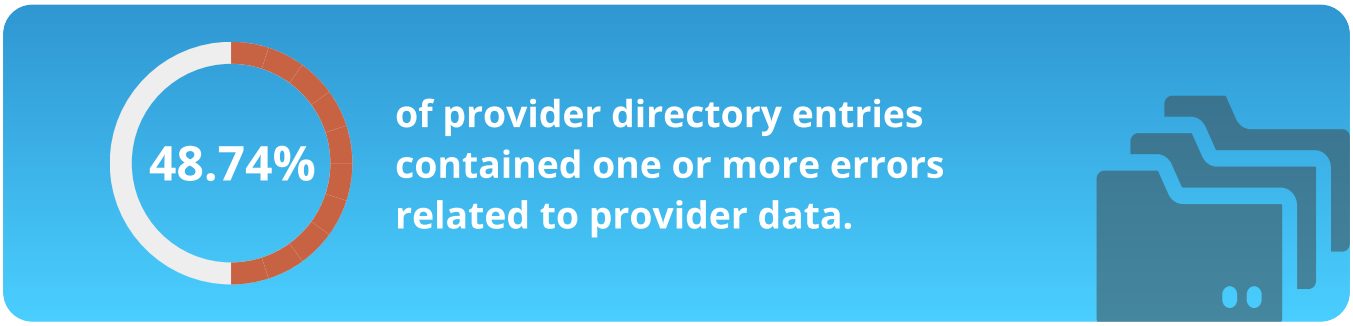
Automating Healthcare Administration to Minimize Complexities in the U.S. Healthcare System: An In-depth Analysis

An all-in-one solution that addresses healthcare administration bottlenecks related to Provider Data Management, Credentialing, Privileging, and Payer Enrollment.

Overview

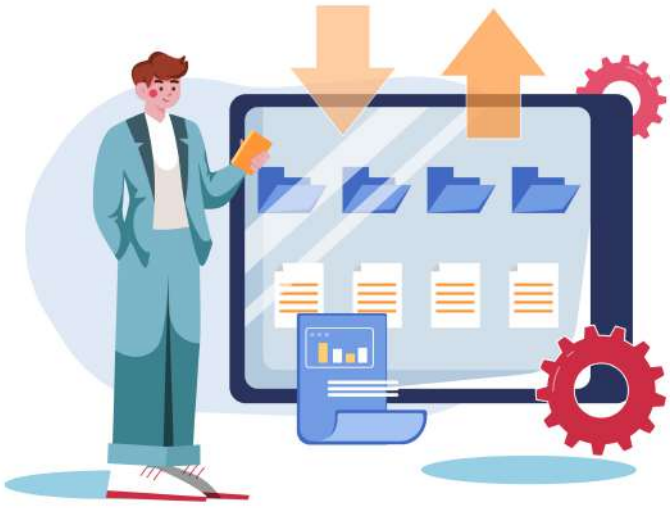
The healthcare industry is thriving. Every day, innovation helps us deliver better care to patients. Unfortunately, the back-end processes of the health systems are often not approached with the same innovation, which leads to a fractured experience for health systems and providers. As the innovation continues, it is becoming clear that there are critical issues at the back end of the healthcare system that have orchestrated such an experience. Most stakeholders in health systems deploy a mix of siloed point solutions, understaffed internal teams, and fragmented technology to help maintain and optimize their administrative tasks. Complex billing and reimbursement processes have led to an increase in administrative burdens, which detracts from delivering quality patient care and adds to the rising healthcare costs.

Furthermore, processes such as provider enrollment and licensing, which are crucial for maintaining a skilled workforce, have bogged down in bureaucratic hurdles that divert valuable time and energy of healthcare professionals from patient-centered activities. The credentialing procedures, complex payer interactions, and the maze of regulatory compliance - all add to the burden of healthcare professionals. The ***Affordable Care Act*** mandated reducing paperwork and healthcare administration costs, yet the healthcare systems still rely heavily on paper-based communications and records. Accurate provider data is imperative to comply with government regulations. However, **a study conducted by the Centers for Medicare & Medicaid Services (CMS)** found that



This whitepaper addresses the administrative bottlenecks that have slowed down the healthcare systems in the U.S., such as Provider Data Management, Credentialing, Privileging, and Payer Enrollment. By shedding light on these bottlenecks, this whitepaper explains the complexities surrounding healthcare administration and promotes the development of practical solutions to automate healthcare administration, which will lead to faster provider onboarding for healthcare systems.

