Provider Data: A Fundamental Need for Collaboration

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Executive Summary

- Accurate and timely provider data continues to be a foundational necessity for both care delivery and financing of healthcare. With the US healthcare system moving to value-based payment models, the needs surrounding provider-specific information will only continue to expand.
- Today, billions of dollars are being spent each year to collect and maintain this information, yet the data quality and related processes have significant room for improvement.
- The reality of these overarching challenges are being experienced in all sectors including provider organizations, Federal and state government entities and health plans.
- As the industry undergoes transformation, the time is right to seek public-private collaboration.

Topics for Today

- Who is CAQH
- Provider Data in Today's Market
- Existing CAQH Provider Data Utilities/Use Cases
  - Shared repository for health plan/hospital credentialing: Proview
  - Online directories: DirectAssure
  - Sanctions: Sanctions Track
  - Provider data verification: VeriFied

CAQH Overview

CAQH, a non-profit alliance, creates shared initiatives to ***streamline the business of healthcare.*** CAQH initiatives deliver value to providers, patients and health plans.

CAQH Solutions COB SMART.	Quickly and accurately directs coordination of benefits processes.
CAQH CORE COMMITTEE ON OPERATING RULES FOR INFORMATION EXCHANGE	Maximizes business efficiency and savings by developing and implementing federally mandated operating rules.
CAQH Solutions DIRECTASSURE™	Increases the accuracy of health plan provider directories.
CAQH Solutions ENROLLHUB.	Reduces costly paper checks with enrollment for electronic payments and electronic remittance advice.
CAQH Explorations INDEX.	Benchmarks progress and helps optimize operations by tracking industry adoption of electronic administrative transactions.
CAQH Solutions PROVIEW.	Eases the burden of provider data collection, maintenance and distribution.
CAQH Solutions SANCTIONSTRACK.	Delivers comprehensive, multi-state information on healthcare provider licensure disciplinary actions.

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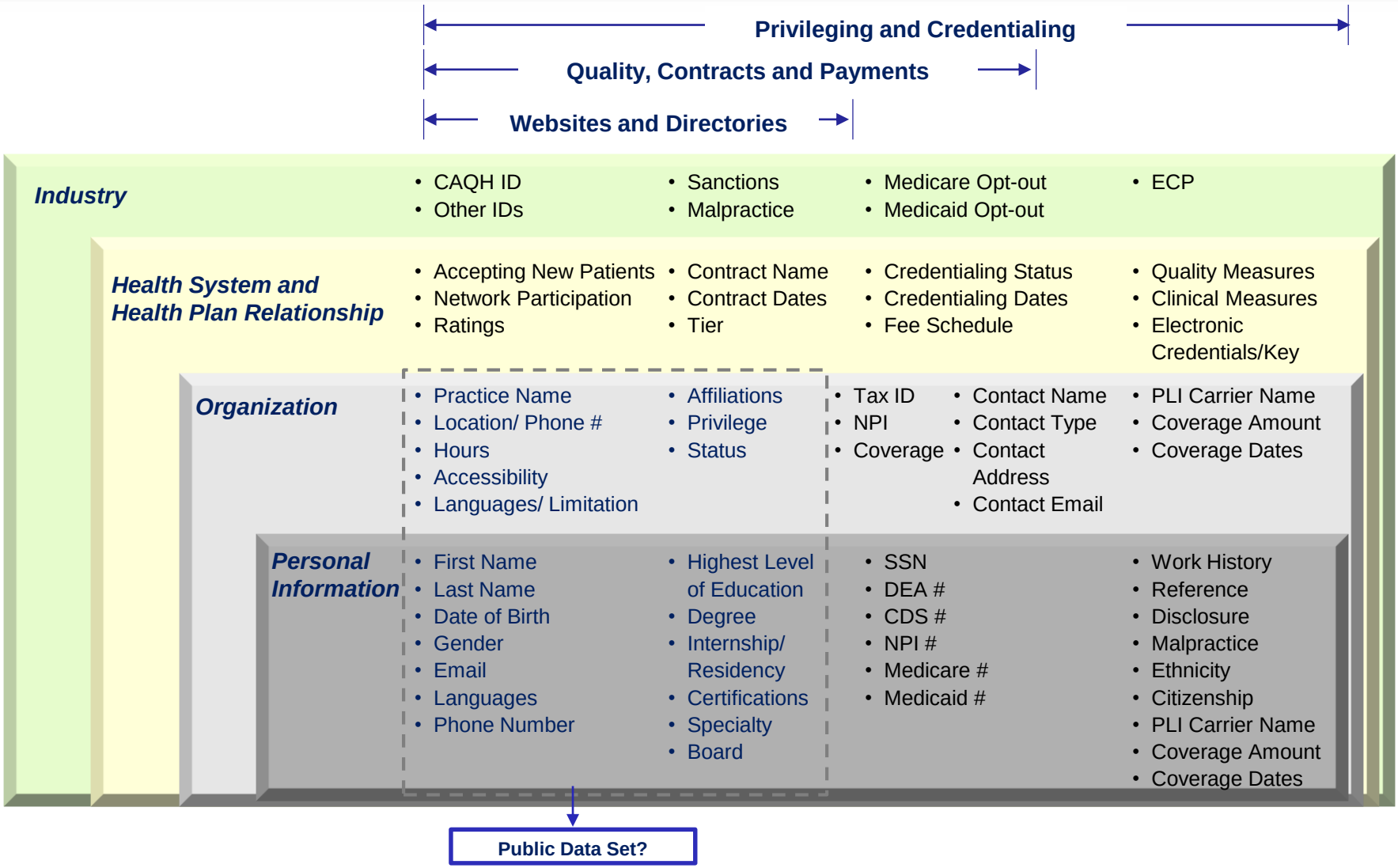
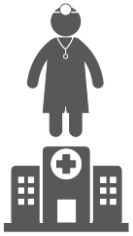
Provider Data – Working Definition



