

OneView

Managing Payors in OneView: A Credentialing Team Guide





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This guide explains how to use the Payor section in OneView and defines each available field to help credentialing teams navigate the platform effectively.

Sections:

Part 1: The Payor Section - Defining the column headers and data points.

Part 2: Tracking Feature for Payor Workflows

Part 3: Best Practices and Helpful hits



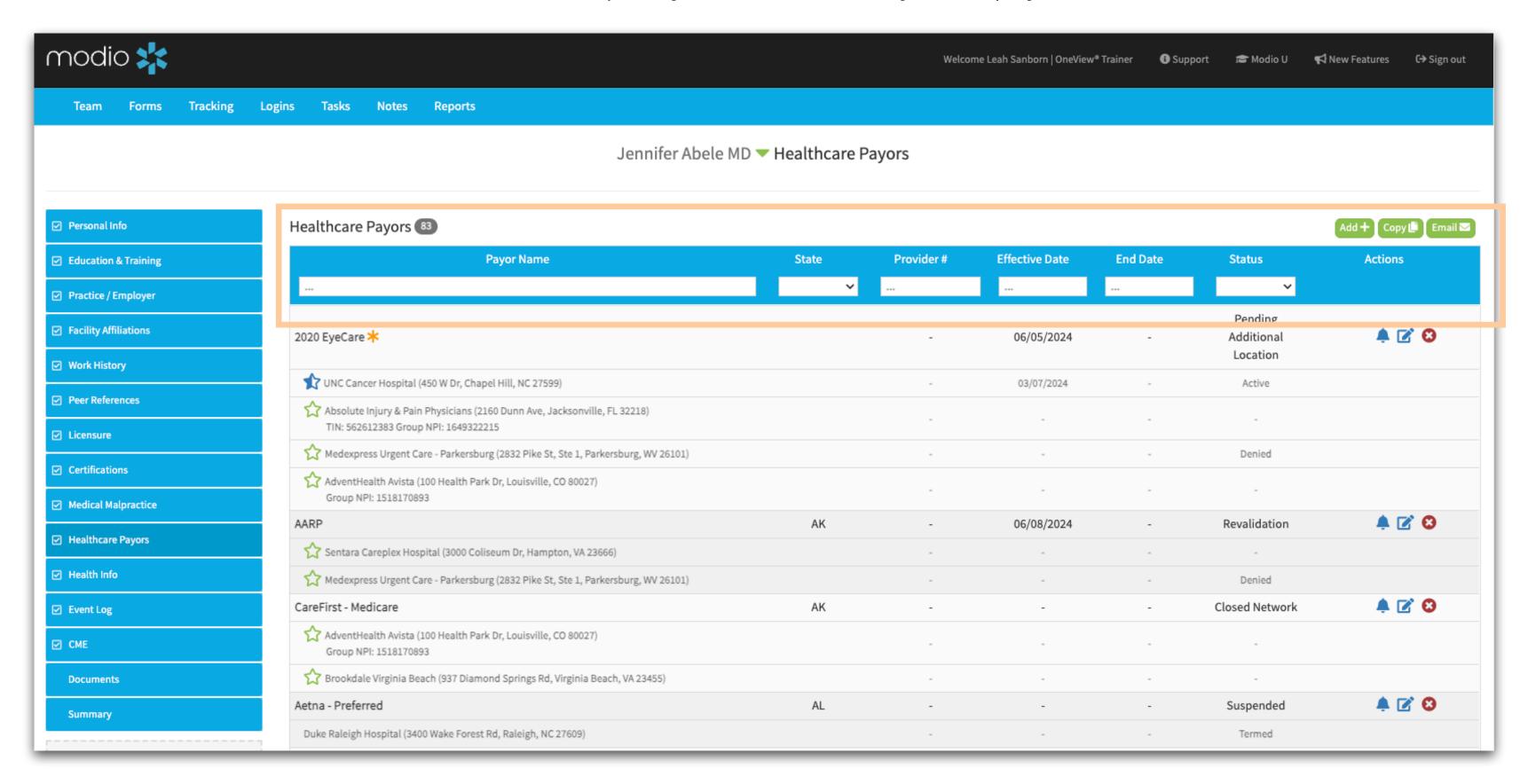
PART 1

Adding & Editing a Payor Record

Once a payor has been added to your profile, there are many options to add data. Keeping the correct data will support your organization in completing payor workflows



Column Headers: Use column headers to quickly view, and filter by basic payor details.



