



## MAKING THE CASE FOR DIGITAL TRANSFORMATION WITHIN CREDENTIALING

### CASE STUDY

Headquartered in Scottsdale, Arizona, [Magellan Health](#)<sup>sm</sup> is a booming, for-profit, healthcare management company focused on delivering solutions to manage complex populations and conditions across the healthcare continuum. Employing approximately 9,700 associates throughout the United States, the organization serves 53.9 million individuals, offering health plans in the Behavioral Health and Specialty markets, along with government plans including Medicare Advantage, Medicaid, and CHIP. In addition to its healthcare division, is MagellanRX<sup>sm</sup> Management, which operates as a pharmacy benefits manager (PBM). With revenues of 4.83 billion U.S. dollars in 2016, the company is ranked 537 on the Fortune 1000 List.

Decreasing the credentialing  
process time by 72%

### About the Magellan Credentialing Process

Providing a better path to healthcare is essential to Magellan's values, and as such includes a provider credentialing program that qualifies physicians for practice. Located in St. Louis, Missouri and Columbia, Maryland it is the network operations team that oversees these business processes. In 2015, however, credentialing was mostly a manual process that took between 45 to 60 days from application receipt to ballot completion (see credentialing workflow). Such a lengthy process resulted in system-wide bottlenecks in which providers were left waiting out approvals instead of treating patients. Realizing newer technology could add value to the credentialing workflow, business leaders decided it was time to investigate.

## The Credentialing Workflow Step by Step



To see where improvements could be made required a close-up look at the credentialing workflow. Step one had third-party recruiters emailing provider requests via the credentialing verification organization (CVO) which in turn initiated the credentialing process. Doing so however meant Magellan employees had to manually triage daily emails to determine if credentialing was required for the provider and if so, they would need to download the credentialing application from the [Council for Affordable Quality Healthcare](#) (CAQH) portal.

However, this is where the process fell short as it took almost two hours each day to research the requests, obtain, confirm and assess providers. What is more is that on average 40 percent of those requests did not require credentialing after all, as the provider may have been joining a new group and still maintained their credentials. In other situations, applications were not available via CAQH even though they required verification. Certainly, there was a better way to move the more than 250 weekly provider requests through the process. Therefore, in late 2015, upon funding approval, the credentialing and network operations teams embraced the opportunity to digitally transform their process with the goal of improving functionality, response time and provider relationships. No more manually checking the CAQH portal.

### Step One: Getting with the Program

To achieve this vision for automation, department leaders would need to come together and establish process change goals. Putting these targets to action would take time, however, and alignment with the right solution provider. Therefore, Magellan turned to [Kiriworks](#), a [Hyland Software](#) Platinum and Diamond Support Partner and healthcare payer information management systems integrator. Team members knew they could trust Kiriworks to guide them toward digital transformation, having partnered with them on previous projects dating back to 2009. Without hesitation, Kiriworks consultants stepped into action and along with the network operations and the credentialing team, determined the current credentialing process lacked today's technological intelligence including real-time feedback as well as the ability to:

- Link documents back to an application needed to complete work
- Provide guided workflows
- Distribute work assignments
- Conduct load balancing

## Step Two: Connecting Legacy Data to OnBase Made Business-Process Sense

To reduce time spent on the credentialing processes, Magellan would need to eliminate the CAQH mailbox by creating an electronic form with built-in intelligence. Users would, therefore, know if a provider was eligible for credentialing without having to undergo manual checks. Angela Adams, Senior Director of Analytics, credits the credentialing and operations team with devising a plan as she challenged them to analyze existing processes. For example, she asked users to look at current operations and determine what steps were a necessity. Just because they had been in place for years, didn't mean they were needed.

## Step Three: A Three-Month Implementation Led to Improved Workflow Functionality

Armed with only essential requirements, Magellan took an agile approach to a three-month implementation which involved integration with their core systems including their provider database. This agile approach was initiated by a two-week long pilot program in support of small user groups across the network.

Meanwhile, background processes added eligible providers to the CAQH roster for importing the credentialing applications to OnBase. The following application request enabled Magellan users to process, track comments and verify credential status. While the application was being prepped for committee review, a different form could then be accessed by appropriate users for:

- 1 Criteria/Legal Review
- 2 Ballot Preparation
- 3 Committee Review and Provider Notification

## Today's Credentialing Process is Automated, and the Results are Worth It

One year after the pilot program began the credentialing process has decreased processing time by 72 percent. Where it once took 40 to 50 days to process an application and prepare for committee review, now takes 14 to 20 days, freeing up employees to complete additional tasks while also improving coveted provider relationships.

### Provider Credentialing Process Overview

The National Committee for Quality Assurance (NCQA) sets and enforces provider credentialing standards such as:

- Verifying board certification
- Checking for medical malpractice claims, complaints, suspensions or revocations
- Validate education
- Confirming license

## More Projects Are Under Way

The credentialing digital transformation was so successful it now serves as the pilot program for other initiatives across the Magellan enterprise. For example, the technical team was further able to capture data from providers outside the credentialing process making for more reliable data and improved workload distribution methods. A phase II solution will also walk users through required credentialing steps, eliminating one-off processes. Finally, Magellan also plans to introduce the use of OnBase Case Management to manage provider contracting and onboarding with a 3 to 1 targeted return on investment (ROI).

## Technology Made Simple with Kiriworks

When asked about the benefits of moving from a manual credentialing process, Adams noted there are fewer touchpoints, increased data confidence, and real-time transparency when it comes to inventory. Looking back, she said, "There are many advantages to partnering with Kiriworks." Referring to OnBase by Hyland, "Every piece we build is like a Lego block that you can build on top of, and it can be used in other workflows and unity forms."

While Adams investigated other automated solutions, no single, off-the-shelf credentialing system could work stand-alone. "With OnBase by Hyland, we can leverage our existing system as it is easy to customize and continues to fit the needs of our business," she said. Since minimal IT resources were needed, business analysts were also able to build solutions and quickly deliver value to the organization. Today, Magellan's network operations team is looking forward to more process improvement through digital transformation.

## OLD

- Work assigned by manager
- Multiple handoffs as work passes through process once or twice a day as inventory reports are updated.
- Manual workload “balancing”
- Simple list of applications/documents without any “intelligence” behind the queuing of work
- Separate access to work the documents
- Users have to find the documents they need in separate application (OnBase)
- Inventory reporting completed via twice daily snapshot.
- Challenging for Non-CVO users to determine credentialing status/activity.

## NEW

- Work assigned by the system based on rules
- Bulk of processing is completed by one person. Handoffs happen in real-time, not once or twice a day.
- Workload “balancing” by the system based on highly configurable rules to maximize productivity.
- Intelligent document routing that notifies users when new documents are received and ready to be processed, thereby minimizing waste
- Queuing of work in same application as documents being queued.
- All credentialing documents presented to the user along with each application.
- Real time transparency to inventory for management and staff.
- Real time transparency for non- CVO users to determine credentialing statue/activity

## About Kiriworks

For over 40 years, Kiriworks has successfully partnered with hundreds of companies to streamline and automate their manual processes.

The team at Kiriworks is a family of information management professionals working hard to ensure we continue to offer you the best, most advanced solutions the healthcare payer industry has to offer. Our teams of industry specialists, business analysts, system integrators and project managers have the expertise to deliver a solution that will simplify your processes, reduce the demand on staff and control your costs.

As a forward-thinking, aggressive healthcare technology provider, Kiriworks is equipped with the highest quality products and the strongest team of experienced professionals to move your organization beyond simply being automated, to being exceptional.

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