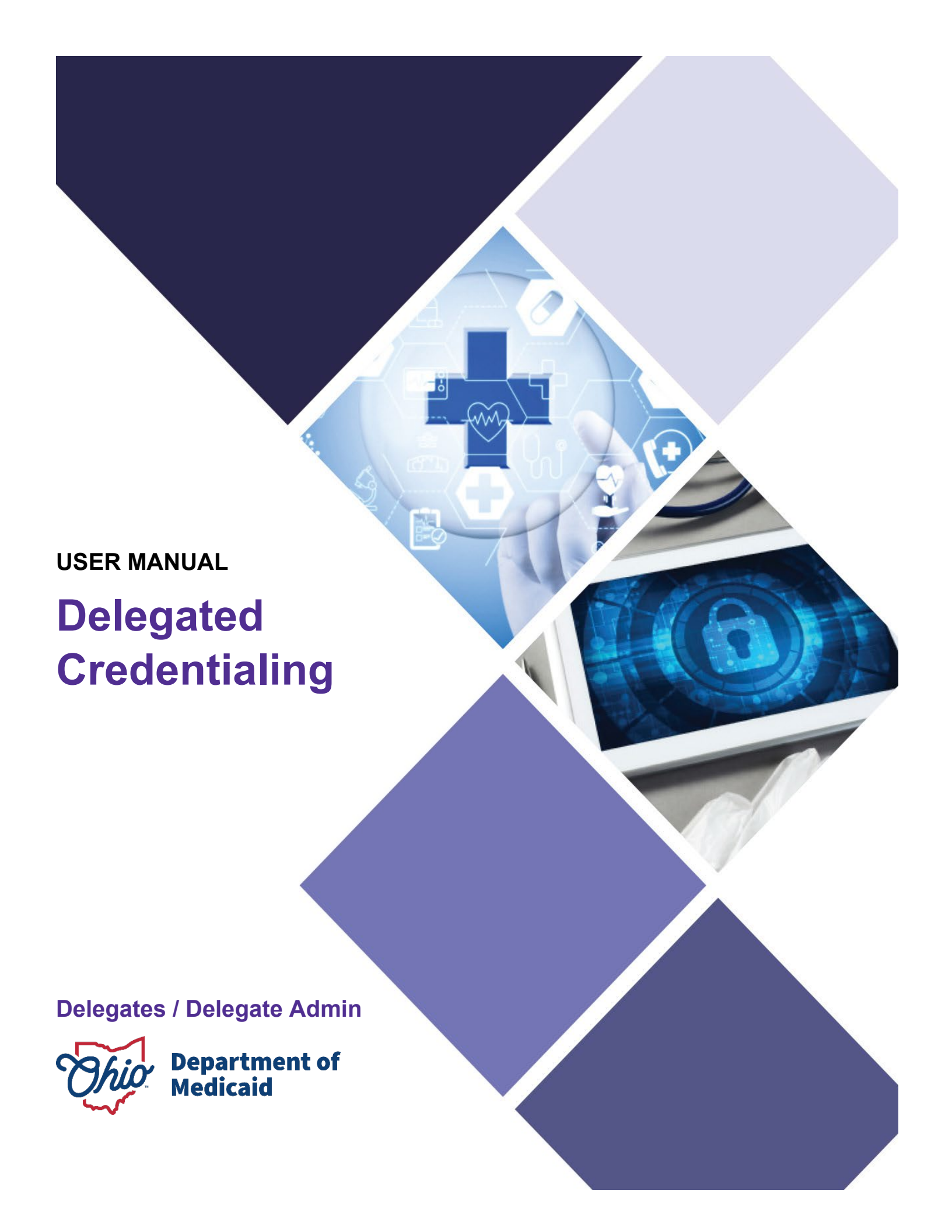


The cover features a central collage of medical and technology-related images, including a hand holding a tablet with a large blue cross, a stethoscope, and a tablet displaying a padlock icon. This central image is surrounded by several large, overlapping geometric shapes in various shades of blue and purple, creating a modern, abstract background.

