

The cover features a central diamond-shaped image with a blue background. It contains a hand holding a stethoscope, overlaid with various medical icons such as a cross, a heart with a pulse line, a pill, a microscope, and a stethoscope. Below this, a tablet displays a blue padlock icon. The background is composed of several overlapping geometric shapes in shades of blue and purple.

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. It is imperative that an updated Location Roster is uploaded to PNM once providers have been affiliated with your group.

Admins for delegates are responsible for making sure their delegate roster information is updated, correct, and is accurately uploaded in PNM.

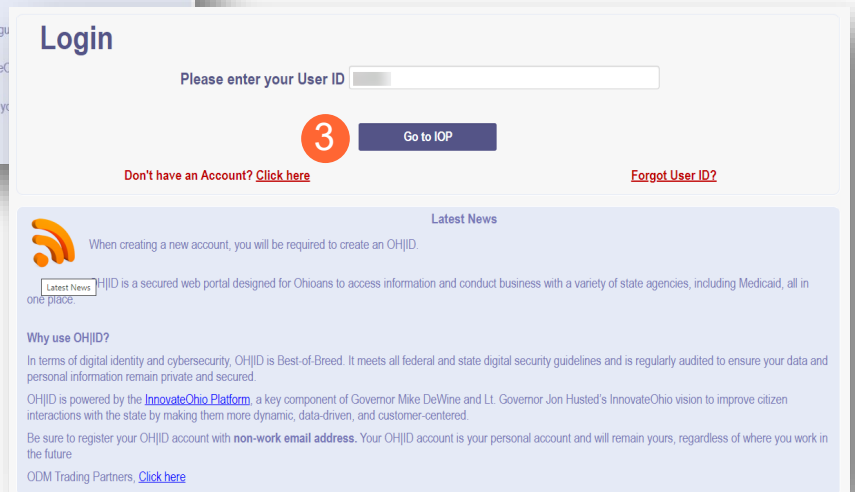
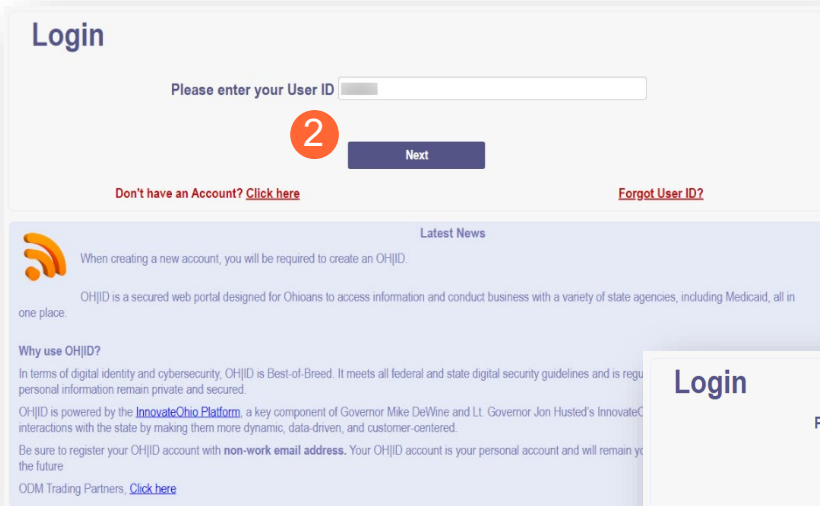
Initial Login to PNM

In this section of the user manual 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_PRD/Account/Login.aspx

Step 2: Enter the User ID and click 'Next'

Step 3: Click 'Go to IOP'



Step 4: The system will prompt you to enter your username and password on the IOP login screen illustrated below

OH|ID

Ohio's Digital Identity. One State. One Account.

Register once, use across many State of Ohio websites

Create Account

4 Log In

OH|ID

Password

Log in

[Forgot OH|ID?](#) | [Forgot password?](#)

Step 5: The next screen will allow you to 'Accept the Terms' to log into the PNM system by clicking the terms box

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.

5 Yes, I have read the agreement

Cancel

Indicating Delegated Credentialing on New Enrollment Application

When completing a new enrollment 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)

Group, Facility & Hospital Affiliations (Individual) Save Cancel Previous Next

This is not a required section. To skip this section click on Next button.

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
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Delegate Name</th> <th style="width: 50%;">Delegate MED ID</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">No delegates.</td> </tr> </tbody> </table>	Delegate Name	Delegate MED ID	No 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.

Delegated Credentialing

2 Select this box if you have delegated credentialing that does not display below.
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Assigned Delegates	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Delegate Name</th> <th style="width: 50%;">Delegate MED ID</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">No delegates.</td> </tr> </tbody> </table>	Delegate Name	Delegate MED ID	No delegates.	
Delegate Name	Delegate MED ID				
No delegates.					

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.

Rosters

There are two different types of rosters that are required for the delegated credentialing program.