Provider Data – Working Definition (cont'd)

Level	Description	Examples
Level 1 Core	• Used in critical and multiple daily business transactions; failure can cause regulatory non-compliance, significant operational inefficiency and/or member abrasion. • Data relationships are complex and difficult to maintain. • Data errors can directly affect member care and payment. • Provider non-reporting is the primary cause for error. • Expectation to hold provider accountable for accuracy is defensible.	• NPI • Tax ID • Practice Locations / Contact Information • Specialty • Group Affiliation • Panel Status, Network Participation / Products Accepted • Languages Spoken • Hospital Affiliations
Level 2 Important	• Used in critical point-in-time business functions but not necessarily everyday use (e.g., contracting, credentialing). • Data may be able to be sourced from sources other than the provider. • Data errors may cause operational inefficiencies, although provider is motivated to resolve them.	• Licensure / Sanctions • W-9 • Pay To Details • Credentialing Disclosures • Malpractice Coverage • Work History • Office / Business Manager's Contact Info • Covering Colleagues
Level 3 Additional	• Not currently used in health plan operations (Note: Need to confirm that these elements are not critical to hospitals and other consumers of provider data). • May have been collected historically by CAQH for the purpose of populating state-mandated credentialing forms.	• Home Address • Subspecialty • Professional References • Practice Certifications • Practice Website • Picture • Clinical Fax / Electronic Contact Details

Provider Data Value Chain



Provider

Provider Engagement	Data Analytics	Information Management	Information Consumption
• Self-reported information from providers of all types. • Robust data model with complex linkages between Tax ID, Practitioners and Services Locations. • Confirmation on changes or updates.	• Acquire provider data from various public and proprietary sources. • Match and score provider data. • Trigger alerts on data discrepancies. • Feedback resolution loop between players.	• Deliver information that is relevant to the health plan. • Flag the data subset that requires additional business processing by the health plan. • Multiple channel-options for data delivery.	• Automated or batch consumption of information. • Ability to manually research and resolve fallouts. • Integration with other downstream areas within the organization (e.g., contracting, claims).

