

CREDENTIALING OVERVIEW

Provider Education Series



CareSource is committed to a seamless and expedient credentialing and recredentialing process. Credentialing is the process through which the Ohio Department of Medicaid (ODM) checks the qualifications and performance of health care practitioners in Ohio.

Centralized Credentialing

ODM recently adopted a centralized model in which the agency manages provider credentials. Rather than each Ohio Managed Care Entity (MCE) conducting its own credentialing review, the new process requires a single application for all plans.

Centralized credentialing eases the administrative burden felt by providers serving Ohio's Medicaid members by:

- Eliminating repetitive work,
- Improving the revenue cycle, and
- Lowering credentialing costs for hospitals, facilities, providers, and practices.

Credential Verification Organization

ODM has contracted with a National Committee for Quality Assurance (NCQA)-accredited credential verification organization (CVO) to complete certain credentialing-related tasks. The CVO is responsible for collecting primary source verifications (licensure, board certification, Drug Enforcement Agency certificate, etc.), monitoring sanctions (the process of reviewing licensing board actions), and participating in the Medicaid Credentialing Committee to inform the agency of best practices and processes. Once the CVO authenticates all required documentation, records will be forward to ODM for final determination.

Remember!

Ensure your information is up to date with ODM. New demographics and providers associated with contracted tax ID numbers automatically update in our claims system when we receive new information from ODM.

To learn more about the Provider Network Management (PNM) and centralized credentialing, visit [Provider Enrollment | Medicaid \(ohio.gov\)](#). Ensure your information is current with ODM.