NYSAMSS
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Educational Conference

Achieving the Credentialing Trifecta

Real Results in Alignment Between Credentialing, Provider Enrollment and Delegation

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Presented by

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About Your Speaker:

Sally Pelletier, CPMSM, CPCS

Sally Pelletier is an Advisory Consultant and the Chief Credentialing Officer for The Greeley Company, in Danvers, MA. She brings more than 27 years of credentialing and privileging experience to her work with medical staff leaders and medical services professionals across the nation.

Pelletier advises clients in the areas of accreditation, regulatory compliance, credentialing, privileging, onboarding process simplification and re-design, medical staff services department and centralized credentialing operations and provides leadership and development training for medical staff leaders and medical services professionals.

She currently serves as faculty for The Greeley Company's *The Credentialing Solution* and presents at state and national seminars on a variety of topics related to medical staff leadership training, leading practices in credentialing and privileging, and practitioner competency management.

Pelletier also serves on the Editorial Advisory Board of the Credentialing Resource Center and Medical Staff Briefing for HCPRO, Inc. Pelletier has coauthored several HCPro/Greeley books, including:

- *Core Privileges for Physicians: A Practical Approach to Developing and Implementing Criteria-based Privileges, Sixth Edition (2013)*
- *The Medical Staff's Guide to Overcoming Competence Assessment Challenges (2013)*
- *Core Privileges for APPs: Develop and Implement Criteria-Based Privileging for Non-physician Practitioners, Third Edition (2013)*
- *Assessing the Competency of Low-Volume Practitioners: Tools and Strategies for OPPE & FPPE Compliance, Second Edition (2009)*

Pelletier has served as secretary and as the Northeast region representative on the board of directors for the National Association Medical Staff Services (NAMSS). Other leadership roles for NAMSS have included serving as a NAMSS instructor; and chairing the Governance, Management, and Manpower Committee, the Bylaws Committee, and the Credentialing Elements Task Force. In addition, she served as president of the New Hampshire Association Medical Staff Services, from which she received the 2008 Excellence in Medical Staff Services Award. Pelletier began her career in 1992 as the medical staff coordinator at The Memorial Hospital in North Conway, NH.

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Practical solutions to healthcare challenges

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OVERVIEW OF CREDENTIALING, PROVIDER ENROLLMENT AND DELEGATION

Credentialing

- Credentialing is a process to ensure that healthcare practitioners meet all of the necessary requirements and are appropriately qualified to perform privileges requested or provide medical services to members

Credentialing challenges

- Suboptimal use of technology
- Timeliness: Excessive turnaround times
- Applications: Multiple forms
- Requirements: Criteria may vary among entities
- Communication: Between recruiter, MSP/credentialing specialist, practitioner
- Lack of sufficient resources

Provider enrollment

- Provider enrollment is the process of collecting and submitting required documentation to third party payers to enroll practitioners into payer networks and allow the provider to bill for services rendered

Provider enrollment challenges

- Volume – each practitioner can participate in 10-20+ payers
- Applications – multiple forms, CAQH
- Requirements – criteria vary among payers
- Timeliness – payers may take additional 30-180 days to credential a provider
- Communication – between payer, provider and MSP

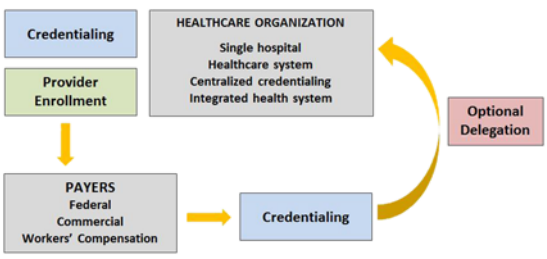
Delegation

- Merriam Webster Dictionary: To give (control, responsibility, authority, etc.) to someone; to trust someone with (a job, duty, etc.)
- NCQA: delegation occurs when an organization gives another entity the authority to carry out a function that it would otherwise perform
- Payers vary in the amount of delegated activities that occur, if any

Delegation challenges

- Payer
  - Loss of control
  - Resources to perform oversight audits
  - Potential impact to accreditation survey results
- Delegated entity
  - Additional responsibilities based on health plan requirements
  - Resources to support oversight audits
  - Does not fully eliminate provider enrollment activities

Overview of today's healthcare credentialing environment



Enter the credentialing trifecta

Isn't Trifecta a racing term???

Why?

- Boost revenue & reduce claims write-offs
- Reduce costs & increase productivity
- Improve provider satisfaction & reduce turnover

Case study

- An eight-hospital health system with a large employed medical group, ASCs, and a CIN transitioned to a centralized credentialing function without standardization or effective model design, involving the management of disparate MS bylaws, multiple sets of privileging forms (and criteria), and non-standardized credentialing policies

"We are like islands in the sea, separate on the surface but connected in the deep."

—William James

Symptoms of incomplete integration across multi-hospital systems

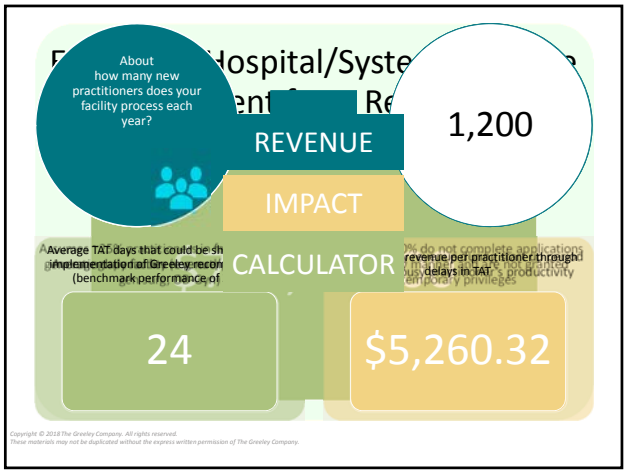
- Compliance challenges:
  - Disparate governance and bylaws
  - Varied credentialing standards
  - Practitioners practicing without privileges
  - Different peer review, OPPE/FPPE
- Conflict between/among:
  - Physician groups and hospitals
  - Employed, contracted, & independent physicians
  - Academic and community physicians
  - Medical services professionals

Symptoms of incomplete integration (cont.)

