

S1Ep004-P01 – Delegation Arrangements – Providers

Podcast Script

Welcome to Under the Microscope, brought to you by the Right Credentials Network and your host, Dilsa Bailey, a certified medical services professional for over 20 years. Under the microscope is where we will examine the many layers of the medical services profession using the acronym Scope. That's SCOPE, which stands for S services for Onboarding and Maintaining providers in a health care organization, C credentialing and privileging providers to ensure that they are competent and qualified enough to treat patients safely in a health care organization. O, operations and data management utilizing the health care organizations resources efficiently and overseeing the security of its data. promoting patient and provider safety and P, provider enrollment affiliating providers with health plans and government payers so that the providers can get paid appropriately, and E, evaluating and monitoring provider performance to ensure patient safety. As a medical services professional in the health care industry, our primary focus is to promote patient safety. Though we do a lot, we can't accomplish this on our own. It takes a village to collaborate. That's why this podcast will also include the contributions of our healthcare partners with the same objectives. So stay tuned to hear from those other stakeholders in the health care industry too. Joining us, in addition to medical services, professionals will be experts in risk, legal, revenue cycle quality and more. So stay tuned. Keep us under the microscope so we can help expose all the little details of the medical services profession. We want you to remember how valuable you are to the health care industry. If you're watching this on YouTube, please subscribe. Drop us a like and hit the bell so you will know whenever we add the latest episodes. And in the meantime, follow us on LinkedIn or reach out to us at info@therightcredentials.com. In each episode, we will discuss a separate topic related to the letter in the acronym of the moment, but we won't be discussing it alone. As I mentioned, each episode will feature a guest who will share their expertise, providing advice, training, and support wherever possible. So let's get started with the latest episode, and if you like this one, don't forget to subscribe on YouTube and continue to listen to us on your favorite podcast platform.

DILSA: Welcome to Under the Microscope and welcome to this episode, which will be representing P in the acronym SCOPE. And what does P entail? P stands for Provider Enrollment affiliating with provider affiliating providers with health plans and government payers. So what? So the providers can get paid. We want them to get paid so they can continue to see our patients and our members. Right? So sometimes this function though, provider enrollment gets overlapped with credentialing and sometimes it gets a little bit confusing. But we all know that it's a separate very tedious task. So today we're going to talk about how we can make that process a little bit easier. And we can get that done through delegation arrangements with the health care plan with the health health care payers at least. And so I have invited someone who's a subject matter expert in delegation arrangements from the

provider's perspective. Her name is Ivonne Oladunni. Welcome, Ivonne. I'm so glad that you could join us and we're going to pick your brain.

IVONNE: Thank you so much, Dilsa, a complete honor.

DILSA: Well, we're going to have fun today. Um, picking Ivonne's brain. And I want before we get started, Ivonne, can you tell us a little bit about yourself?

IVONNE: Yes. Again, just want to thank you for the honor to speak about such an important topic. My name is Yvonne Downey. I'm a graduate with an MBA and a focus in health service administration. I have been in the industry over a decade, going on 12 years now with a focus on physician owned groups, delegation arrangements, CVO, as well as provider enrollment. Um, again, I think the importance of what we're going to get into will speak for itself. But overall, I think we have a good pairing here to really discuss the importance of this topic.

DILSA: Awesome. Yes. I want to make sure that we bring all the aspects, all the many layers of the medical services profession to the forefront. Um, so other professions within the healthcare organization can work with us more closely and we can all get it done. Make sure that the main objective is for all of us to keep our patients safe. And so we want to make sure that everything that we're doing, we're doing it openly and we want to get as much collaboration as possible. So I'm going to start with these questions though, and I hope you're, um, won't mind as digging too deeply. But what is the benefit of a delegation arrangement?

IVONNE: Great question. I always start off with, you know, the benefit of the arrangement is surrounded by revenue. You know, when one can truly reduce the time spent on the provider enrollment processing. It just allows for the claims to get through or out the door sooner and revenue generated.

DILSA: Yeah, that's something we will all want to want to keep the money flowing, as though we want to make sure that our providers are getting enrolled. So what is the most important thing to consider before going into a delegation arrangement?

IVONNE: I will ensure that you have the tools and resources to meet your contractual obligation. Um, what I've seen in the industry that may be, you know, unfortunate at times is when there's so much effort placed on the front end, you know, through that pre delegation process, but it does not follow suit year to year leaving you in a corrective action plan. So um, as long as you're able to again adhere to the contractual obligations because that is something that you will be audited on. Um, it's just very important that you consider that and the resources that you have at hand in order to ensure that your due diligence is met.

DILSA: Okay. Fantastic. Um. Oops, that didn't show up. I was trying to close something. Excuse me. Now what is. You know, we're all. We're talking about the delegation arrangement and the benefits. But what would be the preferred volume of providers in a group, or whoever you're representing, before you reach out for an arrangement? Or what do you think the health plans would think are would require? Um, how many people should be in that group or under that delegation agreement?