USER MANUAL

Delegated Credentialing

Delegates / Delegate Admin



**Department of
Medicaid**

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Introduction

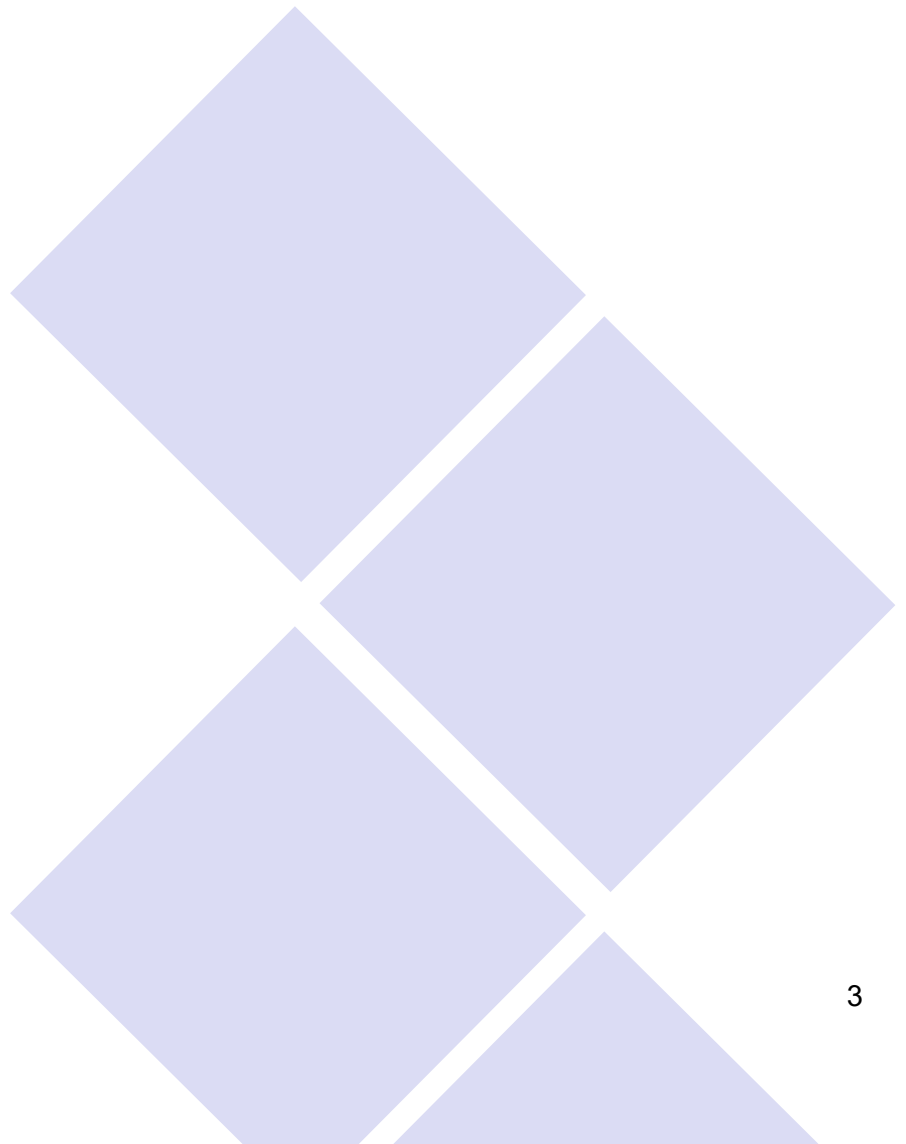
This document discusses the steps and functions of Delegated Credentialing in PNM.

Being a Delegate allows users to:

1. Add new individual affiliates that are currently enrolled with Ohio Medicaid and have been assigned a Medicaid ID.
2. Add service locations to affiliates, if the location is presently listed as a Primary Service Address or Other Service Location for the group record in PNM.
3. Indicate a provider is in a Delegated group for Credentialing.

NOTE: Administrators for delegates are responsible for making sure their delegate roster information is updated, correct, and is accurately uploaded in PNM. It is imperative that an updated Roster is uploaded to PNM once providers have been affiliated with your group.

For more information on Delegated Credentialing, please contact credentialing@medicaid.ohio.gov.

