

USER MANUAL

DODD Provider Enrollment Applications

DODD Provider



Department of
Medicaid



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Introduction

This desk reference 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.



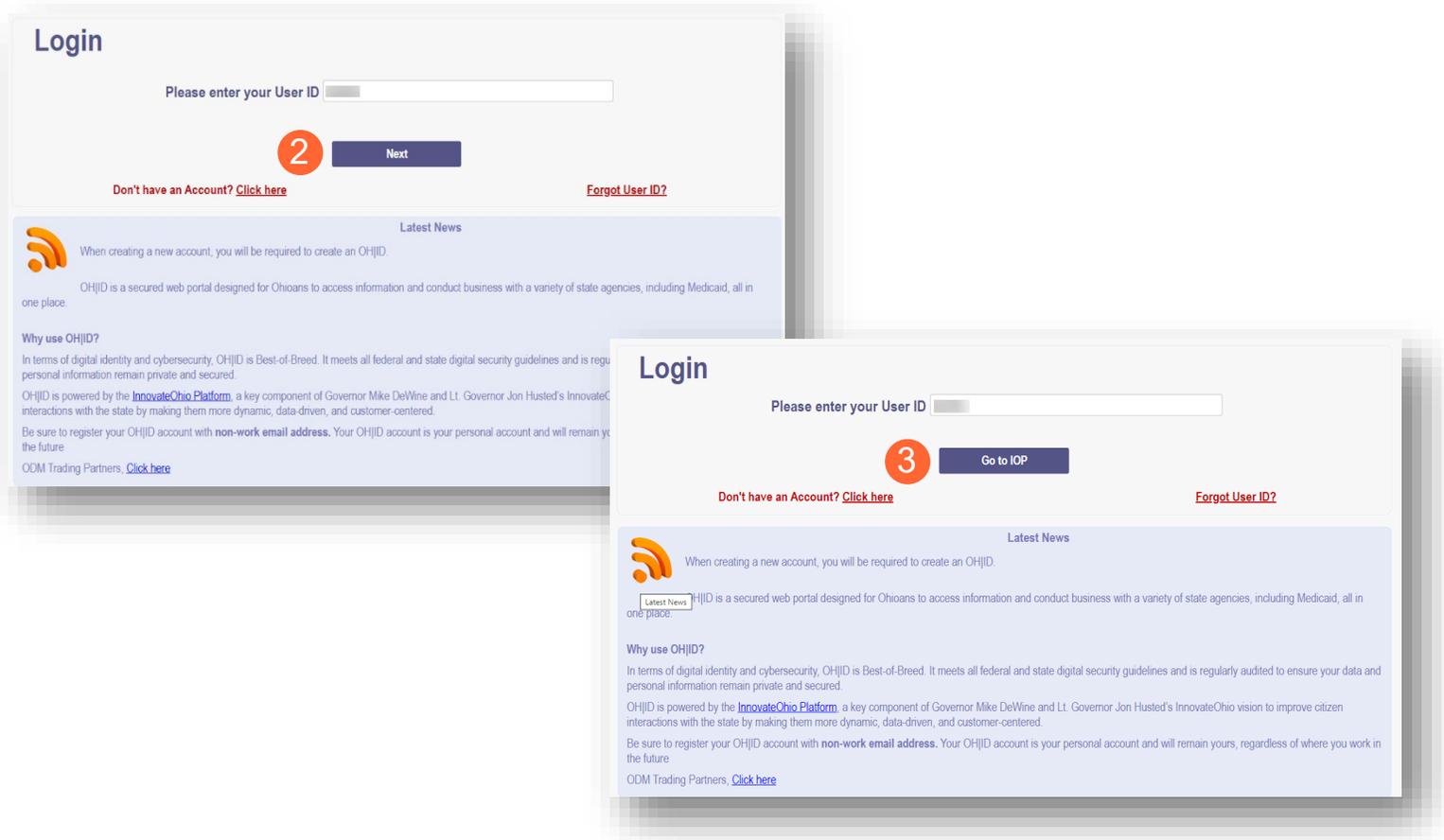
Provider Initial Login

In this section of the user manual 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_PRD/Account/Login.aspx

Step 2: Enter the User ID and click 'Next'

Step 3: Click 'Go to IOP'



Step 4: The system will prompt you to enter your username and password on the IOP login screen illustrated below

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

Create Account

Log In

OH|ID

Password

Log in

[Forgot OH|ID?](#) | [Forgot password?](#)

Step 5: The next screen will allow you to 'Accept the Terms' to log into the PNM system by clicking the terms box

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.

