

The cover features a central collage of medical and technology-related images, including a hand holding a tablet with a blue cross icon, a stethoscope, and a digital lock. This central image is framed by several large, overlapping geometric shapes in various shades of blue and purple, creating a modern, high-tech aesthetic.

USER MANUAL

# Comprehensive Maternal Care (CMC) Providers

CMC

**Ohio** | Department of  
Medicaid

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### Introduction

This document discusses the steps and functions of Comprehensive Maternal Care (CMC) Providers. This document explains how to enter a CMC application in PNM for those providers who provide gatekeeper services for the maternal and infant support program that utilizes a comprehensive care coordination and service model incorporating supportive services for expectant and postpartum mothers to reduce adverse birth and infant outcomes.

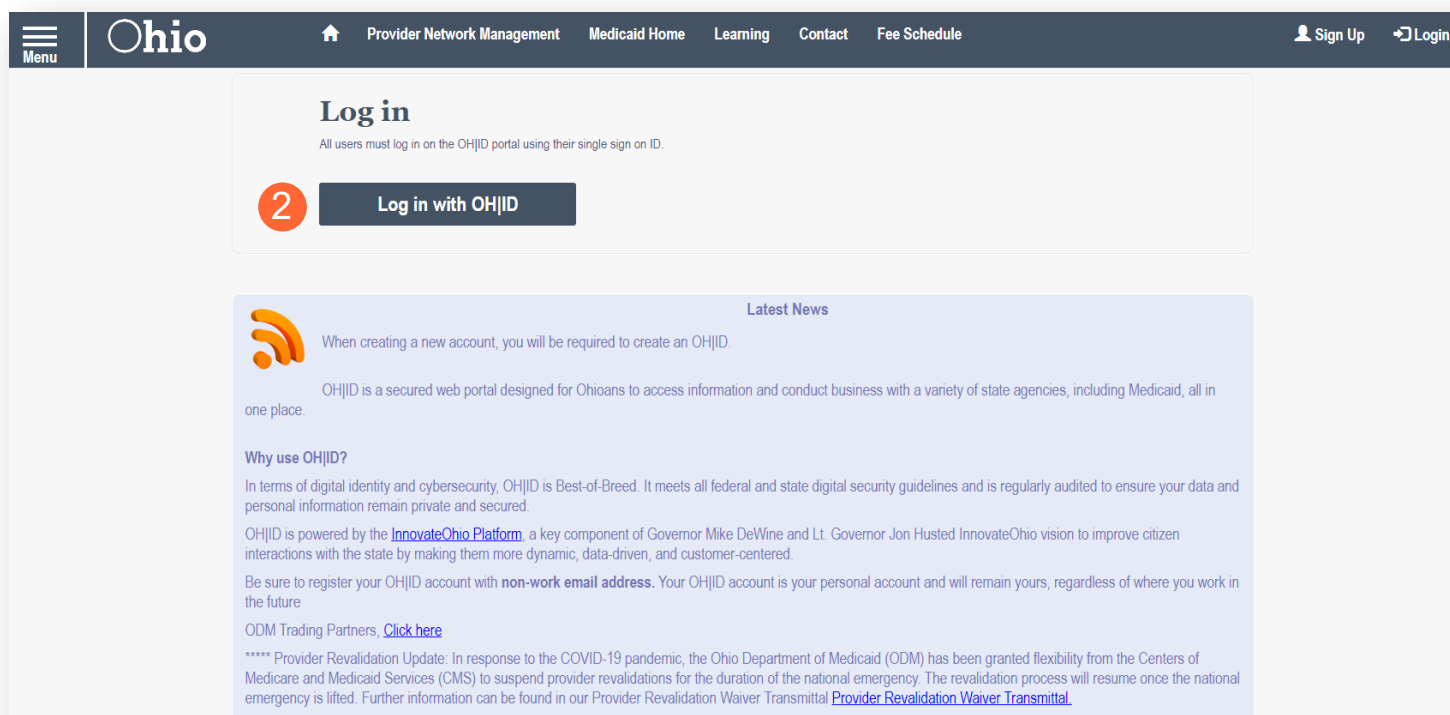
This document outlines the creation of the CMC Enrollment application.

