



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Centralized Credentialing Verification Organization



Presentation to: Medical Care Advisory
Committee

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GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Mission

The Georgia Department of Community Health

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

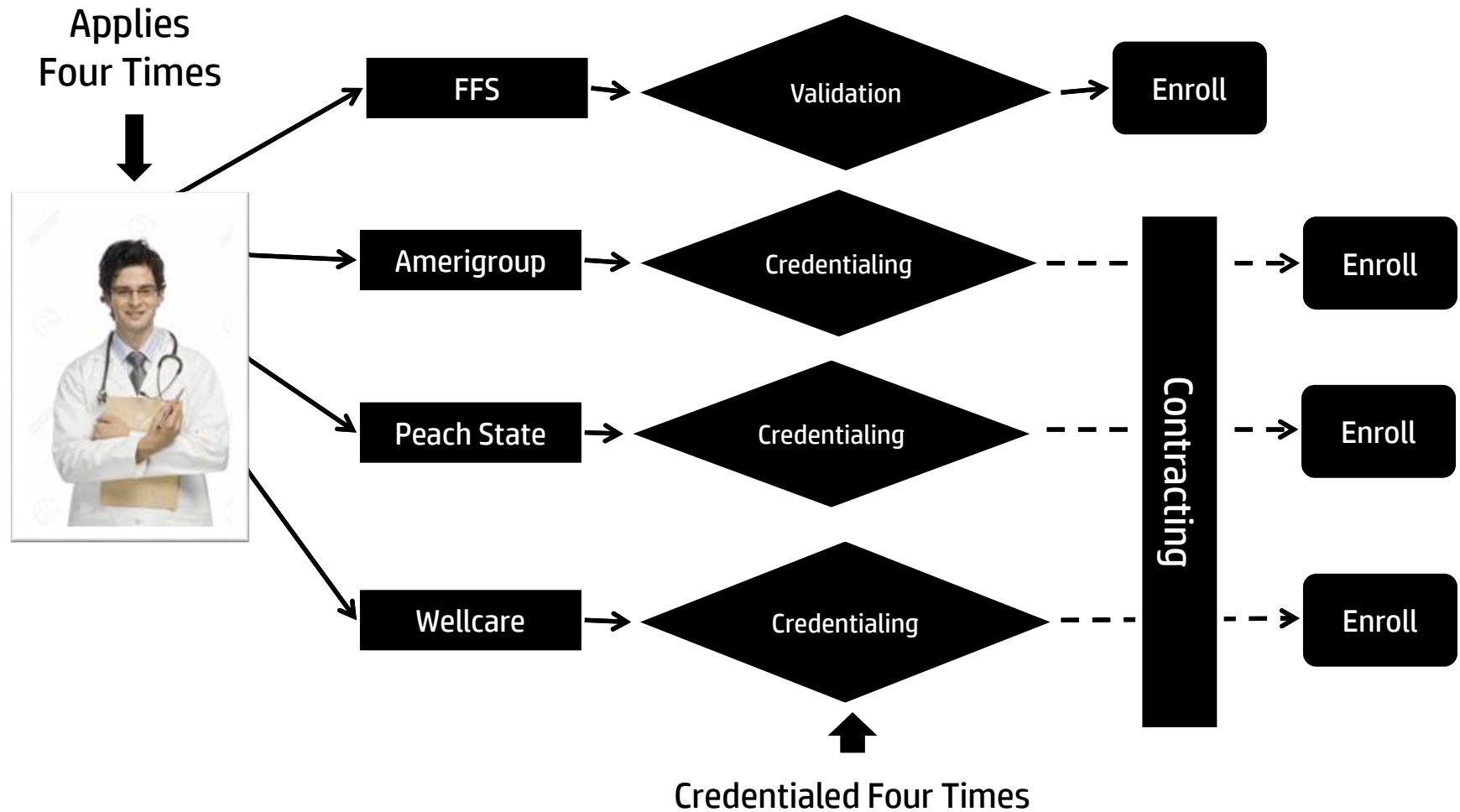
We are dedicated to A Healthy Georgia.

