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An Independent Licensee of the Blue Cross and Blue Shield Association

Administrative Simplification With CAQH at Highmark

Presented by:
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About Us…

- Highmark provides millions of people with the security of quality health insurance.
- Our history of helping families and companies with their health insurance needs dates to the 1930s, when our predecessor companies were established to help Pennsylvania's residents pay for health care.

About Us (cont.)…

- Highmark was created in 1996 by the consolidation of two Pennsylvania licensees of the Blue Cross and Blue Shield Association — Pennsylvania Blue Shield (now Highmark Blue Shield) and Blue Cross of Western Pennsylvania (now Highmark Blue Cross Blue Shield). We are now one of the largest health insurers in the United States.

About Us (cont.)…

- Highmark Companies
  - Highmark BlueCross BlueShield
  - Highmark BlueShield
  - Mountain State BlueCross BlueShield
  - Keystone Health Plan West
  - Highmark Health Insurance Company
  - Highmark Senior Resources

  - Health
    - Gateway Heath Plan*
    - Industrial Medicine Consultants*
  - Dental
    - United Concordia*
  - Vision
    - Davis Vision*
    - Eye Care Centers of America*
    - Viva*
  - Health Related Insurance
    - Highmark Insurance Group*
    - Highmark Medicare Services*

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About Us (cont.)…

- Network Size
  - 66,144 Professionals
  - 1,937 Facilities
- Work Load
  - 10,000 provider maintenance updates per month
  - 7,360 initial credentialing applications (2009)
  - 11,012 re-credentialing applications (2009)

Where We Were…

- Credentialing Application Types
  - Provider Portal (Recred Only)
  - Paper (Initial and Recred)
- Incomplete Applications led to additional development time
- Labor and paper intensive process
- Misplaced documentation
- Initial Cases required manual data entry and staff to answer the phones
- Overall case completion time was above desired levels

Where We Were (cont.)…

- Provider frustration/dissatisfaction
- Low BCBSA Provider Data Quality Scores
- Increased Administrative Costs
- Continued use of Paper credentialing applications prohibited automation that would allow for operational efficiencies to be realized

Objectives…

SCORECARD	Yes	No
Cost Savings	✓	
- Reduce FTE Staff	✓	
- Reduce Temporary Staff	✓	
- Reduce Paper Usage	✓	
- Reduce Mailing Costs	✓	
Increase Productivity - Increase Throughput	✓	
Decrease Processing Times	✓	
Improve Quality of Updates	✓	
Reduce Number of Misplaced Documents	✓	
Improve Quality Scores	✓	
Increase Provider Satisfaction Scores	✓	

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Outcome…

Cost Savings – Reduction of 3.2% in budget including:

- Elimination of 4.5 FTES
- Paper and printing costs

Increased Productivity

- Maintenance: 13% increase in productivity
- Initial Credentialing: 24% increase in productivity
- Re-credentialing: 10% increase in productivity

Outcome (cont.)…

Decreased turnaround time

- Initial credentialing decreased by 25.6 days (2008 compared to January - June 2010)
- Re-credentialing decreased by 28.6 days (2008 compared to January - June 2010)
- Maintenance decreased 3.1 days (2009 compared to July 2010)

Outcome (cont.)…

Improved Quality of Updates

- Maintenance improved 4%
- Credentialing improved 2%

Improved provider satisfaction (2008 compared to 2009)

- Increased score by 18 points on ease of credentialing process
- Increased score by 5 points on ease of maintenance process

How We Did It…

- Phased Approach to utilize CAQH…
  - Pilot
    - July 2007-Oct 2007
  - Phase I
    - Jan 2008-April 2008
  - Phase II
    - April 2008 – Jan 2009
  - Phase III
    - Nov 2008 – June 2009

Pilot…

- Credentialed new providers in selected large groups that were already utilizing CAQH
- Manually added providers to roster utilizing CAQH user interface
- Used printed replica CAQH applications during credentialing process

