hyperlink appear, they need the proper roles from the Administrator:
 - Claim Submission to have the ability to submit claims.
 - Claim Search to search for claim information.





The Claims Submission Process



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

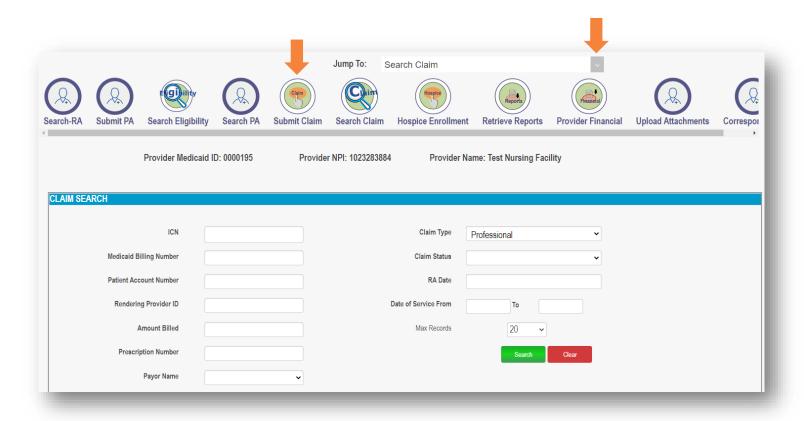


Claims Submission



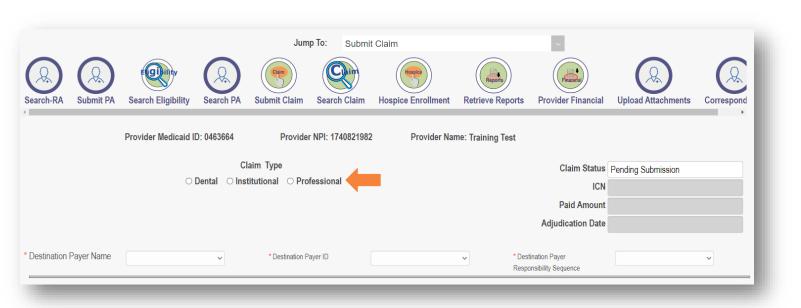
 Click the Submit Claim icon at the top of the page.

 Or select "Submit Claim" from the 'Jump to:' drop-down menu.



Claims Submission



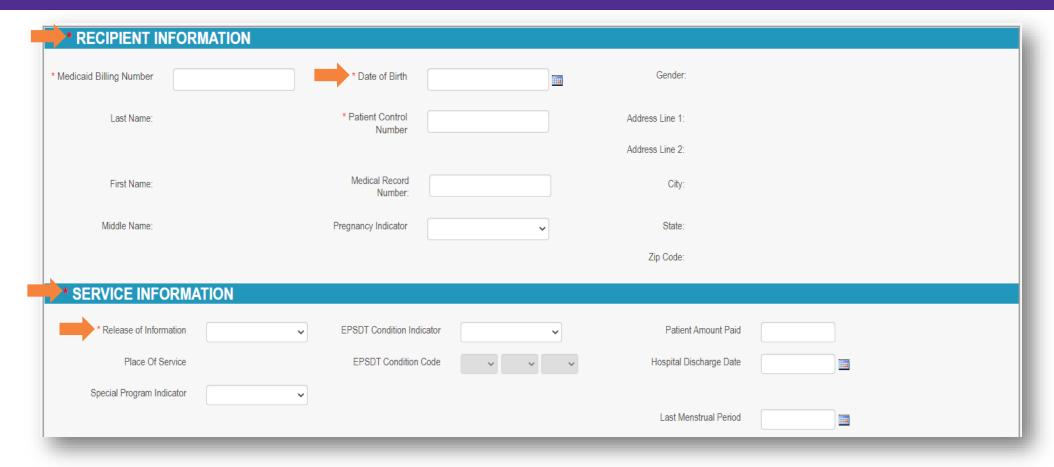


The claims submission page opens.

 Under Claim Type, select the radio button for a Professional claim.

Required Sections/Fields

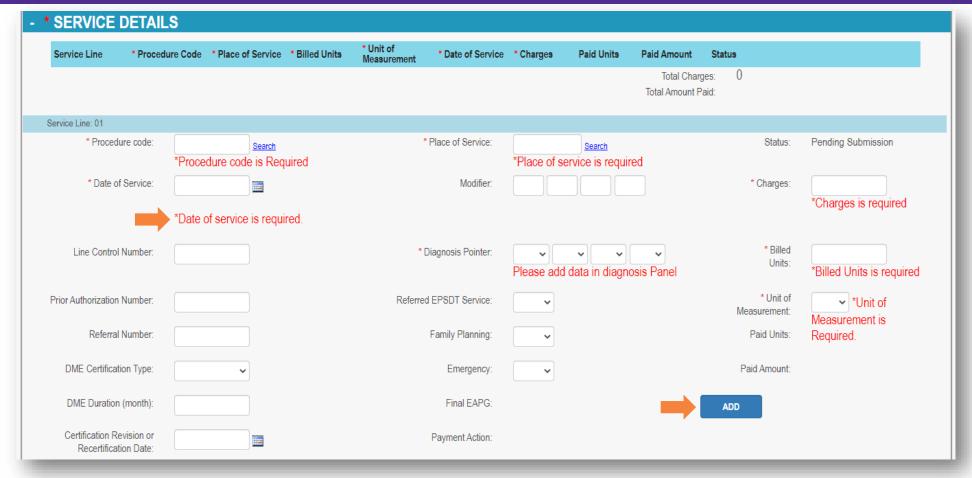




- A red asterisk appearing at the beginning of any section indicates there is required information within that section.
- A red asterisk appearing next to a specific field indicates that field must be completed.

