



How To: 13 Steps To

Limit Credentialing Mistakes Before They Happen

We all like to think we're experts: In car repair. Home improvements. Computers. Cooking. That's why there are so many internet fail videos demonstrating the disastrous, often hilarious, outcomes of cooking catastrophes and home repairs gone awry.

No doubt the members of your team are highly-skilled when providing excellent patient care. But credentialing? While credentialing is fundamental to the ongoing success of the provider's business, it's not a core strength.

Thirteen Steps to Success

With that idea in mind, we've listed the thirteen common steps in enrolling a new provider with a payer. Based on this list, credentialing might seem like something an accomplished DIYer could complete in a few weeks. If only it were that easy:

Step 1: New provider signs employment contract with practice

Step 2: Get documents from new provider

Step 3: New provider submits documents

Step 4: Documents are reviewed

Step 5: More documents requested

Step 6: New provider packet for payer complete

Step 7: Packet submitted to payer

Step 8: Payer reviews packet

Step 9: Follow up with payer

Step 10: Payer responds

Step 11: Payer requests additional documentation

Step 12: New provider fulfills request

Step 13: New provider approved by payer

Credentialing Issues

Revenue loss

Retroactive billing

Claims denied

Payer drops provider

Patient satisfaction decline

Best Practices

- Own the credentialing process
- Create document checklist
- Ensure correct application is used
- Attach all supporting documents
- Implement tracking system

It's easy to see how the DIY credentialing process can go wrong quickly without careful attention. Each step should be monitored and double checked. Practices face a slew of potential issues when credentialing doesn't go as planned. These are just a few of the issues that can arise:

- Revenue loss;
- Retroactive billing;
- Claims denied;
- Payer drops provider; and
- Patient satisfaction decline.

Get It Done

In our experience, and other sources report the same, credentialing may take anywhere from 90 to 150 days once the payer receives the documentation. There are generally two issues that push the process far past three months:

1. It's imperative the credentialing process begins well in advance of the new provider's first day at work. For practices that wait, it's too late to effectively start this meticulous process. The practice will take a hit to revenue, patients will need to reschedule and patient satisfaction likely will plummet.
2. Many credentialing packets are incomplete when submitted to providers. An unfinished submission restarts the process when it's nearly finished (see Step 11). "85 percent of applications are missing critical information," according to a credentialing manager quoted in Physicians Practice.¹ The missing information is typically basic, but necessary detail about the new physician.

Getting a late start on the process and incomplete packets can be prevented with a solution designed by credentialing experts who know about and understand the intricacies of gathering the right information from providers for payers. They should be responsible for validating and tracking the information every

step of the way, as well as delivering regular status updates. The ongoing follow-up process with the payer is essential to successful, first-time credentialing.

Credentialing, or credentialing done right, takes time, effort and likely more than the single

“expert” working in the office. Without help from a professional, this involved process can quickly become one of those demoralizing internet videos. Only this time, no one’s laughing.

End notes

1. Lucien W. Roberts, “Five Steps to Easy Physician Credentialing,” Physicians Practice, July 23, 2014.

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