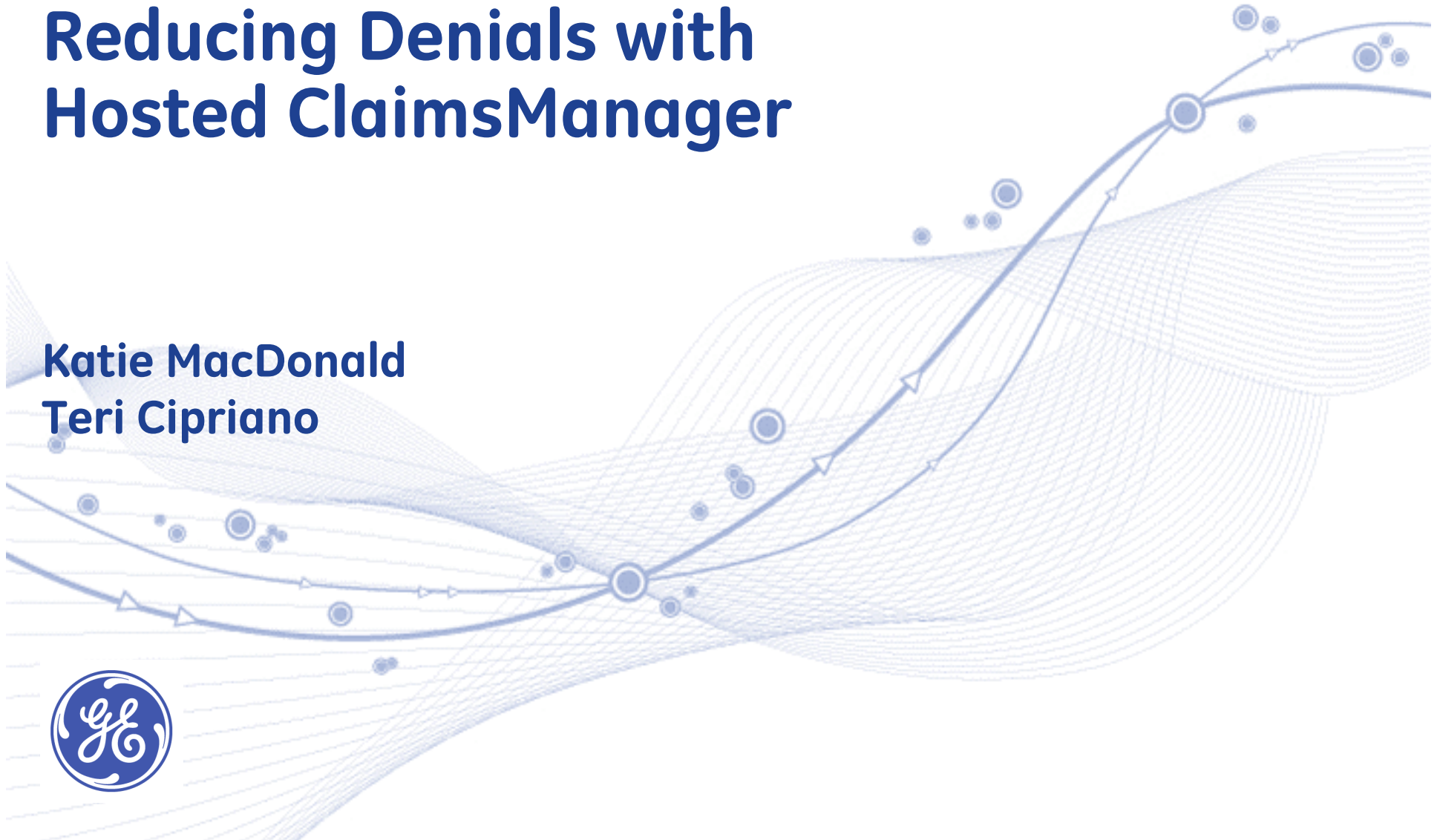


GE Healthcare

Reducing Denials with Hosted ClaimsManager

Katie MacDonald
Teri Cipriano