Payor Name – The insurance company or payor (e.g., Aetna, BlueCross).

State - The state in which the credentialing is applicable.

Provider # - The provider ID assigned by the payor.

Effective Date - The start date of participation with the payor.

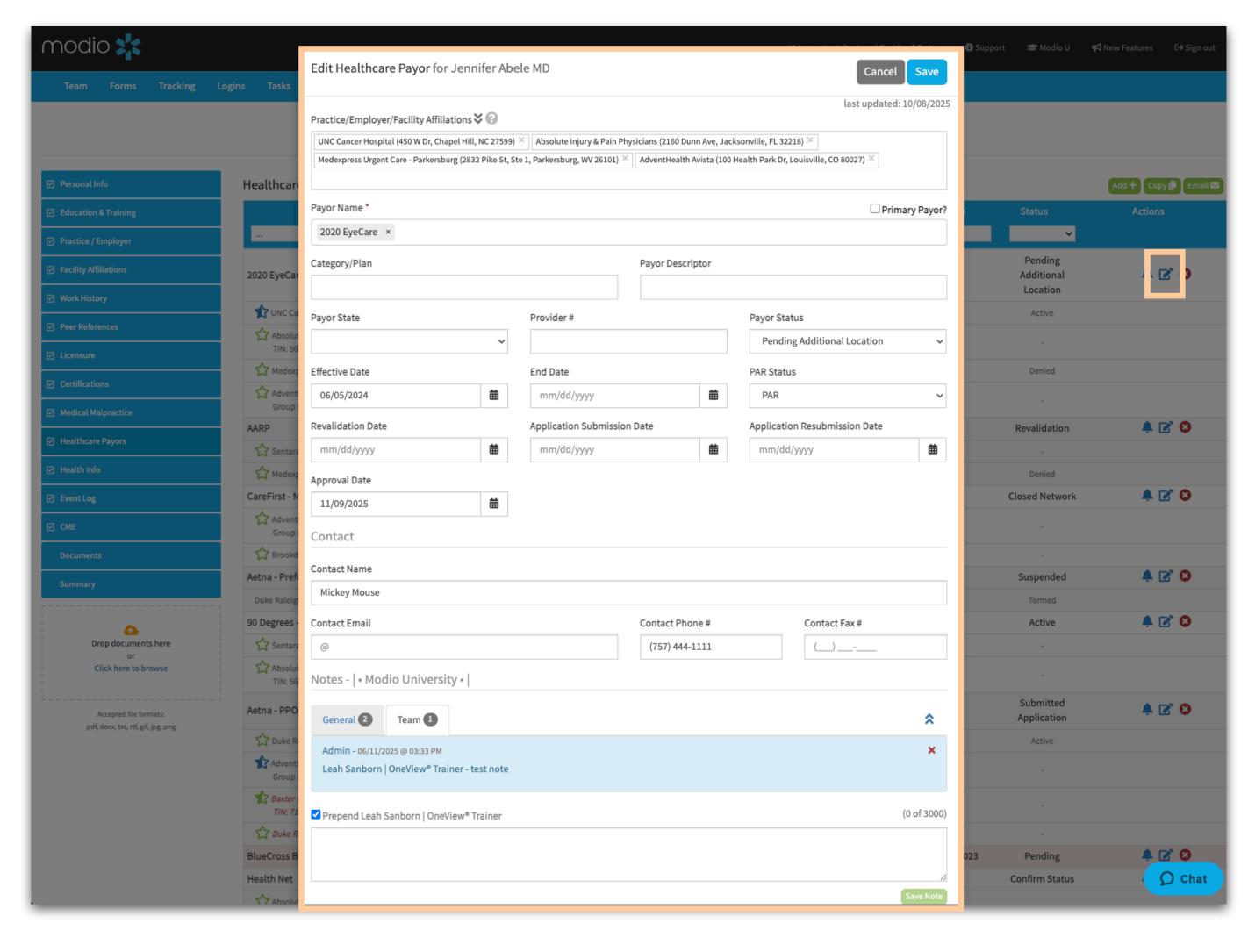
End Date - The expiration or recredentialing date.

