

Welcome to Training!

Recipient Eligibility

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

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

Claims or Prior Authorization Information/Questions:

Option 1 followed by Option 5

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



Recipient Eligibility Session Agenda

-  Eligibility Responses
-  Accessing the Self Service Panel
-  Eligibility Search
-  Eligibility Search Results
-  Questions, Training Materials, Upcoming Training Schedule

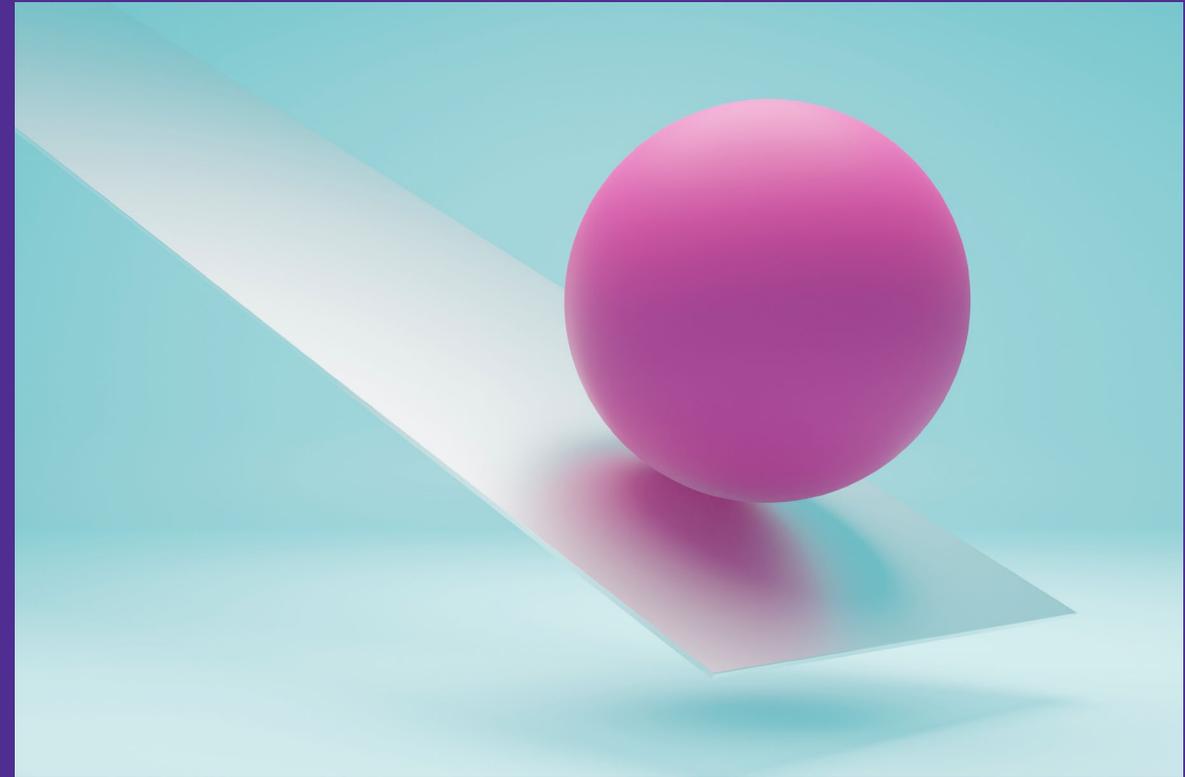
Important Things to Know

- Eligibility search can be completed through PNM or through a trading partner via relevant EDI transactions.
- Providers will not have any direct interaction with the Fiscal Intermediary (FI).
 - FI data is pulled into PNM for provider users to access.

Eligibility Responses



Understand the types of information and details that are returned during recipient eligibility searches.





Fee-for-Service Members

- A full eligibility response will be provided that will include information regarding specific services covered and availability of remaining units against a service limit.

