

FAQ



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Credentialing Verification Organization Process for Fee-For-Service Only Providers

Frequently Asked Questions December 1, 2015

Effective January 7, 2016, Georgia's Department of Community Health's (DCH) Centralized Credentialing Verification Organization (CVO) will be responsible for credentialing and recredentialing Fee-for-Service Medicaid/PeachCare for Kids® providers that are not affiliated with a Care Management Organization (CMO). This change will result in a uniform credentialing process for both Fee-for-Service and CMO providers (providers associated with Amerigroup, Peach State, or WellCare).

Answers to your most commonly asked questions regarding the Centralized CVO initiative are listed below. If your question is not listed below; please contact DCH via email at cvo.dch@dch.ga.gov.

1. When will the CVO begin accepting Fee-For-Service Only provider applications?

It is anticipated that the credentialing and recredentialing process will be implemented for Fee-For-Service Only providers on January 7, 2016.

2. Why is the current provider enrollment process changing?

Currently, a provider seeking to enroll as a Fee-For-Service Only provider is not required to be credentialed or recredentialed, while a provider seeking to enroll in the CMO network must be credentialed and recredentialed. This new process seeks to create one uniform standard which will require that all Medicaid/PeachCare for Kids® providers (Fee-For-Service Only and Managed Care) be credentialed and recredentialed by the CVO.

Fee-For-Service Only providers will continue to utilize the existing web portal to submit all required credentialing documentation.

FAQ



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

3. What are the advantages of DCH using a CVO to credential and recredential Fee-For-Service Only providers and CMO providers?

- All Medicaid/PeachCare for Kids® providers, both Fee-for-Service Only and CMO, will be subject to one uniform credentialing and recredentialing process
- Single electronic application process
 - Increases efficiency
 - Eliminates multiple submissions of credentialing and recredentialing materials
 - One Credentialing Committee
- Providers will be credentialed and recredentialled by one centralized CVO
- Consistency in credentialing and recredentialing processes and decisions
- Shortened time period for providers to receive credentialing and recredentialing decisions
- Synchronized re-credentialing process and cycles
- Provider has the ability to track application/credentialing status
- Credentialing and recredentialing decisions will be shared with providers and the CMOs

4. What is the purpose of the Centralized Credentialing Verification Organization?

The CVO will conduct one streamlined process for provider credentialing and re-credentialing. This streamlined process will facilitate providers requesting to enroll as Fee-for-Service Only providers (no CMO affiliation) as well as those providers requesting to enroll with a CMO.

5. Who will be required to go through credentialing verification process?

All individual practitioners and facilities currently enrolled or seeking to enroll as a Fee-for-Service Only provider (no CMO affiliation) and those providers currently enrolled or seeking to enroll with a CMO will be credentialed and recredentialled through the new Centralized CVO.

6. If I am involved with a group that does delegated credentialing, will I need to go through this process?

If you participate in a CMO network and have delegated that credentialing to another organization, you do not need to go through this process. If you are a Fee-for-Service Only provider, and do not enroll with one or more of the CMOs, you will need to go through the credentialing process.

7. Who reviews the provider credentialing and recredentialing materials?

The CVO and the Credentialing Committee will review all credentialing and recredentialing materials submitted by providers. The Credentialing Committee is responsible for credentialing Medicaid/PeachCare for Kids® providers enrolled or seeking enrollment as Fee-for-Service Only providers and those providers currently enrolled or seeking enrollment with the CMO. The Credentialing Committee is responsible for reviewing the results of primary source verifications, verification of state and federal databases, site visits, criminal background checks, fingerprinting and reviews of Medicare's Provider Enrollment Chain Ownership System (PECOS) in order to issue a decision affirming or denying an applicant's credentialing status.

8. How long will it take for a provider to be credentialed or recredentialled?

Applications that contain all required credentialing and recredentialing materials at the time of submission will receive a decision within forty five (45) calendar days from the date of submission. Incomplete applications that do not contain all required credentialing and

FAQ



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

recredentialing materials will be returned to the provider with a request to supplement all missing materials. Incomplete applications that are not supplemented with requested missing materials will be denied and will result in a delayed credentialing or recredentialing decision.

9. Is there a fee to be credentialed or recredentialled?

No. There is not a fee associated with credentialing or recredentialing. However, federal regulations require that certain new, re-enrolling or revalidating providers pay an application fee prior to executing the Medicaid Statement of Participation or provider agreement. The following are exempt from the application fee:

- a. Individual physicians or non-physician practitioners;
- b. Providers who are enrolled in either of the following:
 - i. Title XVII of the Social Security Act
 - ii. Another state's Title XIX or XXI plan
- c. Providers that have paid the application fee to:
 - i. Another state
 - ii. A Medicare contractor

10. Will training be provided on the process for submitting an application?

Yes. HP provider representatives will provide training and assistance as needed. Beginning January 7, 2016, Fee-for-Service Only providers may contact HP for assistance with credentialing and recredentialing by dialing 1-800-766-4456.

11. Will there be a Transition Period?

Yes. The transition process is as follows:

- Effective January 7, 2016, all Fee-for-Service Only providers enrolled or seeking to be enrolled in Category of Service 430 will be credentialed by the CVO. Category of Service 430 represents Primary Care Physicians.
- Once Category of Service 430 providers are credentialed, the CVO will begin credentialing the remaining Fee-For-Service Only providers based on an identified Category of Service.

12. If I am a Fee-For-Service Only provider credentialed by the CVO may I contract with one or more the CMOs?

Yes, you will need to enter into a Provider Agreement with each CMO you are interested in contracting with. Contracting and credentialing are separate and distinct processes. Each CMO will decide which provider they would like to enroll in their network.

13. How do I find out the status of my application?

The existing HP Provider Call Center will be enhanced to respond to inquiries regarding credentialing and recredentialing applications. Additionally, providers may obtain information regarding the status of their application on the HP provider enrollment web portal at www.mmis.georgia.gov. Beginning January 7, 2016, Fee-For-Service Only providers may contact the HP Provider Call Center by dialing 1-800-766-4456 to obtain assistance with credentialing and recredentialing.

FAQ



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

14. What is the process for recredentialing?

The CVO will perform re-credentialing for both current and new Fee-For-Service Only providers every three (3) years. Providers requiring re-credentialing will be notified by DCH at least 90 calendar days in advance of the recredentialing due date.

15. Additional questions regarding the Credentialing Verification Organization Process?

Visit the DCH provider portal – GAMMIS – at www.mmis.georgia.gov.

Questions regarding the CMO contracting process should be directed to the specific CMO (see contact information listed below).

CMO Name	Provider Services	Web Site	Email
WellCare	1-866-300-1141	https://georgia.wellcare.com/prospective_providers/new	GAPR@wellcare.com
Peach State	1-866-874-0633	http://www.pshpgeorgia.com/provider-quick-reference-information/	PSHPproviderservices@centene.com
Amerigroup	678-587-4840	https://providers.amerigroup.com/pages/ga-2012.aspx	gaproupdates@amerigroup.com