

CASE STUDY: MEMBER & PROVIDER ENROLLMENT



Member enrollment, Provider enrollment

- Improving *Admin Expense* comes from direct and indirect improvements throughout health plan operations
- During the year, Member Enrollment operates in two very different modes (key AEP periods (Jan 1, July 1, Oct 1) and incremental enrollments/terminations).
- Member enrollment, status and updates are a key driver to many downstream processes (billing, claims, member services, employer satisfaction, etc)
- Provider enrollment is a combination of network development and out of area (OOA) provider *set up*
- Provider enrollment is a key driver to claims autoadjudication

LEAN SOLUTIONS: MEMBER ENROLLMENT AND PROVIDER ENROLLMENT

Overview: Traditionally, operations departments such as member enrollment and provider enrollment are viewed and valued from a *cost center management* or *transaction* perspective. When viewed in this fashion, their value is defined as *time to member ID card*, or department productivity or ability to support a question from member services/provider relations; however this is not the only one way that these *patient/provider/employer facing* departments support a health plan. For both member and provider enrollment, it is in understanding the downstream impact on operations and *admin expense* that their real value (to the business) is realized. Metrics such as turnaround time, productivity and quality when seen as *leading indicators* to auto adjudication %, provider relations call volume, member services call volume and *preventable admin expense* is what helps break down traditional department *silos* and shift department/transaction thinking into *value stream thinking*.

The challenge for health plans is to begin to *see* and *manage* traditionally independent *departments* not as being about *operations* and *transaction processing* but as a *driver* to *preventable* downstream costs. It is the *prevention* of *preventable work* (preventable phone calls, claims status inquiries, pended claims, duplicate work, etc) that is the foundation for real improvement. In this case a **Lean Event** structure was used to both expand the vision of and improve the operational performance (Turnaround time, productivity, backlog and quality) of each department.

Case Study (member enrollment): A case study with a large regional health plan, focusing on improving *turnaround time* of member enrollment, time to receipt of member ID cards, and productivity of the *department*. Using our proprietary approach to improving *information flows* (VSMi®), impacting the member enrollment process was viewed as beginning outside of *enrollment*. As a result the keys to success were defined *upstream*. As the team realized that quality, accuracy and timeliness of information was the real driver to all *operational* metrics in member enrollment, focus shifted to engage key upstream entities such as sales, brokers, and employer human resources. It was these upstream entities that guided enrollments towards (hand written) paper applications or pdf typed application, online applications or other *legible* formats.

Case Study (provider enrollment): Provider enrollment serves a very similar role as member enrollment (errors or missing information result in *preventable* pended claims, phone calls, escalations, etc). For provider enrollment, the key to success was *not* the rapid entry of new *groups*, but in leveraging *upstream* departments *prior* to a pended claim. Targeting *out of network providers*, processes were built to *link* the pre auth process to provider enrollment, thus leveraging work from upstream departments and preventing 40+% of the costs (phone calls from providers and members, pended claims, manual adjudication, etc) associated with *pended* out of area services.



Member and Provider enrollment

- * Increased member enrollment productivity 26%
- * Reduced member enrollment overtime 65% (during AEP periods)
- * Reduced pended claims due to *provider not in system* by 36%
- * Reduced member service calls due to *claims status* by 6%
- * Reduced provider relations calls associated with "OOA provider" by 22%

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