CAQH Solutions

Webinar:

Overcoming Provider and Plan Challenges to Increase Provider EFT/ERA Enrollment

December 7, 2016

Logistics: How to Participate in Today's Session

- Today's session is being recorded.
  - All attendees will receive a link to view the on-demand webinar.
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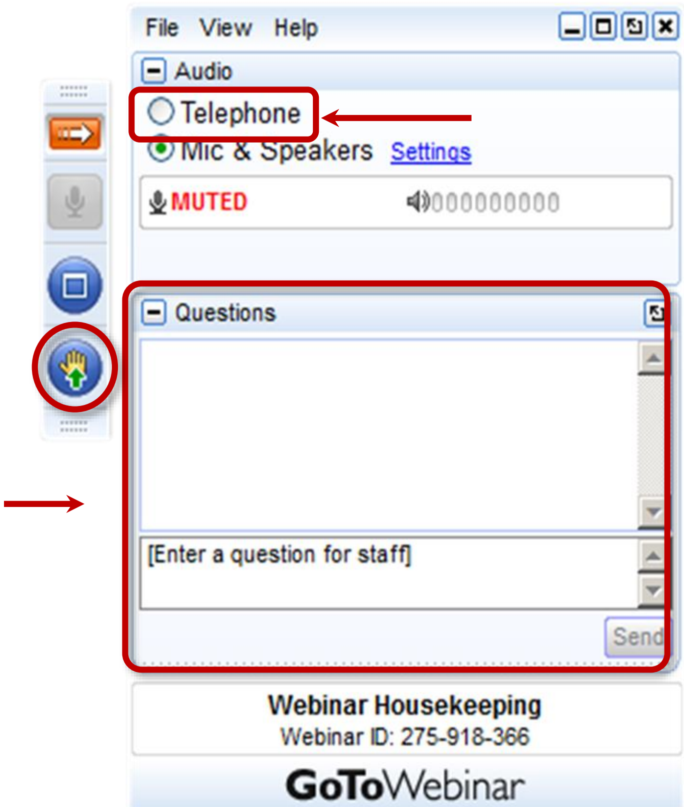
  - Questions can be submitted via the:

Questions panel on the right side of the GoToWebinar desktop



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Webinar Agenda

- CAQH Overview
- Industry-wide Challenges
  - ACA Regulations
  - Costs vs. Savings
  - Need to Increase Use of EFT and ERA
- Health and Dental Plan Challenges
  - MetLife Experience
- CAQH Industry-wide Solution: EnrollHub
- MetLife Experience and Learnings with EnrollHub
- Audience Questions

About CAQH

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.

CAQH Members

aetna

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BlueCross BlueShield Association

Blue Cross Blue Shield of Michigan

BlueCross BlueShield of North Carolina

BlueCross BlueShield of Tennessee

CareFirst BlueCross BlueShield

CENTENE Corporation

Cigna

Horizon
Horizon Blue Cross Blue Shield of New Jersey

KAISER PERMANENTE

UNITEDHEALTH GROUP

CAQH Initiatives

CAQH CORE	COMMITTEE ON OPERATING RULES FOR INFORMATION EXCHANGE	Maximizes business efficiency and savings by developing and implementing national operating rules. More than 140 participating organizations.
CAQH Explorations	INDEX®	Benchmarks progress and helps optimize operations by tracking industry adoption of electronic administrative transactions.
CAQH Solutions	COB SMART®	Quickly and accurately directs coordination of benefits processes.
CAQH Solutions	PROVIEW®	Eases the burden of provider data collection, maintenance and distribution for more than 1.4 million providers and 800 participating organizations.
CAQH Solutions	DIRECTASSURE™	Increases the accuracy of health plan provider directories.
CAQH Solutions	SANCTIONSTRACK®	Delivers comprehensive, multi-state information on healthcare provider licensure disciplinary actions.
CAQH Solutions	ENROLLHUB®	Reduces costly paper checks with enrollment for electronic payments and remittance advice for more than 500,000 providers.

