HIV Credentialing for Public Health Departments

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Presenter

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Shefali Mookencherry has extensive experience in the HIPAA, healthcare IT/finance, Meaningful Use, contracting, credentialing, and revenue cycle areas, including 20+ years in the healthcare industry, with nine spent in senior management positions.

She has conducted various contracting, credentialing, and HIPAA education, training, compliance assessments/analyses for various clients including public health departments/associations, small physician practices, IT vendors to larger integrated delivery networks and academic institutions.
Assumptions

- Certain information in this presentation comes from a variety of sources such as:
  - CMS (their website cms.gov)
  - Illinois General Assembly (Public Acts/legislation)
  - Illinois Department of Healthcare and Family Services (HFS)
  - Managed Care Payers
  - Industry blogs, journals, etc.

Disclaimer: The materials for this presentation are for informational purposes only. Information on this topic does not constitute legal or business advice. Information in this presentation is provided without warranty of any kind, either expressed or implied, including but not limited to, the implied warranties of fitness for a particular purpose. Many policies, procedures, and codes will vary based on individual departments, services offered, and individual situations. It is the responsibility of every local health department to verify information as it pertains to their own individual department.
Objectives

- Understand what HIV credentialing is including key steps involved for the public health department.
- Review questions to ask a third-party payer
- Develop an understanding of the required documentation and information needed for credentialing
- Review of sample credentialing tracking worksheet
- Questions and Answers
AIDS/HIV
Credentialing
AIDS/HIV Services

- Screening/Evaluation
- Testing
- Diagnosis
- Counseling
- Treatment
AIDS/HIV Providers

- Physician
- Nurse practitioner
- Physician assistant
- Peer counselors certified as Community Health Workers
- Community based organizations
- HIV laboratories
Delivery Models

- Local health department.
- Local health department partnering with community based organization(s) or individual physicians and other clinicians.
- Local health department partnering with laboratories.

Note: Some payers may categorize local health department clinics as “Rural health clinics”.
Agreements

- Contract
- Letter of intent
- Memorandum of Understanding (MOU)
- Enrollment

Note: Some payers will have one or combination of the above as part of credentialing process.
Provider Enrollment

- Think of the combined process of credentialing and contracting as ENROLLMENT.
- Enrollment encompasses the entire process of gaining eligibility to receive reimbursement from a third-party payer.
- CREDENTIALING + CONTRACTING = ENROLLMENT
Credentialing by Payers

- Not Required
  - Self Pay
  - Worker’s Compensation (WC)

- Required
  - Private (commercial) insurance
    - Group & Individual Plans
      - Examples (e.g. BCBS, Aetna, Cigna)
  - Government insurance
    - Medicare (CMS)
    - Medicaid/Child Health Plan
    - TriCare
What is Credentialing?

- A process in which detailed information related to a provider is gathered and submitted for approval.
- During credentialing, the payer reviews, validates, and finally approves demographic, educational, professional licensure, and other pertinent information.
- Payer grants the provider approval and permission to then contract with the payer if desired.
Key Credentialing Steps

- Register clinicians with the Council for Affordable Quality Healthcare’s (CAQH) – Universal Provider Datasource (UPD).
  - May not be necessary if payer only requires group National Provider Identifier.
- Review payer mix to see who you should contract with.
- Contact payer to verify contract is in place or if new contract needs to be established.
- Locate payer website and search for “provider contracting” or “provider relations”.
Key Credentialing Steps (continued)

- Review payer credentialing process.
- Submit application and documents.
- Payer will validate/verify information submitted.
- Follow up on status.
- Payer will provide “Date Effective” participation approval letter.

Note: It is assumed that the LHD has developed credentialing policies, which provide guidance on these steps.
Credentialing Policies

- Local health departments should have the following policies written and educate staff on:
  - List name of designated individual who will do the credentialing, authorized signer, and that person’s back up
  - Confidentiality statement for person who is doing the credentialing. (Have person sign it for compliance with HIPAA)
  - List of HIV services provided by local health department clinic
  - List of contracted payers and provisions for HIV services
  - List of community based organizations and contact information
  - Credentialing tracking workbook
Who Should Credential...at LHD

- Deciding who will be responsible for your LHD credentialing is important. Due to the sensitivity and the confidential nature of the information needed to credential, careful consideration should be given.
- It is suggested that the person who starts the process, finish it through to completion.
- Some payers will allow the provider to designate an authorized signer. This individual will have the ability to make changes to the provider’s enrollment.
When and Why to Credential

WHEN?

