



"YOUR TRUSTED PATH TO HEALTHCARE COMPLIANCE WITH DECADES OF EXPERIENCE, ROOTED IN INTEGRITY."

Credentialing and Payor Enrollment Services



Is your practice equipped to deal with the challenges of Provider enrollment and credentialing?

Benefit from our team's extensive experience and the credentialing process that we have mastered.



845-807-3255



ashickle@procodecs.com



www.procodecs.com

ProCode Compliance Solutions offers a complete suite of credentialing and payor enrollment services for all provider types. We know this process can be time consuming, frustrating, and resource intensive. Our team has a proven track record for getting the job done right the first time and is committed to excellent customer service.



Inaccuracies in provider enrollment and credentialing can have profound repercussions on reimbursement.

Failing to credential providers accurately and promptly may result in expulsion from payer networks, forfeiture of hospital admitting privileges, and substantial revenue reductions.

This holds true for both Medicare/Medicaid payers and private commercial carriers. Overlooking even a single detail during the enrollment and credentialing process may lead to application denials.

Our team is here to help you sidestep these detrimental delays and maintain a steady flow of reimbursement.

- Small and large merger & acquisition expertise
- Successful enrollment the first time. Our team is trained to identify application red flags and mitigate loss of revenue
- Diligent application tracking and a proven process to avoid any missed deadlines
- Consistent updates with payors along with instant access to the status of your application for a worry-free process
- Controls to keep enrollment and revalidations from falling through the cracks
- Handle the daunting task of contacting each insurance payor as necessary to verify service, billing, and contract status
- Generate necessary reports detailing the year-to-date status with all individual payors by the provider



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PROVIDER CREDENTIALING/RE-CREDENTIALING/PAYOR ENROLLMENT

<p>Onboarding - Prerequisite to the provision of any service set forth below: Entry and setup in database of all provider information and documentation necessary (per attached request form) for credentialing, recredentialing and payor enrollment</p>	<p>One-time fee per provider</p>
<p>Payor Verification</p> <ul style="list-style-type: none"> • Contact each insurance payor by phone, email or both as necessary to verify service, billing and contact status • Input all information into client database and generate report detailing by provider year to date status with all individual payors 	<p>Per provider /per payor</p>
<p>Payor Enrollment</p> <ul style="list-style-type: none"> • Complete all necessary steps to enroll provider or correct existing enrollments • Follow up with payors on status of request every two weeks • Update client database and provide regular reports of status of enrollments 	<p>Per provider/ per payor</p>
<p>Group Payor Enrollment Includes the above plus submission of letter identifying practice and requested services</p>	<p>Up to 4 Providers (each additional provider \$____)</p>
<p>Routine Monitoring Continued review and notification of all provider credentialing information to maintain payor enrollments, including:</p> <ul style="list-style-type: none"> • CAQH renewals/updates • Routine demographic verification • Timely responses to all ongoing payor communications and requests • Medical license and hospital privileges renewals notification • DEA renewals notification • Controlled substance license renewals notification • Obtain updates from provider rework history, education & training, professional liability insurance and history, continuing medical education 	<p>Per provider/ per month</p>
<p>Commercial Payor Re-Credentialing Application</p> <ul style="list-style-type: none"> • Review and re-attestation by provider of CAQH account • Completion of re-credentialing application • Submission of all supporting documentation required by payor • Follow up and track until final determination issued by payor 	<p>Per provider/ per payor</p>
<p>Demographic Change Request</p> <ul style="list-style-type: none"> • Creation of demographic form detailing specific change request • Completion of payor's required demographic form(s) • Review and submission of W-9 • Tracking submitted information by either electronic, faxed or email • Verify and confirm complete change request include but not limited to portal verification 	<p>Based on established contract Per Single Submission</p>



Adding Provider/Product to Existing Payor Agreement

- Identify and communicate in writing with network managers provider's/group's request
- Submit appropriate roster and all supporting documentation

Per provider

New Group or Individual NPI Enrollment

- Obtain through National Plan and Provider Enumeration System (NPPES) and Identity & Access Management (I&A) User ID and Passwords
- Designate appropriate taxonomy code(s) per provider's direction
- Maintain all tracking numbers
- Communicate secure login information including individual assigned NPI number and/or group NPI numbers

