II. National Provider Identifier, Credentialing, and Council for Affordable Quality Healthcare

After years of college to complete your degree, your licensure exam, and career planning, there are just a few more steps that you must complete to be reimbursed for Medical Nutrition Therapy. You must apply for a National Provider Identifier (your individual identifying number) and then you must credential (apply to become a provider) with each insurance company. The following pages will explain the details that are involved. While you complete these steps, you may receive payment directly from the patient.

- National Provider Identifier (NPI)

What is a National Provider Identifier?
The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. This is an individual identifying number, much like your social security number. The National Provider Identifier or NPI is a 10-digit, intelligence free numeric identifier (10 digit number). Intelligence free means that the numbers do not carry information about healthcare providers, such as the state in which they practice or their provider type or specialization. Each time you credential with an insurance company, they will attach your NPI to your name and specialty. Your NPI will not change and will remain with the provider regardless of your job, location, or name changes.

What is the NPI used for?
The purpose of the NPI is to uniquely identify a healthcare provider in standard transactions, such as in coordination of benefits between health plans, health care claims, and in patient medical record systems.

- Each time you call an insurance company to verify benefits, they will ask you for your NPI number. (If it is an out-of-state plan, there are times when they cannot find you in their system, so don't be surprised. You will need to give them your NPI number, name, address, and specialty information.)
- Every claim that is filed will have your NPI number on the CMS 1500 form (**See page 73 CMS 1500) whether handwritten or electronic.
- Many of the medical record systems use your NPI number as part of your signature or sign in process.

Is there a fee to obtain an NPI number?
No. There is no fee, only a registration process.

How long will it take to get an NPI?

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1
The electronic process online will usually issue an NPI number within minutes but may take up to 10 days from the time you apply to get a return email with your NPI number. Completing the process through the mail will take longer.

**Tips to expedite your NPI online application**

- *User IDs cannot be changed.* (User ID must be 6-12 characters in length, cannot contain any spaces or special characters and cannot contain more than 4 digits. Password must be 8-12 characters long, contain at least one letter, one number, no special characters, and not be the same as the User ID.)

- Once you have successfully chosen a User ID and secret question/answer combinations and submitted the record, the User ID and secret question/answer combinations will remain tied to your record.

- Use the application’s navigation buttons, NEXT or PREVIOUS. Do NOT use the browser’s buttons, BACK and FORWARD.

- If you have a problem with the system and cannot continue, wait 20 minutes before logging on again.

- Print each page as you complete the application to keep a record of your file.

- Assure that you have plenty of time to complete your application. If you leave before your application is complete, you will have to start over.

**Selected Glossary**

- An **Employer Identification Number** (EIN) is assigned by the Internal Revenue Service (IRS) (**See page 25 EIN**)

- A **Social Security Number** (SSN) is assigned by the Social Security Administration. The SSN is furnished only on an NPI application from providers who are individuals. An SSN is required on all web NPI applications.

**Where would you apply for an NPI?**
Apply online at https://nppes.cms.hhs.gov/
Obtaining a National Provider Identifier

Step 1: Make sure you have all the needed information
Before you begin, make sure you have the information in the table below.
This information will be required to complete the NPI Application Form.

Step 2: Read the 5 statements on the website about truthfulness, verification and privacy.

Step 3: Begin on-line application
You will not be able to save your work if you quit before you have completed
the application form.

<table>
<thead>
<tr>
<th>Information Required for Individual Providers</th>
<th>Information Required for Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provider Name</td>
<td>• Organization/Business Name</td>
</tr>
<tr>
<td>• SSN</td>
<td>• Employer Identification Number (EIN)</td>
</tr>
<tr>
<td>• Provider Date of Birth</td>
<td>(if you have one registered with the IRS)</td>
</tr>
<tr>
<td>• Country of Birth</td>
<td>(**See page 25 How to obtain an EIN)</td>
</tr>
<tr>
<td>• State of Birth <em>(if Country of Birth is U.S.)</em></td>
<td>• Name of Authorized Official for the Organization</td>
</tr>
<tr>
<td>• Provider Gender</td>
<td>• Phone Number of Authorized Official for the Organization</td>
</tr>
<tr>
<td>• Mailing Address</td>
<td>• Organization Mailing Address</td>
</tr>
<tr>
<td>• Practice Location Address and Phone Number (you cannot use a PO Box or Residential Address unless it is your Practice address)</td>
<td>• Practice Location Address and Phone Number (you cannot use a PO Box or Residential Address unless it is your Practice address)</td>
</tr>
<tr>
<td>• Taxonomy (Provider Type)</td>
<td>• Taxonomy (Provider Type) <em>(Note: RDs should select the provider type “Registered Dietitian - 133V00000X”)</em></td>
</tr>
<tr>
<td><em>(Note: RDs should select the provider type “Registered Dietitian - 133V00000X”)</em></td>
<td>• Contact Person Name</td>
</tr>
<tr>
<td>• State License Information</td>
<td>• Contact Person Phone Number and E-mail</td>
</tr>
<tr>
<td><em>(Your license number from the NC Board of Dietetics)</em></td>
<td></td>
</tr>
<tr>
<td>• Contact Person Name</td>
<td></td>
</tr>
<tr>
<td>• Contact Person Phone Number and E-mail</td>
<td></td>
</tr>
</tbody>
</table>
**How would you deactivate your NPI number?**

You should contact the NPI Enumerator if you want to deactivate your NPI. Health care providers, including physicians and non-physician practitioners, can deactivate their NPIs if the NPIs are no longer required or needed. Reasons for deactivation include retirement, business dissolved, or death of the health care provider.