Industry Challenges and Progress towards EFT/ERA

- In 2014, ACA regulations gave healthcare providers the right to choose the electronic payment option for claims reimbursement that suits the best needs of their practice.
  - Health plans are required to make EFT via ACH available upon request.
  - Health plans are not allowed to delay or reject an EFT or ERA transaction and/or charge an excessive fee.

- CAQH CORE operating rules for EFT and ERA – mandated by HHS – include requirements to make it easier for healthcare providers to receive both claim payment and remittance advice electronically.
  - For example, the rules require health and dental plans to transmit a trace number within the EFT so that providers can match it to a trace number in the associated ERA.

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EFT Use Growing, But Large Gaps Remain

- There were 55 million healthcare payments in Q1 2016 via ACH, a 20 percent increase over the same period last year. These transactions amounted to $307.6 billion, growing almost 11 percent over Q1 2015. (Source: NACHA)
- Despite greater use of EFT and potential savings, industry adoption remains too low. There are also significant differences between medical and dental industry adoption of EFT. (Source: 2015 CAQH Index).

Adoption of Fully Electronic Transactions		
	Dental	**Medical**
Claim Payment	**6.4%**	**61.4%**

Source: 2015 CAQH Index

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EFT and ERA Offer Substantial Savings Over Manual Transactions

Claim Payment	Health Plan Costs ($ per transaction)	Provider Costs ($ per transaction)
Manual	$0.57	$1.52
Electronic	$0.09	$0.96
Savings	**$0.48**	**$0.56**
Remittance Advice		
Manual	$0.50	$3.52
Electronic	$0.05	$2.41
Savings	**$0.45**	**$1.11**

Source: 2015 CAQH Index

Use of EFT/ERA Can Offer Industry-Wide Savings

- Full industry-wide adoption of fully-automated EFT and ERA transactions would result in **more than $600 million** in annual savings for the healthcare industry for commercial insurance coverage alone.

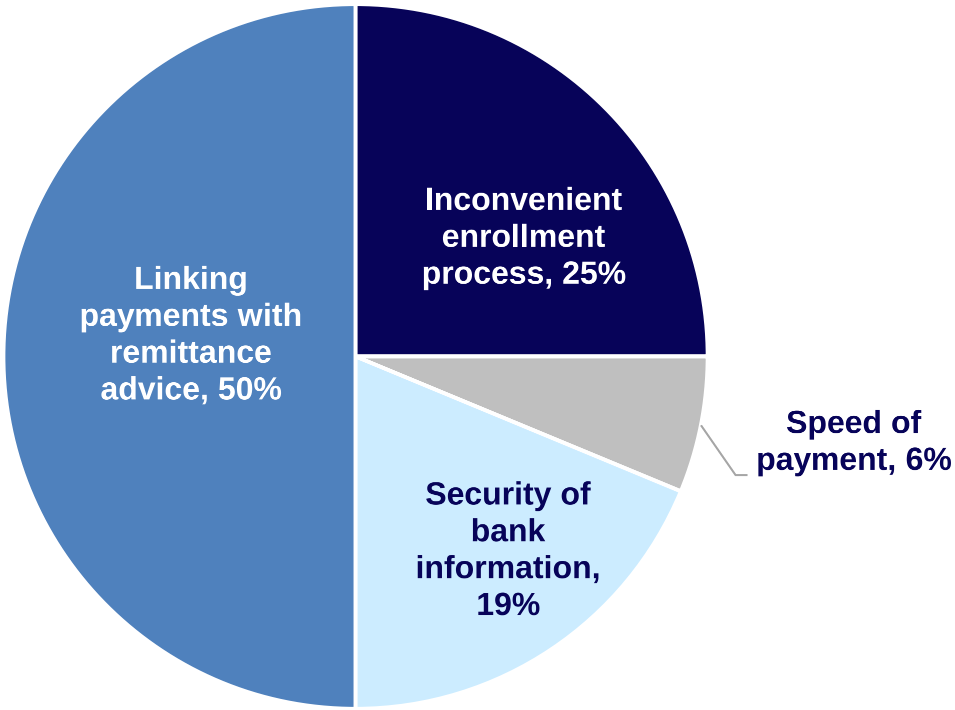
Cost in $ Millions	Health Plan Savings Opportunity	Healthcare Provider-Savings Opportunity	Industry Savings Opportunity
Claim Payment	$100	$116	$217
Remittance Advice	$93	$302	$396

