Meet the Presenter…

On the topic:
**Credentialing and Contracting**
with Government and Private Payors

Sarah Brannon, MHA
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Credentialing & Contracting
Sarah Brannon, MHA

What's the BIG Mystery?

Presentation Overview

• Part 1: What's the Point?
• Part 2: What's Happening Behind the Scenes?
• Part 3: How to Achieve the Best Results?
• Part 4: Pitfalls
First Things First
Create/Update your provider’s CAQH account (Council for Affordable Quality Healthcare)

CAQH (continued)....

1. Establish new account (new providers):
   Log on to website and click on “Register Now” to create account

   --or--

2. Update existing account (established providers):
   A. Log-in to CAQH (reference provided)
   B. Ensure that all fields are updated with current credentialing documents
   C. Most frequently requests for updates from payors:
      1. Practice Locations (particularly true for new practices/providers)
      2. Employment information
Part 1: What's the Point?

A. Vet the Provider
B. Vet the Clinic
C. Ensure Safety of the Patient

A. Vetting the Provider
• Ensure (s)he has the correct credentials
  • Examples:
    • Type 1 NPI
    • Medical license
    • DEA license
    • Professional liability (malpractice)
    • Board certification
    • Medical/NP/PA/etc. school diploma
    • Internship certificate
    • Residency certificate
    • Fellowship certificate
    • CV
    • Foreign Medical Graduates:
      • ECFMG
      • Green card if applicable
    • Military paperwork (DoD honorable discharge)
A. Vetting the Provider

- Ensure (s)he has the correct credentials
  - Examples:
    - Type 1 NPI
    - Medical license
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    - Residency certificate
    - Fellowship certificate
    - CV
    - Foreign Medical Graduates:
      - ECFMG
      - Green card if applicable
    - Military paperwork (DoD honorable discharge)

B. Vetting the Clinic

- Ensure the clinic/practice has the correct credentials
  - Examples:
    - W-9
    - Tax ID
    - Type 2 NPI
    - Call Coverage
    - CLIA certificate
    - Radiology/radiation control certificate
    - Live, voided check

- FACILITY:
  - Proof of accreditation
  - Site visits
C. Ensuring Patient Safety

- Examples:
  - Licenses and certificates
  - Call coverage
  - Hospital affiliation and privileges
  - Covering Physician (different than call coverage)
  - CLIA/radiation certificates for clinic

Part 2: Behind the Scenes

- 5-Phase Process:
  1. Request and complete application
  2. Credentialing
  3. Request and complete contract
  4. Contracting and effective date
  5. Loading into the directory
Part 2: Behind the Scenes

• 5-Phase Process:
  1. Request and complete application
     • Request on CAQH.org
  2. Credentialing
     • Once application is submitted, provider goes into credentialing
     • Will frequently request additional information
     • Longest part of the process—usually takes 4-5 months
  3. Request and complete contract
     • Most will automatically send e-contract when credentialing is complete
     • Once signed and submitted:
  4. Contracting and effective date
     • Payor must countersign and issue effective date
     • Usually takes 3-4 weeks
     • Effective date is often retroactive
  5. Loading into the Directory

PART 3: How to Achieve the Best Results

A. Prepare checklist for provider
B. Prepare tracking spreadsheet
C. Understand the process and timeline
D. Check in with the appropriate department/rep regularly
Part 3: How to Ensure the Best Results

EXAMPLE: Prepare Checklist for Providers

1. Documents and information previously discussed
2. Keep HARD COPY file

Checklist: Page 1

PROVIDER CREDENTIALING CHECKLIST

Texas Standardized Credentialing Application (aka CAQH) log-in information:

ID: _______________ Password: _______________ (___ I don’t have this. Please send instructions)

Clinic Names:

Legal Business Name (LBN) of clinic as reported to the IRS (note capital letters, punctuation, and entity type):

_________________________________________________

Doing Business As name (DBA) if different than LBN (how patient will identify your clinic):

_________________________________________________

Title you wish to be credentialed under (ex: President, CEO, Physician Owner, etc.):

_________________________________________________

Specialty Information:

Primary Specialty as you wish to be credentialed ___________________

Secondary Specialty (if applicable) ___________________
Checklist: Page 2

Complete address where provider will render services:
__________________________________  
__________________________________  
__________________________________

Complete address where payment will be sent (if different from above):
__________________________________  
__________________________________  
__________________________________  
______ Billing address is same as physical address

Standard hours/days of operation:
Business days and hours:  ___________________________  and patients will be seen on those days from _______ (first patient appt) to ________ (last patient appt)

Checklist: Page 3

____ Phone number and fax number where services will be rendered
(____) - ______ (phone)   (____) - ________ (fax)

____ Exact service location phone and/or fax number(s) is/are not established. I understand that I will have to provide an alternate [personal] number to initiate credentialing. I also understand that I or my office staff will be responsible for updating this information with payors when an office-based number is established. I further understand that I may get phone calls from payors and/or payor beneficiaries at the number provided if the number has been loaded prior to officially updating it directly with payors.

Personal phone number provided  (____) - ________

The following must be the actual certificates/documents FAXED or SCANNED (no photos of the document):
____ Current medical / other provider license
____ Current DEA certificate (full certificate, not wallet card)
____ Current CDS certificate (full certificate, not wallet card) [no longer used]
____ Current Professional Liability insurance DECLARATIONS page [NOT proof of coverage]
____ Board certification certificate and/or letter from specialty board if applicable
____ Medical / NP / PA school, internship, residency, and fellowship certificates as applicable
____ Curriculum Vitae
____ W-9 with correct legal business name (note capitalization and punctuation) and service address
____ ECFMG for foreign medical graduates if applicable
Checklist: Page 4

Indicate which, if any, government-sponsored plan(s) with which you wish to participate:

_____ NONE        _____ Medicare     _____ Local Carrier/TRICARE
_____ Workers Compensation
_____ Medicaid (Unless otherwise notified, you will be enrolled under Traditional Medicaid Services)

*Unless otherwise advised, BHC will opt-in on your behalf to all private plans including HMO, PPO, and POS*

Type 2 (business, not individual) NPI:   _______________________  ( I don’t have this. Please send instructions)

Electronic information (indicate if still pending or if utilizing paper charts):

   EMR:  ________________      Clearinghouse:  _________________    EDI:  __________________________

Patient billing method (circle one): In-house staff biller   /   Contracted billing service   /  EMR only

Patient age range:  ____________ (minimum)   - _____________ (maximum)

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Checklist: Page 5

Desired effective dates:

Date you wish to terminate from your current practice (indicate if N/A) ________________

Date you wish to open your doors to new patients ________________

Coverage:

HOSPITAL (Choose one option)

_____ I currently have hospital admitting privileges and will provide:
   • Complete names (and addresses, if possible) of all hospitals where you have privileges
   • Type of privileges at each (Full admitting/consult, courtesy, office-based, etc.)

_____ I will be requesting hospital privileges from you (this is an additional fee) and will provide:
   • Complete names (and addresses, if possible) of all hospitals where you are requesting privileges
   • Type of privileges you’re requesting at each (Full admitting/consult, courtesy, office-based, etc.)

_____ I do NOT want hospital privileges and will provide:
   Names, offices addresses, and specialties of each provider (at least 2) admitting patients on your behalf

24-HOUR CALL (Choose one option)

_____ Names, office addresses, specialties, office numbers, emergency numbers, and call schedule/arrangement of each provider accepting call for your patients

_____ I will accept 24/7 call for all of my patients
Checklist: Page 6

Covering Physician (REQUIRED: This is the physician who will cover your patients in the rare, emergent case that you are unable to be reached and the insurance company must urgently redirect all patients to another provider. This is NOT for scheduled days off. He or she MUST accept all major insurances):

First and last name of physician __________________________

Specialty of physician ___________________

**Please note that if you are a PCP, your covering physician must also be a PCP (of any nature); if you are a specialist, the covering physician must also be a specialist in your area of specialty

Please note that any criminal or malpractice history, even if expunged, must be answered in the affirmative on all credentialing documents if asked. Any misleading or undisclosed information could result in extensive fines issued by government authorities. Brannon Healthcare Consulting will not accept responsibility for reporting false information. Please disclose all such matters to BHC. We will respect your confidentiality in this and all matters.

