



# Provider Enrollment and Credentialing



Presentation to: Senate Study Committee on Medicaid Managed Care  
Organization Credentialing (S.R. 1175)

Presented by: Jerry Dubberly, Chief Medical Assistance Plans



# Mission

## The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

*We are dedicated to A Healthy Georgia.*

# Topics for Discussion:

- Background
- CMO Provider Enrollment Responsibilities
- Process Overview and Improvements
- Discussion



# Background

# GA Medicaid and CHIP Delivery System

## Medicaid and PCK

Care Management Organizations (CMO)

Fee-for-Service (FFS)

Amerigroup

PeachState

WellCare

# Background

- All Medicaid providers must be enrolled in FFS Medicaid
- Medicaid requires CMOs attain and maintain accreditation from the National Committee for Quality Assurance (NCQA)
  - **NCQA:** An organization that sets standards, and evaluates and accredits health plans and other managed care organizations.

# Background

- ***Credentialing*** – verifies the provider’s claimed credentials against primary sources
- ***Contracting*** – negotiating a legal arrangement between the parties that defines the rules of engagement and reimbursement
- ***Enrollment*** – Loading the provider information, rules, and reimbursement



# Background

- **Re-credentialing:** The process for screening Providers every three (3) years to update credentialing information and ensure that the provider is eligible for participation in the Medicaid program. Also referred to as Re-validation.





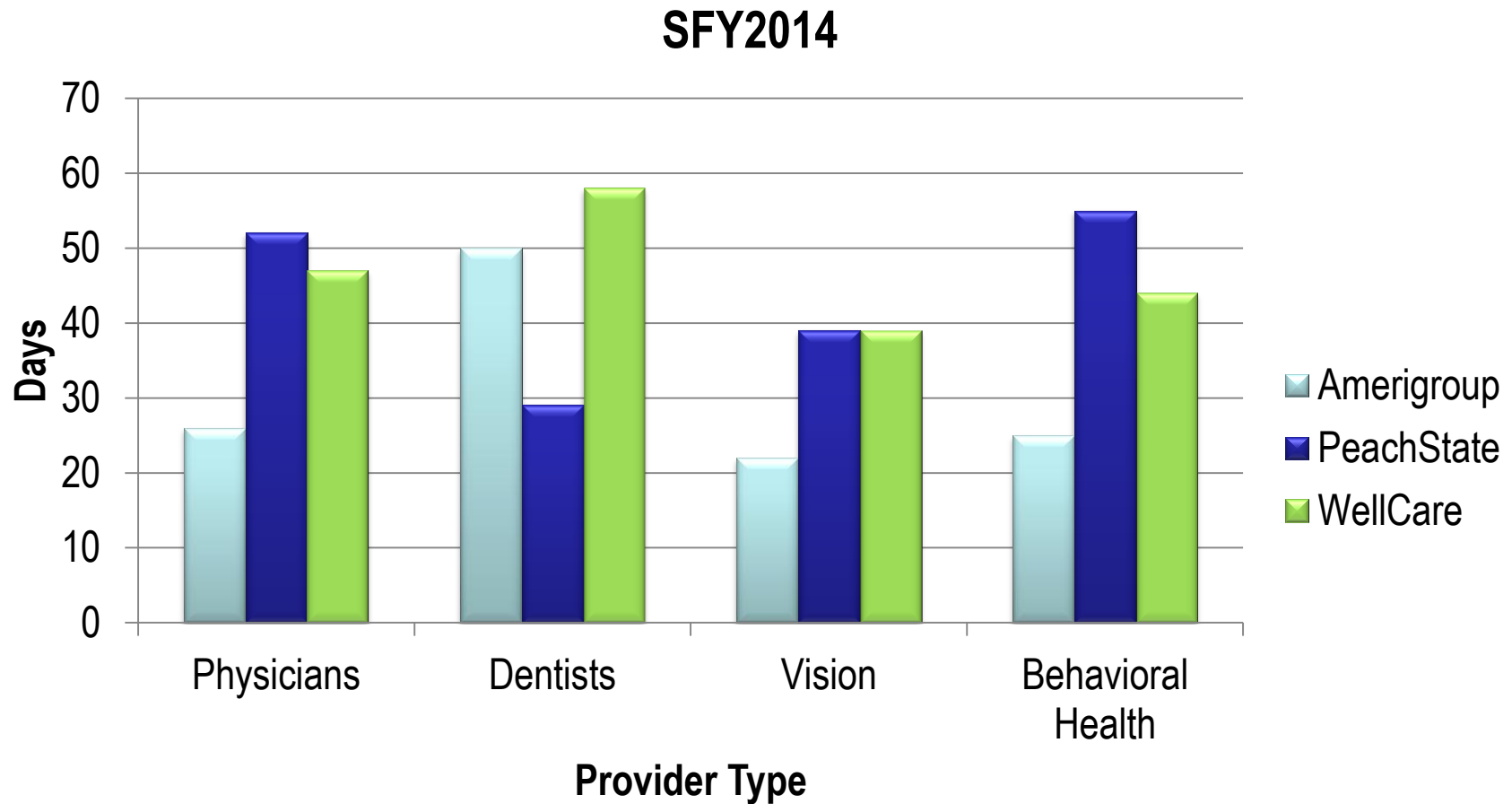
# CMO Provider Enrollment Contract Responsibilities

