

eStatus Guide: Status Definitions

There are two types of statuses described here: credentialing statuses and enrollment statuses. Credentialing statuses describe the current state of the credentialing file and will show both on the main page with the list of all of the providers, as well as in the top-left section of the provider file.

Provider Name	Degree	Credentialing Status
[REDACTED]	NP	CCNV/Complete
	FNP	Active
	MD	In Provider Enrollment
	DMD	In Provider Enrollment
	MD	In Provider Enrollment
	MD	Committee Ready
	FNP	Active
	FNP	In Provider Enrollment

Status Information	
Application Status:	Active
Application Status Date:	11/09/2015
App Received Date:	09/24/2015
Attest Date:	09/21/2015
Due Date:	10/24/2015
Completed Date:	11/09/2015
Appointed Date:	04/26/2000
Practitioner Status:	In Provider Enrollment
Status Date:	11/09/2015
Renewal Date:	11/09/2017

The enrollment statuses describe the current state of a particular health plan application process and can be found at the very bottom of the provider page.

Provider Enrollment Information							
Payor Name	Payor Type	Current Status	Provider No.	Effective Date	End Date	Group Name	Group Location
Aetna	CCNV Contracted	Active	1992783286	02/01/2008		[REDACTED]	
Anthem	Shareholder Direct Contract	Active					
Anthem	Shareholder Direct Contract	Active					
CAQH	CAQH	Active	10380993	10/12/2015	02/12/2016		
Carenet/Southern Health	CCNV Contracted	Active		06/01/2004			

If you have any questions, please don't hesitate to reach out to Sorrel Baker by email at sbaker@ccnva.com, or by phone at 804-237-8742.

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Credentialing Statuses:

- **“Application Received”**
 - The file has been received by Cenevia and intake has begun on the file.
- **“In Credentialing”**
 - Intake has been completed and credentialing is in process. This means that verifications are being performed and/or sent out to any necessary parties.
- **“Information Requested”**
 - Cenevia staff members have performed all possible verifications that can be done, and are waiting on information from a verification source and/or a client. If a file is in this status, please do not hesitate to reach out to Cenevia to identify what items may be missing, so that the process may be expedited.
- **“In Audit”**
 - Cenevia staff members have completed credentialing and this file is undergoing final audit before being prepared to go to committee.
- **“Committee Ready”**
 - This file has completed internal credentialing and has been prepared for committee, but is being held either for an appropriate recredentialing date or, in the case of files with issues, the monthly credentials committee meeting.
- **“Ready for Proxy”**
 - This file has completed credentialing and has been prepared to be sent to the weekly proxy meeting of the credentials committee. Proxy votes of the committee are completed on Mondays and the files will be updated with the appropriate status at that time.
- **“Ready for Committee”**
 - This file has completed credentialing and has been prepared to be presented to the monthly meeting of the credentials committee.
- **“In Provider Enrollment”**
 - This file has completed credentialing, has been approved by the credentials committee, and is now being sent to the health plans for processing and confirmation. **NOTE:** Recredentialing files are also set to “In Provider Enrollment” once approved, as part of an ongoing audit of existing data, in order to ensure accurate reporting of information.
- **“Pending Enrollment”**
 - This file has completed credentialing, has been approved by the credentials committee. However, Cenevia cannot send the file to the health plans for processing and confirming until a missing item on the file has been received. Missing items may include copies of state licenses, DEA certification, current board certification, or CAQH information. Please reach out to staff to identify and facilitate the return of missing items, if a provider is listed with this status.

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- **“Cenevia/Complete”**
 - This file has completed credentialing, been approved by the credentials committee, and has been confirmed with all health plans as active with effective dates. This file is now complete until recredentialing is due.
 - **“Recred App Sent”**
 - This indicates that the recredentialing application for this file has been sent to the designated contact person at the health center.
 - **“DNR”**
 - DNR stands for “Do Not Report to Health Plans,” and it indicates a provider that cannot or will not be enrolled with the health plans. Most often this is due to the provider type, i.e., pharmacists, radiologists, and dieticians. These provider types cannot be enrolled, but there are some files that were sent to us as credentialing only, no enrollment, and thus they are DNR due to the request of the client. If you have any questions as to why a provider is listed as DNR, please don’t hesitate to ask.
 - **“Active”**
 - This status was previously used to denote files in which credentialing was completed. It has since been replaced by the more descriptive and accurate statuses described above, and is no longer used. Moving forward, this status will be phased out as files move through recredentialing, but there are some files that are still listed with this status.
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Enrollment Statuses:

- **“Active”**
 - The provider is enrolled with this plan and an effective date should be listed on the file.
- **“Active with Restrictions”**
 - The provider is enrolled with this plan and an effective date should be listed on the file; however, there are some restrictions listed in the notes section regarding what patients this provider will be able to see.
- **“Sent App to Doctor”**
 - The provider’s application has been sent to the provider for completion/signatures, and cannot be further processed until it has been returned.
- **“Sent App to Health Plan”**
 - The provider’s application has been submitted to the health plan.
- **“Emailed Application to Health Plan”**
 - The provider’s application has been submitted to the health plan by email.
- **“Faxed Application to Health Plan”**
 - The provider’s application has been submitted to the health plan by fax.
- **“Contracts Requested”**

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- Cenevia has reached out to the health plan and made the request for enrollment contracts, and is waiting on the health plan to supply them.
- **“Contracting in Process”**
 - The provider’s application has been credentialed with the health plan, however the provider cannot be enrolled until the contracting section of the process has been completed with the health plan.
- **“In Process”**
 - The provider’s application has been submitted to the health plan and the file is now being processed and/or credentialed with the health plan. All delegated plans are entered into a provider’s file with a status of “In Process” until we receive confirmation from the health plan that they are enrolled with an active effective date.
- **“Updating Information”**
 - This provider is either going through recredentialing with the health plan, or discrepancies have been discovered during audit and are in the process of being updated with health plans.
- **“Group Enrolls”**
 - The client performs the enrollment for the provider with this health plan per their request.
- **“Self-Maintained”**
 - The provider performs their own enrollment with this health plan or group per their request. Most often used for CAQH profiles.
- **“HOLD”**
 - Enrollment has been stopped on this provider for this plan. Please refer to the notes for the reason why the enrollment with this plan has been put on hold.
- **“Opt-Out”**
 - The provider has opted out of enrollment with this plan.
- **“Participation Denied”**
 - The health plan denied the provider for enrollment with this plan. If the reason for the denial is known, it will be included in the notes.
- **“Closed Panel”**
 - The health plan is no longer accepting new providers in the service area.
- **“Provider Type Not Credentialed”**
 - The health plan does not accept providers of a given type. Most often this is used for mid-level providers, such as NPs, PAs, LPCs, or CSACs.
- **“Not Eligible; See Notes”**
 - This provider is not eligible for enrollment with this health plan. In some cases, it may be due to non-board certification, specialty, demographic region/locale or other extenuating circumstances, but there are exceptions to the rules. For further information see the notes.