



Credentialing 101

A Guide to Enrolling with
Third-Party Payers

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Provider Enrollment

- We can think of the combined process of credentialing and contracting as ENROLLMENT. Enrollment encompasses the entire process of gaining eligibility to receive reimbursement from a third-party payer.

CREDENTIALING + CONTRACTING = ENROLLMENT



Credentialing VS Contracting

- CREDENTIALING is a process in which detailed information related to a provider is gathered and submitted for approval. During credentialing, the payer reviews, validates, and finally approves demographic, educational, professional licensure, and other pertinent information; therefore granting the provider approval and permission to then contract with the payer if desired.
- CONTRACTING is establishing the legal relationship between the successfully credentialed provider and the payer. Contracts specify the terms of the relationship, how the payer operates, and ultimately how the payer will reimburse the provider.



Before you credential...

WHO?

- Deciding who will be responsible for your physician credentialing is important. Due to the sensitivity and the confidential nature of the information needed to credential, careful consideration should be given.

Note:

It is suggested that the person who starts the process, finish it through to completion.

Some payers will allow the provider to designate an authorized signer. This individual will have the ability to make changes to the provider's enrollment.



Before you credential...

WHERE?

- Have a designated lockable file drawer for your credentialing documents. Not only is this for organizational purposes, but also to preserve confidentiality.

WHAT?

- You may need: internet access, printer, scanner.
- You will definitely need: phone, payer applications, access to your physician (for signatures, questions, additional documents), credentialing documents.

SUGGESTION: Enrollment Tracking Forms in folder



Before you credential...

WHEN?

- Do you plan to begin seeing patients and billing? Contingent upon this fact is when you should begin your credentialing process. In general, most enrollments can be complete within 90-120 days from submission of your application; however most payers reserve a greater amount of time to complete the process. Be optimistic but plan for the worst.

TIP: Ask the payer what their timelines are for processing enrollment applications and remind them if necessary.

WHY?

- FOCUS ON YOUR GOAL! Credentialing and contracting can be exhausting and frustrating- keep your eye on the prize and stay persistent!



Enrollment Applications

- Ohio mandates use of CAQH application for commercial payers, also referred to as UPD (Universal Provider Database).
- Medicare and Medicaid have specific applications
- Signatures: Original only or photocopies accepted?
- Paper or electronic application? There are PROS and CONS to both:
 - Web-based is usually faster turnaround timeframes
 - Paper applications experience no technical issues
 - Most all require eventual paper submission of some form (i.e. supporting documentation)
- Contact the payer and ask for any additions to CAQH requirements.



CAQH

The CAQH Universal Provider Database (UPD) service is the industry standard for collecting provider data used in credentialing.

- Web-based repository
- All commercial payers utilize CAQH to obtain the information required for credentialing.
- Information is only shared with the specific permission of the provider.
- Paper or web-based application
- First step: Know your CAQH Provider ID. Email info@caqh.org to request.
- Attestation is required 3 x's per year– changes/updates will satisfy attestation.



CAQH

- CAQH Helpdesk 1-888-599-1771: technical support, pw resets
- First time submitting application usually takes about 2 hours
- Once submitted online, you must print sign, and fax attestation to CAQH. You are not complete until this is done and received. Save your fax confirmation!

TIP: ALWAYS review your information for accuracy before you authorize a payer! If you authorize and there are inaccuracies, this will have an adverse effect on your enrollment and your timeframes. The 10 minute investment upfront will benefit you greatly.