Source: 2015 CAQH Index

Barriers to Greater Provider Participation

- CAQH surveyed 32 health plans on provider barriers to EFT and ERA adoption.
- Most frequent responses:
  - Linking EFT with ERA.
  - Inconvenient enrollment processes.
  - Concern about security of bank information.
- Most expressed need to better educate providers on EFT/ERA benefits.
- Plans said resource constraints from competing priorities are a barrier to driving greater provider adoption.

Health Plan Perceptions on Barriers to Provider Adoption of EFT and ERA



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Plan Challenges with EFT/ERA Enrollment: MetLife

Why MetLife is Expanding their Commitment to EFT/ERA

- Accelerates reimbursements to our dental providers.
- Decreases administrative burdens for the dental office, enabling providers to devote more time to patient care.
- Reduces printing and postage costs due to reduced paper check volume.
- Supports the MetLife commitment to more environmentally-friendly business practices.

Challenges with Increasing Provider Participation in EFT/ERA

Dental providers are reluctant to adopt EFT:

- Offices do not want to change how they do bookkeeping, or do not know how EFT will change their internal processes.
- They do not trust giving out their banking information, or are concerned that money will be pulled out of their account(s) in case of a claims dispute.
  - MetLife does not engage in this practice.

Challenges with Increasing Provider Participation in EFT/ERA

Pre-CAQH EFT Enrollment Process:

- Housed within our own dental provider Website.
- Received enrollments only via electronic entry or faxes.
- No active promotion to providers to encourage EFT.
- Low utilization / enrollment.

Addressing the EFT/ERA Challenge with EnrollHub®

CAQH® Solutions | ENROLLHUB®

EnrollHub Reduces Industry Inefficiencies

EFT/ERA Provider Enrollment Inefficiencies:

- Enrollment processes require providers to fill out and submit the same data elements with each health or dental plan through individual enrollment web portals.
- Providers may limit the number of plans they enroll with because of the resources required to manage each enrollment separately.
- Any changes to a provider's banking information must be submitted to each enrolled plan.

How EnrollHub Addresses these Issues:

- Provider enrollment burden in EFT/ERA is eased through a standardized, consolidated, and automated process.
- Providers enter their banking information only once, then it is shared with all selected participating health plans.
- Redundant health and dental plan functions, including enrollment validation, are eliminated via this shared industry-wide service.

