

2024 ANNUAL EDUCATION CONFERENCE

April 24, 2024 - 1:15 p.m.



CHARTING THE COURSE: Mapping the Provider Enrollment Process

Presented by:
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Meet Your Presenters



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YS Credentialing

-  1 Identify 3 Types of Payers.
-  2 Describe the 8 steps of the Pre-Enrollment process.
-  3 Explain the 4 steps of the Post-Enrollment process.

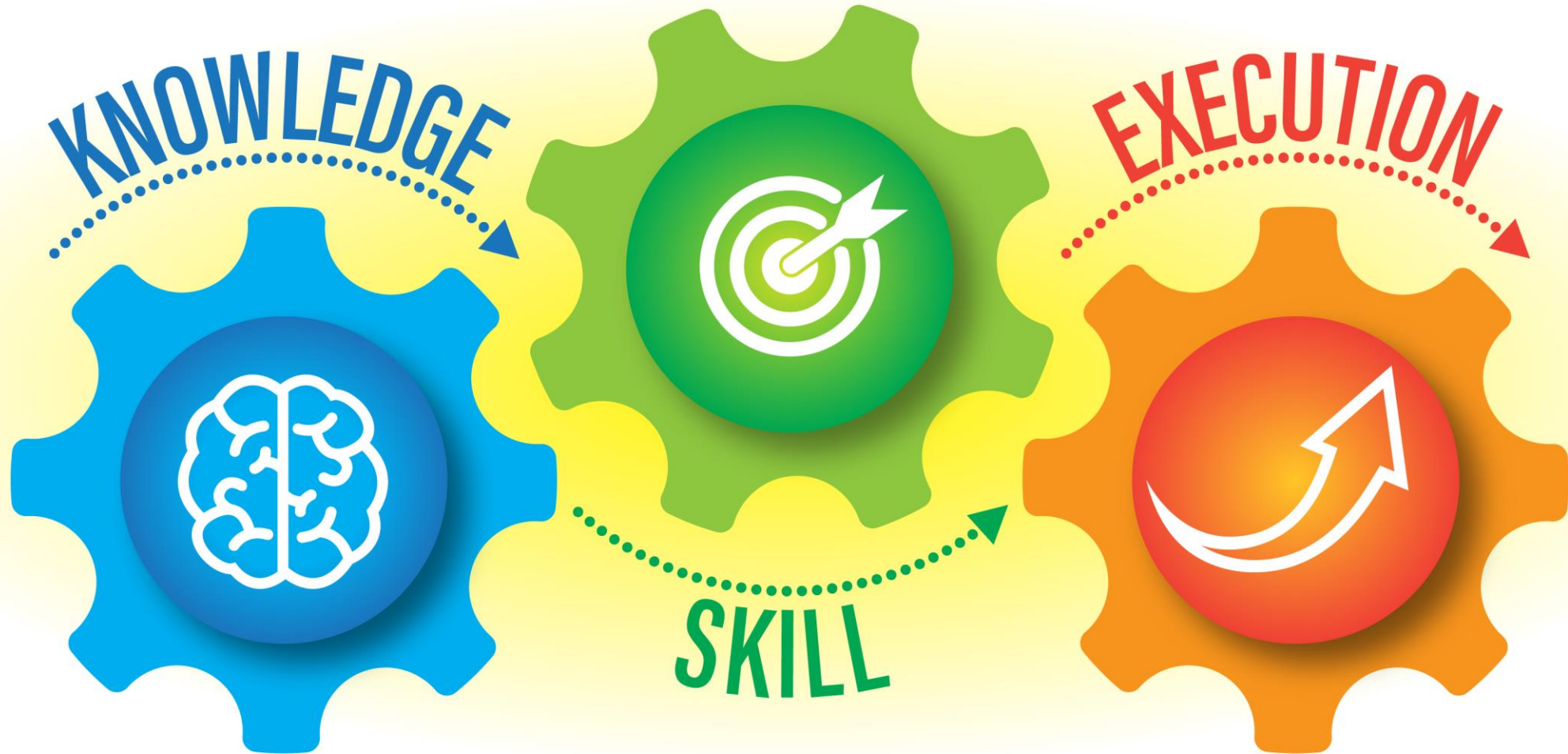


Prepare Yourself

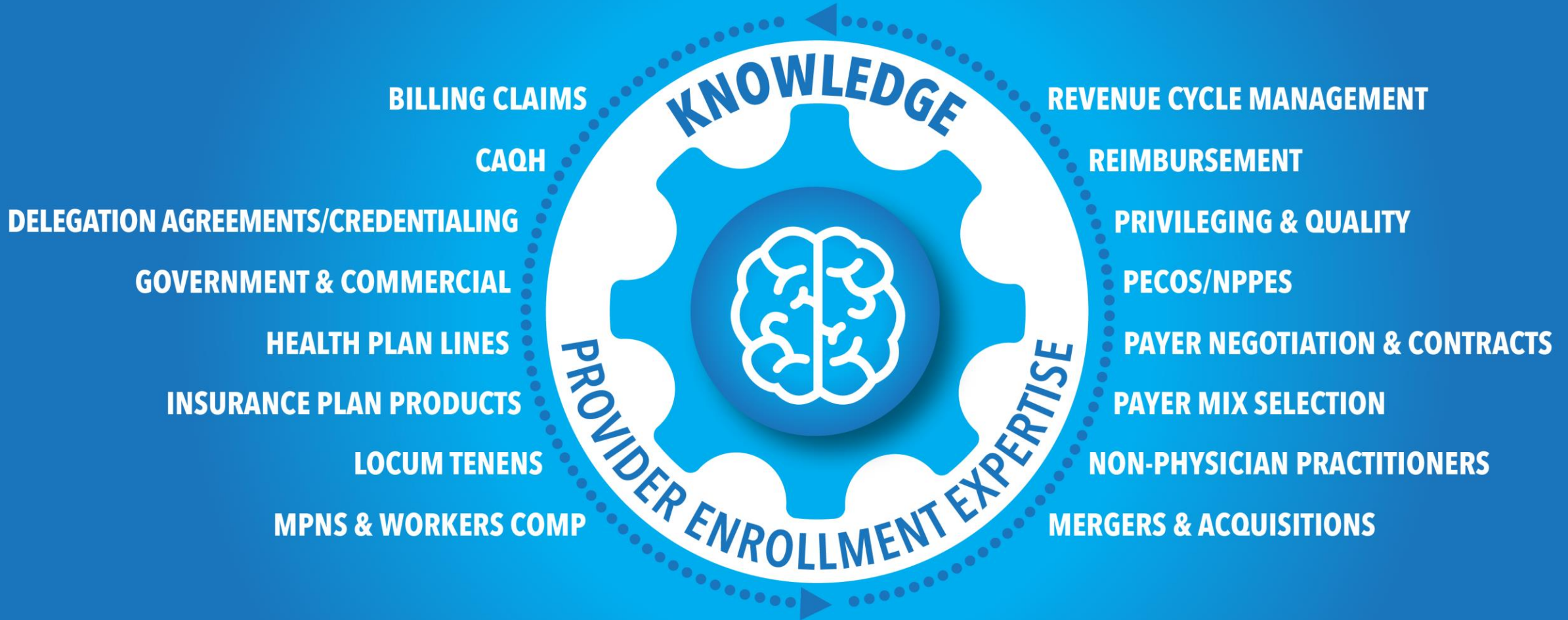


... to see the big picture of payer enrollment and then drill down to actionable steps involved in pre-enrollment and post-enrollment success.

COMPETENCE
COMPETENCE



KNOWLEDGE + SKILL + EXECUTION = COMPETENCE



KNOWLEDGE + SKILL + EXECUTION = COMPETENCE



TYPES OF PAYERS

3 MAIN TYPES OF PAYERS



Federal – Medicare/Tricare/US DOL



State – Medicaid/ Medi-Cal



Commercial – BC, BS, UHC, Aetna, Cigna

WHICH COMES FIRST?

- **Governmental – Federal (Medicare/Traditional Medicare)**
 - Medicare - MACs> I&A> NPPEs> PECOS> Medicare Enrollment
 - Before Medicare Advantage/Managed Plans
 - Before State Medicaid Enrollment
 - Also, Tricare and the US Dept of Labor
- **Governmental – State (Medicaid/Medi-Cal, Traditional Medicaid)**
 - Requirements vary by State
 - Before County Administered/Managed Care Plans
- **Private/Commercial (BC, BS, Aetna, UHC, HealthNet, Cigna)**
 - Commercial can be started simultaneously
 - Medicare/Medicaid plans can be added after approval



- Workers Compensation/MPNs
- Supplemental/Third Party Networks, PPO/Administrators
 - Multi-Plan
 - Prime Health Services
 - America's Choice Provider Network
 - Three Rivers Provider Network
- Employer Sponsored Health Plans
- Dental Networks
- Vision Networks



