



**Adopted Transaction Standards, Operating Rules, and Code
Sets & Identifiers**

ELIGIBILITY (PANEL 2)

Cooperative Exchange Testimony

Department of Health and Human Services

National Committee on Vital and Health Statistics

Subcommittee on Standards

Presented By Sherry Wilson, President

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Cooperative Exchange

National Association of Clearinghouses

- Twenty six member companies representing over 80% of the clearinghouse industry
- Exchange **BOTH** administrative and clinical transactions (format agonistic)
- Submitting provider organizations - over 750,000
- Payer connections – over 7,000
- IT vendor connections- over 1,000
- Claims transactions - over 4 plus billion annually
- Value of transactions –over \$1.1 Trillion

2015 WEDI/CE Clearinghouse Transaction Survey

Percentage of Clearinghouse Support	Support Transaction
Professional Claims	100%
Institutional Claims	100%
Dental Claims	82%
Eligibility Benefit Inquiry and Response	88%
Claims Status Request and Response	94%
Health Care Services Request for Review and Response (Prior Auth/Referral)	40%
Claim Payment Advice (ERA)	100%
Premium Payment	21%
Benefit Enrollment	21%
Claims Request for Additional Information	40%
Additional Information to Support a Health Care Claim	56%

***NCVHS Testimony based on
2015 WEDI / CE Clearinghouse Transaction Survey results
representing 2/3rd of the membership***

Percentage of Clearinghouse Support Eligibility Requests and Responses

Value

- Key transaction to automate end to end claim - payment revenue cycle.
- Expected benefits have not been realized by stakeholders
- Majority of clearinghouses provide the capability for providers to send and receive eligibility request/responses with payers.

Volume

WEDI/CE May 2015 Health Plans and Clearinghouse Survey

% of Usage	Significantly Used	Moderately Used	Slightly Used	Not Used	N/A
ASC X12 270/271	35.00%	34.00%	16.00%	0.00%	15.00%

Note: Responses may not add up to 100%, due to rounding error.

ELIGIBILITY (PANEL 2)

Barriers

- Lack of real-time response and/or detailed responses due to payer disparate systems.
- Does not meet business need, requiring providers to leave their workflow to make costly phone calls, access web portals.
- Payers do not provide CPT/HCPCS code-level benefit detail.
 - CPT/HCPCS code-level benefit detail request allow payers to provide upfront authorization or referral information.
- PMS may not provide capability or integrated user interface to automate work flow.

Opportunities/Recommendations

- Many barriers today are addressed in the next iteration of the ASCX12 270/271
- Provides transparency leading to automation, including what role each organization plays in the patient's healthcare:
 - the entity with primary financial responsibility for paying the claim;
 - the entity responsible for administering the claim;
 - the entity that has the direct contract with the health care provider;
 - the specific fee schedule that applies to the claim;
 - the specific plan/product type;
 - the location where the claim is to be sent; and
 - Any secondary or tertiary payers.

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Opportunities/Recommendations

- Encourage payers to respond to HCPCS/CPT eligibility requests and provide benefit information, authorization requirements and referral requirements.
- Encourage PMS systems to become HIPAA covered entities and subject to the HIPAA TCS rule. Require capability to send/receive eligibility transactions and automate the use of this information within its workflow.
- WEDI facilitate an industry forum for stakeholders to address identified barriers and strategies for remediation
- Further research be completed to confirm that the next HIPAA version will remove the industry identified barriers and ensure ROI before adopting.
 - Study a staggered approach to adopting transactions based on the ROI and stakeholder transaction business value of the transaction.
 - This must be done based on the interoperability of the transactions insuring that related changes are not negatively impacted by such an approach.

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Thank You

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