NewportCredentialing SOLUTIONS™
Powered by TractManager

Private Medical Group

36 FACILITIES | 44 PAYERS | BASED IN NEW YORK, N.Y.

"After Newport Credentialing Solutions assumed responsibility for all payer enrollments, our providers saw a dramatic reduction in denied claims. Not only is it more efficient for Newport to manage our enrollments … it's more profitable."
>> Associate Vice President, Revenue Cycle Management

CLIENT CASE STUDY:

PAYER ENROLLMENT AND DELEGATED CREDENTIALING

REDUCED DENIED CLAIMS BY
55 %

IMPROVED PROVIDER ENROLLMENT BY
125 %

- **CHALLENGE**
  A 36-facility Medical Group in metropolitan New York had trouble identifying which medical providers were enrolled with its 44 health insurers. Provider credentials were gathered and verified by an in-house team of credentialing specialists, who then submitted each provider's application to insurance plans. This was a manual, labor-intensive effort, and enrolling a single provider could take anywhere from 3 to 12 months. Due to these delays, plus lapses in provider enrollment, the Group began experiencing issues with denied claims. Additionally, because the business was formed after the merger of four separate medical groups, the Group was operating with different regional Tax Identification Numbers (TIN), rather than a unified TIN representing the entire organization. This further complicated payer enrollment and reimbursement.
- **SOLUTION**
  After conducting an initial provider par analysis, Newport Credentialing Solutions began administering all payer enrollment activities for the Group, including delegated roster submissions for 18 of its 44 health insurers. Newport also advised the Group during its complex and mission-critical TIN conversion effort, managing all payer communications and coordinating the effective changeover date, after which old numbers were replaced by the new, unified TIN. A cloud-based workflow, analytics, and business intelligence platform was also provided, allowing the Group to report on and manage expirables, CAQH re-attestation, re-credentialing, credentialing edits and denials, and delegated roster submissions.
- **IMPACT**
  Provider par analysis after Newport's initial implementation was only 43% — three years later, it is now 99%. In the first six months after implementation, claims denied due to provider enrollment and credentialing issues dropped by 55%. Most significantly, however, the Group's medical providers no longer complain to the Revenue Cycle Management department about payer enrollment issues. Now they have more time to do what they do best: deliver high-quality, team-based, coordinated care to their communities.

CONTACT US TO LEARN MORE.

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