- Do you plan to begin seeing patients and billing? Contingent upon this fact is when you should begin your credentialing process.
  - In general, most enrollments can be complete within 90-120 days from submission of your application;
  - however most payers reserve a greater amount of time to complete the process. Be optimistic but plan for the worst.
  - TIP: Ask the payer what their timelines are for processing enrollment applications and remind them if necessary.

WHY?

- FOCUS ON THE GOAL! Credentialing and contracting can be exhausting and frustrating- keep your eye on the prize and stay persistent!
Many LHDs are facing challenges in credentialing with private payers due to the fact that there is not an onsite or actively participating MD/DO.

Please note that most often if a Medical Director (Physician) is actively practicing elsewhere then he/she is receiving payment and is already credentialed with the private payers.

It would NOT be necessary for an LHD to complete an entire Credentialing Application for the clinician or physician. With the permission of the clinician or physician, the LHD would need to request the addition of their practice location (the LHD) to the clinician’s or physician’s enrollment.
Questions to Ask a Third-Party Payer (TPP)
Questions to ask...

- Does the TPP handle credentialing internally or do they use the Council for Affordable Quality Healthcare (CAQH) national data bank?
- Who is the TPP’s internal contact and what is the contact information?
- What is the time frame to complete credentialing? Recredentialing?
- What type(s) of providers do they credential?
- Are there any HIV services no covered?
Questions to ask...

- Will extenders (physician’s assistants (PAs) and nurse practitioners (NPs)) be credentialed?
- Is there a reduced contractual rate for services provided by a PA or NP vs. a physician?
- For what period of time are the providers credentialed?
- How would the TPP like to receive updates?
Credentialing Documentation and Information Needed
Health Care Professional Credentialing and Data Collection Act

- (410 ILCS 517)
- The Health Care Credentials and Data Collection Act requires uniform forms to be utilized in order to collect the credentials data commonly requested by health care entities and health care plans for purposes of credentialing and recredentialing.
Typical Credentialing Documents

- IRS document showing legal name and confirming Tax ID CP 575 IRS 147 C
- State License to practice
- Professional School Diploma
- Undergraduate Diploma
- Board Certificates
- Internship and Residency Certificates, Fellowship too
- Photocopy of License/ID
- DEA Certificate
Typical Credentialing Documents (continued)

- National Provider Identifier: Individual and Organizational Username and PWs for National Plan and Provider Enumeration System (NPPES)
- Any final adverse actions? Sanctions? Legal documentation/court dispositions? Anything they cannot get from State Medical Board site Applies to Authorized Officials as well.
- Copy of lease/utility bill
- EFT Agreement (mandatory?) Voided Check/Bank Letter
- CLIA Certificate if applicable
Tax Identification

- Tax ID = EIN (Employer Identification Number)
- Do you use the county’s EIN or do you have your own?
- If you need a copy, request 147 C from IRS
- If new Tax ID is required per your organization business structure, use IRS form SS-4 to apply.
National Provider Identifier (NPI)

- 10 digits
- https://nppes.cms.hhs.gov
- Individual = Type 1
- Organizational = Type 2
- If you wish to enroll as a group/org, you will need a type 2 NPI prior to applying (varying turnaround)
- Issued once; never expires or changes
- NPI registry (NPPES) accuracy is IMPORTANT-- SS#, DOB, Name spelling Systems talk to each other (SS PECOS MCS)
- Taxonomy chosen when you first get an NPI number, i.e.: specialty driven Mass Immunizer = 251K00000x (public health only)
Center for Affordable Quality Healthcare, Inc. (CAQH)

- Web-based repository.
- Commercial payers may utilize CAQH to obtain the information required for credentialing.
- Information is only shared with the specific permission of the provider.
- Paper or web-based application
- First step: Know your CAQH Provider ID. Email info@caqh.org to request.
- Attestation is required 3 x’s per year– changes/updates will satisfy attestation.
CAQH offers an online database called the Universal Provider Datasource (UPD) that collects all of the information required for credentialing, and then makes it available to third-party payers.