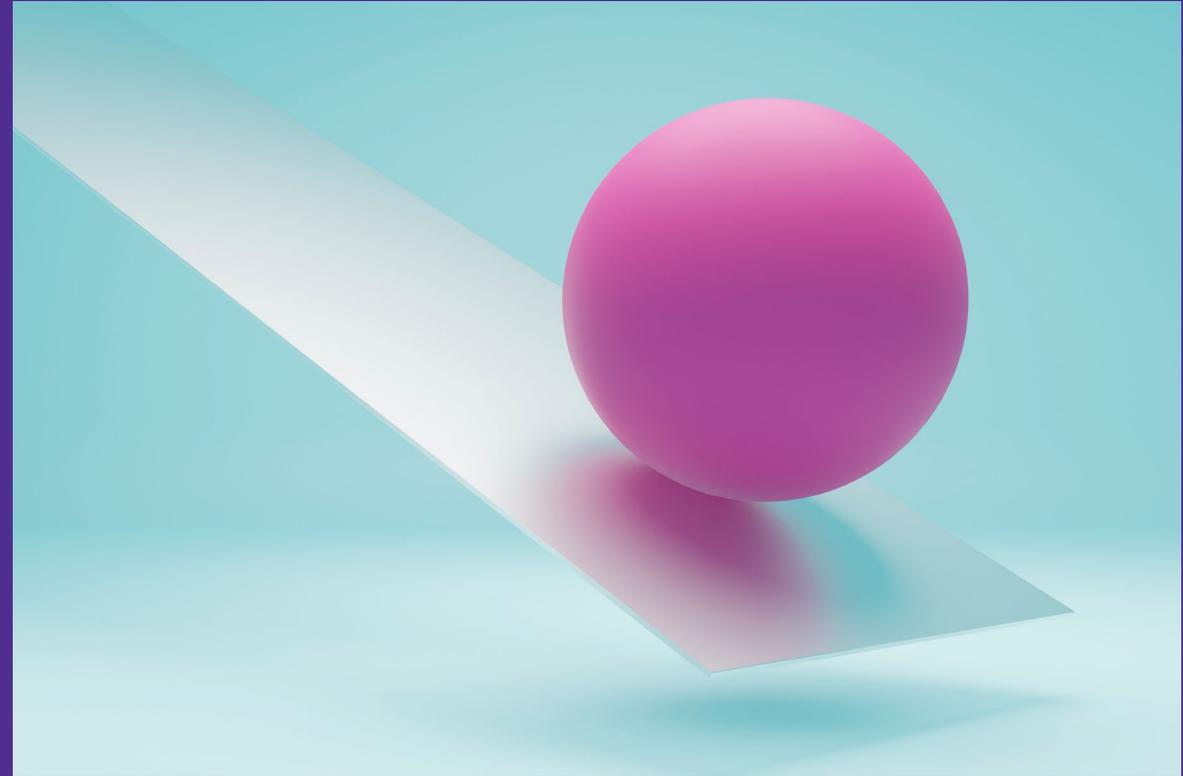
Managed Care Entity Members

- A limited eligibility response will be provided that indicates if a member has eligibility for the dates requested.
- For full eligibility details, contact the Member's Managed Care Entity.

Accessing the Self-Service Panel



Learn to access the eligibility search in PNM through the 'Self-Service' panel.



Accessing the Self-Service Panel



Menu | **Ohio** | Department of Medicaid | [Provider Network Management](#) | [Medicaid Home](#) | [Learning](#) | [Contact](#) | [Fee Schedule](#) | [Training](#) | [Log out](#)

