Welcome to Training!

Provider Financials

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: <i>Option 1</i> PNM Assistance/Error Messages: <i>Option 2</i>
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





Provider Financials Session Agenda





Learn to access provider financial documents in PNM through the 'Self-Service' panel.





Menu	Ohi	O De Me	partment edicaid	of 🏫	Provider Netwo	ork Management	Medicaid Ho	ome Learning	g Contact	Fee Schedule		2	Training ()) Log
	My Providers	Account Admi	nistration								X		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	
	T	T	All ~	T	T	T	All 🗸	T	T	T	T	T	T	
	<u>517946</u>	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027	

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

- On the Provider Management Home page, locate the Manage Application section.
- Expand the Self Service section.
- From the Self Service Selections, click 'Provider Financial Self Services.'
- For an Agent to have the blue 'Provider Financial Self Services' hyperlink appear, they need the proper roles from the Administrator:
 - 1099 Information to have the ability to search for and download provider financials.



Searching Provider Financials



Learn how to search for and download provider financial documents through PNM.



Searching Provider Financials

				Jum	p To: Provide	er Financial		v.		- 1		
R		FORIty		Claim		Hospice	Reports	Franetal				
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											
FINA	NCIAL INFO	ORMATION										
	Activi	ty Type 1099		~		Year 2024			Search			
	-		-							_		

- Under the Financial Information heading, selecting the following:
- Activity Type:
 - Transaction History
 - 1099
- If 1099 is selected, choose a Year from the drop-down menu.
- Click Search.



An activity summary displays when 'Transaction History' results appear.

Activity Type	Transaction History	YearYear	~	Search
Claim Activity Summary				
	Number of Claims Paid in Current Month	0		
	Amount Paid in Current Month	\$0.00		
	Number of Claims Denied in Current Month	3		
	Number of Claims Paid in Past 12 Months	80		
	Amount Paid in Past 12 Months	\$2387.83		
	Number of Claims Denied in Past 12 Months	154		
	Number of Suspended Claims	0		
	Number of Claims in Final Disposition	299		
-	Date of Most Recent Payment	08/18/2022		-
	Type of Most Recent Payment	FFS		
_	Amount of Most Recent Payment	\$0.00		
	Total Credit Balance Amount	\$0		
	Amount Applied Toward Credit Balance	\$0		

- The '1099' results display information relating to the 1099 year selected.
- Providers who require a 1099 prior to calendar year 2023 should contact the FI Integrated Help Desk (IHD).
- While a **Print** button is listed on the page, nothing will happen when the button is clicked.
 - Later PNM enhancements will make this 1099 information printable as a document.

FINANCIA										
	Activity Type	e 1099	~		Year	2024	~	Search	Print	
1099 Searc	h Result									
Tax ID	Issued Date	System Earning	Manual Earning	Claim Refunds	Non-Claim Refunds	Void Amount	FICA Amount	Backup Withholding Amount	Net Earning	Adjust Reason
8449449449	01/01/2024	\$0.00	\$2000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2000.00	0
Page Totals:		\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000.00	

Viewing and Updating the 1099 Address Page

Learn how to view the information currently listed on the 1099 Address Page and how to update the information if needed.





 To view the current address listed on the 1099 Address page click on the Reg ID or Provider Name hyperlink from the dashboard to access the Provider Management Home page.

- To view the 1099 Address page:
 - Click the plus (+) icon next to Self-Service Selections.
 - Click the 'View provider File' hyperlink from the Self-Service selections.
 - The 'View Provider File' hyperlink does not allow the PNM user to make changes to the provider file.



- Verify the information on the **1099 Address** page is up to date.
- This is the only information that the operations finance team is permitted to use to verify where to mail the 1099s.