Provider Data Management



Inefficiencies hinder Provider Data Management, which includes the tasks and processes involved in controlling, managing, and updating information of healthcare providers. The major source of that inefficiency is credentialing—a multi-step process involving many disconnected entities that payers and healthcare administrators in hospitals and health systems perform for their providers, using organization-specific processes and systems to manage an enormous amount of information. The ability of health systems and payers to effectively and efficiently manage provider data—demographic, professional, and financial—is the foundation of a successful partnership. Sound Provider Data Management processes ensure swift payer network participation and payment for healthcare systems. When these administration processes slow down within healthcare facilities, costs escalate. The slow administration process also impedes the efficiency of healthcare facilities when onboarding physicians as physicians navigate a maze of onboarding requirements instead of dedicating themselves to patient care. Mismanagement of provider data is often the result of repetitive, manual, error-prone processes, and contributes heavily to claims processing errors. The data management complexities for processes such as credentialing, privileging, and enrollment contribute significantly to burnout among healthcare staff.

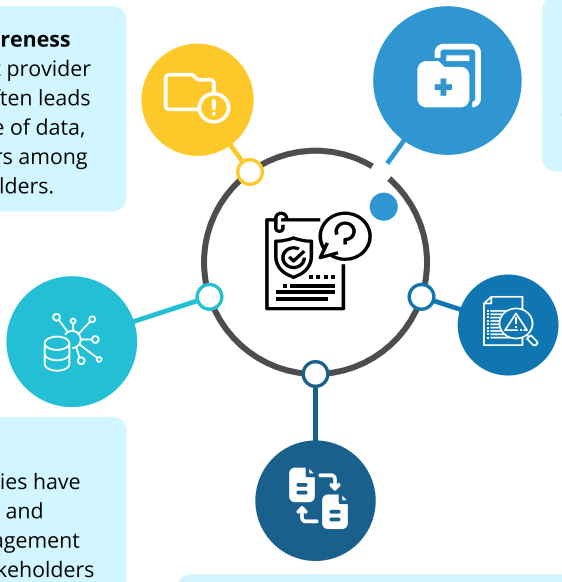
The Council of Affordable Quality Healthcare estimates

$2.7 Billion+ **spent by Healthcare Systems annually to update and verify provider data.**

Provider Data Management

Analyzing the Root Cause Problems and Making Changes

Lack of Understanding/Awareness
The lack of understanding about provider data availability and structure often leads to misinterpretation and misuse of data, resulting in confusion and errors among healthcare staff and stakeholders.



Multiple Systems and Sources
Multiple systems and data repositories contribute to the complication of provider data management for healthcare facilities, which leads to provider identity issues.

Provider Data Inaccuracies
Providers are challenged to deliver accurate data to healthcare systems for credentialing, privileging, and when provider information changes.

Decentralized Data
Decentralized data repositories have created siloed structures and inconsistencies in data management workflows across multiple stakeholders within healthcare facilities.

Inconsistent Data Exchanges
Data transfer with multiple stakeholders for various usage in different sources, formats, and transmission methods results in manual work, duplicate processes, time lags, and inaccurate records.

Addressing the Root Cause Problems will require

Developing or optimizing the centralized data repository to store comprehensive provider information - demographic, professional, and financial data.

Implementing a reliable Provider Data Management system specific to healthcare facilities' workflows to effectively resolve provider data inaccuracies.

Establishing standardized and centralized provider data processing mechanisms for seamless data exchanges between external vendors and internal systems.

Deploying a validation solution for provider data, which may necessitate collaboration with external partners.

Credentialing and Privileging

Time Consuming

Credentialing and privileging are often time-consuming and burdensome for providers within healthcare systems. The extensive documentation requirements, manual data collection, verification processes, and multiple stakeholders contribute to lengthy processing times.