Required Sections/Fields

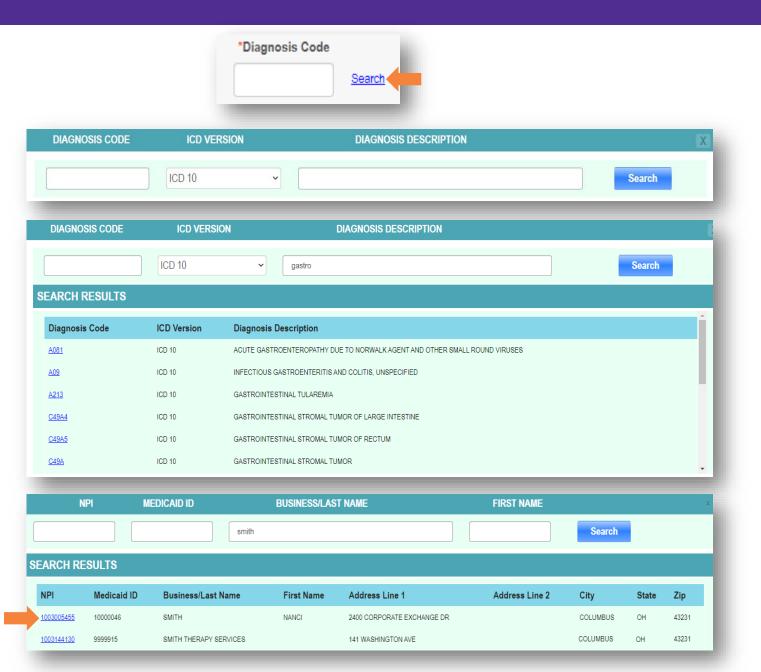




- If required information is not completed on the claim submission, PNM will display error messages to let you know what required information was not entered or was entered incorrectly.
- The Add button allows you to add multiple pieces of information in a section.

Search Function





- Anytime a 'Search' hyperlink appears, clicking on the hyperlink will open 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.

Claims Submission Buttons



The buttons below 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.



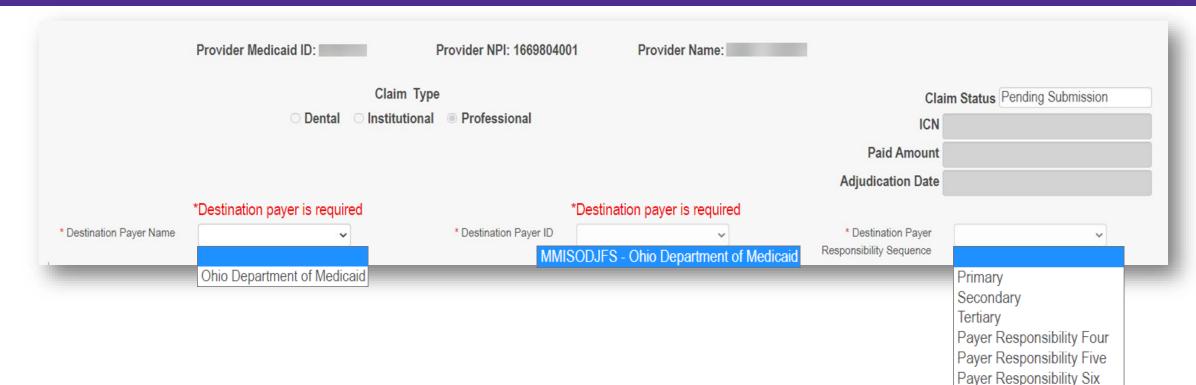
- Submit: Sends the claim for review.
- Cancel: Cancels the claim and erases data entered.

Destination Payer Information



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 dropdown.
- Select a Destination Payer Responsibility Sequence from the drop-down menu.

Recipient Information



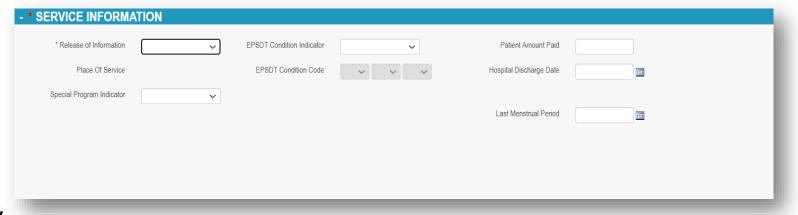


- Under the Recipient Information, enter the Medicaid Billing Number for the recipient.
- Enter the recipient's Date of Birth (must be in MM/DD/YYYY format).
 - Once these are entered, the recipient's information (Last Name, First Name, Gender, Address) will auto-populate.
- Enter the [Provider's] Patient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

Service Information



- Under the Service Information section, enter or select the following information:
- Release of Information (required)
 - Yes or No
- Special Program Indicator (as needed)
 - 02 Physically handicapped children's program
 - 03 Special federal funding
 - 05 Disability
 - 09 Second opinion or surgery
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) Condition Indicator (as needed):

