GE Healthcare

Reducing Denials with Hosted ClaimsManager

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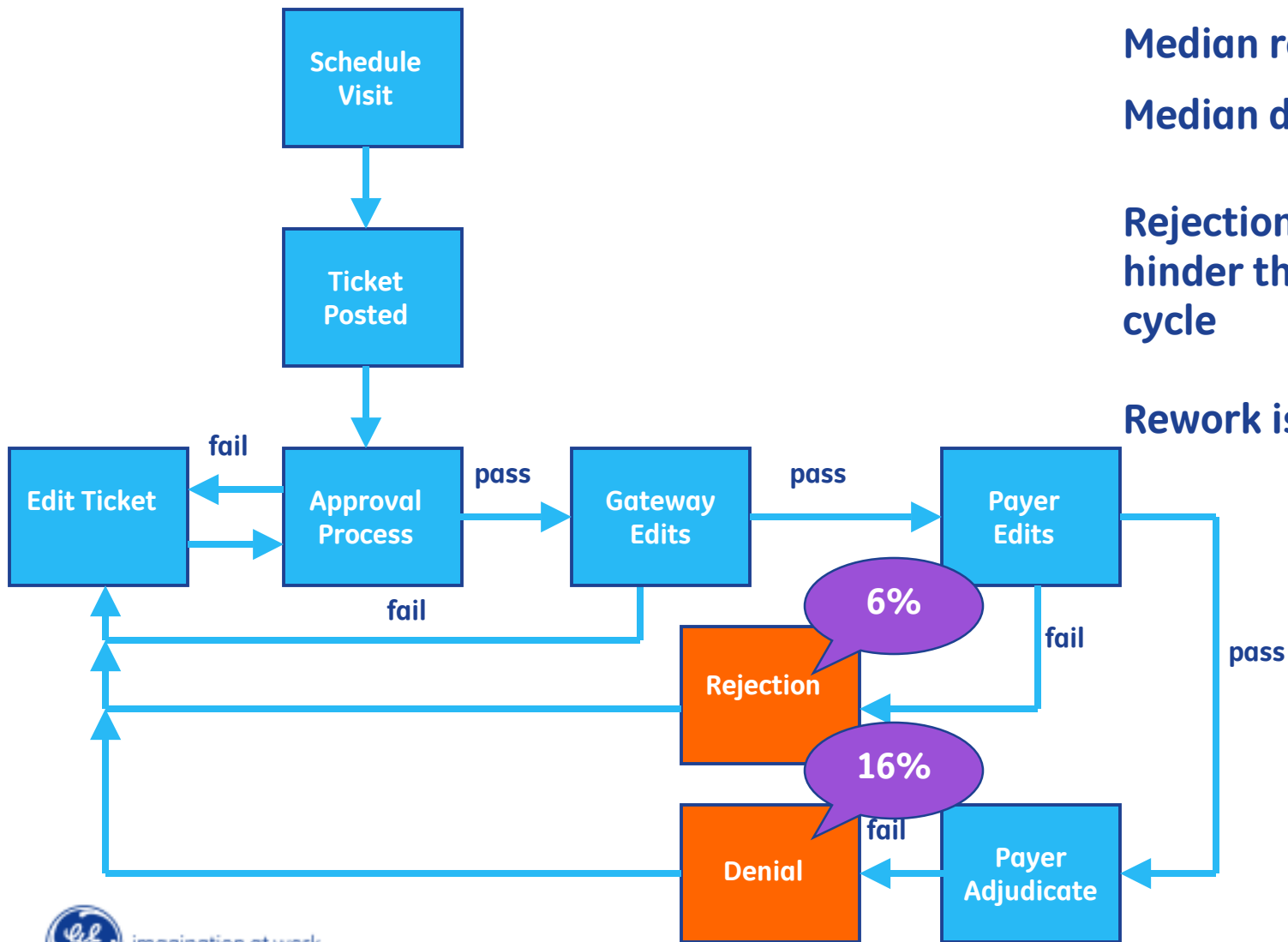
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Objective

Describe a new Centricity® EDI Services offering:

Hosted ClaimsManager
Powered by Ingenix

Centricity Practice Solution Revenue Cycle
Current Process

Schedule Visit

Ticket Posted

Edit Ticket

fail

Approval Process

fail

pass

Gateway Edits

pass

Payer Edits

fail

pass

Rejection

6%

Denial

16%

fail

Payer Adjudicate

Median rej rate: 6%

Median den rate: 16%

Rejections and denials hinder the revenue cycle

Rework is expensive

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Centricity Practice Solution Revenue Cycle
New Process
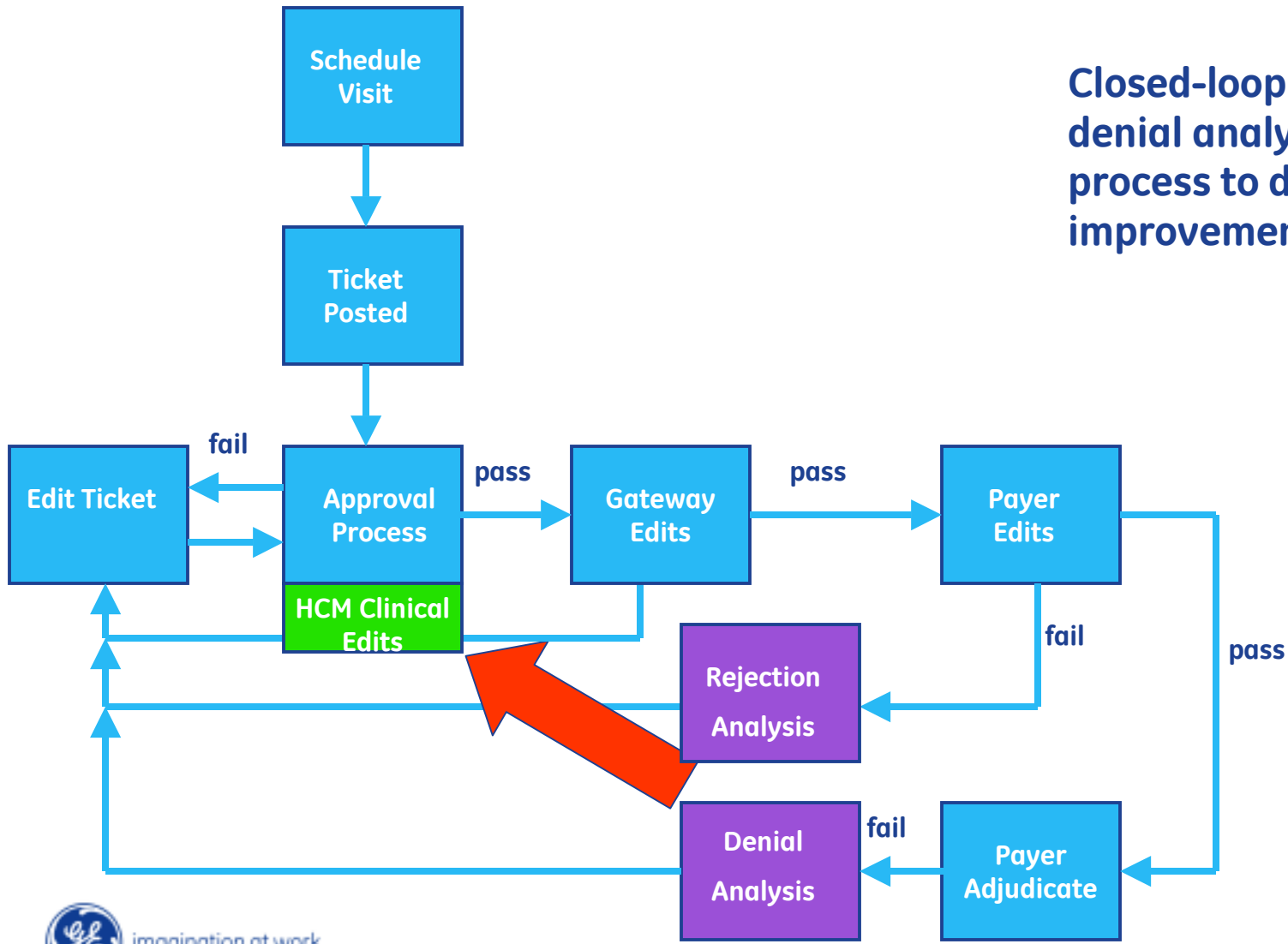
Closed-loop rejection and denial analyses create a process to drive continuous improvement

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Clinical Edits...What are they?

DLP – Identifies items entered on one or more claims that have <u>identical</u> Dates of Services, Procedures, Modifiers, Departments, and Providers (including previous claim history)

EST – Identifies where an <u>established patient E&M was billed</u> but no service has been billed within 3 years for the patient by the same organization and specialty

GFP – Identifies an <u>E&M</u> that was <u>billed during the global follow up period of an earlier procedure</u>, has the same primary Dx as on Dx for the earlier procedure and was performed by the same Provider

LBI – Identifies that <u>no diagnosis</u> on the claim line <u>supports medical necessity for the procedure</u> billed (as specified by Local Medicare Guidelines)

MOD – Identifies a line item that contains a <u>modifier that is not appropriate</u> for use with a particular procedure code

MFD – Identifies situations where you have exceeded the maximum allowed frequency for a given procedure within a given date range

