

## Passport Health Plan Credentialing Process: Frequently Asked Questions

### **How do I begin the credentialing process to become a participating provider?**

If you are interested in joining Passport Health Plan (PHP), please contact our Provider Credentialing department at (502) 585-8315. We will send you a provider application packet and work with you to become credentialed as a PHP network provider. PHP credentials the following types of providers: MD, DO, ARNP, PA, DPM, DC, PT, ASC, LAB, HOSP, DIALYSIS, CRNA, HH, and DME. Certain physicians may not require credentialing if they practice in a hospital-based setting that is already contracted with PHP. Please contact the Credentialing department for more information.

### **Does the Plan Participate with CAQH?**

Yes! Passport Health Plan is now participating with the Council for Affordable Quality Healthcare (CAQH). Providers who are participating with this common credentialing application database should contact our Provider Credentialing department at (502) 585-8315, then submit their CAQH provider ID number to [passport.credentialing@amerihealthmercy.org](mailto:passport.credentialing@amerihealthmercy.org). We will work with you to complete the additional forms needed to become credentialed as a PHP network provider.

### **How long does the credentialing process usually take?**

The Plan's credentialing process typically takes 60 to 90 days from the date we receive a completed and signed provider application packet.

### **May I see PHP members prior to being credentialed?**

Yes. Effective January 1, 2009, providers in the credentialing process will be reimbursed at the participating provider rate, starting from the date the Plan receives a completed and signed provider application packet. This reimbursement policy excludes solo-practice PCPs. Solo-practice PCPs will receive fee-for-service reimbursement, starting from the date the Plan receives a completed and signed application packet only for those members not requiring assignment to a PCP (e.g. foster care, Medicare primary). The Plan will not assign members to a solo-practice PCP until they are considered a participating Plan provider.

A provider application packet is complete when the Provider Application Checklist has been completed. A sample Provider Application Checklist, is included in this Medical Office Notes. Providers will be notified via email when their completed application has been received by the Plan.

### **When may I begin to submit claims to PHP?**

Providers may begin submitting claims for services provided to PHP members once they have been notified of the receipt of their completed application and have been assigned a Provider ID number.

Providers applying for participation will be required to adhere to the Plan's timely-filing requirements by submitting all claims within 180 days of service. Applying providers are also required to adhere to the Plan's referral and prior authorization requirements described in the PHP Provider Manual, available at [www.passporthealthplan.com/providercenter](http://www.passporthealthplan.com/providercenter).

**When am I considered a participating Plan provider?**

Providers will be considered a participating Plan provider once they have completed the Plan's credentialing requirements. Providers will be notified via email by PHP when they have been credentialed by the Plan.

Although applying providers may begin to submit claims once a Provider ID has been assigned, these providers will be excluded from the Provider Directory until the credentialing process has been completed in its entirety (see below for additional information).

If a non-participating or applying provider would like to see a PHP member prior to submitting a completed application, the provider must obtain an authorization from the Plan's Medical Management department and must have been assigned a Kentucky Medicaid Identification (MAID) number in order to receive payment for services.

**What is a MAID number?**

MAID numbers are numeric identifiers issued by the Department for Medicaid Services (DMS) to providers who wish to receive Medicaid reimbursement. DMS issues MAID numbers after providers have completed the Plan's credentialing process.

**How do I get a MAID number?**

The new provider application packet includes documents to initiate the credentialing and MAID processes. Specifically, you will find a MAP 811 form and a Provider Application Checklist. Once documents are completed and returned to the Plan, our Credentialing department will monitor the process through completion.

While the Credentialing department works closely with DMS to process applications on behalf of providers, DMS manages the MAID number assignment process. Providers will receive notification from DMS when a MAID number is assigned.

**When will I begin receiving payment for services?**

Please notify the Plan of your MAID number assignment. After the Plan receives your provider MAID number, we will reprocess all claims received from the provider, starting from the date the Plan received a completed and signed provider application packet.

# Provider Application Checklist

**Please be sure that you have included the following when submitting your application:**

- Completed Provider Application, including additional copies of pages from the application as needed. (Substitute providers must be indicated on the application and hospital privileges at a PHP participating hospital/or admitting arrangements must be completed.)
- Two signed Participating Provider Agreements.  
**Note:** If applicable, an original copy will be returned to you upon counter signature.
- Original, complete, and signed MAP Forms.  
**Note:** DO NOT mail to First Health, as this will delay processing.
- A copy of your current State License Registration Certificate.
- A copy of your current Federal Drug Enforcement Agency Registration - if applicable.
- Curriculum vitae or a summary specifying month and year, explaining any lapse in time exceeding six months.
- A copy of a W-9 in the name of the facility, including the Tax Identification Number and mailing address for all tax information.
- A copy of your current professional liability insurance Certificate of Coverage, including the name and address of the agent, and the practitioner's name (either on the certificate or on an accompanying list).
- A letter adding practitioner to the existing group contract, including group ID number/numbers.
- A copy of your Medicare Certificate (a letter from the Centers for Medicare & Medicaid Services (CMS) with your unique Medicare provider identification number).
- A copy of your social security card or a notarized statement (with individual social security number and signature).
- ECFMG (Education Council for Medical Graduates) Certificate, if applicable.
- FOX verification documentation for National Provider Identifier (NPI) and Taxonomy Code(s).
- Attestation signature must not be older than 30 days from date the application is submitted.
- For nurse practitioners with a current DEA registration, a copy of the collaborative agreement is required.

## **Questions?**

To request the status of your application and/or review information received by PHP in support of your application at any time during this process, please contact the Provider Credentialing department at (502) 585-8315.