



USER MANUAL

Comprehensive Maternal Care (CMC) Providers



Department of
Medicaid

Table of Contents

<i>Introduction.....</i>	<i>4</i>
<i>Provider User Initial Login.....</i>	<i>5</i>
<i>Provider Home Page</i>	<i>8</i>
<i>Program Open Enrollment.....</i>	<i>10</i>
<i>Provider Agent Role</i>	<i>10</i>
<i>Viewing Correspondence.....</i>	<i>11</i>
Open Enrollment Invitation	14
Program Welcome Letter.....	14
<i>Initiating a New CMC Enrollment.....</i>	<i>15</i>
<i>Re-Attesting.....</i>	<i>20</i>
CMC Enrollment (Re-Attestation).....	21
<i>Continuing an ‘In Progress’ Enrollment or Re-Attestation</i>	<i>26</i>
<i>Canceling an ‘In Progress’ Enrollment or Re-Attestation.....</i>	<i>28</i>
<i>Update CMC Contact</i>	<i>30</i>
<i>Cancel Update CMC Contact.....</i>	<i>33</i>
<i>CMC Quality Metrics Dashboard</i>	<i>34</i>

Introduction

This document discusses the steps and functions of Comprehensive Maternal Care (CMC) Providers. This document explains how to complete the following in PNM:

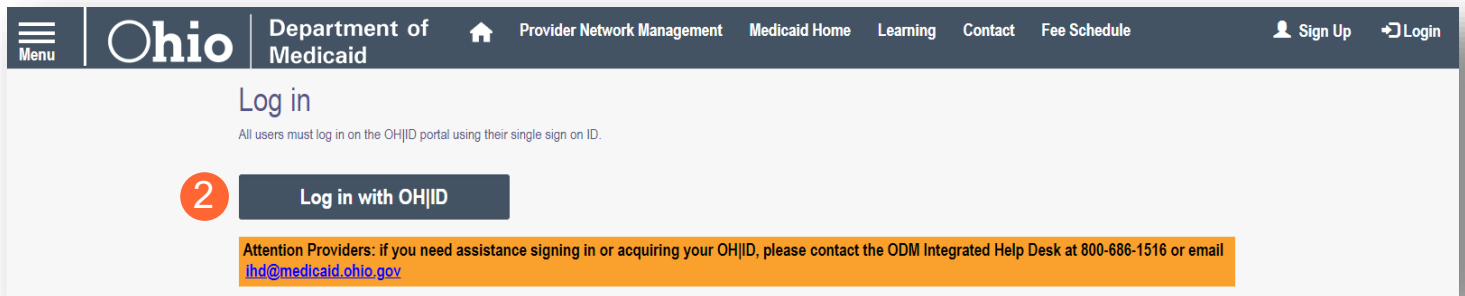
- Completing a new CMC Enrollment Application
- Accessing correspondence for invitation letters, reminders, and welcome letters
- Re-attesting a CMC Enrollment
- Continuing an 'In Progress' Enrollment or Re-Attestation
- Canceling an 'In Progress' Enrollment or Re-Attestation
- Update CMC Contact
- Canceling an Update to CMC Contact
- CMC Quality Metrics Dashboard

Provider User Initial Login

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

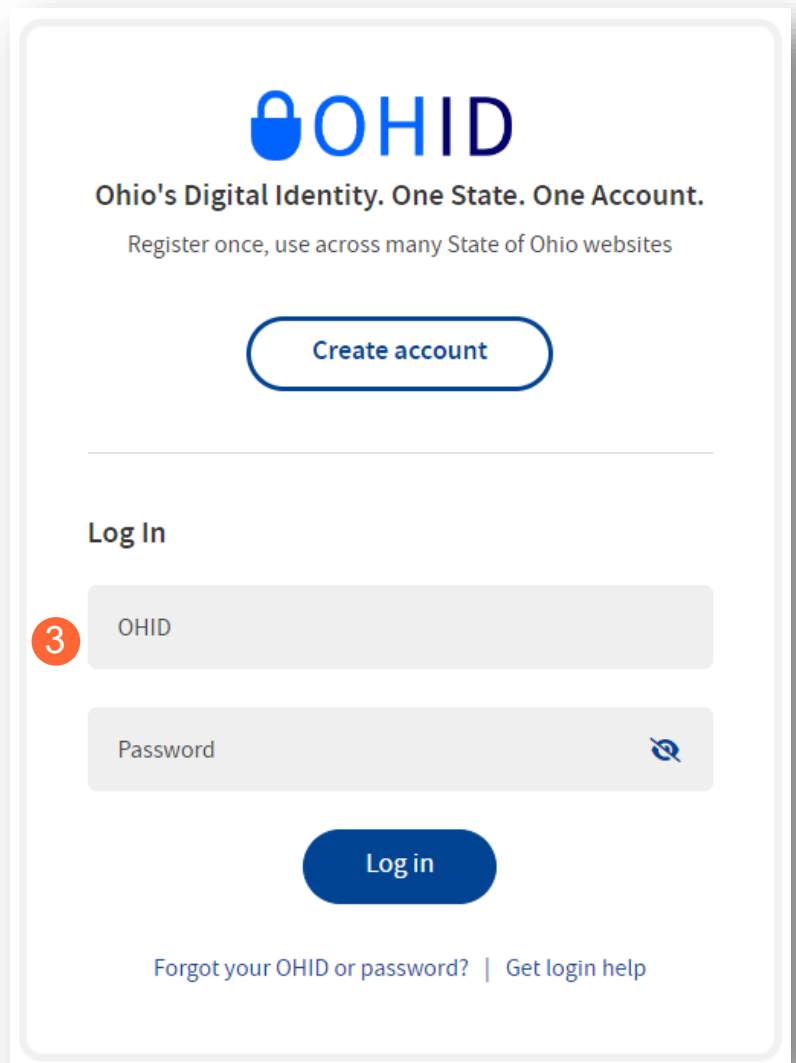
Step 1: Visit the PNM web address: https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx.

