

Credentialing Requirements for Physicians & Facilities



**GEISINGER
HEALTH PLAN®**

Thank you for attending!

- Welcome to Geisinger Health Plan's online learning center.
- We appreciate your time attending and welcome your feedback. After attending the learning center, you will receive a electronic survey. Please provide your feedback to ensure we continue to meet your needs.

Objective

At the end of this presentation, you will have insight into the relevant credentialing requirements needed to participate with Geisinger Health Plan, including how to use the CAQH application process.

Agenda

- Reasons why managed care payor credential providers
- Initial Screening Criteria
- CAQH Application Process
- Recredentialing Process and Time Line
- Other Providers Credentialed
- Submission of provider changes, including demographic, or expansion of location and/or services

Reason we Credential

Credentialing is the process by which we review and validate the professional qualifications of physicians and certain other providers who apply for participation with Geisinger Health Plan. Regulatory bodies, such as NCQA, DOH and CMS require managed care organizations to complete a thorough review of it's provider network providers. Standards are establish to allow members access to high quality providers. Credentialing is also used in our fraud, waste and abuse program to mitigate our stake holders' exposure to inappropriate and/or illegal situations.

Initial Credentialing Criteria

- A post-secondary education degree and, if applicable, post graduate training appropriate to your specialty
- Current, unrestricted license(s) to practice the practitioner's specialty(ies);
- Current Drug Enforcement Agency certificate, if applicable
- Current certificate of insurance indicating professional liability insurance coverage (state licensure board minimum required limits)
- For M.D./D.O.s, board certification or proof of board eligibility in practicing specialty

Initial Credentialing Criteria

- Obtain and maintain hospital admitting/surgical privileges at a Geisinger Health Plan participating hospital provider.
- To join as a PCP, 50% of your time is attributed to the practice of medicine, with a minimum of 20 hours a week available to your patients
- Clinical practice of medicine should be in general practice, family practice, general internal medicine and/or general pediatrics for at least 2 years prior to applying to the Geisinger Health Plan to become a PCP.
- For questions on additional criteria contact the Credentialing Department at 570-271-6751.

Practitioners Credentialed

- Practitioners with clean and complete information are commonly processed within 60 days or less.
- Medical Doctors (M.D.)
- Doctors of Osteopathy (D.O.)
- Chiropractors (D.C.)
- Dentists/Oral Surgeons (D.D.S./D.M.D.)
- Optometrists (O.D.)
- Podiatrists (D.P.M.)
- Certified Nurse Midwives (C.N.M.)

Credentialing is NOT required

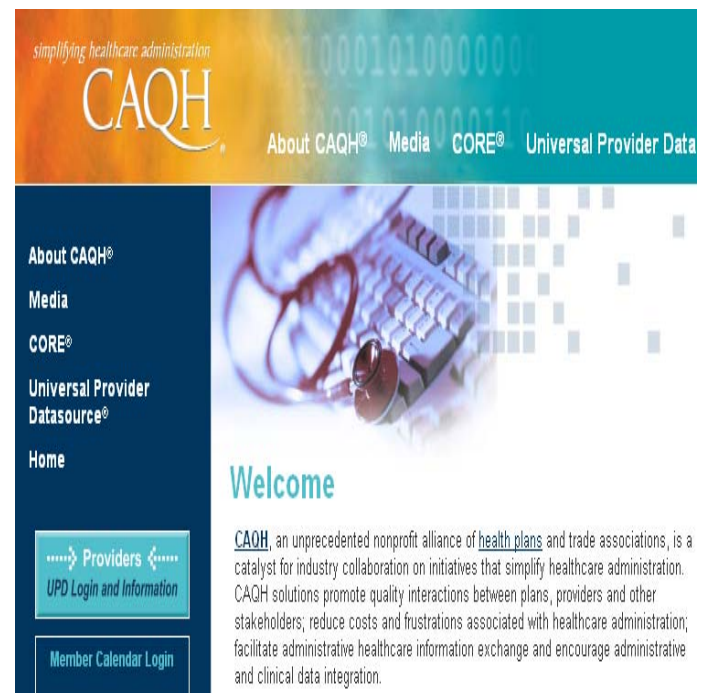
- Locum Tenens with less than 6 months
- Nurse Practitioner, Physicians Assistants or Residents
- Geisinger Health Plan does not reimburse for services billed under Nurse Practitioners, Physician Assistants or Residents. Services should be reported using the “incident to” guidelines.