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Objective

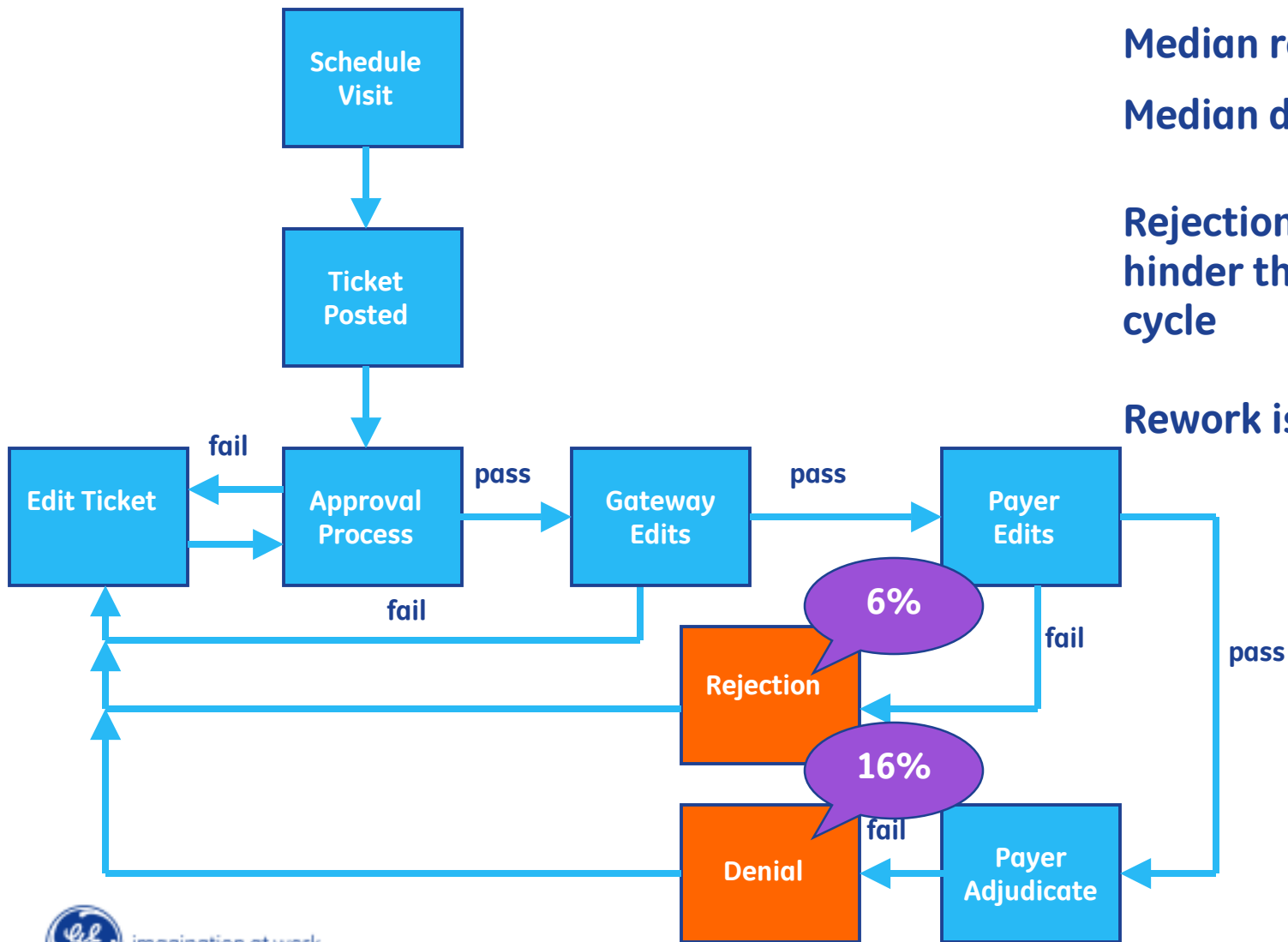
Describe a new Centricity® EDI Services offering:

Hosted ClaimsManager

Powered by Ingenix

Centricity Practice Solution Revenue Cycle

Current Process



Median rej rate: 6%

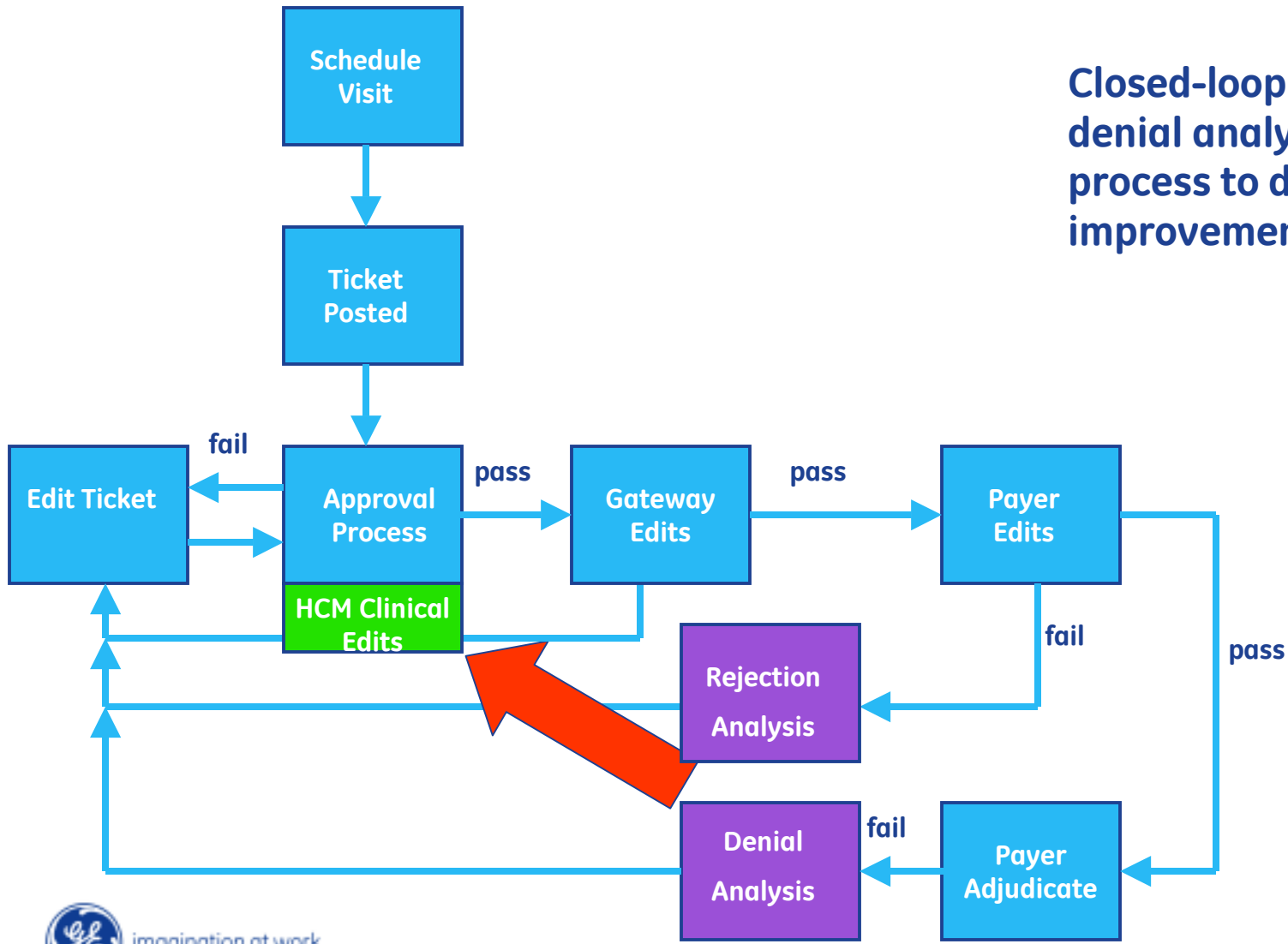
Median den rate: 16%

Rejections and denials hinder the revenue cycle

Rework is expensive

Centricity Practice Solution Revenue Cycle

New Process



Closed-loop rejection and denial analyses create a process to drive continuous improvement

Clinical Edits...What are they?

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

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

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

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

MOD – Identifies a line item that contains a modifier that is not appropriate 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

Hosted ClaimsManager: Demo

The screenshot shows a software window titled "Billing - 1" with a menu bar (File, Edit, View, Options, Help) and a toolbar. The main area contains a table with the following data:

Ticket #	Visit	Entered	Patient ID	Patient	Doctor	Facility	Company	Status	Description	Approval
000441	09/18/2009	09/18/2009	162	King, Sonya	Winston MD, Harry River Oaks South	EMR/PMIS Demo	Approve Failed - Primary			No diagnosis.
✓ 000454	11/12/2009	11/12/2009	703	Mason, Olivia P.	Bailey MD, William River Oaks Main	Medical Clinics,PC	In Progress - Primary			

Below the table are buttons for "Approve", "Concurrency", and "Retrieve Charges". To the right is a summary table:

Visit Balances	Total	Insurance	Patient	Deposit	Close
	75.00	85.40	-10.40	20.00	

The status bar at the bottom shows "Done", "Default Batch: katiemac_20090831(156734261 hwinston", and "11:33 AM".

Hosted ClaimsManager: Demo

Visit - 000454 - Mason, Olivia P. - 703 (11/12/2009)

File Edit View Options Help

Resp. Provider: Bailey MD, William Visit Description: Status: Approve Failed - Primary

Visit Info. Filing (1) Filing (2) Filing (3) Filing (4) Dental Notes Charges Trans.

Procedure 1 >> 11/12/2009 >> CPT 99202 >> ISX >> Dx 09832 is not typical for patient gender (F). >>>>

Claim Header Note Type: Print on Paper Claims

Claim Header (optional):

Visit Billing Notes:

Receipt Notes:

Close

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

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Katie Macdonald Thursday, March 10, 2011

Home eStatus File Transfer Enrollment Admin

Reports Inquiry

Back Modify Save Print

Flag Summary For Last Calendar Month

Flag Mnemonic → CM Practice

Date Range: 02/01/2011 to 02/28/2011

Flag Mnemonic	Count	Percent
uFB	195	36%
LBI	62	11%
RDL	60	11%
145	34	6%
DLD	32	6%
146	27	5%
REB	24	4%
mUN	17	3%
TRA	12	2%
RNM	10	2%
mUO	9	2%
LBN	8	1%
UUS	8	1%
P10	8	1%
MFD	5	<1%
147	3	<1%
LBS		
uNI		
UUD		
DLP		
...		

