Decisions Made Today Affect Your Pay: The Strategic Importance of Provider Payer Enrollment

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Learning Objectives

At the conclusion of this presentation, participants should be able to:

- Define the purpose of credentialing and describe the key elements involved.
- List the 4 key responsibilities of a payer enrollment team.
- Summarize the complexity and financial impact of payor enrollment.
- Identify and implement strategies for onboarding new providers that will impact payer enrollment.

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Definitions

Payer Enrollment - The process that commercial and government payers use to establish eligibility to submit claims for contracted services

Credentialing – The primary source verification of all 'credentials' held by your facility, group, physicians and practitioners

FINANCIAL IMPACT OF PAYER ENROLLMENT:

Claim Denials due to Enrollment Issues

CLAIM DENIALS DUE TO ENROLLMENT (per provider)

3.9   Avg. Missing Enrollments

$155   Daily loss risk[1]

$28   Daily appeal cost[1]

[1] Based on Internal Medicine

Enrollment Accuracy Average

Error 33%

Correct 67%

Missing Enrollments

	Client 1	Client 2	Client 3

■ Private Payor   ■ Gov Payor

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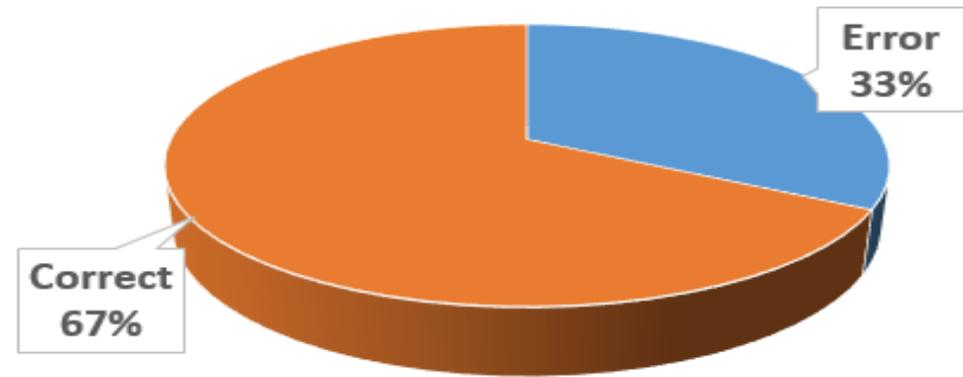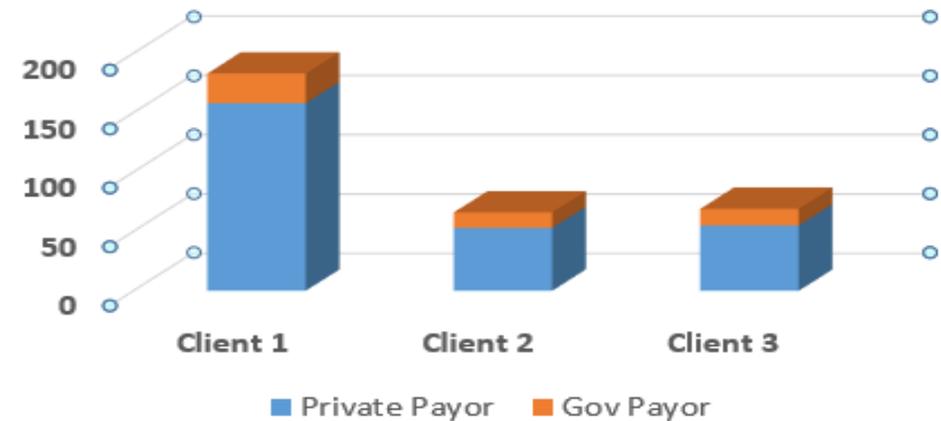
Daily Appeals Cost

- Cost of billing and collections increases to 18% of collected charges when escalated to appeals department

- Denials and appeals negatively affect core metrics
  - Days in AR
  - Staff efficiency & job satisfaction
  - Net collections
  - Cash Flow

