Health Plans and COVID-19: Understanding Risk in the Year Ahead
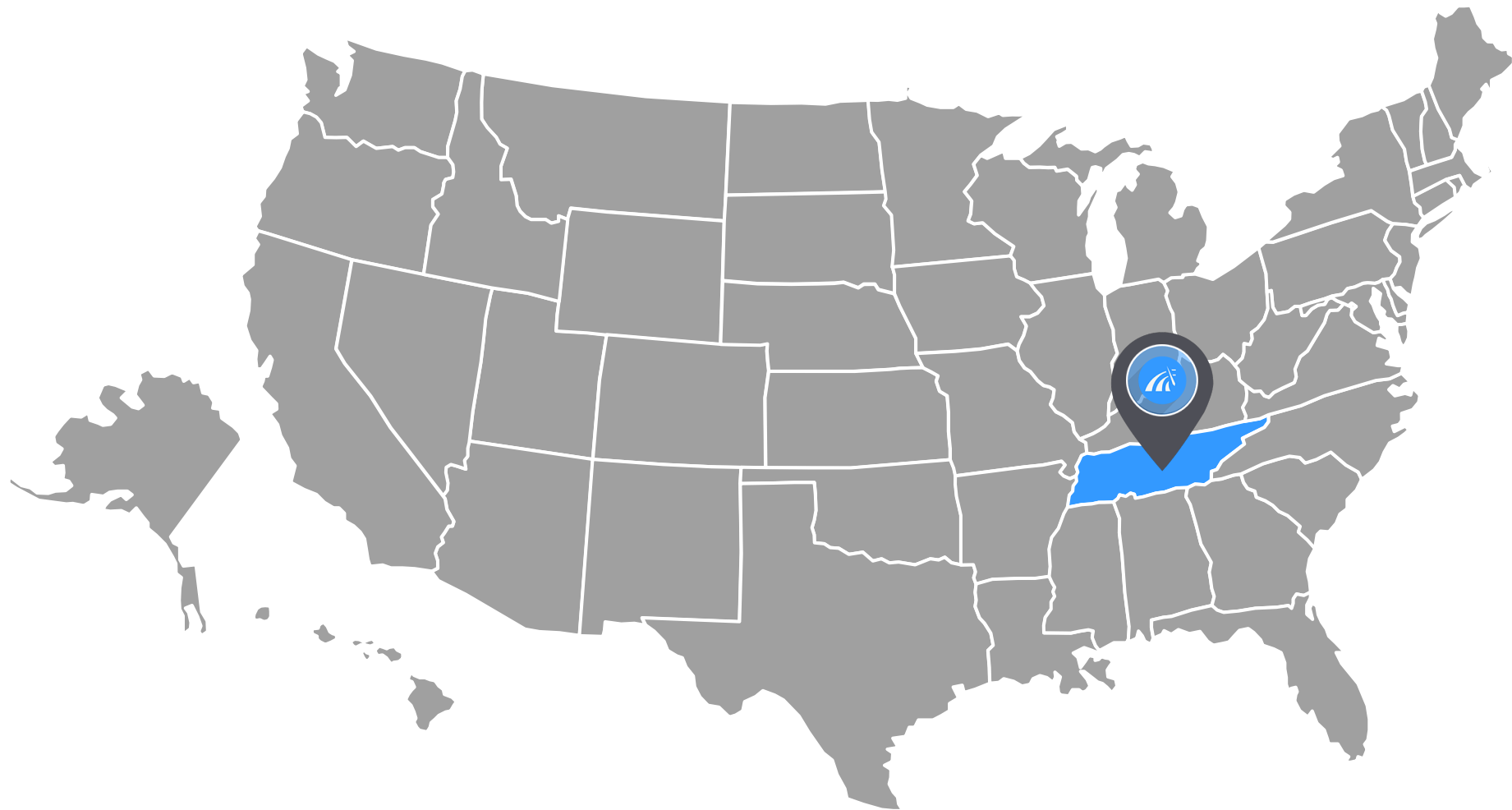
June 10, 2020

Made With ♥ in Nashville

Insights from America's healthcare capital!

PROVIDER*TRUST*

A **smarter** healthcare makes a **safer** healthcare.

We monitor your healthcare populations to identify compliance and credential issues before they impact patients.

Today's Agenda:

1. Understanding What Has Changed

Level-setting on why COVID-19 will fundamentally change care delivery

2. Knowing New Areas of Risk

Identifying new areas of risk due to COVID-19 within your provider network.

3. Best Practices for Risk Mitigation

Recommended practices to mitigating risk in your provider networks and driving outcomes in 2020.

