2024 ANNUAL EDUCATION CONFERENCE

April 25, 2024

MERGE AHEAD:

Integrating Credentialing & Provider Enrollment Functions

Presented by:
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and
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WAMSS

Meet Your Presenters

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YS Credentialing

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Objectives

1. Identify 5 parallels in payer enrollment and credentialing processes.
2. Describe 3 reasons to merge credentialing and payer enrollment functions.
3. Explain the 8 steps of the pre-enrollment process and the 4 steps of the post-enrollment process.

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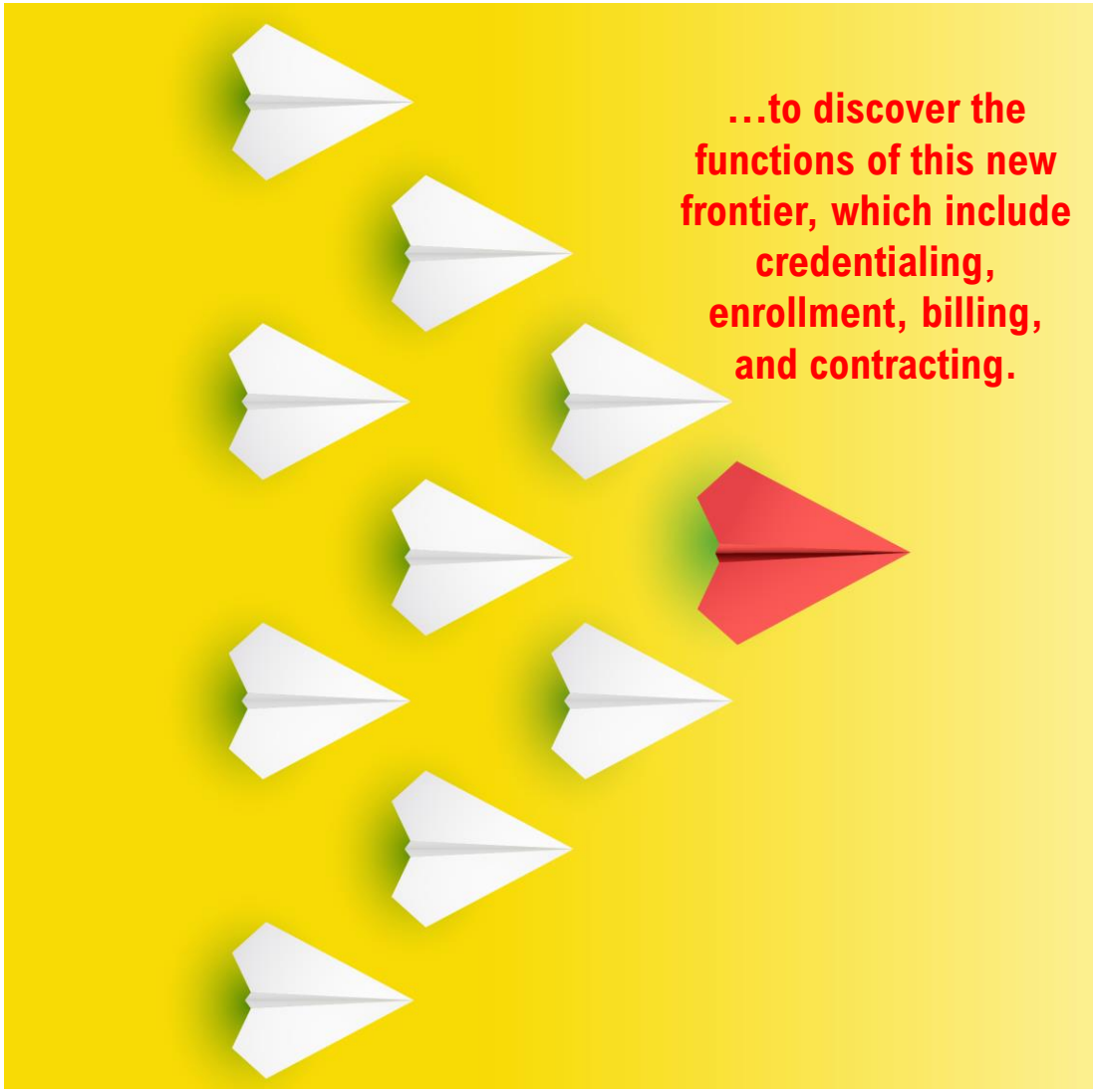
Prepare Yourself



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Starts With…

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EXECUTIVE MSP
Competency Model

Knowledge + Skill + Execution = COMPETENCE

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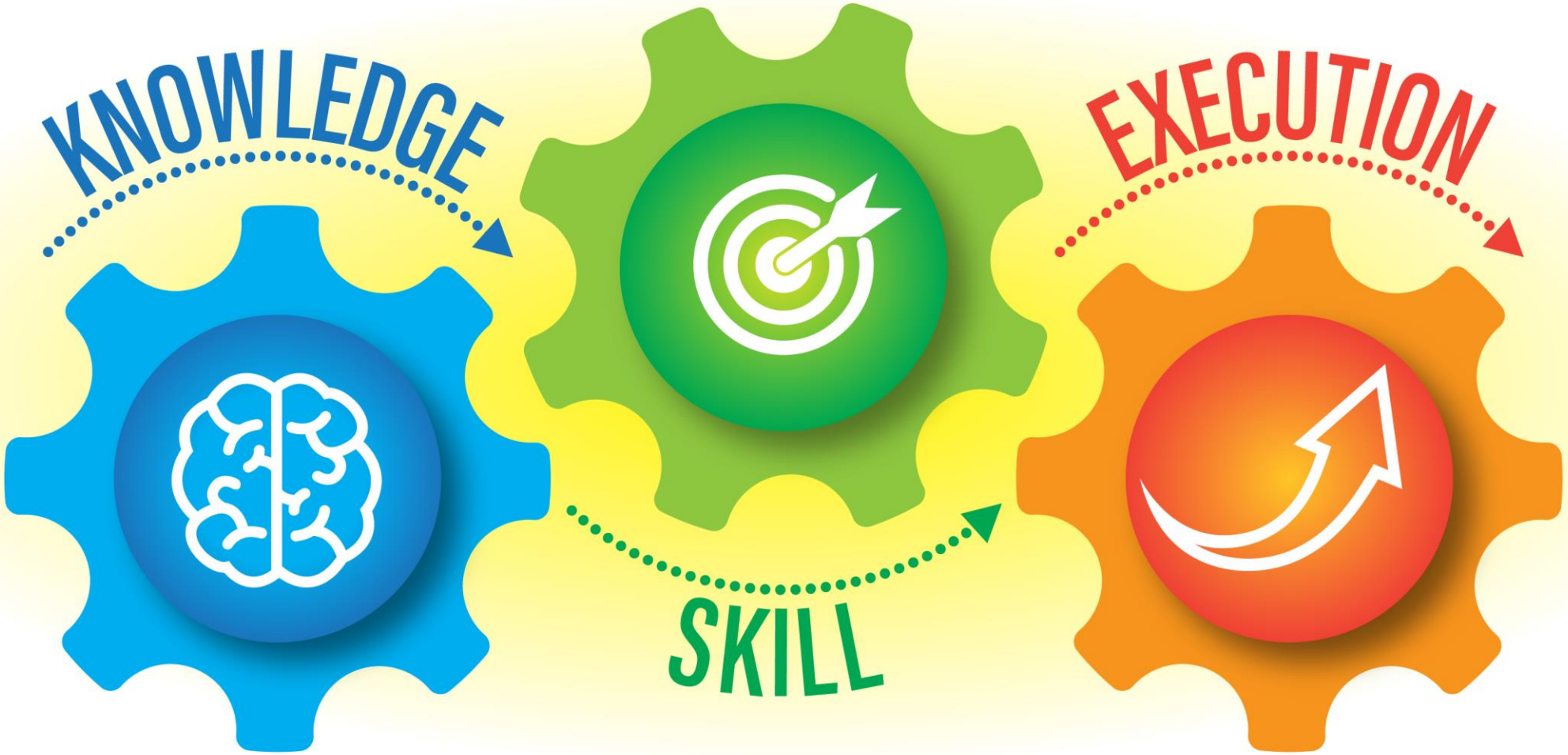
EXECUTIVE PAYER ENROLLMENT PROFESSIONAL COMPETENCY MODEL