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

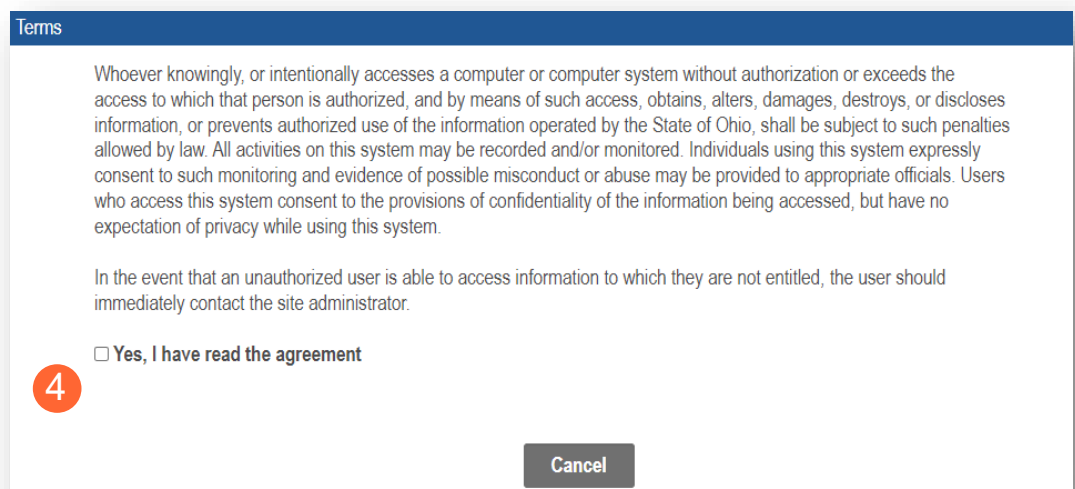


Step 3: The system will prompt you to enter your username and password on the IOP login screen. Once entered, click **Log in**.

- If you have not created an IOP account previously, you can click **Create Account** and follow the steps to create a new account.



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.



Provider Home Page

There are two provider roles in PNM:

- **Provider Administrator:** A role assigned to a user in PNM that allows that user to create new enrollment applications, update provider records, and complete revalidations among other tasks. The Administrator role will also be able to grant accesses/actions to other users in PNM, known as Agents.
 - There is one Administrator role per NPI/Medicaid ID. However, a single user with the Administrator role can administer to multiple providers (NPIs/Medicaid IDs).
- **Provider Agent:** A role assigned to a user in PNM that allows that user to complete specific actions such as updating a provider record, revalidation, claims submission, prior authorization, the viewing of reports, etc. These actions are assigned to each Agent by the Administrator for the Medicaid ID.

A user must select a role the first time they log into PNM.

User Profile

What type of Provider Account do you need to create?

☐ Provider Administrator
☐ Provider Agent
☐ CEO Certified (DODD)
☐ Secondary User (DODD)

Save Cancel

When you first login to the PNM system you will see a variety of buttons to help with administering providers. Some of the buttons, as indicated below, are only accessible to certain user roles.

A  **Ohio** Department of Medicaid  Provider Network Management Medicaid Home Learning Contact Fee Schedule  Training  Log out

B  **C**   **D**  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
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027

Menu: The menu can be accessed by clicking on the three bars in the top left corner of the screen. The Menu provides a variety of key topics to choose from such as the Provider Directory, Learning Resources, Contact Us, and Alternative Payment Model Reports **(A)**.