COVID-19 Impact

The Impact on the Health Insurance Landscape

Challenges Facing Health Plans

1. Increased Coverage for COVID-19
2. Rapid Expansion of Telehealth Services
3. Delays in Payment of Insurance Premiums & Policy Cancellations
4. Negative Impacts to Population Health
5. Interstate License Portability
6. Overall Financial Impact on Health Plan Operations

Increased Coverage for COVID-19

COVID-19 testing at no cost to Members.

- Payors are making COVID-19 testing widely available and increasing coverage for patients.

Waived Pre-Authorizations

- Given the circumstances, payors are waiving pre-authorizations to rapidly provide testing

Expansion of Government LOBs

- Government programs (Medicaid, Medicare, and MA plans) have seen growth in members.

Rapid Expansion of Telehealth

Increasing provider capacity and network

- With increased capacity, providers can see more patients and submit claims to more health plans (as non-pars) then previously.

Adoption Beyond COVID-19

- Many insurers are waiving all copayments and deductibles for telehealth services for non-COVID-19 health issues.

Reduces the cost of claims over time

- Patients' increased familiarity with telehealth will likely broaden its acceptance for routine services once the COVID-19 crisis has receded.

Delays in Payments of Premiums

State legislation relaxes payment terms

- Certain states have issued legislation allowing individuals and businesses to defer the payment of insurance premiums for a period time.

Creates cash crunch during COVID-19

- Reduced cash inflows during a period when payors are attempting to accelerate claim payments to providers in order to help fund the battle against COVID-19.

Policy cancellations burden healthcare system

- Payors are still expecting increased policy cancellations as a result of increased unemployment and the overall economic downturn.

Impacts to Population Health
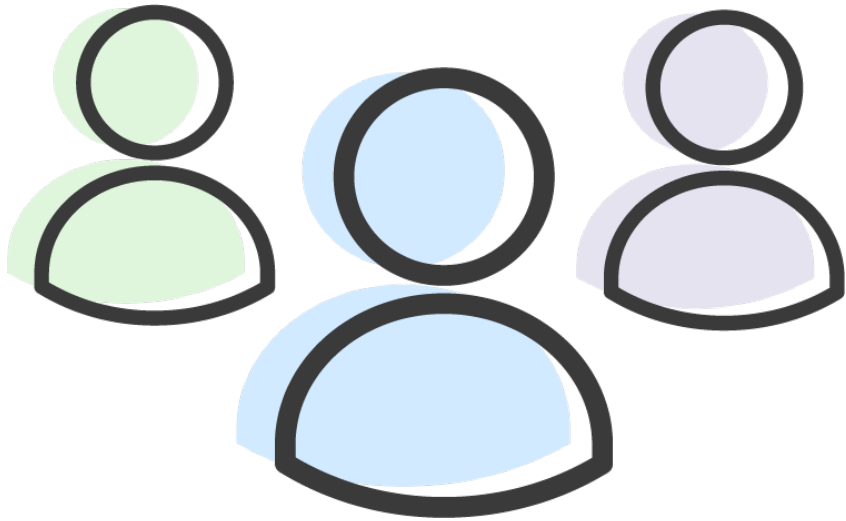
Investing in SDoH to keep communities healthy.

- Payors are monitoring and investing in SDoH innovation to improve patient health and outcomes.

Delivering interventions to vulnerable populations.

- Understanding impact to vulnerable populations and addressing impact with innovation is critical

Addressing impacts of deferred care.

- Payors are working with providers to communicate with patients that may be deferring care or treatment to prevent negative outcomes.

Interstate Licensure Portability
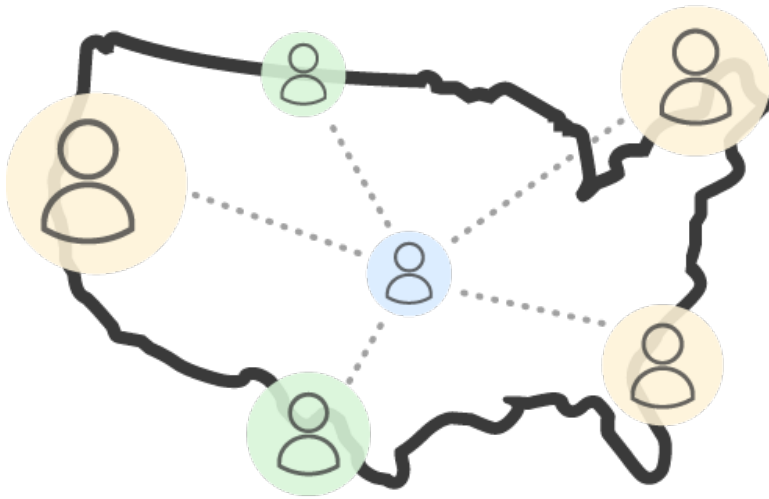

Ensuring provider eligibility

- Making sure each provider is eligible to provide care at time of claim when patients need it most.

