Seven Tips to Succeed in the Evolving Credentialing Landscape

SEVEN

Credentialing tips designed to help keep costs down and ensure a healthier bottom line.

NEXTGEN® HEALTHCARE

The reimbursement shift from "fee-for-service" to "fee-for-quality" has many healthcare organizations focusing on population health management. However, a large number of practices are not equipped to handle the complexities of the provider credentialing and enrollment processes in this new payment model. In many cases, healthcare organizations are hiring increasing numbers of primary and specialty providers to better manage population health[1]. In other cases, provider networks are working with insurance plans that credential nurse practitioners as primary care providers to create a lower cost structure and mitigate the shortage of physicians. In either scenario, as the volume of credentialing and enrollment increases for a practice, so does the administrative burden and cost. As a result, assessing provider enrollment has become a critical part of maintaining a healthy revenue cycle and driving better financial outcomes. This eBook discusses seven tips to credentialing success designed to help keep costs down and ensure a healthier bottom line.

1

Make provider enrollment an integral part of the revenue cycle program

Practices are spending so much time preparing for payment reform and population health management, they often overlook the importance of quickly enrolling newly hired medical staff with all payers.

To ensure practices capture every collectable dollar, provider enrollment must be an integral part of the revenue cycle.

If not, healthcare organizations may not be paid correctly. What's more, they may face compliance violations or false claim liability for improperly or poorly managed credentialing and enrollment processes.

Annually, a single provider may need to enroll with up to 30 – 40 payers, with each payer application requiring different criteria, and each application taking 2 – 4 hours to complete. Further, once they are enrolled as a participating provider, individuals need to enroll in Electronic Funds Transfer (EFT), Electronic Remittance Advice (ERA), Electronic Data Interchange for claims (EDI), Claims Status Inquiry (CSI), and Eligibility Verification (EV). Automating and streamlining these processes reduces the enrollment timeline, process costs, and aging receivables.

Credentialing and privileging has been transformed from a periodic review to continuous, evidence-driven analysis of professional competence and provider performance. This transformation expands the areas to review at initial and re-credentialing, and necessitates integrations with EHR systems. It requires ongoing, automatic monitoring of licenses, sanctions, and exclusions; and demands robust assessment workflow and solutions (such as NextGen® Credentialing Services) to support these processes.

Among the financial repercussions a practice faces for not enrolling providers with payers correctly is lost revenue. Conversely, when organizations implement the right provider enrollment strategy, they can better capture every dollar. Practices need tools in place to identify the financial risk of "In-Process" provider enrollment applications.

Take a three-step approach to optimize results:

Conduct a needs assessment of current credentialing software tools. Speak to your credentialing staff to see what additional tools they need to meet the increasing demands of population health management. Organizations that don't do this run the risk of increasing credentialing denials, coping with frustrated providers, and, ultimately, losing revenue.

Use technology to link a provider(s) gross charges to their "in-process applications." This allows a practice to triage their "At-Risk" dollars and focus their enrollment activities first on those providers with the greatest number of dollars associated with their in-process applications. After working their greatest at-risk providers, a practice can then focus on those providers with fewer dollars associated with them in their in-process applications.

Executive, physician, and management engagement is critical — have the right metrics and a way to share them in real time.

2

Eliminate insurance eligibility denials upfront

When a physician joins a practice, he or she must be credentialed to work there. This process includes obtaining and validating all of the physician's credentials (including, but not limited to, board certifications, academic background, references, and previous work history). The enrollment process can take anywhere from 90–120 days, depending on the insurance payer. It's important, therefore, to have all the paperwork ready and the applications submitted to minimize unnecessary delays.

Tips for preventing denials:

- Ensure all documentation is collected and reported; this includes primary source documentation and/or provider signatures. Utilize a system, either a Microsoft® Excel spreadsheet or ideally a cloud-based credentialing software system, to track missed documentation. This will help monitor a provider's enrollment profile and status. Demographic and primary source documentation should be housed in a central, cloud-based repository and available for review as needed.

- Review all applications and contracts prior to submission to the carriers to ensure all information is accurate and up to date. This will help avoid errors in the health plan databases.

- Obtain appropriate documentation. When submitting paper applications for processing, send via UPS certified mail to obtain a signed receipt confirming that the health plan has received the application. Once the signed receipt is returned via email, the receipt should be documented within the organization's credentialing system, including the date the application was sent to the plan and the date that the plan confirmed receipt. To ensure that the plan received the application, conduct follow-up within five to 15 days of submission (depending on the insurance provider).

- Manage credentialing by being aware of health plan re-credentialing timelines – including Council for Affordable Quality Healthcare (CAQH) – so you can ensure no provider has a lapse in participation. Only Medicare allows retroactive effective dates to be awarded (up to 30 days prior to the date they receive the application).

