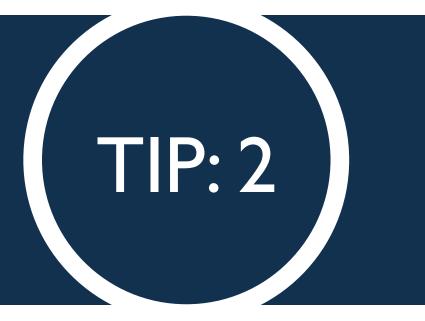
FIVE TIPS FOR ACHIEVING PROVIDER ENROLLMENT SUCCESS IN A COMPLEX LANDSCAPE

TIP 2 OF 5





ELIMINATE INSURANCE ELIGIBILITY DENIALS AT THE POINT OF SCHEDULING



Eliminate Insurance Eligibility Denials at the Point of Scheduling.

When a provider joins a hospital they must apply for privileges to conduct clinical services. This process includes obtaining and validating all of the physician's credentials including, but not limited to, board certifications, academic background, references, and previous work history. A committee must then approve the provider (sometimes as many as three or four separate committees) before being granted credentialing privileges. Each hospital has its set times for when these committees meet to ensure a smooth process when providers come on board.

While payer dependent, the average enrollment processes can take anywhere from 90 - 120 days. Having all the paperwork ready, and the applications that can be submitted in advance of becoming privileged with the hospital, will minimize unnecessary delays.



Help eliminate denials at the point of scheduling by:

- Review all applications and contracts prior to submission to the carriers to ensure all information is accurate and up to date – this will help avoid unnecessary delays and possible errors in the health plan databases.
- When submitting paper applications, send via USPS certified mail to obtain a signed receipt that the plan has received the application. Document when the receipt is received within the hospital's credentialing system with key dates included.
- Submitting applications and assuming that the applications is being processed without any hiccups is never a wise decision. To ensure that the plan received the application, conduct follow-up within 5 to 15 days of submission (depending on the insurance payer).
- Maintain a scheduled approach to follow-up during application processes. Pro-active and repeated application follow-up is the best way to ensure that the application is consistently moving through the payer's enrollment process.
- Manage your provider's Days in Enrollment. Track, on average, how long health plans take to enroll a provider. This is a good indicator for how early you should submit enrollment applications.
- Put steps in place to minimize the pain of credentialing and provider enrollment delays. Technology will play a pivotal role in reducing frustration.

LOOKING FOR ADDITIONAL TIPS?

Check out www.newportcredentialing.com/thought-leadership, or contact Newport Credentialing Solutions at info@newportcredentialing.com or 516.593.1380.

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