

USER MANUAL

DODD Provider Enrollment Applications

DODD Provider



**Department of
Medicaid**



**Department of
Developmental
Disabilities**

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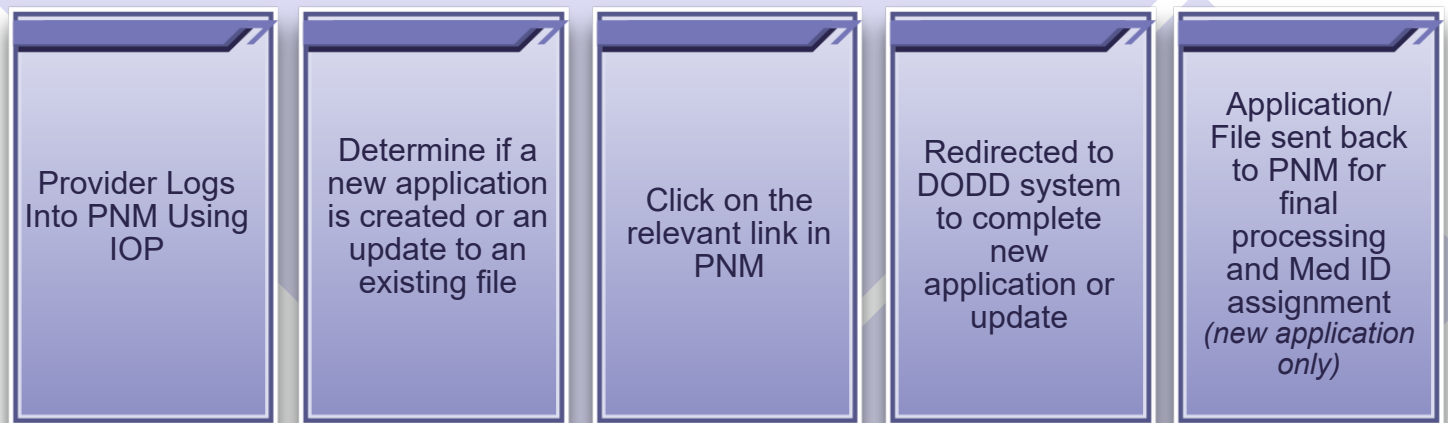
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Introduction

This user manual provides the steps and functions of entering a new Provider application and completing provider updates for Ohio Department of Developmental Disabilities (DODD)-only providers. This document does not include the process if you, as the provider, are enrolled with the Ohio Department of Medicaid or Ohio Department of Aging in addition to the Ohio Department of Development Disabilities.

Once submitted, your application will be reviewed by DODD, then processed by the Medicaid Enrollment team and sent to Credentialing, if credentialing is required for your provider type. When all the necessary steps are completed for Enrollment, you will receive the Approval Letter from DODD which contains your Medicaid Provider Number.

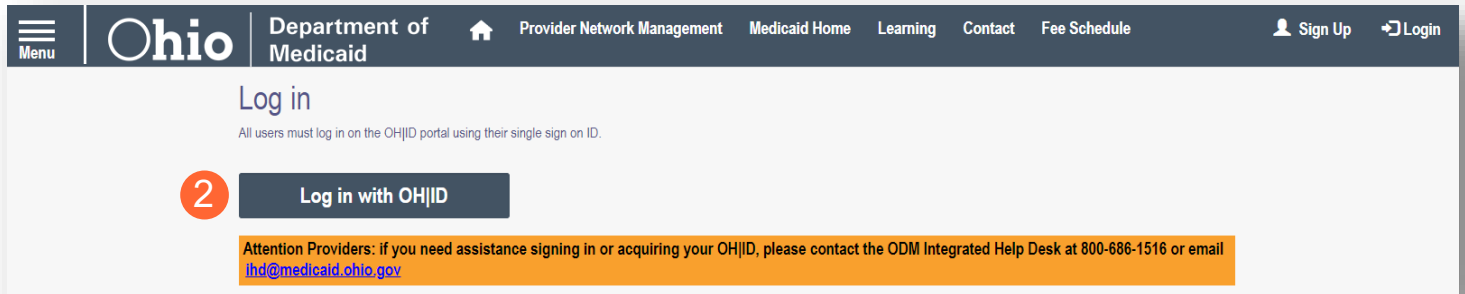


Provider User Initial Login

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.

