

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
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 processing applications (i.e., software/computer)	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

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-credentialing people, include DEI perspective	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
Resources Needed:					

Foreseen Challenges:

Recommendation 12: Work with commercial payors to:

- *Provide or create an all-inclusive code for SBWC services (like Medicaid).*
- *Waive cost-sharing responsibilities and co-payments for SBWC services for those plans not federally regulated in Delaware.*

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

Strategy: Approach it first as a policy decision on the part of commercial payors and use legislation only as a last resort.

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.

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
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					
Case study from Aetna tracking claims from these inclusive codes to see value of being able to cover					

through inclusive code-nuance-only 2 orgs that use- State of DE and ChristianaCare-so Self- funded					
Resources Needed:					
Foreseen Challenges:					
Recommendation 13: Maximize Third Party Billing and Certified Coders in SBWCs					
Objective: Having a medical sponsor understanding of the SBHC model and savvy in insurance billing and government regulations					
Strategy: Becoming credentialed to bill private insurance, taking into account the needs of patient populations					

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Title 10 funds-reproductive health, immunizations?					
Education, staff education COVID funding?					
CHWs-billing for them?					
Identifying the buckets and aligning with causes and funding					
PMPM rate or value based payment or flat rate from insurance companies					
Insurance discretionary fund-highmark-set an objective - insurance company send client panel					

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