Credentialing Documents

Typical Credentialing Documents Include:

- IRS document showing legal name and confirming Tax ID
 - CP 575
 - IRS 147 C (can be requested by fax at 800-829-4933)
- OH License to practice
- Professional School Diploma
- Undergraduate Diploma
- Board Certificates
- Internship and Residency Certificates, Fellowship too
- Photocopy of License/ID
- DEA Certificate



Credentialing Documents

- NPI: Individual and Organizational
Username and PWs for NPPES
- Any final adverse actions? Sanctions?
Legal documentation/court dispositions
Anything they cannot get from State Medical Board site
Applies to Authorized Officials as well
- Copy of lease/utility bill
- EFT Agreement (mandatory?)
Voided Check/Bank Letter
- CLIA Certificate if applicable



Tax IDs

- Tax ID = EIN (Employer Identification Number)
- Do you use the county's EIN or do you have your own?
- If you need a copy, request 147 C from IRS
- If new Tax ID is required per your organization business structure, use IRS form SS-4 to apply.



NPIs

- NPI = National Provider Identifier
- 10 digits
- <https://nppes.cms.hhs.gov>
- Individual = Type 1
- Organizational = Type 2
- If you wish to enroll as a group/org, you will need a type 2 NPI prior to applying (varying turnaround)
- Issued once; never expires or changes
- NPI registry (NPPES) accuracy is IMPORTANT-- SS#, DOB, Name spelling
Systems talk to each other (SS ↔ PECOS → MCS)
- Taxonomy chosen when you first get an NPI number, specialty driven
Mass Immunizer = 251K00000x (public health only)



Immunization Only?

- Many payers offer a shortened enrollment process for mass immunization providers.
 - Remember this means you will only have reimbursement for immunizations, no other professional services. (i.e 99211)
- If chosen, you will need to re-credential with different specialty if you wish to start billing for other professional services.
- If you are going through the lengthy process of enrollment, you might seriously consider contracting for all professional services as well.
- Ask the payer the differences between the enrollment processes and then weigh your options.



Contracting

- Establishes the legal relationship with the payer
- Defines the provider's responsibilities
- Establishes claims filing process
- Details payment issuance procedure
- Defines fee schedule



LHD Credentialing Note:

- Many LHDs are facing challenges in credentialing with private payers due to the fact that there is not an onsite or actively participating MD/DO.
- Please note that most often if a Medical Director (Physician) is actively practicing elsewhere then he/she is receiving payment and is *already credentialed* with the private payers.
- It would NOT be necessary for an LHD to complete an entire Credentialing Application for the Physician. With the permission of the Physician, the LHD would need to request the addition of their practice location (the LHD) to the Physician's enrollment.



Contracting Pitfalls

- Timely Filing = The maximum amount of time a payer will allow a provider to submit claims (from DOS) = THE LONGER THE BETTER
- Say NO to Auto-renewal. You want the opportunity to review and make changes if you like.
- Perform CPT analysis before agreeing to fee schedule– Identify your most frequent codes and make sure the contract is in your favor.
- Be sure contract includes all plans/network you wish to participate in– more than one contract may be necessary. A payer mix analysis is helpful to understand your patients most prevalent network/plans.

!! IMPORTANT !! Does the payer want a signed 'contract' with the credentialing application, or not until credentialing application is granted approval?



Welcome Letters & Effective Dates

- All payers have different methodology for issuing effective dates.
 - Some will go retro (e.g. Medicare and Anthem)
 - Some will go future (e.g. UHC/Cigna)
- You are NOT official until you have it in writing = your welcome letter.
- Often you cannot bill without Unique Identifier the payer will issue you (Medicare=PTAN, Anthem=PIN, Medicaid=Provider Number)
- If you are issued a welcome letter with a typo or error- request a corrected one immediately.
- Never discard your welcome letters, especially Gov't payers (some payers will base participation on your existing contracts with other payers).
- If you see patients of that payer *during* your enrollment process it is a very real possibility you will not be paid.
- Do not accept effective dates over the phone- these are usually speculation and inaccurate.



Cardinal Rules of Credentialing

Attempt to get all communication from a payer in **WRITING!** Email is your best friend!

Certified mail whenever possible!

Do not be complacent! Make no assumptions your application is received, in process, or approved. You must follow-up regularly!

Do not let them intimidate you! They need you as much as you need them!



Questions?

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