Panel 2: Health Plan Eligibility, Benefits Inquiry & Response NCVHS Subcommittee on Standards, Review Committee

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Robert M. Tennant
Director, HIT Policy
Medical Group Management Association

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Advancing Leaders. Advancing Practices.™

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.

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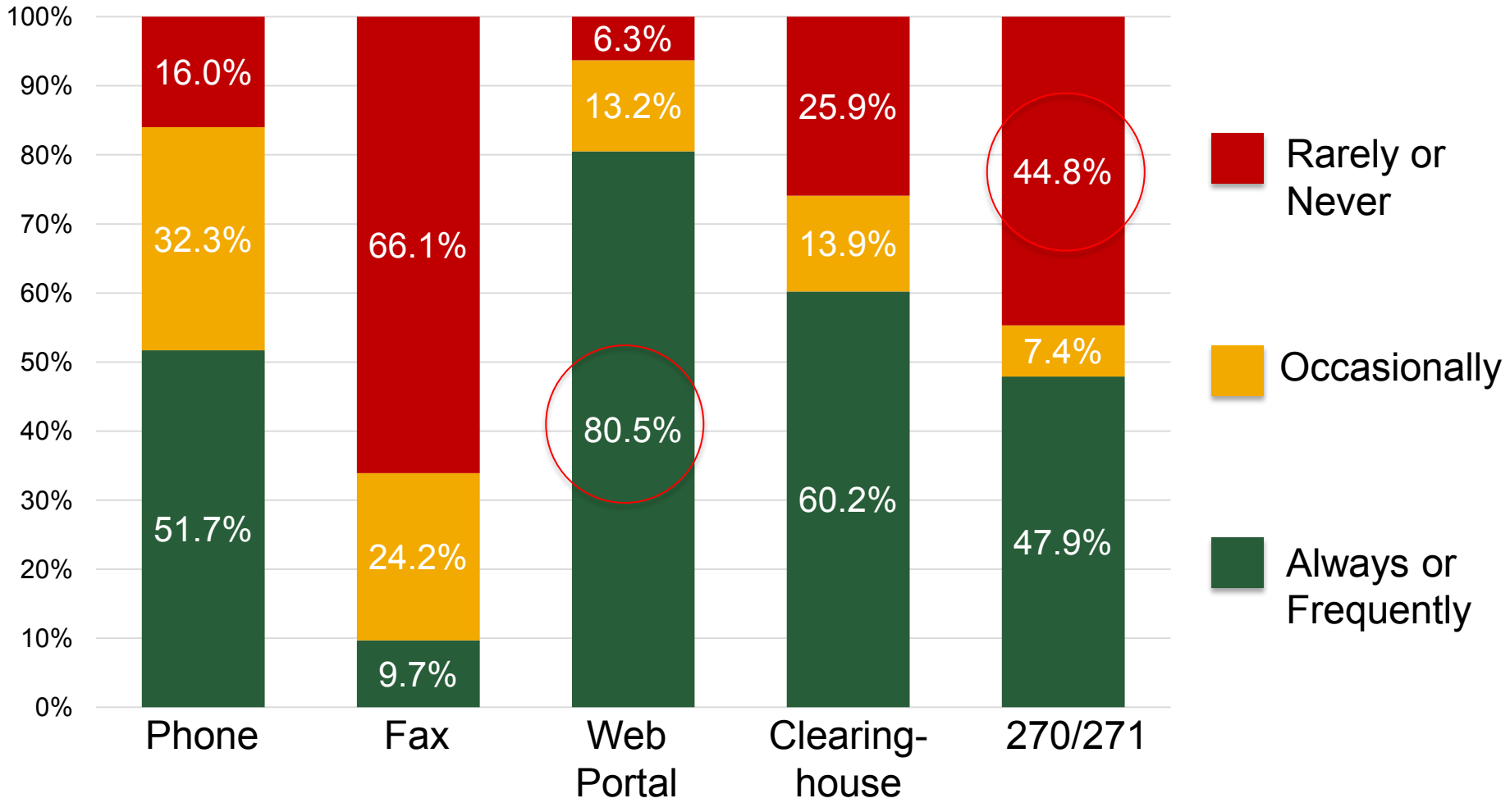
Survey Data

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

How often does your practice use the following methods to verify patient insurance eligibility?



What are the reasons your practice does not always use the HIPAA 270/271 electronic transaction to check patient eligibility? Please check all that apply.

Answer Options	Response
The eligibility response returned by our health plans typically lacks all of the patient financial responsibility information we need	**41.3 %**
The eligibility response lacks explicit information regarding eligibility of specific medical services	33.5%
Our practice management system does not have the capability to conduct the 270/271 transactions	21.9%
The eligibility response is typically not returned by our health plans within the required 20 second window	12.9%
The fees charged by our clearinghouse for the 270/271 transaction are excessive	10.5%