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

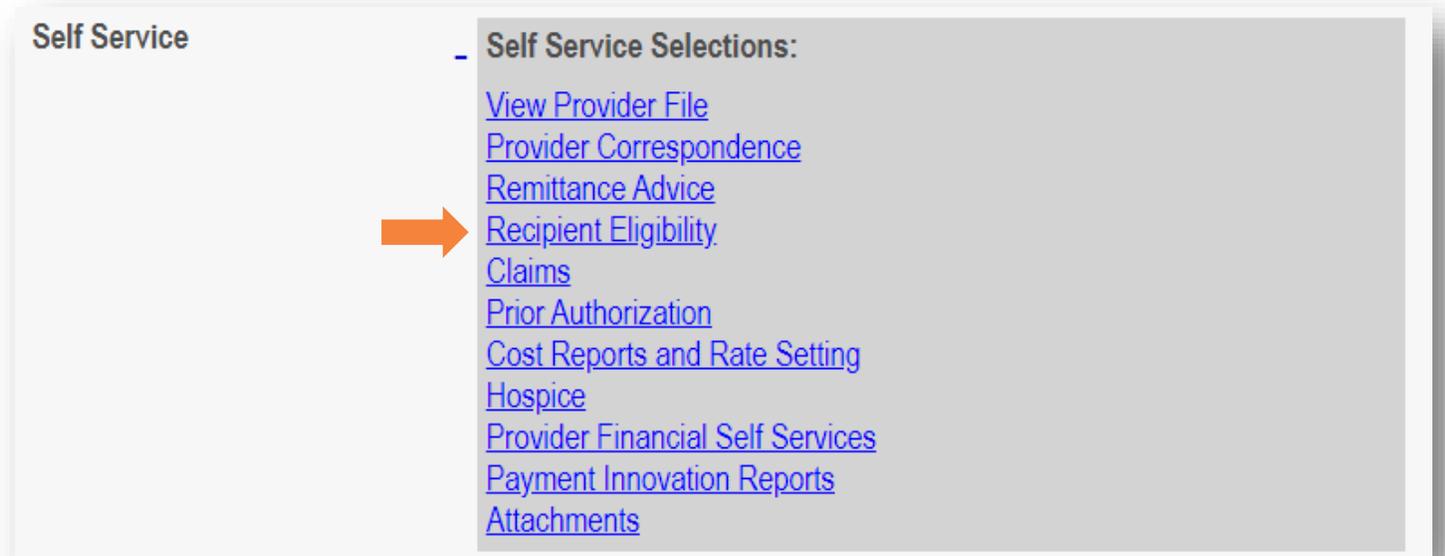
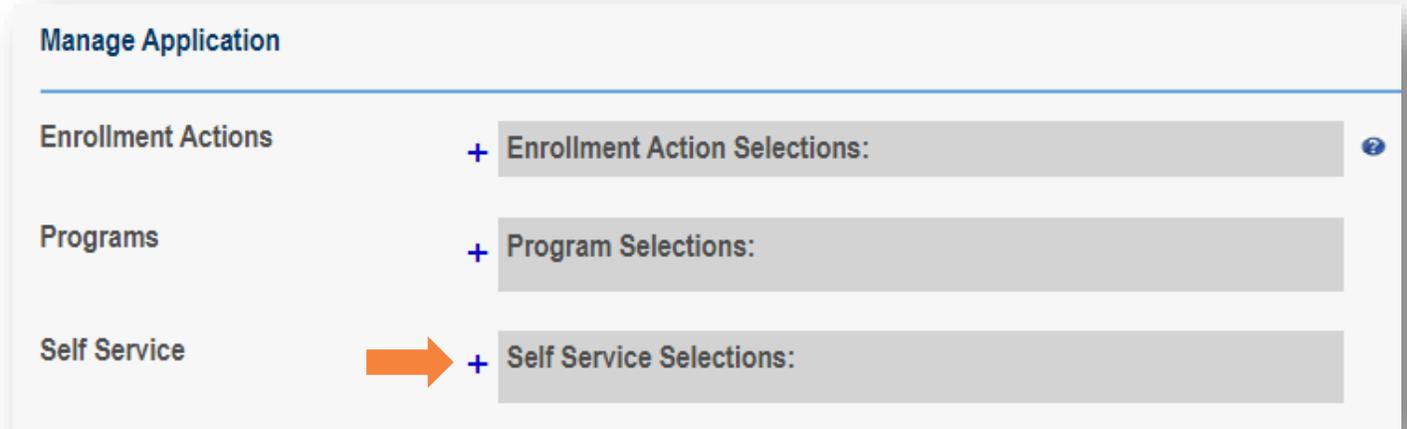
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>					
517946	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/dashboard, click on the Reg ID or Provider Name hyperlink to access the Provider Management Home page.