Claims Manager Hit Count Summary (02/01/2011 to 02/28/2011)

Flag Mnemonic	Count	Percent
uFB	195	35.8%
Other	162	29.7%
LBI	62	11.4%
RDL	60	11%
145	34	6.2%
DLD	32	5.9%

Search and Display

Search Cancel

Date Range: Custom Time Last 1 Calendar Month(s) 02/01/2011 - 02/28/2011

Flag: 100 - PQRI MEASURE #100
117 - PQRI MEASURE 117
118 - PQRI MEASURE 118, PART 1
121 - PQRI MEASURE 121

Drill Down Order: Flag Mnemonic (Up)
CM Practice (Down)

Show Percent: Yes

Sort: Count Asc Desc



HCM – Flag Summary for Last Calendar Month

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Home eStatus File Transfer Enrollment Admin

Reports Inquiry Back Print

Page < 1 > of 28 Claims Manager Details

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	

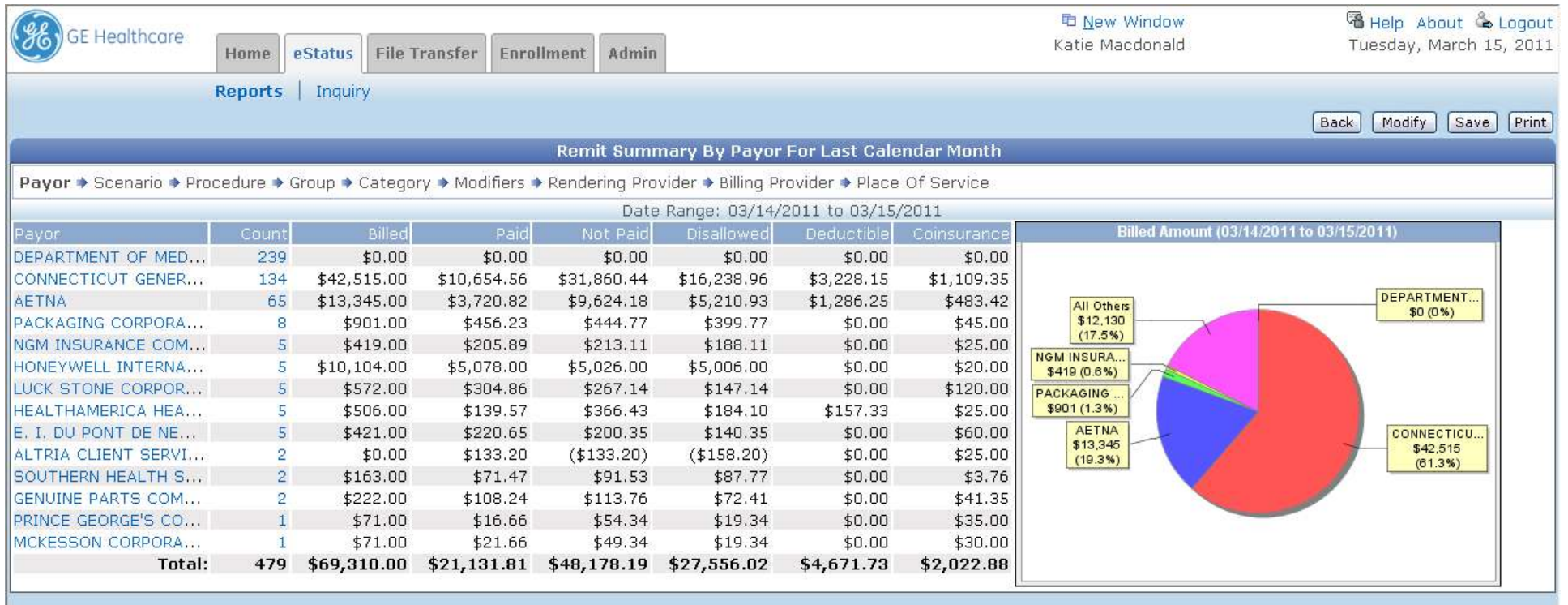
Rejection Reporting (Payer Front-End Edits)



Rejection Reporting (Payer Front-End Edits)



Remit Summary (Payer Back-End Denials)



Remit Summary (Payer Back-End Denials)

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Home eStatus File Transfer Enrollment Admin

Reports Inquiry Back Modify Save Print

Remit Summary By Payor For Last Calendar Month

Payor (AETNA) ▶ Scenario ▶ Procedure ▶ Group ▶ Category ▶ Modifiers ▶ Rendering Provider ▶ Billing Provider ▶ Place Of Service

Date Range: 03/14/2011 to 03/15/2011

Scenario	Count	Billed	Paid	Not Paid	Disallowed	Deductible	Coinsurance
CO45,PR2	15	\$3,514.00	\$1,494.35	\$2,019.65	\$1,825.82	\$0.00	\$193.83
CO45,PR1,N130	15	\$1,648.00	\$0.00	\$1,648.00	\$322.27	\$1,325.73	\$0.00
CO45,PR3,N59	5	\$743.00	\$490.15	\$252.85	\$117.85	\$0.00	\$135.00
CO45,N59	4	\$1,036.00	\$399.73	\$636.27	\$636.27	\$0.00	\$0.00
CO45	4	\$1,878.00	\$863.60	\$1,014.40	\$1,014.40	\$0.00	\$0.00
OA23,PR2	4	\$406.00	\$32.41	\$373.59	\$0.00	\$0.00	\$42.01
PIB11,PI18	3	\$2,064.00	\$0.00	\$2,064.00	\$0.00	\$0.00	\$0.00
CO45,PR3	3	\$1,550.00	\$447.82	\$1,102.18	\$987.18	\$0.00	\$115.00
CR51	2	(\$196.00)	\$0.00	(\$196.00)	\$0.00	\$0.00	\$0.00
PIB11	2	\$371.00	\$0.00	\$371.00	\$0.00	\$0.00	\$0.00
PR96,N130	1	\$5.00	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00
CR45,CR1,CR2,N130	1	(\$532.00)	(\$62.22)	(\$469.78)	(\$105.78)	(\$343.26)	(\$20.74)
CO45,PR1,PR2,N130	1	\$532.00	\$62.22	\$469.78	\$105.78	\$343.26	\$20.74
CR227,N102	1						\$0.00
CO95,N517	1						\$0.00
CO97,N19	1						\$0.00
CR45,CR2	1						(\$2.42)
CR45,CR1,N130	1						\$0.00
Total:	65	\$1					483.42

