

How to Accelerate Credentialing Process?



Credentialing is a tedious process that includes verifying facts such as provider state license, malpractice certificate, educational certificates like a medical school certificate, updated CV, and a background investigation of the physician's financial and criminal history. Failing to get credentialing on time results in no payment unless a patient's plan allows for out-of-network benefits. As mentioned earlier, the credentialing process is tedious and slow which can easily cost your practice money.

If you keep in mind below mentioned points it will definitely speed up the credentialing process:

Start Early

In the case of group practice, as a new provider joins your practice, start preparing for the credentialing that provider. In advance, gather all the information such as professional references, licensure documentation, and updated CV, malpractice information, etc. state license, malpractice certificate, medical school certificate, and updated CV. Most practice owners wait for couple months. Don't wait. Start early and be well prepared because credentialing most of time won't go smoothly.

Study Enrollment Application

You can automate your credentialing process with pre-formatted payer forms. Every payer has different enrollment application and unique set of data required to enroll a provider. You can pre-populate this data when filling out the initial application resulting in a quicker application.

PECOS Submission

PECOS (Provider Enrollment, Chain and Ownership System) is an electronic portal sponsored by the Center for Medicare and Medicaid Services that support the [Medicare](#) Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information. The PECOS submission can be automated with software functionally that allows for direct data exchange between your system and the PECOS electronic portal. A direct exchange will ensure data accuracy and faster billing.

Integrate with CAQH

CAQH (Council for Affordable Quality Health Care) is a non-profit alliance of health plans and trade associations, developing and leading initiatives that positively impact the business of they host a universal credentialing database for health care providers. Many health insurance plans today are signing on with CAQH. Having the ability to directly integrate with their database to submit and update provider data allows you access to multiple plans at once, submit ONE application, saving you time and significantly increasing the efficiency of your enrollment process.

A provider requests participation in a network that accepts the CAQH application. The health plan initiates an online account for the provider. The online application is completed and submitted to CAQH along with several other supporting documents. Once the application is complete, any insurance company that accepts the CAQH application can access the provider's information, expediting the enrollment process. The provider information typically needs to be updated every 120 days.

Ask for More References

Ask for more than just the routine three references from the provider, and make sure they're received with everything else. Lagging references can end up slowing down the entire process because many payers won't even begin the process until they have everything, including those

references. While most payers will require three references, some may ask for five, and asking for more references upfront can help in case you have a problem with one of the references.

Automate Payer Transactions

The average healthcare provider works with 25 payers. As we discussed earlier, each payer requires a unique set of forms, procedures, and data to be submitted in order to enroll for Electronic Funds Transfer (EFT), Electronic Remittance Advice (ERA), Electronic Data Interchange for Claims (EDI) and other common provider-payer transactions. When providers make minor changes to their enrollment information, they must submit these forms again.

Traditionally, time is wasted dealing with paper forms, correcting manual errors, and tracking down the status of enrollments. By streamlining your process with an automated payer transaction system, providers can fill out a simple online form once and the enrollment data is delivered to all payers from an online list with a single click.

Avoid Common Errors

Sometimes it's simple, preventable errors that slow down the credentialing process. One of the best things your practice can do is know the common mistakes so you can avoid them.

Some of the common errors include:

- Failing to fully complete forms
- Data entry errors
- Submitting a DEA license or number that's expired
- Gaps in work history without explanation for those gaps
- Providing an incomplete malpractice history
- Professional references are missing

If you're looking for ways to [speed up the provider credentialing process in 2020](#), one of the best options is to consider outsourcing your credentialing. Credentialing services are experts in navigating this process, which means they can save you a lot of time by ensuring everything is done the right way the very first time. Using a quality service can cut this process by weeks or even months, which means it's well worth the investment, particularly when you need it done fast.

Remember, any delays in the credentialing process can have a negative impact on your practice's bottom line. As long as a provider stays un-credentialed, they're only overhead to the practice instead of bringing in money. While the process can be long and tedious, there are ways to mitigate delays to expedite it.

Begin the process early, make sure you have all the data needed, ensure common errors aren't made, and keep track of the process with payers. When time is of the essence, consider outsourcing your credentialing – it can save both time and money in the long run.