



Coming Soon: New Credentialing Portal for Practitioners!

We are thrilled to introduce our new credentialing portal for practitioners. Based on customer feedback, we've updated the practitioner portal to enhance the application submission process and improving the user experience. Our new portal includes a number of new features, including:

- Contemporary **web-design makes it easy to navigate** through menu options and submit applications.
- Practice manager access for all accounts.
- Ability to **upload documents** as needed.
- Professional references no longer pre-populate prompting practitioners to provide current and relevant references.
- Affiliations and work history are combined into one data entry screen to improve accuracy, avoid duplication and **make it easier for practitioners** to provide complete information.
- Required fields prevent errors.
- **Built in definitions and help tools** conveniently located on the page a user is working on.
- Improved **validation of data** to prevent incorrect information from being entered throughout the application.
- Built-in internal audit feature prevents file processing issues.
- Improved access to status of applications, forms and documents.
- **Enhanced customer service tools** allow for more efficient and effective handling of inquiries.

We are certain these new features will make the credentialing process much easier for your practitioners!

Prior Authorization Management: It's a Must-Do!

How often does your facility lose revenue because of a claim denial resulting from an inaccurate or unavailable prior authorization? It happens more than we care to count, so we set out to do something about it!

After reviewing the prior authorization workflow and shadowing employees at several hospitals and clinics, this is what we found:

- Every hospital and clinic used a **manual process** to submit and manage prior authorizations.
- Health plan **portals do not assist** with tracking and management of prior authorizations.
- **Fax pages stick** and don't always get through.
- Edits and **resubmissions get lost** and don't match up with original requests.
- **No reporting** mechanisms were observed, leaving managers and administrators to guess or manually calculate volume, status and turnaround times.

Once we knew the process and understood the difficulties, we went to work. What we came up with was **new, fresh, and innovative**. No one else in the revenue cycle industry has anything like this! We started by:

- Duplicating the forms used by New Mexico health plans.
- Providing links to health plan prior authorization requirements.
- Adding indicators and stops to ensure required information was not missing.
- Pre-populating frequently used request information to ensure accuracy.
- Including an option to upload attachments.
- Providing a secure fax submission with a time-stamped confirmation.
- Adding accessibility to reports based on activity by status, health plan, turnaround times and more.

We are now able to provide our customers a web-based system with a safe and secure way to manage your prior authorizations.

For more information about any of our programs and services, please contact me.

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