



HCAS CREDENTIALING INITIATIVE FREQUENTLY ASKED QUESTIONS

Background

Q. Who is HCAS and what is its role?

A. HealthCare Administrative Solutions, Inc. (HCAS) is a non-profit entity founded in January 2005 by several Massachusetts health plans to collaborate on administrative simplification initiatives. Participating plans include Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, Network Health and Tufts Health Plan. A board of directors governs HCAS. A board of directors governs HCAS and the organization is managed and operated by the Executive Director, Lori Burgiel.

Q. Will other health plans be joining HCAS?

A. It is a goal of this initiative to expand the number of participating health plans.

Q. What is the new credentialing initiative all about?

A. HCAS has signed a contract with Ingenix, a national Credentialing Verification Organization (CVO) and provider data management company, to simplify the provider credentialing and recredentialing process.

Ingenix creates a single point of entry for physicians and other practitioners to submit information that HCAS member health plans use to verify their qualifications to treat patients. Ingenix performs data collection of most information and primary source verification required for credentialing and recredentialing of providers within the health plans' provider networks.

Q. Why has HCAS created this new process for credentialing?

A. As all health plans are required to credential and recredential their providers, there are significant efficiencies to be gained by centralizing and streamlining the process. Streamlining credentialing allows providers to complete the process once for several health plans instead of having to submit the same information multiple times. The benefits to provider include improvement in administrative efficiencies and simplification of processes that allow them to focus less on administration.

For health plans, the new process will improve the consistency and accuracy of applications. For the industry as a whole, the standardization of provider credentialing will improve administrative efficiency and ultimately reduce cost.

Q. Who is funding this new credentialing initiative?

A. This initiative is being completely funded by the participating health plans.

Q. Who is Ingenix and why was their product chosen?

A. HCAS invited a number of companies to compete for this initiative. Ingenix, one of the industry's leading health information companies, was chosen. Ingenix' Aperture unit, the nation's largest CVO, will provide primary source verification.

Q. Where can I get more information about this initiative?

A. For more information, go to the HCAS Web site at www.hcasma.org.

Q. Are all providers affected by this new initiative?

A. Each participating health plan has its own requirements regarding providers that must be credentialed. You are advised to contact each health plan with which you are affiliated for further information.

Q. Will contract, billing and enrollment functions be handled by the health plans or by HCAS?

A. Contract, billing and enrollment functions are not part of this initiative. Providers will communicate changes in contracting, billing and enrollment directly to the specific health plan, as is the current practice.

Q. Has the provider community been involved in this initiative?

A. HCAS has reached out to the provider community through advisory group meetings, the executive advisory group, and individual provider contacts.

Q. Has consideration been given to the impact on the provider community?

A. As changes are made in the credentialing process, HCAS will continue to collaborate with providers to minimize disruption while still progressing towards a centralized and comprehensive provider credentialing solution.

Q. Will national health plans be invited to participate in the HCAS credentialing initiative?

A. At this time there are no plans to include national health plans.

Q. How does the HCAS initiative relate to the National Provider Identifier (NPI) project?

A. NPI is a separate project; it is not part of the HCAS initiative. The NPI does not replace the need to be credentialed by the health plans.

Q. How will further details about the HCAS initiative be communicated?

A. Further details will be communicated through the HCAS Web site—www.hcasma.org—the central source for information about this credentialing initiative. Additionally, participating health plans communicate regularly with their provider network through their standard communication vehicles.

Implementation Dates

Q. When will providers begin recredentialing through Ingenix?

A. Massachusetts medical doctors and doctors of osteopathy will begin receiving welcome kits to facilitate recredentialing through Ingenix beginning January, 2007.

Q. When will other providers begin to recredential through Ingenix?

A. All other providers, including those located in Maine, New Hampshire and Rhode Island, will begin recredentialing through Ingenix in February, 2007.

Q. When will HCAS begin initial credentialing through Ingenix?

A. Ingenix will begin initial credentialing for all providers, in all states, in October 2006.

Universal Credential DataSource (UCD)

Q. What is the Universal Credentialing DataSource (UCD)?

A. The UCD is the database used by the Council for Affordable Quality Healthcare (CAQH) as a centralized repository for credentialing information. Ingenix partners with CAQH to collect credentialing data.

