

Avoiding Denials Related to Credentialing and Product Participation

Sponsored by
TriZetto Provider Solutions

Penny Noyes
President, CEO & Founder

**Guiding the business
side of healthcare**



www.healthbusinessnavigators.com

Objectives for this session

- *How to research and verify the current status of credentialing and product participation*
- *Launch and implement your credentialing cleanup project with research findings*
- *Understand the nuances of government vs commercial payers; direct vs delegated; and the roles of credentialing-related portals*

Before you start research...

Understand what "PAR" means

PAR = Credentialed + Contracted + (Providers Linked to TIN, Group NPI, Contracts & Products)

- Credentialed Alone \neq PAR
- Group Contracted but Provider not Credentialed & Linked \neq PAR
- Credentialing Approval Date does not necessarily = PAR Effective Date in Plans/Products

Denials or Out-of-Network Benefits Apply when not PAR

- HMO Products – typically results in denial or no benefits if non-PAR ...
 - PPO Products- typically Out-of-Network (OON) benefits apply – usually larger deductibles and coinsurance, and patient out-of-pocket max likely much higher than if in-network
-and group agreement may prohibit practice from billing patient if a non-PAR provider sees the member...hold harmless provision

Most Common Reasons for Non-PAR

- Not Credentialed or Not Re-credentialed/Revalidated
- Credentialed but not linked to the contract at all
 - Individual Contract never signed
 - Staff/Payer never linked credentialed provider to contract
- Credentialed and linked to contract but not to all payer products (HMO, PPO, Med Adv, Medicaid, Exchange, Narrow Network, etc)
- Contract may not include all products
- Panel Closed for Specialty

Drilling Down on Denial Reasons...

Not Participating/Out Of Network

Administer ERN Remark/Message/Adjustment Reason Codes

For Format: A5-ASCX12 835 Electronic Remittance Advice Version 5010A1

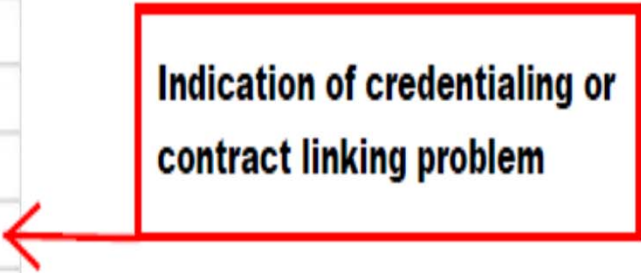
For Type: Adjustment Reasons

For Insurance: Default Settings


For Group: : Any Group Code

Code	Short Description
1	Deductible Amount
10	The diagnosis is inconsistent with the patients gender.
100	Payment made to patient/insured/responsible party.
101	Non-PAR OON
102	Major Medical Adjustment.
103	Provider promotional discount (e.g., Senior citizen discount)

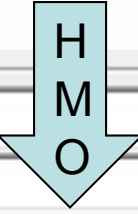
Indication of credentialing or contract linking problem



Do You Capture Non-PAR Reason When Posting?



NON



HMO

Criteria

Date: All Patient: []

From: 09/12/2013 - 09/12/2014 Account Type: All

Status: Non-PAR OON Insurance: ABC Plan | ABC HMO

\$ Amount: Greater Than 5 Plan: All

Write off greater than expected amount Reason: All

Patient Last (A-Z) [] - [] Company: All Companies

St..	Post Date	Billed	Exp/wri..	Write Off	Reason	Procedure	Patient	Insurance	Plan	User	PayID
<input type="checkbox"/>	07/11/2012	\$16.00	\$0.00	\$5.49	01 (Insurance Write Off)	Uric acid: blood					238..
<input type="checkbox"/>	03/20/2014	\$54.00	\$28.35	\$54.00	01 (Insurance Write Off)	Thyroid stimulating hormon...					658..
<input type="checkbox"/>	09/03/2012	\$31.00	\$11.81	\$21.73	01 (Insurance Write Off)	Immunization administration...					278..
<input type="checkbox"/>	09/03/2012	\$36.00	\$0.00	\$12.01	01 (Insurance Write Off)	Tetanus and diphtheria tox...					278..
<input type="checkbox"/>	06/26/2013	\$48.00	\$22.35	\$48.00	01 (Insurance Write Off)	Thyroid stimulating hormon...					470..
<input type="checkbox"/>	01/23/2013	\$48.00	\$21.00	\$48.00	01 (Insurance Write Off)	Thyroid stimulating hormon...					371..
<input type="checkbox"/>	02/27/2013	\$48.00	\$21.00	\$48.00	01 (Insurance Write Off)	Thyroid stimulating hormon...					394..
<input type="checkbox"/>	06/06/2012	\$250.00	\$0.00	\$87.35	01 (Insurance Write Off)	Human Papilloma virus (HP...					206..

