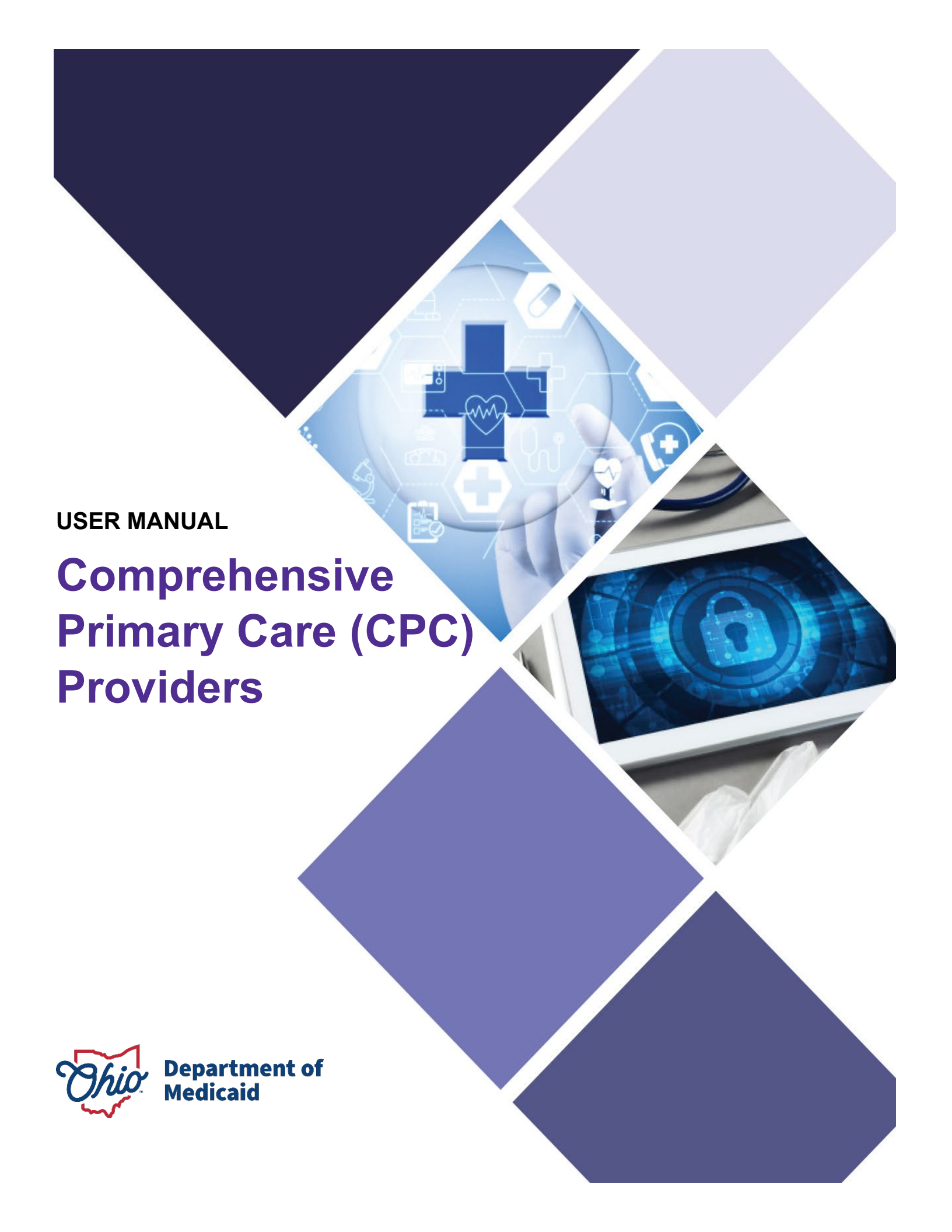




USER MANUAL

Comprehensive Primary Care (CPC) Providers



Department of
Medicaid

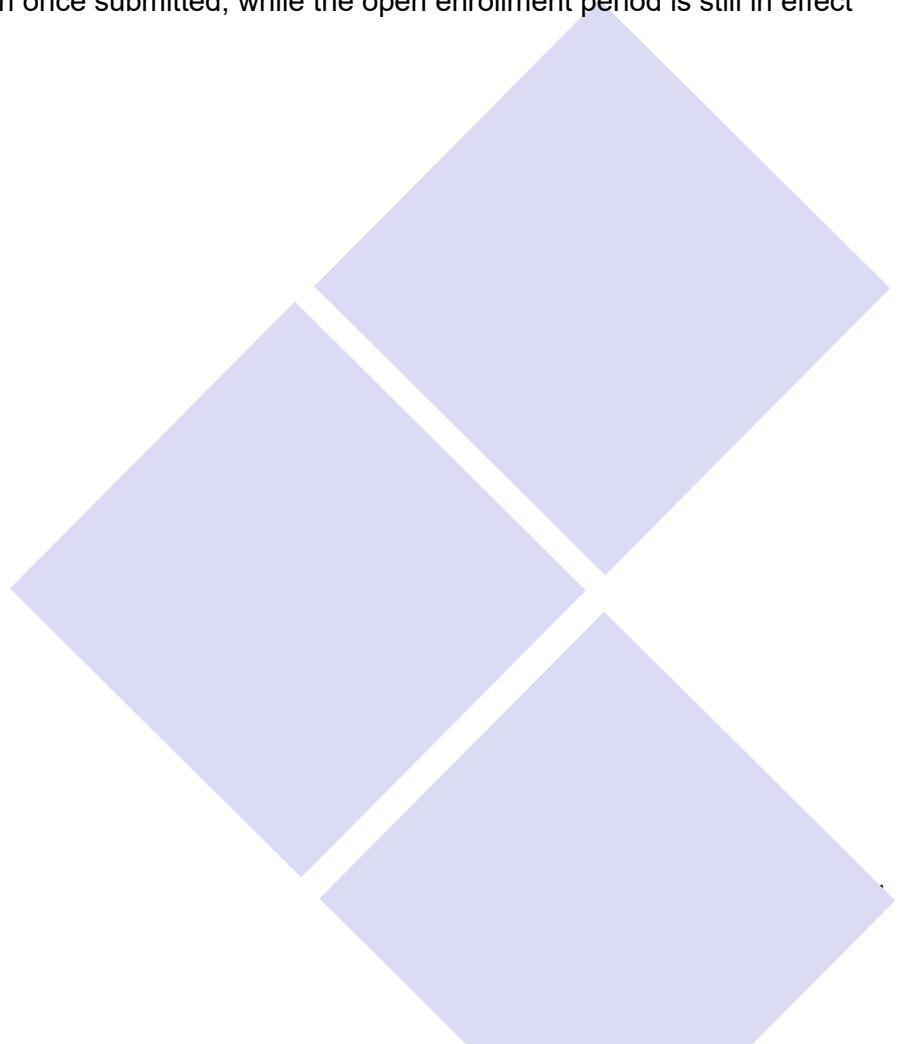
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Introduction

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

- Create a new CPC Individual Entity
- Create a new CPC Practice Partnership Entity
- Continue an entity enrollment application that has been started, but not submitted
- Canceling an 'in progress' enrollment
- Access correspondence for invitation letters, reminders, and welcome letters
- Updating CPC Contact Information
- Re-attesting a CPC Individual Entity
- Re-attesting a CPC Practice Partnership Entity
- Canceling an 'in progress' re-attestation
- Completing Return to Provider (RTP) process
- Updating CPC Contact Information
- Cancel an Update to CPC Contact Information
- Change CPC enrollment information once submitted, while the open enrollment period is still in effect
- Uploading Clinical Documents

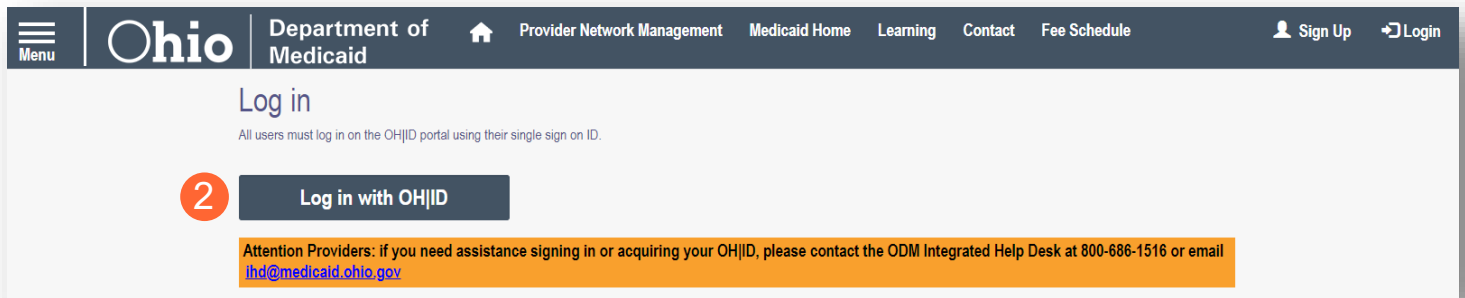


Provider User Initial Login

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.

OHID
Ohio's Digital Identity. One State. One Account.
Register once, use across many State of Ohio websites

Create account

Log In

3 OHID

Password

Log in

[Forgot your OHID or password?](#) | [Get login help](#)

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.

☐ Yes, I have read the agreement

4

Cancel

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

My Providers Account Administration **B** **C**   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	1245685009	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 Primary Care (CPC) Individual entity or a CPC Practice Partnership entity 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 CPC application must be completed and submitted prior to the conclusion of the open enrollment period. The program year for Comprehensive Primary Care (CPC) runs from January 1st to December 31st.

