

# INGENIX<sup>®</sup>

## Credentials Verification Services

### Highlights

- 26% reduction in non-responder rates
- 17-day improvement in turnaround times for recredentialing applications
- 30% cost savings
- \$1.1 million savings in unnecessary credentialing costs
- Seven disparate credentialing processes unified into one
- Exceeded business plan goal for credentialing

### Overview

**Learn more about how Ingenix can help your organization reduce credentialing costs, cut non-responder rates, and accelerate verification. Contact us at 1-800-765-6073 or email to [engage@ingenix.com](mailto:engage@ingenix.com).**

Credentialing is a peripheral piece of health plans' operations. And yet it consumes significant resources to keep up with certifications, regulations, and customer expectations. There's a better way.

As a credentials verification organization, Ingenix has the expertise to execute credentialing work on jobs big and small, with screaming deadlines or long-term implications, on a temporary or ongoing basis. And we guarantee our service.

Take it from our clients, who have realized cost savings. Or maintained NCQA certification. Or improved recredentialing responses. Or successfully launched a new business—and left the credentials verifications to Ingenix while retaining the autonomy to determine who is in their network.

## Case study #1: Reducing excessive non-responder rates

**CHALLENGES:** A large national HMO was faced with an unmanageable workload and unexpected costs when 26 percent of providers did not adequately respond to the plan's recredentialing application.

Many non-responders were unfamiliar with how to navigate a new online portal for application gathering, while others submitted incomplete data. Some simply failed to submit data at all.

While the health plan wanted to maintain its current network composition, it lacked the resources to follow up with every provider who failed to complete a recredentialing application.

**SOLUTION:** Ingenix responded by tackling two main issues, confusion about the portal and time commitment required for completing the application:

- Launched an outreach campaign to guide providers through the portal and help them understand the consequences of losing network membership
- Employed our proven process to shift from paper applications to an electronic process that sped up the entire production

**RESULTS:** In two years, the health plan significantly reduced its non-responder rate and accelerated turnaround times:

- Reduced non-responder rate from 26 percent to less than 7.5 percent
- Achieved 90 percent or better response rate every month since January 2007
- Average turnaround times improved by 17 days
- Reduced mail and print costs associated with a paper application process

## Case study #2: Eliminating redundancies after a merger

**CHALLENGES:** When two medium-sized health plans in the northeast merged, they discovered that combined, they had three network databases and no internal resources to identify providers who were represented more than once.

The new health plan wanted to avoid duplicating the time and cost of credentialing the same doctor two, potentially three, times. The plan needed strategies and systems that could:

- Quickly merge provider data and analyze overlap
- Determine work volume and how much to budget for expenses
- Eliminate costly redundant credentialing

**SOLUTION:** Ingenix experts first completed a proprietary analysis of 64,000 providers in the three databases. After identifying the overlap, the team implemented a proven system to eliminate duplicate entries. Moreover, the process analyzed multiple recredentialing dates for the same provider and

scheduled renewal for the latest possible date—saving the health plan even more unnecessary costs.

**RESULTS:** Completed quickly, these measures made the health plan's credentialing process more efficient by credentialing a provider once and only at the time of renewal:

- Completed the database analysis in two days instead of the health plan's estimate of two to three months
- Discovered that 23,392—37 percent—of the providers in the databases overlapped
- Saved the plan more than \$1.1 million in unnecessary credentialing expenses

### Case study #3: Complying with certification requirements

**CHALLENGES:** A routine state audit revealed that a small HMO in the northeast was at risk of losing its NCQA certification because of overdue provider recertification. A recent vacancy in the credentialing department left the health plan in the dark about how many files needed work, and the health plan lacked the internal resources to complete the files in time for the NCQA audit.

**SOLUTION:** Ingenix analyzed the plan's provider files, determined how many needed verification work, and developed an action plan to fix all out-of-date files. A dedicated team then worked to help the plan reach full compliance prior to its NCQA audit.

**RESULTS:** The health plan appreciated how easy it was to work with Ingenix. As a certified credentials verification organization with experience in NCQA audits, Ingenix expedited the plan's work in time for its audit, which was a success:

- NCQA approved the plans' process, and the plan maintained its certification
- On-site review completed in a single day
- Achieved a 30 percent cost savings over its previous process

### Case study #4: Meeting more aggressive deadlines

**CHALLENGES:** New state requirements put a large coalition of seven health plans at risk of significant fines for each provider that was not credentialed within a 30-day window. Such an aggressive timeline was daunting for the health plans, which typically needed an average of 93 days to complete a credentialing event. The coalition did not have the staff to meet the new requirements, or, just as important, its own growth strategies.

**SOLUTION:** Ingenix implemented a primary source verification (PSV) work queue and bar code system to identify urgent files. This process enabled the coalition to track and report virtually any detail of a credentialing event. Ingenix also consulted with health plans' internal teams to demonstrate more efficient front- and back-end processes.

**RESULTS:** Ingenix consistently exceeded service-level guarantees by completing its work in less than 20 days. This helped the coalition achieve its goals:

- Eliminated multiple application and document requests of physicians
- Reduced providers' irritation by unifying seven credentialing processes into one
- Reduced credentialing costs by an average of 31 percent by implementing a shared pricing model

## Case study #5: Building a network from scratch

**CHALLENGES:** Long credentialing lead times threatened to hamper a startup HMO's efforts to build, market, and sell its provider network. The HMO believed that reducing initial credentialing times would help win new clients and support its viability as an upstart business. Once again, the plan lacked the internal resources, as well as a strategy, to expedite initial credentialing.

**SOLUTION:** An Ingenix team served as a branch of the health plan by building and launching a credentialing process from the ground up. The team treated all of the health plan's work as expedited files, completing all files with audit-level oversight. In addition, Ingenix helped devise a strategy on network development—specifically on non-responders and incomplete applications—and provided consultative guidance on obtaining NCQA certification.

**RESULTS:** The health plan surpassed its Q1 goal of completing one-third of files, enabling it to exceed the "ramp-up" figures outlined in its business plan.

## About the company

More than 1,200 health plans now look to Ingenix for solutions to their complex business challenges. By integrating a diverse suite of products and services, Ingenix helps its clients increase revenue, manage medical costs, and simplify complex administrative and financial processes with powerful data, software, consulting, and outsourcing solutions. Consistent capital investment, stability of resources, and continual innovation have made Ingenix one of the largest and fastest-growing U.S. health care information companies.

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