



Georgia Medicaid Credentialing Verification Organization (CVO) Presentation



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

June 2015

Agenda

- What is CVO?
- Implementation Date
- What's the current process?
- New Process/Advantages
- Who is Aperture?
- How to enter an application?
- How to check application status?
- Central Point of Contact
- Frequently Asked Questions (FAQs)
- Closing, Questions and Answers



What is CVO?

The Credentialing Verification Organization (CVO) is providing a certified solution to support processing of Care Management Organizations (CMO) applications. HP Enterprise Services Provider Enrollment will receive three types of CVO applications:

1. CMO initial
2. CMO Only
3. CMO re-credentialing applications

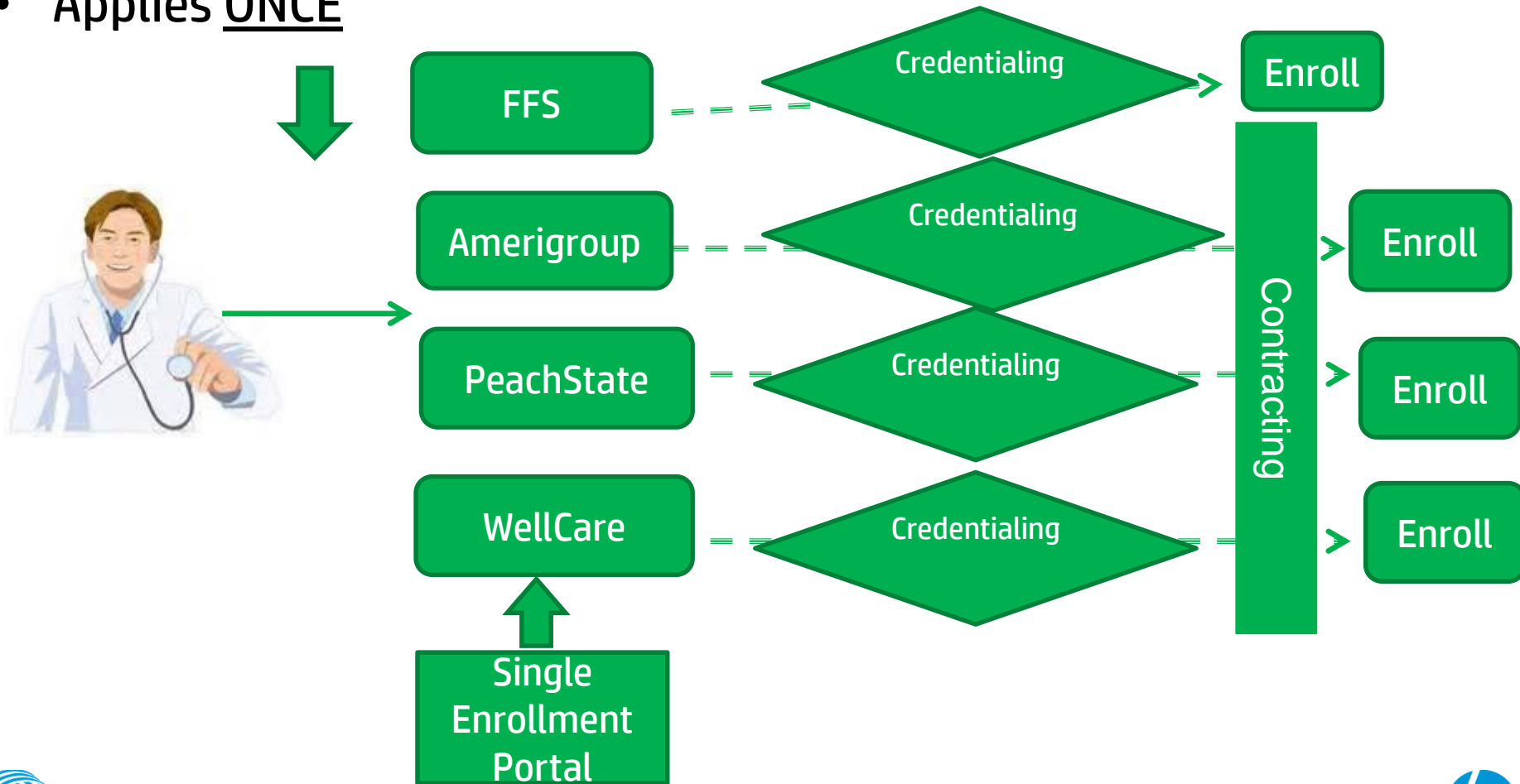
CMO providers will be enrolled in Medicaid Fee for Service (FFS) unless they indicate CMO Only when completing the application online.

Implementation Date

- The expected implementation date for CVO is to be determined.

