



CAQH Provider Data Initiatives Update for NCF

March 2, 2017

CAQH and Member Organizations.

CAQH, a non-profit alliance, is the leader in creating shared initiatives to streamline the business of healthcare.

Through collaboration and innovation, CAQH accelerates the transformation of business processes, delivering value to providers, patients and health plans.

Member Organizations:

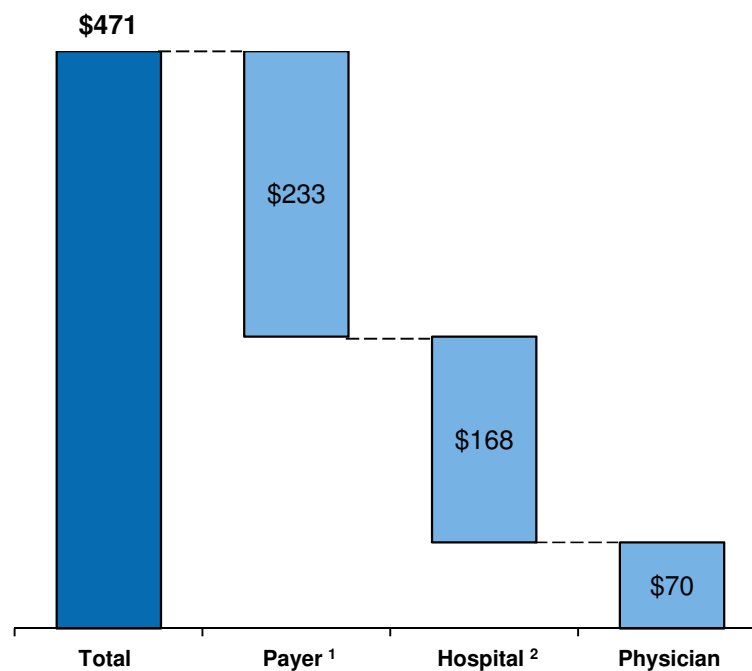


U.S. Healthcare Administrative Costs Are \$471B / Year and rising.

- U.S. healthcare administrative spending was \$471B in 2012 (10% of total healthcare spending) split evenly between providers and payers.
- While the Healthcare Industry continues to look at clinical costs, providers and payers are intensifying efforts at administrative cost reduction.
- As organizations improve their internal efficiency, the Industry is primed to tackle structural costs that are best addressed collaboratively rather than on an individual basis

1 Payer costs include both public and private payers
2 Hospital costs include services in other settings & supplies.

US Payer and Provider Administrative Costs
By Stakeholder (\$ Billions, 2012)



Source: BMC Health Services Research, Kahn, J.G. et al (2014)

Additional market pressures contributing to the need to improve provider data collection, maintenance and distribution.

Market Forces

MLR Pressures and Rate Monitoring

- Healthcare reform creates significant pressure on payers to manage cost due to:
 - MLR minimums.
 - Close monitoring of premiums.

Emerging Care Delivery and Payment Models

- Growth of payer-provider collaboration efforts in care delivery, such as ACOs and Patient-centered Medical Homes.
- Experimentation with new payment models, such as global and bundled payments.

Provider HIE and HIT Adoption

- Incentives to encourage provider adoption of HIEs and EMRs.
- Need to enhance connectivity and information sharing amongst healthcare stakeholders to enable new payer-provider collaboration efforts around care delivery.

Health Insurance Exchanges and Growth in B2C

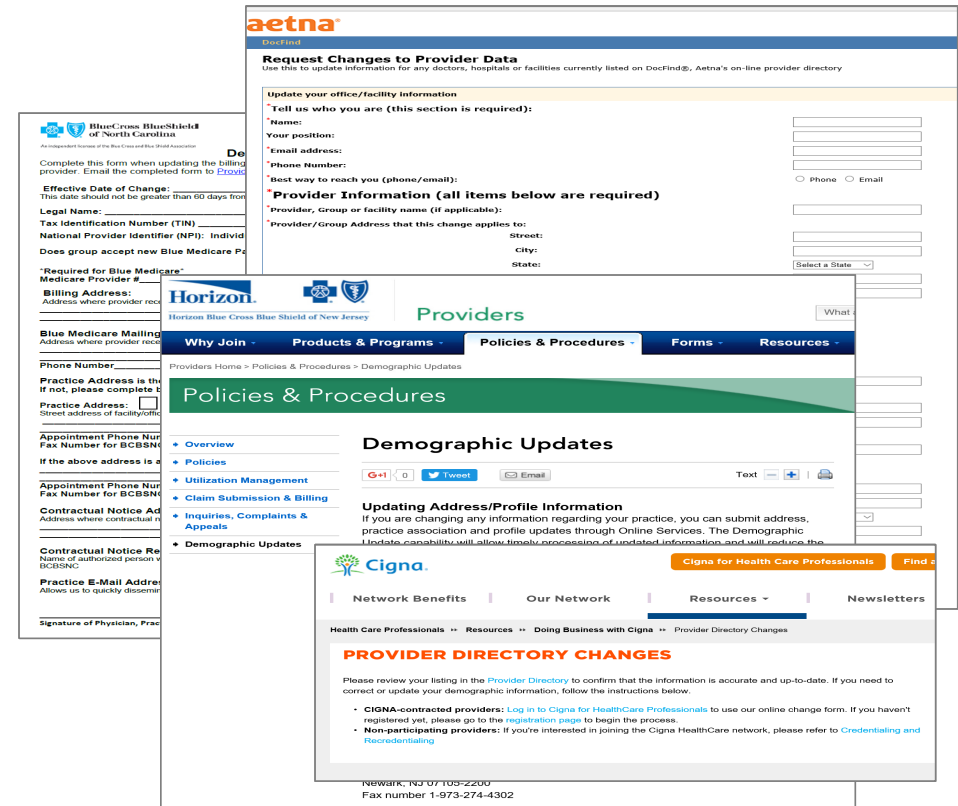
- Shift of uninsured, individual, and small group segments towards health insurance exchanges.
- Greater competition (e.g., transparency, similar benefit packages) on the exchange market – on the basis of value, instead of price.