4 ☐ Yes, I have read the agreement

Cancel

Provider Home Page

There are two provider roles in PNM:

- **Provider Administrator:** *(Also known as CEO Certified for DODD)* 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:** *(Also known as Secondary User for DODD)* 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)

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 **B** Account Administration **B** DD Account Administration **C**   **D** New Provider?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517980	Sohan Abad	Complete	55 - Waivered Services Individual	1558033399	0000204	Physical Therapy				01/22/2023	02/10/2023	01/22/2028

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, and Contact Us **(A)**.

Account Administration/DD 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)**.

New Provider?: This button is used to start a New Enrollment Application (first time enrolling with ODM, ODA, or DODD) for any new Ohio Medicaid provider that you will be responsible for administering (*button only displays for users holding the Provider Administrator or CEO Certified role*) **(D)**.

DODD Provider - New Provider Entry

This section displays the necessary steps for creating an initial application (first time enrolling with ODM, ODA or DODD) for an individual provider.

Note: The 'New Provider?' button, and the ability to complete new enrollment application, is only available to users holding the Provider Administrator or CEO Certified roles in PNM.

Step 1: Click 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
517980	Sohan Abad	Complete	55 - Waivered Services Individual	1558033399	0000204	Physical Therapy				01/22/2023	02/10/2023	01/22/2028

Step 2: Select the button for the appropriate application type for the new provider.

- To access Waiver application types select the **Click here for more application types...** button.

"Please note that you have 10 days to complete your application. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application."

Standard application

Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program.

Select

Ordering, Referring, Prescribing

Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing.

Select

Change of Operator

Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities.

Select

MCP Single Case

Use this application if you are entering into a Single Case agreement with a Managed Care Plan.

Select

2 Click here for more application types...

Select the application that you wish to begin: Medicaid Waiver (DODD) or Non-Medicaid DODD.

"Please note that you have **10 days to complete your application**. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application."

Standard application Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program. <input type="button" value="Select"/>	Ordering, Referring, Prescribing Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing. <input type="button" value="Select"/>	Change of Operator Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities. <input type="button" value="Select"/>	MCP Single Case Use this application if you are entering into a Single Case agreement with a Managed Care Plan. <input type="button" value="Select"/> ⓘ
Less...			
Medicaid Waiver (ODM) Use this application if you are applying to become a Waiver Provider with Ohio Department of Medicaid. <input type="button" value="Select"/>	Medicaid Waiver (ODA) Use this application if you are applying to become a Waiver Provider with Ohio Department of Aging or if you are initiating a Change of Ownership or Change of Operator as an ODA Provider. <input type="button" value="Select"/>	Medicaid Waiver (DODD) Use this application if you are applying to become a Waiver Provider with Ohio Department of Developmental Disabilities. 2 <input type="button" value="Select"/>	Non-Medicaid DODD Use this application if you are applying for one or more of the following options; Supported Living Service, Unpaid Support Broker, ICF Operators, or Licensees. 2 <input type="button" value="Select"/>

Note: For DODD Waiver applications, you will enter the Key Identifiers within PNM and then be navigated to the State Sister Agency portal to complete the application process.

Step 3: After selecting the Application Waiver Type, click the appropriate provider category: Independent or Agency.

Note: Independent or Agency are the options to select whether Medicaid Waiver (DODD) or Non-Medicaid DODD is selected from the Application Type screen.

Application Type [Change](#)

Waiver Type

3

Independent

Agency

Provider Information (Independent)

The first page that displays is the provider Key Identifiers page.

