



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

CMO Network Adequacy 2nd Quarter 2012



Presentation to: Medical Care Advisory Committee
(MCAC)

Presented by: Marvis Butler, Director
CMO Provider Services

Date: November 7, 2012



Mission

The Georgia Department of Community Health

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

We are dedicated to a healthy Georgia.

Network Requirements

Network Access Requirements

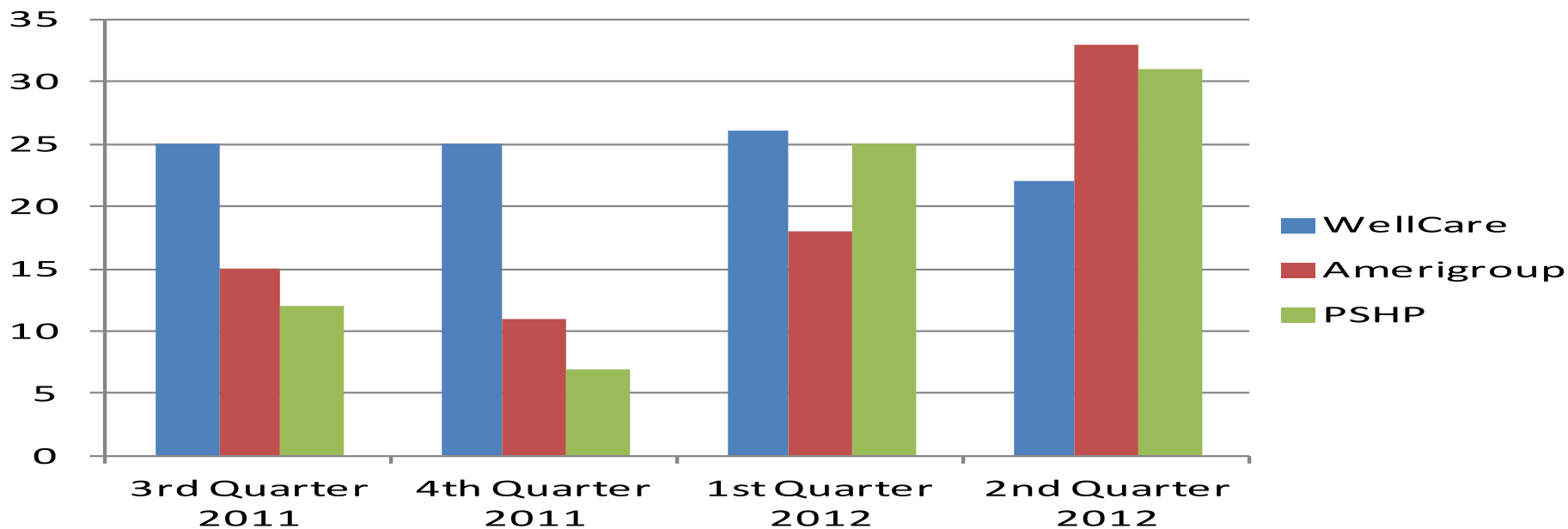
Primary Care Providers

- Two (2) within eight (8) miles - Urban Areas
- Two (2) within fifteen (15) miles - Rural Areas

Specialists

- One (1) within thirty (30) minutes or thirty (30) miles - Urban Areas
- One within forty-five (45) minutes or forty-five (45) miles - Rural Areas

Number of Counties with 100% Primary Care Physicians Contracted Still Below Benchmark

