



Delegation and CAQH

Amy Niehaus, CPMSM, CPCS, MBA
Director, Credentialing Technologies

CAQH Administrative Simplification Conference 2008
Washington, DC
September 25, 2008

Presentation Outline

- Introduction to WellPoint
- Overview of Credentialing
- Current Approach to Delegation
- Current Challenges
- Use of CAQH for Delegation
- Next Steps

Introduction to WellPoint

- Largest publicly traded commercial health benefits company in terms of membership in the United States
- Serving over 35 million members nationwide
- Independent licensee of the Blue Cross and Blue Shield Association, serving its members as:
 - Blue Cross of California, Blue Cross Blue Shield of Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri (excluding 30 counties in the Kansas City area), Nevada, New Hampshire, Ohio, Virginia (excluding the Northern Virginia suburbs of Washington, D.C.), Wisconsin and Empire Blue Cross and Blue Shield
- Non-Blue products including HealthLink and UniCare
- Other subsidiaries providing health related products and services

Overview of Credentialing

- Centralized credentialing verification functions with geographic credentialing and geographic credentialing teams
- Average monthly credentialing activity over 5800 files/month
- VisualCACTUS software used throughout Organization; all locations operating on one standard CACTUS database in 2008
- Over 275,000 practitioners registered on CAQH with over 220,000 completed applications as of 9/22/08
- Over 400 delegated credentialing agreements in place, representing approximately 120,000 practitioners

Current Approach to Delegation

- Delegated entities submit practitioner data via spreadsheet, pdf images or paper
- Information is manually loaded into credentialing database and provider database
- Majority of large group practices are delegated
- Delegated practitioners currently not included on CAQH roster

Current Challenges

- Manual data entry is redundant and resource intensive
- Information may not be available in a timely manner
- Information may be limited in scope

Using CAQH for Delegation

Benefits:

- More complete data on delegated practitioners
- Entire credentialed dataset vs. non-delegated only
- Data available electronically for interface
- Use of data beyond credentialing

Challenges:

- Increased cost to plans and/or delegated entities
- Delegated entities may have own credentialing database
- Need to demonstrate benefits to delegated entities

Next Steps

- Explore opportunities with CAQH around inclusion of delegated entities and practitioners
- Consider alternative pricing methodologies

Questions