Q. How can I begin credentialing using the UCD?

A. The UCD will be available to any physician or healthcare provider who belongs to a participating plan's network. Physicians will receive a registration kit when a participating plan first submits their names for credentialing or recredentialing. Physicians can also request a registration kit by calling the CAQH Help Desk at 888-599-1771, or by contacting their health plan directly.

Q. How does credentialing information get entered into the UCD?

A. Once registration is complete, providers or their staff will enter initial credentialing information one time online (or provide it by fax or mail) to meet the needs of all participating health plans and healthcare organizations.

Q. Will Ingenix accept paper applications?

A. Because electronic processing is the ultimate goal of this initiative, Ingenix will accept mailed paper applications for a limited time – for one complete recredentialing cycle (2 years).

Q. What is the advantage of using the UCD online?

A. Online entry into UCD simplifies the task of credentialing data submission with a unique approach and features that help ensure that information has been entered correctly. The UCD:

- Prompts for information in an easy interview style
- Requests only information that is relevant to your practice
- Enables you to enter data that is common to multiple providers one time, using the Practice Administrator Module
- Provides contact information for colleges, medical schools and hospitals with an online directory
- Allows you to save your work and return to it later
- Automatically checks responses and alerts you to potential errors

Q. How long does it take complete the online application?

A. The online IMA application is similar to the paper version. HCAS health plans have pre-populated much of your data in order to reduce the entry requirements. In addition, user-friendly drop down menus further reduce data entry on your part.

Q. Will credentialing data be pre-populated in the UCD?

A. The UCD will be pre-populated by the health plans with existing provider data collected from credentialing applications, including the Integrated Massachusetts Application (IMA).

Q. How will information from different health plans be loaded in the UCD?

A. Health plan information will be loaded in the UCD based on a hierarchy determined by HCAS and supported by analysis from Ingenix.

Q. Can National Provider Identifier numbers be used?

A. National Provider Identifier numbers will be an optional field in the UCD as of the implementation date.

Q. How does UCD ensure the privacy of my data?

A. The UCD operates under strict privacy guidelines. The CAQH UCD is designed to comply with the laws, rules and regulations relating to the privacy of individually identifiable health information and pertaining to confidentiality and security in the development of the database and the data collection process. The CAQH database is housed in a secure Network Operations Center, which is controlled by biometric hand scanners, and access is limited to engineers and monitoring staff. All network traffic to and from the center is routed through redundant firewalls for complete security to the database and online systems. Secure Internet access to application screens, use of passwords, electronic signatures/certificates, and powerful 128-bit Secure Socket Layer (SSL) encryption are used to ensure only authenticated use of the system. Only password-authenticated users have access to their restricted data over connections that automatically encode all information exchanges. Virus detection mechanisms are used to ensure that the database and the Web sites are free of all viruses. Routine tape back-ups protect all volatile system data and are secured in an off-site storage facility.

For more information related to security, privacy and confidentiality, go to caqh.geoaccess.com/oas.

Q. Do all HCAS health plans have access to all provider data?

A. Data collection through UCD is maintained by CAQH in a secure, state-of-the-art data center, and is only made available to healthcare organizations that have been authorized by each provider.

Credentialing Administrators

Q. Will administrative credentialing staff at physician organizations and provider groups be able to manage the credentialing functions for their providers in the new credentialing model?

A. For both recredentialing and initial credentialing, physician organizations may use credentialing administrators.

Q. What is a credentialing administrator?

A. A credentialing administrator is the person designated by a physician organization or provider group to manage administrative credentialing functions for providers.

Q. Is it possible to have multiple credentialing administrators?

A. Similar to the current process, only one credentialing administrator can be assigned per provider. For security reasons, only the provider, or a single authorized credentialing administrator, can have access to the data.

Q. If a provider works at more than one hospital, which hospital handles credentialing?

A. The credentialing administrator for the provider's primary hospital will continue to be responsible for the provider's credentialing. The provider's **primary** hospital is wherever he/she spends the majority of time (Massachusetts regulation 243 CMR 3.13).

Q. How will credentialing administrators begin the recredentialing process?

A. CAQH will send welcome kits with provider IDs to the credentialing administrator. With this information, the credentialing administrator can access the UCD through the CAQH Web site, www.caqh.org.