IVONNE: Yes. This is a common question in the industry. And honestly, the criteria is based upon that health plan. They have the autonomy to make decisions regarding, you know, preferred volume, network participation. Um, so when you're undergoing that initial contractual negotiation, just making sure, do you even fit the criteria based upon what the health plan has, um, arranged in your state, and more importantly, for that product to ensure that you will be able to meet that obligation.

DILSA: Okay. Yeah, because it can be all over the place. Yeah. I've seen some as low as 50. Right. You know, so it's been great. Okay. What are the hurdles in preparing for a delegation agreement or an arrangement.

IVONNE: Oh yes. You know, in my opinion it's really more so the internal hurdles. Um, but it is manageable, which is always great. Um, you know, being able to ask yourself, are you ready for that contractual negotiation process, you know, what are things that you are wanting to, you know, ask of the health plan? Could you you do want to make sure it's a two way benefit, um, not only for you to provide, um, you know, get into the network sooner rather than later, but that the health plan is also seeing the value that you're bringing as a network participation. now also to your internal credentialing process. You know, how robust is that? And are your patients currently satisfied from a quality of care standpoint? Because that is also something that will be addressed. So again, we talk about the hurdles more so internally, but it is manageable through the proper, you know, risk management tool and assessment to ensure that you are prepared.

DILSA: Wow. Those are all extremely great points, especially the quality of care issue and being able to monitor that. And how do you demonstrate that? Um, and just having that internal process of even this, the latest thing with NCQA is the system controls piece, you know, do you have the ability to demonstrate how you're managing your data and how you're ensuring that you're not, um, that the data is accurate and it's not being modified or deleted? Against. Against what? Your policies. Policy requirements are. So there's a lot of little things that you still have to consider when you're going into a delegation agreement. Yeah. Okay. What exactly should be expected during a delegation audit?

IVONNE: You know, as nerve wracking as it may sound. And audit. Right? Um, you it's always great when you are prepared on the front end. So, you know, typically during the health plan audit, first and foremost they're looking at policies and procedures. And what exactly are they looking for? They're looking to see, you know, against the accreditation standards that they are adhering to, Are your

policies and procedures also adhering to the same accreditation standards and being able to identify any gaps? And then you'll typically find that during a credentialing file review, they like to use what is known as the 8/10 credentialing file review. And that's just simply saying randomly selecting ten files. And if the first eight are deemed, you know, satisfactory, being able to give you that pass element. And then you'll also find, um, with the member complaints and ongoing monitoring logs, auditors are definitely going to take a look at that. So it's just keep in mind that when it comes to delegation arrangements, the focus is not just on the credentialing primary source verification process, that is a subset. But there's also, again, you know, the quality of care, member satisfaction, ongoing monitoring, um, and other documentation that they would want to, um, review just from a compliance perspective.

DILSA: Right. And they'll even look at your credentialing committee minutes. And so those are. Yeah.

IVONNE: Oh yes. That's a good one. Mhm. Are you having those monthly even if you have a clean file policy. Yeah.

DILSA: And on those committee minutes do they demonstrate that the files were actually discussed. You know. So those are the types of things they'll be looking for as well. Okay. And how often are the audits required. So you get into a delegation agreement. Is it ,how often when will you see these guys or when will they be asking for your materials.

IVONNE: Minimum of a year is typically what we see in the industry. However, if any of your previous audits resulted in a corrective action plan, that frequency of that may increase to possibly semiannually or even shorter. So again, what we spoke about initially or early on in the podcast about ensuring that on the front end you are, um, prepared and that you have the tools and resources not only to obtain that initial arrangement, but to keep it thereafter. Um, so if you're able to show your due diligence and your compliance efforts, you will find a minimum of a year. Um, is is going to be the most common.

DILSA: Okay. So just get ready and just always be prepared. That's my motto is always be prepared because you just never know. Um, the health plan gets audited by CMS or someone else and they, they want or especially if you go into sub delegation, but sub delegation will be another whole episode. We'll talk about that later. I don't want to bring that up.

IVONNE: And you know what? This early on in my career, I always learned work a file as if you will be audited tomorrow. So if you keep that mentality whenever they decide to show up, whether it's a year, quarterly, biannually, you'll be ready because you've worked the file as if they were.

DILSA: Exactly. Let's see it. That's how you be prepared. You gotta make sure you're doing it right every time. Every time. Um, okay. So are there any options to avoid audits? Can you get out of that? You can get into a delegation agreement but don't have to be audited. Are there any options?

IVONNE: Not in in totality. Um, but there are certain parts of your audit that, um, is auto generated from a credit perspective. If you are accredited, um, you'll typically find these auto credits tailored towards credentialing files. You know, the CVO or the CR. Um, but there is still a, uh, protective layer that the health plan wants to see on an audit perspective to ensure that they still have some sort of, you know, oversight of the, um, arrangement in place.

