

GE Healthcare

Centricity Healthcare User Group Turbocharge your Claims, Remits and Eligibility Process

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imagination at work



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Today's discussion

- Learn best practices for claims, remits and eligibility
- Understand how your practice is performing and ways to make improvements
- Share knowledge with other users

Agenda

Who are we?

What kind of relationship do we have with payers?

How we get data?

Where do things go wrong?

What can you do to improve?

Key Trends in the Industry



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Key challenges facing practices

There is no shortage of challenges in today's healthcare landscape

- Healthcare reform, new mandates
- Reduced reimbursement, increase in self pay
- Making the same billing mistakes over and over again

\$25

Average cost per claim for rework

Source: The Healthcare Imperative: Lowering Costs and Improving Outcomes: Workshop Series (2009)

15%

Industry average for claims that are
rejected or denied

Source: OPTUMInsight™ 2012

Centricity EDI Services

A proven full service clearinghouse that streamlines the electronic schedule to payment workflow and delivers insight for improving financial performance



Centricity EDI Services

Proven, robust services

\$85B

Claims billed annually

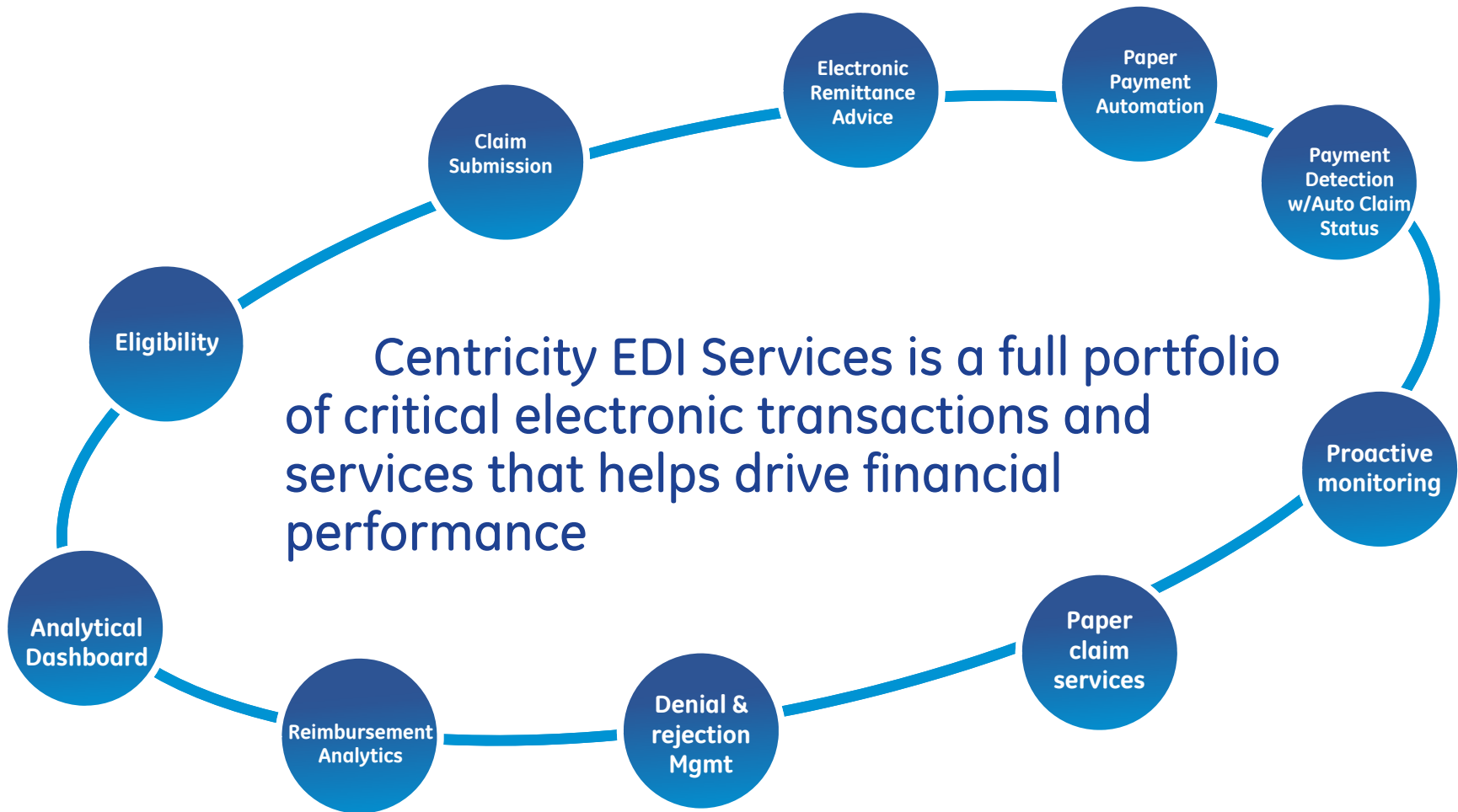
2000

Customers leverage EDI services from GE Healthcare

200M

Claims processed annually by Centricity EDI Services

Centricity EDI Services portfolio



4 categories of stuff that goes wrong

1. Missing claims
2. Rejections
3. Denials
4. Missing remittance



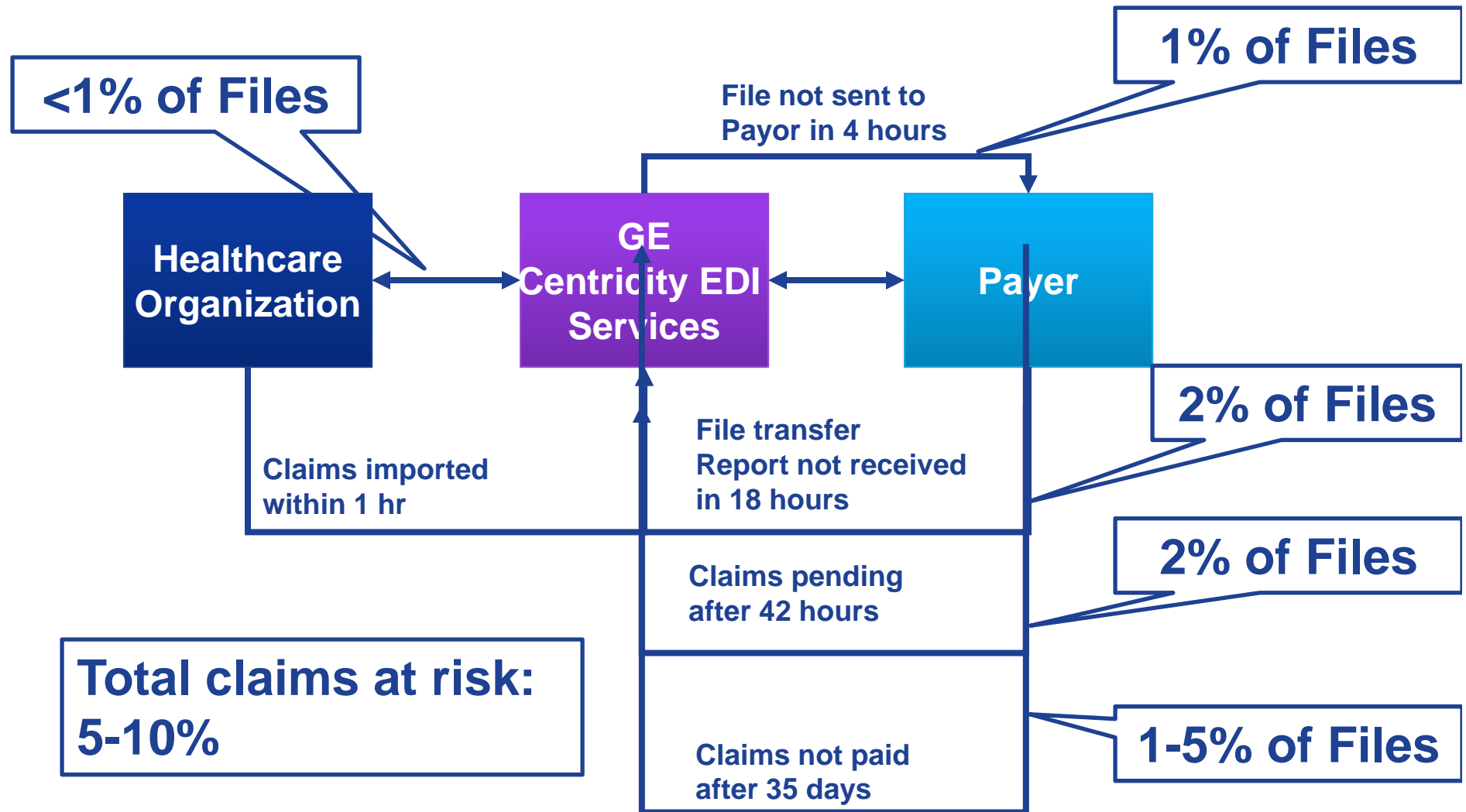
Missing claims



What is 546,521?

Number of claim files received by Centricity
EDI in February 2012

The black hole...



Missing claims by the numbers

February 2012

- 546,521 files submitted
- 0.21% had a problem from customer to clearinghouse
- 2.21% didn't receive a file level acknowledgement within 18 hours
- 2.92% didn't receive a claim level acknowledgement within 42 hours

Problems come from....

- Connectivity Fail between customer, clearinghouse or payer
- Payer side problems (5010!)

Payers say...

- Be sure you get accept msg
- Weekly check-in is best practice

Rejections

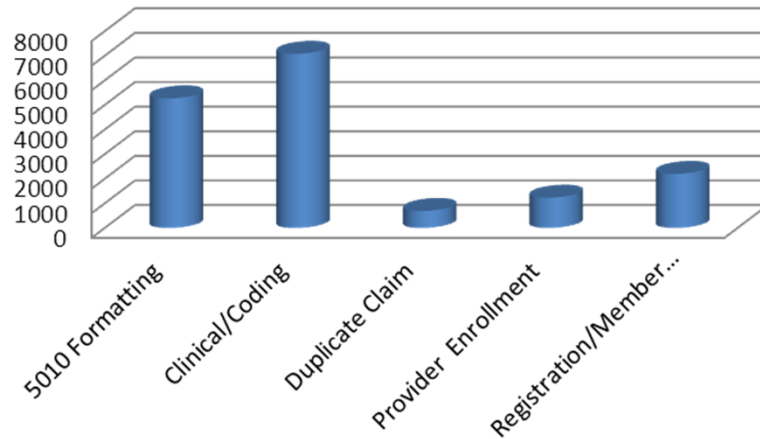
A photograph of a woman and a young child looking at a document together in what appears to be a government or public service center. The woman has dark curly hair and is wearing a light-colored top. The child is wearing a pink shirt. They are standing at a counter. In the background, there are wooden cabinets, a computer monitor, and other people. The lighting is bright, coming from overhead fluorescent lights.

