Add-On Services

Step 1:			
	C 🔒 ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx		£ \$
Go to: https://ohpnm.omes.maximus.com/OH_PNM_	■ Ohio Department of A Provider Network Management Medicaid Home Learning Contact Fee Schedule Medicaid	👤 Sign Up	◆) Login
PROD/Account/Login.aspx	Log in		
	All users must log in on the OHIID portal using their single sign on ID.		
Select Log into with OH ID.	Log in with OH ID		
	Attention Providers: if you need assistance signing in or acquiring your OH ID, please contact the ODM Integrated Help Desk at 800-686-1516 or email <u>ihd@medicaid.ohio.gov</u>		
	Latest News		
	The PNM module is currently experiencing intermittent connectivity interruptions with MITS. We appreciate your patience as we are working with our module vendors Maximus and Gainwell to resolve the issue as quickly as possible and to reduce increased help desk wait times. <u>Click here</u> for resources to assist you in resolving the most common issues providers are experiencing.		
	Effective immediately and until further notice, the Ohio Department of Medicaid (ODM) is suspending fee-for-service prior authorization requirements.		
	If a prior authorization is needed for a fee-for-service member, the service may be provided and billed without first obtaining a prior authorization. Once prior authorization requirements resume, the prior authorization can be sought after the fact for the fee-for-service member. Please refer to the ODM website for updates on this matter.		
	Why use OH/ID?		
	When creating a new account within PNM, you will be required to create an OHID.		
	OH ID is a secured web portal designed for Ohioans to access information and conduct business with a variety of state agencies, including Medicaid, all in one place. In terms of digital identity and cybersecurity, OH ID is Best-of-Breed. It meets all federal and state digital security guidelines and is regularly audited to ensure your data and personal information remain private and secured.		
	OH/ID is powered by the InnovateOhio Platform, a key component of Governor Mike DeWine and Lt. Governor Jon Husted InnovateOhio vision to improve citizen interactions with the state by making them more dynamic, data-driven, and customer-centered.		
	You can use your work or personal email to register, which is where you will receive information that is limited to updates about your OHID account or password reset.		
	ODM Trading Partners, <u>Click here</u>		

Step 2:	
Log in using your OH ID credentials.	Create Account
	OHID perrypNM
	Password 🎕
	Forgot OH ID? Forgot password? Get login help
Step 3:	Terms
Check the box beside yes and <u>WAIT</u> . Warning: Selecting <u>Cancel</u> will begin the entire login process over again.	Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system. In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately contact the site administrator. Yes, I have read the agreement

Step 4:

Access the Reg ID # associated to the DODD contract by clicking on the Reg ID or the name field.

My Providers	Select Provider Per	iding Agent Request	s Account Administ	tration DD Accourt	t Administration							New Provider
Reg ID	Provider	Ratus	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
T	T	AI E	T	T	T	AI 🔤	T	T	T	T	T	T
10111	ACME CARE	Complete	60 - Medicare Certified Home Henith Agency	5657896595	654789	MEDICARE CERTIFIED HOME HEALTH AGENCY				05/28/11	05/04/16	01/01/23
51500	SAUL GOODMAN	Complete	38 - NON- AGENCY NURSE - RN OR LPN	6542857985	312654	PDN/OOM WAIVER REGISTERED NURSE	2563195	5689235		07/09/10	04/15/16	12/01/22
45678		Complete	38 - NON- AGENCY NURSE - RN OR LPN	3569865421	481855	PDN/ODM WAIVER REGISTERED NURSE	7712854	1542369		05/04/09	03/21/16	09/28/25
86753	SMITH JOHN V	nactive	38 - NON- AGENCY NURSE RN OR LPN	7946132864	656599	PDN/COM WAIVER REGISTERED NURSE	2562883	8542325		03/16/09	05/10/16	12/13/19

Step 5:

Expand the enrollment actions section and chose the **Begin DODD Enrollment Profile Update** link.