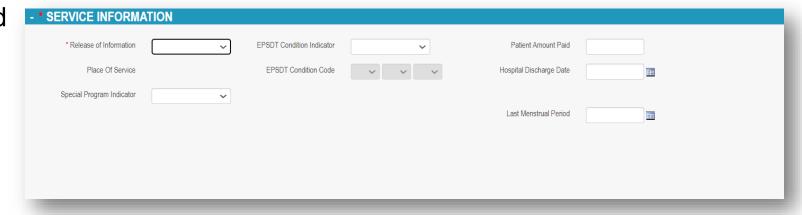


Yes or No

Service Information

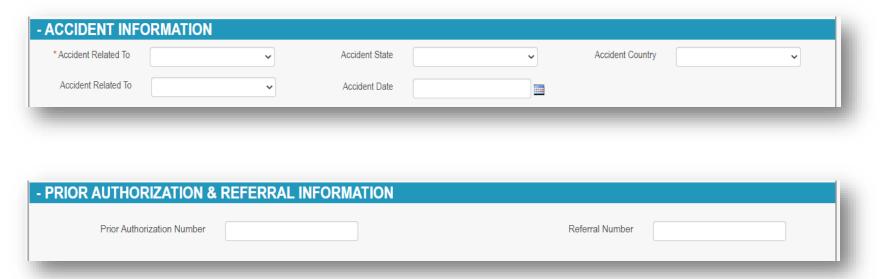


- EPSDT Condition Code (only available when 'Yes' is selected for EPSDT Condition Indicator):
 - S2 Under Treatment
 - ST New Services Requested
 - NU Patient Not Referred
 - AV Patient Refused Referral
- Patient Amount Paid (as needed)
- Hospital Discharge Date (as needed)
- Last Menstrual Period (as needed)





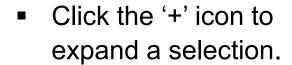
- + ACCIDENT INFORMATION
 - + PRIOR AUTHORIZATION & REFERRAL INFORMATION
 - + REFERRING PROVIDER INFORMATION
 - + RENDERING PROVIDER
 - + SERVICE FACILITY LOCATION INFORMATION
 - + SUPERVISING PROVIDER
 - + AMBULANCE INFORMATION
 - + OTHER PAYER INFORMATION



- These next panels on the screen are situational, meaning that the section is not required per policy, however, please enter information as it relates to the claim being submitted.
- Click the '+' icon to expand a selection.
- Enter information within that section for the professional claim.



- + ACCIDENT INFORMATION
- + PRIOR AUTHORIZATION & REFERRAL INFORMATION
- + REFERRING PROVIDER INFORMATION
 - + RENDERING PROVIDER
 - + SERVICE FACILITY LOCATION INFORMATION
 - + SUPERVISING PROVIDER
 - + AMBULANCE INFORMATION
 - + OTHER PAYER INFORMATION



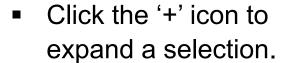
- REFERRING PROVID	- REFERRING PROVIDER INFORMATION					
	*NPI		Medicaid ID	Last Name	First Name	
Referring Provider		Search				
Primary Care Provider		Search				

Enter information within
that section for the claim

- RENDERING PROVIDER			
* NPI	Medicaid ID	Last Name	First Name
Search			



- + ACCIDENT INFORMATION
- + PRIOR AUTHORIZATION & REFERRAL INFORMATION
- + REFERRING PROVIDER INFORMATION
- + RENDERING PROVIDER
- + SERVICE FACILITY LOCATION INFORMATION
 - + SUPERVISING PROVIDER
 - + AMBULANCE INFORMATION
 - + OTHER PAYER INFORMATION



- SI	- SERVICE FACILITY LOCATION INFORMATION							
	*NPI	Medicaid ID	Name	Address1	Address2	City	State	Zip
Se	earch							

 Enter information within that section for the claim.

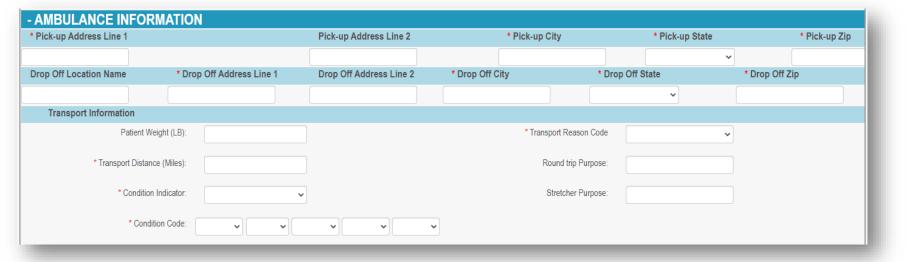
- SUPERVISING PROVIDER				
* NPI	Medicaid ID	Last Name	First Name	
Search				

'Situational' Panel – Ambulance Info



- + ACCIDENT INFORMATION
- + PRIOR AUTHORIZATION & REFERRAL INFORMATION
- + REFERRING PROVIDER INFORMATION
- + RENDERING PROVIDER
- + SERVICE FACILITY LOCATION INFORMATION
- + SUPERVISING PROVIDER
- + AMBULANCE INFORMATION
- + OTHER PAYER INFORMATION

 Click the '+' icon to expand a selection.



 Enter information within that section for the claim.

'Situational' Panel – Other Payer Info



- + ACCIDENT INFORMATION
- + PRIOR AUTHORIZATION & REFERRAL INFORMATION
- + REFERRING PROVIDER INFORMATION
- + RENDERING PROVIDER
- + SERVICE FACILITY LOCATION INFORMATION
- + SUPERVISING PROVIDER
- + AMBULANCE INFORMATION
- + OTHER PAYER INFORMATION

Click the '+' icon to
expand a selection.