Centers for Medicare and Medicaid Services (CMS) has contracted with Fox Systems, Inc. to serve as the NPI Enumerator.

The NPI Enumerator is responsible for dealing with providers on issues relating to unique identification. Enumerator staff will be available to assist health care providers with questions regarding the processing of an NPI application.

The NPI Enumerator may be contacted as follows:
- By phone: 1-800-465-3203 (NPI Toll-Free)
  1-800-692-2326 (NPI TTY)
- By email: customerservice@npienumerator.com

By mail:  
NPI Enumerator  
PO Box 6059  
Fargo, ND 58108-6059
Credentialing with Insurance Companies

Why would you want to become credentialed with an insurance company?

As recent studies have shown the importance of diet in both preventing and managing disease, many insurance companies have moved toward providing a nutrition and/or weight management benefit for its members.

For some third party providers, being licensed or registered as a dietitian may be sufficient. For some companies, the dietitian needs only to be working for a physician that is credentialed by a specific third party payer.

Example: Blue Cross Blue Shield of North Carolina requires licensed registered dietitians to be credentialed and contracted in order to become in-network providers of MNT. Medicaid/Medicare does not credential the registered dietitian. Under Medicaid in North Carolina only the physician will need to be credentialed. **(See pages 12-13 BCBSNC Credentialing)**

For other companies, they may want evidence of experience in providing a particular type of medical nutrition therapy and may require credentialing. Insurers are required to verify that RDs selected to participate in their network possess the necessary education, including continued education, license(s), malpractice coverage, a clean criminal record, skills to provide medical nutrition therapy, and letters of recommendation. Some insurers may set additional criteria such as a specific length of time that you have practiced in that state or the need for specific certifications such as Certified Diabetes Educator.

Example: Blue Cross Blue Shield of North Carolina requires registered dietitians to have practiced as a licensed dietitian in North Carolina for at least 1 year prior to becoming credentialed.

When do you start the insurance credentialing process?

You will want to start the credentialing process at least six months prior to seeing your first patient. Insurance carriers can take up to 60 days to review your application and if there is missing information or missing documents, it may be denied therefore taking longer. State law dictates the timeframe insures have to process credentialing applications. The following links includes information outlining some of the regulations that cover the provider credentialing process:

North Carolina Administrative Code - Title 11 – Chapter 20 (Sections .0401, .0403, 0405, .0407): http://reports.oah.state.nc.us/ncac.asp?folderName=\Title%2011\%20Insurance\Chapter%2020\%20Managed%20Care%20Health%20Benefit%20Plans

How do you know which insurance companies you would like to credential with?

The first step is to identify which insurance companies are popular in your area. If you work for a clinic, the business manager or billing office should be able to tell you which insurers are most common for that practice. If you are in private practice, one option is to contact local primary care practices to see which insurances they accept. These will be your referring physicians and you will want to meet their needs. Start with one or two insurance companies at a time. Each insurance company is different in patient criteria, visit criteria, filing processes, and reimbursement. Do not overwhelm yourself by credentialing with too many at one time, because this may lead to mistakes and inevitably loss of revenue.

Another option is to compare notes with colleagues in your area to see which health plans credential registered dietitians, and who provides reimbursement for MNT with a Registered Dietitian, who reimburses in a timely manner, and which carriers might be at capacity with providers in your specialty. For those who work in an established practice, you will want to speak with the office manager or person in charge of coding and billing to identify the groups that cover patients seen in that practice.

How do you credential with an insurance company?

Each insurance company is different in the credentialing completion process. Some insurance companies, like Blue Cross and Blue Shield may require that you go through the local or home plan* because you will be working with local provider relations (**See page 23 Contracting & Provider Relations) and using the local filing processes.

Some facilities may have internal credentialing policies.

Example: ECU Physicians is a Delegated Credentialing Entity. This means they credential their own providers and allow our commercial carriers to audit their credentialing policies and procedures. Their providers complete the Uniform Application to be processed and approved internally.

A patient's home plan is the health plan in the state where the policy was contracted. For example, the patient's home plan may be with Blue Cross and Blue Shield of Michigan but the patient is currently in North Carolina. With Blue Cross and Blue Shield, you will file all of your claims directly with your local North Carolina Blue Cross Blue Shield. If the policy is from a state other than North Carolina, Blue Cross Blue Shield of North Carolina's Inter-Plan Programs Department (BlueCard) will be responsible for processing the claim in accordance with the subscriber's benefits through their home plan. However, payment to you is determined by your negotiated rates with BCBS of North Carolina.
Credentialing Instructions-Licensed Dietician Nutritionist (LDN)

Dear Health Care Provider:
The "Uniform Application to Participate as a Health Care Practitioner", developed by the North Carolina Department of Insurance pursuant to North Carolina General Statute 58-3-230 must first be completed to begin the credentialing process.

