Withdraw Services

Step 1:		
	C a 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 ind@medicaid.ohio.gov	
	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.	
	OHJID 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
	Log In он ID perrypNM
	Password
	Log in 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.
	Ca nel

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/OOM 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	
87 Application Flow - Standard - UPDATE REGISTRATION						

Step 6:	Contracts					
Upon redirection to DCM, the contract number	Show 10 v entries					
will display.	Contract#	El Name	11 Provid	der Type 👔	Certificatio	n Status
	965969	ACME Cartoon Health Care Agency LLC	A	gency	Voluntarily	Withdrawn
	Showing 1 to 1 of 1 entries					
Step 7:	Contracts					
	Show 10 v entries					
Choose the contract number to access the	Contract#	Name (1	Provider Type	Certification Status		Sanction Status
contract home page.	965080	ACME Carloon Health Care Agency LLC	Agency	Voluntarily Withdrawn		Voluntarily Withdrawn
Char D		Provider Home				
Step 8:	Provider Dashboard 🏦					-
From the Provider Dashboard, select	Address 🗐	Provider Demographics				1
Certification Applications.	Services 🖀	Certification Expiration:	06/07/2023		Certification Status:	Active
	Billing Service Codes 🛛 📎	Provider Name:	Alfred E. Neuman		Sanction Status:	None
	Voluntary Withdraw	Contract Number:	1234567		Certification Span:	1/1/2022 - 1/1/2099
	Cartification History	SSN/TIN:	Agency 11223333		Supplier Id:	
	Information +	Designation Type:	Provider			
	Medicaid Information	Address:	1 Main St, Akron, OH 44301			
	Sanction History	Phone:	5558675309			
	Licer Associations	Email:				
		Edit Email and Phone Number				
	Provider Features A	Please celect the application you wish to be	egin.			
		Certification Applications Demographic Application	ns			
		Certification Applications				
		Withdraw Services	nu Caninas la adha antifat			
		View Fees	ave occurates to active certification.			
	L	Lien rees and are weed or makely on rees already p	narra.			

Step 9:	Please select the application you wish to begin.	
Select Withdraw Services to start the application.	Certification Applications Demographic Applications	
	Certification Applications	
	Withdraw Services Create application to allow active providers to withdraw Services to active certification. View Fees View Fees that are owed or history on fees already paid.	
Step 10:	Getting Started II Intent Commission E More Information E Demonstry III Intel	
Click Continue at the bottom of the "Getting Started" page.	Getting Started	
	Providers of services to people with developmental disabilities may be self-emptyoid individuals (independent providers) or agencies. Because the health and safety of poople accessing services through the Ohio Department of Developmental Disabilities (DODD) is important to us, DODD certifies both agency and independent providers of services. An individual or agency is prohibited from providing any service until certificate is a required document and will need to be submitted as part of your instal accil transportation services must provide an official drivers' abstract from the transportation services must provide an official drivers' abstract from the	
	Bios. Communie	
Step 11:	A Getting Started Intent I More Information I Summary III Final	
On the Intent screen, check the box beside the service(s) you wish to withdraw from your	10% Withdraw Services	
current certification. Click Save and Continue.	Withdraw Services O Homemaker Personal Care O Shared Living O Waiver Nursing Delegation (WND) O	
	Delete Back Communicate Save and Exit S	Save And Continue

Step 12:	Disclosures
You will need to explain that you are applying for new services in the Explanation text box and click Add . The date will auto populate. Example: withdrawing non-medical transportation services.	Please provide a brief statement on the purpose or reason for the change. Explanation * Date * 3/21/2023 III
Step 13:	Any services you check will immediately no longer be available upon application submission!
You will be required to acknowledge you wish to withdraw the service(s) as they will no longer be available upon submission of application.	O OK ONO
Step 14:	
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.	For example of a structure to the plane appropried of the balance appropried of the plane appropri
Step 15: In the Non-Disclosure Agreement section, enter your initials in the text box next to Applicant Initials and click Agree.	Here Number And Processor Interview
Step 16:	
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.	

	A Getting Started	intent) E Ma	re information	Summary	III Final
n the Summary page, confirm the information correct and click Submit .	Summary	19983	90	1 2 2 2 2		
	Application Informat	ion				
	ContractNumber :	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		
	Existing Services Infi	smation				
	Non-Medical Transport County: FRANKLIN Click here to see whe Click here to check h Still need help? Email option 4.	ation (NMT) Accepts New Clients: Yes Clients: Yes wyou can update your bro us at ITSCallCenter@dodd	woar ohio.gov or call 1-800-6	517-6733, and choose		Ext
en 18.	Do you want t	o Submit the app	lication?			