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## **Provider Services Management (PSM)**

## **User Guide for Certification**

October 1, 2022

**Department of Developmental Disabilities Division of Information Technology Services** 30 East Broad Street, 12<sup>th</sup> Floor Columbus, Ohio 43215



10/1/2022

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## Ohio

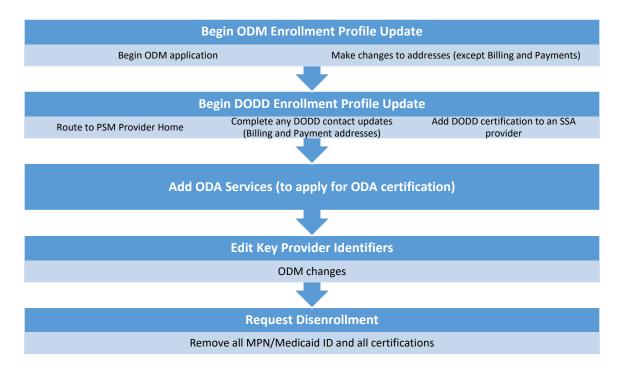
Department of Developmental Disabilities Division of Information Technology Services

## About Provider Services Management (PSM)

In 2022, Provider Services Management (PSM) was updated to create a more streamlined service system for DODD providers to apply for and manage certifications. While the functionality of PSM is largely the same as before, the layout and how it is organized has changed significantly. This user guide leads you through the process of accessing PSM (by way of PNM) and using the system for certification.

## **Enrollment Workflow**

This chart gives a basic overview of the steps you will be performing throughout the process of enrollment, as well as the order in which to take those steps.



## Accessing PNM

To access the Provider Services Management (PSM) application, you must first log in to the Provider Network Management (PNM) system. You must also have a valid OH|ID User ID and be an authorized user of the Ohio Department of Administrative Services (DAS) and the Department of Developmental Disabilities (DODD) services.



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 To begin, navigate to the Provider Network Management (PNM) system by using the access link (<u>https://ohpnm-e2ep3.omes.maximus.com/OH\_PNM\_E2EP3/Account/login.aspx</u>), enter your OH|ID User ID, and click **Next**.

hio	Provider Network Management	Medicaid Home L	earning Contact	Fee Schedule
			👤 Sign Up 🛛 🕈	Login
Login	l			
Ple	ase enter your User ID			
D	Ne		Forgot User ID?	
	<u>Click here</u>			
		Latest News		
	When creating a new account, you will be	required to create an OH IE	D.	



If you do not have an OH|ID User ID, click the **Don't have an Account?** link below the "Next" button. If you can't remember your User ID, use the **Forgot User ID?** link.

#### 2. Click Go to IOP.





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

Ohio's Di	or the state of th	
Register	once, use across many S	
Log In		
он ір		
Passwore	1	Ø
Forgot	Log in	rd2   Get login help
Forgot	The Leokor basswol	ra:   Ger togin neth

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

Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is a and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated t 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 syste expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system.	
	ém
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 admi	inistrator.
□ Yes, I have read the agreement	

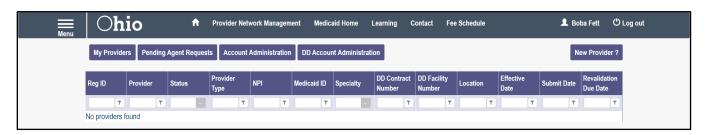


WARNING: DO NOT click the "Cancel" button at the bottom of the terms window. This

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.



