



Provider: \_\_\_\_\_

Practice(s): \_\_\_\_\_

Date: \_\_\_\_\_

## Credentialing Checklist

**HearPO requires current copies of the following items in order to complete the credentialing process. Please complete and forward all requested materials within 10 days. Each provider, to be credentialed at your facility, fills out the HearPO Application, Provider Credentialing Interview a Provider Agreement.**

- HearPO Application
- Completed Provider Credentialing Interview
- Completed Provider Agreement
- \*Practice Credentialing Interview
- \*W-9 Form

\*These forms do not need to be filled out if you are adding a provider to an already credentialed site.

### **COPIES of the following items must be attached:**

- State Audiology License (*showing expiration*)
- State Hearing Aid Dispensing License (*showing expiration*)
- Liability Insurance Certificate (*required 1 million per occurrence/3 million aggregate*)
- Master's or Doctorate Degree
- Medicare number (*optional*)
- Medicaid number (*optional*)

**Please forward this checklist and all requested materials to:**

**HearPO Credentialing  
5000 Cheshire Parkway N  
Plymouth, MN 55446  
Phone: 1-800-920-4327  
Fax: 763-268-4240**





Hearing Benefits Made Simple™

### Provider Credentialing Interview

This form must be completed for each Provider in your practice.

Applicant Name: \_\_\_\_\_

Names(s) of Current Practice(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

<b>Confidential Professional Information - Required by NCQA Standard CR 4</b>	
Has your license to practice in any jurisdiction ever been denied, restricted, limited suspended (even if the suspension was stayed) or revoked, either voluntarily or involuntarily?	Y/N
Have you ever been reprimanded, disciplined, counseled or been subject of similar action by any state-licensing agency with respect to your license to practice?	Y/N
Have you ever been denied participation in Medicaid or any other governmental or quasi-governmental health-related program?	Y/N
Are you currently using illegal drugs?	Y/N
Have you ever been convicted of a felony?	Y/N
Have you ever been refused participation in the network of a managed care organization (HMO or PPO) or been disciplined by or terminated from such a plan or organization?	Y/N
Are you privacy HIPAA compliant ?	Y/N
Are you electronically HIPAA compliant? (Not applicable if your clinic does not electronically transmit any data/billing to any payor/clearing house.)	Y/N/NA

Work History - NCQA CR 3.6 requires, at a minimum, five years of work history. Please list the employer name, and period of employment for positions you have held for the past five years. If you do not have five years experience, please list employment for the time period that you have worked. A current curriculum vita is also acceptable and may be attached.

**Employer**

**Dates of Employment**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please initial each box to acknowledge your review, understanding, and agreement.**

<b>Initials</b>	<b>Provider Guideline Review</b>
	HearPO grants provider status to an individual provider within an approved practice. If a provider leaves the approved practice, they will need to reapply to become an approved provider at the new practice.
	All advertising including, but not limited to, recall letters, promotions and yellow pages ads which solicits patients form HearPO accounts or uses the HearPO name must be submitted to HearPO for review and approval.
	HearPO has a No Cause Termination Clause.
	HearPO centralizes communication between providers, insurance groups, employers and third-party administrators. Providers are not to contact these groups directly. All questions, comments, or concerns are to come through HearPO.
	All claims are submitted to HearPO directly for processing and reimbursement. Claims are not to be submitted directly to payers.
	In the event of direct claims payment from a payer to a provider, the provider must report this payment to HearPO.
	When an administrative fee cannot be included in the cost paid by the third-party payer, there is a minimum 12% administrative fee withheld by HearPO from claims paid.
	Proper authorization must be obtained prior to providing services or devices that require pre-authorization (per contract) by submitting either a justification letter or a HearPO Service Request Form (whichever is appropriate) directly to HearPO. Claims received for services or devices requiring pre-authorization that have not been properly authorized may not be paid.
	All claims are to be submitted within 30 days from the date of service.
	All claims must be submitted on the HearPO Prior Authorization Forms or CMS 1500 form for reimbursement.
	CMS 1500 forms are to be used and completed as per contract requirements. Some payers require that a provider's usual and customary pricing be listed on the HCFA, while others require the cost as listed on the encounter form for that plan.
	Incomplete or incorrect claims and/or vouchers will be returned to the provider with an explanation. Claims will be submitted to the payer for reimbursement by HearPO upon receipt of accurately completed and valid CMS 1500 or other acceptable form.
	The Health Care Procedure Coding System (HCPCS) V- Codes are to be used for hearing aids and hearing aid related services. Physician's Current Procedure Terminology (CPT) codes are to be used for diagnostics.

	Providers are updated on contract specific guidelines and updates via newsletters, broadcast fax, e-mail, or mailing.
	Verification of ten (10) hours/1 Continuing Education Unit (CEU) available for HearPO to view when requested.
	Providers must notify HearPO of lawsuits or judgments against the provider or practice.
	HearPO Providers cannot process claims for non-HearPO providers.
	Upon renewal of professional liability insurance or hearing aid dispensing licensure, a current copy must be faxed or mailed to HearPO immediately.
	Changes in provider staff or location are to be reported to HearPO immediately.

**I hereby authorize HearPO to review all credentials with the appropriate governing board. I also understand that submission of this credentialing interview does not guarantee provider status, nor does it constitute HearPO's acceptance of such status.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please forward completed materials to:**

**HearPO Credentialing  
5000 Cheshire Parkway N  
Plymouth, MN 55446  
763-268-4240-fax**