Grow Networks and Physician Satisfaction by Simplifying Administration

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Introduction

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Aetna Involvement With UPD

Aetna is a founding CAQH member and was involved in the initial development and implementation of the Universal Provider Datasource:

- A strong advocate for the industry-wide adoption of the UPD:
  - Corporate/Local support for each state rollout.
  - Worked closely with physician groups to resolve implementation barriers/issues.
  - Developed educational programs for providers and network staff.
  - Used existing communication and outreach venues to raise awareness.
  - Kept regulators apprised of progress and opportunities.

- Discontinued use of unique "Aetna Provider Credentialing Application" early in Aetna’s implementation of UPD.

- Used corporate communications and extensive provider and staff education to get the message out.
Aetna Successes With UPD

• Over the past two years, more than 90% of Aetna providers are using the UPD for Initial Credentialing (93.4% YTD 2010).
• Over the past two years, more than 95% of providers utilize the UPD for re-credentialing (96.8% YTD 2010).
• Aetna realized return on investment every year once provider utilization reached 75%.
• Provider satisfaction has increased because more than 50% of providers no longer have to contact Aetna to complete the re-credentialing process.
• Use of UPD has allowed Aetna to develop uniform, technology-based training sessions for providers and staff.
• Electronic availability of UPD data has allowed the development of automatic data feeds for new providers into Aetna systems.
• Use of UPD has allowed Aetna to automate several re-credentialing processes.
Opportunities for Simplifying Administration

• Move to a single uniform process and eliminate duplicative forms.
• Create teaching tools for providers to easily migrate to new process.
• Involve all staff in the organization for consistent messaging to providers – create new resources for UPD learning.
• Automate data entry to eliminate risk of creating new errors to provider supplied data.
• Utilize CAQH data for initial and re-credentialing: re-credentials can be completed without having to contact provider office.
Vision for the Future of UPD

• Use UPD data more broadly to support:
  – Demographic provider data maintenance.
  – Improved accuracy and timeliness of directory information to allow for improved compliance with regulatory requirements.
  – Single source sharing for PSV.
• Continue to simplify the process for providers:
  – Further reduce paperwork – what additional paper processed can be eliminated?
  – Reduce time to credential – what additional processes can be streamlined to expedite provider credentialing?
  – Expand and enhance the UPD – how can the UPD be leveraged to further streamline provider data interactions with payers?
Vision for UPD Enhancement and Expansion

• Enhance UPD functionality:
  – Develop more edits and system logic to limit/flag potential for provider entry of "bad" or incomplete data.
  – Act on recommendations from the recently completed Data Quality Study.
  – Allow provider direct uploading of data.
  – Add postal formatting to alert provider to error before it is submitted
  – Alert provider to expired documents prior to attestation due date.

• Expand UPD services to support primary source verification data:
  – Integrate data directly from primary sources:
    • Accept feeds from primary sources such as NPPES and NTIS.
  – Continue pursuing recommendations from CAQH PSV study.
Payer Industry Challenges

• Providers often delegate UPD data entry to staff who may not have the comprehensive information necessary to complete the application.
• Payers have individual data requirements (internal and external) which can create the need for additional follow up with providers.
• Providers failing to provide timely updates or attesting to incomplete or expired data.
• Data entry variables can limit ability to efficiently integrate CAQH data into payer systems.
• Interpretation of accreditation standards can vary from payer to payer so data requirements can be confusing.
Challenges to Shared PSV

- Building consensus among all stakeholders.
- Confidence in accuracy and currency of the data provided.
- Effective cost models.
- Demonstrating a VALUE Proposition for providers and health plans.
- Widespread adoption among all internal and external organizations.