VEN – Reminds you to add additional procedure code if appropriate

Hosted ClaimsManager: Features

Ingenix ClaimsManager
Proven, industry-leading clinical editing engine (now with LMRP/LCD)
Includes over 4,000,000 pre-built rule combinations

Real time response
Clinical edits are integrated into the approval process

Continuous improvement support model
Regularly scheduled rejection and denial reviews are a key part of service

Payor edits
Edits can be created specific to your local payors guidelines
Edits can be turned off if not needed

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Hosted ClaimsManager: Demo

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Hosted ClaimsManager: Demo

Hosted ClaimsManager: Installation

Requirements
  Live on Centricity Practice Solution v9.x
  Live on Centricity EDI Services
  Electronic Remittance Advice

Hosted ClaimsManager: Go Live

Complete Workbook for GE

Complete online Computer Based Training

Customer installs Plug-in with instructions

Conference call on Go-Live date to review workflow

Hosted ClaimsManager: Case Study

Centricity EDI Services metrics

Metrics are used to focus process improvements:
- Flag hits from Hosted ClaimsManager
- Front-end rejections
- Back-end denials

Value proposition

What is the cost benefit of reducing clinical denials?

HCM – Flag Summary for Last Calendar Month

HCM – Flag Summary for Last Calendar Month

| Flag Edit	Patient ID	Ticket #	Facility Dot ID	Resp. Prov. ID	Sub Proc Code	ICD Codes	Modifiers
INJ	:000009824	1482547	268	3362	20610	71536	
INJ	:000009824	1482547	268	3362	20610	71536	
UOE	:010167402	1494035	268	373	99203	81100,81400	
GDP	000142952	1508646	351	3427	99231	6827	
GDP	000142952	1508646	351	3427	99238	6827	
UOE	:000345021	1501926	268	373	99213	8260	
mDD	'000297110	1506322	340	373	99221	V4364	
LBI	'010149337	1506062	339	373	11044	81000	
mUO	010149337	1506062	339	373	11044	81000	
mFP	010168008	1508715	340	373	99222	81220	
MFD	000260127	1508474	263	45	99213	71511	25
GUP	]10029549	1509912	269	41	20610	7172	
GSP	]10029549	1509912	269	41	20610	7172	
UUS	'010161776	1508815	343	17	28230	75556	RT
INJ	,000356224	1514169	266	3427	20610	71596	RT
INJ	'000356224	1514169	266	3427	20610	71596	LT
MFD	010168687	1513700	263	33	99212	8448	
DLD	010168687	1513700	263	33	99212	8448	
INJ	:000214479	1515221	266	352	20605	71536	
INJ	000070682	1515226	266	352	20610	71536	

Rejection Reporting (Payer Front-End Edits)

Rejection Reporting (Payer Front-End Edits)

Remit Summary (Payer Back-End Denials)

Remit Summary (Payer Back-End Denials)
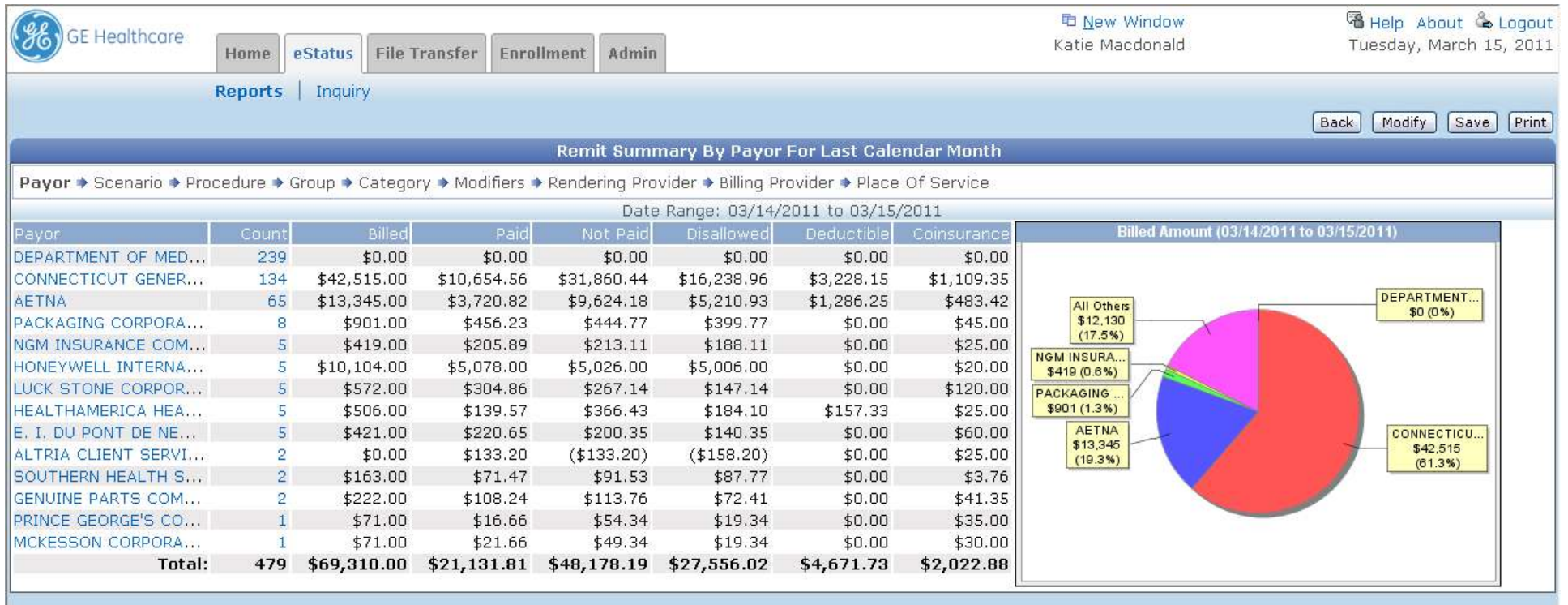
Remit Detail (Payer Back-End Denials)