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

***The option/link to enroll in the CPC program through PNM will only display during this open enrollment period. The primary 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 CPC 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 CPC Enrollment, Re-Attestation, and Updating CPC Contact Information. 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 CPC enrollment, the Provider Agent user must be given the 'APM Agent' role/action by the Provider Administrator for the Medicaid ID. After a 'CPC Entity' provider type 99 is originally created, it is important for the Provider Administrator to grant access to the Provider Agent under this newly created Medicaid CPC ID, in addition to the Medicaid ID (billing ID) of the primary provider type.

Viewing Correspondence

If there is not a CPC 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 CPC Contact is listed, correspondence will be sent to that email address.

For Comprehensive Primary Care (CPC) open enrollment invitations are sent by ODM via this correspondence method in PNM. Communications regarding the Program Welcome Letter will be sent to the newly created 'CPC Entity' (Provider Type 99).

For a Provider Agent user to have access to Provider Correspondence in PNM, they will need to be assigned to the Medicaid ID of either the CPC Entity or the primary provider type (if no CPC Entity) 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 type (or the CPC Entity type if one exists).

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	1245685009	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."

Self Service

Self Service Selections:

[View Provider File](#)

[Provider Correspondence](#)

[Remittance Advice](#)

[Recipient Eligibility](#)

[Claims](#)

[Prior Authorization](#)

[Hospice](#)

[Provider Financial Self Services](#)

[Payment Innovation Reports](#)

[Attachments](#)

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.

Provider Communication

Subject: Comprehensive Primary Care Invitation

Dear Provider,

We are pleased to inform you that you are invited to participate in the Ohio Comprehensive Primary Care (CPC) program year 2025. For those of you who were in CPC this year, thank you for your participation and we hope you will continue your great work!

If your organization elects to continue as an individual entity or as the convener to an established practice partnership, you will need to re-attest that you will continue to meet CPC activity requirements for the upcoming year. If your organization wishes to become a part of a new practice partnership, the convener must enroll the partnership. For those of you who will be newly joining CPC as an individual entity, your organization will need to enroll. All participating CPC practices earn financial incentives from Medicaid for doing more to keep Ohioans healthier, all while keeping the total cost of care low.

Practices who elect to participate in CPC individually or through a practice partnership must agree to meet the Ohio CPC program requirements in order to receive enhanced payments beginning January 2025. Some may also be eligible for a retrospective bonus payment for reducing total cost of care, paid after the close of the program year based on performance.

Some CPC practices may be eligible to participate in the voluntary CPC for Kids program.

Eligible practices that elect to participate, will receive additional incentive payments and bonus payment eligibility. Those not eligible to participate in CPC for Kids individually, may qualify as part of a practice partnership.

Before re-attesting or enrolling in Ohio's CPC program, please review the Ohio CPC, Practice Partnerships, and CPC for Kids information found on the Ohio Department of Medicaid (ODM) website at CPC webpage [here](#).

In order to be eligible to participate in CPC and/or CPC for Kids, a provider must meet certain criteria as specified in the Ohio Administrative Code. Eligibility is determined using a provider's 7-

Print Close

Open Enrollment Invitation

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

- CORRESPONDENCE SEARCH RESULT			
Correspondence Subject	Correspondence Type	Date Sent	Date Viewed
Comprehensive Primary 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 Primary Care Welcome Letter' link.

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

Creating a CPC Individual Entity

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 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 '+' 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:

Programs

Program Selections:

2

[Create CPC Individual](#)

[Create a Practice Partnership](#)

[Update CPC Contact](#)

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

Enrollment attribution counts

CPC

A

Total Attributed Member Count

1492

Total Attributed Pediatric Member Count

1477

Note: The CPC enrollment attribution counts appear on the PNM page under the Programs section (A).

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

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

Generate PDF

Save Cancel Next

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) 555-4321

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* cpcccontact@email.com

Step 5: The system will automatically add the primary specialty with a start date of the upcoming program year and an infinite end date. To add the CPC for Kids specialty, for qualifying providers, click the **Add New** button.

Note: If the CPC for Kids specialty does not need to be added, skip to [Step 8](#).

Steps 6 & 7 are only for adding the CPC for Kids specialty.

Jump To: Specialties

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

Generate PDF

Save Cancel Previous Next

Specialties

This is a required section.

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC -- SINGLE PRACTICE	Yes	01/01/2024	12/31/2299		

5 Add New

To add the Kids specialty, Click the Add new button

Previous Years Enrollment

No records found

Step 6: Select 'CPC – PEDIATRICS' from the drop-down menu.

Note: The Start Date auto-populates to [today's] date and the End Date auto-populates to an infinite date.

Step 7: Click **Save** to save the added CPC for Kids specialty. Review the Specialties in the table.

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC -- SINGLE PRACTICE	Yes	01/01/2024	12/31/2299		

Add New

To add the Kids specialty, Click the Add new button

Specialty* CPC - PEDIATRICS 6

Start Date* 01/01/2024

End Date 12/31/2299

Note: If the provider does not qualify for the CPC for Kids specialty, an error message displays.

This provider does not meet the minimum requirements to participate in the CPC for Kids program.

Step 8: Once all correct specialties show, click the **Next** button to proceed to the next page.

Note: If the provider does not [re-attest](#) during the next program year, PNM will automatically end date associated specialties.

Jump To: Specialties

 CPC Contact Information*

→

 Specialties*

→

 Attestation And Acknowledgement*

→

 Agreements*

7

8 PDF

Save Cancel Previous Next

Specialties

This is a required section.

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC -- SINGLE PRACTICE	Yes	01/01/2024	12/31/2299		
CPC - PEDIATRICS	No	01/01/2024	12/31/2299		



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*

Generate PDF

SaveCancelPreviousNext

Attestation And Acknowledgement

This is a required section.

9

☐ 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.
☐ I want to participate as a CPC for Kids provider
☐ I understand that, as part of enrolling in CPC, my practice will be expected to conduct outreach and deliver primary care services to Medicaid members who are not current patients.

Step 11: Read and review all agreements (use the imbedded scroll bars as needed). Select checkboxes to confirm you have read the agreements and attest the information that you provided is true and accurate.

Agreements

This is a required section.

Save

Cancel

Previous

Next

11

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

Provider Agreement Attestation

☐

I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms.

Step 12: Complete the Provider Agreement Signature and click **Save**.

Provider Agreement Signature

Name of Person Attesting*:

Provider Name:

User ID:

12

Save

Note: A message, indicating your application is complete and has saved, displays. 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 13: When your application is complete, 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.

Jump To: Agreements

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

Generate PDF

13 Submit for Review

Save Cancel Previous Next

Agreements

This is a required section.

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

Provider Agreement Attestation

☒

I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms.

Step 14: 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.

14 Return to Home Page

Step 15: As a Provider Administrator User, you will be able to see your newly submitted CPC application in a submitted status when you return to your dashboard.

Note: If a Provider Agent user needs to access the newly created CPC Entity Provider Type, once a Medicaid CPC ID is created for the CPC Entity, the Provider Administrator must assign the Provider Agent to that Medicaid CPC ID and select the 'APM Agent' action/role. See the [Agent Assignment and Actions Quick Reference Guide](#) in PNM for these steps.

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							
	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		

Note: A Medicaid CPC ID is generated for your CPC enrollment. Individual entities and Practice Partnership entities will have different Medicaid CPC IDs, meaning that if a Practice Partnership entity is added in addition to a CPC Individual entity, the Medicaid CPC IDs will be different for each.

Creating a CPC Practice Partnership Entity

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.

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
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: Click the ‘+’ symbol next to ‘Program Selections:’ and choose “Create a CPC Practice Partnership.”

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

2

+

Program Selections:

Self Service

+

Self Service Selections:

Programs

Program Selections:

2

Create CPC Individual

Create a Practice Partnership

Update CPC Contact

Click here for Information on the CPC Program »

Enrollment attribution counts

CPC

A

Total Attributed Member Count

1492

Total Attributed Pediatric Member Count

1477

Note: CPC enrollment attribution counts appear on the PNM page under the Programs section (A).

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

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

Generate PDF

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) 555-4321

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* 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 infinite end date. To add the CPC for Kids specialty, for qualifying providers, click the **Add New** button.

Note: If the CPC for Kids specialty does not need to be added, skip to [Step 8](#).

Jump To: Specialties

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

Generate PDF

Save Cancel Previous Next

Specialties

This is a required section.

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Enroll Status	Enroll Status Reason	Edit	Delete
CPC - PRACTICE PARTNERSHIP	Yes	01/01/2024	12/31/2299	ACTIVE	ACTIVE		

5 Add New

Previous Years Enrollment

No records found

Steps 6 & 7 are only for adding the CPC for Kids specialty.

Step 6: Select 'CPC – PEDIATRICS' from the drop-down menu.

Note: The Start Date auto-populates to [today's] date and the End Date auto-populates to an infinite date.

Step 7: Click **Save** to save the added CPC for Kids specialty. Review the Specialties in the table.

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC - PRACTICE PARTNERSHIP	Yes	01/01/2024	12/31/2299		

Add New

To add the Kids specialty, Click the Add new button

Specialty* CPC - PEDIATRICS **6**

Start Date* 01/01/2024

End Date 12/31/2299

Note: If the provider does not qualify for the CPC for Kids specialty, an error message displays.

This provider does not meet the minimum requirements to participate in the CPC for Kids program.

Note: If the provider does not [re-attest](#) during the next program year, PNM will automatically end date associated specialties.

Step 9: On the Practice Partnership page, the convening practice will already be listed here. Select the **Add New** button to add a new CPC Practice Member.

