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

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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.*
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)

- Amerigroup
- PeachState
- WellCare

Fee-for-Service (FFS)
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.

1. [http://www.ncqa.org/AboutNCQA.aspx](http://www.ncqa.org/AboutNCQA.aspx) last accessed 8/19/2014
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
• **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
CMO Contract Responsibilities

- 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

Source: CMO Credentialing Load Reports
CMO Time to Credential AND Enroll

2014 Weighted Average

Days

Amerigroup: 28.3
PeachState: 49.6
WellCare: 47.4

Source: CMO Credentialing Load Reports
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.”

1. 2014 NCQA Health Plan Accreditation Standards p.324
Process Overview
Old Process

Applies 4 Times

FFS → Credentialing → Enroll
Amerigroup → Credentialing → Enroll
PeachState → Credentialing → Enroll
Wellcare → Credentialing → Enroll

Contracting

Credentialed 4 Times
Improved Process (Implemented March 2013)

Applies Once

FFS

Amerigroup

PeachState

Wellcare

Single Enrollment Portal

Credentialing

Credentialing

Credentialing

Credentialing

Enrollment

Enrollment

Contracting

Credentialed 4 Times
Future Process (Targeted 7/1/2015)

Applies **ONCE**

Credentialing Verification Organization (CVO)

Contracting

Enroll FFS

Enroll AMGP

Enroll PSHP

Enroll WCG

Credentialed **ONCE**
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