WAMSS

40TH ANNIVERSARY
ANNUAL EDUCATION CONFERENCE

ACHIEVING PAYER ENROLLMENT SUCCESS

APRIL 25, 2019

- **Donna Goestenkors,** CPMSM - President
- **Nicole Keller,** MSHM, CPHQ, CPHIT - Corporate Quality Assurance Officer

Team Med Global Healthcare Consulting

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PROGRAM FACULTY

Donna Goestenkors, CPMSM

43
YEARS OF SERVICE

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PROGRAM FACULTY

Nicole Keller, MSHM, CPHQ, CPHIT

15+
YEARS OF SERVICE

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EDUCATION PARTNERS

WAMSS

MSP
MEDICAL SERVICES PROFESSIONAL

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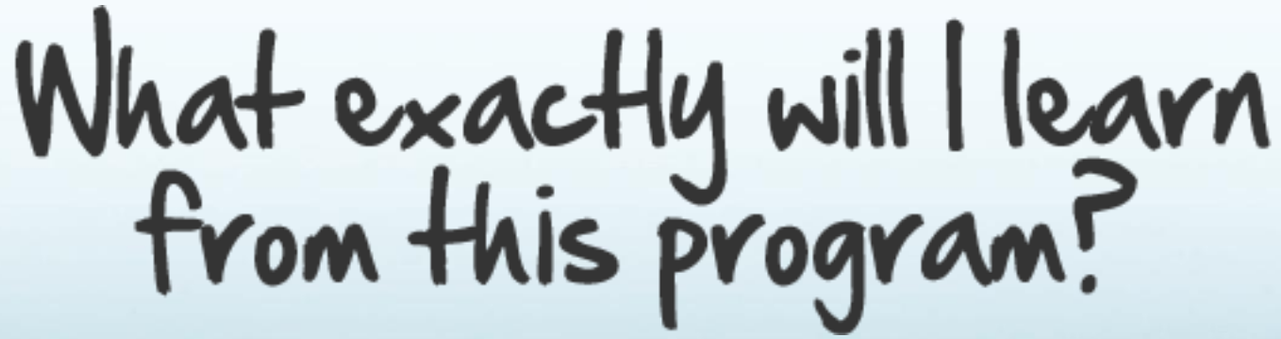
OBJECTIVES

- Reinforce the purpose of the MSP Competency Model and identify a few MSP transferrable skills.
- Describe the industry's first Payer Enrollment Process Model.
- Adapt current practices based upon peer experiences to drive payer enrollment success.



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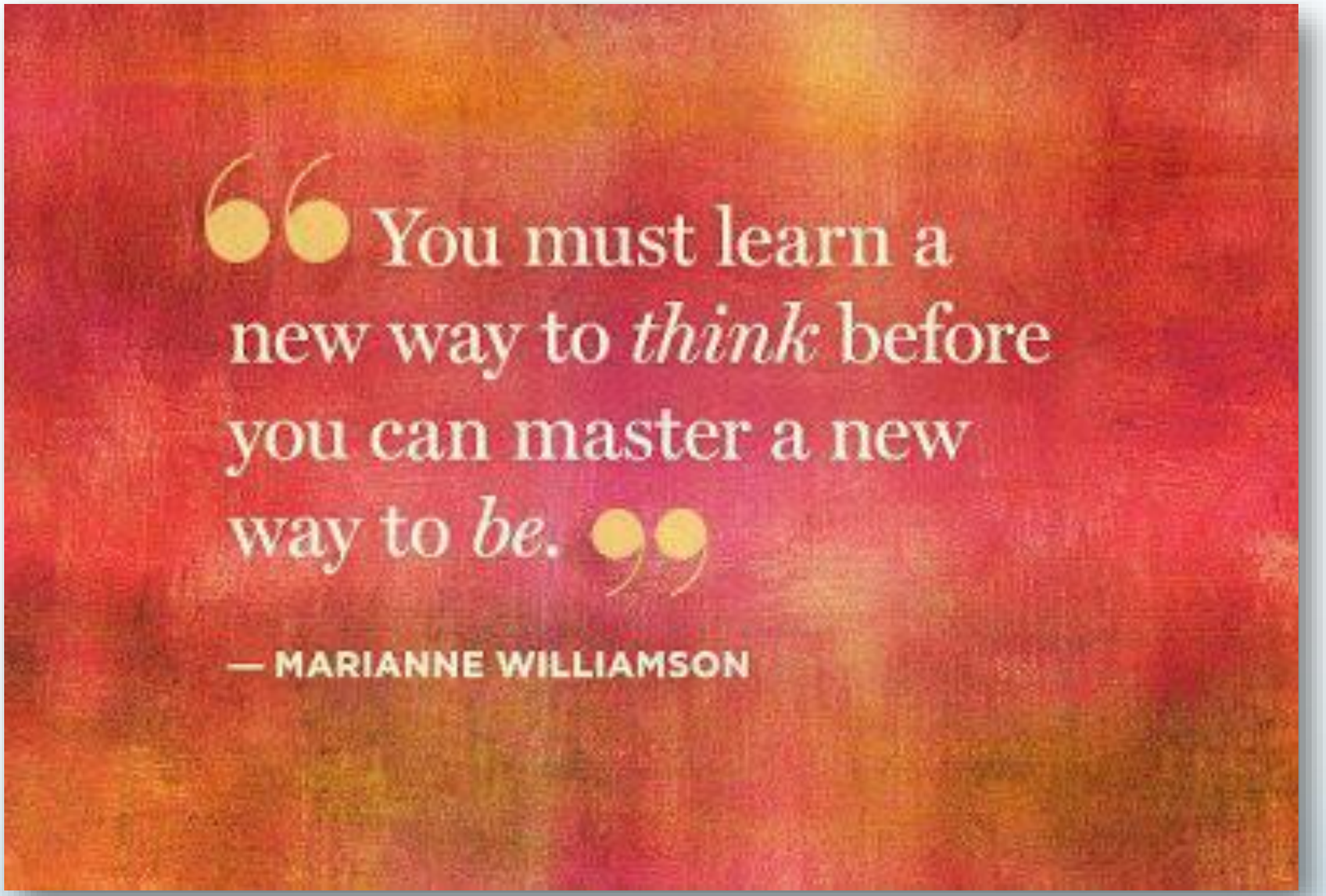
PREPARE YOURSELF