Note: At least one additional practice partnership member must be added into the partnership.

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	Member Status		
HEALTH CENTER	0240202	0085008	01/01/2024	12/31/2299	Active		

9
Add New

Required Document

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

Browse

Required Document

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

Browse

Step 10: Enter the Medicaid ID or CPC ID (and select the corresponding radio button) of the Practice Partnership Member to add them to the Practice Partnership.

Note: The Practice Partnership Member Name should auto-fill based off the ID number that you enter. The Start Date also auto-fills with the date of the next program year.

Step 11: Once the Practice Partnership Member has been added, click **Save**.

Add CPC Group Member

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

10

☒ Medicaid Id
 ☐ CPC ID*

Start Date*

Member Name*

11

Save
Cancel

Note: If the provider listed cannot be added, error messages display. Double check the correct information is entered.

The provider searched is not found, cannot be added to your Practice

Member Not Found.

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

Note: If the required number of Practice Partnership Members are not listed, PNM will display this error message:

Error

The partnership requires one other practice partnership member.

OK

Click **OK** to dismiss.

Step 13: Once all Practice Partnership Members have been added, [attestation and acknowledgement documents](#) must be uploaded for the new practices of the practice partnership.

While you may have separate documents for each partnership (Ex. If you have 3 in the partnership, you will have 3 acknowledgement forms and 2 attestation forms), PNM only allows for a single upload for each document.

Note: Be sure to group or bundle these documents into a single attestation document and a single acknowledgment document before uploading.

- To upload this document, click **Browse**.



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	Member Status		
HEALTH CENTER	0240202	0085008	01/01/2024	12/31/2299	Active		
CLINIC ONE	0455778	0098551	01/01/2025	12/31/2299	Active	✖	

Required Document

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

Required Document

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

Note: Attestation and Acknowledgment document documents are required to be uploaded. If these documents are not uploaded to indicate the Practice Partnership Members, PNM displays this error message:

Click **OK** to dismiss.

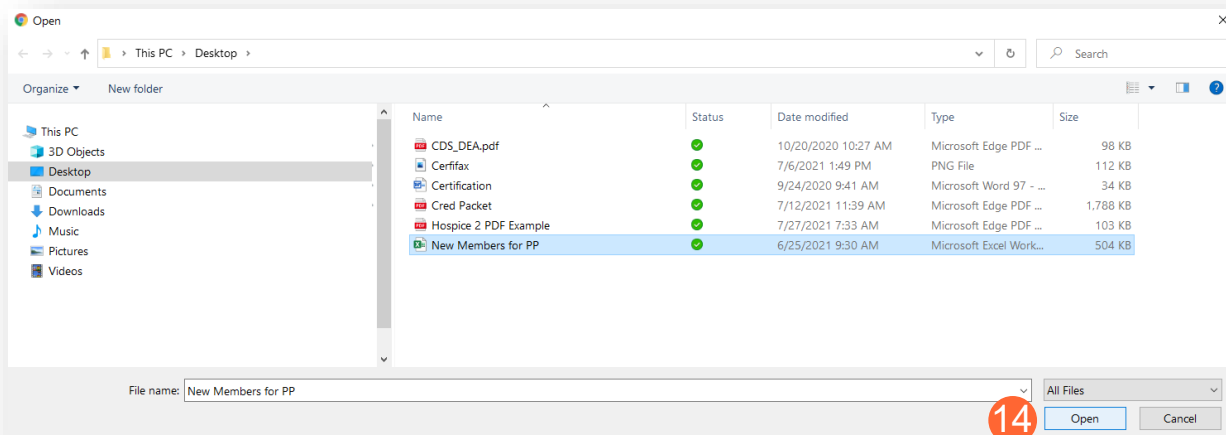
Error

Newly added members require Attestation and Acknowledgment Document Upload

OK

Step 14: Locate on your computer, the file containing the Attestation or Acknowledgment documents.

- Select the file and click **Open**.
- Ensure a document has been uploaded for both the 'Attestation Form' 'Acknowledgement Form' update boxes.



Required Document

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

New Members for PP Attestation.pdf [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 Acknowledgement.pdf [Download](#) [Remove](#)

[Browse](#)

Note: If the supplied forms for the Practice Partnership members do not contain the needed information, the application will be returned to the provider (RTP) requesting the appropriate information. [Complete the RTP process](#) to provide the correct information.

If information regarding Practice Partnership members is not supplied during the application submission, then the application will be denied.

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

Note: If the name of the document appears in green text, that confirms that it has been added to PNM (A).

Note: Click 'x' to remove any Practice Partnership Members that were added during this process.

CPC Contact Information*

Specialties*

Practice Partnership*

Attestation And Acknowledgement*

Agreements*

Jump To: Practice Partnership

Ge 15 DF

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	Member Status	
HEALTH CENTER	0240202	0085008	01/01/2024	12/31/2299	Active	
CLINIC ONE	0455778	0098551	01/01/2025	12/31/2299	Active	x

Add New

Required Document

A

Attestation Form - upload one document that contains the attestations from new members of the practice partnership
New Members for PP Attestation.pdf Download Remove
 Browse

Required Document

A

Acknowledgement Form - upload one document that contains the acknowledgment from new members of the practice partnership
New Members for PP Acknowledgement.pdf 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.

The screenshot shows a progress bar at the top with five steps: 'CPC Contact Information*', 'Specialties*', 'Practice Partnership*', 'Attestation And Acknowledgement*' (highlighted in yellow), and 'Agreements*'. A 'Jump To:' dropdown menu is set to 'Attestation And Acknowledgement'. Below the progress bar, the title 'Attestation And Acknowledgement' is displayed. A red note states 'This is a required section.' A large orange circle with the number '16' is next to the first checkbox. The checkboxes are as follows:

- ☐ 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.
- ☐ I want to participate as a CPC for Kids provider
- ☐ I understand that, as part of enrolling in CPC, my practice will be expected to conduct outreach and deliver primary care services to Medicaid members who are not current patients.

At the top right, there is a 'Gen 17 DF' label and a 'Next' button. Other buttons include 'Save', 'Cancel', and 'Previous'.

Step 18: Read and review all agreements (use the imbedded scroll bars as needed). Select checkboxes to confirm you have read the agreements and attest the information that you provided is true and accurate.

Save Cancel Previous Next

Agreements

This is a required section.



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

Provider Agreement Attestation

☐

I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms.

Step 19: Complete the Provider Agreement Signature and click **Save**.

Provider Agreement Signature

Name of Person Attesting*:

Provider Name:

User ID:

19
Save

Note: A message, indicating your application is complete and has saved, displays. 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: When your application is complete, select **Submit for Review**.

Agreements

This is a required section.

Generate PDF

20 Submit for Review

Save Cancel Previous Next



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: As a Provider Administrator User, you will be able to see your newly submitted CPC application in a submitted status when you return to your dashboard.

Note: If a Provider Agent user needs to access the newly created CPC Entity Provider Type, once a Medicaid CPC ID is created for the CPC Entity, the Provider Administrator must assign the Provider Agent to that Medicaid CPC ID and select the 'APM Agent' action/role. See the [Agent Assignment and Actions Quick Reference Guide](#) in PNM for these steps.

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							
	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		

Note: A Medicaid CPC ID is generated for your CPC enrollment. Individual entities and Practice Partnership entities will have different Medicaid CPC IDs, meaning that if a Practice Partnership entity is added in addition to a CPC Individual entity, the Medicaid CPC IDs will be different for each.

Continuing an ‘In Progress’ Enrollment

If a CPC program enrollment application has been initiated, but has not been submitted, a user can pick up the ‘in progress’ program enrollment 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 CPC Application.”

Note: If you wish to cancel the program enrollment application, follow the [steps listed in the next section](#).

Programs

3

[Continue CPC Application](#)

[Cancel CPC Update](#)

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

Enrollment attribution counts

CPC

Total Attributed Member Count

5827

Total Attributed Pediatric Member Count

5803

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.

Canceling an ‘In Progress’ Enrollment

If a CPC program enrollment application has been initiated, but you wish to cancel the enrollment, you can complete this process through PNM.

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
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 CPC Update.”

Programs

3

Program Selections:

Continue CPC Application

Cancel CPC Update

Click here for Information on the CPC Program »

Enrollment attribution counts

CPC

Total Attributed Member Count

5827

Total Attributed Pediatric Member Count

5803

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 Primary Care (CPC) 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 CPC program through PNM will only display during the 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 primary Medicaid ID or CPC Medicaid ID. If there are active reviews in process, the link to re-attest will not appear.**

CPC Individual Entity (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 'CPC Entity' provider type 99.

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
317878 T	Training Medical Group T	All v	99 - CPC Entity T	T	9999999 T	All v	T	T	T	01/01/2020 T	10/02/2023 T	12/31/2029 T
317878	Training Medical Group	Complete	99 - CPC Entity		9999999	CPC -- SINGLE PRACTICE				01/01/2020	10/02/2023	12/31/2029

Step 2: Click the '+' symbol next to 'Program Selections:'

- Choose "Re-attest CPC Individual or Practice Partnership."

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

2

+

Program Selections:

Self Service

+

Self Service Selections:

Programs

-

Program Selections:

2

[Re-attest CPC Individual or Practice Partnership](#)
[Update CPC Contact](#) ⓘ
[Click here for Information on the CPC Program »](#)

Step 3: Review the CPC 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
- Phone Extension (*not required*)
 - Indicate if the phone number is a cell phone and if text messages would like to be received.
- 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*

Get PDF 4

Save Cancel Next

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) 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* cpcccontact@email.com

Step 5: The system will automatically add the specialties from the previous year's enrollment under the 'Next Program Year' section with a start date of the program year and an infinite end date.