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Impacts of Missing Enrollments

- Erroneous out-of-network billing
- Increased likelihood of claim denials
- Decreased collection percentages
- Patient satisfaction impact
- Patient financial impact
- Compliance Risks

⭐ Collectively "Loss Risk"

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Field Audit Experience
(50 provider group)

179 Missing Enrollments

$4373 Daily loss risk[1]

$2.8M Annual loss risk[1]

$1399 Daily appeal cost[1]

$510K Annual appeal cost[1]

[1] Based on internal medicine

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Organizations who set credentialing standards

Hospital Privileges vs Payer Enrollment

- Hospitals credential their Medical Staff to ensure they meet or exceed the qualifications, training & experience required to practice within their specialty to protect their patients

- Payers credential the physicians & practitioners on their rosters to protect their plan participants

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Accreditation Standards for Privileging

- Professional Licensure
- DEA Registration
- Board Certification
- Malpractice Insurance
- Military Service
- Affiliation and Work History
- Education and Training
- Health Status

- Proof of Identity
- NPDB
- Sanctions Disclosure
- Criminal Background Disclosure
- Professional & Peer References

Accreditation Standards for Payer Enrollment

- Proof of Identity
- Highest Level of Training
- Professional Licensure
- DEA Registration
- Affiliation History
- Work History
- Sanctions Disclosure
- Professional Liability Insurance
- Malpractice Claims History

- Signed Attestations from a Credentialing Application (i.e. Hospital or CAQH)

CAQH ProView

- National repository of provider credentialing information

- Collaboration between health plans to ease the burden of provider data collection

- Providers must attest to their information **every 120 days**

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Payer Enrollment

Who is going to get all of this credentialing information to your payers when you hire a new Physician or Practitioner?

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Hot Potato

Core Functions of a MSP

Across all employment settings, MSPs work to:

**Political Savvy
People Management**

Conduct, Participate In, and Maintain:

- Credentialing and/or Privileging
- Primary Source Verification
- Current Clinical Competency Evaluations and Peer Review

Comply with Accreditation and Regulatory Standards, Policies and Procedures

Manage:

- Compliance with Accreditation Standards and Regulatory Requirements
- Departmental Operations
- The Credentialing and/or Privileging Process
- Medical Staff Functions

It's up to MSPs to communicate the importance of the profession.

Visit **www.NAMSS.org/report** for more resources.

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Administration
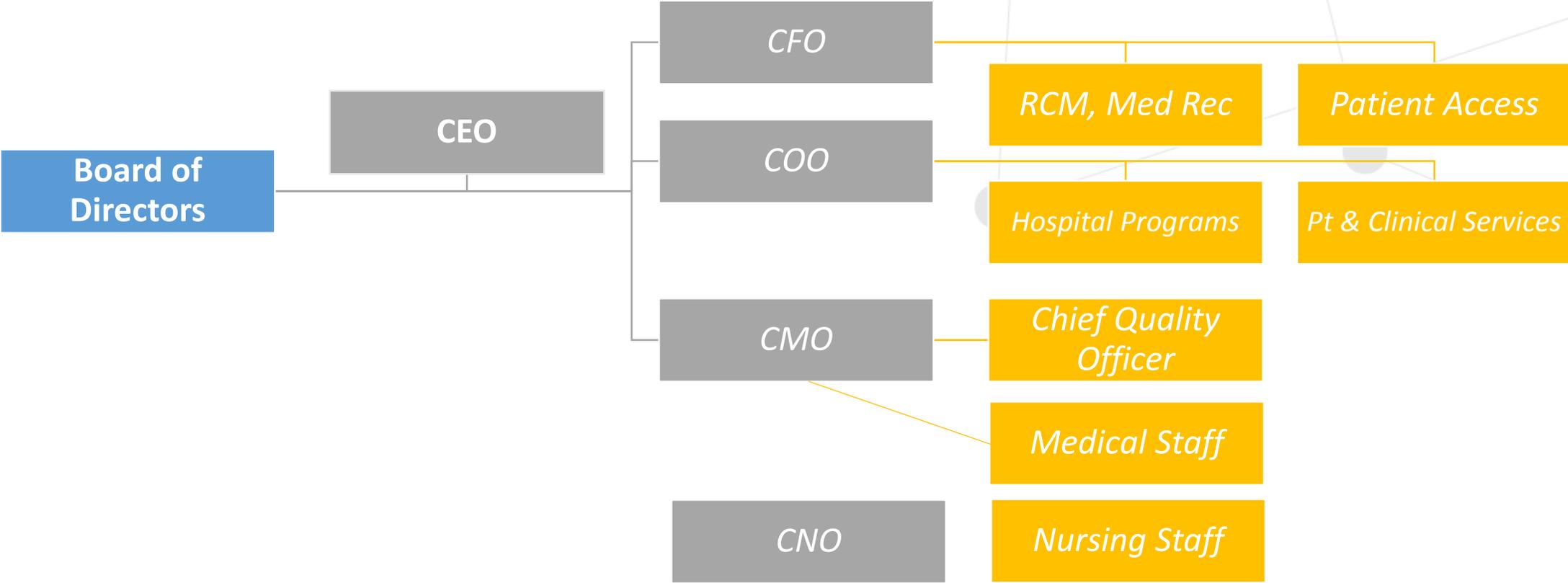
Having a Dedicated Payer Enrollment Team