Imperatives

- Simplify healthcare administration to minimize administrative cost, reduce transaction delays, allow more seamless information sharing, and improve member/patient and provider experience:
 - Eliminate redundancy in transactions across healthcare system.
 - Standardize protocols to reduce exceptions and therefore delays.
 - Enhance interoperability in electronic information exchange.
 - Consolidate data sources.
 - Eliminate error-ridden paperwork through automation.
 - Reduce information technology spending through industry-wide “utilities”.
- Simplify healthcare administration to enable new care and payment delivery models.
- Commoditize functions that are not sources of competitive advantage.

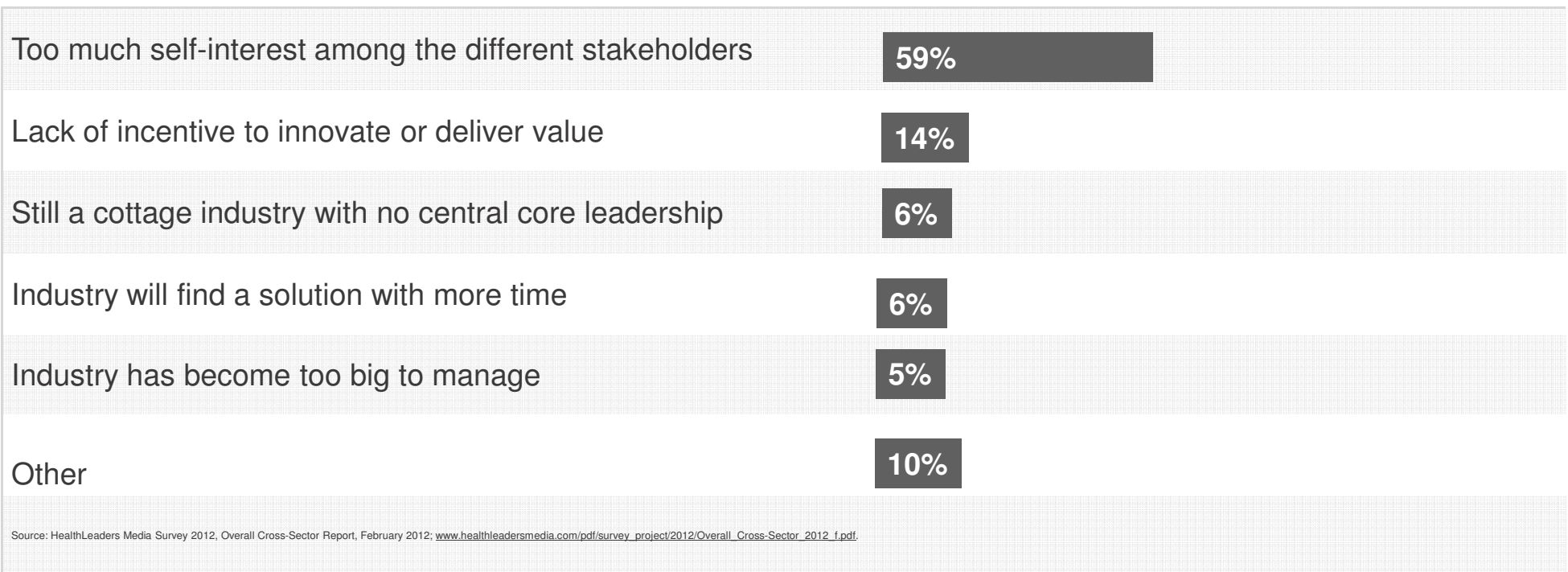
The lack of coordination across the industry is a primary reason for provider data quality and operational efficiency issues.