To learn more about the UPD, see CAQH’s FAQ: [http://www.caqh.org/updFAQ.php](http://www.caqh.org/updFAQ.php)

In the event that the third-party payer does not utilize CAQH’s database you may have to provide the information directly.
To Avoid Lapses in Credentialing

- Designate a person to be responsible for the credentialing.
- Create and maintain a file for each provider. If a provider covers multiple locations, each location needs to be part of his/her profile. For NPs and PAs, depending on the state, there may be collaborative agreements specific to each location.
- It is important to manage the document expiration cycle so provider documents are always current. The Provider Credentialing Tracking Workbook can help track document expiration dates and renewals.
- Remind providers to forward updated credentialing documents to the credentialing administrator 60 days prior to when the documents expire.
Reasons for Returned Forms

- No signature
- Incorrect version
- Copied application
- Stamped signature
- Signature not dated
- Failed to submit required forms
- Completed in pencil
- Applicant submitted wrong application
- Application received more than 30 days prior to the effective date
Sample Credentialing Tracking Worksheet
### Tab 3 - Provider Credential Tracking Worksheet

**Today's Date:**

**Note:** Re-credentialing and Expiration dates are flagged in yellow 60 days prior to the deadline. If the date has passed, the dates are flagged in red.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider Type</th>
<th>Third-Party Payer (TPP) Names (Note: Some TPPs don't credential all types of providers)</th>
<th>Credentialing</th>
<th>Provider Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Site 1 Name</td>
<td>Site 2 Name</td>
<td>Site 3 Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Credentialing Date</td>
<td>Re-Credentialing Date</td>
<td>Credentialing Date</td>
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<td>Credentialing Date</td>
<td>Re-Credentialing Date</td>
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<td>Credentialing Date</td>
<td>Re-Credentialing Date</td>
<td>Credentialing Date</td>
</tr>
</tbody>
</table>

**Acronyms:**

- DEA - Drug Enforcement Administration
- BNIID - Bureau of Narcotics and Dangerous Drugs
- BLS - Bureau of Labor Statistics
- ACLS - Advanced Cardiac Life Support
- ATLS - Advanced Trauma Life Support
**Sample Completed Template**

Tab 2 - Example Provider Credential Tracking Worksheet

*Note: You cannot make changes to this example. To complete your own Provider Credential Tracking Worksheet, go to [Click here to return to TOC](#) or [Click here to go to TAB 3](#).*

**Example Date: ******

This is an example Provider Credential Tracking Worksheet. In this scenario, there are two doctors and one nurse practitioner working in different clinic locations: North and West. Dr. Jones is credentialed to work at both locations, while Dr. Smith and Ms. Johnson are only credentialed to work at the West location. In this example, Medicaid covers for one year period, ABC Private Insurance Company 1 covers for three years, and XYZ Insurance Company 2 covers for two years. The two private insurance companies do not credential NPs, only MDs.

The North Site was added in June of 2014, and Dr. Jones was assigned to that site. Therefore, each third-party payer needed to credential Dr. Jones for the North location, in addition to the West location. In this example, please note that Medicaid promptly credentialed Dr. Jones for the North site, but the two private insurance companies took a little longer to process. Notice that the re-credentialing dates that are within 60 days of the current date are flagged in yellow to alert the administrator. If the deadline has passed, the dates are flagged in red.