The following instructions will help you to avoid delays associated with an incomplete application. Please review this material carefully before attempting to complete the Uniform Application. Fill in all required information completely and attach all required documents before submitting your application. Blue Cross and Blue Shield of North Carolina (BCBSNC) will notify you of an incomplete application within 15 days of its receipt requesting the information to complete your application. Your incomplete application will be closed 60 days from receipt if the requested information is not received. Upon completion of the credentialing process, you will be presented to the Credentialing Committee for approval or denial. If denied you will be notified by certified mail. If approved you will be notified by BCBSNC’s Network Management informing you of your effective date to see BCBSNC managed care members.

ALL APPLICANTS: Note all fields must be COMPLETED or indicate NOT APPLICABLE (NA)

- Provide education/practice history from beginning of your education in your field of expertise up to your current practice location (must include months/years and account for any gaps greater than three months). This information may be submitted on your Curriculum Vitae (CV) and reference sections B 1-5 of the application as “see attached CV”.

Complete all gaps (e.g. If you got married, had a baby, continued your education, moved, etc.) Be specific with the information that you complete in this application.

1. Copy of CV to include all work history after graduation from appropriate school (CV must account for any gaps of 90 days or more)

2. Certificate of Insurance of at least $1 million per occurrence and $3 million aggregate. Copy of the face sheet of your current professional liability insurance policy, indicating by name, provider(s) covered, coverage amounts, effective date, expiration date, and policy number. (**See page 27 Professional Liability Insurance**)

3. The original, unaltered Attestation Statement containing the provider’s original signature and date must be submitted with your application.
Oftentimes, you may not have direct contact with a physician and may not have other colleagues directly working with you. This is especially true if you are just starting in a practice. You may use a local referring physician if you have an established practice or you may use a physician or mentor dietitian from your internship if you have not established practice. If you use a substitute for the requested letter, add a note with explanation.

All of this information should be submitted to the BCBSNC Credentialing Department at the address listed below. Please contact the Credentialing Department at (919) 765–3248 with any questions:

**BCBSNC Credentialing**
P.O. Box 2291
Durham, NC 27702-2291

**Uniform Application**
The Uniform Application is the credentialing application form approved by the North Carolina Department of Insurance, in accordance with North Carolina General Statute 58-3-230. Every insurer that provides a health benefit plan and credentials providers for its network is required to use this form for credentialing providers. You may choose to complete this form with each individual insurance company you apply with (which may take up to 2-4 months to process) or you may choose to use CAQH to complete this application one time and make it available to each insurance company that you choose to credential with. (The Council for Affordable Quality Healthcare or CAQH has developed an online service intended to eliminate the need for multiple insurance credentialing submissions. More information on CAQH on page 17) In addition to this application, RDs will need to complete a contract with each insurance company along with other requested provider materials.

Once you open the Uniform Application, in addition to the above information, it will also request:

- Copy of the provider’s original state(s) license(s) and current registration.
- Copy of certificate from the Specialty Board. (If you have any special certifications.)
- Copy of W-9 Form
**Tips for completing the Uniform Application form**
(http://www.ncdoi.com/LH/Documents/Licensing/CredentialingApplication.pdf)

Explanation is provided below on some of the questions included in the Uniform Application form where RDs have sought out clarification in order to successfully complete the application. Comments regarding questions that are more straightforward are not listed below.

**● Section A: Demographic and Personal Data**

Question 3 - ● Check “specialist” box and list “dietitian/nutritionists” on the form

Question 5 - ● For your response about whether your office is “handicapped accessible,” think about whether someone in a wheelchair would be able to access your office. Indicate “yes” or “no.” Some insurances have clear criteria such as “Is there wheelchair access with a ramp?” Allowances are usually made for older buildings, where a patient can be accommodated with assistance.

● Regarding your office hours, be specific. Even if you do not have office hours for one or more of the days listed on the form, indicate a response, e.g. “no office hours available,” “By appointment,” or “Not Applicable” or “NA.”

Question 9 - ● RDs have indicated either “Not Applicable” or “NA” or indicated they are “accessible via pager, blackberry, phone or answering machine” for 24 hour/7 day coverage.

Question 10 - ● If you do not have office support (this is usually applicable to RDs in private practice) list “self” for the “administrative contact.”

Question 12 - ● RDs do not have “UPINs” so indicate “Not Applicable” or “NA” for that question.

Question 13 - ● A DEA number is a series of numbers assigned to a health care provider (such as a medical practitioner, dentist, or veterinarian), allowing them to write prescriptions for controlled substances. This does not apply to RDs, so indicate “Not Applicable” or “NA” for this question.

Question 14 - ● The question about South Carolina licensure (which starts with a gray box after Question 13) ● should not apply to RDs, so indicate “Not Applicable” or “NA.”
Question 15 - ● This question may be “Not Applicable” or “NA” for all sections of the question (a. – d.) unless the RD has specialty credential, for example, Certified Diabetes Educator or one of the Commission on Dietetic Registration board certified specialists.

Question 16 - ● RDs have listed professional memberships in the American Dietetic Association, the North Carolina Dietetic Association, the American Diabetes Association and other similar professional groups in this section.