Managing and monitoring provider data

- Licensure portability changes make it difficult to manage and monitor critical provider data during COVID-19.

Verifying licenses at the primary source

- Primary source licensure verification has become increasingly complex.
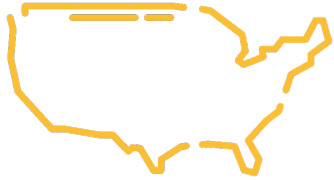
Understanding New Areas of Risk

New Areas of Risk

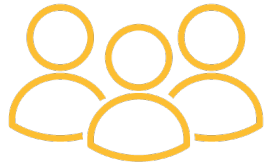COVID-19 has led to new areas of risk for health plans in 2020.

Fluid changes to state **licensure portability** makes it hard to ensure provider eligibility in real-time.

Challenges in **collecting ownership information** are even more acute during times of crisis.

More pressure than ever to manage cash inflows, claims, and costs as overall **profitability declines**.

An expanded provider network, particularly **non-par providers,** invites new potential FW&A and ineligibility.

SDoH and FW&A patterns indicate new **risk patterns** for vulnerable populations, specifically people of color.

Social Isolation and Deferred Care are anticipated to negatively impact **population health** and drive up costs.
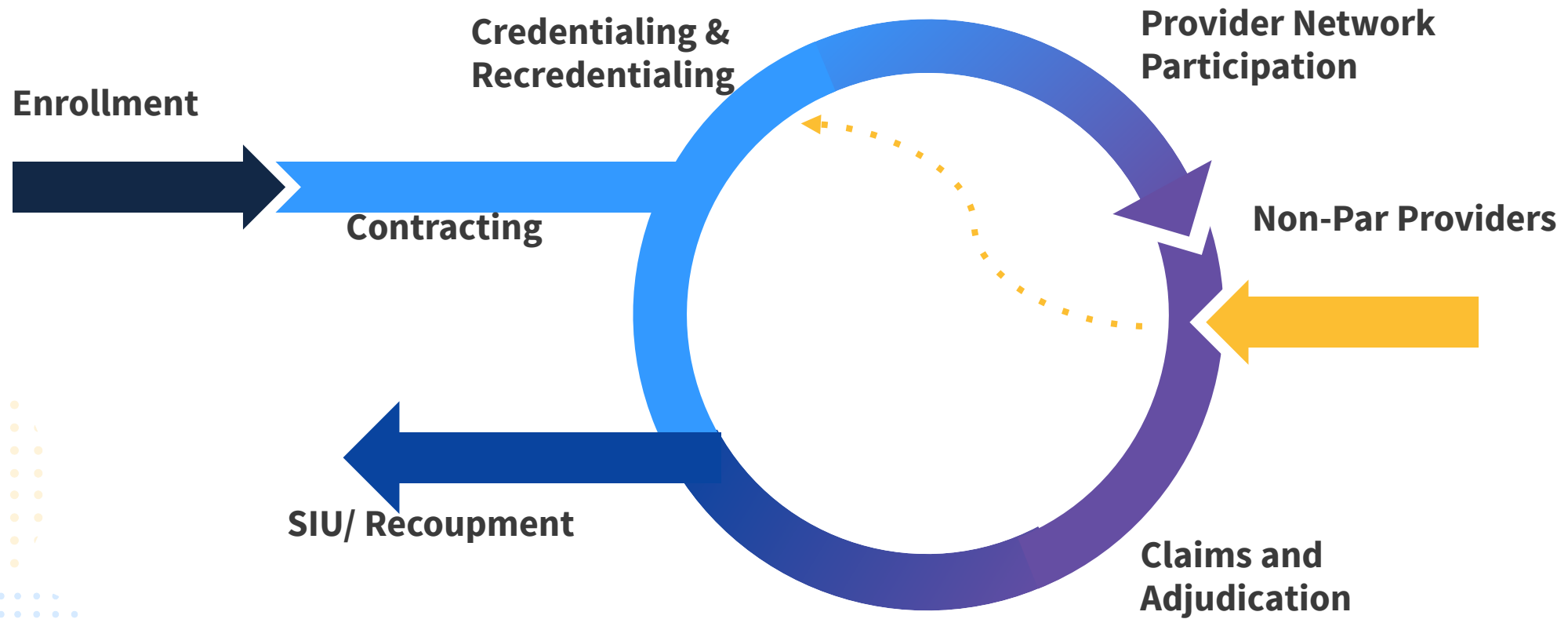
Polling Question

COVID-19 has led to new areas of risk for health plans. Which of these are you most focused on in the immediate short-term? (3-6 months)

The key to risk mitigation is in provider network monitoring.

