


Improve existing MCO credentialing systems

Need for a streamlined and efficient system for providers and insurance plans

Background

For years, the credentialing of physicians and other providers has been a challenging process for those offering care to patients using Medical Assistance (MA) as a form of insurance. This is especially problematic for safety-net providers, such as Community Health Centers , that have a patient base of 50 percent or more MA patients. While the Department of Human Services (DHS) has implemented significant efficiencies in its own process of enrolling individuals as MA providers, an inefficient and inconsistent system on the part of Managed Care Organizations (MCOs) examining providers' credentials continues to exist. The resulting delays interfere with access to care and inhibit payment.

Community Health Centers have experienced timeframes of up to a year for some MCOs to complete their credentialing process and they must go through the credentialing process of **each and every** MCO that serves their patients. This timeframe is unconscionable, particularly since all providers must first submit the same documentation required of MCOs to DHS for approval as an MA provider. This is a duplication of efforts for most, and a triplication of efforts for FQHCs, who must also provide this information to the U.S. Department of Health & Human Services.

When you combine long credentialing timeframes with a primary care provider shortage you create significant access and financial viability issues.

Facts

- Providers are very appreciative of the improvements DHS has implemented to its process to enroll providers under the Medical Assistance program.
- A requirement that MCOs all utilize a standard web-based tool for processing provider credentials – such as Council for Affordable Quality Healthcare (CAQH) – supports efficiency, a reduction in errors and improved processing timelines.
- Provisional credentialing for providers is a fair means to allow patients access to care and reimbursement to providers for services without sacrificing quality control or accountability.

We support legislation that specifies a timeframe to credential providers submitting complete applications within CAQH (or comparable system). In the event that a health insurance plan cannot complete the credentialing process within the specified timeframe, providers should receive a provisional credential and patient care delivered be eligible for reimbursement.

Pennsylvania Association of Community Health Centers (PACHC) is a statewide membership services organization representing Community Health Centers, the largest primary care network in Pennsylvania.

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