Per provider /per group

Initial CAQH Implementation

- Generate and create provider individual CAQH login
- Complete CAQH application in its entirety detailing provider's personal information, specialty, professional licensure numbers, Medicare and Medicaid numbers, education & training, board certification information, professional liability insurance and history
- List all credentialing, billing and office contacts for primary and other practice locations while specifying all billing information
- Detail all physical practice information including ADA requirements, accessibility, and specialty services offered
- Identify and complete necessary information regarding mid-level practitioners, within the practice
- Identify hospital affiliations
- Catalog work history
- Identify professional references provided by provider
- Review and respond with assistance of provider as necessary to all disclosure questions
- Review and upload all required documents
- Attest and finalize CAQH ProView Profile following review and approval of provider

Per provider

Workers Compensation Enrollment

- Contact medical board for fees and requirements
- Register and setup necessary state portal while securing login information
- Obtain original provider signature and notarized forms (if applicable)
- Detail and provide required continuing education information, licensing and board certification
- Complete and submit application of enrollment
- Follow up with state board until board issues a final determination

Per provider

Medicare/Medicaid Reassignments

- Verify provider's current enrollment status
- Utilize PECOS to submit electronic re-assignment application (Medicare)
- Identify and complete affiliation application (Medicaid)
- Submit all required supporting documentation
- File ETIN or EDI certification for electronic claim submission
- Track application progress until completion

Per provider/ per payor



Medicare/Medicaid Re-Validation

- Utilization of PECOS to submit electronic re-validation application (Medicare)
- Review and updating reassignments as necessary (Medicare)
- Completion of revalidation application including all required supporting documentation (Medicaid)
- If necessary, updating EFT and EDI information
- Track application progress until completion

Per provider / per payor

Special Project Hours

Staff hours spent on miscellaneous credentialing projects

Foreign State "Registered Agent Application"

Includes: Completion of Foreign State "Registered Agents" application plus register the name of an agent





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LICENSURE

Licensure

- Collection of all provider credentials such as education, training and certifications etc.
- Set up of State License Portal (if applicable)
- Completion of State application
- Completion of undergraduate admissions status (if applicable)
- Submission of State License Verification forms
- Electronic review and signature by provider through VeriDoc
- Utilization of and proper management of Federal Credentials Verification Service (FCVS portal) if applicable
- Request primary source verification to be sent directly to the board from each medical school, post graduate school, residency, internship, fellowship programs as well as United States medical license examination scores
- Hospital affiliation
- Malpractice Insurance
- Initialize fingerprints registration
- Release of Affidavit Certificate
- Work with provider to resolve all items on State medical examiner's deficiency letters
- Follow up and track until State issues a final determination

Per provider

License Renewal/Reinstatement

- Collection of all provider credentials such as education, training and certification, etc.
- Set up of State license portal, if applicable
- Completion of State renewal or reinstatement application
- Submission of States license verification forms
- Electronic review and signature by provider through VeriDoc
- Utilization of and proper management of FCVS portal (if applicable)
- Initialize fingerprints registration (if applicable)
- Submit all continuing medical education (CMS) documentation provided by provider
- Work with provider to resolve all items on States medical examiner's deficiency letters
- Follow up and track until State issues a final determination

Per provider/ per license

License (CDS or DEA)

- Collection of all provider credentials required under application (including supervisory agreement if required for mid-level provider)
- Establish and create login information for secure portal use
- Indicate per provider requested drug levels
- Attestation to criminal background and/or previous license restrictions
- Follow up and track until final determination issued by CDS or DEA

Per provider/ per license



Alicia Shickle AHFI, CHC, CPCO, CPC, CPMA, CRC
President - ProCode Compliance Solutions, LLC

With decades of clinical and administrative healthcare expertise, Alicia specializes in professional revenue cycle, payment integrity, compliance, and more. She offers advisory services to attorneys, healthcare administrators, and organizations, working on fraud intervention and assessments for both plaintiff and defense teams. Alicia excels in routine and complex documentation and coding reviews, providing in-depth claims data analysis, education, and risk mitigation strategies. Having served as the Director of Compliance for the American Academy of Professional Coders, she brings extensive experience in compliance program development. Alicia, a frequent national presenter on compliance, documentation, and coding, combines her rich background to assist clients in optimizing revenue and ensuring compliance.

Learn More About Us



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