

Adding OhioRISE Specialties



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Introduction

This document discusses the steps and functions for listing the OhioRISE (Resilience through Integrated Systems and Excellence) specialties within the provider file in PNM. This program is a specialized managed care program for youth with complex behavioral health and multisystem needs. This document explains how to add OhioRISE to a provider file so that the provider can provide and submit claims for the relevant service(s) to the recipients.

Providers will be required to update their enrollment each time their certification is set to end and add a new specialty record, along with an upload of their newest certificate, in PNM.

OhioRISE Specialty Types

CANS (Child and Adolescent Needs and Strengths) Assessor

Specialty Code - ORC

This will be only **secondary** specialty for the following provider types:

- 01 Hospital
- 02 Psychiatric Hospital
- 03 Psychiatric Residential Treatment Facilities
- 20 Physician/Osteopath Individual
- 24 Physician Assistant
- 37 Social Worker
- 38 Non-Agency RN or LPN (When dually enrolled as another behavioral health provider type)
- 42 Psychologist/School Psychologist
- 47 Clinical Counselor
- 52 Marriage and Family Therapist
- 54 Chemical Dependency Counselor
- 65 Clinical Nurse Specialist Individual
- 72 Nurse Practitioner Individual
- 96 Paraprofessionals (QMHS, QMHS+3, or CMS)

*If this specialty is added, a document upload section for an **Ohio CANS Assessor Certification** will appear on the 'Specialties' page, requiring a certificate from the Praed Foundation to document that the individual has a current Ohio CANS assessor certification.

IHBT (Intensive Home Based Treatment)

Specialty Code - 847

This specialty (847) is secondary only and can be added to existing provider types listed below:

01 – Hospital

- 02 Psychiatric Hospital
- 84 Community MH Agency (Ohio Dept of MH Provider)

*If this specialty is added, a document upload section for an **IHBT certification from OMHAS** will appear on the 'Specialties' page, requiring a certificate from the OMHAS to document that the hospital/agency has current IHBT certification from OMHAS (includes IHBT, Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT)).

MRSS – Mobile Response and Stabilization Service

Specialty Code - ORM

This specialty is **secondary** only for the following provider types.

01 – Hospital

02 - Psychiatric Hospital

84 – Community MH Agency (Ohio Dept of MH Provider)

95 – Community SUD Agency (OMHAS Certified/Licensed Trmt Program)

*If this specialty is added, a document upload section for a **MRSS certification from OMHAS** will appear on the 'Specialties' page, requiring a certificate from the OMHAS to document that the hospital/agency has current MRSS certification from OMHAS.

OhioRISE Care Management Entity

Specialty Code - ORE

This could be both a (primary or secondary) specialty for the below provider type:

45 - Waivered Services Organization

This will be only a **secondary** specialty for the following provider types:

- 21 Professional Med Group
- 50 Clinic
- 84 Community MH Agency (Ohio Dept of MH Provider)
- 95 Community SUD Agency (OMHAS Certified/Licensed Trmt Program)

*If this specialty is added, a document upload section for an **OhioRISE – provider/plan CME contract** will appear on the 'Required Documents' page, requiring the agreement with the OHR plan to document that the organization has a current OhioRISE – provider/plan CME contract.

OhioRISE Waiver Out-of-Home Respite

Specialty Code - ORR

This specialty will be **secondary** only for the following provider types:

- 03 Psychiatric Residential Treatment Facilities
- 45 Waivered Services Organization
- 84 Community Mental Health Agency (Class 1 Residential Facility)
- 89 Non-State Operated ICF-MR

*If this specialty is added, a document upload section for an **OhioRISE – provider/plan OOH respite contract** will appear on the 'Required Documents' page, requiring an attestation or a copy of the agreement with the OhioRISE plan to document that the facility has a current OhioRISE – provider/plan OOH respite contract.

