Delegated Credentialing vs Direct Enrollment

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Credentialing

- The act of credentialing is defined as the process of establishing the qualifications of licensed medical professionals and assessing their background and legitimacy.

- They are looking for QUALITY.

Enrollment

- Enrollment is the act of enrolling that provider with a health plan for reimbursement. These are usually separated at the plan.

Credentialing Process

- Credentialing is usually done prior to enrollment at a health plan as well as before privileging at a facility. Fourteen states have adopted a universal credentialing application and it may differ slightly due to the facilities accreditation requirements.
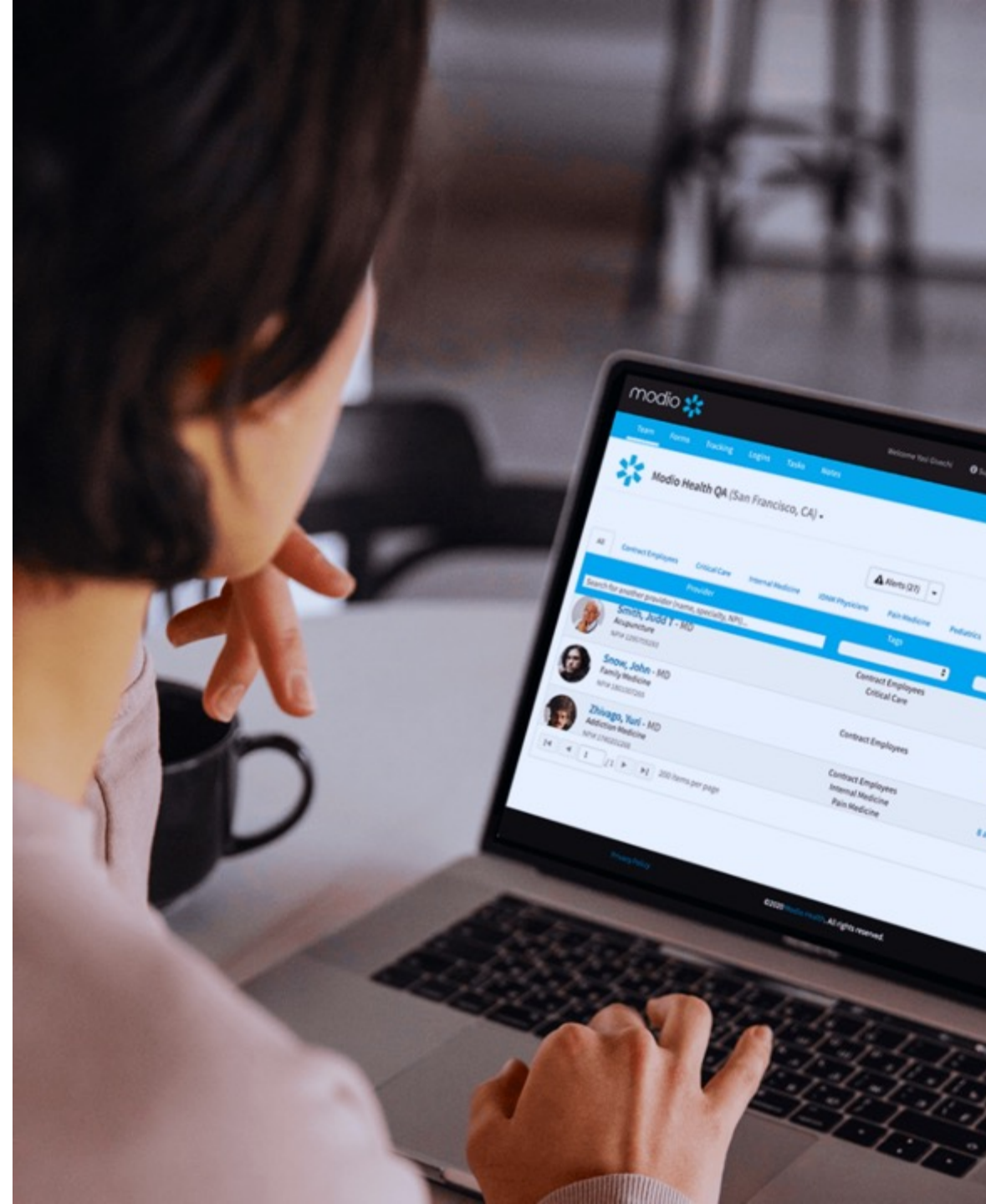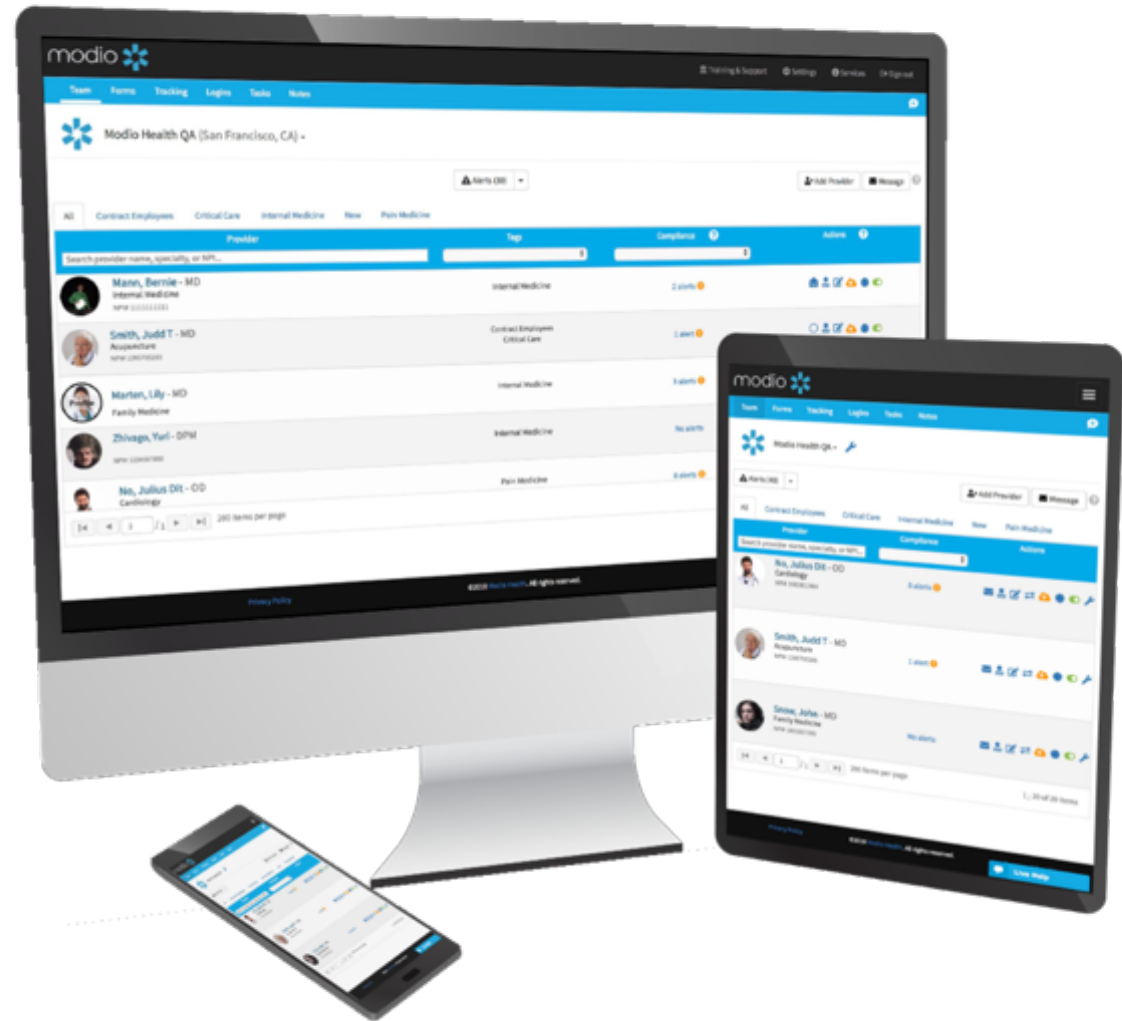
Security

- Security is important.