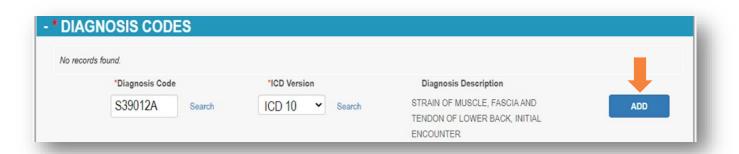
- OTHER PAYER IN	FORMATION	
* Other Payer Name :	* Patient Relationship To Subscriber :	Claim Adjudication Level :
* Health Plan ID :	* Subscribers First Name :	Claim Number :
* Claim Filing Indicator :	* Subscribers Last Name :	Paid Date :
* Payer Responsibility Sequence :	Subscribers Middle Name :	Paid Amount :
* Subscribers Number:	Subscribers Address Line 1:	Non Covered Amount:
Policy Number:	Subscribers Address Line 2:	
Group Name:	Subscribers City:	ADD
Insurance Type Code :	Subscribers State :	Subcribers Zip:

 Enter information within that section for the claim.

 Click Add, if necessary, to add the information.

Diagnosis Codes

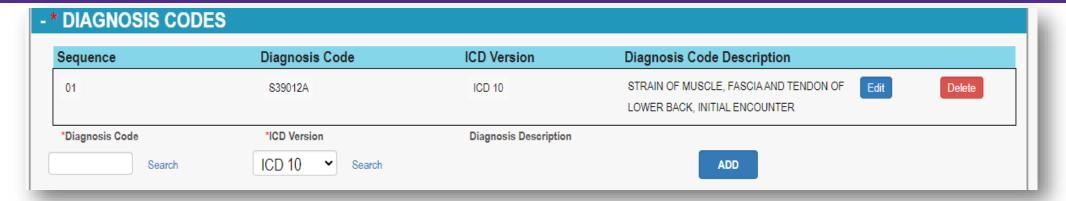




- Under the **Diagnosis Codes** section, enter or select the following information:
 - Diagnosis Code (required)
 - Click 'Search' to look up Diagnosis Code.
 - International Classification of Diseases (ICD) Version (required)
- Click Add to add the Diagnosis Code.

Diagnosis Codes

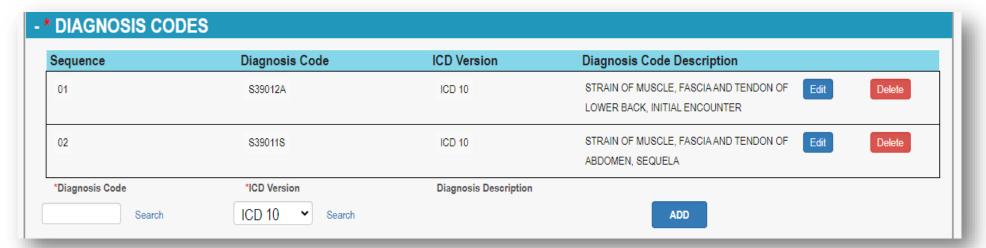




The added diagnosis appears on a list:

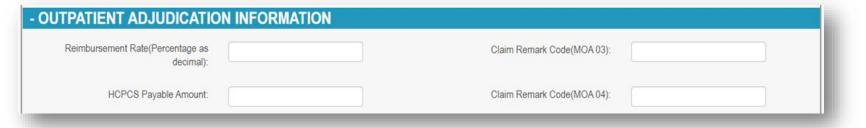
Note: This line can be edited or deleted by clicking the 'Edit' or 'Delete' button.

Repeat the process to add another diagnosis.





+ OUTPATIENT ADJUDICATION INFORMATION
+ HEADER OTHER PAYER ADJUSTMENT INFORMATION

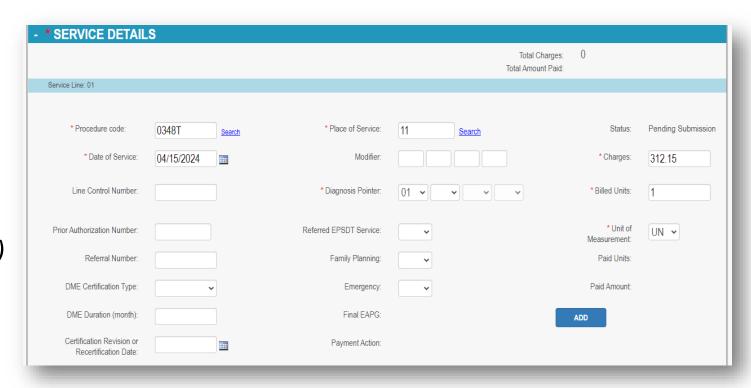




- These next panels on the screen are situational, meaning that the section is not required per policy, however, please enter information as it relates to the claim being submitted.
- Click the '+' icon to expand a selection.
- Enter information within that section for the claim.
- Click Add, if necessary, to add the information.

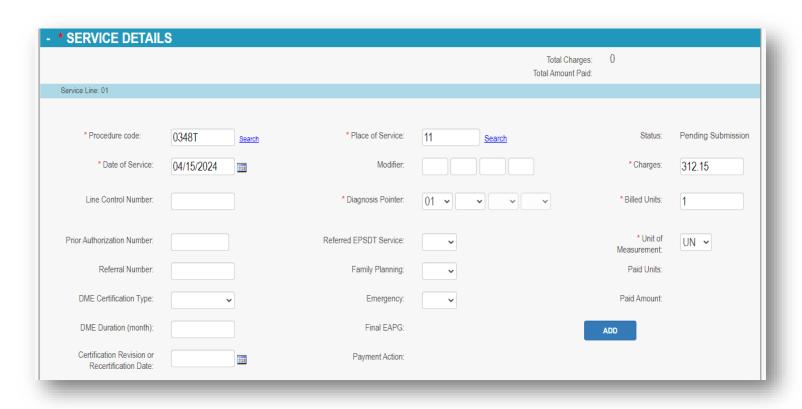


- Under the Service Details section, enter or select the following information:
- Procedure Code (required)
 - Click 'Search' to look up the Procedure Code.
- Date of Service (required)
- Line Control Number (as needed)
- Prior Authorization Number (as needed)
- Referral Number (as needed)
- Durable Medical Equipment (DME)
 Certification Type (as needed)
 - I Initial, R Renewal, S Revised





