

HOW TO CREDENTIAL FAMILY PLANNING PROVIDERS WITH HEALTH PLANS

CREDENTIALING

Is the process of verifying and validating the background and qualifications of providers, including education, training, licensure, certifications, and experience.



Health plans you contract with require that you provide this information about your providers.

STEP 1

1

Understand the health plan's credentialing and reimbursement policies.

- Typically, each individual provider must be credentialed with health plans that you contract with in order to receive reimbursement.
- Some health plans may have provisions for agencies to enter into a GROUP CONTRACT, which encompasses all of the providers on staff at the agency. In this case, each individual provider may not need to be credentialed in order for the agency to receive reimbursement.

STEP 2

2

Complete the health plan's credentialing application packet or submit provider information through the Council for Affordable Quality Healthcare (CAQH).

- A health plan may have its own credentialing packet that you will need to complete, but most major health plans require utilization of CAQH's Universal Provider Datasource <http://www.caqh.org/overview.php> to complete the credentialing process.

CAQH is a non-profit alliance health plan and trade organization that is the industry standard for collecting provider data used in credentialing.

- Health plans can search CAQH as a universal resource for adding providers to their networks.
- Each provider or the agency (for a Group Contract) will have their own individual login information for completing the information required by CAQH.

Provider or the Agency (for a Group Contract) Information Typically Necessary for Credentialing

- Physical Address
- Telephone and Fax Number
- Medical License
- Drug Enforcement Agency (DEA) Number
- Start Date
- W-9 Form (agency/group practice/corporation)
- Voided Bank Check (agency/group practice/corporation)
- Board Certification
- Professional Liability Certificate
- Unique Physician Identification Number (UPIN)
- Birth Date
- Social Security Number
- Curriculum Vitae
- IRS Form CP575A



STEP 3

Respond quickly to requests for information from the health plan and closely monitor the progress of the provider credentialing process.

- The best way to keep track of progress and make sure there are no unnecessary delays is to check in with your health plan provider representative regularly during this process.
- The final step in the credentialing process is usually approval by the health plan's medical director. (For Planned Parenthood Federation of America (PPFA) affiliates, once the health plan approves the provider, the provider must be approved by the PPFA Affiliate Risk **Betrig** Management System.)

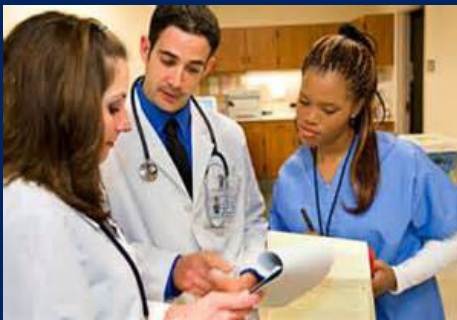
STEP 4

Implement efficient processes to manage credentialing on an ongoing basis.

- CAQH requires providers or the agency (for a Group Contract) to log in and attest to their data **EVERY QUARTER**.
- Most health plans require providers or the agency (for a Group Contract) to be re-credentialed regularly (every 1 - 2 years).
- New providers must be credentialed as soon as possible with each health plan the agency contracts with in order to receive reimbursement.

You can outsource credentialing to a credentialing specialist. Check with your local family planning grantee, your state Medical Group Management Association (MGMA) chapter at <http://www.mgma.com/membership/get-involved-overview/state-mgmas/state-mgma-portal>, or your state medical society for consultant referrals. The cost of this service may be worth it to your agency based on the staff resources you have available to assign to the credentialing process.

Before you sign a contract with the health plan: Find out what types of providers (Physicians, Physician Assistants, Advanced Practice Nurses, etc.) the health plan will and will not credential. If the health plan will not credential the types of providers on staff in your agency, you may not be able to receive reimbursement from the health plan. For example, some health plans will **ONLY** credential and reimburse licensed physicians and will not credential or reimburse advanced practice nurses or physician assistants.



**Credentialing
is not contracting;
contracting
comes first.**

This document was developed in consultation with Lou Ann Wilroy, Leading Edge Business Strategies, LLC.