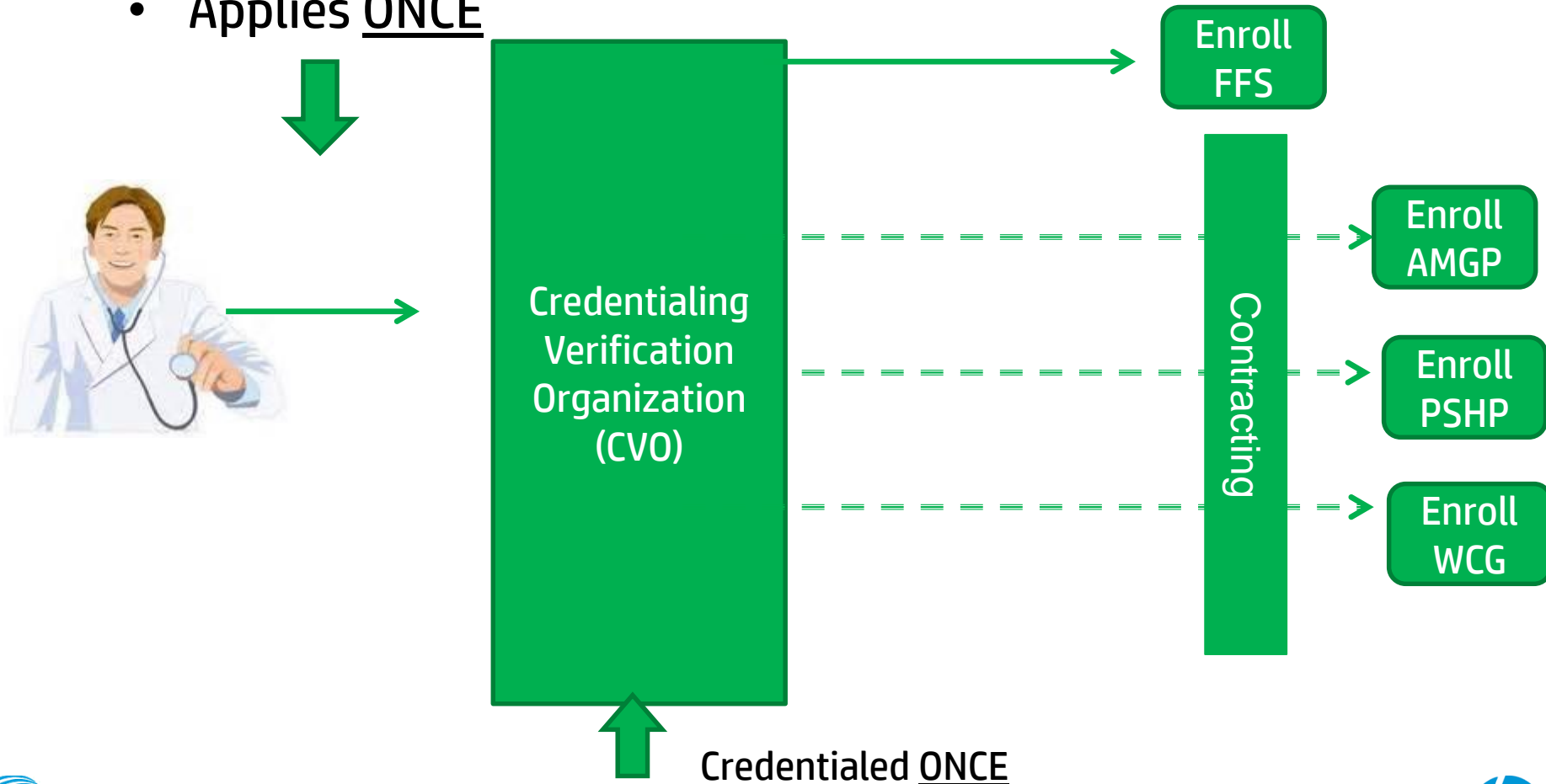
Current Process

- Applies ONCE



New Process/Advantages

- Applies ONCE



New Process/Advantages

(continued)

- Advantages
 - Administrative simplification
 - Single, electronic application process
 - Providers credentialed once
 - Consistency in credentialing process and decisions
 - Synchronized re-credentialing process and cycles
 - Provider ability to track application/credentialing status
 - Direct DCH ownership of credentialing process
 - Financial advantage

Who is Aperture?

- Aperture is the Nation's largest and most experienced Healthcare Provider Credentialing Company
- The CVO administered by Aperture, conducts database exclusionary checks
- The CVO conducts PSV (Primary Source Verification) Credentialing verification
- Credentialing Committee is responsible for reviewing, recommending, accepting, and/or denying applications to the Care Management Organization (CMO) provider network



How To Enter An Application

www.mmis.georgia.gov



Search

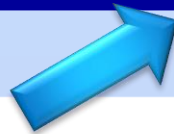
Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy

User Information

Login/Manage Account

Login

Enrollment Application Status
Enrollment Wizard
Provider Contract Status
EFT Agreement



How To Enter An Application

(continued)

At the bottom of the Enrollment Wizard page, select the Provider Enrollment Application link.

Enrollment Wizard

Providers use this page to complete an enrollment application to become a participating provider in the Georgia Medicaid program. The application uses a wizard to guide applicants through the enrollment form. An in-progress application can be saved and completed at a later time.

Please reference the [Part I. Policies and Procedures for Medicaid/PeachCare for Kids®](#) manual, for general requirements that apply to all provider types when enrolling as a Georgia Medicaid provider. Applicants must meet all the provider requirements and qualifications and their practices must be fully operational before they can be enrolled as Medicaid providers.

Specific qualifications for each provider type are contained in chapter 600 of the program specific policy manual(s).

The Enrollment Wizard will assist with the completion of an application. Required documents, as stipulated in the applicable policy manual sections, may be uploaded with the application.

A scanned or faxed copy of the Power of Attorney for Payee will be accepted providing that:

1. The submitted Power of Attorney for Payee reflects the raised notary seal and all signatures can clearly be seen via a scanned or faxed copy.
2. If the notary seal is an ink seal it can be clearly seen via a scanned or faxed copy.
3. If the notary seal and all signatures are unclear or illegible when the document is scanned or faxed, the faxed or scanned Power of Attorney for Payee will be returned to the sender and an original Power of Attorney for Payee will have to be submitted.

The Department reserves the right to reject a scanned or faxed copy of a Power of Attorney for Payee.

To begin, click on the Provider Enrollment Application link below and provide the information requested. If you have any questions regarding completion of the wizard or status of an application, you may contact the Provider Enrollment Unit for assistance.

[Provider Enrollment Application](#)



How To Enter An Application

(continued)

The instructional panel will provide guidance through the enrollment application.

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Instructions ?

Welcome to the online Provider Enrollment application.

- The enrollment application is a one source application for both fee-for-service Medicaid and CMO (Care Management Organization) enrollment.
- You must complete each step in the Enrollment application. When you have completed all of the steps, please click on the 'Submit' button to submit your application. The application is automatically saved after each step.
- Fields marked with an asterisk (*) are required.
- Please click the 'New Application' to start a new Provider Enrollment application or click 'Continue Application' to continue with an existing application.
- Application Fee Information
42 CFR 455.460 requires that certain prospective (new), re-enrolling, or revalidating providers pay an application fee. Individual physicians or non-physician practitioners are exempt from the fee as well as those providers who have already paid the fee to a Medicare contractor or another State's Medicaid program. Section 105.3, Part I Policies and Procedures for Medicaid/Peachcare for Kids®, identifies the categories of service that are required to pay the application fee. Within thirty (30) days from the date of submission of an application, the Division may reject an enrollment application from a prospective (new) or re-enrolling individual or institutional provider that is not accompanied by the application fee or a letter requesting a hardship exception or waiver of the application fee.
- Help is available by clicking the question mark (?) in the title bar.

exit **new application** **continue application**

new
application

continue
application



How To Enter An Application

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Home | Contact Information | Member Information | Provider Information | **Provider Enrollment** | Nurse Aide/Medication Aide | EDI | Pharmacy

Home Enrollment Application Status Enrollment Wizard **Provider Contract Status** EFT Agreement