				Generate PDF
099 Address				Cancel Previous Next
				History
Same as Billing Loca	ation			
Override Address Valid	ation			
Same as Practice Loca	ation			
	Address Type	◯ Individual 💿 Organization		
	Organization Name*	ANACLETO GUTIERREZ AN OPTOMETRIC		
	Address 1*	2615 CAPITOL AVE		
	Address 2			
$\sim \sim \sim$	City*	SACRAMENTO		
	State*	CA	~	
	County	Sacramento County	~	
L A+2	Zip*	95816		
	Ext Zip*	5904		
	Phone Number 1*	(614) 555-5555		
	Phone Ext 1			
	Phone Number 2			
	Phone Ext 2			
	Fax Number 1			
	Email Address 1*	email@email.com		
	-			

eg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due
T	T	Complete	T	T	T	All	T	T	T	T	T	T
17990	Above and Beyond Caregivers	Complete	44 - Hospice	1528398476	0000210	Hospice				08/15/2023	04/27/2022	08/15/2026
18324	Clayton Andrews	Complete	96 - Behavioral Health Para- Professionals	1487270922	0000167	QUALIFIED MH SPECIALIST				04/12/2023	10/25/2023	04/12/2028

 To begin updating the 1099 Address page, click on the Reg ID or Provider Name hyperlink from the dashboard to access the Provider Management Home page.

Updating the 1099 Address Page

- Click the plus (+) icon next to Enrollment Actions.
- With the Enrollment Action Selections expanded, click the link titled 'Begin ODM Enrollment Profile Update.'
- A pop-up window displays stating there is a 10-day window to complete and submit the update.
 - If the update is not submitted within the 10-day window, the information will be removed, and the user will need to restart the update.



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Provider Update - Lets keep your information current !

Please click Update button to update your provider information. Once you have completed all your updates, you will be able to submit your changes from this screen.

- Most Common Updates Primary Contact Information Update Update Primary Service Address Update Group, Organizations & Hospital Affiliations **Required Documents** Update Identification Update Provider Information Address Information Billing & Payment Address Update **Correspondence Address** Update Update Other Service Locations 1099 Address Update Home Office Address Update
- On the Update Summary page, click the Update button next to 1099 Address.

Updating the 1099 Address Page





Updating the 1099 Address Page

- A United States Postal Service (USPS) pop-up will appear after updating any page within the Medicaid record that has an address on it, to check that the address is valid.
- Steps for using this pop-up on an **existing USPS address**:
 - 1. Make the address edit to the page.
 - 2. Click Save.
 - 3. If the address in the pop-up is correct, then click **Accept** to clear the pop-up.
 - 4. Click **Save** one more time to save the address change on the page.
 - Steps for using this pop-up with a **newly constructed location**:
 - 1. Make the address edit to the page.
 - 2. If the address cannot be checked by the USPS database, such as with a new construction site, check the box 'Override Address Validation.'
 - 3. Click Save.









- The 1099 Address update needs to be saved and then submitted to show in PNM.
- PNM displays this pop-up message if you try to leave the 1099 Address page without submitting the changes.
 - Click **Cancel** to stay on the current page and continue to update the page.
 - Click **Ok** to move away from the current page and acknowledge that moving away from the page the change will not be submitted.







- A red dot in the navigation bar appears next to the 1099 Address page indicating an update has been made and saved, but not submitted yet.
- There are two ways to submit the change in PNM.
- The first way, Click the Submit for Review button to submit the 1099 Address change in PNM.
- Click **OK** in the pop-up to confirm the pages with updates being submitted for review.



The second way to submit a change to the 1099 Address page is from the Updates Summary page.

- The green checkmark next to **1099 Address** indicates an update has been made and saved, but not submitted yet.
- Click the **Submit Update** button in the top-right to submit the changes made.

Update Primary Contact Information Update Primary Service Address Update Group, Facility & Hospital Affiliations (Individual) Update Required Documents Identification Update Identification Update Identification Identification Update Provider Information Identification Update Update Billing & Payment Address Update Correspondence Address Update Other Service Locations		Most Common Updates	
Image: Service Address Image: Service Addre		Update Primary Contact Information	
Image: Wight of the service Locations Image: Wight of the service Locations		Update Primary Service Address	
Update Required Documents Identification Identification Update Provider Information Address Information Identification Update Billing & Payment Address Update Correspondence Address Update Other Service Locations		Update Group, Facility & Hospital Affiliations (Individual)	
Identification Image: Update Provider Information Address Information Image: Update Billing & Payment Address Image: Update Correspondence Address Image: Update Other Service Locations		Update Required Documents	
Address Information Update Billing & Payment Address Update Correspondence Address Update Other Service Locations		Update Provider Information	
Update Billing & Payment Address Update Correspondence Address Update Other Service Locations		Address Information	
Update Correspondence Address Update Other Service Locations		Update Billing & Payment Address	
Update Other Service Locations		Update Correspondence Address	
		Update Other Service Locations	
		Update Home Office Address	



- After clicking the 'Submit for Review' button, a submission confirmation message appears.
- Click the Return to Home Page button.



