Credentialing Frequently Asked Questions (FAQs)

What is credentialing?

Credentialing establishes that healthcare providers have the qualifications to render services based on licensure, certification, work history and other relevant elements. Credentialing differs from Enrollment. Both may occur simultaneously when an active contract with Nevada Medicaid exists, or an enrollment application is submitted to Nevada Medicaid, and a provider has requested to contract with a Nevada Medicaid Managed Care Entity (MCE). *Reference: 42 CFR 438.608(b)*.

How is credentialing different from the enrollment process?

States are required to screen and enroll, and periodically revalidate, all network providers per 42 CFR 438.602(b)(1). Nevada Medicaid's contracted fiscal agent, Gainwell Technologies, is responsible for performing screening and validation activities. All Nevada Medicaid providers must first enroll in the fee-for-service (FFS) program through the fiscal agent before pursuing contracting with a Nevada Medicaid MCE. Providers can submit their enrollment or re-enrollment applications electronically via the Online Provider Enrollment (OPE) tool at:

https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx

What is a CVO?

A Credentialing Verification Organization (CVO) conducts primary source verification (PSV) of practitioner credentials and qualifications. Nevada Medicaid has contracted with Verisys (https://verisys.com/) to provide CVO services, which includes PSV and the facilitation of a credentialing committee.

Who is required to credential?

Healthcare professions & organizations that need credentialing include (but are not limited to):

- Physicians (Medical and Osteopathic Doctors)
- Dentists
- Podiatrists
- Therapists: Physical, Occupational, Speech & Marriage and Family

- Psychology Counselors
- Nurse Practitioners
- Group Medical Practices
- Clinics
- Hospitals
- DME Companies
- Home Health Agencies

What is CAQH?

The Council for Affordable Quality Healthcare (CAQH) Provider Data Portal is a source for collecting practitioner data used in the credentialing process. CAQH offers a central location to manage and share provider data using a standardized electronic application. [Learn more.](#)

What are the steps to complete credentialing?

Get started with credentialing

1. Ensure you have an **active** Contract with Nevada Medicaid or an **active application** under review.

2. Contact **each** Managed Care Entity (MCE) with which you wish to contract:

   - **Anthem Blue Cross and Blue Shield:**
     Provider Services: 844-396-2330
     Join Network: https://providers.anthem.com/nevada-provider/join-our-network
     Manuals, Directories and Training:
     https://mediproviders.anthem.com/nv/pages/manuals-directories-training.aspx

   - **UnitedHealthcare Health Plan of Nevada Medicaid (HPN):**
     Provider Services: 800-745-7065
     Join Network: https://www.hpnmedicaidnvcheckup.com/Provider/Join-our-Network
     Provider Summary Guide (including a list of frequently called numbers): https://www.healthplanofnevada.com/Provider/Provider-Summary-Guide

   - **SilverSummit Health plan:**
     Provider Relations: 844-366-2880

Join Network: https://www.silversummithealthplan.com/providers/become-a-provider.html
Provider Resources: https://www.silversummithealthplan.com/providers/resources/forms-resources.html
Provider Manual: https://www.silversummithealthplan.com/providers/resources/provider-manuals.html

- **Molina Healthcare of Nevada:**
  Provider Relations: (833) 685-2103 (TTY/TDD: 711)
  Join Network: https://www.molinahealthcare.com/providers/nv/medicaid/network/join.aspx
  Provider Resources: https://www.molinahealthcare.com/providers/nv/medicaid/home.aspx
  Provider Manual: https://www.molinahealthcare.com/providers/nv/medicaid/resources/provider-materials.aspx

- **Liberty Dental:**
  Provider Relations: 888-700-0643
  Join Network: https://www.libertydentalplan.com/Providers/Join-Our-Network.aspx
  Provider Resource Library: https://www.libertydentalplan.com/Providers/Provider-Resource-Library.aspx

3. **Individual Practitioners:** Create an account with CAQH; enter required identifying data and professional information; authorize managed care entities to access the data; perform regular updates of the data, prior to licenses, certifications, or insurance expiring, or at least every 120 days, whichever comes first.

   Organizational Providers / Facilities: Receive a notification from the CVO to complete a credentialing application; submit information to the CVO and respond to requests for additional information or clarification.

   Note: The CVO will be notified by the MCE to perform credentialing. The CVO will contact primary sources to verify the credentialing application data and perform state and federal database queries to confirm the Nevada Medicaid

credentialing requirements are met. The CVO will provide the credentialing results to Nevada Medicaid and each MCE requesting credentialing.

4. Receive credentialing results and request to complete the MCE contract with your chosen MCE(s).

Where are the credentialing requirements documented?

