WHITE PAPER

HealthTrio®

ANSWERING CAQH'S CALL TO ACTION
FOR INCREASED AUTOMATION

Table of Contents

CAQH'S Call to Action for Increased Automation

Each year, CAQH publishes a detailed report that measures national progress in cost reduction associated with performing administrative transactions in the healthcare industry for medical plans and providers.

With a strong focus in each report on administrative transactions related to verifying insurance coverage, obtaining authorization for care, submitting a claim, and better usage of electronic attachments, one core message continues to ring true year after year: their industry call to action for increased automation and electronic completion of these administrative tasks.

In their most recent report (2021), CAQH reported that the recent COVID-19 impacts and social distancing regulations led to higher usage of automated administrative tasks for the healthcare industry. This report also showed there is still much room for improvement, and CAQH reissued their same call for the industry to capitalize and expand on automation.

This call to action is rooted in their findings of the ongoing increase in the total annual medical spend (up 12% since 2020) and cost savings opportunities for electronic transactions compared to manual transactions (up 32% since 2020):

Medical Spending in 2021

$37.4 B

Cost Savings Opportunity

$17.6 B

Eligibility and Benefit Verification

Definition: An inquiry from a provider to a health plan or from one health plan to another to obtain eligibility, coverage or benefits associated with the plan and a response from the health plan to the provider. Does not include referrals. HIPAA Transaction Standard: ASC X12N 270/271.

CAQH reports that electronic adoption in 2021 increased for the majority of administrative transactions due to COVID-19, with medical electronic adoption for eligibility and benefit verification transactions increasing five percentage points. Many health plans found the need to increase their support for staff working from home, so they turned to further automating transaction processing.

Even with this need and demand for transaction automation, spending associated with medical eligibility and benefit verification increased 16 percent (the highest among the transactions), which accounts for almost half ($18.3 billion) of the total annual medical spend ($37.4 billion).

Cost-Saving Opportunity: With a 45% increase from 2020, this highest-ranking transaction also has the highest opportunity for medical cost savings:

$9.8 B

Automate Your Eligibility and Benefit Verification Process

Reliable, real-time eligibility, benefits and coverage information at your providers' fingertips

With electronic eligibility and benefit verification, the average time savings opportunity for physicians per transaction is 21 minutes. HealthTrio's solution, allows all users, including providers, to search for members by a variety of criteria and receive a user-friendly display of covered health services and the associated cost shares, including:

- benefit limits
- authorization requirements
- deductibles and out-of-pocket maximum
- individual benefit accumulators for both in and out-of-network services

Make it easy for your providers to work with your health plan by saving them time and giving them the tools needed to care for your members and do their job efficiently.

Prior Authorization

Definition: A request from a provider to a health plan to obtain authorization for healthcare services or a response from a health plan for an authorization. Does not include referrals. HIPAA Transaction Standard: ASC X12N 278.

According to CAQH, automation of prior authorization increased from 21 to 26 percent in 2021. This increase resulted in a time savings, on average, of 16 minutes per transaction for medical providers.

With manual costs increasing and electronic costs decreasing for medical plans and providers, now is the time for more plans to switch to an automated process for prior authorizations.

$437 Million in Cost Savings Opportunity Annually for the Medical Industry

Streamline and Automate Your Authorizations

End-to-end authorization management that reduces manual workflows

Manual authorizations cause delays in care and administrative inefficiencies, and they tie up critical resources. The team at HealthTrio designed our solution to automate and streamline authorizations throughout the entire process – from our expedited pre-check clearance to medical policy integration and real-time approvals.

With our authorizations solution, you can:

Reduce Unnecessary Requests

Our pre-check feature easily identifies which requests require an authorization, allowing provider and plan resources to complete only necessary work

Increase Auto-Determination

Our advanced rules engine supports complex logic and customized business rules for real-time approval & denial of requests

Support Compliance

Electronic submissions with better, more complete data and real-time approvals ensures adherences to CAQH's two-day turnaround for authorizations

Claims Submission

Definition: A request to obtain payment or transmission of encounter information for the purpose of reporting delivery of healthcare services. HIPAA Transaction Standard: XSC X12N 837.

In 2021, the CAQH Index shows spending associated with conducting medical claim submissions increased by 10 percent, accounting for 16 percent of the total annual medical spend ($6.1 billion). As the second highest after eligibility and benefit verification, this increase in total annual medical spend is due to providers spending an additional three minutes per manual transaction. The unprecedented pandemic meant some cases required providers to submit new information related to telehealth and COVID-19, which led to extensive provider engagement with health plans using manual methods.

There is a strong opportunity for health plans to decrease this time spent by updating their automated systems to be more compliant with COVID-19 and telehealth needs.

Due to the increase in the number and cost per manual transaction paired with a decline in electronic cost, the cost savings opportunity associated with switching to the electronic standard is more than three times what it was in 2020:

Cost Savings Opportunity

(Medical Industry)

$1.7 B

Time Savings Opportunity

(Per Transaction)

$1.7 B

An Electronic Claims Process Saves Time and Money

The average time savings opportunity with electronic claims submission is six minutes per transaction for medical providers.

HealthTrio's claims submission allows providers and health plan users to submit claims and documentation electronically, with embedded code look-up functionality enabling a quick and efficient process. Both original submission and the replacement or adjustment of existing claims based on health plan configurable rules are supported.

Claims Status

Definition: An inquiry from a provider to a health plan to determine the status of a healthcare claim or a response from the health plan. HIPAA Transaction Standard: ASC X12N 276/27

For 2021, claim status inquiry saw a lower rate in electronic adoption for medical plans and a much higher rate in time spent per manual transaction among physicians. Changes in telemedicine requirements brought on by the pandemic caused this to be the most time-consuming transaction for providers to conduct manually (on average 25 minutes per inquiry).

The amount of time spent and the increase in manual costs ranks claim status inquiry as the second highest cost savings opportunity. By switching to electronic transactions, the medical industry could save money and time:

$3.1 B
per year

21 mins
per transaction

On-Demand, Electronic Portal Access to Claims Statuses

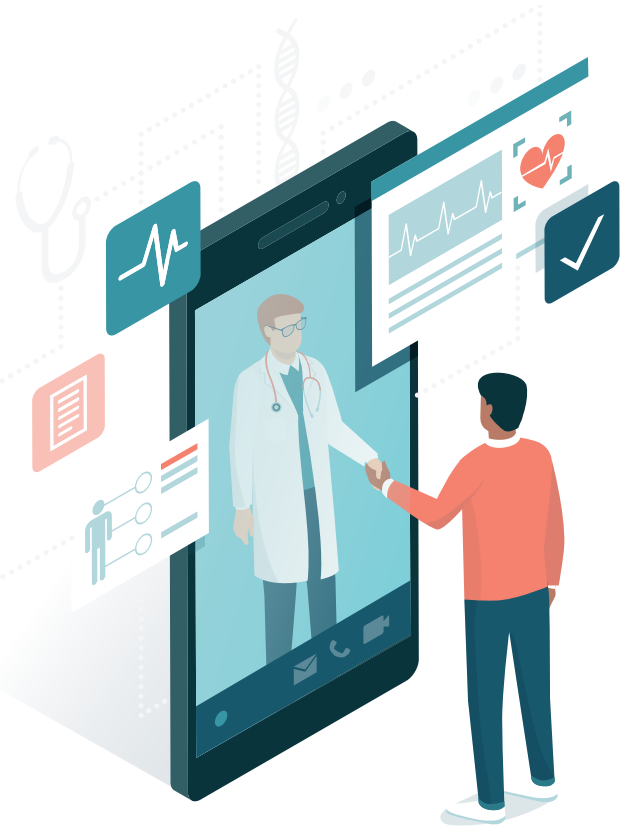
Using manual methods to inquire about the status of a claim is time-consuming and costly. With HealthTrio, your health plan can provide rapid, up-to-date detailed claim information for the user sourced from the ODS. Advanced research capabilities allow users to view a list of claims that meet specified criteria. For example, providers may wish to search through their claims by status, date, patient, check number, provider or other criteria.

Claims detail includes member and provider information, diagnosis and individual procedure line items, associated documentation and more. As a health plan, you may also elect to display EOB images associated with the claim in addition to the claims detail screen.

About HealthTrio

HealthTrio has been leading the shift to transaction automation for better performance, satisfaction, and outcomes since 1999. We are proud of our industry-leading 6 CAQH CORE certifications:

- Eligibility and Benefits: Eligibility (270/271) Infrastructure Rule, Eligibility (270/271) Data Consent Rule
- Claim Status: Claim Status (276/277) Infrastructure Rule
- Payment and Remittance: Claim Payment/Advice (835) Infrastructure Rule, EFT/ERA 835/CCD+ Data Content Rule, EFT/ERA Enrollment Data Rules
- Prior Authorization and Referrals: Prior Authorization (278) Infrastructure Rules, Prior Authorization (278) Data Content Rule, Prior Authorization Web Portal Rule
- Health Care Claims: HealthCare Claim (837) Infrastructure Rule
- Benefit Enrollment: Benefit Enrollment (834) Infrastructure Rule



We provide digital engagement solutions for health plans, third-party administrators, and state exchanges that optimize enrollment self-service, value-based care, healthcare consumerism, and real-time integration.

Our customizable, secure platform provides you with a comprehensive suite of tools – from everyday solutions such as eligibility, plan shopping and enrollment, benefits, and claims to advanced features supporting provider quality performance, cost transparency, and automated authorizations.

With in-depth security capabilities, HealthTrio's platform extends beyond the traditional member, provider, employer, and broker access to include guests, caregivers, community-based organizations, and a variety of other user types. For over twenty years, HealthTrio has supported health plans, third-party administrators, and integrated delivery networks to decrease costs, increase access, and improve health outcomes.

Request a demo today at **learnmore@healthtrio.com**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