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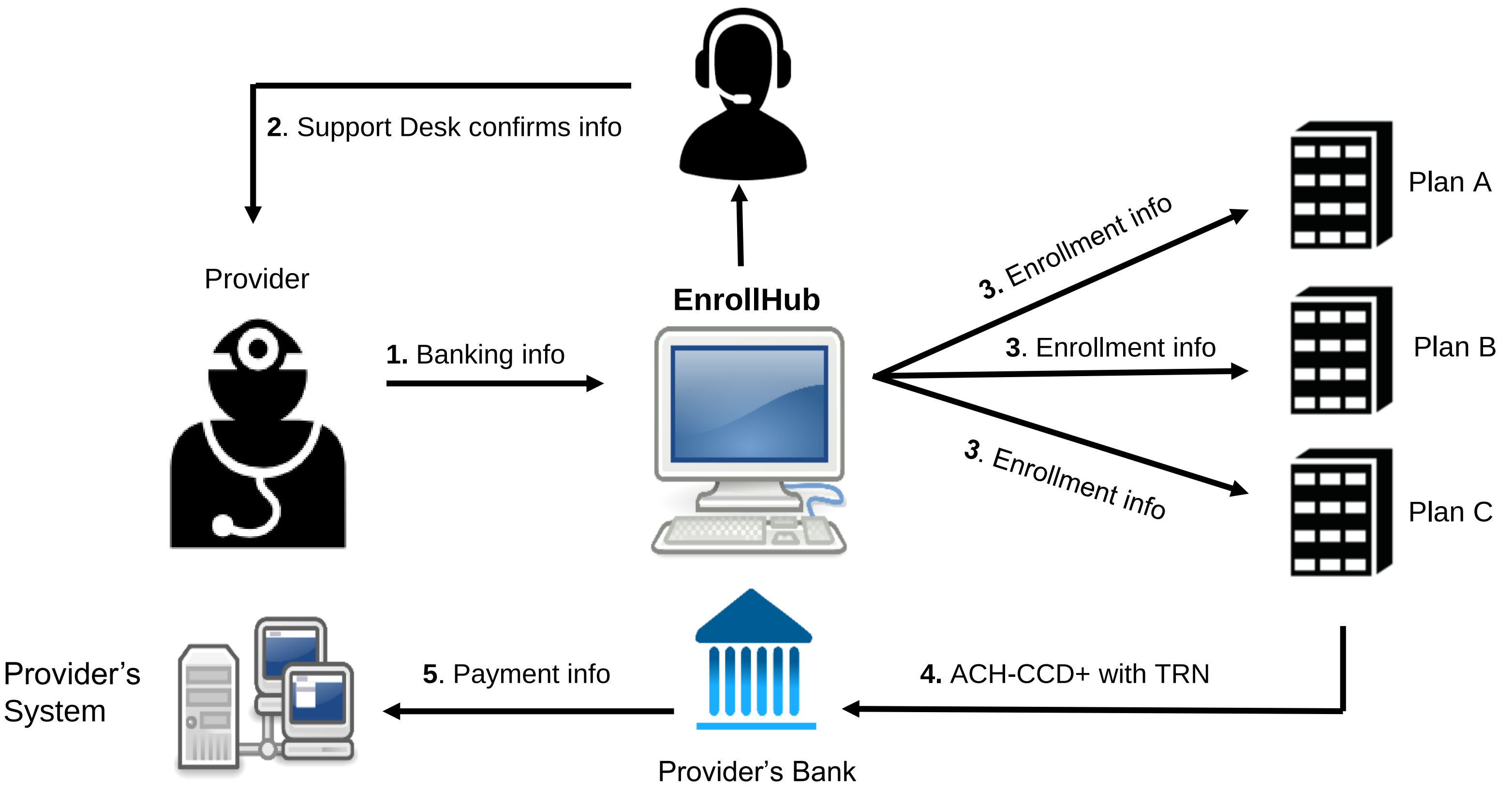
One EFT/ERA Enrollment for Multiple Plans



