

The cover features a central collage of medical and technology-related images, including a hand holding a magnifying glass over a medical cross, a stethoscope, and a tablet displaying a padlock icon. This central image is framed by large, overlapping geometric shapes in various shades of blue and purple.

USER MANUAL

Comprehensive Primary Care (CPC) Providers

CPC

Ohio | Department of
Medicaid

Table of Contents

Introduction2

Initial Login to PNM.....3

Open Enrollment.....5

Creating a CPC Individual.....6

Creating a CPC Practice Partnership..... 12

Viewing Correspondence20

Updating a CPC Enrollment File22

Re-Attesting25

 CPC Individual.....25

 CPC Practice Partnership.....30

Introduction

This document discusses the steps and functions of Comprehensive Primary Care (CPC) Providers. This document explains how to enter a CPC application in PNM for those providers who provide gatekeeper services, number of enrolled individuals assigned, and capacity to accept additional patients.

This document outlines the creation of a CPC Individual application and a CPC Practice Partnership 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

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

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 CPC Individual or a CPC Practice Partnership 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 CPC application must be completed and submitted prior to the conclusion of open enrollment. The program year for CPC runs from January 1st to December 31st.

Creating a CPC Individual

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"/>
490976	Testing Testing

1

Page size

Step 2: Click the ‘+’ symbol next to ‘Program Selections:’ and choose ‘Create CPC Individual’

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

2

+

Program Selections:

Self Service

+

Self Service Selections:

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

-

2

Program Selections:

[Create CPC Individual](#)

[Create a Practice Partnership](#)

[Click here for Information on the CPC Program »](#)

The open enrollment application and attestation period for the Comprehensive Primary Care (CPC) program for the upcoming performance year has ended. If your practice or partnership was unable to enroll or re-attest, please contact Provider Assistance at 1-800-686-1516.

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 CPC 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: CPC Contact Information

CPC Contact Information* Specialties* Attestation And Acknowledgement* Agreements*

CPC Contact Information
This is a required section.

3

Name* Contact Name for CPC
The primary contact is the main person responsible for the information submitted to PSE

Title CPC Contact

Phone Number* (614) 888-8888

Phone Extension 123

☐ 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* cpcontact@cpctest.org

Get PDF 4

Save Cancel Next

Step 5: The system will automatically add the primary specialty with a start date of the program year and an infinity end date. To add additional specialties (such as the CPC for Kids specialty for qualifying providers), click the 'Add New' button

Jump To: CPC Contact Information

CPC Contact Information* → **Specialties*** → Attestation And Acknowledgement* → Agreements*

Specialties
This is a required section.

Generate PDF

Save Cancel Previous Next

Next Program Year

Primary Specialty	Primary	Start Date	End Date
CPC -- SINGLE PRACTICE	Yes	01/01/2022	12/31/2299

To add the Kids specialty, Click the Add new button

Previous Years Enrollment
No records found

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.

Step 6: Select a new specialty from the drop-down menu

Step 7: Click 'Save' to save the specialty you added. You can review your Specialties in the table

Next Program Year

Primary Specialty	Primary	Start Date	End Date
CPC -- SINGLE PRACTICE	Yes	01/01/2022	12/31/2299

To add the Kids specialty, Click the Add new button

6 Specialty*
Start Date*
End Date

CPC - PEDIATRICS
12/31/2022

Add New

Note: If you do not qualify for the CPC for Kids specialty, you will receive an error message

The provider you selected does not meet the minimum requirements (150 claims-based pediatric-members in total) to participate in the CPC for Kids program.

Step 8: Once all specialties have been added, click the 'Next' button to proceed to the next page

Jump To: CPC Contact Information

CPC Contact Information* → **Specialties*** → Attestation And Acknowledgement* → Agreements*

Specialties
This is a required section.

Save Cancel Previous **Next**

Next Program Year

Primary Specialty	Primary	Start Date	End Date	
CPC -- SINGLE PRACTICE	Yes	01/01/2022	12/31/2299	
CPC - PEDIATRICS	No	01/01/2022	12/31/2299	✖

Add New

To add the Kids specialty, Click the Add new button

Previous Years Enrollment
No records found

Step 9: Read and review all attestation statements. Select the checkboxes to confirm that you agree to each statement (the attestation for a CPC for Kids provider will only appear if the CPC for Kids specialty was added)

Step 10: Click the 'Next' button to proceed to the next page

Jump To: Attestation And Acknowledgement

CPC Contact Information* → Specialties* → **Attestation And Acknowledgement*** → Agreements*

Attestation And Acknowledgement
This is a required section.

Save Cancel Previous **Next**

9

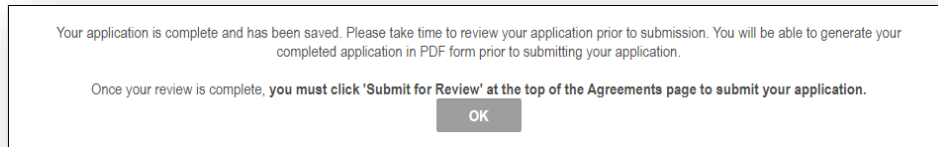
- ☒ This practice commits to meeting activities requirements on January 1, 2020.
- ☒ This practice commits to participating in learning activities as determined by the Ohio Department of Medicaid.
- ☒ This practice commits to sharing necessary data with the Ohio Department of Medicaid and the managed care plans.
- ☒ I want to participate as a CPC for Kids provider

10

Step 11: Read and review all agreements. Select checkboxes to confirm you have read the agreements and attest the information that you provided is true and accurate.

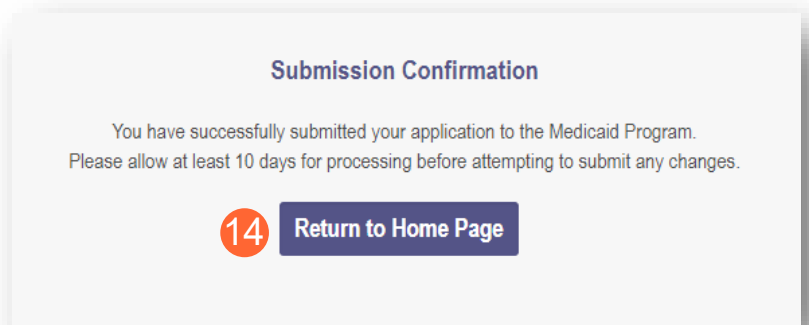
Step 12: Complete the Provider Agreement Signature

Note: You will receive a message indicating your application is complete and has saved. Click 'OK' to advance



Step 13: If you are ready to submit your application, select 'Submit for Review'

Step 14: You will receive a confirmation message for the application submission. Click 'Return to Home Page'



Step 15: You will be able to see your newly submitted CPC application in a submitted status when you return to your dashboard

My Providers

Select Provider

Pending Agent Requests

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MEMORIAL HEALTHCARE	Complete	21 - Professional Medical Group			Professional Medical Group				08/15/12	05/22/17	08/14/22
	MEMORIAL HEALTHCARE	Submitted	99 - CPC Entity			CPC -- SINGLE PRACTICE					10/26/21	

15

Note: You may have a separate Medicaid ID for your CPC enrollment. Individuals and Practice Partnerships will have different Medicaid IDs, meaning that if a Practice Partnership is added in addition to a CPC Individual, the Medicaid CPC IDs will be different for each.

Creating a CPC Practice Partnership

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"/>
490976	Testing
	Testing

1

Page size

Step 2: Click the ‘+’ symbol next to ‘Program Selections:’ and choose ‘Create a Practice Partnership’

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:

[Create CPC Individual](#)

[Create a Practice Partnership](#)

[Click here for Information on the CPC Program »](#)

The open enrollment application and attestation period for the Comprehensive Primary Care (CPC) program for the upcoming performance year has ended. If your practice or partnership was unable to enroll or re-attest, please contact Provider Assistance at 1-800-686-1516.

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 CPC Contact Information page by entering the following information:

- Name
- Title (*not required*)
- Phone Number
- Indicate if the number is a cell phone and 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

The screenshot shows a web application interface for the 'COMPREHENSIVE PRIMARY CARE (CPC)' system. At the top, a navigation bar includes a 'Jump To:' dropdown menu set to 'CPC Contact Information'. Below this is a horizontal flowchart with five steps: 'CPC Contact Information*' (highlighted in yellow), 'Specialties*', 'Practice Partnership*', 'Attestation And Acknowledgement*', and 'Agreements*'. Each step is represented by a circular icon with a person silhouette. On the right side of the navigation bar, there is a 'Gr 4 PDF' button and a 'Next' button. The main content area is titled 'CPC Contact Information' with a red note stating 'This is a required section.' Below the title, there is a large circular icon with a person silhouette and a plus sign. To the right of this icon, there is a form with a red circle containing the number '3' next to the 'Name*' field. The form fields are: 'Name*' (CPC Contact Name), 'Title' (CPC), 'Phone Number*' ((614) 555-5555), 'Phone Extension' (123456), and 'Email Address*' (cpccontact@email.com). There are radio buttons for 'Yes' and 'No' next to the 'Phone Number*' field, with a note indicating that 'No' is selected. The 'Next' button is visible in the bottom right corner.

Jump To: CPC Contact Information

CPC Contact Information* Specialties* Practice Partnership* Attestation And Acknowledgement* Agreements*

CPC Contact Information
This is a required section.

Gr 4 PDF

Save Cancel Next

3 Name* CPC Contact Name
The primary contact is the main person responsible for the information submitted to PSE

Title CPC

Phone Number* (614) 555-5555

Phone Extension 123456

☐ 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* cpccontact@email.com

Step 5: The system will automatically add the primary Specialty with a start date of the program year and an infinity end date. To add additional specialties (such as the CPC for Kids specialty for qualifying providers), click the 'Add New' button

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.

Step 6: Select a new specialty from the drop-down menu

Note: If you do not qualify for the CPC for Kids specialty, you will receive an error message

The practice partnership does not meet the minimum requirements
(150 claims-based pediatric-members in total) to participate in the
CPC for Kids program.

Step 7: Click 'Save' to save the specialty you added. You can review your Specialties in the table

Step 8: Once all specialties have been added, click the 'Next' button to proceed to the next page

Jump To: Specialties

CPC Contact Information* → Specialties* → Practice Partnership* → Attestation And Acknowledgement* → Agreements*

Specialties
This is a required section.

7 Save Cancel Previous Next 8 PDF

Primary Specialty	Primary	Start Date	End Date
CPC - PRACTICE PARTNERSHIP	Yes	01/01/2022	12/31/2299

To add the Kids specialty, Click the Add new button

5 Add New

6 Specialty* CPC - PEDIATRICS

Start Date* 01/01/2022

End Date 12/31/2022

Step 9: On the Practice Partnership page select the 'Add New' button to add a new CPC Practice Member

Step 10: Enter the Medicaid ID or CPC ID of the Practice Member to add them to the Practice Partnership

Note: The Practice Member Name should auto-fill based off the ID number that you enter

Step 11: Once the Practice Member has been added, click 'Save'

Jump To: Practice Partnership

CPC Contact Information* Specialties* Practice Partnership* Attestation*

Practice Partnership
This is a required section.