- Revenue challenges resulting from:
  - Increased costs
    - Duplication of work ⬆ staffing ⬆ resources
    - Multiple subscriptions /software licenses
  - Excessive delays in credentialing
    - $$ lost from revenue-generating specialties
  - Potential decreased ability to obtain delegated credentialing
  - Delays in payer enrollment causing reimbursement to be delayed or written off

Average Net Annual Revenue: Inpatient/Outpatient

- Primary Care $1,402,268
- Specialist $1,607,750
  - Orthopedic Surgery – $2,746,605
  - Cardiology (Invasive) – $2,448,136
  - Neurosurgery – $2,445,810
  - General Surgery – $2,169,673
- Source: Merritt Hawkins 2016 Physician Inpatient Outpatient Revenue Survey



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METHODS TO ACHIEVE SUCCESSFUL ALIGNMENT

Integrated credentialing

A healthcare network working **together** using proven **standardized** credentialing policies and procedures to **improve** patient care and practitioner satisfaction, **decrease** cost and turnaround time, and **eliminate** duplication and lost revenue, while **demonstrating** value in the onboarding process

Greeley's integrated 5-step credentialing approach

Step 1: Establish policies & rules

Credentials committee	MEC	Medical staff	Governing body	Management

Step 2: Manage information & integrate with recruitment and PE

Management	Medical staff leaders

Step 3: Evaluate & recommend

Department chairs	Credentials committee	MEC	Management

Step 4: Grant, deny, or modify; Hire/contract

Governing body or agent(s)	Management

Step 5: Complete on-boarding

Management	Medical staff leaders

Step 1: Establish policies and rules

- Medical Staff Bylaws/ Contract language
  - Eligibility criteria for membership and privileges / qualifications for hire
  - Co Terminus
  - Bifurcated quorum for MEC (more on this later)
- Credentialing Policies that meet hospital and payer needs
- Negotiate delegated agreements with payers
- Reference forms that meet recruitment and credentialing needs
- Shared information agreements and provisions
- Consolidate Applications
- Database policies

Step 2: Manage information and integrate with recruitment and provider enrollment

- Recruitment
  - Qualifications / eligibility criteria
  - References
  - One background check
  - Interviews that include medical staff leaders
    - Work questioning of "adverse events" into your up-front process
  - Burden on the applicant
    - Early discovery by requesting a NPDB self-query and OPPE reports

Step 2: Manage information and integrate with recruitment and provider enrollment

- Send out medical staff application early with letter of intent or draft contract and require it be returned within 30 days, or at the latest with the signed contract
- Allow 30 days to execute the contract (time to acquire data)

Step 2: Manage information and integrate with recruitment and provider enrollment

- Maintenance of data integrity
  - Establish a single database as the "one source of truth"
- Use knowledgeable physician liaisons or navigators – point of contact
- Cross train staff within an integrated department

Step 3: Evaluate and recommend

- Utilize Category 1 and Category 2 methodology
- Succinctly summarize for the credentials committee
- Define quorum for MEC
- Consider the complexity of hospital / healthcare system governance structure
  - Eliminate departments
  - Centralized credentialing committee
  - Unified medical staff
- Avoid disparate decision making through appropriate use of shared information

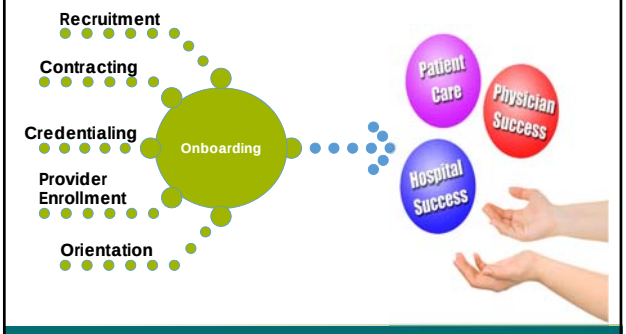
Step 4: Grant, deny, or modify / hire, contract

- One governing board or a sub committee of the board
- Expedited governing body approval process for credentialing
- Use of medical staff credentials committee for delegated credentialing decisions
- Contract effective/start date based on attaining key payer enrollment approval

Step 5: Complete onboarding

- Create an onboarding team
  - Tracking, reporting, and sharing data
  - Team approach to solving any backlog/delays
  - Collaboration of key stakeholders to create a optimal practitioner experience

Highly effective integration



What skills do MSPs bring to this set of challenges?

- Project Management
- Organizational Skills
- Social Capital
- Information management and database skills
- Leadership skills
  - Ability to develop, vet, and cultivate buy-in to standardized and integrated policies and procedures, shared information, and the operational design
- Communication Skills

Can you achieve the credentialing trifecta?

Set goals

- Reduce Turnaround Time
- "Finish" Standardization and Centralization
- Achieve delegated status
- Rearchitect Credentialing

Thank you for being with us today!

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Discussion