

S1EpS01-Medicare Enrollment-FINAL

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DILSA: Welcome to Under the Microscope, brought to you by the Right Credentials Network and your host, Dilsa Bailey, a certified medical services professional for over 20 years. Under the microscope is where we will examine the many layers of the medical services profession using the acronym SCOPE. That's S.C.O.P.E, which stands for S services for Onboarding and Maintaining providers in a health care organization. C. Credentialing and privileging providers to ensure that they are competent and qualified enough to treat patients safely in a health care organization. O. Operations and data management utilizing the health care organizations resources efficiently and overseeing the security of its data promoting patient and provider safety. And P. Provider enrollment affiliating providers with health plans and government payers so that the providers can get paid appropriately, and E. Evaluating and monitoring provider performance to ensure patient safety. As a medical services professional in the health care industry, our primary focus is to promote patient safety. Though we do a lot, we can't accomplish this on our own. It takes a village to collaborate. That's why this podcast will also include the contributions of our healthcare partners with the same objectives. So stay tuned to hear from those other stakeholders in the health care industry, too. Joining us, in addition to medical services professionals will be experts in risk, legal, revenue cycle quality and more. So stay tuned. Keep us under the microscope so we can help expose all the little details of the medical services profession. We want you to remember how valuable you are to the health care industry. If you're watching this on YouTube, please subscribe. Drop us a like and hit the bell so you will know whenever we add the latest episodes. And in the meantime, follow us on LinkedIn or reach out to us at info@therightcredentials.com. In each episode, we will discuss a separate topic related to the letter in the acronym of the moment, but we won't be discussing it alone as I mentioned. Each episode will feature a guest who will share their expertise providing advice, training, and support wherever possible. So let's get started with the latest episode, and if you like this one, don't forget to subscribe on YouTube and continue to listen to us on your favorite podcast platform. Welcome to Under the Microscope, brought to you by The Right Credentials Network and your host, Dilsa Bailey. We're going to focus on the S and the acronym Scope today. In this case, S stands for services for Onboarding and Maintaining Providers in a Health Care Organization. Now we're focusing on that because there's so many layers, beginning with identifying the practitioner and identifying the practitioners' relationship with your organization. We could start really looking at who's responsible for onboarding that practitioner. In many cases, I know a lot that I've dealt with it starts with HR or it starts with recruiting. Or your organization could be accepting applications to join your group, your independent practice association, or other type of organization. But what else, when you think about it, could that entail maybe helping the practitioners with their applications could be a part of your job like licensing applications, NPI, enrolling and validating government payers, and even more could be the answer and that would be just for onboarding. We all know that it takes even more to maintain those providers into in your organization, if you're helping in that perspective. So let me ask you, the listener. Who's responsible for that tedious task and how does it get done? Now I've brought someone with me to answer those questions, I've invited Yesenia service. Did I pronounce your name right?

YESENIA: We got it.

DILSA: Oh. All right. So Yesenia is one of our peers. She's a medical services professional whose expertise is in Medicare enrollment. Yesenia is at the forefront of dealing with enrollment in various regions. So that's why I've asked her to share her layer of knowledge with us. So welcome to Under the Microscope. Yesenia. It's it's a pleasure to have you visit us and chat with us today.

5:03

YESENIA: Thank you so much. I'm excited to be with you. You and I share this excitement for our industry. We love to learn more. We love to do a lot in it. So excited to join you today!

5:12

DILSA: Awesome, awesome. So tell me. Tell us about yourself. I know a little bit about you, but I want you to tell us what makes you a credible source for Medicare enrollment.

5:23

YESENIA: Oh, I love that question. Um, so I've been in the industry for over 24 years. I started in DME many, many years ago, and I remember I was doing billing and dispatching for this DME company, and they told me, hey, we want to join Medicare and Medicaid, so call them up and just tell them we want to do that. Right? Like as if it were that easy. Just call them and tell them. Um, so since then, I developed a big passion for Medicare and Medicaid. I've worked with various organizations, um, health care system, solo practices, ambulatory surgical centers, you know, specialties and systems of all types.