- Efforts to collect and maintain provider data today vary across health plans, causing provider confusion, non-compliance and abrasion.
- Furthermore, a lack of industry coordination prevents sharing of technology and labor resources among health plans.
- Lastly, changing provider organizational structures and contracting models are exacerbating the problem.
- The net effect is an industry where all parties struggle to maintain accurate provider data cost-effectively, which, in turn, causes other challenges:
 - Increasing regulatory scrutiny.
 - Business process complexity for providers.
 - Poor member experience.
 - Constrained ability to innovate.



There are several reasons why the healthcare industry is reluctant to make improvements in the administrative areas.

Why Can't the Healthcare Industry Solve It's Problems?



Provider Data Is at the Heart of Many Organizational Processes

Contract & Network Management

- Ensure accurate and complete provider data for contracting and network adequacy to support member population.

Care Management

- Accurate data required to perform reporting and medical economics analysis as providers and payers engage in accountable care initiatives together.

Credentialing and Privileging

- Bring quality practitioners into the network and ensure members are not placed at risk from a quality and safety standpoint.

Claims

- Incorrect data leads to significant manual processing and payment delays.

Product & Benefit Alignment

- Accurate and reliable data is critical in reporting which providers are aligned with which products, to support public / private exchanges and more narrowly defined products.

Provider Directories

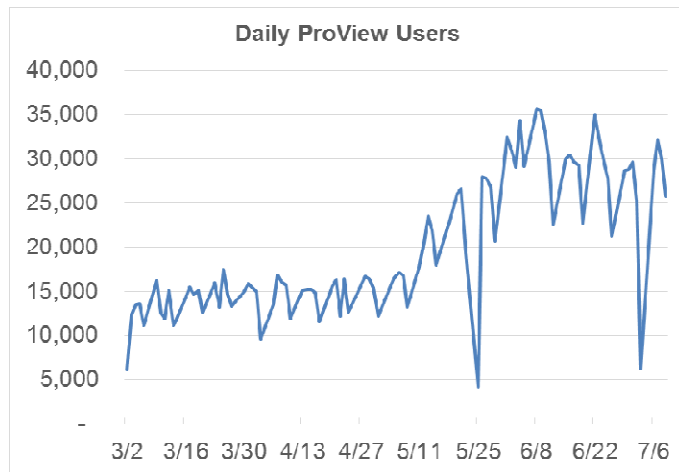
- Incorrect provider information leads to consumer dissatisfaction and greater effort to resolve inquiries.

CAQH ProView by the Numbers

- 1.4 million unique provider users of all types, including non-physicians (~8,000 new providers register each month).
- Over 800 participating health plans, hospitals, provider groups, state Medicaid agencies and other organizations.
- Twelve states and the District of Columbia have adopted the CAQH Standard Provider Credentialing Application.
- Contains more than 600 data elements, including those required for provider directories.
- A new CAQH ProView redesigned platform launched in March 2015 to introduce new capabilities that can be used to solve a wider array of provider data challenges, including provider directory validation.

The screenshot shows the CAQH ProView application login interface. At the top, it says "Welcome to the CAQH ProView application" with links for "HELP", "CONTACT CAQH", and "LOG IN". The CAQH Solutions logo and "PROVIEW™" are prominently displayed. The main content area is titled "CAQH ProView™" and includes a welcome message: "Welcome to CAQH ProView™, formerly the Universal Provider Datasource®." Below this, it states: "CAQH ProView is more than a credentialing database. Available at no cost to you, CAQH ProView eliminates duplicative paperwork with organizations that require your professional and practice information for claims administration, credentialing, directory services, and more." A key feature is highlighted: "Through an intuitive, profile-based design, you can easily enter and maintain your information for submission to your selected organizations." It further explains: "Help reduce inquiries for your administrative information and save even more time by keeping your CAQH ProView profile complete and up-to-date. Ensure that the healthcare organizations you authorize have instant access to accurate, timely information." A call to action reads: "Sign in on the right to update your existing profile information or, if you are a new provider to CAQH ProView, register to create a profile." A link for "CAQH ProView Reference Material" is provided, with sub-links for: Provider User Guide, Provider Quick Reference Guide, Video: Providers - Get Started with CAQH ProView, Video: How to Log In for the First Time, Video: I Forgot My Username/Password, and Video: How to Attest and Re-Attest. On the right side, there is a "SIGN IN" section with fields for "Username" and "Password", and links for "Forgot Username" and "Forgot Password". A "Remember me?" checkbox and a "Sign In" button are also present. Below the sign-in section, a "FIRST TIME HERE?" section lists three steps: 1. Existing CAQH UPD users: Sign in with your old UPD username and password. 2. If you received a welcome email, use the link in your email to begin the sign in process. 3. If you were not registered with CAQH UPD and are new to CAQH ProView: Register Now. At the bottom, there are links for "Practice Manager Sign In" and "Participating Organization Sign In". The footer contains "TERMS OF SERVICE", "PRIVACY", "CAQH.ORG", and "© 2015 CAQH. All rights reserved."