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Pilot – Challenges…

- Length of application
- Number of data elements not utilized in Highmark credentialing process
- Could not use manual roster process as long term solution

Phase I…

- Targeted existing CAQH users
- Manually transmitted file to CAQH to obtain CAQH IDs and to add providers to Highmark's Roster
- Automated CAQH ID Load to provider database

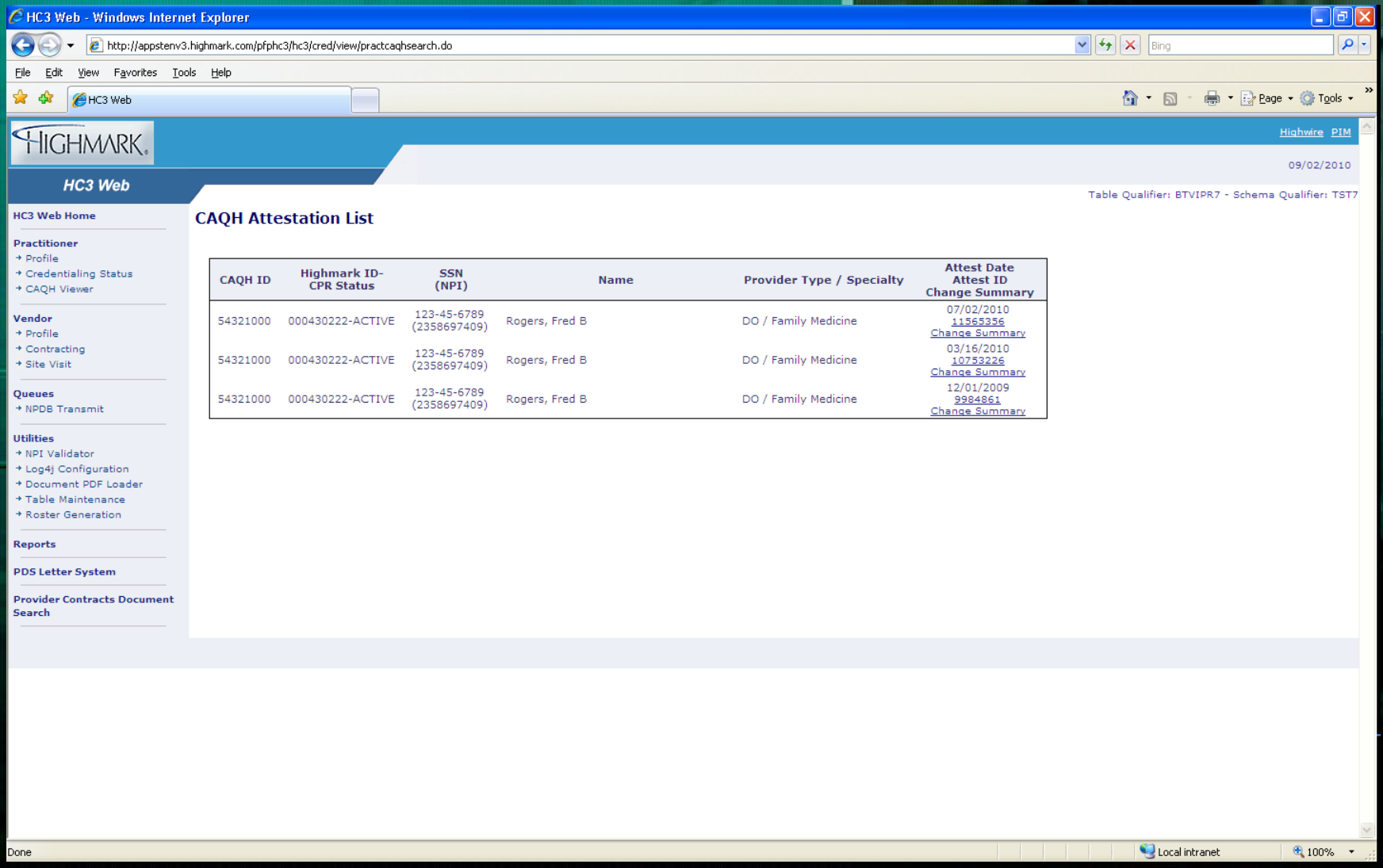
Phase I – Challenges…

- General unfamiliarity with CAQH Replication Application
- Cumbersome process to manually roster and enter CAQH ID into Highmark's system for initials