Account Administration: This button allows a Provider Administrator to set up Agent users, assign them actions/roles, or transfer the Provider to another Provider Administrator user (*button only displays for users holding the Provider Administrator or CEO Certified role*) **(B)**.

Excel and PDF Icons: These buttons allow you to export the list of providers appearing on your dashboard. Click the 'green' icon to export the list in an Excel format or the 'red' icon to export the list in a PDF format **(C)**.

Program Open Enrollment

The creation of a Comprehensive Maternal Care (CMC) enrollment can only be initiated during the open enrollment period. An invitation, via provider correspondence in PNM, will be sent prior to the open enrollment period, which typically occurs in the fall. The CMC application must be completed and submitted prior to the conclusion of the open enrollment period. The program year for Comprehensive Maternal Care (CMC) runs from January 1st to December 31st.

Invitations emails/notifications are provided well in advance of the open enrollment start date. Reminder emails/notifications are sent during the open enrollment period.

***The option/link to enroll in the CMC program through PNM will only display during this open enrollment period. The Medicaid ID must have received an invitation to participate in the program and no other workflows (such as an update) can be in progress on the provider file. If there is a review in progress, the link to enroll in the CMC program will not display.**

Provider Agent Role

In PNM, a Provider Administrator user has full access to all information and can complete any task or function for a Medicaid ID, including a CMC Enrollment and Re-Attestation. If the Provider Administrator would like to grant access to another user to complete these functions, the Administrator must assign that user as a Provider Agent to the Medicaid ID for which they need access. The steps for assigning a Provider Agent to a Medicaid ID in PNM can be found in the [Agent Assignment and Actions Quick Reference Guide](#) in PNM.

For a Provider Agent to have the ability to make updates and changes to a CMC enrollment, the Provider Agent user must be given the 'APM Agent' role/action by the Provider Administrator for the Medicaid ID.

Viewing Correspondence

If there is not a CMC Contact listed, correspondence is sent from ODM/PNM to the email address listed on the Correspondence Address page of a Medicaid enrollment application/record for a Medicaid ID. Otherwise, if a CMC Contact is listed, correspondence will be sent to that email address.

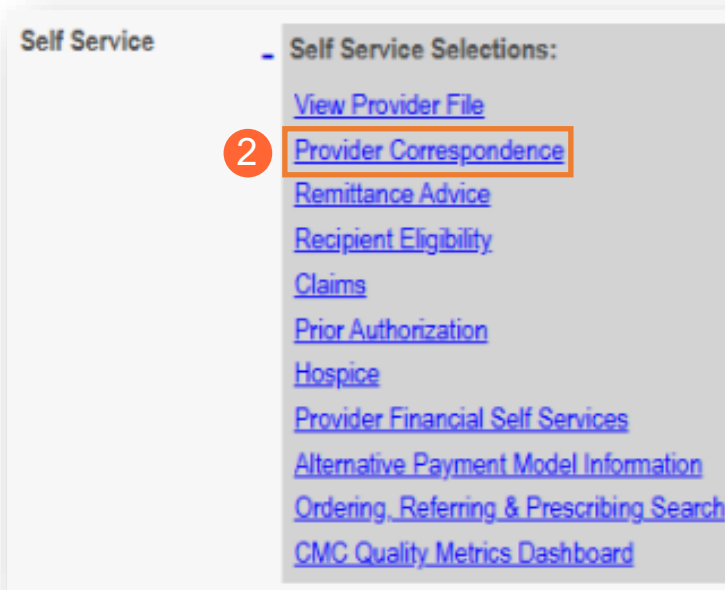
For Comprehensive Maternal Care (CMC) open enrollment invitations are sent by ODM via this correspondence method in PNM.

For a Provider Agent user to have access to Provider Correspondence in PNM, they will need to be assigned to the Medicaid ID by the Provider Administrator and have the 'Correspondence' action role assigned to them for that Medicaid ID.

Step 1: Once logged into PNM, access the provider's Medicaid enrollment information by selecting the Registration (Reg ID) or Provider hyperlink for the Medicaid ID of the primary provider.

My Providers		Account Administration											New Provider ?	
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date		
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	08/12/2024	02/09/2027		

Step 2: You can review all correspondence for the Medicaid ID by clicking the '+' icon next to 'Self Service' to open the Self Service Selections and then selecting "Provider Correspondence."



Step 3: Select 'Enrollment Notifications' from the Correspondence Type drop-down (A Correspondence Type is required; a Date range is not required). Click **Search** to locate the correspondence.

Step 4: Review the search results at the bottom of the page to locate the different correspondence messages. Click on the hyperlink to create a pop-up window to view the correspondence.

