

# Beyond Credentialing

May 5, 2006

## *The 2<sup>nd</sup> Annual Universal Credentialing Datasource® Best Practices Conference*

### Beyond Credentialing

“We continue to see the value of working with others to reduce this administrative burden. The strong provider support and number of health plans participating speaks to our success.”

—Kurt Small, Aetna  
Chair, CAQH Credentialing and  
Provider Directory Work Group

At the 2<sup>nd</sup> Annual Best Practices Conference, Universal Credentialing Datasource® (UCD) participating organization leaders and other interested parties from throughout the industry came together in Washington, D.C. to share success stories about the ways they are increasingly realizing greater return on investment through expanding the use of UCD information. Several UCD organizations reported that they are moving beyond credentialing, using the data to populate provider directories, collect National Provider Identifiers and more.

Topic areas discussed at the conference centered on where value can be maximized or discovered. These include:

#### Provider Adoption

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- ▶ Education and training programs that drive provider buy in
- ▶ Simple methods that can be built into existing processes for increasing provider satisfaction and saving money and time

#### National Provider Identifier

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- ▶ As this industry-critical deadline approaches, creating adaptive systems that include UCD to collect NPIs
- ▶ Obtaining NPI and taxonomy codes by tapping existing processes

#### Sanctions Monitoring

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- ▶ Implementing the CAQH SanctionsTrack™ service to help plans realize efficiencies and reduce manual/clerical workloads

#### Transforming Legacy Systems

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- ▶ Streamlining legacy systems to allow more efficient use of the wealth of data and technical assistance provided by UCD, and help improve ROI

#### Workflow and Data Maintenance Efficiencies

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- ▶ Using UCD to increase provider directory and data quality and satisfaction

## How to Get Providers to Get With the Program



### Challenge

Getting providers to value and use the UCD to submit their credentialing and re-credentialing information

“We’ve taken the approach of ‘let’s get as much done as possible, so no one will be able to ignore this valuable tool.’”

—*Barbara Riihimaki*  
Assistant Vice President, Credentialing  
CIGNA HealthCare

### Summary

CIGNA determined that significant cost savings and operational efficiencies were within easy reach if it could create an electronic system for sharing provider data with its various business operations. But creating that system would require time, budget allocation and senior management buy-in. Instead of waiting for that development and delivery process to unfold, CIGNA decided to pursue immediate, more modest cost savings by taking action to streamline provider data collection. The CAQH Universal Credentialing Datasource® (UCD) offered CIGNA a way to quickly reduce the costs associated with its legacy paper application process. But how to motivate providers to use the data-collection service? Educating senior stakeholders about the UCD’s ROI and consistently promoting provider use for initial credentialing and re-credentialing were keys to success.

### Best Practice Solution

**Educate senior internal stakeholders about the UCD’s ROI in order to get top-down support for consistently encouraging provider UCD use at initial credentialing and re-credentialing events.**

#### Getting buy-in from the beginning

- ▶ Replace the legacy application with CAQH Provider Credentialing Application for new providers, realizing there may be exceptions
- ▶ Train provider services staff with user-friendly “job aids” that promote the UCD use
- ▶ Send a UCD Quick Reference Sheet for Practice Administrators with all recruitment packages

#### Consistent support boosts results

- ▶ Conduct quarterly conference calls with provider services personnel
- ▶ Include UCD as a topic in weekly calls with credentialing directors
- ▶ Add UCD utilization to annual performance objectives
- ▶ Provide strong follow-up on de-authorization notices
- ▶ Follow-up on DEA notices

#### Simple steps streamline re-credentialing

- ▶ Determine which providers’ applications can be downloaded from the UCD immediately
- ▶ Limit provider options by primarily promoting the CAQH Provider Credentialing Application as the only application to use
- ▶ Follow up on DEA notices: “You can easily obtain 150-200 complete applications per month with minimal effort”

### Results

- ▶ Approximately \$23,000 saved in 2005 mailing costs
- ▶ \$77,000 saved in 2005 from not having to chase down non-responsive providers for re-credentialing
- ▶ Realized a 30 percent savings from reduced turn-round time by using the UCD instead of legacy paper applications

### Key Takeaways

- ▶ IT department support is not always necessary for successful UCD adoption.
- ▶ Use company publications and newsletters to create a climate where CAQH adoption is natural and beneficial
- ▶ Modest changes implemented consistently can mean quickly realized cost savings

## Out with the Old... Making Legacy System Change Work



### Challenge

Avoiding provider frustration with and creating provider acceptance for the CAQH Provider Credentialing Application and the UCD after its use is mandated by a health plan

“What you have to be prepared to deal with is change-management. You have to be prepared to support providers to make it work.”

