

2024 Indian Health Service Partnership Conference

Provider Enrollment: Best Practices

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What is Provider Enrollment within IHS?

- Initiating and maintaining the enrollments with different payers
 - Facility
 - Individual providers
- Part of the beginning of the Revenue cycle in our facilities
 - We can't bill Medicare & Medicaid without enrollment
- Point-of-contact/Liaison
- Authorized agent
- Trouble shooting billing errors stemming from provider enrollment issues
- Communication
- Workload depends on the size of your facilities/number of providers
- Growing need for Provider enrollment specialists



Communication throughout the provider enrollment process

- Medical Staff Credentialing/Credentialing department
- Enrollment Team at your facility
- Table maintenance gurus (Billers, CACs, etc.)
- Third-Party Billing staff/Denial Management/Voucher examiners
- Accounts Receivable staff
 - ✓ Depending on service unit – centralized or uncentralized
- Providers and Department Chiefs
- Contracting companies: point-of-contact/credentialer
- Authorized official(s) for facility
 - ✓ Third-Party Billing staff
 - ✓ Business Office Manager
 - ✓ Chief Medical Officer or other C-Suite officers
- Purchased & Referred Care
- Patient Registration

Where does
the provider
information
come from?

Medical staff credentialing/Credentialing department

- ✓ Verify staff credentials
- ✓ Governing Board approves privileges for provider
- ✓ Notify Provider enrollment specialist/Billing department of approved privileges
- ✓ Provide appropriate documents needed to enroll with payers
- ✓ They are the official keeper of records for the credentialing documents – what provider enrollment have are *copies*

Tracking your enrollments

Spreadsheet(s)

- Track enrollment status with different payers
- Allows for methodological follow-up

Simplifies updates to appropriate departments/persons

- Enrollment team, TPB, Patient Registration, case management team, etc.

Record keeping

- Electronic or paper records

Tracking revalidations and licenses/certifications

Goal: Set up a system that works for your teams & facility



Tracking Sheets example

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Provider Name	Credenti	Department	Start Date	Employee Type	NPI	AHCCCS Application #	Corresponding zip code	AHCCCS Provider ID	Status	Updated	Comments	Supervisor	Personal email	
6	1	Name Provider	MD	Internal Medicine	1/1/2023	IHS	123456789	12345678910	85016	Pending	2/21/2024	02.22 submitted app	Dr. PCMC Chief		
7	4		NP	Emergency Medicine		Contract				Approved					
8	5		PA-C							In progress					
9	6		CNM							Service desk					

APEP
PECOS
BCBS
Availity
NPPES

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
	Doing Business As:	Address	Telephone	NPI#	updated	TIN	ID#	date	ID#	Zip Code	Date	PTAN	Date	PTAN	Date	PTAN	date:	Date	ID#
1	1	Phoenix Indian Medical Center																	

Provider List - Active
Provider List - Inactive
Facilities



Tracking Sheets example cont.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	PROVIDER	PROV	NPI	DEA	ISSUE	EXPIRES	STATE	ISSUE	EXPIRES	START DT	END DT	COMMENTS	BCBS	BCBS
2		CLASS			DATE		LICENSE	DATE					PK	PS
3	FACILITY													

	O	P	Q	R	S	T	U	V	W	X	Y	Z
APEP		ZIP	AHCCCS	AHCCCS	MEDICARE	START	MEDICARE	START	MEDICARE	START	MEDICARE	START
APP ID		CODE	NUMBER	START	PK PTAN	DATE	CHEM PTAN	DATE	PS PTAN	DATE	SU PTAN	DATE

AA	AB	AC	AD	AE	AF	AG	AH
MEDICARE	START	Moapa ONLY	NV	NV Medicaid	UT	NM	COMMENTS
MO PTAN	DATE	Hlth Pln of NV	MEDICAID	Tracking #	MEDICAID	MEDICAID	

ACTIVE	INACTIVE	WORKING	Revalidation	CONTACTS	FACILITY
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Providers' Start dates

Where do we get this information in "real time?"

- Credentialing department
- Department Schedulers
- Department Chiefs/Practice Managers
- New Employee Orientation listing
- IT email notifications of creation of new providers' RPMS profile (^PRVI provider profile)

Begin Enrollments



I&A Management System

- Identity & Access Management System – Online portal
 - ✓ manage access to NPPES
 - ✓ Manage access to PECOS
 - ✓ Manage access for staff for your facility enrollment
- Connection Requests
 - ✓ Initiate connection request to providers to access their NPPES & PECOS accounts
 - ✓ Once approved, start applications.

National Plan & Provider Enumeration System (NPPES)

- NPPES online system
 - ✓ Update practice location
 - ✓ Ensure taxonomy is up-to-date - Student taxonomy could create billing issues
- Payers check the NPI registry to verify information



Enrolling with Medicare

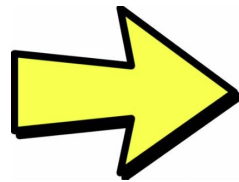
- **Provider Enrollment, Chain, and Ownership System (PECOS)**
 - ✓ Online portal to securely, electronically submit and manage Medical enrollment applications
- **Provider Enrollment Gateway**
 - ✓ Novitas Solutions tool for uploading enrollment applications
 - ✓ Responses to development requests
 - ✓ Tool for requesting a copy of enrollment correspondence sent to you
 - ✓ Check status of previously uploaded application
- **Mail in application**
- **Timeframes: Application enrollment approval**
 - ✓ As early as 3-5 days (in our recent experience)
 - ✓ Could be as long as 15-90 days per Novitas solutions
- **Revalidation: Every 5 years**



Medicare: Additional Provider Type Enrollments

- Registered Dietitians
- Licensed Clinical Social Workers
- Mental Health Counselors
- Marriage & Family Therapists
- Speech Language Pathologists
- Audiologists

- Physical therapists – Site visits



Documents needed:

- ✓ State driver's license or ID
- ✓ Social Security card
- ✓ Professional license
- ✓ Any Board certifications
- ✓ Highest college diploma/degree obtained
- ✓ National Provider Identification number (NPI)

[Medicare Enrollment Guide - Table of Contents \(novitas-solutions.com\)](https://www.novitas-solutions.com/medicare-enrollment-guide-table-of-contents)

Medicare: Common Development Requests

- Request for provider's DEA certification
- Validate provider's license
 - ✓ IHS provider license exception
 - ✓ Could not be validated on state website
- Correspondence Address on application
 - ✓ Facility mailing address
 - ✓ Provider's personal mailing address
- Request for Nurse Practitioner documents
 - ✓ MSN/DNP degree, certification, license
- The application was submitted prior to the expiration of a re-application bar
 - ✓ Call Novitas Solutions for clarification.
 - ✓ Re-enrollment bar lasts 1-3 years



Medicare: PAR Status

- "Participating" provider in the Medicare Program receive 100% payment of physician fee schedule
- "Non-participating" providers receive 95% payment of the physician fee schedule
- Open enrollment period is announced annually by MACs to change PAR status
 - If no status change – no action required
 - Check with your leadership on your facility's policy

[Enrollment Guide: Chapter 4 - Medicare Participation \(novitasolutions.com\)](https://www.novitasolutions.com)

PAR Status

Topic Summary

This topic requests information to determine if the applicant agrees to accept assignment for all covered services provided to Medicare patients. [\(more information about PAR Status\)](#)

The Medicare Participating Physician or Supplier Agreement allows a provider or supplier to participate in the Medicare program.

You can enroll in Medicare whether or not you choose to be a "participating" provider or supplier.

Medicare "participation" means you agree to accept claims assignment for all Medicare-covered services to your patients. By accepting assignment, you agree to accept Medicare-allowed amounts as payment in full. You may not collect more from the patient than the [Medicare deductible and coinsurance or copayment](#). Medicare will pay you directly and will also forward claim information to Medicare supplement insurers (Medigap plans).

