

DODD Initial Independent Provider Application

- 1. Go to PNM (Provider Network Management) website: <u>https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx?ReturnU</u> <u>rl=%2FOH_PNM_PROD%2FDefault.aspx</u>
- 2. Sign in with your OH|ID account information
- 3. Read over the agreement and if you agree, select **'YES, I HAVE READ THE AGREEMENT'.**
- 4. Select 'NEW PROVIDER'

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My Providers Account A	dministration DD Account A	Administration		×	7 Ne	w Prov	vider ?

5. Select 'CLICK HERE FOR MORE APPLICATION TYPES'

Medicaid Home Learning Contact Fee Schedule "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. Ordering, Referring, Prescribin, Referring, Prescribin, Referring or Prescribing. Use this application if you are to initiate a Change of Operator for Skilled Nursing Facility or individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program. 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. 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. Use this application if you are applying to become a new individual group, facility, or inditit facility, or individual group, facility, or individ	Menu	Ohio	Depar Medic	tment of aid	n P	Provider Netw	ork Mana	gement		Colleen Foxton	() Log out
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Select Select Select Select		Select			Select			Select		Select	



DODD INDEPENDENT PROVIDER INITIAL APPLICATION- PROCESS

6. Select 'MEDICAID WAIVER (DODD) the bottom, orange rectangle.



- 7. Select 'INDEPENDENT' and fill out the required fields.
 - a. Provider Type: 25- Non-Agency Personal Care Aide
 - b. Are you a nurse with a valid nursing license?
 - i. YES: STOP APPLICATION. There is a different path for certification for nurses.
 - ii. NO: Select and proceed
 - iii. Tax ID Type: SSN (Social Security Number)
 - iv. Tax ID: Put in your SSN
 - v. NPI: Enter in your NPI
 - vi. Zip Code Extension: You can go here to look up your zip code extension: <u>https://tools.usps.com/zip-code-lookup.htm?byaddress</u>
- 8. Select 'SAVE' when completed.
- 9. You will then be transferred to PSM (DODD's site) to complete the application process.
 - a. Here is where you will fill in more required fields, select services you wish to provide, upload documents, and agree with statements and disclaimers.
 - b. When all sections are completed, submit your application. If a fee is required, you will be prompted for payment.



If you cannot finish the application in all one sitting, then you need to SAVE your progress and you can return at a later date.

c. If you need to return at a later date, you can find your application following this process:

			i.	Sign in	to PNI	M:							
				https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.									
I	aspx?ReturnUrl=%2FOH_PNM_PROD%2FDefault.aspx												
١			ii.	Agree	to agre	ement							
			iii.	Select y	your RE	G ID							
Re	j ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidatio Due Date
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<u>25</u>	<u>1016</u>												

10. Go to the center of the page and find the heading 'MANAGE APPLICATION'

- a. Go to 'Enrollment Actions and select the plus sign.
 - i. Select 'CONTINUE DIDD ENROLLMENT PROFILE UPATE'
 - ii. You will be transferred to the PSM portal





11. Select your contract number and you will be taken to your application. Complete sections you haven't finished or that you have to edit.

Contracts				
Show 10 v entries			Searc	h:
Contract# I1 Name I1 0801636	Provider Type	tion Status 🛛 🕴 Sanction Status	s	Certification End
Showing 1 to 1 of 1 entries				Previous 1 Next

12. Submit application. If a fee is required, you will be prompted for payment.

Application Updates

- If DODD requires additional documents or clarification on any document you have already submitted, they will email you. They typically will want you to communicate to them through the PSM portal. A link to the communication will be sent in the email. Be sure to attend to any requests they have in a timely manner so your approval won't delay further.
- You may see the following statuses:
 - "Supplemental Application Required": This means DODD requires additional information from you and you must take action.
 - "Pending External Medicaid Approval": This is a normal part of the Independent Provider certification application process and it means the process is moving in correct direction.
- You should receive approval via email 30-45 days after you submit your application.