What is 48,800?

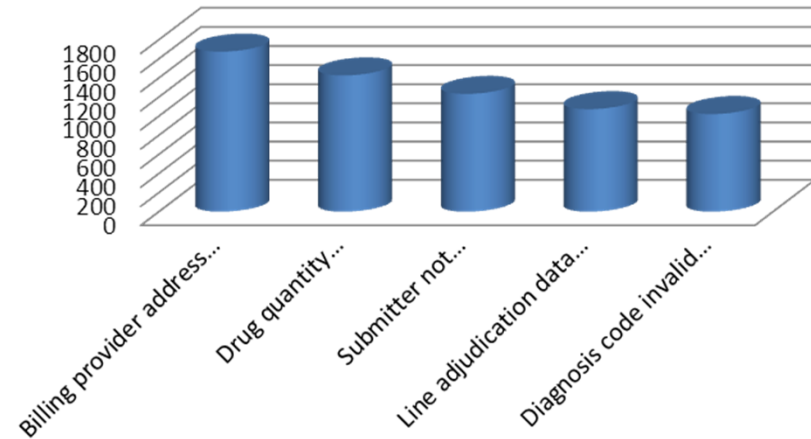
Average number of claims rejected on every business day in February 2012

Top reasons for rejections

Rejection by Category



Top 5 Rejections



- 5.78% of claims were rejected in February 2012!
- \$922,394,798 REJECTED and needed correction

Payers say...

- Send 5010 correctly
- Enrollment should happen early
- Train coders

Other rejection best practices

- Have a well defined credentialing process; monthly reviews
- Know your rejections; practices always make the same mistakes
- Practice Registration best practices; capturing data and checking eligibility
- Continuous improvements in coding practices

Denials and Hosted ClaimsManager



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Denials

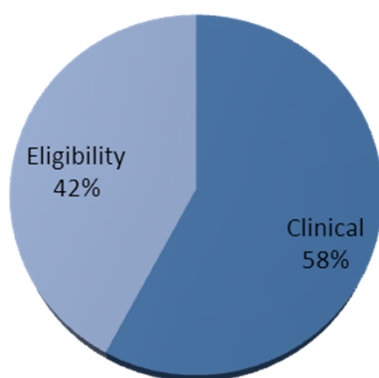
A photograph of a woman and a young child standing at a service counter in what appears to be a government or healthcare office. The woman is looking down at a document on the counter, and the child is looking on. In the background, there are wooden cabinets and a computer monitor. The image is slightly blurred and has a soft, hazy overlay.

What is 18.3%?

Percentage of DENIED claims in February
2012

Top reasons for denials

Denials by Denial Type



- Denial are a more complex problem than rejections
- There are 4 most common clinical denial reasons

Payers say...

- Check eligibility to eliminate these type of denials for coders
- Know the top denial reasons

Top clinical denial reasons

1. Duplicate Claim: one or more claims that have identical Dates of Services, Procedures, Modifiers, Departments, and Providers (including previous claim history)
2. Global Follow-up Period: 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
2. Medical Necessity: no diagnosis on the claim line supports medical necessity for the procedure billed (as specified by Local Medicare Guidelines)
3. Modifier: a line item that contains a modifier that is not appropriate for use with a particular procedure code



Hosted ClaimsManager

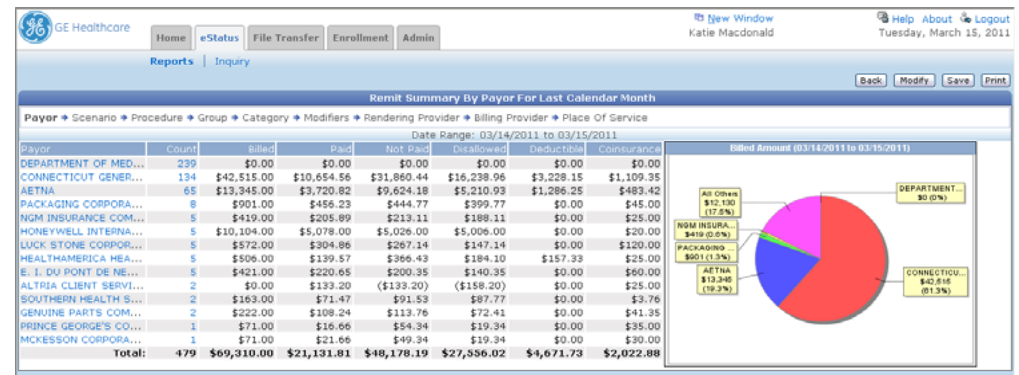
Hosted ClaimsManager is a pre-claim, clinical editing solution and proactive claim analysis service that helps identify and resolve posting errors that would later result in a rejection or a denial. The best way to prevent rejections and denials is to stop them before they occur.



