Navigating Credentialing with the touch of *One point* RCM:

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CREDENTIALING & CONTRACTING

- **INTRODUCTION**

- **PROVIDER ENGAGEMENT**

- **VERIFICATION AND VALIDATION**

- **APPLICATION SUBMISSION**

- **FOLLOW-UP AND TRACKING**

- **STATUS UPDATES**

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INTRO

In the world of healthcare, the process of credentialing is essential for ensuring that healthcare providers are qualified, compliant, and eligible to deliver their services. As a third-party credentialing partner, our role is pivotal in simplifying this intricate process for healthcare providers and practices.

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PROVIDER ENGAGEMENT

- **OBJECTIVE**: ESTABLISHING A SOLID FOUNDATION

- **RESPONSIBILITIES**:

  - Initiate Contact: Reach out to healthcare providers and practices, introducing your

    credentialing services.

  - Information Gathering: Conduct thorough conversations to understand their unique

    needs, specialties, and geographical reach.

  - Document Collection: Gather comprehensive details, including personal information,

    educational history, work experience, certifications, and licenses.

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Document Compilation, Verification & Validation

Document Compilation

- **Objective:** Creating a Comprehensive Portfolio

- **Responsibilities:**

  - Holistic Collection: Gather a diverse set of supporting documents such as licenses, certifications, diplomas, malpractice insurance policies, DEA registrations, and professional references.

  - Logical Arrangement: Organize these documents in a clear and logical order, allowing easy access and review.

Verification and Validation

- **Objective:** Ensuring Authenticity and Accuracy

- **Responsibilities:**

  - Rigorous Checks: Verify and cross-reference every piece of information provided by the healthcare provider against trusted sources.

  Consistency and Precision: Ensure that all details are accurate and consistent, meeting the rigorous standards set by credentialing entities.

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Application Submission & Application Completion

- **Application Submission**

- **Objective:** Timely Delivery for Efficient Progress

- **Responsibilities:**

  - Comprehensive Compilation: Bring together the completed application forms, supporting documents, and additional required materials.

  - Timely Submission: Submit the application package to the relevant insurance networks, facilities, or regulatory bodies within the specified timelines.

- **Application Completion**

- **Objective:** Crafting a Complete Application

- **Responsibilities:**

  - Form Review: Carefully review and understand the credentialing application forms provided by insurance networks, facilities, or regulatory bodies.

  - Accurate Filling: Ensure each field is accurately completed, addressing any potential discrepancies or missing information.

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# FOLLOW-UP, TRACKING, COORDINATION & COMMUNICATION

Follow-Up and Tracking

- **Objective:** Navigating the Application Journey

- **Responsibilities:**

  - Vigilant Monitoring: Regularly track the progress of each submitted application, proactively engaging with networks or facilities to ensure timely processing.

  - Responsive Approach: Address any requests for additional information or clarifications promptly and professionally.

Coordination and Communication

- **Objective:** Seamless Interaction and Exchange

- **Responsibilities:**

  - Central Point of Contact: Act as the bridge between the healthcare provider/practice and insurance networks/facilities.

  - Effective Communication: Facilitate transparent and efficient communication, ensuring that all parties are well-informed.

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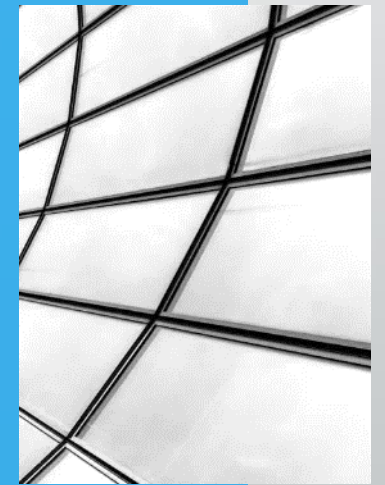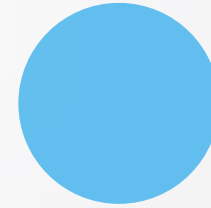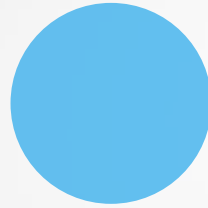
Status Updates

- **Status Updates**

- **Objective:** Keeping Stakeholders Informed

- **Responsibilities:**

  - Transparency Matters: Regularly update the healthcare provider/practice on the application's status changes, including approvals, rejections, or other developments.