OhioRISE

OhioRISE BH Respite and OhioRISE Waiver Transitional Services and Supports (TSS)

Specialty Code - OHR

This specialty could be **primary or secondary** for Provider Types: 19, 25, 45 This specialty can only be **secondary** Provider Types: 20, 24, 37, 42, 47, 52, 54, 55, 65, 72, 84, 95

- 19 Managed Care Organization Panel Provider Only Individual
- 19 Managed Care Organization Panel Provider Only Organization
- 19 Managed Care Organization Panel Provider Only Facility
- 19 Managed Care Organization Panel Provider Only Group
- 20 Physician/Osteopath Individual
- 24 Physician Assistant
- 25 Non-Agency Personal Care Aide
- 37 Social Worker
- 42 Psychologist/School Psychologist
- 45 Waivered Services Organization
- 47 Clinical Counselor
- 52 Marriage and Family Therapist
- 54 Chemical Dependency Counselor
- 55 Waivered Services Individual MCO Provider Only
- 65 Clinical Nurse Specialist Individual
- 72 Nurse Practitioner Individual
- 84 Community MH Agency (Ohio Dept of MH Provider)
- 95 Community SUD Agency (OMHAS Certified/Licensed Trmt Program)

*If this specialty is added, a document upload section for an **OhioRISE – provider/plan BH respite or waiver services contract** will appear on the 'Required Documents' page, requiring an attestation or the agreement to document that the individual has a current OhioRISE – provider/plan BH respite, waiver services contract, and/or TSS services contract.

OhioRISE FMS (Financial Management Services)

Specialty Code – FMS

Note: This specialty is only for internal Users to add

This specialty can be either primary or secondary for: 45 – Waivered Services Organization

If it is the **primary specialty**, this specialty can be the **only** specialty for the below provider type:

New provider types 45 with the FMS specialty can only be added by an internal user

Existing provider types 45 that want the FMS specialty can only be added by an Enrollment Specialist adding the specialty for the provider

If this specialty is added, a document upload section for an **OhioRISE – provider/plan FMS contract** will appear on the 'Specialties' page, requiring the contract to document the individual has a OhioRISE provider/plan FMS contract.

Initial Login to PNM

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 addess: https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx.

Step 2: Click Log in with OH|ID.



<u>Step 3:</u> 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.



<u>Step 4:</u> 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. 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.





Terms

Add OhioRISE Specialties as an Update

OhioRISE specialties can be added to the provider's Medicaid record by completing an update.

<u>Step 1:</u> Once logged into the Homepage/Dashboard, click the hyperlink under Reg ID or Provider to manage the provider's record.

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|---------------|---------------------------------|------------|----------------------------|------------|-------------|----------------------|-----------------------|-----------------------|--------------|----------------|-------------|--------------------------|
| Reg ID | Provider | Status | Provider Type | NPI | Medicaid ID | Specialty | DD Contract Number | DD Facility Number | Location | Effective Date | Submit Date | Revalidation Due Date |
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| <u>517957</u> | Kyle Aaron | Submitted | 30 - Dentist Individual | 1821228875 | 9999878 | General Dentistry | | | 43212 - 4706 | 02/28/2022 | 08/03/2022 | 02/28/2027 |
| <u>517964</u> | <u>Madison</u> <u>Aaberg</u> | Approved | 69 - Pharmacist | 1043873938 | 0000002 | PHARMACIST | | | | 04/14/2022 | 03/09/2022 | 04/14/2025 |
| <u>517965</u> | Test Training | Complete | 69 - Pharmacist | 1316344583 | 9999883 | PHARMACIST | | | | 03/09/2022 | 03/23/2022 | 03/23/2026 |

Step 2: Click the '+' symbol next to Enrollment Actions and choose 'Begin ODM Enrollment Profile Update.'



<u>Step 3:</u> Select the update from the list provided. To add one of the <u>OhioRISE specialty types</u>, click **Update** next to Specialties.



Step 4: To add a new specialty, click Add New.

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<u>Step 5:</u> From the drop-down list, select the <u>OhioRISE specialty type</u> you wish to add.

| iis is a required section. | | | | | | |
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| | | 00 | 5 - Childrens Hospital 7 - Distinct Part Psychiatr | ric Unit | | |
| | | 76 | 0 - DME Supplier | | | |
| | | 82 | 2 - Fixed-wing Air Ambui 1 - General Hospital | ance | | |
| | | 82 | 1 - Ground Ambulance | | | |
| | | 84 | 7 - IHBT | | | |
| | | 00 | 8 - Level 2 Nursery | | | |
| | | | 9 - Level 3 Nursery 2 - LTACH (Long Term C: | are Acute Hospital) | | |
| | | 00 | 6 - Maior Teaching Hospi | tal | | |
| | | O | RM - MRSS - MOBILE RE | SPONSES AND STABILI | ZATION | |
| | | 48 | 0 - ODA WAIVER | | | |
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| | | 0 | RE - OHIORISE CARE M | ANAGEMENT ENTITY | | |
| | | 76 | 1 - UKUB LICENSED DME | Supplier | | |

Step 6: Once the specialty has been added, click Save.

