

Credentialing quick tips

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 us at agpcred@amerigroup.com.

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.

Where to send information

If you are a first-time applicant or adding a new provider to your practice, please select Join our network at <https://provider.amerigroup.com/WA>. Instructions are available for submitting documentation using Digital Provider Enrollment (DPE), accessible through Availity.*

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 to state whether application is on OneHealthPort (OHP)
- 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 to their website to authorize Amerigroup to access your application.

Length of the process:

We will inform providers of the initial credentialing committee's decision within no more than 15 days from the date of 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 **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 Amerigroup, please respond promptly to ensure your credentialing does not expire. Respond directly using the contact information provided in the communication. If you have any difficulties with recredentialing, please contact our Credentialing department at agpcred@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

Email provider-delegated and hospital-based provider rosters to waopsrequest@amerigroup.com.

Credentialing status checks:

Contact our Credentialing department at agpcred@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.)

* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Washington, Inc.