The Provider Ecosystem

Enrollment

Credentialing & Recredentialing

Provider Network Participation

Contracting

Non-Par Providers

SIU/ Recoupment

Claims and Adjudication

Why **Monitoring** Matters

- **Member Service**
  - Expectation of access
  - Keep members safe

- **Internally**
  - Clear picture of your network (par and non-par)
  - Increase efficiency and cut recoupment costs

- **Externally**
  - Ensure compliance for MA/Medicaid plans
  - Contractual obligations

The Risk

Gaps in provider eligibility during COVID-19 lead to operational inefficiency and patient safety concerns.
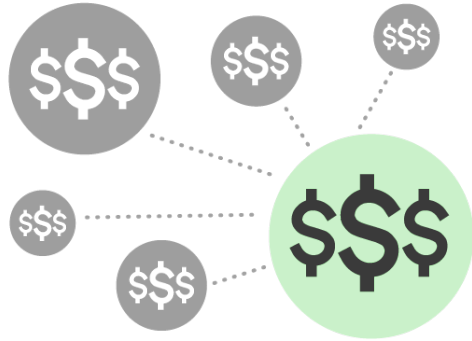
Payment Integrity

- Payment recovery to ineligible providers is expensive, time-consuming, and largely ineffective.
- FWA costs our healthcare system $270 Billion annually
- On average, SIU teams recoup $0.16 for every dollar

Provider Operations

- Ensuring provider eligibility is complex, extensive, and has downstream implications.
- Little insight into providers who haven't been through credentialing
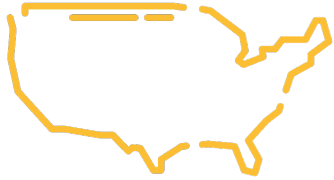
Patient Safety

- Dual-enrolled Medicare/Medicaid beneficiaries are most likely to be treated by an excluded provider
- Patient abuse/neglect issues are flying under the radar undetected.

New Areas of Risk

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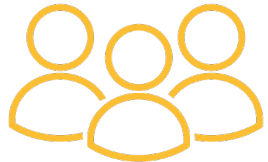COVID-19 has led to new areas of risk for health plans in 2020.

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Challenges in **collecting ownership information** are ever more crucial during times of crisis.

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Smarter provider network monitoring.

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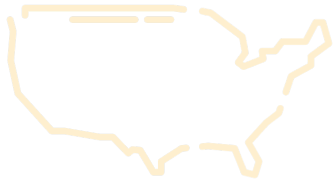
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Best Practices for Mitigating Risk

Monitoring Challenges

- Staying on top of state licensure portability to **ensure billing eligibility** is an overwhelming task during COVID-19.

- Due to Telehealth expansion, Non-Par **volumes are overwhelming**, up to 10x par provider networks.

- Non-Pars are a **dynamic population** - always changing and difficult to track, manage, and monitor.

- **Disparate provider data** typically exists in various systems, departments, and lines of business.

- Variations in systems and processes (i.e. Telehealth) lead to **multiple entry points** for providers to submit claims.

- Collection and monitoring of **provider ownership information** is critical but extremely hard to manage.

- There's common knowledge of the issues, but **no home for ownership** and therefore no solve.

Where does provider monitoring live?

Departments

- Provider Operations
- Credentialing
- Compliance/Risk
- Payment Integrity
- Claims
- Provider Data Mgmt
- Contracting/Enrollment

CMS Lines of Business

- Medicare Advantage
- Medicare
- Medicaid
- Government Programs

Information Systems

- Provider Data Mgmt System
- Claims Processing
- CRM
- Contracting Platform
- Provider Relations Technology
- Compliance monitoring system
- Credentialing platform
- Primary Sources (NPDB, OIG, State Boards)

All of these <mark>significantly</mark> impact movement, management, monitoring, and risk.