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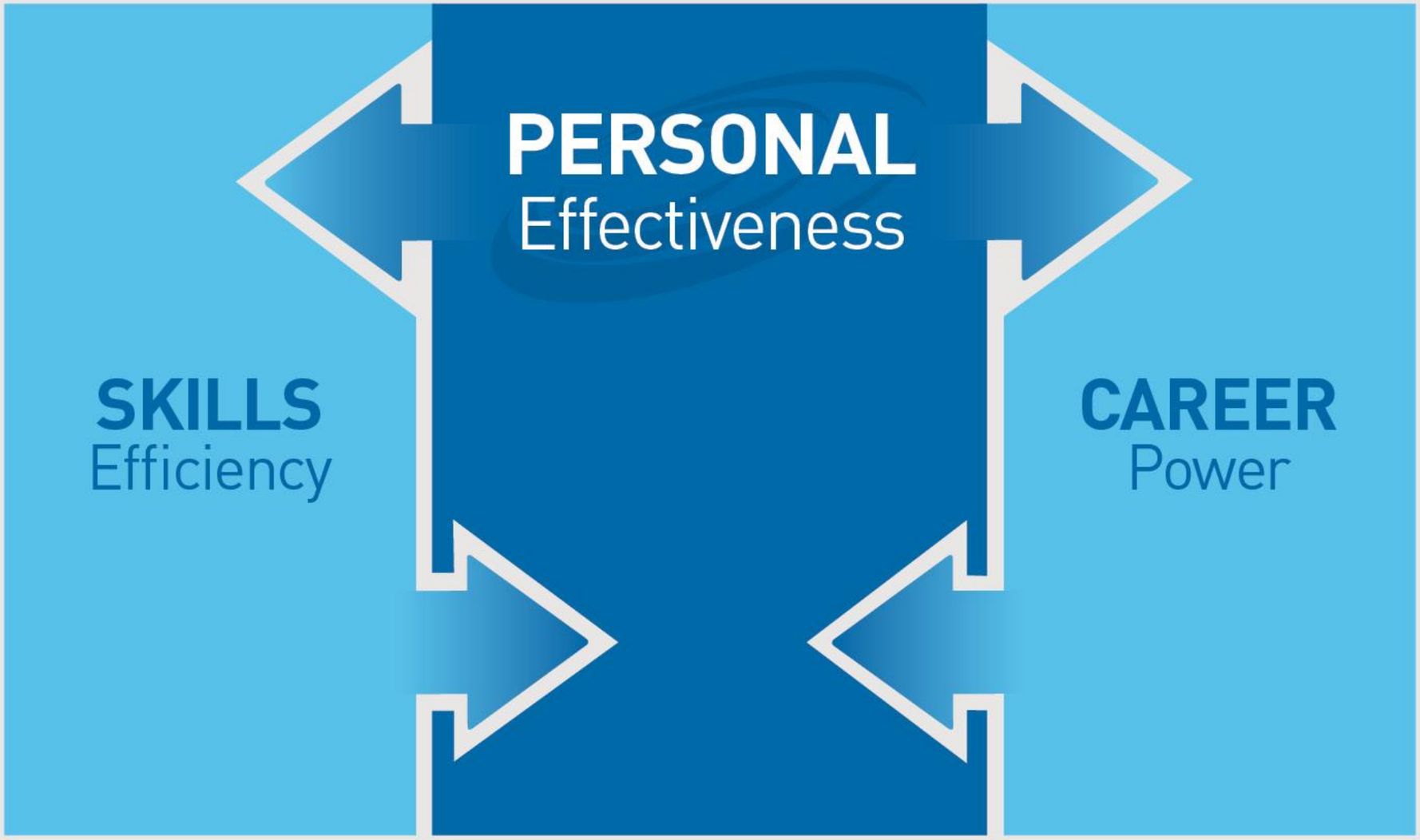
MSP Core Competency Model