# Initial Login to PNM

In this section of the user manual we will review the initial steps of logging into PNM. All users will log into the PNM system by using IOP (Innovate Ohio Platform).

**Step 1:** Visit the PNM web address: [https://ohpnm.omes.maximus.com/OH\\_PNM\\_PROD/Account/Login.aspx](https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx)

**Step 2:** Click 'Log in with OH|ID'



**Step 3:** The system will prompt you to enter your username and password on the IOP login screen illustrated below. Once entered, click 'Log in'

**OH|ID**

Ohio's Digital Identity. One State. One Account.

Register once, use across many State of Ohio websites

Create Account

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**3 Log In**

OH|ID

Password

Log in

[Forgot OH|ID?](#) | [Forgot password?](#)

**Step 4:** You will be redirected to the PNM system. Read the Terms of Use and click "Yes, I have read the agreement" to proceed into PNM

**Terms**

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.

**4** ☐ Yes, I have read the agreement

Cancel

## **Open Enrollment**

The creation of a CMC Enrollment application can only be initiated during the open enrollment period. A Provider Correspondence notification will be sent prior to the open enrollment period, which typically occurs in the fall. The CMC Enrollment application must be completed and submitted prior to the conclusion of open enrollment. The program year for CMC runs from January 1<sup>st</sup> to December 31<sup>st</sup>.

Creating a CMC Enrollment Application

**Step 1:** Once logged in as a Provider, click the hyperlink under Reg ID or Provider to access the Provider Management page

Reg ID	Provider
<input type="text"/>	<input type="text"/>
<a href="#">490976</a>	<a href="#">Testing</a>
	<a href="#">Testing</a>

1

Page size

**Step 2:** Click the '+' symbol next to 'Program Selections:' and choose 'Initiate CMC Enrollment'

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

2

+

Program Selections:

Self Service

+

Self Service Selections:

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

-

Program Selections:

[Initiate CMC Enrollment](#)

[Click here for information on the CMC Program »](#)

Self Service

+

Self Service Selections:

**Note:** For details on accessing correspondence in PNM, such as an invitation letter, see the [Viewing Correspondence](#) section

**Step 3:** Complete the CMC Contact Information page by entering the following information:

- Name
- Title *(not required)*
- Phone Number
  - Indicate if the number is a cell phone and if you wish to receive text messages
- Phone Extension *(not required)*
- Email Address

**Step 4:** Click 'Next' to save the information entered and advance to the next page

Jump To: CMC Contact Information

CMC Contact Information\* Specialties\* CMC Provider Agreement Attestation\*

Get PDF 4

**CMC Contact Information**  
This is a required section.

3 Name\*

The primary contact is the main person responsible for the information submitted to PSE

Title

Phone Number\*

Phone Extension

☐ Yes ☒ No Indicate this is a cell phone if you wish to receive text message. Standard text messaging and data rates may apply.

Email Address\*



**Step 5:** The system will automatically add the 'Maternal and Infant Support' specialty with a start date of the program year and an infinite end date. No further action is needed on this page. Click 'Next' to proceed.

**Note:** At the end of the program year, the system will either end date the specialty automatically, or keep an infinite date, if the specialty is still active.

The CMC Qualifying Enrollment Count displays on the screen, below the table.

**Step 6:** Once all specialties have been added, click the 'Next' button to proceed to the next page

Jump To: Specialties

CMC Contact Information\* → **Specialties\*** → CMC Provider Agreement Attestation\*

Get PDF 6

Previous Next

**Specialties**  
This is a required section.

Primary Specialties are not editable by provider after application submission.