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YESENIA: And I actually work on Medicare, I would say maybe three times a week. So I'm heavily involved in the applications, whether it's a facility or an individual or group practice. I'm very heavily involved and I can't seem to let it go. I think because I love it, I love the layeredness of it. I love taking a leadership, the C-suite who is terrified and doesn't want to touch it or even know about it. All they want to know is, is it approved? They don't want to know anything else. So I like demystifying that for them and telling them, hey, it's not that difficult. There's a lot of layers to it. Yes, but you know, uh, with collaboration we can get it done and we can get those approvals in.

6:36

DILSA: Awesome. Oh, you're the right person. I'm glad I reached out to you again to answer those questions for us. Now, um, in the intro, I mentioned enrolling in various regions. Can you tell us why regions would be a concern?

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YESENIA: Yeah. So Medicare, um, which is CMS, the Centers for Medicare and Medicaid Services is they reach out to contractors in every single region. So depending on the region that you're in, you'll have to reach out to the MAC in your particular area to understand not only the enrollment process but even the billing process. So it's all regional. So we have to understand that it goes through each MAC differently.

7:14

DILSA: Okay. Now, um, I know we mentioned just now the Medicare, the setup regionally, but is there more than one source for enrollment, or is there only one source for enrollment for all of those regions?

7:28

YESENIA: So your source for electronic enrollment and submitting those applications will always be PECOS. That PECOS Portal is the way to go. If there may be one person of you out there that is still doing paper. Um, I hope that I hope we've all convinced you to still do the portal. It's much quicker. You get a lot of response, as much turnaround time is way quicker. So yes, the one source that we always talk about is that PECOS application.

7:56

DILSA: Great. Yeah. Please get rid of paper. Don't do paper. Oh! Well. So these providers, the providers that you're helping to enroll, do they have to have a different Medicare number for each region or for each state?

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YESENIA: And I think that's a beautiful question, because I get so many providers and even leadership who say, well, he has a Medicare number here. Here's their number. Right. Or she has a Medicare number here it is. Right. But that Medicare number only applies to that particular, um, affiliation. So, you know, our providers, they're kind of hustlers like us, Dilsa. So they have like five different places they work at. They're doing ten different jobs. So for example, if one provider has five places that they're working with, they have to have a Medicare ID number for each of those places because they'll have a unique number for every single contract that they're with.

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DILSA: Wow. So that's so that's why...

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YESENIA: There's so much confusion because they think one number translates to everywhere. And it doesn't. It's very unique to that location they're practicing with.

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DILSA: Okay, fantastic. So that answers. Or maybe it doesn't answer my question, but maybe you can go into this a little bit more. Why do providers have to be attached to a group number or do they.

9:17

YESENIA: So if providers are working for themselves, they can just have their own application, right? And they'll have an ID that works directly for them. And there are a few of them out there that they want to work under their own individual self and contract that way. But when providers have

contracts, whether they're independent or employment, they have to be linked. And the word that Medicare uses is assigned. They have to have an assignment right for that particular contract. So if they're at ABC hospital, they have an assignment with them, whether contract or employed. Um, they have a Medicare ID with them. If they're at DEF Clinic, they'll, they'll have a separate ID with that clinic and they'll have to be affiliated. So within one provider they can have multiple affiliations and multiple provider ID numbers.

10:04

DILSA: Wow. Okay. You know, I never realized that. Thank you. Okay. What's a surrogate? I keep hearing, you know, because I've never done the hands on piece. And someone had said, well, I need to. I need to be the surrogate. And then I was wondering, you know, is that any different from being an administrator and would a provider have multiple surrogates or multiple administrators, or how does that work?,

10:31

YESENIA: Yes yes. Oh, I love it. We're really getting into the layers and I it makes me so happy. I'm so a surrogate. Is anyone that's working on behalf of that provider to complete the applications for them. Right. So I am a surrogate for many. They've authorized me. They've completed, um, the CMS steps to make me an approved surrogate. Right. So a lot of times people are like, well, I'll be a surrogate. Just give me your login. No, you have to have your own login. This is, this is one thing that I tell everybody, this is the federal government telling us don't touch anybody else's login. And I don't know about you, Dilsa. So I think you're exactly like me. We're terrified of breaking any rules when it comes to the federal government. We will do what they say we need to do. Right?

DILSA: Exactly.