Question 17 & 18 - ● These questions pertain to MDs. Indicate “Not Applicable” or “NA.”

● Section B: Education and Practice History

Question 1 - ● List undergraduate school information here. Note, in certain instances, you may need to submit verification from the undergraduate program that the program was accredited to provide the dietetics curriculum.

Question 2 - ● List the dietetic internship, coordinated program or approved professional program here.

Question 3 & 4 ● Not applicable to RDs unless the RD completed formal academic training through a specialized nutrition residency program.

Question 6 - ● RDs can list their continuing professional education completed over the last 3 years as CME- (continuing medical education).

Note: Some RDs who have completed the credentialing packet listed some but did not list every program that they attended and BCBSNC accepted this information. Some RDs indicated that they “Completed ## CPE in a 5 year period.”

Remember, if your CV includes a detailed description of your education and work/employment history, in the Section B: Education and Practice History on the application form; you can indicate “see attached CV” for sections B1-5 on the Uniform Application form.
Section C: Professional Information

Check “yes” or “no” to the 11 questions included in this section. For any question where you indicated “yes” complete the corresponding question on the Supplemental Form. If you indicated “no”, indicate “Not Applicable” or “NA” for the Supplemental Form. Make sure that your name is listed on every page of the supplemental form.

Remember to sign and date Section C of the application form.

Attestation Statement

All boxes in this section of the form must be filled in. Every box will read the same. This will be the name of the insurance company that you are applying with. (e.g. BCBSNC, Aetna, Cigna) (**See page 21 Attestation Form) Remember to both print and sign your name and include the date at the end of this section of the form.

Recredentialing

Periodically, you will need to recredential with the insurance company. This typically is required every three years. Insurance companies will send you a letter, fax, or email to inform you that you have “x” number of days to recredential. They will send you a copy of your Uniform Application and you will make any corrections to that form (example: License Expiration Date), provide a copy of your current malpractice insurance face sheet noting limits of coverage and effective and expiration dates of the policy (the provider name will need to be listed on this sheet), and a new copy of your attestation statement. (**See page 20 CAQH Credentialing Data Review and Attestation)

Since this entire process is so time consuming, the development of the Council for Affordable Quality Healthcare was developed. At this time, not all insurance companies are participators in this program which makes the previous section necessary.
The Council for Affordable Quality Healthcare (CAQH) has developed an online service intended to eliminate the need for multiple insurance credentialing submissions. In short, you complete one form for all of their participating insurance carriers and you authorize who will receive your information. The CAQH Universal Credentialing Datasource is located at: https://upd.caqh.org/oas.

The CAQH has a Universal Provider Datasource which permits providers (the registered dietitian) to enter all the same data required on the paper application into a secure on-line database. This requires the provider (the registered dietitian) to contact the insurance company, to whom they are applying to become credentialed with, who in turn registers the provider (the registered dietitian) with the Council for Affordable Quality Healthcare. The CAQH then issues a registration number and notifies the insurance company who then forwards the identification number to you (the registered dietitian).

The provider (the registered dietitian) creates an account with the CAQH's Universal Provider Datasource and completes all the required information on-line. The provider (the registered dietitian) then faxes the necessary licenses, signature pages and insurance face-sheets. The CAQH Universal Provider Datasource then distributes this information to participating insurance companies who either approve or deny the application and notify the provider (the registered dietitian) by mail.

A list of participating insurance companies with CAQH can be found at: http://www.caqh.org/ucd_health_participating.php

**What are the Benefits to participating in a Universal Credentialing Program?**

- **Saves time:** Filling out multiple forms can take hours, especially when a practice contracts with multiple health plans. CAQH eliminates the need to fill out multiple, redundant and time-consuming forms.
- **Minimizes paperwork:** Health plans traditionally require providers to update credentialing information every two or three years. For providers who contract with multiple health plans, this can mean an almost constant stream of paperwork. With CAQH, credentialing and other updates are conveniently fulfilled online in a matter of minutes.
- **Keeps information current**
  Keeping practice information up-to-date isn't just important for credentialing purposes, it's important for health plan records and directories too. With CAQH, a healthcare provider only needs to update information that has changed. There's no need to fill out information forms over and over again. (**See page 21 Attestation Form**)
- **And there is not a fee for this service!**
Example: CAQH Application Requirements

CAQH Data Summary as of 11/09/2009
XXXXX, XXXXX XXXX [NAME] Dietician
CAQH Provider ID XXXXXXXX

### Prepare
Provider Type: Dietician
Hospital-based provider: No
Primary Practice State - Desc: NC

### Personal Information
| Last Name: | XXXXX | First Name: | XXXXX |
| Birth City: | XXXXXXXXX | Birth State: | XX/XX/XXXX |
| Sex: | XXXXX |