- Maintain a scheduled approach to follow up during all application processes. Health plans can take six months or more to enroll a provider, but there may be additional information needed to complete enrollment, and thorough follow-up is the best way to ensure the application is consistently being worked.

- Manage providers' "Days in Enrollment"– keep track of how long health plans take to enroll a provider, on average. This can be a good key indicator for how early to submit enrollment applications.

3

Avoid credentialing and provider enrollment mishaps

Consider these frightening (and costly) realities. Despite processes being in place to ensure credentialing success, mysterious things can happen along the way.

A provider misses the deadline to submit information to the designated committee. During peak hiring and busy holiday seasons, department heads lose track of who is coming on board. When situations like these occur, a provider is typically granted temporary privileges or provisional services. These "band-aids" let a provider work for several weeks—or even months — while hospital employees attempt to put the actual committee meeting and other processes in place to grant credentialing privileges.

These stall tactics, however, come at a wicked price. Why? Because enrollments – which take 90 to 120 days – can't happen until a physician is credentialed. No enrollment means no payment.

Regardless of when a provider starts working at a practice, until the health plan awards the provider an "effective date of participation" all claims must be written off or held. Unfortunately, these dreadful situations happen all the time.

Lost revenue can add up to hundreds of thousands of dollars in a matter of months for a lower-level provider.

When dealing with highly specialized physicians, such as neurosurgeons or plastic surgeons, lost revenue is significantly higher. The result can be downright bone-chilling.

4

Improve provider enrollment using the cloud

The cloud is becoming increasingly important in healthcare. Clinical, IT, and operational integration is forcing provider organizations to rethink existing ways of doing business. More and more practices and vendors are using the cloud to take control of the credentialing life cycle.

As increasing numbers of US healthcare providers move data to the cloud, it is important to understand three key reasons practices are changing:

Increased data security

Leading cloud providers host client's data with HIPAA- and HITECH-compliant data centers. They house provider data in centralized and protected data centers. It is monitored by physical security guards that use leading physical (such as retinal and fingerprint scans) and data security measures (such as advanced firewalls, intrusion detection systems, and data encryption software).

Lower Expense

Cloud providers enable provider enrollment departments to implement leading hosting and security technology without the cost of installing, implementing, and then maintaining expensive servers and data encryption software.