Correspondence Subject	Correspondence Type	Date Sent	Date Viewed
Comprehensive Maternal Care Invitation	ENROLLMENT	08/26/2024	

12

Open Enrollment Invitation

The invitation for the program's open enrollment period is available under correspondence and is accessible by clicking the 'Comprehensive Maternal Care Invitation' link or 'Comprehensive Maternal Care Invitation Reminder' link.

- CORRESPONDENCE SEARCH RESULT			
Correspondence Subject	Correspondence Type	Date Sent +	Date Viewed
Comprehensive Maternal Care Invitation	ENROLLMENT	08/26/2024	

Program Welcome Letter

The program welcome letter, after enrollment is approved by ODM, is available under correspondence and can be accessed by clicking the 'Comprehensive Maternal Care Welcome Letter' link.

- CORRESPONDENCE SEARCH RESULT			
Correspondence Subject	Correspondence Type	Date Sent +	Date Viewed
Comprehensive Maternal Care Welcome Letter	ENROLLMENT	08/26/2024	

Initiating a New CMC Enrollment

Step 1: Once logged in as a Provider Administrator, or Provider Agent with the ‘APM Agent’ role assigned, click the hyperlink under Reg ID or Provider to access the Provider Management page.

Note: If you are a Provider Administrator and the Medicaid/provider is not listed on your dashboard, the provider will need to complete the [Provider Administrator Change Request Form](#) to assign you as the Administrator.

If you are a Provider Agent and do not see the Medicaid ID/provider on your dashboard, please contact the Provider Administrator to be assigned to the Medicaid ID.

My ProvidersAccount 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
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9998876	Professional Medical Group				02/09/2022	08/12/2024	02/09/2027

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:

Programs

-

Program Selections:

2

Initiate CMC Enrollment

Click here for information on the CMC Program »

Enrollment attribution counts

CMC

A

Qualifying Enrollment Count

266

Note: The CMC Qualifying Enrollment Count appears on the PNM page under the Programs section (A).

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

- Name
- Title *(not required)*
- Phone Number
 - Indicate if the phone number is a cell phone and if text messages would like to be received.
- 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*
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*

Save Cancel Next

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

Note: The CMC Qualifying Enrollment Count displays on the Specialties screen, below the table, in addition to the Provider Management Home Page.

Step 6: Once it is confirmed that all correct specialties show, click the **Next** button to proceed to the next page.



→



→



Jump To: Specialties

Get PDF

6

Specialties

This is a required section.

Primary Specialties are not editable by provider after application submission.

Specialty	Primary	Start Date	End Date
001 General Hospital	Yes	12/10/2001	12/31/2299
5 MIS MATERNAL AND INFANT SUPPORT	No	01/01/2023	12/31/2299
701 340B PHARMACY	No	07/01/2023	12/31/2299
701 340B PHARMACY	No	07/02/2019	06/30/2023
701 340B PHARMACY	No	10/01/2018	07/01/2019
4QE QUALIFIED ENTITY	No	03/28/2014	12/31/2299
700 Pharmacy	No	12/10/2001	12/31/2299
760 DME Supplier	No	12/10/2001	12/31/2299
762 Orthotics and Prosthetics	No	12/10/2001	12/31/2299



CMC Qualifying Enrollment Count : 155

Previous

Next

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

Save Cancel Previous Next

CMC Provider Agreement Attestation

This is a required section.

7

☒ This practice commits to meeting activity requirements by January 1 of the program year.

☒ 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 progress bar indicates 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 has the title 'CMC Provider Agreement Attestation' and a red 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 activity requirements by January 1 of the program year.
- ☒ 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.

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

The screenshot shows a 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**.

Note: The Medicaid ID under which the CMC Enrollment application was completed will display a status of 'Submitted' since the CMC Enrollment is being reviewed.

The screenshot shows a confirmation message with the following text:

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.

At the bottom, there is a red circle containing the number 11 and a blue button labeled 'Return to Home Page'.

Re-Attesting

Re-attesting is the process where participating providers must annually reaffirm their commitment to the program's requirements and standards. This involves updating and resubmitting necessary information to confirm continued eligibility, compliance with program guidelines, and adherence to the care delivery model specified by the Ohio Medicaid Comprehensive Maternal Care (CMC) program.

Note: A re-attestation is only possible when an invitation is received, and the open enrollment period is in effect.

***The option/link to re-attest with the CMC program through PNM will only display during this open enrollment period. For this link to appear under the 'Program Selections' no other workflows (such as an update) can be in progress for the Medicaid ID. If there are active reviews in process, the link to re-attest will not appear.**

CMC Enrollment (Re-Attestation)

Step 1: Once logged in as a Provider Administrator, or Provider Agent with the ‘APM Agent’ role assigned, click the hyperlink under Reg ID or Provider to access the Provider Management page of the provider.