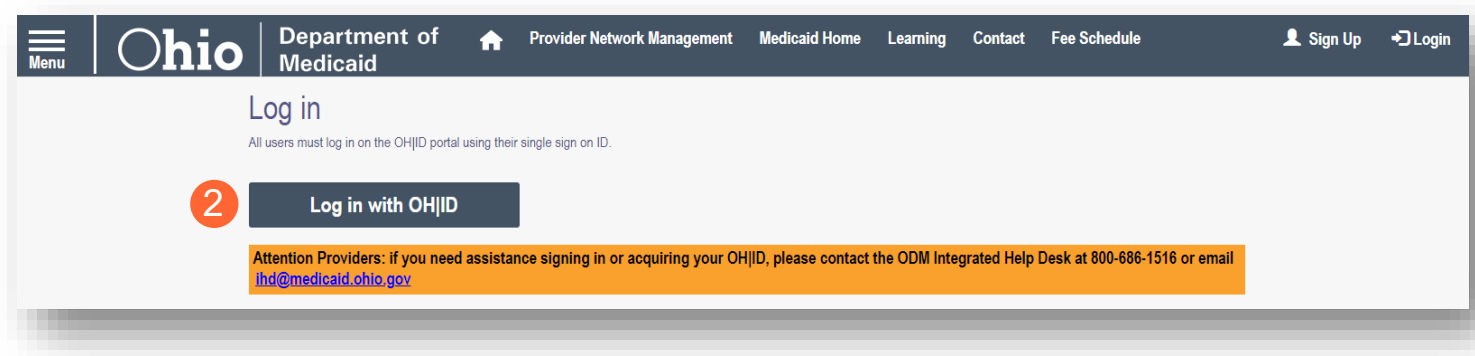


Initial Login to PNM

In this section of the user guide we will review the initial steps of logging into PNM. All users will log into the PNM system by using IOP (Innovate Ohio Platform).

Step 1: Visit the PNM web address: https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx.

Step 2: Click **Log in with OH|ID**.



Step 3: The system will prompt you to enter your username and password on the IOP login screen. Once entered, click **Log in**.

- If you have not created an IOP account previously, you can click **Create Account** and follow the steps to create a new account.

OHID
Ohio's Digital Identity. One State. One Account.
Register once, use across many State of Ohio websites

Create account

Log In

3

OHID

Password

Log in

[Forgot your OHID or password?](#) | [Get login help](#)

Step 4: You will be redirected to the PNM system. Read the Terms of Use and click “Yes, I have read the agreement” to proceed into PNM.

Terms

Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system.

In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately contact the site administrator.

4 ☐ Yes, I have read the agreement

Cancel

Indicating Delegated Credentialing on an Application

When completing an application, you can indicate that a provider has delegated credentialing. This is completed on the Group, Facility & Hospital Affiliations page of the application in PNM.

Step 1: On the Group, Facility & Hospital Affiliations page of the application, scroll down towards the bottom of the page (below the Hospital Affiliations section).

Save

Cancel

Previous

Next

Group, Facility & Hospital Affiliations (Individual)
This is not a required section. To skip this section click on Next button.

If you are a provider working as a hospitalist or strictly inpatient only, Please click add new under hospital affiliations, and designate that you practice exclusively within the inpatient setting

Pending Group Affiliations

Deleting your affiliation entry in this section will not delete your confirmed group affiliation.

Group Name	NPI	Medicaid ID	Start Date	End Date	Affiliation Status	Address	Edit	Delete
No pending affiliations found.								

Add New



Confirmed Group Affiliations

The grid above shows Groups where you are currently confirmed as a Group member (or have in the past been confirmed as a Group member)

Group Name	NPI	Medicaid ID	Start Date	End Date	Affiliation Status	Address
No confirmed affiliations found.						

Hospital Affiliations

Facility Name	Staff Category	Status of Privileges	Primary Facility	Start Date	End Date
No hospital affiliations found.					

Add New

1

Delegated Credentialing

☐ Select this box if you have delegated credentialing that does not display below.
 Credentialing delegates are assigned by ODM Credentialing staff.

Assigned Delegates

Delegate Name	Delegate MED ID
No delegates.	

Step 2: Under the Delegated Credentialing section, check the box that states: “Select this box if you have delegated credentialing that does not display below.”

Note: For new enrollment applications, there will be no delegates that appear in the box. The ODM Credentialing staff will review the application after submission and add the Assigned Delegates.