KNOWLEDGE + SKILL+ EXECUTION = COMPETENCE

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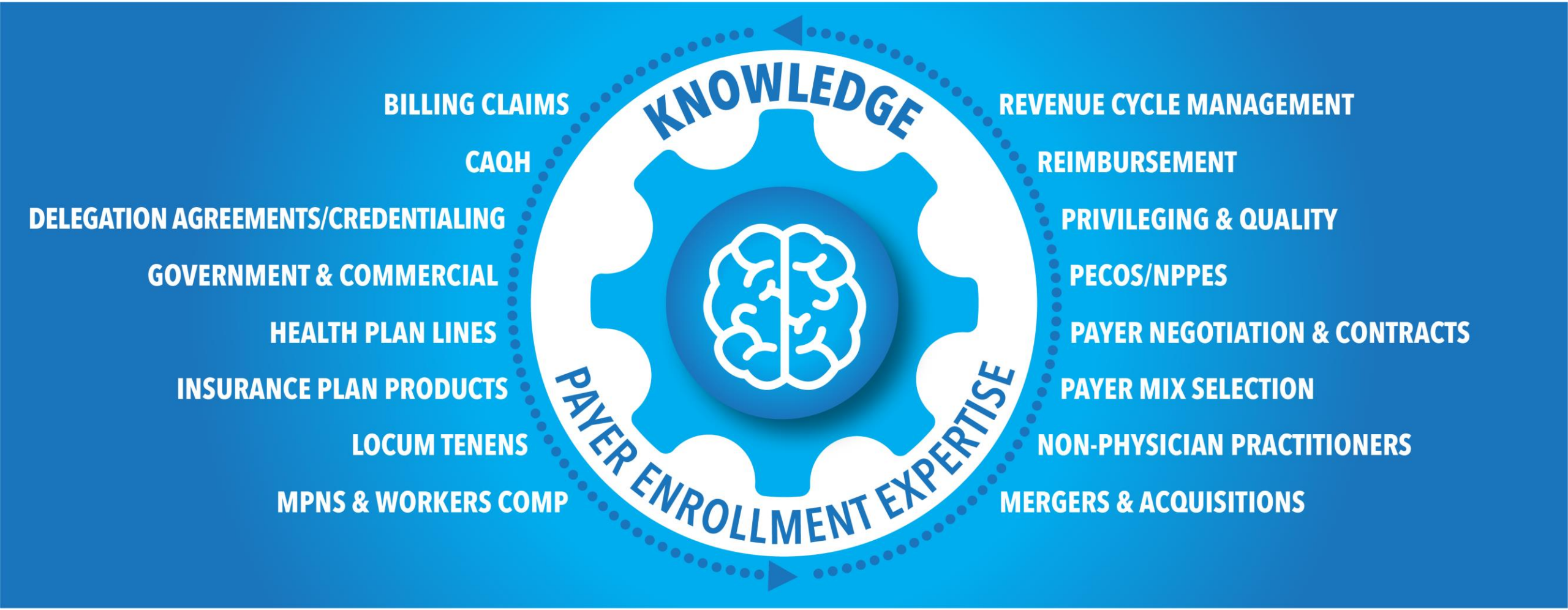
EXECUTIVE PAYER ENROLLMENT PROFESSIONAL COMPETENCY MODEL



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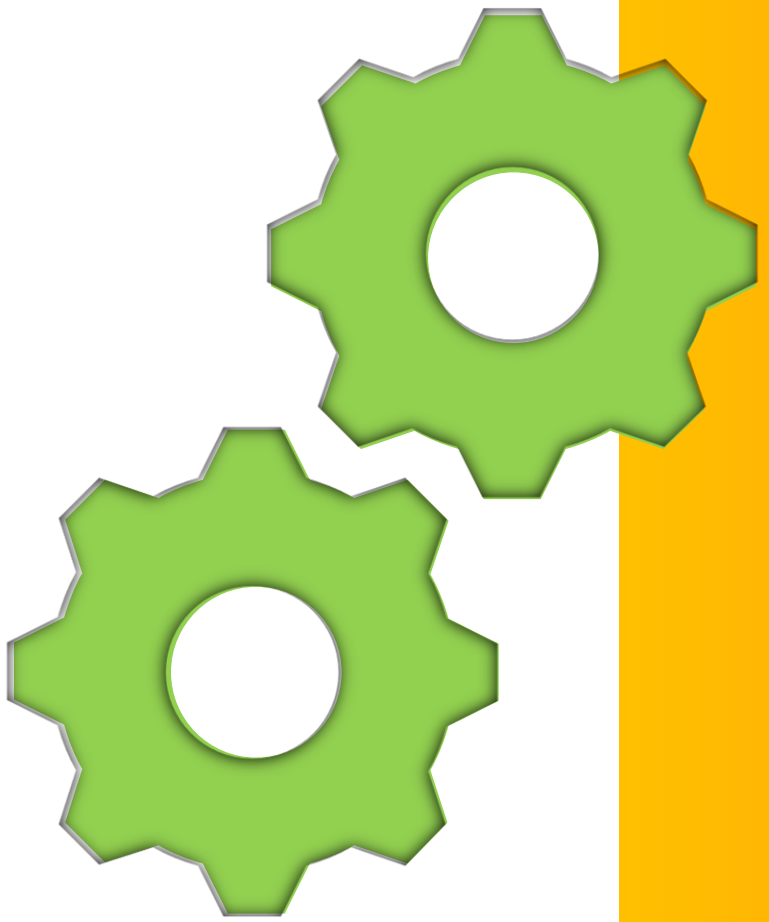

PARALLELS IN PAYER ENROLLMENT AND CREDENTIALING PROCESSES

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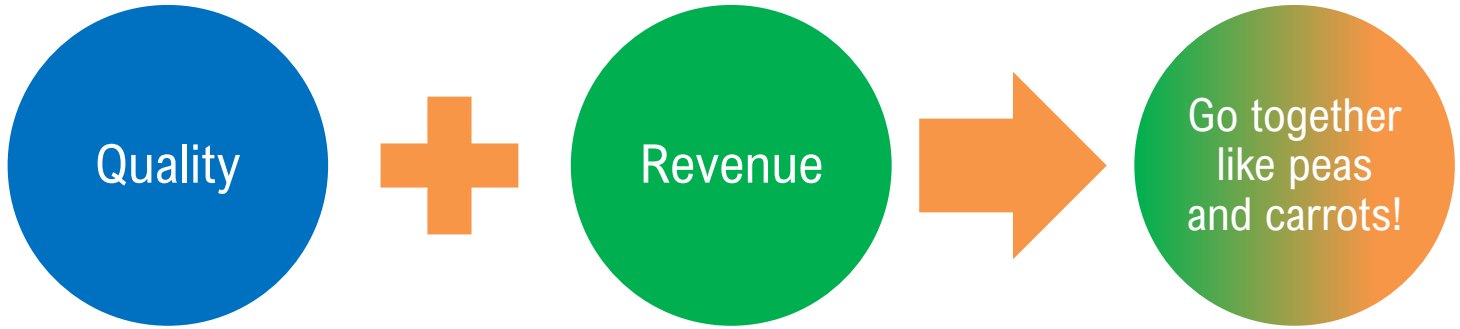
Stakeholders – The Role of the MSP

- Credentialing Professionals
  - ***Gatekeepers of Quality Patient Care***

- Payer Enrollment Professionals
  - ***Gatekeepers of Revenue***



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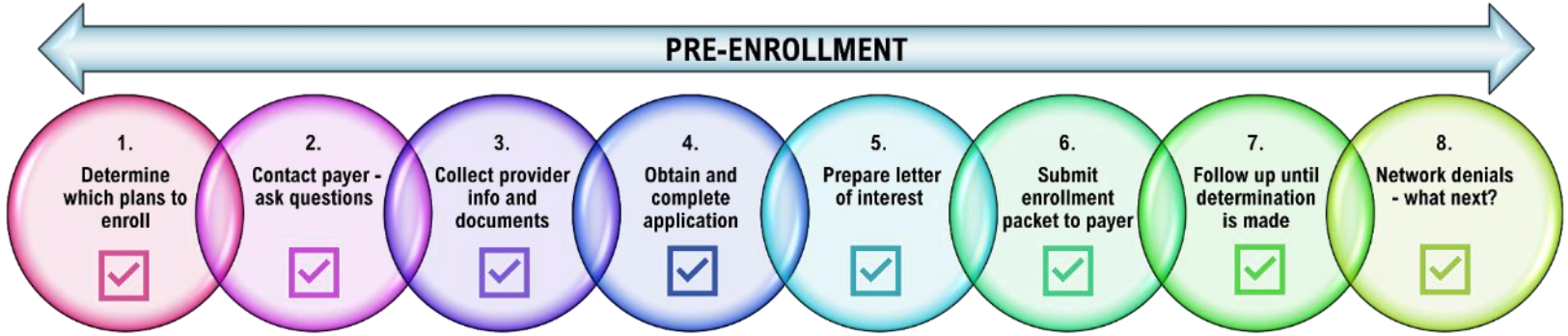
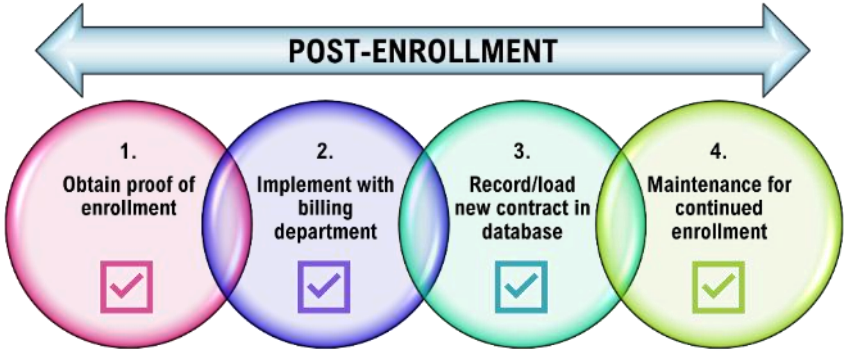
Unique Functions

- Payer Enrollment Specific
  - Which Plans?
  - Verify current process/application with payer
  - Letter of Interest (NEW Relationships)
  - Payer Decision & Date
  - Network Enrollment Denials/Issues
  - Proof of Enrollment (Documentation from Payer)
  - Keep Contract, Requirements, and Needed Documentation Current
- Credentialing Specific:
  - Which Hospital?
  - Accreditation Body?
  - Governance Documents?
  - Privileges?
  - Meets Criteria?
  - Services that are part of Medical Staff Strategic Plan?





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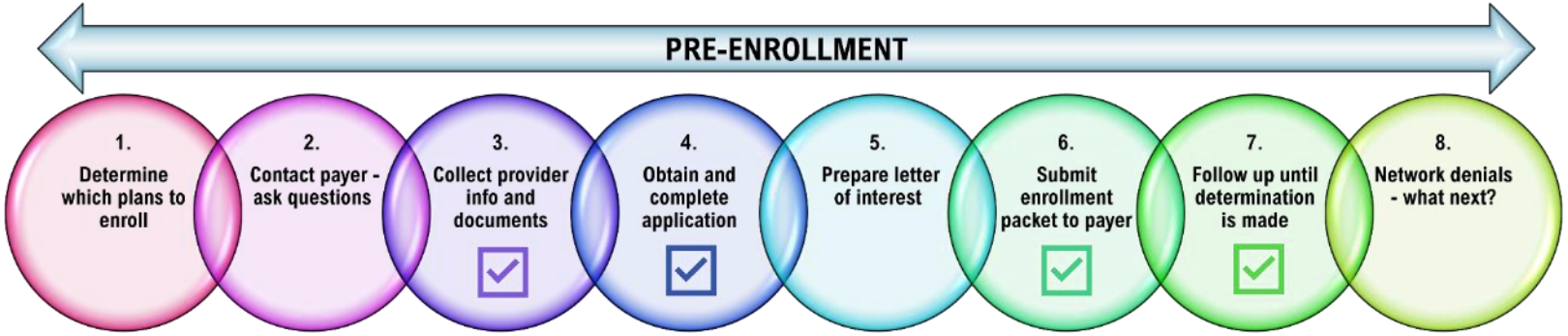
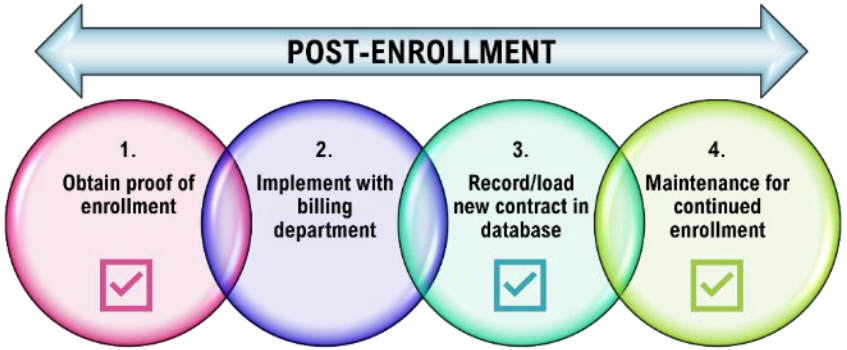
Shared Functions

- Collecting Information & Documentation from Practitioner/Provider.
- Overseeing Details to Determine that a COMPLETE Application is obtained.
- Conducting Appropriate Follow-Up.
- Submitting Application for Review & Approval.
- Obtaining PROOF that a Practitioner/Provider has been approved including approval date.
- Maintaining Membership/Enrollment.
- Providing Excellent Customer Service.





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The Bottom Line

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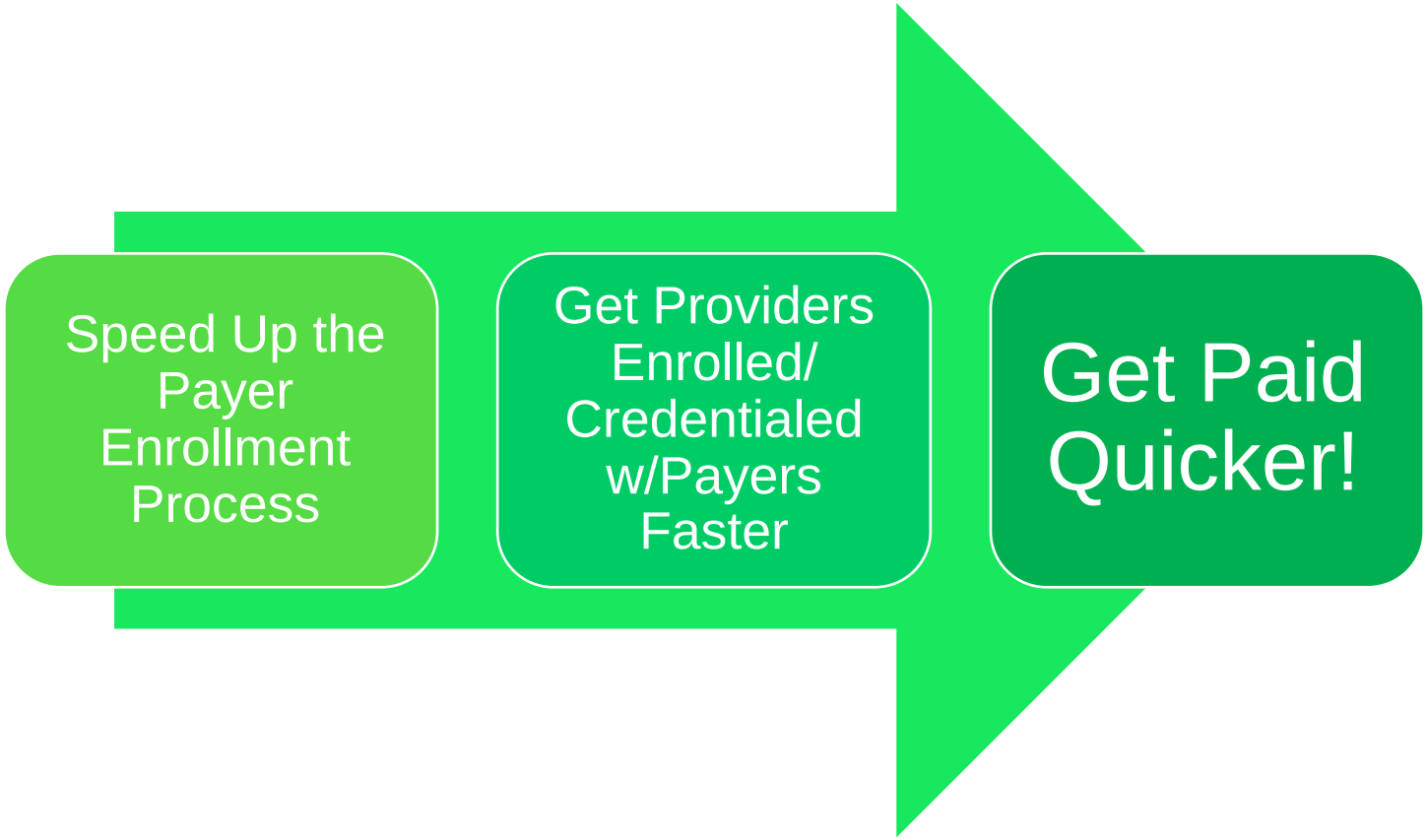
Payer Enrollment Goal



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Credentialing Goal

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REASONS TO MERGE CREDENTIALING AND PAYER ENROLLMENT FUNCTIONS

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Teamwork

COLLABORATE TO DO GREAT

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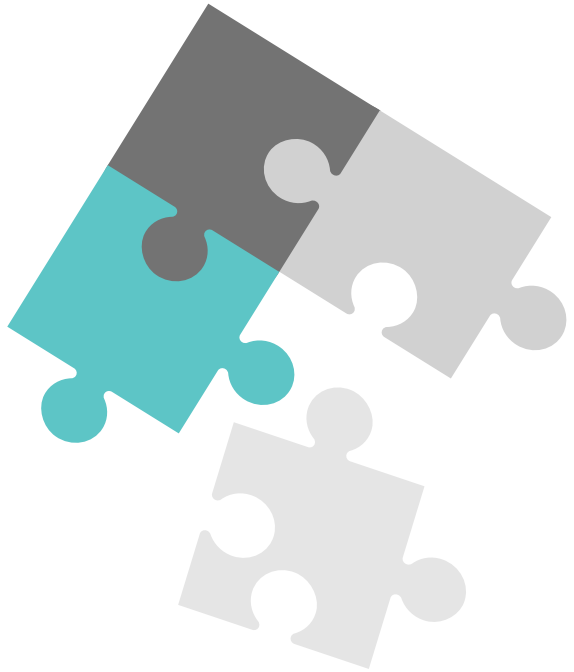
Opportunities for Collaboration

- The similarities are abundant and reducing the duplicative efforts will greatly increase:
  - Satisfaction
  - Turnaround Times from Provider to Facility
  - Process Maps will be easier to manage
  - Collaborative efforts across organization



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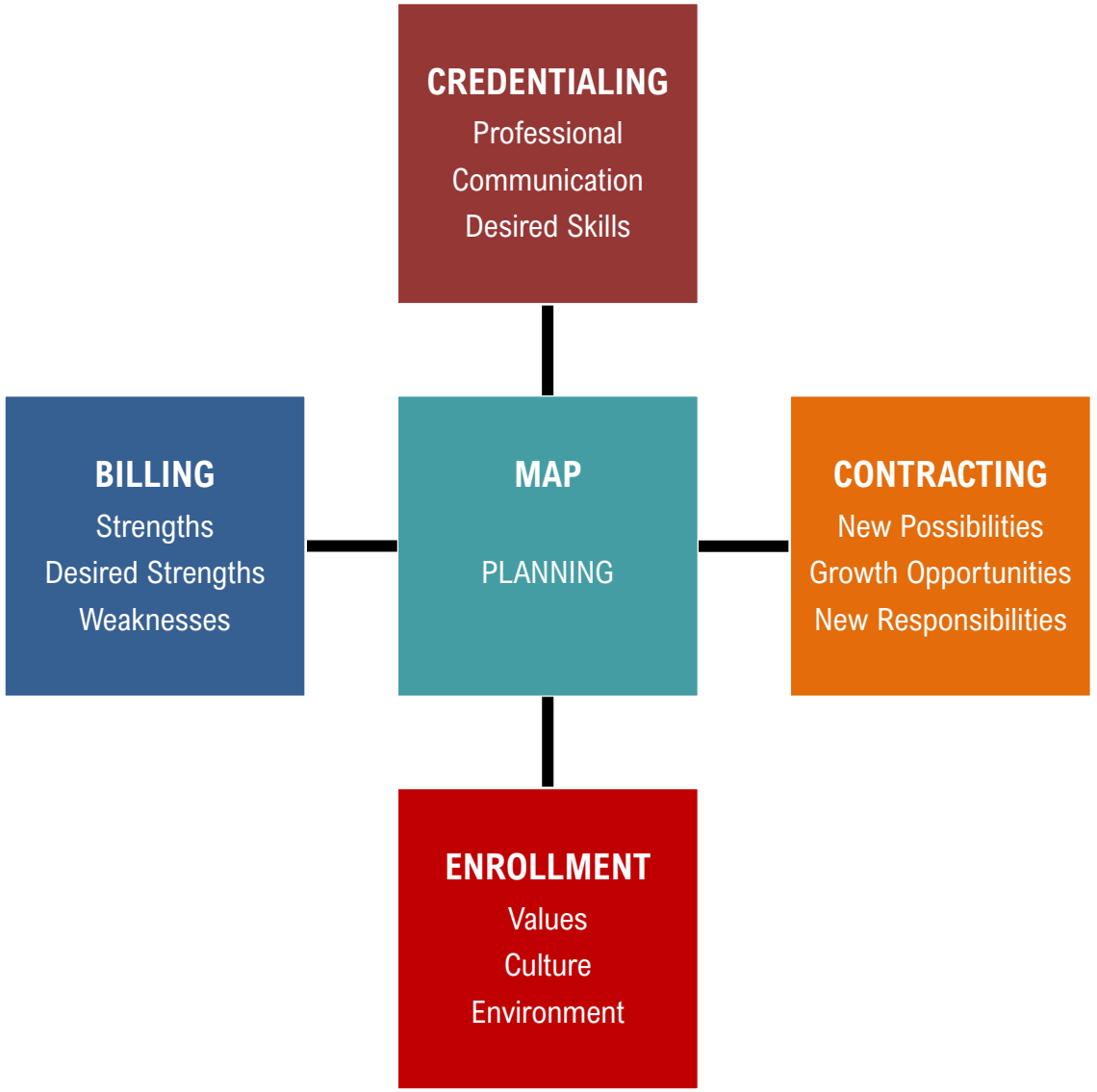
An Implementation Plan is Key

Create an Implementation Plan

- Required outcomes
  - Targets
- Desired outcomes
  - Flexibility
- Establish roles
  - Strategies
  - Resources
  - Tracking
  - Reporting



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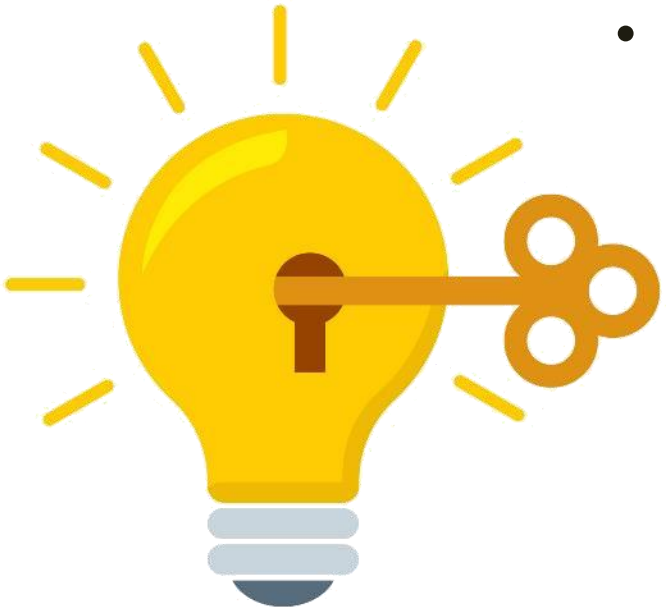
An Implementation Plan is Key

Non-Negotiables

- Credentialing
- Payer Enrollment
- Contracting
- Billing $$

Flexible

- Credentialing
- Payer Enrollment
- Contracting
- Billing $$



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Share the Lanes

- Involve other departments as needed
  - IT
  - Recruiting
  - Operations
- “Share the Lane”
  - Collaboration is key for success.
  - Empower the champion to get the identified outcome.
  - Share new ideas and goals — “buy-in” helps gain momentum in change management.

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Share Data

- Data Management/Data Governance
- Sharing of Data
- Software
- Use Case Studies for System-Sharing
- Integration

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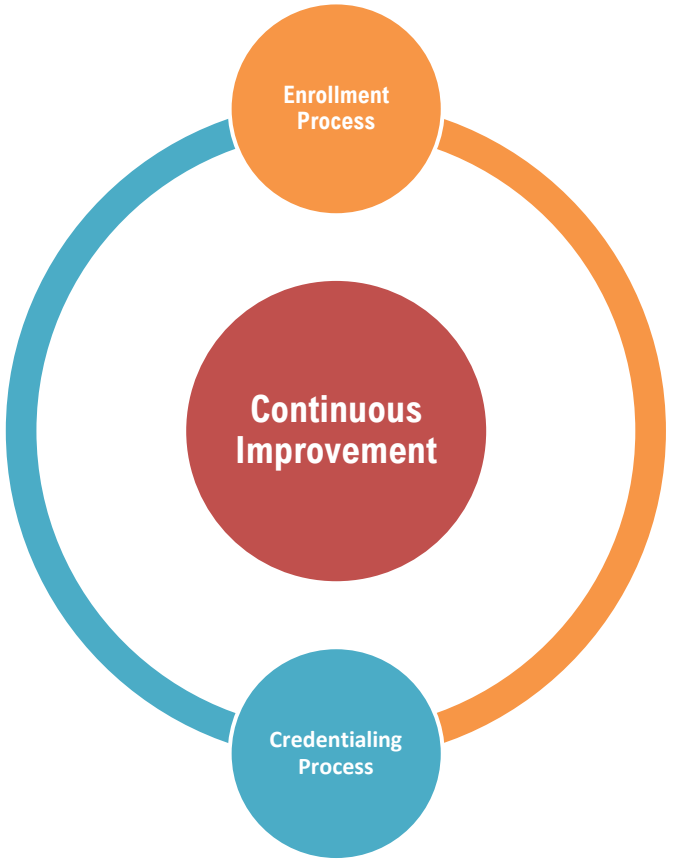
Combine Enrollment & Credentialing

- Combine the Credentialing/Enrollment Processes within your organization(s).
- Reduce Duplication of *Everything:*
  - *Forms – verifications – signatures*
- Primary Source Verifications
- Provider Satisfaction
- Financial Savings



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Checks & Balances

- Delegated Credentialing
  - Provider/Practitioner Satisfaction
  - Reduces Work for All Stakeholders
  - Improves Efficiencies
- Audits
  - Internal
  - External
- Cross-Training
- Sharing of Resources

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Benchmarks that Ensure Success

Payer Enrollment

- Stages **IN** your control and **NOT** in your control
  1. Receiving the request for enrollment through sending information to provider(s)/group. **(IN YOUR CONTROL)**
  2. Provider completing review/signatures through receipt of application/ documentation by enrollment team. **(NOT IN YOUR CONTROL)**
  3. Review of application for completeness to NEXT STEP. **(IN YOUR CONTROL)**
     - Back to #2
     - Proceed to #4
  4. Payer receipt of completed application to approval **(NOT IN YOUR CONTROL)**
     - During this phase, issues should be tracked for learning opportunities and to establish patterns.
     - Know and monitor payer contracted expectations and legislation for compliance.

Credentialing

- Stages **IN** your control and **NOT** in your control
  1. Receiving the request from the applicant or recruitment. **(NOT IN YOUR CONTROL)**
  2. Submitting the portal link or application/reapplication to practitioner. **(IN YOUR CONTROL)**
  3. Practitioner submitting a complete application/reapplication. **(NOT IN YOUR CONTROL)**
  4. Conducting verifications & investigating red flags. **(IN YOUR CONTROL)**
  5. Preparing complete file for Client and/or MSL (Medical Staff Leader) evaluation and recommendation. **(IN YOUR CONTROL)**
  6. File evaluated and recommendation made to approval bodies. **(NOT IN YOUR CONTROL)**
  7. Notification to applicant/reapplicant of final action. **(IN YOUR CONTROL)**

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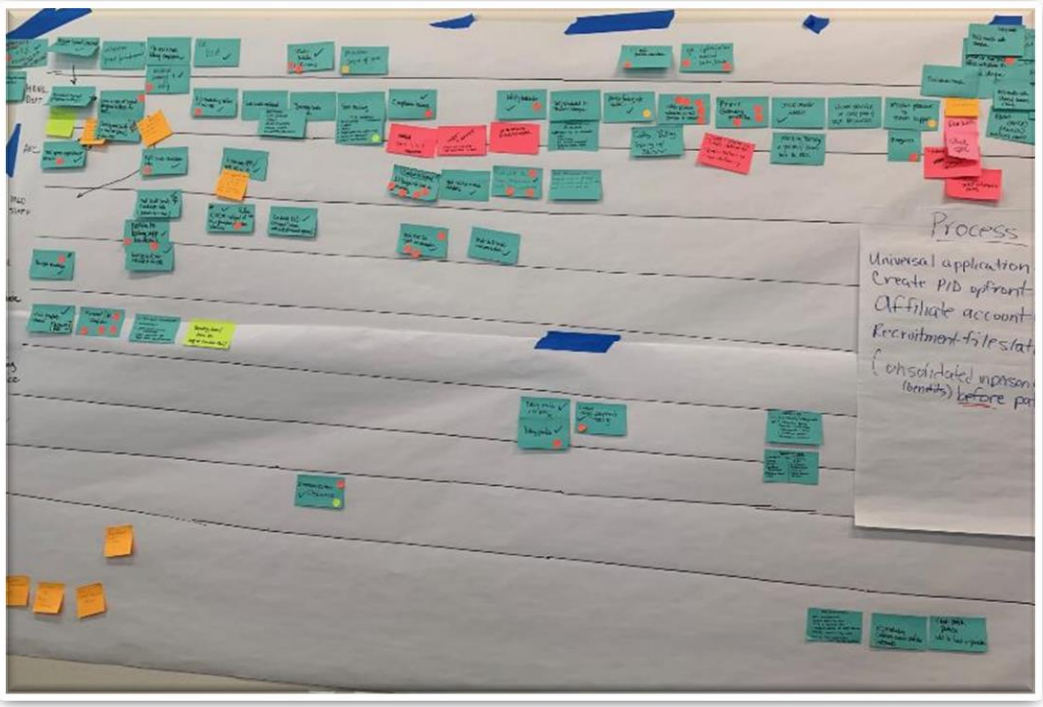
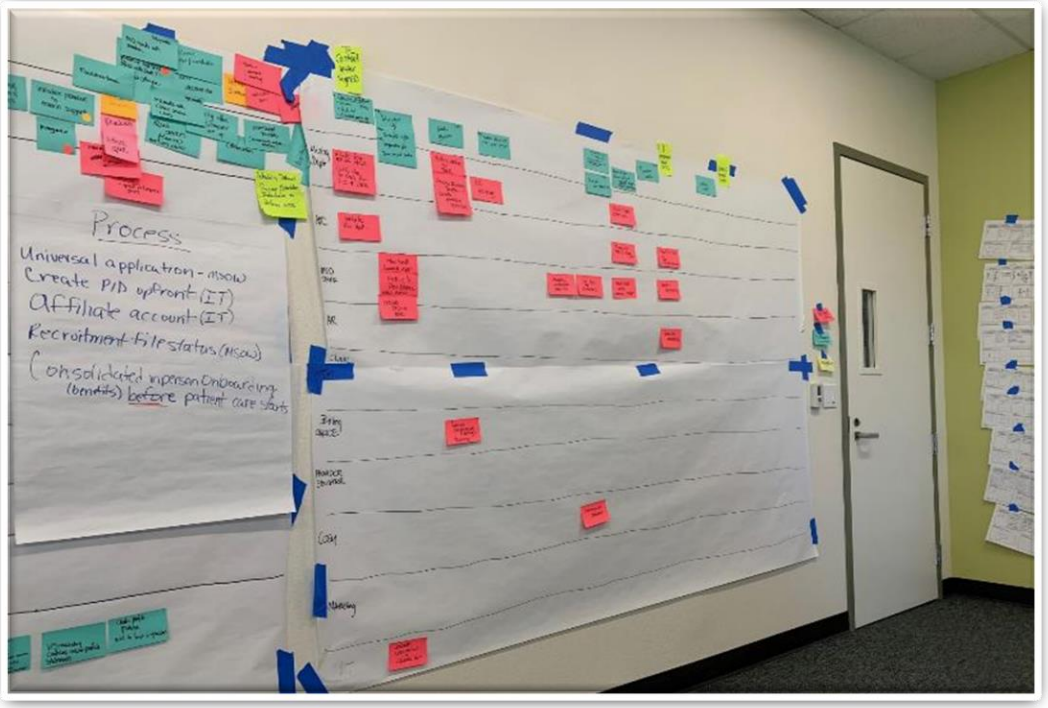
Collaboration Results in Success





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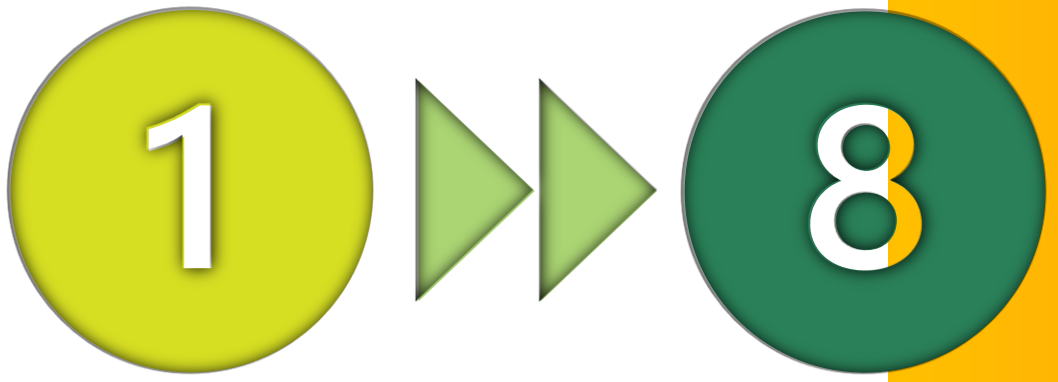