My Providers Account Administration											New Provider ?	
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
T	T	Al	T	T	T	All 🗸	T	T	T	T	T	Т
<u>517990</u>	Above and Beyond Caregivers	Submitted	44 - Hospice	1528398476	0000210	Hospice				08/15/2023	05/06/2024	08/15/2026

- The homepage or dashboard shows 'Submitted' in the Status column indicating the updates have been successfully submitted and are in the review process.
- The **Submit Date column** shows the date the update was submitted.



My Current and Previous Applications 🛛 👄											
Reg ID	Enrollment Action	Program	Application Id	PNM Application Status	Other Agency Application Status	DD Legal Status	Status Date	Workflow Complete			
517990	Application Flow - Standard - NEW REGISTRATION	Medicaid	606132	Approved / Complete			08/15/23	Y			
517990	Application Flow - Standard - UPDATE REGISTRATION	Medicaid	606750	Denied			09/14/23	Y			
517990	Application Flow - Standard - UPDATE REGISTRATION	Medicaid	606972	Submitted			05/06/24	N			

- The 'My Current and Previous Applications' section appears at the bottom of the Provider Management Homepage.
- The Workflow Complete column shows the workflow status of each workflow item made to the Medicaid record. The most recent item appears at the bottom.
- This example show the workflow item as **UPDATE REGISTRATION**.
 - 'N' No, the workflow item is not complete, and the change will not display in PNM until it is completed.
 - 'Y' Yes, the workflow item is complete, and the change will be display in PNM.

Processing Times for a 1009 Address Page Update



Information Updated	Review Type
Change in Provider Name	Manual
Change in Ownership	Manual
Change to Primary Service Location	Manual
Change to other address pages; including Other Service Locations	Automatic
Updating Primary Contact Information	Automatic
Adding Specialties	Manual
Confirming, Adding, or Removing Affiliations	Automatic
Editing or Adding Professional License Information (Ohio License)	Automatic (with e-license check)
Editing or Adding Professional License Information (Out of State Lic.)	Manual
Editing or Adding Board Certification	Automatic
Editing or Adding Work History	Automatic
Editing or Adding Education/Training Information	Automatic
Editing or Adding a Medicare Number/Out of State Medicaid Number	Automatic

Gainwell/FI – Claims Processing



Understand how claims are processed by the Fiscal Intermediary (FI) after they are submitted through PNM.





Cycles	Real-Time	Real-Time		Weekly	Weekly
			Pay	WAITPAY	PAID
	ODEN		Deny	WAITDENY	DENIED
Statuses	OPEN	ADJUDICATED	Rev	WAITREV	REVERSED
			Pend		
	lr	nitial		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)	





- This only applies to claims that do not suspend for manual intervention
- *The payment date may shift due to holidays
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Claim Reversals can impact the Provider's payment:

	Paid Claims	Reversed Claims	Previous Balance	Total Payment
Week 1	\$200.00	\$100.00	\$0	\$100.00
Week 2	\$0	\$100.00	\$0	\$0
Week 3	\$200.00	\$0	-\$100.00	\$100.00

*Providers will see this detail on the corresponding Remittance Advice or 835



- For returned payments, contact the Integrated Help Desk:
 - 1-800-686-1516

(Option 1 followed by Option 5 to speak to a Gainwell representative)



Remittance Advice



Learn how to access Remittance Advice documents through PNM.