Initial Credentialing Process

Who	Action Required
Practitioner	Complete a CAQH Application
Facility	Complete Geisinger Health Plan's Facility Application
Geisinger Health Plan	Will verify Practitioner or Facility against criteria and approve or deny
Geisinger Health Plan	Will send a Welcome letter to approved Practitioners upon approval by Committee (Normal processing time is less than 8 weeks)

CAQH Practitioner Application

- Effective January 1, 2011, we require a CAQH application only for practitioners
- It's free, easy and secure
- Visit www.caqh.org/oas/
- Email: caqh.updhelp@acsgs.com
- Or, call CAQH Help Desk at 888-599-1771
- Or, fax CAQH at 866-293-0414
- Reminder: Give Geisinger Health Plan access to your applications
- https://upd.caqh.org/OAS/Tutorial/1747_CAQH.html



simplifying healthcare administration
CAQH
About CAQH® Media CORE® Universal Provider Data

About CAQH®
Media
CORE®
Universal Provider Datasource®
Home

Providers
UPD Login and Information

Member Calendar Login

Welcome

CAQH, an unprecedented nonprofit alliance of health plans and trade associations, is a catalyst for industry collaboration on initiatives that simplify healthcare administration. CAQH solutions promote quality interactions between plans, providers and other stakeholders; reduce costs and frustrations associated with healthcare administration; facilitate administrative healthcare information exchange and encourage administrative and clinical data integration.

CAQH – Getting Started

All GHP providers must have a CAQH Provider ID to register and begin the credentialing process.

First time users

1. **If you are not registered with CAQH and are a first-time user**, when you apply for participation, GHP will add your name to its CAQH roster. CAQH will mail you access and registration instructions, along with your personal CAQH Provider ID, allowing you to obtain immediate access to the UPD via the Internet.
2. When you receive your CAQH Provider ID, go to the CAQH website <https://upd.caqh.org/oas/> to register. After successfully authenticating key information you will be able to create your own user name and unique password to begin using the UPD database. Once registration is completed, you may use your user name and password to log in at any time.

CAQH Application Process

- **Completing the Application Process**
- The UPD standardized application is a single, standard online form that meets the needs of all participating health care organizations. When completing the application, you will indicate which participating health plans and health care organizations you authorize to access your application data. All provider data you submit through the UPD service is maintained by CAQH in a secure, state-of-the-art data center.
- When you are ready to begin entering your data, log in to the CAQH website <https://upd.caqh.org/oas/> with your user name and password.

CAQH – Required Materials

- **Materials that will be helpful while completing the application:**
- Previously completed credentialing application (for reference)
- List of previous and current practice locations
- Various identification numbers (UPIN, NPI, Medicare, Medicaid etc)
- State medical license(s)
- Curriculum Vitae
- Drug Enforcement Administration (DEA) Certificate
- Controlled and Dangerous Substances (CDS) Certificate
- IRS Form W-9(s)
- Malpractice insurance face sheet
- Summary of any pending or settled malpractice cases

CAQH – Process Complete

After completing the online credentialing application, you will also be asked to:

1. **Authorize access to your information** – List organizations that you would like to receive your information (**confirm DOH or specific plan listing**)
2. **Verify your data entry/Attest** – Review a summary of your data for completeness, and make any changes as necessary
3. **Submit supporting documents** – Fax the documents required to complete your application to CAQH at (866) 293-0414.

If you have any questions on accessing the UPD (hyperlink) database, you may contact the CAQH Help Desk at (888) 599-1771 for assistance.

CAQH - Recredentialing

- CAQH requires you to review and attest to your data once every 3 months. At the time you are scheduled for recredentialing, GHP will send your name to CAQH to determine if you have already completed the UPD credentialing process. If so, we will be able to obtain current information from the UPD database and complete the recredentialing process without having to contact you.
- The process of recredentialing is identical to that for initial credentialing, and is consistent with NCQA and State of PA requirements. If your application is not available to GHP, you will be added to our roster and CAQH will send you a registration letter and CAQH Provider ID so that you can complete the UPD credentialing process. This will help you continue to conform to the requirements of your PA DOH contract.