Accessing the Self-Service Panel



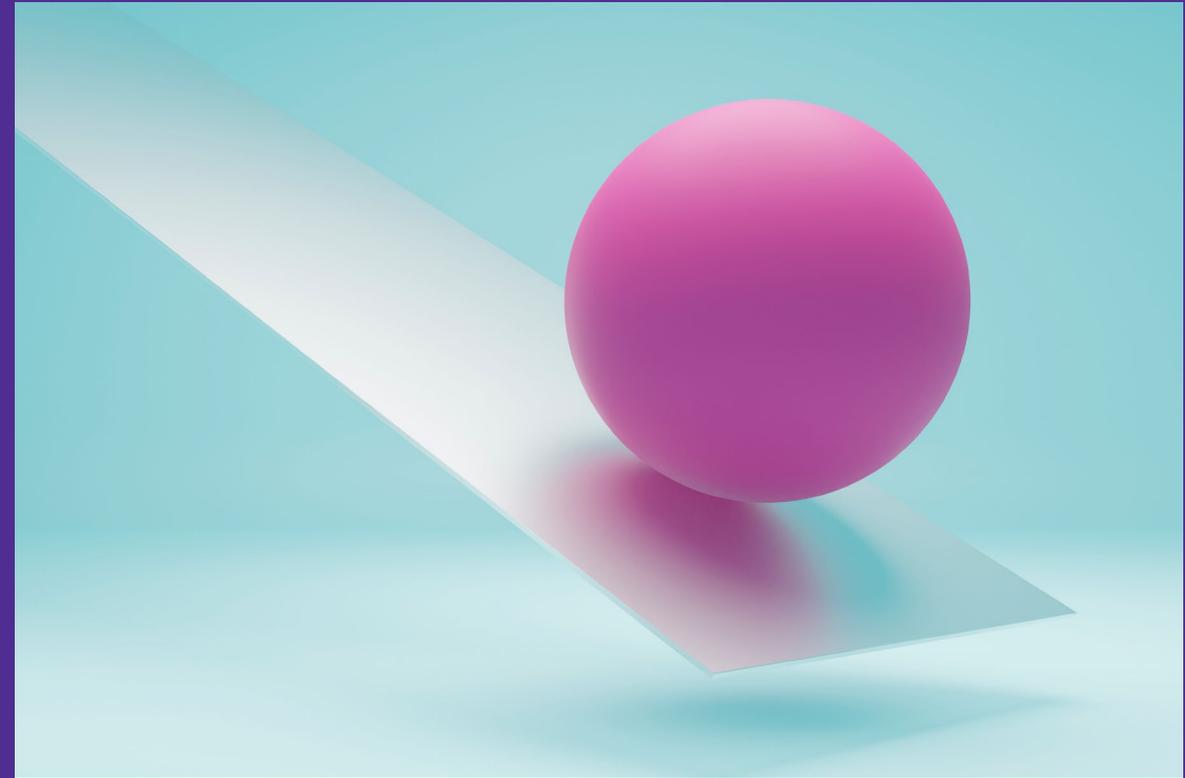
- On the Provider Management Home page, locate the Manage Application section.
- Expand the Self Service section.
- From the Self Service Selections, click 'Recipient Eligibility.'
- For an Agent to have the blue 'Recipient Eligibility' hyperlink appear, they need the proper roles from the Administrator:
 - **Eligibility** – to have the ability to search for a recipient's eligibility.



Eligibility Search



Learn to enter proper search criteria in PNM when looking up recipient eligibility information.





Jump To: Search Eligibility

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

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

ELIGIBILITY SEARCH

*Medicaid Billing Number

*Date of Birth

*SSN

*From DOS

*To DOS

Procedure Code

Search Clear

- Under the Eligibility Search section, enter the following information:
 - Medicaid Billing Number *OR* Social Security Number (SSN)
 - Date of Birth
 - From Date of Service (DOS)
 - To Date of Service (DOS)
 - Procedure Code (*optional*)



Jump To: Search Eligibility

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

Provider Medicaid ID: 0339339 Provider NPI: 1679108339 Provider Name: HEALTH CARE LLC

- ELIGIBILITY SEARCH

An asterisk * indicates a required field

* Medicaid Billing Number	<input type="text" value="100778767686"/>	* From DOS	<input type="text" value="04/20/2024"/>
* Date of Birth	<input type="text" value="03/31/1979"/>	* To DOS	<input type="text" value="04/26/2024"/>
* SSN	<input type="text"/>	Procedure Code	<input type="text"/>



- When all required information has been entered, click **Search**.