YESENIA: Yeah. So CMS has created, uh, the right way for us to become a surrogate. They say, hey, log in, get your own login, ask that provider to approve your surrogacy. And that allows us to compliantly complete all those applications on behalf of a facility, a group provider. Um. When it comes to authorized officials and delegated officials. That is something that I do walk organizations through to, because sometimes they're like, is this person my authorized official? Who is my delegated? I don't know what that looks like. So CMS provides some guidelines that could be, you know, an employed, um, someone in leadership who's employed that can be someone in leadership who's contracted. So it looks different depending on your organization and depending on what those, um, leadership roles are. Right. Like, who's going to have access. And the thing to remind those leaders of, if you're going to be an authorized official or a delegated official. Medicare wants all your demographic information, you know, so that's one thing to keep reminding them of. Don't worry, this is the federal government, but they still want you to generalize your authority within this organization.

12:22

DILSA Wow. That's great. Thank you for that explanation too. Okay, um, I've been coming across a few clients that were involved in telehealth, and I know some states. I mean, it seems to differ from state to state, but mostly that's on the Medicaid side. But tell me about telehealth providers on the

Medicare side. Uh, do they have to have a practicing address? Is there, um, something specific to them that you should be on the lookout for?

12:53

YESENIA: So right now. Right. And you know, this changes as of right now and through the end of the year. You don't have to have a physical brick and mortar address.

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YESENIA: Do you know how we had that health care crisis a couple years back? Um, looking in the rearview mirror, it feels like it was ten years ago, but also, like just a year ago. It feels both ways. So during that time, they allowed practitioners to be strictly telehealth, right? They didn't have to have a physical address. And so they've extended that through the end of this year. So as of right now through the end of 2024, you don't have to have a brick-and-mortar address. Um, you just have to enter like an administrative address. Right. So that address won't be published anywhere. It's strictly for Medicare enrollment purposes, administrative use only. Um, that may change because it used to be that Medicare always required a brick and mortar location, so that may change. But there's a lot of advocacy on provider sides. You know, a lot of managed care and health care entities are requesting. And basically we're all begging Medicare to leave it be that way. Right. Because a lot of our practitioners are successful with strictly telehealth, right? There are some, uh, specialties that work perfectly, just telehealth, not having a physical location. So as of right now, we're all safe with that. But things may change. And, you know, our industry is ever changing and we all have to stay on top of it anyway. So, yeah, um, I would say right now, if you are on the fence about it, it's the best time to do it right now. Because once you know, we continue to do that advocacy and hopefully Medicare will listen to us. Um, they'll maintain that as a permanent regulation.

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DILSA: Wow, that's very interesting. I hope they forgo the brick and mortar because there's a lot of skilled physicians that we need, and there are two going into the office, like a lot of people are.

14:42

YESENIA: Right.

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DILSA: Yeah. Um. Let's see. How long does it normally take to get in and get assigned a number once you enroll? What's that process like?

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YESENIA: So Medicare and the MAC, you know, it's different in every region like we talked about the different MACs are. They vary. But generally you should get um an approval within 45 business days. It's been really great. There are some MACs. They're struggling a little bit. They're closer to the 60 day line, uh, timeline. But because our industry, as many others have been impacted by this whole, you know, quiet quitting, uh, people transitioning to different industries, there's still a lot of that were some MACs have recently hired 20 people at one time, and they're trying to train

everybody at the same time because they have such a huge amount of staff transitioning out. So that sometimes impacts it. And that's why you see some of those MACs have like a longer closer to the 60 day because they're trying to stay on top of staffing. Um, wow. It's it's, it's been a little worrisome. Right. So hopefully we'll get stable with all of that staffing. But if everything's 100% beautiful and your enrollment, you didn't miss anything. Everything matches your documentation is there, you're really close to the 30 day timeline. It's wonderful.

16:07

DILSA: Oh, that is wonderful. Now, you've mentioned MACs. I know what MACs are, but I'm sure some of the our listeners probably don't know the the term. MAC. Can you explain MAC?.

16:17

Yeah. So, MACs are the Medicare administrative contractors. They're the ones that are assigned by region, and Medicare has extended contracts for them to serve our enrollment needs, our billing needs, anything that we have to work with in terms of Medicare and having our provider serve Medicare members, we'd reach out to those MACs in our region first.

16:37

DILSA: Okay. And name a couple of them because I know, um, yeah. Novitas.