Status - Pending, Active, or other stages of credentialing.

Actions - Edit, delete, or enable/ disable alerts (bell icon).



Editing a Payor Record: Once a payor has been added to your profile, there are many options to add data. Keeping the correct data will support your organization in completing payor workflows.

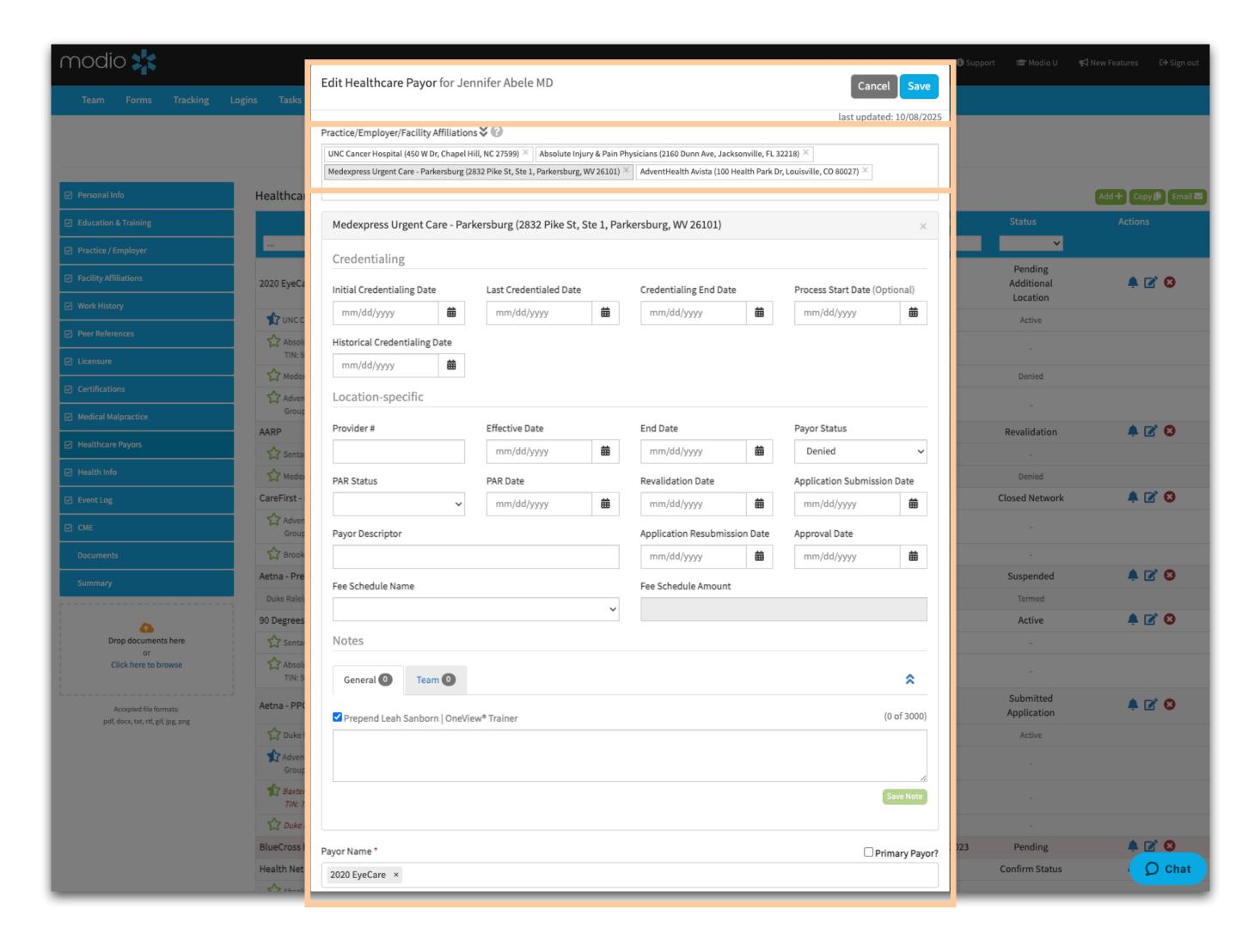


*Note: All required fills will have a red asterisk beside them. Remaining fields are optional.

