



# Credentialing vs. Contracting

## Do You Know the Difference?

### What is credentialing, and why is it so important?

Credentialing – also called medical, provider or physician credentialing – is a very detailed process that reviews doctors' qualifications and career history including their education, training, residency, and licenses, as well as any specialty certificates. Credentialing must be completed upon the hire or enrollment of a new doctor.

Credentialing is important because it not only protects patients and the clinic by lowering the risk of medical errors that may be caused by incompetent providers, but it also enhances the reputation and credibility of the clinic in the eyes of providers and the wider health care community. Credentialing is also why insurance companies pay the provider for their services. Without proper credentialing, there would be no payments.

### Is credentialing the same thing as contracting?

No, credentialing is the process of reviewing the doctor's qualifications while contracting is the process of applying for and obtaining participation contracts with insurance plans.

### What is the difference between credentialing, privileging, and enrollment?

#### Credentialing: Private Practices

- The process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services in/for a health care organization.
- Documenting evidence of licensure, education, training, experience, and other qualifications.

#### Privileging: Hospital or Surgery Centers

- The process where specific scope and content of clinical privileges/patient care services are authorized for a healthcare practitioner.
- Granting the provider authorization to provide care.
- The organization must verify credentials before granting privileges.

#### Enrollment: Commercial Insurance Networks

- When a health plan receives a provider enrollment application, they perform a thorough credentials verification to ensure the provider meets their credentialing requirements.

## What are the steps involved in credentialing?

- 1 Collect all required documents and application
- 2 Audit application and documents for mistakes
- 3 Fill out payor and hospital applications
- 4 Revalidate CAQH
- 5 Submit payor and hospital applications
- 6 Follow Up
- 7 Reporting/Tracking
- 8 Credentialing updates
- 9 Management of credentials
- 10 Obtain payor contract and hospital privileges

## What happens if credentialing is not done correctly?

Thousands of dollars can be lost, and payments may be interrupted if there are errors or inconsistencies in your credentialing and re-credentialing.

## What needs to be done when we add a new provider to an existing operation?

- It's crucial to begin the credentialing process right away, as it takes from 30-180 days to fully credential a provider.
- The credentialing application with supporting documents needs to be completed and collected from the new provider.
- Once the application is returned, begin the portion of the credentialing process to add the new provider to your contracted insurance plans and hospitals.

## What needs to be done when setting up a new Tax ID Number (TIN)?

Providers wanting to start their own company with a new tax ID number need to complete several steps to make sure everything is done correctly.

- i. Once you have received your new TIN, fill out a W-9, making sure to include any DBA on the W-9. (If you want a DBA but have not determined it, do so immediately, as health plans will require that information at the time of enrollment.
- ii. Include group NPI – NPI #2
- iii. Include group PTAN
- iv. The health plan will also require the following as part of the application process.
  1. Mailing/Billing address—P.O. Box or physical address—do not use a personal address.
  2. Include the primary office location where patients are seen. This must be a physical address and not a P.O. Box.
  3. A voided company check.
  4. Bank information, including account number, routing number, contact person.
  5. Company letterhead.
  6. Company e-mail address.
  7. Phone number where patients can call to make an appointment.
  8. IRS paperwork verifying the new TIN. and re-credentialing.





### **How are credentialing services priced?**

Credentialing services pricing and options vary. Prices may average \$200 per provider, per enrollment plan submission and may include an additional initial sign up fee. Annual credentialing service plans are also available and offer the best value as they cover all of the time and activities required to establish and maintain credentialing for a full year.

### **I was previously credentialed by a former employer. Do I need to do anything now?**

Yes. You will have to go through the full credentialing process as a new provider under your current employer. Having a list of previous insurance and health plan credentialing from your prior company will help the process.

### **How can UnisLink help?**

As you likely know, insurance credentialing and provider enrollment are among the most complicated and confusing processes within any industry. Outsourcing credentialing and enrollment department functionality to UnisLink can make your revenue cycle more efficient and your practice more profitable by reducing labor costs, increasing efficiency, and reducing turnover risk.

In many cases, providers' current credentialing needs are not being managed correctly by someone with proper training and experience. UnisLink provides an effective, efficient solution, minimizing the time and expense required for proper credentialing. We also stay on top of changing rules and regulations that impact both credentialing and provider enrollment so you can rest assured that both processes are optimized on an ongoing basis.

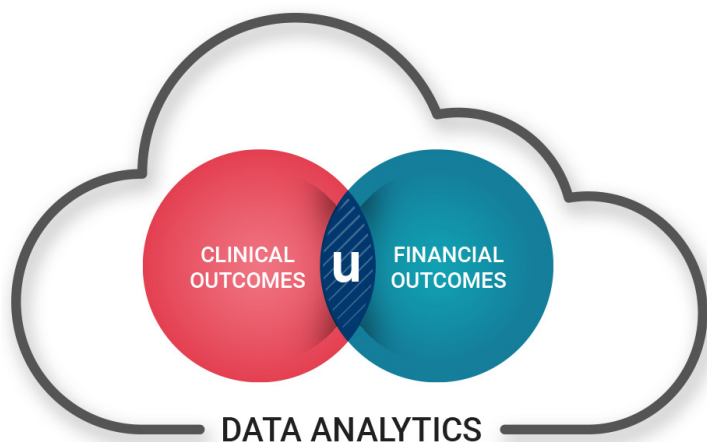
## Your Mission Is to Care for Patients. Ours Is to Help You Get Paid.

We are passionate about helping healthcare providers foster better health for their patients while also maximizing their financial returns. UnisLink does more than provide basic medical billing solutions. We work hand-in-hand with providers of all types and sizes to manage revenue cycles and population health across multiple payment models.

- ✓ **Physicians & Physician Groups**
- ✓ **ACOs & MSOs**
- ✓ **Hospitals & ASCs**



## The UnisLink Difference



We are the only company that combines premium data analytics capabilities, state-of-the-art technology and processes, and high-touch, responsive client services into a single, medical billing solutions platform.