As a non-participating provider or supplier, you have limited appeal rights, will be paid 5% less and may not charge the patient more than the limiting charge of 115% of the Medicare Physician Fee Schedule allowed amount. You may, however, accept assignment on a case-by-case basis.

This agreement can only be completed in 90 days of the provider's or supplier's enrollment in the Medicare program or during the Medicare Administrator Contractor's (MAC) open enrollment period (generally mid-November through December 31 each year). For more information, refer to the Form CMS 460.

For individuals, any changes made in this section will automatically update all enrollments where the individual is sole proprietor.

This information is shared across all enrollments, because it is stored in the profile. This application will update it everywhere. You will not need to complete other applications to change it for each state.

If you select "Yes" below, the following form must be completed and submitted along with your application:

[CMS-460 Medicare Participating Physician or Supplier Agreement](#)

PAR Status Information

* Does the applicant agree to accept assignment for all covered services provided to Medicare patients?

Yes

No

You have indicated that the applicant does not have PAR Status Information. Please click the "Next Topic" button or change the answer to the question above.

PAR Status Information

Participation Status: No
Effective Date of Information: 07/27/2022



Medicare: Opting out

- Providers can "opt out" of Medicare and will not bill Medicare
- "Opting out" is an enrollment status – Opt Out Affidavit
 - Timeframe: 2 years
- Check with your leadership
 - ✓ Is enrollment/opting into Medicare a condition of providers' employment/contract?
- Credentialing staff and Chief Medical Officer/Clinical Director should be notified of these statuses



[Enrollment Guide: Chapter 9 - Private Contracting Opt-Out \(novitas-solutions.com\)](https://www.novitas-solutions.com/enrollment-guide/chapter-9-private-contracting-opt-out)

CMS Opt-Out Look Up Tool: [Provider Opt-Out Affidavits Look-up Tool | CMS Data](#)

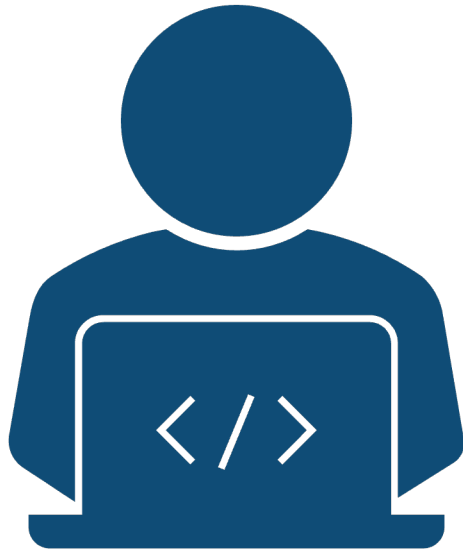


Medicare Enrollment: Communication with the Providers

Email notifications

- ✓ I&A Management connection request email
 - Welcome the provider
 - Introduce yourself (if not previously introduced)
 - Explain reason for connection request
 - Provide screenshots for navigation
 - Help desk phone number for resetting log-in information
 - Copy department Chief, if needed
- ✓ PECOS digital signature request email
 - Request provider to review/approve application w/digital signature
 - Reminder: IHS falls under the Texas Medicare jurisdiction
- ✓ Reminder emails
 - Approximately 30 days for provider to sign off on application
 - Sometimes our providers need a nudge – Support from the CMO/dept Chief/Clinical Director can be helpful





Medicare Enrollment Resources

External User Services: (866) 484-8049

MAC - Novitas Solutions: (855) 252-8782

MAC JH Website: [Home \(novitas-solutions.com\)](https://www.novitas-solutions.com)

Not sure who to call? [Medicare Applications Who to Call Job Aid](#)

Helpful videos: [Novitas Solutions, Inc. - YouTube](#)

Novitas Solutions, Inc – Provider Outreach and Education Specialists

- Gail Atnip: gail.atnip@novitas-solutions.com
- Kim Robinson: kim.robinson@novitas-solutions.com