- Private & Commercial (BCBS, Aetna, UHC, HealthNet, Cigna)
 - Enrollment vs. Contracting? – Know the difference & which comes first.
 - Letters of Interest for certain provider types – Know the importance.
 - Prepare a Good Letter of Interest – Value Proposition; sell your provider!
 - Denied Network Participation? – What next? (Will discuss this further in the program)



- Become familiar with the types of plans/products payers typically offer:
 - HMO, PPO, EPO, POS
 - Medicare Advantage (MA)
 - Medicare Supplemental/MediGap (AARP)
 - Managed Medicaid (MCO)
 - ACA/Exchange
 - Military, Retiree, Veteran
 - Individual, Group, Employer-Sponsored
 - Medical Systems, Educational Systems, IPAs
 - Carve Out payers for certain provider types/services. (Behavioral/Mental Health)
 - Reimbursement rates and number of covered lives in your provider's service area.





STEPS OF THE PRE-ENROLLMENT PROCESS



PROVIDER ENROLLMENT

Enrollment = Two Steps



What is the process?

PRE-ENROLLMENT



Determine which plans to enroll



Contact payer/ask questions



Collect provider information and documents



Obtain and complete applications

What is the process?

PRE-ENROLLMENT



Prepare letter of interest



Submit enrollment packet to payer



Follow up until decision is made



Network denials—what next?

STEP 1- LEARN WHICH PLANS TO ENROLL

- Could be pre-determined based on your organization; is there an existing list?
- Know the available payers & their products offered in the provider's service area.
- Understand your provider's demographics, and who/where they serve.
- Understand your provider's desired/expected reimbursement rates.
- Confer with your provider on their priorities; expansion goals, and additional providers/services.
- For each of your provider's markets, come up with a list of 5-10 desired payers.
- Research for possible match – online & call/email payer.
- Resources:
 - AIS - Directory of US Health Plans
 - HealthQuest Publishers – Managed Medicare & Medicaid Plan Directories
 - State Medicaid websites – MCOs/Managed Medicaid payers



STEP 2 – CONTACT PAYER & ASK QUESTIONS

- Process for becoming part of the payer's network for your provider type/specialty?
- Any special provider requirements/licensing?
- Typical time frame for processing?
- Preferred submission method? Online, email, fax?
- Does the payor accept/use CAQH?
- Does the payor permit backdating? If so, how far back?
- Fee schedule?
- If Out of State Provider:
 - Do they allow OOS Providers?
 - Any special requirements for OOS Providers?
 - Primary vs. Crossover? (State Medicaid)



- Pre-application, CAQH, NPI registry, central repository, CVO dept/system, etc.
- Review/QA provider's information for completeness/accuracy.
- Check addresses, zip +4 codes, and counties on the USPS website.
- Check names/addresses/expiration dates on all licensure and supporting documents.
- List of attachments will be on the application.



Application Elements

- Instructions (great reference for many questions!)
- Provider Identifying Information, Education, Training
- Provider Licensure, Certifications, Affiliations
- Peer References & Work History
- Practice Information/Description/Services
- Professional Liability Insurance Info/Hx
- Billing Info/Clearinghouse/3rd Party Administrator
- Attestation Questions/Disclosures
- Ownership/Controlled Interest Disclosure
- Information Release/Acknowledgements
- Provider Agreement/ EFT Agreement
- Checklist of Required Attachments



- Checklist of Required Attachments
 - All applicable Professional, Medical, Federal, State, & Local Licensure, Certifications, Registrations.
 - IRS Issued CP575 & Signed/Dated IRS W9
 - Articles of Incorporation, Partnership Agreement, etc.
 - Professional Degree, Fellowship, Residency, CEU, DL/Picture
 - Professional & General Liability; Workers Comp, as applicable.
 - Copy of Voided Check (for EFT agreement)
 - Copy of Lease Agreement for Practice Location
 - Application Fee (if applicable)



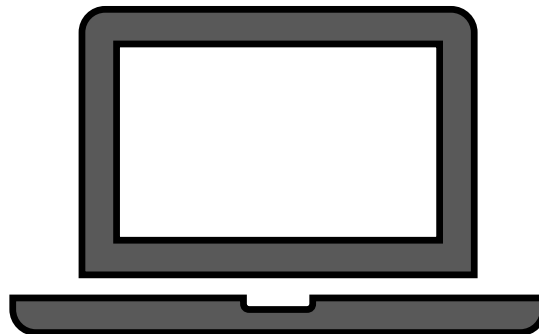
STEP 5– PREPARE LETTER OF INTEREST (LOI)

- Value Proposition to Payer with Selling Elements – Does your provider:
 - Offer unique services compared to competitors?
 - Serve a specific geographic location or demographic?
 - Serve low-income or special needs plan members?
 - Specialize in treating a specific diagnosis or chronic disease?
 - Offer competitive rates/cost savings to payers?



