Grow Networks and Physician Satisfaction by Simplifying Provider Enrollment

Robert M. Tennant, MA. MGMA

Universal Provider Datasource®
Complete, Timely, Accurate Data

UPD
UPD

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CAQH®

2010 Administrative Simplification Conference

MGMA Survey

- Simplifying health care administration could reduce annual health care costs by almost $300 billion over ten years.*

- MGMA Group Practice Research Network asked practices to identify administrative burdens:

  - Calls to verify insurance up to 25 times per day.

  - Up to 50 incoming pharmacy calls per day.

  - Up to three hours per day on each credentialing application.

  - Total for a 10 practitioner practice: $250,000 annually.

*From Health Affairs Web Exclusive, Feb 7, 2003

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Payer Relationships

- Medical groups may have 100 or more payer contracts.

- Billing and Payment Processes identified as creating the greatest scope of problems in practice daily work.

- Average of 2.78 Claims per FTE physician denied each week because of lack of information.

- 73% of claims are ultimately paid.

- Support staff spends average of 15 minutes per resubmission.

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Credentialing: What is the Issue?

- Every health plan, hospital, ambulatory surgery facility or other organization in which a physician practices must verify that physician's credentials before permitting him/her to practice, and must reverify the accuracy of the information every two years.

- Compounding the redundancy, each health plan and other organization independently contacts primary sources such as state licensing agencies and hospitals at which privileges are held to verify the information provided by the physician.

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Credentialing Applications

- Practices submit 17.86 credentialing applications per physician each year on average.

- Each requires an average of 69 minutes of support staff time and 11.27 minutes of physician time.

- Annual spend for a 10 physician group: $7,618.

Data Collection and Follow-Up

- Completing an application for each payer can be a manual process, with follow-up via mail, fax, phone and sometimes in person.

- Requires a long lead time, and begins 4 to 6 months prior to the due date.

- Primary Source Verification is performed in conjunction with accreditation standards.

- Time sensitive information may need to be re-verified prior to presentation to Committee.

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Simplify Credentials Processes

- Replace multiple plan-specific paper processes with a single, uniform data collection system such as UPD.

- Require that plans, hospitals, and other facilities use a standardized application form for credentialing.

- Authorize a public utility to conduct verification of the credentials of all health care providers.

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UPD Practice Administrator Access

- CAQH has streamlined the credentialing process and added a module for practice administrators and other admin types.

- The module allows you to enter a practice profile that can then be linked to individual providers; appropriate information is automatically populated.

- Reliable customer support assists in navigating through the site/process.

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UPD Utilization

- More than 855,000 unique providers have already registered with and are using the system (with nearly 10,000 new providers each registering month).

- A Study of UPD transactions over a 20 month period confirmed that providers utilize the UPD routinely and update information frequently:
  - Providers routinely access the system:
    - 383,911 unique providers attested 1,798,729 times.
    - 4.7 attestations per provider out of a potential 5 attestations.
  - Providers update information frequently:
    - 1,100,031 (61%) of the attestations where accompanied by data changes.

States Adopting CAQH Application

- DC, IN, KY, KS, MD, MO, NM, OH, RI, and VT have adopted CAQH's form as the state form.

- TN, LA and NJ have designated CAQH's form as a preferred option.

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Areas for Future Improvement

- Efficiency decreased as information on the UPD has to be re-attested to every 120 days (versus sending in re-credentialing information for each plan once every three years).
- Ability to directly upload documents to the website (malpractice face sheets, licenses) would be helpful. Currently, must be faxed using their specific fax sheet (time consuming).
- Re-attestation from providers are required every four months and submitted to CAQH. Significant burden, especially for larger practices.
- Reports that some of the preloaded information on hospitals, medical schools is inaccurate.
- Number of reminders the system generates is disruptive.
- No ability to initiate credentialing through CAQH – still have to initiate through the individual plans.
- Building the profile on the CAQH website takes 2 to 3 hours.
- Secure web portals for document sharing.
- Expanded hospital market.
- Much efficiency to be gained by having one single primary source verification.

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MGMA 2009 Survey: How Satisfied Are You With The Provider Credentialing Process?

Payer	Rating Average
Aetna	3.31
Anthem	3.28
CIGNA	3.28
Humana	3.21
Coventry	3.17
UnitedHealthcare	2.98
Medicare Part B	2.95
	Source: MGMA

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Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

- *Issue - The Internet-based PECOS enrollment system falls significantly short on usability.*
  - The terminology on the first two screens of the individual PECOS enrollment system alone creates confusion for many physician practices.
- *Issue- Processing times and problems with enrollment applications have significantly increased at a time when CMS continues to tighten Medicare enrollment regulations.*
  - Problems have been exacerbated by new requirements that all ordering and referring physicians and recipients of ARRA EHR incentive funds be enrolled in PECOS.
- Solution: Medicare participation in UPD.

Summary

- Solid foundation (850,000+ providers).

- Strong support from the payer community.

- Much more efficient than previous processes.

- Growing in support at the state level.

- Continued need for streamlining the UPD data input.

- Opportunities for growth: Providers / payers / hospitals / states.

- New data requirements for multiple federal programs will be a catalyst for a standardized data repository.

- Little value and much waste associated with separate credentialing processes for public and private sectors.

- UPD an excellent example of industry agreement resulting in ROI for each stakeholder.

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