5. The PNM landing page will load.



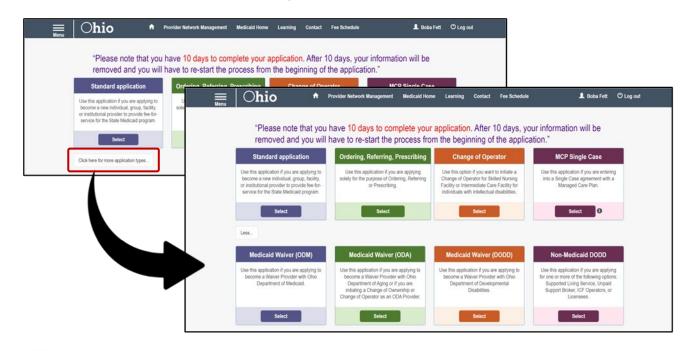
## Accessing PSM from PNM

#### For New Providers

1. From the PNM landing page, click **New Provider?** in the top right-hand corner.

O <b>h</b>	io	A	Provider Net	work Managen	nent Medic	aid Home I	_earning C	ontact Fee	Schedule		👤 Bo	ba Fett 😃 Lo
My Provide	rs Pending	Agent Reques	ts Account	Administratior	DD Accou	nt Administrati	on				N	ew 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
т	T	~	T	T	T	~	T	T	T	T	T	T

2. Use the **Click here for more application types...** button to show the DODD applications.





Providers who have an initial application or a revalidation application open with a sister state agency will be unable to access the DODD links.



3. Click **Select** at the bottom of the appropriate DODD application tile (Medicaid Waiver (DODD) or Non-Medicaid DODD).



4. Confirm the Application Type and Waiver Type and select whether you are an **Independent** or **Agency** provider.

🗮 Ohio 🔹 P	rovider Network Management Medicaid Home Li	earning Contact Fee Schedule	💄 Boba Fett 🛛 Log out
Application Type	Waiver	Chappe	
Application Type	Waver Medicaid Waiver (DODD)		
	Independent	Agency	

5. Fill in all the relevant fields and click **Save**.

○hio 🔹 r	Provider Network Management Medicai	d Home Learning Contact		
	t Provider	Ohio *	Provider Network Management Medicaid Home Learning	Contact
:Waiver Type	Medicaid Waiver (DODD)	Agency Pro		Change
Category* Provider Type*	Independent			]
re you a nurse with a valid nursing license?	○ Yes ○ No	Category* Provider Type*		Change
First Name* Middle Name		Name of Business Entity*	Business Name as it appears on your IRS Assignment letter	
Last Name* Tax ID Type*	○ EIN ● SSN	Tax ID Type* Tax ID* NPI*		
Tax ID* NPI*		DD Contract Number (If Applicable) Zip Code*		
DD Contract Number (If Applicable) Gender*	○ Female ○ Male ● Unknown	Zip Code Extension*		
Date of Birth* Zip Code*			Save Cancel	
Zip Code Extension*				
	Save	Cancel		

Note

Starting in October 2022, all new providers wishing to become Medicaid providers will be required to provide their National Provider Identifier (NPI) number. If the NPI you enter does not match the registered Business Entity or Provider name, you will not be able to proceed with the application.



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6. Once your NPI number has been validated, a new field named "Taxonomy" will appear. Use the **dropdown** menu to select the appropriate taxonomy. Click Save.

Ohio *	Provider Network Management	Medicaid Home	Learning	Contact I
Taxonomy is required.				
Application Typ	Waiver		2	<u>'hange</u>
:Waiver Typ	Medicaid Waiver (DODD)			
Categor	/* Agency		Ç	<u>hange</u>
Provider Type	9*		Ý	
Name of Business Entity	r			
Tax ID Typ	Business Name as it appears on your I e* <ul> <li>EIN O SSN</li> </ul>	RS Assignment letter		
Tax II				
NP	I*			
DD Contract Number (If Applicabl	b)			
Zip Code	e*			
Zip Code Extension	1*			
Taxonom	r		~	
		Save	Cancel	Ē.

7. Click Save and Submit.

our submission is completed and approved, you can apply for nal Waiver Services with other Agencies thru this registration in the
er Network Module.

8. A notification will appear. Wait until the connection to PSM is made (this may take a few seconds).

5	Please wait while your information and session are being transferred to another Ohio Agency in order to complete your application.
3	



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9. Select **IOP** (if it appears).



