

FAQ –Medicaid Provider Enrollment & CMO Collaborative Credentialing Process

Answers to our most common questions regarding credentialing have been listed below. Contact the specific CMO Credentialing department if your question is not listed.

NOTE: The joint Medicaid ID Provider Enrollment and CMO credentialing application is only applicable to providers who are requesting an initial Medicaid Provider ID number and would also like to be credentialed with a CMO. This process is not open to providers who currently have a Medicaid ID number.

Who accepts the Georgia Provider Enrollment Application as the source document for the credentialing process?

Currently only Georgia’s Care Management Organizations (CMOs) contracted by the Georgia Department of Community Health (DCH) to coordinate services for Medicaid members will have access to providers’ confidential documents..

Will my Georgia Medicaid Provider Enrollment Application and credentialing documents automatically be sent to all Georgia Contracted CMOs?

No. The use of the Provider Enrollment application for credentialing data gathering is for your convenience. You must indicate which CMO(s) you would like to grant access to down load your credentialing documents. You must also contact each specific CMO directly to request network participation.

How do I request to contract with the CMO I have selected to become a Network Provider? You may request to become a network provider by going to the specific CMOs’ website and requesting to become a network provider. If the CMO determines that there is a need for your specialty type in their network, then you will be sent a Participating Provider Agreement that must be completed, signed and returned promptly. This contract describes the legal and regulatory requirements of joining the respective CMO’s network. Once you agree to the contractual terms, your application for credentialing will enter the processing phase and your completed documents will be downloaded from the Georgia Web Portal. If you successfully complete the contracting and credentialing process, you will receive an executed copy of your contract and a welcome letter which indicates your participation effective date.

Amerigroup..... <https://providers.amerigroupcorp.com/Pages/App.aspx>
Peach State..... <http://www.pshpgeorgia.com/for-providers/>
Wellcare..... <http://georgia.wellcare.com/provider/default>

How do I join a Georgia Care Management Organization's Network?

You must first be a valid Georgia Medicaid Program participant. If you are not, simply go to the Georgia Web Portal website at www.mmis.georgia.gov, click on the “Provider Enrollment” link then click on the “Enrollment Wizard” and select the “Provider Enrollment Application” link to begin the application process and upload any required documents per the checklist. Next, go to the identified CMO provider website you have elected to participate and complete the provider request for enrollment notice to initiate your request to become a CMO network provider...

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May I fax my application to Hewlett-Packard Enterprise Services (HPES) Provider Enrollment for processing? No. If you are submitting a hard-copy application, the application and Statement of Participation require original signatures before the application may be processed (no stamps or initials). It is helpful for all signatures to be in BLUE ink (not black) to eliminate the concern of copied signatures.

I live in a rural area that has limited Internet capability. Can I Submit a hard copy Individual Practitioner Application and supporting documents? Yes. Provider Enrollment applications can be prepared manually and submitted to HPES by mail for processing. If you do not have an internet connection, contact HPES Provider Enrollment at 1-800-766-4456, press option #0 for the main menu and then press option #6. HPES will mail you the documents you need to complete the enrollment process.

Does submission of the Georgia Medicaid Provider Enrollment Application automatically guarantee CMO network participation? No. Each CMO has their own process for selecting and retaining qualified health care providers who will provide quality services to their members. You are not automatically guaranteed network participation with the CMO(s) by completing the Georgia Medicaid enrollment process with DCH.

Can I begin to provide healthcare service to CMO members once the application has been submitted? No. You should not render health care services to CMO members until you have received notification that you have been contracted and fully credentialed with the identified CMO(s).

What are the steps to complete the CMO credentialing process? (1) You must be an active Georgia Medicaid provider or fully complete the Georgia Medicaid Provider Enrollment application at www.mmis.georgia.gov and upload all requested documents. You should verify that all documents are accurate and current and less than 180 days of age upon submission. **The electronic system will not allow you to submit your application if any required section is incomplete or not answered.** If you do not fully complete the application and upload required documents, your file is deemed "incomplete" and the CMO credentialing process cannot begin. A DCH or CMO health plan representative may contact you for more information if necessary. It is important to respond promptly to those requests or the processing of your application and credentialing may be delayed. Provider applications for CMO credentialing utilizing the joint process will be closed if there is no response within ten (10) business days to a request for additional information or documents, The credentialing application will be considered withdrawn due to an incomplete application or lack of supporting document(s). The CMO will take no further action on your request. You will need to return to the specific CMO(s) website or send an email to initiate or reactivate your request for credentialing (See CMO contact chart).