- ELIGIBILITY SEARCH

An asterisk * indicates a required field

* Medicaid Billing Number	<input type="text" value="100778767686"/>	* From DOS	<input type="text" value="04/20/2024"/>
* Date of Birth	<input type="text" value="03/31/1979"/>	* To DOS	<input type="text" value="04/26/2024"/>
* SSN	<input type="text"/>	Procedure Code	<input type="text"/>

- RECIPIENT INFORMATION

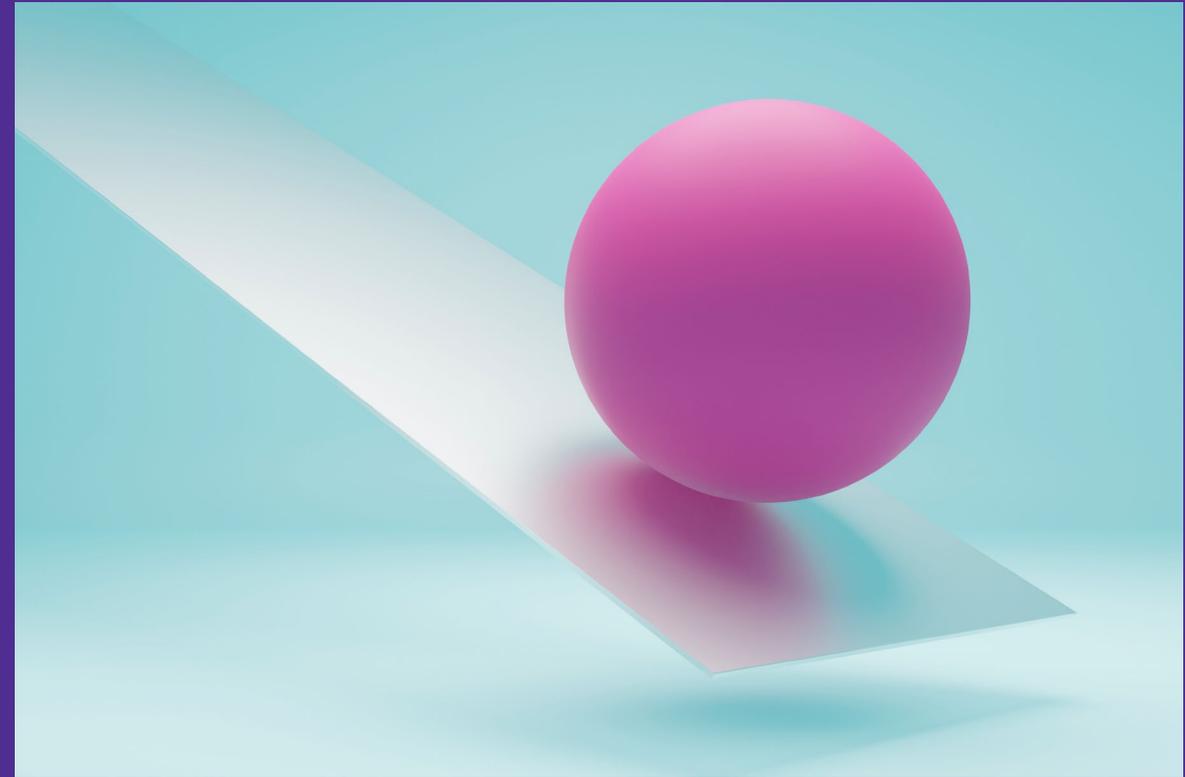
Medicaid Billing Number	<input type="text" value="100778767686"/>	Date of Birth	<input type="text" value="03/31/1979"/>
Last Name	<input type="text" value="Doe"/>	Date Of Death	<input type="text"/>
First Name, MI	<input type="text" value="Jane"/>	SSN	<input type="text"/>

- The search results display below the Eligibility Search section.
- The first section shows the recipient's detailed information.
 - Compare these details with the recipient you are seeking, to confirm the correct eligibility is being reviewed.