5 Yes, I have read the agreement

Cancel

Provider Home Page

When you first login to the PNM system you will see a variety of buttons to help with administering your Providers.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
154	Provider Trainer	All Complete Approved Return to Provider Not Submitted	Physician/Osteop Individual			Dual Licensed Dentist and Licensed MD/DO.			45069 - 1234	09/29/21	09/09/21	09/29/24

Menu: The menu can be accessed by clicking on the three-bars in the top left-hand corner of the screen. This will provide you with access to the Provider Directory, Learning Resources, Provider Financials, My Profile, Contact Us, and other key information for the Provider.

Select Provider: This button allows you to search for and move Providers to your OHID account based on identifying information, such as Tax ID, NPI, and Medicaid ID.

Pending Agent Requests: This button allows you to approve any Agents that wish to have access to Provider records to Submit Claims, Run Reports, and other functions.

Account Administration: This button is used when a Provider Administrator wishes to transfer the Provider to another Account Administrator.

DD Account Administration: (*may appear for CEO Certified Providers*): Allows for review of user activation, facilities, and contracts associated to the user ID

New Provider?: This button is used when creating New Enrollments for New Providers that you will be responsible for administering.

DODD Provider - New Provider Entry

This section displays the necessary steps for creating an Initial Application for an Individual Provider.

Step 1: Click 'New Provider'

My Providers
Select Provider
Pending Agent Requests
Account Administration
1
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
162	Training WheelChair Van	Complete	WHEELCHAIR VAN			Wheelchair Van			43214 - 1564	09/15/21	09/10/21	09/10/26
190	Vicki J Trainer	Approved	PHYSICIAN ASSISTANT			PHYSICIAN ASSISTANT			43231 - 7605		10/20/21	
195	Training J Pharmacist	Complete	Pharmacist			PHARMACIST			43231 - 7605	10/18/21	10/18/21	10/18/24
198	Test Pharmacy	Submitted	PHARMACY			Pharmacy			43085 - 4706		10/19/21	

Step 2: Click the 'Click here for more application types...' button to expand the list

“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 +

Click here for more application types...

2

Step 3: Select the application type 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. 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 ⓘ
Less...			
Medicaid Waiver (ODM) Use this application if you are applying to become a Waiver Provider with Ohio Department of Medicaid. 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. Select	Medicaid Waiver (DODD) Use this application if you are applying to become a Waiver Provider with Ohio Department of Developmental Disabilities. 3 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. 3 Select

Step 4: After selecting the Application and Waiver Type, click the Provider type: 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:

4  **Independent**  **Agency**

Provider Information (Independent)

The first page that displays is the Provider Information page. Fill in all fields and click 'Save' to continue with your application.

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*

1 Application Type: Waiver [Change](#)

Waiver Type: Non-Medicaid DODD

Category*: Independent [Change](#)

Provider Type*:

First Name*:

Middle Name:

Last Name*:

Tax ID Type*: EIN SSN

Tax ID*:

DD Contract Number (If Applicable):

Gender*: Female Male Unknown

Date of Birth*:

2 Save Cancel

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

1 Application Type: Waiver [Change](#)

Waiver Type: Medicaid Waiver (DODD)

Category*: Independent [Change](#)

Provider Type*:

Are you a nurse with a valid nursing license? Yes No

First Name*:

Middle Name:

Last Name*:

Tax ID Type*: EIN SSN

Tax ID*:

NPI*:

DD Contract Number (If Applicable):

Gender*: Female Male Unknown

Date of Birth*:

Zip Code*:

Zip Code Extension*:

2 Save Cancel

Step 3: Select your Taxonomy if DODD Medicaid Waiver and click 'Save'.

Taxonomy is required.

