

**Navigating the
Credentialing Maze**
Healthcare Practice Managers Education Series
September 16, 2010

Value the Process

- ▶ Practices who have a good understanding of the credentialing process are more likely to be better organized, compliant, with less billing issues;
 - Organization documents are organized and easy to access
 - Physicians licenses and malpractice certificates are kept current
 - Providers will more likely have a positive experience when communicating with payors

What is Credentialing

- ▶ The process used to provide group practice and provider information to insurance companies and hospitals.
- ▶ Insurance companies require information about the physician using a specific tax identification number.
- ▶ Hospitals require information about the physician seeking hospital privileges

IT'S MORE THAN JUST A FORM

- ▶ Each payor has a specific form that is required to be completed.
- ▶ The form completion must be accurate and match the supporting documentation that accompanies the credentialing applications
- ▶ Applications are rejected for incomplete and/or inaccurate information. The payor may or may not inform you that your application has been rejected.

IDENTIFICATION NUMBERS

- ▶ TAX IDENTIFICATION NUMBER - Identifies the practice name, and associates the practice with the company structure
- ▶ National Provider Identification (NPI) - a number associated with an individual provider or a group.
 - The NPI number for an individual provider is unique to the provider and "travels" with them to all of the practices they are billing through

IDENTIFICATION NUMBERS

- ▶ MEDICARE - Legacy numbers are being replaced with PTAN numbers. During the re-validation process, Palmetto will provide a replacement number.
- ▶ MEDI-CAL - Uses NPI numbers
- ▶ BLUE SHIELD - Assigns a specific number for group practices. Individual NPI numbers are attached to the group

TYPES OF APPLICATIONS

- ▶ CAQH - A web based program that maintains provider information. Many payors rely on the CAQH web site for updates.
- ▶ PECOS - Medicare's on-line system that permits providers to maintain their information, update group information and complete applications
- ▶ PAPER APPLICATIONS - Payors provide specific applications. Caution: Applications change frequently without warning.

GETTING STARTED

- ▶ ASSIGN RESPONSIBILITY - Assign a person who will be responsible for maintaining the documents and updating the physician file. The person should be responsible for completing applications, submitting applications and follow up with payors.
- ▶ GATHER PROVIDER NUMBERS, LOGONS AND PASSWORDS FOR EACH PROVIDER. Maintain a log and update as passwords are changed.

DOCUMENTS

- ▶ Prepare a file (electronic is best, with a back up of the e-file in a separate location) for the group practice and one for each provider.
- ▶ Maintain your payor contracts electronically, and scan the signature pages into the file for each contract.
- ▶ Maintain a grid that identifies each provider, and all identifying numbers associated with the provider. List each payor and document the start date of each provider into the grid

WHEN THE PAYOR ASKS

- Payors re-credential providers every three years. Do not disregard communication from a payor. The letter accompanying an application will state the purpose of the application (re-credential). If you do not respond to the applications within the time frame stipulated, the payor will terminate your contract with them
- MEDICARE - DO NOT DISREGARD COMMUNICATION FROM MEDICARE. IF YOU DO NOT UNDERSTAND THE COMMUNICATION FROM MEDICARE....CALL THEM AND ASK!!!

GROUP INFORMATION

- ▶ W-9
- ▶ Articles of Incorporation
- ▶ CLIA Certificate (if applicable)
- ▶ ECFMG Certificate (if applicable)
- ▶ Fictitious Name Permit (if applicable)
- ▶ SS-4 Letter
- ▶ NPI Confirmation Letter
- ▶ Certificate of Comprehensive Liability
- ▶ Voided Check, deposit slip, or bank letter with your corporate name
- ▶ Business License for each practice location

GROUP INFORMATION

- ▶ MEDI-CAL
- ▶ - Workers Compensation Insurance Face Sheet
- ▶ Office Lease Name, Address, phone number, term of lease, and amount of lease

- ▶ NOTE: Bank information must have the exact name of the business name on the SS-4 letter
- ▶ The legal business name must read the same for all documents (including punctuation)