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Request Type

- Application Type***
- Individual Practitioner
 - Facility
 - Pharmacy
 - Out of State - Individual Out of State is for Applicants MORE THAN 50 miles from the GA border
 - Out of State - Facility
 - CMO Only Provider - Individual
 - CMO Only Provider - Facility
 - Ordering, Prescribing, or Referring (OPR)
 - Additional Service Location - Individual Practitioner and Facility

Would you like to also submit your application for CMO Credentialing? No Yes

Please select the CMOs to which you are applying:

Amerigroup

Peach State

WellCare

Provider Type*

How To Enter An Application

(continued)

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User Information



Login/Manage Account

Login

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Request Type



- Application Type***
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 - CMO Only Provider - Facility
 - Ordering, Prescribing, or Referring (OPR)
 - Additional Service Location - Individual Practitioner and Facility

Would you like to also submit your application for CMO Credentialing? No Yes

Provider Type*

previous

save & continue

exit



How To Enter An Application

(continued)

User Information

Login/Manage Account

Login



Instructions ▶ Search ▶ Request Type ▶ Identify Information ▶ Provider Contacts ▶ Provider Specialty ▶ Additional Service Location ▶ Detail Information ▶ Address Information ▶ Bed Data ▶ Clinical Information ▶ Other State Medicaid Programs ▶ Languages ▶ Special Needs ▶ Initial Approval Processes ▶ Licenses ▶ Licenses and Permits ▶ Certifications ▶ Disclosures of Ownership and Control Interest Statement - Owners ▶ Disclosures of Ownership and Control Interest Statement - Additional Ownership ▶ Disclosures of Ownership and Control Interest Statement - Other Business Addresses ▶ Disclosures of Ownership and Control Interest Statement - Managed Employees ▶ Disclosures of Ownership and Control Interest Statement - Ownership in Subcontractors ▶ Increased Rate Request ▶ Supervising Physician ▶ Supervising Physician ▶ Claims Submission ▶ Data Correction ▶ CMO - Practice Hours and Status ▶ CMO - Accessibility ▶ CMO - Professional Liability Insurance Carrier ▶ CMO - Fax To Address ▶ Other Program Enrollment ▶ Status of Association Fee ▶ Medicaid History ▶ Approval History - Medicaid & CMO ▶ Statement of Participation ▶ Policy Abandonment Statement ▶ Abandonment Statement ▶

Request Type



Individual Practitioner

Facility

Pharmacy

Out of State - Individual

Out of State is for Applicants MORE THAN 50 miles from the GA border

Out of State - Facility

CMO Only Provider - Individual

CMO Only Provider - Facility

Application Type*

Would you like to

Agencies

Behavioral Health & Social Svc

Chiropractors (Medicare Only)

Dental Service Providers

Dietary/Nutritional Services

Eye and Vision Providers

Home and Community Based Svc

Nurse Practitioner/Physician Assistant

Nursing Related Services

Nursing Services

Other Service Providers

Physicians/Osteopaths

Podiatrists

Public Health Agency

Respiratory, Rehab. & Restoration (O&P)

Speech, Lang. & Hearing Svc

Home and Facility

Detailing? No Yes

previous

save & continue

exit

English | Español | Accessibility | Privacy | AMA & ADA Copyright

REPORT



How To Enter An Application

(continued)

The screenshot displays the GAMMIS (Georgia Medicaid Management Information System) web application interface. At the top, there are logos for the Georgia Department of Community Health, GAMMIS, and HP. A search bar is located in the top right corner. Below the logos, a navigation menu includes links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, and Pharmacy. A secondary menu shows 'Home Enrollment Application Status Enrollment Wizard Provider Contract Status EFT Agreement'. The main content area is titled 'User Information' and contains a 'Login/Manage Account' section with a 'Login' button. Below this is a long list of navigation links starting with 'Instructions' and ending with 'Attestation Statement'. The 'Identifying Information' form is the primary focus, containing fields for personal and professional details. The form is titled 'As appears on license' and includes the following fields: Individual Last Name* (DEMO), First, MI* (TEST), Suffix (Jr., III, etc.), Doing Business As (D/B/A), Title/Degree, Other Names Used (e.g. Maiden Name, Alias), Date of Birth* (03/03/1998), Gender* (Male, Female), Race, Ethnicity, SSN* (373728734), FEI Number* (237862378), and Unique Physician Identification Number-UPIN. At the bottom of the form are buttons for 'previous', 'save & continue', and 'exit'.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GAMMIS
GEORGIA MEDICAID MANAGEMENT INFORMATION SYSTEM

hp

Search

[Refresh session] You have approximately 19 minutes until your session will expire. Wednesday, May 13, 2015

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy

Home Enrollment Application Status Enrollment Wizard Provider Contract Status EFT Agreement

User Information

Login/Manage Account Login

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Identifying Information

As appears on license

Individual Last Name* DEMO

First, MI* TEST

Suffix (Jr., III, etc.)

Doing Business As (D/B/A)

Title/Degree

Other Names Used (e.g. Maiden Name, Alias)

Date of Birth* 03/03/1998

Gender* Male Female

Race

Ethnicity

SSN* 373728734

FEI Number* 237862378

Unique Physician Identification Number-UPIN

previous save & continue exit



How To Enter An Application

(continued)

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User Information

Login/Manage Account

Login

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Address Information

Address Type Address 1 City State Zip Phone

SERVICE LOCATION

Type data below for new record.

Address Type* SERVICE LOCATION

Address 1* 123 TEST DR.

Address 2

City* SOMEWHERE

State* GA

Zip* 30084

County* DeKalb

Phone* (609)546-8611

Fax* (609)546-7772

Is this location open 24 Hours? No Yes

After Hours Phone (609)546-7222

Is this location TDD/TTY equipped? No Yes

E-Mail Address* test@hp.com

Practice Web Site Address

delete

add



How To Enter An Application

(continued)

Home Enrollment Application Status Enrollment Wizard Provider Contract Status EFT Agreement

User Information Login/Manage Account Login

Instructions > Search > Request Type > Identifying Information > Provider Contracts > Provider Specialty > Additional Service Location > Detail Information > Address Information > Bad Data > Pharmacy Information > Other State Medicaid Programs > Languages > Special Needs > Hospital Admitting Privileges > Licenses > Licenses and Permits > Certifications > Disclosure of Ownership and Control Interest Statement - Owners > Disclosure of Ownership and Control Interest Statement - Additional Ownership > Disclosure of Ownership and Control Interest Statement - Other Business Addresses > Disclosure of Ownership and Control Interest Statement - Managing Employees > Disclosure of Ownership and Control Interest Statement - Ownership in Subcontractors > Increased Rate Request > Sponsoring Physician > Supervising Physician > Claims Submission > Payer Designation > CMO - Practice Hours and Status > CMO - Accessibilities > CMO - Education > CMO - Training > CMO - Work History > CMO - Professional Liability Insurance Carrier > CMO - Pay To Address > Other Program Enrollment > Viewer of Application Fee > Applicant History > Applicant History - Medicaid & CMO > Supporting Documentation > Statement of Participation > Policy Attestation Statement > Attestation Statement >