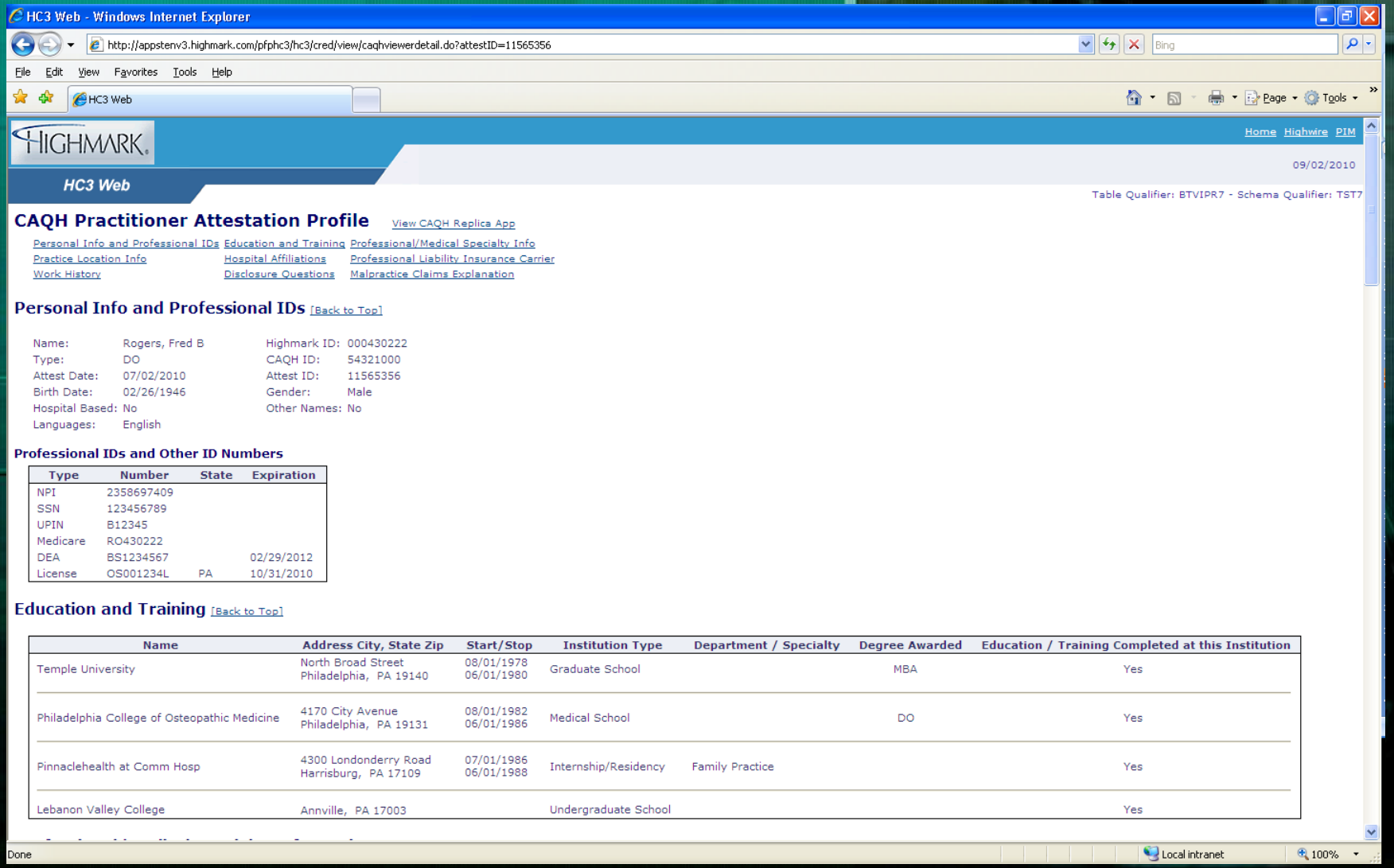
Phase II…

- Systematic Request CAQH ID and Rostering of Providers being credentialed in the next 3 months
- CAQH Database Replication and Automatic Population
- CAQH Viewer
- Automatic updates to credentialing system
  - Processing state
  - Attestation Date
  - Image replica App

CAQH Viewer – Attestation List



CAQH Viewer – Attestation Profile



Phase II – Challenges…

- Data Mapping
  - From:
    - CAQH Replica Application
    - West Virginia State Mandated Application
    - Ohio State Mandated Application
  - To:
    - CAQH Replica Database
- Re-attestation without Data Changes
  - CAQH Replica Application and supporting attestation data not transmitted
- Inventory Volumes
  - Quick turn-around times on receipt of applications causes spike in inventory

Phase II – Challenges (cont.)…

- Ability to view Highmark Systems, view CAQH Viewer and perform primary source verifications on one monitor