With the new platform, CAQH has broader insights into provider behavior and system usage



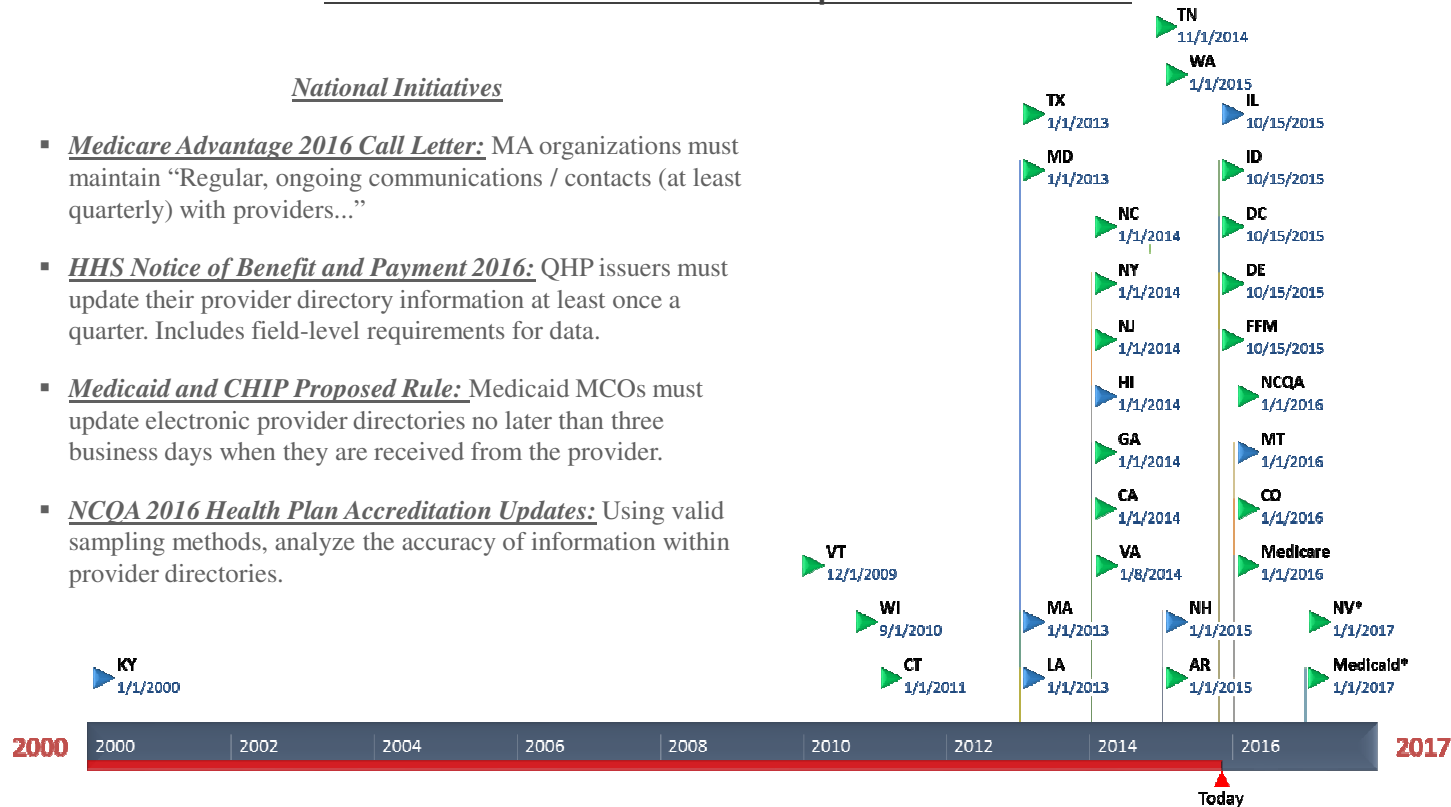
- A key foundational capability in the new ProView platform is the ability to monitor and analyze provider usage of the system.
- ProView currently supports 25k-30k provider users per day, reflecting significant provider engagement, with the specific focus on managing provider information.
- This level of engagement is critical to providing a sustainable industry-wide approach to provider data management that yields high-quality information for a variety of uses across the health plan enterprise and elsewhere.

CAQH has recently begun to address the multitude of provider directory requirements emerging across the country