Specialty	Primary	Start Date	End Date
Professional Medical Group	Yes	12/04/2012	12/31/2299
<b>MATERNAL AND INFANT SUPPORT</b>	No	01/01/2022	12/31/2299
CPC - PEDIATRICS	No	01/01/2020	12/31/2299
CPC - PRACTICE PARTNERSHIP	No	01/02/2017	12/31/2299
CPC -- SINGLE PRACTICE	No	01/01/2017	12/31/2299
CPC - PRACTICE PARTNERSHIP	No	01/01/2017	01/01/2017


CMC Qualifying Enrollment Count : 320


**Step 7:** Read and review all attestation statements. Select the checkboxes to confirm that you agree to each statement

**Step 8:** Click the 'Next' button to proceed to the next page

Jump To: CMC Provider Agreement Attestation

  
CMC Contact Information\*

  
Specialties\*

  
CMC Provider Agreement Attestation\*


Get PDF 8

Save

Cancel

Previous

Next



7

☒ This practice commits to meeting activities requirements

☒ This practice commits to participating in learning activities as determined by the Ohio Department of Medicaid

☒ This practice commits to sharing necessary data with the Ohio Department of Medicaid and the managed care plans

☒ This practice commits to having at least one practitioner on staff or contract from each of the following categories:

- A practitioner with prescribing authority in the state of Ohio;
- An RN or LPN; and
- A case manager to lead the care coordination relationship and serve as a primary point of contact

**Step 9:** When all pages have been completed (each displays a green checkmark in the navigation pane) the application is ready to be submitted. Click 'Submit for Review'

**Note:** If you would like to obtain a written copy of your application, click 'Generate PDF.' This must be done prior to submitting the application.

The screenshot shows the 'CMC Provider Agreement Attestation' form. At the top, a navigation pane displays three steps: 'CMC Contact Information\*', 'Specialties\*', and 'CMC Provider Agreement Attestation\*'. The third step is highlighted in yellow and marked with a green checkmark. A 'Jump To:' dropdown menu is set to 'CMC Provider Agreement Attestation'. On the right side, there are buttons for 'Generate PDF', 'Submit for Review' (with a red circle containing the number 9), 'Save', 'Previous', and 'Next'. The main content area is titled 'CMC Provider Agreement Attestation' with a red note stating 'This is a required section.' Below the title is a large circular icon of a person with a plus sign. To the right of the icon is a list of four checkboxes, all of which are checked:

- ☒ This practice commits to meeting activities requirements on July 1, 2021
- ☒ This practice commits to participating in learning activities as determined by the Ohio Department of Medicaid
- ☒ This practice commits to sharing necessary data with the Ohio Department of Medicaid and the managed care plans
- ☒ This practice commits to having at least one practitioner on staff or contract from each of the following categories:
  - A practitioner with prescribing authority in the state of Ohio;
  - An RN or LPN; and
  - A case manager to lead the care coordination relationship and serve as a primary point of contact

**Step 10:** A pop-up windows displays stating your CMC application has been submitted. Click 'OK'

The screenshot shows a confirmation pop-up window with the following text:

Your application for the CMC program has been submitted.  
You will receive a Welcome letter upon approval

At the bottom of the window, there is a red circle containing the number 10 and a grey button labeled 'OK'.

**Step 11:** You will receive a confirmation message for the application submission. Click 'Return to Home Page'

### Submission Confirmation

You have successfully submitted your application to the Medicaid Program.  
Please allow at least 10 days for processing before attempting to submit any changes.

11

[Return to Home Page](#)

## Viewing Correspondence

**Step 1:** Once logged in as a Provider, access your application by clicking on the Reg ID or Provider name

Reg ID	Provider
<input type="text"/>	<input type="text"/>
490976	Testing Testing

1

Page size

**Step 2:** You can review a welcome letter by clicking the '+' icon next to 'Self Service' to open the Self Service Selections. Click on 'Provider Correspondence'

Self Service

2

Self Service Selections:

[View Provider File](#)
[Provider Correspondence](#)
[Remittance Advice](#)
[Recipient Eligibility](#)
[Claims](#)
[Prior Authorization](#)
[Hospice](#)
[Provider Financial Self Services](#)
[Payment Innovation Reports](#)
[Provider Reports](#)
[Attachments](#)

**Step 3:** Select 'Enrollment Notifications' from the Correspondence Type drop-down (you can enter a date range, but it is not required). Click 'Search' to locate the correspondence

\* SEARCH CORRESPONDENCE

\*Correspondence TYPE

Enrollment Notifications

Date Available From: 01/01/2022

Date Available To: 02/25/2022

Search

Clear

## COMPREHENSIVE MATERNAL CARE (CMC)

**Step 4:** Review the search results at the bottom of the page to locate the correspondence. Click on the 'Welcome Letter Provider' hyperlink to create a pop-up to view the correspondence

Correspondence Subject	Correspondence Type	Date Sent	Date Viewed
<a href="#">Welcome Letter Provider</a>	ENROLLMENT	09/24/2022	
<a href="#">CMC INVITATION LETTER</a>	ENROLLMENT	09/15/2022	

**Provider Communication** ✕

Fax / / / - / / / - / / /

Body

**Subject:** Comprehensive Maternal Care Welcome Letter

Dear [REDACTED] :

The Ohio Department of Medicaid (ODM) is pleased to welcome you to the Ohio Comprehensive Maternal Care (CMC) Program for [REDACTED]. Your organization will be participating in an alternative payment model designed to promote and support practices in achieving improved maternal health outcomes. This letter serves as notification of approval for participation in the Ohio CMC Program for program year [REDACTED] to [REDACTED]. Your Ohio Medicaid provider number [REDACTED] will be participating.

Your enrollment in Ohio CMC is based on eligibility criteria specified in the Ohio Administrative Code and your organization's commitment to the following: sharing necessary data with the State and payers, participating in learning activities, and meeting standard activity requirements. Additional information and more specific program requirements can be found on [ODM's website](#).

We look forward to working with your organization in achieving our shared goal for improving maternal health outcomes. In the coming weeks, you will receive additional information to support your participation in Ohio CMC. Please call Provider Assistance at 1-800-686-1516 if you have any questions.

Sincerely,  
Bureau of Network Management

Print Close

# Updating a CMC Enrollment File

**Step 1:** Once logged in as a Provider, access your application by clicking on the Reg ID or Provider name hyperlink

Reg ID	Provider
<input type="text"/>	<input type="text"/>
<a href="#">490976</a>	<a href="#">Testing</a> <a href="#">Testing</a>
1	
« 1 2 » Page size	

**Step 2:** Click the '+' symbol next to 'Program Selections:' and choose 'Update CMC Contact'

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

2

+

Program Selections:

Self Service

+

Self Service Selections:

Manage Application

Enrollment Actions

2

Enrollment Action Selections:

Programs

2

-

Program Selections:

[Update CMC Contact](#)

[Click here for information on the CMC Program »](#)

Self Service


+

Self Service Selections:

**Step 3:** Select which page(s) you wish to edit on the application by selecting 'Update' next to that page

### 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.



3

Most Common Updates

Update

CMC Contact Information




Update

Specialties

Update

CMC Provider Agreement Attestation

**Step 4:** Update the information on the page you selected and click 'Next'



Jump To: CMC Contact Information


CMC Contact Information\*

Specialties\*

CMC Provider Agreement Attestation\*

Get PDF 4

Save Cancel Next



Name\*

Contact Name for CMC

The primary contact is the main person responsible for the information submitted to PSE

Title

CMC Contact

Phone Number\*

(614) 555-4321

Phone Extension

☐ Yes ☒ No

Indicate this is a cell phone if you wish to receive text message. Standard text messaging and data rates may apply.