The average time for initial credentialing can range from **60 to 120 days**, causing delays in provider onboarding and patient access to care. The credentialing teams of most healthcare systems utilize workflow-oriented software systems to manage and track the various steps involved in the process. However, these software solutions often lack sufficient automated credentialing and privileging capabilities. This leads to limitations, such as manual data entry, limited integration, and incomplete task automation for the initial medical credentialing process, the payer credentialing process, and granting privileges to providers within a healthcare facility.

Regulatory Complexities and Variations in Verification Standards

The credentialing and privileging process requires administrators and healthcare systems to comply with numerous federal, state, and accreditation regulations when completing and filing the credentialing application. The evolving regulatory landscape and navigating requirements, such as the National Practitioner Data Bank (NPDB), Medicare Conditions of Participation, and state-specific regulations, add complexity for healthcare staff and challenge healthcare systems to stay compliant.

Credentialing and Privileging

Complex Processes

Onboarding providers in healthcare facilities require credentialing and granting privileges to ensure they provide competent patient care in line with their role at the healthcare facility, protect the facility from potential liabilities, and act within the scope of their practice. However, these processes generate vast amounts of data that must be managed effectively.

While the healthcare systems have undergone a transformation in patient care digitization, the back-office processes that enable providers to provide patient care in the true sense, such as credentialing and privileging, remain highly inefficient. Even now, healthcare systems heavily rely on manual data entry, paper-based systems, siloed solutions, and disparate databases for credentialing and privileging requirements. These manual processes lack interoperability and hinder provider data sharing, accuracy, and security. Incomplete, inaccurate, or outdated provider data leads to a slow turnaround time for credentialing and privileging, which can compromise the onboarding experience for providers and their ability to provide patient care in healthcare systems.

Adopting centralized, secure, and interoperable systems powered by automation for provider credentialing and privileging can enhance data integrity and streamline information exchange for healthcare systems. This can help reduce the workload, uplift the onboarding experience for healthcare professionals, and increase the profitability for hospitals and health systems by getting providers onboarded and credentialed faster than ever.