Increase in State and National Requirements Over Time

National Initiatives

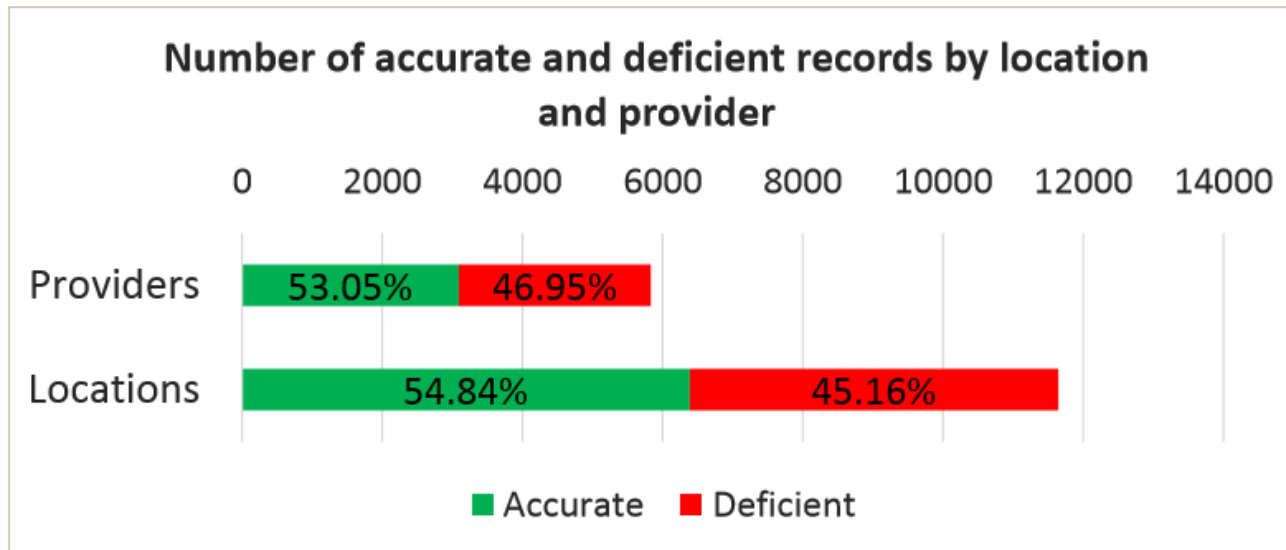
- **Medicare Advantage 2016 Call Letter:** MA organizations must maintain “Regular, ongoing communications / contacts (at least quarterly) with providers...”
- **HHS Notice of Benefit and Payment 2016:** QHP issuers must update their provider directory information at least once a quarter. Includes field-level requirements for data.
- **Medicaid and CHIP Proposed Rule:** Medicaid MCOs must update electronic provider directories no later than three business days when they are received from the provider.
- **NCQA 2016 Health Plan Accreditation Updates:** Using valid sampling methods, analyze the accuracy of information within provider directories.



- * = Regulation is still in draft mode and is expected to become effective by 2017.
- ▶ = Regulation contains requirements for data quality, validation, and/or audits.

CMS Online Provider Directory Review - Findings

- **Provider Level** – of the 5,832 providers reviewed, 2,737 (46.93%) providers reviewed had at least one deficiency at one of their listed locations
- **Location Level** – of the 11,646 provider locations reviewed, 5,257 (45.14%) locations had at least one final deficiency.

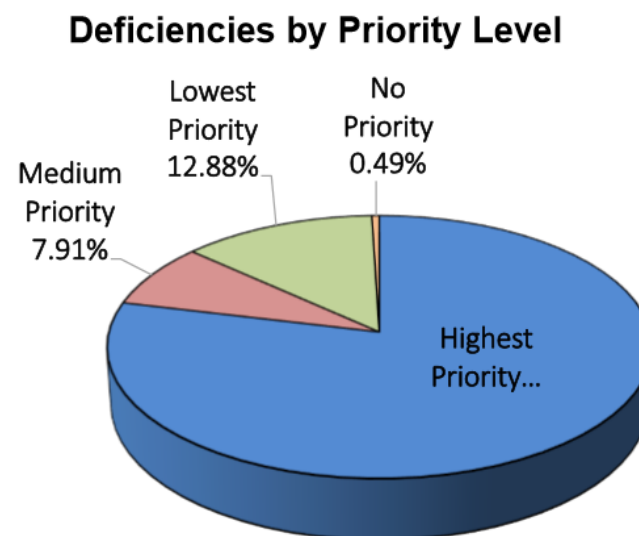


CMS Online Provider Directory Review - Findings

Location Level Deficiencies

- Of the 5,257 location level deficiencies over 75% of the findings fell in the highest priority

Priority	Deficiency Type	Number of Locations with Deficiency Type
Highest	Provider should not be listed in the directory at this location	3,606
Highest	Provider should not be listed in the directory as treating patients for this specialty	11
Highest	Phone number needs to be updated	521
Medium	Address needs to be updated	416
Lowest	Address (suite number) needs to be updated	217
Lowest	Provider is NOT accepting new patients	314
Lowest	Provider IS accepting new patients	139
Lowest	Specialty needs to be updated	7
None	Provider name needs to be updated	26
	Total Number of Locations with Deficiencies	5,257



CMS Online Provider Directory Review - Findings

- Providers with multiple locations were deficient at a greater rate than those listed at only one location which suggests plans should focus on providers with the highest number of locations.

Number of Provider Locations	Providers	Percentage of Providers	Providers with at Least One Deficiency	Percentage of Providers with x Locations with at Least One Deficiency
1	3,322	56.96%	1,001	30.13%
2	1,287	22.07%	730	56.72%
3	515	8.83%	360	69.90%
4	259	4.44%	220	84.94%
5	155	2.66%	139	89.68%
6	121	2.07%	117	96.69%
7 or more	173	2.97%	170	98.27%
Total	5,832	100%	2,737	46.93%

CAQH has introduced a one-stop shop for providers to confirm directory data electronically to multiple health plans via ProView

ATTESTATION

The next step is for you to make a final review of your information and attest to its accuracy. Follow these steps:

Step 1 REVIEW DATA SUMMARY

Click the Review button below to display and review a summary of all of the data you entered in your profile.

