



Ohio Administrative Code Rule 5160-1-42.1 Delegated credentialing.

Effective: January 1, 2023

(A) The Ohio department of medicaid (ODM) authorizes eligible provider delegates to perform credentialing activities on behalf of individual providers in accordance with rule 5160-1-42 of the Administrative Code.

(B) "Delegate" and "Delegation" have the same meaning as in rule 5160-1-42 of the Administrative Code.

(C) Entities seeking delegation will be expected to meet the following criteria to become an authorized delegate and to maintain delegate status:

(1) Be an eligible provider as defined in rule 5160-1-17 of the Administrative Code:

(2) Participate with home-state agency that administers titles XIX (medicaid), XXI (Children's Health Insurance Program - CHIP), or XVIII (medicare) of the Social Security Act;

(3) Be based in Ohio or a contiguous state;

(4) Have at least 50 Ohio medicaid enrolled and active affiliated individual providers;

(5) Submit to the credentialing department a request in writing; and

(6) Complete a pre-delegation audit conducted by ODM to include review of the following information maintained by the delegate:

(a) Credentialing policies and procedures;

(b) Sample of practitioner credentialing files;



(c) Credentialing meeting minutes; and

(d) Ongoing sanctions monitoring.

(D) ODM has the right to deny or terminate delegation status. Denial or termination of delegation status does not afford hearing rights.

(E) Delegated credentialing of facilities is not permissible under the ODM delegated credentialing agreement.