Payer Enrollment Responsibilities

1. Knowledge of Accreditation Standards

➢ Why – what is the desired end result?

➢ What additional requirements must be met per payer?

➢ What unique documents or certifications are required for:
   ❖ Specialty
   ❖ Clinic-based vs Hospital-based
   ❖ Location type

➢ What forms should be submitted and how?

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Payer Enrollment Responsibilities

2. Electronic Information Management

- CAQH

- I & A Access System

- PECOS

- NPPES

- Commercial Payor Portals

*on-going maintenance required

- Medicaid Portals

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Payer Enrollment Responsibilities

3. Group/Entity Data Management

➢ Legal Name vs dba Names
➢ Business & Tax Structure
➢ AO, DO, End-users
➢ Ownership & Managing Control
➢ Location types & Billing methods
➢ Banking EFT information
➢ Contracts
➢ Malpractice
➢ Services offered

*changes must be reported within 30 days

Payor Enrollment Responsibilities

4. Liaison to Payer Provider Services Reps

➢ Contacts
- ❖ Regional Reps
- ❖ Department Reps
- ❖ Contract Reps

➢ Processing timelines

Insurance Payors:	Restriction on Submission Date:	Process Details:	Credentialing Timeframe:	Effective Date:
Aetna / Cofinity	None - 60 days	CAQH must be complete	45-60 days	Date Approved by Committee
Anthem BCBS of Colorado	None - 90 days	CAQH must be complete; must be able to verify all credentials prior to approval	30-90 days	Date Approved by Committee