10. You will be redirected to the DODD Apps login system. Wait while the page loads and connects you to PSM. This may take a few seconds.

Ohio Department of Developmental Disabilities
Welcome Wilson, Jessica !!
Please wait while we connect to your account(s)



Once you enter PSM, there's no direct way to return to PNM. For admins who need to frequently switch between the two, it is best to open a second browser tab after accessing PSM and logging in to PNM. When you make updates in PSM, refresh your PNM browser tab to see the changes.



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11. The PSM landing page will load. Pending Certification Applications will display.

Pending Certification A	Applications									
Show 10 v 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-123456	Yoda Dagobah, MD, LLP	Provider	Agency	Initial		08/25/2022		Draft		N/A

#### For Returning Users

1. From the PNM landing page, click the **Reg ID** of the application/profile you wish to access.

Ohio		🕈 Pro	vider Network Manag	ement Medicaid Hor	me Learning Co	ontact Fee Schedu	ule				💄 Boba Fett	🖰 Log out	
My Provid	iers S	Select Provider Pe	nding Agent Request	Account Administ	ration DD Account	Administration							New Provide
Reg ID		Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
	Ŧ	Т	Al .	T	T	T	Al -	т	т	T	т	т	
<u>541274</u>		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

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

Provider Name		Medicaid ID	Effective Date	Revalidation Due Date	Term Date	
DAGOBAH, YODA		0109982	02/01/2022	02/01/2027	Term Date	
DODD Certification Start Date 02/01/2022	DODD Certification End Date 12/31/2299	DODD Contract Number 8190237				
Manage Application						
Enrollment Actions	+ Enrollment Action	n Selections:				
Enrollment Actions Programs	+ Enrollment Action + Program Selection					



The "Programs" option is currently under development and will be available at a later date. The "Self Service" option contains links to useful ODM information.



3. 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.

Registration Information						
Provider Name		Medicaid ID	Effective Date	Revalidation Due Date	Term Date	
DAGOBAH, YODA		0109982	02/01/2022	02/01/2027		
DODD Certification Start Date	DODD Certification End Date	DODD Contract Number				
02/01/2022	12/31/2299	8190237				
Manage Application						
Enrollment Actions	Enrollment Action	Selections: troliment Profile.Update				
Programs	+ Program Selection	ons:				
Self Service	+ Self Service Sele	ctions:				



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

4. The PSM landing page will load. **Contracts** will display at the top, and **Pending Certification Applications** will display below.





Supplementals will now be accessed through a link under the **Supplemental Status** located on the far right-hand side of the application row. Click the link there to access any supplementals.



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## Using PSM

#### Accessing applications and supplementals

Once you have logged in through PNM and have accessed PSM, you will be able to use the functions in PSM.

- 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.

4		Provider Dashboard 🔹 🗘 Fett, Boba	a -
	Pending Certification Applications		
	Show 10 v entries	Search:	
1	Application Number         Provider Name         Designation Type         Provider Type/Entity Type         Application Type         Contract #         Start Date         <	ttus 1 Legal Status 1 Supplemental Status 11 Oraft N/A	
	Showing 1 to 1 of 1 entries	Previous 1 Next	

#### **Provider Dashboard**

Once you have accessed your application in PSM, you will start off on the Provider Dashboard. From here, you can access Certification Applications or Demographic Applications. Use the tabs near the bottom of the page to access either one.