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MSP CORE COMPETENCE

PERSONAL/PROFESSIONAL

Effectiveness

SKILLS

Efficiency Core:

~Credentialing Management
~Privileging Management
~Practitioner Competence Mgmt.
{privileging, FPPE, OPPE}
~Compliance Management
~Enrollment Management
~Healthcare Quality Data Management
~Practice Management
~Managed Care Management
~On/Off-Boarding Management
~Office Management
~Consulting Management
~Document Management
~Merger/Acquisition Management
~Lean Management
~Technology Management
~Relationship Management
~Development Management

CAREER

Power

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ACTIVITY

LINE-UP

Medical Staff Professionals

I have the skills to integrate payer enrollment into my core competency.

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QUESTIONS FROM THE FIELD

- “Is this my future?”
- “What if I’m unhappy in my job?”
- “What should I do if I’m seeking a new challenge?”
- “What’s involved?”
- “Do I have the skills?”

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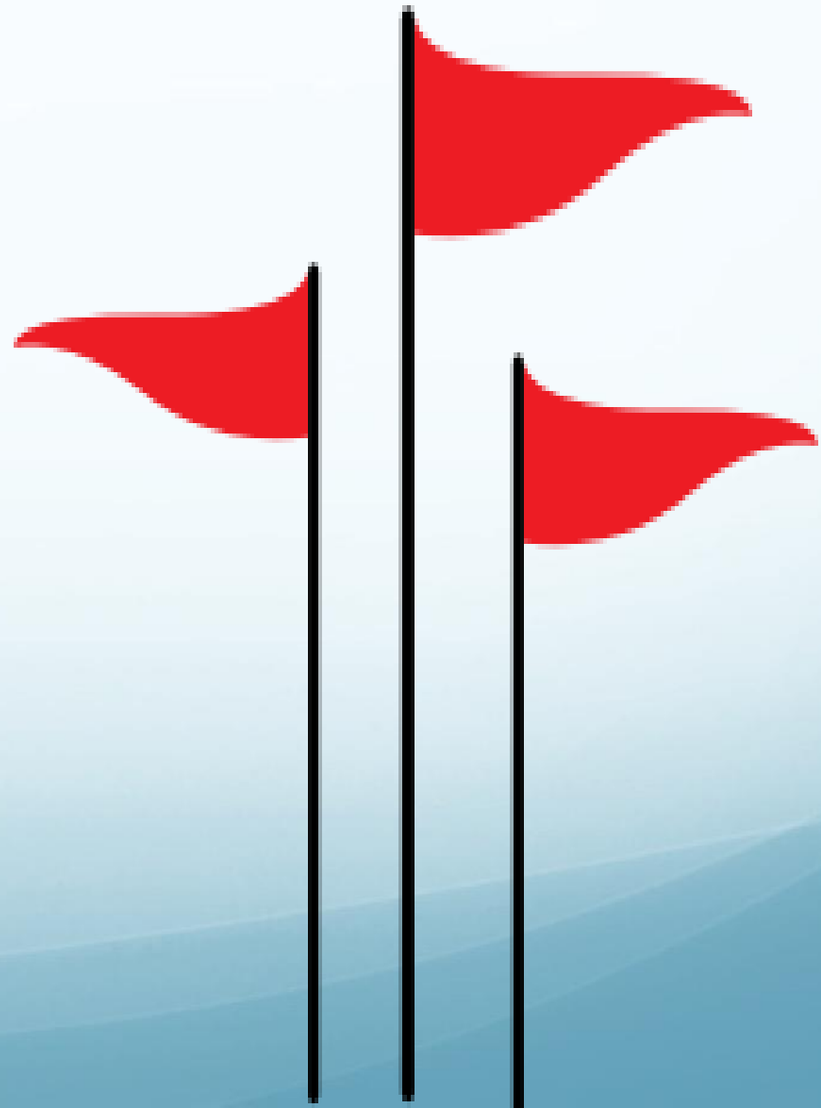
MSP CAREER FACTS

- Transferrable Skills:
  - Detail oriented
  - Understand application requirements
  - Identify red flags
  - Stakeholders
  - Customer service
  - Regulations/Policies/Protocols
  - Deadlines



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IS PAYER ENROLLMENT FOR ME?