Add member

Name

Required Document
Attestation Form - upload one document that contains the attestations from new members of the practice partnership

Generate PDF

Save Cancel Previous Next

10

Enter Either the CPC ID or Medicaid ID for the provider you want to add to your Practice Partnership

Medicaid Id
CPC ID*

Start Date* 01/01/2022

Member Name* , LLC

11

Save Cancel

9

Medicaid ID	Start Date	End Date
	01/01/2022	12/31/2299
	01/01/2022	12/31/2299

Add New

Note: If you do not meet the participating criterion, or CPC for Kids specialty criterion, you will receive one of the below messages after clicking 'Save':

CPC Group Member Message

The provider you selected to participate in your practice does not meet the minimum requirements (150 claims-based members) to participate in the CPC program for the upcoming program year.
Please remove the practice by clicking the red X.

The practice partnership does not meet the minimum requirements (150 claims-based pediatric-members in total) to participate in the CPC for Kids program.

Alert

The enrolling provider(s) do not appear to meet the qualifications to be an Ohio CPC Provider and/or CPC for Kids provider. The reason for this denial message is likely due to the patient attribution data that we have. For additional information or questions on your attribution count and eligibility you may contact provider assistance at 1-800-686-1516.
At this time, the application is denied. If you disagree with this denial, you may request a reconsideration pursuant to OAC 5160-70-02. For an administrative review, please send a written request including all information you consider relevant to:

Ohio-CPCEnrollment@medicaid.ohio.gov

Continue

Step 12: To add additional Practice Members, select 'Add New' and repeat the steps above

Step 13: Once all Practice Members have been added, attestation and acknowledgement documents must be uploaded for the new practices of the practice partnership. To upload this document, click 'Browse'

Jump To: Practice Partnership

CPC Contact Information* Specialties* Practice Partnership* Attestation And Acknowledgement* Agreements*

Generate PDF

Save Cancel Previous Next

Practice Partnership
This is a required section.

Practices in the Practice Partnership
Add members of your practice partnership to this page by clicking the Add New button. Continue to add new members until all members are added.

Name	CPC ID	Medicaid ID	Start Date	End Date
			01/01/2022	12/31/2299
			01/01/2022	12/31/2299
			01/01/2022	12/31/2299

12 Add New

Required Document

13 Attestation Form - upload one document that contains the attestations from new members of the practice partnership

Browse

Step 14: Locate on your computer, the file you wish to upload. Select the file and click 'Open'

Open

This PC > Desktop

Organize New folder

Name	Status	Date modified	Type	Size
CDS_DEA.pdf	✓	10/20/2020 10:27 AM	Microsoft Edge PDF ...	98 KB
Certifax	✓	7/6/2021 1:49 PM	PNG File	112 KB
Certification	✓	9/24/2020 9:41 AM	Microsoft Word 97 - ...	34 KB
Cred Packet	✓	7/12/2021 11:39 AM	Microsoft Edge PDF ...	1,788 KB
Hospice 2 PDF Example	✓	7/27/2021 7:33 AM	Microsoft Edge PDF ...	103 KB
New Members for PP	✓	6/25/2021 9:30 AM	Microsoft Excel Work...	504 KB

File name: New Members for PP

All Files

Open Cancel

14

Attestation Form - upload one document that contains the attestations from new members of the practice partnership


Browse

Step 15: When all Practice Members have been added and all documents uploaded, click 'Next' to proceed to the next page

Gr 15 PDF

Practice Partnership
This is a required section.

Save Cancel Previous Next



Practices in the Practice Partnership

Add members of your practice partnership to this page by clicking the Add New button. Continue to add new members until all members are added.

Name	CPC ID	Medicaid ID	Start Date	End Date		
LLC			01/01/2022	12/31/2299		
INC.			01/01/2022	12/31/2299	✗	
LLC			01/01/2022	12/31/2299	✗	
INCORPORATED			01/01/2022	12/31/2299	✗	
COUNTY AUDITOR			01/01/2022	12/31/2299	✗	

Add New

Required Document

Attestation Form - upload one document that contains the attestations from new members of the practice partnership

New Members for PP.xlsx Download Remove

Browse

Required Document

Acknowledgement Form - upload one document that contains the acknowledgment from new members of the practice partnership






New Members for PP_1.xlsx Download Remove

Browse

Step 16: Read and review all attestation statements. Select the checkboxes to confirm that you agree to each statement (the attestation for a CPC for Kids provider will only appear if the CPC for Kids specialty was added)

Step 17: Click the 'Next' button to proceed to the next page

Jump To: Practice Partnership


CPC Contact Information* Specialties* Practice Partnership* Attestation And Acknowledgement* Agreements*

Attestation And Acknowledgement
This is a required section.

Save Cancel Previous Next

16

☐ This practice commits to meeting activities requirements on January 1, 2020.
 ☐ 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.
 ☐ I want to participate as a CPC for Kids provider



Gr 17 PDF

Step 18: Read and review all agreements. Select checkboxes to confirm you have read the agreements and attest the information that you provided is true and accurate.

Step 19: Complete the Provider Agreement Signature

Note: You will receive a message indicating your application is complete and has saved. Click 'OK' to advance

Your application is complete and has been saved. Please take time to review your application prior to submission. You will be able to generate your completed application in PDF form prior to submitting your application.

Once your review is complete, you must click 'Submit for Review' at the top of the Agreements page to submit your application.

OK

Step 20: If your application is complete, select 'Submit for Review'

Agreements
This is a required section.

Generate PDF

20 Submit for Review

Save Cancel Previous Next

18

Ohio Medicaid Provider Agreement

Note: The Provider Agreement in the scroll box must be read and responded to in its entirety before proceeding to the next step.

All Providers must read the statements below and agree to the terms

Ohio Revised Code 2921.42 and 2921.43 Agreement

In accordance with Chapter 102, and Sections 2921.42 and 2921.43 of the Ohio Revised Code, Vendor or Grantee, by signature on this document, certifies: (1) it has reviewed and understands Chapter 102, and Sections 2921.42 and 2921.43 of the Ohio Revised Code, (2) has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) will take no action inconsistent with those laws and this order. The Vendor or Grantee understands that failure to comply with Chapter 102, and Sections 2921.42 and 2921.43 of the Ohio Revised Code is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the State of Ohio.