Provider Dashboard 🕇	Provider Home				
Address	Provider Demographics				
Services 🗲	Certification Expiration:	c	06/07/2023	Certification Status:	Active
Billing Service Codes	Provider Name:	A	lfred E. Neuman	Sanction Status:	None
Ching Cerrice Cours	Contract Number:	1	234567	Certification Span:	1/1/2022 - 1/1/2099
Voluntary Withdraw	Provider Type:	1	Agency	Supplier Id:	
Certification History	SSN/TIN:	1	1223333		
Information 🕂	Designation Type:	F	Provider		
Medicaid Information	Address:	1	Main St, Akron, OH 44301		
Sanction History	Phone:	5	558675309		
	Email:				
User Associations	Edit Email and Phone Numb	er			
Provider Features					
	Please select the application	on you wish to begin.			
	Certification Applications	emographic Applications			
	Certification Applications		<b>)</b>		
	Withdraw Services				
	Create application to allow acti	ve providers to withdraw Se	ervices to active certification.		
	View Fees View Fees that are owed or his	tory on fees already paid.			
	<u> </u>				



#### **Certification Applications**

Under the Certification Applications tab, you can **add services**, **withdraw services**, and **view fees** by clicking the links.

Certification Applications	Demographic Applications	
Certification Applications		
Add Services		
	active providers to add Services to active certification.	
Withdraw Services	active providers to withdraw Consists to active excitization	
	active providers to withdraw Services to active certification.	
View Fees	F	

If it is within 90 days of the recertification span, you will not be able to add services in PSM.

#### **Demographic Applications**

Note

Within the Provider Dashboard, click on the Demographic Applications tab, to update your demographic information. Click the links under the Demographic Applications tab to perform the functions listed below.

- Update your name
- **Update your address** (billing and payment addresses only; all other addresses must be updated through the Self Service Portal in PNM)
- Update your CEO (DOO) or CEO Designee (DOOD)
- **Update ownership** (this application is only for agency providers; it must be completed when there is a change in ownership of the agency)
- Add a designation (this is used to add another DODD layer to your Reg ID; for example: a non-Medicaid Waiver Provider adding Medicaid waiver services; a Medicaid Waiver Provider adding a Licensee; or an Operator/Licensee adding a Provider (Medicaid or non-Medicaid waiver services
- send **notices to DODD** (such as criminal history reports, related parties, professional registrations/certification licensees, and bankruptcy information)
- View fees



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Certification Applications	Demographic Applications
Demographic Application	ns
Update Name	
Create application to only	update your Name (Independent Name, Agency Name, Director of Operations Name, or Director of Operations Designee Name) on active or suspended contracts.
Update Address	
Create application to only	update your Billing Address information on active or suspended contracts. All other addresses should be updated in PNM.
Update CEO or CEO De	Lignee
Create application to cha	nge the Director of Operations or Director of Operations Designee on active or suspended contracts.
Update Ownership	
Create application to cha	nge the Director of Operations or Director of Operations Designee on active or suspended contracts.
Add Designation	
Create application to add	additional designation types to active contracts.
Notices to DODD	
Create an application to r	eport Criminal History, Related Party, Professional Registrations/Certification/Licensee, and Bankruptcy per the Provider Certification Rule.
View Fees	



If it is within 90 days of the recertification span, you will not be able to access Demographic Applications within PSM.

#### Address

Click on the Address tab in the PSM menu to view your address information (billing and payments only). Click the Provider Address and Secondary Contacts tabs to view and confirm all of your address information.

Provider Dashboard	A	Provider Address Info	rmation	0			
Address		Provider Demographics					
Services	1	Certification Expiration:	06/07/2023		Certification Status:	A	ctive
Billing Service Codes	~	Provider Name:	Alfred E N	ewman	Sanction Status:	N	one
		Contract Number:	1234567		Certification Span:	00	6/08/2020 - 06/07/2023
Voluntary Withdraw		Provider Type:	Agency		Supplier Id:		
Certification History		SSN/TIN:	11223333				
Information	+	Designation Type:	Provider				
Medicaid Information		Address:	1.Main St.	Akron, OH 44301			
Sanction History	1	Phone:	558675309				
	•	Email:	fakeemail@	)noemail.com			
User Associations	1	Edit Email and Phone Nu	mber				
Provider Features	X	Provider Address Secon	dary Contacts				
		Primary Service Address 🕄					
		First Name	Alfred	Last Name Newman			
		AddressLine1	1 Main St. Akron, OH 44301				
		City		State	OH	Zip	43125
		County	FRANKLIN	Email fakeemail@no Phone 2	email.com		
		Phone 1 Fax 1		Phone 2 Fax 2			
		Contact Name		rax 2			
		L					



#### Services

Click on the Services tab in the PSM menu to view your services. Use the tabs on the lower right-hand side to access the following functions: Provider Services, Service Locations, Service Span History, Certification Span History, and Add-On Rates.