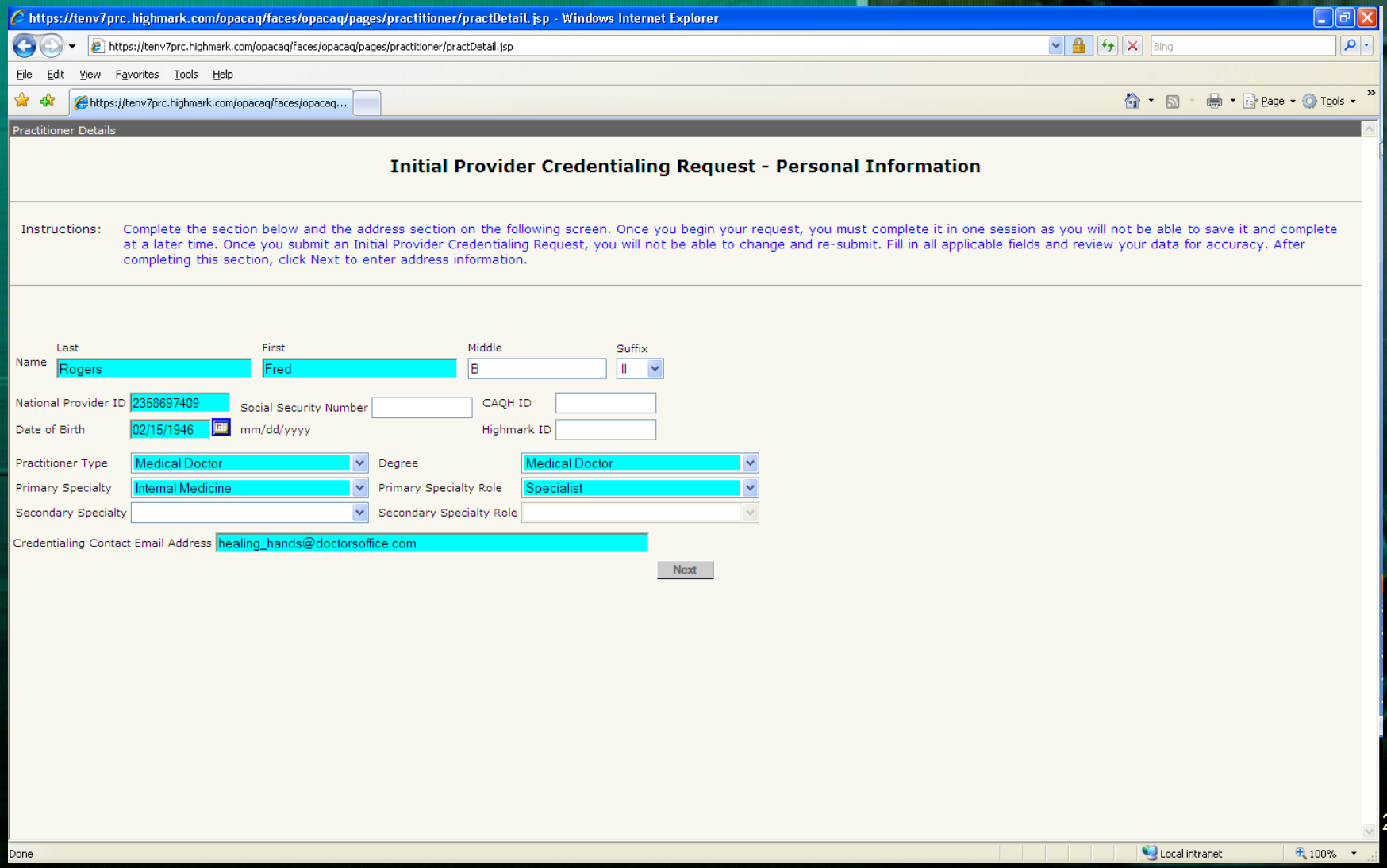
Phase III…

- CAQH Portal
- Creation of shell provider in provider database
- Creation of initial credentialing case in credentialing system
- Automatic rostering of new provider
- Automatic load of newly assigned CAQH id in provider database
- Systematic load of selected data to provider database

Phase III (cont.)…

- Paperless initiative
  - Dual Monitors
  - Paper imaged to work queues
  - Desktop in-bound/out-bound faxing
  - Development Letters (with attachments) sent automatically via e-mail or fax with a copy going to image for audit

CAQH Portal – Request to be Credentialed



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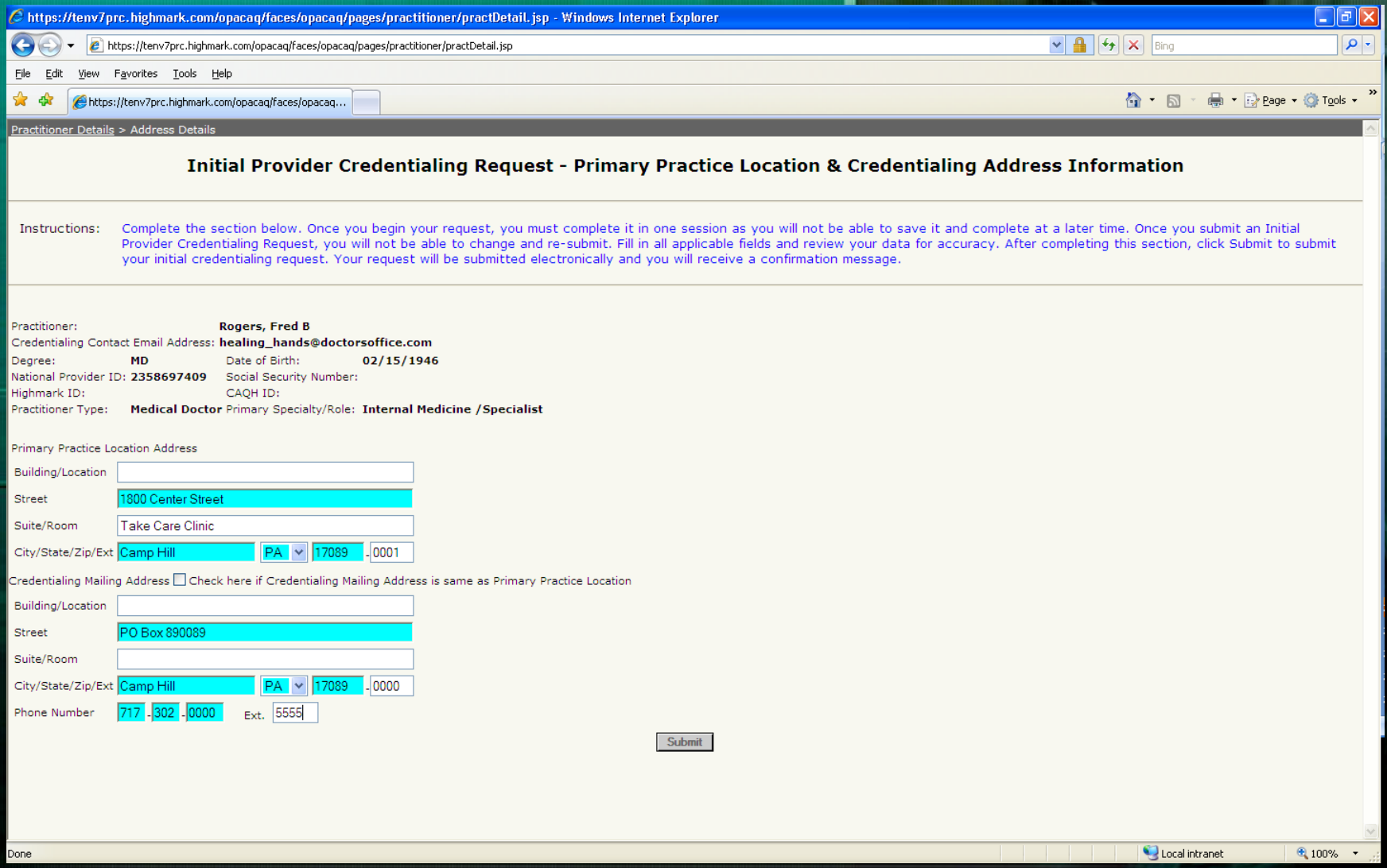

