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Director

Public Workshop

Centralized Credentialing

Division of Health Care Finance and Policy (DHCFP)

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Department of Health and Human Services

Helping people. It's who we are and what we do.



Overview

- Federal Regulation
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Federal Regulation

- 42 CFR 438.602b State Responsibilities
- The State must screen and enroll, and periodically revalidate, all network providers of MCOs, PIHPs, and PAHPs, in accordance with the requirements of part 455, subparts B and E of this chapter. This requirement extends to PCCMs and PCCM entities to the extent the primary care case manager is not otherwise enrolled with the State to provide services to FFS beneficiaries. This provision does not require the network provider to render services to FFS beneficiaries.
- MCOs, PIHPs, and PAHPs may execute network provider agreements pending the outcome of the process in [paragraph \(b\)\(1\)](#) of this section of up to 120 days, but must terminate a network provider immediately upon notification from the State that the network provider cannot be enrolled, or the expiration of one 120 day period without enrollment of the provider, and notify affected enrollees.



Provider Experience Today

- All Nevada Medicaid providers must first enroll in the fee-for-service (FFS) program through the fiscal agent per policy and the Managed Care Entity (MCE) contract:
- 7.12.4.9.5. Without exception, all Network Providers must be registered with the State as a Medicaid Provider. This includes any Providers who are required to have NPI and those who are not required by CMS but are eligible to receive an NPI.
- Providers wishing to enroll with a contracted MCE must then go through the credentialing process for each plan per the MCE contract:
- 7.6.2.3. Providers seeking Network Provider status with the Contractor must be credentialed and recredentialed as required by 42 CFR 438.214 and the requirements of the Contract (see also Section 7.9.6). The Contractor's credentialing process must comply with 42 CFR 1002.3 and be supported by written policies and procedures as set forth in Section 7.9.6. The Contractor will comply with NAC 679B.0405 which requires the use of Form NDOI-901 for use in credentialing Providers. In the event State regulations or provider licensure laws conflict with NCQA standards, State regulations and provider licensure laws control for purposes of the credentialing process.