Address Information

Address Type	Address 1	City	State	Zip	Phone
SERVICE LOCATION					
Address Type					
Name of Practice (As it appears on the Website)					
Address 1					
Address 2					
City					
State					
Zip					
County					
Phone					
Facsimile					
Is this location open 24 Hours					
After Hours Phone					
Is this location TDD/TTY equipped?	<input checked="" type="radio"/> No <input type="radio"/> Yes				
E-Mail Address*	TEST@HP.COM				
Practice Web Site Address					
Does this location have 24/7 phone coverage?	<input checked="" type="radio"/> No <input type="radio"/> Yes				
Answering Service	<input checked="" type="radio"/> No <input type="radio"/> Yes				
Voicemail with instructions	<input checked="" type="radio"/> No <input type="radio"/> Yes				

Message from webpage

We have collected enough information to save your application. Your application will be automatically saved as you progress through each page remaining in the application.

Your application has been assigned Application Tracking Number (ATN) 6611083 and the name entered for this Application is DEMO. Please write down both the ATN and name and keep them in a safe place.

You can exit this application and return at a later time to continue. Once the application has been submitted you can check the status from the Enrollment Status link. You will need to enter both the ATN and name to continue the application or to check the status.

OK

delete add

previous save & continue exit

How To Enter An Application

(continued)

Refresh session | You have approximately 19 minutes until your session will expire. Wednesday, May 13, 2015

Home | Contact Information | Member Information | Provider Information | **Provider Enrollment** | Nurse Aide/Medication Aide | EDI | Pharmacy

Home Enrollment Application Status Enrollment Wizard Provider Contract Status EFT Agreement

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Please make note of your ATN: 6611083

Payee Designation

- The Payee Medicaid ID is used for money designation.
- In addition, the following required documentation must be submitted:
 - The Form W-9 should reflect the address for the provider's payments and/or remittance advices.
 - The 147-C letter or tax coupon will be used to verify the legal name of the business or practice and Tax ID# that is listed on the Form W-9.
 - The EFT Agreement contains the Payee's Routing and Account Number. These will be used to disburse monies to the provider for rendered services.
 - The POA form should list the enrolling provider's name, the legal name of the business or practice, and the payee Tax ID# for proper affiliation.

A Power of Attorney for Payee must be submitted if the Payee Tax ID listed on the W-9 is different from the applicant's Tax ID.

Is the Payee Tax ID different from the applicant's Tax ID? No Yes

Payee Medicaid ID

Payee Name
Address
City
State
Zip

How To Enter An Application

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GEORGIA MEDICAID MANAGEMENT INFORMATION SYSTEM

[Refresh session] You have approximately 19 minutes until your session will expire. Wednesday, May 13, 2010

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Please make note of your ATN: 6611083

CMO - Education

Level	School	City	State	Country	Degree
A	Bachelors				

Type data below for new record.

Education - Provide the appropriate information for the schools that you attended.

Level of Education* Bachelors Masters Doctorate Other

School Name* SCHOOL DR

Address 1* 1123 TEST DR

Address 2

City* ATLANTA

State GA

Zip* 38383

Country* UNITED STATES

Phone* (655)165-1616

Start Date* 01 2001 (MM / YYYY)

End Date / Graduation Date* 02 2010 (MM / YYYY)

Degree Awarded

How To Enter An Application

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[Refresh session] You have approximately 19 minutes until your session will expire. Search
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Please make note of your ATN: 6611083

CMO - Training

Type	Program	City	State	Country	Department/Specialty
------	---------	------	-------	---------	----------------------

Type data below for new record.

Training - List all training programs you attended. Begin by selecting the Program Type.

Program Type Internship Residency Fellowship Other

Institution / Hospital Name

Address 1

Address 2

City

State

Zip

Country

Phone

Start Date (MM / YYYY)

End Date (MM / YYYY)

Department / Specialty

How To Enter An Application

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GEORGIA MEDICAID MANAGEMENT INFORMATION SYSTEM

Search

Wednesday, May 13, 2015

[Refresh session] You have approximately 19 minutes until your session will expire.

Home | Contact Information | Member Information | Provider Information | **Provider Enrollment** | Nurse Aide/Medication Aide | EDI | Pharmacy

Home Enrollment Application Status Enrollment Wizard Provider Contract Status EFT Agreement

User Information

Login/Manage Account

Login

[Instructions](#) > [Search](#) > [Request Type](#) > [Identifying Information](#) > [Provider Contracts](#) > [Provider Specialty](#) > [Additional Service Location](#) > [Detail Information](#) > [Address Information](#) > [Bed Data](#) > [Pharmacy Information](#) > [Other State Medicaid Programs](#) > [Languages](#) > [Special Needs](#) > [Hospital Admitting Privileges](#) > [Licenses](#) > [Licenses and Permits](#) > [Certifications](#) > [Disclosure of Ownership and Control Interest Statement - Owners](#) > [Disclosure of Ownership and Control Interest Statement - Additional Ownership](#) > [Disclosure of Ownership and Control Interest Statement - Other Business Addresses](#) > [Disclosure of Ownership and Control Interest Statement - Managing Employees](#) > [Disclosure of Ownership and Control Interest Statement - Ownership in Subcontractors](#) > [Increased Rate Request](#) > [Sponsoring Physician](#) > [Supervising Physician](#) > [Claims Submission](#) > [Payee Designation](#) > [CMO - Practice Hours and Status](#) > [CMO - Accessibilities](#) > [CMO - Education](#) > [CMO - Training](#) > [CMO - Work History](#) > [CMO - Professional Liability Insurance Carrier](#) > [CMO - Pay To Address](#) > [Other Programs Enrollment](#) > [Waiver of Application Fee](#) > [Applicant History](#) > [Applicant History - Medicaid & CMO](#) > [Supporting Documentation](#) > [Statement of Participation](#) > [Policy Attestation Statement](#) > [Attestation Statement](#) > .