Data Issue 1: Disparate, Inconsistent Data

OFAC

Shared Data

OIG LEIE

Name

Sanctions / Exclusions

Preclusion

Credentials
(Licenses, certs, etc)

NPI

Opt-Out

Provider Directory Updates
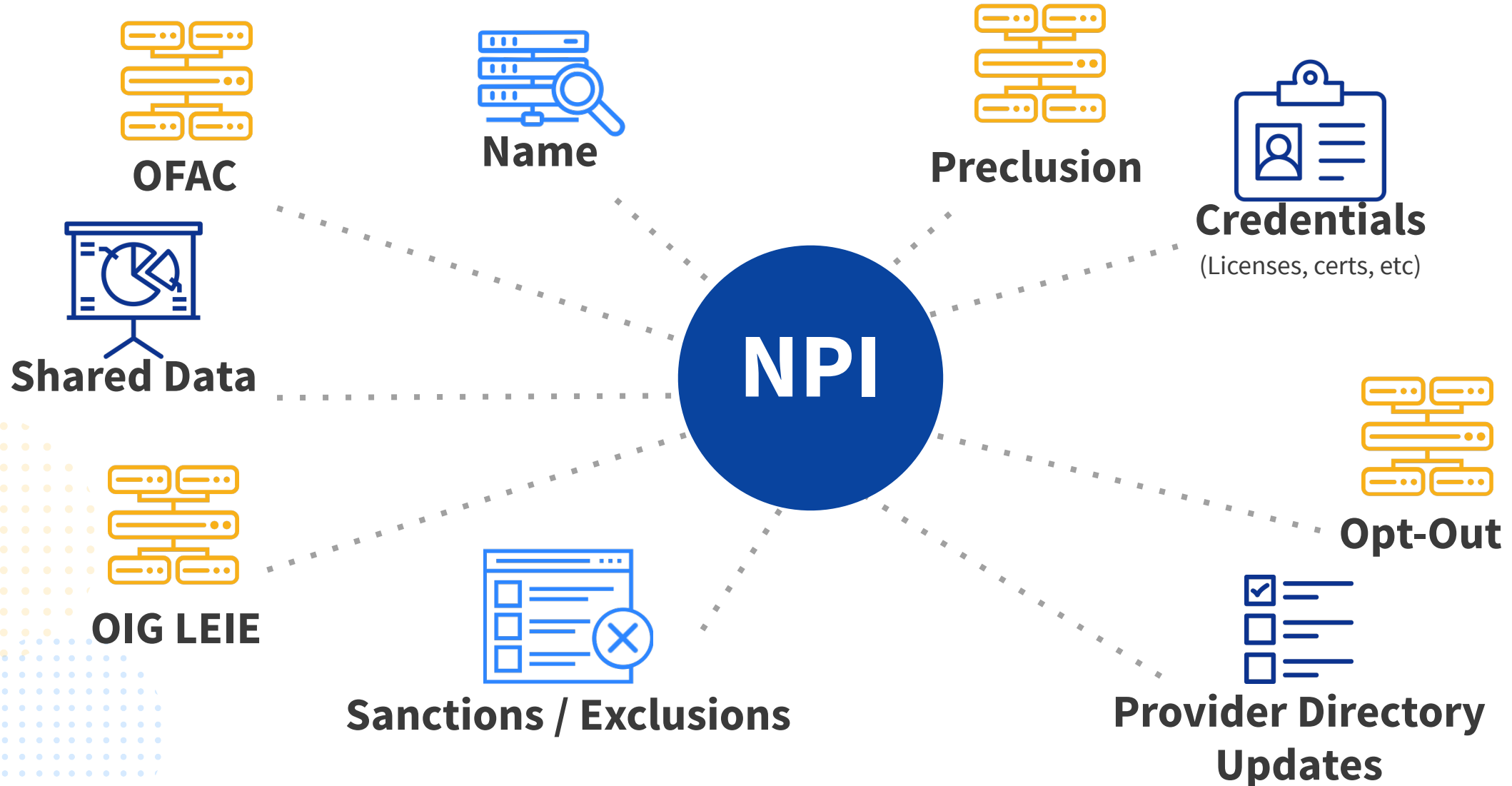
Data Issue 2: Primary Sources

Health Plan

First Name: Cynthia
Last Name: Ketterer
Location Address: 13259 East Fwy, Houston TX 77015
Billing Address: 14770 Memorial Drive Ste 220, Houston TX 77079
DOB: 01/24/1960
NPI: 1356520712
SSN: n/a
License #: 96875201 *+ 9 more*

Primary Source

Exclusion Source:
State Medicaid Exclusion List
First Name: Cynthia
Last Name: Ketterer
County: Johnson
Begin Date: 09/10/1996
Status: Terminated
List Date: 01/01/1997
License #: MD057569L

Data Issue 2: Primary Sources

Snapshot of Alabama's State Exclusion List.

