

# Applying for Competency Add-On Rate

## Step 1:

Go to:

[https://ohpnm.omes.maximus.com/OH\\_PNM\\_PROD/Account/Login.aspx](https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx)

Select **Log into with OH|ID**.

ohpnm.omes.maximus.com/OH\_PNM\_PROD/Account/Login.aspx

Menu | Ohio | Department of Medicaid | Home | Provider Network Management | Medicaid Home | Learning | Contact | Fee Schedule | Sign Up | Login

### Log in

All users must log in on the OH|ID portal using their single sign on ID.

**Log in with OH|ID**

**Attention Providers: if you need assistance signing in or acquiring your OH|ID, please contact the ODM Integrated Help Desk at 800-686-1516 or email [hd@medicaid.ohio.gov](mailto:hd@medicaid.ohio.gov)**

#### Latest News

The PNM module is currently experiencing intermittent connectivity interruptions with MITS. We appreciate your patience as we are working with our module vendors Maximus and Gainwell to resolve the issue as quickly as possible and to reduce increased help desk wait times. [Click here](#) for resources to assist you in resolving the most common issues providers are experiencing.

**Effective immediately and until further notice, the Ohio Department of Medicaid (ODM) is suspending fee-for-service prior authorization requirements.**

If a prior authorization is needed for a fee-for-service member, the service may be provided and billed without first obtaining a prior authorization. Once prior authorization requirements resume, the prior authorization can be sought after the fact for the fee-for-service member. Please refer to the ODM website for updates on this matter.

#### Why use OH|ID?

When creating a new account within PNM, you will be required to create an OH|ID.

OH|ID is a secured web portal designed for Ohioans to access information and conduct business with a variety of state agencies, including Medicaid, all in one place. In terms of digital identity and cybersecurity, OH|ID is Best-of-Breed. It meets all federal and state digital security guidelines and is regularly audited to ensure your data and personal information remain private and secured.

OH|ID is powered by the [InnovateOhio Platform](#), a key component of Governor Mike DeWine and Lt. Governor Jon Husted InnovateOhio vision to improve citizen interactions with the state by making them more dynamic, data-driven, and customer-centered.

You can use your work or personal email to register, which is where you will receive information that is limited to updates about your OH|ID account or password reset.

ODM Trading Partners, [Click here](#)

Step 2:

Log in using your OH|ID credentials.

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  
perryNM

Password  
.....

Log in

[Forgot OH|ID?](#) | [Forgot password?](#) | [Get login help](#)

Step 3:

Check the box beside yes and **WAIT**.

**Warning:** Selecting Cancel 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 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

**Step 4:**

Access the Reg ID # associated to the DODD contract by clicking on the Reg ID or the name field.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
10111	ACME CARE	Complete	80 - Medicare Certified Home Health Agency	5657806595	654789	MEDICARE CERTIFIED HOME HEALTH AGENCY				05/28/11	05/04/16	01/01/23
51500	SAUL GOODMAN	Complete	38 - NON-AGENCY NURSE - RN OR LPN	6542857985	312654	PON/ODM WAIVER REGISTERED NURSE	2563195	5689235		07/08/10	04/15/16	12/01/22
45678	CONNER MC CLOUD	Complete	38 - NON-AGENCY NURSE - RN OR LPN	3569865421	481855	PON/ODM WAIVER REGISTERED NURSE	7712854	1542369		05/04/09	03/21/16	09/28/25
86753	SMITH JOHN V	Inactive	38 - NON-AGENCY NURSE - RN OR LPN	7046132864	656599	PON/ODM WAIVER REGISTERED NURSE	2562863	8542325		03/16/09	05/10/16	12/13/19

**Step 5:**

Expand the enrollment actions section and chose the **Begin DODD Enrollment Profile Update** link.

**Provider Management Home**  
Registration Information

Provider Name: Theodore NoName  
Medicaid ID: 123456  
Effective Date: 06/27/2019  
Revalidation Due Date: 06/26/2024  
Term Date: [Empty]

DODD Certification Start Date: 03/29/2021  
DODD Certification End Date: 03/28/2024  
DODD Contract Number: 5150330

**Manage Application**

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: [Empty]

Self Service + Self Service Selections: [Empty]

My Current and Previous Applications

Reg ID	Enrollment Action	Program	Application Id	PNM Application Status
387		Medicaid	439992	ENROLLED
387	Application Flow - Standard - UPDATE REGISTRATION	DD	607384	NOT PROCESSED

**Step 6:**

Upon redirection to PSM, the contract number will display.