Please make note of your ATN: 6611083

CMO - Work History

Employer	City	State	Country	Start	End
Type data below for new record.					
Excluding your current position, list your Employment History for the past five(5) years in reverse chronological order.					
Practice / Employer Name	<input type="text"/>				
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
City	<input type="text"/>				
State	<input type="text"/>				
Zip	<input type="text"/>				
Country	<input type="text"/>				
Phone	<input type="text"/>				
Start Date	<input type="text"/>	(MM / YYYY)			
End Date	<input type="text"/>	(MM / YYYY)			
If there is a six(6) month or more gap from your <u>next</u> position, please explain.					
<input type="text"/>					

delete

add



How To Enter An Application

(continued)

CMO - Practice Hours and Status

Practice Hours

Enter all practice hours on days that services are provided to member. This should include extended hours if applicable.

Monday Open/Close	<input type="text"/>	<input type="text"/>	(24HH:MM)
Tuesday Open/Close	<input type="text"/>	<input type="text"/>	(24HH:MM)
Wednesday Open/Close	<input type="text"/>	<input type="text"/>	(24HH:MM)
Thursday Open/Close	<input type="text"/>	<input type="text"/>	(24HH:MM)
Friday Open/Close	<input type="text"/>	<input type="text"/>	(24HH:MM)
Saturday Open/Close	<input type="text"/>	<input type="text"/>	(24HH:MM)
Sunday Open/Close	<input type="text"/>	<input type="text"/>	(24HH:MM)

Practice Hours Comments

Patient Age Range

Patient Age Range*

Practice Operating Status

Is this practice your full-time service location?* No Yes

*Note: A full-time practice location is defined as a location operating 16 or more hours per week.

Start date of present employment at this location* / (MM / YYYY)

Practice Status

Accept New Patients Into This Practice?	<input checked="" type="radio"/> No <input type="radio"/> Yes	Accept All New Patients?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Accept Existing Patients with Change of Payor?	<input checked="" type="radio"/> No <input type="radio"/> Yes	Accept New Medicare Patients?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Accept New Patients with Physician Referral?	<input checked="" type="radio"/> No <input type="radio"/> Yes	Accept New Medicaid Patients?	<input checked="" type="radio"/> No <input type="radio"/> Yes

previous save & continue exit

Complete the information requested in this panel as it applies to the applicant.



How To Enter An Application

(continued)

CMO - Accessibilities

Does this office meet ADA accessibility requirements? No Yes

Does this site offer handicapped access for the following:

Parking No Yes

Restroom No Yes

Does this site offer other services for the disabled?

American Sign Language No Yes

Mental/Physical Impairment Services No Yes

Accessible by Public Transportation? No Yes

Bus No Yes

Subway No Yes

Regional Train No Yes

List other Handicapped Access /
Other Disability Services /
or Other Transportation Access:

previous save & continue exit

Complete the information requested in this panel as it applies to the applicant.

How To Enter An Application

(continued)

Home | Contact Information | Member Information | Provider Information | **Provider Enrollment** | Nurse Aide/Medication Aide | EDI | Pharmacy
Home Enrollment Application Status Enrollment Wizard Provider Contract Status EFT Agreement

User Information

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The following messages were generated:

All required documents must be uploaded before continuing application. Please select the 'Upload required documents' link.

Please make note of your ATN: 6611083

Supporting Documentation

Document Description

CMO-BOARD CERTIFICATION	UPLOAD IF APPLICABLE
CMO-CURRICULUM VITAE	REQUIRED
CMO-EXPLANATION OF REPORTED ACTION (REQUIRED IF ACTIONS REPORTED)	UPLOAD IF APPLICABLE
CMO-EXPLANATION OF WORK HISTORY GAPS	UPLOAD IF APPLICABLE
CMO-PEER REFERENCE LETTERS	UPLOAD IF APPLICABLE
CMO-PROOF OF MALPRACTICE INSURANCE	REQUIRED
CMO-RELEASE OF INFORMATION AGREEMENT	REQUIRED
CMO-SPONSOR LETTER	UPLOAD IF APPLICABLE
COPY OF PHYSICIANS LICENSE	REQUIRED
ELECTRONIC FUNDS TRANSFER FORM	REQUIRED
IRS TAX DOCUMENTATION	REQUIRED
IRS W-9 FORM	REQUIRED
SUBMIT NPI WITH TAXONOMY	REQUIRED

Upload Supporting Documentation

- [Upload required documents](#): The documents listed above must be uploaded before continuing the application.
- [Enrollment forms](#) are available on this site.
- Power of Attorney for Payee:
 - A scanned or faxed copy of the Power of Attorney for Payee will be accepted providing that:
 1. The submitted Power of Attorney for Payee reflects the raised notary seal and all signatures can clearly be seen via a scanned or faxed copy.
 2. If the notary seal is an ink seal it can be clearly seen via a scanned or faxed copy.
 3. If the notary seal and all signatures are unclear or illegible when the document is scanned or faxed, the faxed or scanned Power of Attorney for Payee will be rejected and an original Power of Attorney for Payee will have to be submitted.The Department reserves the right to reject a scanned or faxed copy of a Power of Attorney for Payee.

previous

save & continue

exit



Submission of Application

Enrollment Application Attachment Uploads

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA WEB PORTAL

GEORGIA HEALTH PARTNERSHIP

[Refresh session] You have approximately 19 minutes until your session will expire. Wednesday, May 13, 2015