Monthly Roster

The first is a monthly roster of all new additions to your group as well as terminations of providers from your group. This roster is strictly for the purposes of alerting ODM to additions and terminations. For providers who are already enrolled, please add them on this roster once they have completed the credentialing process. For providers who are new to Medicaid, please add them on the roster once you have submitted their enrollment application. Doing this will ensure that the delegated indicator is added prior to the provider entering the ODM process. If there are no changes for a particular month, please e-mail the ODM contact to let them know no changes will be received that month.

Location Update Roster

The second roster type is the provider address updates. ODM has developed a roster that the delegated credentialing administrator for your organization is able to upload directly into the PNM system. 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 have listed for your group.

It is important to note that to affiliate a provider to an address, the address itself must be an address that exists for your current 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 PNM to complete an update on your group file. Be sure to keep a record of what the added address is.

The types of changes that can be made on this location roster are add location affiliation and terminate location affiliation. This can be uploaded as frequently as needed for each group.

The following data may be needed for each affiliation in the Location Update Roster:

- Update Type (Add or Term)
- Group Med ID
- Affiliate Med ID
- Affiliate NPI
- Affiliate Start Date
- Affiliate End Date
- Rendering Location Address Line 1
- Rendering Location Address Line 2
- Rendering Location Address City
- Rendering Location Address State
- Rendering Location Address Zip

Roster Requirements

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

The below table lists each field in the table and requirements for completing.

Field Name	Data Type	Max Length	Required	Description
Update Type	String	1	Yes	A = Add; E = End
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	Conditional	Start date of the new affiliation required with the Update Type is 'Add' (Should be in MM/DD/YYYY format)
Affiliate End Date	Date	10	Conditional	End date of the new affiliation required with the Update Type is '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 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 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 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 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 for the group provider

Uploading Location Roster in PNM

The below steps outline the process for uploading a Location 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 nathan.price@medicaid.ohio.gov the Med ID and User ID.

Note: It is imperative that the addresses on the document match with the addresses that are listed for the provider 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 Help Desk for support

The screenshot shows the Ohio Medicaid Provider Network Management interface. At the top, there is a navigation bar with the Ohio logo and various menu items: Provider Network Management, Medicaid Home, Learning, Contact, and Fee Schedule. Below the navigation bar, there are several tabs: My Providers, Select Provider, Pending Agent Requests, Account Administration, and Affiliate Update. The 'Affiliate Update' tab is highlighted with a red circle containing the number '1'. To the right of the tabs is a 'New Provider?' button. Below the tabs is a table with columns: Reg ID, Provider, Status, Provider Type, NPI, Medicaid ID, Speciality, DD Contract Number, DD Facility Number, Location, Effective Date, Submit Date, and Revalidation Due Date. The table contains one row of data for 'EJ Hospital Services LTD' with a status of 'Submitted' and a submit date of '02/23/22'. At the bottom of the table, there is a pagination control showing 'Page size: 10' and '16 items in 2 pages'.

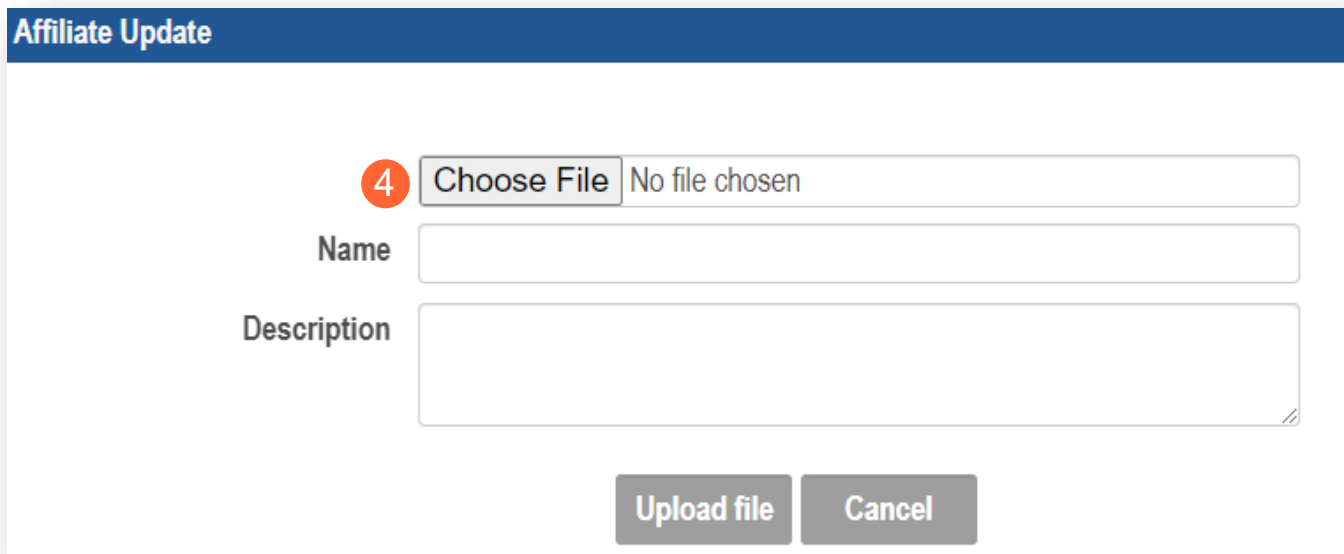
Step 2: The Affiliate Update page will display