Eligibility Search Results



Understand the different information that is returned from a recipient eligibility search and under which panels the information appears.



Eligibility Search Results



- Review the sections of returned data.
- *In this training, we will focus on the specific information contained in each section.*
- *The image on the right is an example of returned data in every panel/section; this is not something that will occur on every inquiry.*

ELIGIBILITY SEARCH

*Medicaid Billing Number *From DOS 05/20/2022

*Date of Birth 3/20/1971 *To DOS 5/26/2022

*SSN Procedure Code

- RECIPIENT INFORMATION

Medicaid Billing Number Date of Birth 03/20/1971

Last Name Doe Date of Death

First Name, MI Jane SSN

- BENEFIT/ASSIGNMENT PLAN(S)

Benefit/Assignment Plan	Effective Date	End Date
ACT	1/1/2022	12/31/2022

- MANAGED CARE PLANS

Plan Name	Payer Id	Plan Description	Effective Date	End Date	Managed Care Benefits
HMO	768956	Mycare	1/1/2022	12/31/2022	

- THIRD PARTY LIABILITY

Carrier Name	Carrier Number	Policy Number	Policy Holder	Coverage Type	Coverage	Effective Date	End Date	Group Number
Tufts Healthplan	12345678	123456789	Self	PCP		7/1/2021	6/30/2022	1234567890

- PATIENT LIABILITY

Financial Payer	Monthly Amount	Type	Effective Date	End Date
Self	100.00	PCP	7/1/2021	6/30/2022

- LONG TERM CARE FACILITY PLACEMENTS

Facility Type	Date of Admission	Discharge Date	Effective Date of Medicaid Coverage	End Date of Medicaid Coverage
SNIF	2/1/2022	7/31/2022	1/1/2022	12/31/2022

- LOCK IN

Lock-In Plan	Lock In Type	Effective Date	End Date	Provider NPI	Provider Name	Provider Phone
LIP Test	LIP Type	7/1/2021	6/30/2022	12345678	LIP Provider Name	

- MEDICARE

Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
A	7/1/2021	6/30/2022	Medicare A	1231231234	123123123

- LEVEL OF CARE DETERMINATION

Facility Type	Status	Determination Date	LOC Determination	Description	LOC End Date
Test Facility Type	Active	7/1/2021	Eligible		6/30/2022

- SERVICE LIMITATION

Procedure Code	Description	Benefit Description	Total Limits	Used Limits	Remaining Limits	Time Frame	Date of Next Service
123123	SL Desc	SL Benefit Desc	30	20	10	1 Year	12/30/2021

- RESTRICTED COVERAGE

Effective Date	End Date
8/1/2021	7/31/2022

- ASSOCIATED CHILD(REN)

Medicaid Billing Number	First Name	MI	Last Name	Gender	Date of Birth
123123123	Test1	T	Tester	M	1/1/2001

Eligibility Search Results



- As previously mentioned, returned data for Managed Care Entities is limited.
- *The image on the right is an example of the panels of data that will return.*

- ELIGIBILITY SEARCH
An asterisk * indicates a required field

* Medicaid Billing Number: 10911
* From DOS: 03/01/2024
* Date of Birth: 10/22/1963
* To DOS: 03/31/2024
* SSN:
Procedure Code:
Search Clear

- RECIPIENT INFORMATION

Medicaid Billing Number: 10911
Date of Birth: 10/22/1963
Last Name:
Date Of Death:
First Name, MI:
SSN:

- BENEFIT/ASSIGNMENT PLAN(S)

Benefit/Assignment Plan	Effective Date	End Date
Alcohol and Drug Add	3/1/2024	3/31/2024
Medicaid	3/1/2024	3/31/2024
HMO, CFC	3/1/2024	3/31/2024

- MANAGED CARE PLANS

Plan Name	Payer Id	Plan Description	Effective Date	End Date	Managed Care Benefits
CareSource Medicaid MCE	0077	CareSource Medicaid MCE	3/1/2024	3/31/2024	

- THIRD PARTY LIABILITY

- PATIENT LIABILITY

- LONG TERM CARE FACILITY PLACEMENTS

- LOCK IN

- MEDICARE

- LEVEL OF CARE DETERMINATION

- SERVICE LIMITATION

- RESTRICTED COVERAGE

- ASSOCIATED CHILD(REN)