16:41

YESENIA: Yeah. Yep. Palmetto, Noridian, WPS, which is the Wisconsin Physician Services. Yep. There's so many of them NGS, which is National Government Services.

DILSA: Okay. All right. Yep. I've heard of all of those. Yeah. Try to stay away from them. I'll send them your way. Um. Okay. What type of information is needed to start the enrollment process?

17:08

YESENIA: Oh, this is why I love working with, um, credentialing professionals. Because you already have everything, right? You have all the demographic, you have the education, you have the trainings, the, um, malpractice information. So all of those pieces that we need for credentialing are the same pieces that we need for enrollment. Right. And in some instances for non physician, um, practitioners. So all your allied health advanced practice professionals, your mental health professionals that are non MDS, we always ask for diploma information or school transcripts. That's one of the pieces that they ask for for non physicians. It's a pretty interesting because you think nowadays all those transcripts you can grab on a portal right. You can verify those with the primary source. But that's still one big piece with Medicare that you have to remember for those non physician professions. But everything else is pretty standard. All the demographic, all the employment history, all of that, you know, beautiful checklist that we work with on a daily with credentialing.

18:11

DILSA: That's good news. Don't want to, um, overwhelm the staff and don't want to overwhelm the provider because they're having to constantly give us information. I feel bad for them right now. Um. What are your recommendations to others who need help with to, um, help enrolling their providers? I guess it's what I'm trying to say. If there's someone that is coming right out the door, how do they go get that information? How do they find out what they need to do?

18:44

YESENIA: Right. Um, you call me or Elsa right away. But other than that, other than that, we have a nice checklist that tells you what are the what the questions are that you need to ask. What are the points of discovery? You know, we call that phase of discovery phase. You know, who are they serving? What are their specialties? Who where are they growing in their expertise. Right. Um, and yes, you can go to my page and or go to Dilsa. We have those very specific checklists that will help any professional who's starting up. Also, you know, starting with your podcast, you're going to provide a lot of information. So we need yeah, episodes like this. We need you, Dilsa, to keep providing that info to everybody so I can say, you know, go to those podcasts. She's going to get you all the experts and give you all the info. Um, so there are trainings out there that will help you. Um, some of them are greatly priced at \$35. Others can be a little bit more pricey at the 250. You just have to know to make sure you continue to invest in yourself. But yes, first follow that discovery phase. Ask all the right questions. You know, get your credentialing checklist and ordering and go from there.

19:52

DILSA: Awesome. Exactly. Well, I've asked all the questions that I wanted to, um. Are there any. Is there any additional information you want to share?

20:05

YESENIA: Yes, I'd like to make sure everyone's connected with us on LinkedIn. You and I are always on there. We're always trying to provide information to everybody about the industry, any changes that are coming up. I try to do a lot of trainings when new things come up. Now PECOS 2.0 is just about to hit us. I'm excited for that.

Wow.

It's going to be much easier to navigate than our current PECOS. So that's very exciting. Um, so yes, please make sure you're following us. You can go to my web page. Is credentialing.com? I have a lot of free resources there. I continue to, um, collaborate with beautiful colleagues like Dilsa, because we want to continue to grow our profession and make sure we have, you know, others behind us that are growing with us.

20:52

DILSA: Exactly. Thank you so much. You know, it's. You just have so much information that just. I know it's going to blow a lot of people's minds. They're going to really be coming to you and reaching out to you. Because I've learned so much in this short period of time. I've always I've had the responsibility of overseeing that, but never had to do hands on for the most part. So you have that hands on knowledge that is extremely valuable. And so I want to thank you for joining and helping us out. And I want to invite you back again one day, and I want to thank the listeners for listening in, because we love to get your feedback and hear from you. Um, and as usual, if you're watching us on YouTube, please subscribe. Hit the like, hit the bell so you can hear about us again, and then share it with other medical services professionals. Because our goal is to help us get to a point where we'll be more collaborative with each other and with our health care partners. But we want to make sure that the health care partners know how valuable we are. So everyone have a great evening, day, whatever time frame you're looking at this. Have fun and come back and visit us again. And thank you again, Yesenia. I really appreciate it. Thank you. Thank you. And if you like this one, don't forget to subscribe on YouTube and continue to listen to us on your favorite podcast platform.