In terms of provider documentation, all of Jane Smith and Pat Jones’s information is current and up-to-date, but Nora Johnson’s state license, professional liability insurance, board certificate, and CEUs are due to expire within 60 days and her DEA certificate expired. Notice that the dates that have expirations within 60 days of the current date are flagged in yellow to alert the administrator that the information needed to be updated and sent. Once the date has passed, the dates are flagged in red. Once the administrator received updated documentation expiration dates, she added the new expiration dates in the “New Expiration Date” row for “Current State License”, “Professional Liability Insurance”, “Board Certificate” and “Current CME/CEU”. In this example, the DEA certificate was not updated. This information later needed to be sent to the third-party payers, so when the administrator sent the information to each of the TPPs, this date was entered into the correct row in order to keep track of the documentation that was sent.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider Type</th>
<th>Third-Party Payer (TPP) Names (Note: Some TPPs don't credential some types of providers)</th>
<th>Credentialing</th>
<th>West Site</th>
<th>North Site</th>
<th>Provider Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Smith</td>
<td>MD</td>
<td>Medicaid, ABC Private Insurance Company 1, XYZ Insurance Company 2</td>
<td></td>
<td>N/A</td>
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<td>Current State License</td>
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<td>Professional Liability Insurance</td>
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<td>Board Certificate</td>
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<td>Current CME/CEU</td>
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<td>BLS, ACLS, ATLS</td>
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<td></td>
<td></td>
<td>*Billing Agreement</td>
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<tr>
<td>Pat Jones</td>
<td>MD</td>
<td>Medicaid, ABC Private Insurance Company 1, XYZ Insurance Company 2</td>
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<td>Current State License</td>
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<td>Nora Johnson</td>
<td>NP</td>
<td>Medicaid</td>
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<td>N/A</td>
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AIDS/HIV Confidentiality
Uses and Disclosures
All access to data by the Department, reports made to the Department, the identity of or facts that would tend to lead to the identity of the individual who is the subject of the report, and the identity of or facts that would tend to lead to the identity of the author of the report shall be strictly confidential, are not subject to inspection or dissemination, and shall be used only for public health purposes by the Department, local public health authorities, or the Centers for Disease Control and Prevention.
Limiting the use or disclosure of, and requests for, protected health information to the minimum necessary to accomplish an intended purpose, when being transmitted by or on behalf of a covered entity under HIPAA, is a key component of health information privacy.

The disclosure of HIV-related information, when allowed by this Act, shall be performed in accordance with the minimum necessary standard when required under HIPAA.

(Source: P.A. 98-1046, eff. 1-1-15.)
Sec. 8. Confidentiality.

(a) All information and records held by the Department and its authorized representatives relating to known or suspected cases of sexually transmissible diseases shall be strictly confidential and exempt from inspection and copying under The Freedom of Information Act, as amended. The Department and its authorized representatives shall not disclose information and records held by them relating to known or suspected cases of sexually transmissible diseases publicly or in any action of any kind in any court or before any tribunal, board, or agency, and such information shall not be released or made public by a court conducting proceedings authorized by subsection (c) of Section 6 of this Act, except that release of such information may be made under the following circumstances:

(1) When made with the consent of all persons to which the information applies;

(2) When made for statistical purposes and medical or epidemiologic information is summarized so that no person can be identified and no names are revealed;

(3) When made to medical personnel, appropriate State agencies or courts of appropriate jurisdiction to enforce the provisions of this Act and related rules; or

(4) When made to persons determined by the Department to be or have been at potential risk of HIV transmission pursuant to Section 5.5 of this Act.
Sec. 8. Confidentiality. (Continued)

(c) A court hearing a request for the issuance of a warrant as authorized in subsection (c) of Section 6 of this Act shall conduct such proceedings in camera. A record shall be made of authorized proceedings but shall be sealed, impounded and preserved in the records of the court, to be made available to the reviewing court in the event of an appeal.

(d) No employee of the Department or its authorized representatives shall be examined in a civil, criminal, special or other proceeding concerning the existence or contents of pertinent records of a person examined or treated for a sexually transmissible disease by the Department or its authorized representatives pursuant to the provisions of this Act, or concerning the existence or contents of such reports received from a private physician or private health facility, pursuant to the provisions of this Act, without the consent of the person examined and treated for such diseases, except in proceedings under Sections 6 and 7 of this Act.
Sec. 8. Confidentiality. (Continued)

(e) Any person who knowingly violates the confidentiality provisions of this Section is guilty of a Class A misdemeanor.

(f) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any sexually transmissible disease under this Section is guilty of a Class A misdemeanor.

(Source: P.A. 89-381, eff. 8-18-95.)
Law Protecting Specific Situations

**Communicable Disease Confidentiality:**

- (745 ILCS 45/1) (from Ch. 126, par. 21)

State Law that applies to information or records that identify a person who has or may have a reportable communicable disease or condition. Such information may be disclosed only when the disclosure fits into one of eleven circumstances specified in the statute.
Summary

- Credentialing can be tedious but follow through is important.
- Attempt to get all communication from a payer in WRITING!
- Email is your best friend!
- Use certified mail whenever possible! Do not be complacent!
- Make no assumptions your application is received, in process, or approved.
- You must follow-up regularly!