—Barbara McClain  
Credentialing Manager  
Excellus Blue Cross and Blue Shield

### Summary

After receiving numerous, ongoing physician complaints about redundancies in its credentialing process, Excellus made the decision to adopt CAQH’s Provider Credentialing Application and the UCD as the only option it would make available to its providers. Lessons learned in this ongoing process include: 1) presenting the benefits to the highest levels of authority is the best way to get buy-in, and 2) that an effective transition needs strong provider education and encouragement. Excellus reported that the change was far easier than anticipated. For instance, staff was prepared to handle many calls for help during the first days of the changeover, yet ended up receiving very few calls. Moreover, the efficiencies, cost savings and time savings gained spurred an increase in provider satisfaction.

### Best Practice Solution

**Engage respected provider advocates to help create provider buy-in; implement strong provider education and encouragement initiatives**

#### Work with provider leaders

- ▶ Hold monthly meetings with local IPAs and other local health plans to promote provider use of UCD
- ▶ Get strong influencers, such as the state medical society, on board
- ▶ Encourage these stakeholders to step up as agents of change

#### Get education and support in line for smooth implementation

- ▶ Offer private tutorials to provider offices
- ▶ Watch for avoidable user pitfalls, such as difficulties in creating passwords or keeping track of individual provider passwords in a group practice *Get education and support in line f*
- ▶ Instruct via snail mail for the technologically challenged
- ▶ Keep dialogue open to help providers work towards solutions

### Results

- ▶ Selling to leadership made for strong provider buy-in.
- ▶ Cost/time savings generated openness to downstream projects such as provider data integration
- ▶ Education programs meant low complaint/distress rate over three-year education and phase-in period
- ▶ Engaging advocates led to stronger relationships and new networks formed among providers and plans

### Key Takeaways

- ▶ State medical societies can be instrumental in achieving buy-in
- ▶ Hospitals, while not immediate stakeholders, play an important role in shaping change
- ▶ Successful implementation requires assessment of differing technological capabilities
- ▶ Some providers still being assisted with process
- ▶ Some elements take longer to iron out: Between cycle data captures, uploading data electronically, working with large group practices
- ▶ Watch out: A lone dissenter can upset progress

## II. IMPLEMENTING THE NATIONAL PROVIDER IDENTIFIER

# NPI: A Look at the Basics and the Future



### Challenge

Collecting NPIs from providers to integrate into legacy systems

"Many providers have their NPI but aren't yet using it. The message needs to be: We need your NPI so you can get paid."

—Christopher VanAntwerp  
Manager, Provider Enrollment & Data Management  
Blue Cross Blue Shield of Michigan

### Summary

The National Provider Identifier (NPI) is a unique, standard identifier issued by the Centers for Medicare and Medicaid Services and mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is intended to replace all legacy identifiers and last for life. All providers are required to start using their NPI by May 2007. NPI implementation will change all aspects of health care but will give health plans an especially heavy load to bear. The first hurdle in this major change is for health plans to obtain providers' NPIs. BCBSM took the plunge by encouraging providers to get their numbers and by gearing up a system to handle the NPIs. Universal Credentialing Datasource® (UCD) was an essential part of this system, giving providers a single point at which to enter an NPI. The health plan's use of the UCD is putting it ahead of the game in NPI collection, as well as giving it access to additional data.

### Best Practice Solution

**Encourage providers to submit NPI data through the UCD; use a monthly UCD custom extract to create a manual data entry crosswalk of one NPI and one legacy PIN**

#### Initial plans and anticipated challenges

- ▶ The health plan would need staffing to handle loading up to 60,000 NPIs
- ▶ Assumption is 20 percent of providers would be late submitters
- ▶ NPIs must be coordinated with legacy systems
- ▶ NPIs lack any embedded intelligence to make coordination easier
- ▶ Validation will present new difficulties until CMS publishes a directory listing all provider NPIs

#### Recommended: Take the plunge now

- ▶ Health plans should commence NPI collection
- ▶ Encourage providers to apply for NPIs
- ▶ Encourage providers to submit NPI on their CAQH applications
- ▶ Build a crosswalk to legacy system
- ▶ Encourage providers to submit NPI to health plans

### Results

- ▶ UCD is driving collection of NPIs
- ▶ Health plan is ahead in preparations even as key questions on overall NPI implementation continue
- ▶ Using the UCD in collection process is making changeover more efficient and is anticipated to reduce provider challenges during changeover

### Key Takeaways

- ▶ Health plans should begin the call for NPIs even if there is no immediate processing system in place
- ▶ Prepare to analyze and solve trouble spots as they arise
- ▶ Begin analyzing staffing needs now
- ▶ Explore the role of the UCD in the solution

## II. IMPLEMENTING THE NATIONAL PROVIDER IDENTIFIER

# Taking the Sting Out of NPI: How the UCD Can Help

simplifying healthcare administration

CAQH

### Challenge

Getting health plans to recognize that the UCD can be an essential tool for NPI collection

“The most important thing you can do now is run a custom extract to see what’s available. You may have much more data there than you realize.”