### Practice Locations
Physician Group/Practice name to appear in the directory: Healthy Nutrition
Please indicate if this is your primary office location: Primary Practice
Office Street Address: XXXXXXXX
City: XXXXXXXX
County: XXXXXXXX
Office Phone: (XXX) XXX-XXXX
ZIP Code: XXXXXXXX
Fax: (XXX) XXX-XXXX
Type of Practice: Specialist
Primary Specialty: Dietitian, Registered
Please identify Areas of Clinical Expertise:
- PCOS, high blood pressure, high cholesterol, peak performance, and weight management
What population(s) do you treat (e.g., geriatric, all ages):
- All ages
Biling Address: XX-XXXXXXX
Name (if different from practice name):
Language(s) Spoken, including sign language:
English
Are interpreters available?: No
Email: XXXXXXXXXXXXXXXXXXXXXXXX@XXXXXXX.com
Handicapped accessible?: Yes
Accepting New Patients?: Yes
Restrictions:
Monday Office Hours: 9 am - 5 pm
Tuesday Office Hours: 9 am - 5 pm
Wednesday Office Hours: 9 am - 5 pm
Thursday Office Hours: 9 am - 5 pm
Friday Office Hours: 9 am - 5 pm
Saturday Office Hours: 
Sunday Office Hours: 

### Professional Identification Numbers
UPIN:
State: NC
License Number: XXXXXXXX
Expiration Date: XXXXXXXX
NPI:
Date of License: XXXXXXXX
Status: Active

### Specialty Information
Primary Specialty Board:
Commission on Dietetic Registration
Expiration Date: XXXXXXXX
Are you listed in the American Board of Medical Specialties?: No
If you have applied to a specialty board for examination, give the name of board:
If you have not applied to a specialty board, please explain:

### Hospital Information
Last Name: NA
Middle Initial: Address: NA
State: Department, etc.: NA
City: NA
ZIP Code: NA
Phone: (000) 000-0000
First Name: NA

Data Summary ID: XXXXXXXXXX

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13
CAQH Data Summary as of 11/09/2009
XXXXX, XXXXX [NAME] Dietician
CAQH Provider ID XXXXXXXX

Please explain any incident(s) in which you have voluntarily or voluntarily withdrawn your application for appointment, clinical privileges or reappointment before a decision was made by a hospital or healthcare facility’s governing board.

I am a dietitian and do not have admission privileges.

<table>
<thead>
<tr>
<th>Education</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Country</td>
<td>United States</td>
<td>Institution:</td>
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<tr>
<td>Address</td>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
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<tr>
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<tr>
<td>Province</td>
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<td>XX</td>
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<tr>
<td>Degree</td>
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<td>To</td>
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<td></td>
<td></td>
<td>From:</td>
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<td></td>
<td></td>
<td>XXXXXXXX</td>
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<table>
<thead>
<tr>
<th>Training Information</th>
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</thead>
<tbody>
<tr>
<td>State</td>
<td>XX</td>
<td>Institution:</td>
</tr>
<tr>
<td>Institution/Hospital Address:</td>
<td>XXXXXXXX</td>
<td>State/Building #:</td>
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<tr>
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<td>Province:</td>
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<tr>
<td>Postal Code</td>
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<td>Specialty:</td>
</tr>
<tr>
<td>Start Date</td>
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<td>Dietsian, Registered</td>
</tr>
<tr>
<td>Country</td>
<td>United States</td>
<td>End Date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>List other training and/or education (including CME) within the last three years, if applicable</td>
<td>75 hours CE credits completed for 5 year cycle ending May 31, XXXX - see attached resume</td>
<td></td>
</tr>
<tr>
<td>Have you voluntarily withdrawn or been suspended from any internship, residency or fellowship training program? Please explain:</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work History Information</th>
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</thead>
<tbody>
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<td>Current Practice</td>
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<td>Start Date:</td>
</tr>
<tr>
<td>End Date</td>
<td>XXXXXXXX</td>
<td></td>
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<tr>
<td>Previous Practice</td>
<td>XXXXXXXX</td>
<td>Start Date:</td>
</tr>
<tr>
<td>End Date</td>
<td>XXXXXXXX</td>
<td></td>
</tr>
<tr>
<td>Previous Practice</td>
<td>XXXXXXXX</td>
<td>Start Date:</td>
</tr>
<tr>
<td>End Date</td>
<td>XXXXXXXX</td>
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<table>
<thead>
<tr>
<th>Disclosure Information</th>
<th></th>
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<tbody>
<tr>
<td>1. Has your license to practice in any jurisdiction ever been limited, restricted, reduced, suspended, voluntarily surrendered, revoked, denied or not renewed; have you ever been reprimanded by a state licensing agency; or are any of these actions pending with respect to your license; are you under investigation by any licensing or regulatory agency?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. Has your professional employment or membership in a professional organization ever been subject to disciplinary proceedings, denied, limited, restricted, reduced, suspended, revoked, denied, not renewed, or voluntarily relinquished during or under threat of termination for any reason?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. Has your Drug Enforcement Agency registration or other controlled substance authorization ever been limited, restricted, reduced, suspended, revoked, denied or not renewed; or have you voluntarily surrendered or limited your registration during or under threat of investigation or are any such actions pending?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4. Have you ever been sanctioned or suspended by Medicare or Medicaid?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5. To your knowledge, have you ever been reported to the National Practitioner Data Bank or the North/South Carolina Board of Medical Examiners?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6. Have you ever been convicted of a felony or misdemeanor, or are you under investigation with respect to such conduct?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7. Has a professional liability claim been assessed against you in the past five years, or are there any professional liability cases pending against you?</td>
<td>No</td>
<td></td>
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<tr>
<td>8. Has any liability insurance carrier canceled, refused coverage, or rated up because of unusual risk or have any procedures been excluded from your coverage?</td>
<td>No</td>
<td></td>
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<tr>
<td>9. Have you ever practiced without liability coverage?</td>
<td>No</td>
<td></td>
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<tr>
<td>10. Do you currently have any medical, chemical dependency or psychiatric condition that might adversely affect your ability to practice medicine or surgery or to perform the essential functions of your position?</td>
<td>No</td>
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</tr>
<tr>
<td>11. Have your Hospital and/or Clinic privileges ever been limited, restricted, reduced, suspended, revoked, denied, not renewed, or have you voluntarily surrendered or limited your privileges during or under the threat of an investigation or are any such actions pending?</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
If you are already credentialed with an insurance company that participates with CAQH, you will need to contact the insurance company and ask them to add CAQH on to your policy. CAQH will then contact you with a CAQH Provider ID Number so that you can create a user name and password to complete your Universal credentialing paperwork. Once you receive your CAQH Provider ID #, you will go to www.caqh.org and complete the application process.