- **Practice/Employer/Facility Affiliations** Links the payor to a corresponding practice/facility. Locations must be added to the location sections prior to linking them to Payors.
- Payor Name: Select a payor from the dropdown.
- **Pro Tip:** Keep your Payor section organized by entering each payor name only once One Payor Entry per payor application submitted. The keeps the data in one place and eliminates duplicate work.
- Category/Plan Free type a category or plan type (e.g., PHO, PPO, Medicaid).
- **Descriptor** Capture any odd rules Example, facilitylevel limitations or unique documentation requirements.
- **Provider #** Unique ID assigned by payor.
- **Payor Status** Choose from Pending, Active, etc.
- **Pro Tip:** The status list is very long Decide as an organization what statuses your team will use and what they mean to your organization to stay organized.
 - •Credentialing cycle dates.
 - Effective Date
 - •End Date
 - Revalidation Date
- **Application Dates** Track submission, resubmission, and approval.
- **Contact Info** Store payor rep contact info here for easy communication.
- Notes Add helpful context for your team to view.
- Documents Upload and store any supporting documents related to the specific payor and provider. *Example*: Approval or Renewal letters.



Location Specific Details: As locations are added to Payors, use these additional location based fields to track location level data



Use the **Practice Employer/Facility Affiliation** field for that Payor, to link one or more locations to the same payor.

Pro Tip: Ensure that the locations are listed under the Practice/Employer and/or Facility Affiliation section of the provider's profile and linked to the facility master record, so they can be added to payors.

As a best practice, always include precise credentialing dates and status details for each location to ensure accuracy and consistency.

Fee Schedule Name / Amount - Track reimbursement terms.

PAR Status & PAR Date - Indicates participation status.

Credentialing Dates: Location Level

- Initial Credentialed Date
- Last Credentialed Date
- Credentialing End Date
- Process Start Date
- Historical Credentialing Date



