Achieving the Credentialing Trifecta: Real Results in Alignment between Credentialing, Provider Enrollment, and Delegation

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Presenter(s): Amy Niehaus, CPMSM, CPCS, MBA
ACHIEVING THE CREDENTIALING TRIFECTA
Real Results in Alignment Between Credentialing, Provider Enrollment, and Delegation

Objectives
- Identify the impact the credentialing process has on revenue
- Learn effective ways to align credentialing, provider enrollment, and delegation
- Understand the role medical services professionals play in maximizing their organization’s success
Incomplete Integration Case Study

- Multi-hospital health system
  - Large employed medical group
  - Centralized credentialing function
  - No integration of provider enrollment or delegation
  - Management of multiple departments
  - Separate databases
  - Additional credentialing processes
- CFO reported large volume of accounts receivable write-offs and claim holds for many of the practitioners hired in 2016

The Value of ‘Systemness’

“We are like islands in the sea, separate on the surface but connected in the deep.”
—William James

Symptoms of Incomplete Credentialing Integration

- Process challenges
  - Duplicate information requests
  - Multiple contacts
  - Onerous enrollment
  - Disparate databases
- Interdepartmental conflicts
- Organizational pressure
- Practitioner dissatisfaction
Symptoms of Incomplete Credentialing Integration, Con’t.

- Revenue challenges
  - Increased costs
  - Excessive credentialing delays
  - Inability to attain delegation
  - Provider enrollment delays

Weekly Net Inpatient/Outpatient Revenue

- Orthopedic Surgery – $57,221
- Cardiology (Invasive) – $51,003
- General Surgery – $45,202

Source: Merritt Hawkins 2016 Physician Inpatient Outpatient Revenue Survey:
www.merritthawkins.com/uploadedFiles/MerrittHawkins/Surveys

Revenue Impact Calculator

https://greeley.com/roi-tat-NAMSS-2017

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Credentialing Mega Process Done Poorly

Resources and cost

Efficiency and quality

OVERVIEW OF CREDENTIALING, PROVIDER ENROLLMENT, AND DELEGATION

Credentialing

A process to ensure that healthcare practitioners meet all of the necessary requirements and are appropriately qualified to perform privileges requested or provide medical services to members.
Credentialing Challenges

- Suboptimal use of technology
- Excessive turnaround times
- Multiple application forms
- Disparate criteria among entities
- Communication between stakeholders
- Insufficient resources

Provider Enrollment

The process of collecting and submitting required documentation to third party payers to enroll practitioners into payer networks and allow the provider to bill for services

Provider enrollment is not credentialing, but some similar tasks are performed in collecting and reviewing application data.
Provider Enrollment, Con’t.

- Understanding the requirements of the payer can facilitate an effective enrollment process
  - Medicare provides PECOS for electronic enrollment and revalidations
  - Commercial payers primarily use CAQH ProView for application data
  - State Medicaid plans have varying processes
  - All have unique participation requirements

Provider Enrollment Challenges

- Payer volume
- Application forms
- Varying requirements
- Processing time frames
- Communication cycle

Delegation

- Payers vary in the amount of delegated activities

To give (control, responsibility, authority, etc.) to someone; to trust someone with (a job, duty, etc.) — Merriam Webster

when an organization gives another entity the authority to carry out a function that it would otherwise perform - NCOA
Delegation Steps

- Pre-delegation assessment
  - Policies and procedure review
  - File audit
- Delegation agreement
  - Specific elements must be included
- Oversight audit
  - Frequency determined by accreditor

Why Delegate?

- Payer’s Perspective
  - Reduces turnaround time for network participation
  - Helps manage significant volume of providers
  - Reduces resources
  - Accommodates network growth
  - Supports contracting efforts
  - Increases practitioner satisfaction

Why Become Delegated?

- Entity’s Perspective
  - Reduces turnaround time for network participation
  - Timelier reimbursement from payers
  - Reduces resources for provider enrollment
    - Depends on terms of agreement
    - May still have other non-delegated payers, i.e., CMS
    - Further reduction if integrated with MSSD
  - May provide contracting leverage
  - Increases practitioner satisfaction
Delegation Challenges

- Payer
  - Control
  - Resources
  - Compliance

- Delegated entity
  - Roles and responsibilities
  - Resources
  - Remaining enrollment tasks

METHODS TO ACHIEVE SUCCESSFUL ALIGNMENT

Integrated Credentialing

A healthcare network working together using proven standardized credentialing policies and procedures to improve patient care and practitioner satisfaction, decrease cost and turnaround time, and eliminate duplication and lost revenue, while demonstrating value in the onboarding process.
### Greeley’s Integrated 5-step Credentialing Approach

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<th>Step 1: Establish policies &amp; rules</th>
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<th>MEC</th>
<th>Medical Affairs</th>
<th>Governing Body</th>
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<tr>
<td>Step 2: Manage information &amp; integrate with recruitment and PE</td>
<td>Management</td>
<td>Medical staff leaders</td>
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<td>Step 3: Evaluate &amp; recommend</td>
<td>Department chairs</td>
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<tr>
<td>Step 4: Authorize</td>
<td>Governing body or agent(s)</td>
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<td>Step 5: Complete on-boarding</td>
<td>Management</td>
<td>Medical staff leaders</td>
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### Step 1: Establish Policies and Rules
- Medical staff bylaws/contract language
- Integrated credentialing policies
- Delegated agreements
- Multi-use reference forms
- Sharing agreements and provisions
- Consolidated applications
- Database policies

### Step 2: Manage Information and Integrate with Recruitment and Provider Enrollment
- Recruitment
  - Qualifications/eligibility criteria
  - References
  - Background check
  - Combined interviews
  - NPDB self-query/OPPE reports*

*Burden is on the applicant
Step 2: Manage Information and Integrate with Recruitment and Provider Enrollment

- Send out medical staff application with letter of intent or draft contract

- Return of application with signed contract; begin processing

- CEO executes contract

Step 2: Manage Information and Integrate with Recruitment and Provider Enrollment

- Maintain and improve data integrity
  » Single source of truth

- Use knowledgeable physician liaisons or navigators – main point of contact

- Cross train staff within an integrated department

Step 3: Evaluate and Recommend

- Use Category 1 and Category 2 methodology

- Succinctly summarize for the credentials committee

- Define quorum for MEC

- Consider the complexity of hospital/healthcare system governance structure

- Avoid disparate decision making through appropriate use of shared information
Step 4: Authorize

- Grant, Deny, or Modify
  - Governing board or subcommittee
  - Expedited approval process
  - Credentials committee for delegated decisions
- Hire, Contract
  - Effective/start date aligned with key payer enrollment

Step 5: Complete Onboarding

- Create an onboarding team
  - Track, report, and share data
  - Solve any backlogs/delays
  - Collaborate to create optimal practitioner experience

Highly Effective Integration

- Recruitment
- Contracting
- Credentialing
- Provider Enrollment
- Orientation
- Onboarding
- Patient Care
- Physician Success
- Hospital Success
- Financial

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What Skills Do MSPs Bring to This Set of Challenges?

- Project management
- Organizational
- Social capital
- Information management and database
- Leadership
  - Ability to develop, vet, and cultivate buy-in to standardized and integrated policies and procedures, shared information, and the operational design
- Communication

Can You Achieve the Credentialing Trifecta?

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Thank You!

Amy M. Niehaus, CPMSM, CPCS, MBA
Senior Consultant
aniehaus@greeley.com

The Greeley Company
5 Cherry Hill Drive, Suite 200
Danvers, MA 01923
www.greeley.com
Questions?