Hosted ClaimsManager

Hosted ClaimsManager enables you to identify claims denials prior to claim submission by utilizing an integrated GE hosted claim scrubbing engine.

Exceptional performance is enabled by denial insight coupled with a team of revenue cycle specialists who proactively identify opportunities for improvement.



Hosted ClaimsManager – Back-end denial analysis

Why Hosted ClaimsManager:

- Exceptional workflow - integrated prior to claim submission
- Reduce denials and follow-up costs
- Customized high value support experience to drive performance improvements

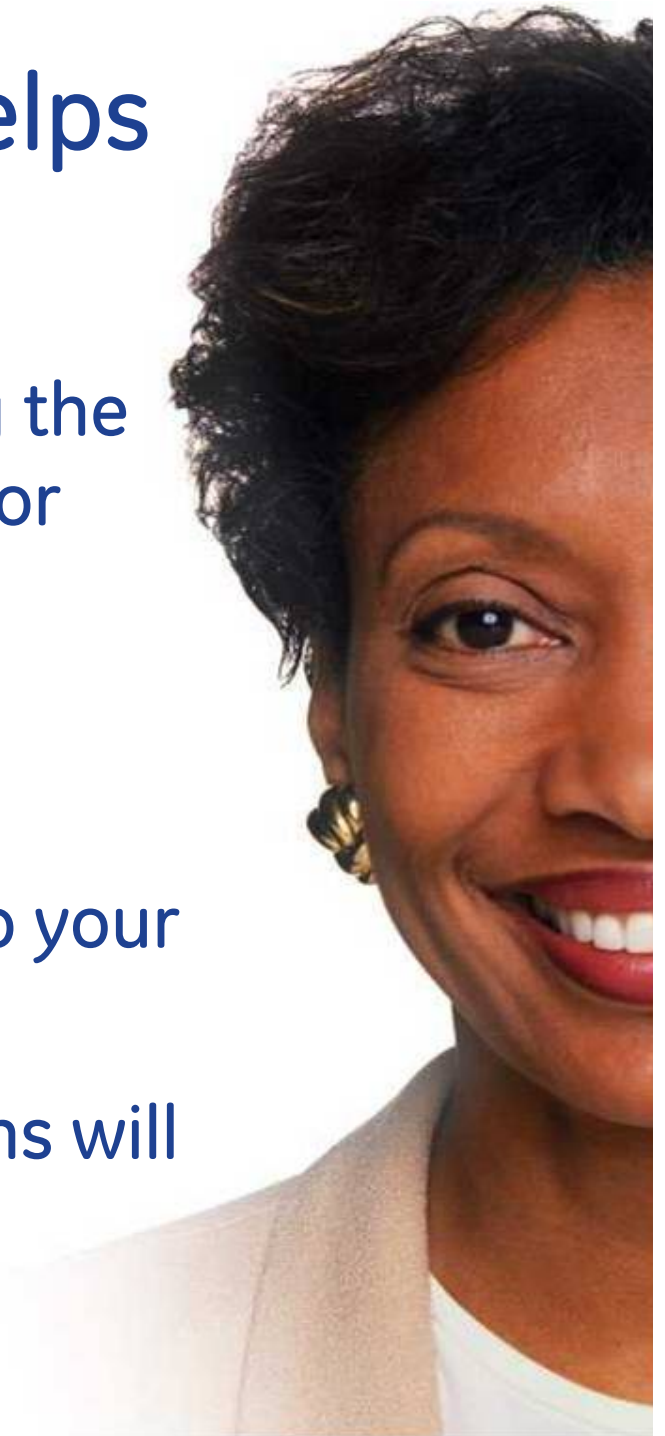
Hosted ClaimsManager helps

Identify charge entry errors, enabling the ability to resolve potential rejections or denials

Complete pre-claim edits prior to submission

Provides insight to claim data prior to your charge entry process

Provide greater confidence that claims will get paid without disruption



Hosted ClaimsManager

Offers the ability to build comprehensive invoice history of the patient into the editing process

Near real-time clinical edits

Can trend the effectiveness of the edits and identify areas for continued process improvement – payment analysis

Integrates clinical edits with your PM workflow



Missing remittance files

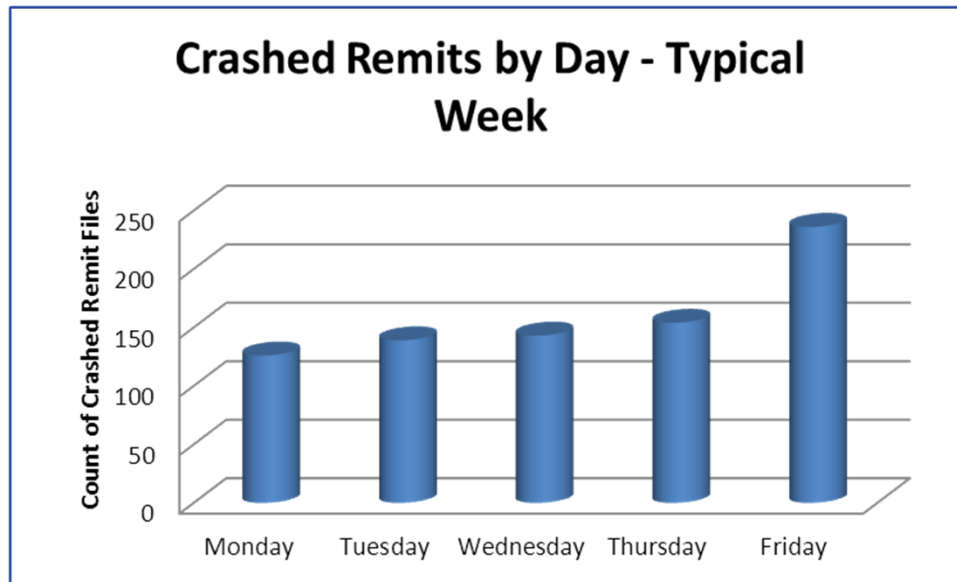
A woman with dark curly hair is looking down at a document in an office setting. The background shows a modern office with a drop ceiling and fluorescent lights.