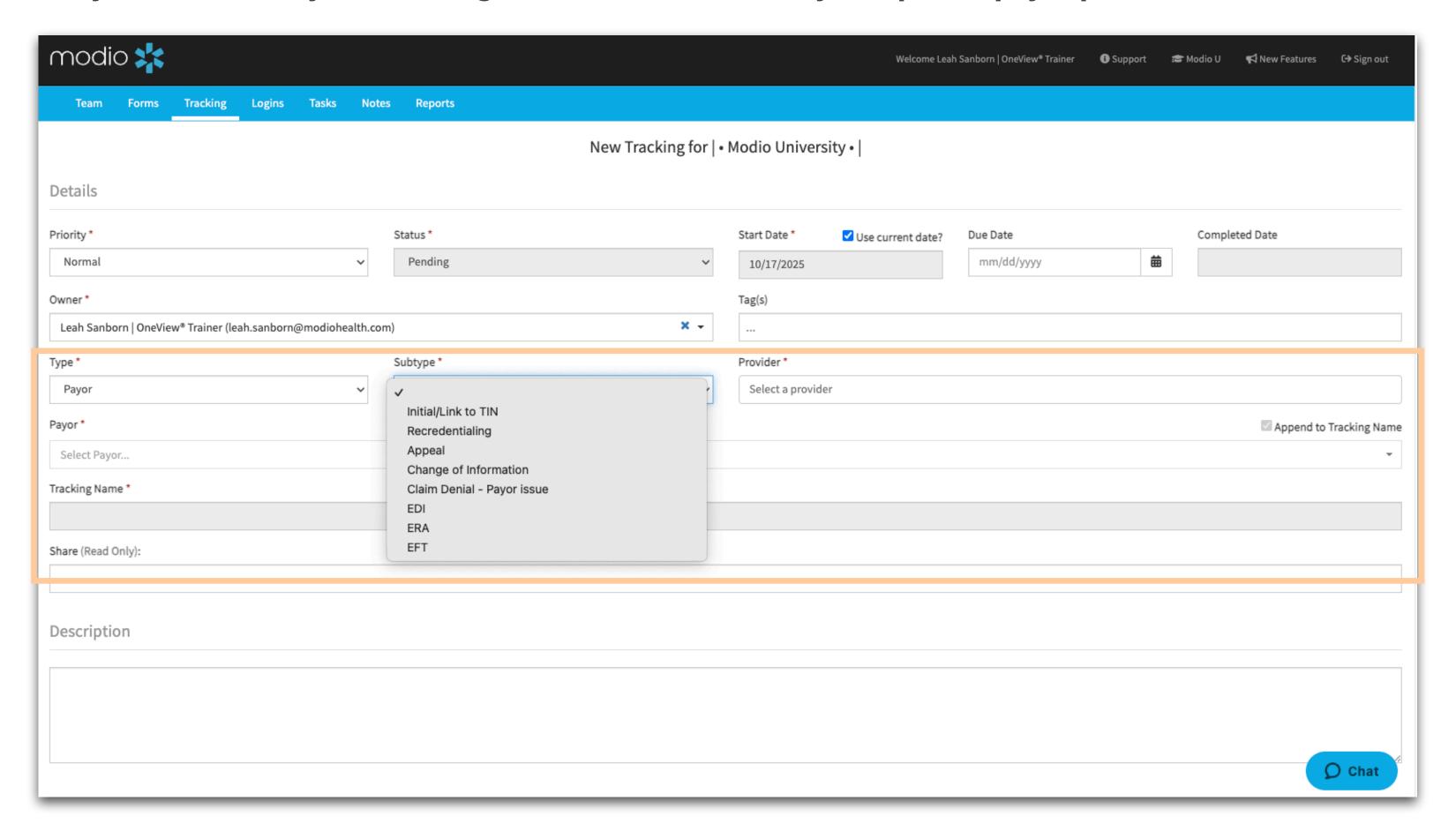
PART 2

Tracking Feature for Payor Workflows

Use the Payor section in combination with the Tracking feature to ensure you don't miss a deadline again. Watch your Payor workflows and credentialing progress move forward with Payor tracking templates.



Tracking is a powerful tool that helps you and your team manage tasks more efficiently. Since it's fully customizable, you can design workflows tailored to your specific payor processes.



Type - Select "Payor."

Possible Subtype Options - Initial / Link to TIN, Recredentialing, Appeal, Change of Information, Claim Denial, EDI / ERA / EFT.

Status - Pending, In Progress, Complete, Archived.

Pending - The tracking has been created but not started yet.

In Progress - The tracking has been started and is actively being worked on.

Completed - All steps have a start and completed date entered. The workflow is complete.

Archived - Trackings that have been created but not finished. Example, tracking that was created in error or tracking that was started but there is no need to complete the workflow (e.g. provider no longer works for your org.)

Due Date - Track credentialing processes and assist in meeting deadlines.