2

Delegated Credentialing

☐ Select this box if you have delegated credentialing that does not display below.
 Credentialing delegates are assigned by ODM Credentialing staff.

Assigned Delegates

Delegate Name	Delegate MED ID
No delegates.	

There has been a recent update in PNM to make the credentialing pages listed below optional for Delegates after checking the Delegated Credentialing indicator box on the Group, Facility & Hospital Affiliations page. This update removes the need to 'bypass' these credentialing pages.

- Professional Liability Insurance page
- Education page
- Malpractice Claims History page
- Work History page

Note: For accurate data report in the PNM directory, the board certification and hospital privileges information will need to be entered on the appropriate screens in PNM.

Review the User Guides on the [Provider Education & Training Resources page](#) in PNM for more details.

Credentialing Delegate Tasks in PNM

The delegate is responsible for all credentialing functions for the providers in their program, and for communication of credentialing information to ODM. This includes credentialing, recredentialing, and routine sanction monitoring of providers. ***All individual affiliates and the service (rendering) locations where those affiliates practice, are managed by the Delegate Administrator.***

Rosters

Rosters are used to keep the group's affiliate information up to date for all service (rendering) locations by individual. ODM has developed a roster that the Delegated Credentialing Administrator for your organization is able to upload directly into the PNM system.

Adding Affiliates

For providers who are currently enrolled, please add them on this roster once they have completed the credentialing process and are fully enrolled in Medicaid (assigned a Medicaid ID).

Updating Affiliates

Rosters are also used to update information for individuals who are presently affiliated. This serves to automatically update the affiliations for your group providers quickly and efficiently. The information contained on this roster is utilized in the system to affiliate individual providers to specific addresses that you currently have listed for your group.

- End dating affiliations for your group.
- Adding service (rendering) locations to individuals in your group.

Note: To affiliate a provider to an address, the address itself must be an address that currently exists for your group in the PNM system. If a new location needs to be added for your group, or needs to be removed from your group, you must use the **Other Service Location** page in PNM to complete an update on your group's Medicaid enrollment record. Be sure to note of what the added address is.

The affiliate spreadsheet document can be uploaded by the Delegate Admin in PNM by clicking the **Affiliate Update** button (A).

Note: This roster should be uploaded as frequently as information changes for each group.

Menu Ohio Department of Medicaid Provider Network Management Medicaid Home Learning Contact Fee Schedule Jairon Robinson Log out													
My Providers Account Administration Affiliate Update A New Provider ?													
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date	
517949	Amanda Trainer	Approved	26 - Non-Agency Home Care Attendant	1083018287	9999886	ODM WAIVER NON-AGENCY HOME CARE ATTENDANT				02/22/2022	01/24/2023	02/16/2027	

Roster Requirements

Rosters will be uploaded to PNM using an Excel spreadsheet template. For information to be accurately captured in PNM, the lines (columns and rows) within the spreadsheet must be completed in the proper format.

- When adding new affiliates (selecting the Update Type 'A'), the infinite End Date that needs to be entered is 12/31/2299.
- Individual start dates cannot be prior to the individual's or group's effective date with Ohio Medicaid.
- Any rendering location address added in the roster for an affiliate must be present and listed as the group's Primary Service Location or Other Service Locations in PNM.
- To update information for an affiliate, select Update Type 'E' on the roster.
 - The Rendering Location field and the End Date field are the only fields that can be changed when selecting the Update Type 'E.'

The table on the next page lists each field contained within the roster and requirements for completing:

Field Name	Data Type	Max Length	Required	Description
Update Type	String	1	Yes	A = Add; E = End/Update
Group Med ID	String	10	Yes	Medicaid ID of the Group Provider
Affiliate Med ID	String	10	Yes	Medicaid ID of the Individual Provider
Affiliate NPI	String	10	Yes	NPI of the Individual Provider
Affiliate Start Date	Date	10	Yes	Start date of the new affiliation required with the Update Type is 'Add' (Should be in MM/DD/YYYY format) Start date is required when end dating a provider at a location
Affiliate End Date	Date	10	Yes	End date of the new affiliation required when the Update Type is 'Add' (12/31/2299) or if you are end dating a provider when the Update Type 'End' (Should be in MM/DD/YYYY format)
Rendering Location Address Line 1	String	60	Yes	Rendering location Address Line 1 of the affiliate – must match Primary Service Location or Other Service Locations that exist in PNM for the group provider
Rendering Location Address Line 2	String	60	No	Rendering location Address Line 2 of the affiliate – must match Primary Service Location or Other Service Locations that exist in PNM for the group provider
Rendering Location Address City	String	30	Yes	Rendering location Address City of the affiliate – must match Primary Service Location or Other Service Locations that exist in PNM for the group provider
Rendering Location Address State	String	2	Yes	Rendering location Address State of the affiliate – must match Primary Service Location or Other Service Locations that exist in PNM for the group provider
Rendering Location Address Zip	String	5	Yes	Rendering location Address Zip of the affiliate – must match Primary Service Location or Other Service Locations that exist in PNM for the group provider
Rendering Location Phone	String	12	Yes	Rendering location Phone Number of the affiliate – must match Primary Service Location or Other Service Locations that exist in PNM for the group provider (Should be in XXX-XXX-XXXX format)

Uploading Roster in PNM

The below steps outline the process for uploading a Roster in the PNM system. One Administrator for each delegated group will have the ability granted in PNM to upload the roster document. To designate the administrator that will complete this function, please e-mail angela.cage@medicaid.ohio.gov the Med ID for the delegated group and Name and User ID of the Administrator user.

Note: It is imperative that the addresses on the roster document match with the addresses that are listed for the group in PNM.

Step 1: After logging into PNM, click the **Affiliate Update** button location near the top of the page.

Note: Only users designated to upload delegate rosters will have the 'Affiliate Update' button appear. If you should have access, but do not see the button, reach out to the ODM Integrated Help Desk for support.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517949	Amanda Trainer	Approved	26 - Non-Agency Home Care Attendant	1083018287	9999886	ODM WAIVER NON-AGENCY HOME CARE ATTENDANT				02/22/2022	01/24/2023	02/16/2027

Step 2: The Affiliate Update page will display.

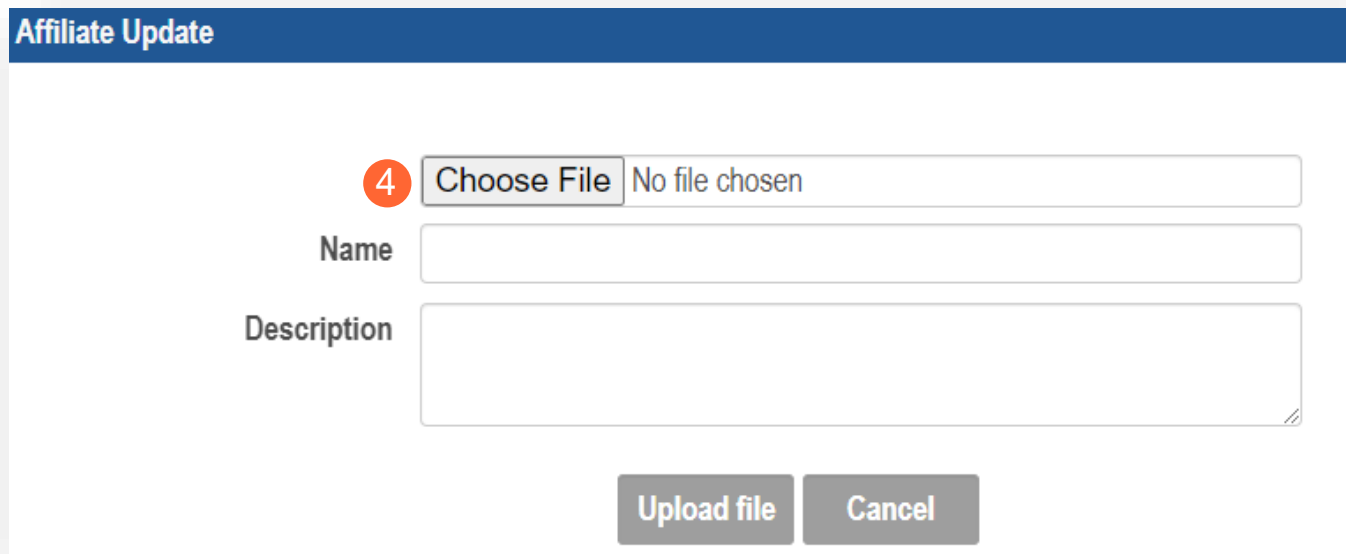
- Download a clean copy of the current affiliate template (A).
- To view the last document uploaded, click 'View Upload' under the Upload heading (B).
- A status message of *Processing*, *Complete*, or *Rejected* displays under the Affiliate File Upload Status heading (C). (Status definitions are listed in Step 8.)
- When a *Complete* or *Rejected* status is received, click 'View Response' to review responses from PNM for the individual line items on the roster, including error codes (D).

