

*Sorry* WE'RE  
**CLOSED**

# Why Insurance Panels are Closing?

## # 1 TOO MANY PROVIDERS APPLYING

- Mobile Imaging Suppliers
- Physical Therapy Practices
- Home Care Centers
- Adult Day Care Centers
- Sleep Centers
- Free Standing Radiology Clinic
- Urgent Care Centers



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# Why Insurance Panels are Closing?

## #2 NETWORK CAPACITY REACHED

**“ Our present network of participating providers does allow sufficient access to services for our members. As a result, we will be unable to offer you an agreement at this time. However, your request will be kept on file should the network needs change”**



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# More Reasons Why Panels are Closing?

- # 3 Insurance renegotiating their contract with the state
- # 4 Upcoming merger with another health plan
- # 5 Temporarily closed due to back office operations
- # 6 State restrictions set off by Medicaid program



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# When it can happen to your practice?

- ✓ **Adding**
  - New service location or county of service
  - New group member \*
  - New tax id \*
  - Category of service
    - Pharmacy adding DME/Shoes category
    - Secondary specialty
- ✓ **Insurance has a RIGHT to terminate your contract at any time**
  - Or refuse enrollment with any new plan



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# When it can happen to your practice?

- ✓ **New enrollment for any type of provider**
  - Targeted specialty:
    - Radiology,
    - Physical therapy
    - Podiatry
    - Facilities: adult day care, home care, urgent care...etc
- ✓ **Change of ownership**
  - Might require new enrollment



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## How To FIGHT For The Spot?

- ✓ First evaluate your need to get on this panel
  - *Fee schedule*
  - *Type of plan*
  - *Make a plan*
- ✓ Show your practice uniqueness in services
- ✓ Demonstrate that community really needs your services
- ✓ Review the network Identify your competitors, really check them out
- ✓ Create list of dismissed patients
- ✓ Get to know your local politicians
- ✓ Create your selling proposition = Marketing Concept



# What to Write in Appeal Letters?

1. Review policies and regulations of insurance company
2. Use statistics:
  - Census results for last year
  - Provider directory
3. Why the community needs your services
4. Research insurance company: medical director, history and mission
5. Include extracts from medical journals and professional association to proof that you are looking to improve the quality of care
6. Include list of your current contracts



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# Appeal Letters

Examples:

Currently at the location, 147 Reiser Loop there are over 164 patients with this plan that are being underserved in the Co-op City community due to the lack of mental health services in the area

OR

Our facility shares a similar vision with First Health in that we both wish to provide the people in our community with services that will relieve their pain and discomfort, and allow them to, maintain normal daily living activities.



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# Appeal Letters continue

Our practice is located in the midst of a huge residential area; one of the largest cooperative housing developments in the world. This community is made up of mostly geriatric residents requiring physical therapy and pain management. Several AmeriGroup members have been referred to us by the primary care doctor within the area. Moreover, patients quite often walk into our office for services, and as you are probably aware turning away a member in pain can result in higher medical costs, hospital care and an altered state of mind. This results in higher costs for AmeriGroup due to the patient's worsened condition.

According to AmeriGroup; online provider directory, within five mile of our location there are three other facilities that provide care to patients, but they are more focused on the treating the pain, not focusing on the source of the pain. Only a physical therapist can accurately determine and restore musculoskeletal conditions.



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# Final Options.....

CONTRACT WITH IPA / HIRE ATTORNEY /  
CREDENTIALING EXPERT IN YOUR AREA



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## Credentialing and the New Graduate

With Guest Author [Olga Khabinskay](#),  
Chief Operating Officer, WCH Service Bureau Inc.  
By [Joy Hicks](#), About.com Guide

As new medical school graduates begin preparing for their new career as physicians, it is of the utmost importance to begin focusing on the area of credentialing as soon as possible. Most medical graduates are woefully unprepared for many of the financial aspects of being a doctor because they have intentionally been focused on the technical and humanist aspects of the medical profession. This is why it may be necessary to find someone they can trust to guide them through this process.

**Credentialing** is the process by which insurance networks, healthcare organizations and hospitals obtain and evaluate documentation regarding a medical provider's education, training, work history, licensure, regulatory compliance record and malpractice history before allowing that provider to participate in a network or treat patients at a hospital or medical facility. Patients come to a doctor with a private and government insurance plans, such as Medicare and Medicaid, that covers part or all of their medical visits, procedures, prescriptions and hospitalization costs. If a doctor is not "credentialed" by the patient's insurance company, Medicare, or Medicaid plans, they will not be paid for their service and cannot submit their medical bills.

It is a common misperception that credentialing and contracting are the same thing. In some cases, the two processes occur concurrently but they are independent of one another. **Contracting** is the initial step in the relationship between provider and network. At most major healthcare networks, "contracting" and "credentialing" responsibilities

are performed by separate departments. Contracting addresses the specific business relationship between the network and the provider or group. This includes services to be provided, reimbursement rates for these services and the terms by which govern those processes and their overall relationship.

Once a contract has been established, the process of credentialing a provider or providers will begin. When a provider is added to an existing group contract, only the credentialing portion must be performed unless the new provider offers medical services outside the existing group contract.

New practitioners in most mainstream medical fields and even some alternative medical areas need to be "approved" by each insurance company including [Medicare](#) and Medicaid. A new medical graduate has loans and other financial obligations to consider. In order to begin meeting these obligations, they need to start practicing immediately and be ready to receive reimbursements from 5-10 insurances. Whether the physician plans to [start-up a medical practice](#) or join an existing practice, the physician will need to be in the position to begin generating income as soon as possible.

Most doctors today are focused on large patient populations, so there's intensive competition. It is becoming increasingly difficult to get credentials because there are many doctors all trying to practice in the same areas, competing for spaces on an insurance company panel. A panel is a list of approved credentialed doctors, but if there are too many names on the list, the insurance company may deny admission and credentials. Sometimes, there are people on the list who have retired, or moved but they're still on the list and that can only be determined by an onsite visit or simple phone

call which the insurance company doesn't have time to do. Another way around this closed panel issue is to position technical skills or the equipment used as more innovative and therefore, necessary.

Credentialing is part science and part sales. The initial process is lengthy and typical re-credentialing occurs every two to three years. Credentialing involves accurately completing forms that can be as long as 30 pages, for each insurance application. Typically it can take 2-3 months per insurance. If they fill out their forms completely accurately, are practicing in a rural area or are in a practice that is highly in demand, it is likely a straightforward process. However, that isn't the reality for most physicians. If there is a glitch in the form, they may not be notified until weeks later adding extra time unless they're constantly following up. For these reasons, it is best to start 120 days before graduation.

New graduates do not have to tackle this process alone. Using a [credentialing specialist](#) with the knowledge, expertise and connections that can help position a doctor ahead of time to ensure acceptance, is as they say, "priceless." Credentialing costs shouldn't exceed \$500 per insurance. While the added expense at a difficult financial time is hard to swallow, consider that seeing 3 patients and receiving reimbursement at \$150 per visit basically pays for that. The fact is that doctor's start too late in the credentialing process, so if they have an advocate who can ensure the process goes smoothly, it means they will be making more money sooner.

**Just what the doctor ordered!**

**Source:**  [About.com](#)



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# Thank you for your time and attention!

For follow up questions please feel free to contact me:



**Olga Khabinskay, COO**  
WCH Service Bureau, Inc  
Email: [olgak@wchsb.com](mailto:olgak@wchsb.com)  
Skype: olgakwch  
718-934-6714 x 1201, 1202



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