

# How to See Patients When the Physician Isn't Credentialed Yet



Credentialing new physicians is the definition of Catch-22.

You can't start the process too early as payers won't accept the application (especially if the physician doesn't have their malpractice in place), and by the time payers will accept the application to begin credentialing, the provider is already onboard and ready to see patients.

Credentialing typically takes 3 to 6 months and sometimes longer as insurance plans are not motivated to put more physicians on their networks and increase their payment exposure.

One of the strategies many practices employ is to bill for the new physician's services as if an existing physician provided them, but you don't want to do that. Ever.

**You might get away with it, but the risk is too great.**

First, if you are billing under an enrolled physician's NPI as rendering and supervising, the enrolled physician's utilization is going to spike – that's a red flag.

Second, if a patient sees the enrolled physician's name on their EOB, they might call the insurance plan and say "I never saw that doctor." Another red flag. Don't forget that patients are increasingly attuned to the possibility of fraud, and they should be!

Third, a payer might request your appointment schedule, which will tell the tale of who actually saw the patient.

These red flags can trigger an audit – something to avoid at all costs.

## **What can you do while waiting for credentialing to be complete?**

### **Ask for a Statement of Supervision**

Some plans will officially let you bill under a supervising physician once the credentialing of the new physician is underway. Ask every plan if they will accept a Statement of Supervision from a physician enrolled in the plan, so the new physician can start seeing patients.

### **Divert Self-Pay and Medicare Patients to the New Physician**

Physicians can see Medicare patients right away. Medicare will let physicians retro-bill back 30 days from the date their Medicare application was received at the Medicare Administrative Contractor's (MAC's) office. This is why I prefer to enroll physicians in Medicare the old fashioned way – on paper – because I can always prove the delivery with a Return Receipt Requested response. You won't be able to bill until you get the "Welcome to Medicare" letter with the physician's PTAN, but you will get paid.

### **Check With Medicaid**

If you are enrolling the new physician in Medicaid, check on your state's rules (each state is different). They are usually so hungry for physicians taking Medicaid that they will allow retro-billing as well.

## **Schedule Patient Meet and Greets**

Offer complimentary Meet and Greets (no medical care provided) to potential patients who might want to see the new physician when credentialing is complete. This is not appropriate for every specialty, but works well for many.

## **Put the New Physician on the Speaking Circuit**

If you can't fill the physician's schedule due to credentialing, get the physician out to meet other physicians and the community. Marketing a new physician is never a waste a time – make a plan long before the physician arrives to have speaking engagements set up – so many organizations are looking for free speakers! Contact TV, radio stations, newspapers and local magazines to see if they'd like to interview the new physician. Also connect the new physician with other new physicians starting around the same time – they'll often start to refer.

## **Work With Your Web Team**

Have the physician write for your blog, or have your social media folks work with the physician to produce articles.

## **See Some Patients for Free**

Sometimes it's worth it to see a patient for free to get the new practice moving along and to spread the good word!

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