STEP 5– PREPARE LETTER OF INTEREST (CONT.)

- Special Attributes?
 - Minority/Women Owned?
 - Are they an Indian Health Services (IHS) provider?
- Offer Pilot/Trial/Test Program? Single-case agreement?
- Provide clinical evidence-/outcomes-based performance that offers value to the payer?
- Build a relationship with the payers that focuses on serving their beneficiaries.



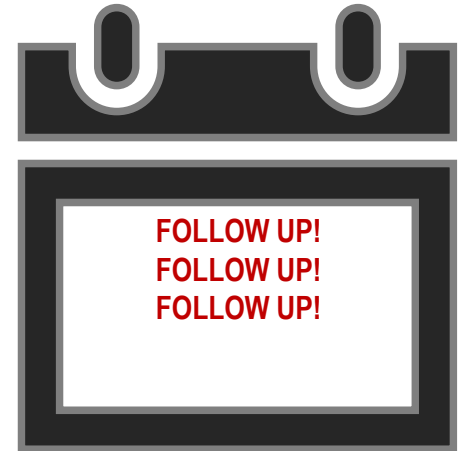
STEP 6 – SUBMIT APPLICATION

- Per Payer's Preferred Method
- CAQH, Email, Fax, FedEx, US Mail/PO Box
- Online Enrollment/ Web Portal (Username/PW)
- Application Tracking Number (ATN)
- Log submission into your tracking system!
- Communicate submission to stakeholders!



STEP 7 – FOLLOW UP

- Communication is Key! Confirm receipt.
- Follow up with payer (email, phone, fax), 2 weeks.
- Respond promptly to any requests for more info.
- Update all stakeholders/providers/supervisor.
- Log updates into the system.
- If approved, obtain an acceptance/welcome letter.
- If denied, go to Step 8!



You have options!

- Ask Why your provider was denied and When can you reapply? Ask to evaluate Quarterly/Yearly.
- Request a meeting/conference call with the Decision Maker for an inservice about your provider.
- Appeal & Re-appeal with supportive letters from patients, colleagues, and referring physicians, data on positive clinical outcomes, and percentages on savings/reduced hospital admissions/readmissions.



STEP 8 – NETWORK DENIAL? – WHAT NEXT? (CONT.)

- Leverage demographics/# of providers in the area vs. the number of covered lives/plan membership.
- Use Letter of Interest (LOI) strategies to present a Value Proposition and sell your provider.
- Whatever you do, don't take **No** for a first-time answer! You have options.
- Build & leverage your relationships with payers.





STEPS OF THE POST-ENROLLMENT PROCESS

POST-ENROLLMENT



Obtain proof of enrollment



Implement with billing department



Record/load new contract in database



Maintenance for continued enrollment

- Communicate any prolonged processing times.
- Receive/Request a confirmation letter from the carrier showing the provider's Effective Date.
- If none received, verify on the payer's website, Provider Directory, and capture a screenshot.
- If not online, call/email/escalate to Supervisor.
- Be PERSISTENT!



STEP 2 – IMPLEMENT WITH BILLING DEPARTMENT

- Assist with applicable Electronic Funds Transfer (EFT) set-up processes.
- Assist with applicable Electronic Data Interchange (EDI) or Electronic Remittance Advice (ERA) set-up processes.
- Assist with payer web portal set-up/admin.
- Communicate with all Internal/External stakeholders, Billing Dept/Rev Management.



- Receive/upload an executed copy of the Provider Agreement, and contracted rates into your system.
- Receive/upload Welcome Letter with the provider number & any other identifying numbers.
- Verify documents for provider info accuracy.
- Verify the provider is loaded in the payer system/directory.



- Timely changes of information to the payer.
- Renewed provider licensure/insurance to the payer.
- Track enrollment expiration dates.
- Track re-enrollment/revalidation dates.
- Quarterly provider demographic updates.
- Ensure current provider info/attestations in CAQH.



Updating...





POWER THOUGHT

“Everything can be improved.”

- Clarence W. Barron

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Thank You