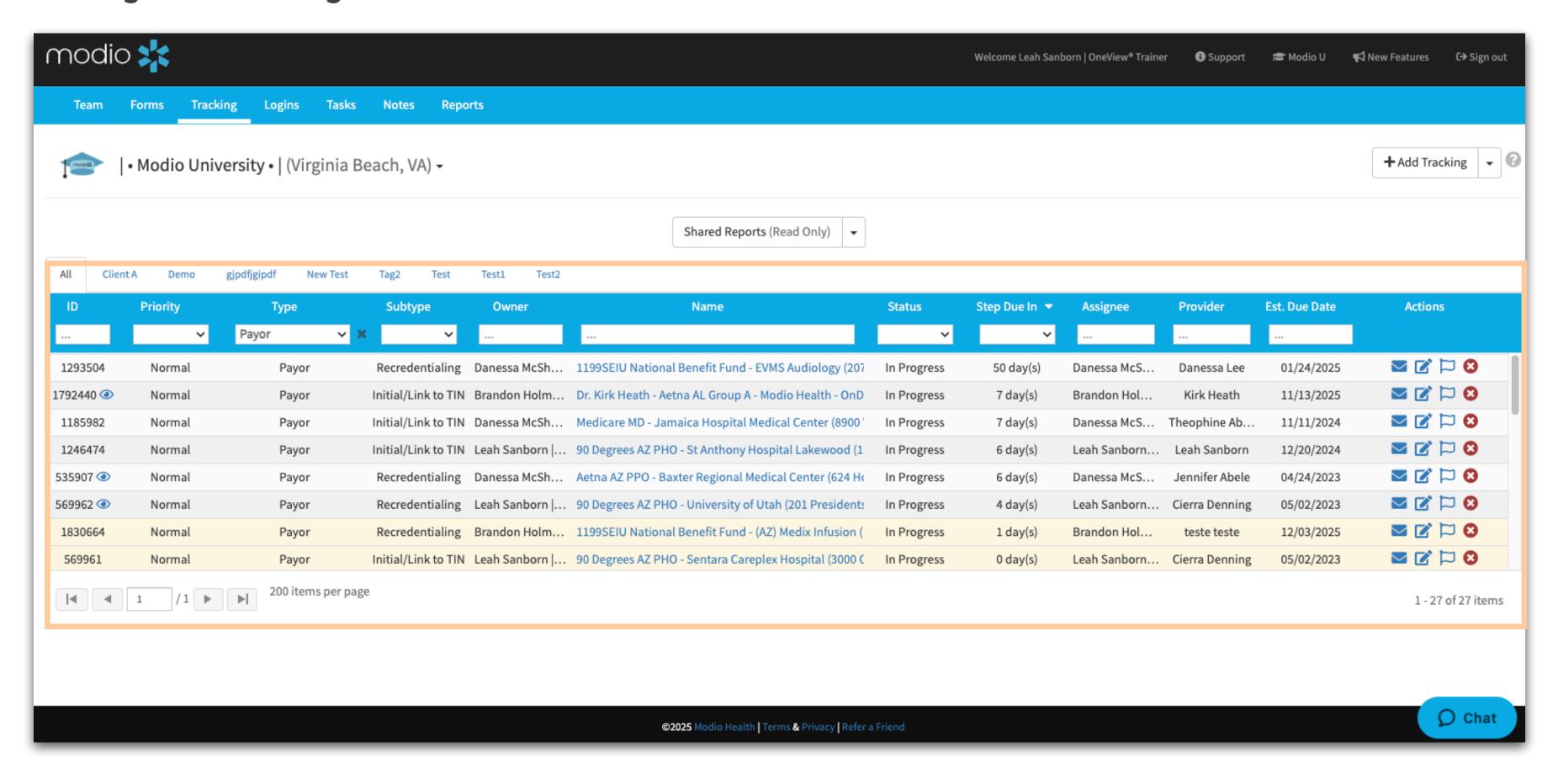
Owner/Assignee - Assign team accountability.

Owner - Oversees the entire workflow. One owner per tracking.

- **Assignee** Assigned per step, each step can be assigned to the correct team member as needed.
- **Pro Tip:** To use tracking for healthcare payors, a location needs to be linked to that payor, as shown on slide 6.



