

Tips for Medicare Provider Enrollment

By Shannon Smith, CPC, CMSCS, CMAS

Provider enrollment is one of the most exasperating trials of a physician or non-physician provider's career. In our emerging paperless society, credentialing is a paper-labored process. Not only are the applications and contracts long and tedious, but the U.S. Center for Medicare and Medicaid Services (CMS) also requires many forms of authenticating paperwork.

It is possible to lessen some of these headaches by using an outside credentialing source, but don't expect this to totally eliminate the practice's work. A knowledgeable outside source will minimize your practice's involvement and be able to guide you through a sea of paperwork, processes and an overwhelming amount of follow-up. If you elect to use an outside source, here are some tips on establishing a proper relationship that will help safeguard your practice:

• **Insist on a contract for services.**

This should be a separate contract specific to provider enrollment/credentialing services, even if this is a company you use for a variety of services.

• **List specific carriers the provider needs to be credentialed with.**

This should be listed within the contract to ensure the desired credentialing efforts are a success. This is vital and gives you a point of reference for any possi-

ble instances of miscommunication.

- **Verify the company's follow-up policy.** It is not too much to expect that follow-up should be made to *every* carrier *every* week, as well as a detailed timeline to the practice of work performed on your behalf.

Credentialing can be completed as an in-house project and does not have to be outsourced. Since Medicare credentialing is usually the most labor intensive and it is the carrier with the most financial impact on a practice, we will address Medicare credentialing issues only.

To begin, decide what Medicare forms are needed and what commercial payers are requiring. Medicare will retro the effective date to the date identified on the appropriate 855 form; remember that claims are not considered timely with Medicare for 18 months.

Tips for Medicare enrollment:

- If you are not already enrolled for EFT payments, you will be forced into an EFT relationship with any changes/ additions/deletions to your current enrollment status. A voided check *must* accompany all EFT agreement forms. If your practice currently has any type of loan or credit line with the bank on the check, Medicare will

require a letter from the bank stating that it will not seize any Medicare payments made for default payments due.

- Be sure to refer to the last page of the appropriate application for the attachments required by CMS in order to process the application.
- *Never* leave any blanks on the applications. If the section is not applicable to your practice, enter "N/A."
- The practice name must match *exactly* how it is listed on the IRS verification of the TIN form. This includes abbreviations and punctuation.
- The NPI registration for the practice information must also match *exactly* the IRS verification of your TIN form.
- Cigna Medicare, the carrier for Tennessee, states it does *not* allow phone calls to check status of any applications.
- Plan to allow approximately three months for Medicare credentialing.

Medicare has required that all groups go through a revalidation process for credentialing, which means sending in a new 855 form for your practice, recertifying all of your information. If your group never completed this task, it must be completed before adding providers or making any changes to your existing enrollment.

Once the sea of paperwork is completed, the babysitting begins. Be vigilant and follow up at minimum weekly. Knowing what the credentialing status is at every point of change will keep you in the loop and help the process run more smoothly.

On a final note, once credentialing is complete, prepare for each physician a file or binder with all of the key elements needed for credentialing. Keep it close at hand for any future changes or updates that will need to be made. ■

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Table. Forms Needed for Medicare Credentialing.

Reason for Credentialing	855 I	855 R	855 B	PAR Agreement Form (CMS 460)	Electronic Funds Transfer (CMS 588)
Addition of a credentialed Medicare provider to an existing practice already receiving EFT Payments		X			
Provider leaving group practice to open a solo practice	X			X	X
Existing practice making a TIN/Incorporation change		X Per Provider	X	X	X
2 or more credentialed physicians forming a group practice		X Per Provider	X	X	X
New physician to the Medicare carrier or new graduate joining an existing practice	X	X		X	