What is the most common case we receive?

A woman in a pink shirt is pointing at a document on a desk. Another person is partially visible behind her, also looking at the document. The desk is cluttered with papers and a laptop.

Missing remittance files.

Top reasons for missing remit



- Delays on the payer production of remittance files
- Problems with the file that we receive from the payer
 - Crashes, but workable
 - Need new files from payer

Payers say...

- Know when you expect to be paid, taking holidays into account
- Know the top denial reasons

Payment Automation and Tracking



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Payment Automation and Advanced Payment Tracking

Payment Automation enables a practice to achieve nearly 100% electronic posting of payment information. With Payment Automation, you are able to receive, process and post third-party paper payments electronically with minimal manual effort, saving staff processing time and reducing delays and errors.



Customer payment challenges

- Approximately 20-30% of payer payments today are made from paper EOBs
- 10% of practice costs are for payment posting, hand posting and managing of payments*
- Lack of standardization of denials causes inefficiency and lack of follow-up



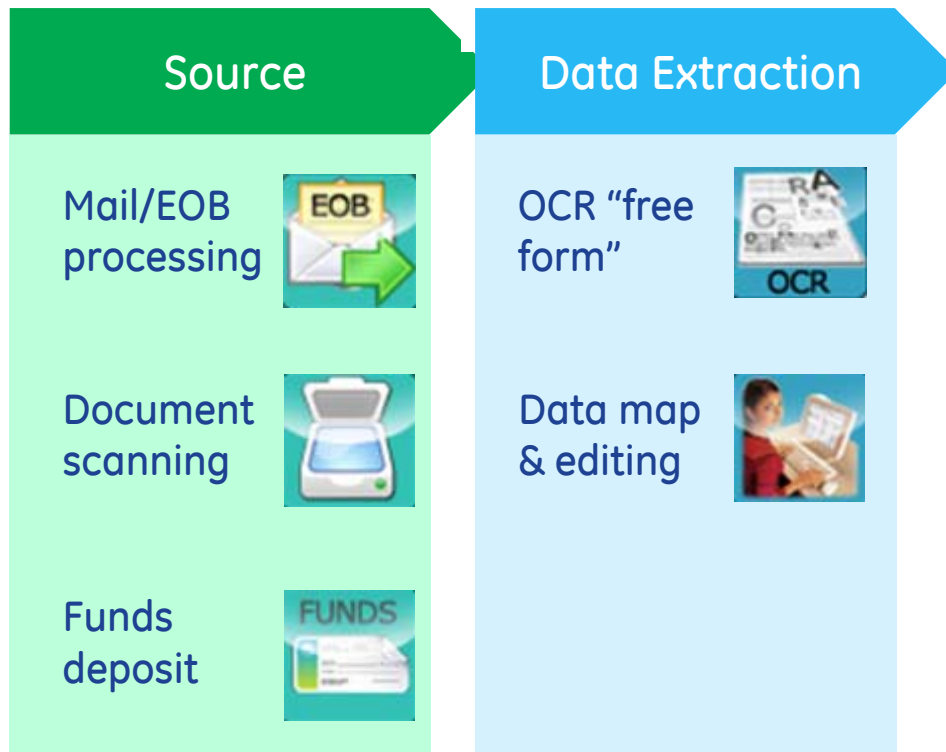
Steps of payment automation

Step 1: *Source*



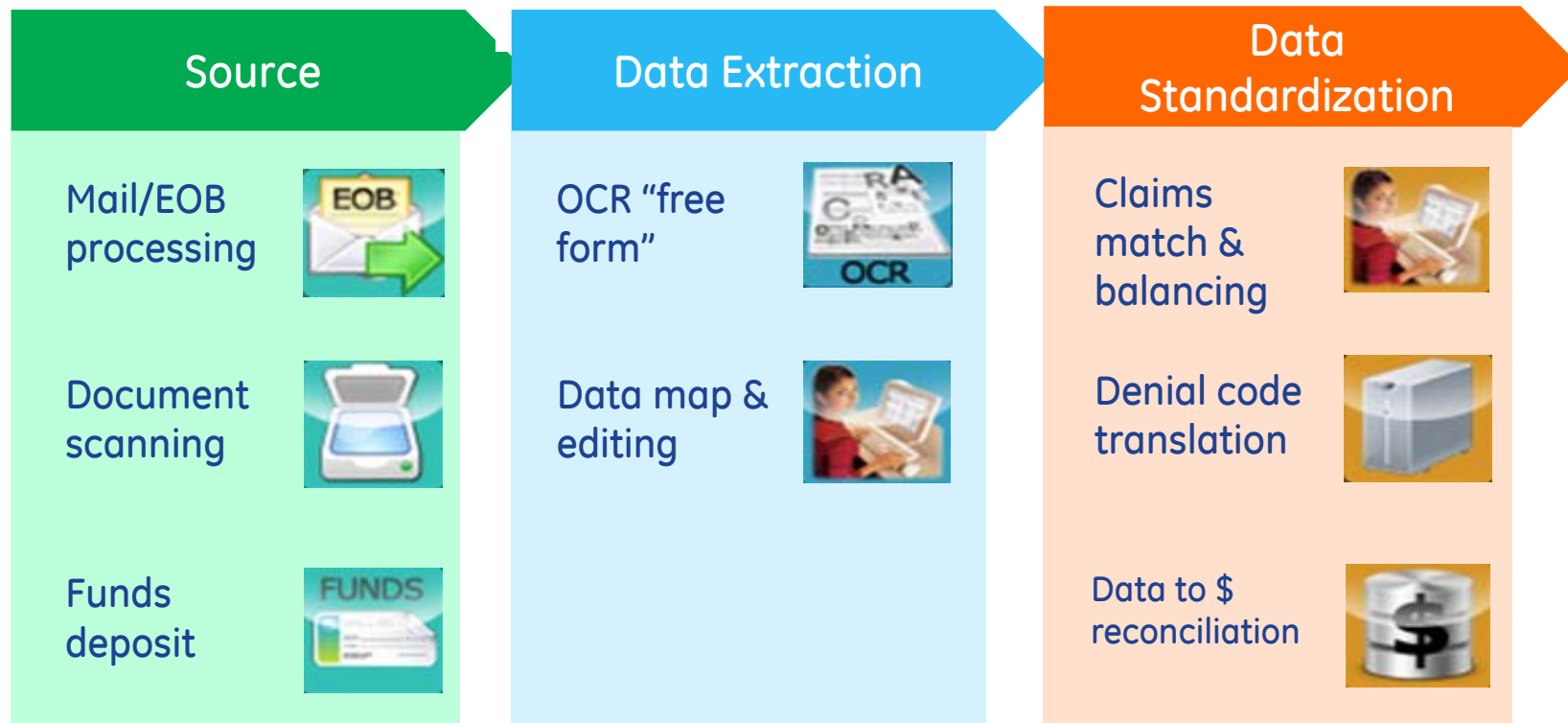
Steps of payment automation

Step 2: *Data extraction*

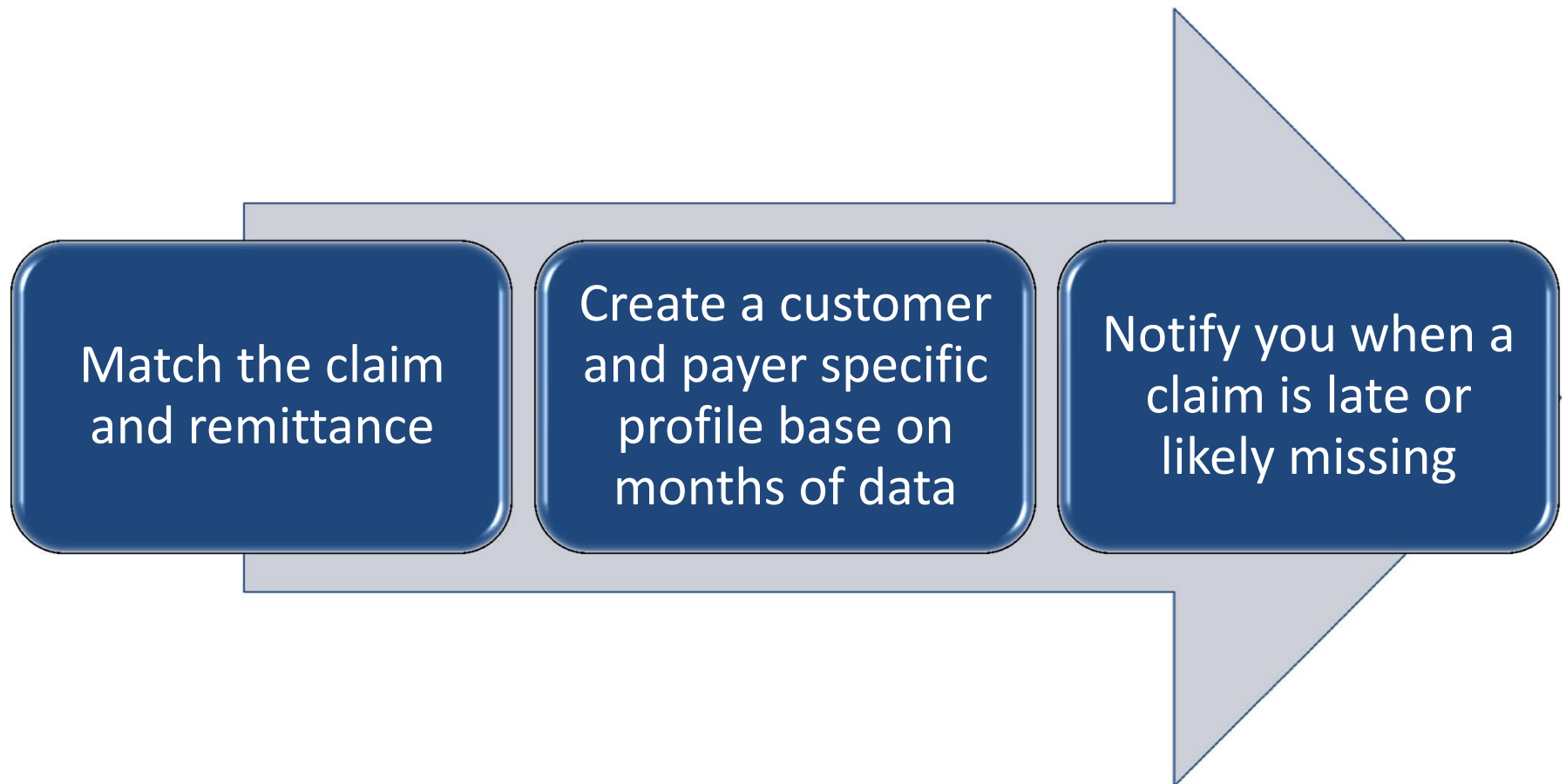


