

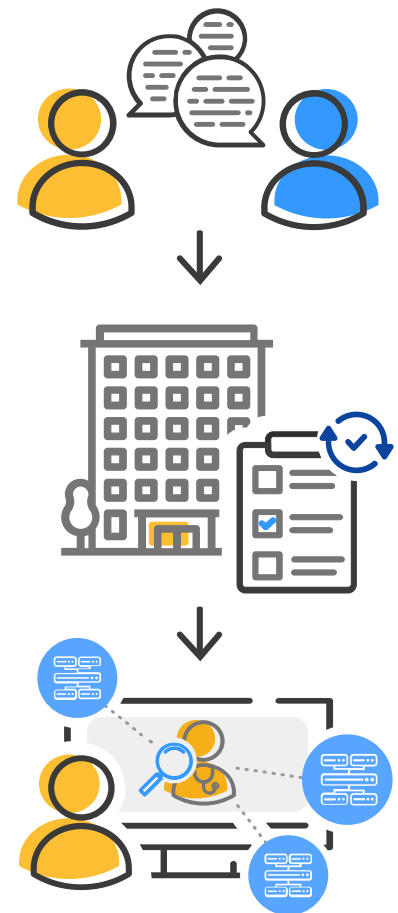
# Three Steps to Achieving Continuous Provider Eligibility

Continuous provider eligibility delivers powerful and actionable data insights across your organization. But getting there requires careful planning and collaboration.

As part of our outstanding implementation support, we work closely with our clients to facilitate, consult, and answer the questions in each of these steps.

Here are our best practice steps to achieving continuous provider eligibility:

- 1. Define ownership among constituents across the business**
- 2. Establish or update eligibility standard operating procedures (scope, criteria, frequency) for your organization.**
  - **Scope:** For which provider populations do we need continuous eligibility monitoring? Which LOBs and networks? If your team includes non-pars, how do we define that population?
  - **Criteria:** What sources must be a “green light” for a provider participating in your Medicare Advantage or Medicaid networks?
  - **Frequency:** How often do you need eligibility verification of each primary source? E.g., for licenses, do you want monthly or quarterly verification?
    - Identify the areas of operational waste that will be improved by this solution.
    - Measure time and resource demands before and after.
    - Eliminate manual verification and automate your organization’s workflow.
- 3. Integrate provider eligibility insights into your existing workflows (API / SFTP). Ensure every stakeholder team has the data they need.**



**Want to learn how smarter provider oversight drives efficiency for payers?**

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