Click the blue **Edit** button next to each field to make changes.

Address	Provider Demographi	CS				
Services 🗲	Certification Ex	piration:	06/07/2023			
Billing Service Codes	Provider Name:		Alfred E Nev	wman ····		
	Contract Number	er:	1234567			
Voluntary Withdraw	Provider Type:		Agency			
Certification History	SSN/TIN:		111223333			
Information +	Designation Typ	e:	Provider	Provider		
Medicaid Information	Address:		101101 Maii	n St, Akron, OH 44301		
Sanction History	Phone:		5558675309	)		
	Email:		none@noen	nail.com		
User Associations	Edit Email and P	hone Number				
Provider Features X						
_	Provider Services	Service Locations	Service Span History	Certification Span History		
	Dravidar Capilaas					
	Provider Services					
	Serv	vice Name		Counties		
	Edit	DD V	Vaiver Nursing	ADAMS, ALLEN,		
	Edit	Homemaker Person	al Care (HPC) Transportat	ion ADAMS, ALLEN,		

Note

If it is within 90 days of the recertification span, you will not be able to add any services.



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#### **Billing Service Codes**

Clicking the Billing Service Codes tab in the PSM menu, you will be able to view all of the billing codes associated to your current contracted services.

Address	Provider Demographics				
Services 🖆	Certification Expiration:	06/07/2023	Certification Status:		Active
Billing Service Codes 📎	Provider Name:	Alfred E Newman	Sanction Status:		None
	Contract Number:	1234567	Certification Span:		06/08/2020 - 06/07/2023
Voluntary Withdraw	Provider Type:	Agency	Supplier Id:		1234567
Certification History	SSN/TIN:	11223333			
Information +	Designation Type:	Provider			
Medicaid Information	Address:	1 Main St. Akron, OH 44301			
Sanction History	Phone:	3308675309			
	Email:	none@noemail.com			
User Associations	Edit Email and Phone Number				
Provider Features X	Provider Billing Service Codes				
	Community Respite				
	Name		Billing Code	Effective Date	Expiration Date
	Community Respite - Partial Day: I/O		ARD	06/08/2020	06/07/2023
	Community Respite - 15 minute unit: I/O		ARF	06/08/2020	06/07/2023

#### **Voluntary Withdrawal**

Click the **Voluntary Withdrawal** tab in the PSM menu to withdraw your full DODD certification.

Address	Provider Demographics			
Services 🗲	Certification Expiration:	06/07/2023	Certification Status:	Active
Billing Service Codes 🚿	Provider Name:	Alfred E Newman	Sanction Status:	None
	Contract Number:	1234567	Certification Span:	06/08/2020 - 06/07/2023
Voluntary Withdraw	Provider Type:	Agency	Supplier Id:	1234567
Certification History	SSN/TIN:	11223333		
Information +	Designation Type:	Provider		
Medicaid Information	Address:	1 Main St. Akron, OH 44301		
Sanction History	Phone:	3308675309		
	Email:	none@noemail.com		
User Associations	Edit Email and Phone Number			

Note

This process only removes the application from DODD. It does NOT remove it from ODM or Medicaid.



#### **Certification History Information**

The Certification History Information tab in the PSM menu allows you to review the following: Application History, Communication History, Document View, and Certification Notification. Use the tabs near the bottom right-hand side of the screen to access these views.

