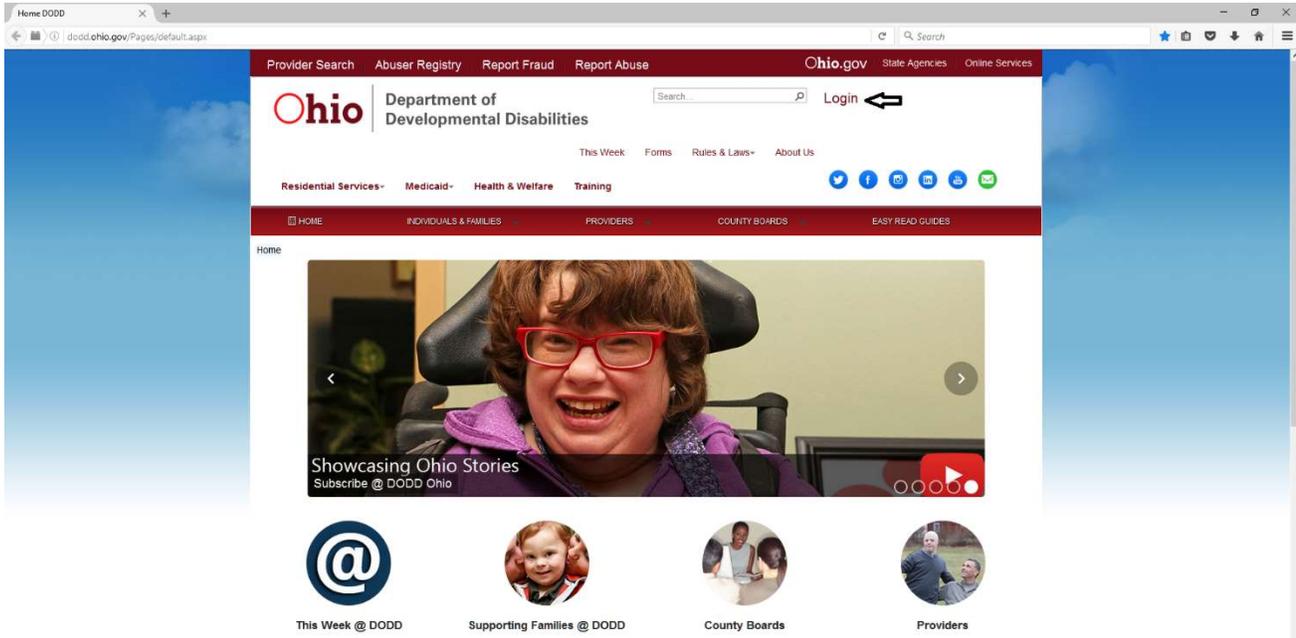


DODD Provider's can follow the directions listed below to view their provider dashboard:

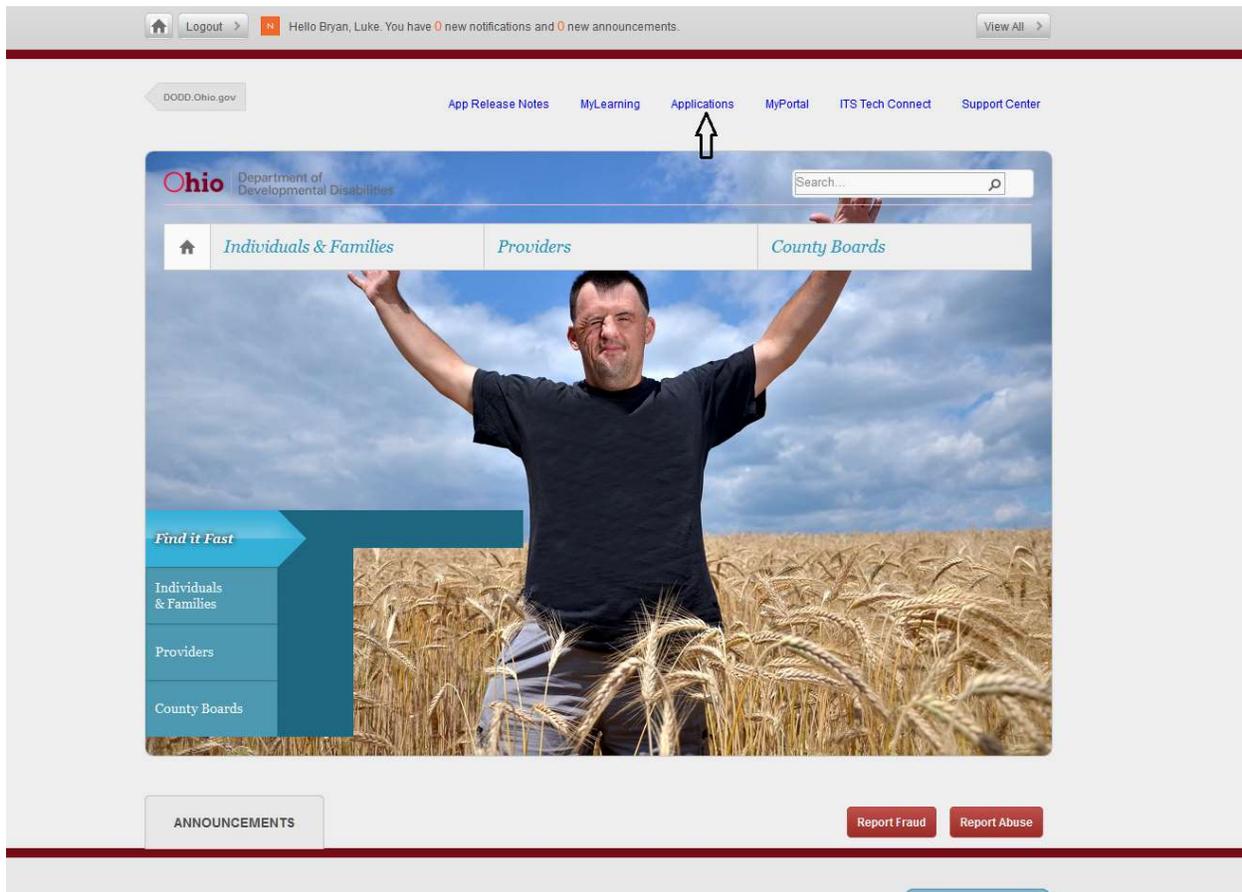
1. Navigate to dodd.ohio.gov and click login located in the top right corner of the page



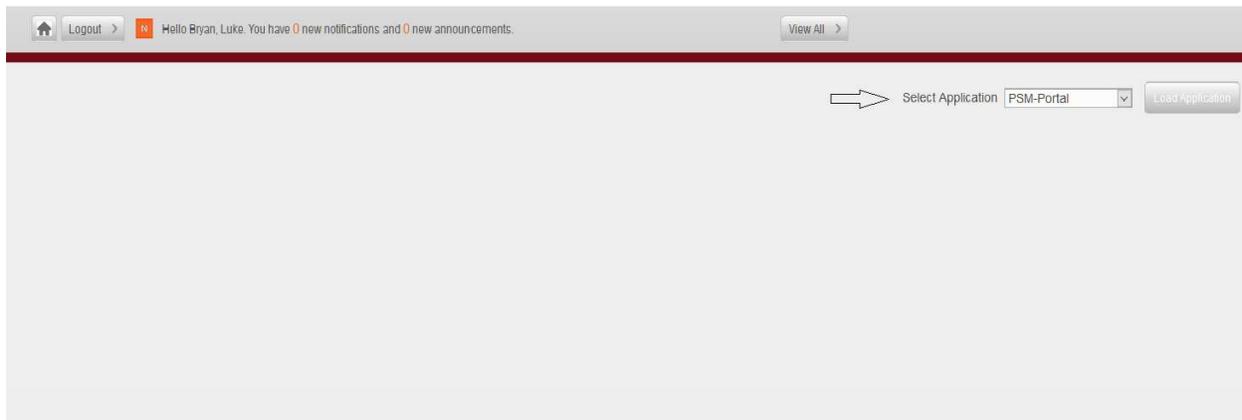
2. Enter your provider username and password associated with your DODD contract number and click sign in