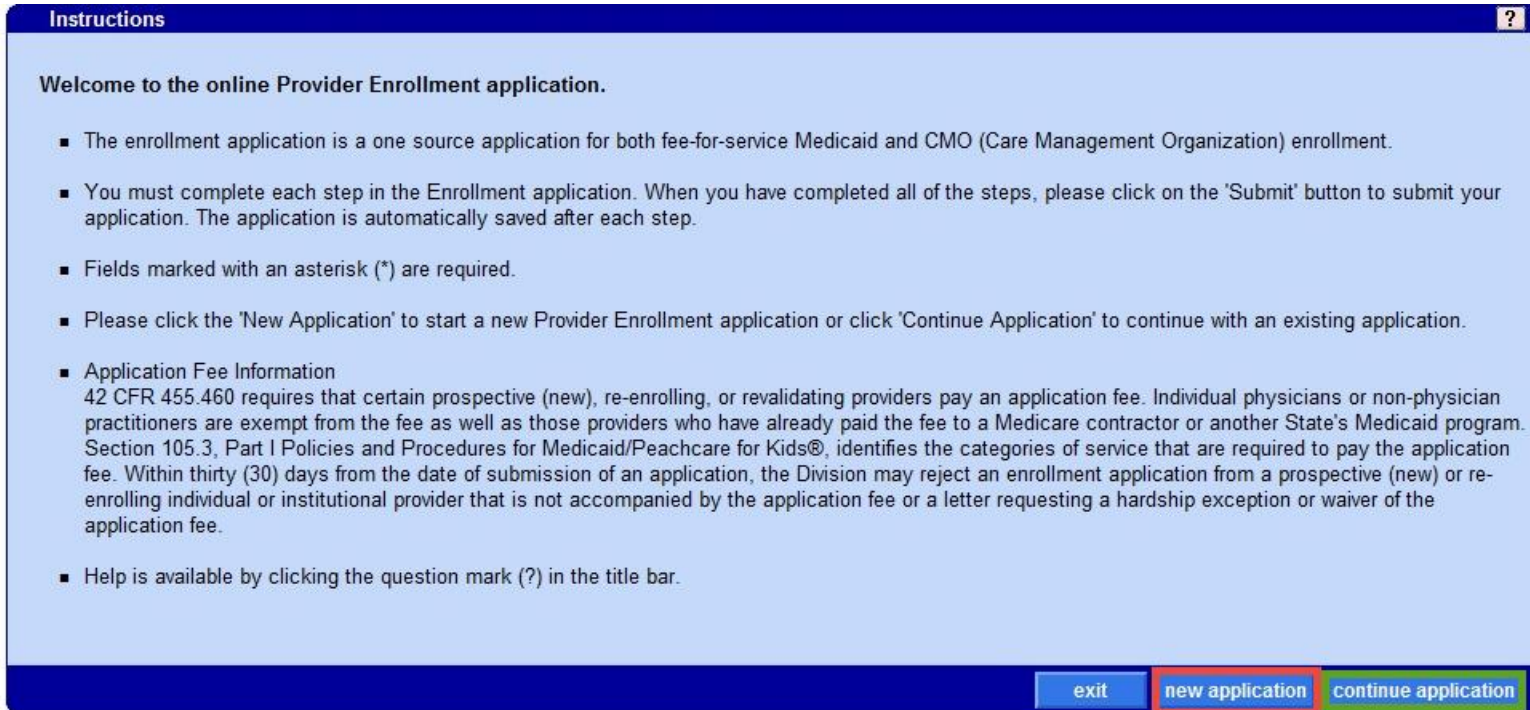
Attachment Upload

Attachment Description	Upload Requirement	Status
CMO-BOARD CERTIFICATION	UPLOAD IF APPLICABLE	NOT RECEIVED
CMO-CURRICULUM VITAE	REQUIRED	RECEIVED, NOT VERIFIED
CMO-EXPLANATION OF REPORTED ACTION (REQUIRED IF ACTIONS REPORTED)	UPLOAD IF APPLICABLE	NOT RECEIVED
CMO-EXPLANATION OF WORK HISTORY GAPS	UPLOAD IF APPLICABLE	NOT RECEIVED
CMO-PEER REFERENCE LETTERS	UPLOAD IF APPLICABLE	NOT RECEIVED
CMO-PROOF OF MALPRACTICE INSURANCE	REQUIRED	RECEIVED, NOT VERIFIED
CMO-RELEASE OF INFORMATION AGREEMENT	REQUIRED	RECEIVED, NOT VERIFIED
CMO-SPONSOR LETTER	UPLOAD IF APPLICABLE	NOT RECEIVED
COPY OF PHYSICIANS LICENSE	REQUIRED	RECEIVED, NOT VERIFIED
ELECTRONIC FUNDS TRANSFER FORM	REQUIRED	RECEIVED, NOT VERIFIED
IRS TAX DOCUMENTATION	REQUIRED	RECEIVED, NOT VERIFIED
IRS W-9 FORM	REQUIRED	RECEIVED, NOT VERIFIED
SUBMIT NPI WITH TAXONOMY	REQUIRED	RECEIVED, NOT VERIFIED

Upload

Application Tracking Number (ATN)

In order to track the status of an application, users will navigate to the Web Portal, Provider Enrollment Wizard and enter the Application Tracking Number.



Instructions ?

Welcome to the online Provider Enrollment application.

- The enrollment application is a one source application for both fee-for-service Medicaid and CMO (Care Management Organization) enrollment.
- You must complete each step in the Enrollment application. When you have completed all of the steps, please click on the 'Submit' button to submit your application. The application is automatically saved after each step.
- Fields marked with an asterisk (*) are required.
- Please click the 'New Application' to start a new Provider Enrollment application or click 'Continue Application' to continue with an existing application.
- Application Fee Information
42 CFR 455.460 requires that certain prospective (new), re-enrolling, or revalidating providers pay an application fee. Individual physicians or non-physician practitioners are exempt from the fee as well as those providers who have already paid the fee to a Medicare contractor or another State's Medicaid program. Section 105.3, Part I Policies and Procedures for Medicaid/Peachcare for Kids®, identifies the categories of service that are required to pay the application fee. Within thirty (30) days from the date of submission of an application, the Division may reject an enrollment application from a prospective (new) or re-enrolling individual or institutional provider that is not accompanied by the application fee or a letter requesting a hardship exception or waiver of the application fee.
- Help is available by clicking the question mark (?) in the title bar.

exit new application continue application

continue
application

Application Tracking Number (ATN)

(continued)

Once the Search function is complete, the panel below will display current details regarding the status of the application.

Search ?

ATN*

Business OR Last Name*

Search Results (14 rows returned)

Document	Date Received	Status	Status Date
ONLINE ENROLLMENT APPLICATION	06/03/2015	AWAITING INITIAL INFO - PENDING RECEIPT OF HARD-COPY SUPPORTING DOCUMENTS	
CMD-BOARD CERTIFICATION	06/02/2015	RECEIVED, NOT VERIFIED	
CMD-CURRICULUM VITAE	06/02/2015	RECEIVED, NOT VERIFIED	
CMD-EXPLANATION OF REPORTED ACTION	06/02/2015	RECEIVED, NOT VERIFIED	
CMD-EXPLANATION OF WORK HISTORY GAPS	06/02/2015	RECEIVED, NOT VERIFIED	
CMD-FEER REFERENCE LETTERS	06/02/2015	RECEIVED, NOT VERIFIED	
CMD-PROOF OF MALPRACTICE INSURANCE	06/02/2015	RECEIVED, NOT VERIFIED	
CMD-RELEASE OF INFORMATION AGREEMENT	06/02/2015	RECEIVED, NOT VERIFIED	
CMD-SPONSOR LETTER	06/02/2015	RECEIVED, NOT VERIFIED	
COPY OF PHYSICIANS LICENSE	06/02/2015	RECEIVED, NOT VERIFIED	
ELECTRONIC FUNDS TRANSFER FORM	06/02/2015	RECEIVED, NOT VERIFIED	
IRS TAX DOCUMENTATION	06/02/2015	RECEIVED, NOT VERIFIED	
IRS W-9 FORM	06/02/2015	RECEIVED, NOT VERIFIED	
SUBMIT NR WITH TAXONOMY	06/02/2015	RECEIVED, NOT VERIFIED	

How To Check Application Status

[Home](#) [Enrollment Application Status](#) [Enrollment Wizard](#) [Provider Contract Status](#) [EFT Agreement](#)

User Information

Login/Manage Account

Login

Enrollment Status

This page provides a status for enrollment applications submitted to HP. An Application Tracking Number (ATN) and Business or Last Name (as submitted on the application) are required to retrieve the status of the application.

