
AHCCCS Credentialing/Recredentialing Standards during COVID-19 Emergency for Health Plans

Released: April 1, 2020

This memo outlines the updated AHCCCS credentialing and recredentialing standards for AHCCCS Health Plans in response to Governor Ducey's declaration of a public health emergency for COVID-19. This guidance is effective immediately, April 1, 2020 through the duration of the emergency. These standards are subject to change as the emergency conditions evolve.

Credentialing efforts should be minimally burdensome to providers while expediting their ability to care for members during this time. More substantive credentialing requirements will be re-evaluated at the end of April for both initial and recredentialing processes.

I. INITIAL CREDENTIALING

AHCCCS maintains the requirement that all providers shall go through the provisional credentialing process at this time (to be completed within 14 days; faster if possible); provisional credentialing will be effective for up to six months, at which time full initial credentialing should be completed. AHCCCS does not want additional burden placed on providers and expects the Health Plans to support expeditious and minimally burdensome processing of providers in order to allow them to provide care and services during this emergency. Site audits shall not be completed during this time.

Concerns have been expressed about meeting NCQA accreditation requirements as revised credentialing requirements are implemented by AHCCCS. For details on NCQA's credentialing requirements, please visit: <https://www.ncqa.org/covid/>. NCQA acknowledges that meeting standards may be challenging between March-September 2020 and states that any entity pursuing accreditation may submit documentation for flexibility consideration by NCQA.

1. Is AHCCCS willing to narrow the focus for provisional credentialing to specific provider types (e.g. PCPs)?

Answer: AHCCCS will not consider different processes for different provider types. As the COVID-19 emergency evolves, it could very quickly require all specialties to support member/patient needs; therefore, all providers should be credentialed using the provisional credentialing process.

2. Can any of the requirements be relaxed for provisional credentialing?

Answer: At this time, AHCCCS is not willing to relax the provisional credentialing requirements. This will continue to be evaluated as the COVID-19 emergency continues.

3. In light of the changes to the credentialing process, how should MCOs report information on the quarterly credentialing report?

Answer: This deliverable is being suspended at this time. MCOs do not need to submit the April or July quarterly credentialing report. It is expected that the next credentialing report will be due in October, although the feasibility of the October deliverable will be evaluated closer to that time.

4. How will AHCCCS evaluate credentialing files from this time period? Is there anything specific that MCOs should document?

Answer: AHCCCS does not intend to pull records between March and August 2020; AHCCCS will determine if the date needs to be extended after the conclusion of the COVID-19 emergency. With that said, MCOs are still expected to keep detailed notes in the credentialing files regarding timeframes.

5. Is the expectation that MCOs process both Clean and Risk files for Provisional Credentialing?

Answer: This applies to clean files only. Risk files may be evaluated by the MCO to determine the best course of action for processing, based on the MCOs standard operating procedure and comfort with associated risk.

6. Will AHCCCS waive the completion of Provisional credentialing within 14 days once Temps are issued within 7 days, and extend the timeframe to allow for that work to be completed?

Answer: At this time, AHCCCS will not change the processing time. Providers should move through credentialing approvals and load times as expeditiously as possible in order to avoid any delays in the providers' ability to provide services to MCO members and/or bill for services rendered.

7. What would be the extended Provisional Credentialing (once Temps are issued) timeframe allowed?

Answer: Once provisional credentialing is completed, the MCO has six months to fully credential the provider.

8. What is the timeframe expectation for loading providers into MCO claims payment systems once provisional credentials are issued?

Answer: The timeframe for loading will follow the standard 30-day requirements; however, the date must be reflective back to the date of credentialing application or AHCCCS registration (whichever occurred earliest).

9. Is the expectation that MCOs make exceptions and credential practitioners that are not enrolled with AHCCCS?

Answer: AHCCCS is expediting provider registration during the COVID-19 emergency. If the provider is in the process of AHCCCS registration, provider credentialing may run simultaneously to the AHCCCS processes.

10. Is the expectation to load all associated service addresses once a practitioner completes Temp credentialing?

Answer: Yes, all service addresses should be loaded so that a provider does not have any issue with claims processing/payment.

II. RECREDENTIALING

AHCCCS is aware that there is concern with the six-month extension for recredentialing due to the misalignment with NCQA guidelines. However, due to the unprecedented pressure on providers as well as NCQA's statement, "NCQA understands that state governors and other government officials are responding to changing conditions in their localities with COVID-19 regulation. NCQA will not penalize organizations when these regulatory responses may prevent an organization from meeting an NCQA accreditation requirement (e.g., suspension of routine communication to members and practitioners)." AHCCCS will maintain the six-month extension. Additionally, NCQA has stated that they will not pull any files that are impacted during the COVID-19 emergency. NCQA also states that they will make state-specific assessments if the state has provided specific guidance that is not in alignment with NCQA's processes during the COVID-19 emergency.

1. Does this apply to both Practitioners and Organizational/Facility Credentialing?

Answer: Yes, the recredentialing guidance applies to Practitioners and Organizational/Facility credentialing.

2. Is it AHCCCS' intent to have MCOs focus on initial credentialing during this time? And if so, what would be an example timeline for delayed recredentialing?

Answer: Yes, MCOs should prioritize initial credentialing efforts. Recredentialing timelines are being extended by six months, so if a recredentialing effort is due in March 2020 and the provider does not have substantial quality/utilization concerns, the recredentialing will be considered appropriate as long as it is completed by September 2020.

III. ONSITE MONITORING

1. What is the estimated ETA on when the standardized provider attestation statement will be available for use?

Answer: Due to the ongoing evolution of COVID-19 emergency and the unprecedented strain being placed on the delivery system, AHCCCS is revising previous guidance around the attestation statement. At this time, AHCCCS will not be implementing this tool. Onsite monitoring will resume after the COVID-19 emergency.

2. Should the attestation be considered part of the credentialing file, and be conducted a future site visit once onsite visits can resume?

Answer: See answer above in III.1.