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Home | eStatus | File Transfer | Enrollment | Admin

Reports | Inquiry

Back | Print

Remit Detail

Patient

| Patient Name: | SMITH, | Patient Number: | 774-01 |

Provider

| Provider Name: | WEST INC. | Provider Number: | 5408858 |

Check

| Check Number: | 811073510002232 | Check Date: | 03/18/2011 |

Payment

Billed:	$2,373.00	Paid:	$515.00	Other Payor Paid:	$0.00
Allowed:	$572.00	Disallowed:	$0.00	Deductible:	$0.00
Co Insurance:	$57.00	Non Covered:	$1,800.00		
Payment To Payee:	$0.00	Provider Adjustment:	$0.00		

Line Details ◄◄ 1 of 4 ►►

Date Of Service:	02/01/2011	Place Of Service:		Payor Receipt Date:	03/03/2011
Orig. Procedure Code:		Original Units:	0	Procedure Code:	72275
Billed:	$354.00	Paid:	$0.00	Other Payor Paid:	$0.00
Allowed:	$0.00	Disallowed:	$354.00	Deductible:	$0.00
Payment To Payee:	$0.00	Provider Adjustment:	$0.00	Co Insurance:	$0.00

Reasons			Remarks		Modifiers	
Sequence	Reason Code	Dollar Amount	Sequence	Remark Code	Sequence	Modifier Code
1	CO97	$354.00	1	N19	No Modifiers	

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Case Study: Focused Process Improvements