Each Managed Care Entity maintains a provider manual describing the network credentialing requirements; this information can be found:

Anthem Blue Cross and Blue Shield:
NV_CAID_ProviderManual.pdfNV_CAID_ProviderManual.pdf

UnitedHealthcare Health Plan of Nevada Medicaid (HPN):
https://www.uhcprovider.com/en/admin-guides.htmlhttps://www.uhcprovider.com/en/admin-guides.html

SilverSummit Health Plan: https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/nv/2023/Medicaid_ProviderManual_SpecialistsVisit_Addendum_R2_Aug_2023_Final_508.pdfhttps://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/nv/2023/Medicaid_ProviderManual_SpecialistsVisit_Addendum_R2_Aug_2023_Final_508.pdf

Molina Healthcare of Nevada: https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/nv/2023/Medicaid_ProviderManual_SpecialistsVisit_Addendum_R2_Aug_2023_Final_508.pdfhttps://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/nv/2023/Medicaid_ProviderManual_SpecialistsVisit_Addendum_R2_Aug_2023_Final_508.pdf

Liberty Dental:
NV_Provider_Enrollment_Information_Booklet.pdfNV_Provider_Enrollment_Information_Booklet.pdf

Re-Credentialing

Re-credentialing is required at least every 36-months.

- **Individual Practitioners:** Receive a notification from the CVO regarding re-credentialing; maintain up-to-date data on CAQH; respond to the CVO requests for additional information.

- **Organizational Providers / Facilities:** Receive a notification from the CVO to complete a credentialing application; submit information to the CVO and respond to requests for additional information or clarification.

  Note: The CVO will be notified by the MCE to perform re-credentialing. Once notified, the CVO will contact primary sources to verify the credentialing application data and perform state and federal database queries to confirm Nevada Medicaid credentialing requirements are met. The CVO will provide the credentialing results to Nevada Medicaid and each MCE requiring re-credentialing.

Providers will receive re-credentialing results from the MCEs with whom they applied.

Does credentialing approval automatically guarantee MCE network participation?

No. Each MCE has their own process for assessing network access needs. Providers are not automatically guaranteed network participation with the MCE by becoming a Nevada Medicaid enrolled provider or by obtaining credentialing approval.

If I'm credentialed with one Nevada Medicaid MCE, am I automatically credentialed with all Nevada Medicaid MCEs?

No. Providers must contact each MCE directly to request network participation. The MCE will initiate the contracting process and submit a request to the CVO to authorize and initiate the credentialing process.

Can a credentialing denial decision be appealed?

Depending on the reasons related to a credentialing denial decision, an opportunity may be offered to submit additional information and/or submit an appeal request. The denial or termination letter explains the provider's rights, timelines that must be followed, and how to provide additional information. For more information, refer to denial or termination letters.

Can a credentialing application be mailed or faxed in?

Individual Practitioners are required to submit their data on CAQH and authorize the Nevada Medicaid MCE(s) access to the data. CAQH will share the credentialing application (data and images) with authorized organizations.

Organizational Providers / Facilities are required to submit their data on a credentialing application image. The images can be returned via secure upload, email, fax, and mail. The application will contain instructions and options for submitting the information.

Can I begin to provide healthcare services to MCE members once the application has been submitted?

No. Approved credentialing is a required component of the MCE contracting process. A provider may not furnish services to MCE members without contracting with a Plan.

Will I have to submit a separate credentialing application for each MCE I request to contract with?

Individual Practitioners: The credentialing application data and images will be obtained from CAQH. Each practitioner must maintain current data on CAQH and authorize the MCEs to access the data.

Organizational Providers/Facilities: The credentialing application image will be requested by the CVO. For initial credentialing, expect to submit an application for each MCE credentialing request. For re-credentialing, the activities will be coordinated to a single date (for all MCEs) which will allow for a single credentialing application to be submitted.

How often are providers re-credentialed?

Providers are required to complete re-credentialing at least every three years (36 months) from the initial credentialing date. A provider must successfully complete recredentialing to remain a participating provider with the MCEs.

What happens when it is time to re-credential?

Providers will receive a notification from the CVO when it is time to re-credential.

> **Individual Practitioners** will be notified by the CVO to request the CAQH application data be current and be reminded that the MCEs authorization (to access the practitioner data) is required.

Organizational Providers/Facilities will be notified by the CVO to complete a re-credentialing application and instructed to return the application to the CVO.

Reminders will be sent to the providers, as needed, to ensure compliance with the re-credentialing request.

Who approves the credentialing application?

The CVO confirms the credentialing application data with third-party sources and performs queries of state and federal databases. The CVO evaluates those results against National Committee for Quality Assurance (NCQA) standards, Centers for Medicare and Medicaid Services (CMS) guidelines and Nevada Medicaid credentialing requirements. The CVO coordinates the Credentialing Committee who renders the credentialing decision. Each MCE, as applicable, will notify the provider of the credentialing results.

How long does it take to process a credentialing application?

The credentialing process can take up to 120 calendar days. The CVO strives to process credentialing applications much sooner. It may take longer if:

- An incomplete application is submitted.
- Items such as licenses or insurance coverage expire during the credentialing process.
- Requested attachments are not submitted with the application.
- Additional outreach and follow-up from the CVO to the provider is necessary.

How will I know the status of my credentialing application?

The CVO maintains a dedicated customer service team and will provide credentialing status updates upon request. The contact information for the CVO is included on the communications sent from the CVO to the provider. They can be reached by calling 855-743-6161 or by sending an email to outreachsupport@verisys.com

Who do I call if I have a question about my credentialing application?

The current contracted CVO (Verisys) can be reached by calling 855-743-6161 or by sending an email to outreachsupport@verisys.com