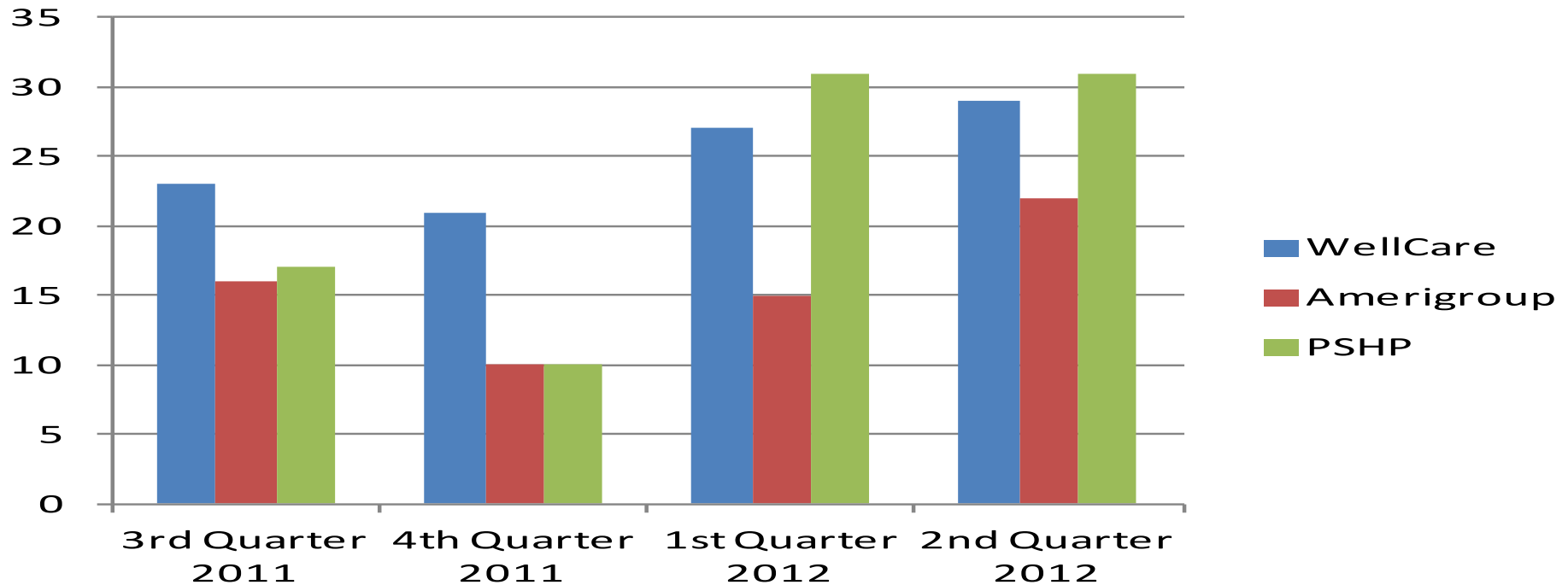


*Benchmark = 90%

- WellCare services 159 counties, 28 fell below the benchmark = 18% of their service area
- Amerigroup services 159 counties, 33 fell below the benchmark = 21% of their service area
- PSHP services 159 counties, 31 fell below the benchmark = 19% of their service area

- No additional providers exist for recruitment/contracting

Number of Counties with 100% Pediatric Physicians Contracted Still Below Benchmark