Provider Dashboard	A	Provider Services	S				
Address		Provider Demographic	S				
Services Billing Service Codes Voluntary Withdraw Certification History Information	⊊ ≫ ≡ +	Certification Exp Provider Name: Contract Number Provider Type: SSN/TIN: Designation Type	r:	06/07/2023 Alfred E Newn 1234567 Agency 11223333 Provider	san	Certification Status: Sanction Status: Certification Span: Supplier Id:	Active None 06/08/2020
Medicaid Information Sanction History User Associations		Address: Phone: Email:			on, OH 44301		
Provider Features	×	Edit Email and Ph Application History	Communication History	Document View	Certification Notification		
		Provider Applicatio	n History PROV-APP- Status: Completed Legal Status:	1		Provider Name: Provider Type: Agency Application Type: Service Change - Witt Tax IC Created On: 08/06/202	hdrawal Service(s)

#### Medicaid Information

The **Medicaid Information** tab in the PSM menu lets you review your Medicaid information (if applicable). This includes your Medicaid ID (formerly known as your Medicaid Provider Number), your NPI, your Provider Type, and your Reg ID.

rvices 🖆	Certification Expiration:	06/07/	2023	Certif	ication Status:	Active	Active			
ing Service Codes 🛛 🦠	Provider Name:	ACME	Cartoon Service	s Sanct	tion Status:	None	None			
	Contract Number:	12345	17	Certif	ication Span:	06/08/2020 - 0	06/08/2020 - 06/07/2023			
/oluntary Withdraw	Provider Type:	Agenc	(	Suppl	lier Id:					
Certification History	SSN/TIN:	11222:	333							
nformation +	Designation Type:	Provid	er							
ledicaid Information  🗎	Address:	1011 N	ain st Akron, OH	44301						
	Phone:	33086	3308675309							
Sanction History	Email:	noema	il@noemail.com							
User Associations		Email: noemaii@noemaii.com								
Provider Features X	Edit Email and Phone Number Medicaid Waiver Information									
Provider Features X	Medicaid Waiver Information		NPI	Medicaid ProviderType	Reg (D	Start Date	End Date			
Provider Features Z	Medicaid Waiver Information Provider Medicaid Information -	Active Providers	NPI	Medicaid ProviderType	Reg ID 55555	Start Date 3/30/2021	End Date 12/31/2299			
Provider Features Z	Medicaid Waiver Information Provider Medicaid Information - MITS Contract	Active Providers Medicaid ID	NPI							
Provider Features	Medicaid Waiver Information Provider Medicaid Information - MITS Contract IO	Active Providers Medicaid ID 1234567	NPI	16	55555	3/30/2021	12/31/2299			
Provider Features 🛛 🛛	Medicald Walver Information Provider Medicald Information - MiTS Contract IO LV1	Active Providers Medicaid ID 1234567 1234567	NPI	16 16	55555	3/30/2021 3/30/2021	12/31/2299 12/31/2299			
Provider Features X	Medicaid Waiver Information Provider Medicaid Information - MITS Contract IO LV1 SELF	Active Providers Medicaid ID 1234567 1234567 1234567	NPI	16 16	55555	3/30/2021 3/30/2021 3/30/2021	12/31/2299 12/31/2299 12/31/2299			
Provider Features 🛛 🛛	Medicaid Waiver Information Provider Medicaid Information - MITS Contract IO U/1 SELF Provider Medicaid Information -	Active Providers Medicaid ID 1234567 1234567 1234567 1234567 1234567		16 16 16	55555 55555 55555	3/30/2021 3/30/2021 3/30/2021 5/4/2022	12/31/2299 12/31/2299 12/31/2299 12/30/2299			
Provider Features 🛛 🛛	Medicaid Waiver Information Provider Medicaid Information - MITS Contract IO LV1 SELF Provider Medicaid Information - MITS Contract	Active Providers Medicaid ID 1234567 1234567 1234567 1234567 Inactive Providers Medicaid ID	NPI	16 16 16 Medicald ProviderType	55555 55555 55555 55555 <b>769 ID</b>	3/30/2021 3/30/2021 3/30/2021 5/4/2022 Start Date	12/31/2299 12/31/2299 12/31/2299 12/30/2299 End Date			
Provider Features I	Medicaid Waiver Information Provider Medicaid Information - MITS Contract IO LV1 SELF Provider Medicaid Information - MITS Contract IO	Active Providers Medicaid ID 1234567 1234567 1234567 1234567 1234567		16 16 16 Medicaid ProviderType 45	5555 5555 5555 5555 Reg ID 55555	3/30/2021 3/30/2021 3/30/2021 5/4/2022 Start Date 6/8/2020	12/31/2299 12/31/2299 12/31/2299 12/30/2299 12/30/2299 End Date 3/29/2021			
Provider Features	Medicaid Waiver Information Provider Medicaid Information - MITS Contract IO LV1 SELF Provider Medicaid Information - MITS Contract	Active Providers Medicaid ID 1234567 1234567 1234567 1234567 Inactive Providers Medicaid ID		16 16 16 Medicald ProviderType	55555 55555 55555 55555 <b>769 ID</b>	3/30/2021 3/30/2021 3/30/2021 5/4/2022 Start Date	12/31/2299 12/31/2299 12/31/2299 12/30/2299 End Date			