- DME Duration (month):
 - Only needed if a DME Certification Type is selected.
- Certification Revision or Recertification Date:
 - Only needed if a DME Certification Type is R or S.
- Place of Service (required):
 - Click 'Search' to look up the Place of Service.
- Modifier (required if it affects payment).



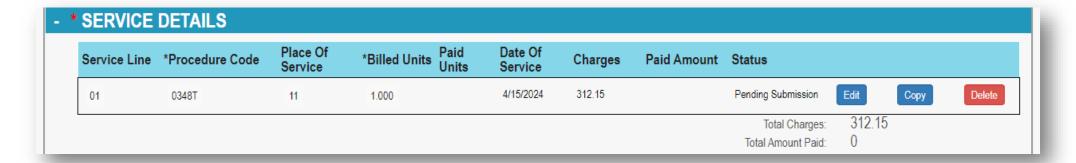


- Diagnosis Pointer (required):
 - Select the Diagnosis Line Number related to the Procedure Code:
- Referred EPSDT Service (as needed)
- Family Planning (as needed)
- Emergency (as needed)
- Charges (required)
- Billed Units (required)
- Unit of Measurement (required):
 - UN Units
 - MJ Anesthesia Minutes

* SERVICE DETAILS Total Amount Paid Service Line: 01 * Procedure code: 0348T * Place of Service: Pending Submission * Date of Service: 312.15 04/15/2024 Line Control Number: * Diagnosis Pointer: * Billed Units: Prior Authorization Number: Referred EPSDT Service: UN 🗸 Referral Number: Family Planning: Paid Units: DME Certification Type: Paid Amount: Emergency Final EAPG: DME Duration (month): Certification Revision or Payment Action: 111 Recertification Date:

Click the Add to add the Service Details.

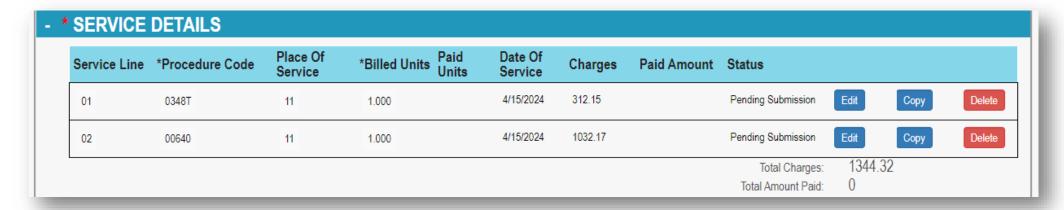




The added service appears on a list.

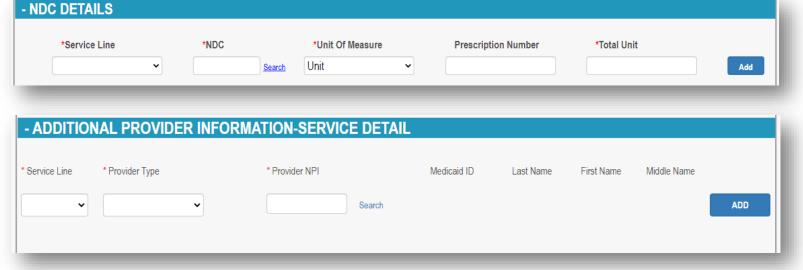
Note: This line can be edited, copied, or deleted by clicking the 'Edit' 'Copy' or 'Delete' button.

Repeat the process above to add additional services.





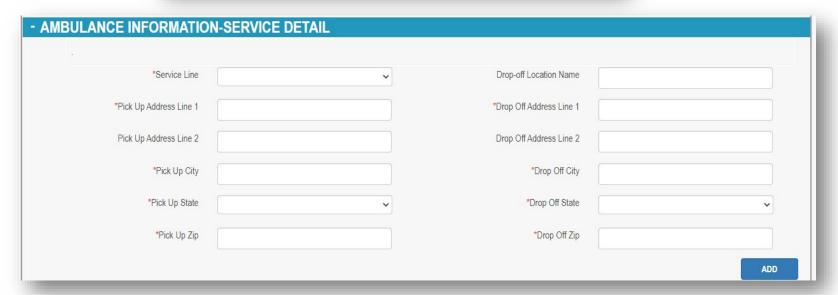
- + NDC DETAILS
 - + ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL
 - +AMBULANCE INFORMATION-SERVICE DETAIL
 - + OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN
 - + OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL
 - + ATTACHMENT
 - + PROVIDER NOTES
 - + REVIEWER NOTES
 - + DELAYED SUBMISSION/RESUBMISSION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



- These next panels on the screen are situational, meaning that the section is not required per policy, however, please enter information as it relates to the claim being submitted.
- Click the '+' icon to expand a selection.
- Enter information within that section for the claim.
- Click Add, if necessary, to add the information.