<u>Note:</u> The Start Date will default to the date that the specialty is being added. This date will be updated by an Enrollment Specialist during the review process.

| Specialties his is a required section. | | | | | 6 Save | Cancel |
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| ĂV | | Start Date* 5/ | 25/2022 | | | |
| | | End Data 11 | 121/2200 | | | |

<u>Step 7:</u> The added specialty will show in the table. Review the table to ensure the specialties are accurately captured.

• To add additional specialties, click **Add New** (A) and repeat the process above.

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| Primary Specialties are not editable by provider after | er application subm | ission. | | | |
| Specialty | Primary | Start Date | End Date | Enroll Status | |
| 001 General Hospital | Yes | 01/01/2005 | 12/31/2299 | ACTIVE | 2 🗙 |
| ORE OHIORISE CARE MANAGEMENT ENTITY | No | 05/25/2022 | 12/31/2299 | INACTIVE | |
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Note: All OhioRISE specialties added will require a document upload prior to submission (B).

Check both the <u>Specialties</u> and <u>Required Documents</u> pages to ensure that the proper document is uploaded for the specialty.

<u>Step 8:</u> To upload a document, click **Browse**.

| Specialties This is a required section. | | | | | Save | Cancel |
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| | Primary Specialties are not editable by provider aft | er application su | bmission. | | | |
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| | ORC CANS ASSESSOR | No | 05/25/2022 | 12/31/2299 | INACTIVE | |
| | Required Document Ohio CANS Assessor Certification | Browse | 3 | _ | | History |
| Required Documents This is a required section. | If you have additional documentation documents and you will be able to will be | n to provide that riew and delete o | were not available for upl documents after uploading | oad on other pages, upload | Sav | e Cancel |
| | You may also mail in additional docur Mailing Address: Ohio Department of Medicaid Provider Enrollment Unit PO Box 1461 Columbus, OH 43216-1461 | nentation, which | i may result in a delay to p | rocess your application. | | |
| Required Document | contract | | | | | |
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<u>Step 9:</u> Select the document on your computer and click **Open**.

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| | Ohio CANS Assessor Certification.pdf | \odot | 9/9/2021 9:09 AM | Adobe Acrobat D | 130 KB | | |
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<u>Step 10:</u> The uploaded document name will appear in green text, allowing you to confirm the upload.

| | Ohio CANS Assessor Certification |
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| 10 | Ohio CANS Assessor Certification.pdf Download Remove |
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<u>Step 11:</u> When all updates have been completed, click **Submit for Review**.

| pecialties his is a required section. | Primary Specialties are not editable by provider aff | er application sub | mission | | Ri 11 S Save | eturn to Summar Generate PD Gubmit for Review Cancel |
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| | Specialty | Primary | Start Date | End Date | Enroll Status | |
| | 001 General Hospital | Yes | 01/01/2005 | 12/31/2299 | ACTIVE | 2 🗙 |
| | ORE OHIORISE CARE MANAGEMENT ENTITY | No | 05/25/2022 | 12/31/2299 | INACTIVE | |
| | ORC CANS ASSESSOR | No | 05/25/2022 | 12/31/2299 | INACTIVE | |
| | | _ | _ | _ | _ | Add New |

<u>Note:</u> If you need more time to complete updates or locate documents to upload prior to submitting, you can save your progress and return to the update panel to complete at a later time. However, if updates are not complete within 10 days of initiating the update process, the progress will be lost and you will need to start the process over

To access an 'in progress' update, follow Steps 1 and 2 above and then click 'Continue ODM Enrollment Profile Update' (A).



Step 12: A pop-up window displays informing of the updates made on the file. Click OK to proceed.

| You have modified the following sections in your applicat your submission. Click "Cancel" to review your application | tion. Click "O ation prior to s | k" to complete submission. |
|---|------------------------------------|----------------------------|
| Specialties | | |
| 12 | ОК | Cancel |
| | | |

<u>Step 13:</u> A submission confirmation message displays informing that the file has been successfully submitted. Click **Return to Home Page** to return to the Provider Dashboard.

| Submission Confirmation | l |
|--|---|
| You have successfully submitted your application to the Medicaid Program. Please allow at least 10 days for processing before attempting to submit any changes. | l |
| 13 Return to Home Page | l |

Add OhioRISE Specialties during Revalidation

OhioRISE specialties can be added to the provider's Medicaid record during the Revalidation process.

