# Provider Enrollment:
## What You Need to Know

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# Overview

This presentation aims to offer a summary of Provider Enrollment, highlighting key challenges and effective strategies for streamlining the enrollment process.

# Acronyms

**CAQH -** Council for Affordable Quality Healthcare

**CHAMPS -** Community Health Automated Medicaid Processing System

**CMS** – Centers for Medicare & Medicaid Services

**PECOS -** Provider Enrollment, Chain, and Ownership System

**NPI -** National Provider Identifier

**NPPES** - National Plan and Provider Enumeration System

**NUCC – National Uniform Claim Committee**

**Provider** – All health professionals/suppliers who provide a service to patients

# Definitions and Importance of Provider Enrollment

**Provider Eligibility Verification** – Enrollment ensures healthcare providers are verified and credentialed to meet payer requirements for billing eligibility.

**Compliance and Reimbursement** – Proper enrollment guarantees compliance with insurance rules and enables providers to receive reimbursement.

**Impact on Revenue Cycle** – Timely and accurate enrollment prevents claim denials and improves revenue collection.

# Be Prepared

Each payer follows a unique procedure and set of guidelines for enrolling healthcare providers. It is important to check each payer's website to obtain the exact instructions needed for proper enrollment. Mistakes on enrollment forms frequently lead to application delays, which can subsequently postpone reimbursement.

# Where to Begin

All individual health care providers and organizations that render, bill for, or order/refer health care services under HIPAA standards must obtain an NPI through the NPPES NPI Registry

- Type 1 NPI = Individual
- Type 2 NPI = Group
- An NPI is required before you can begin to enroll a provider in a health plan.

- You may apply through an easy web-based application process. The web address is https://nppes.cms.hhs.gov.
- You may prepare a paper application and send it to the entity that will be assigning the NPI (the Enumerator). This may take longer to process than an electronic version of the application.
- An organization with which the provider is employed may submit an electronic application on the provider's behalf.

# Taxonomy Codes

A taxonomy code is a distinct 10-character identifier that specifies a provider's category, classification, and area of expertise.

To identify the taxonomy code that best matches the provider's type, classification, or specialty, refer to the NUCC code set list.

When applying for an NPI, providers can choose multiple taxonomy codes or descriptions, but they are required to designate one as the primary code.

# Where to Begin

- Authorize payers to access the information for credentialing, directories, and more.
- Delegate staff to manage non-sensitive information on behalf of the provider.
- Update the profile quarterly to reduce telephone and email requests from payers.

- Enrolling a provider with a payer involves a structured process of credentialing (verifying qualifications).
- CAQH is used to centralize data for payers to access, streamlining the provider enrollment process.
- It allows management of the profile and the ability to upload documentation in one secure location.

# Council for Affordable Quality Healthcare (CAQH)

The CAQH online portal (CAQH ProView) serves as a centralized database for professional information, allowing payers to streamline the enrollment process. Providers enter their data once, and payers retrieve it directly from the portal.

Maintaining attestation compliance is essential to keep the information up to date. Failure to comply with attestation requirements can result in interruptions to payer affiliations and potential removal from payer directories.

# Where to Begin

- Before starting your enrollment application, ensure you have collected all required documents. It is helpful to create a checklist to make the process more efficient.
- Know what type of enrollment is to be done (solo/employed/supplier, etc.)
- Whenever possible, allocate enough time to finish the application in a single session to avoid overlooking any details.
- Every payer uses a distinct process or platform for enrollment applications.
- Examine the procedure for each payer and secure access to the correct website or portal to submit your enrollment application.
- It might be beneficial to begin with the payer known for having the longest application processing time.

# Common Errors That Delay Revenue

Application Quality Issues

Expired Credentials

CAQH Attestation Failures

Medicare/Medicaid Revalidation Oversights

Inadequate Follow-Up Systems

# Application Quality Issues

Incomplete or inaccurate information on an application may lead to rejection and can cause a delay of 30 to 90 days.

- Misspelling of a name
- Incorrect contact details
- Incorrect NPI or mismatch with Tax ID
- Incorrect license number
- Missing required documentation

**NOTE:** Implement a review process to ensure accuracy of application.

# Expired Credentials

Expired documents can result in automatic application rejection and may require a new application.

High-Risk documents:

- Drug Enforcement Administration (DEA) registration
- Malpractice insurance (Expired or not enough coverage)
- State medical license
- Board certification

**NOTE:** Set up calendar reminders for credential expirations 90 days before the expiration date.

# CAQH Attestation Failures

The CAQH database requires attestation **every 120 days.**

- Missing a deadline deactivates a provider's profile
- Could take 60 days or more to reactivate
- Can cause delays in payer processing claims

**NOTE:** Set up a quarterly reminder, 30 days prior to attestation deadline.

# Medicare/Medicaid Revalidation Oversights

CMS requires revalidation every five years.

- Missing the revalidation deadline causes automatic program termination
- Lengthy reinstatement process means claims will not be paid
- Due to PHE, the typical due date may have changed, so be sure to check the website for the correct date
- Off-Cycle revalidations do occur, typically due to regulation changes

**NOTE:** Implement a tracking process, starting 90 days before the deadline. There is a revalidation list website for tracking due dates.

# Inadequate Follow-Up Systems

Enrollment applications can get “stuck” in the system for quite some time.

- Establish weekly status checks
- Escalate at 15 days, 30 days and 45 days if necessary
- Do not assume the application is good and being processed if you do not receive a rejected application or email

# Slow Downs

In addition to errors in applications and incorrect information causing delays, several other factors affect processing timelines.

- December is typically slower because of reduced staff availability due to holidays and the closure of educational institutions, which slows credential verification
- Summer months usually experience a rise in new applications as medical school graduates start working in June and July, and staffing can be lower because of vacations, as well
- Early in the new year, there is often an increase in revalidations and updates to payer policies or fiscal years, leading to backlogs

# Taxonomy Code Impact on Provider Enrollment

- Payers use taxonomy codes to match a provider's declared specialty with their licensure and to determine if they meet network adequacy requirements
- Mismatched or missing codes are a leading cause of claim denials and delayed payments
- If the taxonomy code in your billing system does not match the one in the payer's system or NPPES, claims may be denied
- Updating your taxonomy code in NPPES can impact identity verification with e-prescribing networks

# Medicaid/CHAMPS

Non-participating (non-par) providers must still enroll in Michigan's CHAMPS system if they order, refer, or prescribe services for Medicaid beneficiaries to ensure payment. CHAMPS acts as the vetting system to ensure providers have not been excluded from federal programs.

- Ordered diagnostic/laboratory tests will be denied
- Prescriptions will be denied
- Providers who care for a patient referred by a non-par provider will not be reimbursed.

# Medicare/PECOS

Non-participating (Non-Par) Medicare providers enroll through PECOS to secure a Medicare billing number without accepting assignment on all claims.

PECOS enrollment acts as a validation step, ensuring that even non-participating physicians are properly identified within the Medicare system to facilitate patient care and comply with regulations.

# Resources

CAQH: https://www.caqh.org/providers

NPI: https://nppes.cms.hhs.gov/login

NUCC: https://taxonomy.nucc.org/

Revalidation website: https://data.cms.gov/tools/medicare-revalidation-list

WPS Training: https://www.wpsgha.com/training

- Provider Enrollment Education

# Q&A

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