Centralized Credentialing Verification Organization

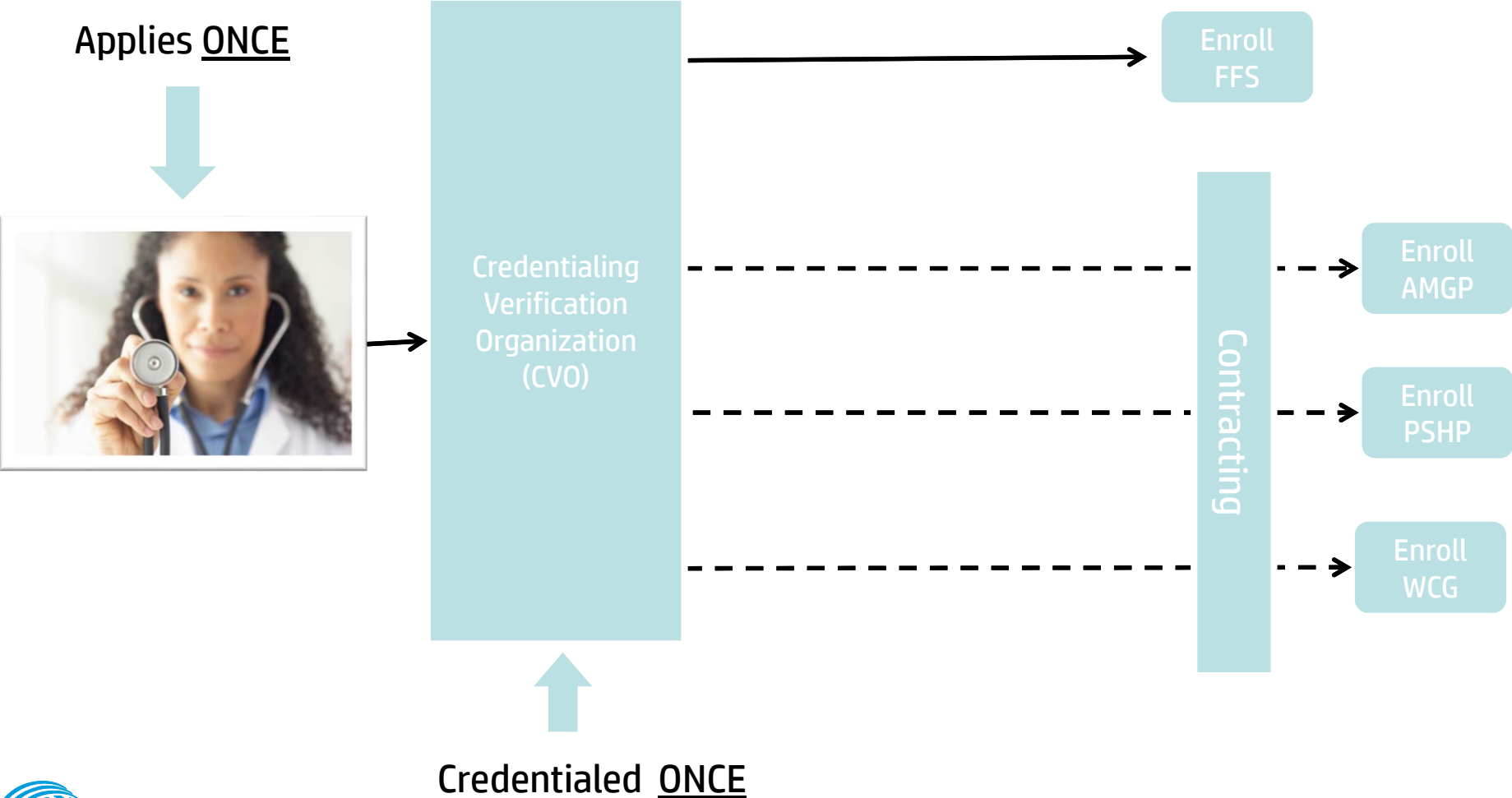
- Streamlined Credentialing Process with a single point of entry;
- CMOs delegate credentialing authority to DCH;
- Electronic Process;
- One Credentialing Committee;
- CMOs will receive a credentialing/recredentialing packet which contains credentialing information and credentialing decision;
- Providers will be notified of their credentialing status via GAMMIS;
- CMOs *shall* accept the State's credentialing decision;
- CMO *may not* ask for additional information related to credentialing.