False Statement Agreement

Whoever knowingly and willfully makes, or causes to be made, a false statement or representation on this statement, may be prosecuted under applicable federal or state laws. In addition, if a



Provider Agreement Attestation

Step 21: 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.

21

Return to Home Page

Step 22: You will be able to see your newly submitted CPC enrollment in a submitted status when you return to your dashboard

My Providers

Select Provider

Pending Agent Requests

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LLC	Complete	21 - Professional Medical Group			Professional Medical Group				01/03/14	12/18/18	01/02/24
	LLC	Submitted	99 - CPC Entity			CPC - PRACTICE PARTNERSHIP					10/26/21	

22

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 and enter a day range. Click 'Search' to locate the correspondence

* SEARCH CORRESPONDENCE

*Correspondence TYPE

Enrollment Notifications

Date Available From: ①

01/01/2022

Date Available To: ②

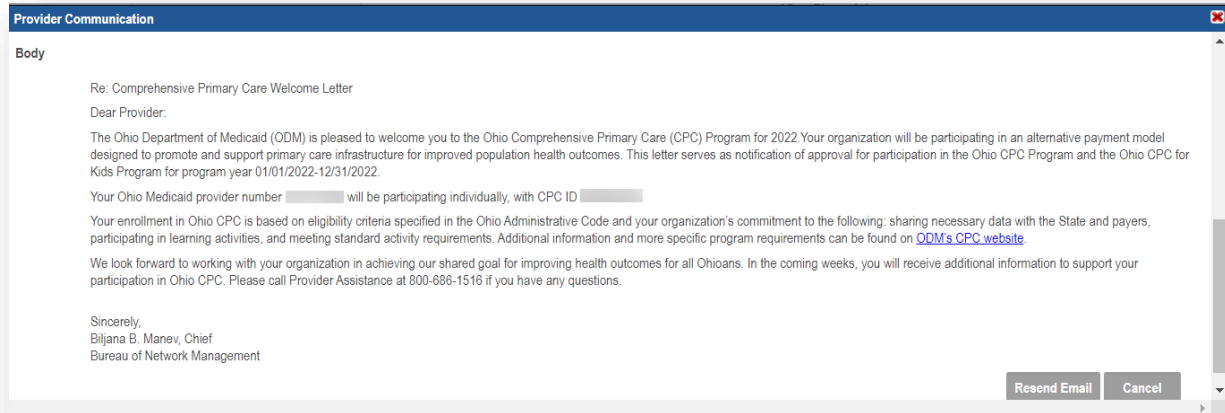
02/25/2022

Search

Clear

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

[Comprehensive Primary Care
Welcome Letter](#)



Updating a CPC 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"/>
490976	Testing
	Testing
1	
Page size	

Step 2: Click the '+' symbol next to 'Program Selections:' and choose 'Begin CPC Enrollment Update'

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:

[Begin CPC Enrollment Update](#)

[Click here for Information on the CPC Program »](#)

The open enrollment application and attestation period for the Comprehensive Primary Care (CPC) program for the upcoming performance year has ended. If your practice or partnership was unable to enroll or re-attest, please contact Provider Assistance at 1-800-686-1516.

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

Submit Update

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



Update


CPC Contact Information

Update

Specialties

Update

Attestation And Acknowledgement




Update


Agreements

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


Jump To: CPC Contact Information




CPC Contact Information*




Specialties*



Practice Partnership*



Attestation And Acknowledgement*



Agreements*


4

Generate PDF

Save Cancel Next

CPC Contact Information

This is a required section.



Name*

CPC Contact Name

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

Title

CPC

Phone Number*

(614) 555-5555

Phone Extension

123456

☐ 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*

cpccontact@email.com

23

Step 5: The page that has been updated will display a green checkmark. Select 'Update' next to any corresponding pages to make additional updates

Step 6: Once all updates have been made, click 'Submit Update' to send the application off for review


6

Submit Update

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.

5



Update


CPC Contact Information

Update

Specialties

Update

Attestation And Acknowledgement



Update

Agreements

Re-Attesting

CPC Individual

Step 1: Once logged in as a Provider, click on the Reg ID or Provider name hyperlink for the **CPC Entity**

<div> My Providers Select Provider Pending Agent Requests Account Administration </div> <div>New Provider ?</div>												
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"/>
	MEMORIAL HEALTHCARE	Complete	21 - Professional Medical Group			Professional Medical Group				08/15/12	05/22/17	08/14/22
	MEMORIAL HEALTHCARE	Submitted	99 - CPC Entity			CPC -- SINGLE PRACTICE					10/26/21	

Step 2: Click the '+' symbol next to 'Program Selections:' and choose 'Re-attest CPC Individual'

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

2

+

Program Selections:

Self Service

+

Self Service Selections:

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

2

-

Program Selections:

[Re-attest CPC Individual](#)
[Re-attest CPC Practice Partnership](#)
[Click here for Information on the CPC Program](#)

The open enrollment application and attestation period for the Comprehensive Primary Care (CPC) program for the upcoming performance year has ended. If your practice or partnership was unable to enroll or re-attest, please contact Provider Assistance at 1-800-686-1516.

Self Service

+

Self Service Selections:

Step 3: Review the CPC Contact Information page and update any of 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 and advance to the next page

Jump To: CPC Contact Information

CPC Contact Information* Specialties* Attestation And Acknowledgement* Agreements*

CPC Contact Information
This is a required section.

