Credentialing: Dodging the Downfalls

Presented by ABA Therapy Billing & Insurance Services

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General Disclaimer

- This presentation reflects our best understanding of the processes.
- Providers are encouraged to confirm all information presented by reviewing their own independent contracts and business practices with provider representatives.
- This presentation does not reflect opinions of any organization outside of those represented in the presentation.

Credentialing: Know the Process

Contracts vs. Credentialing



Becoming an In-Network Provider



Reviewing and signing the actual legal contract.



Credentialing applications.



Effective Date: contract signed by BOTH sides, credentialing is APPROVED, and now you are able to provide innetwork services.



Future new hires will have to go through the credentialing application and approval.

▶ The contracting and credentialing paperwork may be intertwined when first getting in-network.

Contracting vs. Credentialing

Contract:

- An distinct legal contract that sets the terms of the agreement as an in-network provider for the organization.
- The contract has legally binding terms that the organization must follow as well as terms that the insurance company is obligated to meet.
- ► The contract will stay in place until proper steps are taken to terminate it for the organization regardless of the individual provider credentialing status.

Credentialing:

- Paperwork that proves the qualifications of clinical staff to be approved to provide services under the organizations contract
- When first contracting to be in-network, all current providers will have to go through credentialing before any in-network services can be billed
- All future clinicians hired will have to wait to provide billable in network services until credentialing has been completed.

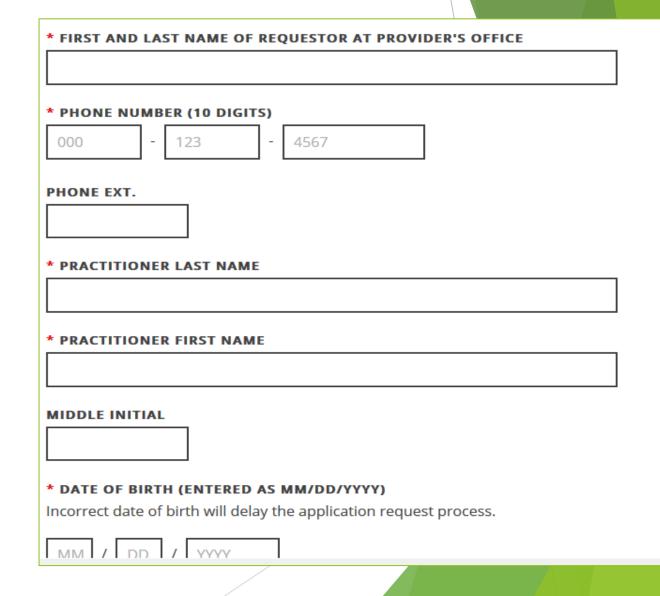
Credentialing Applications:

What are they and how long do they take?



Credentialing Application Example

- Applications may be online or paper applications
- Try to find a direct rep to contact in the credentialing department
- Keep copies of all documents and track dates and reference numbers
- Administrative staff can complete applications on behalf of clinicians.



^{**}Application pictured is Aetna

Timelines....



- Credentialing often takes 2-4 months
 - Provider cannot bill for services until credentialing is actually approved
 - Providers pending credentialing approval cannot be billed "under" a different provider
 - Find out if each insurance company will give a grace period, backdate, or approve on the date application is first submitted
 - May be able to request an expedited application or Single Case Agreement if client/member loses services or is on a waitlist
- ▶ But, my new hire was credentialed at the previous company?
 - Very few insurance companies will "carry over" a new provider to your tax ID

What Paperwork is Required?



Common Items Required

- ► CAQH #
- ► NPI #
- State Licensure for OT/SLP/PT (where applicable for BCBA)
- Copy of BCBA Certificate
- CPR and First Aid training
- Resume or CV: Including specific dates of employment, explanation of any work history gaps greater than 3 months, and exact addresses.
- Copy of diplomas or transcripts



More about CAQH and NPI

- ► CAQH #:
 - Insurance companies state that the most common delays in the credentialing process are issues with CAQH numbers.
 - Insist that your providers know how to navigate and correctly maintain their own CAQH profile.
 - Obtained through the online CAQH application (https://proview.caqh.org/Login/)
 - Site has PDFs with instructions and screenshots that walk you through entire application
 - ► Helpful video introduction: https://youtube/FMlRaz1EzTU.
 - ► Podcast from Dr. Becca Tagg: https://thebusinessofbehavior.com/session-15-caqh/
- ► NPI #: https://nppes.cms.hhs.gov/#/.
 - This application only takes about 20-30 minutes to complete
- Clinicians should be responsible for these applications themselves. These numbers go with them for their entire career!

