

Credentialing Guide and Requirements

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Credentialing Guide and Requirements

Every provider is required to undergo the enrollment process, but credentialing is not mandatory for all providers. Please see Appendix A at the end of this document for a list of provider types that require credentialing. For initial credentialing and recredentialing, the application is paired with the enrollment or revalidation application. There is no separate application for credentialing, as it is a single application for both processes.

The Council for Affordable Quality Healthcare (CAQH) form is required for all individual providers who require credentialing. This is an external system from the Provider Network Management (PNM) module, and both systems must have the appropriate information populated. If the provider does not already have a CAQH form, please register in the [Provider Data Portal](#), provide the CAQH ID number on the first page of the enrollment/credentialing or revalidation/recredentialing application. CAQH requires providers to attest to the accuracy of their information at least every 180 days. The Ohio Department of Medicaid (ODM) requires attestation every 150 days. If the CAQH form does not exist for the provider or the attestation is out of date, ODM will return the Medicaid provider application to the provider for additional information.

The [Ohio Department of Insurance \(ODI\) Standardized Credentialing Form](#) Part B is required for facilities/organizations requiring credentialing. Please complete and sign pages 1 – 8 of the ODI form. Additional documentation is not required to be attached as this information should already be uploaded in PNM. The ‘Subcontract with Other Providers’ question and References section of the ODI form are optional. Please upload the completed ODI form to the Required Documents page. If this form is not included with the application, the organization will receive a request to submit the completed copy of the ODI form.

Credentialing Requirements – Individuals

The following are required for all individual providers:

1. CAQH Form
2. Licensure in the state where the provider practices.
3. Professional liability insurance that covers the provider or provider group (minimums based on state).

4. Education information – for doctors, the education for the specialties they are practicing in should be added on the education page in PNM. For other providers, the highest level of education should be added on the education page in PNM – for example, information about the Master of Nursing for nurse practitioners.
5. Malpractice claims history – disclosure of all malpractice claims is required, whether pending, closed, or settled.
6. Work history – five years of work history is required. If the provider recently graduated and became licensed, work history begins at the time of licensure – in these cases, five years of work history are not required. Any gaps in employment over six months should be entered on this page.

The following are required for certain individual provider types:

Board Certification – This is required for advanced nurse practitioners, clinical nurse specialists, certified nurse midwives, and physician assistants. While it is only required for these provider types, please enter information here for any board certifications held by the providers as this is verified during credentialing and this information is populated in the directory.

Drug Enforcement Agency (DEA) Certificate – This is required for doctors and podiatrists. If the provider has a DEA, please enter information on the DEA screen.

Hospital Privileges – These are required based on both provider type and provider specialty. The following require either hospital privileges or admitting arrangements with another provider:

- Type 20 MDs/DOs:
 - Cardiovascular Disease/Cardiology (and all sub-specialties)
 - Critical Care Medicine (and all sub-specialties)
 - Gastroenterology
 - Hematology/Oncology
 - Medical Oncology
 - Nephrology
 - Neurology
 - Obstetrics/Gynecology (and all sub-specialties)
 - Otolaryngology
 - Physical Medicine and Rehabilitation

- Pulmonary Disease
 - Radiation Oncology
 - Surgery (and all sub-specialties)
 - Surgery Related Specialties
 - Urology
- Type 71 Certified Nurse Midwives
- Type 30 Dentists
 - Oral Surgery Specialty

Processes for Returning to Provider

If additional information is needed during the credentialing process, the primary contact listed on the application will receive a Return to Provider (RTP) notice with information about requirements for the provider under review. This notice will tell the primary contact what is required. Errors most often cited in returns include a lack of a CAQH application, the CAQH application not having the appropriate timeliness for attestation, or a lack of malpractice insurance. To submit the updated information, please click on the provider from provider dashboard, click enrollment actions, and hit 'Continue Registration' and fill out the pages with the requested information or upload documents based on the request, click the 'Save' button then click the 'Submit for Review' button. The application must be returned to ODM within 9 days of the RTP notice. If the application is not returned within 9 days, the application will time out and cancel. A new application will need to be submitted if this occurs. Requests for additional information required for credentialing may also be sent via email (from OhioCredentialing@maximus.com) to the primary contact and credentialing contact listed on the application. Please respond by the due date listed in the email to avoid application denial.

Timelines for Credentialing

Providers requiring credentialing/recredentialing will undergo the enrollment/revalidation process first. These are two separate processes paired together with the same application. Please allow 30 days before inquiring about the provider's application status. If an application has been returned for additional information, this will extend the time it takes to complete both processes. The quickest way to get a provider through is to submit all required information the first time.

Credentialing Requirements – Facilities/Organizations

The following are required for all facilities/organizations that must be credentialed:

- ODI Form.
- Licensure in the proper state.
- Malpractice Insurance.
- Accreditation or site visit – please upload a copy of the site visit that has been completed by the Ohio Department of Health or Ohio Mental Health and Addiction Services if your organization is not accredited.
- For hospitals that have a maternity ward and license, a bed letter from Centers for Medicare and Medicaid Services (CMS) is required.

Appendix A

The following individual providers are required to go through credentialing. Most provider types are credentialed based on their provider type but for certain providers it is based on the specialty.