Billed Amount (03/14/2011 to 03/15/2011)

Scenario	Amount	Percentage
All Others	\$4,526	33.9%
CO45,PR2	\$3,514	26.3%
CO45,PR1,N130	\$1,648	12.3%
CO45	\$1,878	14.1%
CO45,PR3,N59	\$743	5.6%
CO45,N59	\$1,036	7.8%

Reasons

CO97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remarks

N19 Procedure code incidental to primary procedure.

Remit Detail (Payer Back-End Denials)



- [Home](#)
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Tuesday, March 15, 2011

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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	



Case Study: Focused Process Improvements

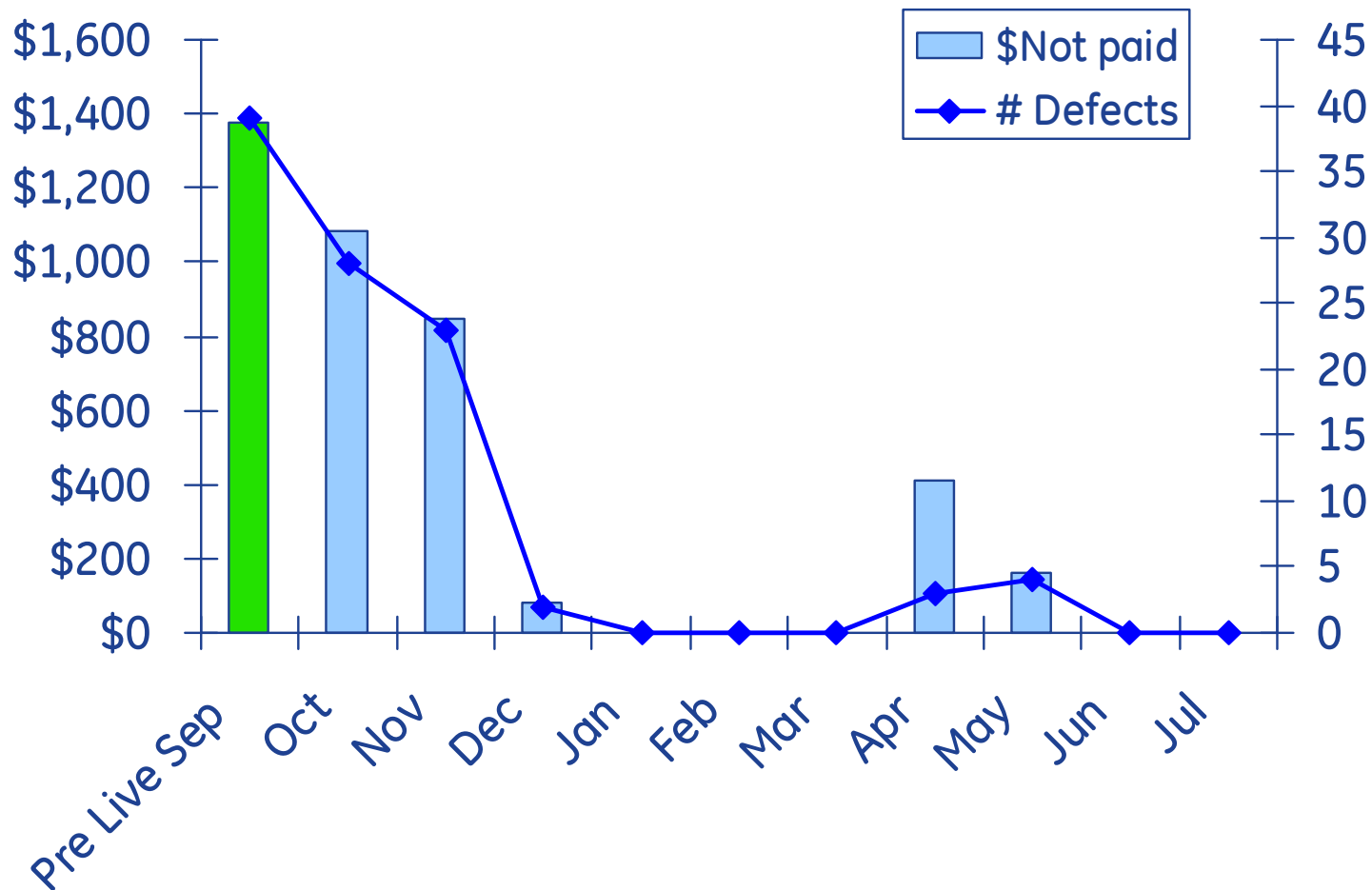
Method:

Use rejection and denial data to prioritize improvements

Select an issue and drive to achieve measurable results

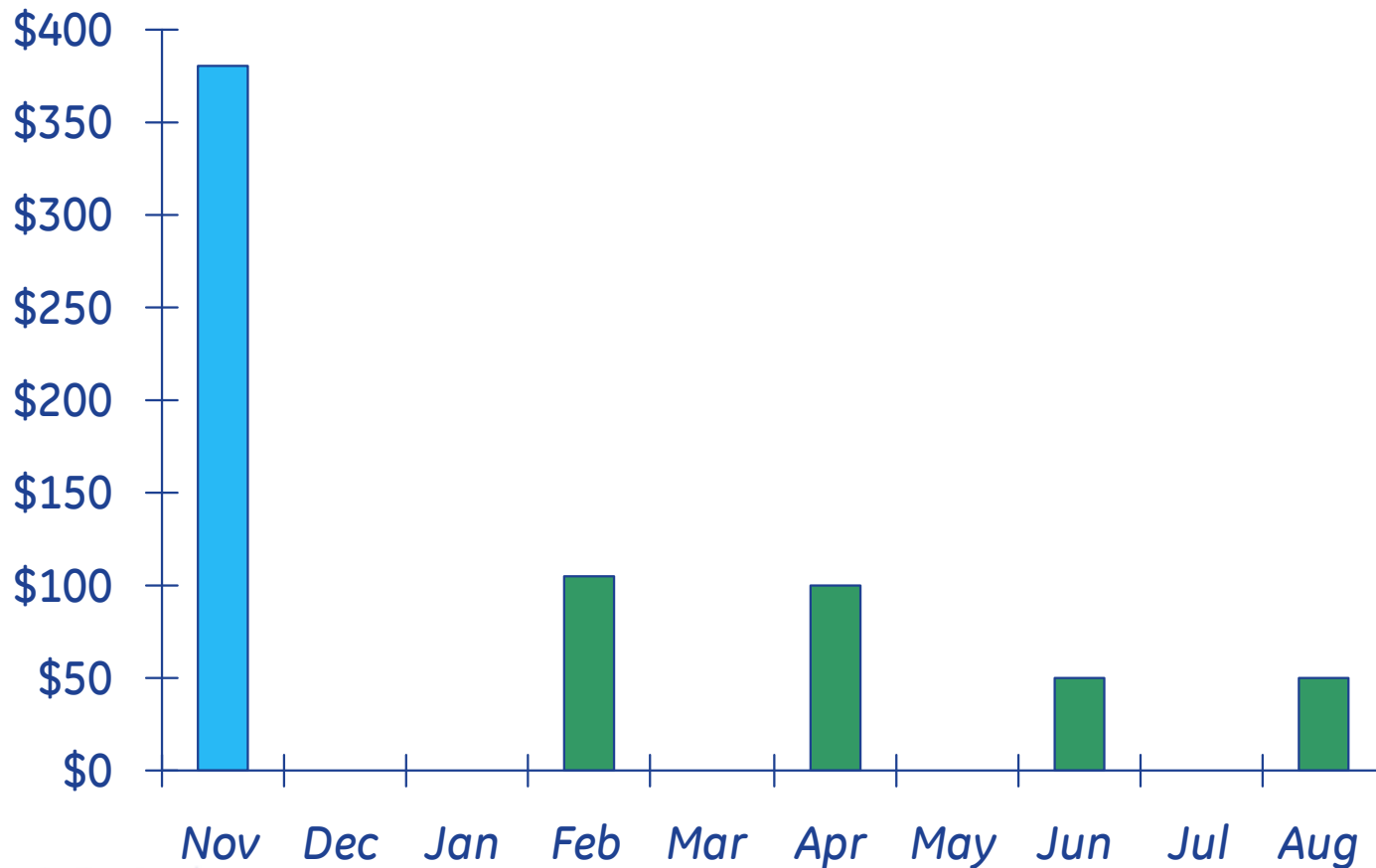
Case Study – SAT

C097: Payment is included in the allowance for another service/procedure.