Know the Payers Credentialing Guidelines

- Each payer will have guidelines or a provider manual
 - Example: Magellan (<u>https://www.magellanprovider.com/news-publications/state-plan-eap-specific-information/autism.aspx</u>)



Criteria for Behavior Analyst Master's/Doctoral

Behavior Analyst Master's/Doctoral: Practitioner must meet criteria 1-5.

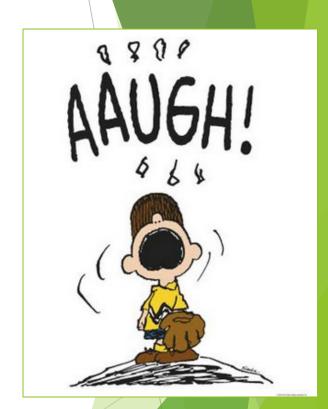
- Certification and/or state licensure: Must meet at least one of the following:
 - a) Hold a state-issued license, certificate, registration, credential or other designation as a behavior analyst; or
 - b) Be a Board Certified Behavior Analyst (BCBA®) through the Behavior Analyst Certification Board (BACB®); or
- Review requirements for ALL staff levels.
- Does the payer require RBT certification?
- What are the background check requirements?
- Be sure to review these before deciding to join a payer network.
- ► Have a system to maintain credentialing of new providers

Onboarding New Providers



Waiting for Credentialing to be Approved

- ► Try to start early....as soon as a new candidate is identified
 - Include in the job description that CAQH and NPI numbers are required
 - As soon as offer letter is signed, have new hire turn in credentialing paperwork
- Experienced Clinicians
 - Try to organize cases with funding sources that don't require credentialing
 - ► Have clinician assist with additional treatment plan writing or indirect work
- Newly Certified Clinicians
 - ▶ Ideally new clinicians are not immediately given a full, solo case load
 - Consider a "junior clinician" role: start assisting with indirect non-billable work and also work some direct therapy hours (evaluate in 90 days)

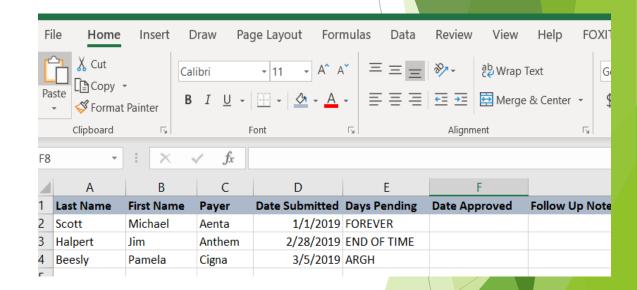


Maintaining Credentialing Status



Spreadsheet to Track Applications

- Keep a spreadsheet to track your credentialing process
- Tip: Keep all payers/locations/staff on ONE sheet
- Date submitted to each payer
- Calculate number of days pending
- Notes on follow-up calls
- Date approved for each payer
 - In case payer does not load the providers correctly



Maintaining Credentialing

- Keep copies of all provider documents
 - Payer could ask for documents in an audit after a provider has left your company!
- Keep copies of original applications
- Save copies of approval letters
 - Again, to prove date in case payer "loads" provider wrong
- Contact Information:
 - ▶ Be sure to keep contact info on had for helpful contacts at payer
 - ▶ Be sure your organization's contact info stays current with the payer

Stay in Compliance

- Track and keep up to date with each payers credentialing requirements
 - Does a payer require RBT certification
 - Does CPR have to complete before working with a specific payer
- Be sure new hires meet requirements before assigning cases
- Track and maintain credentials that can expire
 - How will you obtain updated copies of licenses and certificates?
 - ► How will you track expirations for CPR, First Aid, etc?
 - Do you need to run background check updates?

Hand Outs

- Links to Credentialing: Document with a helpful list of links to common credentialing website pages and applications
- 2. New Hire Credentialing Form (example of form to have new hires fill out)
- 3. Tracking Spreadsheet (example of spreadsheet to use to track all credentialing applications during process with insurance company)





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