Steps of payment automation

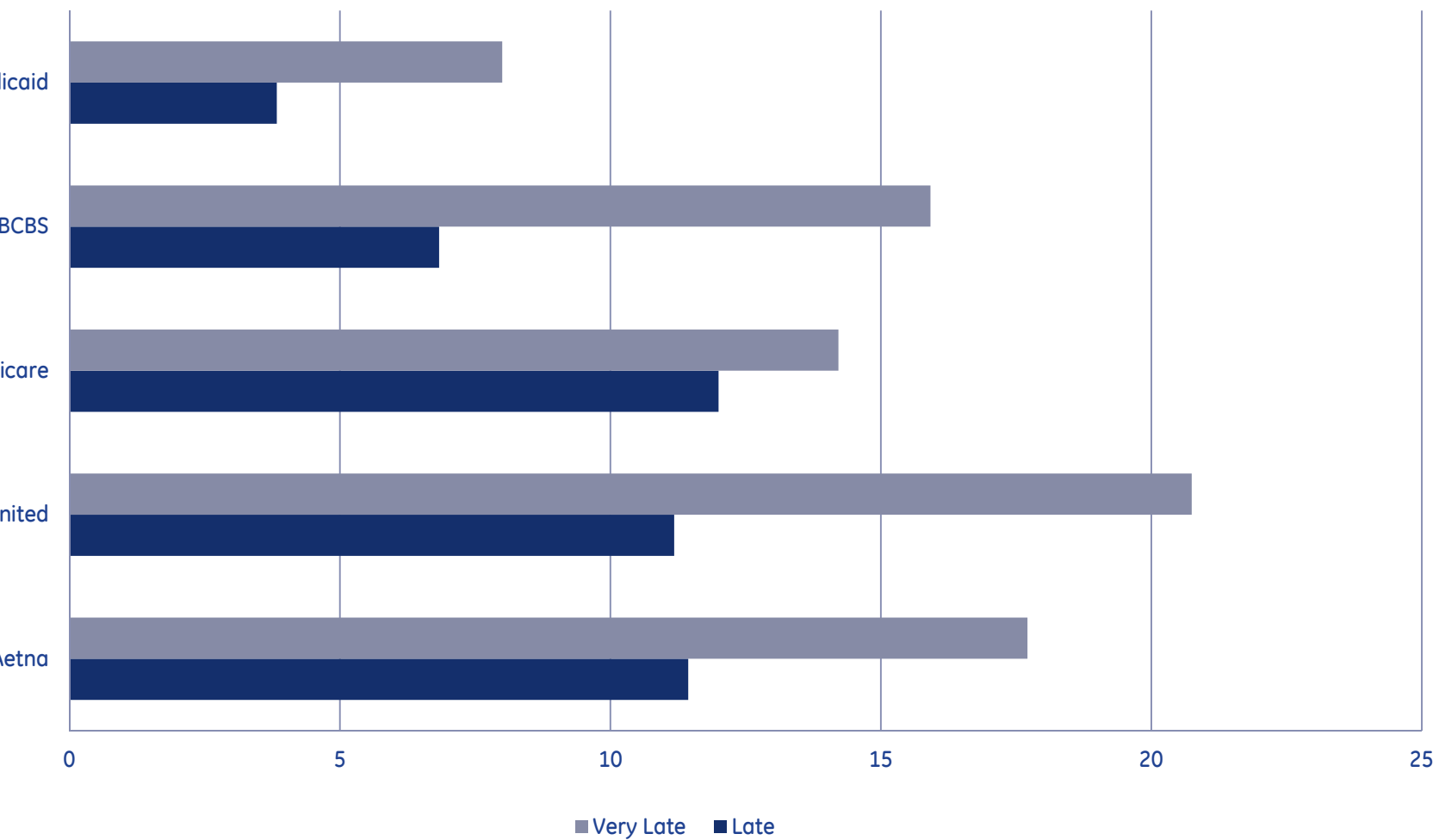
Step 2: *Data standardization*



Adding advanced payment tracking



sample payer data



Key takeaways

EDI Services can determine when a claim is very late much sooner than traditional practices

Pilot customer examples – simple steps to touch high dollar claims

Integration plans with CPS, including Task Manager



Understanding Your Payers and Peers



Reimbursement Analytics

Healthcare's Reimbursement Analytics tool provides a detailed assessment of a practice's financial well being. Using a real-time, web-based application, the Performance Intelligence service provides comparative healthcare data on reimbursement, utilization and productivity.