Notice trends in denials by one payer or product

Running A Report Can Tell The Obvious

Be sure to capture denial reason code

Denial Type Non PAR					
Provider	Account	Proc Code	PRIMARY PAYER	Description	Rejection Type
LEWIS,RYAN MD	#####	99284	AMERIGROUP	=H7-STATE MEDICAID ID # REQUIRED	CREDENTIALING R
MICHAELS,RICHARD	#####	99284	BLUE SHIELD	BSPR38-SRVC NOT RENDERED BY AUTH/NETWORK PROV	CREDENTIALING R
CAUDELL,MANNING	#####	99283	BLUE SHIELD	BSPR38-SRVC NOT RENDERED BY AUTH/NETWORK PROV	CREDENTIALING R
HOUK,CATHERINE	#####	99232	MEDICARE	MCOB7-PROVIDER NOT CERTIFIED FOR PROCEDURE/SERVICE ON DAY OF SVC	CREDENTIALING R
HOUK,CATHERINE	#####	99232	MEDICARE	MCOB7-PROVIDER NOT CERTIFIED FOR PROCEDURE/SERVICE ON D	CREDENTIALING R
FORNEY,PATRICK	#####	99213	BLUE SHIELD	BSPR38-SRVC NOT RENDERED BY AUTH/NETWORK PROV	CREDENTIALING R
KOLHER,GEORGE	#####	88291	BLUE SHIELD	BSPRB7-PROV NOT ELIG FOR PYMT ON DOS	CREDENTIALING R
KOLHER,GEORGE	#####	88291	MEDICARE	MPRB7-PROVIDER NOT CERTIFIED FOR PROCEDURE/SERVICE ON D	CREDENTIALING R
KOLHER,GEORGE	#####	88368	MEDICARE	MPRB7-PROVIDER NOT CERTIFIED FOR PROCEDURE/SERVICE ON D	CREDENTIALING R
KOLHER,GEORGE	#####	88291	MEDICARE	MPRB7-PROVIDER NOT CERTIFIED FOR PROCEDURE/SERVICE ON D	CREDENTIALING R
DUKE,WATSON	#####	99203	MEDICARE	MPRB7-PROVIDER NOT CERTIFIED FOR PROCEDURE/SERVICE ON D	CREDENTIALING R
KOLHER,GEORGE	#####	88291	MEDICARE	MPRB7-PROVIDER NOT CERTIFIED FOR PROCEDURE/SERVICE ON D	CREDENTIALING R
BROWN,PERRY	#####	76817	AMERIGROUP	AG218-INVALID OR MISSING NDC CODE	CREDENTIALING R
JOHNSON,LEE	#####	99213	AMERIGROUP	AG218-INVALID OR MISSING NDC CODE	CREDENTIALING R
DIAMOND,MATILDA	#####	90960	MEDICARE	SW918-PROVIDER NOT CERTIFIED TO PERFORM DIALYSIS PROCED	CREDENTIALING R
MURPHY,MICHELA	#####	99254	BLUE SHIELD	BSPR38-SRVC NOT RENDERED BY AUTH/NETWORK PROV	CREDENTIALING R
KROSSER,ANDRE	#####	99204	CHAMPUS	TRP114-PROV NOT TRICARE CERTIFIED	CREDENTIALING R
SMITH,CLAIRE	#####	99393	BLUE SHIELD	BPRINF-INVAL PROV ENROLLMENT INFO	CREDENTIALING R
HOLSTEN,STEVEN	#####	99232	LIABILITY	BPRINF-INVAL PROV ENROLLMENT INFO	CREDENTIALING R
BIVENS,MATTHEW	#####	37224	MEDICARE	MPRB7-PROVIDER NOT CERTIFIED FOR PROCEDURE/SERVICE ON D	CREDENTIALING R
BIVENS,MATTHEW	#####	35476	MEDICARE	MPRB7-PROVIDER NOT CERTIFIED FOR PROCEDURE/SERVICE ON D	CREDENTIALING R

Where do you start on your fix?

