

USER GUIDE FOR RECERTIFICATION

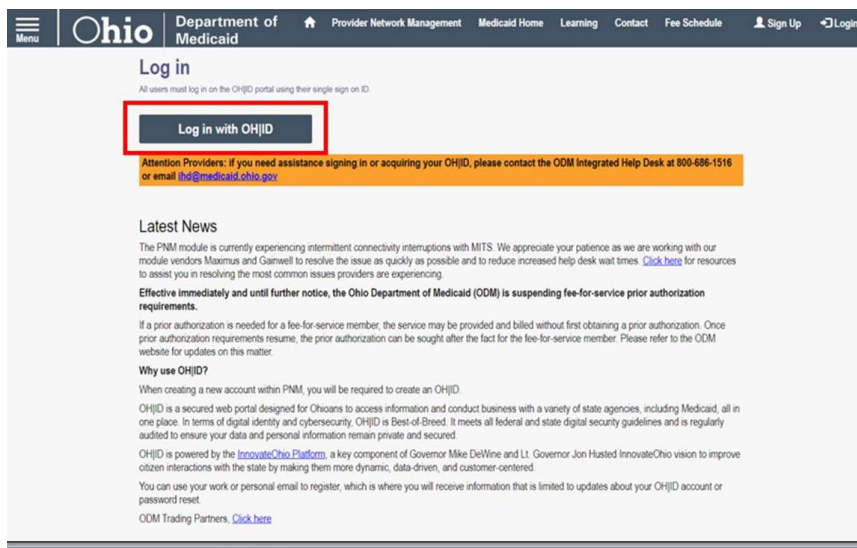
Please contact us if you have any questions during this process.

Natasha Frost / Provider Support Specialist / nfrost@westcondd.org / 937-726-5276

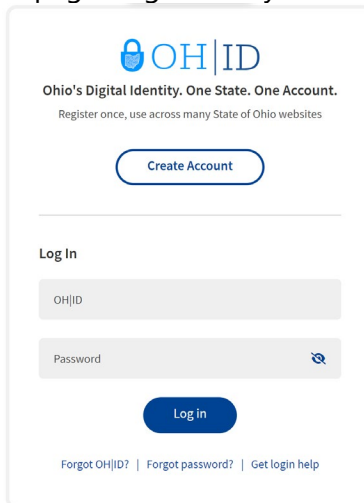
Note: There is a non-refundable application fee of \$125 for Independent Providers. The fee must be paid with a credit card or electronic check at the same time as application submission.

To start the Recertification process, you will start in the PNM system (Medicaid) and then be routed to PSM (DODD) to complete the application.

1. To begin, navigate to the Provider Network Management (PNM) system by using the access link (https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx), enter your OH|ID User ID, and Click **Next**.



2. You will be redirected to the OH|ID login page. Log in with your username and password. Click **Log in**.



3. Check the box next to **Yes, I have read the agreement**, and **WAIT**.

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

Cancel



WARNING: DO NOT click the **“Cancel”** button at the bottom of the terms window. This will log you out of PNM/PSM, and you will need to start the login process over from the beginning. Once you have checked the box next to **“Yes, I have read the agreement,”** you must **WAIT** until PNM loads.

4. The PNM landing page will load.

Ohio Provider Network Management Medicaid Home Learning Contact Fee Schedule Boba Fett Log out

My Providers Select Provider Pending Agent Requests Account Administration DD 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
541274	DAGOBAH, YODA	Complete	38 - NON-AGENCY NURSE - RN OR LPN	1193482118	0109982	PDN/ODM WAIVER REGISTERED NURSE	8190237			07/18/14	07/18/14	02/15/22

5. From the PNM landing page, click **Reg ID** or provider name of the application/profile you wish to access.

Ohio Provider Network Management Medicaid Home Learning Contact Fee Schedule Boba Fett Log out

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6. The Provider Management Home screen will appear. Click the **plus (+) sign** next to Enrollment Actions.