PDF Reader Required

NOTE: If you don't have a PDF reader already installed, Adobe Acrobat Reader is required to view these documents. [Click here to obtain the latest version of the free Adobe Reader.](#)

File Download Issues

Some users may have difficulty downloading files. Often this is caused by pop-up windows being blocked or by security settings in the browser. [Click here for help with download issues.](#)

Enrollment Tracking Search

ATN*

Business OR Last Name*

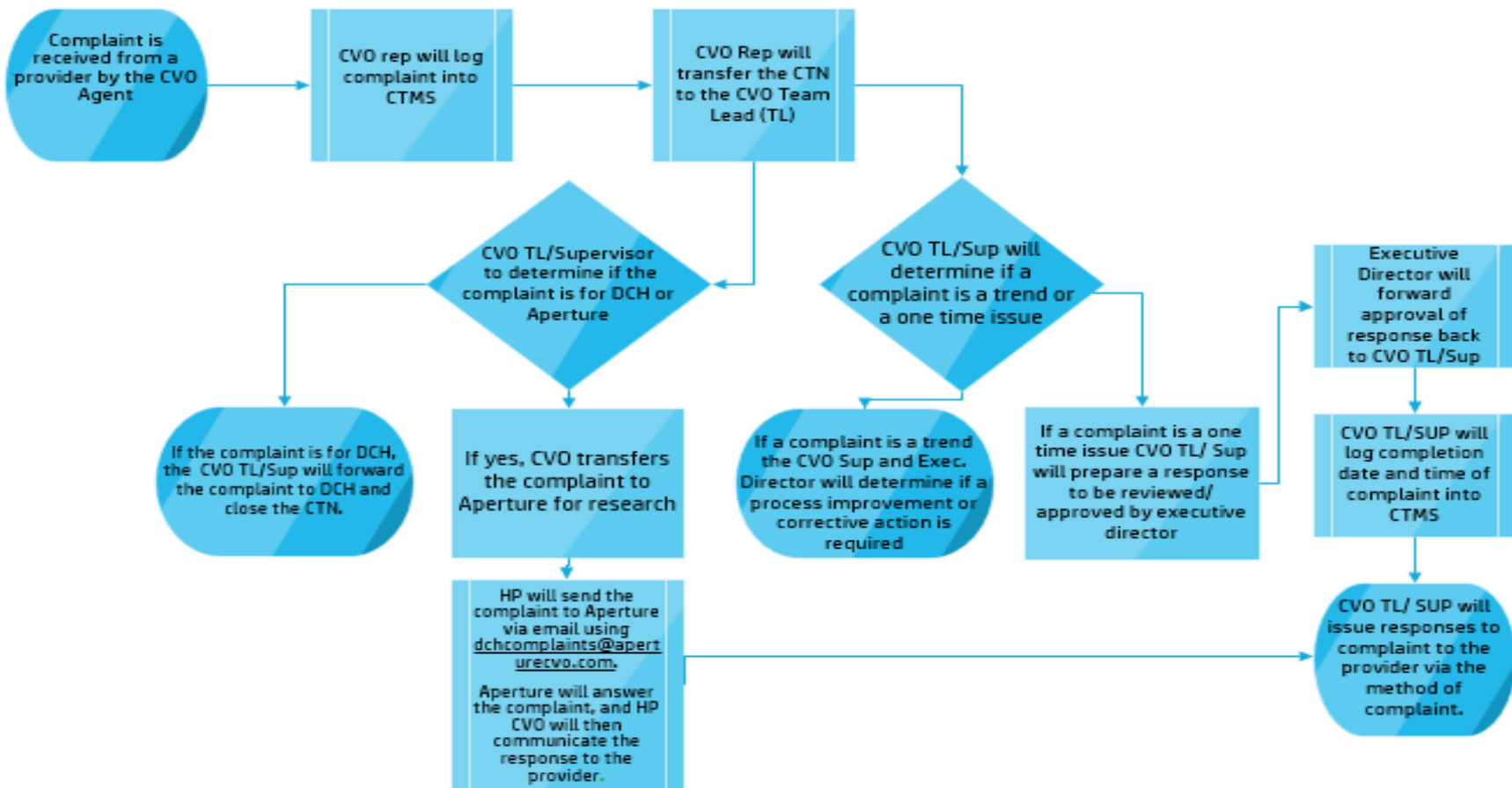
search

clear

Search Results (6 rows returned)

Document	Date Received	Status	Status Date
ONLINE ENROLLMENT APPLICATION	12/18/2014	ENROLLED - ENROLLED	
ELECTRONIC FUNDS TRANSFER (NOT REQUIRED WHEN VALID PAYEE NUMBER SUBMITTED)	01/13/2015	RECEIVED	01/13/2015
IRS FORMW-9 (NOT REQUIRED WHEN VALID PAYEE NUMBER SUBMITTED)	01/13/2015	RECEIVED	01/13/2015
IRS TAX DOCUMENTATION (NOT REQUIRED WHEN VALID PAYEE NUMBER SUBMITTED)	01/13/2015	RECEIVED	01/13/2015
COPY OF DEA CERTIFICATE PAYEE POWER OF ATTY FOR PAYEE	01/13/2015	VERIFIED	01/13/2015

Complaint Process Flowchart



Frequently Asked Questions (FAQs)

When will the CVO begin accepting provider applications?

- The CVO implementation date is to be determined.

Why is the current provider enrollment process changing?