My Providers

Account Administration



New Provider ?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All				All						
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	08/12/2024	02/09/2027

Step 2: Click the ‘+’ symbol next to ‘Program Selections:’

- Choose “Re-attest CMC Provider.”

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

2

+

Program Selections:

Self Service

+

Self Service Selections:

Programs

-

2

Program Selections:

[Update CMC Contact](#)

[Re-attest CMC Provider](#)

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

Enrollment attribution counts

CMC

Qualifying Enrollment Count

266

Step 3: Review the CMC Contact Information page and make any necessary changes to the following fields:

Note: If no changes need to be made to the information, leave the fields as is, and proceed to **Step 4**.

- Name
- Title (*not required*)
- Phone Number
 - Indicate if the phone number is a cell phone and if text messages would like to be received.
- 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.

3 Name* CMC Contact Name

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

Title CMC

Phone Number* (614) 555-4321

Phone Extension 1234

☒ 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@email.com

Save Cancel Next

Get PDF 4

Step 5: The system will automatically list the MIS Maternal and Infant Support specialty from the previous year's enrollment. Review that the specialty is listed.

Note: The CMC Qualifying Enrollment Count displays on the Specialties screen, below the table, in addition to the Provider Management Home Page.

Step 6: Once it is confirmed that the MIS specialty shows, click the **Next** button to proceed to the next page.

Jump To: Specialties

Gen PDF

Previous

Next

Specialties

This is a required section.

5

Primary Specialties are not editable by provider after application submission.

Specialty	Primary	Start Date	End Date
001 General Hospital	Yes	12/10/2001	12/31/2299
MIS MATERNAL AND INFANT SUPPORT	No	01/01/2023	12/31/2299
701 340B PHARMACY	No	07/01/2023	12/31/2299
701 340B PHARMACY	No	07/02/2019	06/30/2023
701 340B PHARMACY	No	10/01/2018	07/01/2019
4QE QUALIFIED ENTITY	No	03/28/2014	12/31/2299
700 Pharmacy	No	12/10/2001	12/31/2299
760 DME Supplier	No	12/10/2001	12/31/2299
762 Orthotics and Prosthetics	No	12/10/2001	12/31/2299

CMC Qualifying Enrollment Count : 155

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*

CMC Provider Agreement Attestation

This is a required section.



7

☒ This practice commits to meeting activity requirements by January 1 of the program year.

☒ 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

Generate PDF

SaveCancelPreviousNext

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 progress bar indicates three steps: 'CMC Contact Information*', 'Specialties*', and 'CMC Provider Agreement Attestation*'. The third step is highlighted in yellow and has a green checkmark. Below the progress bar, the title 'CMC Provider Agreement Attestation' is followed by the text 'This is a required section.' 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 contains a list of four checkboxes, all of which are checked:

- ☒ This practice commits to meeting activity requirements by January 1 of the program year.
- ☒ 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.

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

The screenshot shows a 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 button labeled 'OK'.

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

Note: The Medicaid ID under which the CMC Enrollment application was re-attested will display a status of 'Submitted' since the CMC Enrollment is being reviewed.

The screenshot shows a confirmation message with the following text:

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.

At the bottom, there is a red circle containing the number 11 and a button labeled 'Return to Home Page'.

Continuing an ‘In Progress’ Enrollment or Re-Attestation

If a CMC program enrollment application or re-attestation has been initiated, but has not been submitted, a user can pick up the ‘in progress’ application to continue adding information. The steps below show how to access an application that has been initiated but not submitted.

Step 1: Click the Reg ID or Provider hyperlink for the provider for which you wish to continue the application. *The provider is listed with a ‘Not Submitted’ status.*

My ProvidersAccount 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
1 517946	Training Medical Group	Not Submitted	21 - Professional Medical Group	1245585009	9999899	Professional Medical Group				02/09/2022	08/12/2024	02/09/2027

Step 2: Expand the Program Selections by clicking the ‘+’ icon.

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

?

Programs

2

+

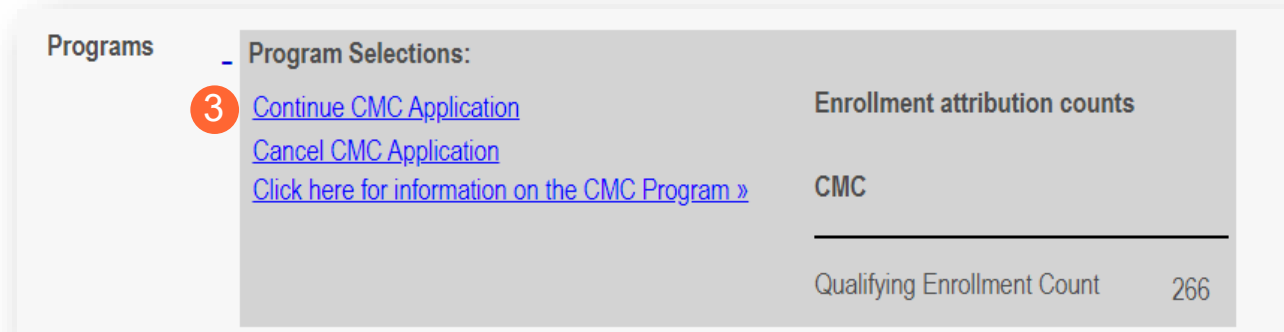
Program Selections:

Self Service

+

Self Service Selections:

Step 3: Click the hyperlink “Continue CMC Application.”



The screenshot shows a web application interface. On the left, there is a sidebar with the word "Programs" and a minus sign. To the right of the sidebar, there is a main content area. In the top left of this area, there is a red circle with the number "3". To the right of the circle, there is a section titled "Program Selections:" containing three hyperlinks: "Continue CMC Application", "Cancel CMC Application", and "Click here for information on the CMC Program »". To the right of these links, there is a section titled "Enrollment attribution counts" containing the text "CMC". Below this, there is a horizontal line, and then the text "Qualifying Enrollment Count" followed by the number "266".

Note: PNM will open to the first ‘unsaved’ page of the application.

- Review the sections of this document for the steps to complete the different pages of the application based on which pages need to be addressed/reviewed.

Canceling an 'In Progress' Enrollment or Re-Attestation

If a CMC program enrollment application or re-attestation has been initiated, but you do not wish to continue with it, you have the option to cancel.

Step 1: Click the Reg ID or Provider hyperlink for the provider for which you wish to continue the application. *The provider is listed with a 'Not Submitted' status.*

My Providers

Account Administration

New Provider ?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
▾	▾	All ▾	▾	▾	▾	All ▾	▾	▾	▾	▾	▾	▾
1 517946	Training Medical Group	Not Submitted	21 - Professional Medical Group	1245585009	9999899	Professional Medical Group				02/09/2022	08/12/2024	02/09/2027

Step 2: Expand the Program Selections by clicking the '+' icon.

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

?

Programs

2 +

Program Selections:

Self Service

+

Self Service Selections:

Step 3: Click the hyperlink “Cancel CMC Application.”

Programs

Program Selections:

3

[Continue CMC Application](#)

[Cancel CMC Application](#)

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

Enrollment attribution counts

CMC

Qualifying Enrollment Count

266

Update CMC Contact

CMC contact information can be updated at any time while the provider is in an enrollment status of 'Complete.' This update to the contact information does not have to occur during the Open Enrollment period.

Step 1: Click the Reg ID or Provider hyperlink for the 'provider for which you wish to update contact information.

My ProvidersAccount 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
		All				All						
1 517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	08/12/2024	02/09/2027

Step 2: Expand the Program Selections by clicking the '+' icon.

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

2

+

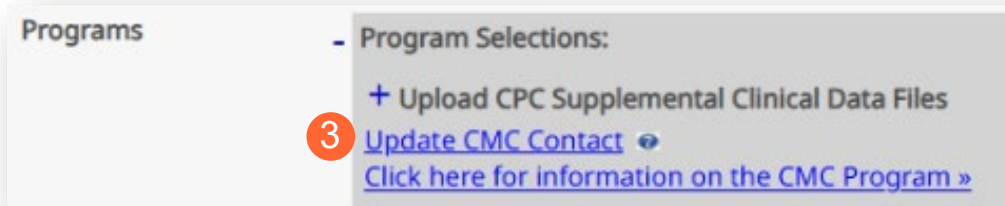
Program Selections:

Self Service

+

Self Service Selections:

Step 3: Click the hyperlink “Update CMC Contact.”



Step 4: On the Provider Update page, select **Update** next to CMC Contact Information.

Note: This is the only option that appears on the Provider Update list.

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.

Most Common Updates



4

Update

CMC Contact Information

Step 5: Update the necessary contact information fields and click **Save**.

The screenshot shows the 'CMC Contact Information' update form. At the top, there is a 'Jump To:' dropdown menu with 'CMC Contact Information' selected. Below this is a yellow box with a person icon and the text 'CMC Contact Information*'. To the right of this box are buttons for 'Return to Summary', 'Generate PDF', and 'Save' (highlighted with a red circle containing the number 5). The form itself has a title 'CMC Contact Information' and a red note 'This is a required section.' Below the title is a person icon. The form fields are: 'Name*' (with a red circle containing the number 5), 'Title', 'Phone Number*', 'Phone Extension', 'Email Address*', and a checkbox for 'Yes' (selected) and 'No' (unselected). A note below the checkbox says 'Indicate this is a cell phone if you wish to receive text message. Standard text messaging and data rates may apply.' The 'Save' button is highlighted with a red circle containing the number 5.