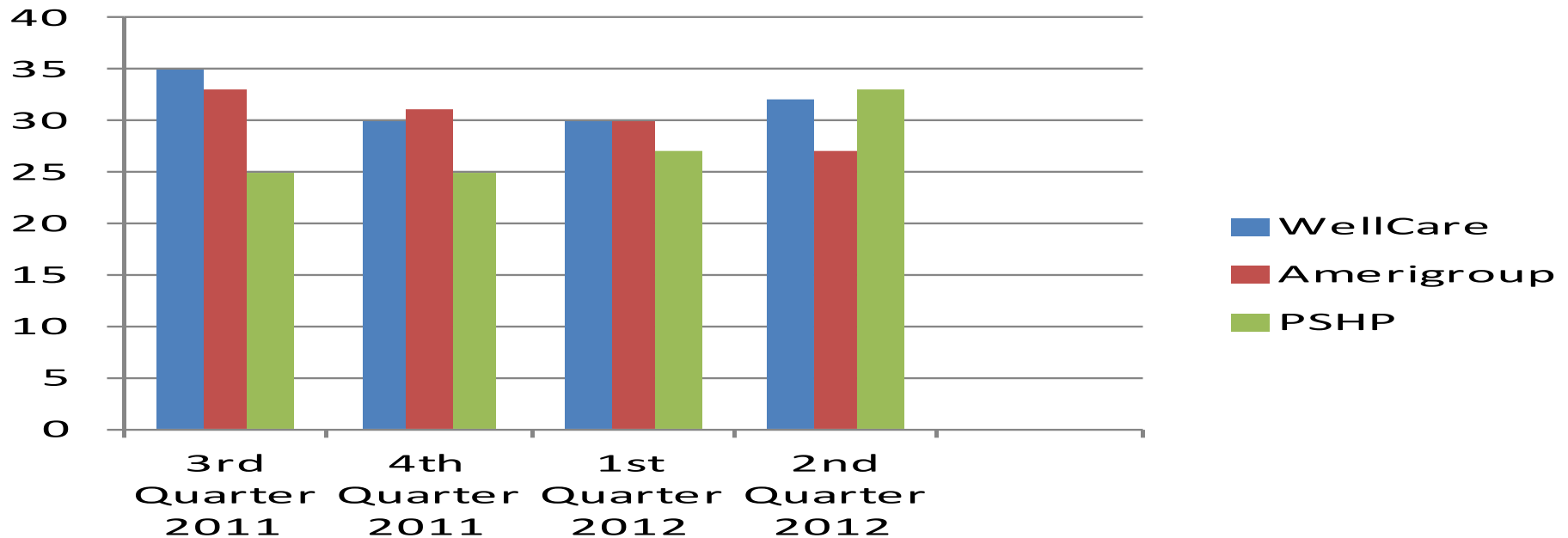
*Benchmark = 90%

- WellCare services 159 counties, 22 fell below the benchmark = 14% of their service area
- Amerigroup services 159 counties, 29 fell below the benchmark =18% of their service area
- PSHP services 159 counties, 31 fell below the benchmark =19% of their service area

•No additional providers exist for recruitment/contracting



Number of Counties with Zero Access to a Specialist



- WellCare services 159 counties, 32 have no access to 8 specialty types = 20% of their service area
- Amerigroup services 159 counties, 27 have no access to 5 specialty types = 17% of their service area
- PSHP services 159 counties, have no access to 10 specialty types = 21% of their service area

- No additional providers exist for recruitment/contracting



Specialist Access Opportunities Zero Access to a Specialist by Plan

Amerigroup	Peach State Health Plan	WellCare
Endocrinology	Allergy	Audiology
Infectious Disease	Audiology	Dermatology
Rheumatology	Behavioral Health Facilities	Endocrinology
Neonatology	Dermatology	Gastroenterology
24 hour Pharmacy	Endocrinology	Infectious Disease
	Infectious Disease	Rheumatology
	24 hour Pharmacy	Urology
	Rheumatology	Dental Subspecialty
	Urology	
	Vascular Surgery	

Administrative Simplification Process Update

DCH CMO Centralized Credentialing PHASE I – KEY POINTS

Purpose: Streamline the enrollment application process into the Georgia Medicaid program and implement a single source application to provide credentialing documentation to each of the CMOs.

Who is Eligible?

- New Georgia Medicaid program applicants (i.e. facilities, professional and ancillary providers) who **also** desire CMO network participation.

When will new process start?

1st Quarter 2012

Administrative Simplification Process Update (cont'd)

DCH CMO Centralized Credentialing PHASE I – KEY POINTS

What will providers need to do?

- Complete “Request for Network Participation” on specific CMO provider web portal or associated CMO vendor web site
- Follow banner message link to the joint application
- Select specific CMO(s) from list on joint application
- Complete all sections of the joint application
- Attach all current and required documents for enrollment with DCH and CMO

Administrative Simplification Process Update (cont'd)

What are the timeframes for DCH enrollment and CMO credentialing?

- Georgia Medicaid ID Number Issuance: 15 days
- Complete Credentialing Process: 30-45 days
 - Submission of an incomplete enrollment application along with missing or outdated credentialing documents may result in a processing delay causing a 60-120 day completion period

How to speed up the process

- Complete all required sections of the joint application
- Submit all requested documents with the initial application request
- Respond promptly to any request for additional information

Administrative Simplification Process Update (cont'd)

Is CMO network participation guaranteed?

- No. CMO network participation is based on certain business requirements related to provider type, location and need.

When can providers begin to see members?

- Once the provider has been fully credentialed **and contracted** with the CMO(s). A provider is not a “CMO” network provider until both of the credentialing documents AND the CMO provider contract have been completely processed.



Administrative Simplification Process Update (cont'd)

For questions or concerns about submission of credentialing documents or enrollment status

- Contact the specific CMO or CMO's Provider Relations department
- For inquiries about **CMO** credentialing status

<u>Amerigroup</u>	<u>Peach State Health Plan</u>	<u>WellCare</u>
(800) 454-3730	(866) 874- 0633	(866) 300-1141
- Visit <http://www.mmis.georgia.gov> and review the Frequently Asked Questions (FAQs) for additional information

Administrative Simplification Process Update

Provider Web Portal

A centralized prior authorization/pre-cert portal for CMO and FFS members

- Will enhance provider access to patients' clinical and claims information
- Improved treatment and outcomes
- Reduced administrative burdens with common portal
 - For Pre-certification/Prior Authorization services
 - Creates a single point of entry to request precertification and prior authorizations from CMO
- Increased transparency of provider benchmarks
 - Access to current individual performance metrics
 - Ability to track and compare metrics among providers across a broad geographic scale



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