

FIVE TIPS FOR ACHIEVING PROVIDER ENROLLMENT SUCCESS IN A COMPLEX LANDSCAPE

TIP 3 OF 5



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TIP: 3

AVOID CREDENTIALING AND PROVIDER ENROLLMENT MISHAPS

Avoid Credentialing and Provider Enrollment Mishaps.

Even with processes in place to ensure credentialing success, things can happen along the way. A provider may miss the deadline to submit information to the designated committee. During peak hiring and busy holiday seasons, the department head may lose track of who is coming on board. When situations such as these occur, a provider is granted temporary privileges or provisional services. These “Band-Aids” let a provider work for several weeks or even months while hospital employees attempt to get the actual committee meeting and other processes in place necessary to grant credentialing privileges. However, these stall tactics come at a price because provider enrollment – which take 90 to 120 days – can’t happen until a physician is privileged. No enrollment means no payment.



Regardless of when a provider starts working at a practice, until the health plan awards the provider an effective date of participation, all claims have to be written off or held in suspense. Unfortunately, these situations happen all of the time, and when they do, lost revenue can easily add up to hundreds of thousands of dollars in a matter of months.

Tip 3

To minimize the potential of future mishaps, consider the following:

- ✓ Relying on Excel or Word documents to manage credentialing and enrollment is simply not feasible. For midsize organizations, and especially larger organizations with hundreds if not thousands of providers, it is nearly impossible to manage credentialing and enrollment manually. Utilize a reliable, cloud-based credentialing software solution to track missing documentation. This will help monitor a provider’s enrollment profile and status.
- ✓ Demographic and primary source documentation should be housed in a central, cloud-based repository and available for review in a real-time basis. Ensure that all documentation is collected and reported; including provider signatures.
- ✓ Remember, providers should never see patients until credentialed AND enrolled in the hospital’s health plans. Regardless of when a provider starts working at a hospital or medical group, until the health plan awards the provider an effective date of participation all claims have to be written off or held.

LOOKING FOR ADDITIONAL TIPS?

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