Step 3: When your document is ready to upload, click **Upload File**.

Affiliate File Upload Date	Affiliate File Name	Affiliate File Upload Status	Upload B	Response D
03/26/2024	Delegated Credentialing Roster	Processing	View Upload	
01/05/2024	Delegated Credentialing Roster	Complete	View Upload	View Response

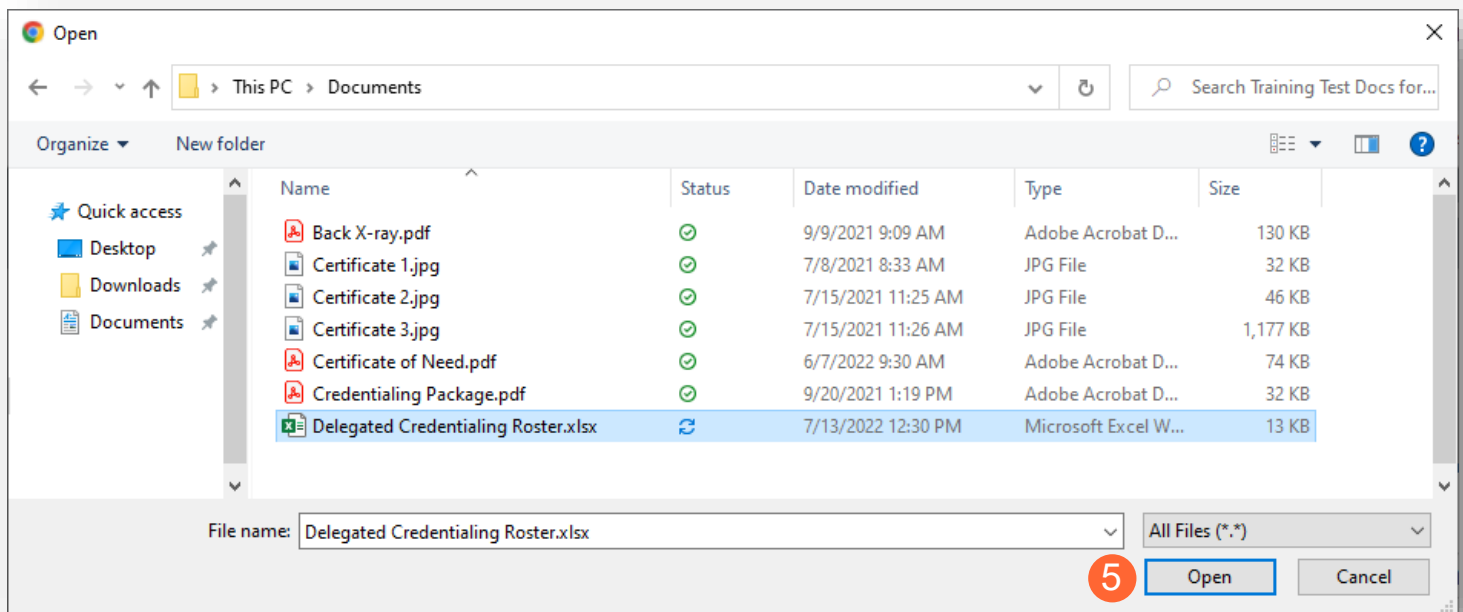
3 Upload File

Step 4: A pop-up window displays for the Affiliate Update. Click **Choose File** to locate the document on your computer.



The 'Affiliate Update' window features a blue header bar. Below it, a red circle with the number '4' is positioned next to a 'Choose File' button. To the right of this button is a text field containing 'No file chosen'. Below these elements are two input fields: 'Name' and 'Description'. At the bottom of the window are two buttons: 'Upload file' and 'Cancel'.