[Click here](#) to view the Provider Directory Snapshot that participating organizations will use to update your record in their publicly available provider directories.

If you need to make a change, close the summary window and click on the appropriate section in Manage Profile.

Step 2 VERIFY REVIEW

Click Review Complete to verify that you have reviewed and/or corrected your data. Once you verify that your review is complete, an Attestation button will appear.

Step 3 ATTESTATION

Click Attest to certify that you have carefully reviewed all information contained within your CAQH ProView Profile and that all information provided by you in the profile is true, correct, and complete to the best of your knowledge. You also acknowledge that your CAQH ProView Profile will not be considered complete until supporting documentation and properly executed Authorization, Attestation and Release Form is remitted.

Information in my [Provider Directory Snapshot](#) is accurate, complete, and may be used in provider directories.

Information in my Provider Directory Snapshot may not be used in provider directories.

[Attest](#)

Directory Information

Jennifer Murphy MD

Provider Directory Snapshot

Please review information from your CAQH profile that will be used by health plans to update their provider directories. If information is missing or incorrect, please navigate to Profile Data to update. When information is correct, please complete your attestation. Please note that updates affecting your contractual agreement with a health plan may require additional follow-up.

Authorized health plans requesting confirmation that your directory information is correct:

Aetna
Cigna HealthSpring

PERSONAL INFORMATION	
Type 1 NPI 1234567889	Non-English Languages Spoken Spanish
Gender Female	<input checked="" type="checkbox"/> Medicare Participation <input checked="" type="checkbox"/> Medicaid Participation

EDUCATION
Professional School Baylor College of Medicine
Undergraduate University of Texas at Austin

Receive Updated Directory Information via CAQH

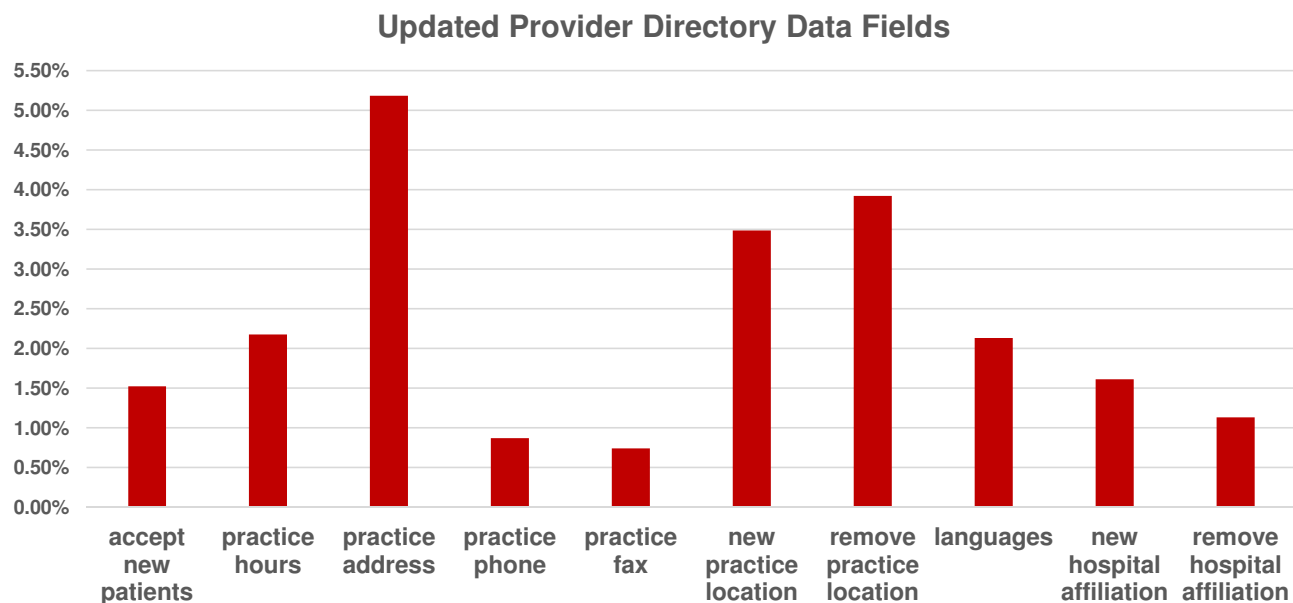
Health Plan 1
Health Plan 2
Health Plan 3
Health Plan 4

- Consolidates multiple potential health plan outreaches into a single outreach for each provider.
- Easy-to-use, web-based confirmation process.
- Leverages data already entered by providers into CAQH ProView.