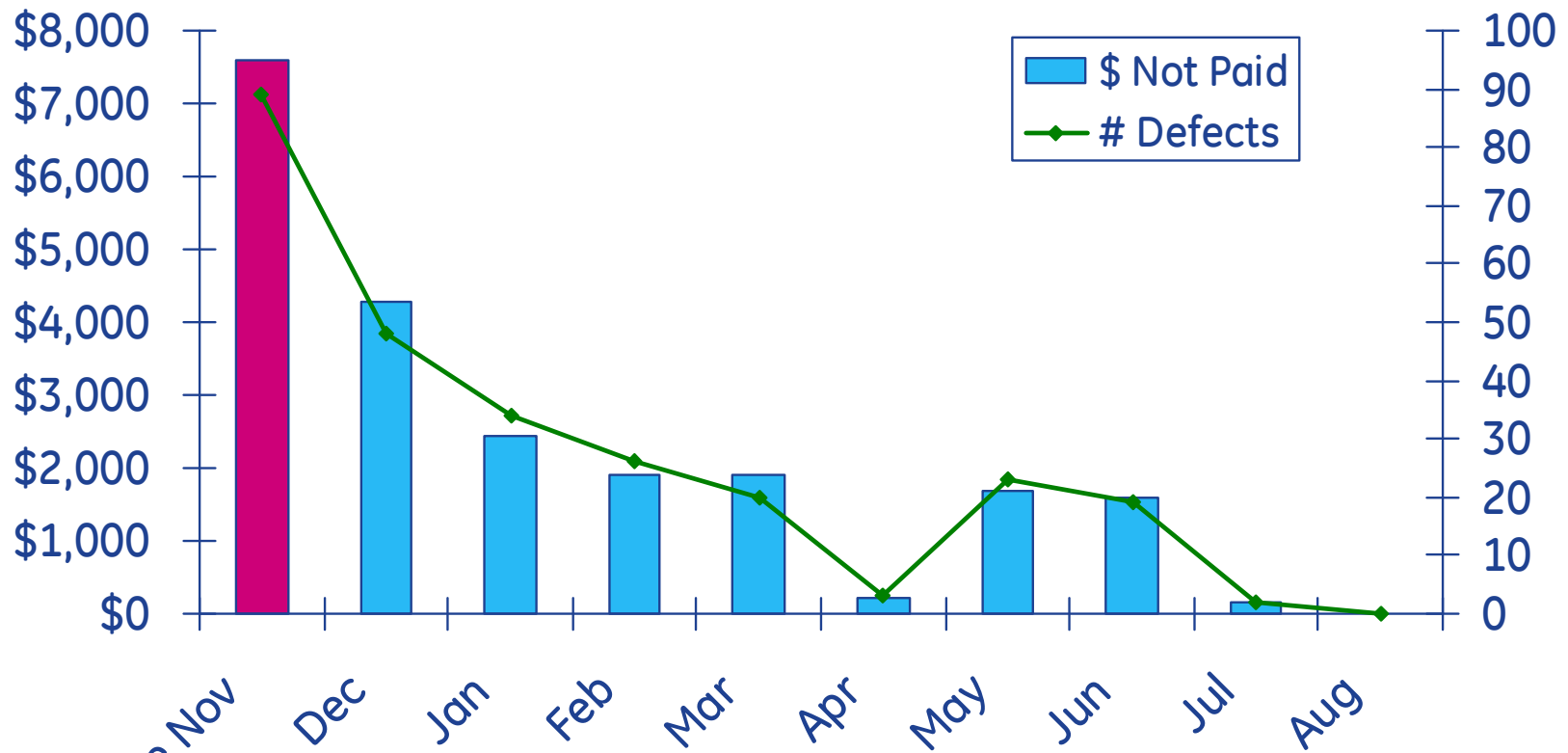
Case Study - VLHP

CO125: Billing or submission error. M15: Separately billed services/tests have been bundled as they are considered components of the primary test