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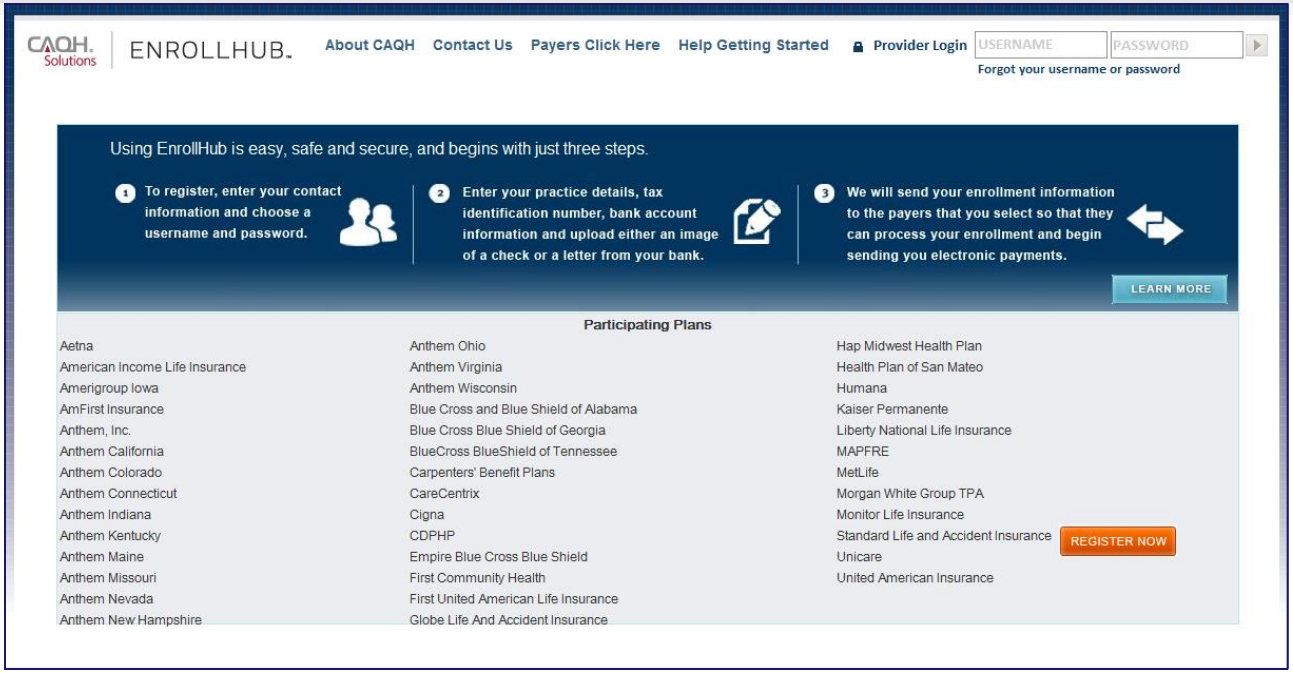
Advantages for Medical and Dental Providers

- **Trust** – Many providers know and trust CAQH through their experience with CAQH ProView.
- **One-Stop Shop** – Single, easy-to-use point of entry for providers to enroll in EFT and ERA and manage enrollment information with multiple payers.
- **No Cost** – No charge for providers to use; participating health plans pay a low subscription to cover the costs to build and run the service.
- **Secure** – Robust encryption, firewalls and strong password requirements to safeguard sensitive data and ensure that providers have complete control of their data.

Providers Find EnrollHub Easy to Use



- Web-based design enables providers to easily enter their information.
- Providers may choose to enroll with any of the participating health plans using one simple on-line enrollment process.
- Easy for providers to upload documents electronically, including a voided check or bank letter.
- Support center addresses provider questions and assists with enrollments.

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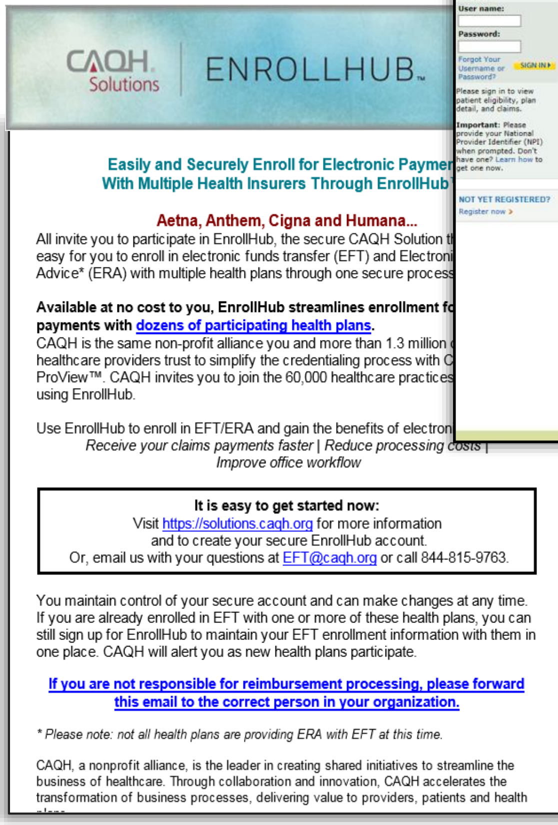
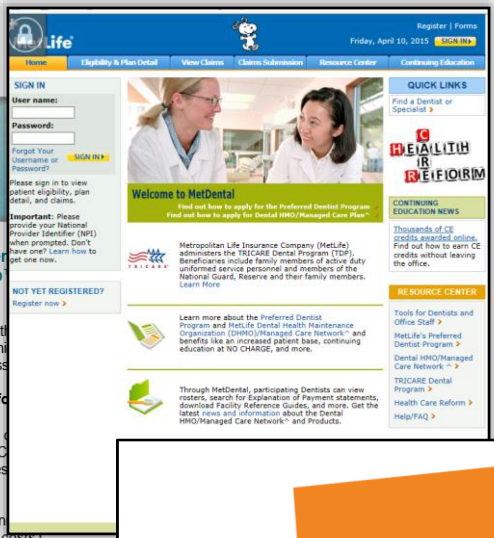
Advantages for Health and Dental Plans