  - Building Trust: Transparency fosters trust, establishing a foundation for a successful partnership.

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Additional Services Portfolio

- **Hospital Affiliations**
- **Malpractice Insurance**
- **Re – Credentialing**
- **Web Portals**
- **CAQH**
- **Accreditation**
- **LLC and EIN Registration**
- **Billing**

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Hospital Affiliation:

- **Objective:** Facilitating Seamless Hospital Affiliations
- **Responsibilities:**
  - **Strategic Matching:** Identify suitable hospital affiliations aligned with providers' specialties and preferences.
  - **Application Management:** Handle end-to-end affiliation applications, ensuring accuracy and compliance.
  - **Documentation Support:** Assist in preparing and organizing required documentation for submissions.
  - **Effective Liaison:** Foster communication between providers and hospitals, addressing inquiries promptly.
  - **Compliance Assurance:** Ensure providers meet hospital standards and credentialing requirements.
  - **Timely Progress:** Monitor application progress, addressing any challenges that arise.
  - **Regulatory Adherence:** Stay updated on industry regulations, ensuring compliance throughout.
  - **Feedback Integration:** Gather and integrate feedback for continuous process improvement.

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Accreditation

- **Objective:** Guiding Providers to Successful Accreditation

- **Responsibilities:**

  - **Strategic Planning:** Assess and plan providers' accreditation journey.
  - **Document Preparation:** Compile necessary evidence for accreditation.
  - **Standards Compliance:** Ensure alignment with accreditation criteria.
  - **Procedural Support:** Guide providers through application and submission.
  - **Timely Execution:** Ensure on-time submission of applications.
  - **Quality Enhancement:** Identify areas for improvement to meet standards.
  - **Liaison Role:** Interact with accreditation bodies on providers' behalf.
  - **Issue Resolution:** Address inquiries and challenges promptly.
  - **Progress Monitoring:** Keep providers informed on application status.

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MALPRACTICE INSURANCE

- **Objective:** Providing Reliable Malpractice Insurance Solutions for Providers

- **Responsibilities:**

  - **Assessment & Advisory:** Evaluate provider needs, recommend tailored malpractice insurance coverage.

  - **Policy Management:** Procure, customize, and manage insurance policies for comprehensive protection.

    - **Renewal Oversight:** Monitor and facilitate policy renewals to maintain continuous coverage..

  - **Advocacy & Liaison:** Act as a bridge between providers and insurers, advocating for fair resolutions.

    - **Risk Management:** Offer strategies to mitigate liabilities, enhancing patient safety.

  - **Compliance Assurance:** Ensure providers meet insurance requirements for issuance and renewal.

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RE - CREDENTIALING

- **Objective:** Streamlining Re-Credentialing for Providers' Continuity

- **Responsibilities:**

- **Assessment & Preparation:** Evaluate re-credentialing needs and gather necessary documents.

- **Application Management:** Submit accurate re-credentialing applications on time.

  - **Validation & Compliance:** Verify credentials and ensure adherence to requirements.

  - **Timely Follow-Up:** Monitor progress and address inquiries promptly.

- **Issue Resolution:** Handle challenges to ensure a smooth re-credentialing process.

- **Liaison with Authorities:** Facilitate communication with credentialing bodies.

- **Continuity Assurance:** Ensure a seamless transition between existing and renewed credentials.

Web Portals

- **Objective:** Providing Efficient Web Portal Solutions for Providers

- **Responsibilities:**

  - **Design & Development:** Create tailored, user-friendly web portals for healthcare providers.

- **Data Integration:** Incorporate patient data and relevant information into the portal.