Q. How will the process work for credentialing administrators with hundreds of providers?

A. The credentialing administrator may register providers with CAQH in batches, by e-mail or fax. If, for example, a group has 500 providers, they would need to recredential, on average, 20 providers per month based on a two-year cycle.

Recredentialing With Ingenix for the First-Time

Q. How will individual providers be notified to begin their first recredentialing through Ingenix?

A. If a credentialing administrator has not been designated, CAQH will send the welcome kit, with provider ID, directly to the provider. With this information, the provider can access the UCD through the CAQH Web site, www.caqh.org. If a hospital or physician organization manages the provider's credentialing, the welcome kit should be forwarded to the credentialing administrator.

Q. Can a single password be used for a group of providers?

A. The designated credentialing administrator may use the same password for each provider in the group or unique passwords for the individual providers.

Q. Can credentialing administrators use existing passwords?

A. If the provider designates a credentialing administrator and gives them an existing password, the credentialing administrator may use this password (though for security purposes, HCAS recommends changing to a unique password). If the provider or designated (primary) credentialing administrator does not have the existing password, they may call the CAQH help desk to change the password.

Q. Will providers who are currently in one of the participating health plans need to enter all of their data the first time they are recredentialed through Ingenix?

A. If a provider currently participates with at least one of the health plans, as much data as possible will be pre-populated in the UCD. The first time a provider, or a credentialing

administrator, accesses the UCD, he/she reviews the data, makes any updates or corrections, and attests to the data.

Providers will be asked to fax a minimum amount of documents this first time only.

Q. I became credentialed recently. Do I still need to fill out another application?

A. Data from the health plans will be pre-populated in the UCD just prior to the go-live date with all providers currently credentialed in each health plan network.

As is the current process, if a provider is initially credentialed in a month other than his/her birth date, he/she will be moved to a date of birth cycle during the next recredentialing cycle.

Q. My hospital (or physician organization) has a delegation or special agreement. Do I need to submit an application through Ingenix?

A. Each participating health plan will be making its own decision concerning delegation agreements. You will need to contact the health plans with which you are affiliated.

Continuing Recredentialing

Q. What will be the ongoing process for recredentialing?

A. Ingenix will prompt providers, or credentialing administrators, to review and update their data every 120 days. When it comes time for your next recredentialing—it varies by state—Ingenix will have the most recent provider data. The health plans will directly access this information for their recredentialing decision.

Q. Can the frequency of the prompts be modified?

A. The UCD is designed to maintain data that is always up-to-date. In order to achieve this, the outreach is frequent. The frequency cannot be changed. However, you may modify your e-mail to direct these messages to a separate folder.

Q. What business rules will HCAS apply for recredentialing cycles?

A. HCAS will recredential on the birthday cycle. Currently, all the health plans use the birthday cycle for medical doctors and doctors of osteopathy in Massachusetts. Ancillary providers will be moving to a birthday cycle.

Q. What happens if a provider moves from one provider group to another?

A. It is the responsibility of the provider, or credentialing administrator, to contact the health plan to report any changes to contract, enrollment or billing information. They can also update their information in the UCD.

Initial Credentialing

Q. How does a newly affiliated provider submit credentialing information?

A. When a health plan alerts Ingenix that a new provider would like to become affiliated, CAQH will send a welcome kit with a provider ID. The provider, or credentialing administrator, then visits the CAQH Web site, www.caqh.org, to complete the credentialing application in the UCD.

The provider will authorize Ingenix to give a specific health plan, or all participating health plans, access to their credentialing data.

Q. What if the newly affiliated provider is already in the UCD database?

A. If a newly affiliated provider is already in the UCD database, the information has been re-attested to within the last 120 days, and the provider has authorized the plan to receive the data, the CVO will be notified and begin primary source verification. If the data has not been attested to within the last 120 days, the provider will be asked to re-attest to his/her data.

Q. Will Massachusetts physicians and other provider staff use the CAQH application?

A. Massachusetts physicians will continue to use the Integrated Massachusetts Application for Initial Credentialing/Appointment (IMA) that was launched in 2004 by the Roundtable, an industry collaborative under the auspices of the Massachusetts Medical Society. Other clinical staff in Massachusetts will also use the IMA, which will be adapted to non-physicians. ([Link to online IMA](#))

Q. Which application will Maine, New Hampshire, and Rhode Island providers use?

A. Providers located outside of Massachusetts will continue to use the CAQH application.

Q. When the application is completed online, how will supporting paper documents be submitted?

A. Supporting documents that exist in paper form can be faxed to Ingenix. Ingenix will supply the fax number.

Q. Can multiple Drug Enforcement Administration (DEA) numbers be listed?

Online: If entering the provider DEA numbers online, multiple numbers are accepted.

