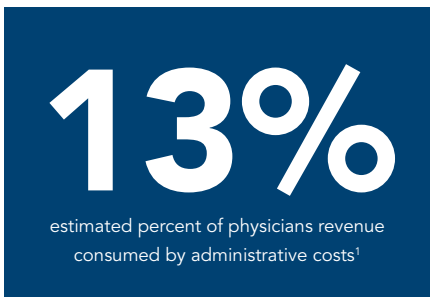




# Seven of the most common provider enrollment mistakes

Executing a consistent and reliable provider enrollment program

CGM Insights | White Paper



### Enrollment Experience

“Our daunting challenge was to apply and maintain active enrollment status for our 120-member group in 40 different plans. After failing with an in-house attempt, we turned to [ARIA Enrollment Services].”

EXECUTIVE DIRECTOR OF A NEW YORK PROFESSIONAL GROUP WITH MORE THAN 100 PHYSICIANS<sup>2</sup>

**An effective and efficient provider enrollment process is essential to the financial well-being of a physician practice.**

Becoming a participating provider with commercial and government insurance companies enables practices to maintain steady patient referrals and cash flow—the backbone of any successful practice. Yet many providers struggle with this increasingly complex and time-consuming aspect of running their practice.

### Perception vs. reality: The administrative burden of provider enrollment

Conceptually, provider enrollment may seem like a relatively straightforward task: practices send information about a provider’s qualifications, such as work history, education, certifications and licensure, to a payer for review and verification. After a vetting process, the payer confirms the provider and begins reimbursing the practice for services rendered.

In reality, executing a consistent and reliable enrollment program is not always that easy. Provider enrollment is a detail-heavy job due to the volume and variety of information payers require. Smaller practices that don’t have the luxury of allocating full-time resources to the enrollment effort are especially susceptible to becoming overwhelmed by the extensive regulatory, technological, and administrative burdens of provider enrollment. A busy member of the office staff can quickly fall behind when tasked with managing the enrollment process amid competing priorities.

### Avoid making the most common provider enrollment mistakes

Based on our extensive experience working with thousands of physicians across the country, we have identified the seven most common provider enrollment mistakes that practices make. We will review each of these preventable errors and provide tips to help practices avoid them.

<sup>1</sup> Source: Wikler, Elizabeth, Peter Bausch, and David M. Cutler. 2012. “Paper Cuts: Reducing Health Care Administrative Costs.” Washington, DC: Center for American Progress.

<sup>2</sup> Customer received compensation as a referral and was told in advance they would be featured in an advertisement.



## **Mistake #1: Overburdening administrative staff with time-consuming enrollment process tasks**

Enrollment is a labor-intensive process. Practices need dedicated resources to manage the process, enter data, and fact check reporting. One of the most common mistakes we see practices make is underestimating the amount of time it takes to do enrollments, thus overburdening staff with more work than they can reasonably handle. Inadequate allocation of staff to enrollment tasks can lead to errors and delays that ultimately impact your revenue flow or cost you elsewhere in your business.

To avoid this pitfall, you can choose to outsource the enrollment process. An outside enrollment firm can work seamlessly with your business office—alleviating administrative burden on your staff while improving your practice's financial performance. One of the unique benefits this option offers is the ability to effectively manage fluctuations in physician hiring. You can scale up enrollment services when hiring a number of new physicians or scale down when hiring slows.

## **Mistake #2: Letting CAQH profiles lapse**

Council for Affordable Quality Healthcare (CAQH) profiles need to be re-attested and updated, and the contacts need to be kept current. Letting a CAQH profile lapse will lead to delays in recredentialing. To prevent these delays, providers need to be proactive when receiving an updated insurance, license or DEA document and make sure this information is loaded into CAQH with an updated expiration date as soon as it is received.

Oftentimes we've found that staff are unclear as to whom is responsible for updating these profiles at the practice. One way you can ensure the task of maintaining CAQH profiles doesn't fall through the cracks is to clearly communicate who is responsible for maintaining them on a routine basis—the provider, practice manager or another administrator. As backup, make sure someone is copied anytime there is activity or information to update.

## **Mistake #3: Not knowing how each of your plans work**

Each commercial plan has its own requirements and nuances. Because of these complex differences, providers can incur preventable delays in the enrollment process by not understanding how each plan functions.

You can avoid delays by becoming aware of how the enrollment process flows at your plans. Find out the details and document the requirements for a smoother enrollment process.

For example, Payer A may require original documentation and the physician's signature in black pen, while Payer B may need slightly different documentation and no physician signature. If you send the wrong application to the wrong payer, they don't automatically let you know. If you don't follow up, you could be in a situation where the provider is ready to start and the payer has cancelled the application because of a missed detail. The result? Uncompensated services.

We also recommend that you get to know your state's regulations. Several states have their own laws for timely enrollment, including reciprocity regulations (if a physician is enrolled in another state by Anthem, for instance, the physician's enrollment in your state can be streamlined) and in-state enrollment (a physician moving from one practice to another within the same state does not go through the full enrollment process again). Contact your medical society or state MGMA group to ensure you are using your state's standards to your advantage.

