

Expedited Credentialing Proposal

Background: Expedited credentialing allows providers to serve Medicaid recipients on a provisional basis while their credentialing application is pending. For Medicaid reimbursement purposes only, once the applicant provider submits the required information, the managed care organization (MCO) treats the provider as if they were in the MCO's network when they provide services to the recipient. If the provider qualifies for expedited credentialing, MCOs will process claims from providers within 30 calendar days after receipt of a complete application, even if the MCO has not yet finished its review of the provider's credentialing application.

Recommendation 1: In addition to physicians, podiatrists, and therapeutic optometrists that can already participate in expedited credentialing, add the following provider types to the list of those that can take part in expedited credentialing:

- Dentists,
- Dental Specialists,
- Licensed clinical social workers, and
- Nursing facilities that underwent a change of ownership.

As is currently required, to qualify for expedited credentialing, an applicant provider must meet all of the following criteria:

- Be a member of an established healthcare provider group that has a current contract in force with an MCO (does not apply to nursing facilities that underwent a change of ownership);
- Be a Medicaid-enrolled provider;
- Agree to comply with the terms of the contract; and
- Submit all documentation and information required by the MCO to begin the credentialing process.

Recommendation 2: Create a one-page FAQ that outlines the expedited credentialing process, the criteria for participating in the process, and the provider types eligible to participate in the process. The FAQ would be posted on HHSC's website and each MCO's website.

Recommendation 3: Include a "check box" on all credentialing applications allowing providers to indicate that they would like to participate in expedited credentialing and meet all the necessary criteria.

Stakeholder Feedback: The following is a summary of comments that HHSC received from stakeholders at the Managed Care and Network Adequacy forums last fall.

- Identify additional provider types for expedited credentialing based on current shortages in the state.
- Streamline the credentialing process.
- Educate providers on the opportunity to participate in the expedited credentialing process.

Existing Federal or State Requirements: The following is a list of federal, state, and MCO contract requirements that currently exist for expedited credentialing.

- Section 533.0064, Texas Government Code
- Chapter 1452, Texas Insurance Code
- Uniform Managed Care Contract – 8.1.4.4.1 Expedited Credentialing Process
- Dental Services Managed Care Contract – 8.1.5.5.1 Expedited Credentialing Process