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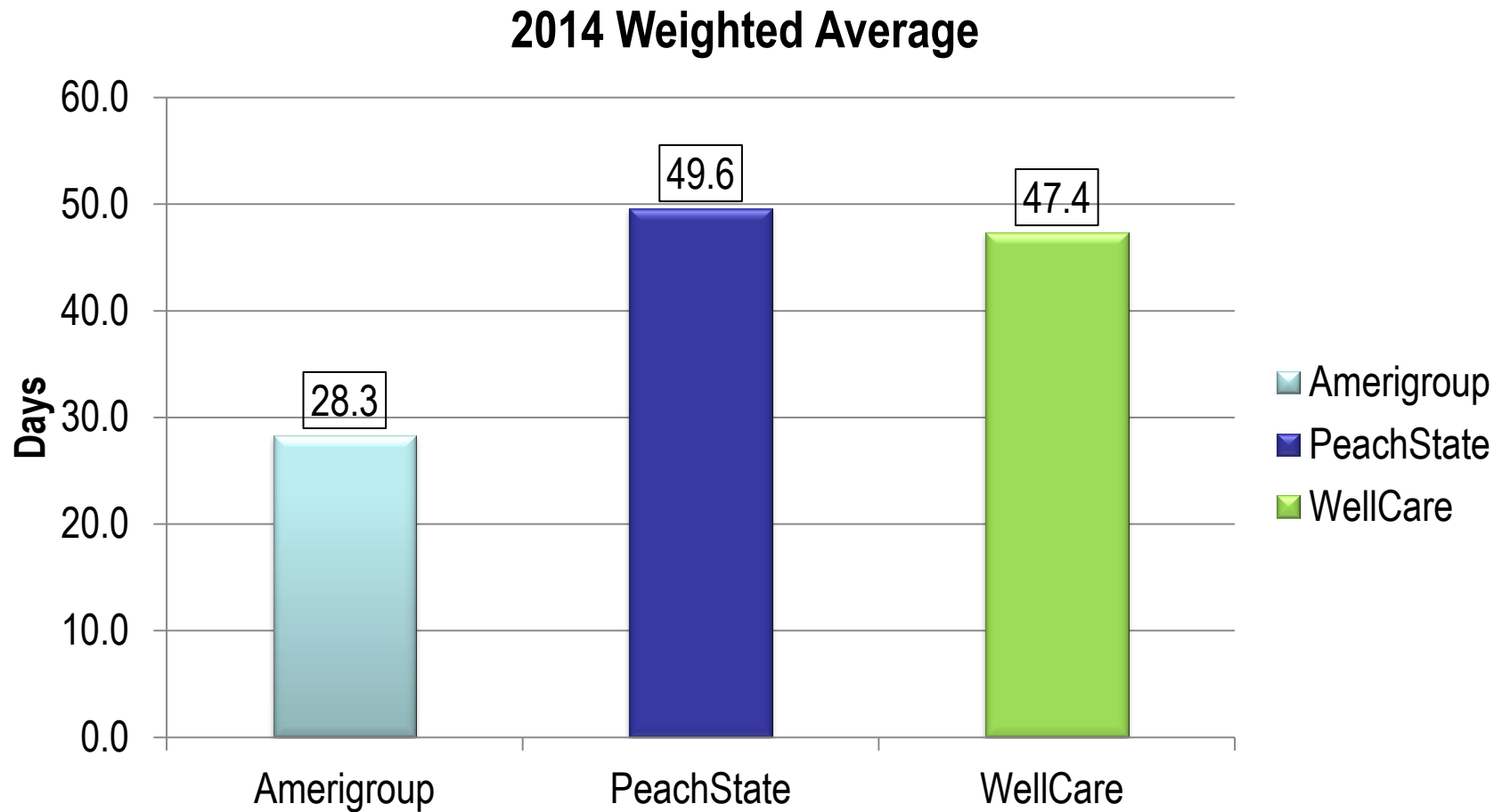
- CMOs must ensure a network of providers adequate to provide access to all covered services
- CMOs may elect to contract or not with any provider
- Must ensure provider enrolled in FFS
- Plans must receive accreditation from a national accreditation organization (e.g. NCQA)
- Must credential all providers within 120 days of receipt of complete application packets



