

Panel 5: Coordination of Benefits

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About MGMA

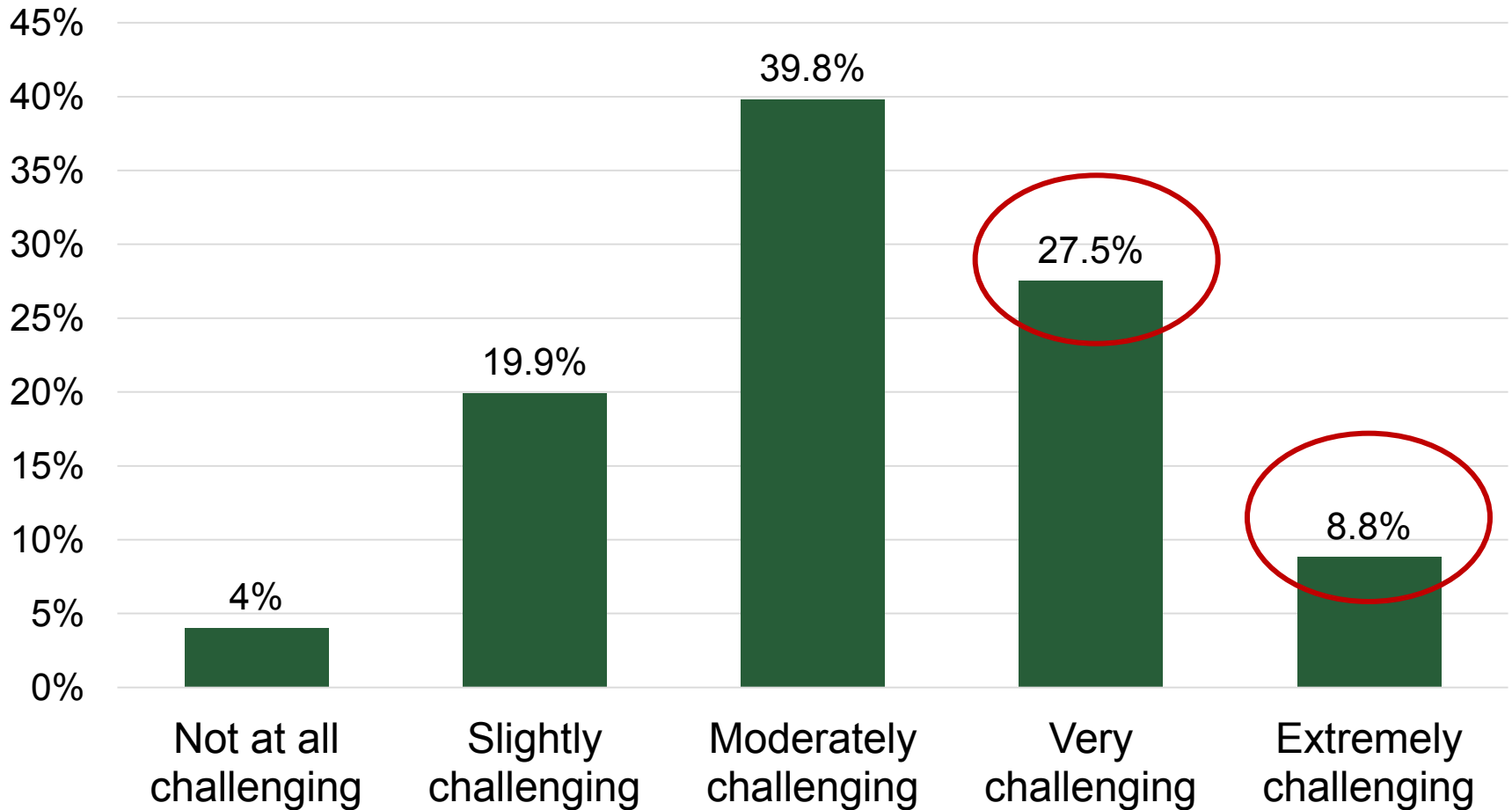
- MGMA is the premier association for professional administrators and leaders of medical group practices
- Since 1926, the association has delivered networking, professional education and resources, political advocacy and certification for medical practice professionals
- Through its national membership and 50 state affiliates, MGMA represents more than 33,000 medical practice administrators and executives in practices of all sizes, types, structures and specialties.



Survey Data

1. Joint survey with the American Dental Association, American Medical Association and MGMA
 - April-May 2015
 - 1151 respondents
2. MGMA member survey
 - June 2015
 - 547 respondents

Overall, how would you rate the current coordination of benefits process?





Practice Concerns

- CAQH estimates that current COB processes burdens the U.S. healthcare system with more than \$800 million in unnecessary administrative expense per year
- More insurance coverage under the ACA may equate to more COB challenges
- Most sources of insurance coverage equates to manual processes and a protracted and error-prone RC
- We have not reached standardization-practices still required to understand each payer's requirements
- Inadequate communication between various payer types (i.e., commercial vs government-sponsored vs workers comp)



Select Member Comments

- Some secondaries are paper if COB is not enabled”
- Some insurance require that if they are secondary payer that it be in paper”
- “Secondary claims are sometimes submitted on paper if the payer is requesting a copy of the primary EOB”
- “Paper claims are commonly submitted to secondary payers or corrected claims due to payer restrictions on electronic claims”



MGMA General Recommendations

- Short-term
 - CMS should significantly increase provider education on use of the automated COB
 - Critical to identify an electronic and fully automated COB process
 - Require workers comp to accept HIPAA transactions
 - CMS should endorse/support the EHNAC/WEDI PMSAP
 - CMS and all payers should support CAQH “COB Smart”
- Longer term
 - Additional collaboration between provider organizations and SDOs (go where the providers are)
 - CMS should consider financial incentives to move industry