American Society of Anesthesiologists®

Timely Topics
PAYMENT AND PRACTICE MANAGEMENT

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Got Credentialing?

Credentialing can be one of the most tedious and grueling processes in the world of healthcare. It is a dot your I's and cross your T's twice type of process, requiring exactness, consistency and timeliness. But it is vital to your practice!

The actual process of credentialing includes gathering of all the professional information related to a physician, nurse anesthetist or anesthesia assistant. The data gathered includes demographics, schooling, specialty training, certifications, continuing education, all previous positions, practice information and facility affiliations. Questions regarding any prior adverse actions such as suspended license or revoked privileges, malpractice claims and criminal history must be answered. In addition to these data field elements, copies of documents such as the provider's curriculum vitae, professional licenses, Drug Enforcement Agency (DEA) License and other supporting documents are needed in order to complete the credentialing requirements.

Many commercial and Blue Cross Blue Shield payers, hospitals and provider groups use a uniform credentialing tool/database to standardize their credentialing process. By completing a single comprehensive online application, providers can provide all the required demographic and professional information at one time to multiple entities. This may decrease manual errors and may speed the time necessary to generate the information and supporting documentation.

Medicare uses its own Provider Enrollment, Chain, and Ownership System (PECOS) to gather all credentialing and other provider enrollment information. Medicaid's provider enrollment is specific to each state or territory. Medicaid enrollment cannot be done until after the Medicare enrollment has been approved.

Credentialing feeds two other separate but equally important processes: Provider Enrollment by the insurance carrier and Medical Staff Privileging by any affiliated facilities. All the credentialing information that has been gathered is validated by each entity so sometimes "credentialing" may be used synchronous with or instead of one of these other process names.

Provider Enrollment is the process by which providers submit their information to the payer for consideration to become a participating provider. Once the payer receives the information, it follows its own internal process to validate the provider's credentials and determine suitability for enrolling the provider in their network. Each payer can have its own timeline and requirements for this process. Some payers require an additional managed care contract that outlines the provider requirements, services and resulting payment.

The provider enrollment process, including credentialing, typically takes from 120 to 150 days or longer before it is completed. Also, submitting your provider enrollment request is not a guarantee of acceptance. It is also important to note that most payers will not retro activate the provider enrollment effective date. Any services prior to the effective date may not be paid by the payer.

Medicare provider enrollment is now done through the PECOS system. If you have been a provider with Medicare you may be familiar with the previously used paper forms. All the information previously submitted with the 855I (Individual), 855B (Group) and 855R (reassignment by the individual to the group) is now submitted via PECOS. PECOS can also be used to confirm and review all the submitted information, make changes if necessary, and check the status of your enrollment. Unlike most payers, Medicare will still allow a retroactive effective date up to 30 days prior to its processing. However, you may not submit the enrollment request earlier than 30 days prior to the provider's start date.

Medical Staff Privileging is the process by which a provider gains approval to provide services at a particular facility. Some facilities may call this process physician credentialing or medical staff appointment, as it includes the gathering and verification of all your credentials in order to appoint you to the medical staff. Part of this process also includes the delineation of privileges, identifying what services you will be approved to provide at the facility. Most privileging processes include a multi-step process.

First, all credentials and a privileging request application must be received and validated by the facility's medical staff office. Next, the complete packet of information is approved for review by the specialty department chair or committee. Typically the approved packet is then routed through one or more of the following: credentialing committee, medical executive committee, and/or the facility's Board. At any point in this process the approvers may request or require additional information or may reject the application. Common stumbling blocks in the process include questions about gaps in employment, minimal educational requirements, lack of detailed information regarding criminal history or prior adverse actions, expired credentials and the inability to verify references or previous employment. When completing the privileging application and providing credentials, it might be prudent to always verify all phone numbers, complete all applicable fields and verify your references before listing them.

The typical timeline from the start of the privileging process to the appointment of privileges is 60 to 90 days from the time a complete application is received, assuming there are no delays or problems in verifying the credentialing information. If the provider is foreign-trained, this timeline can often double depending on the country and its internal infrastructure.

The provider enrollment and privileging processes are very complex. Both timelines depend greatly on the accuracy and completeness of the credentialing provided. The estimated

timelines provided here are dependent on complete and accurate credentialing being provided first. Missing, expired, inaccurate or incomplete information can cause your application to be rejected. Any credentials that cannot be verified may also delay your enrollment or staff appointment. Both provider enrollment and medical staff privileging can affect your ability to provide care to your patients and to be paid for your services. However if you've got credentialing these problems may be avoided.