

CREDENTIALING OVERVIEW

Provider Education Series



CareSource is committed to a seamless and expedient credentialing and re-credentialing process. All providers who contract with CareSource must be credentialed. The Council for Affordable Quality Healthcare (CAQH) establishes universal requirements for credentialing and re-credentialing of all providers.

Credentialing process

CareSource does not conduct credentialing reviews internally. A centralized Credentialing Verification Organization, or CVO, performs this function for the Georgia Department of Community Health (DCH).

There are four steps in the process:

1. Application and document submission
2. Verification of information
3. Decision
4. Ongoing monitoring and re-credentialing

Required documents include (at a minimum)

- DEA Certificate
- Malpractice Insurance face sheet
- Clinical Laboratory Improvement Awards (CLIA), if applicable
- Standard Care Agreement (SCA) for Advanced Practice Nurses
- Supervisory agreement for Physician Assistants

When necessary, the CVO will contact health care providers by letter with instructions for submitting missing documents. CareSource will coordinate with the CVO to confirm provider credentialing status.

Recredentialing

The National Committee for Quality Assurance (NCQA) mandates **re-credentialing** every 36 months. The CVO will notify providers at least 90 days in advance of the recredentialing due date.

If CareSource is unable to confirm your successful re-credentialing by the end of business on the last day of the month in which your re-credentialing is due, you will face **2 outcomes**:

- We will de-credential and remove you from the CareSource provider panel
- You will need to repeat the credentialing process from the beginning

Note: Current contact information is critical to this process. All demographic changes for Georgia Medicaid providers must be made through Georgia Medicaid Management Information System (GAMMIS).