- Know payers and networks with which you are contracted and who uses those contracts
- Are the Agreements through and IPA/PHO or Direct?
- Is Credentialing “delegated” or direct ?
- Are the Agreements Individual or Group?
- What Products (HMO, PPO, Med Adv, Medicaid, Exchange) are included in the Agreement

Gather/Inventory Contracts & Identify Products



Joining the business side of healthcare

Version: 07052011

ContractMaster

Format/Print

Practice Name:

John Smith Med, TIN# 22-000012

Due Now = Notice Due within 31 Days
 = Notice Past Due

Show All

Hide Termed Contracts

bed PDF File

Sort

Sort

Sort

Contract	Original Efftv. Date	Last Anniversary Date	Days to Anniv.	Term (Years)	Tied to Anniv.?	Notice Days	Notice Due Date	Notice Notes	Reimbursement Rates	Rep Contact Info	Notice Address	Termination Date	Contract Link
PPO Health Network Int'l	05/02/08	01/01/14	107	1	Yes	120	9/3/2014	120 days after initial term tied to anniversary	Lesser of billed charges or: Commercial: 120% PPO Health Market FS MCR Advantage: 100% prevailing MCR Loc 03 Worker's Comp: 95% state WC FS	No Rep Assigned Provider Relations - Contracting Dept: 800-544-4444	PPO Health Network Int'l 47774 E. Highway 222 SE Atlanta, GA 35444		PPO Health Net (Group) eff 5/2/08
Blue Field HMO (GROUP)	06/01/11	06/01/14	258	1	No	90	3/3/2015	90 days at any time	Lesser of billed charges or All: 135% 2011 MCR Loc 99	Nikki Evans 123 Street, Suite 3 PPO Town, USA 02220 (204) 222-5555 N.Evans@BFHMO.com	Blue Field HMO 123 Street, Suite 3 PPO Town, USA 02220 ATTN: Contracting Department		Blue Field HMO (Group) agmt eff 05.06.11
Red Cross Health	09/01/10	09/01/14	1081	3	Yes	90	6/3/2017	90 days after initial term, tied to anniversary	Lesser of billed charges or: PPO: 110% Current Year MCR HMO: 105% 2005 MCR	John James J.James@RedH.com (512) 555-7777	Red Cross Health 1542 W. Elm, Bldg 1400 Waltham, MA 05510		Red Cross (indv) eff 9/1/10

Info Needed Before You Start Research:

- List of Payers/Networks and Products
(HMO, PPO, Med Adv...) with which you think you are contracted
- Practice Name (& dba) with Group TIN & NPI
- Locations
- Each Provider's Name , DOB, NPI, SS#
- Optional but Sometimes Helpful:
 - Provider Start Date,
 - PTAN,
 - CAQH login
 - Provider's previous practice info

