



# 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:** Practice gets documents from new provider (valid medical license, DEA certificate, education and training records, and board certifications)
- Step 3:** New provider submits documents
- Step 4:** Documents are reviewed by the payer
- 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 from payer for more information

## 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

### Step 13: New provider approved by payer

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.

### Credentialing Best Practices

Step 2 (get documents from provider) is one of the most important in the process. Gathering copies of licenses, board certifications, diplomas and peer-review documents from the new

provider—and verifying the information with independent sources—helps you get the procedure in motion right the first time.

Additional best practices include:

- Have one person own the credentialing process;
- Create a checklist for requesting documents;
- Ensure that the correct application is being used;
- Attach all supporting documents (mentioned earlier); and
- Implement a system to track when information is sent by the practice, received by the payer and approved.

Finally, review the entire application and compare it to the information requested by the payer. This seems like obvious advice, but partial applications are sent to payers frequently.

At this point, your portion is complete. Now it's time to ship the package to the payer for approval.

## 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 at the practice begins well in advance of the new provider's first day at work. Practices that wait to start the process likely will take a hit to revenue, patients will need to reschedule and patient satisfaction will plummet.
2. Physician re-credentialing uses roughly the same process that was used the first time. For re-credentialing, however, it's necessary to ensure previously collected documents remain accurate or are updated, as appropriate.
3. 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.<sup>1</sup> 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. We suggest making your own video: One that depicts how a well-thought-out and detailed credentialing process allows the practice to help patients quickly, reduce administration costs, improve income and allow the organization time to focus on business strategy.

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## End notes

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

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3300 Rider Trail South  
Earth City, Missouri 63045  
(800) 969-3666  
[TriZettoProvider.com](http://TriZettoProvider.com)