- + NDC DETAILS
- + ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL
- +AMBULANCE 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**

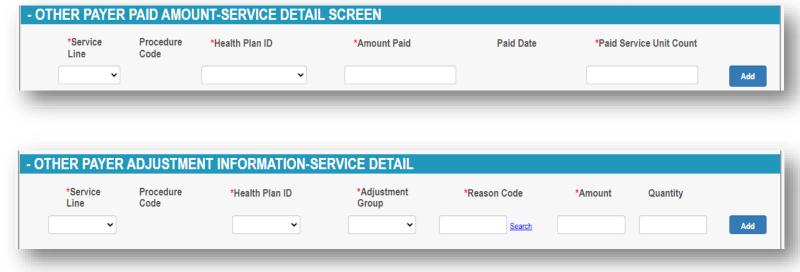


- Click the '+' icon to expand a selection.
- Enter information within that section for the claim.
- Click Add, if necessary, to add the information.



- + NDC DETAILS
- + ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL
- **+AMBULANCE INFORMATION-SERVICE DETAIL**
- + OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN
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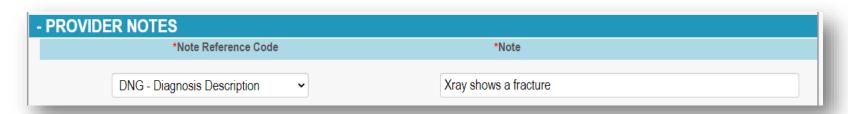


- + NDC DETAILS
- + ADDITIONAL PROVIDER INFORMATION-SERVICE DETAIL
- **+AMBULANCE INFORMATION-SERVICE DETAIL**
- + OTHER PAYER PAID AMOUNT-SERVICE DETAIL SCREEN
- + OTHER PAYER ADJUSTMENT INFORMATION-SERVICE DETAIL
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 - + CLAIM ADJUDICATION
 - + CLAIMSXTEN INFORMATION
 - + RELATED ICN SCREEN
 - **+CARC AND RARC INFORMATION**

 Click the '+' icon to expand a selection.

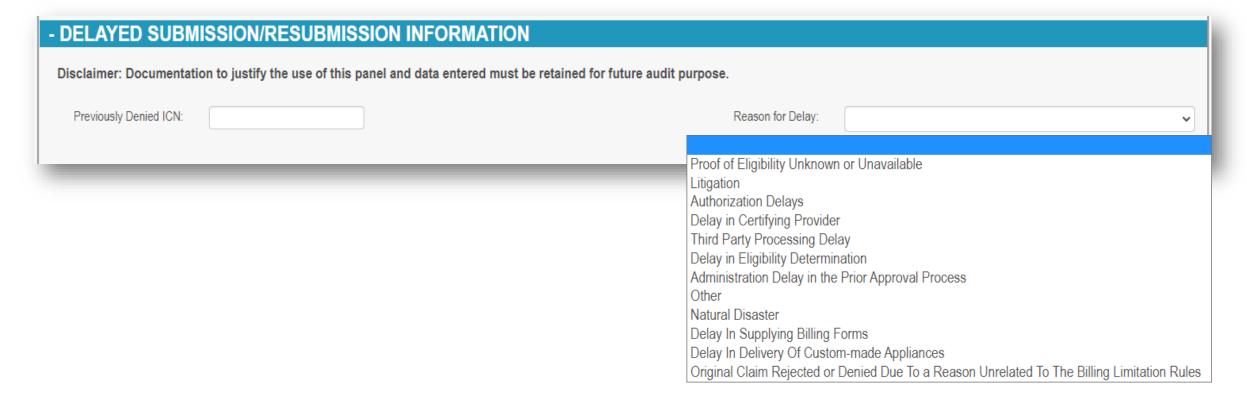


 Enter information within that section for the claim.



Delayed Submission/Resubmission





 This section allows you to indicate a reason for a delayed submission or resubmission for the claim.

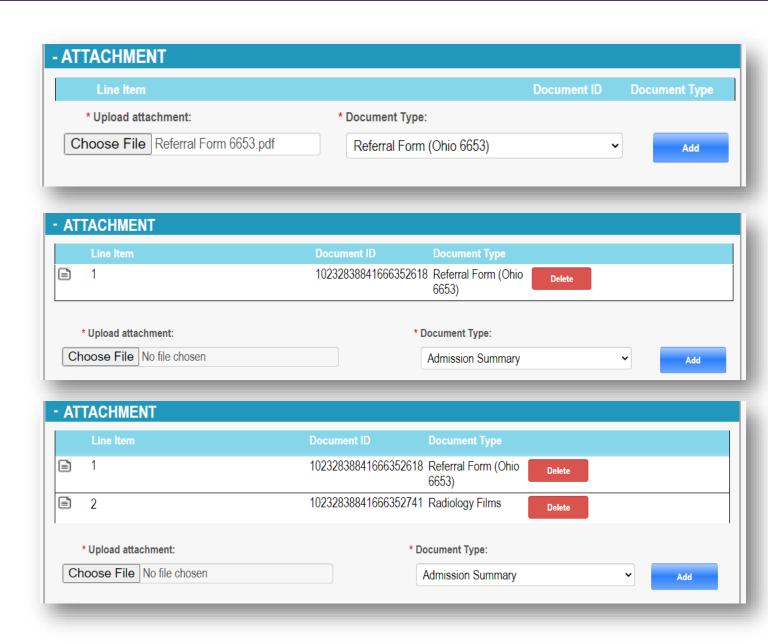
Note: The disclaimer is asking for documentation to justify the use of this panel.

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 additional attachments.



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 'Professional' 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) Professional 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.



Save

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

Submit

Cancel

Submitting a Claim



*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.

- 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.

- 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 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.