Menu	Ohi		partment edicaid	of 🏫	Provider Netwo	ork Management	: Medicaid Ho	ome Learning	g Contact	Fee Schedule		2	Training (ሆ Log out
	My Providers	Account Admi	inistration								X 🗄 🃆		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	
	T	T	All 🗸	T	T	T	All ~	T	T	T	T	T	T	
	<u>517946</u>	<u>Training</u> <u>Medical</u> <u>Group</u>	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027	

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

- On the Provider Management Home Page, locate the Manage Application section.
- Expand the Self Service section.
- From the Self Service Selections, click 'Remittance Advice.'
- For an Agent to have the blue 'Remittance Advice' hyperlink appear, they need the proper roles from the Administrator:
 - View Remittance Advice to have the ability to view and download remittance advice documents.



Searching Remittance Advice

	* REMITTANC	E ADVICE SEARC	H		
	An asterisk * indicate * Payer	es a required field			
Obio Department of Medicaid				-	
AmeriHealth Caritas Ohio, Inc Anthem Blue Cross and Blue Shield Aetna Better Health of Ohio	RA Number		Report Run Date From: ①	To Date [®]	SearchClearMax Records10
Buckeye Community Health Plan CareSource Ohio, Inc Humana Health Plan of Ohio, Inc Molina Healthcare of Ohio, Inc	•	Select a Pa	ayer from the drop-d	own menu <i>(req</i>	uired).
UnitedHealthcare Community Plan of Ohio, Inc		Enter the F	Remittance Advice (F	RA) Number (if a	available).

ICN field does not currently return data for fee-for-service remittance advices.

- Enter the Internal Control Number (ICN) (if available).
- Enter a Report Run Date From.
- Enter a Report To Date.
- Click Search.

REMITTANCE ADVICE SEARCH RESULT								
Report Run Date 🖤								
4/29/2023 8:00:00 PM	Download Report pdf							
	Report Run Date 4/29/2023 8:00:00 PM							

- Remittance Advice Search Results appear at the bottom of the page.
- Click 'Download Report' or 'pdf' to open a copy of the RA report.
 - The PDF copy of the report will download to the designed download folder for your browser.
- Once downloaded, open the document.



Searching Remittance Advice

Example of Remittance Advice pdf pulled from PNM

Ð	hio	Depa Medio	epartment of As of 04/18/2024													
Remit Date: 4/18/2024 NPI :																
Group Provid : Remittance Advice #:																
Line L S	ine Re Status	eason	Remark	Service From	Date Remit Remit Mod To Revenue Service OR T Code Code			Modifiers OR Tooth#	Remit Units	Amount Billed	TPL Amt And/Or MC Amt	Refund Amount	Member Amount	Recoup Amount	Сорау	Amount Paid
Service	Provider ID:					Service Prov	vider:							Servio	e Provider N	PI:
BMS Cla	aim Type :PF	RACTITIO	NER													
Claim S	tatus : PAID															
Claim ID)				Patient Name:	e: Mem ID:							Status: PAID			
	Submitted Mem ID:						Patient N	umber:	Auth #:							
1	45			04/03/2024	04/03/2024		98941	AT	1	\$60.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.25
Rule De	scription:															
						Totals for claim #			\$60.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.25	
							Total	s By Servicing	Provider :	\$60.00	\$0.00	\$0.00	\$0.00		\$0.00	\$22.25
DISBURSEMENT OF FUNDS Totals by Group/Pay to Provider Billed Claim Amount TPL/MC Amount Member Amount Medicaid Payment Amount Less: Recoupment Amount TOTAL					\$60.00 \$0.00 \$0.00 \$22.25 \$0.00											
* If there	are any que	stions rea	arding this pa	wment nlesse	contact Gainy	ellTechnologi	\$22.25 ies Provider S	ervices at 800-6	86-1516							
Claim St DENIED PAID: REVERS RECOUR	If there are any questions regarding this payment, please contact GainwellTechnologies Provider Services at 800-686-1516 Claim Status Explanations: DENIED: The claim has failed the adjudication process and has been denied. PAID: The claim has been finalized and the payment process is complete. REVERSED: The claim has been finalized. Errors have been identified and a mirror image of the claim has been created to correct the errors. RECOUPMENT: This claim has been finalized. The Recoup Amount relates to the reversal claim indicated.															

Contact Information

Phone Number

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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.

