CAQH

Reducing Medicaid Administrative Burden

The ongoing need to reduce administrative expenses in healthcare —while concurrently increasing information accuracy—is at the heart of CAQH activities. In concert with a wide range of healthcare stakeholders, CAQH develops and implements shared, industry-wide initiatives that eliminate administrative inefficiencies for healthcare providers, health plans, Medicaid agencies and patients.

CAQH Solutions® are shared, cost-effective utilities for streamlining administrative processes to collect and manage provider and member data.

PROVIDER ENROLLMENT

Enrolling healthcare providers in Medicaid can be a cumbersome and expensive manual process involving long lead times, billing and reimbursement issues, as well as significant data entry.

CAQH ProView® eases the burden of provider data collection, maintenance and distribution through a multi-state, multi-stakeholder platform used by more than 1.4 million providers. Providers enter their professional and practice data once, and then share it with participating health plans and state Medicaid agencies to support provider enrollment, credentialing, directories and other needs for accurate provider data.

PROVIDER DIRECTORIES

There is a long-standing need for accurate, timely electronic provider directories. Growing consumer demand and increased federal and state regulation to support the needs of patients are heightening the urgency for a directory maintenance solution.

DirectAssure® substantially increases the accuracy of provider directories and reduces the need for direct individual outreach to providers. Integrated into the CAQH ProView workflow for providers, the Solution complies with state and federal requirements.

PROVIDER DATA VERIFICATION

NCQA requires Medicaid plans to re-credential providers periodically, a time-consuming, duplicative process.

VeriFide™ streamlines provider data verification by standardizing data elements for plans and using advanced automated technologies that compare provider information against primary sources for accuracy.

CAQH is an NCQA-certified Credentials Verification Organization (CVO).

CAQH SOLUTIONS:

Streamline provider enrollment.

Simplify provider screening.

Support payment accuracy for third party liability.

Improve provider data quality, including provider directories.

SANCTIONS MONITORING

Comprehensive and timely monitoring of sanctions is critical to maintaining a network of safe, capable healthcare providers.

SanctionsTrack® consolidates and electronically reports provider sanctions to participating plans and state Medicaid agencies by continuously scanning more than 500 state licensing boards and federal sources such as SAM and OIG.

THIRD-PARTY LIABILITY

Difficulties associated with third-party liability—from manual processes to prolonged and errorprone payment cycles—have long burdened the Medicaid system.

COB Smart® offers a market-wide registry of otherpayer coverage data. The Solution enables health plans and Medicaid agencies to identify patients with multiple forms of other insurance to support payment accuracy for third party liability.

ELECTRONIC PAYMENTS

While electronic funds transfer (EFT) saves time and money over paper checks, increasing provider adoption continues to be challenging for Medicaid.

EnrollHub® simplifies enrollment for EFT and electronic remittance advice by enabling providers to use a single, secure online process to sign up for electronic payments with multiple plans and state Medicaid agencies.

CAQH IS COMMITTED TO SECURITY BEST PRACTICES

A SOC2 Type2 Audit is conducted for all CAQH Solutions and processes on an annual basis. CAQH infrastructure, security and privacy programs, as well as all CAQH Solutions, have achieved HITRUST Certification.

HITRUST
CSF Certified

In healthcare, electronically sharing large quantities of data quickly, uniformly and accurately is crucial.

CAQH CORE® is a multi-stakeholder collaboration developing national operating rules to streamline electronic business transactions.

OPERATING RULES

CAQH CORE® has developed and issued four phases of operating rules that support standards, accelerate interoperability and simplify administrative activities. Plans covering 44% of all Medicaid enrollees have achieved the same level of certification. Medicaid agencies and health plans can save more than $4.8 billion annually by fully adopting CAQH CORE Operating Rules for electronic transactions as verified by certification.

CAQH CORE:

Develops operating rules through a multi-stakeholder collaboration.

Improve efficiency.

Drive interoperability.

Increase automation.

For more details on how CAQH initiatives can streamline Medicaid administrative processes, contact a member of our Business Development team at Sales@CAQH.org or visit our website, www.caqh.org.

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