Method:
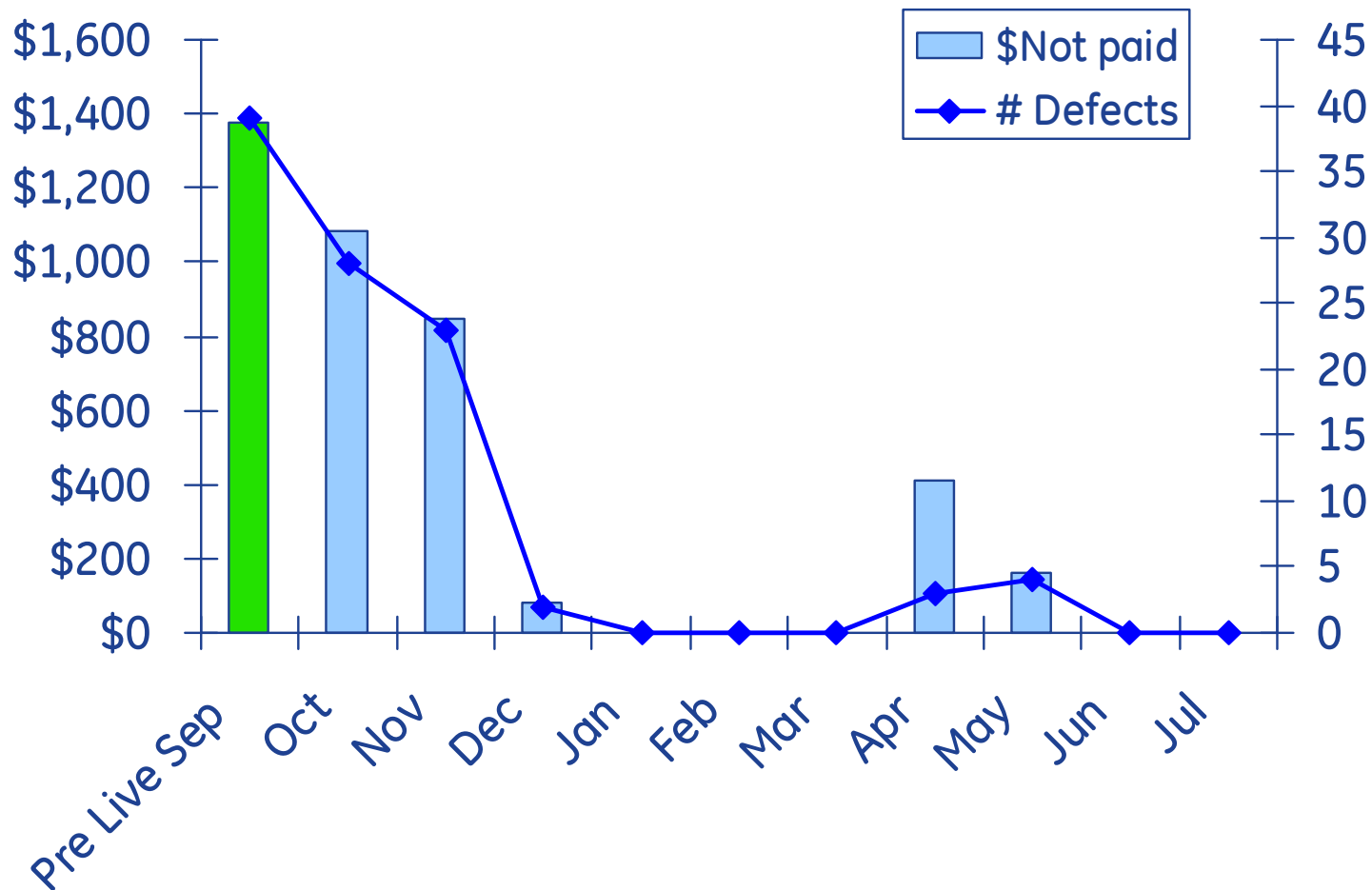Use rejection and denial data to prioritize improvements
Select an issue and drive to achieve measurable results

Case Study – SAT

CO97: Payment is included in the allowance for another service/procedure.

Case Study - VLHP

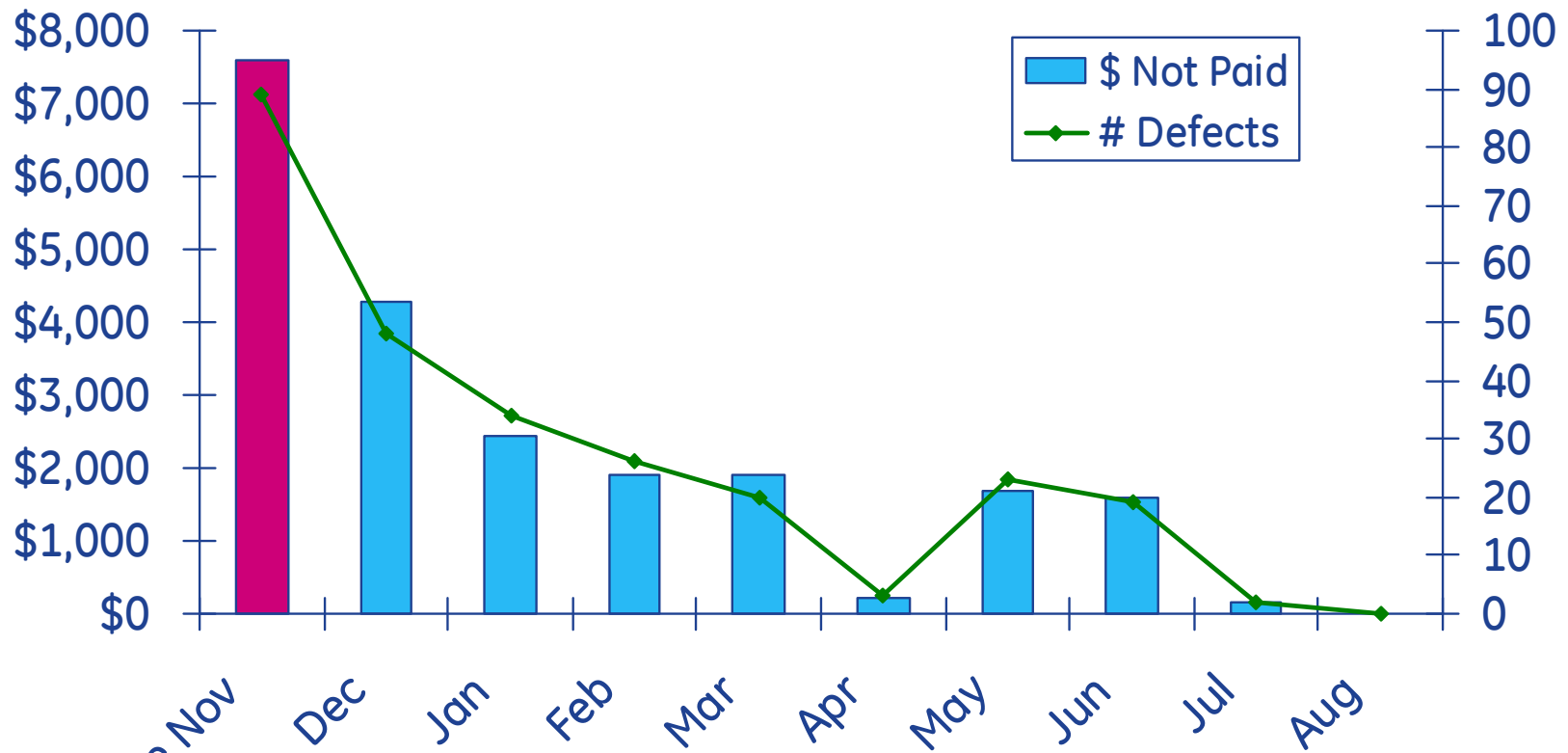CO125: Billing or submission error. M15: Separately billed services/tests have been bundled as they are considered components of the primary test
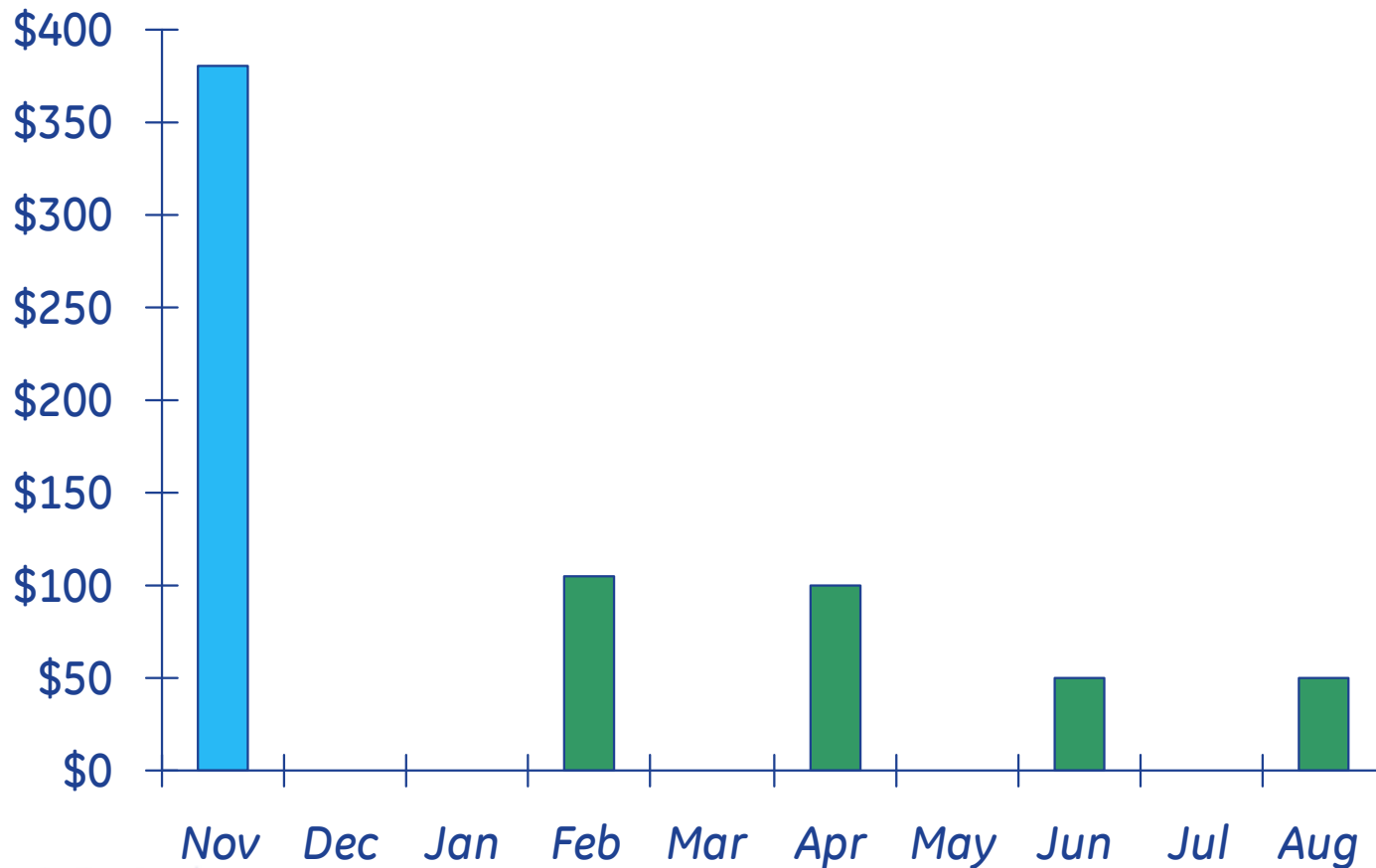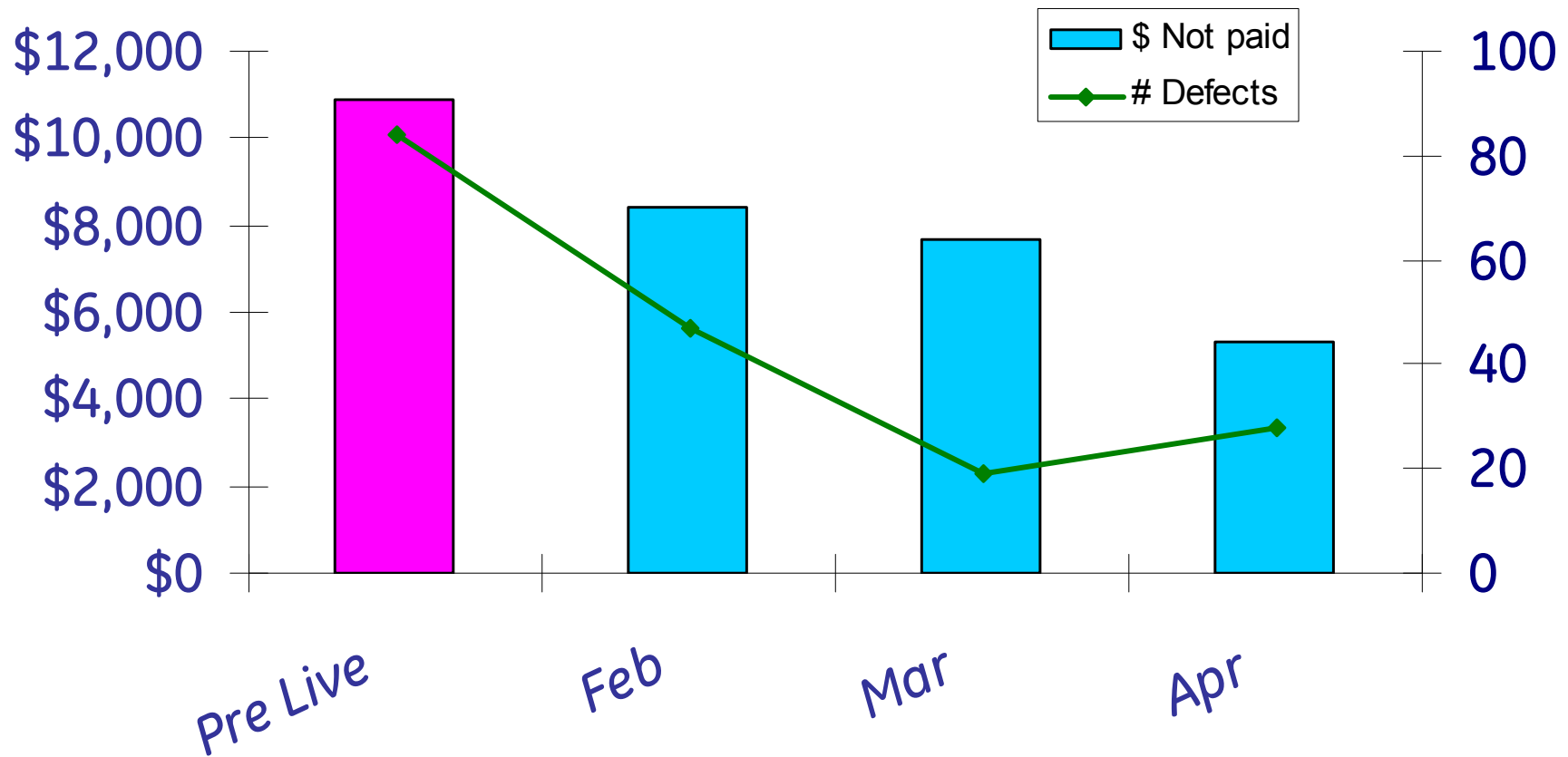
Case Study – VLHP
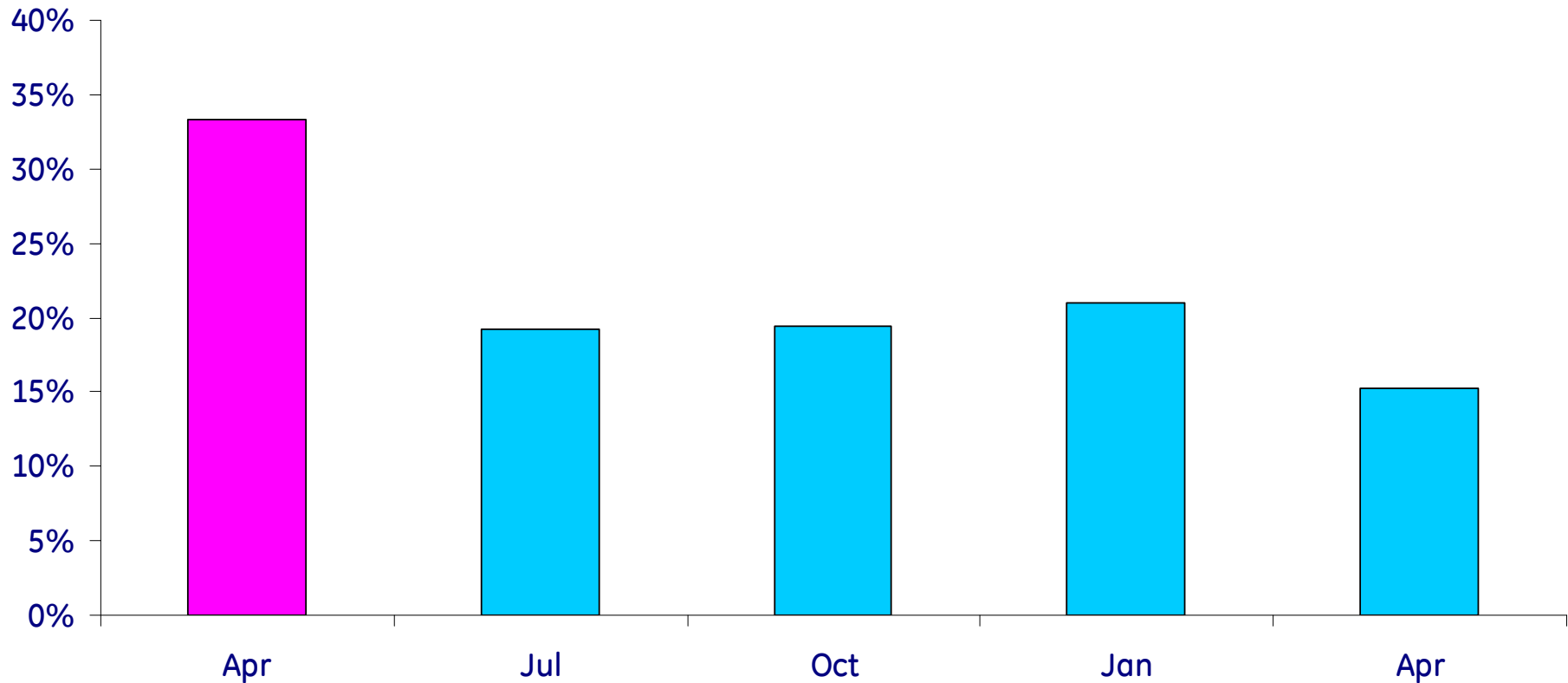## CO18: Duplicates for Commercial

Case Study – WEOC

CO50: These are non-covered services because this is not deemed a `medical necessity' by the payer.

Case Study – RWC

Medicare Clinical Denials
Decreased >50% in one year

NPS Comments

"On a scale of 1-10, Hosted Claims is definitely a 10 and I would and have recommended the product to many."

-Pattie Hibler, Desert Orthopedic

When asked their satisfaction, Lynn gave a score of 10. She said to keep doing what we are doing.

-Lynn Moren, Diagnostic Clinic of Longview

When asked their satisfaction with HCM, they gave a score of 10.When asked how to maintain rating, they said to continue to stay in touch with the customer and provide feed back as we are currently doing.

-Karen Vale, Premier Physician Mgmt .Services

"I would rate the Hosted ClaimsManager product a 10... Our practice has seen a significant decrease in claim rejections and I love the fact you can build custom edits at no additional charge. I also like having a personal contact for questions and concerns."

-Pam Hight, Capital Nephrology

"The Hosted ClaimsManager product has helped us tremendously. Even before the (Payment Analysis) report it was a 10. Now with the report, it's over the top!"

-Laurie Henson, Little Rock Hematology Oncology

Summary

Questions

Do you know your overall rejection and denial rate by payer?

Do you know the percentage that are "clinical"?

Do you know the magnitude of the cash-flow impact?

Do you have an improvement process in place to reduce defects?

Next Steps

Request additional information:

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