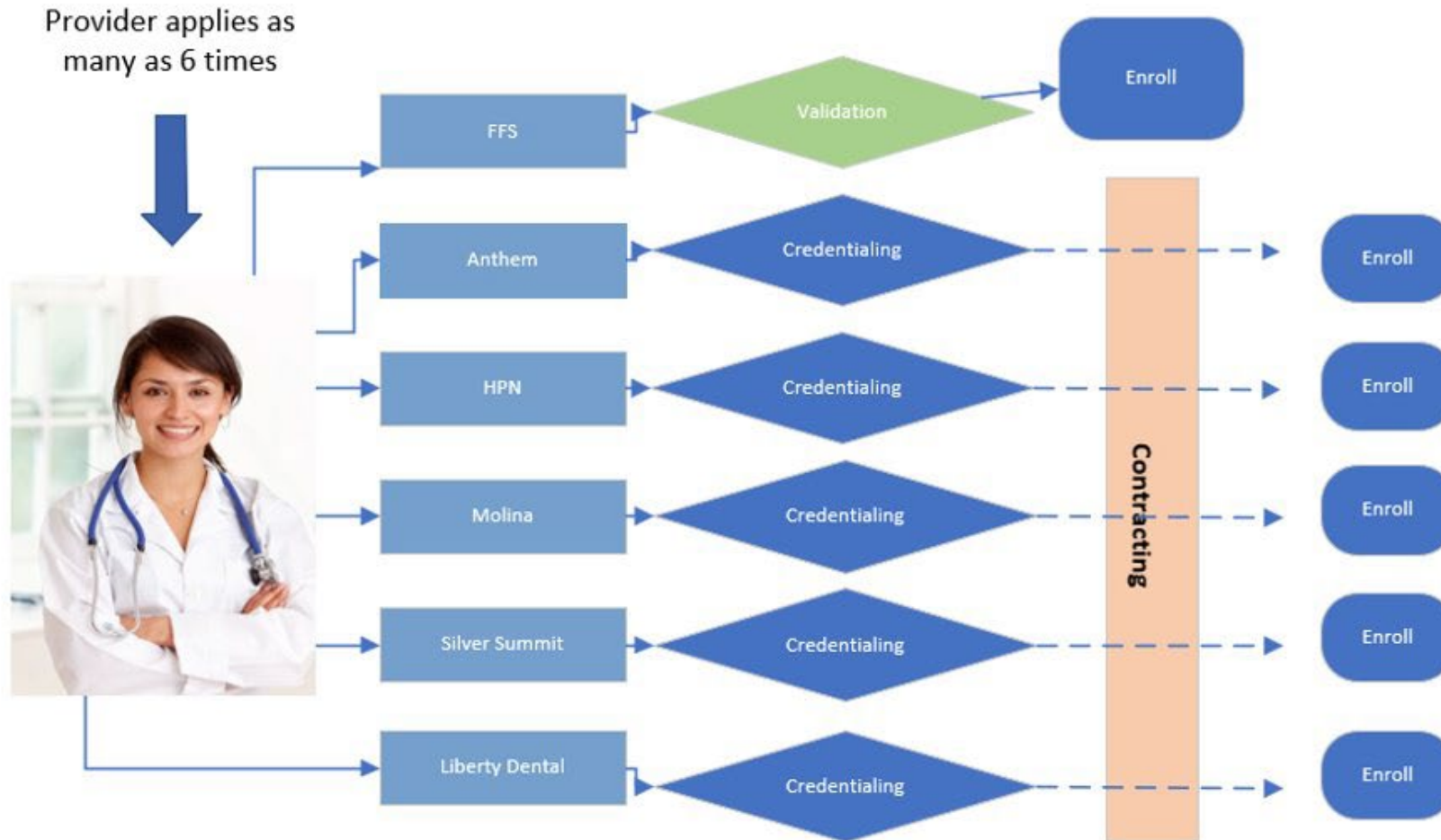
Provider Experience Today – cont'd

- Gainwell Technologies (current fiscal agent) can take up to 30 days to process “clean” enrollments for FFS
- Nevada Medicaid currently contracts with 5 MCEs: Health Plan of Nevada, Molina Healthcare of Nevada, SilverSummit Health Plan, Anthem, Liberty Dental
- The MCEs have 180 days to credential providers wishing to join their networks
- The current process results in multiple applications for providers as well as multiple processing times and potentially different decisions from each plan



Provider Experience Today – cont'd

CURRENT PROCESS





Project Overview

- On October 20, 2022, the Division of Health Care Financing and Policy (DHCFP) received approval for American Rescue Plan Act (ARPA) funding to pursue a Centralized Credentialing system and associated services.
- *Provider credentialing* is the process of establishing that medical providers have proper qualifications to perform their jobs. This requires contacting a range of organizations, including medical schools, licensing boards, and other entities, to verify that the providers have the correct licenses and certificates. In addition, the credentialing organization makes sure there are no past reported issues that suggest the providers are incapable of competently treating patients. **This process is separate from enrollment**, otherwise known as the screening process, which will remain the same.



Project Goals

- Implementation of a unified credentialing process/credentials verification organization (CVO) for all Medicaid programs
- A single point of entry for credentialing
- Adherence to National Committee for Quality Assurance (NCQA) guidelines
- A more robust verification and validation process, expanding pre-enrollment reviews currently limited to screening, to include the assessment of providers' qualifications (education, training, liability record, and practice history) to perform or deliver services for their specific provider type and specialty.
- Solution that respects MCEs' ability to make network decisions and maintain NCQA accreditation
- Visibility into the process for providers



Project Scope

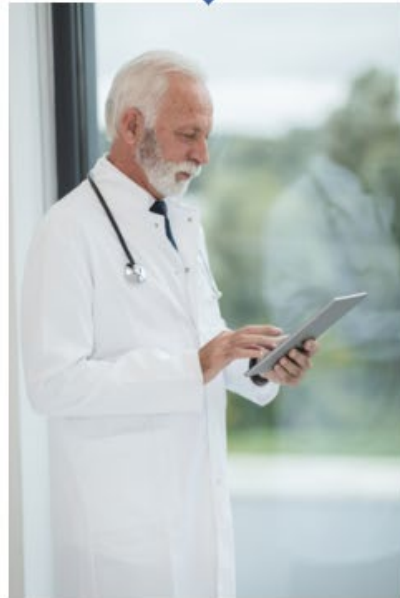
Intended to include:

- All providers, including fee-for-service practitioners and facilities.
- Implementation of a Centralized Credentialing system and services to:
 - Provide all credentialing and recredentialing functions, including primary source verification
 - Process revalidations
 - Align credentialing timeframes
 - Maintain a tracking/monitoring system of all credentialing and re-credentialing activities to be accessible by the provider, the Contractor, the State, and the MCEs.
- Collaboration with the MCEs to incorporate existing processes and best practices.

