

Uncomplicating the Process of Provider Enrollment

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Provider enrollment has become one of the most cumbersome, complicated procedures a doctor's office can undertake. The first step to uncomplicating the process is to understand the differences between enrollment and credentialing.

Enrollment is the process of completing the proper enrollment applications and submitting them, with supporting data, to insurance carriers. Credentialing is the process of investigation and verification of, at a minimum, a doctor's education, license status, clinical affiliations and practice history.

Because enrollment is time-consuming, it is often ignored, delayed, or passed off to office personnel less familiar with the process. Procrastination is no longer a choice, however, since legislation dealing with enrollment is continuously being passed.

For example, the Centers for Medicare and Medicaid Services (CMS) has mandated that Medicare physicians or practitioners complete an enrollment form and submit specific information to CMS, including periodic updating and certification of the accuracy of enrollment information to receive and/or maintain billing privileges. In fact, most insurance carriers require occasional re-credentialing of all providers, ranging from every 120 days to every three years, and the issue is most likely addressed in managed care contacts.

MAINTAINING MASTER FILES

Enrollment is easier if the proper documentation needed to complete applications is up to date and easily attained in a master file. Below is a list of basic information that should be included in a master file for each professional:

- Copy of all original state licenses
- Copy of all current state licenses

- Current Curriculum Vitae/Resume (CV), including complete work history, explanation of any employment gaps lasting more than three months, date and place of birth, former names, hospital privileges, references
- Copy of current DEA certificate
- Social security number
- Copy of each TIN professional is working under
- Previous provider numbers
- W-9 for each TIN professional is working under
- Copy of NPI confirmation notice
- UPIN
- Details of any past and present litigation
- Copy of current professional liability insurance fact sheet
- Copy of current CLIA Certificate and number
- Copy of State Standard Credentialing Form
- Master list of Insurance Carriers
 - o Name of company or plan
 - o Telephone and fax numbers
 - o Effective date of contract
 - o Contact

In most operations, the office administrator or manager is usually the one to maintain the master files; however, in larger operations, this task can require a full-time staffer. In any case, it must be realized the information in these files is sensitive and should be kept with the highest of confidentiality. Circulation of this information should be on a need-to-know basis only.

Doctors, certified registered nurse anesthetists, nurse practitioners, physician's assistants, and any other healthcare professionals requiring a license in your state should all maintain a master file. While these individuals may or may not require enrollment, it might be helpful to maintain a file on each certified

staff member, if for no other reason than to help in updating the CV and continuing education credits.

TIMELY ENROLLMENT

Another pitfall physician's offices tend to fall into is that of late enrollment – not giving a new doctor enough time to enroll with the group's insurance carriers before they start seeing patients. If the doctor has already started with your practice, it is imperative the start date on all enrollment applications reflects the true start date, not the date you think they might be enrolled.

Never use the PIN of another enrolled physician to bill for services rendered by a new physician. This is considered fraudulent billing. The consequences of using another physician's PIN are rarely lenient, often leading to fines and possible suspension from the carrier's programs.

COST

Because the biggest cost of the credentialing process is not doing it correctly the first time, many offices are turning to outside sources for help. The demand for proper enrollment of physicians is not expected to decrease in the future; in fact, quite the reverse. As a result, providers must start employing more cost-effective ways of managing this process. They are realizing the cost of outsourcing the enrollment process far outweighs the cost of delayed billing. ■

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