DirectAssure Already has Robust Provider Engagement

Dimension	Results as of December 2016
Rostered Providers	<ul style="list-style-type: none"> 780k unique providers identified by participating health plans for inclusion in the program (via health plan “rosters”). This represents 947k health plan-provider relationships, with average health plan overlap increasing as new participating health plans submit rosters.
Provider Outreach	<ul style="list-style-type: none"> 2.2M+ total e-mails have been sent to providers. 493k+ phone calls have been made to providers.
Provider Response	<ul style="list-style-type: none"> 477k+ of providers confirmed directory information since launch. 72% of providers reviewed and confirmed their information within 90 days of being identified by health plans via the roster process. 90% of providers login and review their information within 2 weeks when CAQH e-mails about potential data issues.
Provider Survey Feedback	<ul style="list-style-type: none"> 73% of responding providers said the directory confirmation user experience was “very easy to understand.” 58% of responding providers indicated that their reason for acting was “to keep directory information up to date for patients and prospective patients.” 53% of responding providers indicated that their reason for acting was because “CAQH requested me to do it, so I felt obligated to do it.”
Industry Outreach	<ul style="list-style-type: none"> Receptiveness from CMS to learn about the initiative and its progress. Strong support from MGMA, and recognition from NCQA.
Health Plan Adoption	<ul style="list-style-type: none"> Over 25 health plans have adopted DirectAssure for provider directory updates.

Health plan feedback indicates that the rate of provider-submitted changes are consistent with industry expectations



- 46% of providers who confirmed their data updated their practice information.
- Most frequent updates were practice addresses and locations.
- When “Accept New Patients” was updated, 46% of responses changed from “No” to “Yes,” and 54% changed from “Yes” to “No.”

A major enhancement is underway is to present greater levels of detail for network participation data to providers

Mary Smithfield MD

Gender: Female
 Type 1 NPI: 850868547
 Non-English Languages: Spanish
 ✓ Participating in Medicare
 ✓ Participating in Medicaid

Specialties:
 • Gastroenterology
 • American Board of Gastroenterology
 • Internal Medicine
 • American Board of Internal Medicine

PRACTICE LOCATIONS (2) Locations not displayed in the Snapshot (2)

1 SMITH INTERNAL MEDICINE
 2437 WISCONSIN HWY, STE 346, VIENNA, VA, 22180
 www.smithinternal.com | 323-323-2333
 Contact@smithinternal.com | 323-323-2578 (fax)
 Insurance Accepted: Incomplete
 ✓ Currently Practicing

Office hours:
 Monday: 8am - 5pm
 Tuesday: 8am - 5pm
 Wednesday: 8am - 5pm
 Thursday: 8am - 5pm
 Friday: 8am - 5pm
 Saturday: 8am - 2pm
 Sunday: Closed

Services:
 ✓ Laboratory
 ✓ Radiology
 More

Non-English Language: None
 Group Name: Smith Group
 Tax ID: 52-9582739
 52-9111739
 52-3622739
 Type 2 NPI: 128938764
 Gender Limitations: Female Only
 Age Limitations: 25 - 35 years
 Public Transportation:
 ✓ Bus
 ✓ Subway
 ✓ Train
 Accessibility:
 ✓ ADA
 ✓ Building
 ✓ Parking
 ✓ Restroom
 ✓ Wheelchair

2 PREMIER PRIMARY CARE
 401 SPRINGFIELD, STE 346, OLNEY, MD, 22180
 www.premierprimary.com | 501-323-2333
 Contact@premierprimary.com | 501-323-2578 (fax)
 Insurance Accepted: Complete
 ✓ Currently Practicing

EDUCATION

Professional School:
 • University School of Medicine
 Doctor of Medicine (MD)
 • Eastern Virginia Medical School
 Masters of Medicine

TRAINING

Residency:
 Georgetown Medical Center at Harvard Medical School
 Hepatology and Liver Transplantation
 Fairfax, VA

Internship:
 National Health Center at the University of Virginia
 Gastroenterology
 Vienna, VA

Fellowship:
 University of Georgetown Health Center
 Internal Medicine
 Vienna, VA

HOSPITAL AFFILIATIONS (3)

Virginia Hospital
 801 Huntington Lane
 Fairfax, VA 22180-3024 | 1
 Admitting Privilege

Inova Hospital
 433 Belvidere Ct
 Vienna, VA 22180-3024 | 2
 Admitting Privilege

Georgetown Hospital
 3325 Wisconsin Ave
 Fairfax, VA 22180-3024 | 3
 Admitting Arrangement

Insurance Accepted Smith Internal Medicine | 123 Main Street, Vienna, VA 22180-3524
 Only those health plans that have shared your insurance information with CAQH ProView will appear below.

CAREFIRST [View Information](#)

- BlueChoice [View Product List](#) ✓ Accepting New Patients
- BlueChoice & Regional PPO [View Product List](#) Not Accepting New Patients
- Regional PPO [View Product List](#) Varies by Product

NETWORKS AND PRODUCTS
 Do the networks and products above accurately reflect the insurance plans you accept at this location.

