



Insurance Credentialing:
THE PROCESS EXPLAINED





Start Here: Understanding Insurance Credentialing

Credentialing (also referred to as ‘provider enrollment’, ‘provider credentialing’, or ‘insurance credentialing’) is the process of being reviewed by insurance panels to determine if you will be considered an “in-network” or a “participating” provider. Once you are on an insurance panel, clients insured through that panel can maximize their insurance benefits when seeing you.

Credentialing is important because it fosters **credibility** and creates reliable **revenue** for your practice.



The Insurance Credentialing Process has **3 distinct phases:**

- 1 Application Aggregation & Research
- 2 Submitting & Shepherding Credentialing Forms
- 3 Contracting



Phase One: Application Aggregation & Research

Average Timespan:

5 to 30 days

The first step in the credentialing process is acquiring the required credentialing forms from insurers. These are the forms that you'll submit to each insurance panel to which you apply. In order to quickly and accurately complete these forms, you'll also need to aggregate your individual licenses, hospital affiliations, malpractice insurance, and any other pertinent documents that may be required.

If you have a CAQH (Council for Affordable Quality Healthcare) profile, it helps to expedite this verification phase. If you do not have a CAQH profile setup, now is the perfect time to do so. A profile here is particularly valuable to those planning on credentialing with Medicaid.



Research

As you gather the required applications for each insurance panel for which you're applying, you must check to see if the insurance panel is 'open' or 'closed'. A closed panel is one that is not currently accepting any more practitioners. Insurance panels 'close' largely due to an influx of providers in comparison to patients/insured in a given geographical area.

Typically, a closed panel indicates that you shouldn't proceed with the application process. However, if providers offer unique and/or highly in-demand specialties, special cases of acceptance can occur. Examples of these characteristics include:



**NICHE
SPECIALTIES**



**MULTI-
LINGUAL**



**NIGHT &
WEEKEND HOURS**



Phase Two: Submit & Shepherd Credentialing Forms

Average Timespan: **60 to 180 days**

Sending the insurance panel your application form is not the end of your credentialing journey. Before you can be accepted onto a panel, you'll need to confirm that the application has been received by the insurance panel itself. This verification alone takes the insurance panel 30 days, on average.

Meaning that if the insurance panel confirms that it has NOT received your application, you'll need to wait another 30 days, on average, to see if you'll need to repeat the submission process once again. Hence the 'shepherding' aspect of Phase Two.

During this phase, you'll need to employ both **proactive** and **reactive** follow up to keep the process moving forward.



Proactive & Reactive Follow-up

Proactive follow-up is essential if you want your credentialing process to move as quickly as possible. No less than once a month, you need to touch base with the insurance companies to ensure that they are on-track with your application. While email is good, calling the appropriate point of contact at each insurance company with whom you're credentialing is a great way to spur panels to action.

Along with your proactive outreach, you'll most likely need to preform reactive follow-up based on subsequent contact from the insurance panel. These reactive follow-ups typically consist of requests for clarification and/or additional information.

Rejection from insurance panels is likely unless you:

**GUIDE PAPERWORK
THROUGH LAYERS OF
BUREAUCRACY**

**ANSWER THE PANEL'S
QUESTIONS THE
MOMENT THEY ARISE**

**ENSURE ALL
INFORMATION IS
ACCURATE**

**ENSURE ALL
FORMS HAVE BEEN
RECEIVED**



Phase Three: Contracting

Average Timespan:

30 to 60 days

If your application is rejected, then instead of Contracting, you begin the appeals process. Not every insurance company has an appeals process, but for those that do you need to submit letters of reconsideration. Afterwards, you re-submit/re-apply to the insurance panel and begin again with Phase Two.

If your application is accepted, congrats! You then move on to Phase Three, where you finalize your contract with the insurance company. When contracting and fee scheduling is completed, the credentialing process has come to a close.

Even in the last phase, the **paperwork isn't done yet**: contracts are akin to applications in the detailed information required.

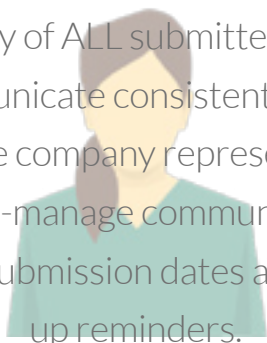


How To Ease Your Journey: Two Options

To stay on the low end of the expected average timelines for each phase of the credentialing process, you have two options:

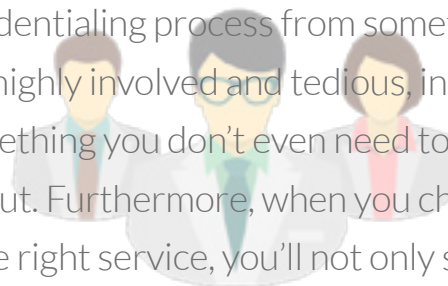
OPTION ONE: GO IT ALONE

When you tackle credentialing by yourself, you need to triple check the accuracy of ALL submitted forms, communicate consistently with insurance company representatives, and micro-manage communication by tracking submission dates and follow-up reminders.



OPTION TWO: GET AN ALLY

When you hire a credentialing specialist, you transform the credentialing process from something highly involved and tedious, into something you don't even need to think about. Furthermore, when you choose the right service, you'll not only save time, but money, as well.



InNet is ready to be **your ally** in provider enrollment.

CONTACT US TODAY!

LEARN MORE

GET STARTED



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