1. Log in to Provider Network Management



Log in using your OH ID credentials.	Create Account
	Log In OHID perrypNM Password
	Log in Forgot OH ID? Forgot password? Get login help
Check the box beside yes and <u>WAIT</u> . Warning: Selecting <u>Cancel</u> will begin the entire login process over again.	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 provided and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible miscouduld or abuse may be provided to appropriate officials. Users who access his 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.

- 2. Select the Reg ID associated with the DD Contract with which the Facility is related
 - You can also utilize the Waiver Organization or Licensee Reg IDs associated with the same DD contract

Menu	C	hio	De Me	epartment of edicaid	A	Provider Netwo	ork Management	Med
		My Providers	Acco	ount Administration	DD Accou	nt Administratic	on	
		Reg ID 🚽		Provider	Status		Provider Type	
			T	T	All	~		T
		<u>609196</u>		Test Subject	Approv	ed	LI - Licensee	
		<u>609121</u>		360CARE LLC	Not Sul	omitted	89 - NON-STATI OPERATED ICF	E ⁻ -MR

3. Continue into PSM by clicking Begin/Continue DODD Enrollment under +Enrollment Actions

Menu Ohio Department of Medicaid	n Provider Network Management Medicaid Ho	me Learning Contact Fee Schedule
Provider Management Home Registration Information		
Provider Name 360CARE LLC DODD Contract Number 2574146 Manage Application	Medicaid ID Effective I 0029869 01/09/20.	Date Revalidation Due Date Term Date 24 01/09/2029
Enrollment Actions	Enrollment Action Selections: Begin ODM Enrollment Profile Update Begin DODD Enrollment Profile Update Add ODA Services Edit Key Provider Identifiers Initiate CHOP	ø
Programs	+ Program Selections:	

4. Once in PSM, click the Contract Number

v 10 v entr	ies						Searc	h:	
Contract#	Name		Provider Type	Certfication Status	Sanction Status	Certification Start		Certification End	
2574146	360CARE LL	ç	Agency	Active	Active				

5. At the bottom of the Provider Dashboard page, click on "View Fees"

Please select the applie	cation you wish to begin.	
Certification Applications	Development Applications	Demographic Applications

Certification Applications				
Add Services				
Create application to allow activ	providers to add Service	to active certification.		
Withdraw Services				
Create application to allow active	providers to withdraw Se	rvices to active certification.		
View Fees				
View Fees that are owed or histo	ry on fees already paid.			

6. Fees Owed will display as shown below:

II.	Facility Number	Facility Name	License Number	Current Capacity	License Start Date	License End Date	Amount
0	2516064	Test House 360	37212	6	1/9/2024	12/31/2024	\$300.00

7. To pay fees online, check the box(es) available and hit the "Make Payment" button

Ik	Facility Number 11	Facility Name 11	License Number	Current Capacity	License Start Date	License End Date	It Amount It
	2516064	Test House 360	37212	6	1/9/2024	12/31/2024	\$300.00
				Make a Payment			
				Make a Payment			
				Make a Payment			

8. Select Payment Method-Credit Card or Electronic Payment and hit the "Make Payment" button again Facility Fee Payment Details

Facility Number	Facility Name	License Number	Current Capacity	License Start Date	License End Date	Amount
2516064	Test House 360	37212	6	1/9/2024	12/31/2024	\$300.00
	. F	ee Payment Options				
		Total	Fee Amount: \$300.00			
		Paym	ent Method:			
		Sele	ct Payment Type ~			
		Sele	t Payment Type it Card			
		Elect	ronic Check			
	No	Facilities are selected to r	make payment, Please Hit B	Back Button to Select		
	Faci	lities				
			Back			

- 9. Follow the prompts to pay via CBOSS, once payment is submitted the following screen will display:
 - Hit the "Ok" button to navigate back to Provider Dashboard and proceed to view Paid Amount and Date, and print license

	Provider Dashboard	Lotew
Payment Success		
Thank you for your payment. You can view and print the license by navigating to the facility record and then click the "License Information" tab.		
Ok		

To View Fee Paid Amount and Date & Print Licenses

- 1. On Provider Dashboard, Select Facilities:
 - Click on the Facility Number of Facility you would like to view/print license information

	Provider Dechboard	Facilities
		Provider Demographics
	Medicaid Information 🚞	Provider Name:
	Facility Historical	Contract Number:
_		
L	Facilities 🚞	Designation Type:
	Sanction History	Address:
	User Associations	Phone:
	Provider Features X	Edit Email and Phone Number
		Active Facilities Closed Facilities
		Active Facilities
		Facility Facility Number Name
		2516064 Test House 360

2. To View Paid Amount/Date and Print or View Past License Information, Select the License Information

o Code: 43215 n ail: stin.stewart@dodd.ohio	Phone Number:
n ail: stin.stewart@dodd.ohio).gov
Print Current License	License Information
	Print Current License

- 3. Once Payment is received and applied to the license, the "Fee Amount Paid" and the "Payment Date" will reflect that information.
 - Use the "Print License" button on each record to print Past, Present, or Future Available Licenses

License Information Q							
License Number	Bed Capacity	Fee Amount Paid	Payment Date	Start Date	End Date	PrintLicense	
37212	6	300.000000000	2/6/2024	1/9/2024	12/31/2024	Print License	
37203	6	0	-	1/9/2024	1/8/2024	Print License	
37196	6	0	-	1/9/2024	1/8/2024	Print License	
						Close License Information	
						Close License Informatio	

4. Click Print Current License to Print Current License

County: FRANKLIN Zip Code: 43215 Phone Nun Fax Number: Email: kirstin.stewart@dodd.ohio.gov		
Fax Number: Email: kirstin.stewart@dodd.ohio.gov	Phone Number:	
Facility History Print Current License License In	formation	

If you need further assistance, please contact:

Kirstin Stewart (614) 728-5312 kirstin.stewart@dodd.ohio.gov

. . . .

Sam Irvine (614) 466-9096 samantha.irvine@dodd.ohio.gov