Benefit/Assignment Plan(s)



- BENEFIT/ASSIGNMENT PLAN(S)		
Benefit/Assignment Plan	Effective Date	End Date
Alcohol and Drug Add	5/1/2024	5/31/2024
Medicaid	5/1/2024	5/31/2024
HMO, CFC	5/1/2024	5/31/2024
OhioRISE	5/1/2024	5/31/2024
MRDD Targeted Case M	5/1/2024	5/31/2024
Ohio Mental Health	5/1/2024	5/31/2024

- This section returns information if the recipient is eligible for Medicaid or if they have coverage.
- Specific data for the type of plan that the recipient has displays.
- Effective Date and End Date for the plan is listed.
 - It is important to make sure that the date of service will fall between the effective date and end date of eligibility.



- MANAGED CARE PLANS					
Plan Name	Payer Id	Plan Description	Effective Date	End Date	Managed Care Benefits
Aetna OhioRISE MCE	0445	Aetna OhioRISE MCE	5/1/2024	5/31/2024	
CareSource Medicaid MCE	0077	CareSource Medicaid MCE	5/1/2024	5/31/2024	HMO, CFC

- If the recipient is enrolled in a Managed Care Plan, those details display in this section.
- The following information is shown:
 - Plan Name
 - Description of the Plan
 - Benefits
 - Effective Date of the plan
 - End Date of the plan

Third Party Liability



- THIRD PARTY LIABILITY								
Carrier Name	Carrier Number	Policy Number	Policy Holder	Coverage Type	Coverage	Effective Date	End Date	Group Number
MEDCO PRESCRIPTIONS LLC	150	9319	JONATHAN TEST	Individual Coverage	NURSING HOME	1/1/2024	3/31/2024	UHG
UNITED HEALTHCARE	156	9319	JONATHAN TEST	Individual Coverage	INPATIENT COVERAGE	1/1/2024	3/31/2024	UHG
UNITED HEALTHCARE	156	9319	JONATHAN TEST	Individual Coverage	RX PHARMACY COVERAGE	1/1/2024	3/31/2024	UHG

- This section shows any third party who is liable to pay the recipient's claim.
 - This is for commercial insurance.
- This information is provided by Ohio Benefits/MITS.
 - To update Third-Party Liability information with Ohio Medicaid you can email the [6614 Health Insurance Fact Request form](#) to tplfax@medicaid.ohio.gov or fax to 614-728-0757.



- PATIENT LIABILITY				
Financial Payer	Monthly Amount	Type	Effective Date	End Date
Medicaid	2508.00	N - LTCF	5/1/2022	5/31/2022

- This section represents what the patient is responsible for paying.
- It is the share of cost part of their benefit plan.

Long Term Care Facility Placements



- LONG TERM CARE FACILITY PLACEMENTS				
Facility Type	Date of Admission	Discharge Date	Effective Date of Medicaid Coverage	End Date of Medicaid Coverage
Nursing & Custodial Care Facilities	1/17/2019		5/1/2024	5/31/2024

- This section shows information if the recipient is placed in long term care.
- The following information is shown:
 - Facility Type
 - Date of Admission
 - Discharge Date
 - Effective Date of Medicaid Coverage
 - End Date of Medicaid Coverage



- LOCK IN						
Lock-In Plan	Lock In Type	Effective Date	End Date	Provider NPI	Provider Name	Provider Phone
MCPHR	Full	5/1/2024	5/31/2024	1336253362	RITE AID OF OHIO INC	3307001004

- Lock In serves the purpose of locking in a recipient to a particular provider or pharmacy.
- This prevents the member from shopping around for new prescription drugs.
 - Example: Information would display if the recipient is locked into a pharmacy on 1st street or locked into a particular provider.