Arizona Medicaid - AHCCCS

- Enrollment System: Arizona Provider Enrollment Portal (APEP)
- APEP Service Desk
 - ✓ Online help desk portal
 - ✓ Email: APEPTrainingQuestions@azahcccs.gov
 - ✓ Phone number: (602) 417-7670 option 5
- Revalidation: every 4 years


A screenshot of the AHCCCS Service Desk login interface. The page header includes the AHCCCS logo and the text "Service Desk". The main content area says "Welcome to AHCCCS Service Desk" and "Please enter your login details." Below this, there are input fields for "Email / Username" and "Password". To the right of the "Email / Username" field is a blue button labeled "Login with M365/Microsoft". At the bottom left, there is a blue "Log In" button and a link for "or Sign up".

AHCCCS: Additional Provider Type Enrollments

❖ Do these providers go through your credentialing department? If not, these documents need to be requested directly from the provider.

- Respiratory Therapists
- Registered Dietitians
- Licensed Clinical Social Workers

Documents needed:

- ✓ State driver's license or ID
 - ✓ Social Security card
 - ✓ Professional license
 - ✓ Any Board certifications
 - ✓ Highest college diploma/degree obtained
 - ✓ National Provider Identification number (NPI)
- 

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/10/2023	03/14/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 3: Correspondence Address	Required	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 4: Provider Type/Specialties/Subspecialties	Required	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 5: Associate Billing Provider/Other Associations	Required	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Required	04/05/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Optional	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 9: Populations Served	Optional	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 10: Upload Documents	Required	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	03/10/2023	03/14/2023	Incomplete		
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	03/10/2023	03/14/2023	Complete		

View Page: Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

APEP application



APEP Common Issues: Application Sendback Email

- Requesting physical address of facility – common request for rural facilities
- Validate license
 - ✓ IHS provider license exception
 - ✓ "Need to upload an Arizona Board of Medical Examiners License as the servicing location is not on a reservation"
 - ✓ Could not be validated on state website
- W9s
 - ✓ Ensure it is updated for the current year
 - ✓ Wet signature is required
- End-date all Group Affiliates in Step 5 of application OR upload the W9 for those Group Affiliates.
- Documents listed and uploaded documents – ensure steps 6 & 10 match up
- Validate Social Security Number – APEP will request SS card & photo ID to verify
- Letter of Concern/Reprimand request - usually attached to state licensure or in credentialing docs



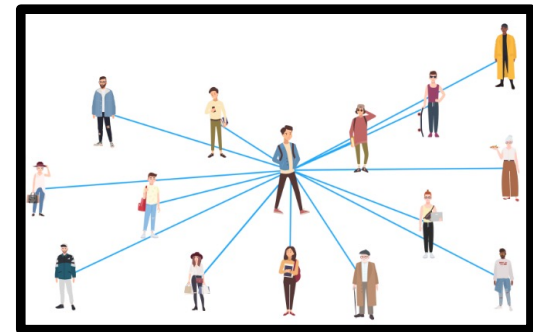
AHCCCS: Retro-dating Requests

1. Submit APEP Service Desk ticket
 - Subject line: Retroactive Enrollment Date
 - Can be submitted via online portal or email
2. Documents to attach to Service Desk ticket:
 - Copy of the earliest bill
 - Memo/Letter requesting retro-date
 - ✓ Provider name
 - ✓ Provider NPI
 - ✓ Tax ID Number
 - ✓ APEP Application number
 - ✓ Reason for the retroactive enrollment request



AHCCCS: Domain Administrator Transfers

1. Provider makes "good faith" attempt to contact their previous Domain Administrator.
2. Call APEP Service Desk requesting name and email address of the current domain admin(s) listed for the provider.
3. Submit APEP Service desk ticket with:
 - Subject line: "Domain Transfer"
 - Letter signed by provider requesting Domain Transfer – Letter must include:
 - ✓ Provider's name
 - ✓ Provider's AHCCCS ID
 - ✓ Provider's NPI
 - ✓ Provider's last 4 of SSN
 - ✓ Provider's DOB
 - ✓ Name of current domain holder, if known
 - ✓ APEP username of the person requesting domain access
 - ✓ Explanation of what has been does to work w/current domain owner
 - ✓ Copy of provider's driver's license or official state ID.