Members of your Onboarding Team
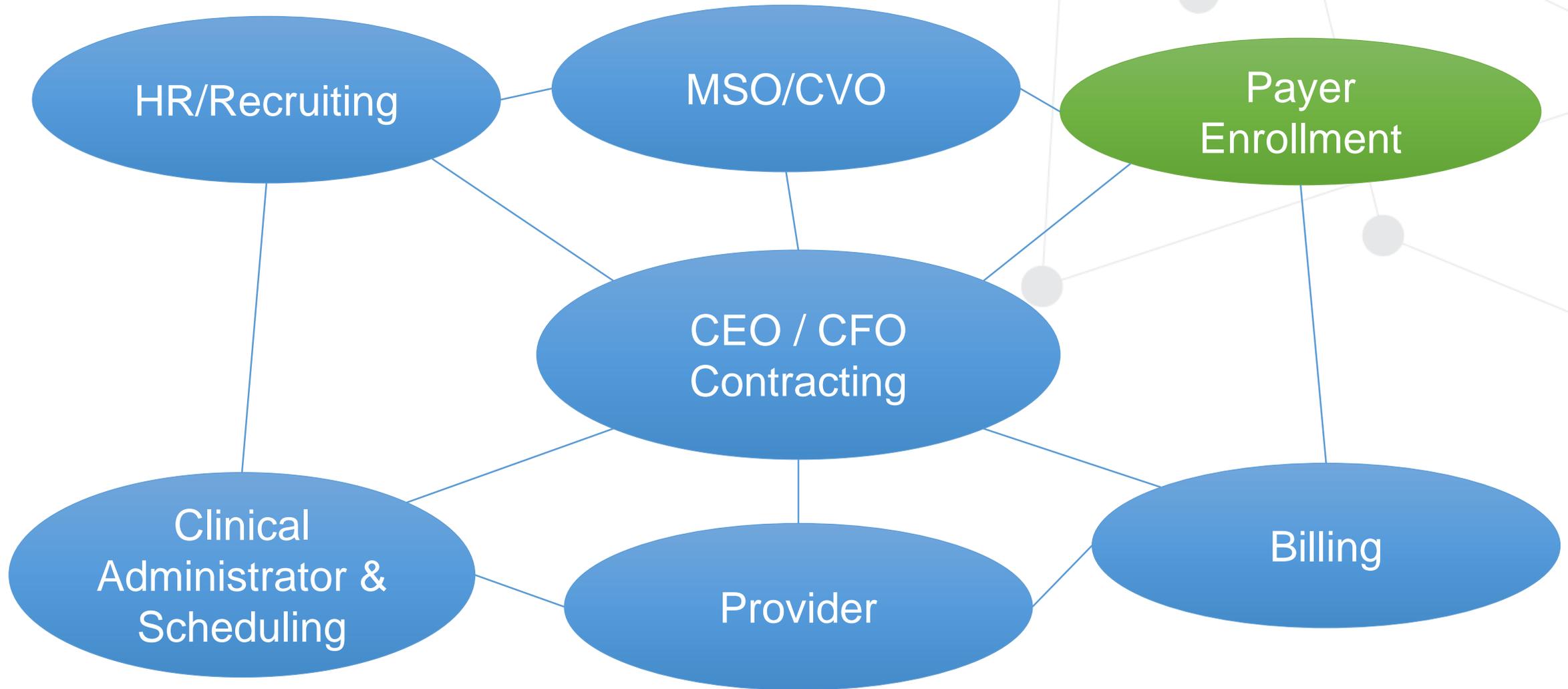
Primary Goal = Patient Care

Payer Enrollment can be strategic in supporting this primary goal.

Strategies for Onboarding

- Work closely with HR / Recruiting on expected timelines based on Provider specifics and use your MSO pre-screening tool

  - ❖ Extensive work history
  - ❖ Locum Tenens - 'clean file' & currently enrolled in CO Medicaid
  - ❖ International training
  - ❖ Currently licensed in State

$2.8 Million Loss Risk

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Strategies for Onboarding

- Establish a contractual DOH that is contingent on receiving Provider credentials in a timely manner

- Educate the new hire on credentialing & enrollment timelines

$2.8 Million Loss Risk

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Strategies for Onboarding

- Have your Medical Staff Office share Provider credentialing documentation with your Payer Enrollment Team

  ❖ Use an Intake Form that includes key information
  ❖ Use a document checklist that is specific to payer enrollment and to specialty & contract requirements

$2.8 Million Loss Risk

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Strategies for Onboarding

- Involve your Payer Enrollment Team in the Orientation

  ❖ Educate the Provider on what contracts they are PAR with

  ❖ Inform them about the process for Recredentialing

  ❖ Help them recognize the correspondence that they will receive

  ❖ Detail the items that are required to keep their file up to date

$2.8 Million Loss Risk

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Strategies for Onboarding

- Share real time progress with your team

  - ❖ Post enrollment progress notes
  - ❖ Inform billing of participation status and billing identifiers
  - ❖ Notify Provider of key critical missing items
  - ❖ Learn from your delayed enrollments
  - ❖ Identify opportunities to streamline
  - ❖ Continue to clarify team roles and responsibilities