Application Type: Waiver [Change](#)

Waiver Type: Medicaid Waiver (DODD)

Category*: Independent [Change](#)

Provider Type*:

Are you a nurse with a valid nursing license? Yes No

First Name*:

Middle Name:

Last Name*:

Tax ID Type*: EIN SSN

Tax ID*:

NPI*:

DD Contract Number (If Applicable):

Gender*: Female Male Unknown

Date of Birth*:

Zip Code*:

Zip Code Extension*:

3 Taxonomy*:

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.

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DODD PROVIDER

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										
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

Previous 1 Next

Provider Information (Agency)

The first page that displays is the Provider Information page. Fill in all fields and click 'Save' to continue with your application.

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*

This screenshot shows the first step of the form. A red circle with the number '1' is next to the 'Application Type' field. The 'Application Type' is set to 'Waiver' with a 'Change' link. The 'Waiver Type' is 'Non-Medicaid DODD'. The 'Category*' is 'Agency' with a 'Change' link. The 'Provider Type*' is a dropdown menu. The 'Name of Business Entity*' is an empty text field. Below it, there is a label 'Business Name as it appears on your IRS Assignment letter' and two radio buttons: 'EIN' (selected) and 'SSN'. The 'Tax ID*' is an empty text field. The 'DD Contract Number (If Applicable)' is an empty text field. At the bottom right, there is a red circle with the number '2' next to a 'Save' button and a 'Cancel' button.

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

This screenshot shows the second step of the form. A red circle with the number '1' is next to the 'Application Type' field. The 'Application Type' is 'Waiver' with a 'Change' link. The 'Waiver Type' is 'Medicaid Waiver (DODD)'. The 'Category*' is 'Agency' with a 'Change' link. The 'Provider Type*' is a dropdown menu. The 'Name of Business Entity*' is an empty text field. Below it, there is a label 'Business Name as it appears on your IRS Assignment letter' and two radio buttons: 'EIN' (selected) and 'SSN'. The 'Tax ID Type*' is 'EIN'. The 'Tax ID*' is an empty text field. The 'NPI*' is an empty text field. The 'DD Contract Number (If Applicable)' is an empty text field. The 'Zip Code*' is an empty text field. The 'Zip Code Extension*' is an empty text field. At the bottom right, there is a red circle with the number '2' next to a 'Save' button and a 'Cancel' button.

Step 3: Select your Taxonomy if DODD Medicaid Waiver and click 'Save'.

Taxonomy is required.

Application Type: Waiver [Change](#)

Waiver Type: Medicaid Waiver (DODD)

Category*: Agency [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*:

DD Contract Number (If Applicable):

Zip Code*:

Zip Code Extension*:

3 Taxonomy*:

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

Show 10 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 Previous 1 Next

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 will be assigned a Medicaid ID number

- Use number timeline at the bottom to navigate to the last page
- Locate your newly assigned Medicaid ID number 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 Provider file, complete updates, and access other Provider self service functions by clicking the '+' icon to expand the selection

My Providers Select Provider Pending Agent Requests 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
490975 2	Testing Testing	Complete	OP - Operator	1	999996449							

Page size: 10 16 items in 2 pages

Manage Application

Enrollment Actions **2** + 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-sever ice 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