Old Process



New Credentialing Process



CVO Web Portal

- All applications (initial credentialing and recredentialing) will be submitted through the existing HP web portal;
- Panels have been revised to capture additional provider information;
- Supporting documentation must be uploaded before application can be submitted;
- Checklist by provider type and category of service will identify required credentialing documentation.



CCVO Activities

- Confirm receipt of/verify Curriculum Vitae (CV);
- Verify licenses and certifications with all required licensing boards and authorities, including those in other states;
- Verify practitioner Drug Enforcement Agency (DEA) and/or Controlled Dangerous Substance (CDS) certification;
- Verify practitioner education (highest level), training, and work history, including any gaps of six months or greater;
- Record/verify practitioner malpractice insurance coverage and claims history;
- Verify social security numbers and dates of death for the individual practitioner, owners, authorized officials, delegated officials, and supervising physicians;
- Verify Peer references;
- Verify Hospital Privileges;
- Verify Taxpayer ID numbers;



CCVO Activities

- Verify taxpayer ID numbers;
- Verify practitioner medical board sanctions;
- Verify practitioner Medicare/Medicaid sanctions;
- Interface with National Plan and Provider Enumeration System (NPPES) to verify National Provider Identifier (NPI);
- Interface with the National Practitioner Data Bank (NPDB) to check for adverse actions;
- Interface with the U.S. Department of Health and Human Services Office of the Inspector General (OIG), the List of Excluded Individuals/Entities (LEIE) and Excluded Parties List System (EPLS) and the State Medicaid Termination Database to determine the exclusion status for enrolling/recredentialing providers and persons with a five percent (5%) or greater ownership or control interest and any agent or managing employee of the provider;



CCVO Activities

- Validate Medicare providers using Medicare's Provider Enrollment Chain Ownership System (PECOS);
- Conduct review of fraud and abuse sanctions against the provider;
- Provide a Credentialing Committee Review; and
- Periodically review the checklist requirements against the NCQA guidelines and ACA requirements to ensure compliance.



National Practitioner Data Bank

- CVO will not provide the results of the NPDB search to the CMOs.
- Provider profile will indicate that NPDB has been checked.
- CMOs must maintain a copy of the provider profile for auditing purposes per NCQA guidance.



Credentialing Committee

– Credentialing Committee Staffing:

- Chief Medical Director (1) – voting rights
- Associate Medical Directors (4) – voting rights
- DCH Representative (1) – voting rights
- CMO Representatives (3) – voting rights
- Credentialing Coordinator
- Peer Expert Specialists (As Needed)
- Peer Expert Non-Physician Practitioners (As Needed)
- Each member serves for a one year period of time. Appointments automatically renew.
- Credentialing Committee will reflect, to the extent possible, the provider mix of the Georgia Families and Georgia Families 360° population.
- Credentialing Committee shall meet regularly and no less than once per month.



Credentialing Committee Responsibilities

- Adhere to NCQA guidelines;
- Review provider information gathered by the CVO and make a credentialing decision (approval or denial);
- Consult Peer Review Specialists when necessary;
- Review results of site visits;
- Provider applications will be categorized as follows:
 - Clean - Meets standards with no adverse findings;
 - Denied - Does not meet standards with adverse findings
 - Requires Review - Low Risk/High Risk
- Assist in developing or revising policies and procedures;