Email Address\*

cmocontact@test.com



**Step 5:** Click 'Next' on the remaining pages, until you received the 'Submit for Review' button. Click 'Submit for Review'

The screenshot shows a multi-step form titled "COMPREHENSIVE MATERNAL CARE (CMC)". At the top, a progress bar indicates three steps: "CMC Contact Information\*", "Specialties\*", and "CMC Provider Agreement Attestation\*". The third step is currently active and highlighted in yellow. A "Jump To:" dropdown menu is set to "CMC Provider Agreement Attestation". On the right side, there are buttons for "Generate PDF", "Submit for Review" (with a red circle containing the number 5), "Save", "Cancel", "Previous", and "Next". The main content area is titled "CMC Provider Agreement Attestation" with a note "This is a required section." Below this, there is a list of four checkboxes, all of which are checked:

- ☒ This practice commits to meeting activities requirements on July 1, 2021
- ☒ This practice commits to participating in learning activities as determined by the Ohio Department of Medicaid
- ☒ This practice commits to sharing necessary data with the Ohio Department of Medicaid and the managed care plans
- ☒ This practice commits to having at least one practitioner on staff or contract from each of the following categories:
  - A practitioner with prescribing authority in the state of Ohio;
  - An RN or LPN; and
  - A case manager to lead the care coordination relationship and serve as a primary point of contact

On the left side of the form, there is a circular icon containing a stylized figure of a person with a plus sign, representing a healthcare provider.

**Step 6:** You will receive a confirmation message for the application submission. Click 'Return to Home Page'

The screenshot shows a "Submission Confirmation" message. It states: "You have successfully submitted your application to the Medicaid Program. Please allow at least 10 days for processing before attempting to submit any changes." Below this message, there is a red circle containing the number 6 and a button labeled "Return to Home Page".

## Re-Attesting

**Step 1:** Once logged in as a Provider, click on the Reg ID or Provider name hyperlink for the 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	MEMORIAL HEALTHCARE	Complete	21 - Professional Medical Group			Professional Medical Group				08/15/12	05/22/17	08/14/22

**Step 2:** Click the '+' symbol next to 'Program Selections:' and choose 'Re-attest CMC Enrollment'

Manage Application

Enrollment Actions + Enrollment Action Selections:

Programs 2 + Program Selections:

Self Service + Self Service Selections:

Manage Application

Enrollment Actions + Enrollment Action Selections:

Programs

- Program Selections:

2

[Re-attest CMC Enrollment](#)  
[Click here for information on the CMC Program >>](#)

Self Service + Self Service Selections:

**Step 3:** Complete the CMC Contact Information page by entering the following information:

- Name
- Title *(not required)*
- Phone Number
  - Indicate if the number is a cell phone and if you wish to receive text messages
- Phone Extension *(not required)*
- Email Address

**Step 4:** Click 'Next' to save the information entered and advance to the next page

Jump To: CMC Contact Information

CMC Contact Information\* Specialties\* CMC Provider Agreement Attestation\*

CMC Contact Information  
This is a required section.

Get PDF

3 Name\* Contact Name for CMC

The primary contact is the main person responsible for the information submitted to PSE

Title CMC Contact

Phone Number\* (614) 555-4321

Phone Extension

☐ Yes ☒ No Indicate this is a cell phone if you wish to receive text message. Standard text messaging and data rates may apply.

Email Address\* cmcontact@test.com


Save Cancel Next


**Step 5:** The system will automatically add the 'Maternal and Infant Support' specialty with a start date of the program year and an infinite end date. No further action is needed on this page. Click 'Next' to proceed.


**Note:** At the end of the program year, the system will either end date the specialty automatically, or keep an infinite date, if the specialty is still active.

The CMC Qualifying Enrollment Count displays on the screen, below the table.

**Step 6:** Once all specialties have been added, click the 'Next' button to proceed to the next page


CMC Contact Information\*

→

Specialties\*

→

CMC Provider Agreement Attestation\*

Jump To: Specialties

Get PDF 6
Previous
Next

### Specialties

This is a required section.

Primary Specialties are not editable by provider after application submission.