Provider Type 07 – Registered Dietitian Nutritionist

Provider Type 20 – Physician/Osteopath Individual (with the following specialties)

023 - Acupuncture

201 - General Practice

202 - General Surgery

203 - Allergy & Immunology

205 - Otolaryngology

Advanced Heart Failure and Transplant Cardiology

206- Cardiology

207 - Family Practice

208 - Gastroenterology

209 - Internal Medicine

210 - Neurology

211 - Neurological Surgery

212 - Obstetrics & Gynecology

213 - Psychiatry

214 - Pulmonary Disease

215 - Pediatric

216 - Geriatric
217 - Cardiovascular Surgery
218 - Hematology/Oncology
219 - Gynecology
220 - Oncology
221 - Surgical Oncology
222 - Radiation Oncology
223 - Gynecological Oncology
226 - Addiction Medicine
227 - Addiction Psychiatry
228 - Adult Reconstructive Orthopedics
229 - Allergy
232 - Cardiothoracic Surgery
233 - Cardiovascular Disease
234 - Child & Adolescent Psychiatry
235 - Child Neurology
241 - Clinical Cardiac Electrophysiology
242 - Medical Genetics
247 - Colon & Rectal Surgery
248 - Critical Care Medicine (Neurological Sur.)
249 - Critical Care Medicine (Anesthesiology)
251 - Critical Care Medicine (Internal Med)
253 - Dermatologic Surgery
254 - Dermatology
256 - Diabetes
258 - Endocrinology/Diabetes & Metabolism
261 - Facial Plastic Surgery
Female Pelvic and Reconstructive Surgery
263 - General Preventive Medicine
267 - Hematology
268 - Hepatology
269 - Immunology
273 - Maxillofacial Surgery
274 - Internal Medicine/Pediatrics
275 - Maternal/Fetal Medicine
282 - Neonatal-Perinatal Medicine
283 - Nephrology
290 - Obstetrics

292 - Ophthalmology
293 - Orthopedic Surgery
296 - Neuromusculoskeletal Medicine
298 - Pain Medicine
299 - Palliative Medicine
321 - Pediatric Cardiology
322 - Pediatric Critical Care Medicine
Developmental-Behavioral Pediatrics
Pediatric Dermatology
324 - Pediatric Endocrinology
325 - Pediatric Gastroenterology
326 - Pediatric Hematology/Oncology
327 - Pediatric Infectious Disease
328 - Pediatric Nephrology
330 - Pediatric Orthopedics
333 -Pediatric Pulmonology
335 - Pediatric Rheumatology
336 - Pediatric Surgery
Pediatric Transplant Hepatology
338 - Physical Medicine & Rehabilitation
339 - Plastic Surgery
347 - Rheumatology
Sleep Medicine
352 - Sports Medicine (Family Practice)
353 - Sports Medicine (Internal Medicine)
354 - Sports Medicine (Orthopedic Surgery)
355 - Sports Medicine (Pediatrics)
356 - Infectious Disease
357 - Surgical Critical Care
358 - Thoracic Surgery
359 - Transplant Surgery
361 - Trauma Surgery
Undersea and Hyperbaric Medicine - not currently in system
362 - Unspecified
363 - Urology
365 - Vascular Surgery

Provider Type 23 – Acupuncturist

Provider Type 24 – Physician Assistant

Provider Type 27 – Chiropractor
Provider Type 30 – Dentist
Provider Type 35 – Optometrist
Provider Type 36 – Podiatrist
Provider Type 37 – Social Worker (with the following specialties)
 370 Licensed Independent Social Worker
 399 – Multi-Independent Licensure
 47I – Clinical Counselor – Independent
 52I – IMFT - Independent
 54I – Chemical Counselor – Independent
Provider Type 39 – Physical Therapist
Provider Type 40 – Speech Language Pathologist
Provider Type 41 – Occupational Therapist
Provider Type 42 – Psychologist
Provider Type 43 – Audiologist
Provider Type 47 – Clinical Counselor (with the following specialties)
 399 – Multi-Independent Licensure
 474 – Licensed Professional Clinical Counselor
 47I – Clinical Counselor – Independent
 52I – IMFT – Independent
 54I – Chemical Counselor – Independent
Provider Type 52 – Marriage and Family Therapist (with the following specialties)
 399 – Multi-Independent Licensure
 520 – Licensed Independent Marriage and Family Counselor
 47I – Clinical Counselor – Independent
 52I – IMFT – Independent
 54I – Chemical Counselor – Independent
Provider Type 54 – Chemical Dependency (with the following specialties)
 399 – Multi-Independent Licensure
 540 – Licensed Independent Chemical Dependency Counselor
 47I – Clinical Counselor – Independent
 52I – IMFT – Independent
 54I – Chemical Counselor – Independent
Provider Type 65 – Clinical Nurse Specialist
Provider Type 69 – Pharmacist
Provider Type 71 – Nurse Midwife
Provider Type 72 – Nurse Practitioner

The following facilities/organizations are required to go through credentialing:

Provider Type 01 – Hospital
Provider Type 02 – Psychiatric Hospital
Provider Type 03 – Psychiatric Residential Treatment Facility
Provider Type 44 – Hospice
Provider Type 46 – Ambulatory Surgery Center
Provider Type 59 – End-Stage Renal Disease Dialysis Clinic
Provider Type 60 – Medicare Certified Home Health Agency
Provider Type 79 – Independent Diagnostic Testing Facility
Provider Type 84 – Ohio Department of Mental Health
(Community Mental Health Center)
Provider Type 86 – Nursing Facility
Provider Type 95 – Ohio Mental Health and Addiction Services (OMHAS)
Certified/Licensed Treatment Program (Substance Use Disorder Clinic)