Provider Management Home

Provider Name Theodore NoName		Medicaid ID 123456	Effective Date 05/27/2019	Reva 06/2	lidation Due Date 26/2024	Term Date
DODD Certification Start Date 03/29/2021	DODD Certification End Date 03/28/2024	DODD Contract Number 5150330				
Ianage Application						
Enrollment Actions	Enrollment Action 3 Begin ODM Enrollme Begin DODD Enrollm Add ODA Services Edit Key Provider Ide Request Diservicilme	Selections: ent Profile Update ent Profile Update entifiets et				
rograms	+ Program Selection	s:				
elf Service	+ Self Service Select	ions:				
My Current and Previous Applica	tions					
Reg ID Enrollment Action			Program	Application Id	PNM Application Sta	tus
387			Medicaid	439992	ENROLLED	

Step 6:	Contracts
Upon redirection to PSM, the contract number	Show 10 v entries
will display	Contract# [] Name [] Provider Type [] Certification Status []
win display.	985989 ACME Cartoon Health Care Agency LLC Agency Voluntarily Withdrawn
	Showing 1 to 1 of 1 entries
Step 7:	Contracts
Choose the contract number to access the contract home page.	Show 10 entries Contract# II Name II Provider Type II Certification Status II Sanction Status II 065060 ACME Carloon Health Care Agency LLC Agency Voluntarity Withdrawn Volunt
Step 8:	Please select the application you wish to begin.
Add Services	Certification Applications Demographic Applications
Add Services.	Certification Applications
If you do not see the "Add Services" option, this	Add Services
means you have an outstanding application.	Create application to allow active providers to add Services to active certification. Withdraw Services
attempting to start the Add-on Service	This is Admin Configured dynamic description text.
application.	View Fees that are owed or history on fees already paid
Step 9:	A Getting Started III Intent CS More Information III Community
Click Continue at the bottom of the "Getting	
Started" page.	Getting Started
	Providers of services to people with developmental disabilities may be self-employed individuals (independent providers) or agencies. Bocause the health and safety of people accessing services through the Ohio Department of Developmental Disabilities (DODD) is important to us, DODD pertifies
	both agency and independent providers of services. An individual or agency is prohibited from providing any service until certification is obtained from DODD.
	 A birth certificate is a required document and will need to be submitted as part of your initial appli- transportation pervices must provide an official drivers' abstract from the
	Oriere Baits Communitation

Sten 10.	Choose Service Category			
Step 10.	Evnand All			
Click the plus (+) sign next to service category	+ Transportation Services	+ Adult Day Services		
to list all available services. Click the box next	+ Employment Services	+ Adaptive Technology and Environmental Modifications		
to the service(s) you wish to add.	+ Professional Services	+ Nutrition and Meal Services		
	+ Homemaker and Personal Care Services	+ Respite or Long Term Care Services		
	+ Support Brokerage	+ County Board Services		
	<u> </u>			
Step 11:	and and and a second second	America		
Click Save and Continue (This may take a	lavours.			
moment.)	A manufacture and a second and a second			
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	Concerning Section 11 Section 1	+ management to the		
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	Chromosom an a	R town institution		
	And the second sec			
	Conflict Service	No Restore is served, analysis on tablelack to be following southern		
	Addated a Temperature (Add) Panel or Tem Internation Percent And Addated and	filmenn Filmenn		
		Factor in Concession		
Step 12:	Disclosures			
	Please provide a brief statement on the purpose or reason for the ch	ange.		
You will need to explain that you are applying	Explanation *	Date *		
for new services in the Explanation text box				
and click Add . The date will auto populate.		3/21/2023		
	Add			
		5		