3

Name* Contact Name for CPC
The primary contact is the main person responsible for the information submitted to PSE

Title CPC Contact

Phone Number* (614) 888-8888

Phone Extension 123

☐ 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* cpcontact@cpctest.org

Get PDF 4

Save Cancel Next

Step 5: The system will automatically add the primary specialty with a start date of the program year and an infinity end date. To add additional specialties (such as the CPC for Kids specialty for qualifying providers), click the 'Add New' button

Jump To: CPC Contact Information

CPC Contact Information* → **Specialties*** → Attestation And Acknowledgement* → Agreements*

Specialties
This is a required section.

Generate PDF

Save Cancel Previous Next

Next Program Year

Primary Specialty	Primary	Start Date	End Date
CPC -- SINGLE PRACTICE	Yes	01/01/2022	12/31/2299

To add the Kids specialty, Click the Add new button

Previous Years Enrollment
No records found

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.

Step 6: Select a new specialty from the drop-down menu

Step 7: Click 'Save' to save the specialty you added. You can review your Specialties in the table

Next Program Year

Primary Specialty	Primary	Start Date	End Date
CPC -- SINGLE PRACTICE	Yes	01/01/2022	12/31/2299

To add the Kids specialty, Click the Add new button

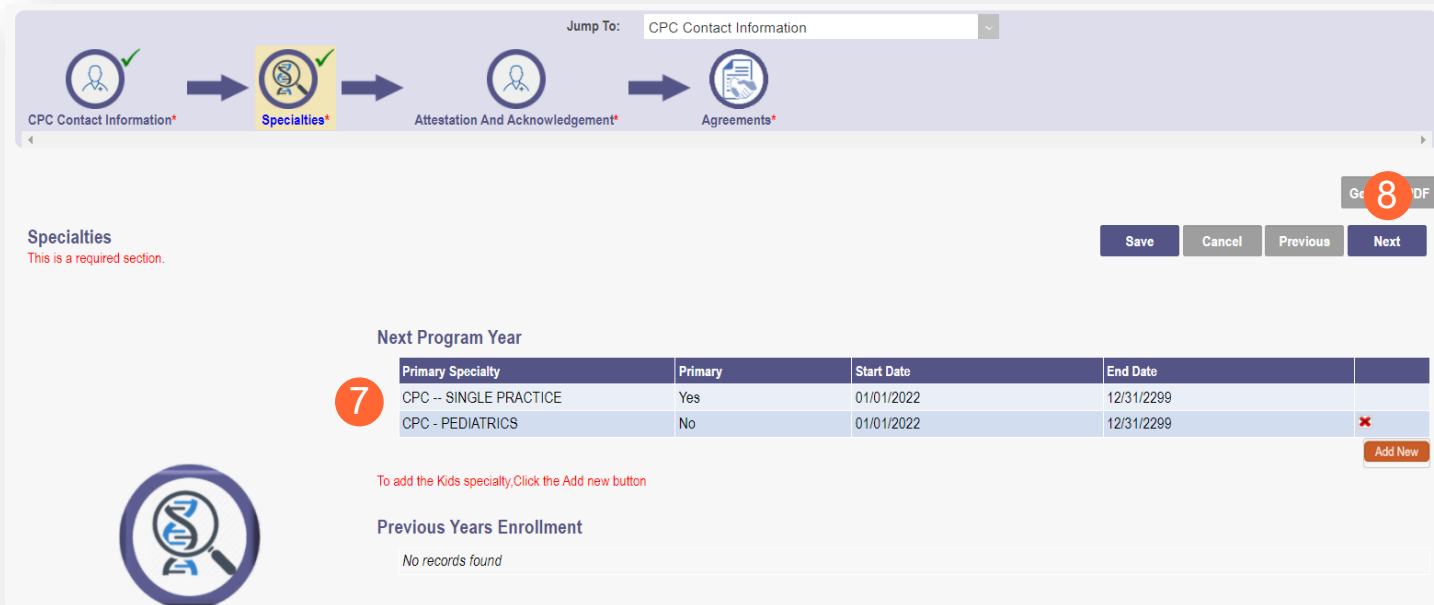
6 Specialty*
Start Date*
End Date

CPC - PEDIATRICS
12/31/2022

Note: If you do not qualify for the CPC for Kids specialty, you will receive an error message

The provider you selected does not meet the minimum requirements (150 claims-based pediatric-members in total) to participate in the CPC for Kids program.

Step 8: Once all specialties have been added, click the 'Next' button to proceed to the next page



Jump To: CPC Contact Information

CPC Contact Information* → **Specialties*** → Attestation And Acknowledgement* → Agreements*

Specialties
This is a required section.

Save Cancel Previous **Next**

Next Program Year

Primary Specialty	Primary	Start Date	End Date
CPC -- SINGLE PRACTICE	Yes	01/01/2022	12/31/2299
CPC - PEDIATRICS	No	01/01/2022	12/31/2299

To add the Kids specialty, Click the Add new button

Previous Years Enrollment
No records found

Add New

Step 9: Read and review all attestation statements. Select the checkboxes to confirm that you agree to each statement (the attestation for a CPC for Kids provider will only appear if the CPC for Kids specialty was added)

Step 10: Click the 'Next' button to proceed to the next page



Jump To: Attestation And Acknowledgement

CPC Contact Information* → Specialties* → **Attestation And Acknowledgement*** → Agreements*

Attestation And Acknowledgement
This is a required section.