- Many employers have outsourced credentialing and I have seen many sources use unsecure methods to gather and transmit data which puts providers at risk.

Tools

- **OneView** is a great tool to store all your contracts and correspondence.

- Excel sheet (I have provided an example of one I've used prior to software.

- Encryption, fax, outlook

Provider organization

- Basic Personal Information DOB, SSN, city born

- Education and Training
  - Medical /Professional school certificates o Graduate school certificates
  - Internships and residencies certificate
  - Fellowships and preceptorships
  - Teaching appointments

- Specialties and Board Certification copies

- Practice Location Information
  - Practice name and type
  - Address and contact information
  - Billing, office manager and credentialing contact (practice manager ssn reqd for medicare)
  - Services, certifications, limitations and hours of operation
  - Partners and covering colleagues

- Hospital Affiliation Information

- Malpractice Insurance Information

- Work History and References

- Disclosure and Malpractice History CAQH USER AND PASSWORD if already registered

Tip: I provide my providers with a checklist that includes all this information required before I start.

Practice Info I ask for

- For Clinic I need name, dob and place of birth for every owner listed on article of incorp.

- I need CP-575 from IRS or other documentation proving tax ID. Need copies of business occupation permits licenses as applicable.

- I will need a voided check from the business account that you want the payments deposited to and MAKE SURE THAT THE BUSINESS NAME ADDRESS PHONE ETC ON CHECK MATCH TO THE LETTER WITH YOUR IRS DOCUMENTATION, need letter from bank worded like attached on their letterhead and need contact person to whom I will be able to get additional information from as needed.

Additional Information that is helpful

• IRS Form W-9(s)

• Drug Enforcement Administration (DEA) Certificate

• Controlled and Dangerous Substances (CDS) Certificate

• State medical license(s)

• Various identification numbers (UPIN, Medicare, Medicaid etc)

• Malpractice insurance policy(policies)

• Of course all addresses, billing info, contact name and number for each.

• All medicare, Medicaid #'s. You may need actual letters from Medicare/AHCA stating the numbers and the dates of becoming a participating Medicare provider. (If they don't already have the letter or if it has been lost, I can get you the address to request it if they don't have it.)

• Some require the actual letter from the IRS stating the Tax ID #, plus a W-9.

• Copies of all licenses for PT's PTA's and LMT's.

• Certificates of any accreditations: CARF, etc.

• Copies of liability and property insurance. • Some request a HCFA that is signed (w/patient info blocked out)

• List of codes they will be billing and what their charges are for those codes

Behavioral Health

Certifications	Conditions Treated	Modality
Art Therapy	Dementia Disorders	Applied Behavioral Analysis
Center of Excellence	Developmental Disorders	Addictive Disorders
Emergency Services Provider	Disruptive Behavior	Adolescent Psychotherapy
Lead Behavior Analysis Therapist	Dissociative Disorder	Adolescent Sex Offender
Positive Behavior Support	Separation/Divorce	Adolescent Psychiatry
SBIRT	Domestic Violence	Adoption Issues
Targeted Case Management (TCM) - Certificate Required	Dual Diagnosis	Alcohol/SA Treatment
Trauma Informed Care	Depression	Anger Management
	Disabled	Art Therapy
	Eating Disorders	Attachment Therapy
	Equine Assisted Therapies	Behavioral Therapy
	Family Dysfunction	Brief Therapy
	Feeding Disorders	Biofeedback
	Gay/Lesbian/Bisexual	Chemical Dependency Assessment
	Gender Identity Issues	Child Parent Psychotherapy (CCP)
	Grief/Loss/Bereavement	Child Psychiatry
	Head Trauma	Child Psychological Testing

PROVIDER NAME:

Direct Enrollment

- CAQH

- **OneView** -Healthcare Payor and review report for status' or use tracking, map frequently used forms.

