

We recognize that working through the credentialing process can get confusing. The purpose of this tool is to help providers easily manage this process with Amerigroup Washington, Inc. If you have questions, feel free to email or call us.

Initial credentialing and adding new providers to an existing contract entity

Amerigroup follows the credentialing requirements of the National Committee for Quality Assurance (NCQA) for the Accreditation of Managed Care Organizations, as well as state-specific requirements for the credentialing and recredentialing of licensed independent providers and organizational providers with whom we contract. This includes the requirement that all providers are contracted with the Health Care Authority at least as non-billing providers.

Where to send information

If you are a first time applicant or adding a new provider to your practice, please send all credentialing materials via email to WACredentialing@amerigroup.com. Sending the information directly to a Network Relations consultant or anyone else generally slows down the process.

What to send

If you are adding a new provider to your already contracted group, we request the following information for each provider:

- Full name(s) (first, middle and last names, current and former, and suffix)
- NPI number
- Washington Medicaid identification (ID) number
- Council for Affordable Quality Healthcare (CAQH) provider number, if applicable
- Yes/No – is application on OneHealthPort (OHP)
- If provider does not have an application on CAQH or OHP, a full Washington practitioner application with all attachments must be submitted
- Full practice name, tax identification number (TIN) and location address
- Effective date provider will start with the practice

Providers with OHP or CAQH applications: Be sure to go on to their website to authorize Amerigroup to access your application.

Length of the process: Credentialing can take 90 days to complete. The more accurate and complete a provider's application is, the faster the process can proceed. We will inform providers of the credentialing committee's decision within no more than 60 days from the date of such decision.

Seeing members before you are credentialed

In order to be paid for services rendered to Amerigroup members before you are credentialed, providers need to obtain an authorization by calling Provider Services at 1-800-454-3730. Otherwise, claims will be denied.

Notification of credentialing completion

Amerigroup will mail notification to each provider when they have been approved or rejected for credentialing. If the provider group has designated a sole point of contact for credentialing, we will work with that contact to request additional information/clarification during the process. However, we will mail the final notice to the provider's attention.



Recredentialing

If you have received a recredentialing request from the Amerigroup vendor, Medversant, please be sure to respond promptly to ensure your credentialing does not expire. Respond to them directly using the contact information provided in their communications. If you have any difficulties with recredentialing, please contact our Credentialing department at WACredentialing@amerigroup.com.

Timelines: Providers are recredentialed every three years (36 months). Amerigroup begins the recredentialing process eight months in advance of the provider's 36-month recredentialing due date. To avoid termination, providers must return all requested materials within 120 days of their recredentialing due date

Disclosure of ownership (DOO)

In order to be initially credentialed or recredentialed, providers must ensure a completed DOO is on file with Amerigroup. The DOO must be signed within the last three years. We accept Amerigroup DOO forms and the *Health Care Authority Medicaid Provider Disclosure Statement* form.

Submitting provider changes

If you need to provide demographic changes, changes to member accepting status or any other changes affecting how Amerigroup reflects providers in its databases, submit that information to us by emailing waopsrequest@amerigroup.com.

Provide the following information with the request:

- Provider's full name and NPI
- Effective date of change
- Affected location(s)
- Full name and title of person submitting change
- If changing the name or TIN of the practice, submit a new completed W-9 form

Credentialing contacts

Identify a single point of credentialing for the provider group. If you want Amerigroup and Medversant to contact one person at your practice for all credentialing business and we are not currently doing this, please email the request to us at WACredentialing@amerigroup.com.

In the email, be sure to include the following:

- Provider group name
- TIN
- Contact information (name, phone number, fax number, email and mailing address)
- A list of providers and their NPI numbers

All additions and changes to providers should be emailed to WACredentialing@amerigroup.com.

Provider-delegated and hospital-based provider rosters should be emailed to waopsrequest@amerigroup.com.

Credentialing status checks: Contact WA Credentialing at WACredentialing@amerigroup.com.

Provider rights

Providers have the right to:

- Review information submitted in support of their credentialing application.
- Explain information obtained that may vary substantially from what they provided.
- Provide corrections to any erroneous information submitted by another party. (Providers can do this by submitting a written explanation or by appointment with the health plan medical director.)



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