Step 1: Enter all the information for the required fields marked with an asterisk*

For this page the following fields are required:

- Provider Type
- First Name
- Last Name
- Tax ID Type: EIN (Employer Identification Number) / SSN (Social Security Number)
- Tax ID
- NPI (National Provider Identifier) (if Medicaid Waiver DODD)
- Gender
- Date of Birth
- Zip Code (if Medicaid Waiver DODD)
- Zip Code Extension (if Medicaid Waiver DODD)

Step 2: Click **Save** or to save the information and advance.

Step 3: If DODD Medicaid Waiver, select your Taxonomy and click **Save**.

If Non-Medicaid DODD, skip to Step 4.

Taxonomy is required.

Application Type	<input type="text" value="Waiver"/>	Change
Waiver Type	<input type="text" value="Medicaid Waiver (DODD)"/>	
Category*	<input type="text" value="Independent"/>	Change
Provider Type*	<input type="text" value="25 - Non-Agency Personal Care Aide"/>	▼
Are you a nurse with a valid nursing license?	<input type="radio"/> Yes <input type="radio"/> No	
First Name*	<input type="text" value="Test"/>	
Middle Name	<input type="text"/>	
Last Name*	<input type="text" value="Trainer"/>	
Tax ID Type*	<input type="radio"/> EIN <input checked="" type="radio"/> SSN	
Tax ID*	<input type="text" value="169985370"/>	
NPI*	<input type="text" value="1699853705"/>	
Gender*	<input checked="" type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Unknown	
Date of Birth*	<input type="text" value="7/4/1976"/>	
Zip Code*	<input type="text" value="43222"/>	
Zip Code Extension*	<input type="text" value="7605"/>	
3 Taxonomy*	<input type="text"/>	▼

Step 4: A confirmation message will appear. Click **Save and Submit** to proceed.

After your submission is completed and approved, you can apply for additional Waiver Services with other Agencies thru this registration in the Provider Network Module.

4

Note: The application and information will be transferred to a system outside of PNM.

For DODD the system is PSM.

Please wait while your information and session are being transferred to another Ohio Agency in order to complete your application.

Step 5: You will be transferred to the landing page for DODD. Continue the process through that system.

Pending Certification Applications

Show10▼entries

Search:

Application Number	Provider Name	Designation Type	Provider Type/ Entity Type	Application Type	Contract #	Start Date	Submitted Date	Status	Legal Status	Supplemental Status
PROV-APP-135825	Scrooge McDuck	Licensee	Individual	Initial		01/31/2022		Draft		N/A

Showing 1 to 1 of 1 entries

Previous1Next

Provider Information (Agency)

The first page that displays is the provider Key Identifiers page.

Step 1: Enter all the information for the required fields marked with an asterisk*

For this page the following fields are required:

- Provider Type
- Name of Business Entity
- Tax ID Type: EIN (Employer Identification Number) / SSN (Social Security Number)
- Tax ID
- NPI (National Provider Identifier) *(if Medicaid Waiver DODD)*
- Zip Code *(if Medicaid Waiver DODD)*
- Zip Code Extension *(if Medicaid Waiver DODD)*

1 Application Type [Change](#)

Waiver Type

Category* [Change](#)

Provider Type*

Name of Business Entity*

Business Name as it appears on your IRS Assignment letter

Tax ID Type* ☒ EIN ☐ SSN

Tax ID*

2 Save Cancel

Step 2: Click **Save** or to save the information and advance.

1 Application Type [Change](#)

Waiver Type

Category* [Change](#)

Provider Type*

Name of Business Entity*

Business Name as it appears on your IRS Assignment letter

Tax ID Type* ☒ EIN ☐ SSN

Tax ID*

NPI*

Zip Code*

Zip Code Extension*

2 Save Cancel

Step 3: If DODD Medicaid Waiver, select your Taxonomy and click **Save**.

If Non-Medicaid DODD, skip to Step 4.