- Outlook

- NPPES, PECOS, Availity, Optum

CAQH

- What Is It?

- Payer Side

- Practice Manager Module

- NAMSS (How To Make CAQH Work For You)

Provider Report

Enter state and the date for which you want to generate the Report.

Date

09/22/2021 📅

State

MA ⌄

Data Summary

View Data Summary

State Replica

View Replica

Click download to generate Replica

Download Replica Only

Download with Supporting Documents ↗

The documents that support the provider's CAQH ProView profile are listed below.

- Required documents are indicated with a red *.
- Click on the Document Type to download Approved or Expired documents.
- Missing, Failed, and Received documents are not available for download.

  For more information, click the ❓

Please select the documents you want to download

☐	Document Name	State	Expiration Date	Status ⓘ
☐	* Professional Liability Insurance ⬤⬤⬤⬤⬤⬤⬤ 2021		12/31/2021	Approved
☐	* State Release	Massachusetts		Approved
☐	Professional Liability Insurance ⬤⬤⬤⬤		12/31/2019	Expired
☐	Professional Liability Insurance ⬤⬤⬤⬤		10/01/2019	Expired
☐	Professional Liability Insurance ⬤⬤⬤⬤⬤⬤⬤ 2020		12/31/2020	Expired

Delegation

- When a plan allows an organization to perform the credentialing process upon their behalf, they do it with a delegation agreement. They are entrusting the organization to perform all activities required under NCQA, state, and federal requirements.

- There are mutually agreed upon responsibilities of each party

Delegated Credentialing Elements
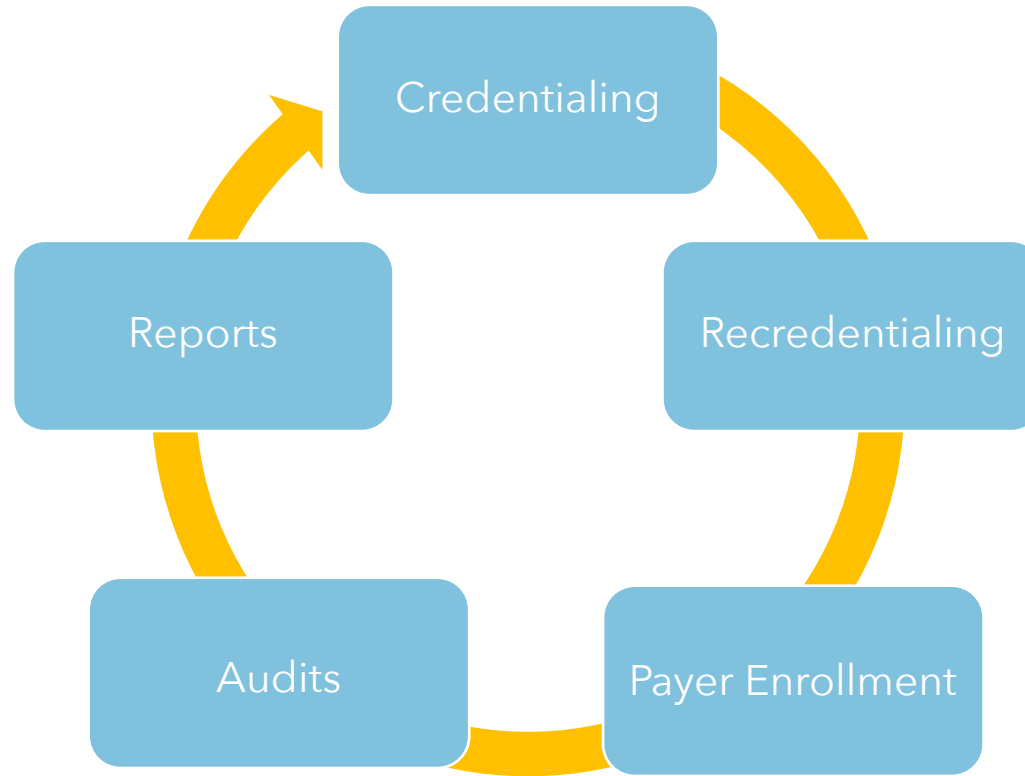
Primary Source Verification