Paper: If multiple DEA numbers exist, the provider or credentialing administrator should list the primary DEA number and submit the other DEA numbers via fax. Ingenix will scan them into the UCD.

Q. How will a lifetime board certification be entered online?

A. A lifetime board certification will have a “from” or “start” date entered, but not an “end” date. The “end” date is not a required field. The CVO will validate the board certification.

Q. Who do I contact if I have questions concerning the online application?

A. The site has a Quick Reference Guide that can help providers complete the online application. Further questions can be directed to the CAQH Help Desk at 888-599-1771.

Q. How will any unique aspects of a specific health plan’s credentialing policy be managed?

A. The HCAS initiative is intended to centralize and streamline the components of the credentialing process that are common to all the health plans. Ingenix will collect the application, complete a standard set of verifications, then forward the package to the applicable health plans. Any additional information submitted with the application will be scanned by Ingenix and sent to the health plans as part of the package.

If additional information is needed to finalize an application regarding alternative pathways (such as a physician who is not board certified), the health plan will contact the physician organization or provider, as is the current process. In the future, HCAS will explore opportunities to realize other process efficiencies.

Q. Can paper applications be submitted for initial credentialing?

A. While providers are encouraged to complete the application online for a faster and more accurate process, they may also submit initial applications by fax or mail. Ingenix will supply fax and mail information for submission of paper IMA or CAQH applications and required supporting documents. Mail applications will only be accepted for two years.

Q. Is registration required before submitting a paper Integrated Massachusetts Application form?

A. A paper IMA may be faxed or mailed without registering with CAQH. However, if no HCAS member health plan has submitted the provider's name to CAQH, the application will be discarded. Always contact one of the member health plans before submitting an application to CAQH.

Q. How does CAQH manage large volumes of faxes?

A. The faxed information is uploaded directly into the computer system, not printed to paper. Consequently, typical problems, such as paper jams and memory overload, are avoided.

Individual cover sheets are available in the welcome kit, online when printing the attestation sheet, or by calling the Ingenix help desk. These cover sheets contain the ID, bar codes, description of attachments with a code for each document, and number of pages.

Call or e-mail the Ingenix help desk to generate batch cover sheets. Batch cover sheets can be sent for up to 50 IMA applications.

Acknowledgment of the application data will be sent to the provider or credentialing administrator by fax or e-mail.

Q. Can a fax be sent without a cover sheet?

A. A fax can be sent without a cover sheet as long as the provider's name has been submitted to CAQH through one of the participating health plans. It is recommended, however, that the CAQH fax coversheet be used for accuracy and prompt processing.

Q. What happens if faxed information cannot be read by the computer system?

A. If faxed information cannot be read, an "image was rejected" notice will be generated and sent to the provider or credentialing administrator by fax or e-mail.

Credentialing Decisions

Q. Once Ingenix does primary source verification, does that mean I'm credentialed?

A. Health plans have their own credentialing requirements. They will make their own independent decisions about credentialing.

Q. How long will it take for a decision to be made?

A. The participating health plans have agreed that for 95 percent of initial applications, they will provide 30-day turnaround if the applications are clean and complete as defined in the Statement of Principles. Refer to the Massachusetts Physician Credentialing Fact Sheet, which can be found at www.massmed.org, for a list of required information for the application. The 30-day turnaround commitment begins when an application meets the definition of clean and complete.

Q. What will happen if the time to reach a decision impacts patient care?

A. Providers may not provide care to members until the Credentialing Committee makes its final decision. If a situation arises that impacts patient care, it will be dealt with on a case-by-case basis.

Q. How can providers find out about the status of their applications?

A. Providers can obtain the status of an application from the health plan, as they currently do. Ingenix will also e-mail or fax application status.

Q. How will I be informed of an initial credentialing decision?

A. The health plans evaluating your credentialing application will inform you directly of their decisions.