(2) CMO will verify certain information with the "primary source." Primary source" is the original source of a specific credential that can verify the accuracy of a qualification reported by an applicant. Examples include medical school, graduate medical education program, and state medical board. The credentialing process and primary source verification are required by federal, state and other regulatory agencies to ensure patient safety.

(3) Once the primary source verification is complete, your application and documents are presented to a committee of your peers to decide if you meet CMO requirements.

(4) If approved, you will receive a welcome packet and instructions in the mail from the designated CMO.

How and when does the Credentials Committee meet? The Credentials Committee meets every month. A credentials file must be deemed complete before it can be submitted for review and recommendation to the Credentials Committee.

How long will it take to process my application? The credentialing process can take up to 120 calendar days. The CMOs strives to process complete credentialing applications much sooner. However, it may take longer if you submit an incomplete application or if requested attachments are not submitted with the application and outreach from the CMO to the provider is necessary.

Why does the credentialing process take so long?

Federal, State, NCQA and other regulatory agencies require primary source verification of all your activities since medical school. We are dependent upon responses to our queries regarding training, experience, affiliation, professional reference, licensure and any malpractice information, etc. It is imperative that your application be filled out accurately and in its entirety. You should make sure that dates (month and year), addresses, and contact information are correct so that credentials can be verified without delay.

Do I need a Medicaid number to participate with the CMOs? Yes. You need a state Medicaid or Medicare number if you are going to render any services to Georgia Medicaid members covered under the state Georgia Medicaid programs. The primary source verification component of the credentialing process cannot be started without a valid Medicaid number.

How can I help to expedite the credentialing process? A.

Be an active participant in the process as well as:

- Fill out your application as completely as possible. If you supply incorrect or incomplete information, the CMO credentialing staff must spend valuable time searching for missing elements such as correct addresses and/or phone/fax numbers, which could cause unnecessary delays with credentialing. **Please remember, the responsibility for providing accurate credentialing information lies with you, the applicant.**
- Make certain that the professional references provided have current (within the last 24 months) personal knowledge of your current clinical competence, ethical character, health status and ability to work cooperatively with others. **One of your three references must be of your same specialty.**
- Provide a complete and accurate listing of current and previous affiliations and training programs. It is important to provide a complete history of your professional liability coverage for the past 10 years (if applicable). Any gaps in your coverage history must be explained.
- It is also necessary to provide explanations for any gaps in work history. Any work history gap of six months or greater must be explained, by you, in writing.

Submit your complete application and all supporting documents in a timely manner and allow sufficient time for processing. The credentialing process does not begin until your completed application and all required supporting documents have been received by the CMOs' Credentialing Department.

I received a letter that my credentialing application is missing some information. What should I do? You should follow the directions as provided. If you have questions, you can contact HP's Provider Enrollment as identified in the correspondence. Responding promptly to

such requests ensures that the CMOs can continue processing your application. If the required documentations have not been received via fax or mail, along with the notice you have received, within 10 (ten) business days, your application for CMO credentialing will be considered withdrawn and the CMO will close the application. In order to reinstate your interest in participating in the CMO(s) network, you must contact the specific CMO directly via email (see contact chart below) or by visiting their Website for further information.

You should follow the directions provided. If you have questions you should contact the person identified in the request. Responding promptly to such requests ensures that the CMOs can continue processing your application timely.

How will I know the status of my credentialing application? You are responsible for timely completion and submission of your packet and follow-up of the status throughout the credentialing and standardized approval process.

Amerigroup Email: contracting@amerigroupcorp.com Telephone: 678-587-4840
Peach State Website: www.pshpgeorgia.com Telephone: 1-866-874-0633
Wellcare Email: .ProspectiveProviderGA@wellcare.com Telephone: 1-866-300-1141

How do I become credentialed as a group? The credentialing process is performed on individual providers, facilities and ancillary providers. You can identify the group practice that you are affiliated with during the contracting process.