If those specialties will continue, proceed to [Step 6](#).

If there is a change to those specialties, please follow the steps for the specific scenario below.

Jump To: Specialties

Generate PDF

Save
Cancel
Previous
Next

Specialties

This is a required section.

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
5 CPC -- SINGLE PRACTICE	Yes	01/01/2025	12/31/2299		
CPC - PEDIATRICS	No	01/01/2025	12/31/2299		

Previous Years Enrollment

Primary Specialty	Primary	Start Date	End Date	Enroll Status	Enroll Status Reason
CPC -- SINGLE PRACTICE	Yes	01/01/2024	12/31/2299	ACTIVE	ACTIVE
CPC - PEDIATRICS	No	01/01/2024	12/31/2299	ACTIVE	ACTIVE

Scenario 1: If the CPC for Kids specialty (CPC – PEDIATRICS) was previously held but will not be renewing for the next program year, click the ‘pencil and paper’ icon under the ‘Edit’ column (A).

Specialties
This is a required section.

Save Cancel Previous Next

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC -- SINGLE PRACTICE	Yes	01/01/2025	12/31/2299		
CPC - PEDIATRICS	No	01/01/2025	12/31/2299		

Previous Years Enrollment

Primary Specialty	Primary	Start Date	End Date	Enroll Status	Enroll Status Reason
CPC -- SINGLE PRACTICE	Yes	01/01/2024	12/31/2299	ACTIVE	ACTIVE
CPC - PEDIATRICS	No	01/01/2024	12/31/2299	ACTIVE	ACTIVE

- If the CPC for Kids specialty is not continuing in the next program year, enter the end of the current program year for the End Date field (must list 12/31/20XX – the last day of the program year) (B).
- Click **Save** (C).
- Proceed to Step 6.
- Note: When the specialty receives an End Date, it will no longer display under the ‘Next Program Year’ section.

Specialties
This is a required section.

Save Cancel Previous Next

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC -- SINGLE PRACTICE	Yes	01/01/2020	12/31/2299		
CPC - PEDIATRICS	No	01/01/2020	12/31/2299		

Specialty*

CPC - PEDIATRICS

Start Date*

01/01/2024

End Date

12/31/2024

Scenario 2: If the provider did not hold the CPC for Kids specialty (CPC – PEDIATRICS) during the previous year's enrollment and wishes to have it added for the next program year, click **Add New** (A).

Jump To: Specialties

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

Generate PDF

Save Cancel Previous Next

Specialties

This is a required section.

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC -- SINGLE PRACTICE	Yes	01/01/2025	12/31/2299		

To add the Kids specialty, Click the Add new button

A Add New

- Select 'CPC – PEDIATRICS' from the drop-down menu (B).

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC - PRACTICE PARTNERSHIP	Yes	01/01/2025	12/31/2299		

Add New

To add the Kids specialty, Click the Add new button

B Specialty* CPC - PEDIATRICS

Start Date* 01/01/2025

End Date 12/31/2299

Note: The Start Date auto-populates to [today's] date and the End Date auto-populates to an infinite date.

- Click **Save**, at the top of the page, to save the added CPC for Kids specialty. Review the Specialties in the table (C).

Note: If the provider does not qualify for the CPC for Kids specialty, an error message displays.

This provider does not meet the minimum requirements to participate in the CPC for Kids program.

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

Specialties
This is a required section.

Save Cancel Previous **Next**

6



Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC - SINGLE PRACTICE	Yes	01/01/2025	12/31/2299		
CPC - PEDIATRICS	No	01/01/2025	12/31/2299		

Previous Years Enrollment

Primary Specialty	Primary	Start Date	End Date	Enroll Status	Enroll Status Reason
CPC - SINGLE PRACTICE	Yes	01/01/2024	12/31/2299	ACTIVE	ACTIVE
CPC - PEDIATRICS	No	01/01/2024	12/31/2299	ACTIVE	ACTIVE

Step 7: 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 requested*).

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

Jump To: Attestation And Acknowledgement






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

Gen DF

Save Cancel Previous **Next**

Attestation And Acknowledgement
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.
- ☐ I want to participate as a CPC for Kids provider
- ☐ I understand that, as part of enrolling in CPC, my practice will be expected to conduct outreach and deliver primary care services to Medicaid members who are not current patients.

Step 9: Read and review all agreements (use the imbedded scroll bars as needed). Select checkboxes to confirm you have read the agreements and attest the information that you provided is true and accurate.

Agreements

This is a required section.

Save

Cancel

Previous

Next



Ohio Medicaid Provider Agreement

9

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

Provider Agreement Attestation

☐

I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms.

Step 10: Complete the Provider Agreement Signature and click **Save**.

Provider Agreement Signature

Name of Person Attesting*:

Tom Trainer

Provider Name:

Training Example

User ID:

78833221

10

Save

Note: A message, indicating your application is complete and has saved, displays. 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 11: When your application is complete, 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 'Agreements' section of the application process. At the top, a progress bar indicates 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. Below the progress bar, there are buttons for 'Generate PDF', 'Submit for Review' (with a red circle containing the number 11), 'Save', 'Cancel', 'Previous', and 'Next'. The main content area is titled 'Agreements' and includes a red note: 'This is a required section.' Below this, there is a section for the 'Ohio Medicaid Provider Agreement'. It includes a note: 'Note: The Provider Agreement in the scroll box must be read and responded to in its entirety before proceeding to the next step.' and a statement: 'All Providers must read the statements below and agree to the terms'. The agreement text states: '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.' Below this, there is a section for 'False Statement Agreement' and a 'Provider Agreement Attestation' section. The 'Provider Agreement Attestation' section has a checkbox that is checked, followed by a statement: 'I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms.'

Step 12: You will receive a confirmation message for the application submission. Click **Return to Home Page**.

The 'Submission Confirmation' message 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 is a button labeled 'Return to Home Page' with a red circle containing the number 12.

CPC Practice Partnership Entity (Re-Attestation)

Note: If the partnership convenor is continuing the partnership entity, then a re-attest only needs to be completed under the Partnership CPC Medicaid ID. In that instance, a re-attestation under each individual Practice Partnership Member does not need to be completed.

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 'CPC Entity' provider type 99.

My Providers

Account Administration

X

PDF

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
Y	Y	All	Y	Y	Y	All	Y	Y	Y	Y	Y	Y
1 317878	Training Medical Group	Complete	99 - CPC Entity		9999999	CPC - PRACTICE PARTNERSHIP				01/01/2020	10/02/2023	12/31/2029

Step 2: Click the '+' symbol next to 'Program Selections:'

- Choose "Re-attest CPC Individual or Practice Partnership."

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

+

Program Selections:

Self Service

+

Self Service Selections:

Programs

-

Program Selections:

2

[Re-attest CPC Individual or Practice Partnership](#)
[Update CPC Contact](#) ⓘ
[Click here for Information on the CPC Program »](#)

Step 3: Review the CPC 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
- Phone Extension (*not required*)
 - Indicate if the phone number is a cell phone and if text messages would like to be received.
- 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* Practice Partnership* Attestation And Acknowledgement* Agreements*

Generate PDF 4

Save Cancel Next

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) 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* cpcontact@email.com

Step 5: The system will automatically add the specialties from the previous year's enrollment under the 'Next Program Year' section with a start date of the program year and an infinite end date.

If those specialties will continue, proceed to [Step 6](#).

If there is a change to those specialties, please follow the steps for the specific scenario below.



→



→



→



→



Jump To: Specialties


 CPC Contact Information*


Specialties*


 Practice Partnership*


 Attestation And Acknowledgement*


 Agreements*

[Generate PDF](#)

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

Specialties

This is a required section.



Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC -- SINGLE PRACTICE	Yes	01/01/2025	12/31/2299		
CPC - PEDIATRICS	No	01/01/2025	12/31/2299		

Previous Years Enrollment

Primary Specialty	Primary	Start Date	End Date	Enroll Status	Enroll Status Reason
CPC -- SINGLE PRACTICE	Yes	01/01/2024	12/31/2299	ACTIVE	ACTIVE
CPC - PEDIATRICS	No	01/01/2024	12/31/2299	ACTIVE	ACTIVE

Scenario 1: If the CPC for Kids specialty (CPC – PEDIATRICS) was previously held but will not be renewing for the next program year, click the ‘pencil and paper’ icon under the ‘Edit’ column (A).

Specialties
This is a required section.

Save

Cancel

Previous

Next



Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC -- SINGLE PRACTICE	Yes	01/01/2025	12/31/2299		
CPC - PEDIATRICS	No	01/01/2025	12/31/2299	A 	

Previous Years Enrollment

Primary Specialty	Primary	Start Date	End Date	Enroll Status	Enroll Status Reason
CPC -- SINGLE PRACTICE	Yes	01/01/2024	12/31/2299	ACTIVE	ACTIVE
CPC - PEDIATRICS	No	01/01/2024	12/31/2299	ACTIVE	ACTIVE

- If the CPC for Kids specialty is not continuing in the next program year, enter the end of the current program year for the End Date field (must list 12/31/20XX – the last day of the program year) (B).
- Click **Save** (C).

Note: If the provider does not qualify for the CPC for Kids specialty, an error message displays.

This provider does not meet the minimum requirements to participate in the CPC for Kids program.

- Proceed to Step 6.
- Note: When the specialty receives an End Date, it will no longer display under the ‘Next Program Year’ section.

Specialties
This is a required section.