- Enrollment **is** part of the Medical Staff Services Industry!
- Current Position Titles:
  - Payer Enrollment Specialist
  - Payer Enrollment Manager
  - Director, Payer Enrollment
  - Vice President, Payer Services
  - Chief Enrollment Officer
- Embrace the Change
- Reach out to a Mentor
- Have a Career Plan

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MSP VALUE

Enrollment Management

- Federal requirements
- Health plan requirements
- Tools
- Resources
- Technology
- Stakeholder satisfaction

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WHAT IS ENROLLMENT?

Enrollment is the process of applying to health insurance plans/networks for inclusion into provider panels and allows the provider or group/organization to bill the insurance health plan for services rendered.

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PAYER ENROLLMENT IS NOT…

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STRUCTURE

PAYER ENROLLMENT MODEL

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Payer Enrollment Model

1	2	3
Federal/ Medicare	State/ Medicaid	Private/ Commercial

PAYER ENROLLMENT

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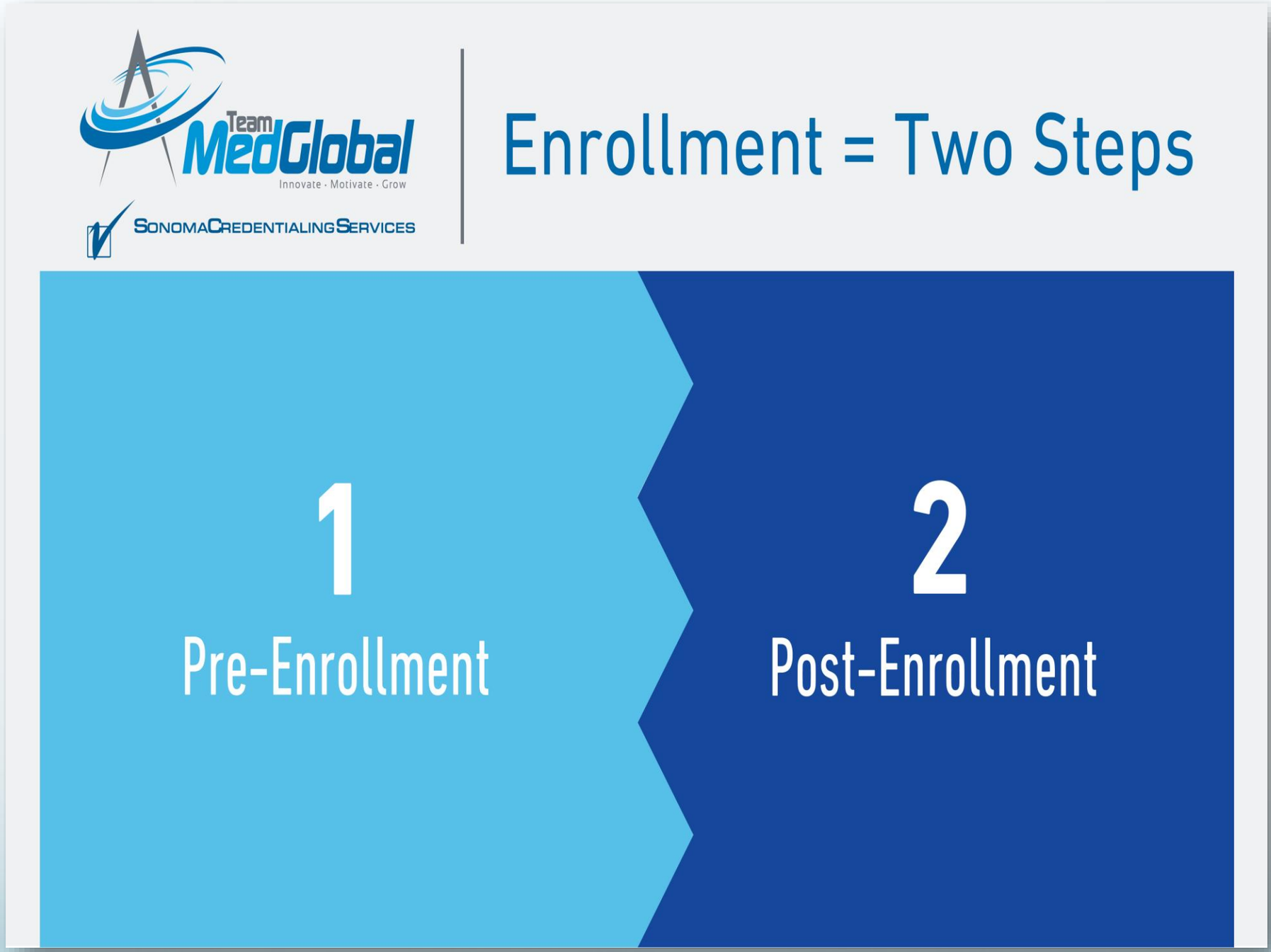
ENROLLMENT = TWO STEPS



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PRE-ENROLLMENT PROCESS

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What is the Process?

