Centralized Verification Organization (CVO) Remote Learning
Meeting Dates: December 4, 2024 / December 10, 2024 / January 15, 2025

Meeting Summary

Representatives from all 3 MCOs (Molina, Nebraska Total Care, and United Healthcare) and Amber Henderson (Verisys-credentialing organization) presented the Credentialing Process with the meeting attendees.

- **Centralized Credentialing Process**
  - Begins on January 1, 2025.
  - Training dates December 4, 2024, December 10, 2024, and January 15, 2025
  - Existing providers within the MCO networks will not need to take additional action until their 3-year re-credentialing cycle is due.

Verisys and Credentialing Process Flow

- Verisys
  - 25 years of success and NCQA accreditation since 2008.
  - Processes over 2.2 million credentialing events annually.
  - Works with 150 health plans.
- Credentialing Process Flow
  - The initial credentialing process involves the provider contacting the MCO, completing the CAQH application, and submitting it to Verisys.
  - Verisys initiates the primary source verification process (PSV) once the application is deemed complete.
  - The MCO conducts a committee review and renders a decision, notifying the provider of the results.
  - The re-credentialing process is similar to initial credentialing but involves aligning common providers and identifying the earliest re-credentialing date.
- Provider Communications
  - Verisys will send a practitioner letter and centralized re-credentialing announcement to providers.
  - Providers may receive email outreach from Verisys for missing information or clarifying information needed to complete PSV.
  - Verisys has a dedicated customer service team to provide support and answer questions.
    - Customer Service team is responsible for notifications and support.
    - Contact Verisys for PSV status.
  - Providers will continue to contact MCOs for contracting needs and follow the current process provided by Maximus for Medicaid enrollment.
  - The credentialing process is separate from the contracting process, with specific instructions for Nebraska Medicaid providers.

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MCO Representatives addressed questions about initial credentialing, re-credentialing and the alignment of information across MCOs. A summary of those responses is below.

Q & A

- Q: Will there be a difference between how we let the MCOs know about medical/behavioral health providers and dental providers?
  A: The contact information will remain the same, via outreach and at times self-service tools on the MCO websites or in some cases on Verisys' website.

- Q: Is it the same process for all specialty providers? With the current process, mental health providers can start seeing clients with auth for Molina and Nebraska Total Care once they have been submitted to those two MCOs. At what point in this new process can providers begin seeing clients?
  A: Yes, process is the same for all practitioner types included.

- Q: Will the providers be credentialed to the date that is in Maximus or to the date when the initial credentialing by Verisys is done?
  A: The date in which the provider may begin rendering services as a participating provider is the latest of the three dates: Contract effective date, Maximus effective date, or Credentialing Committee approval date.

- Q: Will Verisys inform if credentialing is complete on their end?
  A: Verisys will notify MCOs when credentialing application / PSV is validated and deemed complete, then it will go to credentialing committee at MCO.

- Q: Where will you get the email addresses to contact providers?
  A: Providers will contact MCO to trigger contracting and credentialing and at times self-service tools on the MCO websites.

- Q: How long is the turnaround time for getting a new provider credentialed?
  A: No more than 60 days from completed application receipt to enrollment.

- Q: Please review the re-credentialing date for all three MCOs. Also, why does Verisys seems to have issues pulling copies of FTCA Deeming notices for PSV?
  A: When submitting credentialing data through CAQH's system, please indicate the FTCA Malpractice coverage in place. Additionally, even if this is not required by the CAQH system, it is also best practice to upload an image of the HRSA document that shows proof of coverage.

- Q: Can you send us the document information to our email?
  A: Please visit all 3 MCOs credentialing and contracting pages.

- Q: Is there a printout available for this presentation?
  A: Please visit all 3 MCOs credentialing and contracting pages.

- Q: Will you provide your slides?
  A: Please visit all 3 MCOs credentialing and contracting pages.

- Q: Will everyone have a different recredentialing date and will be notified when it needs done by Verisys?
  A: The earliest recredentialing due date for any of the MCOs will initiate the process for all MCOs. Cycles will be aligned after that point.

- Q: If we have a new provider coming on board, should we wait for the new process or go ahead under the old process now?
- A: Do not wait. For timing reasons, it is better to initiate the process with Maximus and the MCOs simultaneously. The Credentialing process will not be held up if the Medicaid ID is not yet assigned.

- Q: What if a TIN has multiple practice locations? What is the process to link individuals to all practice locations for that TIN?
  A: That would be communicated through the roster, which is part of the Contracting and MCO Provider Enrollment process, which is out of scope. If provider is already credentialed with the MCO this is communicated to, the credentialing decision would apply for all locations. This should be communicated to all MCOs.

- Q: Will Verisys notify us when we need to do this?
  A: Verisys will notify MCOs when credentialing application / PSV is validated and deemed complete, then it will go to credentialing committee at MCO. Upon committee decision, notification will be sent to provider.

- Q: Do we start with the provider completing CAQH, then we register the provider with Maximus, and then contact Verisys to register that provider there? Following that Verisys will contact Nebraska Total Care, Molina, and UHC for the next steps? Is that correct?
  A: For timing reasons, it is better to initiate the process with Maximus and the MCOs simultaneously. The Credentialing process will not be held up if the Medicaid ID is not yet assigned.

- Q: Will you provide step by step instructions for new provider credentialing?
  A: That is part of the presentation. Please visit all 3 MCOs credentialing and contracting pages.

- Q: Is this more to help the backend for enrollment with maximus rather than streamlining to get in network with the Medicaid plans?
  A: No. There are no planned changes to the requirements to enroll with Maximus.

- Q: Can you please help us understand how this is streamlining the process? Is there a thought of making the same roster for all 3 MCO's?
  A: No. The roster is part of the Contracting and MCO Provider Enrollment process and is not in scope. This process change only involves credentialing.

- Q: So, technically I do not see on the credentialing process from the providers/billing companies. We still follow the same steps as of today, but those applications will go from MCO to Verisys and once the credentialing process is done then Verisys will notify MCO and MCO will notify us, correct?
  A: This is correct.

- Q: For credentialing status inquiries, do we still contact the MCO's same as today?
  A: These inquiries would be communicated to Verisys by calling 1-855-743-6161. If Verisys has communicated validation of complete file, Verisys will refer provider to MCO at that time.

- Q: What is the authorization that has been used previously to provide mental health services before credentialing?
  A: Prior to completion of credentialing the provider would be considered an Out of Network provider.

- Q: What information is on the roster that is not already in CAQH? Is the roster a duplication of CAQH data?
  A: No. The roster is part of the Contracting and MCO Provider Enrollment process and is not in scope.

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- Q: Can we get contact information from all 3 MCOs?

  A: Please see below:
  - NetworkManagement@NebraskaTotalCare.com
  - www.molinahealthcare.com/providers/ne/medicaid/network/join.aspx
  - NEProviderRelations@molinahealthcare.com
  - www.uhcprovider.com/en/resource-library/Join-Our-Network/Medical-Provider.html

- Q: Please provide the Verisys website.

  A: sites.google.com/verisys.com/outreachdownloads/home

- Q: Just want to confirm that demographic changes should be submitted with a roster/ appropriate paperwork to the MCOs still after a change in CAQH?

- A: That would be communicated through the roster, which is part of the Contracting and MCO Provider Enrollment process, which is out of scope. If provider is already credentialed with the MCO this is communicated to, the credentialing decision would apply for all locations. This should be communicated to all MCOs.