



Department of Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

Medicaid Transmittal Letter No. 3334-22-04

DATE: July 27, 2022
TO: Eligible Providers of Medicaid Services
FROM: Maureen M. Corcoran
Director, Ohio Department of Medicaid
SUBJECT: Adoption of Rule 5160-1-42 – Provider Credentialing

Summary

Ohio Administrative Code (OAC) rule 5160-1-42 will be effective October 1, 2022.

This rule sets forth credentialing requirements for eligible, active providers who enroll with the Department. As of 10/1/2022, the credentialing process will be completed by the Department or its credentialing designee, rather than the individual Managed Care Plans. This will lessen the burden on enrolled providers and facilities as they currently must credential with every managed care plan with whom they choose to contract.

This rule provides the process and requirements the Ohio Department of Medicaid (ODM), or its credentialing designee, will follow for applicable providers that require credentialing for their specific provider type. This rule also identifies the required information needed to complete the credentialing process and details any additional actions necessary on behalf of the provider or facility to complete credentialing.

Some provider groups are considered by the department to be a delegate. The definition and requirements of becoming a delegate are outlined in the rule. Those providers who meet the delegate requirements will complete the full credentialing process for their providers on behalf of the Department. Practitioners within a delegated group will revalidate their information on a schedule as determined by the Department.

This rule outlines the process the Department will take to establish a credentialing committee which will review practitioner or facility appeals or negative findings after the initial credentialing process. The credentialing committee will also make decisions regarding participation status with Medicaid when providers are required to re-credential. Active participation from the individuals on the credentialing committee is necessary and outlined in the rule. The credentialing committee will meet on a timeline as specified in the rule.

It is necessary for providers to re-credential every thirty-six (36) months, and the rule outlines the re-credentialing process for all provider types subject to credentialing. Failure to re-credential will result in termination of the provider agreement.

Access to Rules and Related Materials

Stakeholders who want to receive notification when ODM original or final files a rule package may visit the Joint Committee on Agency Rules Review's (JCARR) RuleWatch at www.rulewatchohio.gov where an account can be created to be notified of rule actions by the rule number or department.

Stakeholders can subscribe to receive notification when a clearance or business impact analysis (BIA) is posted by ODM for public comment on the Ohio Business Gateway here: <https://governor.ohio.gov/wps/portal/gov/governor/priorities/common-sense-initiative/enotifications>

Additional Information

Questions pertaining to this letter may be directed to ODM in the following ways:

E-mail: GeneralPolicy@medicaid.ohio.gov

Mail: Ohio Department of Medicaid
Bureau of Health Plan Policy
Policy Management and Development
P.O. Box 182709
Columbus, Ohio 43128-2709

Telephone: 1-800-686-1516