



## Health Center Enrollment/Credentialing... Avoidable Negligence

**Level:** Introductory to Intermediate

**Track:** Board Members, Finance Committee Members, Financial Management

**Target Audience:** Senior Administrators, Board Members, Financial Professionals

**Description:** Does your health center comply with HRSA Compliance Manual Chapter 5 (e.g., vetting providers BEFORE they see patients?). Is CAQH a definitive source or provide attestation? Why is the Medicare/Medicaid provider exclusion list important? What's the difference between Locum Tenens and "Incident to" billing? Why can't we bill new providers under another employed provider's NPI? Attend this session to get answers to these questions and more. Too many health centers are unaware of the liabilities, and lost income, resulting from not optimally, accurately, and/or completely enrolling providers with targeted health plans. The money lost is real as is the potential illegal activity resulting from being misinformed.

### Learning Objectives:

1. Learn the difference between provider credentialing vs. payer enrollment.
2. Understand what HRSA requires of all health centers in terms of vetting providers.
3. Know why Locum Tenens is not necessarily relevant to your health center.
4. Learn why provider credentialing and enrollment is not a sometimes/part-time job.

**Duration:** 1-1.5 hours

### Q&A:

1. NPI stands for Notorious Provider Infidel. True/False (*False*)
2. Each payer assigns a unique NPI vs. there being a single NPI for each provider used by all payers. True/False (*False*)
3. Credentialing is the act of vetting a provider for aptitude/competency and is required by HRSA. True/False (*True*)
4. Enrollment is the process of submitting provider applications to health plans for the purpose of obtaining participation (credentialed) status with the payer. True/False (*True*)
5. CAQH is a non-profit alliance of healthcare stakeholders seeking industry standardization to optimize efficiency. True/False (*True*)

**For inquiries, contact Ray Jorgensen at (401) 465-6066 or [RayJConsulting@gmail.com](mailto:RayJConsulting@gmail.com).**



6. Defaulting on federal student loans may result in a provider's listing on CMS's provider exclusion list. True/False (*True*)
7. Health centers may employ a provider and submit claims to Medicare or Medicaid for services rendered by her/him if s/he is on the provider exclusion list. True/False (*False*)
8. Bill services rendered by a newly hired provider under an existing provider's NPI is permitted. True/False (*False*)
9. Credentialing/enrollment issues are never a factor in non-payment from third-party payers. True/False (*False*)
10. Once providers are enrolled/credentialed, they never have to re-enroll/re-credential ever again. True/False (*False*)