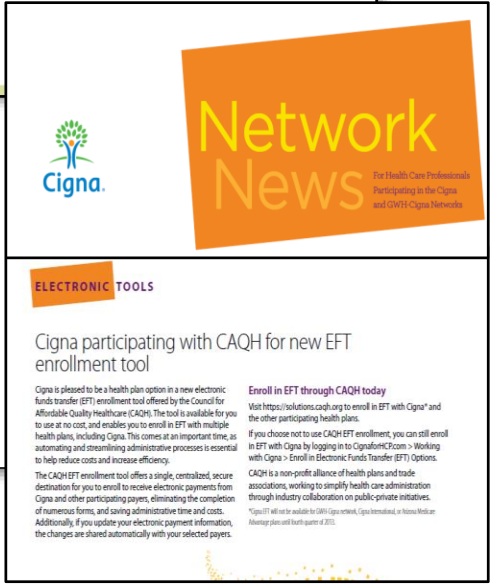
- Aligns with ACA-mandated EFT/ERA Enrollment Operating Rule requirements.
- Focused on enrollment; does not interfere with downstream payment processing or remittance advice presentment solutions.
- Eliminates redundant data collection efforts.
  - Provides a more compelling onboarding path for small providers
  - Moves traditional plan functions to a lower cost, shared industry service.

Engaging Providers: Plan and CAQH Outreach

- Content for plans includes copy for:
  - Provider portals
  - Email campaigns
  - Provider newsletters
  - Direct mail
  - Buck slips
  - Social media
- All content can be customized with plan name and plan-specific content.
- CAQH also conducts regular outreach campaigns to educate providers and facilitate enrollment.







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Over 40 Participating Health and Dental Plans Including:

Anthem.

aetna

Cigna.

MetLife

KAISER PERMANENTE.

BlueCross BlueShield of Tennessee

BlueCross BlueShield of Georgia

Empire BlueCross BlueShield An Anthem Company

BlueCross BlueShield of Alabama

Humana.

CDPHP

carecentrix It pays to care at home

HealthPlan OF SAN MATEO

hap Midwest Health Plan

UA first united american life insurance company

Liberty National Life Insurance Company Since 1900

GLOBE LIFE

FirstCommunity MEDICARE SUPPLEMENT

Amerigroup An Anthem Company

AmFirst Insurance Company

MAPFRE | INSURANCE

UNICARE.