Health plans, health systems, government, vendors

Data Quality (Standards, Measurement, Audit)

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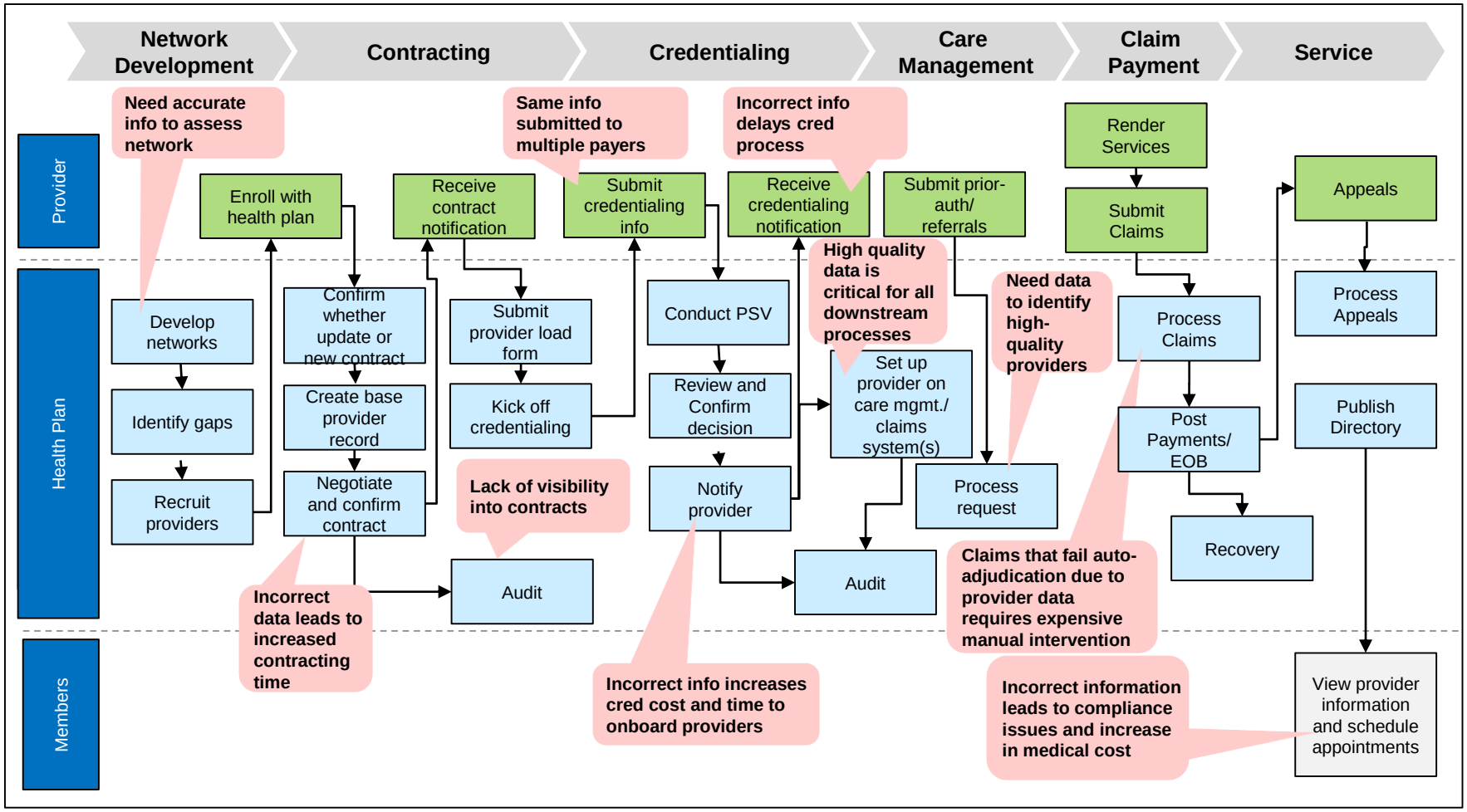
Provider Data Pain Points