Taxonomy is required.

Application Type	<input type="text" value="Waiver"/>	Change
Waiver Type	<input type="text" value="Medicaid Waiver (DODD)"/>	
Category*	<input type="text" value="Agency"/>	Change
Provider Type*	<input type="text" value="45 - WAIVERED SERVICES ORGANIZATION"/>	▼
Name of Business Entity*	<input type="text" value="Training Business"/>	
	<small>Business Name as it appears on your IRS Assignment letter</small>	
Tax ID Type*	<input checked="" type="radio"/> EIN <input type="radio"/> SSN	
Tax ID*	<input type="text" value="115478976"/>	
NPI*	<input type="text" value="1154789766"/>	
Zip Code*	<input type="text" value="43222"/>	
Zip Code Extension*	<input type="text" value="7606"/>	
3 Taxonomy*	<input type="text"/>	▼

Step 4: A confirmation message will appear. Click **Save and Submit** to proceed.

After your submission is completed and approved, you can apply for additional Waiver Services with other Agencies thru this registration in the Provider Network Module.

4

Note: The application and information will be transferred to a system outside of PNM.

For DODD the system is PSM.

Please wait while your information and session are being transferred to another Ohio Agency in order to complete your application.

Step 5: You will be transferred to the landing page for DODD. Continue the process through that system.

Pending Certification Applications

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PROV-APP-135825	Scrooge McDuck	Licensee	Individual	Initial		01/31/2022		Draft		N/A

Showing 1 to 1 of 1 entries

Previous1Next

Review Provider Record

Note: DODD non-Medicaid Providers will never receive a Medicaid ID unless Medicaid services are added.

Step 1: Once the entire review process has been completed, you a Medicaid ID number will be assigned.

- Use number timeline at the bottom to navigate to the last page.
- Locate your newly assigned Medicaid ID number (6th column) next to your application in the table.

Step 2: Click the link under the Reg ID or Provider heading to review the file.

- Here you can view communications from PNM/ODM, view the provider file, complete updates, and access other provider self service functions by clicking the '+' icon to expand the selection (A).

<div> <div>Menu</div> <div>Ohio Department of Medicaid</div> <div> Provider Network Management Medicaid Home Learning Contact Fee Schedule </div> <div>Ashley Reeves Log out</div> </div>													
<div> My Providers Account Administration DD Account Administration </div>										<div> New Provider ? </div>			
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date	
518416	Test Trainer	Complete	SL - Supported Living	1285710206	0000204					01/22/2023	02/10/2023	01/22/2028	

Manage Application

Enrollment Actions



Enrollment Action Selections:

Programs



Program Selections:

Self Service



Self Service Selections:

Enrollment Actions: A list of links that allow you to take further action with DODD, ODA, or ODM.

Programs: Items relating to programs the provider is enrolled in.

Self Service: Functions a provider can complete in a self-service capacity (Ex. Submit Claims, Eligibility).

Enrollment Actions

- **Enrollment Action Selections:**
 - [Begin ODM Enrollment Profile Update](#)
 - [Begin DODD Enrollment Profile Update](#)
 - [Add ODA Services](#)
 - [Edit Key Provider Identifiers](#)
 - [Request Disenrollment](#)

Programs

- **Program Selections:**

Self Service

- **Self Service Selections:**
 - [Provider Correspondence](#)
 - [Remittance Advice](#)
 - [Recipient Eligibility](#)
 - [Claims](#)
 - [Prior Authorization](#)
 - [Hospice](#)
 - [Provider Financial Self Services](#)
 - [Payment Innovation Reports](#)
 - [Attachments](#)

Completing an Update

Note: The following updates will be completed in the DODD PSM system:

- Renewal
- Name Change
- Ownership Change
- Change CEO/Designee
- Add Services
- Withdrawal Services
- Withdrawal Certification
- Add Designation
- New Facility
- Closure
- Notices to DODD
- Update Billing & Payment Address

Other updates will be completed through PNM.