Specialty	Primary	Start Date	End Date
Professional Medical Group	Yes	12/04/2012	12/31/2299
<span style="font-weight: bold;">5</span> MATERNAL AND INFANT SUPPORT	No	01/01/2022	12/31/2299
CPC - PEDIATRICS	No	01/01/2020	12/31/2299
CPC - PRACTICE PARTNERSHIP	No	01/02/2017	12/31/2299
CPC -- SINGLE PRACTICE	No	01/01/2017	12/31/2299
CPC - PRACTICE PARTNERSHIP	No	01/01/2017	01/01/2017


CMC Qualifying Enrollment Count : 320


**Step 7:** Read and review all attestation statements. Select the checkboxes to confirm that you agree to each statement

**Step 8:** Click the 'Next' button to proceed to the next page

Jump To: CMC Provider Agreement Attestation

  
CMC Contact Information\*

  
Specialties\*

  
CMC Provider Agreement Attestation\*


Get PDF 8

Save

Cancel

Previous

Next



7

☒ This practice commits to meeting activities requirements

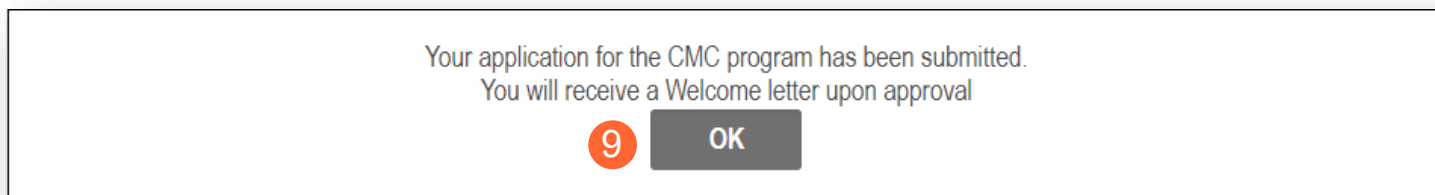
☒ This practice commits to participating in learning activities as determined by the Ohio Department of Medicaid

☒ This practice commits to sharing necessary data with the Ohio Department of Medicaid and the managed care plans

☒ This practice commits to having at least one practitioner on staff or contract from each of the following categories:

- A practitioner with prescribing authority in the state of Ohio;
- An RN or LPN; and
- A case manager to lead the care coordination relationship and serve as a primary point of contact

**Step 9:** A pop-up windows displays stating your CMC application has been submitted. (This is inaccurate as there is one more step needed to submit your application.) Click 'OK'



**Step 10:** When all pages have been completed (each displays a green checkmark in the navigation pane) the application is ready to be submitted. Click 'Submit for Review'

**Note:** If you would like to obtain a written copy of your application, click 'Generate PDF.' This must be done prior to submitting the application.

A screenshot of a web application interface. At the top, a navigation bar shows three steps: "CMC Contact Information\*", "Specialties\*", and "CMC Provider Agreement Attestation\*", each with a green checkmark. A "Jump To:" dropdown menu is set to "CMC Provider Agreement Attestation". Below the navigation bar, the main content area is titled "CMC Provider Agreement Attestation" with a red note "This is a required section." To the right of the title are buttons for "Generate PDF", "Submit for Review" (with a red circle containing the number 10), "Save", "Previous", and "Next". The main content area contains a list of four checkboxes, all of which are checked. The first three checkboxes are for meeting activities requirements, participating in learning activities, and sharing necessary data. The fourth checkbox is for having at least one practitioner on staff or contract, with a bulleted list of three categories: "A practitioner with prescribing authority in the state of Ohio;", "An RN or LPN; and", and "A case manager to lead the care coordination relationship and serve as a primary point of contact". A circular icon with a person and a plus sign is located on the left side of the main content area.

**Step 11:** You will receive a confirmation message for the application submission. Click 'Return to Home Page'

### Submission Confirmation

You have successfully submitted your application to the Medicaid Program.  
Please allow at least 10 days for processing before attempting to submit any changes.

11

[Return to Home Page](#)