- Currently, a provider seeking to enroll with multiple Care Management Organizations (CMO) must be credentialed or recredentialed with each individual CMO. This process requires that a provider submit credentialing and recredentialing materials to each individual CMO in order to be credentialed or recredentialed. This process results in multiple submissions and has proven to be administratively burdensome to providers. The current process also results in inconsistencies in credentialing and recredentialing outcomes.
- The new streamlined process will allow providers currently enrolled with a CMO or seeking to enroll with a CMO to submit a provider enrollment application and all credentialing or recredentialing materials through one single web portal. This streamlined process eliminates the need to submit credentialing and recredentialing materials to multiple CMOs.

Frequently Asked Questions (FAQs)

(continued)

What are the advantages of DCH using a CVO?

- One streamlined Credentialing/Recredentialing process
- Single electronic application process
 - Increases efficiency
 - Eliminates multiple submissions of credentialing and recredentialing materials
 - One Credentialing Committee
- Providers will be credentialed and recredentialed by one centralized CVO
- Consistency in credentialing and recredentialing processes and decisions
- Shortened time period for providers to receive credentialing and recredentialing decisions
- Synchronized re-credentialing process and cycles
- Provider has the ability to track application/credentialing status
- Credentialing and recredentialing decisions will be shared with providers and the CMOs

What is the purpose of the Centralized Credentialing Verification Organization?

- The CVO will conduct one streamlined process for provider credentialing and re-credentialing. This streamlined process will facilitate providers requesting to enroll with a CMO for the first time as well as those providers that are currently participating in the Georgia Families or Georgia Families 360° programs.



Frequently Asked Questions (FAQs)

(continued)

Who will be required to go through credentialing verification process?

- All individual practitioners and facilities currently enrolled or seeking to enroll with a CMO will be credentialed and recredentialed through the new Centralized CVO. Independent Physician Practice Associations (IPA) and Physician Hospital Organizations (PHO) that conduct their own credentialing and to whom the CMOs delegate credentialing are excluded from this process.

Who reviews the provider credentialing and recredentialing materials?

- The CVO and the Credentialing Committee will review all credentialing and recredentialing materials submitted by providers. The Credentialing Committee is responsible for credentialing Medicaid providers enrolled or seeking enrollment in the Georgia Families or Georgia Families 360° programs. The Credentialing Committee is responsible for reviewing the results of primary source verifications, verification of state and federal databases, site visits, criminal background checks, fingerprinting and reviews of Medicare's Provider Enrollment Chain Ownership System (PECOS) in order to issue a decision affirming or denying an applicant's credentialing status.

How long will it take for a provider to be credentialed or recredentialed?

- Applications that contain all required credentialing and recredentialing materials at the time of submission will receive a decision within approximately 45 calendar days from the date of submission. Incomplete applications that do not contain all required credentialing and recredentialing materials will be returned to the provider with a request to supplement all missing materials. Incomplete applications that are not supplemented with requested missing materials will be denied and will result in a delayed credentialing or recredentialing decision.

Frequently Asked Questions (FAQs)

(continued)

Is there a fee to be credentialed or recredentialed?

- No. There is not a fee associated with credentialing or recredentialing. However, federal regulations require that certain new, re-enrolling, or revalidating providers pay an application fee prior to executing the Medicaid Statement of Participation or provider agreement. The following are exempt from the application fee:
 - Individual physicians or non-physician practitioners;
 - Providers who are enrolled in either of the following:
 - Title XVII of the Social Security Act
 - Another state's Title XIX or XXI plan
 - Providers that have paid the application fee to:
 - Another state
 - A Medicare contractor

Will training be provided on the process for submitting an application?

- Yes, HP Enterprise Services' provider representatives will provide training and assistance as needed. Providers may contact HP Enterprise Services for assistance with credentialing and recredentialing by dialing 1-800-766-4456.



Frequently Asked Questions (FAQs)

(continued)

If I am credentialed by the CVO will I still need to contract with each of the CMOs?

- Yes, you will need to enter into a Provider Agreement with each CMO you are interested in contracting with. Contracting and credentialing are separate and distinct processes. Each CMO will decide which provider it would like to enroll in its network.

What if my practice already has an existing contract with one or more of the CMOs? Will I still obtain credentialing and re-credentialing certification through the Centralized CVO?

- Yes, providers joining a practice with an existing CMO contract will go through the Centralized CVO if initial credentialing is required. Contracted providers originally credentialed by one or more of the CMOs will fall under the Centralized CVO's re-credentialing timeline beginning December 1, 2015.

How do I find out the status of my application?

- The existing HP Provider Call Center will be enhanced to respond to inquiries regarding credentialing and recredentialing applications. Additionally, providers may obtain information regarding the status of their application on the HP provider enrollment web portal at www.mmis.georgia.gov; providers may contact the HP Provider Call Center by dialing 1-800-766-4456 to obtain assistance with credentialing and recredentialing.

Frequently Asked Questions (FAQs)

(continued)

What is the process if I need to be re-credentialed?

- The CVO will perform re-credentialing for both current and new providers every three years. Providers requiring re-credentialing will be notified by DCH at least 90 calendar days in advance of the recredentialing due date.
- If you are a current network provider belonging to more than one CMO and have a different credentialing effective date with other plans, your re-credentialing due date will be based on the earliest initial credentialing or re-credentialing effective date. Therefore, initial re-credentialing with the CVO may be performed earlier than the three-year cycle due to the transition.

Additional questions regarding the Credentialing Verification Organization Process?

- Visit the DCH provider portal – GAMMIS – at www.mmis.georgia.gov.

Frequently Asked Questions (FAQs)

(continued)

CMO Name	Provider Services	Web Site	Email
WellCare	866-300-1141	https://georgia.wellcare.com/prospective_providers/new	GAPR@wellcare.com
PeachState	800-874-0633	http://www.pshpgeorgia.com/provider-quick-reference-information/	PHPproviderservices@centene.com
Amerigroup	678-587-4840	https://providers.amerigroup.com/pages/ga-2012.aspx	gaprovupdates@amerigroup.com

Central Point of Contact

- Answers to your most commonly asked questions regarding the Centralized CVO initiative are in our FAQs. A full list of FAQs are available on the GAMMIS Web Portal. If your question is not listed in the FAQs; please contact the DCH via e-mail at: CVO.dch@dch.ga.gov
- HP Enterprise Services will continue to be your central point of contact for CVO. We can be reached through the Provider Services Contact Center (PSCC) at 800-766-4456 option 4, Monday through Friday from 7a.m. - 7p.m. EST, (except for state holidays)



Session Review

You should now be able to:

- Understand the CVO process and implementation date.
- Understand how to successfully submit an online application.
- Understand how to check the status of an application.
- Understand the complaint process.
- Understand the FAQ's.

Closing and Q & A