—Atul Pathiyal  
Project Director  
CAQH

### Summary

The process of integrating the new NPI changes poses a similar effort to implementing the UCD system. However, CAQH itself can help streamline the NPI changeover process, increasing efficiency and comprehensiveness. When it comes to NPI collection, UCD addresses concerns and offers distinct advantages for providers and health plans alike. It already has made headway in collecting NPIs, and this progress will continue. Users need to begin communication on the NPI issue now.

### Best Practice Solution

**Educate UCD users on the data-collection service’s full set of capabilities.**

#### **Tap the UCD’s full capabilities**

- ▶ Use it to collect NPIs from large numbers of providers
- ▶ Find specialty and taxonomy codes
- ▶ Collect other identifiers to help facilitate a crosswalk

#### **Process is efficient, user friendly for providers**

- ▶ They may enter numbers to the UCD online or by fax
- ▶ UCD validates that providers entered their NPI in the correct format through a 10th check-digit process
- ▶ NPI need only be submitted once, instead of submitting repeatedly to each health plan
- ▶ Data are reconfirmed three times per year

#### **Enables faster and more effective implementation for health plans**

- ▶ Instant access to large volume of provider-reported NPIs
- ▶ Data is delivered in a format chosen by the health plan – PDF, ASCII, XML
- ▶ Specialty is selected from a dropdown list, derived from National Uniform Claim Committee Health Care Provider Taxonomy Code List
- ▶ Provider communication effort is shared across dozens of health plans
- ▶ NPIs can be accessed in batch or by individual providers
- ▶ Detailed reports linking NPI to specialty, taxonomy code, personal identifiers and

other information can be easily generated using MS Access or other data management tool

#### **Health plans can take steps to manage this change into the future**

- ▶ Run custom extract to find providers who have submitted NPIs
- ▶ Look to CAQH staff for support
- ▶ Educate providers via newsletters, email, direct mail about the value and benefits of the UCD
- ▶ Build process to periodically check the UCD for new NPIs
- ▶ Obtain new NPI on an ongoing basis through regularly scheduled data extracts

### Result

- ▶ As of April 2006, CAQH had collected more than 50,000 Type I NPIs. With further messaging from participating organizations, this number will continue to grow.

### Key Takeaways

- ▶ Explore the full benefits and capabilities of using the UCD to collect NPIs and other data
- ▶ CAQH offers resources for help during the transition

# Realizing Cost Savings & Efficiency through Use of the CAQH SanctionsTrack™ Service



### Challenge

Reducing time and costs, while more effectively using staff to successfully collect evidence of sanctions and disciplinary actions against health care providers

"Aetna is very pleased with the way CAQH delivers sanction information. The product has allowed us to operate more effectively and refocus employees on other critical initiatives."

—Scott D'Amato  
Senior Project Manager  
Credentialing, Aetna, Inc

### Summary

Regular monitoring of sanctions against health care providers (or professionals) consumes significant time and contributes to costs in credentialing departments. CAQH's SanctionsTrack™ service delivers data on sanctions from hundreds of sources. Aetna joined other health plans in a pilot program using the CAQH SanctionsTrack™ and realized cost savings, as well as increased accuracy in detecting disciplinary actions and the ability to use staff more effectively.

