



# Success Story

## Medical Staff Credentialing and Payer Enrollment Structure Analysis

### Background:

Lighthouse Healthcare Advisors was engaged to complete a medical staff credentialing and payer enrollment structure analysis for a large healthcare system. The system has 25,000 employees and 4,000 affiliated physicians who provide primary and specialty care within 150 locations and 14 hospitals.



### Objective

The objective of this project was to develop a gap assessment for the processes of medical staff credentialing and payer enrollment in order to provide recommendations for standardizing these two functions.



### Approach

- Conducted market research on payer credentialing/enrollment structures utilized by large, mid, and small health systems within the client's region
- Interviewed appropriate personnel involved in payer credentialing/enrollment to map the current state of the systems process
- Reviewed the existing medical staff office consultation report and prepared a detailed summary
- Created a current state outline then generated a pathway for future operations



### Gap Analysis

A strategic gap analysis assesses the difference in an organization's current and its potential performance. As a result of the gap analysis, LHA identified improvement opportunities in the following areas: policies and procedures, workflow correlation and data gaps between the payer and medical staff divisions. Once completing the analysis, LHA prepared the following recommendations for an efficient and effective future state.

#### Gap Analysis

	Current State	Future State
Med Staff	Disparate management of Med Staff	Centralized management of Med Staff
	Local board approval	Local board approval
	Workflow duplicity	Efficient workflow
	Inconsistent use of MDStaff resulting in unreliable database	Consistent system-wide communication
	Inconsistent communication	Consistent system-wide communication
	Lack of standardized P&Ps	Standardized P&Ps
Payer Enrollment	Payer enrollment and maintenance managed by multiple vendors and departments with no centralized control	Centralized management of payer enrollment and maintenance
	Inconsistent communication	Consistent system-wide communication
	Lack of standardized P&Ps	Standardized P&Ps across the system
Accountability	Lack of accountability across the system	Local and system-level accountability
Overall Health	Billing inconsistencies leading to increased compliance risk	Improved billing consistency and reduced compliance risk
	Reduced patient satisfaction due to inaccurate website provider information	Accurate provider information available to patients via websites



### Findings

LHA identified and summarized the following findings regarding credentialing and enrollment



Inconsistencies in the use of the med staff software, an enterprise-level system used to streamline/automate the credentialing process, caused a negative impact on the system's financial health.



Lack of adoption of system-wide compliance policy for new site/service resulting in rampant duplication of effort.



The system lacked effective communication between member hospitals and physician enterprise groups contributing to inefficient onboarding and offboarding processes.



Inconsistent med staff data collection led to inaccurate provider data used for marketing efforts resulting in a negative impact on patient satisfaction



Despite local affiliates (hospitals/providers) knowing their roles, there was no system-wide accountability.

#### Strengths

- Medical Staff & PFS credentialing staff met biweekly to share tracking spreadsheets

#### Weakness

- Workflow duplicity
- Inconsistent communication
- Lack of standardized P&Ps

#### Opportunities

- Efficient workflow
- Consistent system-wide communication
- Standardized P&Ps
- Implement a managed care/insurance credentialing software

#### Threats

- Inconsistent use of credentialing software
- Payer enrollment & maintenance managed by multiple vendors/departments
- Non-adoption of system wide compliance policy for new site



### Recommendations

- Implement a standardized protocol for Med Staff technology
- Create an efficient workflow utilizing the research gathered from multiple health systems
- Create a pathway for consistent system-wide communication combined with a structured reporting and responsibility maps
- Centralize management of payer enrollment and maintenance
- Standardize Policies and Procedures

Each of these recommendations was supported by an implementation schedule as well as step by step tasks to achieve the future state.



### Conclusion

LHA was able to compile operational information from four different health systems and create an innovative and unique process for this system. Recommendations and pathways for success were focused around substantial growth in effective communication, improvement of financial health, providing centralized management of the credentialing software, and marketing efforts. LHA also assisted the facility in the implementation of the recommendations.



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