Step 1: Access the file in your dashboard by clicking the link under the Reg ID or Provider heading to review the file.

<div> <div>Menu</div> <div>Ohio</div> <div>Department of Medicaid</div> <div> Provider Network Management Medicaid Home Learning Contact Fee Schedule </div> <div>Ashley Reeves</div> <div>Log out</div> </div>												
<div> <div>My Providers</div> <div>Account Administration</div> <div>DD Account Administration</div> <div> <div>Excel</div> <div>PDF</div> </div> <div>New Provider ?</div> </div>												
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
518416	1 Test Trainer	Complete	SL - Supported Living	1265710206	0000204					01/22/2023	02/10/2023	01/22/2028

Step 2: Under the 'Manage Application' section, click the '+' icon next to Enrollment Actions to expand the selection.

Manage Application

Enrollment Actions

2 +

Enrollment Action Selections:

Programs

+

Program Selections:

Self Service

+

Self Service Selections:

Step 3: To complete updates in the PSM system: Click the 'Begin DODD Enrollment Profile Update' hyperlink to initiate and continue the update in PSM. Clicking this link will redirect you to the PSM system where you will select your application.

For updates to complete in PNM system: Click the 'Begin ODM Enrollment Profile Update' hyperlink to initiate and continue to Step 4.

Enrollment Actions

-

3

Enrollment Action Selections:
[Begin ODM Enrollment Profile Update](#)
[Begin DODD Enrollment Profile Update](#)
[Add ODA Services](#)
[Edit Key Provider Identifiers](#)

Note: If the system shows 'Continue' instead of 'Begin' this indicates that an update was initiated, but not completed. To continue the update to completion, click either 'Continue DODD Enrollment Profile Update' to continue completing the update in PSM or 'Continue ODM Enrollment Profile Update' to continue completing the update in PNM.

Enrollment Actions


-

Enrollment Action Selections:
[Continue ODM Enrollment Profile Update](#)
[Continue DODD Enrollment Profile Update](#)
[Add ODA Services](#)
[Edit Key Provider Identifiers](#)

Step 4: Choose which element on the application you wish to update from the provided list and click 'Update.'

Provider Update - Lets keep your information current !

Please click Update button to update your provider information. Once you have completed all your updates, you will be able to submit your changes from this screen.



4 Address Information

Update

Primary Service Address

Update

Correspondence Address

Update

Home Office Address

Step 5: Update the application page that you selected and click **Save** once finished.

Note: A red dot will display on the updated page once it is saved (A) (see screenshot below Step 7)

Step 6: If there are other pages that need to be updated, click **Return to Summary** and select 'Update' for that section.


Jump To:

Primary Service Address



Provider Information*

➔



Primary Contact Information*

➔



Primary Service Address*

➔




Billing & Payment Address*

➔



Correspondence Address*

➔



Other S

Primary Service Address

This is a required section.

6 [Return to Summary](#)

[Generate PDF](#)

[Submit for Review](#)

5 [Save](#) [Cancel](#)

[History](#)

Step 7: Once all pages are updated, click **Submit for Review**.

The screenshot shows a multi-step application process. The steps are: Provider Information*, Primary Contact Information*, Primary Service Address* (highlighted in yellow), Billing & Payment Address*, Correspondence Address*, and Other S*. A 'Jump To:' dropdown menu is set to 'Primary Service Address'. On the right side, there are buttons: 'Return to Summary', 'Generate PDF', '7 Submit for Review' (with a red circle containing the number 7), 'Save', 'Cancel', and 'History'.

Primary Service Address
This is a required section.

Step 8: A pop-up window displays confirming which page(s) received an update. Click **OK** to complete the submission.

The pop-up window contains the following text: "You have modified the following sections in your application. Click 'Ok' to complete your submission. Click 'Cancel' to review your application prior to submission." Below the text, it lists "Primary Service Address". At the bottom right, there is a red circle with the number 8, followed by "OK" and "Cancel" buttons.