### Best Practice Solution

***Streamline the sanctions monitoring process by implementing the CAQH SanctionsTrack™ service.***

#### ***Eliminates redundancies and costs***

- ▶ Aetna receives daily reports directly from CAQH and then matches the information against its database using automated technology
- ▶ Supporting documents are attached to the adverse action report
- ▶ There is no need for printing and postage. Results are shared electronically throughout the organization

#### ***Benefits beyond the credentialing department***

- ▶ State and product-specific reports on network and out-of-network providers shared with other Aetna business areas
- ▶ Aetna Network Management and recruitment staff can check out potential new providers easily
- ▶ Faster discovery and delivery of detailed disciplinary actions can improve network quality

### Results

- ▶ Cost savings realized through reduced postage and printing, and ability to shift employees to other critical work
- ▶ Equal or shorter research-to-delivery turn-around times
- ▶ Improved accuracy of information

### Key Takeaways

- ▶ CAQH SanctionsTrack™ checks more than 400 sources weekly and matches automatically their data against each health plan's roster of health care professionals
- ▶ The National Committee for Quality Assurance, the widely used national accreditation organization, accepts the CAQH sanctions module for ongoing sanctions monitoring
- ▶ Health care professionals with multiple licenses can be monitored more comprehensively through CAQH's wide research net

# Streamlining the Sanctions Monitoring Process



## Challenge

Find a more-efficient method of obtaining sanctions data, while providing a way to re-allocate clerical staff

"You will get the support you need from CAQH. They've been great."

—Cathy Ferrara  
Manager of Professional Credentialing  
Blue Cross Blue Shield of Michigan

## Summary

Blue Cross and Blue Shield of Michigan's Provider Credentialing Department was searching for a less costly and more efficient process for monitoring sanctions and disciplinary actions against its providers. The health plan welcomed the opportunity to try CAQH SanctionsTrack™, which proved to be a valuable solution. The new monitoring service allowed BCBSM to remobilize clerical staff, as a result of efficiencies gained, and realize cost savings. BCBSM also discovered additional uses for the SanctionsTrack™ data in other areas of the organization. These successes have led the organization to anticipate expanding on SanctionsTrack™ use, creating an automated sanctions check and/or proactively monitoring sanctions activity.

## Best Practice Solution

**Streamline the sanctions monitoring process by implementing the CAQH SanctionsTrack™ service**

### Day-to-day savings come from CAQH

- ▶ Pulling results from multiple state sources added time to the credentialing process
- ▶ Online tool results in paper savings
- ▶ SanctionsTrack conforms with NCQA requirements

### Organization as a whole realized benefits

- ▶ Answers any corporate-level sanctions inquiries immediately
- ▶ CAQH's broader research reach made it easier to check out-of-state provider information

## Results

- ▶ Projected savings of \$57,000 in one year using the SanctionsTrack vs. paying for other databases and working through legacy manual processes
- ▶ Time savings: With online access to data through SanctionsTrack™, BCBSM no longer has to wait two to three weeks to get information from the state

## Key Takeaways

- ▶ CAQH tool is easy to implement, and does not need significant IT support
- ▶ Clerical work is reduced
- ▶ Sanctions discovery is easier and more thorough for plans working with out-of-state providers

# Integrating CAQH with an Internally Developed Managed Care System



### Challenge

Achieving operational efficiencies and eliminating a dual-entry claims and credentialing system

“We’re a very lean shop. CAQH helps with the data load, and we’ve taken the whole data-entry function out of credentialing.”

— Thomas Lauzon  
Vice President and Chief Information Officer  
Health Plan of Michigan

### Summary

Transformation or integration of legacy systems with the Universal Credentialing Datasource® (UCD) can result in considerable streamlining of credentialing processes. Health Plan of Michigan found that modifying its internal systems to work more closely with the CAQH system will help make its credentialing process more efficient and seamless.

### Best Practice Solution

*Modify an existing custom online database, HPM’s Managed Care System, to directly load in UCD data.*

#### **Scalable system can pull deeper value from CAQH capabilities in future**

- ▶ Fields and functions were created in the Managed Care System exclusively for purpose of interfacing with the UCD
- ▶ Managed Care System fields are current manually populated, with next step being automation
- ▶ In the Managed Care System the return roster and the roster exception data files are loaded automatically, and can be viewed from the provider screen
- ▶ HPM’s pilot work with CAQH SanctionsTrack™ service resulted in creating a link to the provider’s record and a staff alert prompting follow up

### Results

- ▶ HPM can maintain its lean, two-FTE credentialing staff as it grows its network
- ▶ UCD’s clean and accurate provider data can help enable a claim turnaround of two to three days – a plus for providers

### Key Takeaways

- ▶ When provider satisfaction is a priority, CAQH data can play a role in ensuring it
- ▶ Legacy systems transformed with UCD capabilities in mind can work more effectively

# Getting it Together: Improving Workflow with CAQH



## Challenge

Automating an ID and status look-up process

"It's hard to believe the advantages of having it all there in one place."

—Kim Watson  
Manager, Credentialing, Central Region  
WellPoint, Inc.