STEPS OF THE PRE-ENROLLMENT PROCESS AND THE FOUR STEPS OF THE POST-ENROLLMENT PROCESS

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HOW TO STREAMLINE THE ENROLLMENT PROCESS

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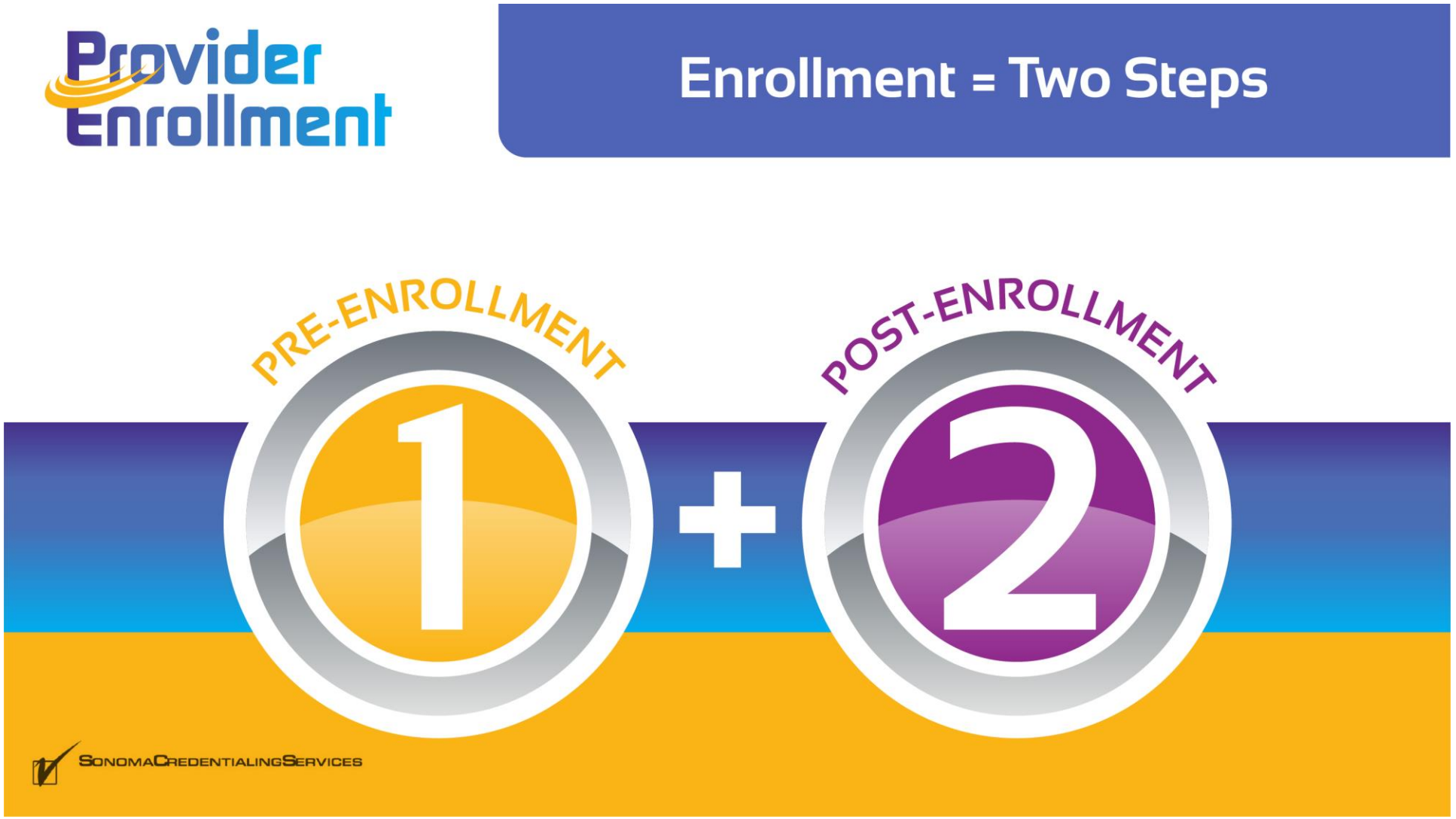
Payer Enrollment Process Model



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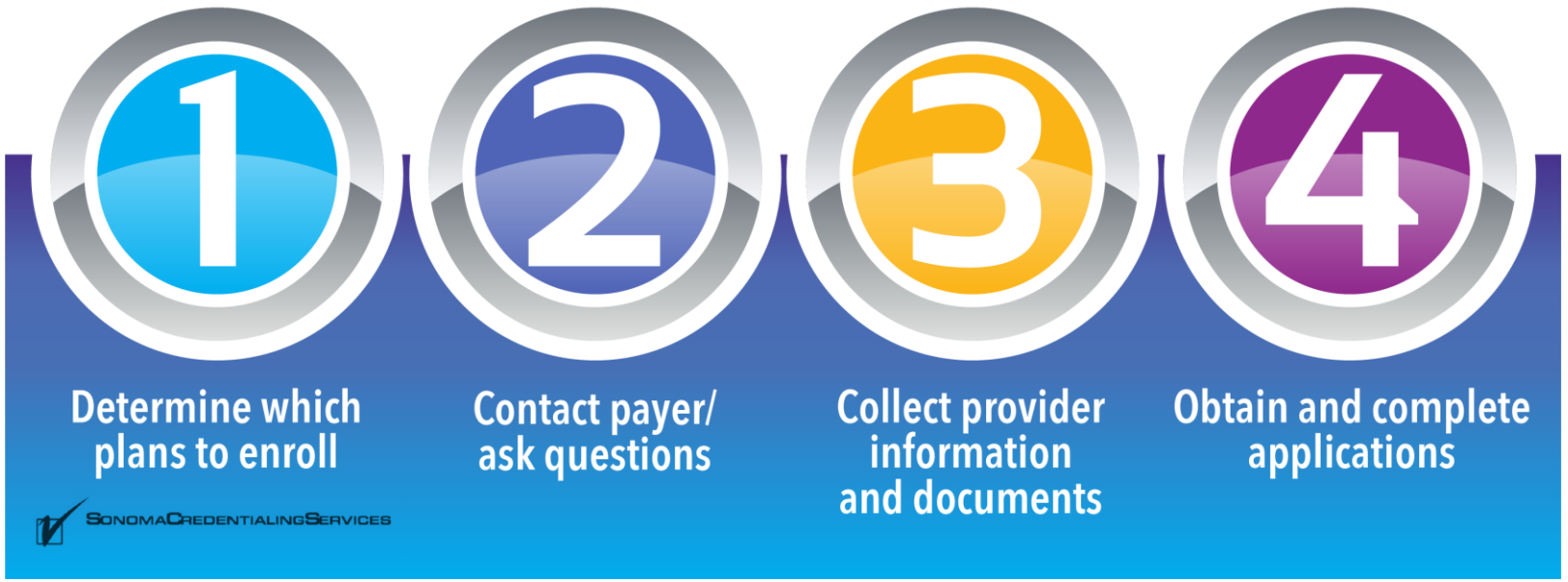
Provider Enrollment

What is the process?