# CMO Time to Credential AND Enroll



# CMO Time to Credential AND Enroll



# Retroactive Enrollment and Payment

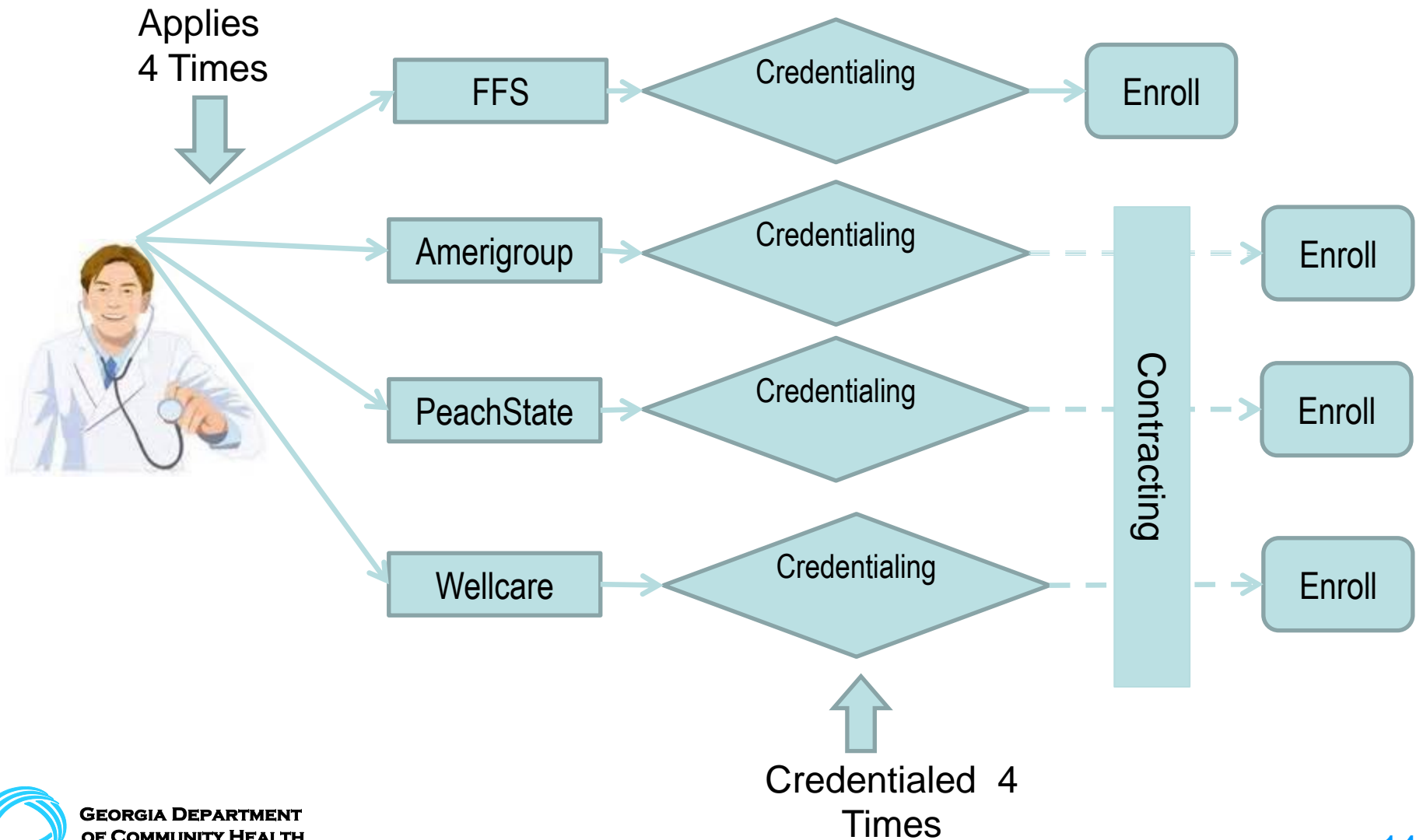
- *‘Why can’t the CMOs retroactively enroll a provider and pay any claims back to the original date of application?’*
- NCQA: “The practitioner may not provide care to members until the final decision is rendered by the Credentialing Committee or the medical director.”<sup>1</sup>