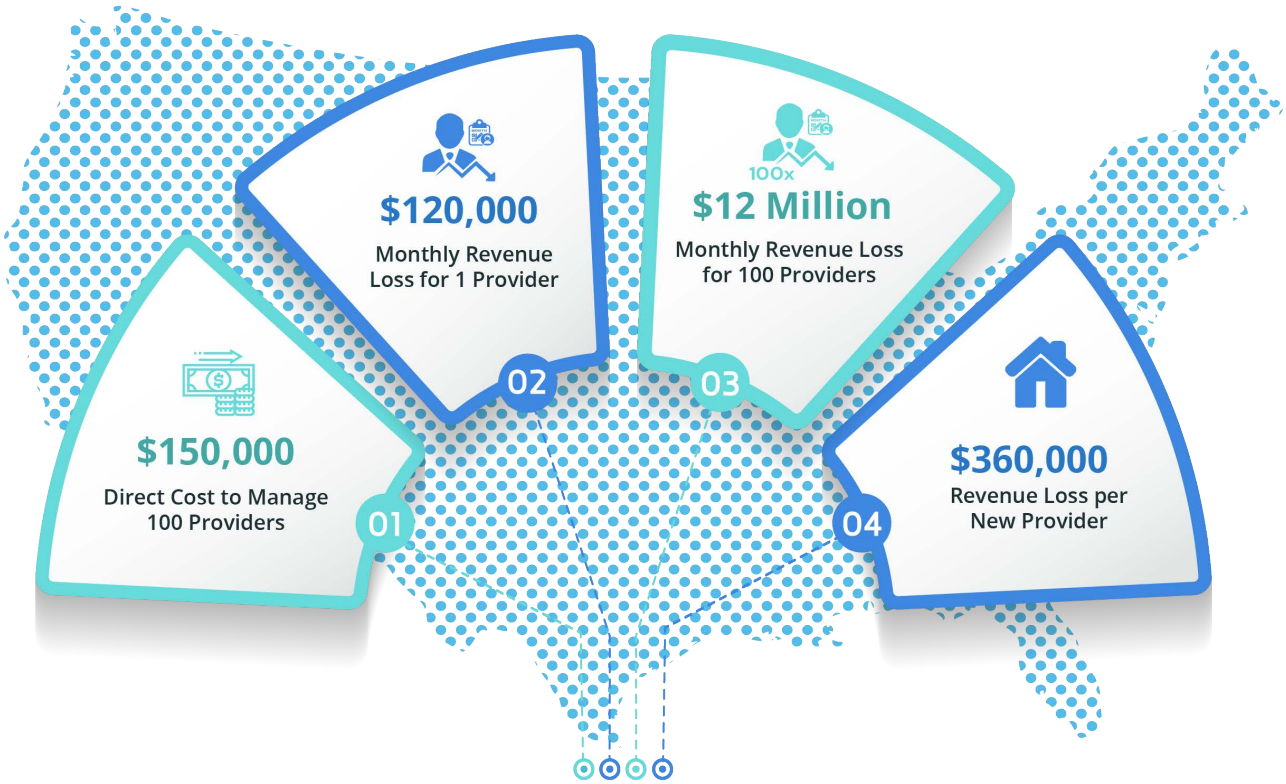
Dependence on Institutional Knowledge

Healthcare systems mostly depend on the institutional knowledge of health administrators, where the expertise and memory of experienced staff are central to the process. This dependence, rather than streamlined processes, poses risks, such as inconsistency, lack of scalability, inefficiencies, and errors. Differences in the level of detail provided, the format of verification documents, and interpreting results can lead to discrepancies in the verification process.

Credentialing and Privileging

Physician Turnover

Healthcare providers often move between healthcare facilities, health systems, and states throughout their careers. A recent study conducted by ACP Journals reported that the annual rate of physician turnover increased modestly from **5.3% to 7.6% between 2010 and 2018.** Healthcare systems lose a significant part of the revenue during the credentialing and privileging processes.



Source: Merritt Hawkins

Physician turnover is costly and inconvenient for both physicians and the health systems that employ them, as each transition requires re-credentialing, which can lead to delays in provider availability and continuity of patient care.

Payer Enrollment

Providers and healthcare systems are having to become adept jugglers as they attempt to deal with the changing landscape of payer enrollment. The enrollment process is complex and varies among different payers, resulting in a significant administrative burden.

According to the Council for Affordable Quality Healthcare, on average, it takes a provider **120 days to be enrolled** with a payer.

According to Medium, providers spend an average of **20 hours per week** managing payer enrollment and credentialing.

The Journal of AHIMA found that inaccuracies in payer enrollment documentation also lead to high rates of denials, with **20% of claims being denied** because of enrollment issues.

The payer enrollment process consists of several steps, including gathering and submitting the necessary documentation, verifying information with the payer, and waiting for approval. It is time-consuming to gather the documentation because of the lack of a centralized repository for all required elements. If the payer approval is not granted, additional steps must be taken to appeal and reapply. To enroll the providers with payers, healthcare systems need to navigate the complex requirements of each insurance payer, which can vary significantly from one to another. For example, some insurance payers require healthcare systems and facilities to submit certain documents for their providers that others do not, and some insurance payers require more extensive documentation to prove eligibility. These variations make the enrollment process significantly challenging for healthcare systems, which may need to manage the payer enrollment process with multiple payers simultaneously.

Payer Enrollment

Submitting every single payer enrollment application is cumbersome. The healthcare administrators and health systems deal with the ins and outs of different insurance payers. As payer enrollments for each provider is repetitive and mostly manual, there is plenty of room for human error, even with experienced healthcare staff. To illustrate, here are the steps that healthcare systems perform to enroll their providers with each insurance payer:

Find and understand payer enrollment procedures

Providers do business with 25 payers on average. Different procedures such as, transaction types (e.g. EFT, ERA), countless forms to download from insurance payer websites, phone calls to confirm the latest procedures, and more add complexity to the payer enrollment process.

Correctly complete the enrollment forms

Payer enrollment forms are long enough to take days or even weeks to gather all the required provider information and fill the forms with 100% accuracy. Payer requirements also change frequently. Starting, stopping, and filling out manual enrollment forms all over again are common for healthcare systems.

