



## Credentialing

Healthcare organizations, such as health plans and hospitals, evaluate physicians and other healthcare providers with whom they contract to confirm these providers are adequately trained, certified and/or licensed to provide care. One of the most integral parts of the credentialing process is the collection and verification of vital data regarding the healthcare provider's education, training, experience, practice history, location, disclosure of any issues impacting their ability to provide care and other background information.

Three steps are involved in completing the credentialing process:

1. Collecting self-reported data from providers (education, training, licensure, location, etc.)
2. Verifying certain provider-reported data against third-party resources (Primary Source Verification)
3. Reviewing the data and the organization's standards for participation in order to make an independent decision regarding the inclusion of the provider in question

### What documents do you need to get credentialed?

- Diploma from an accredited school
- State license
- NBCOT certification (if OT)/FSBPT certification (if PT)
- HTCC certification (if CHT)
- 3-4 references
- National Provider Identifier (NPI) number for business and for individual therapists
- Council for Affordable Quality Healthcare, Inc. (CAQH) number (dependent on insurance)
  - CAQH is a nonprofit credentialing universal provider database
  - Used by various insurance companies to keep track of its providers
  - You must be invited by an insurance company to join
  - You may already have a number that was obtained by your employer
  - Need to re-attest quarterly
- Employer Identification Number (EIN)
- Professional liability insurance (malpractice insurance)

### What other information do you need to get credentialed?

- Physical address
- Phone number and fax number
- Clinic hours
- Depending on the insurance, you may need to be credentialed with Medicare first (e.g. Aetna)

### With whom should I be credentialed?

Short answer, it varies. You may want to consider:

- What insurances do your potential referral sources take?
- What are the reimbursement rates for most commonly used CPT codes?
- What insurances do employers in your area offer?
- What are the documentation requirements for each insurance you are considering?
- Who has provider openings?
  - Some insurances are closed to new applicants to their panel of providers
- Some worker's comp administrators sign up with individual insurance companies and refer patients directly to these in-network clinics.
- Is there an option to negotiate your contract/reimbursement rate?



### How do I get contracts?

- Check websites of individual insurance companies
  - There is usually a “Providers” tab
  - Under “Providers,” look for “Join Our Network”
  - Fill out appropriate forms
- Contact individual insurance companies
  - Contact information can usually be found on company website
  - They will send you an application form, or refer you to online form
- Contact a “credentialing” company
  - This may be a company or individual who assists in getting providers credentialed with insurance companies and/or acquiring contacts
  - This can be expensive, with rates commonly between \$50-100/hour
  - They often know the most commonly accepted insurances in the area and their required documents
  - You may be able to negotiate your rate of reimbursement. (Most insurance companies reimburse 30-50% of the billed amount.)

### How do I get an NPI number?

- If you or the facility you work for has billed directly under your name, you probably already have an individual NPI number. If your current or previous employer billed your services as “incident to” a physician, you may not. You can [look up your individual NPI number online](#).
- To create your private practice’s NPI, [click here](#).

### How I credential with Medicare?

- Go to the [Centers for Medicare & Medicaid Services \(CMS\) website](#) for their list of required forms, or access the downloadable forms [here](#).
- For the Part B provider application, fill out the [CMS 8551 – Medicare Enrollment Application for Physicians and Non-Physician Practitioners](#).
  - To become an orthotic supplier, fill out the [CMS 855S – Medicare Enrollment Application for Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Suppliers](#).
    - A [site visit by CMS](#) is required.
    - There is a [Medicare application fee](#) that varies from year to year.
- The following forms are routinely submitted with an enrollment application:
  - Electronic Funds Transfer (EFT) Authorization Agreement ([Form CMS 588](#))
    - Medicare requires EFT
  - Medicare Participating Physician or Supplier Agreement ([Form CMS 460](#))

### Learn more

[CMS Provider Enrollment Assistance Guide](#)  
[Medicare Administrative Contractors \(MACs\)](#)  
[External User Services \(EUS\)](#)  
[Tips to Facilitate the Medicare Enrollment Process](#)  
[Medicare Application Fee](#)  
[National Site Visit Contractor](#)