- MEDICARE					
Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
MEDICARE PLAN A	1/1/2024	3/31/2024	MEDICARE PROGRAM	BP0002	5426
MEDICARE PLAN B	1/1/2024	3/31/2024	MEDICARE PROGRAM	BP0003	5426
MEDICARE PLAN C	1/1/2024	3/31/2024	MEDICARE PROGRAM	BP0005	6F27
MEDICARE PLAN D	1/1/2024	3/31/2024	MEDICARE PROGRAM	BP0006	6F27

- This section shows if the recipient has Medicare coverage.
 - All Medicare coverage plans would display here.
- The recipient can be dually enrolled in Medicare and Medicaid.
- If the recipient is not enrolled in Medicare, this section would be blank.



- LEVEL OF CARE DETERMINATION						
Facility Type	Status	Determination Date	LOC Determination	Description	LOC Start Date	LOC End Date
IT				IT - INTERMEDIATE (ILOC)	5/1/2024	5/31/2024

- This section displays information for a skilled facility or long-term care.
- A clinical determination has been made to determine the level of long-term care for the recipient.
- This section details what type of Long-Term Care (LTC) facility the recipient is in.
 - Example: Intermediary facility



- SERVICE LIMITATION							
Procedure Code	Description	Benefit Description	Total Limits	Used Limits	Remaining Limits	Time Frame	Date of Next Service
99205	ACTIVE CODE_EVALUATION & MANAGEMENT	E&M - NEW PT VST - 1/90 DAYS	1		1	90 (D) Rolling Days	4/15/2023

- This section displays any limitations of service for the recipient.
 - A Procedure Code MUST be entered during the search for information to appear in this section.
 - Example: The recipient may be eligible to receive physical therapy, but they may only be limited to 30 days of use in a year.
- The number of days used and remaining time frame display in this section.
- The 'Date of Next Service' column shows when the benefit resets or restarts for the recipient.



- RESTRICTED COVERAGE	
Effective Date	End Date
2/1/2022	12/31/2022

- This section displays a restricted period of coverage for the recipient.
- This information is only for LTC services that won't be paid for during the Restricted Medicaid Coverage Period, and non-LTC services are still covered during this period.
 - Section may be blank if there is no restriction.
 - Example: A 30-day restriction before benefits could be paid.



- ASSOCIATED CHILD(REN)					
Medicaid Billing Number	First Name	MI	Last Name	Gender	Date of Birth
100007505000	NICHOLAS		TEST	M	7/9/2007
910000059000	JOCELYN		TEST	F	3/12/2014

- This section shows if the recipient has any children under the age of 19 that are associated with them.
- The following information will display for the child(ren):
 - Name
 - Gender
 - Date of Birth

Recipient Eligibility Recap

- Select a provider/Medicaid ID from your dashboard to access the Self Service Selections
- Expand the Self Service Selections and click “Recipient Eligibility.”
- Enter the search criteria for the recipient, which must include a Medicaid Billing Number or Social Security Number (SSN) along with the Date of Birth (DOB), a From Date of Service and a To Date of Service.
- If looking up information for a service limitation for the recipient, a procedure code must be a part of the search criteria.
- Click “Search.”
- Review the eligibility information in the different panels for the recipient.

Recipient Eligibility Session Agenda



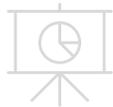
Eligibility Responses



Accessing the Self Service Panel



Eligibility Search



Eligibility Search Results



**Questions, Training Materials,
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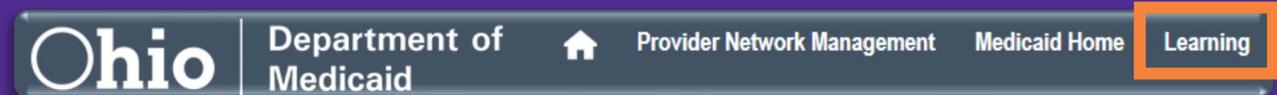
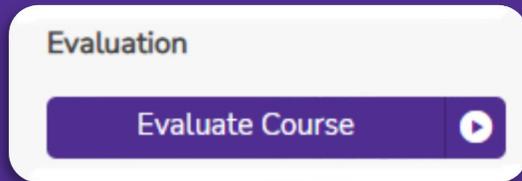
Ohio Medicaid Credentialing
Questions

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Training Assistance and
Resources

ohiotrainingteam@maximus.com

Thank you for joining!



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- 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.