Ohio Provider Network Management Medicaid Home Learning Contact Fee Schedule

Provider Management Home

Registration Information

Provider Name: DAGOGAH, YODA | Medicaid ID: 0109962 | Effective Date: 02/01/2022 | Revalidation Due Date: 02/01/2027 | Term Date: []

DODD Certification Start Date: 02/01/2022 | DODD Certification End Date: 12/31/2299 | DODD Contract Number: 8190257

Manage Application

Enrollment Actions: + Enrollment Action Selections: []

Programs: + Program Selections: []

Self Service: + Self Service Selections: []

My Current and Previous Applications

Reg ID	Enrollment Action	Program	Application Id	PNM Application Status	Other Agency Application Status	DD Legal Status	Status Date
541274		Medicaid	000300	NOT PROCESSED			02/07/22

7. Click **Begin DODD Enrollment Profile Update** (if no current DODD applications are open) or **Continue DODD Enrollment Profile Update** (if at least one DODD application is open) in the expanded options.

Manage Application

Enrollment Actions: - Enrollment Action Selections:
Begin DODD Enrollment Profile Update
Begin DODD Enrollment Profile Update
Add CDA Services
Edit My Provider Information
Secure Disenrollment

Programs: + Program Selections: []

Self Service: + Self Service Selections: []