Step 5: Select the document you wish to upload and click **Open**.



Step 6: The document will appear next to 'Choose File' and the Name line will auto-fill with the document name. You can add a description of the document if you would like, but one is not required.

Step 7: Click **Upload File** to upload the file.

- Click **Cancel** if you do not want to proceed with the upload of this document.

Affiliate Update

6

Choose File Delegated Credentialing Roster.xlsx

Name

Delegated Credentialing Roster.xlsx

Description

Delegate Roster as of 7/1/2022

7

Upload file

Cancel

Step 8: The uploaded file will appear on the Affiliate Update list.

Note: The most recent file(s) will appear at the top of the list.

Affiliate Update

[Please download the affiliate update template here](#) 

<u>Affiliate File Upload Date</u>	<u>Affiliate File Name</u>	<u>Affiliate File Upload Status</u>	<u>Upload</u>	<u>Response</u>
8 03/26/2024	Delegated Credentialing Roster	Processing	View Upload	
01/05/2024	Delegated Credentialing Roster	Complete	View Upload	View Response
01/05/2024	Delegated Credentialing Roster	Rejected	View Upload	View Response

In the Affiliate File Upload Status column:

- Complete** – Indicates the uploaded file was processed and the user can review the Uploaded file and Response file. When you click 'View Response,' the excel document opens and you can view:
 - If individual lines in response file say "Accepted", the record is uploaded into PNM.
 - If individual lines in response file have Error Codes, review the [Error Code](#) definitions to troubleshoot. You will need to reupload the document with these corrected items.
- Processing** – This indicates the uploaded file was received and is currently being processed. The user can only view the uploaded file.
- Rejected** – This indicates the uploaded file was not in the correct format and could not be processed. Review the formatting, following the [roster requirements](#), and try again.

Error Codes

If you receive an error code, review the Error Code Definitions Table listed on the Affiliate Update page to determine the reason for the error and work to correct/update the uploaded document.

For questions regarding the error codes, please contact the PNM Support Team at 1-800-686-1516 (Option 2) or email ihd@medicaid.ohio.gov and note this is for a Delegated Roster.

Error Code	Definition
DA001	Affiliated Provider is not present/enrolled in the system
DA002	Affiliated Provider is not active in the system
DA003	Affiliated Group is not present/enrolled in the system
DA004	Affiliated Group is not active in the system
DA005	Affiliated Provider at this rendering location is a duplicate
DA006	When editing an affiliation start date cannot be before the Group's start date
DA007	Affiliation start date cannot be changed
DA008	Affiliation end date in system cannot be earlier than Affiliations start date
DA009	Affiliated Provider's NPI and Medicaid ID do not match
DA010	Affiliation End Date cannot be after the Group's end date
DA011	Affiliated Provider is already end dated at this rendering location
DA012	An Individual Provider cannot have affiliations
DA013	A Group Provider cannot be affiliated with another Group
DA014	Required data elements are missing, the upload could not be completed
DA015	You currently do not have the authorization to update the Group Provider
DA016	Rendering Location does not exist for this provider
DA017	Data in this row is incorrectly formatted. Please re-download template and try again
DA017.A	Update Type column should be A or E
DA017.B	Group Medicaid ID column should be numeric and 10 characters or less
DA017.C	Affiliate Medicaid ID column should be numeric and 10 characters or less
DA017.D	Affiliate provider's NPI should be exact 10 characters
DA017.E	Affiliate Start Date should be in MM/DD/YYYY format
DA017.F	Affiliate End Date should be in MM/DD/YYYY format
DA017.G	Rendering Location Address Line 1 is required and should not exceed more than 60 characters
DA017.H	Rendering Location Address Line 2 should not exceed more than 60 characters if provided
DA017.I	Rendering Location Address City is required and should not exceed more than 30 characters
DA017.J	Rendering Location Address State is required and should not exceed more than 30 characters
DA017.K	Rendering Location Address Zip is required and should be 5 characters
DA018	Phone number not in the expected format
DA019	When adding an affiliate, the individual affiliation start date cannot be prior to the group's effective date

DA20	Affiliate provider start date cannot be prior to the individual's effective date
DA21	Affiliated provider start date cannot be prior to the individual's conversion to standard effective date