Contract#	Name	Provider Type	Certification Status
995089	ACME Cartoon Health Care Agency LLC	Agency	Voluntarily Withdrawn

**Step 7:**

Choose the **contract number** to access the contract home page.

Contract#	Name	Provider Type	Certification Status	Sanction Status
995089	ACME Cartoon Health Care Agency LLC	Agency	Voluntarily Withdrawn	Voluntarily Withdrawn

**Step 8:**

Under the Certification Applications tab, select **Add Services**.

If you do not see the “Add Services” option, this means you have an outstanding application. Complete or withdraw the application before attempting to apply for the competency add-on rate.

Please select the application you wish to begin.

Certification Applications: Demographic Applications

**Certification Applications**

- Add Services**  
Create application to allow active providers to add Services to active certification.
- Withdraw Services  
This is Admin Configured dynamic description text.
- View Fees  
View Fees that are owed or history on fees already paid.

**Step 9:**

Click **Continue** at the bottom of the “Getting Started” page.

Getting Started

Providers of services to people with developmental disabilities may be self-employed individuals (independent providers) or agencies. Because the health and safety of people accessing services through the Ohio Department of Developmental Disabilities (DODD) is important to us, DODD certifies both agency and independent providers of services. An individual or agency is prohibited from providing any service until certification is obtained from DODD.

- A birth certificate is a required document and will need to be submitted as part of your initial application.
- Transportation services must provide an official drivers' abstract from the state.

Buttons: Delete, Back, Communicate, **Continue**

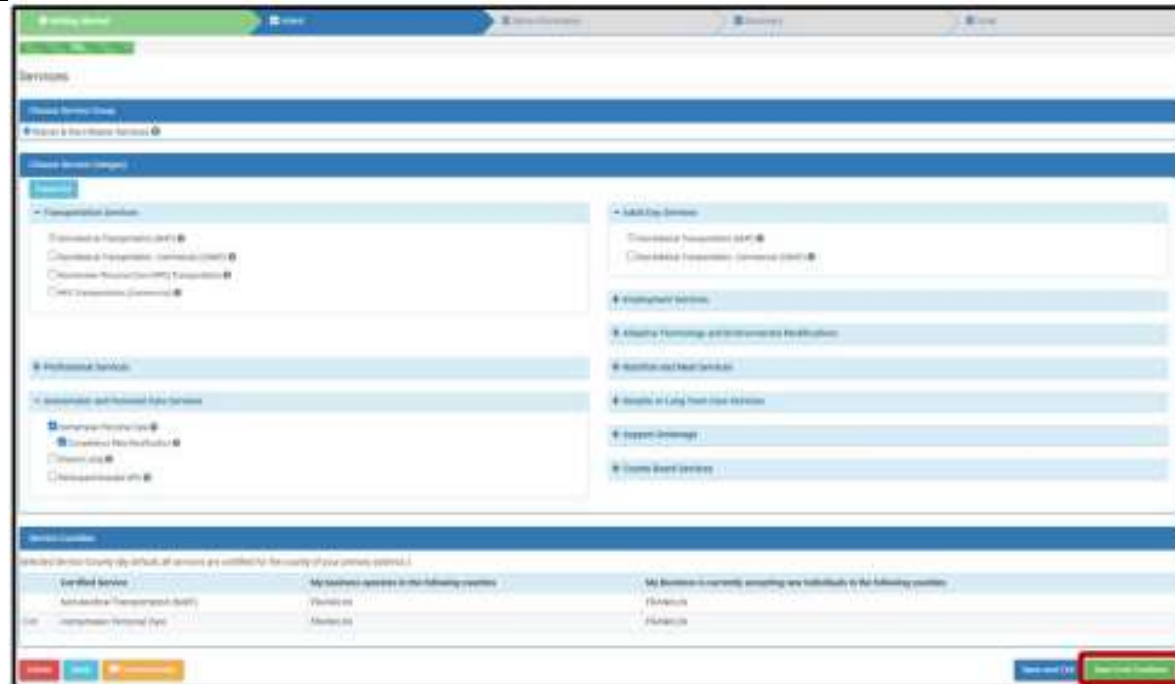
**Step 10:**

Click the plus (+) sign next to **Homemaker and Personal Care Services** in the “Choose Service Category” of the “Intent” page and check the box next to **Homemaker Personal Care**. Click “Proceed” to acknowledge the notification prompt, and then check the box next to **Competency Rate Modification**.




