

# Provider Enrollment Process for Minnesota Health Care Programs (MHCP)

Health Care Operations

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This report mandated by Laws of Minnesota 2009, Chapter 364, Section 15, explores the feasibility of using or coordinating with the Minnesota Credentialing Collaborative (MCC) to make the provider enrollment process for Minnesota Health Care Programs (MHCP) more efficient.

The Department of Human Services (DHS) has been an active participant of the MCC Advisory team since its inception in 2008. Prior to 2008, DHS also participated in a Community Workgroup. The Community Workgroup consisted of payers and providers who identified that the credentialing processes needed to be improved. They identified streamlining efforts that led to the idea of a statewide system to collect credentialing data online, contracting with a vendor to develop an on-line application, and the formation of the MCC. The effort was led by the Minnesota Hospital Association, Minnesota Medical Association, Minnesota Council of Health Plans, various hospital and clinic systems, trade associations, and individual providers. DHS provided input in the early stages of its development.

The goals of MCC are to:

- **Reduce the administrative burden of all credentialed providers** - through MCC the providers now enter their credentialing data into a secure, centralized web-based system. The provider then sends the credentialing data to multiple “receiving” credentialing organizations (e.g., payers and hospitals).
  - Prior to the MCC, a provider typically completed a paper application and mailed it to each receiving organization.
- **Reduce the administrative burden of “receivers” (payers and hospitals)** - by ensuring applications are complete on the first submission; eliminating the need to data enter into an organization’s system (if data conversion has occurred); and reducing the time to track down incorrect or incomplete information as data are audited.

DHS supports this effort and realizes the value of reducing administrative redundancy for health care providers who enroll with multiple payers and hospitals. DHS has also identified the return on investment benefits for its own enrollment process. Those providers who choose to use this tool to complete applications on the first submission result in fewer follow-up contacts and shorten processing time. Providers who choose to use this tool will also experience a faster turnaround time in processing their application.

The majority of providers in Minnesota currently credential with DHS, hospitals and health plans. DHS joining the MCC would significantly reduce the providers’ administrative burden as the data they currently submit to DHS is also sent to hospitals and health plans.

DHS made the decision to join the MCC in July of 2009. DHS is currently in the final stages of the contracting process with the MCC, and anticipates they will have the web tool available to providers May of 2010.