Value-Based Care Complexities

	Health Plan Risk → Provider Risk		
Provider Data Functional Areas	**Pay For Performance**	**Bundled Payment**	**ACO**
Compliance & Regulatory Reporting	• Regulatory scrutiny on provider data will increase as new government-sponsored products emerge and increase in popularity. • Severe penalties (e.g. 5 year-ban) for gaps in network.		
Network Management	• Accurate demographics are required to determine qualification / de-qualification of providers within existing participation contract structures. • Complex provider data models and system transformation requirements. • Slow speed to market for new networks delays realization of growth objectives.		
	• Increase in credentialing volume (mostly for the regional / local health plans) due to membership / product expansion.		
	• Increased contracting and contract loading timeframes due to relationship complexity and need to perform additional validations to ensure correct providers are included in the correct contracts.		
Care Delivery	• Although member attribution to high quality providers varies by organizations (some health plans do attribution at benefits level vs. others within care management), need for accurate data will streamline care coordination.		
Claims & Payments	• Current claims-based approaches to acquiring provider data will no longer be effective as care is measured using episodes or other non-claims based methodologies.		
Member and Provider Service	• Regulatory requirements will extend to new reimbursement models. • Greater need for accurate information for the directory so that members do not get steered to high-cost / low-quality or out-of-network providers. • Provider abrasion.		

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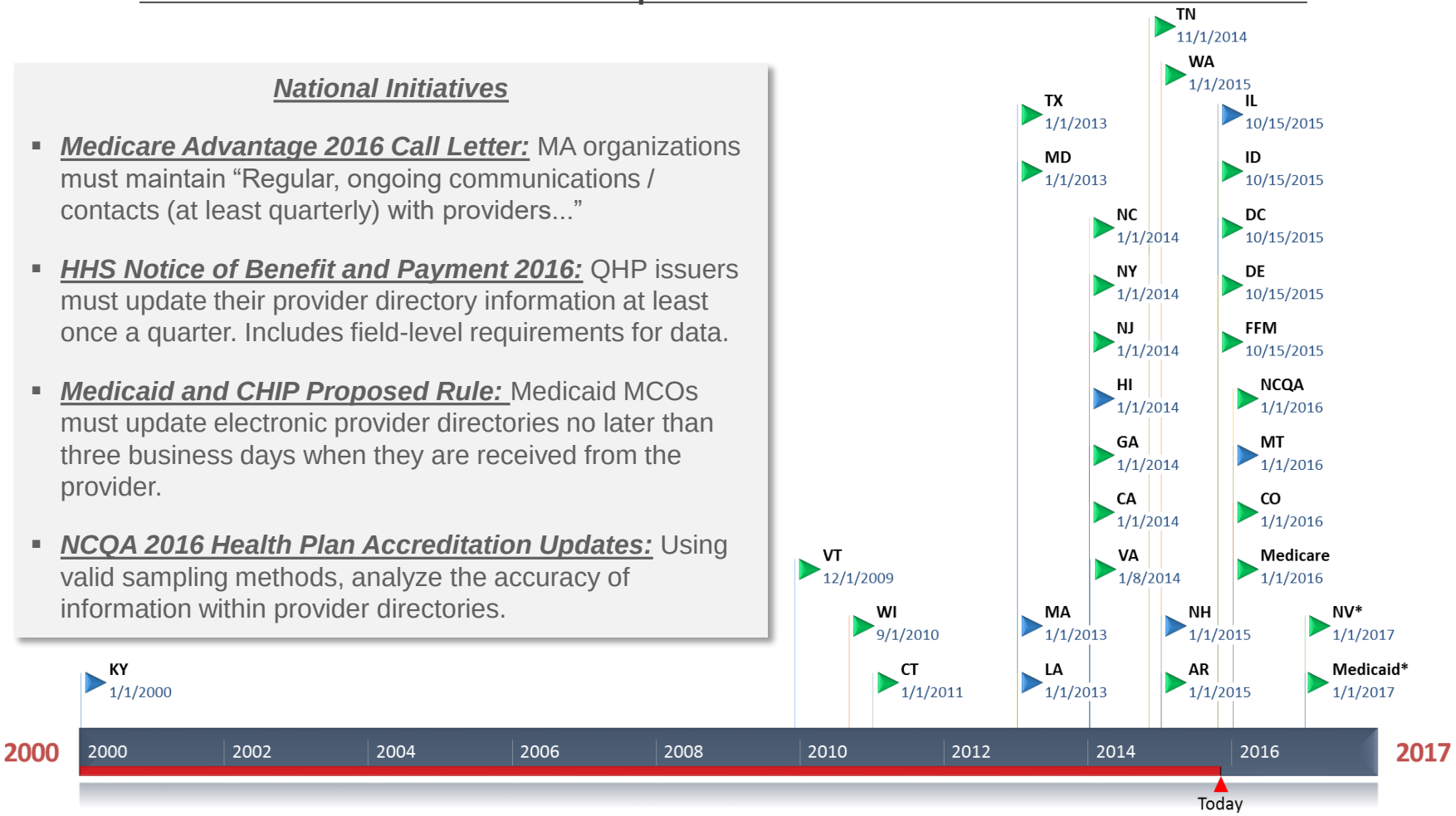
Regulatory Complexities

Increase in State and National Requirements for Provider Directories 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.

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Challenges by Stakeholder Segment

Providers	• Calls and inquiries from multiple stakeholders to obtain and reconfirm provider information. • Need to store and maintain information in multiple locations. • Decrease in focus and time on patient care. • Patient abrasion due to incorrect directory/network information. • Decreased or delayed claims reimbursement.
Health plans	• Expensive, manual, redundant and inefficient processes to manage data across different. functional areas that require provider information. • Lack of agility to respond to market forces with new business capabilities. • Increase in penalties and brand erosion due to lack of compliance with regulatory requirements. • Increase in provider and member abrasion.
Consumers	• Impaired ability to make informed healthcare decisions. • Service delays or denials. • Increased of out-of-pocket costs due to lack of transparency and visibility into payer network-provider information.
Government/ Industry	• Expensive, manual, redundant and inefficient processes to manage data across different. functional areas that require provider information. • Lack of agility to respond to market forces with new business capabilities. • Increase in provider and member abrasion. • Lack of transparency in overall care delivery processes and medical economics.

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Industry-wide Collaboration

More than 800 health plans, hospitals and other participating organizations

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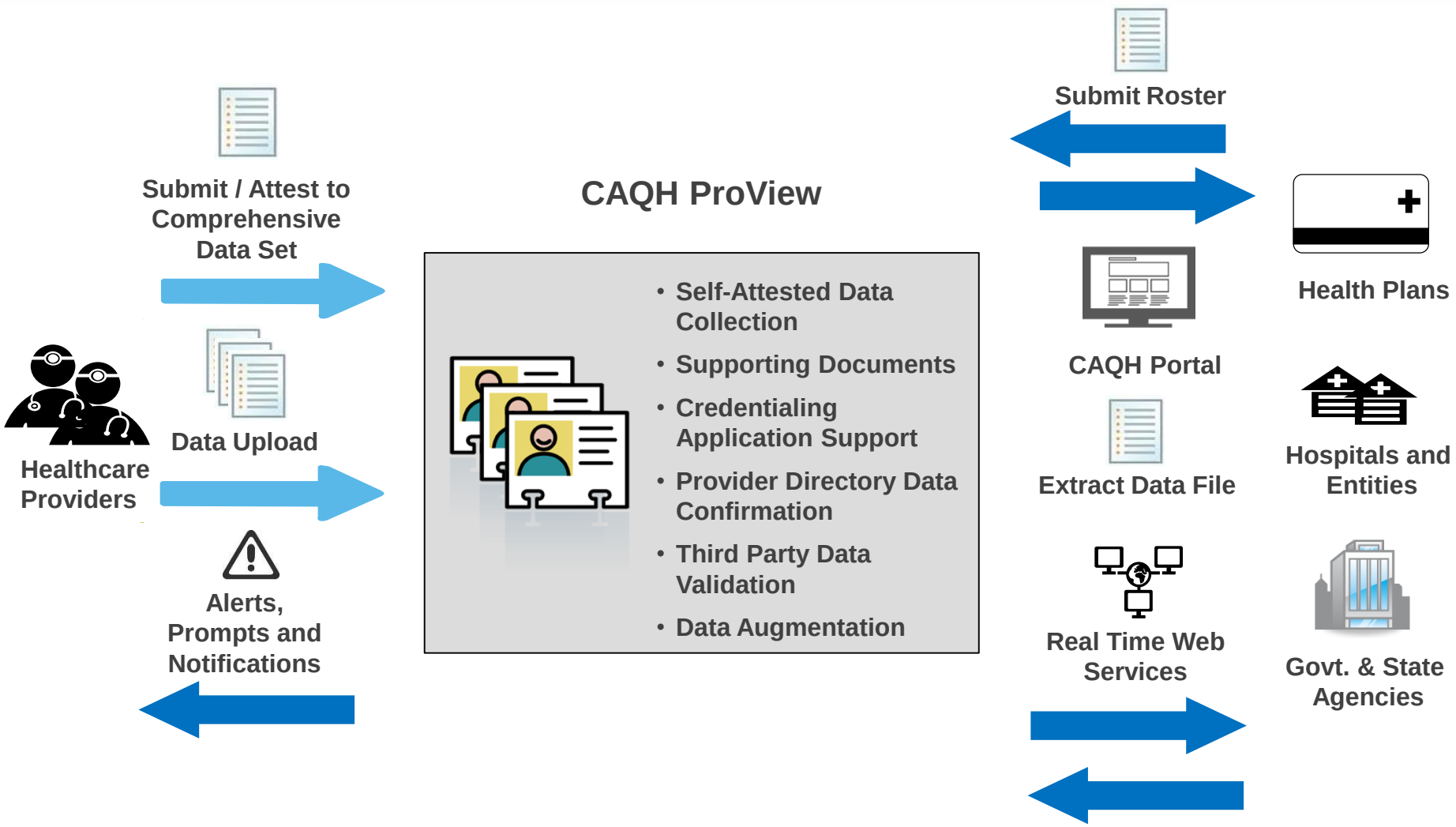
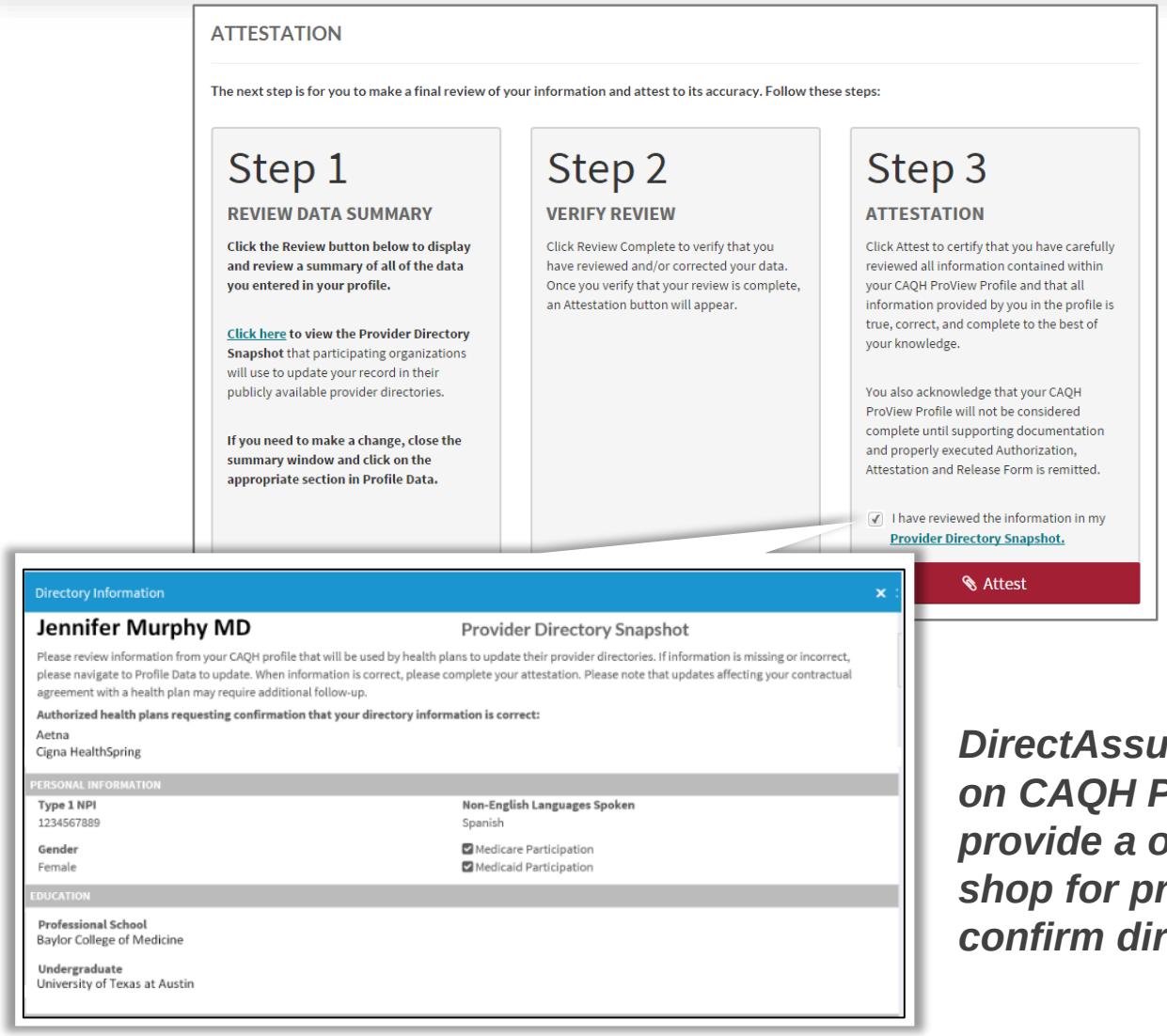
CAQH ProView