If you are not credentialed with any insurance companies that participate with CAQH, you will choose the first company that you would like to credential with and when applying, request that they send your information to CAQH.

Example: with Blue Cross Blue Shield, you can complete an “Online Request to send to CAQH Application” http://www.bcbsnc.com/content/providers/caqh/index.htm  
Go to the bottom of the page and click “Please complete an online request form to obtain a CAQH provider number” and they will apply for a CAQH number for you and send you your information.

Help Desk & Reference Guide for CAQH
The CAQH Provider Help Desk is 1-888-599-1771
CAQH Quick Reference Guide is

Each time you would like to credential with a new insurance company, you will refer them to CAQH (if they participate). Each time that you apply with a new insurance company through your CAQH, you will update your CAQH application with the Credentialing Data Review and Attestation (**See below). You will also be requested to periodically update your CAQH with updated information such as current professional liability insurance policy information.

**CAQH Credentialing Data Review and Attestation**

This is like recredentialing with the insurance companies

Anytime there is a need for review, you will receive an email notifying you that you should review your information in the Universal Provider Data Source within the next 10 days. If you do not re-attest, many participating insurance companies may be required to contact you directly for credentialing materials. To complete the re-attestation process, please follow these steps:

1. Log onto the Online Application System (https://upd.caqh.org/oas) using your Username and Password.
2. Check the Attachments tab to see if any supporting documents (example: proof of professional liability insurance) need to be updated. If so, please be sure to update the appropriate expiration date by going to that section(s), updating the field(s), and click the 'Audit' button at the bottom of page.
3. Go to the Audit tab and select Run Audit.
4. Go to the Attest tab, and follow the quick 3-step attestation process to finalize your updates.
Example: CAQH Attestation Form (which will also be used for Re-attestation)
Each time you complete this process, you will print off a cover sheet and your Attestation Statement (that allows CAQH to share information with each insurance company that you participate with).

Attestation Statement
(IMPORTANT: Submit Original Only)
This Application is to be signed by each individual provider submitting an application.

Fill in each space with the name of the Health Plan for which you are applying.

No Stamps or Copies Please

All information submitted by me in this application, as well as any attachments or supplemental information, is true, current, and complete to my best knowledge and belief as of the date of signature below. I fully understand that any significant misstatement in this application may constitute cause for denial of my application or termination of a resulting participation agreement.

By application for membership in [Name of Health Plan], I signify my willingness to appear for interview in regard to my application. I authorize [Name of Health Plan] to consult with administrators and members of the medical staffs of hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on the questions in this application. Upon request, I will obtain and provide to [Name of Health Plan] materials pertaining to my qualifications and competence, including materials relating to complaints filed, any disciplinary action, suspension, or action to curtail my medical-surgical privileges. I further consent to the inspection by representatives of [Name of Health Plan] of all documents that may be material to an evaluation of my professional qualifications and competence.

I understand and agree that, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubt about such qualifications. I release from liability all representatives of [Name of Health Plan] for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I release from any liability, all individuals and organizations that provide information to [Name of Health Plan] in good faith and without malice concerning this application and I hereby consent to the release and verification of information relating to any disciplinary action, suspension, or curtailment of medical-surgical privileges to [Name of Health Plan].

[Name of Health Plan]

I understand that if my application is rejected for reasons relating to my professional conduct or competence, [Name of Health Plan] may report the rejection to the appropriate state licensing board and/or National Practitioner Data Bank. In the event I am accepted for participation in [Name of Health Plan], I hereby consent to [Name of Health Plan] for inspection of my patient records relating to [Name of Health Plan] as necessary for its peer and utilization review purposes as permitted by state or federal law and regulation. I further agree to notify [Name of Health Plan] in a timely manner (not to exceed 30 days) of any changes to the information requested on the initial application.

PRINT NAME OF PROVIDER

SIGNATURE OF PROVIDER

DATE

Please Sign and Complete this Application

10/01/01
**Example:** Fax Cover Sheet for CAQH

![Fax Cover Sheet for CAQH](image)

**Common Attachment IDs that you will use**
- 003 Current Professional Liability Insurance Policy Face Sheet
- 007 North Carolina State License
- 016 North Carolina State Release

**Your initial application will require**
- 014 References
- 004 W-9
You will then receive an email stating “We are pleased to confirm that the reattestation for your application data was successful.”

**Contracting and Provider Relations**

Provider relations usually consist of specialist, coordinators, contracting, and network management. Each insurance company uses different titles to explain the different positions in their company. If you are individually credentialed with an Insurance Company, you will work closely with a member of the Provider Relations Team to complete your contract. For large organizations, contact your office manager or the billing and reimbursement department in your practice to determine how existing contracts affect your work.

At Blue Cross and Blue Shield of NC, Network Management is a health plan manager who is responsible for developing and managing the provider networks including: recruiting, credentialing, contracting, service, and provider performance management. This will be a very important contact person for you. The Network Manager will assist you in completing and answering any questions in regards to your contract, fee schedule for reimbursement, establishing electronic Explanation of Payments (EOP), and ability to receive Electronic Funds Transfers (EFT). This will be discussed further under “Filing Insurance Claims.”

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**Example with Blue Cross and Blue Shield of North Carolina’s Network Management**

<table>
<thead>
<tr>
<th>Charlotte</th>
<th>Raleigh</th>
</tr>
</thead>
<tbody>
<tr>
<td>P O Box 35209</td>
<td>P.O. Box 2291</td>
</tr>
<tr>
<td>Charlotte, NC 28235</td>
<td>Durham, NC 27702-2291</td>
</tr>
<tr>
<td>1-800-754-8185</td>
<td>1-800-777-1643</td>
</tr>
<tr>
<td>(704) 676-0501 (fax)</td>
<td>1-919-765-7109 (fax)</td>
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<tr>
<td>Greensboro:</td>
<td>Wilmington/Greenville:</td>
</tr>
<tr>
<td>2303 West Meadowview Road, Suite 200</td>
<td>P.O. Box 2291</td>
</tr>
<tr>
<td>Greensboro, NC 27407</td>
<td>Durham, NC 27702-2291</td>
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<tr>
<td>1-888-298-7567</td>
<td>Wilmington: 1-877-889-0001</td>
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<tr>
<td>(336) 316-0259 (fax)</td>
<td>Greenville: 1-888-291-1780</td>
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<tr>
<td>Hickory:</td>
<td>(919) 765-4349 (fax)</td>
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<td>P.O. Box 2291</td>
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<tr>
<td>Durham, NC 27702-2291</td>
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**Example:** Medicaid's Provider Service Representatives for Physicians Including the following providers:

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Area</th>
<th>Health-related svcs in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory sx</td>
<td>Eye care</td>
<td>public schools</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Head Start</td>
<td>Independent dx testing</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>Health Check</td>
<td>Independent dx testing</td>
</tr>
<tr>
<td>Certified RN anesthetist</td>
<td>Health</td>
<td>Health-related svcs in public schools</td>
</tr>
<tr>
<td>Nurse midwife</td>
<td></td>
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<tr>
<td>Nurse practitioner</td>
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**AREA I**

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<th>Travel Representative</th>
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<td>Wilson</td>
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</table>

http://www.ncdhhs.gov/dma/basicmed

Contact Information: 1-800-688-6696 or 919-851-8888
**Employer Identification Number** (You will need this only if you are in a private setting)

**What is an Employer Identification Number (EIN)?**

An Employer Identification Number (EIN) is a nine-digit number that the IRS assigns in the following format: XX-XXXXXXX. It is used to identify the tax accounts of employers and certain others who have no employees. The IRS uses the number to identify taxpayers that are required to file various business tax returns. There is detailed information available at the IRS website. [http://www.irs.gov/businesses/](http://www.irs.gov/businesses/)

It is also recommended that you speak with your accountant or business advisor regarding what form of business entity to establish. Your form of business determines which income tax return form you have to file.

**How do you know if you need an EIN?**

Any person (or entity) that files taxes needs an identification number of some kind. It’s how the IRS tracks who’s paying what to where and when. When you work for someone else, your social security number is used.

If you are going to employ workers, you are generally required to withhold, deposit and report employment taxes. To file the various tax returns, including employment tax returns, you need an Employer Identification Number (EIN). However, a sole proprietor may use his or her social security number in lieu of an EIN if the business has no employees and is not required to file excise, employment, alcohol, tobacco, or firearms returns. A sole proprietorship is the only type of business that may use a social security number rather than an EIN. If you are a sole proprietor you can still have a business name. You can either name your business Jane Doe, Dietitian or Jane Doe, doing business as (dba) “Nutrition Success.”

**Reasons to remain a sole proprietor (self-employed) under your Social Security Number**

- The first advantage is avoidance of double tax. What is double tax? Corporations pay income tax separately from their owners. Double tax can occur when you (through your personal tax return) and your business (through its corporate tax return) must both pay taxes on the same dollar of income. (Example*: If your Gross Salary is $35,999.98, as an employee, you might pay $7359.00 on personal taxes withheld [as you would with an employer] AND $3342.68 taxes AS the employer. If you are self-employed, you will still have to pay self-employment taxes, which is generally a higher tax rate than your personal taxes withheld, but not as large of a percentage of your cash flow is being paid out.
  * These tax rates have many variables and this is just one example. Consult your tax advisor or IRS website for additional tax/accounting information.