- Primary Source Verification is a large component of both credentialing and recredentialing.

- Evidence that is sought usually includes:
  - Date the document was verified
  - Initials or signature of the staff member that reviewed the document
  - The source that the verification was obtained from
  - Expiration date for verifications
  - legibility

Elements

- The following elements are the required documents per NCQA guidelines that your auditors will be reviewing.

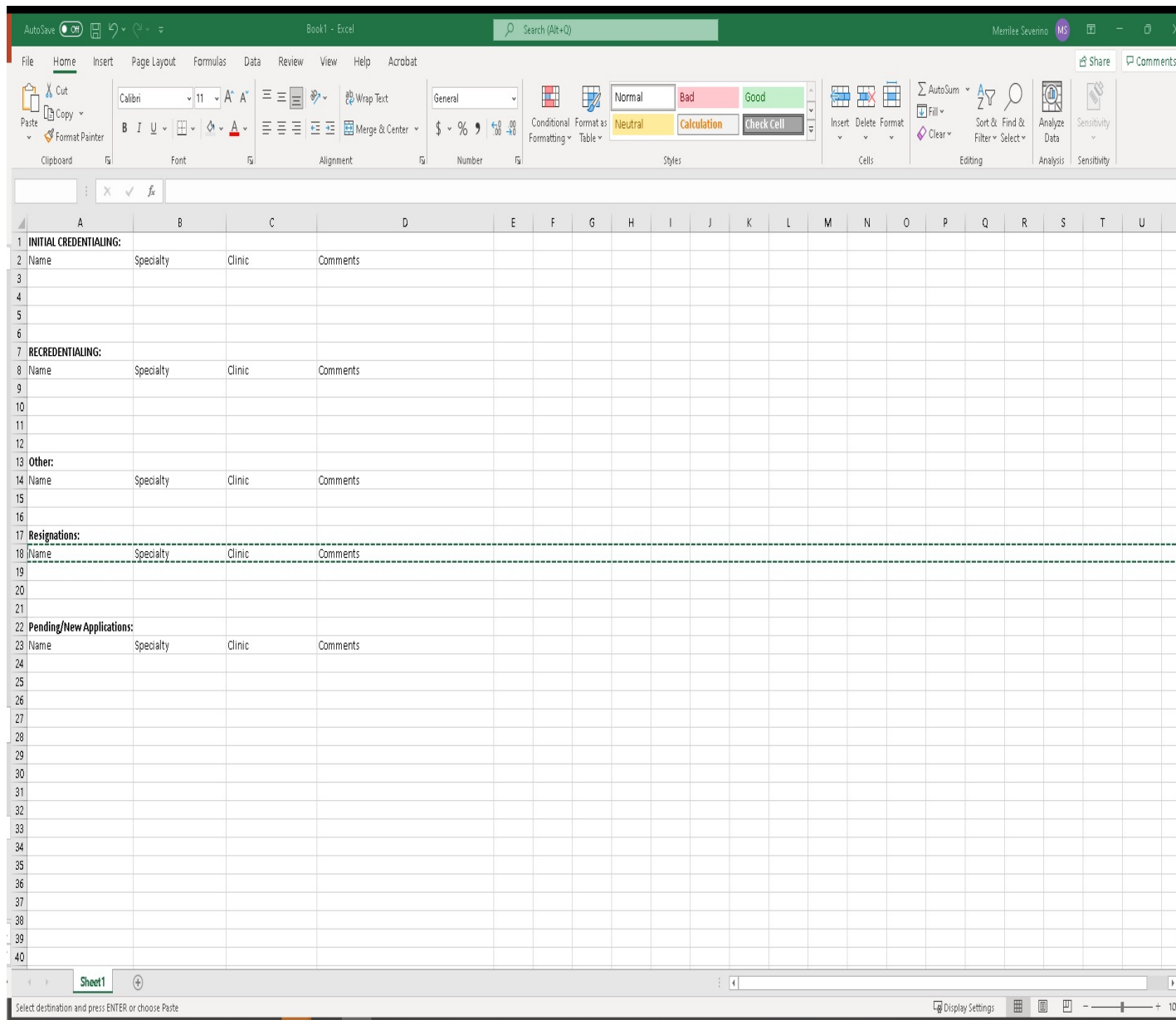| Documents	
Provider application and attestation	Signature required
State Licensure	Primary Source Verification Evidence
Federal DEA State CDS	Or prescriptive/collaborative agreement
Education	If not board certified, primary source verification evidence
Board Certification	Primary Source Verification Evidence
Hospital Admitting Privileges	Or coverage arrangements via provider attestation
Work History date/year	Last 5 years with explanation of gaps
Liability Insurance	COI dates and amount and/or provider attestation
Malpractice History (5 year)	Via loss run or NPDB report
Medicare/Medicaid Sanction Review	NPDB, State Medicaid agency and the OIG are acceptable.
OIG and Medicare Opt Out	Proof of queries
State or State Medicaid Requirements	If there are requirements that exceed limits above
Recredentials	Must also include evidence of quality performance monitoring as well as approval dates of prior credentialing

