Centralized Provider Credentialing

FSSA’s efforts to streamline and improve provider experience
Agenda

• Provider experience today
• Goals and future state
• Project timeline
• Next Steps and Open Q&A
Provider Experience - Today

• Providers must first enroll as an Indiana Health Coverage Programs (IHCP) provider prior to credentialing with a managed care entity (MCE)
• Hewlett Packard Enterprise (HPE) has 15 day service level agreement to process “clean” enrollments
• MCE has 120 days to credential
• Provider submits substantially similar information up to four times to HPE and MCEs
Four applications, four decisions

Separate Applications, generally similar information

Provider Smith

IHCP Provider Application

Approved

Stop

Provider Smith

MDwise Provider Credentialing

Approved

Stop

Provider Smith

MHS Provider Credentialing

Approved

Stop

Provider Smith

Anthem Provider Credentialing

Approved

Stop
Goals and Future State

• Unified credentialing process/credentials verification organization (CVO) for all Medicaid programs
• Similar processing times, but in parallel
• Single point of accountability for all provider enrollment and credentialing
• Solution that respects MCEs’ ability to make network decisions and maintain NCQA accreditation
• Visibility into the process for providers
One application, one decision

Provider Smith

IHCP Provider Credentialing

Approved

Stop

MDwise Provider Contracting

MHS Provider Contracting

Anthem Provider Contracting
Project Scope

• Intended to include:
  – all providers, including fee-for-service (eventually)
  – all provider enrollment/credentialing functions, revalidations, site visits, fingerprints, and background checks
  – record updates (e.g., addresses, program participation)
  – automation for mandatory terminations and exclusions (e.g., EPLS, PECOS)
  – provider training

• MCEs will play an active role in maintenance and administration of process
  – audits of outcomes
  – seats on the credentialing committee
<table>
<thead>
<tr>
<th>Approximate Date</th>
<th>Milestone</th>
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<tbody>
<tr>
<td>April 14, 2016</td>
<td>Request for Information #16-098 released</td>
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<tr>
<td>May 18</td>
<td>RFI responses due</td>
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<td>Mid-June</td>
<td>Possible RFI demonstrations/oral presentations</td>
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<tr>
<td>Late July</td>
<td>Request for Proposal released</td>
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<tr>
<td>Early/Mid-August</td>
<td>RFP responses due</td>
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<tr>
<td>Early September</td>
<td>RFP award announced; contract issued</td>
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<tr>
<td>Sept. 2016 – Feb. 2017</td>
<td>Requirements gathering; design and development</td>
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<tr>
<td>March 2017</td>
<td>Pilot testing</td>
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<tr>
<td>April 2017</td>
<td>Implementation for managed care providers</td>
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Target implementation is **April 2017**. *Dates subject to change depending on the requirements, other systems implementations, managed care procurements, and other administration priorities.*
Next Steps and Q&A

**Next Steps**

— Continue according to schedule; create procurement documents for RFP
— After solution is chosen, initiate requirements gathering sessions with key stakeholders (MCEs, FSSA waiver divisions, provider representatives, etc.)
— Monitor interaction of project with other major initiatives

**Open Q&A**

— Follow-up questions (unrelated to the procurement) may be addressed to Shane Hatchett (Shane.Hatchett@fssa.in.gov) and Tatum Miller (Tatum.Miller@fssa.in.gov).