<u>Step 1:</u> Once logged into the Homepage/Dashboard, click the hyperlink under Reg ID or Provider to manage the provider's Medicaid record.

| Ohi | O De Me | partment dicaid | of 🏫 | Provider Netwo | ork Management | Medicaid Ho | me Learning | J Contact | Fee Schedule | | 2 | T raining (|
|---------------|---------------------------------|--------------------|----------------------------|----------------|----------------|----------------------|-----------------------|-----------------------|--------------|----------------|-------------|--------------------------|
| My Providers | Account Admi | nistration | | | | | | | | X 🗄 🦷 | | 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 |
| T | T | All 🗸 | T | T | T | All 🗸 | T | T | T | T | T | T |
| <u>517957</u> | Kyle Aaron | Submitted | 30 - Dentist Individual | 1821228875 | 9999878 | General Dentistry | | | 43212 - 4706 | 02/28/2022 | 08/03/2022 | 02/28/2027 |
| <u>517964</u> | <u>Madison</u> <u>Aaberg</u> | Approved | 69 - Pharmacist | 1043873938 | 0000002 | PHARMACIST | | | | 04/14/2022 | 03/09/2022 | 04/14/2025 |
| <u>517965</u> | Test Training | Complete | 69 - Pharmacist | 1316344583 | 9999883 | PHARMACIST | | | | 03/09/2022 | 03/23/2022 | 03/23/2026 |

Step 2: Click the '+' symbol next to Enrollment Actions and choose 'Begin Revalidation.'



<u>Step 3</u>: During the Revalidation process, all pages are confirmed or updated. OhioRISE specialties can be added on the Specialties page.

| pecialties nis is a required section. | | | | Save | Cancel Previous | Next |
|--|--|----------------------------|------------|------------|-----------------|-------|
| | Brimany Specialties are not editable by pr | wider after application wh | minnion | | | |
| | Specialty | Primary | Start Date | End Date | Enroll Status | |
| | 001 General Hospital | Yes | 03/14/2022 | 12/31/2299 | ACTIVE | 2 🗙 |
| | 006 Major Teaching Hospital | No | 03/14/2022 | 12/31/2299 | ACTIVE | 2 🗙 |
| | | | | | | Add N |

Step 4: To add a new specialty, click Add New.

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| Specialties This is a required section. | Primary Specialties are not editable by p | rovider after application sub | mission. | | Save | Cancel |
| | Specialty | Primary | Start Date | End Date | Enroll Status | |
| | 001 General Hospital | Yes | 01/01/2005 | 12/31/2299 | ACTIVE | 🛛 🛛 🗙 |
| | | | | | | 4 Add New History |

Step 5: From the drop-down list, select the OhioRISE specialty type you wish to add.



Step 6: Once the specialty has been added, click Save.

<u>Note:</u> The Start Date will default to the date that the specialty is being added. This date will be updated by an Enrollment Specialist during the review process.

| pecialties is is a required section. | | | | | 6 Save | Cancel |
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| | Primary Specialties are not editable by p | rovider after application sub | nission. | | | |
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| ĂV | | Start Date* 5/2 | 25/2022 | | | |
| | | End Data 40 | 12.4.10000 | | | |

<u>Step 7:</u> The added specialty will show in the table. Review the table to ensure the specialties are accurately captured.

• To add additional specialties, click **Add New** (A) and repeat the process above.

| Specialties This is a required section. | | | | | Save | Cancel |
|--|--|---------------------|------------|------------|---------------|---------|
| | Primary Specialties are not editable by provider after | er application subm | ission. | | | |
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| | 001 General Hospital | Yes | 01/01/2005 | 12/31/2299 | ACTIVE | 2 🗙 |
| | ORE OHIORISE CARE MANAGEMENT | No | 05/25/2022 | 12/31/2299 | INACTIVE | |
| | | | | | A | Add New |
| | | | | | | History |

Note: All OhioRISE specialties added will require a document upload (B).

Add any documents required on the Specialties page. As you work through the Revalidation process, review the Required Document page to see if any certifications related to the OhioRISE specialty need to be uploaded on that page.