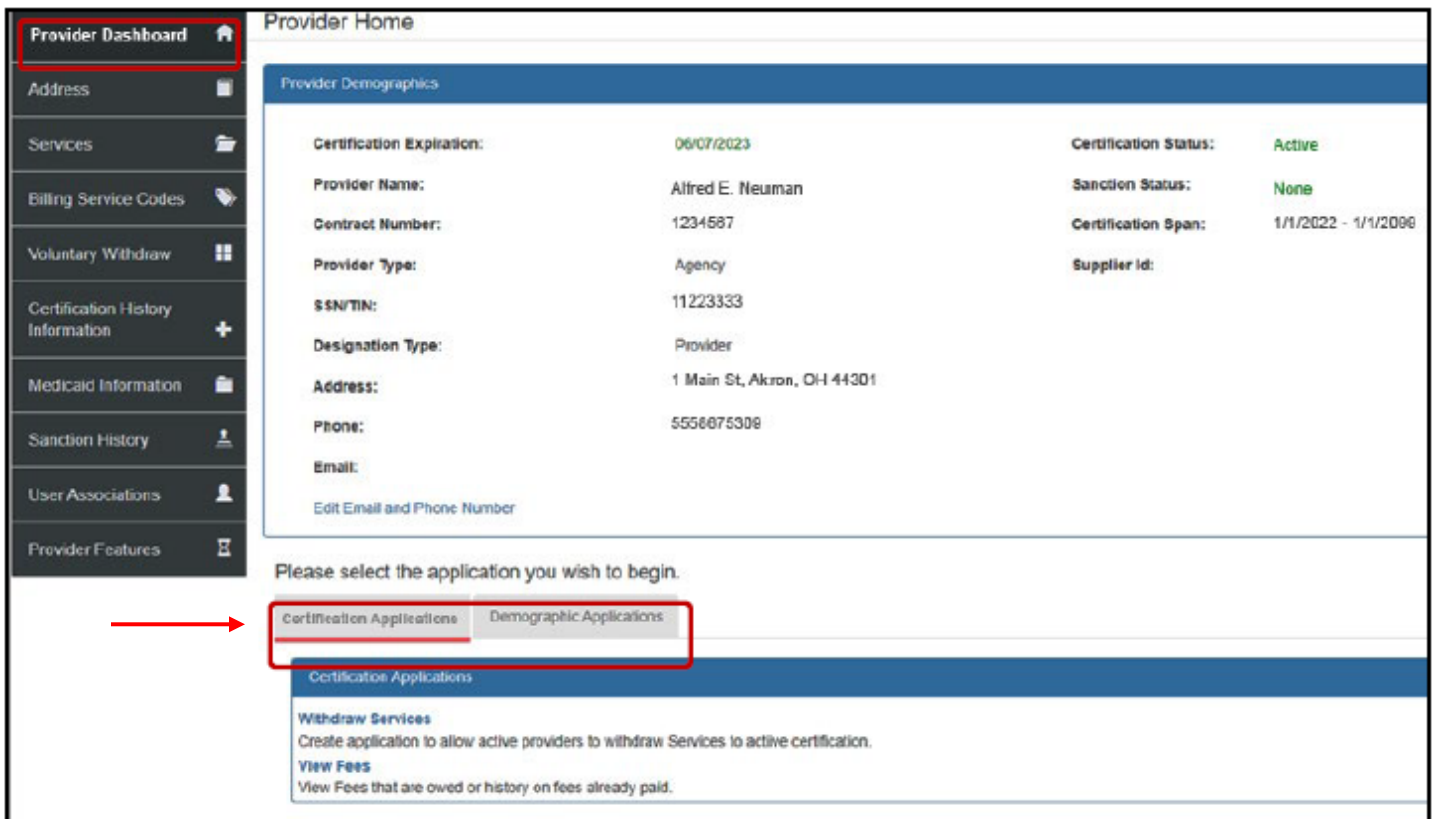
My Current and Previous Applications



Don't see the "Begin/Continue DODD Enrollment Profile Update" option? Make sure that your revalidation date is updated.

If you do not have the option your recertification window may not be open or you need to have PNM add this option. Call 1-800-617-6733 Opt 4 for assistance.

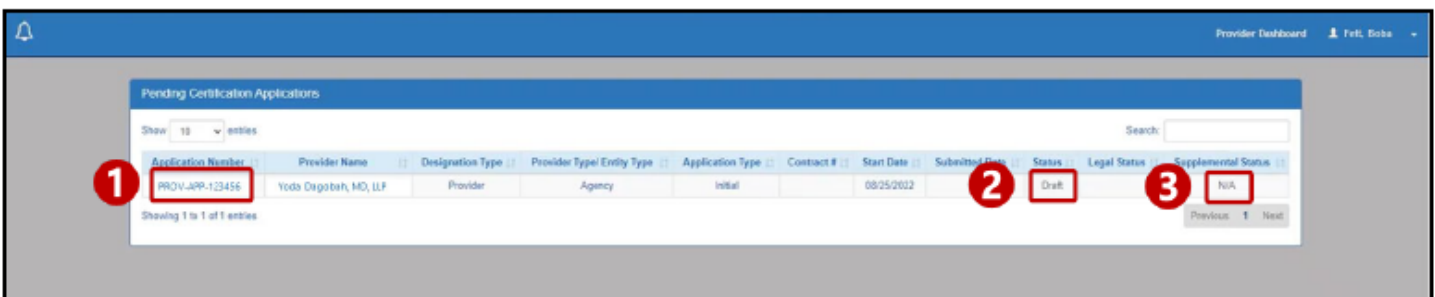
At this point PNM should redirect you to PSM. You will start off on the **Provider Dashboard**.



From here, you can access **Certification Applications**. If it is time to recertify the top option will be the recertification application. Click on it.

You will then be taken to the Pending Certification Applications Screen.