AHCCCS Enrollment Resources

APEP Help Desk: (602) 417-7670 *option 5*

Fax number: (602) 256-1474

Help Desk email: APEPTrainingQuestions@azahcccs.gov

Help Desk Portal: [AHCCCS - Service Desk \(azahcccs.gov\)](https://www.azahcccs.gov/APEP)

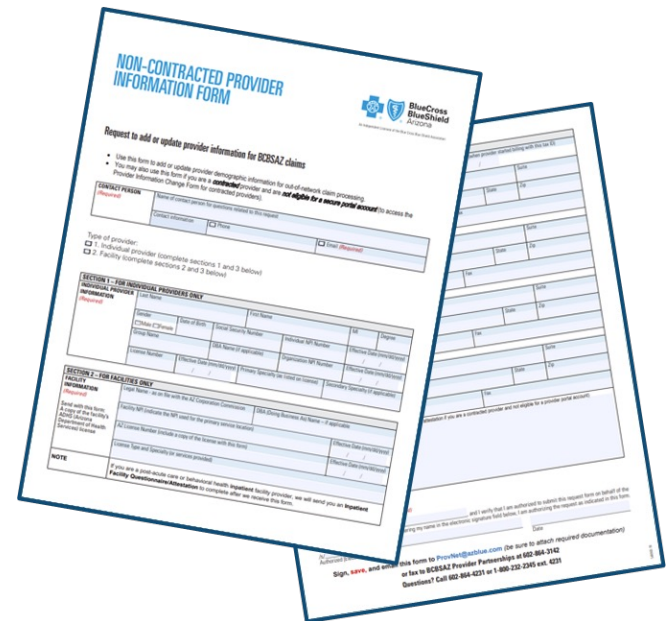
APEP Website: <https://www.azahcccs.gov/APEP>

Private Insurers

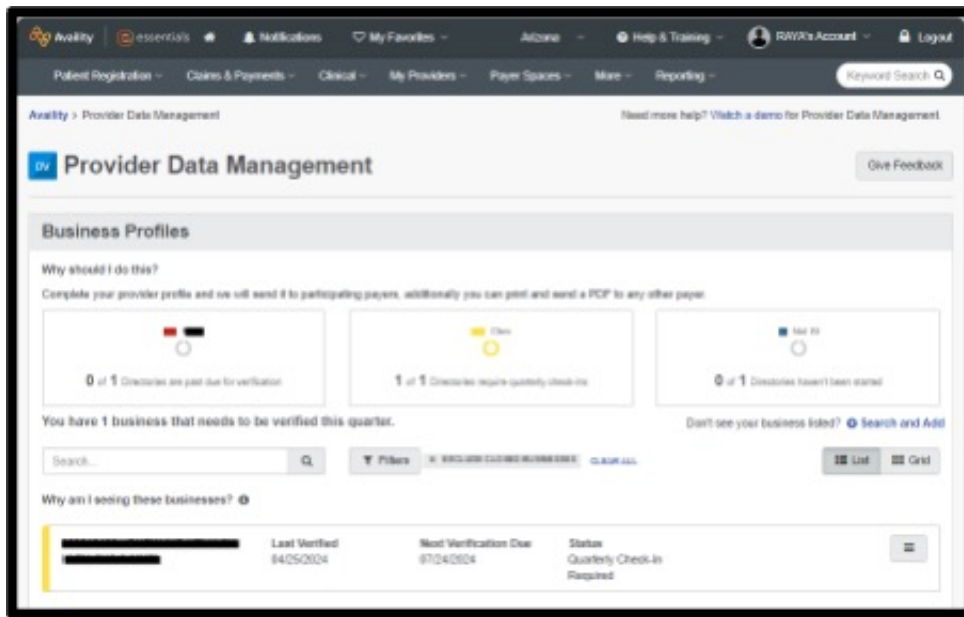


Blue Cross Blue Sheild of Arizona

- PIMC enrolled as a Non-Contracted Group
 - No agreement or contract in place
 - No enrollment fee
- Individual providers are added (enrolled) to the Group’s Tax ID Number
 - Non-Contracted Provider Request form
 - Form Submission via fax or secure data transfer to BCBS Liaison
- Communication with BCBS Liaison assigned to IHS



