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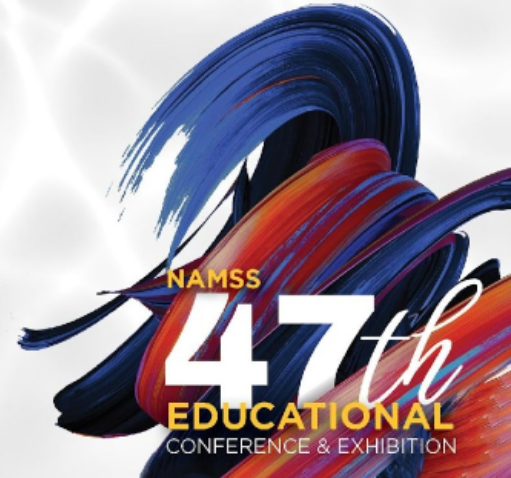Orlando, Florida | September 10 – 13, 2023

Building Better:
Setting the Foundation
for the Future of the Profession

A Payer Enrollment Case Study: From Outsource to In-House

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Objectives

- Review the complete timeline of moving outsourced payer enrollment services to the in-house acquisition, including communication, training, and growing

- Explore each step of the transition, the good, the bad, and the ugly (on all sides)

- Detail the learning opportunities, mentorship, and driving decisions

- Identify how recruiting "green" MSPs benefits a successful Payer Enrollment process

POLL!

At present, our organization:

A. Outsources all payer enrollment tasks to an outside entity

A. Shares payer enrollment tasks, we have an internal and outsourced team

A. We are managing all payer enrollment tasks internally

A. What is payer enrollment?😬

The Landscape

A. The Health System

- Health System includes a 25 bed Critical Access Hospital, 63 bed The Joint Commission, Prospective Payment System (PPS) Hospital on the Yakima Indian Reservation, 9 Rural Health Centers, and 2 Home Health

- 75 providers and 27 Specialties

- 21 Payers includes commercial/private/government

- 2 Medical Staff Specialists & 2 Payer Enrollment Specialists

- Service area is Yakima County and Benton County in Washington State, approximate population combined is 463,600

The Landscape

B. Goals & Targets

- Build PE team in-house
  - In-house is the primary and outsourced is backup only. In other words, flip flop the lead. We are the leader now and the outsourced will pick up pieces.

- Build relationship with C-Suite, PE contractor, revenue/finance/billing, business office, referral, clinic managers, and Medical Staff Services

- Update Point of Contact (POC) info with each payer

- Document & Maintain the PE process for each payer

- Document & Maintain roster templates per each payer

- Contact and develop strong working relationship with each payer representative

- Obtain & review each payer contract

The Landscape

C. The Who's for Payer Enrollment

- Who are the Authorized & Delegated Officials?
- Who will need to be designated as AO/DO
- Who has access
- Who will need to be granted access
    - Medicare
    - Medicaid - ProviderOne
    - OneHealthPort - Washington Specific
    - Availity
    - UHC / Optum
    - CAQH
    - CMS / NPPES
    - DOL/OWCP
    - Others

The Landscape

D. Update Health System data/details listed with each payer

- Authorized & Delegated signers
- Board Data (personal demographics required)
- Contact Information
  - AO/DO
  - Business/Finance
  - MSS/PE (remove old PE contact info)
- Operating Name (DBA)
  - Payers; commercial/private & government
  - NPPES
- Expirables
  - License
  - CLIA
  - Accreditation (lapse during healthcare emergency)
  - W9
- Address
  - Practice
  - Correspondence
  - Billing/EFT/Pay To

The Decision

- Proposal to C-Suite
  - Craft detailed proposal with goals, timelines, cost (see handout)
  - Hospital System Leadership & Medical Staff Office Leadership review, discussion and decision

- The vetting process of outsourced Payer Enrollment Specialists
  - Colleague (networking works!)
  - Training / Transition to in-house was a <u>non-negotiable</u>
  - Flexibility, Transparency
  - Managed Care Database - Healthcare system owned