FI Validation Error Summary



Professional Claim New/Update

Possible Messages

Invalid Diagnosis Code/Codes - XXXXXX

Duplicate Diagnosis Code - XXXXXX

Invalid Service Code/Codes - XXXXXX

Duplicate Service Code - XXXXX

Add/Update operation could not be performed

FI Claim ICN Logic



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:

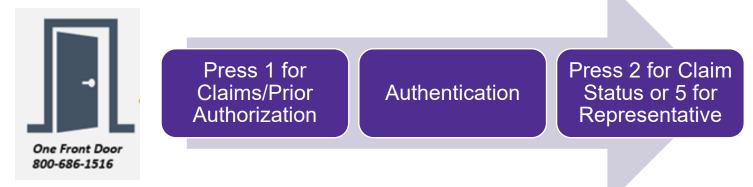
24056W256347

FI IVR Claim Inquiry



- 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.

FIICN	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.



Claims Status Summary



Life Cycle of a Claim

Cycles	Real-Time	Real-Time		Weekly	Weekly
	OPEN	ADJUDICATED	Pay	WAITPAY	PAID
Statuses			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 & Replacement: Claim Status/Cycles



Reversal and Replacement: Claim Status and Cycles

	Cycles	Real-Tim	е	Weekly	Weekly
ent	Reversed Claim	REVSYNCH	REV	WAITREV	REVERSED
Replacement	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

Managed Care Claim Status Summary



- 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 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.

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.

Fee-for-Service (FFS) Professional 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





Learn how to search in PNM for a previously submitted professional 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'.







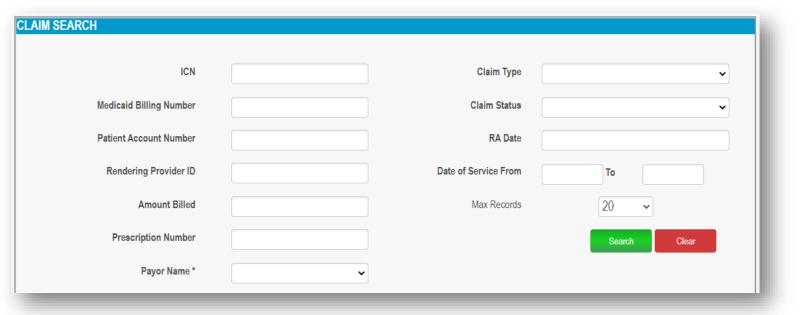






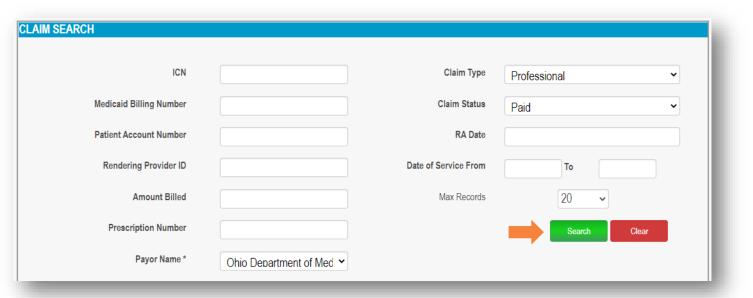




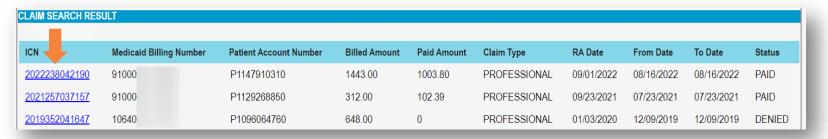


- Enter a Payor Name and then any or all the following criteria:
 - Internal Control Number (ICN)
 - Tracking number assigned to the claim.
 - Medicaid Billing Number
 - Patient Account Number
 - Rendering Provider ID
 - Amount Billed
 - Prescription Number
 - Claim Type (Professional)
 - Claims Status
 - Remittance Advice (RA) Date
 - Date of Service From
 - Date of Service To





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



FI Validation Error Summary



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.

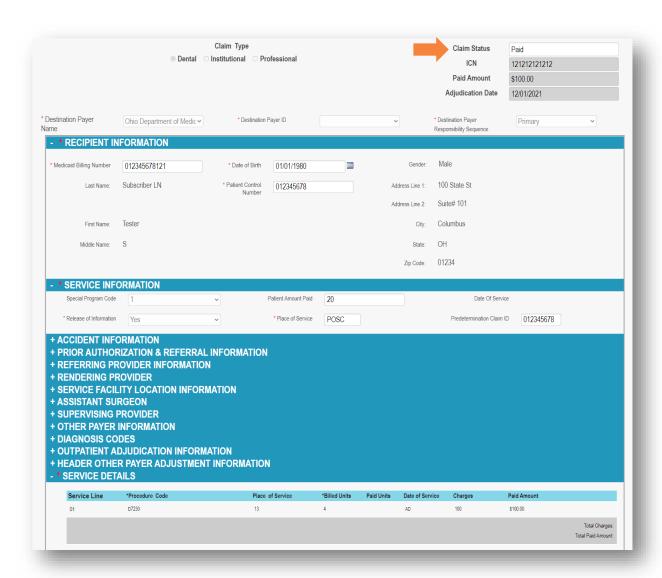
Request Validation failed.