Save

Cancel

Previous

Next



Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC -- SINGLE PRACTICE	Yes	01/01/2020	12/31/2299		
CPC - PEDIATRICS	No	01/01/2020	12/31/2299	B 	

Specialty*

CPC - PEDIATRICS

Start Date*

01/01/2024

End Date

12/31/2024

Scenario 2: If the provider did not hold the CPC for Kids specialty (CPC – PEDIATRICS) during the previous year’s enrollment and wishes to have it added for the next program year, click **Add New** (A).

Jump To: Specialties

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

Generate PDF

Save Cancel Previous Next

Specialties

This is a required section.

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC -- SINGLE PRACTICE	Yes	01/01/2025	12/31/2299		

To add the Kids specialty, Click the Add new button

Add New

- Select 'CPC – PEDIATRICS' from the drop-down menu (B).

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC - PRACTICE PARTNERSHIP	Yes	01/01/2025	12/31/2299		

Add New

To add the Kids specialty, Click the Add new button

Specialty* CPC - PEDIATRICS

Start Date* 01/01/2025

End Date 12/31/2299

Note: The Start Date auto-populates to [today's] date and the End Date auto-populates to an infinite date.

- Click **Save**, at the top of the page, to save the added CPC for Kids specialty. Review the Specialties in the table (C).

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

Save
Cancel
Previous
Next

6

Specialties

This is a required section.

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC - SINGLE PRACTICE	Yes	01/01/2025	12/31/2299		
CPC - PEDIATRICS	No	01/01/2025	12/31/2299		

Previous Years Enrollment

Primary Specialty	Primary	Start Date	End Date	Enroll Status	Enroll Status Reason
CPC - SINGLE PRACTICE	Yes	01/01/2024	12/31/2299	ACTIVE	ACTIVE
CPC - PEDIATRICS	No	01/01/2024	12/31/2299	ACTIVE	ACTIVE

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

Step 8: Once all correct specialties show, click the **Next** button to proceed to the next page.

Jump To:

Specialties

CPC Contact Information*

Specialties*

Practice Partnership*

Attestation And Acknowledgement*

Agreements*

7
8

Save
Cancel
Previous
Next

Specialties

This is a required section.

Next Program Year

Primary Specialty	Primary	Start Date	End Date	Edit	Delete
CPC - PRACTICE PARTNERSHIP	Yes	01/01/2024	12/31/2299		
CPC - PEDIATRICS	No	01/01/2024	12/31/2299		✗

Previous Years Enrollment

No records found

Step 9: On the Practice Partnership page, review the 'Practices in the Practice Partnership' section to re-attest to each practice partnership member listed.

Step 10: Click the green checkmark to affirm the practice partnership member or click the red 'x' to remove the practice partnership member.

Note: The convening practice is not editable and will not have the icons to edit display.

Generate PDF

Save
Cancel
Previous
Next

Practice Partnership

This is a required section.

Practices in the 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.

Name	CPC ID	Medicaid ID	Start Date	End Date	Member Status		
Training Practice Partnership		0291029	01/01/2024	12/31/2299	Active		
Test Practice Partnership		0291290	01/01/2024	12/31/2299	Active	✖	✔
Example Practice Partnership		0291111	01/01/2023	12/31/2299	Active	✖	✔

Add New

Note: If you attempted to affirm a practice partnership member that is not eligible to participate in the CPC program, PNM displays this error message:

Error

The practice you selected to participate in your practice partnership is not eligible to participate in the CPC program. Please remove the practice by clicking the red X.

OK

- Click **OK** and remove the practice partnership member, by clicking the 'x' icon.
- If you believe this notification was received in error, please contact the Ohio Department of Medicaid.

Note: You can review whether a Practice Partnership Member received an invitation for the CPC program, by [accessing correspondence in PNM](#). Enrollment attribution counts [can be found](#) under the 'Programs' section of the Provider Management Home page when selecting the primary provider Medicaid ID.

- If affirmed, the practice partnership member will remain with an ‘Active’ Member Status.
- If removed, the practice partnership member will display a Member Status of ‘Removed.’
- Note: Once all practice partnership members have been affirmed or removed, green checkmarks will no longer display.

Generate PDF

SaveCancelPreviousNext

Practice Partnership

This is a required section.

Practices in the 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.

Name	CPC ID	Medicaid ID	Start Date	End Date	Member Status		
Training Practice Partnership		0291029	01/01/2024	12/31/2299	Active		
Test Practice Partnership		0291290	01/01/2024	12/31/2299	Active	X	
Example Practice Partnership		0291111	01/01/2023	12/31/2024	Removed		

Add New

To add a new practice partnership member, proceed to Step 11.

If no new practice partnership members need to be added, proceed to Step 16.

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

Generate PDF

Save
Cancel
Previous
Next

Practice Partnership

This is a required section.

Practices in the 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.

Name	CPC ID	Medicaid ID	Start Date	End Date	Member Status		
Training Practice Partnership		0291029	01/01/2024	12/31/2299	Active		
Test Practice Partnership		0291290	01/01/2024	12/31/2299	Active	✗	
Example Practice Partnership		0291111	01/01/2023	12/31/2024	Removed		

11 Add New

Step 12: Enter the Medicaid ID or CPC ID (and select the corresponding radio button) of the Practice Partnership Member to add them to the Practice Partnership.

Note: The Practice Partnership Member Name should auto-fill based off the ID number that you enter. The Start Date also auto-fills with the date of the next program year.

Step 13: Once the Practice Partnership Member has been added, click **Save**.

Add CPC Group Member

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

12 ☒ Medicaid Id

☐ CPC ID*

Start Date*

Member Name*

13 Save Cancel

Note: If the provider listed cannot be added, error messages display. Double check the correct information is entered.

The provider searched is not found, cannot be added to your Practice

Member Not Found.

Step 14: Review the added practice partnership member on the table. The added member displays with a Member Status of 'Active.'

Generate PDF

SaveCancelPreviousNext

Practice Partnership

This is a required section.

Practices in the 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.

Name	CPC ID	Medicaid ID	Start Date	End Date	Member Status		
Training Practice Partnership		0291029	01/01/2024	12/31/2299	Active		
Test Practice Partnership		0291290	01/01/2024	12/31/2299	Active	✖	
Example Practice Partnership		0291111	01/01/2023	12/31/2299	Removed		
14 New Practice Partnership		2991070	01/01/2025	12/31/2299	Active	✖	

Add New

Step 15: To add additional Practice Partnership Members, select **Add New** and repeat the steps above.

Step 16: Once all Practice Partnership Members have been added, [attestation and acknowledgement documents](#) must be uploaded for the new practices of the practice partnership.

While you may have separate documents for each partnership (Ex. If you have 3 in the partnership, you will have 3 acknowledgement forms and 2 attestation forms), PNM only allows for a single upload for each document.

Note: Be sure to group or bundle these documents into a single attestation document and a single acknowledgment document before uploading.

- To upload this document, click **Browse**.

[Generate PDF](#)

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

Practice Partnership

This is a required section.

Practices in the 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.

Name	CPC ID	Medicaid ID	Start Date	End Date	Member Status		
Training Practice Partnership		0291029	01/01/2024	12/31/2299	Active		
Test Practice Partnership		0291290	01/01/2024	12/31/2299	Active	✗	
Example Practice Partnership		0291111	01/01/2023	12/31/2299	Removed		
New Practice Partnership		2991070	01/01/2025	12/31/2299	Active	✗	

[Add New](#)

Required Document

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

[Browse](#)
16

Required Document

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

[Browse](#)
16

Note: Attestation and Acknowledgment document documents are required to be uploaded. If these documents are not uploaded to indicate the newly added Practice Partnership Members, PNM displays this error message:

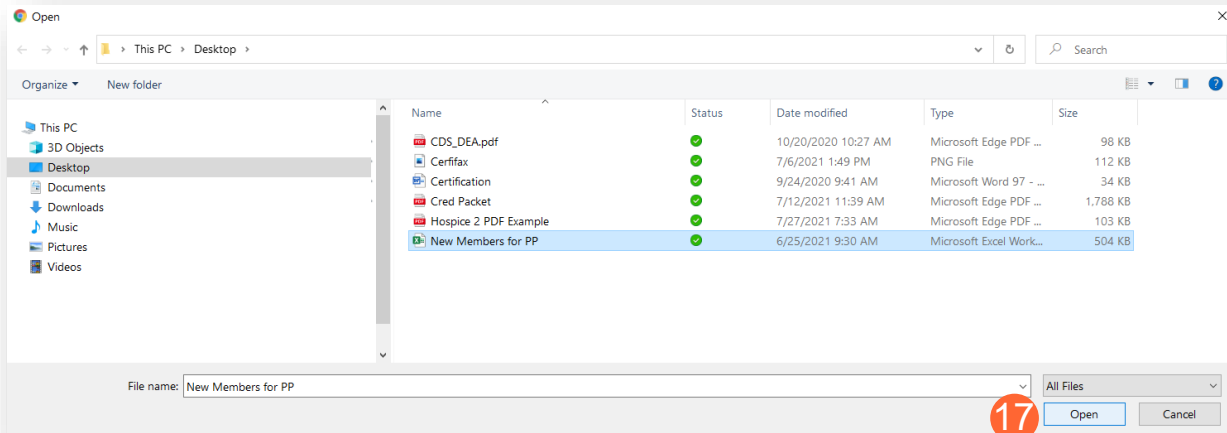
Error

Newly added members require Attestation and Acknowledgment Document Upload

OK

Click **OK** to dismiss.

Step 17: Locate on your computer, the file you wish to upload. Select the file and click **Open**.



