

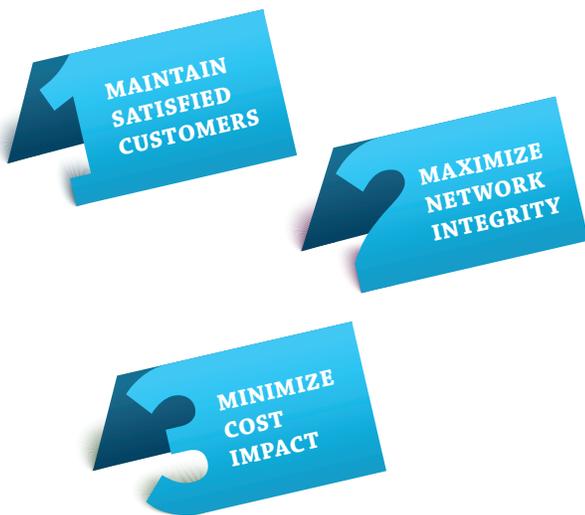
PROVIDER CREDENTIALING



**MAXIMIZE
YOUR
NETWORK
INTEGRITY**

BALANCED RESULTS

Ensuring the integrity of your provider network is a complex problem, and having a preventative approach saves time and money. As healthcare fraud grows more sophisticated, health plans demand expert business processes to mitigate the risk of enrolling fraudulent providers into their network. The best prevention strategy begins with a robust provider credentialing process that prevents them from ever entering your network. Our goal is to balance the three components of network integrity and we scale these to fit your exact needs.



CGS has spent years cultivating the expertise and perfecting the operational processes to offer a credentialing solution that improves network integrity and allows you to maintain your focus on delivering better health care to your members without the worry of fraudulent providers compromising your margins.

TAILORED CREDENTIALING PROCESS

Most credentialing efforts are performed using the same exact steps regardless of provider type. As seen in the below table, current NCQA- or URAC-approved solutions cover mostly the same licensure, sanctions and certifications databases, but do not address the risk of a provider's personal and corporate information. CGS's approach begins with provider identity authentication and after careful review of the provider information, applies a risk-score that determines which databases to query and the actions needed to mitigate risk. We then monitor select databases monthly based on client requirements.

CGS's knowledge of fraud, waste, and abuse trends created by specific providers ensures the appropriate credentialing process and risk scoring is applied to mitigate the risk to your plan. Currently, only two databases are being monitored monthly by government plans, but CGS builds on those standards to construct a process yielding better outcomes for your health plan. CGS monitors several databases that can identify potential provider behavior before improper billing practices occur. Tailoring our solution to your provider types and situation gives your health plan a significant edge in improving network integrity and preserving affordable, quality health care for your members.



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PROVIDER CREDENTIALING

NCQA CGS

Identity Authentication

Business or Individual Level ✗

Licensure, Sanctions, Certifications

State(s) of licensure; status ✗ ✕

Actions/convictions ✗ ✕

NPPES/NPI ✗ ✕

GSA Exclusion List (EPLS) ✗ ✕

Excluded Individuals (LEIE) ✗ ✕

Drug Enforcement Agency (DEA) ✗ ✕

NPDB or HIPDB ✗ ✕

Practice address ✕

Certifications, education, residence ✗ ✕

Work history ✗ ✕

Hospital affiliations ✕

Group practice associations ✕

Shared address, business association ✕

Personal/Corporate Information

Date of Birth (DOB) ✕

TIN & FEIN ✕

SSN (actual & associated) ✕

Death records ✕

Corporate officers & owners ✕

Bankruptcies, liens, and judgements ✕

Site visits ✕

Criminal background check ✕

PROCESS AUTOMATION

CGS's proven credentialing process uses automated technology solutions including application intake, internal database capture, workflow management, electronic external database queries, and ongoing database monitoring. Electronic solutions provide a paperless processing environment that ensures member information is secure and accessible only by authorized personnel. Our solutions will streamline your credentialing process, offering a seamless loop when coupled with our print enabled online application forms hosted from your health plan's website.

PROVIDER SITE AUDITS AND REVOCATIONS

Site visits are recommended when providers are new to a network and when claims data or member complaints warrant further investigation. Additionally, site visits may be necessary for providers in high-risk geographic areas known for fraudulent activity. Though only required for certain situations, performing site visits is an easy way to help ensure the ongoing integrity of your provider network without affecting the quality of care for your members.

Through database monitoring, we will immediately recommend the revocation of provider billing privileges when adverse information is identified and verified. If revocation is appropriate, we send revocation notices to providers indicating the reason(s) for revocation, citing the applicable authoritative reference, and covering the provider's appeal rights. We recommend that providers who have had no billing activity in 12 months have their billing privileges deactivated.

BENEFITS OF WORKING WITH CGS

CGS is dedicated to ensuring the provider has a positive experience when enrolling in your health plan. We are customer-focused and committed to providing friendly and courteous contact center service in addition to online outreach and education materials hosted conveniently from your health plan's web portal. We have the necessary expertise and automated technology solutions to improve the integrity of your provider network. CGS works with you to tailor our approach to your specific needs, minimizing disruption to your current providers and improving your profitability.

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