Manually submit enrollment applications

Insurance payers require healthcare systems to send information via mail or fax, which is expensive and time-consuming. Not only do the administrators spend time manually sending papers, but packages are often lost or are received in illegible format, and have to be re-sent.

Check payer enrollment status

Healthcare administrators face difficulty in tracking payer enrollment status after submitting paperwork. They make status inquiry calls to payers for weeks or months, only to find out that enrollment submissions were rejected due to errors or being lost.

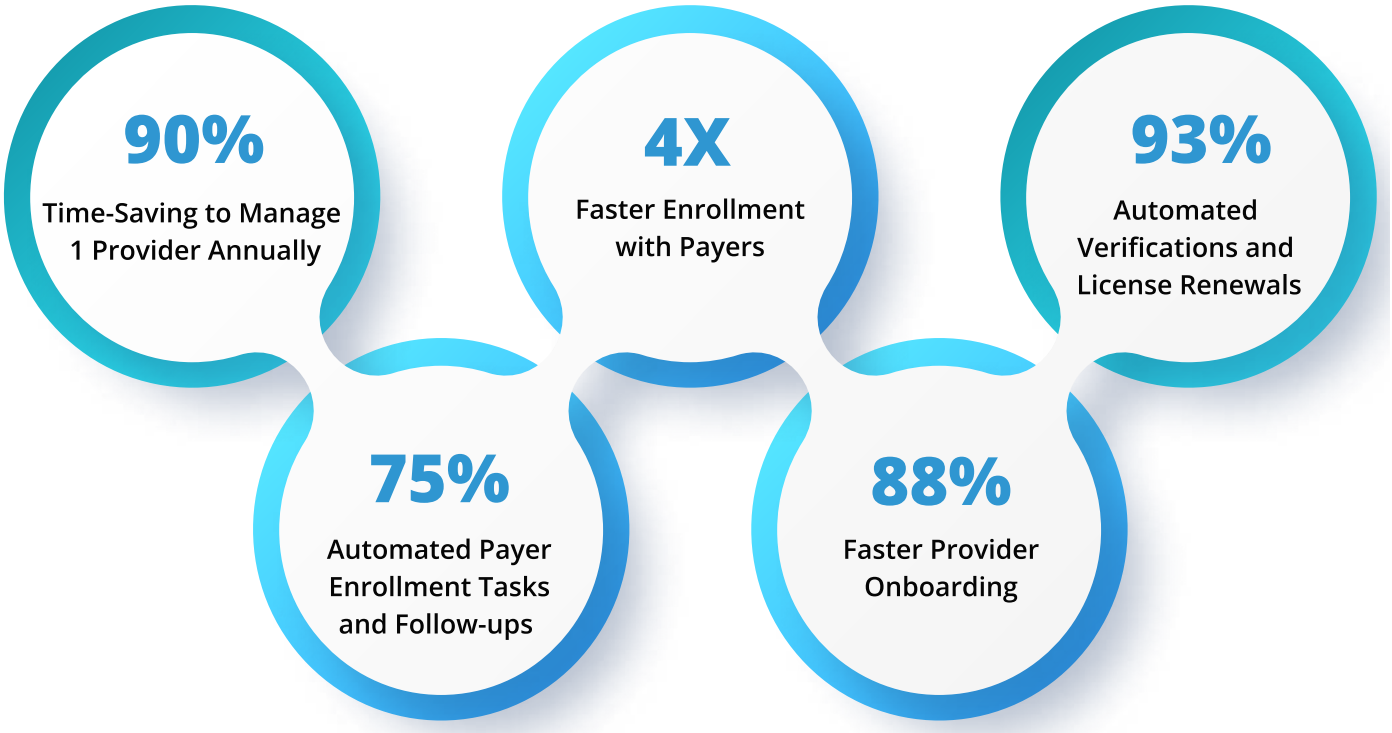
Go back to square one

About 20% of payer enrollments are rejected because of errors, so healthcare administrators start the whole process of finding, completing, and submitting the payer enrollment forms again.