Save Cancel Previous **Next**

9

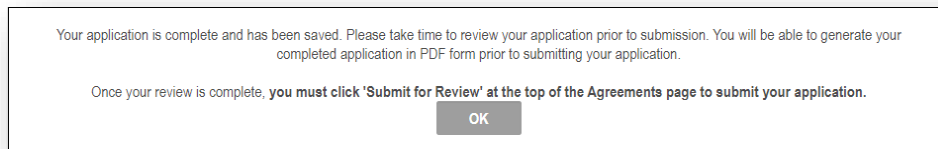
- ☒ This practice commits to meeting activities requirements on January 1, 2020.
- ☒ This practice commits to participating in learning activities as determined by the Ohio Department of Medicaid.
- ☒ This practice commits to sharing necessary data with the Ohio Department of Medicaid and the managed care plans.
- ☒ I want to participate as a CPC for Kids provider

10

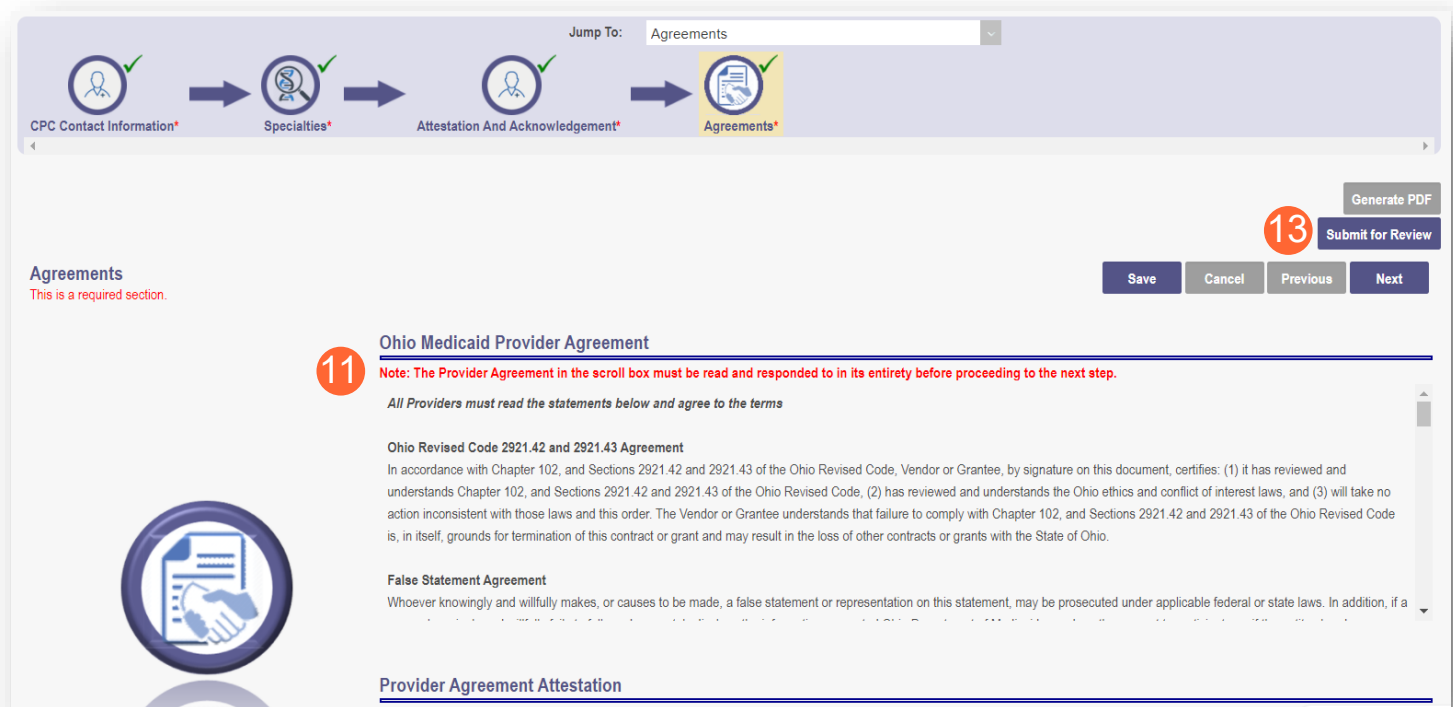
Step 11: Read and review all agreements. Select checkboxes to confirm you have read the agreements and attest the information that you provided is true and accurate.

Step 12: Complete the Provider Agreement Signature

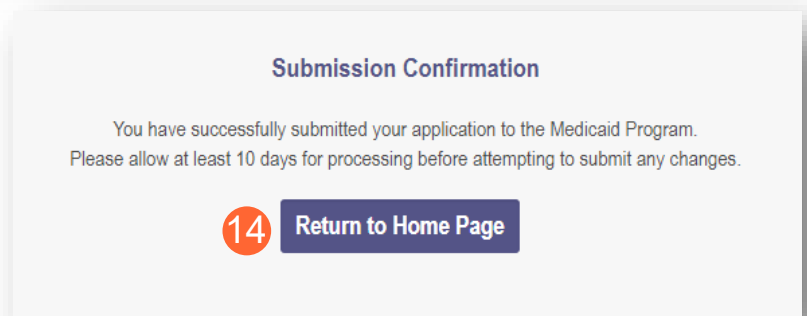
Note: You will receive a message indicating your application is complete and has saved. Click 'OK' to advance



Step 13: If you are ready to submit your application, select 'Submit for Review'

A screenshot of a web application interface. At the top, there's a progress bar with four steps: "CPC Contact Information*", "Specialties*", "Attestation And Acknowledgement*", and "Agreements*". The "Agreements" step is highlighted with a yellow background and a magnifying glass icon. Above the progress bar is a "Jump To:" dropdown menu set to "Agreements". To the right of the progress bar are buttons: "Generate PDF", "13 Submit for Review" (highlighted with a red circle), "Save", "Cancel", "Previous", and "Next". Below the progress bar, the page title is "Agreements" with a red note "This is a required section". The main content area is titled "Ohio Medicaid Provider Agreement" and includes a red circle with the number "11". A note states: "Note: The Provider Agreement in the scroll box must be read and responded to in its entirety before proceeding to the next step." Below this, it says "All Providers must read the statements below and agree to the terms". There are two sections: "Ohio Revised Code 2921.42 and 2921.43 Agreement" and "False Statement Agreement". A large blue circular icon with a document and a hand is on the left. At the bottom, there's a section titled "Provider Agreement Attestation".