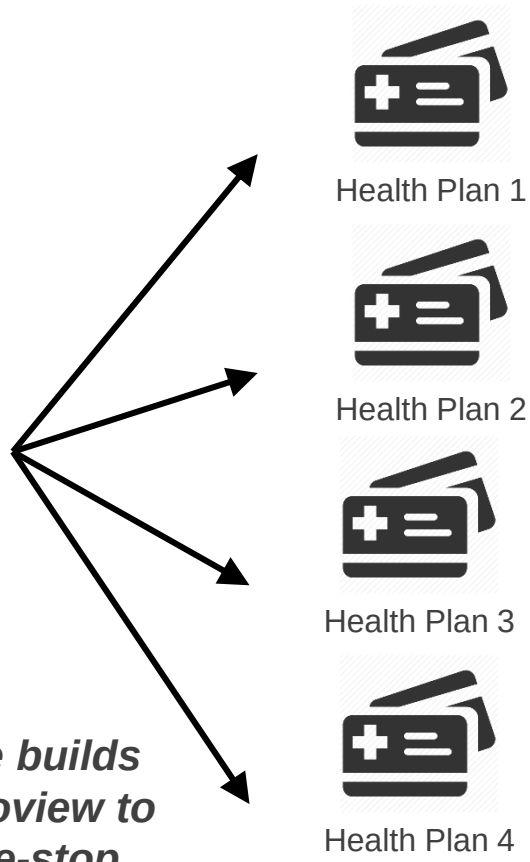
- Industry-wide utility focused on collecting and maintaining provider-attested information electronically in lieu of various credentialing and other forms used by health plans, hospitals and other organizations.
  - More than 1.3 million unique provider users of all types, including non-physicians (~7,000 new providers register each month).
    - > Providers incur no fee for using ProView. All costs are covered by participating organizations.
  - 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.
  - Strong industry support, including MGMA, AAFP, ACP and AMA.
  - Approved by NCQA, URAC and the Joint Commission for provider self-reported data collection for credentialing.
- No other solution in the industry includes the depth and breadth of provider data.
- CAQH ProView was launched as a redesigned platform in March 2015 to introduce new capabilities that solve a wider array of provider data challenges, including provider directory validation.

ProView: How It Works



DirectAssure





DirectAssure builds on CAQH Proview to provide a one-stop shop for providers to confirm directory data

SanctionsTrack

- SanctionsTrack eliminates the redundant processes employed by health plans, hospitals, and other organizations to collect disciplinary action information on healthcare providers.
- Collects sanctions, license revocations and other disciplinary actions (typically unstructured data) and converts into a standardized, structured data set.
- Used in credentialing, fraud & abuse and program integrity processes.
- Spans all professional provider types.
- Over 530 different data sources, including state licensing boards, the Office of Inspector General, Office of Personnel Management and Medicare/Medicaid sources.

VeriFide (to be launched in late 2016)