What does CV mean and is it required? CV means curriculum vitae (pronounced ker-ik-u-lum vee-tae). It is similar to a resume and contains a summary of your educational background, work history, professional license, and any other special training you may have taken. The CMOs require that you submit your current CV with the Provider Enrollment Application by uploading it at the time that your application is completed or updated. Any work history gaps that are 6 months or greater must be explained in writing and accompany your CV.

What is professional liability (malpractice) insurance? In summary, it is insurance coverage that helps protect the providers against negligence claims filed by patients for treatment related issues, etc. This is different than general liability insurance that covers your building in case of a fire or in case someone falls and is injured on your property.

How much professional liability (malpractice) insurance does the CMOs require? The CMOs requires a minimum of \$1,000,000 per occurrence / \$3,000,000 in aggregate.

What is a National Provider Identification Number (NPI) and where can I obtain one? NPI is a National Provider Identification (NPI) number. If you don't know how to get an NPI, you should contact your state licensing board to find out the requirements. You can go to the National Plan and Provider Enumeration System (NPPES) using the following to apply for a NPI number:
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Can I request to be credentialed in more than one CMO?

Yes. You can identify more than one CMO on your Provider Enrollment Application and then go to each of the respective CMO's websites to request network participation with that specific CMO.

Can I use the Georgia Medicaid Provider Enrollment application to join other commercial payors' networks? No. This process is only applicable to CMOs who are contracted with the Georgia Department of Community Health.

How often are providers re-credentialed? Providers are required to complete re-credentialing every three years (36 months) based on their initial credentialing date. A provider must successfully complete rec credentialing in order to remain a participating provider with the CMOs.

What is the submission deadline for the Cred/Re-Cred forms? There is no deadline to submit an initial credentialing application but you can't become a network provider until you have successfully completed the CMO(s) internal credentialing process. Re-credentialing applications and any necessary supportive documents are time sensitive and should be submitted as soon as possible after you receive the notification. If you do not submit a complete rec credentialing application, your network participation may be terminated, and you will need to reapply for network participation.

What happens during rec credentialing? After you have been in the network for about 2 ½ years you will receive notification for rec credentialing. The notification will include instructions specific to your specialty. If your Provider Enrollment application and any supporting documents have not changed since initially provide and is kept updated, you may not need to take any action at the time of rec credentialing.

What if the Credentialing Committee denies my initial application for participation or my rec credentialing application? Depending on the reasons why the committee rendered a denial or termination decision, you may be offered the opportunity to submit additional information and/or submit an appeal request. Your denial or termination letter explains your rights and the timelines you must follow.

Why do I have to send the same information for rec credentialing? Federal, State, NCQA and other regulatory agencies require that the same information used for initial credentialing be used for rec credentialing in order to ensure patient safety. If you have a Provider Enrollment application and have kept it up to date, the CMOs can obtain the information from this application. If you have not completed a Provider Enrollment application, you will need to do so. Once the application is completed, you need to keep the information up to date. If your clinic is being

credentialed as an organization, you will need to complete a separate “group” credentialing application.

How often should I update my initial Provider Enrollment Application? You should update all relevant time sensitive documents/documentation at least every 180 days or as often as information included in the initial application changes. If you receive notification from a CMO that you are within the re-credentialing timeframe, then you need to review and update any information that has changed and/or any documents that are greater than 180 calendar days of age as soon as possible. This will insure that when the documents are needed by any one of the CMOs the information will be current and accurate. If the information is not up to date or accurate, the CMOs may need to contact you. Please note, this will delay the credentialing process should additional credentialing documentation is necessary.

I don't understand why I was denied (or terminated) from the CMO network. The letter you received should have a contact person’s name and phone number that you can call for further information.

Can I appeal this decision? Yes, usually you can. The letter you received should have instructions about how to submit a written appeal.

Where can I apply for my Georgia medical license? See the <http://medicalboard.georgia.gov/portal/site/GCMB> website.

Where can I apply for my DEA certificate? See the Office of Diversion Control Drug Enforcement Administration requirements by following this hyperlink: [DEA's online application system](#)