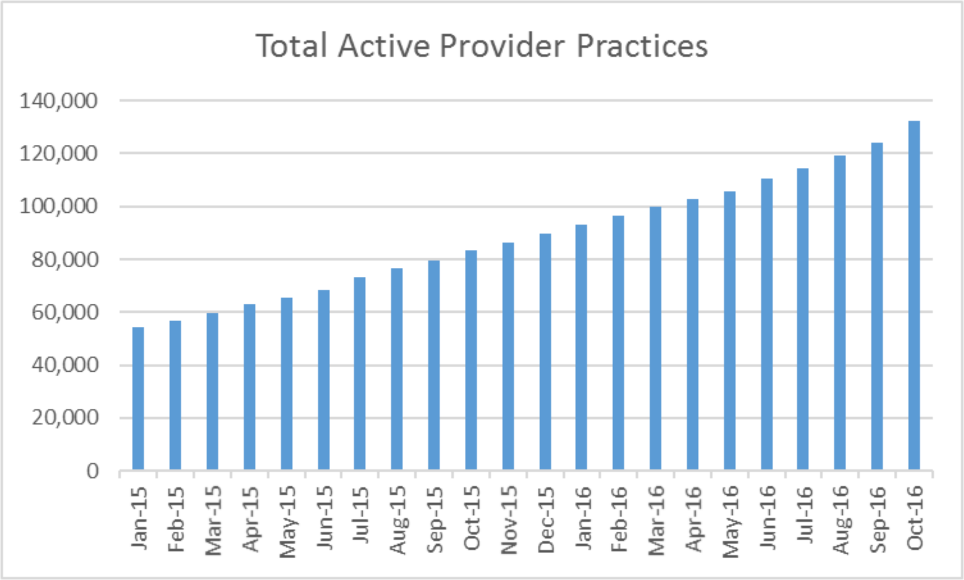
MWG

Standard Life and Accident Insurance Company (Standard Life)

MONITOR LIFE Insurance Company of New York

UA United American Insurance Company Since 1947

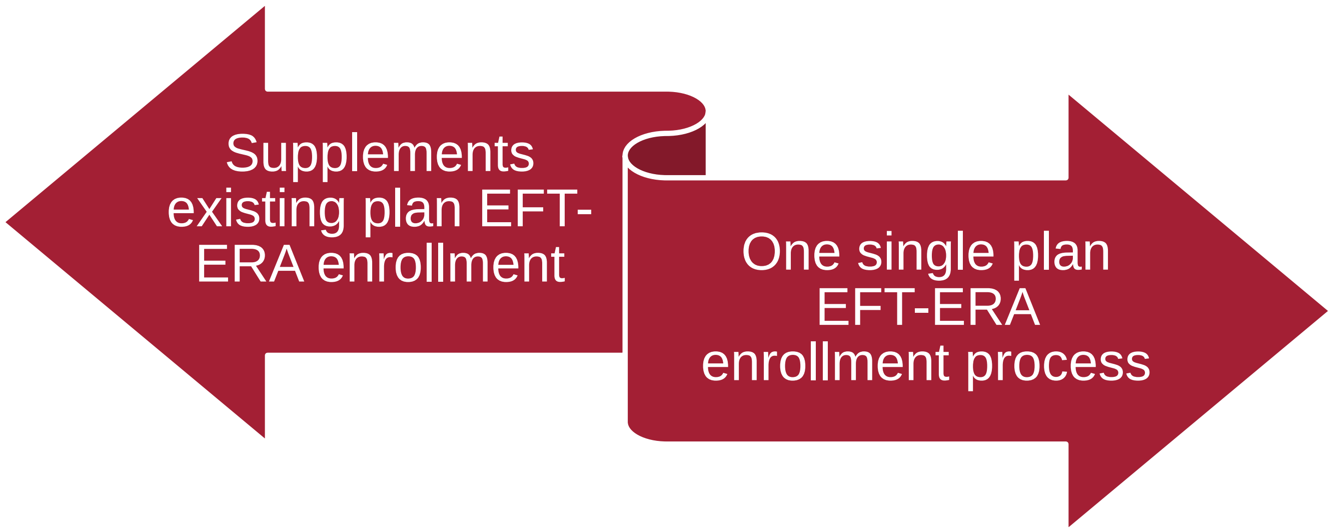
Provider Engagement Continues to Grow



By the end of November 2016, over 140,000 provider practices (TINS*) – representing more than 500,000 individual healthcare providers – had enrolled in EnrollHub.

