Industry Challenge: Provider onboarding and Enrollment

Awareness amongst healthcare organizations is growing around the impact that Provider onboarding and Enrollment management capabilities (i.e. Provider recruitment, credentialing/privileging and Payor enrollment) can have on overall operational performance and timely revenue recognition. This issue looms larger amongst hospitals and practices that are growing through consolidation, merger or acquisition.

Recognizing that Provider Data Management capabilities have remained relatively unchanged for more than thirty years, it is no surprise that existing processes often lack the flexibility needed at organizational, facility and departmental levels, by a multi facility hospital system. Throw state specific regulatory requirements into the mix (i.e. for facilities across multiple states) and it is quite clear that the status quo will not suffice for organizations needing to address issues and challenges that include:

- **Lost revenue** – Due to delays with Provider onboarding, credentialing and/or payor enrollment
- **Perpetual backlogs -** due to paper based / manually intensive processes
- Is **less than desirable** with regard to managing **compliance** and risk
- Often **dependent on tribal knowledge** instead of well-defined processes – **unable to handle sudden growth**
- **Siloed Solutions** - difficult to integrate with other systems, departments and external data sources.
- **Lack flexibility** to support a hospital or practice's future organizational structures

For most organizations credentialing, privileging and enrolling a provider takes 20 weeks **or more** due to the amount of paper work that a provider must submit, the number of people who must review it, paperwork that must be filled out by staff and significant amounts of time and resources expended on follow-up communications between hospital staff, a provider and Payors.

Providers in particular are often frustrated with these processes and they typically view Credentialing and Payor Enrollment activities as poorly executed "administrative" burdens that are a huge drain on their time.

Compounding matters further are instances where redundant processes are performed by separate departments (as is often the case) that rely on multiple disjointed solutions lacking proper integration and increase inefficiencies exponentially.

Most IT solutions currently in place, typically focus on managing and processing paper documents and do little to simplify the process, drive collaboration, or enforce standardization and data quality.

Overall, the current Provider Data Management landscape is not a pretty one and regrettably it is a landscape that is accepted and/or expected due to limited resources and funding and a sense that a 'game changing' solution does not exist:

- Initial appointments taking 45 to 90+ days to complete.
- Payor enrollment requiring an additional 60 to 120 days to complete.
- Providers often being required to maintain separate credentials files at each facility where they seek privileges—even though they are working for the same corporation or network.
- Standards vary from location to location and barriers to collaboration and information sharing.
- Committee members being required to communicate back and forth over inches thick credentials files and unintuitive checklists, eating up hours of valuable senior staff time.
- Linking Provider privileges to procedures, claims, and outcomes being a Herculean task.
- Highly valuable data detailing clinical staff credentials being locked up inside dated software applications that reside on a medical staff office member's PC.

Typical Hospital Scenario: Provider Onboarding and Enrollment

ABC Health, a fictional multi facility Joint Commission accredited hospital system, runs 12 community and specialty hospitals with 300 outpatient sites, employing more than 3,200 physician staff. Annual staff turnover is 10% and the average cycle time for an initial physician appointment is 120 days. Payer enrollment on average takes upwards of 80 days to complete. Average physician billings are $2,000/day with specialists (i.e. cardiologists) commanding a higher billing rate.

Credentialing and privileging for new providers is performed at each hospital and is handled by the facility's Medical Staff Services team. The process closely mirrors what is described above: a decentralized, predominantly manual, and heavily paper-based process which starts with Providers having to complete a stack of documents, including a lengthy Application for Medical Staff Appointment form that is accompanied by a long checklist of documents that must also be submitted in order to create a provider's credentials file. After providers complete these forms and create hard copies of the necessary documents, the local Medical Staff Services team begins building and verifying the provider's file against primary and third party sources. Several components are often quickly verified, however components such as medical education and malpractice insurance coverage information typically take 4-6 weeks to obtain.

After a provider's credentials file is compiled, it is then prepared for presentation to the relevant Department Chief for initial review so it can be scheduled for presentation and approval at an upcoming Credentials Committee meeting. Committees meet once a month. On average, analyzing a 40 to 100+ page Credentials file takes 20 minutes to complete, with credentials files for more experienced physicians or specialists prone to malpractice claims taking considerably longer. Committees on average review three new appointments and 16 re-appointments in an hour-long meeting. After Committee approval, the provider is recommended for privileges and the credentials file is prepared for final approval by the corporate Board of Directors. The new provider file is then presented at the monthly ABC Health board meeting for final approval, appointment, and award of privileges.