PA Standard Application

- By exception, we will accept a PA Standard Application
- This may extend the processing time
- **Mail to:** Geisinger Health Plan, 100 North Academy Avenue, Danville PA 17822 Attn: 32-22 Credentialing
- **Fax to:** 570-214-1391
- **Email to:** credentialing@geisinger.edu
- **Questions:** 800-876-5357

Pennsylvania Standard Application

This form should be typed or legibly printed in black or blue ink. Please answer all questions completely and fully. If more space is needed than provided on this application, attach additional sheets and reference the question being answered. If a question is not applicable to you, please respond with N/A. Incomplete applications cannot be processed and this will delay the credentialing process. Refer to instructions from each managed care insurance company for copies of documents that must be submitted with this application.

I. PERSONAL INFORMATION

Last Name _____ First _____ Middle _____

Degree and/or Title _____ SSN _____ Email _____

Any other name under which you have been known _____

Birth Date _____ Gender (Optional) Male _____ Female _____ Ethnicity (Optional) _____

If you are not a US Citizen, do you have authorization to work in the US? Yes _____ No _____ N/A _____

Primary Office Address

Name of Practice _____ Street Address _____

State/Zip _____ City _____ County _____ State _____ Zip _____

Phone _____ Fax _____ Federal Tax ID of Group _____

Are you applying for affiliation as

Primary Care Physician _____ Specialist _____ Both _____

Non-physician Practitioner _____ (Please specify _____)

If you are applying as a PRIMARY CARE PHYSICIAN, please specify which specialty

Family Practice _____ Internal Medicine _____ Pediatrics _____ Other _____

If you have a subspecialty, please identify _____

If you are applying as a SPECIALIST, please indicate which specialty _____

If you have one or more subspecialties, please identify _____

Medical Licensure/Registration

Medical License Number	Issue Date	Expiration Date
------------------------	------------	-----------------

COE/BNCO Number (If Applicable)	Expiration Date
---------------------------------	-----------------

Federal DEA Reg. Number (s)	Expiration Date
-----------------------------	-----------------

Medicare Provider Number	
--------------------------	--

Medicaid Provider Number	
--------------------------	--

UPIN	Terminology Code(s)
------	---------------------

Individual NPI	Group NPI (s)
----------------	---------------

--	--

--	--

Application Form _____ PA Standard Application Rev 12/08 Page 1 of 10


Other Providers Credentialed

- Audiology
- PT/OT/ST (Rehab)
- DME
- Prosthetic/Orthotic
- Hospitals
- Skilled Nursing Facilities
- Ambulatory Surgical Centers
- Home Health Agency
- Hospice Agency
- Dialysis
- Laboratory
- Radiology
- Urgent/Convenient Care
- Ambulance

Other Providers Application

- A separate application is appreciated for each location. This will ensure we gather data elements for each location.
- CAQH can not be used for facility enrollment

FACILITY/ANCILLARY PROVIDER APPLICATION



GENERAL INSTRUCTIONS:

- Complete this application in its entirety. Incomplete applications will be returned delaying the credentialing/contracting process.
- If a question or section does not apply to your facility, mark it "not applicable" (N/A).
- Include all required documentation or explanations. * Where dates are required, include both the month and the year.
- Enclose copies of the following items with your complete application (as applicable for your facility):
 - License/Certifications/Accreditation
 - Facility professional liability insurance policy (see sheet)
 - Internal Revenue Service W9 Certificate

FACILITY INFORMATION				
Primary Location: <input type="checkbox"/> Do not list secondary or sub	Facility/Provider Name	Street Address	State	Phone
	Primary Contact/Office Manager		City	Zip / Fax
	Medical Director/COO	NPI/CAHQ#	Medical Director/COO	DOB/Phone
Secondary Location: <input type="checkbox"/> Do not list secondary or sub	Facility/Provider Name	Street Address	State	Phone
	Primary Contact/Office Manager		City	Zip / Fax
	Medical Director/COO	NPI/CAHQ#	Medical Director/COO	DOB/Phone
Secondary Location: <input type="checkbox"/> Do not list secondary or sub	Facility/Provider Name	Street Address	State	Phone
	Primary Contact/Office Manager		City	Zip / Fax
	Medical Director/COO	NPI/CAHQ#	Medical Director/COO	DOB/Phone

PAYMENT / BILLING INFORMATION			
Parent Payments to:	Parent/Invoice Address		
Billing Contact/Parent Title	City	State	Zip
Fax/IDP	Telephone		Fax
Medical Assistant P	Medical Assistant P	NPI/P	

MISCELLANEOUS INFORMATION (If you answer "Yes" to any of the questions in this section, please provide a full written narrative outlining the details on a separate page.)