How to Research which Providers are PAR with which Payers & Products

Practice Name											Payer Contact Info:										
ADC Clinic, LLC											Main Line: 800-XXX-XXXX credentiaing Provider Relations 888-XXX-XXXX Rep Contact: Joe XXXXXX@Amerigroup.com Provider update FAX: 877-XXX-XXXX										
123 South Street Bowling Green, KY 42101											Main Line: 800-XXX-XXXX credentiaing Provider Relations 888-XXX-XXXX Rep Contact: Pam Contract Rep: Sam XXXXXX@BCBS.com										
Tax ID #: XX-XXXXXXX											Main Line: 800-XXX-XXXX credentiaing Provider Relations 888-XXX-XXXX Rep Contact: Dave XXXXXX@CIGNA.com										
											Main Line: 800-XXX-XXXX credentiaing Provider Relations 888-XXX-XXXX Rep Contact: Cathy XXXXXX@UHC.com Nw Acct Manager (Contracting): Sarah										
Providers LAST Name	Providers FIRST Name	Title	NPI	SSA	Specialty	DOB	UPIN	Medicare ID# (PTAN)	Medicaid #	START Date w/Practice	Aetna	Amerigroup	BCBS	Multiplan (Bechtel/Vant/PHCS)	CIGNA	Humana	UHC				
Smith	John	M.D.	XXXXXXX	XX-XX-XXXX	Family Medicine PCP	1/1/1985	A12345	PTAN	1234567	1/1/1982	Provider PAR effective 1/1/1982 - Provider ID: XXXXX - Linked to Group Agmt - HMO/PPQ/Medicare Adv products	NON-PAR - Initial Credentialing required	PAR - Effective 1/1/1982 - BCBS Provider ID: XXXXX - Linked to Indiv. Agmt - HMO products ONLY	PAR - Effective 1/1/2003 - No Provider ID issued - Linked to Indiv. Agmt - HMO/PPQ products	PAR - Effective 2/1/1992 - Provider ID: XXXXX - Linked to Indiv. Agmt - HMO/PPQ products	NON-PAR - Terminated 1/1/2011 due to failure to respond during Recredentialing process - Initial Credentialing Required. Go to Humana.com to initiate credentialing via online portal	PAR - Effective 2/1/1995 - Provider ID: XXXXXXX (Same as NPI #) - Linked to Group Agmt - HMO/PPQ/AAMP products				
Doe	Jane	M.D.	XXXXXXX	XX-XX-XXXX	Family Medicine PCP	1/1/1978	B12345	PTAN	1234567	1/1/2006	1/1/2006 - Provider ID: XXXXX - Linked to Group Agmt - HMO/PPQ/Medicare Adv Product	NON-PAR - Initial Credentialing required	NON-PAR - PANEL CLOSED - Not accepting new providers for this specialty/locality	PAR - Effective 6/1/2006 - No Provider ID issued - Linked to Indiv. Agmt - HMO/PPQ products	PAR - Effective 1/1/2001 - Provider ID: XXXXX - Linked to Indiv. Agmt - HMO/PPQ products	PAR - Effective 1/1/2000 - Provider ID: XXXXX - Linked to Indiv. Agmt - HMO/PPQ products	Provider ID: XXXXXXX (Same as NPI #) - Linked to Group Agmt - HMO/PPQ/AAMP products				
Patterson	Rob	M.D.	XXXXXXX	XX-XX-XXXX	Family Medicine PCP	1/1/1983	n/a	PTAN	1234567	1/1/2014	NON-PAR - Initial Credentialing Required. Go to Aetna.com to complete "become an Aetna Provider" via online portal - Payer utilize CACH	NON-PAR - Initial Credentialing Required. To be provider Portal on website - complete New provider add forms	NON-PAR - PANEL CLOSED - Not accepting new providers for this specialty/locality	NON-PAR - Initial Credentialing Required. Go to Multiplan.com to complete interest form. Paper Application & Contract will be rec'd via MAIL in 30-60 days @ the practice. Multiplan utilizes CACH	NON-PAR - Initial Credentialing Required. CIGNA utilized CACH - look for e-signature agreements to be sent via email - executed agreement required to start credentialing process	NON-PAR - Initial Credentialing Required. To go Humana.com to initial credentialing via online portal	NON-PAR - Initial Credentialing Required - CACH utilized - Credentialing will automatically link him to current Group Agmt				
Johnson	Sarah	P.A.	XXXXXXX	XX-XX-XXXX	Physician Assistant	1/1/1981	n/a	PTAN	1234567	1/1/2004	Provider PAR effective 1/1/2006 - Provider ID: XXXXX - Linked to Group Agmt - HMO/PPQ/Medicare Adv/Products	NON-PAR - Initial Credentialing required	NON-PAR - PANEL CLOSED - Not accepting new providers for this specialty/locality	PAR - Effective 6/1/2006 - No Provider ID issued - Linked to Indiv. Agmt - HMO/PPQ products	PAR - Effective 1/1/2006 - Provider ID: XXXXX - Linked to Indiv. Agmt - HMO/PPQ products - Currently in RECDENTIALING process via CACH	PAR - Effective 1/1/2006 - Provider ID: XXXXX - Linked to Indiv. Agmt - HMO/PPQ products	Provider ID: XXXXXXX (Same as NPI #) - Linked to Group Agmt - HMO/PPQ/AAMP products - Currently in RECDENTIALING process via CACH				

