



# TIPS FOR CREDENTIALING PROVIDERS

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Credentialing is the process of validating provider background and qualification information. Providers need to be vetted through a credentialing process for each third-party payer (TPP), including Medicare, Medicaid, Medicaid managed care organizations, and private insurance plans or exchange products with which the clinic contracts. See [this fact sheet](#) for how to credential providers.

## TIPS FOR CREDENTIALING PROVIDERS:

1. To prepare for credentialing with a specific TPP visit the website and/or meet with the provider relations representative to learn about the network. Understand the credentialing process for each TPP you are adding. The credentialing process can be specific to the TPP. Here are some questions to ask:
  - Does the TPP handle credentialing internally or do they use the Council for Affordable Quality Healthcare(CAQH) <sup>1</sup> national data bank?
  - Who is the TPP's internal contact and what is the contact information?
  - What is the time frame for credentialing?
  - What type(s) of providers do they credential?
  - Will extenders (physician's assistants (PAs) and nurse practitioners (NPs)) be credentialed? Is there is a reduced contractual rate for services provided by a PA or NP vs. a physician?
  - For what period of time are the providers credentialed?
  - How would the TPP like to receive updates?
2. As part of the provider hiring or credentialing process, obtain a copy of all credentialing documents (see [Provider Credentialing Checklist](#) in Toolkit). Consider adding a clause to the provider contract that all credentialing documents be obtained prior to contract execution and initiating client visits. An executed provider contract or employed provider without specific TPP credentialing will still be able to see patients, but that specific TPP will not reimburse the clinic for the services of an un-credentialed provider.

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<sup>1</sup> Council for Affordable Quality Health Care (CAQH) houses and is a universal provider data source. Over one million providers' data are included, and over 650 health plans utilize these data for their credentialing process.



3. Gather agency information. The information includes:

- Legal business name
- Type of practice
- Authorized official within the clinic (usually the owner or an executive) to sign documents
- Name of owner
- Clinic manager contact information and clinic address
- “Pay to” information
- Tax ID
- National provider identifier (NPI) number (See [instructions](#) for obtaining an NPI number)
- Medicare provider transaction account number (PTAN)
- Medicaid number
- Bank information
- IRS 575 147C
- W9
- Clinical Laboratory Improvement Amendments (CLIA) certificate
- Provider roster

4. Application submission tips:

- I. Review every application for accuracy prior to submission. Is everything spelled correctly? Are all the numbers correct? Are all supporting documents attached?
- II. Once submitted, follow up every three to four weeks until credentialing is completed. This process will take three to six months.
- III. Review the approval letter for accuracy; errors can lead to reimbursement problems.

5. Create and maintain a file for each TPP containing the providers’ data submission record/receipt. Use the [Provider Credentialing Checklist](#) for each clinician and each TPP. For example, if there are three providers at the clinic and they are credentialed with XYZ TPP, create a file for XYZ TPP with three separate provider credentialing checklists.



6. Determine the scope of credentialing work:

**a. *Maintaining credentialing for a network***

If there is a large number of providers and TPPs, it may be helpful to consider utilizing software such as Intellisoft or a CAQH product. As the number of providers and third-party payer systems increases, credentialing services offer easy maintenance of credentialing documents including managing submission and renewals and providing reports.

**b. *Maintaining credentials for a few payers and/or a few providers***

It is time consuming to gather, process, and submit documents in order to credential providers. Maintaining credentials is easier but very important. If the credentials lapse, re-credentialing can take a lot of time and revenue will be lost from claims the clinic cannot submit during the lapsed time period. To avoid lapses in credentialing:

- i. Designate a person to be responsible for the credentialing.
- ii. Create and maintain a file for each provider with information listed on the [Provider Credentialing Checklist](#). If a provider covers multiple locations, each location needs to be part of his/her profile. For NPs and PAs, depending on the state, there may be collaborative agreements specific to each location.
- iii. It is important to manage the document expiration cycle so provider documents are always current. The [Provider Credentialing Tracking Workbook](#) can help track document expiration dates and renewals.
- iv. Remind providers to forward updated credentialing documents to the credentialing administrator 60 days prior to when the documents expire.

7. CAQH requires an administrator to check that all the credentialing documents are current every 120 days. This is a good time to review credentialing documents for other TPPs not tracked through CAQH. Required continuing education documentation, updated licenses, malpractice insurance, address changes, etc. should be forwarded to the credentialing entity (either the TPP or CAQH) when renewal is required. This is critical to maintaining provider credentials and clinic revenue.

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