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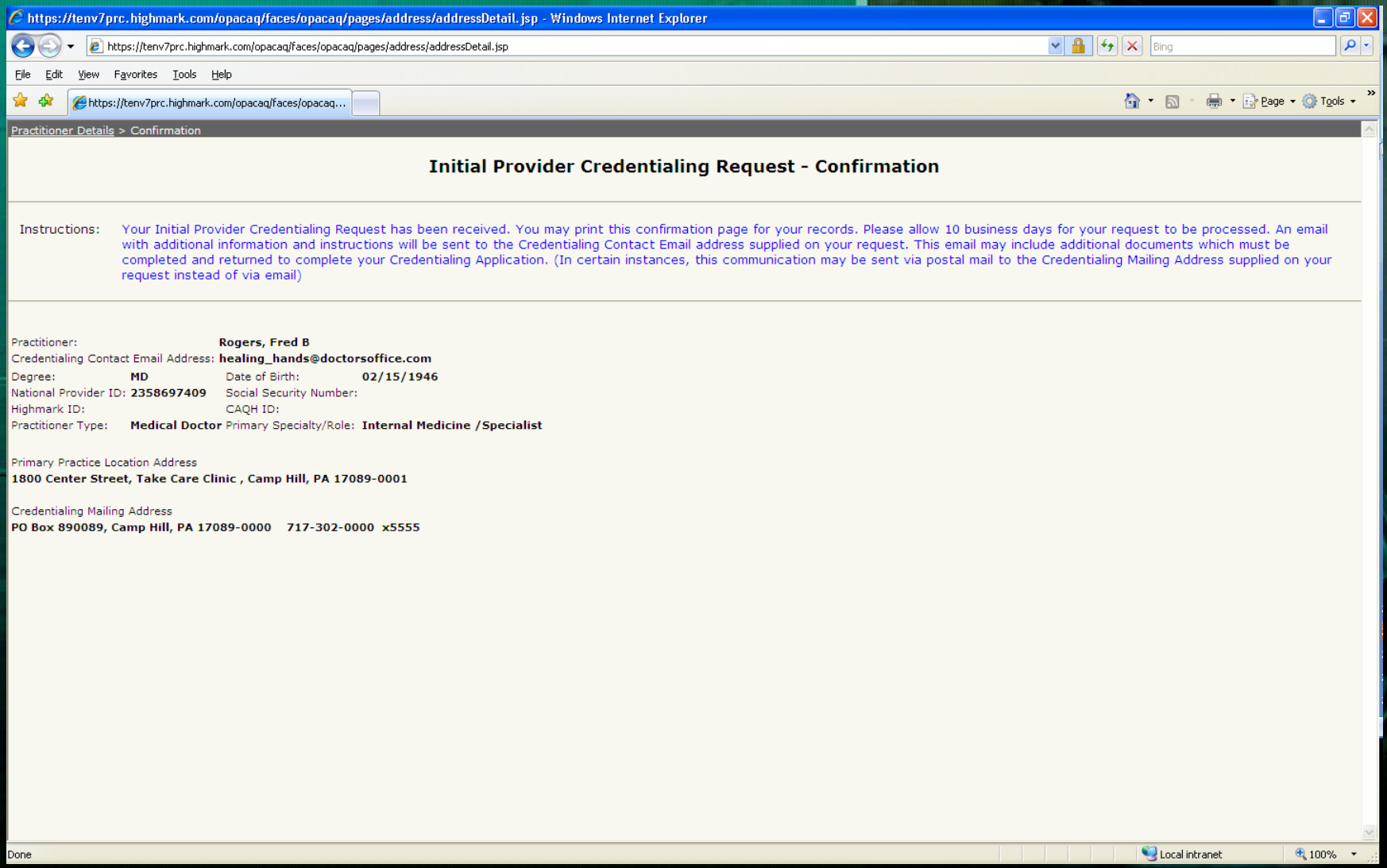