Contact Each Payer or Network and Ask....

Is Provider “Credentialed?”

- **If Yes...** To What TIN(s), Contracts and Products is Provider Linked? Effective Date? Request Payer Specific ID# if applicable?
- **If Yes, but not properly linked...** What needs to be done to fix?
- **If No...** What is needed to initiate credentialing process? Is CAQH utilized by payer/network?
- **If Mid-level** (PA, NP, PT, etc.), does payer/network credential provider type?

What if Delegated Cred thru IPA or PHO

- Determine with which plans your providers have “opted in”
- IPAs and PHOs nearly always have Delegated Credentialing with the Payers/Networks they offer
 - Practice sends IPA/PHO cred info once, IPA/PHO does primary source verification and notifies each opted-in payer or network that credentialing is complete and to link provider
- Request of IPA or PHO what effective dates they have for each provider with each plan
- Typically the payer will also advise you that cred is thru the IPA/PHO

Prepare Summary Report of Each Provider & Payer/Network

Red=NonPAR

Green=PAR

Gray=Closed Panel

Yellow=PAR but Follow Up Needed

Providers LAST	Aetna	Amerigroup	BCBS	Multiplan (Beechstreet/Viant/PHCS)	CIGNA	Humana	UHC
Smith	Provider PAR effective 1/1/1992 - Provider ID: xxxxxx - Linked to Group Agmt - HMO/PPO/Medicare Adv products	NON-PAR - Initial Credentialing required	PAR - Effective 1/1/1992 - BCBS Provider ID: xxxxxx - Linked to Indiv. Agmt - HMO products ONLY	PAR - Effective 1/1/2003 - No Provider ID issued - Linked to Indiv. Agmt - HMO/PPO products	PAR - Effective 2/1/1992 - Provider ID: xxxxxx - Linked to Indiv. Agmt - HMO/PPO products	Non-PAR: Terminated 1/1/2011 due to failure to respond during Recredentialing process - Initial Credentialing Required. Go to Humana.com to initiate credentialing via online portal	PAR - Effective 2/1/1995 - Provider ID xxxxxxxx (Same as NPI #) - Linked to Group Agmt - HMO/PPO/AARP products
Doe	1/1/2000 - Provider ID: xxxxxx - Linked to Group Agmt - HMO/PPO/Medicare Adv Product	NON-PAR - Initial Credentialing required	NON-PAR: PANEL CLOSED - Not accepting new providers for this specialty/locality	PAR - Effective 6/1/2000 - No Provider ID issued - Linked to Indiv. Agmt - HMO/PPO products	PAR - Effective 3/1/2001 - Provider ID: xxxxxx - Linked to Indiv. Agmt - HMO/PPO products	PAR - Effective 1/1/2000 - Provider ID: xxxxxx - Linked to Indiv. Agmt - HMO/PPO products	Provider ID xxxxxxxx (Same as NPI #) - Linked to Group Agmt - HMO/PPO/AARP products
Patterson	NON-PAR - Initial Credentialing Required. Go to Aetna.com to complete "become an Aetna Provider" via online portal - Payer utilizes CAQH	NON-PAR - Initial Credentialing Required. To to provider Portal on website - complete New provider add forms	NON-PAR: PANEL CLOSED - Not accepting new providers for this specialty/locality	NON-PAR - Initial Credentialing Required. Go to Multiplan.com to complete internet form. Paper Application & Contract will be rec'd via MAIL in 30-60+ days @ the practice. Multiplan utilizes CAQH	NON-PAR - Initial Credentialing Required. CIGNA utilized CAQH - look for e-signature agreements to be sent via email - associated agreement required to start credentialing process	NON-PAR - Initial Credentialing Required. To go Humana.com to initial credentialing via online portal	NON-PAR - Initial Credentialing Required - CAQH utilized - Credentialing will automatically link him to current Group Agmt
Johnson	Provider PAR effective 1/1/2006 - Provider ID: xxxxxx - Linked to Group Agmt - HMO/PPO/Medicare Adv Products	NON-PAR - Initial Credentialing required	NON-PAR: PANEL CLOSED - Not accepting new providers for this specialty/locality	PAR - Effective 6/1/2006 - No Provider ID issued - Linked to Indiv. Agmt - HMO/PPO products	PAR - Effective 1/1/2006 - Provider ID: xxxxxx - Linked to Indiv. Agmt - HMO/PPO products - Currently in RECREDENTIALING process via CAQH	PAR - Effective 1/1/2006 - Provider ID: xxxxxx - Linked to Indiv. Agmt - HMO/PPO products	Provider ID xxxxxxxx (Same as NPI #) - Linked to Group Agmt - HMO/PPO/AARP products - Currently in RECREDENTIALING process via CAQH