3. You will be directed to the page shown below. To access the DODD applications, including PSM, click the blue Applications link towards the top of the page



4. The following page you will select the PSM application from the drop-down box and then click load application



5. Existing providers will click the box labeled Provider Certifications

Home New Provider Request

Start a New Contract
Are you applying to become a provider for the first time?
[Start Here](#)

Provider Certifications
Click here to view current contracts and pending Certification applications

Fee Payment Information
Click here to pay pending fee payments, view History of fee payments

Licensee Information
Click here to submit a Development Application for a new facility or to make changes to an existing facility

CBOSS Payment Information

Before you submit your payment, make sure your browser is up to date.

[Click here to see what version or browser I am using](#)

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

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

6. Click the contract number you are trying to view

Activities

Contracts

Show 10 entries Search:

Contract#	Name	Provider Type	Status	Certification Start	Certif
2573214	lpcloud2 Happypath	Independent	Active	08/24/2018	0

Showing 1 to 1 of 1 entries (filtered from 10 total entries)

Pending Certification Applications

- You will be taken to the DODD PSM Provider Dashboard where specific certification information can be obtained including the providers Medicaid number

Provider Home

Provider Address

Services and Counties

Services Locations

Medicaid Information

Billing Service Codes

Secondary Contacts

User Associations

Services Span History

Certification Span History

Sanction History

Applications History

Communication History

Documentation View

Disposition Letters

Provider Features

Add-On Rates

Voluntary Withdraw

Provider Home

Provider Demographics

Certification Expiration:	08/23/2021	Contract Number:	2573214
Provider:	lpcloud2 Happypath	Status:	Active
Certification Span:	08/24/2018 - 08/23/2021	Provider Type:	Independent
Date Of Birth:	1/2/1991	SSN/TIN:	569856324
Supplier Id:	000077777		
Address:	30 East Broad Street, 13th Floor, Columbus, OH , 43215		
Phone:	6144444444		
Email:	heidl.fisher@dodd.ohio.gov		

[Edit Email and Phone Number](#)

Provider Application Types

Add Services
Create application to allow active providers to add Services to active certification.

Update Address
Create application to only update your demographic address information on active or suspended contracts.

Update Name
Create application to only update your Name or CEO Name or CEO Designee Name on active or suspended contracts.

Draft Applications

Application Number	Application Type	Status	Start Date	Submitted Date
PROV-APP-82358	Service Change - Withdrawal Service(s)	Draft	09/10/2018	

- When you click Medicaid Information your specific Medicaid Provider Number will then be displayed

- Provider Home
- Provider Address
- Services and Counties
- Services Locations
- Medicaid Information**
- Billing Service Codes
- Secondary Contacts
- User Associations
- Services Span History
- Certification Span History
- Sanction History
- Applications History
- Communication History
- Documentation View

Medicaid Information

Provider Demographics

Certification Expiration:	08/23/2021	Contract Number:	2573214
Provider:	lpcloud2 Happypath	Status:	Active
Certification Span:	08/24/2018 - 08/23/2021	Provider Type:	Independent
Date Of Birth:	1/2/1991	SSN/TIN:	569856324
Supplier Id:	0000777777		
Address:	30 East Broad Street, 13th Floor, Columbus, OH , 43215		
Phone:	6144444444		
Email:	heidi.fisher@dodd.ohio.gov		

[Edit Email and Phone Number](#)

Provider Medicaid Information

MITS Contract	Medicaid #	MitsProviderType	StartDate	EndDate
IO	1234567	25	8/23/2018	12/30/2999
SELF	1234567	25	8/23/2018	12/30/2999
LV1	1234567	25	8/23/2018	12/30/2999