PRE-ENROLLMENT

1 Determine which plans to enroll

2 Contact Payer/ Ask questions!

3 Collect provider information and documents

4 Obtain and complete application

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PRE-ENROLLMENT PROCESS

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What is the Process?

PRE-ENROLLMENT

5 Prepare letter of interest

6 Submit enrollment packet to payer

7 Follow up until determination is made

8 Network denials- what next?

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POST-ENROLLMENT PROCESS

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What is the Process?

POST-ENROLLMENT

1 Obtain proof of enrollment

2 Implement with billing department

3 Record/load new contract in database

4 Maintenance for continued enrollment

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WHO? PROVIDER SPECIALTY TYPES

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WHO? PROVIDER SPECIALTY TYPES

Ambulatory Care/Rehabilitation

- Ambulatory Surgical Center (ASF)
- Skilled Nursing Facility (SNF)
- Urgent/Rural Care Clinic/Center
- Federal Qualified Health Center (FQHC)

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WHO? PROVIDER SPECIALTY TYPES

- Physician/ Non-Physician Practice
  - Solo
  - Group
  - Multi-Specialty
- Independent Diagnostic Testing Facility
  - Sleep Study (In Lab or In Home)
  - Laboratory
  - Radiology/Mammography
  - Remote Monitoring of Home Cardiac Devices

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WHO? PROVIDER SPECIALTY TYPES

Durable Medical Equipment (DME)

- Respiratory
- Home Medical Equipment
- Orthotics and Prosthetics

- Home Health Agency (HHA)
- Hospice Provider
- Pharmacy Provider
- Dialysis Center/End Stage Renal

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PRE-ENROLLMENT

Step 1 – Determine Which Plan(s) to Enroll

- Pre-determined based on your organization?
- If not, health plan resources (AIS Directory of US Health Plans at www.aishealth.com).
- If Medicare, go to cms.gov for applications.
- If Medicare through PECOS, go to pecos.cms.hhs.gov.
- If Medicaid, go to State Medicaid website (handout).

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PRE-ENROLLMENT

Step 2 – Contact Payer/Ask Questions!

Any special requirements/licensing required?

- Enrollment fee required?
- Typical time frame for processing?
- Preferred submission method? (Email, Fax, FedEx, US Mail)
- If paper, FedEx vs PO Box?
  - If FedEx, what is the street address? (no P.O. Box)

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PRE-ENROLLMENT

Step 2 – Contact Payer/Ask Questions!

- Does payer accept/use CAQH?
- Does payer permit backdating? If so, how far back?
- Fee schedule? (for Commercial/Private Payers)
- Forms – EFT, ERA, EDI etc.
- If Out of State Provider (OOS):
  - Do they allow OOS Providers? (Primary vs. Crossover?)
  - Any special requirements for OOS Providers?

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PRE-ENROLLMENT

Step 3 – Collect Provider Info & Documents

- Pre-application, CAQH, NPI registry, repository.
- Review/QA for completeness/accuracy.
- Check addresses, zip codes and counties on USPS.com.
- Check names/addresses/expiration dates on licensure and supporting documents.

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Step 4 – Obtain & Complete Application

Application Elements

- Instructions (great reference for most questions!)
- Identifying Information, Education, Training
- Licensure, Certifications, Affiliations
- References & Work History
- Practice Information/Description/Services
- Professional Liability Insurance

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Step 4 – Obtain & Complete Application

Application Elements (Continued)

- Billing Info/Clearinghouse/3rd Party Admin.
- Attestation Questions/Disclosures
- Ownership/Controlled Interest Disclosure
- Information Release/Acknowledgements
- Provider Agreement(s)/EFT Agreement
- Checklist of Attachments

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TYPICAL APPLICATION ATTACHMENTS

- All applicable Local, State, Federal Licensure, Certifications & Registrations
- IRS Issued CP575 and/or IRS W-9
- Proof of Education
- Professional & General Liability Insurance
- Copy of Voided Check (for EFT agreement)
- Copy of Medicare and/or Medicaid Enrollment
- Enrollment Fee (if applicable)

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PRE-ENROLLMENT

Step 5 – Prepare Letter of Interest/Intent (LOI)

Importance of the LOI

- Some networks might be at capacity/full
- LOI presents/sells the provider to the payer
- Describes overview of the provider/services
- LOI can convince payer to offer enrollment

Research - Seek exact name/address of decision maker

- Call & ask; find on LinkedIn

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PRE-ENROLLMENT

Step 5 – Prepare Letter of Interest (LOI)

Basic Elements (1-2 Pages)

- Provider Identifying Information
  - Name, Service Address, NPI #, Tax ID, CAQH #
- Specialty/Provider Type/Service Area Covered
- Company/Organization History
  - Years in Business/Background?
  - Family or Large Corporation Owned?