Reimbursement Analytics

Provides comparative healthcare data on reimbursement, utilization and productivity

Includes over 100 fields in the ANSI 835 (electronic remits) compared at a state or national level

Available for any size practice or health system that employs or manages outpatient providers, submits claims electronically and receives electronic remits

Available to Centricity™ Practice Management, Group Management and EDI Services Users



the value of information

Get answers to resolve key challenges...

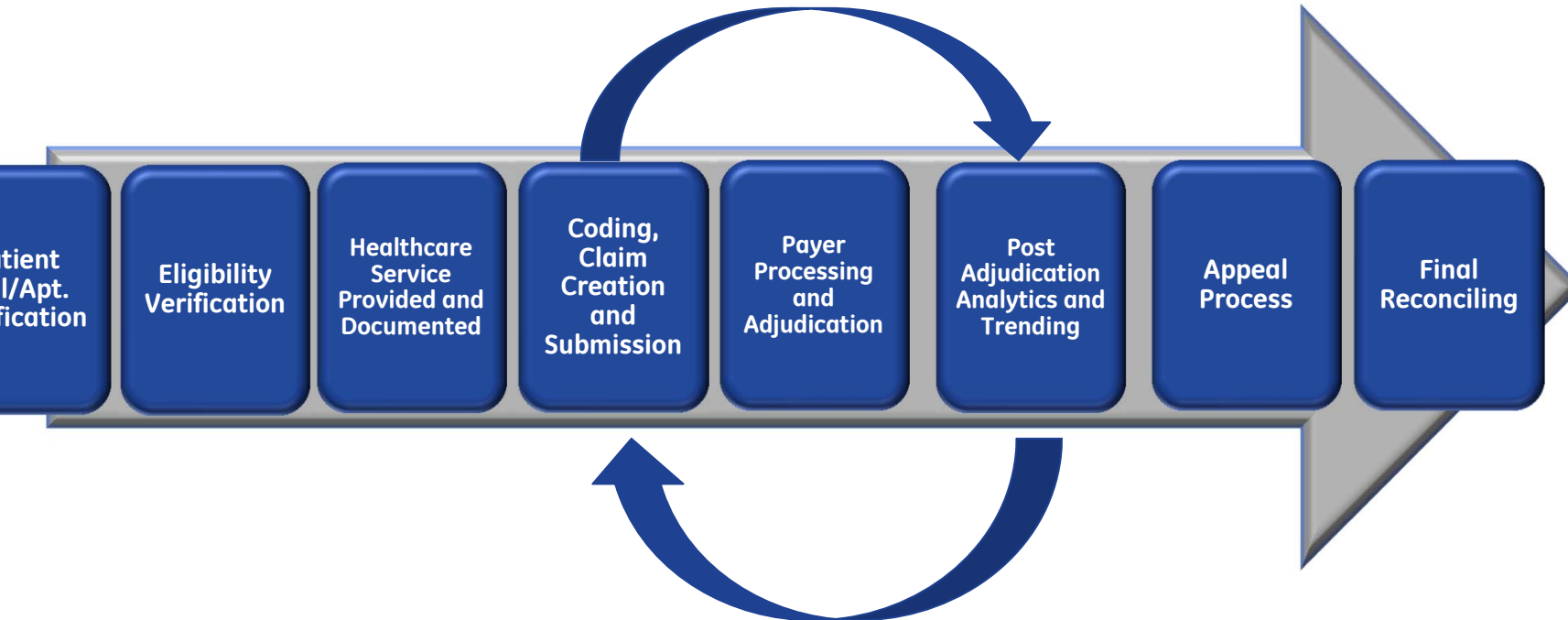
Reimbursement
Analytics

... And help improve the outcomes

Hosted Claims
Manager



Feedback loop



Best Practices

Best practices checklist - weekly

Review weekly trend of rejected claims and denials

Confirm that all claims have made it to the end of the process, and have appropriate acknowledgements from payers



Best practices checklist - monthly

Monthly reviews of rejections and denials

Make plans to resolve root causes; set goals and measurements

Review industry events like ICD-10 and EFT; keep up to date on any changes you might need to prepare for

Monthly credentialing review



Summary – questions to ask

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

Do you know the fraction that are “clinical”?

Do you know the magnitude to the cash flow impact?

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



Testimonial

"We've been using Centricity EDI Services with Centricity Practice Solution since 2007, and Centricity EDI Services has helped make our entire revenue cycle process more efficient. We get paid faster and the workflow integration provides a streamlined workflow that requires less effort to get work done. Most importantly, we get visibility into the status of our claims so that we can address potential issues in our revenue cycle before there is a negative impact on revenue cycle performance."



Nancy Medeiros
Software Analyst
Sturdy Memorial
Attleboro, MA



GE Healthcare doesn't just provide customers a method for conducting clearinghouse transactions...

Centricity EDI Services helps you produce cleaner claims, track the status of all claims and accelerate remittance and payments.



Thank you for joining us.

Questions