Step 8: To upload a document, click Browse.

| Specialties This is a required section. | | | | | Save | Cancel |
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| | Primary Specialties are not editable by provider aft | er application sul | omission. | | | |
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| | 001 General Hospital | Yes | 01/01/2005 | 12/31/2299 | ACTIVE | 2 |
| | ORE OHIORISE CARE MANAGEMENT ENTITY | No | 05/25/2022 | 12/31/2299 | INACTIVE | |
| | ORC CANS ASSESSOR | No | 05/25/2022 | 12/31/2299 | INACTIVE | Add New |
| | Required Document Ohio CANS Assessor Certification | | | | | |
| | B | Browse | | | | |
| Required Documents This is a required section. | | | | | Sav | e Cancel |
| | If you have additional documentation documents and you will be able to | on to provide that view and delete o | were not available for upl locuments after uploading | load on other pages, uploa J. | d those here. You may upload | I multiple |
| | You may also mail in additional docu Mailing Address: Ohio Department of Medicaid Provider Enrollment Unit PO Box 1461 Columbus, OH 43216-1461 | mentation, which | may result in a delay to p | process your application. | | |
| Required Document | | | | | | |
| OhioRISE -provider/plan CME | Browse 8 | | | | | |

<u>Step 9:</u> Select the document on your computer and click **Open**.

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Step 10: The uploaded document name will appear in green text, allowing you to confirm the upload.

| | Ohio CANS Assessor Certification |
|----|--|
| 10 | Ohio CANS Assessor Certification.pdf Download Remove |
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<u>Step 11:</u> When all pages have been confirmed or updated, complete the Revalidation process by clicking **Submit for Review**.

| | | Jump To: | Application Fee | | ~ | |
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| Federal DEA Registration | W9 Form* | EFT Banking* | Application Fee* | Owner Information* | Required Documents | Agreements* |
| | | | | | 1 | Generate PDF Submit for Review |
| Agreements This is a required section. | | | | | Save Cancel Previo | bus Next |

<u>Note:</u> If you need more time to complete the revalidation or locate documents to upload prior to submitting, you can save your progress and return to the revalidation panel to complete at a later time.

To access an 'in progress' revalidation, follow Steps 1 and 2 above and then click 'Continue Revalidation' (A).



<u>Step 12:</u> A submission confirmation message displays informing that the file has been successfully submitted. Click **Return to Home Page** to return to the Provider Dashboard.

| 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 | |
| 12 Return to Home Page | |

Add OhioRISE Specialties during a New Enrollment

Some OhioRISE specialties may be added as a primary specialty during provider initial application for enrollment. There is also the ability to add OhioRISE specialties as secondary specialties during this process. To review the steps of completing a new enrollment, please review the provider User Guides.

<u>Step 1:</u> During the process of completing pages of the new enrollment application, the Specialties page will appear. To add a new specialty, click **Add New**.

| Specialties This is a required section. | | Save | Cancel | Previous | Next |
|--|--|------|--------|----------|---------|
| | Primary Specialties are not editable by provider after application submission. | | | | |
| | No records found | | | | |
| | | | | 1 | Add New |
| | | | | | |

Step 2: From the drop-down list, select the OhioRISE specialty type you wish to add.

<u>Step 3:</u> Once the specialty has been added, click Save.

| Specialties This is a required section. | 3 Save Cancel Previous Next |
|--|---|
| Primary Specialties are not edi | e by provider after application submission. |
| No records found | |
| | Add New |
| | |
| | Designate a Primary Specialty. |
| | Designate a Primary Speciality and save first before secondary specialities can be entered. |
| | Specialty* |
| | Start Date* ORC - CANS ASSESSOR |
| | End Date OHR - OHIORISE |
| | |

<u>Step 4:</u> The added specialty will show in the table. Review the table to ensure the specialty is accurately captured.

| Specialties This is a required section. | | | | s | ave Cancel | Previous Next |
|--|---|-------------------------------|------------|------------|---------------|---------------|
| | Primary Specialties are not editable by | provider after application su | bmission. | | | |
| | Specialty | Primary | Start Date | End Date | Enroll Status | |
| | OHR OHIORISE | No | 08/02/2022 | 12/31/2299 | INACTIVE | 2 🗙 |
| | | | | | | Add Nev |

Note: All OhioRISE specialties added will require a document upload (B).

Check both the <u>Specialties</u> and <u>Required Documents</u> pages to ensure that the proper document is uploaded for the specialty.