| NAME OF PROVIDER	SUSPENSION EFFECTIVE DATE	SUSPENSION INITIATED BY
PHYSICIANS		
Abell, John B.	02/23/13	MLC
Aggarwal, Shelinder	09/13/13	MLC & Medicare
Akkanti, Venkatreddy	01/25/12	MLC
Alexander, Eloise Karin Lundberg, MD	03/21/12	MLC
Ali, Muhammad Wasim Sadiq	04/08/16	Medicaid & Medicare
Anderson, James Burns	07/24/95	Medicare
Anderson, Walter O.	10/30/02	MLC
Aqel, Raed Ahmed	06/24/09	MLC
Arrington, Thomas H.	05/07/91	MLC
Baer, Gregory Sherwin	02/01/95	MLC

Steps to Solving This Problem

1. **Define ownership** among constituents across the business

2. **Establish best practices** (scope, criteria, frequency) for your organization

3. **Eliminate manual verification** and automate your workflow

4. **Integrate** into your existing workflows (API / SFTP)

Define Standard Operating Procedures

Set your **Criteria, Scope,** and **Frequency**:

- Federal Exclusions (OIG-LEIE, SAM)
- 43 State Medicaid Lists
- SSDMF Search
- Medicare Opt-Out
- Monitor NPI Active Status
- Preclusion List
- Licensure Verification
- State Sanctions

Forever

24 Months

12 Months

Claim

Transaction
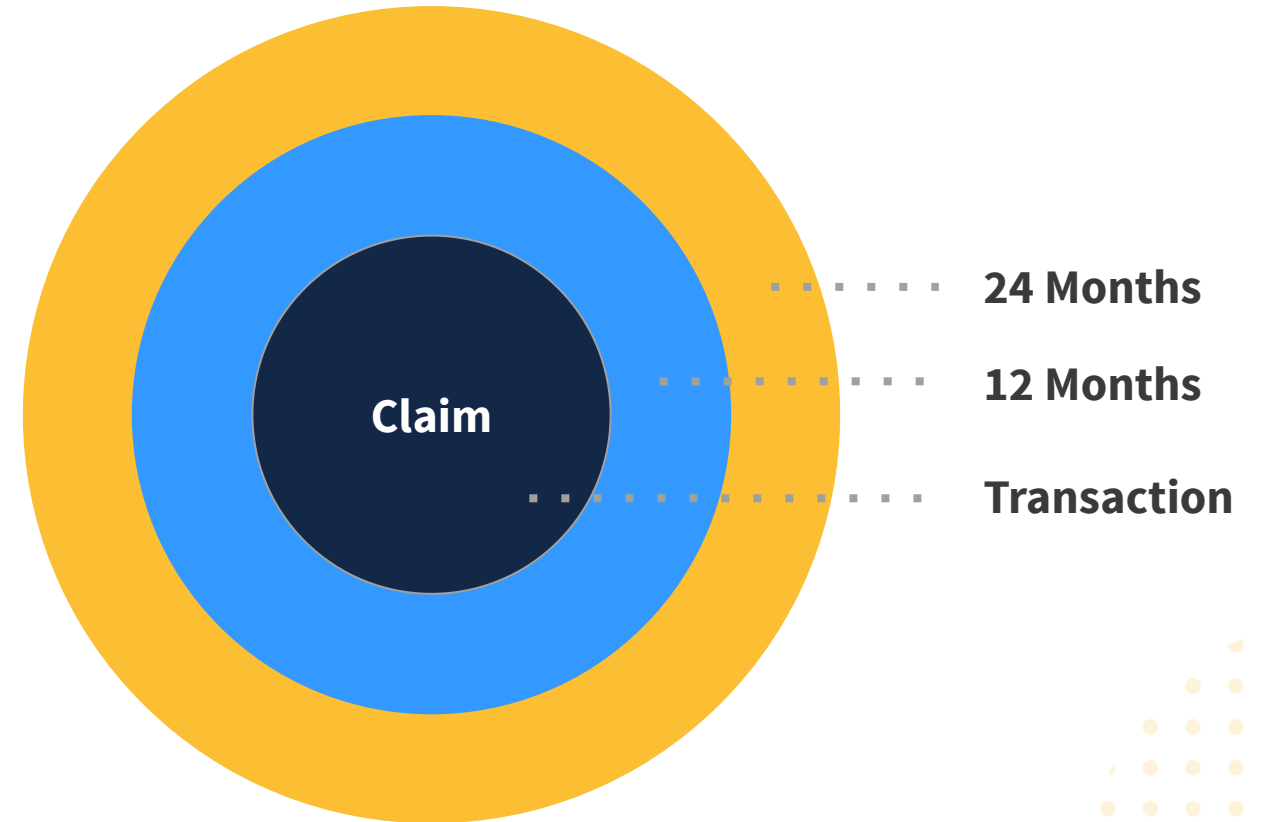
Build Your Monitoring Matrix

