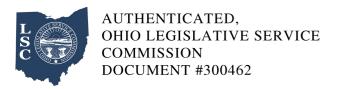


Ohio Administrative Code Rule 5160-1-42.1 Delegated credentialing.

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.