CAQH Portal – Email with Agreements

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ProvCredMailDelv@highmark.com To: healing_hands@doctorsoffice.com
07/16/2010 05:55 AM cc
Subject: Initial Credentialing Request—CAQH Provider

Dear Fred B Rogers II, MD

Thank you for requesting information on Highmark's credentialed networks. Highmark continually seeks ways to make its network credentialing process easier for physicians and allied health care providers. As part of these efforts Highmark implemented a standardized national online credentialing system that further streamlines the credentialing process. Please visit www.caqh.org and login to the Universal Credentialing DataSource® using CAQH ID 12092566 to complete and/or review and attest to your CAQH Application. Be sure to add Highmark as an authorized plan, or grant global authorization.

Additional documentation is required in order to complete Highmark credentialing. Listed below are links to the forms necessary to complete this process. Please fax the requested information to: 1-800-236-8641, or mail to:

Provider Information Management

P.O. Box 898842

Camp Hill, PA 17089-8842

Highmark Mid-Level Practitioner Agreement (FEP)

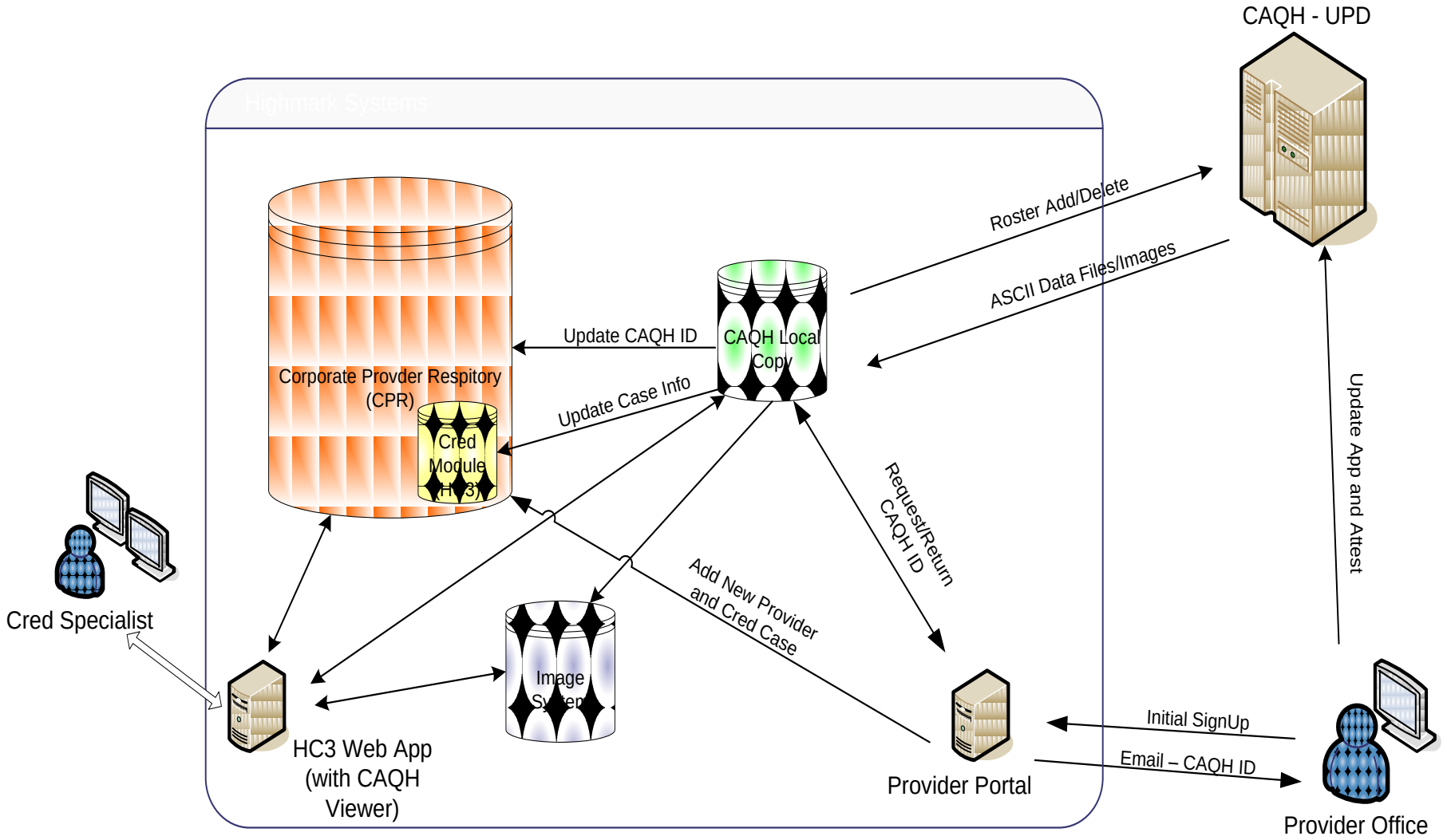
https://www.highmarkblueshield.com/health/pdfs/forms/hbs-280.pdf

PremierBlue Shield Pref Prov Agrmnt PCP

Phase III – Challenges…

- Manual intervention needed for providers requesting a CAQH ID but already in the provider database
- Inconsistent data format / quality of data being used for systematic load of data into provider database
- Highmark required data elements not required on UPD applications
- Unfamiliarity with new software
- Re-training entire staff
- Adjusting to new concept of paperless

System Overview…



Technologies Leveraged...

- IBM Websphere App Server
- IBM Rational Developer
- DB2 (database)
- IBM Content Manager
- Oracle Istream (Calligo)
- Biscom FAXCOM Fax Server

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What's Next…

- Adjustments to recred cycle
- Fully transition to CAQH
- Data Integration: feed to provider database
- Enhance CAQH Portal to accommodate providers already in the provider database
- Expand CAQH Portal to providers located within the Mtn State service area

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??? QUESTIONS ???

The End

Thank You !