	Volumes	OIG-LEIE	SAM	43 State Medicaid Lists	SSDMF	OFAC	CMS Preclusion	Opt-Out	NPI Validation	Frequency	Source	Unique Identifier	Data Requirements
Non-Par Providers	500,000	x	x	x	x	x	x	x	x	Ongoing	Claims System	NPI	NPI
Par Providers													
Employees													
Vendors & Owners													
Members													

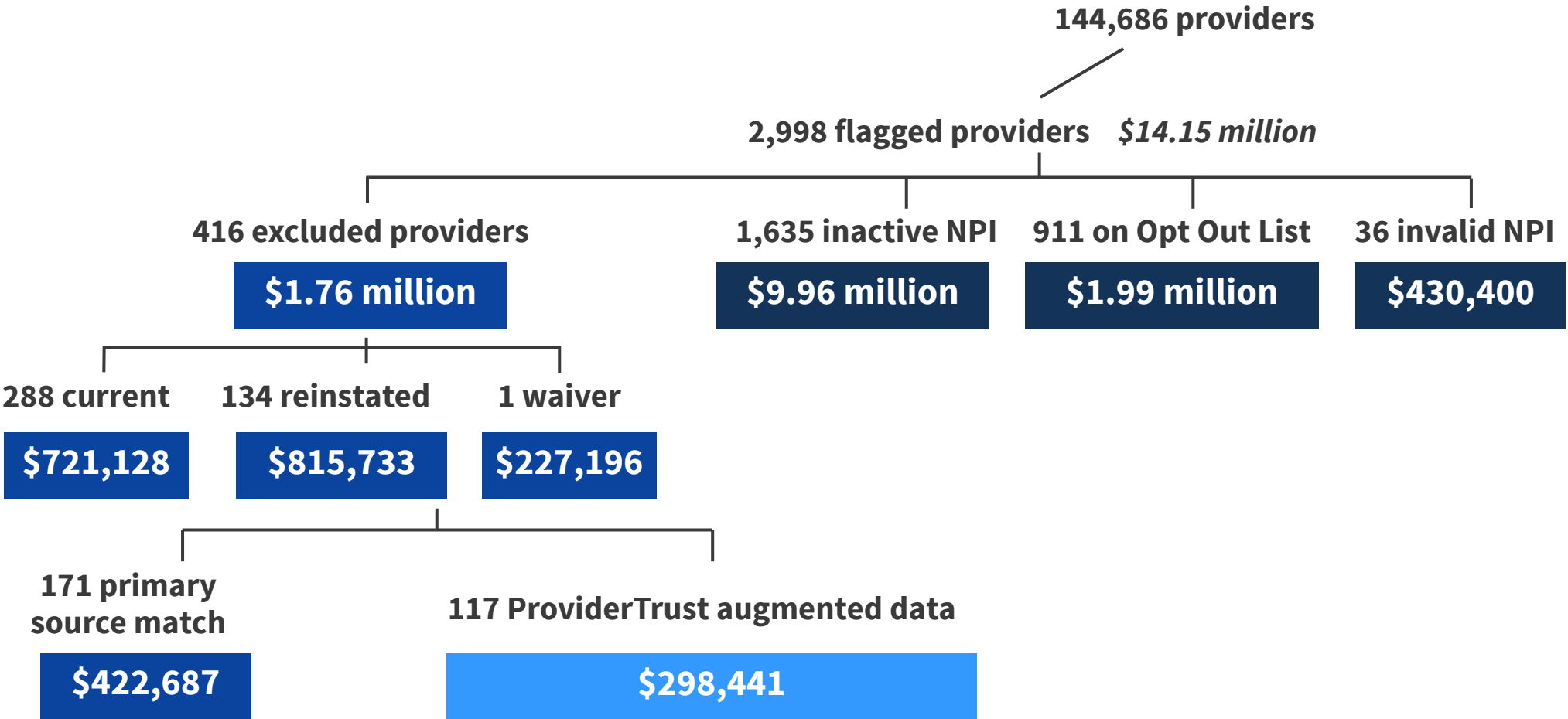# Selecting a **Partner** for Provider Monitoring

Here's a list of the **must-haves** for any vendor relationship that interacts with non-par or participating provider monitoring during COVID-19 and beyond:

- Understands the nuances and complexity of non-par monitoring and participating provider monitoring
- Enriches primary source records with augmented data
- Performs verification on your behalf and **never** uses the term *fuzzy match* or get your results via spreadsheets
- Returns clear, actionable results anywhere within your workflow - allowing you to ACT, not INVESTIGATE - and automates reporting to internal & external standard
- Integrates with business processes & systems