DILSA: So we talked about we've already talked about some of the elements that would be required during, during an audit. Um, so will the requirements during that audit be based upon the targeted products like Medicaid product, Medicare, um, commercial products? Will the, will the audits be targeted towards them, and what kind of elements are can you add any information that would be, that someone that the health plans would be looking for, in addition to what we've already discussed, are or. Did that cover everything?

IVONNE: Yes. So you would want to consider, you know, the health plan and which accreditation they fall under. So, you know, for example, if you're seeking a delegation arrangement and the health plan is URAC accredited, then you want to ensure that you're tailoring your research and your due diligence around that accrediting body. And then once you're able, you know, once you're aware, then you're able to, you know, develop that foundational knowledge. But when we talk about, you know, what documentation or what other information the health plan may look for, again, we spoke about committee meetings minutes. But you have to also think about, you know, confidentiality statements, the ongoing monitoring logs. You know, HIPAA statements are also, you know, some of the, um, supporting documentation that a lot of these health plans have as part of their, you know, year to year agreement. So if as long as you keep the mindset that the accrediting body in which the health plan health plan is under um and having that understanding knowledge, then you should be okay.

DILSA: It's still a lot, but we can do it, right?

IVONNE: Yes.

DILSA: One checklist at a time. Don't be afraid. Because. Yeah, the delegation agreement is a win-win for the health plan and for the provider. You know, you get enrolled, you participate quicker than having to do it individually on individual files. That's. Very task driven. Yeah I agree. Yeah. Okay. Should you when they're looking at your file, should you depend on the files themselves or a checklist or how do you prepare files for a specific audit. For an audit.

IVONNE: Yeah, it's a great question. You know, when you're saying depending upon your internal checklist, I, you know, for a soft audit, yes, that can be beneficial because you would want to know what you already have in comparison to your process, right. However, you do want to obtain a sample desktop audit checklist from the auditor. And they're usually more than, you know, happy to provide because they're also, you know, very eager to ensure that they come into a prepared file, um, when they begin their auditing process. So when you get that desktop audit checklist from the auditor, being able to then go further into any identified gaps, and then in addition, organization is always key. So when preparing files, being able to set certain naming and conventions. And what I mean by that is whether you want to do provide a last name, first name degree, and then having that in a set order and then taking it also a step further and utilizing, um, you know, things like Adobe to bookmark the pages of the, um primary source verification that corresponds to that verification element that you're saying is within your files. Um, so again, to all in all, to say an internal checklist is great, but please ensure you have a second set of eyes by obtaining that desktop audit checklist as well, just to ensure that you have met everything as according to the health plan standards.

DILSA: Awesome. Yep. Uh, having organization, having everything organized, bookmarked, all of that stuff is it makes life easier not only for the auditor, but for you. You can get through it quicker. Oh, yeah. Yeah. It makes the auditor much happier. I know it has made me happier. Uh, especially, please, if you have, even if you have paper files, I would scan those files and put them in a PDF format and document them. I would never, if possible, try not to give any paper to auditors anymore. You know, make sure it's all electronic. Yes. Agreed. Agreed. Okay. We. This question might be redundant to are there any documents other than policies and procedures that should be considered during the audit phase? And I think you gave us that list. Would you give it to that list again to remind people?

IVONNE: Yes. So we discussed, you know, committee minutes, your confidentiality statements, your ongoing monitoring logs, policies and procedures, um, and HIPAA statements are the common um, supporting documents that will be reviewed during that auditing process.

DILSA: All right. Um, can you give us your contact information so our listeners can reach out to you for help?

IVONNE: Yes. Um, it's super easy because it's just my name. ivonneoladunni@gmail.com. Um, and again, I think when it comes to delegation arrangements, um, you know, whether you're starting off at the first time or you're working toward corrective action, you know, reaching out to those that have been in the industry because we have failed, we have succeeded and we have failed again, but got right back up. So, you know, experience does, um, you know, make or breaks a lot of these situations where we can prepare you for success. So, you know, don't hesitate to reach out, even if it's a simple question. But this is a very important topic. And again, you know, with the benefit of delegation arrangements for the health plan and the provider level, you can't go wrong. You cannot.

DILSA: Awesome. Thank you. Ivonne, I'm so happy that you joined us. And let us pick your brain. You are a very you have provided us with very valuable information, and I hope that will encourage other people to go into delegation arrangements. Now, listeners, I want to thank you for listening in. I hope you enjoyed this podcast as much as I did. Love talking with Ivonne. I hope you learned something new, and I would love to get your feedback. And I would also love for you to share this with other medical services professionals. Now, if you're listening in on YouTube, please hit the subscribe button. Hit the like button, strike the bell so you can hear about our next episode. And again, please share this with other MSPs, and also your other health care partners who have a stake in making sure that we provide patient, safe patient care. So we're all about patient safety, right? So we want to continue to collaborate with each other and again, with those health care partners within our health care organizations. So everybody until next time, enjoy your day, your night, whatever time you're listening to this. Take care. And please join us again. Thank you. If you like this one, don't forget to subscribe on YouTube and continue to listen to us on your favorite podcast platform.