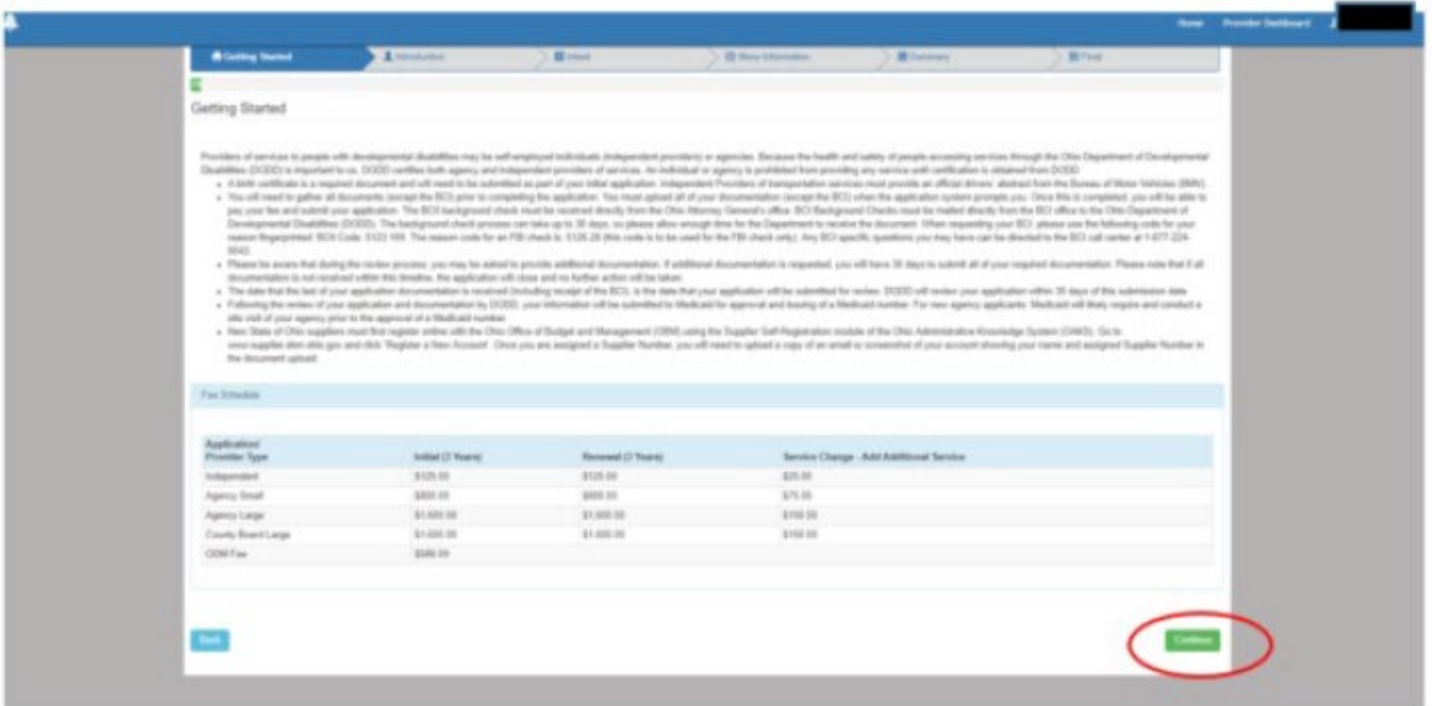
1. To access the application from the beginning of the application, click the **Application Number** directly.
2. To access the application from where you left off when you were last editing the application, click the **Status** of the application.
3. To access supplementals, click the Supplemental Status name directly.



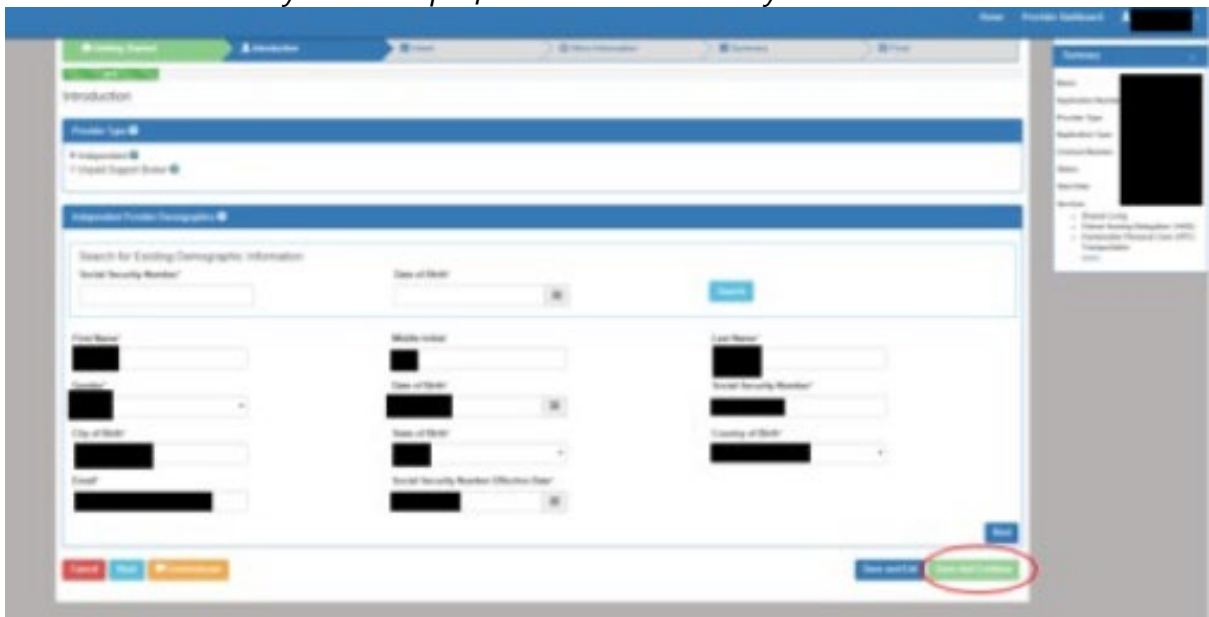
After clicking the Application Number PSM will take you to the application.