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PRE-ENROLLMENT

Step 5 – Prepare Letter of Interest (LOI)

Selling Elements

- Work with Specific Hospitals/Med Centers that are contracted with payer?
- Special Attributes?
- Minority/Women Owned?
- MOSB/ WOSB Certifications from SBA.gov
- Unique Services Compared to Competitors
- Specific/Unique Geographic Location

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PRE-ENROLLMENT

Step 5 – Prepare Letter of Interest (LOI)

Selling Elements (continued)

- Work with Specific Patient Demographic?
  - Low Income
  - Special Needs
  - Indian Health Services (IHS)
- Depending on Provider Type, Referred Services?
  - DME, Home Health, Hospice
- Offer Competitive Rates
- Offer Pilot/Trial/Test Program?

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PRE-ENROLLMENT

Step 5 – Prepare Letter of Interest (LOI)

Possible LOI Attachments (Depending on Payer – Ask!)

- IRS W-9
- Applicable Licensure/Insurance
- Marketing Material/Brochure (E or Paper)
- Top Billing Codes/Rates Desired ($ or % off Fee Schedule)
- Invoices on Products Provided
- Sample Claim Form

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PRE-ENROLLMENT

Step 6 – Submit Enrollment Packet to Payer

(Application, Attachments & Cover Letter or LOI)

Per Payer's Preferred Method

- Email, Fax, FedEx (Street Address & Phone)
- US Mail for PO Boxes

Online Enrollments

- Web Portal (Username/PW)
- Application Tracking Number (ATN)

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Step 7 – Follow up Until Determination is Made

Communication is Key!

- Follow up with payer (email, phone, fax)
- Respond promptly to any requests for more info
- Give updates to provider or supervisor/log into system
- If approved, you may need to ask for an acceptance/welcome letter or duplicate letter
- If denied, go to Step 8!

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PRE-ENROLLMENT

Step 8 – Denied Network Participation? What Next?

- Ask why? When can you reapply?
  - Some payers evaluate network quarterly, yearly, etc.

- Appeal and Re-Appeal with supportive letters
  - From Patients, Colleagues, Referring Physicians

Recommendation Letter

Dear [Name of Employer]:

I am pleased to write a letter of recommendation for [name of student]. I highly recommend [name of student] to your organization for the position of [job title].

I have known [name of student] for the past [number of months, semesters, years] as[he/she] has taken the following courses that I teach: [list courses, give brief description of content of course]. As [his/her] professor, I have had an opportunity to observe [his/her] participation and interaction in class and to evaluate [name of student]'s knowledge of the subject matter. [He/she] is and outstanding student in all respects. [Name of student] has proven that through hard work, follow though, and team work, [he/she] can accomplish tasks in a courteous and timely manner.

[Give one or two specific examples of the student's performance. Also, list other activities that the student is involved with at the university and outside of the university. Point out the areas in which this individual has learned had the chance to grow in with these opportunities.]

[Name of student] is well equipped to grow from challenges that [he/she] is presented with. [His/her] [List three key traits (examples: patience, teaching ability, strong computer programming skills…)], prepare [him/her] beautifully for your [company/organization]. I strongly suggest making [name of student] a member of your team at [list company name].

Sincerely,

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PRE-ENROLLMENT

Step 8 – Denied Network Participation? What Next?

- Ask for a Single Case Agreement/Letter of Agreement (LOA)
  - Through Case Management or PA Department and your Billing/IV Department
- Find Payer Colleagues/Connections on LinkedIn
- Ask for a Trial Basis (per patient/period of time)
- Offer/Discounted Rates
- Keep Gently Bugging Them (squeaky wheel gets the oil!)

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CHALLENGES

- Credentialing Applications
- Attestations
- Time it Takes to Credential with Managed Care
- Insurance Company Data Not Updated to Reflect Provider
- Payment Issues

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MORE CHALLENGES!

- If information is missing or outdated the insurance plan will contact provider
- To avoid delay, it is essential to have all the information current
- Delays will also mean a delay for the health plan members being able to access services from the provider

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TOP 5 ENROLLMENT CHALLENGES/SOLUTIONS

1. Time/length of processing by payers
   - ➢ Start the process early/sign & submit in advance of start date
2. Gathering information/documentation from providers
   - ➢ Be organized, make application templates, color code
3. Completing, tracking and follow up on applications
   - ➢ Submit clean applications, follow up, document everything
4. Length of applications/multiple apps required for each payer
   - ➢ Enroll in payer email lists to receive updates/changes
5. Communication between providers and payers
   - ➢ Develop processes/contacts database for each payer & train

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PAYER RELATIONS REPRESENTATIVE

Key Success Tips

- Get to know your provider representative by name
- Use your skills as a Leader to impact the process
- Stay actively connected to maintain relationships, facilitate information flow and trouble-shoot
- THANK them frequently
- Connect with them on LinkedIn

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SUCCESS POINTS

- Begin the enrollment process immediately upon collecting information
- Automate the enrollment process to the greatest extent possible: IntelliSoft, symplr/Cactus, CAQH, database software, Verity, etc.
- Minimize the use of paper forms whenever possible
- Respond to payer requests as soon as possible
- Communicate proactively with providers!