Credentialing Timeline

- Credentialing Timeline Includes the following:
 - HP verifies provider submitted all required documents;
 - If application is incomplete, notice of missing documents will be sent to provider;
 - Provider must submit missing documentation in order for application to be processed. Incomplete applications will be denied;
 - CVO will conduct database exclusionary checks (federal and state);
 - CVO will conduct PECOS Credentialing Verification;
 - CVO will conduct PSV Credentialing Verification ;
 - DCH PE conducts finger printing and background checks;
 - Site Visits;
 - Rate Setting Activities (facilities);
 - CVO Credentialing Committee Review;
 - Appeals Process; and
 - Enrollment



Recredentialing Timeline

- Abbreviated Process;
- Providers must be credentialed every thirty six months (3 years) per NCQA guidelines;
- Will use the earliest initial credentialing or recredentialing effective date;
- Recredentialing through the new CVO may be performed earlier than the three (3) year cycle due to the transition;



Recredentialing Timeline

- HP/Aperture will begin provider outreach five (5) months in advance of their recredentialing due date;
- Firm cut-off date for recredentialing;
- Providers that miss their recredentialing date must go through initial credentialing.



Provider Site Visits

- Site Visits will be conducted by DCH/HP;
- Field Inspection Checklists will be utilized for site visits;
- Credentialing Committee will review results of site visits.



Appeals Process

- DCH will process all CVO appeals;
- Per O.C.G.A. § 33-21A-8, Dentists appeals are heard before the Office of State Administrative Hearings.



HP Provider Call Center

- Provider Call Center has been updated to include prompts for credentialing and recredentialing inquiries;
- Increased call center staff;
- Call Center Staff has been trained on credentialing and recredentialing process;
- HP Provider Call Center can be reached by dialing 1-800-766-4456 (Monday through Friday from 7:00AM – 7:00PM except State Holidays)



Contracting Process

- Credentialing and Contracting are separate and distinct;
- Successful Credentialing does not guarantee the provider will be enrolled in the CMO network;
- Upon receipt of credentialing decision, CMO will be expected to expedite contracting process;
- CMO may not use the contracting process to circumvent credentialing decision.



Transition Period

- August 1, 2015, all *new provider applications* seeking enrollment with one more CMOs will be credentialed through the new CVO;
- August 1, 2015 through November 30, 2015, CMOs will process all *existing applications seeking initial credentialing* for those providers that submitted an application *prior to August 1, 2015*;
- August 1, 2015 through November 30, 2015, CMOs will continue to *recredential* all providers currently enrolled in their respective health plans;
- Effective December 1, 2015, all providers will be credentialed and recredentialled through the new CVO. CMOs will no longer perform credentialing and recredentialing services for enrolled providers. (See exception below)
- *Note: CMOs will be responsible for delegated credentialing and recredentialing for Independent Practice Associations and Provider Hospital Organizations.*



Phase II Considerations

- FFS Only Providers Will Be Credentialed and Recredentialed by CVO;
- Verify Out Of State Exclusions/Sanctions;
- Capturing PCP Delegation/Specialty;
- Criteria For Imaging Providers (NIA Magellan);
- Capturing the Application Submission Date on 7400 File;
- Search Functionality for CMOs other than ATN;
- Capturing all documents submitted for credentialing in one file for CMOs to download;
- Reports that will allow CMOs to identify those providers that are due for recredentialing;
- Combining Large Groups during the Credentialing Process;
- Requirements for Supervising/Sponsoring Physicians;
- Requiring Alternative Plans for Hospital Admitting Privileges;
- Including Specialty Codes on 7400 File
- Adding DBHDD/DAS Providers;



Provider Education and Information

- Frequently Asked Questions are available at the following link:
- http://dch.georgia.gov/sites/dch.georgia.gov/files/CVO_FAQs_07_14_2015.pdf.
- GAMMIS contains information about the credentialing process and instructions on how to use the portal.
- HP Provider Call Center can be reached at 1-800-766-4456.
- Inquiries may be submitted to the DCH CVO mailbox at cvo.dch@dch.ga.gov.
- HP will be conducting webinars during the month of August 2015.
- HP provider representatives are available to provide training and assistance.