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#### Sanction History

Under the **Sanction History** tab in the PSM menu, you will find all current and previous sanction information.

Provider Dashboard	ł.	Sanction History																		
Address	1	Provider Demographics																		
Services 🗲	-	Certification Expiration:						06/07/2023				c	Certification Status:				Active			
Billing Service Codes	>	Provider Name:						Alfred E Newman					Sanction Status:			None				
Voluntary Withdraw		Contract Number:											Certification Span:				06/08/2020 - 06/07/2023			
		Provider Type:						Agency					Supplier Id:			123456	1234567			
Certification History Information	-		SN/TIN:					11223333												
		Designation Type:						Provider												
Medicaid Information		Address:						1 Main St. Akron, OH 44301												
Sanction History	1	Phone:						558675309												
User Associations		Email: Edit Email and Phone Number						fakeemail@noemail.com												
Provider Features X	2																			
		Provide	er Suspen	sions And Re	vocation	s														
		Service	County	Start End Date Date	Status	ls State Wide?	A Services Per County?	Adjudication Date			Is ODM Suspension?		Is State sal Wide I? Service?		Notification Sent	Proposal Date		Proposal Notification Sent	Revocation Date	Proposal End Date C
		Provide	er Proposi	al Sanction H	istory															
		Adjudica	ation Dat	e Adjudio	ation No	tificatio	n Sent	Appeal Hear	ing Date	Comme	nts/Notes Is	Propos	al Denied?	Proposa	I Date Proj	posal Deni	ed Date	Proposal No	tification Sen	t Created

#### **User Associations**

Under the User Associations tab of the PSM menu, you will find any additional contracts linked to the user.

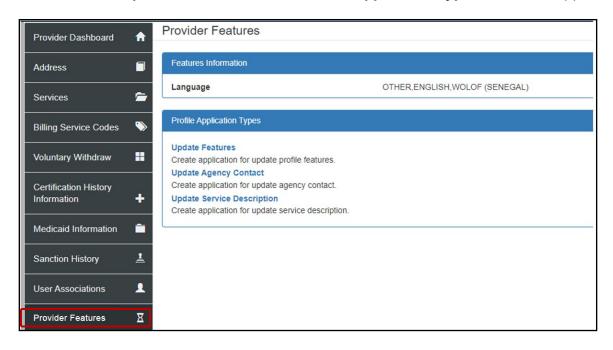
Provider Dashboard	<b>f</b>	User Associations										
Address		Provider Demographics										
Services	-	Certification Expiration:	06/07/20	23	Certification S	tatus:	Active					
Billing Service Codes	>	Provider Name:	Alfred E	Newman	Sanction Statu	s:	None					
		Contract Number:	564567		Certification S	pan:	06/08/2020 - 06/07/2023					
Voluntary Withdraw	••	Provider Type:	Agency		Supplier Id:		1234567					
Certification History		SSN/TIN:	1122333	3								
Information	+	Designation Type:	Provider	Provider								
Medicaid Information		Address:	1 Main S	1 Main St. Akron, OH 44301								
Sanction History	1	Phone:	5586753	09								
Lines Accessistions	-	Email:	fakeemai	il@noemail.com								
User Associations	1	Edit Email and Phone Number										
Provider Features	x	Associated Contracts										
		Contract#		Name		Provider Type						
		1234567		Manny UAT		Independent						
		3141592		Moe UAT		Independent						
		7675675		Curly UAT		Independent						