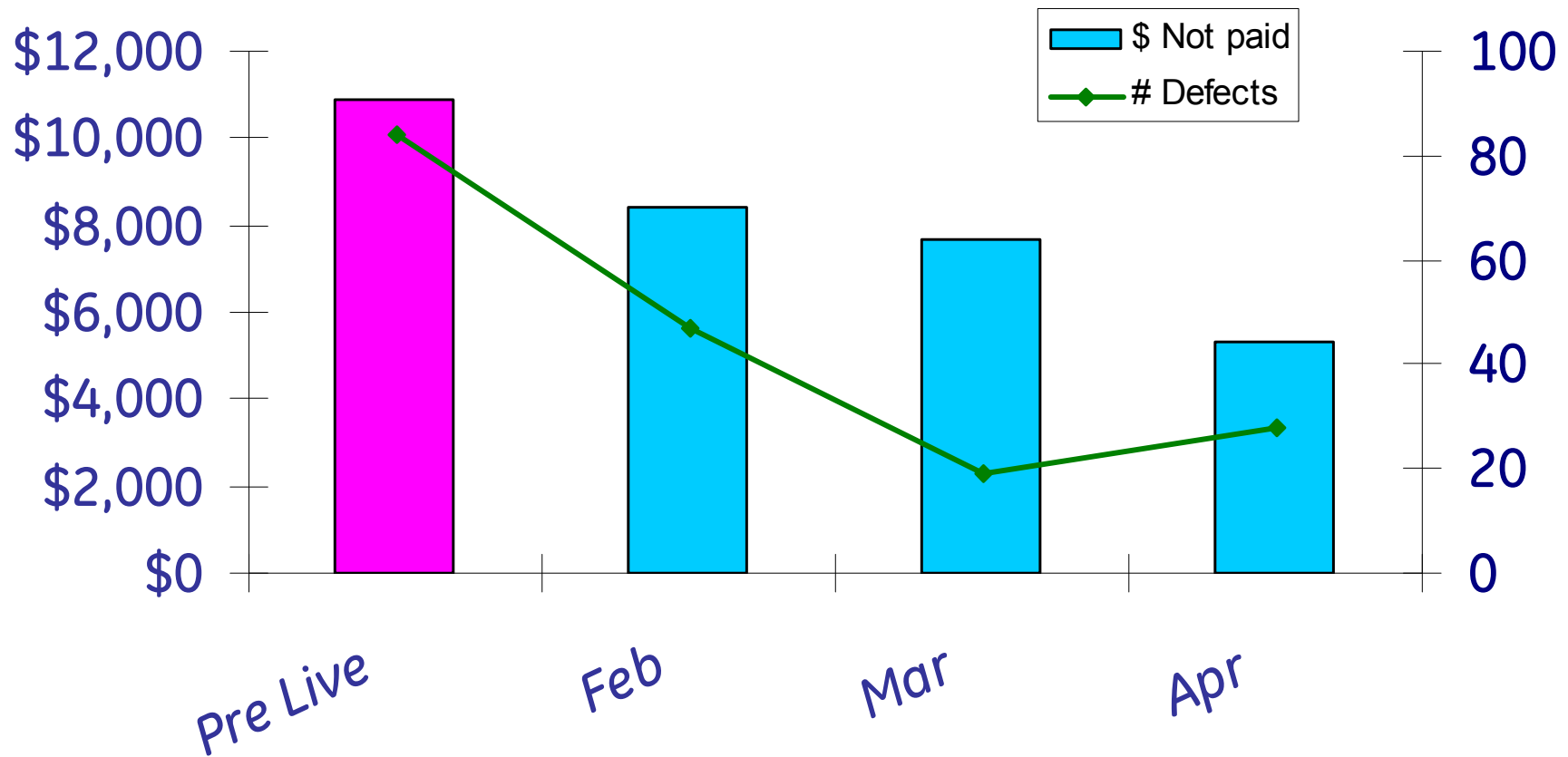
Case Study – VLHP

CO18: Duplicates for Commercial



Case Study – WEOC

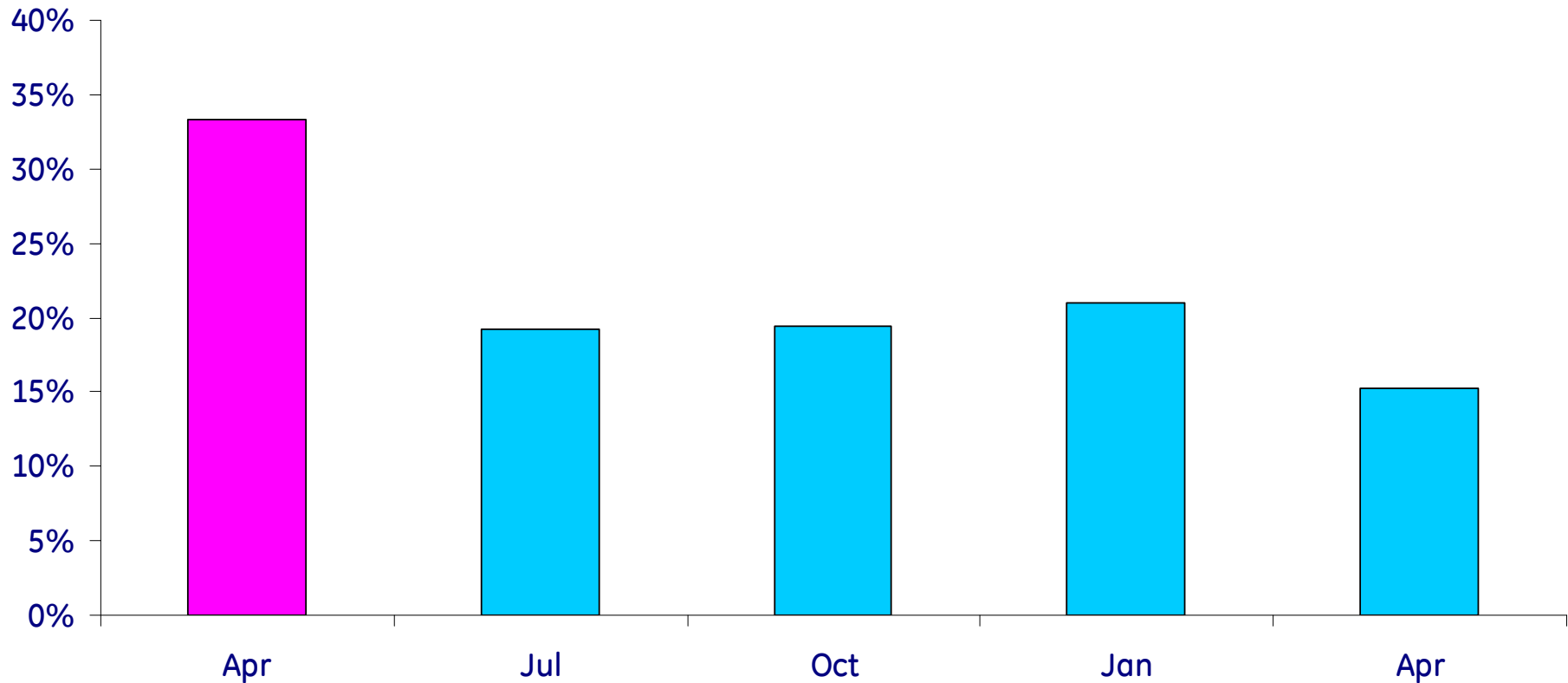
CO50: These are non-covered services because this is not deemed a 'medical necessity' by the payer.



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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