Case Study: Ineligible Claims are Expensive

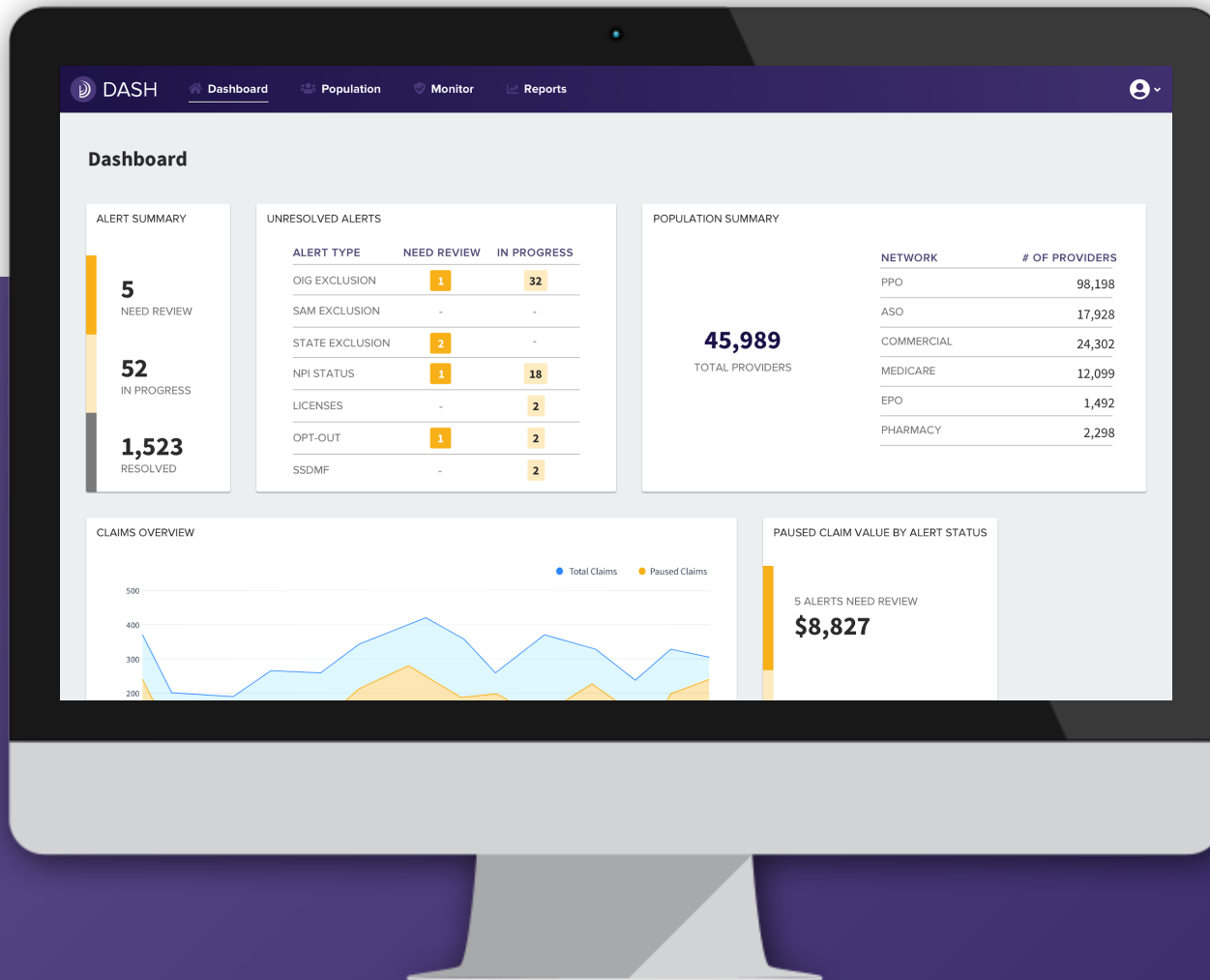Results of a **real-time**, instant screen:

144,686 providers

2,998 flagged providers   *$14.15 million*

416 excluded providers

| $1.76 million |

1,635 inactive NPI

| $9.96 million |

911 on Opt Out List

| $1.99 million |

36 invalid NPI

| $430,400 |

288 current

| $721,128 |

134 reinstated

| $815,733 |

1 waiver

| $227,196 |

171 primary source match

| $422,687 |

117 ProviderTrust augmented data

| $298,441 |

We can <mark>help</mark> you today.

For those on the call, we are offering a one-time, **no-cost** scrub of your provider network or COVID-19 claims.

Questions?

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