Everything Included In Direct Payer Contracting

Every Step

1. We check what each payer needs and confirm your Type 1 NPI and NPPES record match.

2. We build one credentialing file for each provider.

3. We review your DataSpring/CAQH profile with you, tell you what to update and flag anything missing or wrong before anything is submitted. You complete and attest it, and we keep it in step with your applications while we're working on them.

4. Some payers don't use CAQH. Where a payer wants its own or a paper application, we prepare and submit it, and the provider completes and signs it.

5. We submit the group application for your practice to each payer, then credential the provider under it and link their NPI to your group NPI. Where a payer requires a minimum number of providers for a group contract, we file the individual application under your practice's Tax ID and Type 2 NPI, and you can move to a group contract once you reach the minimum.

6. We answer every request a payer sends for missing information.

7. We follow up with every payer at least every 10 business days until the payer gives its decision in writing. We escalate when one stalls.

8. Before you sign a payer contract, we explain how its rates and terms work and point out anything unusual.

9. When a payer approves, we get the effective date and the provider number it assigns in writing.

10. We confirm the payer loaded the provider, and we add or update the online directory listing. Approval alone doesn't mean you can bill. You're ready once the effective date, the directory listing, portal access and the claims connection are each in place.

11. We register the payer portals and set up a portal user for the provider.

12. When a payer approves you, we tell you exactly how to bill it: which NPI and Tax ID, which billing provider, and when to switch. Or we set it up in your system for you.

13. We set up EFT and ERA with each payer, or guide you through it in your EHR if you'd rather do it yourself, or confirm them if your practice is already enrolled.

14. You get a copy of everything we submit for you. Where a payer portal needs the provider to attest or submit, we prepare it and you do the final review and submission.

15. A payer's written denial or a closed panel completes that payer. Swapping in a different payer is a new payer at the per payer price.

16. You get a closeout package with a re-credentialing calendar.

What You Provide

• Your onboarding packet and the documents it asks for.

• Your own business, EIN and Type 2 NPI.

• Access where we need it. You add us as a user in DataSpring/CAQH, Availity and your EHR or practice management system, or we walk you through each step on a screen share.

• The provider completes and attests the CAQH profile and signs anything only the provider can sign.

• Any payer letter, email or call about this work, sent our way within two business days, and a heads up before you file anything with a payer yourself.

Timelines

• Right after you pay, you get an email invitation to the AdvanceAPractice Command Suite, where you review and sign your Order Form, service agreement and BAA.

• Your onboarding packet follows right after you sign your agreements, and everything uploads once into your secure workspace. If anything takes longer on your side, let us know and we'll keep things moving as quickly as we can.

• We start within three business days of getting your completed packet back.

• Your payment choice does not delay application preparation, submission or payer follow up. Applications go out as soon as the required information is ready. Payments must stay current, and the closeout package follows the final payment.

• Credentialing approvals typically take 60 to 120 days, and each payer sets its own timing. We apply to every payer at once, so the slowest one sets the pace.

• We tell you about any payer decision or request within one business day of getting it, and we tell you as each payer goes live.

• You see where each payer stands in the Command Suite as it moves, plus a short monthly summary.

What Is Not Included

• Medicare and Medicaid, unless you add them at $450 each per provider. TRICARE and VA Community Care are quoted in writing.

• Appeals after a payer denies an application.

• Payers and providers beyond the ones on your Order Form.

• Ongoing medical billing, claims and coding, and EHR or clearinghouse support beyond setting up the provider. If a question falls outside this work, we tell you before we answer it.

• Negotiating rates on your behalf.

• Business formation and legal or tax advice.

• Anything only the provider can sign or attest.

• An EHR. We set the provider up in the one you already use.

• Setting up your practice, your EHR or your business records. That's First Practice Launch.

Ongoing Support

• Questions are part of working with us, during setup and for as long as you're a client. Send them in the Command Suite or by email, and we reply within one business day, usually the same day. If a question turns into new work, like a new build or a change to something we built, we send a written quote before we start.

• Up to two meetings a month if you need them.

• Your Command Suite workspace shows what we're working on and anything we need from you. It stays fully open during the work, read only for 30 days after, and then it's $99 a month if you want to keep it.

• If something we delivered doesn't work the way we said it would, tell us within 30 days of delivery and we fix it at no cost.

• Everything we set up is yours. The accounts, the documents and what we build stay with your practice.

• After your applications are done, Ongoing Credentialing keeps every provider current. It's a separate service. Complete is $100 per provider a month for up to three plans, plus $15 a month for each added plan, with re credentialing included. Essentials is $80 per provider a month and covers the same upkeep (CAQH re attestations, license, DEA and malpractice tracking, monthly exclusion checks, roster and location updates), with re credentialing billed when it comes due at $200 per provider per plan. Both start with a review of every provider with every plan in the first 30 days, and we quote it in writing.