_________________ Initial Here

Checklist: Page 7

Submit the following if applicable:

_____ If enrolling in Medicaid: _______ ( N/A—not enrolling in Medicaid)

_____ TPI if currently or previously accepting Medicaid patients (or N/A): _______

_____ Medicare approval letter assigning PTAN (unless pediatrician) if currently or previously accepting Medicaid patients (Medicaid will not enroll a provider not enrolled in Medicare)

_____ Copy of driver’s license (scanned or faxed)

_____ LIVE, original, voided check showing legal business name exactly as it appears on Certificate of Incorporation (mailed—must be original)

_____ Green card or other proof of residency if applicable

_____ If enrolling in Medicare: _______ ( N/A—not enrolling in Medicare)

_____ PTAN if currently or previously accepting Medicare patients (or N/A): _______

_____ Choose one IRS form: (can be obtained by calling IRS at 800-829-0115; Original not necessary)

IRS CP575

IRS 147 C

IRS 941

_____ Voided original check showing legal business name exactly as it appears on Certificate of Incorporation (mailed—must be original)

_____ Green card or other proof of residency if applicable

_____ CLIA certificate or waiver _______ ( N/A—no blood work/finger sticks in-house)

_____ Any radiology/radiation control certificates _______ ( N/A—no imaging in-house)

_____ Military paperwork: Honorable discharge certificate, DD Form 214, medical service certificate _______ ( N/A—never in military)
Part 3: How to Achieve the Best Results

B. Prepare Tracking Spreadsheet for Payors

1. Payor Name
2. Contact Information
   • Separate credentialing and provider relations numbers
3. Communication tracking (date, method of communication, name, content of conversation)
4. Pending (on your end)
5. Effective date

EXAMPLE: Full Tracking Spreadsheet

[Table with columns for various payor information and tracking details]
**Example: Top of Tracking Spreadsheet**

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Contact Info: Credentialing</th>
<th>Contact Info: Provider Relations/Provider Rep</th>
<th>Communication Log (Date, Method of communication, Name, Content of discussion)</th>
<th>Pending</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
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<tr>
<td>Blue Cross/Blue Shield</td>
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<tr>
<td>Cigna</td>
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<tr>
<td>Humana</td>
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<tr>
<td>Medicaid</td>
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<tr>
<td>Medicare (Medicare Carrier)</td>
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<tr>
<td>Tricare (Tricare carrier)</td>
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<tr>
<td>United Health Care</td>
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</tr>
</tbody>
</table>

**Example: Bottom of Tracking Spreadsheet**

<table>
<thead>
<tr>
<th>Legal Business Name here</th>
<th>DBA Name here (if applicable)</th>
<th>TIN</th>
<th>ADDRESS</th>
<th>Billing Address</th>
<th>Phone</th>
<th>FAX</th>
<th>e-mail</th>
<th>npi (Type 2)</th>
<th>Taxonomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name here</td>
<td>Provider Title here</td>
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<td></td>
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<tr>
<td>Medical License</td>
<td>effective date here</td>
<td>exp date here</td>
<td>effective date here</td>
<td>exp date here</td>
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<td>DEA</td>
<td>effective date here</td>
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<tr>
<td>Malpractice / Professional Liability</td>
<td>Policy #</td>
<td>effective date here</td>
<td>exp date here</td>
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<td>Hospital Privileges</td>
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<td>Covering Physician</td>
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<td>EFFECTIVE DATE</td>
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Part 4: Pitfalls in the Credentialing/Contracting Process

1. Lack of preparedness
2. Inaccurate information (additional resources):
   1. NPPES (NPI verification)
   2. USPS (full zip code +4)
   3. NACO (county)
   4. CAQH (“Provider Bible”)
3. Legal business checks not matching W-9/articles of incorporation EXACTLY
4. W-9 not matching articles of incorporation EXACTLY
5. Not understanding process and timeline
   1. Infrequent status updates
   2. Hassling the payor
6. Billing without understanding retroactive policies
   1. Wait for effective date
   2. Private pay vs. resubmitting denied claims

Resources
Brannon Healthcare Consulting
• www.BrannonHealthcareConsulting.com
NPI Website
• https://npiregistry.cms.hhs.gov/
USPS—zip code
• https://tools.usps.com/go/ZipLookupAction_input
County finder
• http://cic.naco.org/
CAQH
• https://proview.caqh.org/Login/Index?ReturnUrl=%2Fpr
Taxonomy codes
IRS W-9 form
Your state medical board for license information
That’s It!

Thank you for your participation

www.BrannonHealthcareConsulting.com