*** Note:** Although not required, providers typically enroll through EnrollHub at the Tax ID (TIN) level.

Supplement or Replace Current Plan Enrollment Processes



Plan Experience with EnrollHub

MetLife Choice of EnrollHub to Increase EFT/ERA Enrollment

CAQH helps MetLife drive EFT enrollment activities by:

- Leveraging their experience with other participating payers.
- Ability to promote MetLife as a payer for those already enrolled with other payers.
- Dedicated enrollment site (EnrollHub).
- Call center support around the EnrollHub experience for our Dental Providers.
- Access to a web portal for CAQH to pull reports and check enrollment status.
- Cost-effective option for MetLife at good price-point.

MetLife CAQH Solutions

MetLife Lessons from Using EnrollHub

- Needed to improve the provider-facing EFT content on our website.
- Updated our systems to support dental providers reconciliation of their payments via EFT:
  - Reached out to dental providers to get proactive feedback.
  - Gathered feedback from those dental providers that were dissatisfied with their experiences.
- Ensured staff was in place to both setup newly added and changed EFT enrollments within our systems.
- Ensured our call centers had the necessary tools/staff to support any inquiries related to EFT.

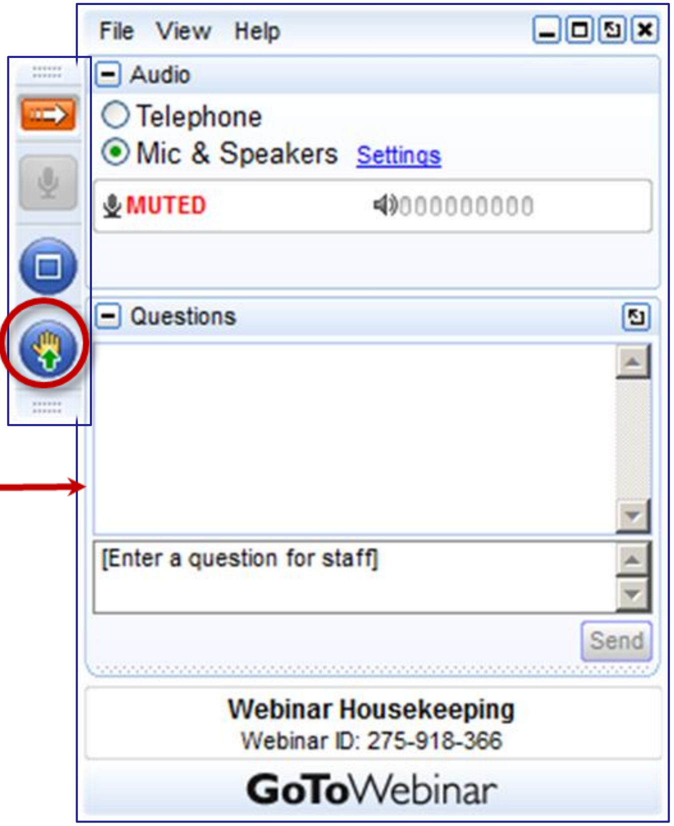
MetLife Lessons from Using EnrollHub (continued)

- Multiple outreach activities needed to engage providers.
  - Email outreach, web content, hard copy mailing.
  - Snail mail more effective than email, both in accuracy of contact and to generate provider interest.
  - Recently began sending letters to dental providers (in stages), strongly encouraging their move to EFT.
    - This has been the most effective outreach for provider engagement.
- Decision made to only use EnrollHub for EFT enrollment, and eliminate our own enrollment process.
  - Electronic enrollment only, MetLife eliminated all faxed or mailed forms.
- Report successes of EFT initiatives to internal partners.

Audience Questions and Answers

Please submit your questions

<u>Via the Web</u> – Enter your question into the "Questions" pane in the lower right hand corner of your screen.



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Thank you for joining us.

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