Create & Execute Plan to Fix Credentialing and Linking

- Follow Payer Instructions and follow up regularly
- Update/Attest CAQH – and maintain
- If Not Credentialed, Credentialing will generally take 60 to 180 days
- If Credentialed but not Linked, Linking an already credentialed provider - much shorter
- Set Alerts to contact Closed Panel Networks periodically
- If you are a large group of 100 or more, seriously consider requesting that your practice can be “delegated” to do its own credentialing
 - Why?

Contract Through IPA & PHO?

- Contact the IPA and Ask the Same Questions Regarding Each Provider's Status and what products are included
- Ask if Credentialing is "Delegated" to the IPA or PHO by All Payers with Contracts Thru IPA
- If One/Some of your providers have not been credentialed through the IPA/PHO, ask how long credentialing will take - when is their next credentialing committee meeting and once credentialed, how long to get linked to each payer or network (timeframes can vary greatly)

Network Mergers & Acquisitions Integration often takes years can make research confusing.

EXAMPLES:

- **CIGNA/Great West**
- **PHCS/Multiplan/BeechStreet/Viant**
- **Aetna/Coventry**

Does your state have laws regarding payer credentialing ?

- Some do, some don't
- Might indicate a timeframe in which cred of a clean app must be reviewed and approved, but lack reference to timeframe for “linking” to the agreement
- Those that do have little teeth – probably lacking sanctions
- Examples of states with statutes.....

Government Plans Vs Commercial

● Government

- Medicare – handled by CMS contractors – these vary by state
- Medicaid- handled by states
- Tricare – handled by DOD contractor
 - UHC (West), HealthNet (NE), Humana Military (SE)

● Commercial

- Usual HMO PPO products

● Hybrids – Private Insurer Allowed to Admin Govt plans

- Medicare Advantage (replacement vs supplement) - MAO
- Medicaid – Molina, Amerigroup, Sunshine, etc – vary by County
- Exchange – expanded Medicaid or commercial – varies by state
 - Florida Residents shop on Federal Exchange vs State Exchange

Keep Your Staff Informed and consider alternatives till PAR

- If a provider is not PAR – tell schedulers not to schedule with non-par payers, especially HMO
- Midlevels can most often be billed “incident to” if meets payer guidelines
- Can physicians be billed under supervising physician?????
- Other considerations

In Conclusion



Take More to the Bank...Avoid/Fix the Adverse Impact of Denials Related to Non-PAR Providers

- Know which payers are contracted, for what products, if individual/group, if cred is direct/delegated
- Look forward, not back, except possibly Medicare, unless payer caused the problem
- Reports will help you identify issues
- Research each provider's status with all payers
- Embark on fixing and expect to take 60-180 days from submission

Penny Noyes, President, CEO, Founder
P.Noyes@HealthBusinessNavigators.com

Health Business Navigators
1502 Westen Street, Suite 1
Bowling Green, KY 42104

270-782-7272