PSM Application Directions

1. Getting Started. Read and Click Continue.

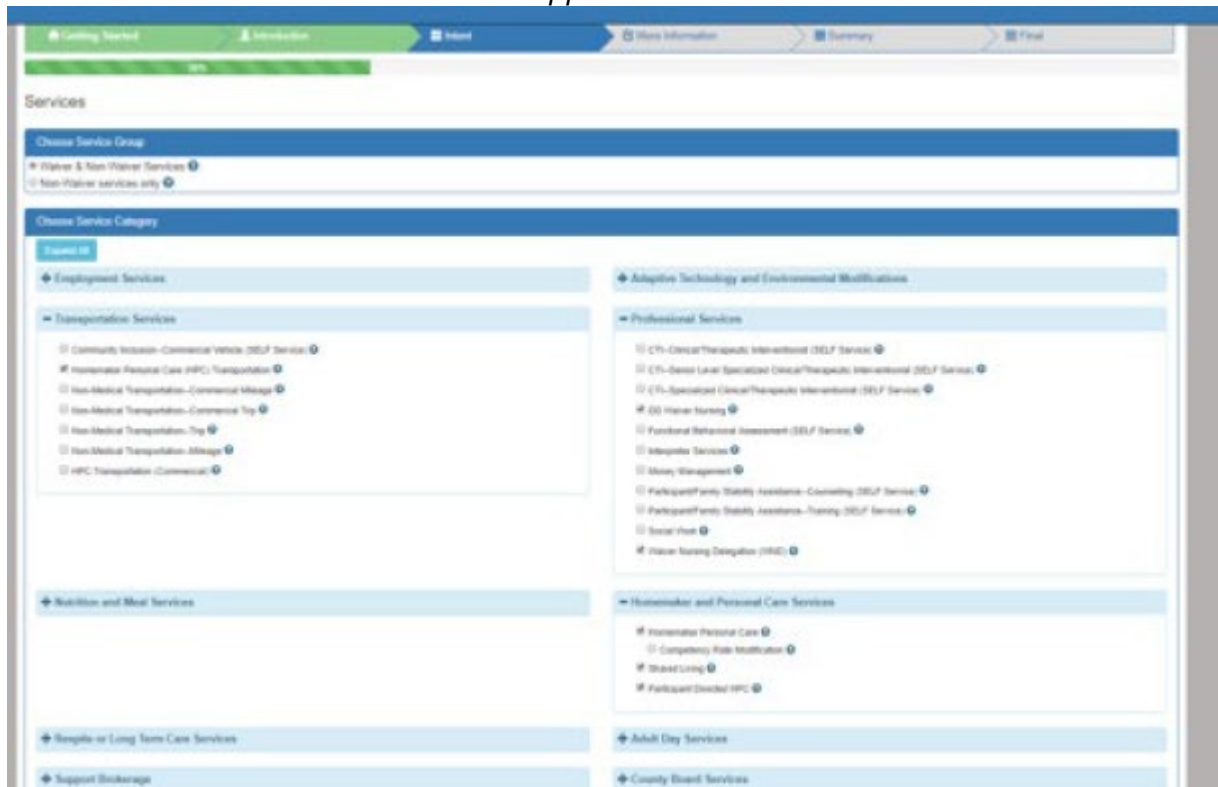


2. Demographics. Fill out your address then click the green Save and Continue box.
If your home, billing, mailing, and alternative address are the same you can click each box and the system will prefill each section with your address.