Provider Passport Automates Healthcare Administration

Provider Passport is the all-in-one solution for healthcare administration that automates Provider Data Management, Credentialing, Privileging, and Payer Enrollment using **TruMation™ - Super Charged AI Automation**. Through its unrivaled integration with data sources, unprecedented automation, and game-changing management-by-exception approach, Provider Passport consolidates provider data into a secure platform, automates verifications and renewals, and simplifies payer enrollments. It eliminates manual processes and paperwork to accelerate the provider onboarding process for health systems with minimal to zero human intervention.

Built over 5 years of research and product development and **filing 232,000+ applications,** Provider Passport automates all healthcare administration tasks and helps with:



Revolutionizing Provider Data Management

Provider Passport allows healthcare administrators and health systems to manage the provider data seamlessly. The platform collects, verifies, and manages all necessary data and documents to ensure that providers are always up-to-date. This eliminates tedious manual data entry and intermediaries, reduces errors, enhances provider data accuracy, and results in faster access of providers to health facilities and systems.

The AI-based OCR engine extracts issue dates and expiration dates from each expirable document automatically. Once the data is extracted, Provider Passport autonomously sets up tracking for each document without any manual intervention. This eliminates the need for healthcare administrators to spend time on data entry and verification tasks. In cases of document updates or renewals, Provider Passport's AI system promptly identifies the changes and updates the tracking information in real time. It automatically generates reminders for upcoming document expirations and sends alerts to both providers and healthcare administrators. This proactive approach prevents lapses in compliance and ensures timely actions.

The platform's automated license renewal engine keeps track of all provider licenses and their expiration dates. Provider Passport proactively notifies providers about upcoming license renewals and guides them through the document submission process. This minimizes the need for extensive back-and-forth communication. The platform's automation capabilities submit renewal applications with the necessary information, significantly reducing the manual effort required.

Healthcare administrators can view their compliance status of all their providers across credentialing, enrollments, and privileges, which includes real-time updates and notifications. They can securely store and share their provider’s documents, request new privileges, add new payers, and enable their providers to become a part of a searchable provider database.

Provider Passport stands out as the only Provider Data Management platform that submits renewal applications for all the expirables it tracks. Renewals work in two ways:

Subscribe and Forget

Provider Passport will autonomously process renewals for all expiring licenses of healthcare providers.

Pay-as-you-go

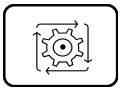
Provider Passport offers a pay-as-you-go model for managing the provider data, where it provides a link for easy payment to renew a particular credential.

Revolutionizing Credentialing and Privileging

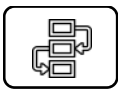
Aggregates the provider's credentials in one unified dashboard that stores the provider's documents, credentialing, and compliance status by interfacing with 18+ databases.

Performs automated Primary Source Verifications from over 400 primary sources.

Allows easy sharing of Primary Source Verified files in seconds.



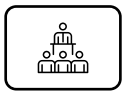
The Management by Exception approach intelligently reports and prioritizes anomalies detected during the verification process.



Provides workflow builder for credentialing and privileging with unlimited workflows and customization that aligns with health systems' structure.

Create and schedule virtual board meetings with the ability to keep detailed logs and meeting minutes in one unified platform.

The ongoing monitoring of sanction databases like OIG, OFAC, and SAM provides a live view of compliance status, takes proactive actions, and resolves issues.