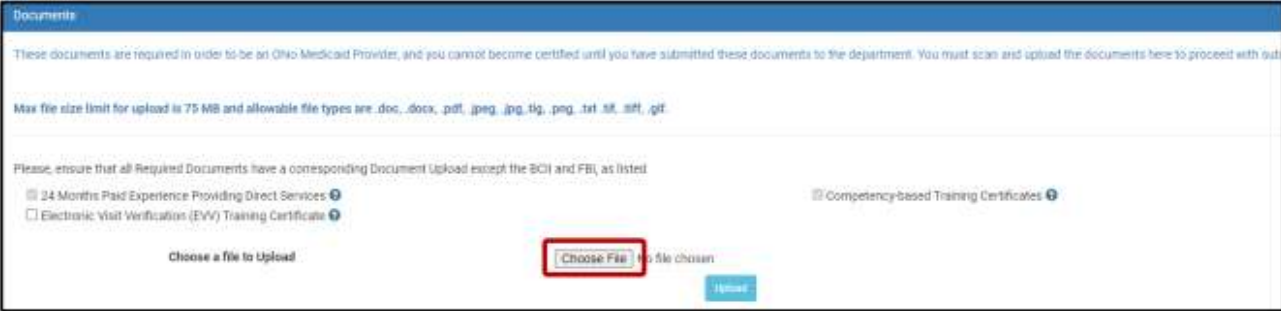


**Step 11:**

Click **Save and Continue**. (This may take a moment.)





<p><b>Step 12:</b></p> <p>You will need to explain that you are applying for the competency-based add-on rate in the <b>Explanation</b> text box and click <b>Add</b>. The date will auto populate.</p>	
<p><b>Step 13:</b></p> <p>Answer all the Yes/No questions in the section. You will need to add your <b>Payee ID number</b> to the box below “Payee ID”. Click <b>Save</b>.</p>	
<p><b>Step 14:</b></p> <p>Navigate to the “Documents” section and check the box next to one of the following: <b>24 Months Paid Experience Providing Direct Services, Electronic Visit Verification (EVV) Training Certification, or Competency-based Training Certificates.</b></p>	
<p><b>Step 15:</b></p> <p>Click <b>Choose File</b>, select the first file you wish to upload to demonstrate your 24 months of experience, EVV training, and/or your 60 hours of training, and click “<b>Open</b>”.</p>	

**Step 16:**

Click Upload.

Repeat Steps 14-16 for any remaining required files.

All successfully uploaded documents will appear in the table at the bottom of the “Documents” section, and all completed upload types will have a grayed-out checkbox.

**Step 17:**

Go to the “Attestations” section, check the box next to **I accept the terms and conditions mentioned above**, enter your **first and last initial** in the text box, and click **Agree**.

**Step 18:**

In the Non-Disclosure Agreement section, enter your initials in the text box next to **Applicant Initials** and click **Agree**.

**Step 19:**

In the Medicaid Provider Agreement Section, **check the box next to the agreement**, type your **full name** as it is displayed under the text box and click **Agree**.

The Medicaid Agreement has changed since it was last agreed by you. Please read the Agreement text and confirm your acceptance.

I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms. \*

Type your full name as your Electronic Signature.

I accept the terms and conditions

Alfred E. Neuman

Agree

Print

Email

**Step 20:**

Click **Save and Continue** at the bottom of the page. If any errors are returned, you will see them listed at the top of the page. Correct all missing or incorrect information and click "Save and Continue" again.

Home Back Previous Save and Continue Save and Continue



**Step 21:**

On the Summary page, confirm the information is correct and click **Submit**.

There should be no fee required for the Competency Add-On Rate. If you see a fee listed, please use the “Communicate” button at the bottom of the screen to contact the Certification Team. If you add other services, a fee could be associated with adding those services.

Getting Started Intent More Information Summary Final

90%

### Summary

#### Application Information

ContractNumber :	2573780	Provider Type :	Independent	Application Number :	PROV-APP-136539
Application Type :	Service Change - Add Additional Service	Designation Type :	Provider	Source Id :	1234567890
DODD Fee :	\$25.00	Total Fee :	\$25.00		

#### Existing Services Information

Non-Medical Transportation (NMT)

County: FRANKLIN    Accepts New Clients: Yes

[Click here to see what...](#)

[Click here to check how you can update your browser](#)

Still need help? Email us at [ITSCallCenter@dodd.ohio.gov](mailto:ITSCallCenter@dodd.ohio.gov) or call 1-800-617-6733, and choose option 4.

Delete Back Communicate Exit **Submit**

**Step 22:**

Do you want to submit the application box will display. Click **Yes** to submit the application.

### Do you want to Submit the application?

Please be advised that you will not be able to make any changes to your application once you proceed past this point. Are you sure you would like to proceed?

No Yes