Jump To: CMC Contact Information

CMC Contact Information*

Return to Summary

Generate PDF

5 Save Cancel

CMC Contact Information

This is a required section.

5 Name* CMC Contact Name

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

Title CMC

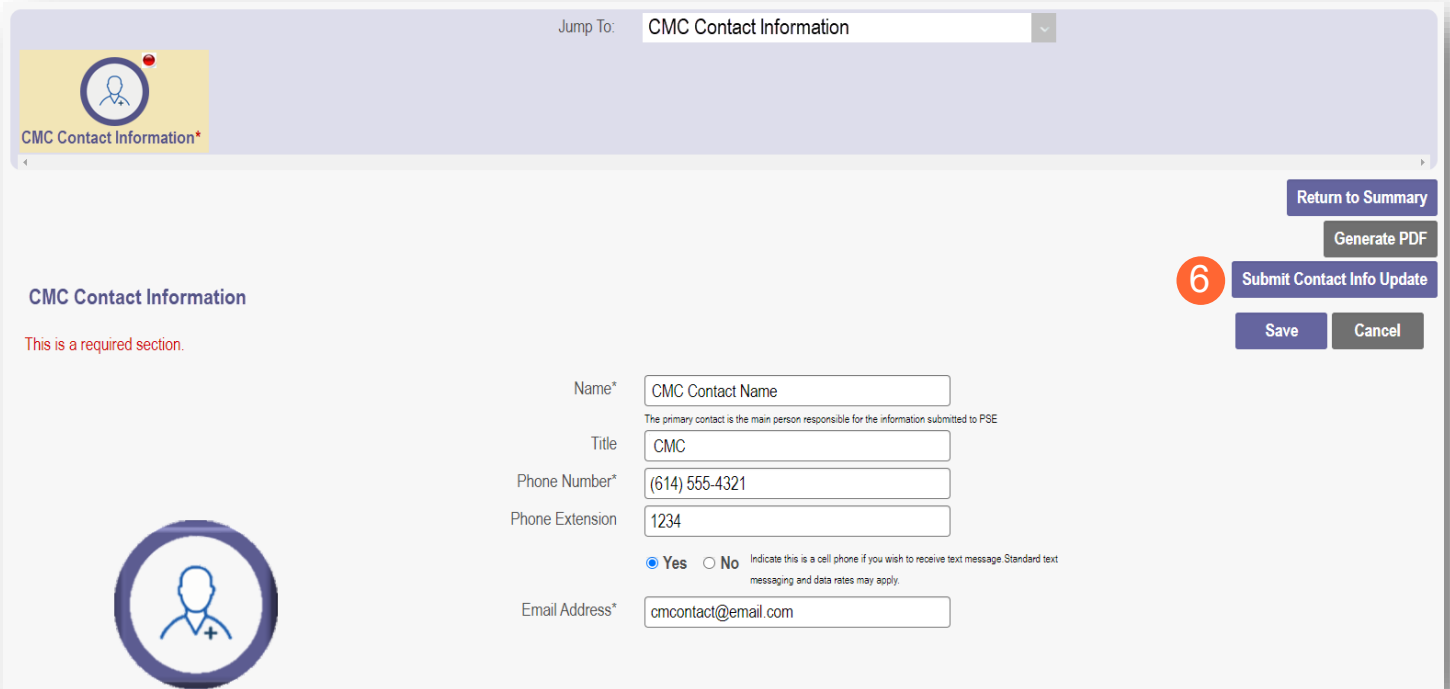
Phone Number* (614) 555-4321

Phone Extension 1234

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

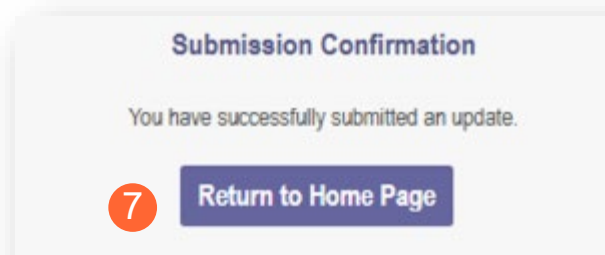
Email Address* cmcontact@email.com

Step 6: After saving the information, click **Submit Contact Info Update** to process the change.