Step 14: You will receive a confirmation message for the application submission. Click 'Return to Home Page'



CPC Practice Partnership

Step 1: Once logged in as a Provider, click on the Reg ID or Provider name hyperlink for the **CPC Entity**

My Providers

Select Provider

Pending Agent Requests

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
<div></div>	<div></div>	All	<div></div>	<div></div>	<div></div>	All	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	LLC	Complete	21 - Professional Medical Group			Professional Medical Group				01/03/14	12/18/18	01/02/24
1	LLC	Submitted	99 - CPC Entity			CPC - PRACTICE PARTNERSHIP					10/26/21	

Step 2: Click the '+' symbol next to 'Program Selections:' and choose 'Re-attest a Practice Partnership'

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:

[Re-attest CPC Individual](#)
[Re-attest CPC Practice Partnership](#)
[Click here for Information on the CPC Program](#)

The open enrollment application and attestation period for the Comprehensive Primary Care (CPC) program for the upcoming performance year has ended. If your practice or partnership was unable to enroll or re-attest, please contact Provider Assistance at 1-800-686-1516.

Self Service

+

Self Service Selections:

Step 3: Review the CPC Contact Information page and update any of the following information:

- Name
- Title (*not required*)
- Phone Number
- Indicate if the number is a cell phone and 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: CPC Contact Information

CPC Contact Information* Specialties* Practice Partnership* Attestation And Acknowledgement* Agreements*

CPC Contact Information
This is a required section.

3 Name* CPC Contact Name
The primary contact is the main person responsible for the information submitted to PSE

Title CPC

Phone Number* (614) 555-5555

Phone Extension 123456

☐ 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* cpccontact@email.com

Save Cancel Next

Step 5: The system will automatically add the primary Specialty with a start date of the program year and an infinity end date. To add additional specialties (such as a CPC for Kids specialty for qualifying providers), click the 'Add New' button

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.

Step 6: Select a new specialty from the drop-down menu

Note: If you do not qualify for the CPC for Kids specialty, you will receive an error message

The practice partnership does not meet the minimum requirements
(150 claims-based pediatric-members in total) to participate in the
CPC for Kids program.

Step 7: Click 'Save' to save the specialty you added. You can review your Specialties in the table

Step 8: Once all specialties have been added, click the 'Next' button to proceed to the next page

The screenshot displays the 'Specialties' section of the CPC program setup interface. At the top, a progress bar shows five steps: 'CPC Contact Information*', 'Specialties*' (highlighted), 'Practice Partnership*', 'Attestation And Acknowledgement*', and 'Agreements*'. A 'Jump To:' dropdown menu is set to 'Specialties'. Below the progress bar, the 'Specialties' section is titled with a red note: 'This is a required section.' On the right, there are buttons for 'Save' (labeled 7), 'Cancel', 'Previous', and 'Next' (labeled 8). Below this, a table titled 'Next Program Year' shows the following data:

Primary Specialty	Primary	Start Date	End Date
CPC - PRACTICE PARTNERSHIP	Yes	01/01/2022	12/31/2299

Below the table, a red note states: 'To add the Kids specialty, Click the Add new button'. On the left, there is a circular icon with a DNA helix and a magnifying glass. On the right, there is a form for adding a new specialty (labeled 6):

Specialty* CPC - PEDIATRICS
Start Date* 01/01/2022
End Date 12/31/2022

At the bottom right, there is an 'Add New' button (labeled 5).

Step 9: On the Practice Partnership page, re-attest each practice member listed


Step 10: Click the green checkmark to affirm or click the red 'x' to remove

[Generate PDF](#)

Practice Partnership

Confirm existing members of your practice partnership by clicking on the green check mark or remove members by clicking on the red X. Add members to the partnership by clicking the Add New button.

[Save](#)
[Cancel](#)
[Previous](#)
[Next](#)



Practices in the Practice Partnership

10

Name	CPC ID	Medicaid ID	Start Date	End Date			
DARRIN	*****9789		1/1/2005	12/31/9999			
ELIZABETH	*****0367		5/26/2016	12/31/9999			
GABRIEL	*****8965		1/1/2005	12/31/9999			
JAMES	*****7425		10/4/2002	12/31/9999			
LYDIA	*****7427		1/1/2005	12/31/9999			
PHILIP	*****6324		6/18/2010	12/31/9999			
SHARON	*****0880		1/1/2005	12/31/9999			
TERRI	*****7424		10/29/2002	12/31/9999			
WILLIAM	*****8527		12/1/1997	12/31/9999			

1 2 3
[Add New](#)

Attestation Form – upload one document that contains the attestations from new members of the practice partnership

[Browse](#)

Acknowledgment Form – upload one document that contains the acknowledgments from new members of the practice partnership

[Browse](#)

Step 11: To add a new member, click Add New

Note: The Practice Member Name should auto-fill based off the ID number that you enter

Step 12: Once the Practice Member has been added, click 'Save'

Jump To: Practice Partnership

CPC Contact Information* Specialties* Practice Partnership* Attestation and Acknowledgment*

Practice Partnership
This is a required section.

Practices

Add member

Name	Medicaid ID	Start Date	End Date
		01/01/2022	12/31/2299
		01/01/2022	12/31/2299

Required Document

Attestation Form - upload one document that contains the attestations from new members of the practice partnership

Browse

Note: If you do not meet the participating criterion, or the CPC for Kids specialty criterion, you will receive one of the below messages after clicking 'Save':

CPC Group Member Message

The provider you selected to participate in your practice does not meet the minimum requirements (150 claims-based members) to participate in the CPC program for the upcoming program year. Please remove the practice by clicking the red X.

The practice partnership does not meet the minimum requirements (150 claims-based pediatric-members in total) to participate in the CPC for Kids program.