1. 2014 NCQA Health Plan Accreditation Standards p.324

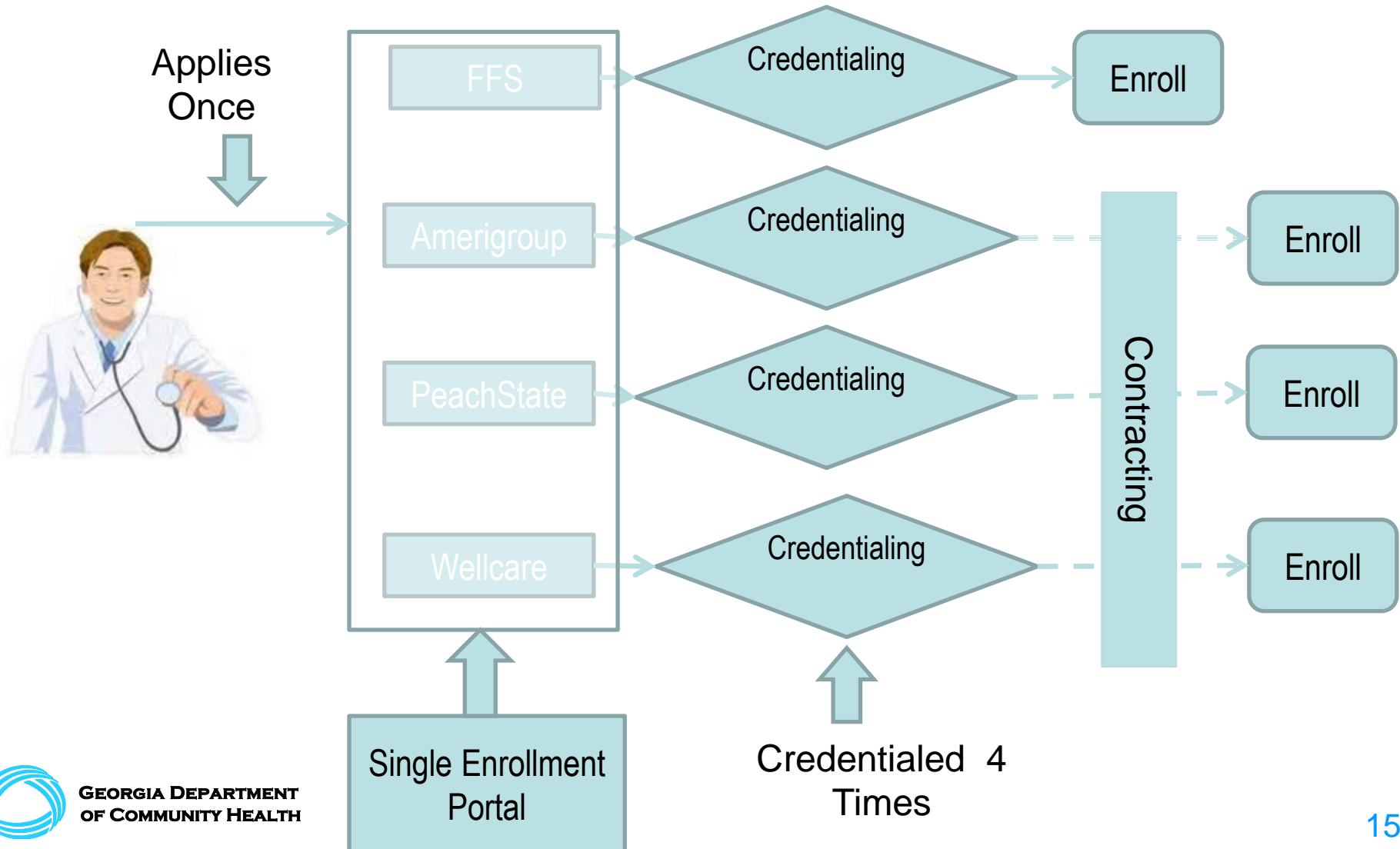


# Process Overview

# Old Process

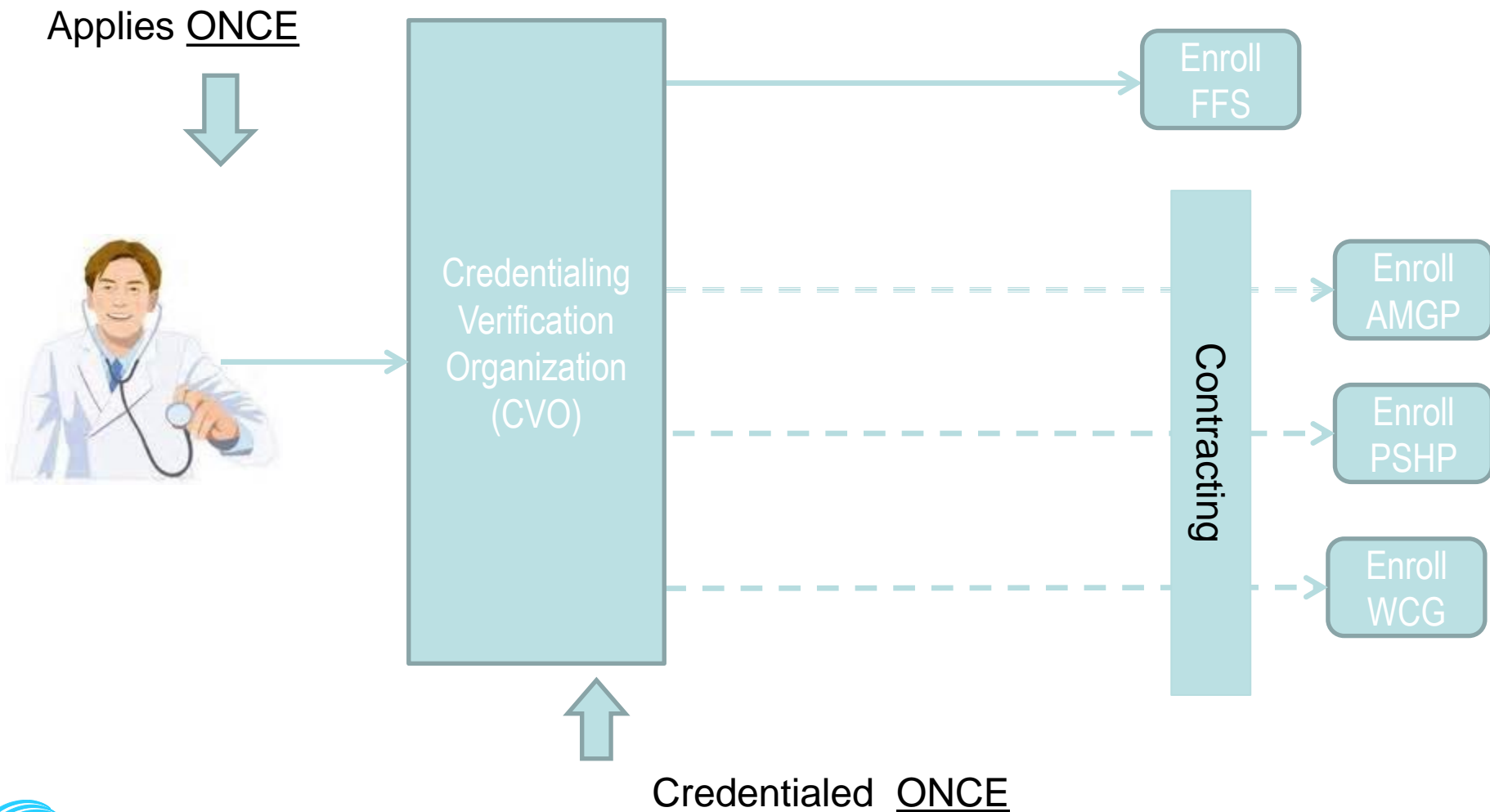


# Improved Process (Implemented March 2013)





# Future Process (Targeted 7/1/2015)



# CVO Advantages

- Advantages
  - Administrative simplification
  - Single, electronic application process
  - Providers credentialed once
  - Consistency in credentialing process and decisions
  - Synchronized re-credentialing process and cycles
  - Provider ability to track application/credentialing status
  - Direct DCH ownership of credentialing process
  - Financial advantage





# Discussion