

Credentialing Implications on Patient Satisfaction

With the advent of Accountable Care Organizations (ACO's) and population health management initiatives, healthcare organizations are implementing technology and process solutions designed to encourage patient engagement.

Incumbent in these efforts is the collection of more patient satisfaction data to help yield better decision making to promote lower cost delivery models and better clinical outcomes throughout the communities they serve.

As providers in all healthcare delivery networks effort to enhance patient satisfaction scores, they are all too often burdened by events that occur outside the scope of treatment. Parking convenience, patient wait times, and the perception of a courteous medical staff all impact the patient's experience and the way they express their level of satisfaction. One often overlooked scenario impacting patient satisfaction is the credentialing and enrollment status of a provider that is assumed – both by provider and patient – to be in a payer's network.

When a provider's participation status with a health plan is disrupted – which could stem from a failure to adequately monitor expiring documents, errors in the initial/ re-enrollment process, or failing to identify all locations where that provider will see patients – the patient may face a denied claim for utilizing "out-of-network" services or be told by their health plan that they are responsible to pay higher co-insurance levels than previously disclosed. Since the patient is generally held harmless in these scenarios, most providers will quickly work with the patient and write-off these charges. However, the patient's experience in these instances is generally unfavorable regardless of the financial outcome or impact they ultimately realize.

What compounds the problem in this scenario is the failure to record the root cause of a patient's dissatisfaction. Unless a patient takes time to write a narrative describing this scenario, most survey forms will not specifically address credentialing related issues and the patient's dissatisfaction can manifest in other metrics that are monitored. This leaves the organization with a skewed data set of unfavorable survey outcomes and an inability to take appropriate corrective actions.