

# **Provider Enrollment and Credentialing Listening Session**

**January 13, 2022**

# Agenda

- Introduction and purpose of listening session
- Provider enrollment overview
- Provider pain points
- Recap and next steps

# Pain Points / Experience

- When calling IME provider enrollment, getting a different answer from different individuals
- When calling to check on the status of an application, the response was it hadn't been assigned – frustrating wait time
- Taking a long time (this delay has become longer)
  - Both IME and MCO timeline
  - IME → some 14-21 days and some are 60-90 days – no pattern, all individual CDAC are taking this long

# Pain Points / Experience Cont.

- Emailed information not being received by the IME due to confidential information being blocked by email filters
- Sending multiple applications with discrepancies in the results (one approved and one not)
- **Positive** – getting ahold of provider enrollment
  - No paperwork to sign (no contract), but claims are being paid

# Pain Points / Experience Cont.

- Change of ownership issue example:
  - Application submitted before 7/1 to IME
  - 1 of 7 facilities approved in September
  - The other 6 facilities approved at the end of October
  - Still has not received the welcome letter for 2 facilities
  - Then enrolled with ITC
    - ITC communicated the facilities were shown on the master list
    - Still has not received claims since July - \$2M impact
    - Response is that not on the master file, but that it is updated daily
  - And AMG
    - No paperwork to sign (no contract), but claims are being paid

# Pain Points / Experience Cont.

- Prescriptions are being denied with a reason of not being enrolled – after follow-up, the providers are enrolled – affecting patients at pharmacies
- Medicare – does not need to enroll for each site, but this is required for Medicaid
- Some NPIs under the provider tax ID were missed by the MCOs causing rework and claims issues

# Pain Points / Experience Cont.

- Issues with non-physician providers such as nurse practitioners – sub-specialties are not always listed correctly. Patient seeing two practitioners within pediatrics with different sub-specialties.
- Claims not being paid due to enrollment discrepancies
- Multiple redundancies that are unnecessary
  - CAQH database is available – could be leveraged by IME/ITC/AMG

# Pain Points / Experience Cont.

- Addresses and NPIs that have been eliminated continue to be sent to the MCOs in the Master file, resulting in them showing as active (should be shown as closed)
- When receiving welcome letters, the NPIs have been mixed up and effort is needed to fix them
- **Positive** – Fixes have accommodated back dating to the request date



# Suggestions

- Leverage the IME enrollment information to feed the ITC and AMG enrollment processes - Develop an online portal for application submissions / enrollment
  - Do not use a universal application – or take advantage of the benefits of a universal application
  - Single unified entry point to submit application information that goes to all parties requiring that information for enrollment
  - Provide an online look up feature for providers to check the status of applications
  - Establish a standard format for the rosters providers submit for ITC and AMG

# Suggestions

- Establish common, consistent POCs for specific providers
- Publish individual CDAC provider information to be available to the public, including contact information and availability / status of Medicaid enrollment
- Improve the transparency and consistency of enrollment/credentialing process requirements

# Questions

- If adding a new provider to our office, do we follow the same steps as if it were a new provider?
  - IME provider enrollment – Yes, follow the same process
- Are re-enrollment processes being waived until the end of the Public Health Emergency (PHE)?
  - Correct, postponed due to the PHE. We anticipate a 6-month buffer post PHE termination