<u>Step 5:</u> To upload a document, click **Browse**.

| | OhioRISE - Provider/Plan BH Respite or Waiver Services Contract | |
|---|---|--|
| В | | |
| | | |
| | Browse 5 | |

<u>Step 6:</u> Select the document on your computer and click **Open**.

| | | | | | | \times |
|--------------------------------------|---|-----------------------|--|---|-----------------------|--|
| This PC > Documents > | | | ب< 5 | | | |
| older | | | | | | ? |
| ^ Name | Status | Date modified | Туре | Size | | ^ |
| Certificate 1.jpg | \odot | 7/8/2021 8:33 AM | JPG File | 32 KB | | |
| Certificate 2.jpg | Ø | 7/15/2021 11:25 AM | JPG File | 46 KB | | |
| Certificate 3.jpg | \odot | 7/15/2021 11:26 AM | JPG File | 1,177 KB | | |
| 👃 Credentialing Package.pdf | \oslash | 9/20/2021 1:19 PM | Adobe Acrobat D | 32 KB | | |
| Ohio CANS Assessor Certification.pdf | Ø | 9/9/2021 9:09 AM | Adobe Acrobat D | 130 KB | | |
| Proof of Payment.pdf | \odot | 9/20/2021 1:18 PM | Adobe Acrobat D | 33 KB | | ~ |
| le name: | - | | ✓ All Fil | les (*.*) | | \sim |
| | | | 6 | Open | Cancel | |
| | This PC > Documents > older Name Certificate 1.jpg Certificate 2.jpg Certificate 3.jpg Certificate 3.jpg Credentialing Package.pdf Ohio CANS Assessor Certification.pdf Proof of Payment.pdf | This PC > Documents > | This PC > Documents > Inder Name Status Date modified Certificate 1.jpg O T/15/2021 18:33 AM Certificate 2.jpg O T/15/2021 11:25 AM Certificate 3.jpg O T/15/2021 11:26 AM Credentialing Package.pdf O T/15/2021 11:19 PM Ohio CANS Assessor Certification.pdf O T/15/2021 11:18 PM Proof of Payment.pdf O T/15/2021 11:18 PM | This PC > Documents > v 0 older Name Status Date modified Type Certificate 1,jpg O T/8/2021 8:33 AM JPG File Certificate 2,jpg O T/15/2021 11:25 AM JPG File Certificate 3,jpg O T/15/2021 11:26 AM JPG File Certificate 3,jpg Certificate 3,jpg O T/15/2021 11:26 AM JPG File Certificate 3,jpg Ce | This PC > Documents > | This PC > Documents > This PC > Documents > Name Status Date modified Type Size Certificate 1.jpg O 7/8/2021 8:33 AM JPG File 32 KB Certificate 2.jpg O 7/15/2021 11:25 AM JPG File 46 KB Certificate 3.jpg O 7/15/2021 11:26 AM JPG File 1,177 KB Certificate 3.jpg O 7/15/2021 11:26 AM JPG File 1,177 KB Certificate 3.jpg O 9/20/2021 1:19 PM Adobe Acrobat D 32 KB Ohio CANS Assessor Certification.pdf O 9/9/2021 9:09 AM Adobe Acrobat D 33 KB Proof of Payment.pdf O 9/20/2021 1:18 PM Adobe Acrobat D 33 KB All Files (*.*) Cancel |

<u>Step 7</u>: The uploaded document name will appear in green text, allowing you to confirm the upload.

<u>Step 8:</u> When the application has been completed, click **Submit for Review**.

| Specialties his is a required section. | | Re 8 S Save | | | | |
|---|--|--------------------|------------|------------|---------------|---------|
| | Primary Specialties are not editable by provider after | er application sub | mission. | | | |
| | Specialty | Primary | Start Date | End Date | Enroll Status | |
| | 001 General Hospital | Yes | 01/01/2005 | 12/31/2299 | ACTIVE | 2 🗙 |
| | ORE OHIORISE CARE MANAGEMENT ENTITY | No | 05/25/2022 | 12/31/2299 | INACTIVE | |
| | ORC CANS ASSESSOR | No | 05/25/2022 | 12/31/2299 | INACTIVE | |
| | | | | | | Add New |

<u>Step 9:</u> A submission confirmation message displays informing that the file has been successfully submitted. Click **Return to Home Page** to return to the Provider Dashboard.