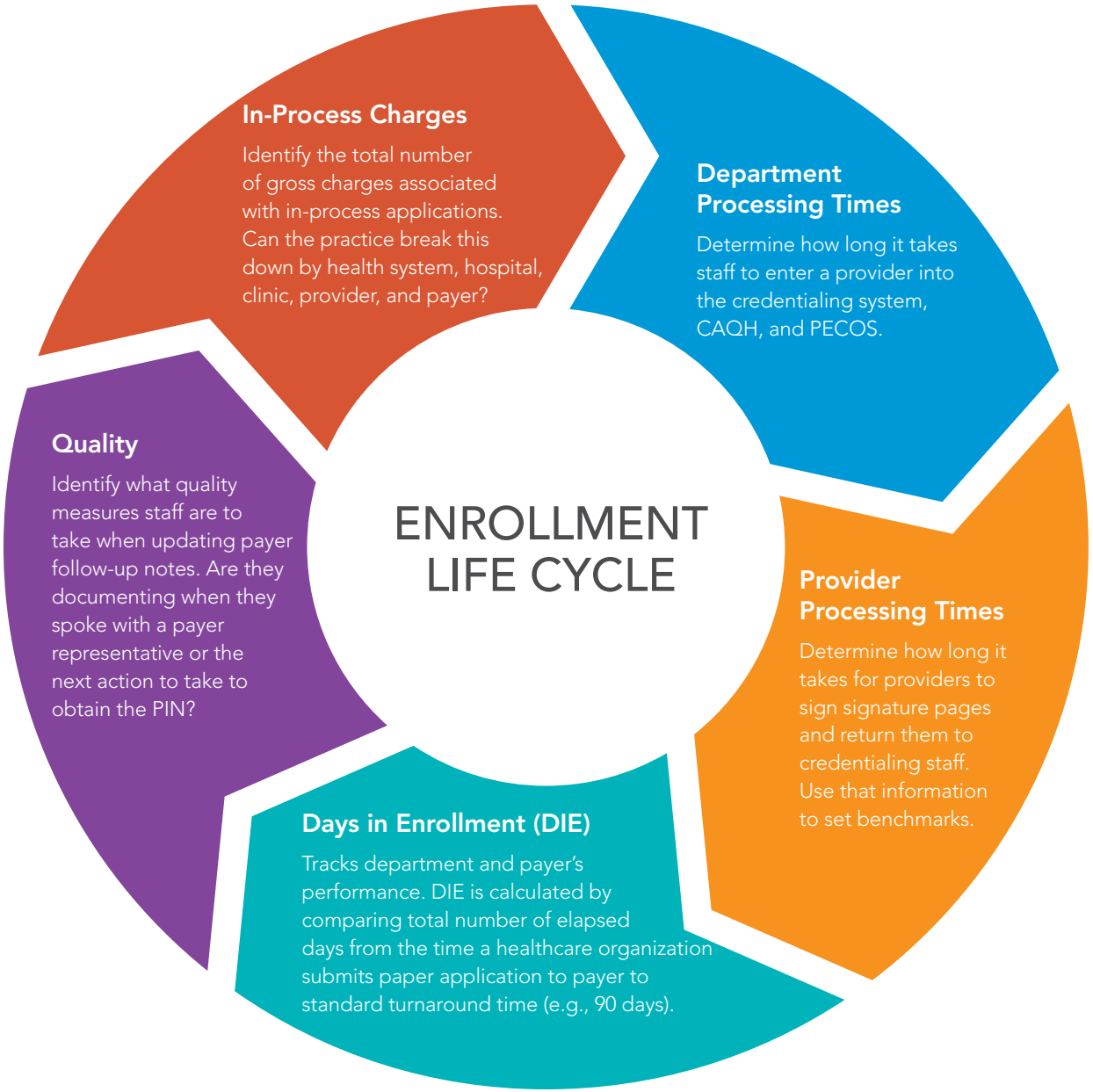
Scalability

Cloud providers can easily scale to meet the provider enrollment department's data and storage requirements. Healthcare organizations can easily obtain increased data capacity through a quick discussion with their cloud provider.

5

Enhance credentialing performance with robust KPIs

It is critical to understand the key tasks in the provider enrollment lifecycle that require tracking, trending, and reporting. Some examples include:



Once a healthcare organization identifies the Key Performance Indicators (KPIs) to track, the easiest way to begin is through technology.

Check to see if your provider enrollment software tracks specific KPIs. If it does not allow KPI tracking, then track them manually, or via Microsoft Excel. The key is to establish performance baselines and then improve upon those metrics. Identifying KPIs is a critical component to improving performance.

6

Essential “best practices” summary

To avoid becoming the next credentialing and provider enrollment victim (or at the very least, to minimize the pain), consider the following best practices.

- While obtaining privileges is the first priority, this does not mean the provider enrollment process should wait. Enrollment should begin well before the physician gains privileges. Paperwork should be ready, and certain applications submitted to insurance payers, as the credentialing process in progress.

- Moreover, remember, providers should never see patients until they are credentialed AND enrolled in the hospital's health plans. Regardless of when a provider starts working, until the health plan awards the provider an effective date of participation, the provider's employer must write off or hold all claims.

- Submitting applications and assuming things are progressing according to plan is never a wise decision. Track processes along the way. If there are delays, staff need to know about them. Are the issues on the provider's side or with the health plan? Was a signature missed or document not included? To keep things progressing, it's important to monitor where a provider is in the enrollment process each step of the way.

- Because credentialing and provider enrollment delays will happen, it is important to put steps in place that will help minimize the pain. Manually monitoring this process can be a very time-consuming, complex endeavor, so technology will play a pivotal role. Automated reports that offer a real-time snapshot of what's going on – including highest dollar volumes by payer and what action has occurred, and when – help ensure processes move along as quickly as possible.

While credentialing and provider enrollment can be difficult to manage, with best practices in place, healthcare organizations can prevent credentialing-related revenue loss.

7

Outsource credentialing if it makes sense for your organization

The who, what, how, and why

More and more administrators looking for ways to reduce financial burdens, improve outcomes, and eliminate waste — without sacrificing quality of care — are turning to outside partners for help with credentialing.

By partnering with an organization such as NextGen Healthcare that specializes in managing the entire credentialing life cycle through the use of cloud-based workflow software and advanced cloud-based reporting and analytics, administrators are successfully controlling the time and costs associated with credentialing.

NextGen® RCM Credentialing Services provide what you need to ensure that your practice's credentialing and enrollment is on track and meets the demands of a quality-driven reimbursement model.

5

things outsourced credentialing can do for you:

1. Reduce Errors
2. Save Money
3. Gain Efficiency
4. Expedite Processing
5. Store Data Safely

Take the Next Step

Contact us to learn more about credentialing and our other end-to-end revenue cycle, billing, collections, and claims services: insidesales@nextgen.com or 215.657.7010.

NextGen Healthcare Information Systems, LLC
795 Horsham Road, Horsham, PA 19044
p: 215.657.7010 | f: 215.657.7011
results@nextgen.com | nextgen.com

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