

### Consensus Direction

New providers that are Washington Licensed/DOH approved or are registered in DOH's volunteer health practitioner system can bill for services under one of the following policies/practices. Health Plans will indicate which of the below policies/practices they adopt – RC, LT, or Both.

- 1) Retro-Credentialing (RC): Once a provider is credentialed, services that they provided on or after the date of completion of credentialing application can be billed
  - Expedited Credentialing: Health Plans will expedite the credentialing process for providers that are filling positions to meet the demand of the current COVID crisis. Providers should complete the standard credentialing application and contact the health plan's provider relations team to request expedited credentialing
  - Effective Billing Date: Upon successful completion of the credentialing process, the provider's effective date for the purpose of billing will be the same as the date that their application was received by the health plan as complete.

Claims for services rendered by providers being credentialed should be submitted not earlier than 30 days past the credentialing approval date to allow the health plan system to be set up.

Any claims submitted for services rendered by provider being credentialed prior to this timeframe will be paid as out of network, something else:

AND/OR

- 2) Locum Tenens (LT): The provider will fall under locum tenens and their services can be billed.

A provider can identify and authorize care for his or her patients by another provider for at least 90 days, and ideally 180 day, while the authorizing provider continues to treat patients at the organization. During the period, the provider organization can bill for locum tenes provider services and the locum tenens provider can be going through expedited credentialing.

Locum Tenens applies to all provider organizations whether or not they have delegated credentialing.

As provider organizations that do not have delegated credentialing bring on new providers to address the COVID demands, are there policies/practices under which the new provider can bill the health plan sooner rather than later?			
Follow Consensus Direction?		New providers that are Washington Licensed/DOH approved or are registered in DOH's volunteer health practitioner system can bill for services under one of the following policies/practices. Health Plans will indicate which of the policies/practices they adopt – Retro-Credentialing, Locum Tenes or Both.	
Aetna			
Amerigroup			
CHPW	Locum Tenes 04/02/20	<ul style="list-style-type: none"> <li>• Paying providers who are qualified – locums and not necessarily locums.</li> <li>• We are paying non-credentialed but qualified providers during this crisis.</li> <li>• Additionally, we have expedited credentialing.</li> </ul>	
Cigna			
Coordinated Care			
First Choice (TPA and PPO)			
HCA-Apple Health			
KP-NW			
KP-WA			
Labor & Industries			
Medicaid FFS			
Molina	Locum Tenes 04/06/20	<p>Temporary providers will be handled the way we currently handle Locum Tenens. This will include temporary providers joining contracted and non-contracted provider groups/facilities.</p> <p>Provisional Credentialing will be expedited and completed within 5 business days. Provisional providers may have a new Molina contract or joining an existing group and due to the Public Health Emergency require expedited credentialing.</p>	
Pacific Source			

As provider organizations that do not have delegated credentialing bring on new providers to address the COVID demands, are there policies/practices under which the new provider can bill the health plan sooner rather than later?			
Follow Consensus Direction?		New providers that are Washington Licensed/DOH approved or are registered in DOH's volunteer health practitioner system can bill for services under one of the following policies/practices. Health Plans will indicate which of the policies/practices they adopt – Retro-Credentialing, Locum Tenes or Both.	
Premera			
Providence			
Regence			
UHC			