Viewing Active Tracking Events



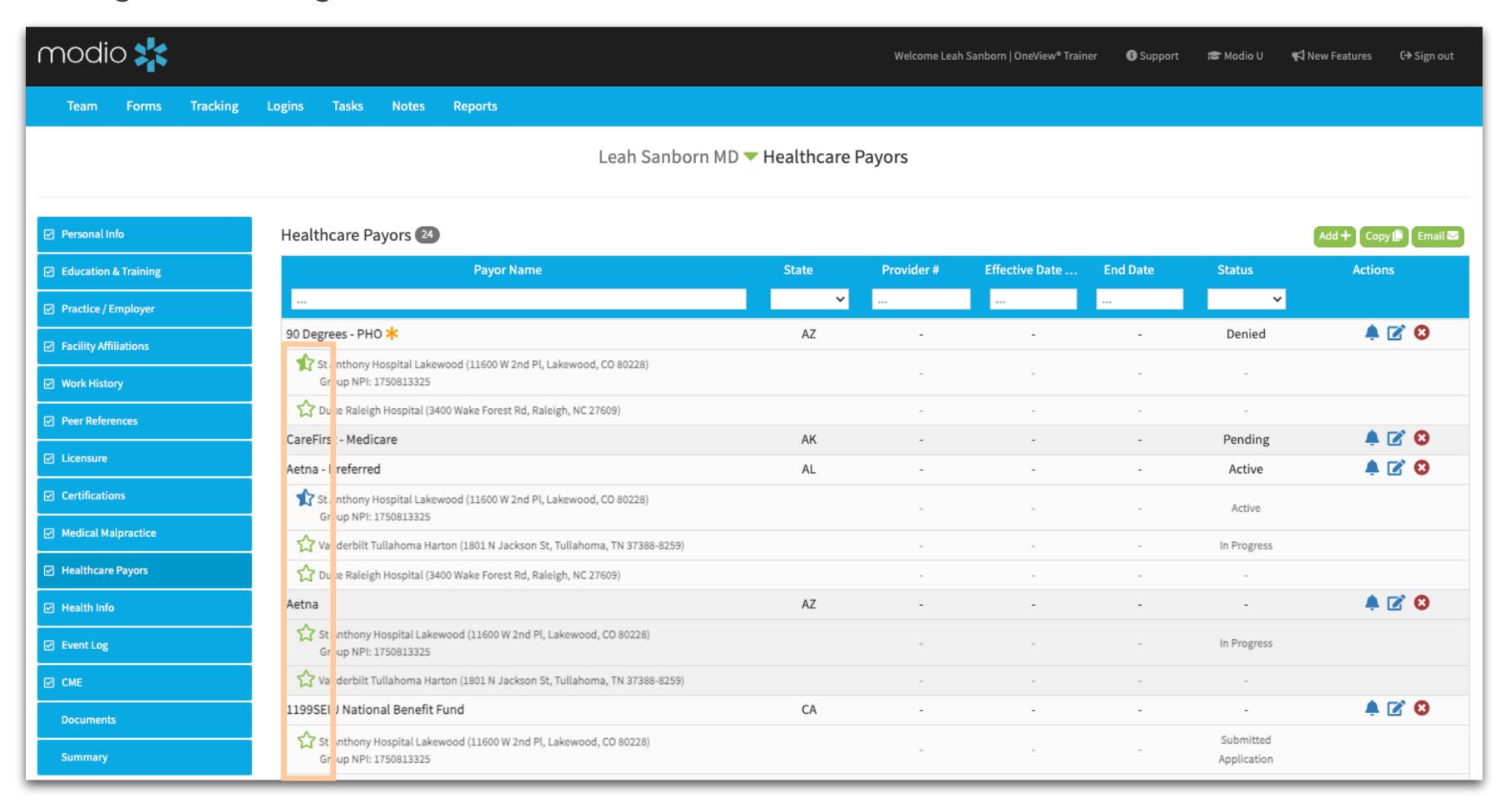
The tracking dashboard provides a realtime overview of all payor related tasks. You can filter by:

- Type (Payor)
- Subtype (e.g., Initial or Recredentialing)
- Status: Pending and In Progress are the default filters. (Additional filters include Archived and Completed)
- Provider or Group Name
- Assignee or Owner Name

Pro Tip - Use the "Name" column to filter by groups of payors. Type in the payor name (e.g. Aetna, Cigna, United...) and focus on one major payor at a time.



Viewing Active Tracking Events



In a provider's profile, under the Healthcare Payor section, you'll see star icons next to payors with linked locations. These stars serve as quick links to your payor tracking workflows.

Pro Tip: A half-filled star means tracking is in progress, blue stars indicate a new or initial process, and green stars represent the recredentialing process. A star will never show as completely filled in.



PART 3

Best Practices & Helpful Tips for Payor Management





1. Effective & End Dates

- If no end date is listed, assume 3 years for Medicaid and 5 years for Medicare.
- Medicare calls it "Revalidation Date," most others say "Recredentialing Date."

2. Recredentialing

- Wait for payor notifications before recredentialing.
- CAQH is used by many payors, but not Medicare or Medicaid.

3. Payor Naming Standard

- Use one payor name and list subcategories in the Category/Plan field.
- Example: Use "Aetna" (not "Aetna PPO" and "Aetna Preferred" separately)
- Exception: Different states = different payors.

4. Tracking Subtypes

- Use the right subtype (Initial, Appeal, Change of Info, etc.) for clarity.
- Appeals are usually handled by billing teams.

5. Onboarding New Groups

- Always check if the practice is already contracted.
- If adding new providers, each requires an individual application.

6. Unique Payor Quick Tips:

- Some payors enforce facility-level credentialing separate from provider enrollment. Always confirm.
- Use the bell icon to mute out-of-network payors without removing them from the provider's profile.
- Track CAQH pulls to know when payors are reviewing data.
- Keep provider addresses updated: mismatched zip codes = denied claims.



For additional questions or further training, contact the Modio Team:

