

Credentialing & Insurance Enrollment

Re-Introduction to Credentials Verification services and How It Can Create efficiencies

Webinar

March 16, 2023, 12:00 p.m. MDT

WYOMING
HOSPITAL ASSOCIATION



YEARS
1945-2020



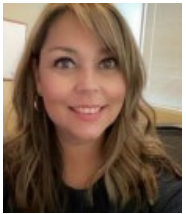
HSC

Hospital Services
Corporation

Nice To Meet You



Erika Campos, President,
Hospital Services
Corporation



Christina Tyson, Manager,
Staff Readiness,
Hospital Services
Corporation



Bernadette Armijo, Business
Relationship Specialist,
Hospital Services
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Hospital Services Corporation

Who We Are



Award-winning
technology
solutions
company



Serve customers
across 19 states



Owned by the NM
Hospital
Association



"Best Place to Work"
4 years & counting

Business Partner History

Once upon a time in 2019

Endorsed

Wyoming Hospital Association has endorsed Hospital Services Corporation since 2019 for our industry leading Credentials Verification and Provider Enrollment Services

Web-Based

HSC has effectively streamlined the Credentials Verification and Provider Enrollment process using a web-based software system which allows for a paperless experience.

Certified

HSC is Certified as a credentials verification organization by NCQA for over 25 years.



Credentials Verification

Which Situation Best Describes how your organization handles credentials verification and insurance enrollment:

- A. We have an in-house team/person that does this work
- B. We split the work with our in-house team/person and a credentials verification organization
- C. We use a software-based vendor (But good luck getting ahold of someone!)
- D. We have someone in-house to manage credentials on an 'as needed' basis
- E. We don't credential often enough to have a full-time team/person for this work



Submit your answer in the chat

**How do we decide whether or not
to bring in a partner to help?**

Symptoms

- Workforce shortages and credentialing process inefficiencies
- Long and complex process with multiple delays
- Provider is frustrated with the process
- Newly hired provider is unable to see patients
- Infrequent need to credential providers and not familiar with the process
- Staff turnover & Knowledge has walked out of the door
- Internal turnaround time is not ideal



HSC **Industry-Leading Turn Around Times**, depending on your organization's accrediting requirements

What Credentials Verification Service partners do for hospitals

- ✓ Initial appointments and applications
- ✓ Recredentials applications
- ✓ Continuous file maintenance services
- ✓ Secure customer and practitioner portals
- ✓ Special requests and occasional emergency turnarounds

Credentialing Questions to Contemplate

- How many providers do you have on your Medical Staff?
- What is your onboarding process for your providers?
- What barriers do you face getting your providers credentialed timely and in compliance with regulatory requirements?
- What are the multiple demands of your team outside the credentialing process?
- Does your team conduct Credentialing and Verification often enough to produce the highest quality results in a short amount of time?
- Where do you experience delays in this process?



How big is big enough?

- Several hospitals have reported that they were “dropped” from their Credentialing vendor for being too small!
- The Medical Staff team at smaller hospitals will find using backup for these processes a relief
- Practice makes perfect
 - If your team doesn’t do the work as often and does not have automation, the tasks can take significantly longer
- Association-based HSC won’t ever drop customers for being small

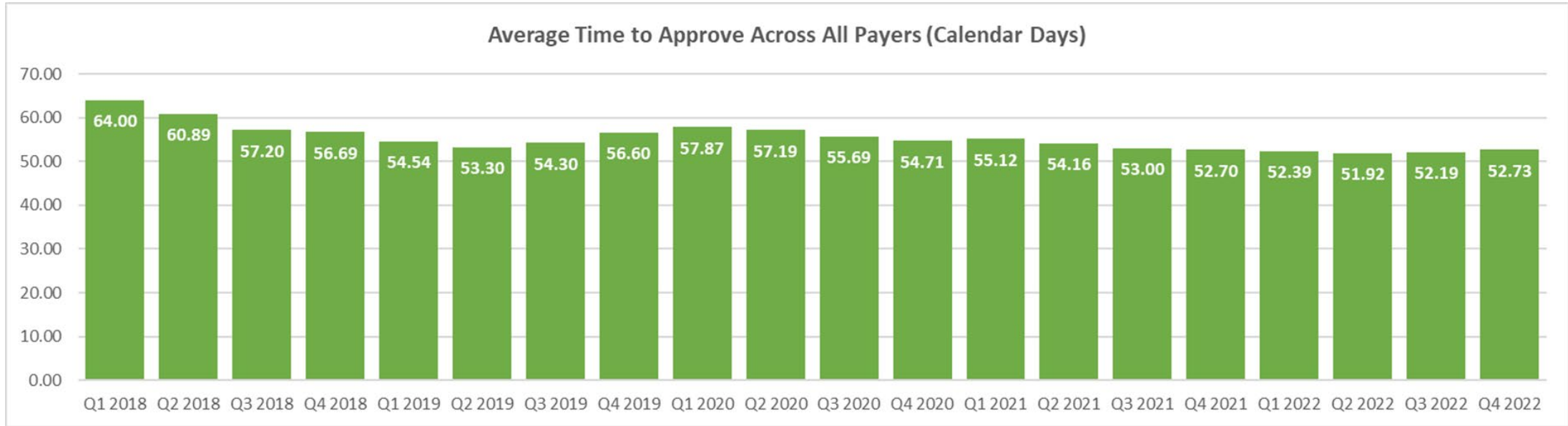


Provider Enrollment into Insurance Carrier Networks

What Provider Enrollment Services partners should do for you

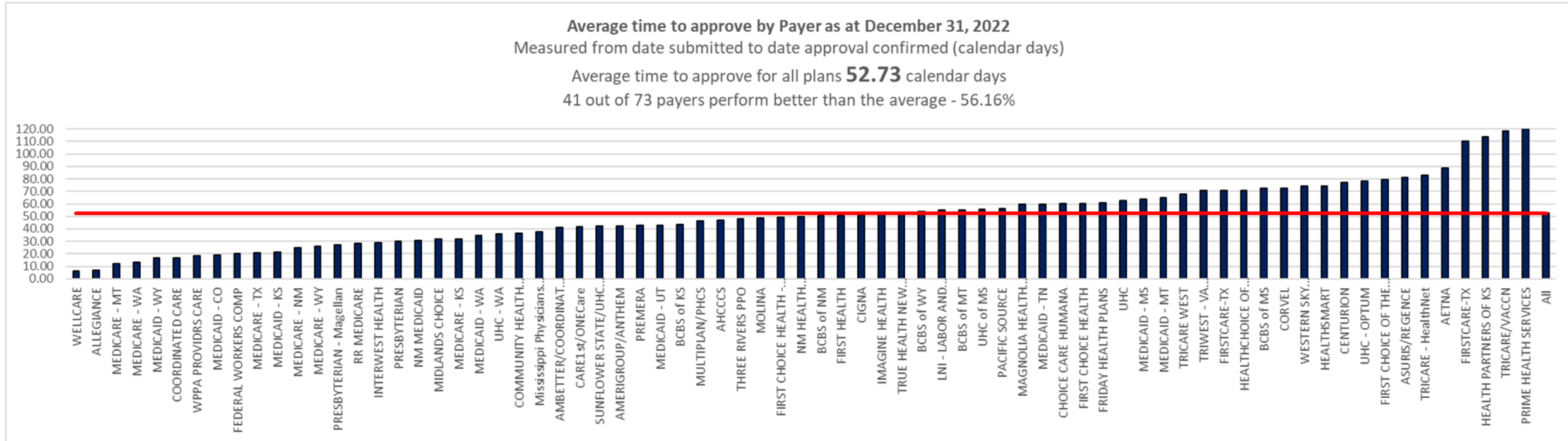
- Initial enrollments with Medicare, Medicaid, local and national commercial payers
- Detailed workflows for each payer to stay on top of ever-changing processes and requirements
- Regular updates on progress or barriers of enrollments
- Routine, ongoing follow up on each provider for each health plan to stay on top of enrollment efforts
- Audit to identify enrollment gaps for existing providers
- Approval notifications, analyses and regular status updates

They should produce an efficient turnaround time...



HSC Turnaround Times

...and be able to show payers how they compare



Not Just MDs

Physicians

Nurse
Practitioners

Behavioral
Health Providers

CRNA's
(Certified Nurse
Anesthetists)

And Other
Healthcare
Professionals

HSC Provider Enrollment **Expertise**

- Experience with payers on a local and national level across multiple states
- Knowledge of regulatory and health plan requirements, with detailed workflows for each payer
- Proficiency in enrolling a variety of provider types and specialties
- Ability to work with local managed Medicaid programs by state
- Adeptness at identifying what is needed from the provider and the facility to simplify the process

Provider Enrollment Questions to Contemplate

- Is there a clearly defined process for your hospital?
- Does the department or departments assigned to the task get enough practice to work efficiently?
- How many providers do you employ or enroll?
- Are you credentialing all provider types you bill services for?
- How much are you writing off due to enrollment delays?
- How much is your average monthly write-off (out of network) by provider by health plan due to enrollment delays?
- What is your average reimbursement per day for each provider by health plan times the number of days it took to enroll?
- What is your potential for increasing revenue?

HSC Provider Enrollment: **The Value Of Saved Time**

Uncovered expenses: We selected the average salary for four commonly recruited employed specialties from Medscape's 2021 report on physician salaries. Each week a physician is not enrolled in insurance networks despite paying their salary, a hospital will pay:

- Orthopedic physician: \$9,800+/week plus office and staff expenses
- General Surgeon: \$7,000/week plus office and staff expenses
- Gynecologist: \$5,900+/week plus office and staff expenses
- Hospitalist: \$4,800+/week

That's \$24,000-\$49,000 in uncovered salary expense in the 5 weeks we save a hospital.

Revenue missed: For each day a provider is not able to fill a case in the Operating Room with surgeries or be reimbursed for medical care and consultation for an inpatient with a medical issue, we selected a high-volume hospital DRG, and its corresponding approximate Medicare reimbursement. Assuming 8 patients of this corresponding DRG/week:

- Knee arthroscopies (\$11k): \$88,000/week
- Hernia repairs (\$7k): \$56,000/week
- Hysterectomies (\$9k): \$72,000/week
- Complicated Ulcers (\$5k): \$40,000/week

That's \$200,000-\$440,000 in revenue in the 5 weeks wait we can save a hospital.

Let's Talk Efficiencies





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**We Help
Providers
Start Work
Faster**



CONTACT US

 Hospital Services Corporation

 @HospitalServices Corporation

Create **Efficiencies**

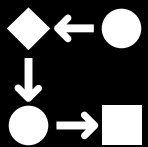
Add the resource of time back to your team



Regulatory Requirements

Concentrate on managing the committee approval process and other workplace commitments without the need to add additional staff

Automation & Audit



Standardized Process

Eliminate the timely research that accompanies this work if done infrequently

NCQA Accredited



Workforce Balance

Maximize your staff work balance to include responsibilities unique to your facility

Established Workflows



Write-Off Woes

Bill for services much faster rather than writing off the cost of services provided over a lengthy period

Increased Revenue

Questions, Comments, Thoughts?

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Thank **You**