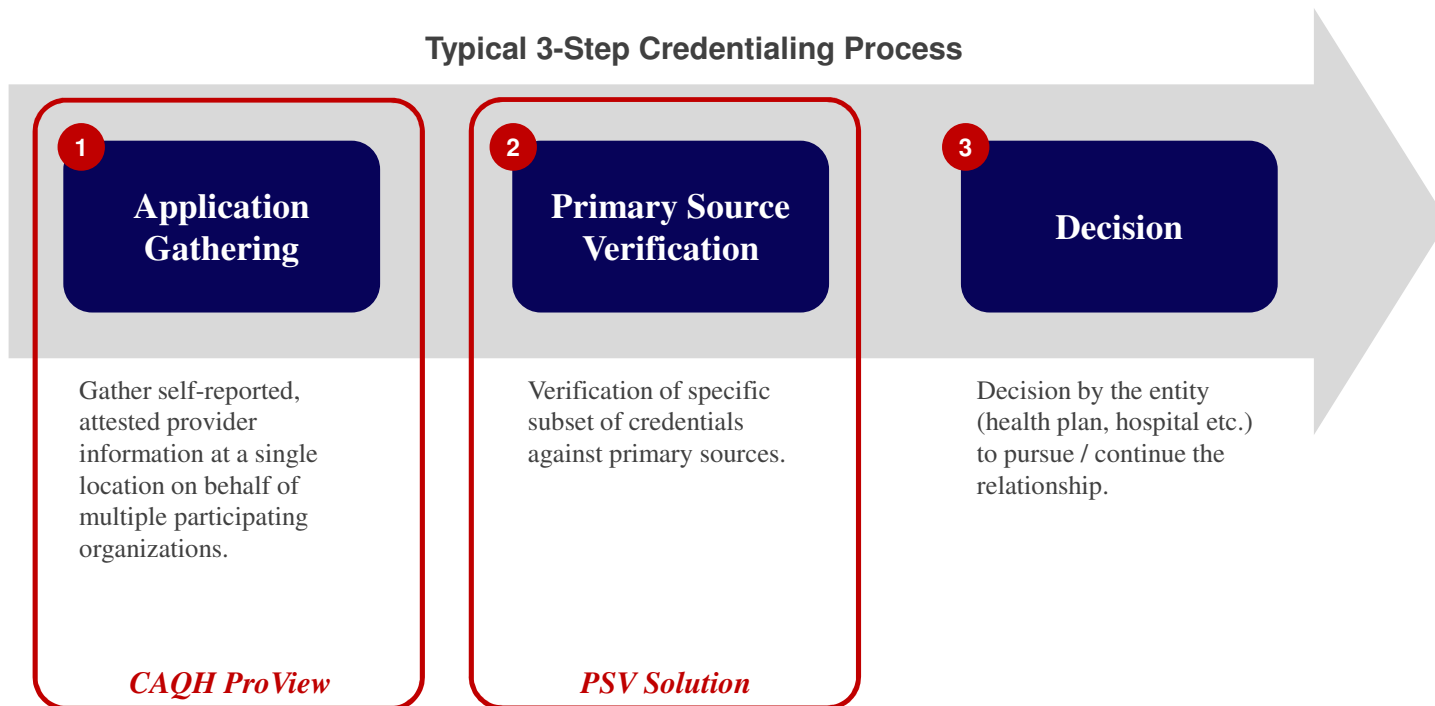
I confirm these networks and products are correct.
 There is a potential issue with one or more networks and/or products

HORIZON [View Information](#)

- Omnia [View Product List](#) ✓ Accepting New Patients
- Patient Centered Medical Home, Accountable Care Organization [View Product List](#) ✓ Accepting New Patients
- Managed Care Network [View Product List](#) ✓ Accepting New Patients
 - Horizon Advantage EPO Bronze
 - Horizon Advantage EPO Gold
 - Horizon Advantage EPO Essentials
 - Horizon Direct Access Gold 100 BlueCard X

PRINT **EMAIL** **CANCEL** **SAVE**

CAQH is extending the ProView platform to streamline the second step of the credentialing process



VeriFide, the CAQH industry-wide CVO will provide efficiencies for health plans and providers

- The CAQH credentials verification organization (CVO) will address industry PSV inefficiencies in the following ways:
 - **Centralization**: Redundant credentialing functions located within different health plans will be consolidated into a single industry function to achieve the economies of scale.
 - **Standardization**: Standardization of processes across health plans will drive improvement in data quality, reduce file turn-around times and reduce overall costs.
 - **Alignment**: Align re-credentialing cycles across health plans over time onto a single, common anchor date for each provider to optimize labor and primary source data costs associated with a credentialing event.
 - **Automation**: Pool technology and continuous improvement investments to reduce turnaround time and labor.
- In addition to providing efficiencies to health plans, the CAQH PSV solution will enable faster turnaround times and make the credentialing process more seamless / less visible to providers.
- Furthermore, it will also avoid future costs because credentialing requirements are becoming more complex and the number of primary sources that must be purchased is increasing (e.g., allied, background checks, etc.).