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POWER THOUGHT

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SPEAKER CONTACT INFORMATION

Donna Goestenkors, CPMSM

Team Med Global Consulting, LLC

Email: Donna@TeamMedGlobal.com

Phone: (618) 830-0057

Website: TeamMedGlobal.com

facebook.com/TeamMedGlobal

twitter.com/TeamMedGlobal

linkedin.com/DonnaGoestenkors

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SPEAKER CONTACT INFORMATION

Nicole Keller, MSHM, CPHQ, CPHIT

Corporate Quality Assurance Officer

INCYTE DIAGNOSTICS

Email: nkeller@incdsx.com

Phone: (360) 927-5291

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THE MSP YOU ARE MEANT TO BE!

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PAYER ENROLLMENT INSTITUTE

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SERVICE LINE

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RESOURCES

- **Team Med Global Healthcare Consulting**
  - Payer Enrollment Team
    - Research
- **Lisa Deterding**
  - PowerPoint Design Consultant

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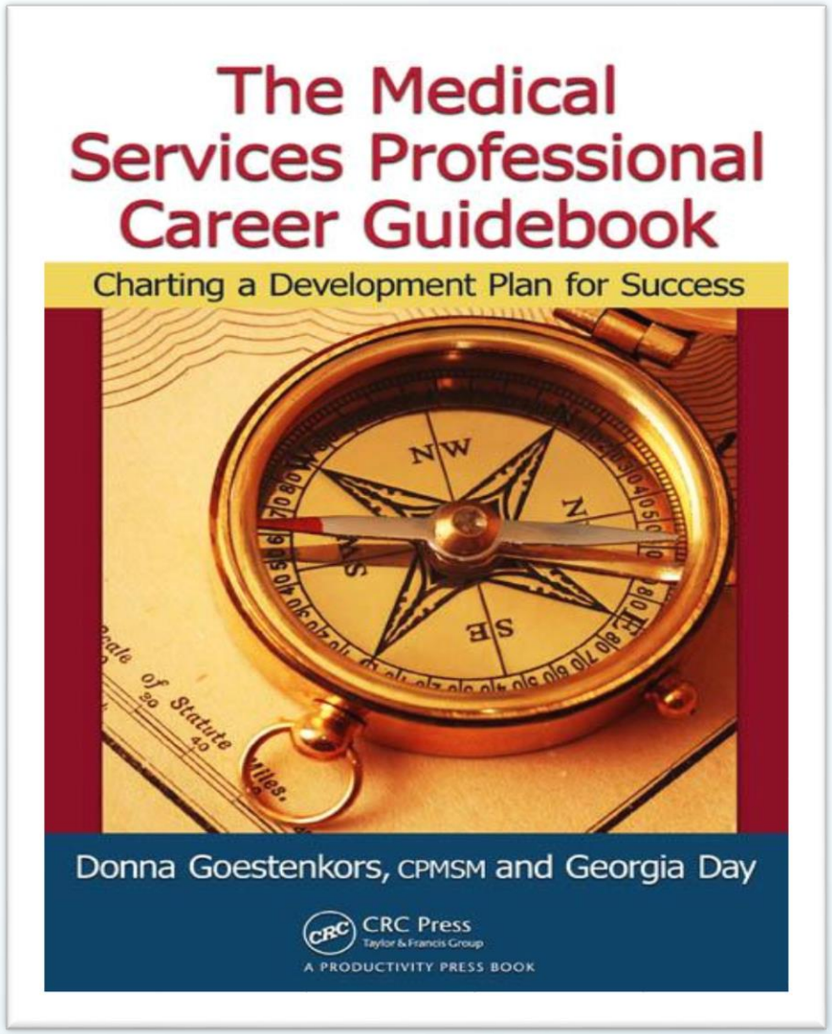
CAREER DEVELOPMENT RESOURCE

Features include:

- Frequently asked questions by MSPs
- Sample job descriptions, systematic
- Assessment tools, planning techniques, and strategies for effective performance
- Real-life stories to illustrate specific points