PRE-ENROLLMENT



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Pre-Enrollment Process

- Setting the stage for the Enrollment process to begin
- How do we know which plans to enroll? Method to the madness?
  - Payer Mix (Mixture of Health Plan Payer Plans accepted at your organization)
  - Existing List? Similar Practices in Area?
  - Plans you are interested in participating from own personal experiences?
  - Word of Mouth from friends, colleagues, patients?

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Pre-Enrollment Process

- Research is completed — begin to build your plan of action — Playbook!!!
- Contact the payers and ask questions:
  - How can my provider become a participating provider with your health plan?
  - Always speak to the Network Representative/Contract Department — they are the department who builds the relationship with the Provider to the Plan.
  - Contract > Negotiation, if able > Credentialing > Contract Loading > Effective Date
  - New providers who have NEVER participated with a health plan are generally NOT able to back date any earlier than the first Credentials Committee Approval date.
  - Record the process; make a playbook to keep reference materials since the process will be the same for most of your provider types.

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Pre-Enrollment Process

- Collecting the Documents from the Provider
  - Application materials/Health Plan Specific Enrollment Items
  - Gathering the Standard “Top 10”.
  - Provider Demographics
  - CAQH
  - Licenses (best practice — request ALL states ever held)
  - DEA Registrations & CDS Registrations, if your state requires
  - Board Certifications or Diplomas (if Board Certifications are not available)
  - Malpractice Insurance & General Liability Insurance (If Applicable)
  - Curriculum Vitae/Resume
  - State Specific Application materials (Disclosure Questions etc.)
  - Hospital Requirements (Depending on Health Plans/Service Areas)

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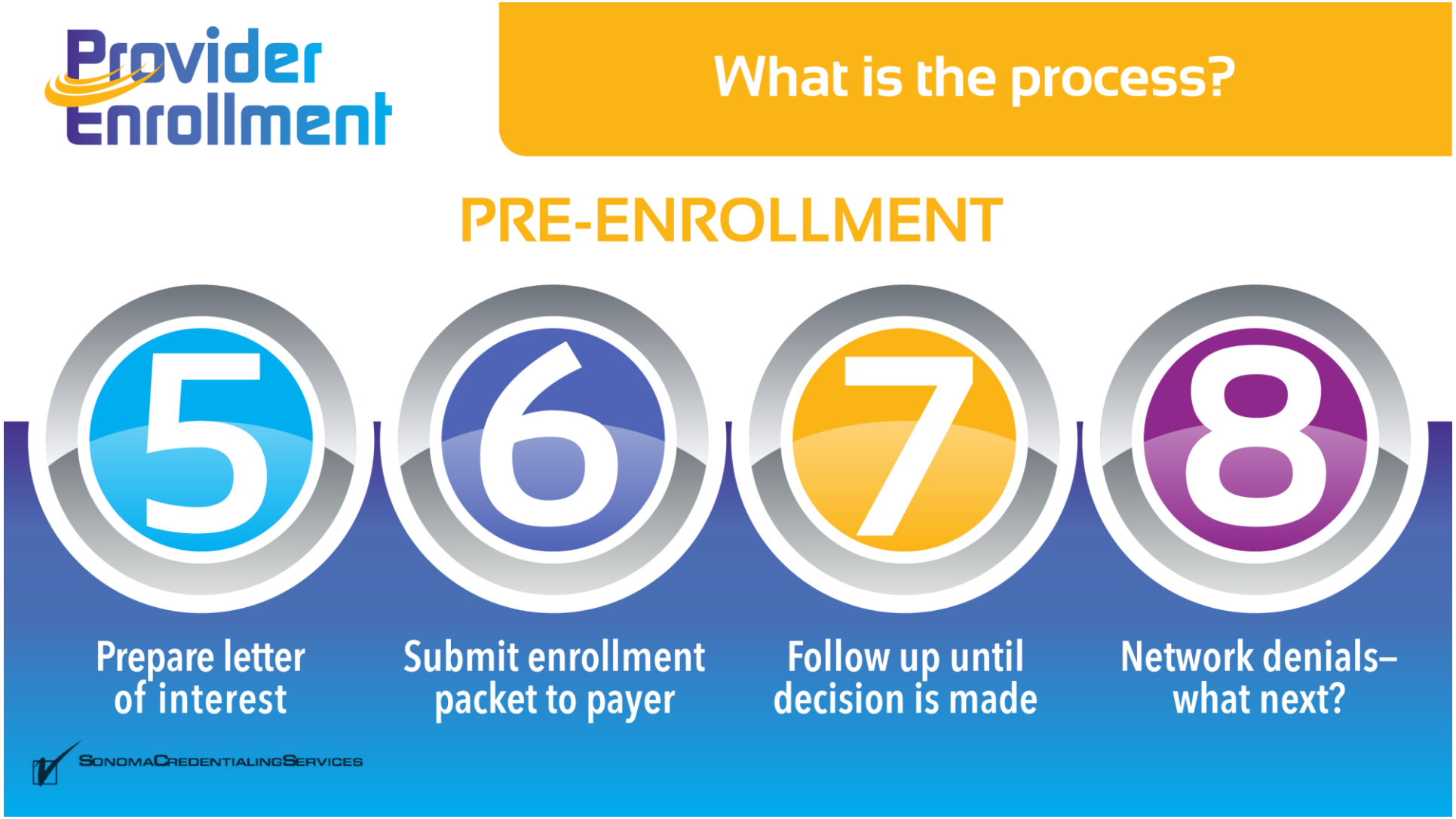
Payer Enrollment Process Model



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Pre-Enrollment Process

- Prepare Letter of Interest to Plan
  - This comes in many formats — Application, Form, Written Letter on Organization Letterhead, Portal Request
  - Network Departments Review requests to join …
    - Network Adequacy
    - Access to Patients
    - Competition in Area
    - Need for Specialty/Provider Type
- Some plans will notify the applicant when approved — others begin process to contract & credential.

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Pre-Enrollment Process

- Submit the Application
  - CAQH is most widely used nowadays.
  - Health Plan Portals
  - Plans are slowly moving away from paper applications/mail/fax.
- Follow Up — every 2 weeks at least!
- Its understandable plans have a 30 days first wait time — still follow up in 2 weeks.
- **IT IS VERY VERY VERY** COMMON — applications get lost — EVEN WITH TRACKING NUMBERS.

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Payer Enrollment Process Model

Provider Enrollment

What is the process?

POST-ENROLLMENT

1	2	3	4
Obtain proof of enrollment	Implement with billing department	Record/load new contract in database	Maintenance for continued enrollment

SonomaCredentialingServices

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Post Enrollment Process

- How much time has passed — 30, 60, 90, 120, 180, 240, 270, 360?????
- FINALLY, your provider received a WELCOME LETTER to the network.
- Check with plan — Welcome Letter will state effective date of contract OR may say, will come under separate cover.
- EFFECTIVE DATE — the day the health plan will begin to honor charges.
- Communicate this date with your Billing/Revenue Cycle department — it will get entered into their claims processing software so any edits will know what to do based on the effective date.

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POWER THOUGHT

"In order to stay relevant, you have to stay open to new trends and keep educating yourself. You have to keep evolving."

- Natalie Massenet

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