

# **Credentialing Verification Organization Process**

## **Frequently Asked Questions**

### **July 14, 2015**

Effective August 1, 2015, Georgia's Department of Community Health (DCH) will implement a new NCQA certified Centralized Credentialing Verification Organization (CVO) that will be responsible for credentialing and recredentialing Medicaid providers currently enrolled or seeking to enroll with Georgia's Care Management Organizations (CMO).

Credentialing and recredentialing services will be provided for Medicaid providers enrolled in Georgia Families and/or the Georgia Families 360 program.

This new streamlined process will result in administrative simplification thereby preventing inconsistencies, as well as the need for a provider to be credentialed or recredentialed multiple times.

Answers to your most commonly asked questions regarding the Centralized CVO initiative are listed below. If your question is not listed below; please contact DCH via email at [cvo.dch@dch.ga.gov](mailto:cvo.dch@dch.ga.gov).

#### **1. When will the CVO begin accepting provider applications?**

It is anticipated that the CVO process will be implemented August 1, 2015.

#### **2. Why is the current provider enrollment process changing?**

Currently, a provider seeking to enroll with multiple Care Management Organizations (CMO) must be credentialed or recredentialed with each individual CMO. This process requires that a provider submit credentialing and recredentialing materials to each individual CMO in order to be credentialed or recredentialed. This process results in multiple submissions and has proven to be administratively burdensome to providers. The current process also results in inconsistencies in credentialing and recredentialing outcomes.

The new streamlined process will allow providers currently enrolled with a CMO or seeking to enroll with a CMO to submit a provider enrollment application and all credentialing or recredentialing materials through one single web portal. This streamlined process eliminates the need to submit credentialing and recredentialing materials to multiple CMOs.

#### **3. What are the advantages of DCH using a CVO?**

- One streamlined Credentialing/Recredentialing process
- Single electronic application process
  - Increases efficiency
  - Eliminates multiple submissions of credentialing and recredentialing materials

- One Credentialing Committee
- Providers will be credentialed and recredentialed by one centralized CVO
- Consistency in credentialing and recredentialed processes and decisions
- Shortened time period for providers to receive credentialing and recredentialed decisions
- Synchronized re-credentialing process and cycles
- Provider has the ability to track application/credentialing status
- Credentialing and recredentialed decisions will be shared with providers and the CMOs

#### **4. What is the purpose of the Centralized Credentialing Verification Organization?**

The CVO will conduct one streamlined process for provider credentialing and re-credentialing. This streamlined process will facilitate providers requesting to enroll with a CMO for the first time as well as those providers that are currently participating in the Georgia Families or Georgia Families 360° programs.

#### **5. Who will be required to go through credentialing verification process?**

All individual practitioners and facilities currently enrolled or seeking to enroll with a CMO will be credentialed and recredentialed through the new Centralized CVO. Independent Physician Practice Associations (IPA) and Physician Hospital Organizations (PHO) that conduct their own credentialing and to whom the CMOs delegate credentialing are excluded from this process.

#### **6. Who reviews the provider credentialing and recredentialed materials?**

The CVO and the Credentialing Committee will review all credentialing and recredentialed materials submitted by providers. The Credentialing Committee is responsible for credentialing Medicaid providers enrolled or seeking enrollment in the Georgia Families or Georgia Families 360° programs. The Credentialing Committee is responsible for reviewing the results of primary source verifications, verification of state and federal databases, site visits, criminal background checks, fingerprinting and reviews of Medicare's Provider Enrollment Chain Ownership System (PECOS) in order to issue a decision affirming or denying an applicant's credentialing status.

#### **7. How long will it take for a provider to be credentialed or recredentialed?**

Applications that contain all required credentialing and recredentialed materials at the time of submission will receive a decision within forty five (45) calendar days from the date of submission. Incomplete applications that do not contain all required credentialing and recredentialed materials will be returned to the provider with a request to supplement all missing materials. Incomplete applications that are not supplemented with requested missing materials will be denied and will result in a delayed credentialing or recredentialed decision.