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CREDENTIALING TOOL

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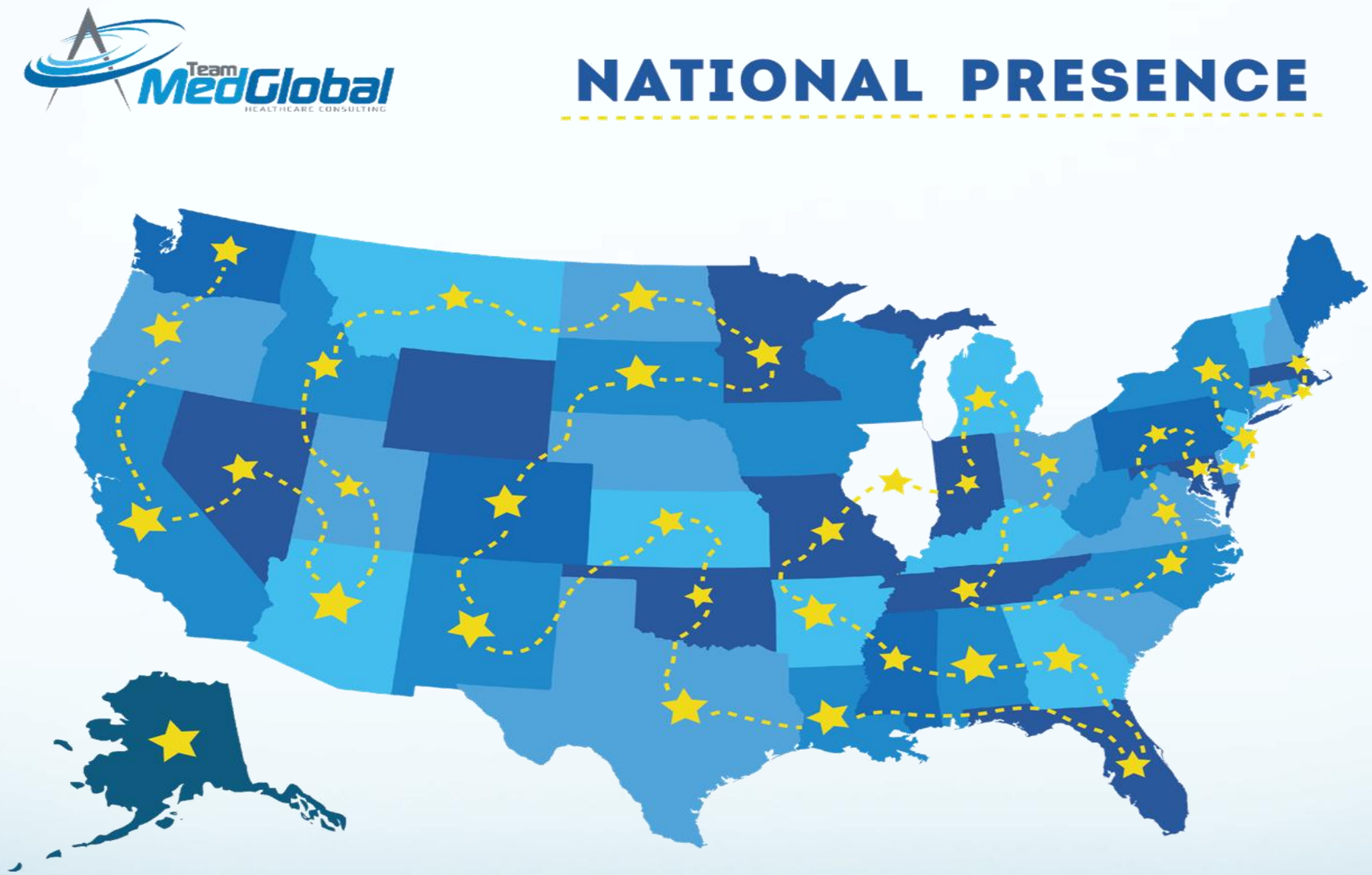
TMG – NATIONAL PRESENCE



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MSP CREED

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HEALTHCARE CONSULTING

MSP PROFESSIONAL DEVELOPMENT

CREED

- **I COMMIT** to patient safety.
- **I ENHANCE** our profession by supporting my organization, practitioners, and colleagues with integrity, honesty, and dedication of service.
- **I STRIVE** to consistently demonstrate leadership and teambuilding skills.
- **I BELIEVE** in my individual competence (knowledge + skills + ability).
- **I BELIEVE** in my desire to learn.
- **I PLEDGE** to pursue ongoing education to further elevate the perception of our industry.
- **I SUPPORT** NAMSS and my local/state professional organization.
- **I BELIEVE** in my right to succeed in my professional and personal life.
- **I MAKE** the commitment today, here and now, to be all I can be!

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MSP CODE OF CONDUCT

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HEALTHCARE CONSULTING

MSP Code of CONDUCT

MSPs are

- **STRONG** but not impolite
- **KIND** but not weak
- **BOLD** but not a bully
- **HUMBLE** but not timid
- **PROUD** but not arrogant
- **HUMOROUS** without folly
- **ALWAYS** truthful
- **FEARLESS** and innovative
- **POSITIVE INFLUENCES** to themselves and those around them
- **PASSIONATE** in work and life

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TMG GLOBAL NEWSLETTERS & BLOGS

MSP COMPASS

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DOCTOR FBI

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THANK YOU!

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