Claims Search

Reviewing Searched Claim



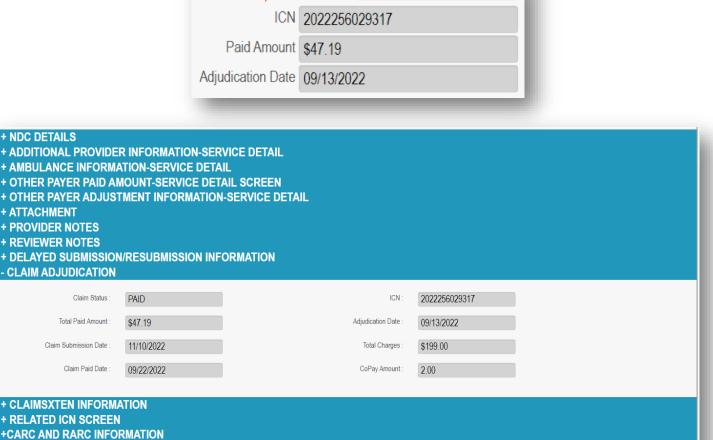
- Review the claim:
 - Claim status and other information will appear at the top-right.
 - To expand a section, click the '+' icon.
 - To collapse a section, click the '-' icon.
 - Reviewer Notes display in a collapsed section:
 - To view, click the '+' icon.



Reviewing 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.



Adjust

Void

Cancel

Claim Status PAID

+ NDC DETAILS

+ ATTACHMENT + PROVIDER NOTES + REVIEWER NOTES

CLAIM ADJUDICATION

Claim Status

Total Paid Amount

Claim Paid Date

+ CLAIMSXTEN INFORMATION + RELATED ICN SCREEN

+ADJUDICATION ERRORS

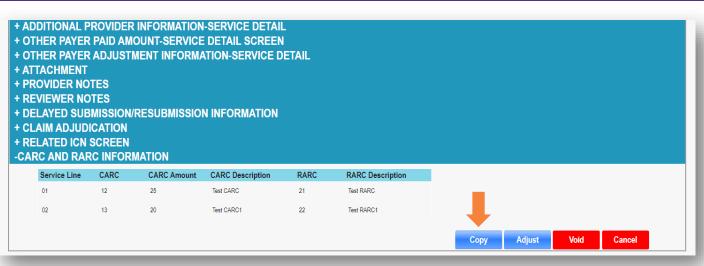
PAID

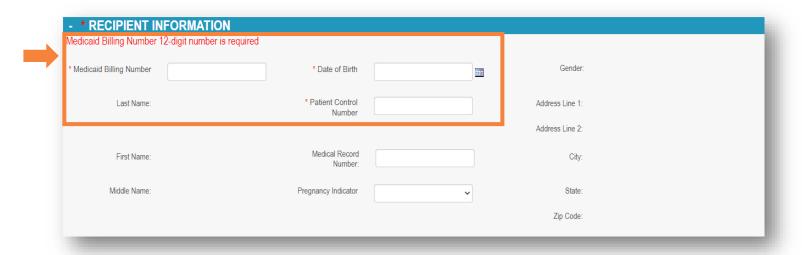
The 'Copy' Button on a Searched Claim



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

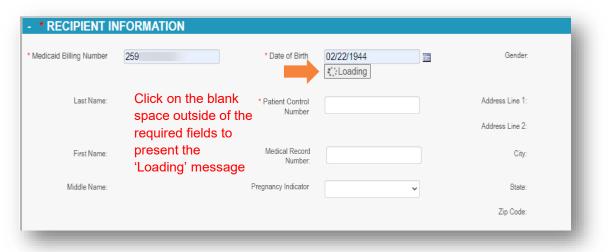




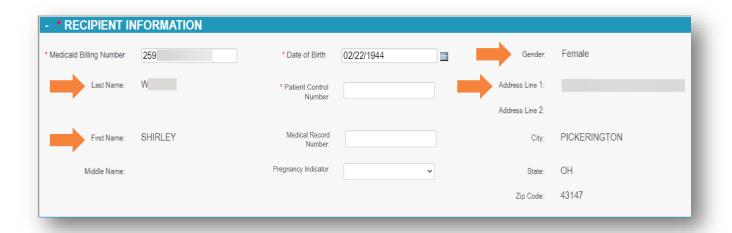
The 'Copy' Button on a Searched Claim



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



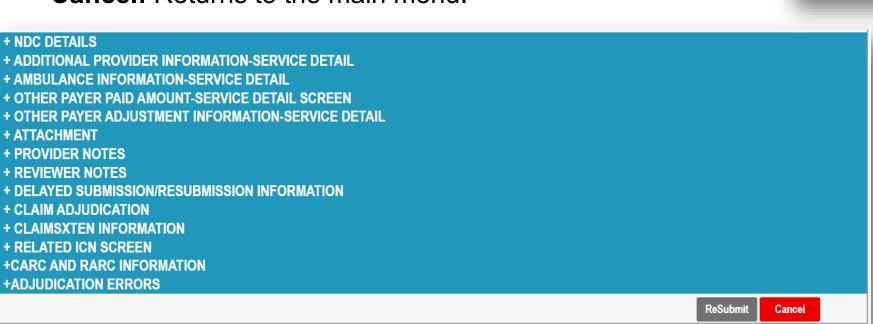
The new Recipient Information will auto populate in the new claim once PNM is finished 'Loading.'



Reviewing Searched Claim



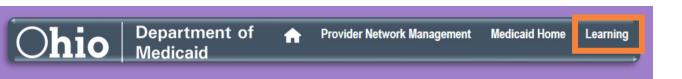
- If action needs to be taken on a claim in a Deny/Denied status, use the buttons at the bottom of the screen:
 - Resubmit: Field values become editable and claim adjudication information is deleted.
 - Cancel: Returns to the main menu.





Recap: Searching for a Previously Submitted Claim





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

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.

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.