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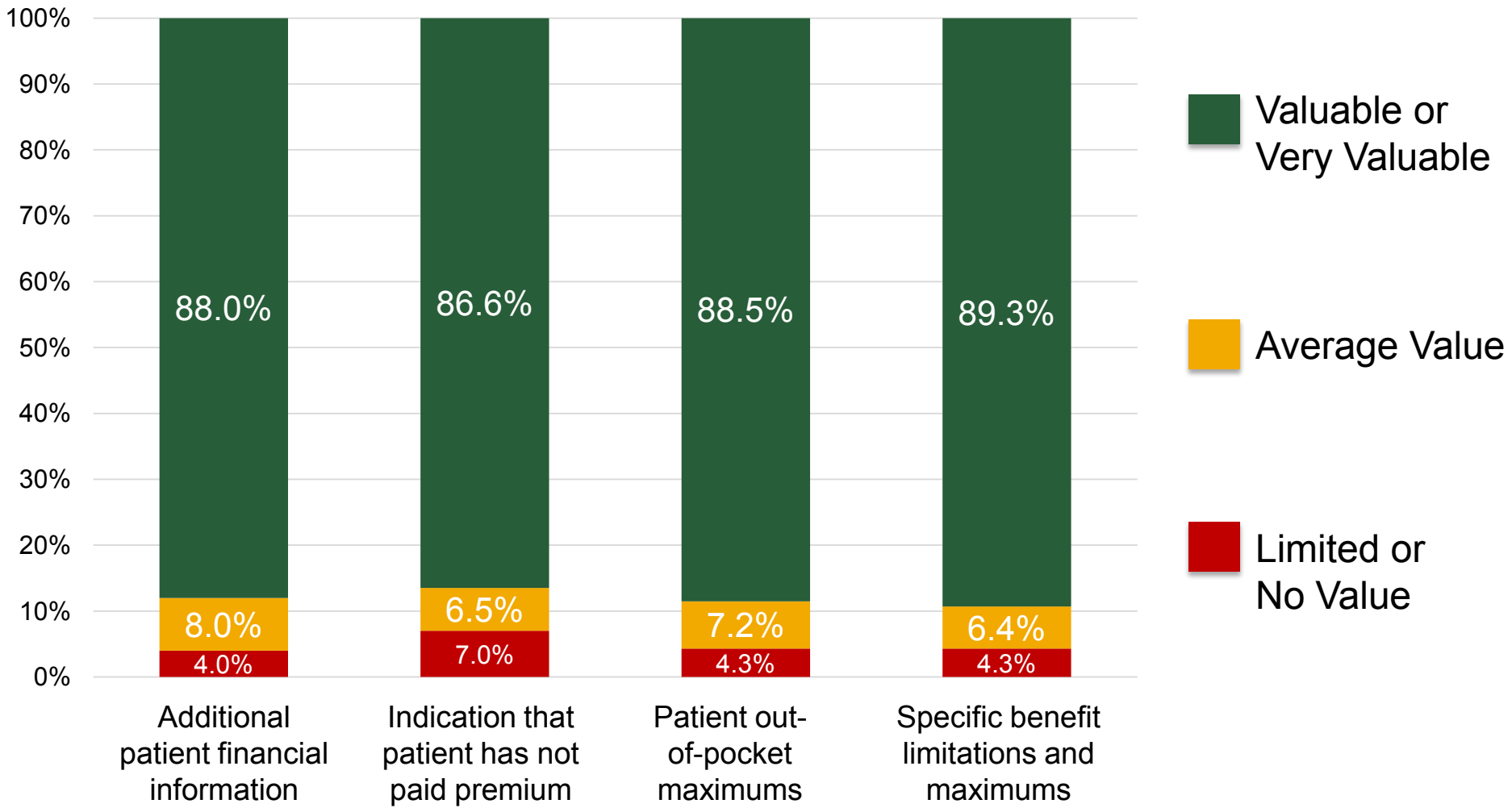
Rate how valuable your practice would find the following if they were included in the 270/271



Practice Concerns

- Significant variability in the use of eligibility transactions and operating rules
- Verification even more critical in the era of high deductible plan products
- Requires practices to understand each payer requirement
- Payers driving providers to web portals to check eligibility
- Required information not always supplied to the providers
- Required information not always supplied within the 20 second window (or next day for batch)
- PM vendors do not always support use of the 270/271

Select Member Comments

- “Some are in conflict with copays/coinsurance on an effective card or even on the payer’s own website”
- “Fees and offerings by our PM vendor prohibit our interest”
- “Numerous small plans do not support the 271”
- “The 271 does not indicate if a HCX patient is in the grace period”
- “No one should be allowed to offer new insurance options before their 271s are ready to support it”
- “The information is not reliably accurate or up-to-date”
- “Our software vendor’s clearinghouse fees are excessive”
- “Often find patient is not eligible, then when I call plan, I find the patient IS eligible. Frustrating!”

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Use and Potential Savings

- According to the *2014 CAQH Index™ Electronic Administrative Transaction Adoption and Savings Calendar Year 2013*
- Fully Electronic 270/271 (HIPAA standardized) Transaction Adoption Rates, Health Plans Reporting 2013 Data = 65.3%
- Potential provider savings: $3.07 per eligibility verification transaction

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MGMA Recommendations

- Practices want a simple, automated electronic approach to eligibility verification
- Must be low cost if to be widely used
- Should be encouragement to use the 270/271 and not payer portals
- 270/271 should be better integrated within provider workflow
- More complete patient eligibility and financial responsibility “picture” should be available (and in real-time)

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MGMA General Recommendations

- Short-term
  - CMS should significantly increase provider education on the 270/271
  - CMS should endorse/support the EHNAC/WEDI PMSAP
- Longer term
  - Additional collaboration between provider organizations and SDOs (go where the providers are)
  - CMS should proactively audit HPs for 270/271 compliance
  - Provider should not be responsible when 271 comes back green
  - CMS should consider incentives to move industry toward wide-scale adoption (similar to meaningful use)

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