Professional Practice Building - Part 1
Session 4: Getting Paid: Joining Insurance and EAP Panels

Webinar Follow-up Question and Answer Session with Sandra V. Phillips

Question from Amy Ames
Is a fax number required?

Answer from Presenter
Yes, you will need to include this information on each credentialing application. Tip: Utilizing efax system is beneficial in having your faxes route through your email.

Question from Kristen Bock
Do you have any tips on reaching out to community groups for referrals?

Answer from Presenter
When I started my practice, I used the time between patients for face-to-face marketing. I purchase two pocket folders from Staples (w/business card holder) with the following information regarding my practice: Therapist professional bio, accepted insurances, specialty areas and a referral form. I made a list of potential referral sources, and personally visited locations and asked if referral coordinator was available. This will give you the opportunity to share what you offer as well as allow potential referral source to share their need and expectations. If referral coordinator is not available, you may choose to leave message and follow-up later with a call or ask for a time that would be better for you speak with referral coordinator. I found this personable approach to be one of the keys to my success.

Question from Ashley Bonvillain
Are there any tips for re-credentialing? (Previously on numerous panels while at an agency but left and CAQH info has not been updated)

Answer from Presenter
Keep a record of your attestation dates with CAQH as well as best email address for your practice, because you will be notified every 6 months to re-attest information and alerts for expiring information.
**Question from Sharon Durham**
Do I need to get Medicaid # for my business? I already have one under my personal name.

**Answer from Presenter**
Yes, you will need a Medicaid number for your practice only if you plan to bring on additional clinicians. If this is a possibility in the future I would go ahead and apply for one.

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**Question from Chelsea Fowler**
How do you find a credentialing agency? Any you suggest?

**Answer from Presenter**
I would join a local or State private practice clinician Facebook group. These groups are great for sharing information. A question can be asked of the group regarding credentialing agencies. This will offer personal experience recommendations, but also do your homework as well by checking their website reviews regarding services prior to signing agreement contract for services.

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**Question from Chelsea Fowler**
Do you have to have a business website to be able to apply to panels?

**Answer from Presenter**
No, website is required for insurance or EAP credentialing. The following are a must: business telephone number, fax, and contact email.

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**Question from San Juanita Gutierrez**
How do I apply for EAP with companies if I have already completed the CAQH?

**Answer from Presenter**
Some insurance companies will offer option to participate with their associated EAP. Check possible referral sources such as companies, government agencies and board of education in your practice area to see what EAP company they utilize. I would apply for these initially. Please keep in mind EAP companies wants providers to be credentialed on insurance panels for continuum of treatment after EAP sessions are completed.
**Question from Joshua Hulen**
Will an expired (ended contracted) Medicaid number work for CAQH and other applications?

Answer from Presenter
Medicaid periodically sends attestation and updates alerts. Contact your state Medicaid prior to utilizing number to ensure that it can be activated again not to delay credentialing process.

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**Question from James Dawn**
When initially accepting self-pay clients on a sliding scale, how do you "word" this in your Informed Consent?

Answer from Presenter
You want to be clear that your self-pay or sliding scale will NOT be sent to insurance companies towards any deductibles, nor will client receive detailed information to seek reimbursements since self-pay and sliding is at a reduced rate. All payments are due at time of services.

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**Question from Quanesha Johnson**
In the interim can clients submit claims for reimbursement?

Answer from Presenter
Yes, but ultimately the clients are responsible for all upfront payments and you cannot guarantee reimbursement from insurance company. You will only agree to provide detail invoice/statement to include: CPT code, amount paid, date of service, location and address of service, and provider name and credentials.

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**Question from Arona Roshal**
If you hire a credentialing agency, do you still need to take the time to fill out all the forms?

Answer from Presenter
No, but you will need to provide all information on credentialing checklist to selected credentialing agency.

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**Question from Arona Roshal**
What does CMO stand for?

Answer from Presenter
CMO stands for Care Management Organization associate with Medicaid such as Amerigroup, Wellcare, Care Source, and Cenpatico.
**Question from Sonjia Serda**
If you are paneled with an insurance company and they also offer EAP services, are the rates the same for each type of service?

**Answer from Presenter**
No, EAP is generally lower than insurance rates, but they are negotiable depending on the going rate in your area ($60-$75)

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**Question from Sonjia Serda**
How do you find GAP study information? Do you call each practice and ask relevant questions?

**Answer from Presenter**
Visit profiles of therapists on Psychology Today in your practice location area. Also, it is helpful to visit local therapists in your area website for information on services offered, rate, and operating hours. If you have specific potential referral resources speak with their referral coordinator directly to obtain information on their expectations, and lack of particular specialty area. Meeting the referral coordinator directly can also open opportunities for providing educational trainings for staff.

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**Question from Allen Vosburg**
Would you please repeat the malpractice money amounts needed?

**Answer from Presenter**
Most insurance and EAP companies require $1,000,000 each claim and $3,000,000 aggregates. However, you can increase for your own protection at a cost. I was able to increase to $1,000,000 each claim and $5,000,000 for only about $7 more monthly.

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**Question from Anonymous**
How much negotiation leverage does a provider have in setting contracted rates with insurance companies and EAPs?

**Answer from Presenter**
It will depend on the going rate in the area with other therapists for reimbursements. Also, any specialty will give therapist a better leverage for negotiations such as being dual credential in substance abuse and mental health.
**Question from Anonymous**
How do you decide the lowest rate that you can accept from a 3rd party payer? For example, if your rate is $150, but the insurance company only pays half of the rate for that service, how do you suggest a provider determines what they will or will not accept as a contracted rate?

**Answer from Presenter**
I would recommend therapist include in their budgeting of monthly expenses also a projection of what is needed to not only cover expenditures, but profit as well. This can be done simply by setting a client per week goal and multiple that by the less amount that will give you your desire weekly or monthly income. Please keep in mind starting is a little slower due to establishing practice as well as getting set-up with direct deposit for payment reimbursement.

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**Question from Anonymous**
Is it ever advisable to retain an out-of-network status with 3rd party payers in order to receive a higher the rate of reimbursement?

**Answer from Presenter**
This is totally up to the provider; however, the responsibility of payment is that of the client upfront. Provider will give detailed invoice/statement, so client can pursue reimbursement without guarantee from provider that insurance company will accept claim for payment since provider is out of net-of-network.

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**Question from Anonymous**
Do you have any advice for how a private practitioner to find out whether a particular geographic area is already closed to new providers by a particular insurance company, before they invest in a location in area where an insurance company is no longer accepting new providers?

**Answer from Presenter**
If you use an agency for credentialing they should alert you if a particular insurance is not accepting new provider in your area; therefore, if you use an agency, select on the primary focus is on credentialing. Provider can also contact provider relations/credentialing for each insurance agency prior to submitting application. Some insurance companies have a short screening online application, which I recommend providers complete initially if offered. You will receive an email regarding if providers are being accepted in your area. The reply email can take up to 2 weeks.

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