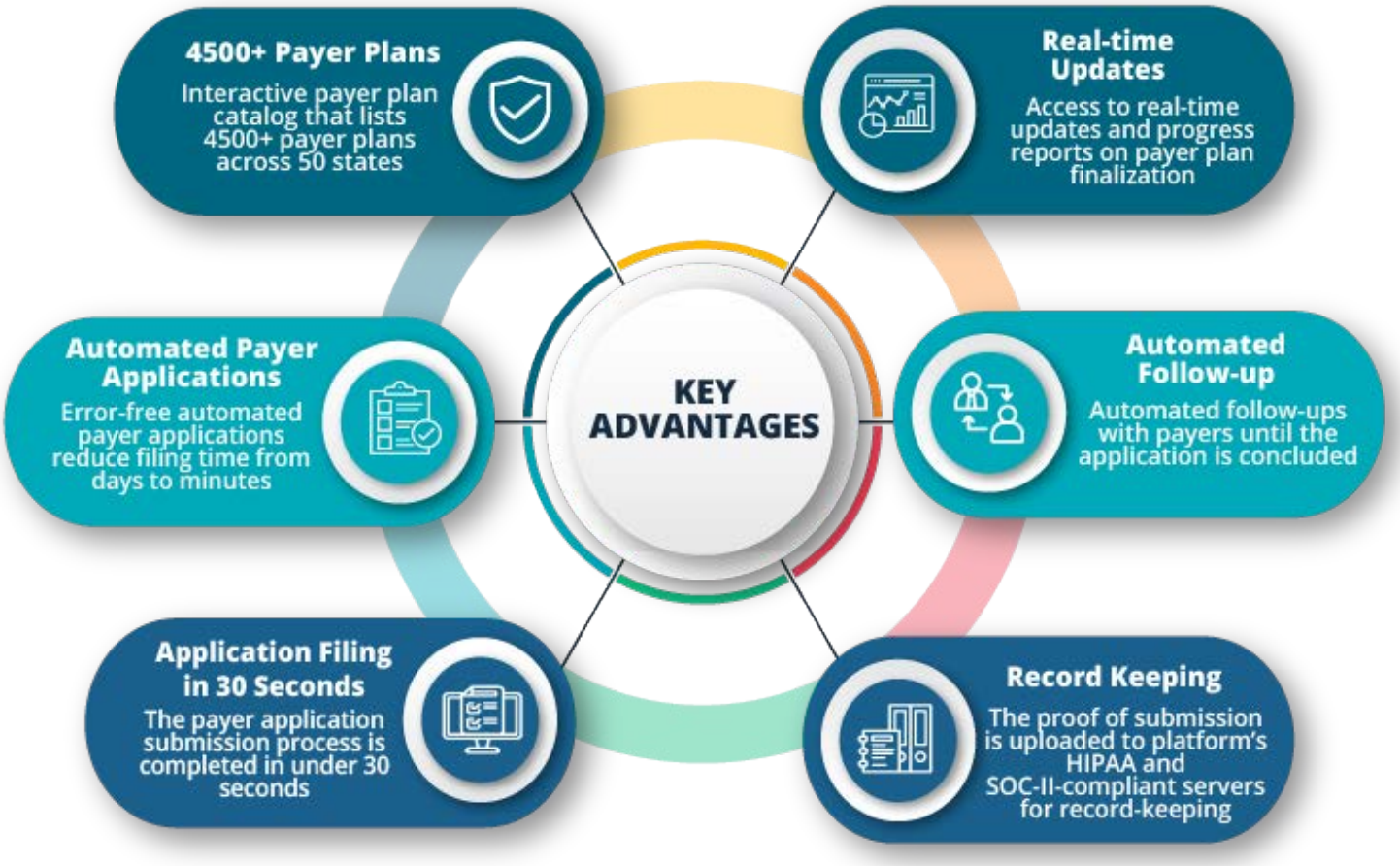


Provides the ability to create multiple boards, synchronous and asynchronous workflow options, and visibility on the progress of each board/committee appointment.

Stores and updates over 1 Million permutations of credentialing requirements for all 50 states and specialties.

Revolutionizing Provider Enrollment

Provider Passport's AI-driven enrollment engine automates the end-to-end payer enrollment journey for optimizing cost with the fastest enrollment turnaround time. Key advantages include:



As part of the enrollment process, the payer may request additional information or documents that were not included in the initial requirement. Provider Passport's AI handles and fulfills those requests autonomously. In cases where provider-centric information/documents are requested, such as explaining a gap in work history or an attestation, Provider Passport sends providers and health administrators instructions on how to complete it.

About Provider Passport

Provider Passport's robust capabilities truly automate healthcare administration from Provider Data Management, Credentialing, and Privileging, to Enrollment. Its intelligent automation renews licenses autonomously, submits enrollment applications, and scans the provider network for compliance exceptions using **TruMation™ - Super Charged AI Automation**. It offers a seamless experience that accelerates the provider onboarding and contracting process, reduces administrative burden, and ensures the security of sensitive provider information.