  - **Security Assurance:** Implement strong security measures to safeguard patient data.

    - **User Training:** Provide training and support for seamless portal utilization.

- **Maintenance & Support:** Ensure ongoing functionality and troubleshoot technical issues.

  - **Customization Options:** Allow providers to personalize portals to their needs.

CAQH

- **Objective:** Seamless CAQH Maintenance for Provider Credentialing

- **Responsibilities:**

  - **Data Accuracy:** Ensure up-to-date and accurate provider information in CAQH.

  - **Document Management:** Regularly update licenses and certifications.

  - **Profile Review:** Review and enhance provider profiles for completeness.

  - **Timely Renewals:** Monitor and initiate prompt credential renewals.

  - **Regulatory Compliance:** Ensure profiles meet industry standards.

  - **Communication Hub:** Bridge providers and CAQH for inquiries.

  - **Issue Resolution:** Swiftly address profile discrepancies.

  - **Data Security:** Safeguard sensitive provider data.

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Setting up Electronic Healthcare Transactions: EDI, ERA, and EFT:

Objective:

To streamline data exchange and payment processes by implementing electronic solutions, reducing manual errors, and ensuring secure and timely transactions.

Responsibilities:

- Implement Electronic Data Interchange (EDI) to enable digital communication between providers and payers.
- Set up Electronic Remittance Advice (ERA) for automated processing of payment information.
- Establish Electronic Funds Transfer (EFT) for secure and direct electronic payments to providers.
- Monitor and manage electronic transaction systems to ensure seamless and efficient communication.

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LLC and EIN Registration

- **Objective:** Streamlining LLC and EIN Registration for Provider Business Setup

- **Responsibilities:**

  - **Consultation:** Advise providers on the legal and procedural requirements for LLC formation and EIN registration.

  - **Documentation Gathering:** Collect necessary information and documents for LLC registration.

  - **Application Submission:** Complete and submit accurate LLC registration applications to relevant authorities.

  - **EIN Application:** Apply for Employer Identification Number (EIN) with the IRS.

  - **Regulatory Adherence:** Ensure compliance with state and federal regulations during the registration process.

  - **Timely Execution:** Submit applications within specified timelines to avoid delays.

  - **Communication Liaison:** Interact with government agencies on behalf of providers.

  - **Issue Resolution:** Address any challenges or inquiries during the registration process.

  - **Progress Updates:** Keep providers informed about the status of their LLC and EIN applications.

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Billing

- **Objective:** Streamlining Billing Processes and Maximizing Revenue for Providers

- **Responsibilities:**

  - **Claim Preparation:** Accurately compile and submit billing claims to insurance companies.

  - **Coding Accuracy:** Ensure proper medical coding to facilitate timely and accurate reimbursements.

  - **Insurance Verification:** Verify patients' insurance coverage and eligibility before treatment.

  - **Payment Posting:** Record and reconcile payments from insurance companies and patients.

  - **Denial Management:** Address and resolve claim denials, appealing when necessary.

  - **Patient Billing:** Generate and send accurate patient bills, facilitating timely payments.

  - **Revenue Optimization:** Strategically manage billing processes to maximize practice revenue.

  - **Compliance Adherence:** Ensure billing practices align with industry regulations and standards.

  - **Reporting:** Provide regular financial and billing performance reports to providers.

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Transparency in Pricing

Credentialing & Contracting	$150/Provider/Payer
Hospital Affiliations	$500/Application
Accreditation	$450/Provider
Malpractice Insurance	$400/Application
Re – Credentialing	$150/Provider/Payer
Web Portals (CAQH, Payer Portal, EDI, ERA, EFT,NPI)	$65/Portal
LLC and EIN Registration	$500+200/Application

Our service fees are all-inclusive and do not include premiums, state fees, or taxes. You pay a one-time fee for our services, and there are no hidden charges or ongoing fees. Our focus is on delivering results without financial surprises.

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THANK YOU

By fulfilling these responsibilities, our role as a third-party contractor guarantees providers' uninterrupted practice continuity.

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