

Recommendation 11: Increase efficiencies in credentialing and contracting with payors so that SBWCs can be credentialed as a practice rather than individual providers.

Objective: By December 31, 2023 standardize the credentialing process across SBWCs and payors and decrease the time it takes to credential to no more than thirty days.

Strategy: Through policy/system change, training, awareness raising and improved communication

| Activity | Target Date | Key Implementers | Milestones | Process Measures | Outcomes Measures |
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| Encourage identification of a provider relations POC to trouble shoot and address issues at payors. Reach out and identify Create a list Maintain list | Within 3-6 months of TA vendor being established and updated annually | Public Health and TA vendor to update | Outreach list third party payors Created list | List of payors for contacting List of provider relations POC | Credentialing is happening in a timely manner-as reported by SBWCs |
| Train provider relations specialist about what SBWCs are-as a standard practice Public health works with medical sponsors to create training and provides via webinar | Within 3-6 months of TA vendor being established and updated annually | Public Health with medical sponsors and TA vendor to update | Training created Training provided | Training slide deck and agenda Webinar link created and made available | Credentialing is happening in a timely manner-as reported by SBWCs |
| Work with provider relations POC to trouble shoot issues with | Within 3-6 months of plan being | Medical sponsors | Provider relations group created | Issues identified | Credentialing is happening in a timely manner-as reported by SBWCs |

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| processing applications (i.e., software/computer) | released and ongoing | | | | |
| Work with provider relations POC to include insurance company verification of receipt of completed and clean application | Within 3-6 months of plan being released and ongoing | Medical sponsors | Provider relations group created | Issues identified | Credentialing is happening in a timely manner-as reported by SBWCs |
| Improve communication between payor and provider about status of credentialing | Within 6 months of understanding issues and determining solutions and ongoing | Medical sponsors | Creating policies to address identified issues | Roadmap/workflow created for medical sponsors Alert to medical sponsors with status updates | Credentialing is happening in a timely manner-as reported by SBWCs |
| Issue Dept of Insurance bulletin-to increase awareness of SBWCs as an integral part of the health system | Within 3-6 months of TA vendor being established | Public Health and TA Vendor | Bulletin created | Bulletin issued and posted on public facing website | Credentialing is happening in a timely manner-as reported by SBWCs |
| Host bi-annual meetings between MCOs, Medicaid, other commercial payors, SBWCs, TA Vendor, DPH to discuss how to streamline and accomplish goal- | Within 1 year of plan being released | TA Vendor | Meeting planned and held Create attendee list | Agenda Attendee list List of issues to address | Credentialing is happening in a timely manner-as reported by SBWCs |

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| credentialing people, include DEI perspective | | | | | |
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Resources Needed:

Foreseen Challenges:

Recommendation 12: Work with commercial payors to:

- *Suppress explanation of benefits (EOBs) for all service provided at SBWCs*
- *Provide or create an all-inclusive code for SBWC services (like Medicaid)*
- *Waive cost-sharing responsibilities and co-payments for SBWC services*

Objective: Meet with commercial payors, assess climate and possibility to make changes, negotiate, share models that could be replicated

How to be sure that bill language applies to commercial payors-self funded coverage plans would not be part of this as they don't fall under DOI

As part of doing business in DE you would have to agree to be a part of this if you were a self funded coverage plan?

up to policy holder or patient of age to have EOBs masked

Susan Jeanette (DOI)

Get Aetna and Medicaid to the table to explain how they create an all-inclusive code and the benefits of doing this-Aetna best to compare apples to apples-sharing challenges and successes-

Use template for something they have done in a smaller market and apply here

Resources Needed:

Foreseen Challenges: