

NCVHS Hearing on the New and Updated CAQH CORE Operating Rules

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We are athenahealth

Healthcare as it could be

Our Vision is to create a thriving ecosystem that delivers accessible, high-quality, and sustainable healthcare for all.

We are pursuing this through our medical record, revenue cycle, patient engagement, and care coordination service offerings.

We are highly aligned with CAQH CORE's vision to bring the healthcare industry together to make sharing business information more automated, predictable and consistent.

Nora Iluri, PhD - VP of Product Management Collector, athena's Revenue Cycle Solution

Paul Brient, MBA - EVP and Chief Product Officer. Member of the CAQH CORE Board.

athenahealth is CAQH CORE certified-
we participate in operating rule development as a member of CAQH CORE work groups, straw poll and ballot input.

athenahealth provides a leading platform for ambulatory practices

Solutions integrated in the physician workflow and optimized for impact

athenaCollector

Revenue Cycle Management

Integrated technology-enabled revenue cycle solutions to manage all of the administrative and financial interactions with payers and patients, including eligibility, claims submission, denials, appeals, posting, a robust set of patient payment tools, and practice management

Marketplace & ecosystem

Integrated Partner Solutions

Growing set of partners integrated into the athenaOne ecosystem



athenaClinicals

Clinician Experience & Support

Comprehensive clinical solutions including encounter workflow, quality management, longitudinal patient records, care management, and telehealth

athenaCommunicator

Patient Engagement

Patient engagement tools including patient outreach, scheduling, check-in, results delivery, and medication adherence

One version of code

Proprietary
data lake

6T+
rows of production data

#1 rated EMR mobile app

Today's athenahealth at a glance

155K+

providers on
athenaOne



170M+

unique patient
records



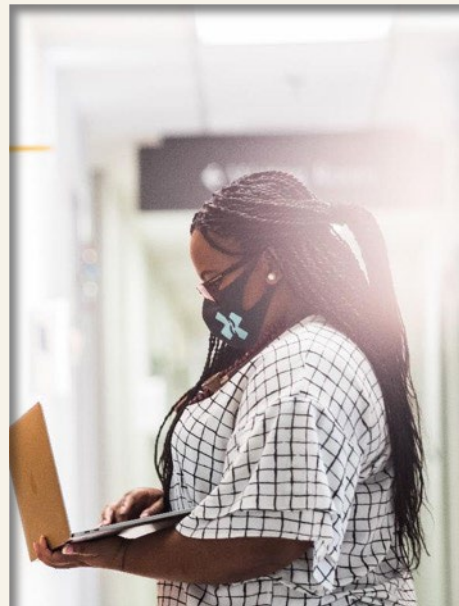
300M

claims billed



14%

bookings CAGR
since 2019²



95.3%

gross revenue
retention³



108.3%

net revenue
retention³



Proposed Operating Rules address the most impactful asks that help us serve patients better & reduce administrative costs for all

1

Adoption of new and updated Operating Rules improve digital data exchange and transactions, driving the quality and timeliness of care and a reduction of costs

2

Attachment Standards establish a necessary foundation for the electronic exchange of health information; operating rules ensure consistent construction of solutions

3

Operating Rules directly support technology advancements and provide an on-ramp for industry driving adoption

4

Federal adoption of infrastructure and connectivity operating rules help ensure the consistency and fairness of resulting patient care, speed adoption, and reduce the cost to maintain

1

athenahealth processes 700 Million+ eligibility requests each year through a single system that connects payers & practices across the US

300M Claims processed in 2022

41B+ Net collections in 2022

700M+ Eligibility requests in 2022

5M+ Service Eligible Orders processed by our premium prior auth service

Our top pain points

Insufficient automated means to communicate

Payers requiring us to use error prone expensive manual portal, and voice work instead of automation

Insufficient or missing information

to give practices and patients a clear view of coverage and costs

Lack of sufficient standards

with data returned in unstructured fields (e.g., MSG segment) or standard fields used differently by each payer requiring custom decoders or manual review

1

Adoption of new and updated Operating Rules improve digital data exchange and transactions, driving the quality and timeliness of care and a reduction of costs

We support Data Content Rules

Given that our goal is to better serve our practices and their patients, the recommended data content rules:

- **Eligibility & Benefits** – continues to improve transparency into coverage and cost for our practices and their patients
- **Attachments for Prior Auth and Claims** – helps move the industry towards attachment automation, improving quality and timeliness
- **Single Patient Attribution Data** – supports the expansion of value-based care contracts to help shift incentives from utilization to outcomes

Most Impactful Requirements

- Requiring the use of specific codes to indicate what service or benefit is available for **telemedicine**
- Expansion of both the discretionary and mandatory **STC codes and addition of procedure codes** to get more accurate responses for coverage & cost
- Indication of whether a **prior authorization** is required or not
- **Requiring specific codes** and reference data to improve data interoperability
- Path to codifying and exchanging **single patient attribution** information to support a growing value-based care population

2

Attachment Standards establish a necessary foundation for the electronic exchange of health information; operating rules ensure consistent construction of solutions

\$828 million

estimated savings per year

from adopting attachments for prior authorization and claims based on the CAQH Index report.

Electronic attachments would not only save administrative burden and costs, but it would also improve claim and prior authorization

quality and turn around time

significantly benefiting patients.

athenahealth would like to ask NCVHS to recommend that HHS include the attachments operating rules in the final rule for the attachment standards.

Consistent and efficient implementation of the proposed standards would:

- Support faster and higher quality responses for patients
- Reduce administrative costs across the industry estimated at \$828M
- Aid adoption of non-X12 methods, supporting uniform, gradual adoption of new technologies

3

Operating Rules directly support technology advancements and provide an on-ramp for industry driving adoption



We use X12 and modern non-X12

athenahealth is a pioneer adopter of newer API technologies, such as HL7 FHIR, and also maintains consistent support for X12 standards.



Gradual transition necessary

Movement from X12 standards to HL7 standards will not occur overnight and regulations or other guidelines must provide a framework that supports and aligns old and new technologies.



CAQH CORE is an effective glidepath

The proposed CAQH CORE Operating Rules provide uniformity without being overly prescriptive of the format used, establishing a scenario wherein stakeholders can gradually implement new requirements and move away from outdated modalities

4

Federal adoption of infrastructure and connectivity operating rules help ensure the consistency and fairness of resulting patient care, speed adoption, and reduce the cost to maintain

We Serve Practices Nation Wide

- We see significant variation state to state in data, connectivity, and business processes.
- This creates significant burden for payers, vendors and practices to build and maintain solutions that serve all stakeholders.
- It also creates unnecessary variation for patients across the US creating potential inconsistencies and inequalities in care.

Federal Adoption of Infrastructure & Connectivity Rules

- We could build out our solutions once to serve all practices across the US
- Reduces our cost to build and maintain both the systems on our side and the services they support
- A single national build out accelerates availability for all practices and their patients across the US, thus improving quality and timeliness of transactions for all

Thank you

Contact us at 800-981-5084 or visit athenahealth.com to learn more