Centralized Credentialing Verification Organization Update

Presentation to: Care Management Committee

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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.

CVO Denials

- Common reasons for credentialing denials:

  - Lack of required documentation
  - Past misconduct and/or sanction by CMS
  - Medical Malpractice claims within past ten (10) years
  - No hospital admitting privileges/alternative arrangements
  - No DEA license
  - No education in practice specialty
  - Insufficient Professional Liability Limits
  - Application Discrepancies- Provider indicates there are no actions within the past ten (10) years; NPDB reports indicate there are actions within the past ten (10) years
  - SSN for providers/owners or managing employee appears on the SSA Death Master File

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Denial Letters

- Denial letters are issued to providers who do not meet the credentialing requirements:

  - Basis of the denial
  - Includes appeal rights
  - Timeframe for submission of appeals
  - Application Denials/Terminations
  - Managed Care Dental Providers- Provisions under state law

Credentialing Verification Organization

➢ Effective December 1, 2015, ALL credentialing functions have transferred to the CVO

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

➢ Credentialing of Fee-For-Service Only providers

   – Effective January 7, 2016

   – Will begin with COS 430 (Physicians)

➢ Adding DBHDD Providers

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Credentialing Verification Organization

- Communications Plan for Credentialing of Fee-For-Service Only Providers:

  - ➢ Frequently Asked Questions (FAQs)
  - ➢ Banner Messages
  - ➢ DCH-i
  - ➢ DCH website
  - ➢ Webinars/Training

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