The Payer Enrollment Process & Planning

A. Point of View (POV)

- Health System Stakeholders
  - Clinic Managers
  - Referrals Team
  - Business Office / Finance / Revenue
  - Application Systems (IT/IS)
  - Medical Staff Office / MSP Team
  - PE Staff (internal)

- Weekly Huddles with stakeholders
  - Concerns, stressors
  - Ideas, Successes, Solutions
  - Onboarding providers
  - Payer specific (attestations, claims, etc)

- Payer Enrollment (outsourced contract) Viewpoint

The Payer Enrollment Work

A. The Discovery Phase: Access to information

- Files (Cloud)
- Managed Care (MC) Platform (MDStaff)
- Network portals; logins, access
  - Government; CMS, Medicaid, ProviderOne, OHP VA, DOL/OWCP, etc
  - Commercial: Blues, Kaiser Permanente, Aetna, UHC/Optum
  - Others; Availity, Directories, BetterDoc, LexisNexis, etc

PE POV: The Revenue Cycle

The Payer Enrollment Work

B. The Discovery Phase: Status Reviews

- Facility / Part A
  - Access
  - Enrollment Status
  - Expirables

- Clinics / Groups / Part B
  - Access
  - Enrollment Status
  - Expirables

- Individual Providers
  - Access
  - Enrollment Status
  - Expirables

…continued Discovery Phase

C. The Discovery Phase: Mapping the Process

- Payer Enrollment
  - Current Procedures (initial finding)
  - Payer Rep Connections
  - Start enrolling newly onboarding providers (ASAP)
  - Update current enrollments as necessary (daily)
  - Update Network Processes as you are working with each enrollment
    - Network Agreements / Contracts
    - Delegated or Non-delegated
    - MD-Staff Managed Care Module
    - Cloud Files

…continued Discovery Phase

D. The Discovery Phase: Mapping the Process

- Reporting
    - Turn-Around-Time (TAT)
        - Internal Reporting (QAPI)
        - Insurance Network (each payer takes how long?)
            - Direct contacts (assigned rep)
            - General email / phone number / fax
            - Timeline (TAT) by payer vs practitioner

…continued The Payer Enrollment Work

A. What **_Else_** We Discovered

- Collaboration
  - Working Relationship
    - Budget
    - Timeline
    - Training various learner types
    - Educating all internal stakeholders
    - Onboarding new PE team members
    - Creating the job description (handout)
      - Recruiting the best fit, identify the talents for our world, include MSS Team when making the decision

"…don't disqualify candidates because they don't have experience. They can develop skills and experience w/your guidance. More experience does not guarantee a hard work ethic or a better fit"
- Shanee Moret

Growth & Gaps

A. Training & Assignments: Payer Enrollment Medical Staff Specialists

- Hands-on
    - One provider, one enrollment at a time
    - Huddles / Meetings (Weekly, Monthly, Quarterly)
    - Audits (team member)
    - Celebrating successes
    - Cross-training
    - Process Writing & re-writing
    - Re-coaching / Re-training
        - Professionalism
        - Communications

…Continued Growth & Gaps

A. Training & Assignments: Payer Enrollment Medical Staff Specialists

- Assignments
  - Entities
    - Carrier/Payer
    - CMS, NPPES
  - Individual Providers
    - Carrier/Payer
    - Professional Profiles
  - Identifying & growing team strengths
  - Identifying & improvement areas

TASKS

Facility
- Medicare
- Medicaid
- Revalidation
- Change of Information
- Other Payers

Clinics
- Medicare
- Medicaid
- Revalidation
- Change of Information
- Other Payers

Individuals
- Government payers
- Commercial/Private
- Provider Profiles

MD Staff
- Provider Build
- Payer Details
- Entities Included
- Contracts
- Processes
- Reports