Checklists

- Credentialing "report"

- Checklists (useful for audits)

Dynamic Credentialing Report

- I utilize this to keep track of status (you can also use tracking in One View). I build my agenda for my CSC meetings utilizing this data. I also then go back and use this to be sure I've initiated payer enrollment process AFTER approval.

Recred Example

This is an example of what an auditor may accept as "file" on review. Be sure to include sources and comments when necessary- my comments are negative/positive or flags.

RECREDENTIALING CHECKLIST

Practitioner's Name:_____

Specialty:_____

EVALUATION OF RECREDENTIALING COMPONENTS			
ITEM	DATE SENT	DATE COMPLETED	COMMENTS
Application Form			
State License Verification			Expiration Date:
DEA Registration			Expiration Date:
Liability Insurance			Expiration Date:
Hospital Affiliation:			
Sacred Heart, OLSH			
Board Certification Verification			Expiration Date:
National Practitioner Data Bank Query			
Office of the Inspector General Query			
System for Award Management Query			
Medicare Opt-Out List			
Criminal Background Check			
Recredentialing Profile			
OLMN Credentialing & Standards Committee Meeting			
OLMN Board Meeting			

Reports

I utilize this screen in One View most often. I also attach all documents including my credentialing file once complete and signed.
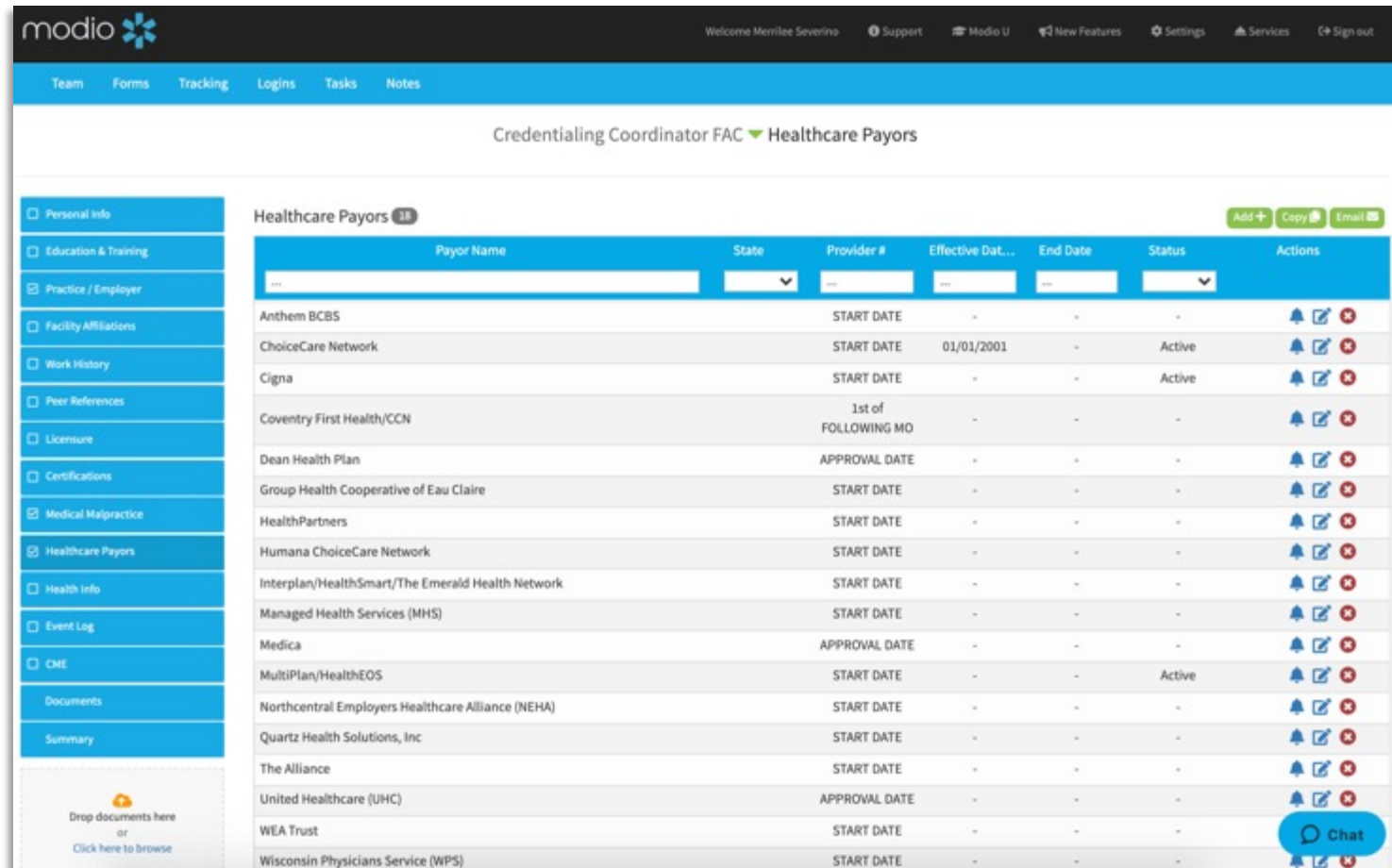
Rosters and Data Elements

We had a custom report built for our provider adds which we call Data elements

Credentialing Coordinator

- I have an account in our database for me. I utilize it to access our "practices" and also to have a template of whom our payers are and whether they use start date or approval date. I can then use One Views' copy feature to add this list to all new providers before I begin enrollment.

Audits

- Your health plans will choose what files they would like to review. Some will do screen shares. Others want the "checklists" and some will want the full tiles. Because we utilize electronic signatures, we have these "files" already put together using Adobe in the same order of the checklist.

- Tip- Make sure you are utilizing adobe or similar document software so that you can date stamp and initial your documents.

Thank you for attending today.
Feel free to reach out with any questions

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