Steps:

A Plan of Correction (POC) needs to be submitted in response to a Notice of Operation Deficiency (NOD) sent to a provider by the Ohio Department of Medicaid.

	My Provide	rs	Account Admir	nistration								X 🗄 🥂	l	New Provider ?
R	Reg ID		Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
C	٦		T	All	T	T	T	All	T	T	T	T	T	T
<u>5</u>	5 <u>17919</u>		<u>Test Training</u>	Return to Provider For Site Visit	39 - Physical Therapist, Individual	1912011818		Physical Therapy					01/26/2022	

To submit a Plan of Correction (POC), locate the provider on your dashboard and click on the link under the Reg ID or Provider heading.

NOTE: During a revalidation, this process is completed by the user (Provider Administrator or Provider Agent) who submitted the provider's Medicaid enrollment information for revalidation.

4	

- Under the Manage Application section, click the '+' icon to expand the Enrollment Action Selections.
- Click on the hyperlink which says, "Continue Registration."

Manage Application		
Enrollment Actions	+ Enrollment Action Selections:	0
Programs	+ Program Selections:	
Self Service	+ Self Service Selections:	
Manage Application		
Enrollment Actions	Enrollment Action Selections: Continue Registration Cancel New Registration Edit Key Provider Identifiers	0

	24
7	

You will be redirected to the Site Visit Screening page where you will find the Notice of Operational Deficiency (NOD) issued by the Ohio Department of Medicaid (ODM).

• To view the Notice, click 'Download.'

Optional Document Notice Of Deficiency
Notice Of Operational Deficiency.pdf Download Browse
Plan Of Correction Date of Plan of Correction
Optional Document
Plan of Correction Browse

Original Screening Complete Date 02/01/2023

Steps:

4

- To address the Notice of Operational Deficiency (NOD), create a Plan of Correction (POC).
- Once developed, enter the date of the Plan of Correction (POC) in the space provided.
- Upload the Plan document by clicking **Browse**.

	Original Screening Complete Date 02/01/2023
	Optional Document Notice Of Deficiency Notice Of Operational Deficiency pdf Download Browse Browse
X A+/	Plan Of Correction Date of Plan of Correction
	Optional Document Plan of Correction
	Browse

\leftrightarrow \rightarrow \checkmark \uparrow \square \Rightarrow This PC \Rightarrow Documents	> Documents			~ Č	
Organize 👻 New folder					
★ Quick access A Name A Ohio CANS Assessor Certific Desktop A Unload a df	Status cation.pdf ⊘	Date modified 9/9/2021 9:09 AM	Type Adobe Acrobat D	Size 130 KB	,
Downloads	©	9/20/2021 1:19 PM	Adobe Acrobat D	32 KB	
 Documents // Proof of Payment.pdf Provider Administrator Tran 	∽ sfer.pdf ⊘	9/20/2021 1:18 PM 10/6/2022 5:53 PM	Adobe Acrobat D Adobe Acrobat D	33 KB 7 KB	
File name: Plan of Correction.pdf			 ✓ All Fil 	es (*.*)	

- Locate the Plan of Correction (POC) document on your computer.
- Select the document and click Open.

6	Optional Document
	Plan of Correction.pdf Download Browse

Confirm the document successfully uploaded by reviewing the Plan of Correction box:

- The file name of the document appears in green text.
- A 'Download' option appears.

Steps:

9

Uploaded Documents

In the event additional Notice of Operational Deficiency (NOD) indications are submitted, click **Choose File** under the Uploaded Documents section at the bottom of the page. Here, add additional Plan of Correction (POC) documents to address the information listed in the Notice of Operational Deficiency.

Once the document is added, click **Upload File**.

Please note that you will n	be able to delete uploaded documents once your application has been submitted.	
No uploaded documents	ound.	
	Choose File No file chosen Name	ad file

•	
Ō	Generate PDF Plan of Correction
	Site Visit Screening Cancel
	This is a required section.
Click the Plan of Correction	Original Screening Complete Date 02/01/2023
button to submit the Plan of Correction (POC) document to the Ohio Department of Medicaid.	Coptional Document Notice Of Deficiency Notice Of Operational Deficiency pdf Download
	Plan Of Correction Date of Plan of Correction 3/8/2024 Continued Decument
	Plan of Correction Plan of Correction Plan of Correction
	Eroor

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.
Return to Home Page
 A submission confirmation message displays indicating that the Plan of Correction has been submitted.
Click Return to Home Page to go to your dashboard.