PROVIDER INFORMATION

- ▶ Curriculum Vitae - if month/year of training and work experience are not listed, keep a separate list with the information.
Explanation for any work history gap over 3 months
- ▶ Medical License
- ▶ DEA Certificate
- ▶ Face Sheet of Malpractice Certificate
- ▶ Explanation of any judgments or settlements
- ▶ Medical School Diploma

PROVIDER INFORMATION, CONT

- ▶ Training Certificates, residency, fellowship
- ▶ Board Certifications/proof of eligibility
- ▶ Three (3) Professional References (name, specialty, address and phone)
- ▶ Letter verifying hospital admitting privileges
- ▶ State issued Drivers License (Medi-Cal)
- ▶ Social Security Number
- ▶ State and Country of Birth
- ▶ NPI Confirmation Letter

PECOS

- ▶ **PROVIDER ENROLLMENT, CHAIN AND OWNERSHIP SYSTEM**
 - **Must be enrolled by January 1, 2011**
 - **AUTHORIZED OFFICIAL - President or CEO of the organization who has been signing the Medicare applications (not the delegated signer)**
 - **First Step - Authorized Official creates a user name and password. Once the password is created you will enter Account Management to locate the Group NPI. This process identifies the group you are attempting to enroll. Completion of the initial application will create a tracking number. Print the tracking page which will have instructions, be sure to have your SS-4 letter BEFORE you apply. Must be submitted with the tracking letter.**

PECOS

- ▶ **IMPORTANT !!!**
 - MAKE SURE YOUR GROUP NAME ON THE NPI WEBSITE IS AN EXACT MATCH TO THE NAME MEDICARE HAS ON RECORD. (ISSUES ARE ARISING FROM THIS RULE)
 - MAKE SURE THE NAME ON THE SS-4 LETTER IS AN EXACT MATCH TO THE NAME ON THE NPI WEB SITE AND THE NAME MEDICARE HAS ON FILE.

PECOS

- ▶ Medicare will contact the office to verify employment of the Authorized Official.
- ▶ Medicare will email a confirmation that the Authorized Official has been verified and accepted.
- ▶ Authorized Official logs in to the PECOS system and prints and signs the security consent form. Mail.
- ▶ E-mail verification that the A.O is approved to make changes on the group.

PECOS

To add a user:
AFTER MEDICARE APPROVES THE AUTHORIZED OFFICIAL, A USER MAY GO IN TO THE GROUP AND SUBMITS A REQUEST TO BE A USER FOR THE GROUP. THE SAME TRACKING SYSTEM OCCURS. MEDICARE WILL CONTACT THE A.O. INFORMING THEM A USER HAS REQUESTED ACCESS. THE A.O. MUST REPLY AND APPROVE. UPON APPROVAL, THE USER MAY REGISTER THE GROUP. THE TRACKING SYSTEM TAKES PLACE. FORMS AND SIGNATURES APPLY.

PECOS ISSUES

- ▶ If you have not submitted an application to Medicare within the last three or four years, your group may be required to re-validate.
- ▶ Each application seems to be different with variables that we cannot predict.
- ▶ Exact name matches are frequent causes of denials. Palmetto may freeze your account pending correction of business name
- ▶ If there is outstanding paper applications, the process may be interrupted by attempting to create a PECOS account.

FINAL WORDS

- ▶ Credentialing is an intricate part of the medical practice.
- ▶ Credentialing and Contracting are not the same. If your Group is contracted, your providers must be credentialed with the health plan.
- ▶ Take seriously all communications from your health plans and government payors.
- ▶ Review your eob's frequently to make sure the health plans are considering your group as participating

Websites to put in "Favorites"

- ▶ Centers for Medicare and Medicaid Services (PECOS) (CMS); <http://cms.hhs.gov>

- ▶ CAQH - www.cagh.org

MED DIRECT EXECUTIVES, INC.
www.mdexec.net