## Summary

Integrating the Universal Credentialing Datasource® (UCD) into a health plans' credentialing processes can save hours and resources, improving ROI. WellPoint was seeking a way to streamline the way its staff used the UCD. However, its development of a utility to manage CAQH Provider IDs and statuses ended up leading to further benefit. WellPoint was able to cut staff hours by at least 10 percent, realize faster recredentialing and give better provider service. Eliminating redundancies also helps on the provider end, improving satisfaction and turnaround times.

## Best Practice Solution

**Create a mini-interface that automatically pulls in the UCD ID and application status information and crosswalks it with legacy IDs**

### Automatic checks streamline status monitoring

- ▶ Interface indicates when the provider application changes status to Initial Application Complete, Reattestation or Expired Attestation
- ▶ Single ID number matches up multiple legacy databases containing different pieces of provider information
- ▶ CAQH return roster uploads weekly into an Oracle table, where CAQH Provider IDs are matched to legacy IDs and records are updated

### Fewer requests mean more provider satisfaction

- ▶ To encourage faster recredentialing, providers get a WellPoint-generated notice including their CAQH ID number, instructions for logging on and a list of FAQs. The interface makes adding the CAQH ID to the letters easy—and providers don't have to call the health plan or the CAQH Help Desk to get it
- ▶ WellPoint staff are better equipped to field inquiries about application status

## Results

- ▶ As much as 80 percent of monthly re-credentialing applications completed through CAQH
- ▶ Five- to 10-day faster turnaround for application processing
- ▶ Ten to 15 percent reduction in average processing time

## Key Takeaways

- ▶ IT can build a mini-interface to automatically pull in most-often-used data from the UCD and create process efficiencies
- ▶ Interface can also address other pain points in the process, such as provider dissatisfaction
- ▶ Small changes eventually add up to large savings

# Keeping it Simple: Creating Customized Internal Reports



## Challenge

CAQH's application contained more information fields than the organization needed and flowed in a different order than internal data entry screens

"Manual work time has decreased, allowing the staff to be remobilized to handle other priorities. Focusing on required network specific fields will also assist with improving data integrity, including directories.

—Cathy Ferrara  
Manager of Professional Credentialing  
Blue Cross Blue Shield of Michigan

## Summary

In looking for a way to increase efficiency in its credentialing shop, BCBSM turned first to the staff doing the work. Staff weighed in on where processes could be streamlined and helped create tools to accomplish it. By focusing on what was most important, the shop was able to develop a process that resulted in improved turn-around times and significant postage/paper savings. Adapting the CAQH data extract to better meet its needs was key to realizing these benefits. Getting credentialing staff on board to help design the solution made for practical success.

## Best Practice Solution

**Use the UCD extract function to highlight key data in a concise report that matches the sequence of internal data entry questions**

### **Profile process streamlined, tasks reduced**

- ▶ Allows for ease of workflow for the report production task
- ▶ Page length was reduced because unnecessary data was omitted
- ▶ Increased font size makes the process more user friendly for credentialing staff
- ▶ Reorganized questions to allow for ease of data entry and increased accuracy

### **Next steps point to further efficiencies**

- ▶ Switch from legacy credentialing system to new system
- ▶ Pull directories and create more automation between systems with the UCD and other primary verification sources

## Results

- ▶ Customized report cuts between 15 to 18 pages per application
- ▶ Less searching for appropriate data led to improved turn-around time and less manual work time

## Key Takeaways

- ▶ Shorter profile developed with credentialing staff is more efficient
- ▶ If your goal is to save paper and time, look for ways to streamline amounts of data

# Looking Ahead

Health plans are realizing strong savings and ROI in new areas through their use of the Universal Credentialing Datasource® (UCD), allowing them to achieve full buy-in from leadership and approval of additional resources, such as IT support.

The presentations at this year's Best Practice Conference made it clear that there are further uses for UCD left to explore. Getting to the ideal of a paperless, consistent, open data-stream environment may require, as Atul Pathiyal commented at the end of the day, new metrics. The points that measured success a year or even months ago may not be sufficient to realize maximum value. In undertaking this, users might be guided by some of the following questions:

- ▶ What needs to happen for CAQH application to be adopted as the health plan's standard?
- ▶ What needs to happen to reduce the credentialing timeframe from the provider perspective?
- ▶ Is there further value for the data that CAQH collects outside of the health plan's credentialing department? Can CAQH improve on data quality or eliminate processes?

CAQH thanks all participants for their contribution to the measurable UCD successes of the past year.

***For more information about UCD Best Practices, please contact Christy Stroup at [cstroup@caqh.org](mailto:cstroup@caqh.org), or 202-778-3208.***