Step 13: Answer all the Yes/No questions in the section. You will need to add your Payee ID number to the box below "Payee ID". Click Save .	Please provide the Payee ID (10-digit number, including all leading 0's) assigned by Ohio Shared Services Office of Budget and Management. For agency applicants, the Payee ID is assigned using your agency TIN. Independent provider applicants, the Payee ID would be assigned using your SSN. If you already have a State of Ohio Payee ID, please enter it here. Otherwise, new State of Ohio payees must first register online with the Ohio Office of Budget and Management (OBM) using the Payee Self-Registration module of the Ohio Administrative Knowledge System (OAKS). Go to www.supplier.obm.ohio.gov and click 'Register a New Account'. You will receive an OSS registration email which will also include your Payee ID. Once you are assigned a Payee ID, you will need to upload a copy of an email or screenshot of your account showing your name and assigned Payee ID in the document upload field below. **Do NOT enter your TIN or SSN in this requested field. **. Payee ID * I 234567890 Sove
Step 14:	Documents
-	These documents are required in order to be an Olio Modical Provider, and you cannot become cambled until you have submitted these documents to the department. You must scan and upload the documents here to proceed with sub-
Navigate to the "Documents" section and check the box next to document you wish to upload.	Max file size limit for upload is 75 MB and allowable file types are .doo, .docx, .pdl. jpegjpgfigpngtxt .slfsjf.
	Please, ensure that all Becared Documents have a corresponding Document Usined excent the BCII and PIII, as listed
	🗐 24 Months Paid Experience Providing Direct Services 🛛
	Electronic Walt Verification (EVV) Training Certificate 🛛
	Choose File to Upload Choose File No Sie choses
	10mm
Step 15:	Documente
Click Choose File , select the first file you wish to upload and click " Open ".	These documents are required in order to be ori ONio Medicaid Provider, and you cannot become certified until you have submitted these documents to the dejustment. You must scan and uplued the documents have to proceed with outs Max file size limit for upload is 75 MB and allowable file types are .doc, .docx, .pdf, .peg, .pg, .tstst, .mH, .gif.
	Please, ensure that all Regulard Documents have a corresponding Document Upload except the BCII and FBI, as listed C A Monthly Black Superson Binetification Thank Superson Please Superson P
	Electronic Visit Worlfcation (EVV) Training Cartification
	Choose a file to Upload Choose File 0 file chosen
Step 16:	Documenti
	These documents are required in order to be an Otio Modicard Provider, and you cannot become cartified until you have submitted three documents to the department. You must scan and upload the documents here to proceed with aut
Click Upload.	Max frie size first for upload is 75 MB and allowable file types are .doo, .docx, .pdf, .jpeg, .jpg,.fig, .prg, .txt .Sif, .siff, .pf.
Repeat Steps 14-16 for any remaining required	Dagage groups that all then used the sense to extra property block and it block around the RCU and RUI as into 4
files. All successfully uploaded documents will	24 Months Paid Experience Providing Direct Services 9 E Competency-based Training Certificates 9
appear in the table at the bottom of the	Electronic Visit Verification (EVV) Training Certificate
" "Documents" section, and all completed upload	Choose a file to Upload Choose File I ho file charge
types will have a graved-out checkbox.	Likest

Step 17: Go to the "Attestations" section, check the box next to I accept the terms and conditions mentioned above, enter your first and last initial in the text box, and click Agree.	
Step 18: In the Non-Disclosure Agreement section, enter	Here Class terms Here Class Here Clas Here Class Here Class Here
your initials in the text box next to Applicant Initials and click Agree .	- That the information is an appropriate problem to a part of the back is a propriet to a distribution of a distrib
Step 19:	The Medicaid Agreement has changed since it was last agreed by you. Please read the Agreement text and confirm your
In the Medicaid Provider Agreement Section, check the box next to the agreement, type your full name as it is displayed under the text box and click Agree.	 I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by oriminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application. I agree to abide by these terms.*

Step 20:

Click **Save and Continue** at the bottom of the page. If any errors are returned, you will see them listed at the top of the page. Correct all missing or incorrect information and click "Save and Continue" again.

Step 21:

On the Summary page, confirm the information is correct and click **Submit**.

There should be no fee required for the Competency Add-On Rate. If you see a fee listed, please use the "Communicate" button at the bottom of the screen to contact the Certification Team. If you add other services, a fee could be associated with adding those services.

R Getting Started	2 III Intent	E Ma	e information	Summary	Einal
	222	90%	1. C. S. S.	1 1 1 1 1 1	1.1
ummary					
Application Information	an				
ContractNumber 1	2573780	Provider Type :	Independent	Application Number :	PROV-APP-136539
Application Type :	Service Change - Add Additional Service	Designation Type :	Provider	Source Id :	1234567890
DODD Fee :	\$25.00	Total Fee :	\$25.00		
County: FRANKLIN	Accepts New Clients: Yes				
1 Mondated					
Click here to see when	The second s	,			
Click here to check ho	w you can update your bro	woer			
Coll nand hair? Email	us at ITSCallCenter@dodd	ohio.gov or call 1-800-6	17-6733, and choose		
option 4.					

Step 22:	Do you want to Submit the application?
Do you want to submit the application box will display. Click Yes to submit the application. If a fee is associated with adding a service(s), you will directed to make payment and finalize the submission of your application.	Please be advised that you will not be able to make any changes to your application once you proceed past this point. Are you sure you would like to proceed?
	No