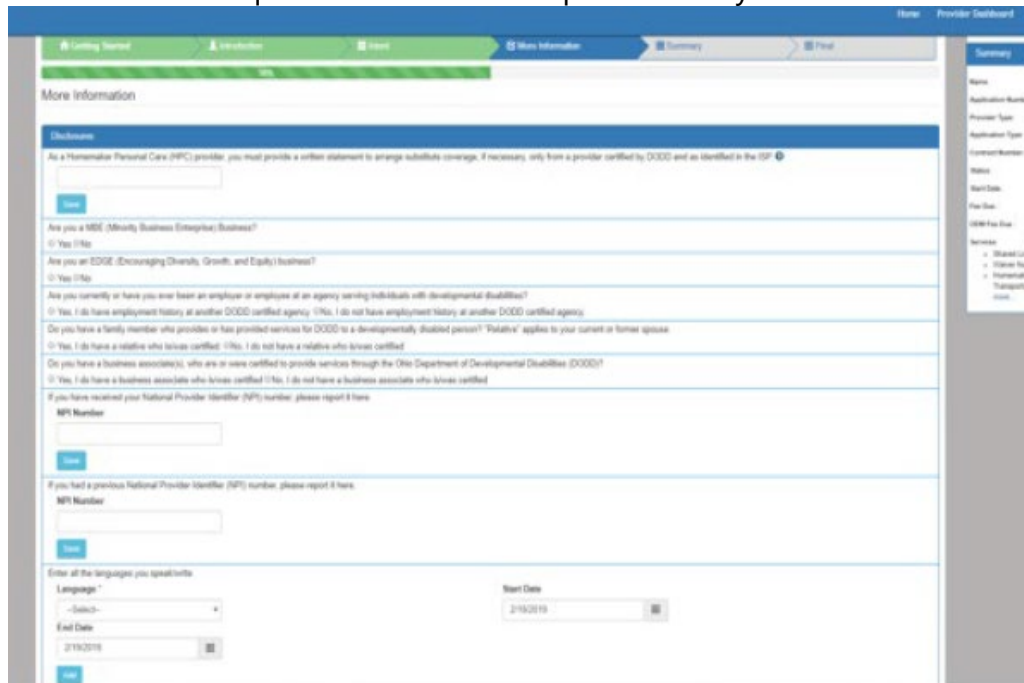


- Services. This screen should populate with all the services that you are already certified to provide. Click Save and Continue.

Note: the services you provide will determine what documentation you will need to upload into the application.



- More Information. Answer all questions that are not prefilled for you.



5. Upload the required documents. Then click Save and Continue.

Note: You may be asked to upload the following documents: 2-hour required annual training, 6-hour training, current CPR and First Aid, Driver License, Updated W-9 (signed and dated). If you are billing for transportation, you will also need an updated Driver Abstract and a copy of your auto insurance card.

The screenshot shows a web interface for uploading documents. At the top, there's a blue header with the word 'Documents'. Below it, there's a paragraph of instructions: 'These documents are required in order to be an Ohio Medicaid Provider, and you cannot become certified until you have submitted these documents to the department. You must scan and upload the documents here to proceed with submitting your application.' This is followed by a note about BCI (Background Check) requirements, stating they cannot be uploaded and must be mailed directly from the BCI office to the Ohio Department of Developmental Disabilities. The BCI Code is listed as 5125 169. Below this, there's an address for the Ohio Department of Developmental Disabilities: Attention: Provider Certification, 38 E. Broad Street, 13th Floor, Columbus, Ohio 43215. A note specifies a max file size limit of 75 MB and lists allowable file types: .doc, .docx, .pdf, .png, .jpg, .gif, .mpg, .avi, .xls, .xlsx. A section titled 'Please, ensure that all Required Documents have a corresponding Document Upload except the BCI and FBI, as listed' contains two columns of checkboxes for: Annual Training, Client Rights Training, Driver's Abstract, First Aid, Proof of auto insurance coverage, W-9 (with a download link), BCI Background Check, CPR, Driver's License, MJJ Training, and State of Ohio Identification. Below the checkboxes are two 'Choose a file to Upload' buttons. A 'Save' button is also present. A note states: 'By clicking Save below to move forward in your application, you are indicating that all listed required documentation is submitted in the Documents Uploaded with the exception of any background check(s)'. At the bottom, there is a table with columns 'Required Document' and 'Document Name'. The table lists: Driver's License, CPR, First Aid, and Client Rights Training. The 'Document Name' column for these items is redacted with a black box.

Required Document	Document Name
Driver's License	[REDACTED]
CPR	[REDACTED]
First Aid	[REDACTED]
Client Rights Training	[REDACTED]

6. Pay the Certification Fee. You should be redirected to pay the fee with a credit card or electronic check. If the system does not load the screen go back to PSM home page and click the red box "Fee Payment Information"

Note: Your application is not complete until you pay the fee and get the "application successful screen".