#### **8. Is there a fee to be credentialed or recredentialed?**

No. There is not a fee associated with credentialing or recredentialed. However, federal regulations require that certain new, re-enrolling or revalidating providers pay an application fee prior to executing the Medicaid Statement of Participation or provider agreement. The following are exempt from the application fee:

- a. Individual physicians or non-physician practitioners;
- b. Providers who are enrolled in either of the following:
  - i. Title XVII of the Social Security Act
  - ii. Another state's Title XIX or XXI plan
- c. Providers that have paid the application fee to:
  - i. Another state
  - ii. A Medicare contractor

**9. Will training be provided on the process for submitting an application?**

Yes. HP provider representatives will provide training and assistance as needed. Beginning August 1, 2015, providers may contact HP for assistance with credentialing and recredentialing by dialing 1-800-766-4456.

**10. Will there be a Transition Period?**

Yes. The transition process is as follows:

- Effective August 1, 2015, all **new provider applications** seeking enrollment with one or more CMOs will be credentialed through the new CVO.
- From August 1, 2015 through November 30, 2015, the CMOs will process any and **all existing applications** seeking **initial credentialing** for those providers that submitted an application **prior to August 1, 2015**.
- From August 1, 2015 through November 30, 2015, the CMOs will continue to **recredential** all providers currently enrolled in their respective health plans.
- Effective December 1, 2015, all providers will be credentialed and recredentialed through the new CVO. Beginning December 1, 2015, the CMOs will no longer perform credentialing or recredentialing services for enrolled providers.

Note: The CMOs will be responsible for the delegated credentialing and recredentialing for Independent Practice Associations (IPA) and Provider Hospital Organizations (PHO).

**11. If I am credentialed by the CVO will I still need to contract with each of the CMOs?**

Yes, you will need to enter into a Provider Agreement with each CMO you are interested in contracting with. Contracting and credentialing are separate and distinct processes. Each CMO will decide which provider they would like to enroll in their network.

**12. What if my practice already has an existing contract with one or more of the CMOs? Will I still obtain credentialing and re-credentialing certification through the Centralized CVO?**

Yes, providers joining a practice with an existing CMO contract on or after August 1, 2015 will go through the Centralized CVO if initial credentialing is required. Contracted providers originally credentialed by one or more of the CMOs will fall under the Centralized CVO's re-credentialing timeline beginning December 1, 2015.

**13. What if I currently have a credentialing application in process with one or more of the**

**CMOs prior to the August 1, 2015 go-live?**

Credentialing applications received by the CMOs prior to August 1, 2015 will be processed by the CMOs.

**14. How do I find out the status of my application?**

The existing HP Provider Call Center will be enhanced to respond to inquiries regarding credentialing and recredentialing applications. Additionally, providers may obtain information regarding the status of their application on the HP provider enrollment web portal at <https://www.mmis.georgia.gov>. Beginning August 1, 2015, providers may contact the HP Provider Call Center by dialing 1-800-766-4456 to obtain assistance with credentialing and recredentialing.

**15. What is the process if I need to be re-credentialed?**

The CVO will perform re-credentialing for both current and new providers every three (3) years. Providers requiring re-credentialing will be notified by DCH at least 90 calendar days in advance of the recredentialing due date.

If you are a current network provider belonging to more than one CMO and have a different credentialing effective date with either plan, then your re-credentialing due date will be based on the earliest initial credentialing or re-credentialing effective date. Therefore, initial recredentialing with the CVO may be performed earlier than the three (3) year cycle due to the transition.

**16. Additional questions regarding the Credentialing Verification Organization Process?**

Visit the DCH provider portal – GAMMIS – at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

Questions regarding the Amerigroup contracting process should be directed to Amerigroup at (678) 587-4840 or by email at [gaprovupdates@Amerigroup.com](mailto:gaprovupdates@Amerigroup.com) or by website at <https://providers.amerigroup.com>.