$2.8 Million Loss Risk

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Reminder

Payer enrollment doesn't stop with the 'onboarding' of your Medical Staff

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Ongoing Maintenance

- ❖ Billing method changes
- ❖ Facility type changes
- ❖ Changes in leadership, AO, DO, End-users
- ❖ Provider legal name changes
- ❖ Provider cross-covering at additional facilities
- ❖ Expiring credentials
- ❖ Advanced specialty training

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Audit Repair Impact
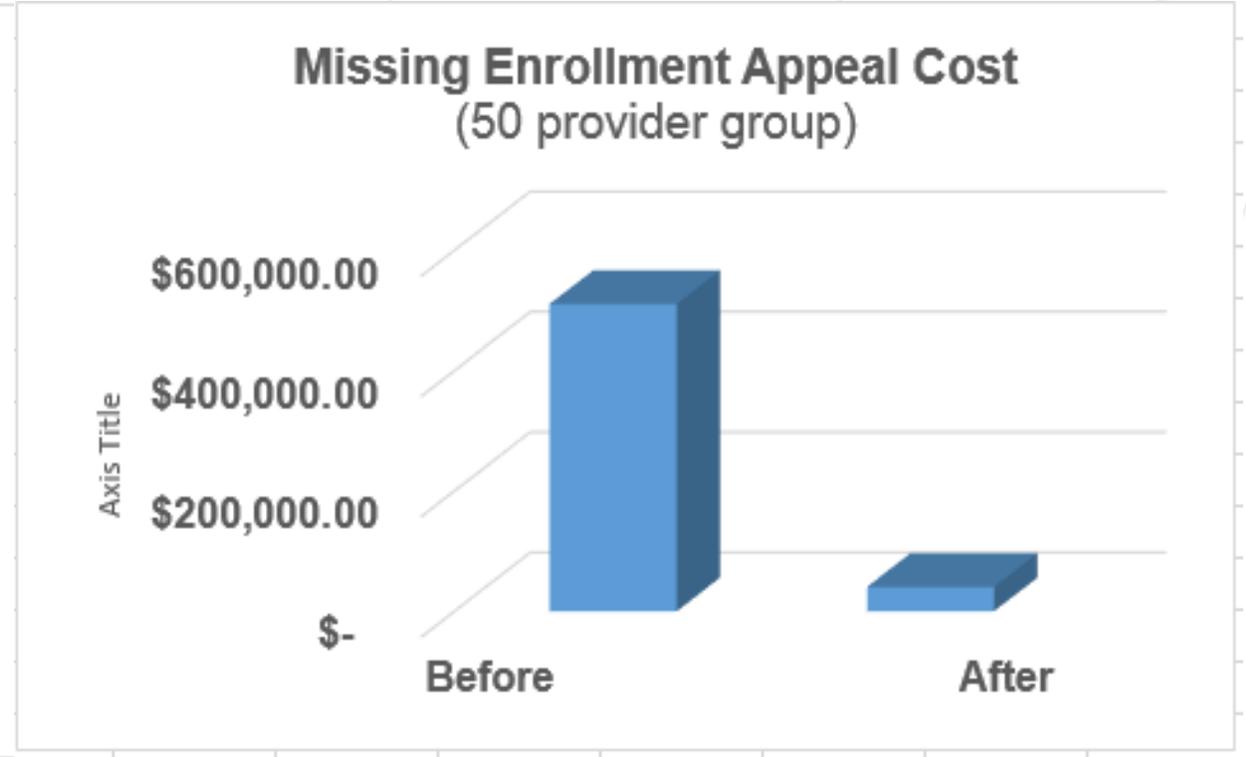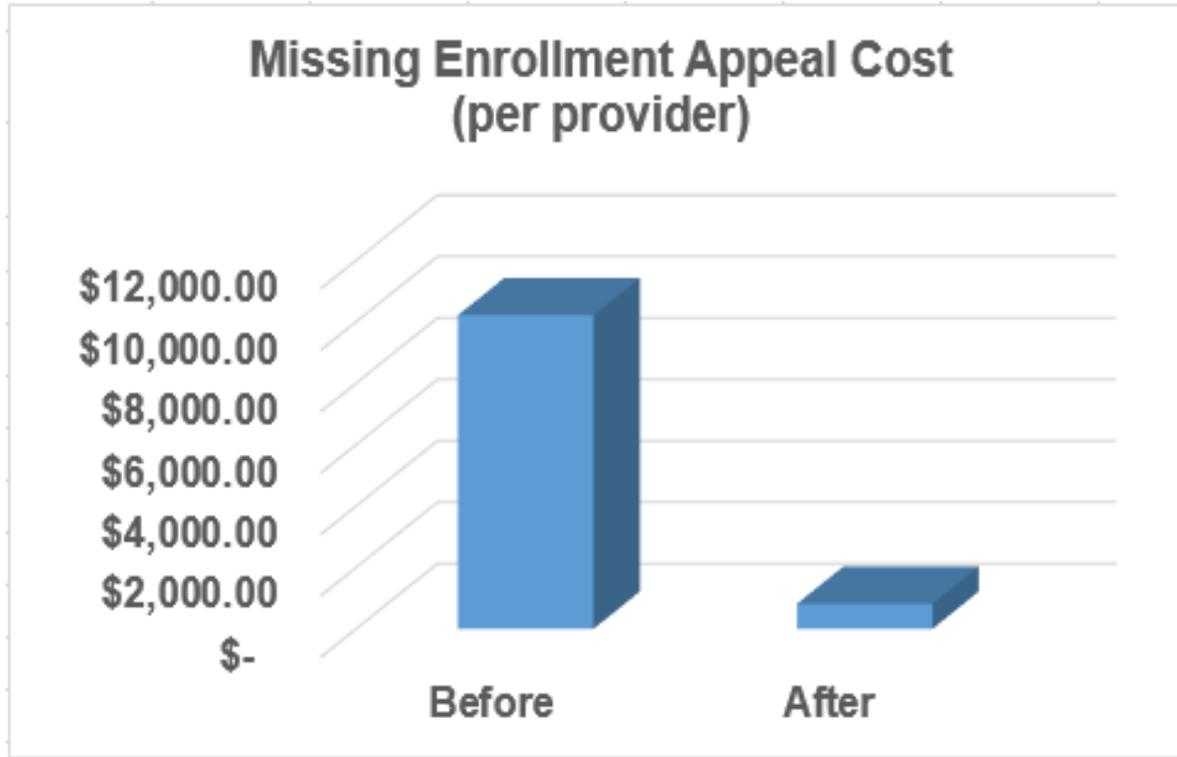
Audit Repair Impact