# Ohio

Department of Developmental Disabilities Division of Information Technology Services

#### **Provider Features**

The **Provider Features** tab of the PSM menu allows you to apply to update the following: **Features**, **Agency Contact**, and **Service Description**. Use the links under **Profile Application Types** to start the applications.

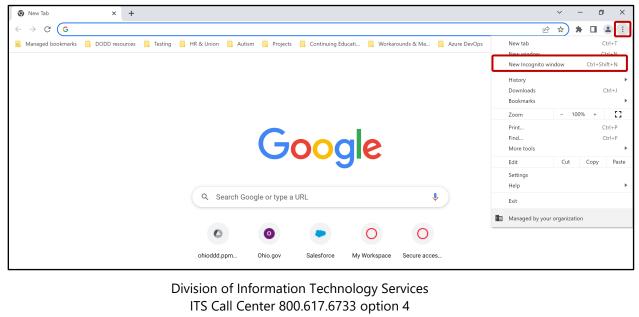


## Tips for using PNM and PSM

Here are some good points to remember when using PNM and PSM.

#### Logging in

If you attempt to log in but receive an error, open an Incognito Window in Chrome, and log in from the new window that opens.



itscallcenter@dodd.ohio.gov

## Ohio

Department of Developmental Disabilities Division of Information Technology Services

#### Switching between PNM and PSM

- Once you enter PSM, there is no direct route (i.e. a link) to go back to PNM. To return to PNM, you must open a new window and log back in to PNM.
- Admins often need to go back and forth between PNM and PSM. To do so, it is best to open a second browser tab after accessing PSM and logging in to PNM. When you make updates in PSM, refresh your PNM browser tab to see the changes.

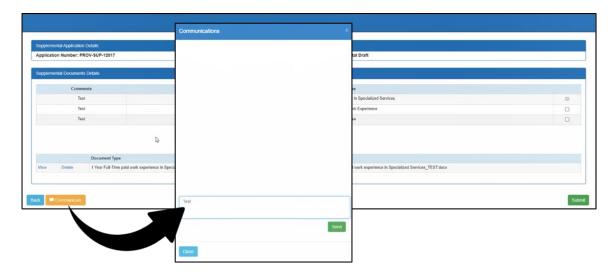
#### DODD links

Providers who have an initial application or a revalidation application open with a sister state agency will be unable to access DODD links.

## **Contact Information**

#### **Communicate Button**

To communicate with a support person directly at any time, use the **Communicate** button located throughout PSM (example below shows the Communicate button as it appears in the Supplemental Application). Click the button to open a new communication window. Type in your questions, and a support member should contact you soon.



This feature keeps a record of all communications, so you can easily find answers to previous questions you've had. When a support member has responded to your question, you will receive a notification email letting you



know that the response has arrived. You will also see a small number on the Communicate button itself, letting you know how many unread responses you have.

For other questions, website and email information for both DODD and ODA are as follows.

#### DODD

Website: www.dodd.ohio.gov

Email: DODD Waiver Providers – provider.certification@dodd.ohio.gov

#### **ODA** Provider Certification

Website: www.aging.ohio/certification-changes

Email: ODA Provider Certification – provider\_inquiry@age.ohio.gov