Alert

The enrolling provider(s) do not appear to meet the qualifications to be an Ohio CPC Provider and/or CPC for Kids provider. The reason for this denial message is likely due to the patient attribution data that we have. For additional information or questions on your attribution count and eligibility you may contact provider assistance at 1-800-686-1516. At this time, the application is denied. If you disagree with this denial, you may request a reconsideration pursuant to OAC 5160-70-02. For an administrative review, please send a written request including all information you consider relevant to:

Ohio-CPCEnrollment@medicaid.ohio.gov

Continue

Step 13: To add additional Practice Members, select 'Add New' and repeat the steps above

Step 14: Once all Practice Members have been acknowledged or added, attestation and acknowledgement documents must be uploaded for the new practice members of the practice partnership. To upload this document, click 'Browse'

Jump To: Practice Partnership

CPC Contact Information* Specialties* Practice Partnership* Attestation And Acknowledgement* Agreements*

Generate PDF

Save Cancel Previous Next

Practice Partnership
This is a required section.

Practices in the Practice Partnership

Add members of your practice partnership to this page by clicking the Add New button. Continue to add new members until all members are added.

Name	CPC ID	Medicaid ID	Start Date	End Date	
			01/01/2022	12/31/2299	
			01/01/2022	12/31/2299	X
			01/01/2022	12/31/2299	X

13 Add New

Required Document

14 Attestation Form - upload one document that contains the attestations from new members of the practice partnership

Browse

Step 15: Locate on your computer, the file you wish to upload. Select the file and click 'Open'

Open

This PC > Desktop

Organize New folder

Name	Status	Date modified	Type	Size
CDS_DEA.pdf	✓	10/20/2020 10:27 AM	Microsoft Edge PDF ...	98 KB
Certifax	✓	7/6/2021 1:49 PM	PNG File	112 KB
Certification	✓	9/24/2020 9:41 AM	Microsoft Word 97 - ...	34 KB
Cred Packet	✓	7/12/2021 11:39 AM	Microsoft Edge PDF ...	1,788 KB
Hospice 2 PDF Example	✓	7/27/2021 7:33 AM	Microsoft Edge PDF ...	103 KB
New Members for PP	✓	6/25/2021 9:30 AM	Microsoft Excel Work...	504 KB

File name: New Members for PP

15 All Files Open Cancel

Attestation Form - upload one document that contains the attestations from new members of the practice partnership

Browse

Step 16: When all Practice Members have been affirmed and all documents are uploaded, click 'Next' to proceed to the next page

G 16 PDF

Practice Partnership
This is a required section.

Save Cancel Previous Next

Practices in the Practice Partnership

Add members of your practice partnership to this page by clicking the Add New button. Continue to add new members until all members are added.

Name	CPC ID	Medicaid ID	Start Date	End Date		
LLC			01/01/2022	12/31/2299		
INC.			01/01/2022	12/31/2299	✗	
LLC			01/01/2022	12/31/2299	✗	
INCORPORATED			01/01/2022	12/31/2299	✗	
COUNTY AUDITOR			01/01/2022	12/31/2299	✗	

Add New

Required Document

Attestation Form - upload one document that contains the attestations from new members of the practice partnership

New Members for PP.xlsx Download Remove

Browse

Required Document

Acknowledgement Form - upload one document that contains the acknowledgment from new members of the practice partnership

New Members for PP_1.xlsx Download Remove

Browse

Step 17: Read and review all attestation statements. Select the checkboxes to confirm that you agree to each statement (the attestation for a CPC for Kids provider will only appear if the CPC for Kids specialty was added)

Step 18: Click the 'Next' button to proceed to the next page

Jump To: Practice Partnership

Attestation And Acknowledgement
This is a required section.

Save Cancel Previous Next

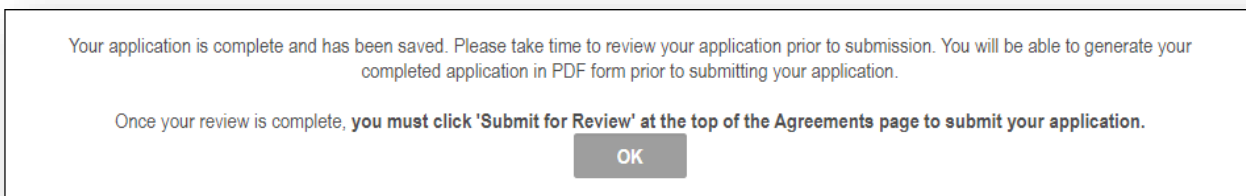
17

☐ This practice commits to meeting activities requirements on January 1, 2020.
 ☐ 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.
 ☐ I want to participate as a CPC for Kids provider

Step 19: Read and review all agreements. Select checkboxes to confirm you have read the agreements and attest the information that you provided is true and accurate.

Step 20: Complete the Provider Agreement Signature

Note: You will receive a message indicating your application is complete and has saved. Click 'OK' to advance



Step 21: If your application is complete, select 'Submit for Review'

A screenshot of a web application interface. On the left, a sidebar contains the word "Agreements" in blue, with "This is a required section." in red below it. On the right, there's a navigation bar with a "Submit for Review" button in blue, and "Save", "Cancel", "Previous", and "Next" buttons in grey. The main content area is titled "Ohio Medicaid Provider Agreement" in blue. Below the title is a red note: "Note: The Provider Agreement in the scroll box must be read and responded to in its entirety before proceeding to the next step." Underneath is the text "All Providers must read the statements below and agree to the terms". A large orange circle with the number "20" is positioned to the left of the main text. The main text includes "Ohio Revised Code 2921.42 and 2921.43 Agreement" and a paragraph about the agreement. Below that is a section titled "False Statement Agreement" with a paragraph of text. At the bottom, there's a section titled "Provider Agreement Attestation". On the far left, there's a circular icon with a document and a hand.

Step 22: You will receive a confirmation message for the application submission. Click 'Return to Home Page'