We often get inquiries related to the nuances of adding a practice location or acquiring a practice outside of a provider's current state. Here are some helpful tips about adding another state to your practice:

- Your practice may need to register with the new state as a corporation and must meet the requirements in that state for ownership of the practice (corporate practice of medicine) and the registered type of corporation.
- New Medicare and Medicaid groups will need to be established for your Tax ID Number in a new state. Individual enrollment applications for each group member being linked to the group as well as group linkages should accompany the group request.
- If your Tax ID Number is not known in the new state, you may need to establish a group contract. Your local plan representatives should be able to connect you with their counterpart in the new market.
- You will be working with new Medicare, Medicaid and Exchange plans. If this is an acquisition, the plan list of your new practice will provide the plan list. If you have never operated in that state, a list of approved plans will be available under the local health department website.
- Update CAQH and NPI profiles for the practitioners impacted.
- Get started early. The process may take some time. If this is an acquisition, financial projections should allow for a realistic cutover date while having the ability to continue under the existing group until enrollment is in place.





#### About ARIA Enrollment Services

ARIA enrollment and credentialing services are designed to simplify the time-consuming process of onboarding new clinicians. The experts at ARIA will help keep revenue and payments flowing, which ultimately improves provider and patient satisfaction, as well as minimizes coverage and referral risks.

ARIA works with all eligible provider types and facilities managing the preparation and submission of enrollments, responding to tedious payer validations, and keeping CAQH profiles current.

A dedicated account executive guides clients through the ins and outs of Medicare, Medicaid, and commercial insurance enrollment.

As a fully NCQA Certified Credentials Verification Organization, the experts at ARIA are well trained in performing primary source verifications according to NCQA standards.

### Mistake #4: Submitting incomplete applications

Another one of the most common mistakes we see associated with enrollment is a lack of attention to detail. A typical enrollment application will ask for practice address, phone, fax, contact information, services provided, copies of your licensure, employment history, average patient profile and any records of past legal troubles regarding your medical practice.

Omitting or making mistakes on any of the data in an enrollment application can lead to delays in provider enrollment, and it can sometimes be grounds for a denial.

To avoid this type of error, make sure to put all your provider applications through a rigorous review process to certify accuracy before they are submitted to committee. You may want to create a simple checklist to remind you to ensure that signatures are in place and dated and that required contract attachments are included.

### Mistake #5: Starting too late on applications to insurance plans

Many practices start too late on their applications, which can be a matter of success and failure for a practice. The responsiveness of the payer to an application will be determined by their workload and their motivation to add new providers to their network. As payers have merged and supersized, a practice's ability to expedite an application has shrunk.

We recommend that you give yourself at least 90 days. Realize that you are working on someone else's timeline; it's the plan or payer that is ultimately determining your application's timeline.

### Mistake #6: Neglecting to follow up with insurance plans about application status

Providers shouldn't assume that their application will be automatically approved by an insurance company if they just submit it and wait a few weeks. In reality, many plans are backlogged with enrollment applications. The enrollment process requires providers to shepherd their paperwork through, answer questions and provide additional information, and ensure everything is correct and has been received. Otherwise, applications may be rejected, resulting in further delay of approval.

Make every effort to confirm your application was received and where it is in the process. No one is more concerned about your application than you are. Make follow-up a routine and planned event that does not stop until the application is approved and participation is secured. Call 2-3 times a week, if needed. Remember that the squeaky wheel gets the grease.

### Mistake #7: Underestimating the impact of the enrollment process on the revenue cycle

Enrollment is the starting point for a practice's entire revenue cycle. A weak enrollment effort can trigger a series of events that result in serious financial ramifications for a practice, such as lost revenue, unhappy patients, delayed payments, out-of-network services, and denials, combined with coverage and referral issues. For example:

- If a physician is not enrolled before they start to see patients, then the physician may not be reimbursed by the payer for services provided.
- If a CAQH profile isn't updated, a physicians' schedule will remain unfilled because staff can't assign patients to a physician that is not credentialed.
- Billing staff need to be careful not to accidentally bill an insurance plan with which the physician isn't participating.

You can help prevent these avoidable mistakes from occurring by ensuring you have a consistent and reliable enrollment process in place—and never losing sight of the big picture, your revenue cycle.

## Bonus tip: Eliminate aggravation with an enrollment partnership

Working with an enrollment services company can help you complete the provider enrollment process effortlessly and without errors, delays or aggravation. The benefits of leveraging the staff and experience of an outsourced enrollment services provider include:

- Reducing administrative burdens from your team, while improving your practice's financial performance.
- Gaining the flexibility to effectively manage fluctuations in physician hiring: you can scale up enrollment services when hiring a number of new physicians or scale down when hiring slows.
- Enabling providers to start billing and making money sooner.

## Contact ARIA Enrollment Services

ARIA Enrollment Services, a brand of CompuGroup Medical, offers comprehensive enrollment services for independent physician practices, hospital-based groups, facilities and health plans. ARIA services include unlimited health plans, CAQH maintenance, group applications and re-validations for all provider types.

To inquire about ARIA Enrollment Services, fill out this brief [contact us](#) form.

### About CompuGroup Medical

CompuGroup Medical is one of the leading e-health companies in the world. Its software products are designed to support all medical and organizational activities in doctors' offices, pharmacies, laboratories, hospitals and social welfare institutions. Its information services for all parties involved in the healthcare system and its web-based personal health records contribute towards safer and more efficient healthcare.

CompuGroup Medical's services are based on a unique customer base of more than 1.6 million users, including doctors, dentists, pharmacists and other healthcare professionals in inpatient and outpatient facilities. With locations in 19 countries and products in 56 countries worldwide, CompuGroup Medical is the e-health company with one of the highest coverages among healthcare professionals. More than 8,500 highly qualified employees support customers with innovative solutions for the steadily growing demands of the healthcare system.



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