



Getting ROI from EDI

**It's not about compliance anymore
It's about interoperability**

A view from outside the EDI world

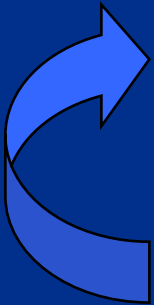
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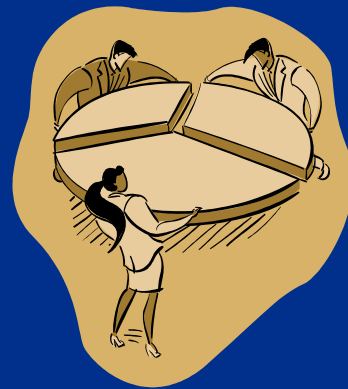
The Circular Argument

- ◆ *“We can’t get the anticipated ROI from transaction implementation because trading partners aren’t using the transactions.”*
- ◆ *“We can’t get trading partners to use the transactions because they don’t see the ROI.”*



Breaking the Endless Loop

- ◆ *Where is the ROI?*
- ◆ *How do all trading partners realize ROI?*
- ◆ *What are the barriers?*





Payer Short Term Wants

- ◆ Higher Provider EDI submission
- ◆ Lower Claim Submission Costs
- ◆ Less Claim Data Entry
- ◆ More Efficient Remittance
- ◆ Better Quality Data



Payer Long Term Vision

- ◆ More 'self-service' Provider Customer Service Through
 - Automated Claims status responses
 - Automated Eligibility inquiry Responses
- ◆ Lower Referral data capture costs
- ◆ Lower cost for pre-authorization
- ◆ Lower remittance cost through EFT
- ◆ Decrease duplicate claims submission



Payer Long Term Vision (cont)

- ◆ More efficient production management of inbound 'claims' workflow
- ◆ Pre-adjudication visibility of inbound claims content
- ◆ Single method for claims input to legacy applications
- ◆ Consistent view of outbound content
- ◆ Ability to monitor regulatory and contract compliance



Provider Short Term Wants

- ◆ Less 'Credenzaware'
- ◆ Hide the complexity
- ◆ Simpler data capture
- ◆ Better payment accountability
- ◆ Simpler and more consistent EDI implementation



Provider Long Term Vision

- ◆ Automated eligibility/benefit inquiry
- ◆ Automated claims status inquiry
- ◆ Simplified referral submission
- ◆ Quicker Payment
- ◆ Easier Reconciliation



Provider Long Term Vision (cont)

- ◆ Easier attachment submission
- ◆ Ability to monitor Payer payment agreements
- ◆ Consistent acknowledgment of Claim receipt and acceptance

Barriers



- ◆ If any part of the chain fails the transaction doesn't work
- ◆ Most healthcare transaction users don't speak EDI
- ◆ Healthcare entities have traditionally operated in silos
- ◆ Payers see the world through their enterprise focus

Barriers



- ◆ Providers have little interest in the technology of EDI
- ◆ Providers have many diverse relationships with many payers
- ◆ All healthcare is local most initiatives are national
- ◆ Healthcare business entities don't see the connection of their wants to healthcare EDI



- ◆ Trading partner implementation requirements are inconsistently reported through a variety of companion guide formats and content
- ◆ Some trading partner requirements are violating standards



Breaking the Circular Argument

◆ Share the vision

- Payors and providers need to realize that they are partners in the exchange of data
- They need to see that ROI is not that far away, but can only be realized if both work together to achieve their respective goals



Breaking the Circular Argument

◆ Payer Leadership

- Payers should be ready first
- Payers should support roundtables and provider resources for cooperation and enablement
- Payers should help provider leverage vendors that are critical to success



Breaking the Circular Argument

- ◆ Getting consistency
 - Providers are overwhelmed with the variation of payer approaches and requirements around EDI implementation
 - Simplification and convergence of requirements is critical to adoption



Breaking the Circular Argument

◆ Engaging Vendors

- Vendors control the ability of providers to engage
- Without their support providers can't step up to the plate



Breaking the Circular Argument

- ◆ Creating incentives
 - Creating quick wins for electronic submission
 - Stop enabling non-standard EDI submission



Breaking the Circular Argument

- ◆ Speaking a different language
 - Communications about business issues around transaction content and rules must be presented in a way that transaction users can clearly understand the business implications of the content they create.
 - Most of healthcare transaction users clearly understand the importance of the claim, it's the 837 that they aren't sure about.

Breaking the Circular Argument

- ◆ Reducing the chain
 - Unless the number of handoffs for transactions is reduced finger pointing won't go away
 - Direct transactions should be supported and encouraged



Key steps to success

1. Communicating the connection between provider and payer wants and the standard transactions in a language that is understood
2. Convergence on companion guide structure and HIPAA compliance
3. Translation of the content of companion documents to business language
4. Testing consistent with companion guides



Key steps to success

5. Assure meaningful rapid payment models with compliant transactions, and significant delays without
6. Payers should work directly with provider vendors and reward good performance through recommendations and certifications
7. Use existing provider associations as a pathway to understand provider issues and communicate common solutions



Key steps to success

8. Defined process for rapid resolution of issues between entities with a process for third party review, and a process for progressive escalation
9. An empowered third party entity to support enablement and leverage trading partners
10. A common secure portal for registrations, authentication and movement of transactions



Key steps to success

11. Establish standard test scenarios for various provider types and business situations
12. Establish an accreditation process to demonstrate best practices towards a good faith effort at implementation
13. Use existing processes such as HCCO and the CCAP program to identify inconsistent edits and commit to common edit interpretations base on best evidence



Key steps to success

14. Quickly build on claims successes and show added value with other transactions
15. Don't re-invent the wheel. Learn from local successes and plagiarize nationally



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