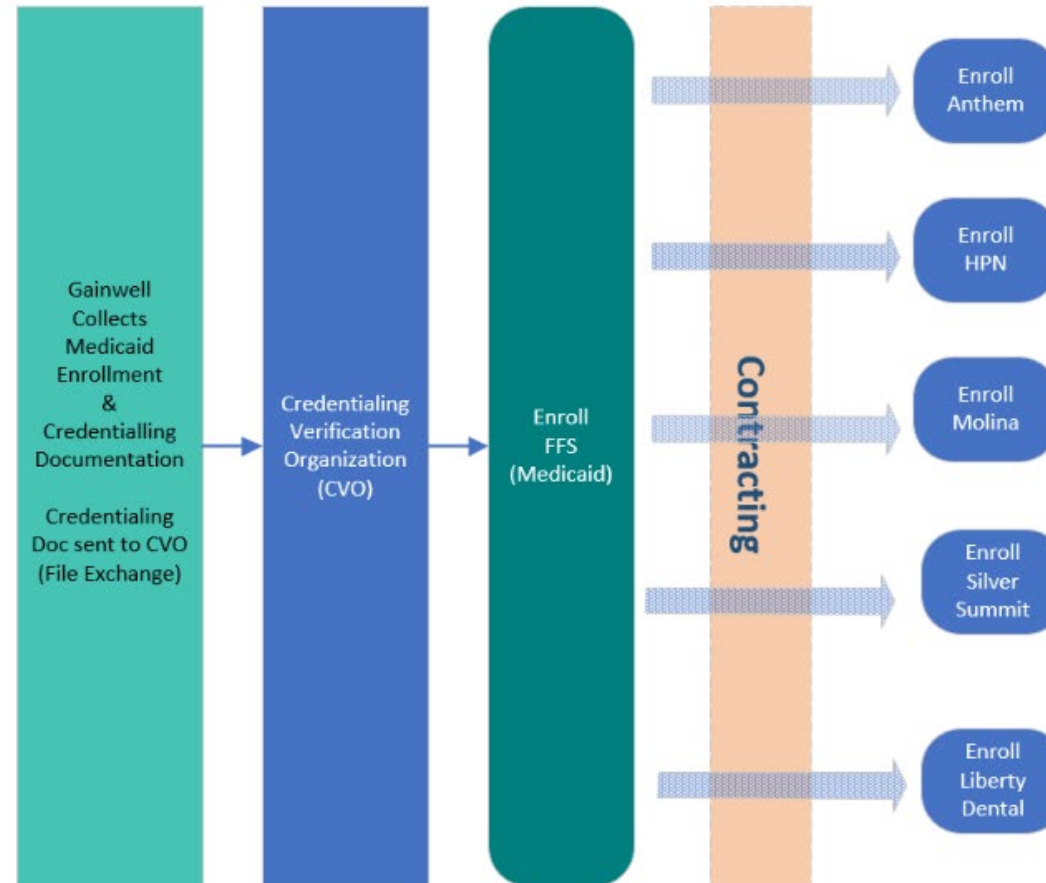


Centralized Credentialing Vision

Provider applies
ONCE



NEW PROCESS CONCEPT
(This is a general concept and is subject to change with the vendor selection and implementation)





Project Timeline

Part I	Part II
Started 1/5/2023	Start ~ 3/2024
Ends ~3/2024	End ~ 12/31/2024 (CVO Implemented)



Next Steps

- Collaborate with other States who have implemented Centralized Credentialing to learn best practices and challenges
- Research other State's credentialing policies and procedures
- Collaborate with MCEs to understand existing processes and impact to those processes
- Public workshop and survey for provider input
- Review previous Request for Information (RFI) vendor proposals to understand CVO functionality
- Develop business requirements for a credentialing vendor



Questions?



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Acronyms

Acronym	Description
ARPA	American Rescue Plan Act
CMS	Centers for Medicare & Medicaid Services
CVO	Credentialing Verification Organization
DBA	Dental Benefits Administrator
DHCFP	Division of Health Care Financing and Policy
DHHS	Department of Health and Human Services
FFS	Fee-For-Service
HHS	Federal Department of Health Human Services
MCE	Managed Care Entities (MCOs & DBA)
MCO	Managed Care Organization
NCQA	National Committee for Quality Assurance
NAC	Nevada Administrative Code
NPI	National Provider Identifier
PAHP	Prepaid Ambulatory Health Plan
PCCM	Primary Care Case Management
RFI	Request for Information
RFP	Request for Proposal