- Has there been or are there any pending malpractice claims, settlements or arbitration proceedings involving this facility/provider? Yes No
If yes, please complete the attached Malpractice Action Data Sheet.
- Has the facility/provider's professional liability insurance coverage ever been terminated, cancelled or discontinued by its insurance carrier? Yes No
If yes, please provide the name of the company, date and reason.
- Has any of the following been, or are any of the following currently in the process of being denied, revoked, suspended, limited, placed on probation or placed under other disciplinary action, either voluntarily or involuntarily for this facility/provider? Yes No
 - Accreditation Yes No
 - DEA registration Yes No
 - Participation in any private, federal or state health insurance program (i.e. Medicare, Medicaid) Yes No
- Has the corporation or facility or any of its officers or board members ever been: Yes No
 - The subject of an investigation by any private, federal or state health insurance program Yes No
 - Convicted of a felony Yes No
 - Convicted of a misdemeanor relating to a health profession, or received probation without verdict, disposition in lieu of trial, or an accelerated rehabilitation disposition in the disposition of felony charges in any state, territory or country. Yes No
- Does the facility/provider keep electronic medical records? (No additional documentation needed.) Yes No

Other Providers Recredentialing

- Geisinger Health Plan recredentials every organizational providers every three (3) years based on initial credentialing date
- Geisinger will forward your recredentialing packet 6 months prior to dead line
 - Completed information should be returned to 570-214-1391

Important Changes Requiring Notification

- PCP limitations (age/practice/hours)
- New practice location
- New services offered (I.e., radiology, therapy, etc.)
- Provider resignation or relocation
- Change of contract (I.e., acquisition)
- Change of payment address
- Changes can impact members, payment and provider satisfaction

Important Changes Requiring Notification

- Changes/updates should be received prospectively. We appreciate a minimum of 30 days written notification. Include the effective date
- Practices changes made at CAQH (I.e., address, phone numbers, new practitioners, etc.) are accepted. Reminder: Give Geisinger Health Plan access to your information
- Forward changes, such as acquisitions, resignations, relocations, expansion of services, tax identification number, or demographics in writing to your Provider Relations Representative. Include
 - Copy of W9 and designate who will assume AR

Key Credentialing Contacts

For assistance with:	Contact:
Credentialing requirements & process	Geisinger Health Plan at 800-876-5357 or email: credentialing@geisinger.edu
CAQH Credentialing Application	www.caqh.org Help Desk: 888-599-1771 New Only: 866-293-0414

Contact Provider Relations Team

<p>Seana Juda Email: sljuda@thehealthplan.com</p> <p>570-214-8986</p>	<p>Marian Serafin Email: mserafin@thehealthplan.com</p> <p>570-808-7724</p>	<p>Mary Ann Chmielewski Email: mmchmielewski@thehealthplan.com</p> <p>570-808-5803</p>	<p>Lisa Samsel Email: lsamsel@thehealthplan.com</p> <p>570-808-5797</p>
<p>Maryann Feudale Email: mfeudale@thehealthplan.com</p> <p>570-271-5555 x52747</p>	<p>Taunda Snyder Email: tsnyder@thehealthplan.com</p> <p>570-271-5555 x52907</p>	<p>Kimberly Adler-Morelli Email: kamorielli@thehealthplan.com</p> <p>814-861-6878</p>	<p>Cathy Polinchok Email: cepolinchok@thehealthplan.com</p> <p>814-235-7346</p>
<p>Jan Goodeluinias Email: jgoodeluinias@thehealthplan.com</p> <p>717-909-3344</p>	<p>John Wietry Email: jmwietry@thehealthplan.com</p> <p>717-909-3347</p>	<p>Maryann Camacci Email: mcamacci1@thehealthplan.com</p> <p>717-909-3348</p>	<p>Denise Emig, Manager Email: dlemig@thehealthplan.com</p> <p>717-909-3341</p>

Thank you for attending!

- Questions?
- Thank you for attending the online learning lab of Geisinger Health Plan.
- We appreciate your time attending and welcome your feedback. After attending the learning lab, you will receive a survey, which we appreciate your responses.