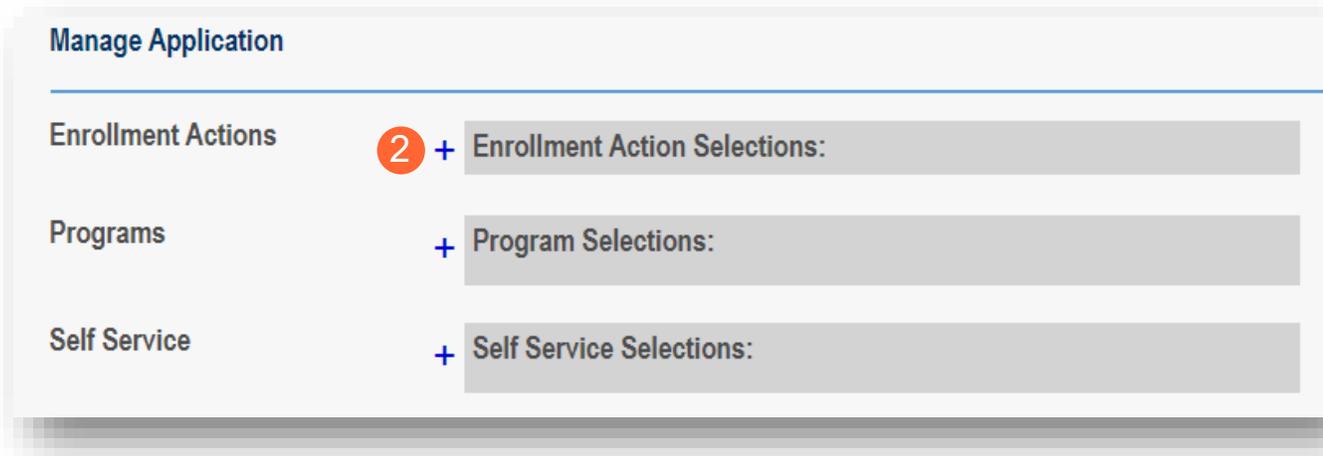
Other updates will be completed in PNM

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

The screenshot shows a dashboard with navigation tabs: 'My Providers', 'Select Provider', 'Pending Agent Requests', 'Account Administration', and 'New Provider?'. Below the tabs is a table with the following columns: Reg ID, Provider, Status, Provider Type, NPI, Medicaid ID, Specialty, DD Contract Number, DD Facility Number, Location, Effective Date, Submit Date, and Revalidation Due Date. The first row in the table is highlighted and has a red circle with the number '1' next to it. The data in this row is: Reg ID: 490975, Provider: Testing Testing, Status: Complete, Provider Type: OP - Operator, NPI: (blank), Medicaid ID: 999996449, Specialty: (blank), DD Contract Number: (blank), DD Facility Number: (blank), Location: (blank), Effective Date: (blank), Submit Date: (blank), Revalidation Due Date: (blank).

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
490975	Testing Testing	Complete	OP - Operator		999996449							

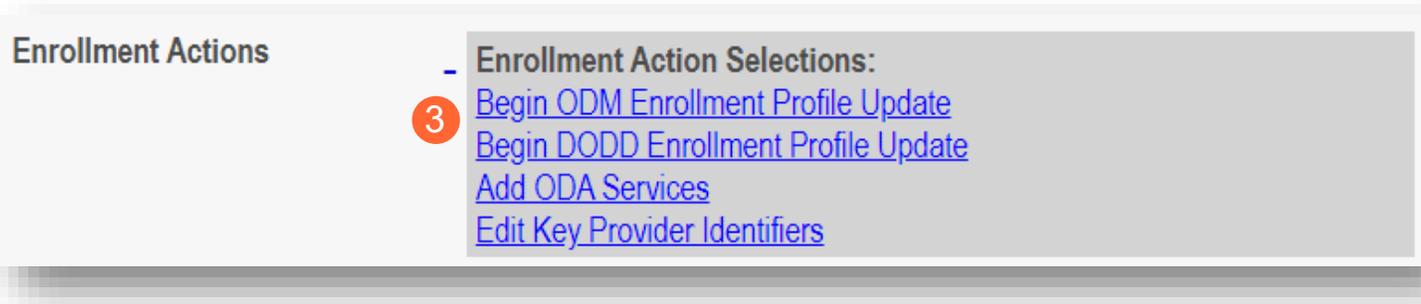
Step 2: Under the 'Manage Application' section, click the '+' icon next to Enrollment Actions to expand the selection



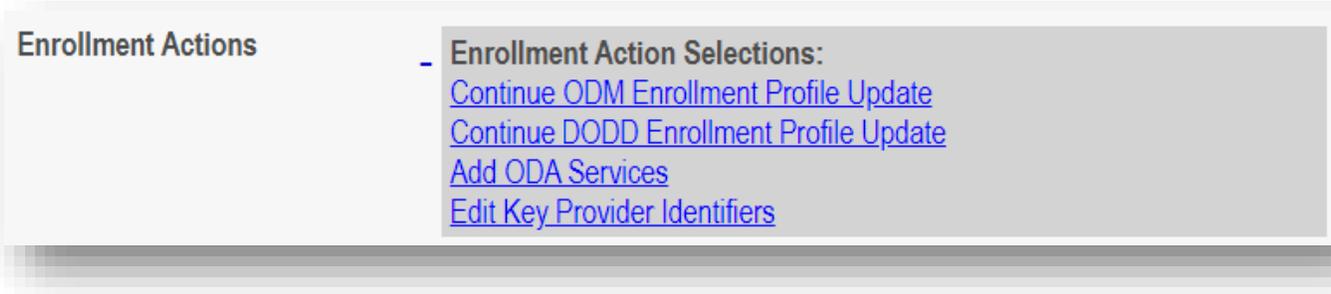
Step 3:

For updates to complete in 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



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



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**



Primary Service Address

Correspondence Address

Home Office Address

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

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



6

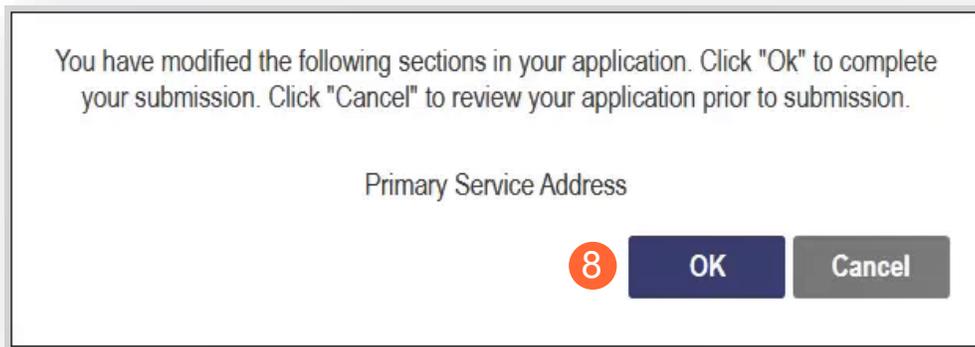
5

Primary Service Address
This is a required section.

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

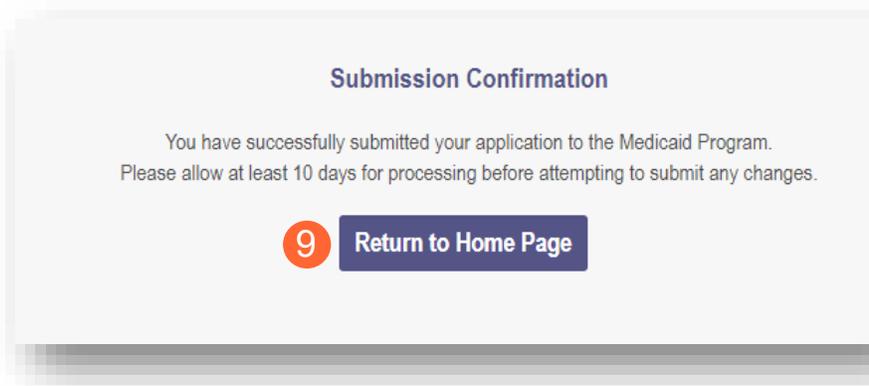


Step 8: A pop-up window displays confirming which page(s) received an update. Click 'OK' to complete the submission



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

- Click the 'Return to Home Page' button to go to your dashboard



Adding Services

This section will describe 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 name link listed under 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
490975	Testing Testing	Complete	OP - Operator		999996449							

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:

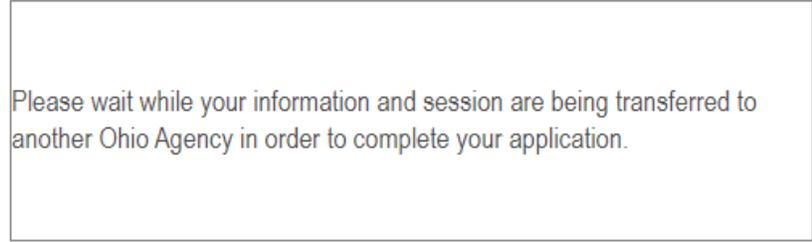
Self Service + Self Service Selections:

Step 3: Click the 'Add ODA Services' hyperlink

Enrollment Actions - Enrollment Action Selections:

- [Begin DODD Enrollment Profile Update](#)
- [Begin ODM Enrollment Profile Update](#)
- 3 [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