Step 18: When all Practice Partnership Members have been affirmed, removed, or added, and all documents are uploaded, click **Next** to proceed to the next page.

Ge 18 PDF

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

Practice Partnership

This is a required section.

Practices in the 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.

Name	CPC ID	Medicaid ID	Start Date	End Date	Member Status		
Training Practice Partnership		0291029	01/01/2024	12/31/2299	Active		
Test Practice Partnership		0291290	01/01/2024	12/31/2299	Active	✗	
Example Practice Partnership		0291111	01/01/2023	12/31/2299	Removed		
New Practice Partnership		2991070	01/01/2025	12/31/2299	Active	✗	

[Add New](#)

Required Document

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

[New Members for PP Attestation.pdf](#) [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 Acknowledgement.pdf](#) [Download](#) [Remove](#)

[Browse](#)

Step 19: 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 requested*).

Step 20: Click the **Next** button to proceed to the next page.

Jump To: Attestation And Acknowledgement

 CPC Contact Information*

→

 Specialties*

→

 Practice Partnership*

→

 Attestation And Acknowledgement*

→

 Agreements*

Get PDF 20

Save Cancel Previous Next

Attestation And Acknowledgement

This is a required section.



19

☐ 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.
☐ I want to participate as a CPC for Kids provider
☐ I understand that, as part of enrolling in CPC, my practice will be expected to conduct outreach and deliver primary care services to Medicaid members who are not current patients.

Step 21: Read and review all agreements (use the imbedded scroll bars as needed). Select checkboxes to confirm you have read the agreements and attest the information that you provided is true and accurate.

Save Cancel Previous Next

Agreements

This is a required section.



21 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

Provider Agreement Attestation

☐ I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms.

Step 22: Complete the Provider Agreement Signature and click **Save**.

Provider Agreement Signature

Name of Person Attesting*:

Provider Name:

User ID:

22
Save

Note: A message, indicating your application is complete and has saved, displays. 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 23: When your application is complete, select **Submit for Review**.

Jump To: Agreements



CPC Contact Information*



Specialties*



Practice Partnership*



Attestation And Acknowledgement*



Agreements*

Generate PDF

23 Submit for Review

Save

Cancel

Previous

Next

Agreements

This is a required section.

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

Provider Agreement Attestation

☒

I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms.

Step 24: 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.

24

Return to Home Page

Continuing an ‘In Progress’ Re-Attestation

If a CPC re-attestation application has been initiated, but has not been submitted, a user can pick up the ‘in progress’ program enrollment 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 ‘CPC Entity’ provider for which you wish to continue the re-attestation. *The provider displays 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
517946	Training Medical Group	Not Submitted	99 - CPC Entity		9999899	CPC - PRACTICE PARTNERSHIP				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:

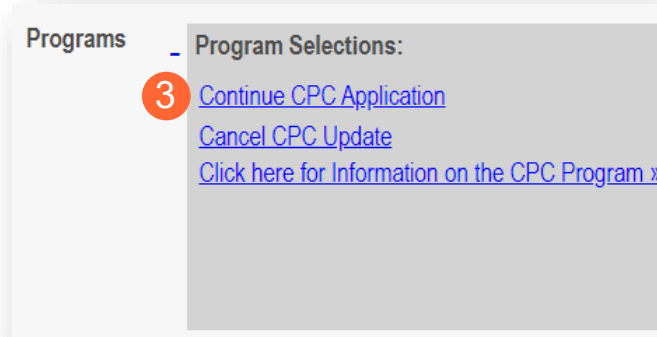
Self Service

+

Self Service Selections:

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

Note: If you wish to cancel the re-attestation application, follow the [steps listed in the next section](#).



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.

Canceling an ‘In Progress’ Re-Attestation

If a CPC program enrollment application has been initiated, but you wish to cancel the enrollment, you can complete this process through PNM.

Step 1: Click the Reg ID or Provider hyperlink for the ‘CPC Entity’ provider for which you wish to continue the re-attestation. *The provider displays 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
517946	Training Medical Group	Not Submitted	99 - CPC Entity		9999899	CPC - PRACTICE PARTNERSHIP				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 CPC Update.”

Programs

-

Program Selections:

Continue CPC Application

3

Cancel CPC Update

Click here for Information on the CPC Program »

Completing Return to Provider (RTP) Process

During the process of reviewing the application, if it is determined that the application does not contain all the necessary information, the application may be sent back requesting information be added.

For a description on the information that is needed, locate the “RTP Notice” by [accessing enrollment correspondence in PNM](#).

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 Excel PDF 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

My Providers Account Administration Excel PDF 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	99 - CPC Entity		9999899	CPC - PRACTICE PARTNERSHIP				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: ?

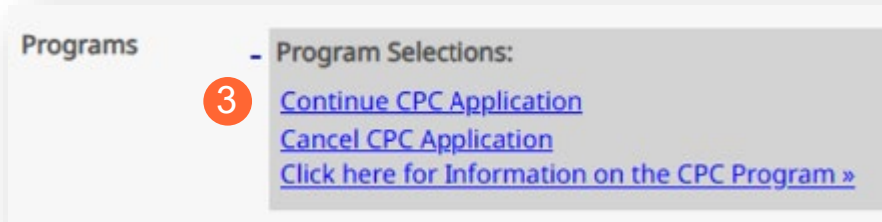
Programs

2 + Program Selections:

Self Service

+ Self Service Selections:

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



Step 4: Correct or update the information or document on the page which was returned.

Note: The page that needs to be address should be indicated with a ‘yellow exclamation’ point in the navigation bar (A).

Step 5: Click **Save** to save the new information.

- You will receive a message stating the application has been saved. Click **OK**.

Jump To: Practice Partnership

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

5

Generate PDF

Save Cancel Previous Next

Practice Partnership

This is a required section.

4 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	Member Status	
HEALTH CENTER	0240202	0085008	01/01/2024	12/31/2299	Active	X

Add New

Required Document

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

New Members for PP Attestation.pdf 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 Acknowledgement.pdf Download Remove

Browse

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 6: To resubmit your application for review, click the **Submit for Review** button.

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

Jump To:

Generate PDF

6 Submit for Review

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	Member Status		
HEALTH CENTER	0240202	0085008	01/01/2024	12/31/2299	Active	✖	

Add New

Required Document

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

New Members for PP Attestation.pdf

[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 Acknowledgement.pdf

[Download](#)
[Remove](#)

Browse

Step 7: You will receive a message indicating your application has been resubmitted.

Step 8: To access your dashboard, click **Return to Home Page**.

7 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.

8 [Return to Home Page](#)

Update CPC Contact

CPC contact information can be updated at any time while the 'CPC Entity' 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 'CPC Entity' provider for which you wish 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	99 - CPC Entity		9999899	CPC - PRACTICE PARTNERSHIP				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 +

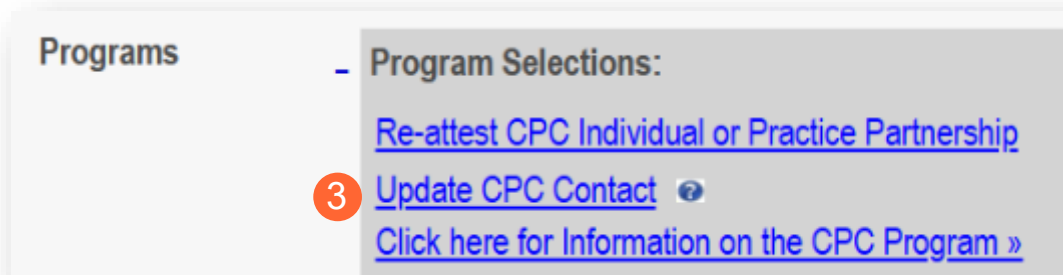
Program Selections:

Self Service

+

Self Service Selections:

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



Step 4: On the Provider Update page, select **Update** next to CPC 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

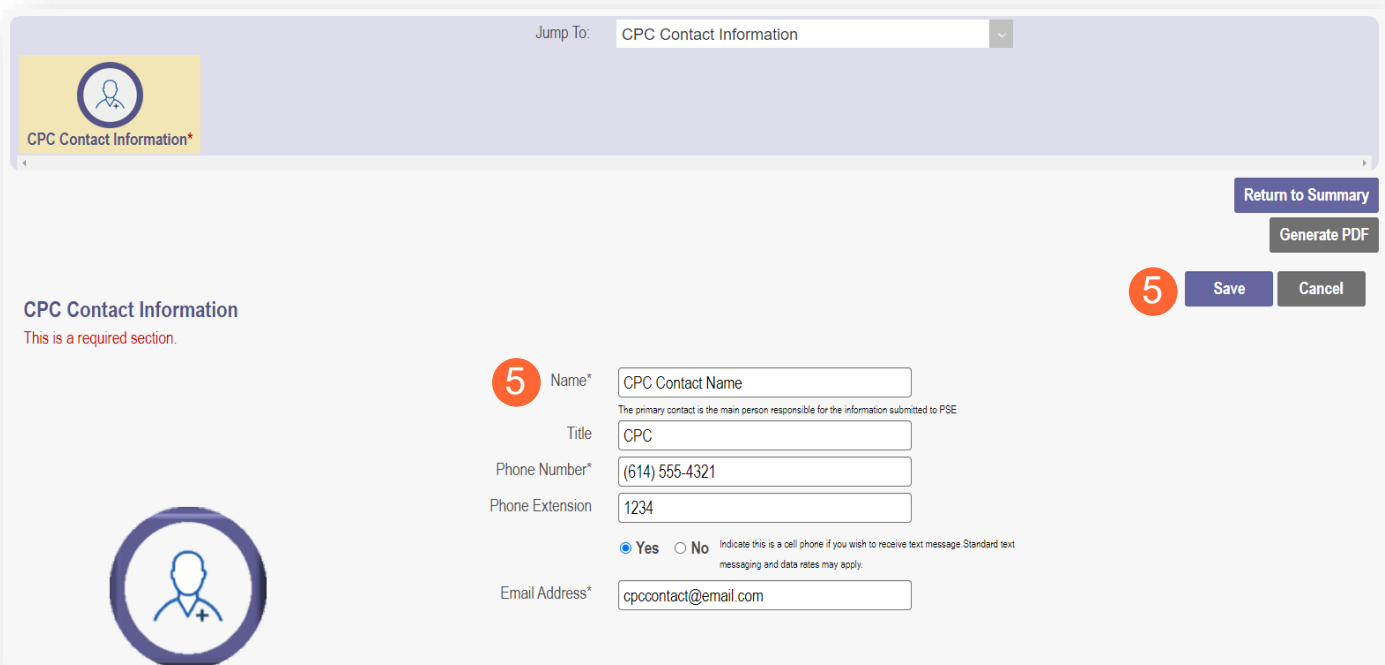


4

Update

CPC Contact Information

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



Jump To: CPC Contact Information

CPC Contact Information*

Return to Summary

Generate PDF

5 Save Cancel

CPC Contact Information

This is a required section.