Heidi
- Director
- Audit & Reporting
- Training & Retraining

Yesenia
- Facilities
- Guiding/Training
- Gap filling
- Connections
- Collaboration

Susan
- Government Provider Profiles
- Portals
- Directories

Claudia
- Commercial/Private
- MD Staff
- Facility Credentialing

Other / Outliers (Low Hanging Fruit)

- Termed Providers that are enrolled as active
- Other (Locums Agency, Service Contracts, etc)
- OTHER Hospital Memberships (enrolling provider with other hospitals/clinically integrated networks, etc)
- Out of State (OOS)
- State specific
  - WA = OneHealthPort (OHP), Medversant
  - IA, NE, SD = Midlands Choice
- Urgent Claim denials requests
- Staff transitions (people leave, people need to get hired)
- Payer process changes (out of our control)
  - Rep transitions - in one case a new rep took over and they took several months to figure out what the previous rep completed for the organization and we had to wait to submit months of add, updates and terms until they gave us the green light!
  - Portals "down"/ not available
  - Etc., etc., etc.

Discovery & Action *Timeline*

Week 1
- Current Payer List
- Current Provider Status
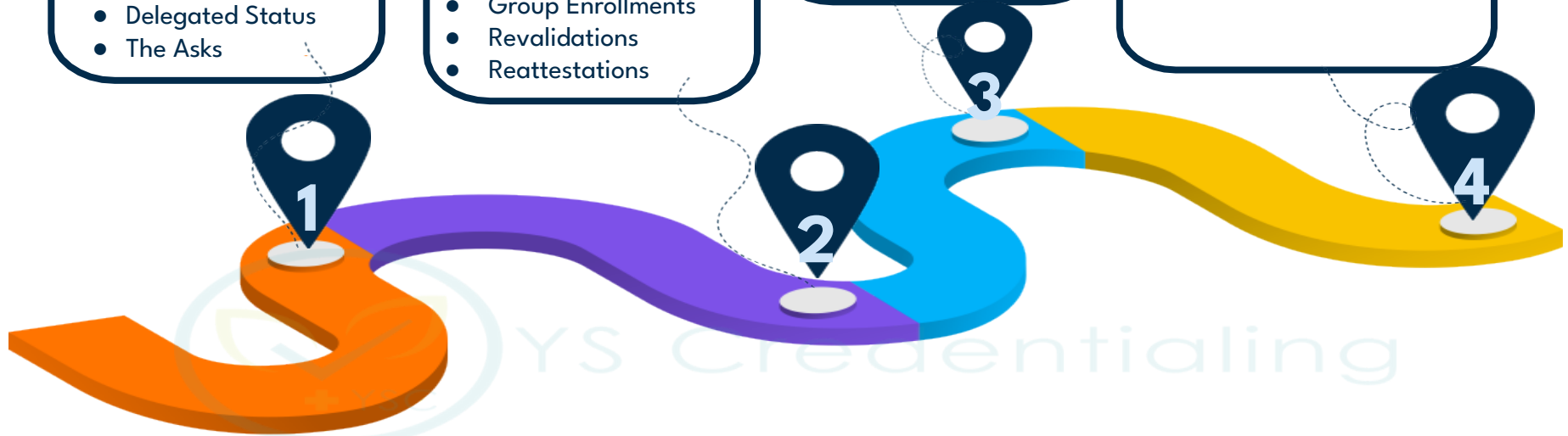- Delegated Status
- The Asks

Week 2
- Hands On Training
- Facility Enrollments
- Group Enrollments
- Revalidations
- Reattestations

Week 3
- Hands On Training
- Individual Enrollments
- Individual Revalidations
- Individual Reattestations

Week 4
Review & Report

1

2

3

4

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In Review

- Vetting
- Leadership
- Goals
- Tasks
- PE Specialists
- Reporting
- Still working together, learning, growing, adapting…
- Handouts

"Clear is Kind, Unclear is Unkind"
- Brene Brown

Thank you!

Questions

Stay Connected!

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