The screenshot shows the 'CMC Contact Information' form. At the top, there is a 'Jump To:' dropdown menu set to 'CMC Contact Information'. Below this, on the left, is a yellow box with a person icon and the text 'CMC Contact Information*'. The main form area has a title 'CMC Contact Information' and a red note: 'This is a required section.' On the right side of the form, there are four buttons: 'Return to Summary', 'Generate PDF', 'Submit Contact Info Update' (which is highlighted with a red circle containing the number 6), and 'Save' and 'Cancel' buttons. The form fields include: 'Name*' with the value 'CMC Contact Name', 'Title' with the value 'CMC', 'Phone Number*' with the value '(614) 555-4321', 'Phone Extension' with the value '1234', and 'Email Address*' with the value 'cmcontact@email.com'. There is also a checkbox for 'Yes' (selected) and 'No' (unselected) with a note: 'Indicate this is a cell phone if you wish to receive text message. Standard text messaging and data rates may apply.'

Step 7: A submission confirmation message displays to indicate the change to the contact information has been submitted successfully. Click **Return to Home Page** to go back to the provider dashboard.



Cancel Update CMC Contact

If an update to CMC Contact information is made, but you do not wish to proceed or process the update, it can be canceled.

Step 1: Click the Reg ID or Provider hyperlink for the 'provider for which you started to update contact information.

My Providers		Account Administration											New Provider ?	
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date		
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	08/12/2024	02/09/2027		

Step 2: Expand the Program Selections by clicking the '+' icon.

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

2

+

Program Selections:

Self Service

+

Self Service Selections:

Step 3: Click the hyperlink "Cancel CMC Update."

Programs

-

Program Selections:

+

Upload CPC Supplemental Clinical Data Files

3

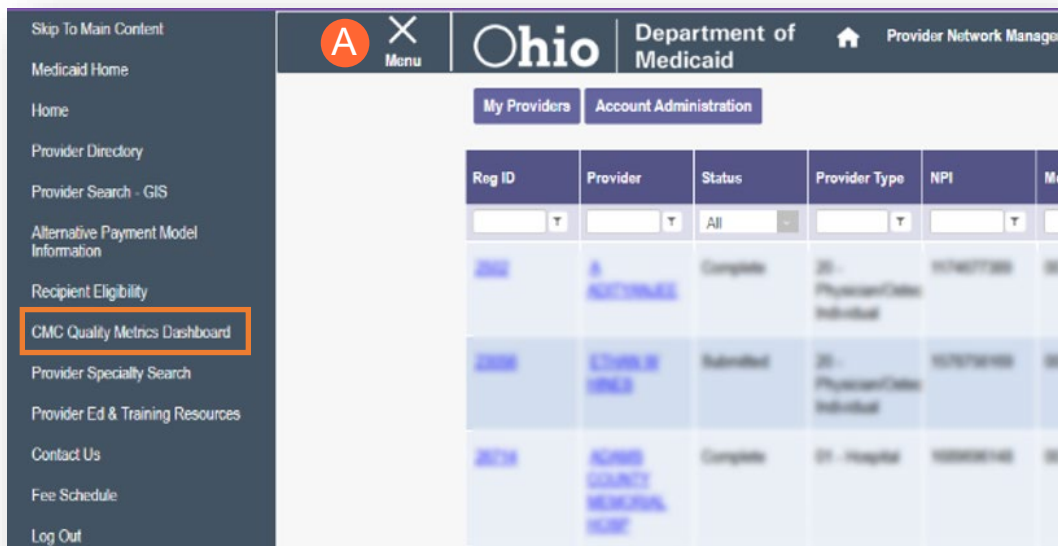
[Continue Update](#)
[Cancel CMC Update](#)
[Click here for information on the CMC Program »](#)

CMC Quality Metrics Dashboard

For providers with an active MIS specialty who need to view patient-level data, there is PNM access to the Medicaid Tableau Dashboard site through the CMC Quality Metrics Dashboard hyperlink.

Note: For Provider Administrators, locate the CMC Quality Metrics Dashboard hyperlink in the top left Menu options or the Self Service Selections (A).

Note: For Provider Agents, the CMC Quality Metrics Dashboard hyperlink will appear in the Self Service Selections of the provider record for which you have been granted the 'APM Agent Role' to by the Provider Administrator.



For both, Provider Agents and Provider Administrators, access to the hyperlink from the Self Service Selections, begins from the user dashboard by clicking on the Reg ID or Provider Name.

Step 1: Once logged into PNM, access the provider's Medicaid enrollment information by selecting the Reg ID or Provider hyperlink for the Medicaid ID currently enrolled in the CMC program.

My Providers		Account Administration											New Provider ?
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date	
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	08/12/2024	02/09/2027	

Step 2: Click the '+' icon next to 'Self Service' to open the Self Service Selections and then selecting 'CMC Quality Metrics Dashboard' hyperlink to be redirected to the Medicaid Tableau Dashboard site.