- If you need a copy of the affiliate template document, you can download it by clicking on the link (A)
- To view the last document uploaded, click 'View Upload' under the Upload heading (B)
- If a previous document has been uploaded, an 'Approved' or 'Rejected' message displays under the Affiliate File Upload Status heading (C)

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

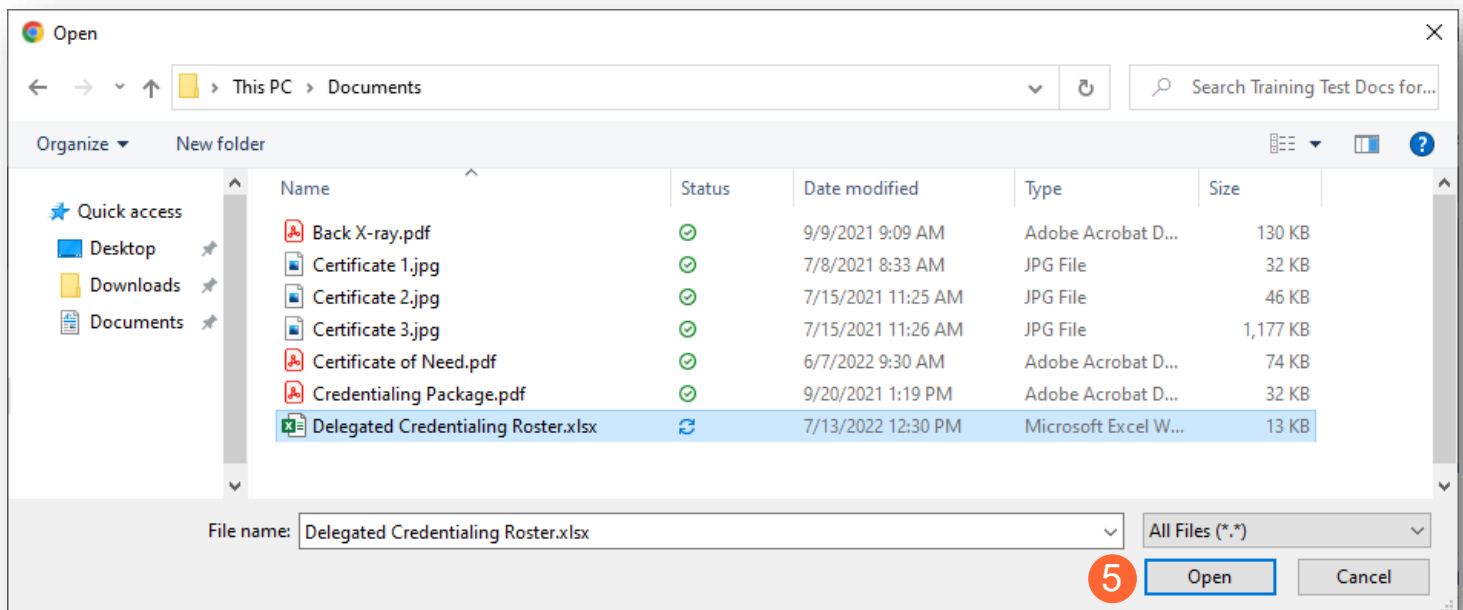
The screenshot shows the 'Affiliate Update' page. At the top, there is a heading 'Affiliate Update' with a red circle '2' next to it. On the right side, there is a link 'Please download the affiliate update template here' with a red circle 'A' next to it. Below the link is a table with columns: Affiliate File Upload Date, Affiliate File Name, Affiliate File Upload Status, Upload, and Response. The table contains one row of data for '03/24/2022' with a file name 'CR045_Template - E2E - TC 4260.xlsx', a status of 'Rejected', and a 'View Upload' link. A red circle 'B' is next to the 'Upload' column header, and a red circle 'C' is next to the 'Rejected' status. At the bottom right of the table, there is an 'Upload File' button with a red circle '3' next to it.

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. Below the header, there is a 'Choose File' button with a red circle containing the number '4' next to it. To the right of this button is a text field containing 'No file chosen'. Below these are two text input fields labeled '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

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](#)

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Affiliate File Upload Date	Affiliate File Name	Affiliate File Upload Status	Upload	Response
07/13/2022	Delegated Credentialing Roster.xlsx	Processing	View Upload	
03/24/2022	CR045_Template - E2E - TC 4260.xlsx	Rejected	View Upload	

Upload File

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.

Affiliate Update Error Code Definitions	
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	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