5 Key Steps to Boost Post-Merger Credentialing

A hospital merger or acquisition can easily complicate credentialing and re-credentialing. Rather than potentially alienating your physicians and jeopardizing your revenue stream due to post-merger credentialing issues, consider instead these five steps for credentialing success.

Credentialing and re-credentialing can be tough enough for hospitals to manage during regular times. Imagine how much more complicated these tasks become during a merger or acquisition.

That was the scenario faced by a large integrated health care system which had acquired several smaller hospitals – and simultaneously gained multiple medical staff services departments, each with its own systems, cultures, bylaws and schedules. As a result, the health system faced multiple operational issues in credentialing, including delays in onboarding physicians and revenue realization, inefficient and duplicative use of staff and physician frustration with multiple applications and recertification steps across multiple systems.

The sequential steps that this health care system took to resolve this credentialing dilemma offer insight to other health care organizations facing similar situations – an increasing likelihood, given the recent blistering pace of industry mergers and acquisitions. In the third quarter of 2017, more than 200 health services deals were announced in the United States, which was the 12th consecutive quarter to surpass the 200-deal threshold, according to PwC Deals.

Rather than potentially alienating your physicians, jeopardizing your revenue stream and compromising your care quality due to post-merger, integration-related credentialing issues, consider instead the following five steps for

credentialing success:

1. **Engage your physicians early and often** – Whether you are the acquiring or acquiree hospital, don't commit the grievous error of involving physician leaders too late to substantively matter in important decision-making, communications and training. Instead, take a page – literally – from the American Medical Association's 1996 (still relevant) report "Hospital Affiliations and Mergers" which reads: *"The hospital governing body and management must involve the medical staff early in merger plans and in every aspect of the merger, acquisition, conversion or affiliations."* Take the time to regularly consult with physician leaders to understand their merger-related concerns, particularly if the merger means changes to physician-related bylaws governing practicing, training and credentialing. Set expectations by walking physicians through any new bylaws, electronic credentialing system technology and training approach you plan to use. Enlist senior physician leaders to help facilitate this process. The result of your proactive outreach will likely be physicians who know and better understand whatever changes need to happen, and will more likely champion your integration efforts.

2. **Centralize your credentialing –** Years ago, medical staff services were primarily a clerical/administrative office relying on rows of packed filing cabinets to properly process and track records for physician onboarding. It could take weeks if not months to track down enough records and references to verify a single physician. Thankfully, those days are largely gone, due to hospitals' increased use of robust credentialing software systems and more rigorous levels of training, education and certification required for medical services staff. Rather than relying on an antiquated and error-prone paper-based credentialing system, or maintaining a hodgepodge of credentialing databases at separate facilities, instead employ a "single source of truth" via an integrated, Web-based master provider database. Doing so will immediately improve the immediacy, accuracy and efficiency of communications between provider recruitment, credentialing and enrollment. It will eliminate repetitive, redundant work and improve data integrity. This may also enhance your chances of payers delegating credentialing to your organization, potentially improving your revenue cycle management. The latter is particularly important for smaller health care systems which, due to their size, might otherwise not gain a payer's delegated credentialing agreement.

3. **Create a new data governance structure –** View your integration as a big-picture chance to align data between your current organization and its new addition(s), with data governance representation provided by all organizations involved. Governance should address the management, availability, integrity and security of data. For example, by converting multiple practitioner databases containing thousands of records into one new system, the health care system was able to identify several opportunities to standardize data protocols. Staff were given new expectations and trained on consistent data entry requirements and workflows. Coupled with new protocols for cleaning up past data discrepancies, the result was a "cleaner" database with less duplication and errors, saving considerable staff time and generating more reliable

reporting results down the road.

4. **Build a more efficient staffing model** – The health care system partnered with the vendor of its new credentialing and enrollment system to produce a more efficient staffing model. Critically, the health care system pushed for a more robust, tailored approach to meet its future needs. Where the vendor proposed training staff members only in the tasks of their current roles at their current sites, the health care system expanded training, ensuring all medical staff services team members were cross-trained in credentialing, enrollment and privileging. Through this initiative, the health care system's management gained greater flexibility in assigning medical services staff, consolidating tasks, achieving physician cross-coverage and developing a new and more centralized staffing model. If you are facing a merger, consider new cross-training and staffing models to improve coverage and flexibility.

5. **Consider enterprise-wide efficiency gains and cost savings** – When medical staff services completes enrollment requirements more quickly, there is also a faster process for sharing this information with other system stakeholders; thus ensuring that the correct data flows through the enterprise. This can allow practitioners to be set up sooner in any disparate systems used for billing, information technology, clinical documentation and quality. For example, the health care system is using its new credentialing system to improve workflows and processes addressing the life cycle of practitioner onboarding and engagement. As a result, there is now less manual work to onboard new practitioners, an aligned provider identification numbers system enterprise-wide, and decreased time before practitioners can see patients and complete billing requirements. Your organization can likely achieve similar gains.

Know up-front that migrating the work of distinct medical staff services departments into an efficient, streamlined and centralized credentialing unit, as proposed in the steps above, will be an ongoing effort that will take several months if not a few years to fully accomplish. The end goal is faster turnaround times for credentialing and privileging practitioners, and a more efficient process for managing data and renewal workflows on an ongoing basis.