Once approval is granted, the lengthy process of enrolling the new provider into numerous health plans commences. Information from the provider's application and credentials file is transcribed, copied, and attached to the requisite enrollment forms and delivered to each payer for their own review and approval. For each individual payor, the process often takes from several weeks to several months to complete—**with only a few payers allowing retroactive reimbursement for billable services performed prior to enrollment.**

If a new provider seeks, or the hospital desires, that Provider privileges be granted at multiple facilities, the process must be repeated locally at each site. This is due to having self-induced system incompatibilities and the presence of siloed processes at multiple facilities. Despite ABC Hospital having purchased a PC-based credentialing system for its collective Medical Staff Services teams several years earlier, each facility managed their own 'system' implementation and customized its data fields, business rules, and requirements to suit their own local policies and operations. Only three of the nine facilities use a system to manage privileges, the remaining six facilities rely on a spreadsheet-based process to manage their credentialing and committee activities.

A recent assessment of ABC Hospital's performance (operational and financial) by its accounting firm also pointed out that complexities and inefficiencies with its Provider Data Management and Payor Enrollment processes 1) affected ABC Hospital's financial performance and 2) led to an increase in the number of Providers who were in the midst of being credentialed but elected to join competitor hospitals and 3) pose risks to timelines associated with the planned acquisition of a neighboring hospital.

Executive management at ABC Hospital concurred with the assessment findings and decided that addressing the state of its Provider Data Management capabilities needed to have its priority raised.

The Power of I-Enroll:

ABC Hospital started realizing benefits as early as five months after implementing I-Enroll:

- Credentialing was standardized across all of its facilities with capabilities that included:
    - Eliminating the need to re-key Provider data previously captured during processing of Provider applications.
    - End-to-end automation of credentialing and verification workflows with the ability to support requirements specific to facilities, states, provider types and specialties.
    - Paperless credentialing committee reviews and approvals.
- Simplified and cost-effective maintenance of credentials data, including continuous monitoring and reporting of sanctions.
- Establishment of an online high-performance credentials management center that serves all facilities centrally with the ability to coordinate privileging locally.
- A standard privileging process across the entire hospital system with options to customize or modify privileging rules according to local facility requirements or constraints.
- Automated privilege assignment, management, and inquiry.
- A direct payer enrollment process, which leverages data, collected and maintained by the credentialing process and automates the generation of payor specific enrollment forms.
- The ability to reduce the time and expense of maintaining multiple processes and IT solutions.
- Seamless integration of Provider data with other HIS systems.
- The ability to capture and report metrics useful to continuously improving Provider Management capabilities.
- The ability to generate business value by taking advantage of technologies such as:
    - Automated workflow
    - Electronic signatures
    - Centralized document management
    - Role based security and
    - Automated integration to third party provider verification services

Using I-Enroll, ABC Hospital's credentialing, privileging and Payor Enrollment capabilities were greatly enhanced. Providers (or their staff) now enter their information only once, attest to its accuracy, and are able to maintain it perpetually thereafter. Many Credentialing/verification activities are now automated and paperless. Department, committee, and board approvals require less time and effort to complete. Instead of reading and maintaining paper checklists, reviewers now walk through electronic checklists that govern workflow and highlight key exceptions and areas of concern. Privileging is no longer paper based and standards at the hospital and department levels can now be configured and enforced. Authorized hospital staff members now use a user friendly web base solution to search, review, confirm, and suspend privileges where appropriate. Finally, the provider enrollment process has been significantly streamlined by eliminating and/or automating many paper-based activities that in the past, slowed down the Provider onboarding process.

I-Enroll has helped ABC Health to take its Provider Data Management capabilities to new levels by placing its provider recruitment, credentialing, privileging, re-appointments, and Payor enrollment processes under one umbrella. Integrating to other systems is easier and more cost effective. The need and expense of having to support multiple disparate applications and processes were simplified and/or eliminated. ABC Health's capabilities were transformed by realizing benefits that included:

- Shortening of Provider on-boarding cycles, resulting in more timely revenue recognition,
- Lowering of expenses associated with credentialing and privileging activities
- Increased ability to support seasonal spikes in onboarding and re-credentialing volumes
- Improved management of appointments and reappointments
- Automatic and seamless integration to third party data verification services
- Reduction in providers' frustrations with the organization's inefficient processes
- The ability to react swiftly to changes in regulations that impact Provider data management.

About Santech

Santech is a Delaware Corporation headquartered in Oxnard, CA with offices in California and New Jersey. Founded by seasoned healthcare professionals, Santech provides healthcare solutions and services to hospitals, large practices, Provider Networks and Payors.

Santech's web based solutions are designed as Enterprise level solutions that enable organizations to transform (and simplify) their Provider Management capabilities in a surprisingly cost effective way.

Santech's team of Health Care IT specialists is simplifying Healthcare solutions in following areas:

- Provider Data Management transformations
- Provider Enrollment/On-Boarding
- Provider Directories
- Provider Network Management
- Provider Credentialing and Verification
- Innovative Web Solutions for Networks, Payers and Practice Groups
- Membership Management and Premium Billing Solution
- Business Processing Outsourcing Services

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