

STATE INNOVATIONS

GEORGIA CENTRALIZES THE MEDICAID CREDENTIALING PROCESS

Background

In Georgia, all Care Management Organizations (CMOs) must be accredited by the National Committee for Quality Assurance (NCQA) and meet accreditation standards, including provider credentialing. Therefore, Medicaid providers who participate in CMO networks must be credentialed. Prior to implementing a centralized process, Georgia's providers were credentialed by each CMO and had to submit application materials to each organization separately. In addition, the NCQA standards require providers to be re-credentialed every 3 years, thus providers had to submit updated applications and validation documents on a recurring basis. The process was cumbersome for the providers as well as the Georgia Department of Community Health (DCH) and CMO administrators that were processing the applications. Having each CMO grant credentials also led to inconsistencies in outcomes and often delayed decisions. Further, providers who only served Medicaid fee-for-service consumers, and not CMO consumers, were never credentialed.

Implementation

DCH addressed the disjointed credentialing process for Medicaid providers by implementing a Centralized Credentialing Verification Organization (CVO). DCH implemented the CVO in two phases. In the first phase, DCH transitioned providers of the Georgia Families and

Georgia Families 360° (the state's managed care programs) to the CVO from August 1, 2015 to December 1, 2015. The objective of the second phase was to make one standard process for all Medicaid providers. During the second phase, the department extended the new CVO to additional providers participating in Medicaid fee-for-service (FFS) and PeachCare for Kids® (Georgia's SCHIP program) and has been effective since January 7, 2016.

Providers now upload application materials to a single web portal instead of submitting copies to each CMO. The CVO performs primary source verification, checks federal and state databases, checks information from Medicare's Provider Enrollment Chain Ownership System (PECOS), confirms required medical malpractice insurance, and verifies Drug Enforcement Agency (DEA) numbers. Additionally, the CVO interfaces with the National Plan and Provider Enumeration System (NPPES) to verify the National Provider Identifier (NPI), and it also interfaces with the National Practitioner Data Bank (NPDC) to check for adverse actions.

The department also aims to streamline and facilitate the credentialing renewals by establishing a single renewal date based on the earliest date required for providers with different effective dates in multiple CMOs and by notifying providers at least 90 calendar days in advance of the required due date. The provider then follows the same process of submitting materials to the CVO.

In addition, DCH intends to reduce inconsistencies in credentialing outcomes by having one committee review all applications. The committee is comprised of DCH and CMO representatives including CMO medical directors and associates, and other peer experts who all serve one year terms. To make a credentialing decision, the group reviews documentation collected by the CVO, information gathered during site visits, and results from a finger printing and background check. The committee then communicates application approvals to the appropriate CMOs.

Another goal of the new initiative is to reduce waiting periods. After submitting all application materials, the CVO aims to notify providers within 45 calendar days of the credentialing decision. The online system also allows providers to check the status of their application throughout the waiting period.

To implement the new system, DCH leveraged its existing contract with Hewlett Packard Enterprises who subcontracts with Aperture to function as the CVO. Training and call center assistance has also been provided by Hewlett Packard Enterprises to assist providers with the transition.

Results

Since the CVO's launch, DCH has reviewed and applied credentialing requirements to over 10,000 providers. The large majority of credentials have been for CMO providers; DCH has processed 9,484 CMO provider credentials and 2,326 FFS provider credentials. In addition, the average timeline for credentialing has been reduced by approximately 2 months. On average, it now takes less than 51 days for providers to receive their credentials.

Approximately 1,512 provider credentialing applications have been denied since the CVO's launch. Common reasons for denial include: lack of appropriate or insufficient liability coverage, lack of licensure in Georgia, non-timely documentation, and the failure of the provider to explain his/her work history gap.

In the future, DCH plans to implement new automation to better track credentialing activities. The department will also begin applying credentialing requirements to the last group of FFS providers—behavioral health and home and community-based services waiver providers—in order to reach its goal of having one standardized process for all Medicaid providers. Because these providers work directly with DCH's sister state agencies, they are the last to transition to the new system. Overall, the department's efforts on streamlining the credentialing process will help towards meeting its primary objective of creating a more efficient system that positively impacts Georgia's residents whom rely on Medicaid services.

Contact Information/Resources

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<https://dch.georgia.gov/centralized-cvo>

https://dch.georgia.gov/sites/dch.georgia.gov/files/CVO_FAQs_07_14_2015.pdf

http://mytnga.com/pdf/cvo_presentation.pdf