- The second tax advantage of sole proprietorships is that you can deduct your business losses to the extent of your total income that you may have from all sources, including interest, dividends, and gains from the sale of non-business property. Furthermore, if you are married and file a joint tax return, your business losses will also offset your spouse’s income.
**Reasons to explore other business entities available to you:**

► The principal disadvantage of sole proprietorships is that you, the sole proprietor, are personally liable for all the debts of your sole proprietorship. (Example: Say a patient sues you. Your patient can look to all of your personal and business assets including your bank accounts, vehicles, equipment, and perhaps even your house!)

► A second disadvantage of conducting business as a sole proprietorship is that you may pay higher income taxes. As a sole proprietor, you report your business income on your personal tax return. While you do avoid double tax this way, if as a single person your total adjusted gross income exceeds $115,000, or as a married person filing jointly your adjusted gross income exceeds $140,000, you may pay income tax at the highest rate. By incorporating your business, you may be able to reduce your tax rate. Additional details on business entity types to consider when setting up an RD private practice can be found on the IRS web page, in general business textbooks, from local business association groups, or an accountant.

**Where/How do you get an EIN?**

There are four ways to apply for an EIN:

The Internet EIN application is the preferred method for customers to apply for and obtain an EIN. Once the application is completed, the information is validated during the online session, and an EIN is issued immediately. The online application process is available for all entities whose principal business, office, or agency, or legal residence (in the case of an individual) is located in the United States or U.S. Territories. The principal officer, general partner, grantor, owner, trustee, etc. must have a valid Taxpayer Identification Number (Social Security Number, Employer Identification Number, or Individual Taxpayer Identification number) in order to use the online application. Go to [https://sa1.www4.irs.gov/modiein/individual/index.jsp](https://sa1.www4.irs.gov/modiein/individual/index.jsp)

You may obtain an EIN immediately by telephone 5 days a week, Monday through Friday from 7:00 a.m. to 10:00 p.m. (local time), by calling IRS at 800–829–4933. You may use this EIN immediately to file a paper return or make a payment of tax.

You may obtain an EIN by completing Form SS-4 (PDF), Application for Employer Identification Number, and faxing it to the IRS for processing. The IRS Fax numbers are provided in the Form SS-4 Instructions. An EIN applied for by fax will be issued within 4 business days. [http://www.irs.gov/pub/irs-pdf/fss4.pdf](http://www.irs.gov/pub/irs-pdf/fss4.pdf)

You may also obtain an EIN by completing the Form SS-4 and mailing it to the IRS service center address listed on the Form SS-4 Instructions. By mailing the completed Form SS-4 to the appropriate service center, you can obtain an EIN within 4 to 5 weeks. [http://www.irs.gov/pub/irs-pdf/fss4.pdf](http://www.irs.gov/pub/irs-pdf/fss4.pdf)
**Professional Liability Insurance**

No matter how careful you perform your job, the activities you are involved in on a daily basis can put your career and financial stability on the line. Whether you’re employed, self-employed, work full time or part time, or are a student practicing under supervision, having your own professional liability coverage is an important service to purchase for your business. Most, if not all, health plans require professional liability insurance for practitioners whom the plan credentials as network providers. If you work for a large organization or office, contact your office manager or legal department to determine what coverage is provided for you. You may opt to have additional coverage.

Professional liability insurance is available through several vendors. ADA membership allows members an opportunity to receive affordable group rates on professional liability insurance. [https://www.personal-plans.com/ada/welcome.do](https://www.personal-plans.com/ada/welcome.do) (The direct link for Marsh is [https://www.proliability.com/](https://www.proliability.com/)). There is an annual cost for this policy which varies based on if you are employed, self employed, or student, the number of hours you work, and your specific coverage. The cost is generally less than $150/year. Additional coverage for property and employees can also be added to the RD’s professional liability plan.

**W-9 Form (Request for Taxpayer Identification Number and Certification)**

A Form W-9 is a document issued by the United States Internal Revenue Service (IRS) for certain taxation purposes. While W-9’s aren’t filed with the IRS, they are collected by the insurance companies that hire independent contractors. This form and instructions can be located at [http://www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf). You will need to complete a copy of this form for CAQH or each of the insurance companies you credential with.

**Completing the W-9 Form**

If your NPI that you are using was established as an individual using your Social Security Number, you will list your Individual name as shown on your income tax return on the “Name” line and your address. You may also enter your business, trade, or “doing business as (DBA)” name on the “Business name” line. If your NPI that you are using was established as an organization using an Employer Identification Number, you will list your Business name as shown on your income tax return on the “Name” line.

**Part I – Taxpayer Identification Number (TIN)**

If your NPI that you are using was established as an individual using your Social Security Number (SSN), you will provide your SSN on this line of the W-9 Form. If your NPI that you are using was established as an organization using an Employer Identification Number (EIN), you will provide your EIN on this line of the W-9 Form.

**Part II – Certification**

Read and sign