Missing Enrollments per Provider
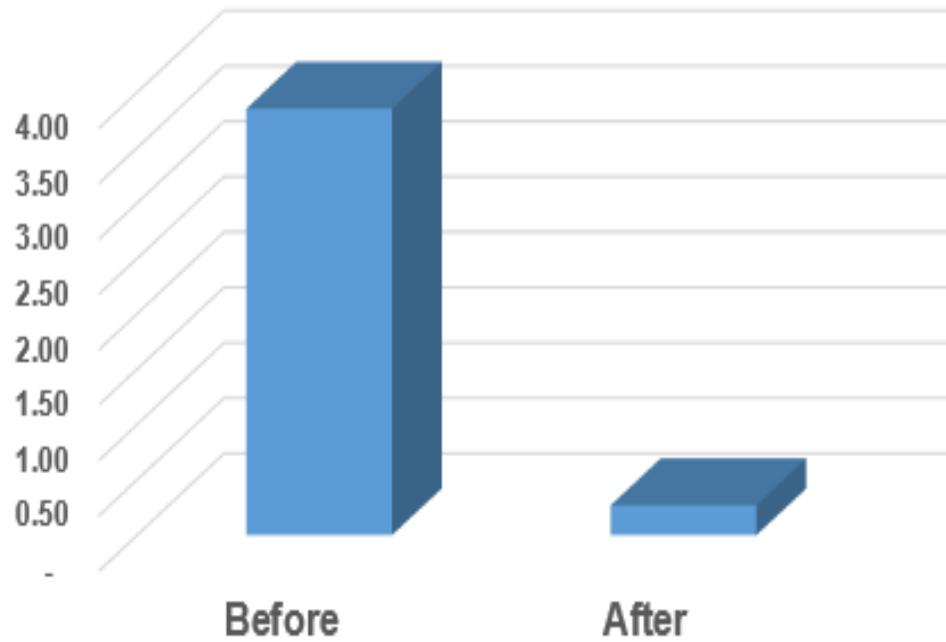
Annual Loss Risk per Provider
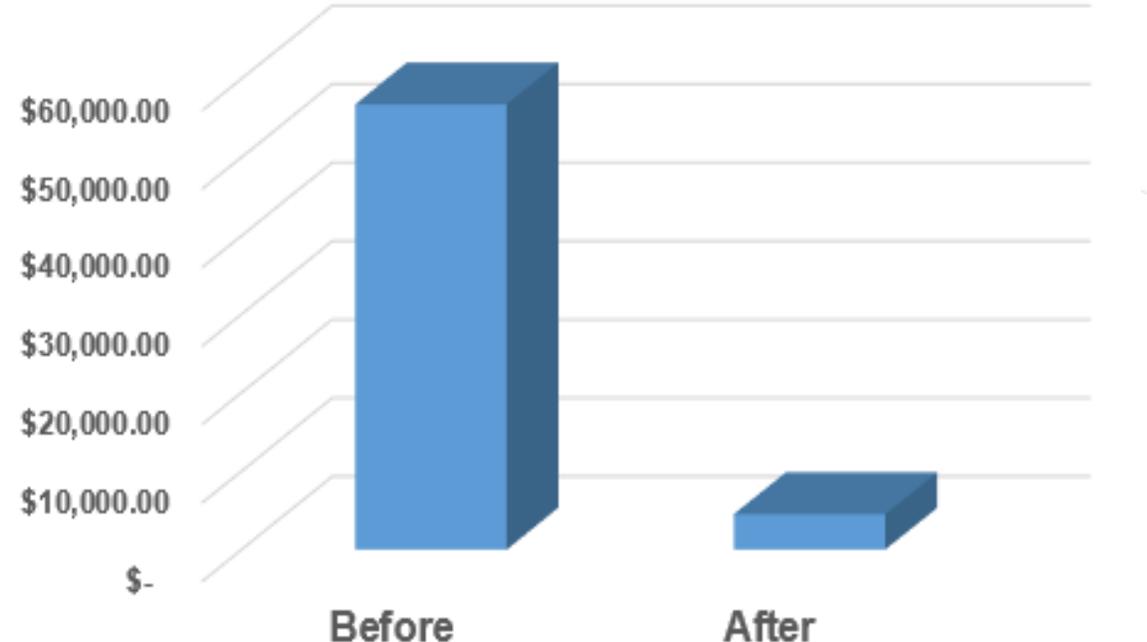
Conclusion

- Credentialing and Payer Enrollment ensure patient safety and compliance with regulatory standards.

- Payer enrollment is detailed, complex and ever-changing.

- A dedicated payer enrollment team can maintain knowledge of accreditation standards, manage electronic provider information, manage group/entity data, and act as a liaison to payer provider service reps.

- Improper payer enrollment can have a huge financial impact on your organization.

- The decisions you make during the hiring process and strategies you implement while onboarding a new provider can improve your payer enrollment.

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