5 Name* CPC Contact Name

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

Title CPC

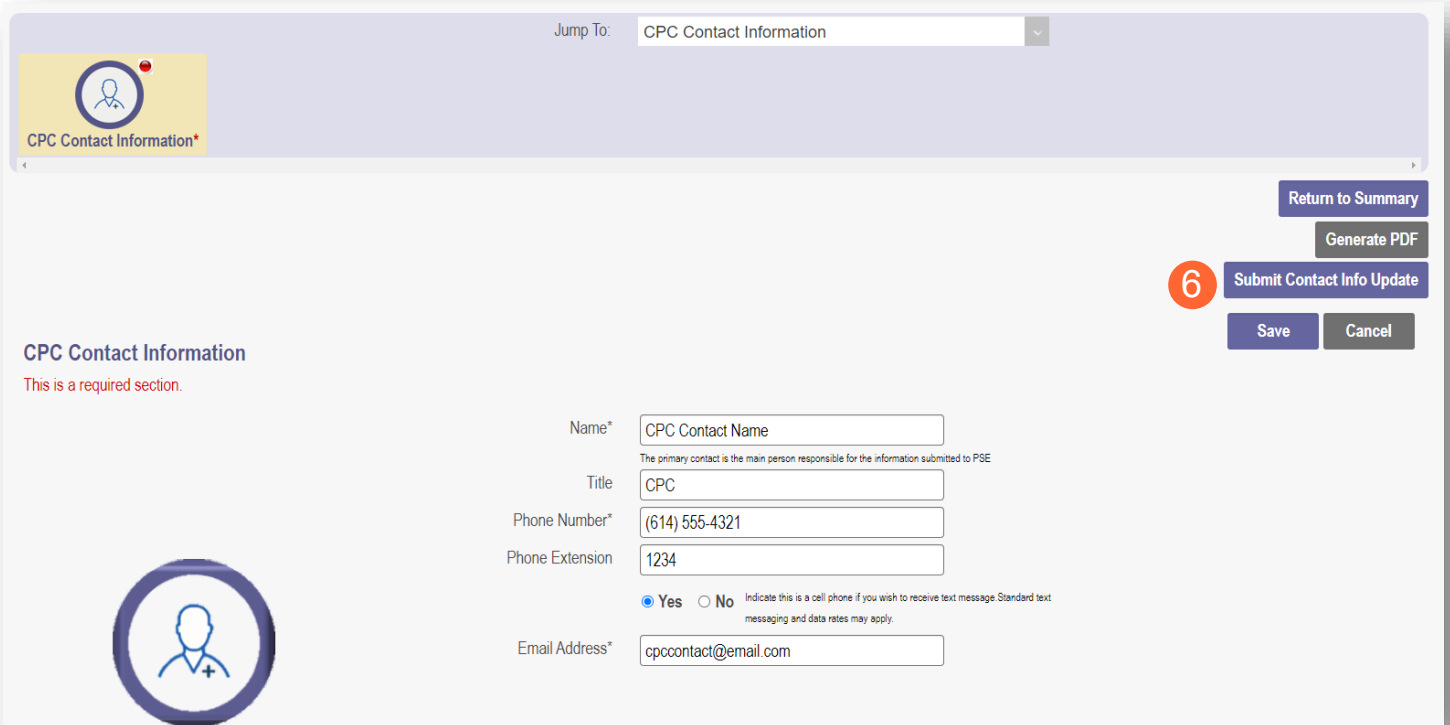
Phone Number* (614) 555-4321

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* cpcccontact@email.com

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



Jump To: CPC Contact Information

CPC Contact Information*

6 Submit Contact Info Update

Return to Summary

Generate PDF

Save Cancel

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

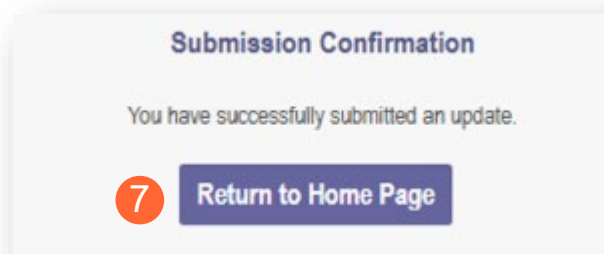
Phone Number* (614) 555-4321

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* cpcccontact@email.com

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.



Submission Confirmation

You have successfully submitted an update.

7 Return to Home Page

Cancel Update CPC Contact

If an update to CPC 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 ‘CPC Entity’ provider for which you started 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
517946	Training Medical Group	Complete	99 - CPC Entity		9999899	CPC - PRACTICE PARTNERSHIP				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

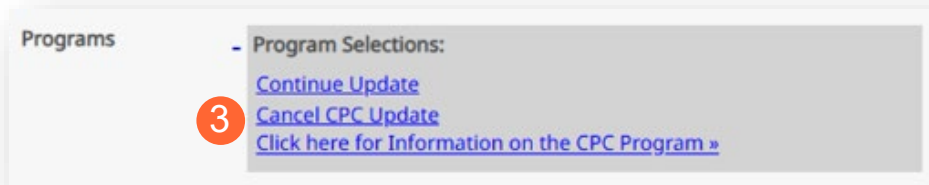
2

+ Program Selections:

Self Service

+ Self Service Selections:

Step 3: Click the hyperlink “Cancel CPC Update.”



Changing Enrollment Information (During Open Enrollment)

If a CPC program enrollment or re-attestation has been submitted and approved, but the Open Enrollment period is still in effect, changes can be made to the CPC enrollment or re-attestation application. The Provider Administrator or Provider Agent (with the 'APM Agent' role) assigned to the Medicaid CPC ID for the 'CPC Entity' provider type 99 can complete this process.

Note: The only updates allowed as part of this process are adding or removing the CPC for Kids specialty and then adding or removing Practice Partnership members in a partnership entity. These changes have to be made separately. Once one update is submitted and approved, the next update can be made. All changes to this information must be complete before the conclusion of the open enrollment period.

Step 1: Click the Reg ID or Provider hyperlink for the 'CPC Entity' provider for which you wish to continue the application.

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	99 - CPC Entity		9999899	CPC - PRACTICE PARTNERSHIP				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:

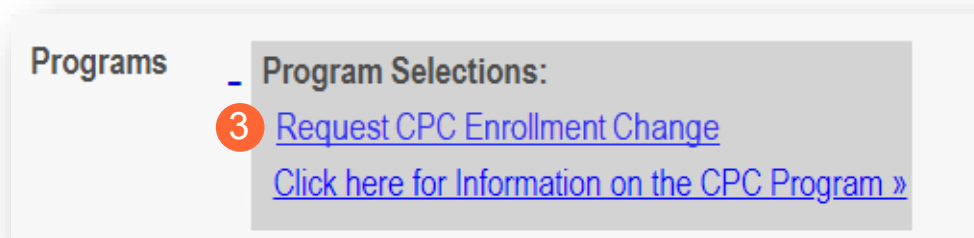
Self Service

+

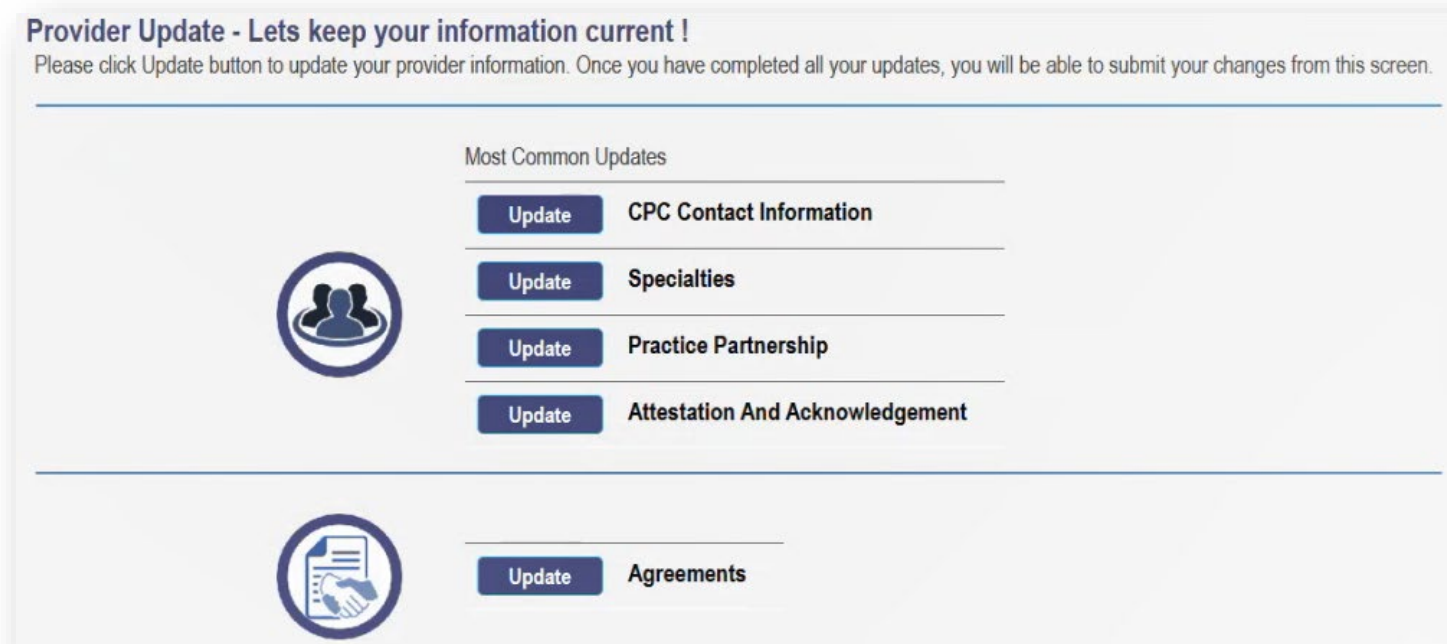
Self Service Selections:

Step 3: Click the hyperlink “Request CPC Enrollment Change.”

Note: This link will only appear when a CPC application has been received and approved, but the Open Enrollment period is still in effect.



Step 4: Select, by clicking **Update**, the page where change(s) should be made.



Review the sections of this document for instructions on how to make changes to specific pages of the CPC new enrollment or re-attestation application.

Uploading Supplemental Clinical Documents

Providers can upload documents (BMI, Blood Pressure, HbA1C) for the CPC program within PNM.

Note: Use the following steps for each individual upload and do not combine more than one record type in each attachment.

Note: The option to upload documents appears under the Primary Medicaid ID.

Note: Any Provider Agent user seeking to upload documents will need to have the ‘APM Agent’ role assigned to them for the Primary Medicaid ID.

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.

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	9999876	Professional Medical Group				02/09/2022	08/12/2024	02/09/2027

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

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

2

+

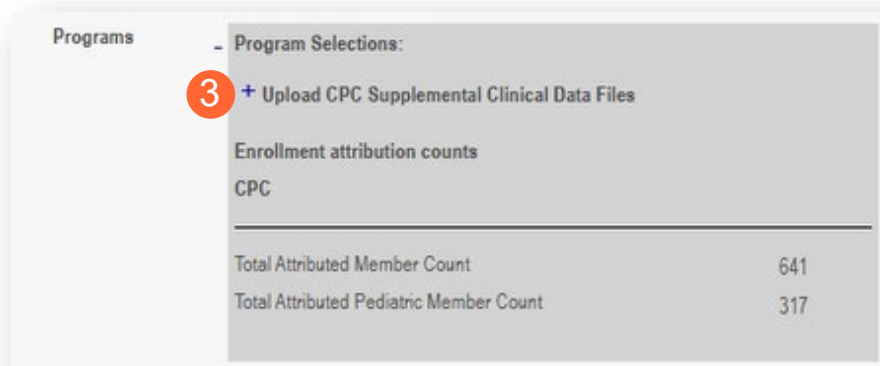
Program Selections:

Self Service

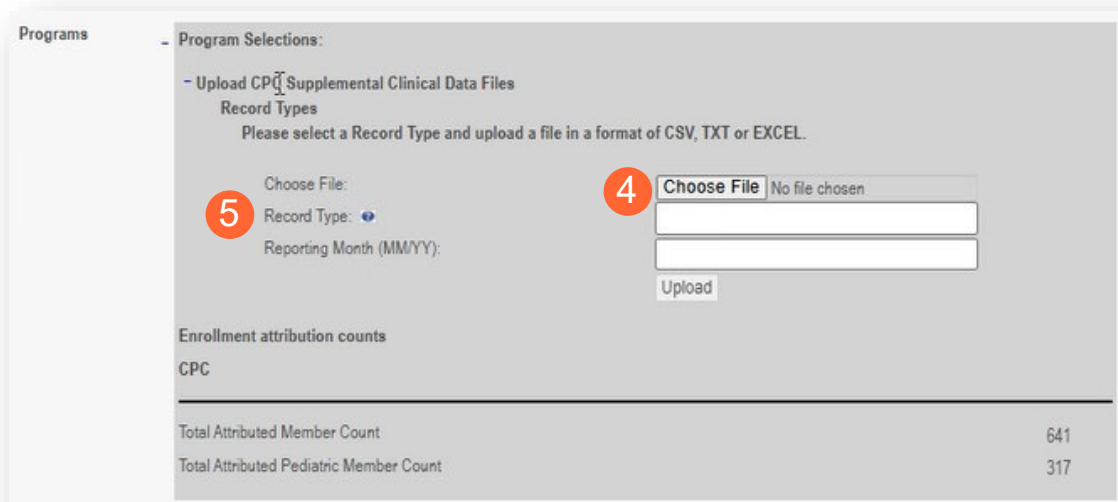
+

Self Service Selections:

Step 3: Click the '+' icon next to 'Upload CPC Supplemental Clinical Data Files'.



Step 4: After the options expand, click **Choose File** and locate the file on your computer you wish to upload. Once added, the name of the document will appear next to the **Choose File** button.



Step 5: After the document has been added, enter the following:

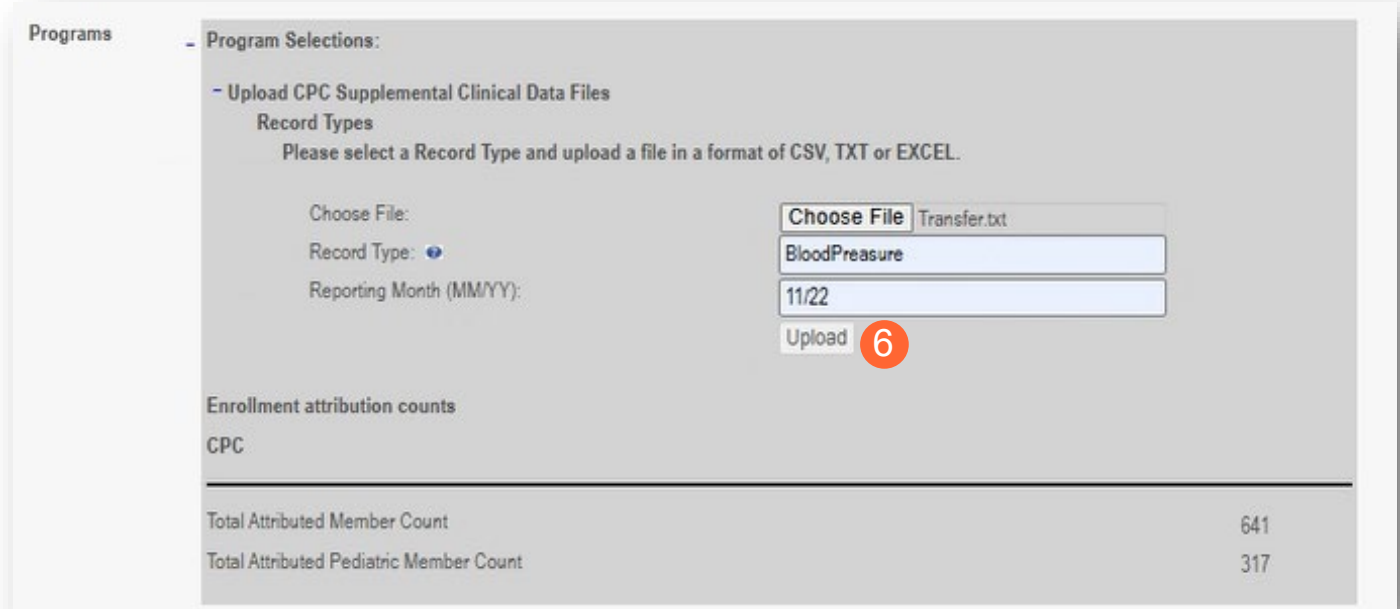
- **Record Type** – The name of the record type that correlates with the supplemental clinical data document being uploaded. The Record Type entered can only be one of the following:
 - BMI
 - BloodPressure
 - HbA1C

Note: Entering anything other than the three (3) items listed will result in receiving an error message.

Note: Acceptable document formats include CSV, TXT, or Excel

- **Reporting Month** – Enter the last month that the data is to be attributed to in MM/YY format.

Step 6: After the document file has been added, the Record Type has been entered, and the Reporting Month (MM/YY) has been entered, click **Upload**.



Programs

- Program Selections:

- Upload CPC Supplemental Clinical Data Files

Record Types

Please select a Record Type and upload a file in a format of CSV, TXT or EXCEL.

Choose File: Transfer.txt

Record Type:

Reporting Month (MM/YY):

6

Enrollment attribution counts

CPC

Total Attributed Member Count	641
Total Attributed Pediatric Member Count	317

Step 7: A confirmation message will display to indicate a successful upload. Click **OK**.