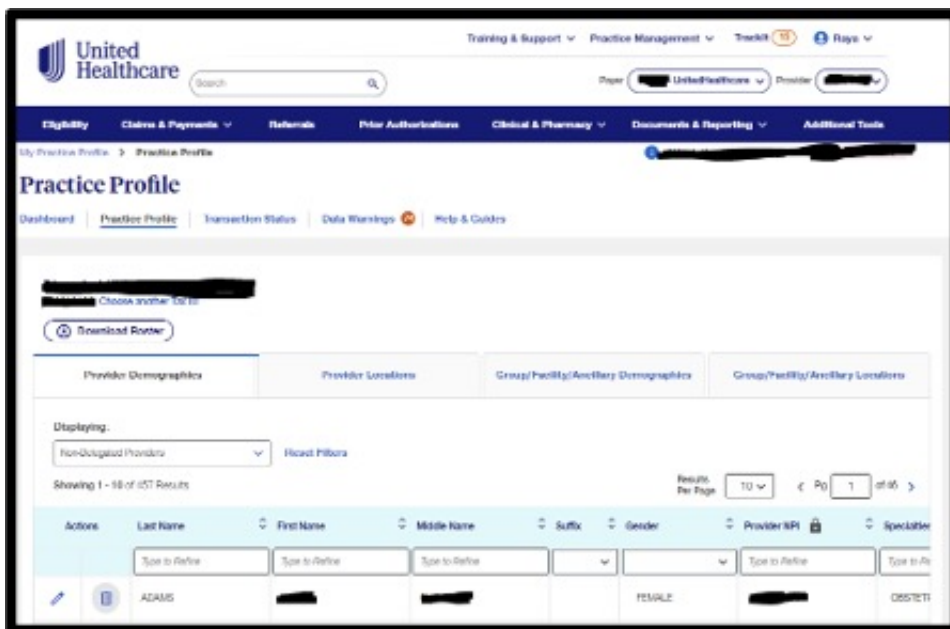
Availity



- Revenue cycle management website
- Provider Data Management function
 - ✓ Some Payers ask you update provider information in Availity
 - ✓ Example: Humana

United Healthcare

- Payer website
- Practice Profile function
 - ✓ Facility information update
 - ✓ Individual provider information update



After Enrollment Approvals ...

- Table maintenance
 - ✓ Entry of PTANS, Medicaid provider IDs, etc.
 - ✓ Completed by Billers, Leads, CACs or Supervisors, etc.
- Notify TPB Billers
 - ✓ Release/approve pending bills
- Update tracking sheets
 - ✓ Quick reference guide
 - ✓ Revalidation due dates
 - ✓ Licensure expiration dates
 - ✓ Maintain Provider listing to communicate with teams who need the information

Helpful Tips



- Utilize available websites
 - State Boards, NPI Registry, Board certification, etc.
- Reference Manuals/Guidelines
 - IHS, Medicare, Medicaid, etc.
- Payer trainings/Newsletters
 - Subscribe to e-mail lists
- Tracking spreadsheets
- Record keeping
 - electronic files (secure)
- Special considerations:
 - Nurse Practitioners
 - Licensed Clinical Social Workers
 - Registered Dieticians
 - Physical Therapists – site visits
- Remember to change point-of-contact information when necessary
 - Authorized agents/managers
 - CEO/C-Suite
- Provider enrollment email address for your facility
 - This email should used for all applications
 - AREA_ServiceUnitProviderEnrollment@ihs.gov
 - Very helpful for future notifications from payers if current staff leave your facility



Contact Information

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Office : (602) 581-6088