Step 9: You will receive a confirmation message stating that the application has been successfully submitted.

- Click the **Return to Home Page** button to go to your dashboard.

The confirmation message has the title "Submission Confirmation". The text reads: "You have successfully submitted your application to the Medicaid Program. Please allow at least 10 days for processing before attempting to submit any changes." At the bottom, there is a red circle with the number 9, followed by a "Return to Home Page" button.

Adding Services

This section describes the process for adding additional services in PNM. The example in the steps below is adding ODA Services.

Step 1: Access the file in your dashboard by clicking on the link under the Reg ID or Provider heading.

Menu

Ohio

Department of Medicaid

Provider Network Management

Medicaid Home

Learning

Contact

Fee Schedule

Training

Log out

My Providers

Account Administration

DD 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
517980	Sohan Abad	Complete	55 - Waivered Services Individual	1558033399	0000204					01/22/2023	02/10/2023	01/22/2028

Step 2: Under the ‘Manage Application’ section, click the ‘+’ icon next to Enrollment Actions to expand the selection.

Manage Application

Enrollment Actions

2 + Enrollment Action Selections:

Programs

+ Program Selections:

Self Service

+ Self Service Selections:

Step 3: Click the ‘Add ODA Services’ hyperlink.

Enrollment Actions

- Enrollment Action Selections:

3

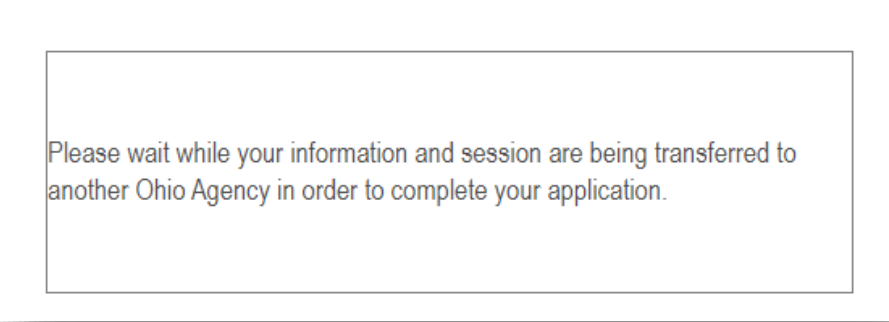
[Begin DODD Enrollment Profile Update](#)

[Begin ODM Enrollment Profile Update](#)

[Add ODA Services](#)

[Edit Key Provider Identifiers](#)

Note: The application and information will be transferred to a system outside of PNM. Since an ODA service is being added, you will be transferred to PCW system.



Please wait while your information and session are being transferred to another Ohio Agency in order to complete your application.

Step 4: Complete the necessary information in the system to add the ODA Services.

Note: 'Add ODA Services' (listed under Enrollment Actions) is an option for providers who are not already certified by ODA to apply to add ODA certification. If you are a currently certified ODA Provider who wants to add services to your certification, please contact ODA.

Provider types that can "Add ODA Services":

- 01 – Hospital
- 12 – Federally Qualified Health Center (FQHC)
- 16 – Other Accredited Home Health Agency
- 25 – Non-Agency Personal Care Aide
- 26 – Non-Agency Home Care Attendant
- 37 – Social Worker
- 38 – Private Duty Nurse
- 45 – Waivered Services Organization
- 50 – Clinic (AHCC)
- 55 – Waivered Services Individual
- 60 – Medicare Certified Home Health Agency
- 65 – Clinical Nurse Specialist Individual
- 70 – Pharmacy
- 71 – Nurse Midwife Individual
- 72 – Nurse Practitioner Individual
- 76 – Durable Medical Equipment (DME) Supplier
- 82 – Ambulance
- 83 – Wheelchair Van

86 – Nursing Facility

88 – State Operated ICF-IID

89 – Non-State Operated ICF-IID