Attachment Workflow Automation – Interoperability

WEDI Summer Forum
July 31- August 1, 2019
Conference presentations are intended for educational purposes only and do not replace independent professional judgment. Statements of fact and opinions expressed are those of the participants individually and, unless expressly stated to the contrary, are not the opinion or position of the Workgroup for Electronic Data Interchange, its cosponsors, or its committees. The Workgroup for Electronic Data Interchange does not endorse or approve, and assumes no responsibility for, the content, accuracy or completeness of the information presented.
Intelligent Healthcare Network™
35+ years of transactions

Physicians
800,000

Hospitals
5,500

Payer Connections
2,100

12 Billion Transactions

$2+ Trillion Claims Value

92% of Top 25 Health Plans

1 in 5 Patient Records in United States

68 million diagnostic imaging studies managed
The Problem with the Problem

- Frustrations with current state (fax, mail, etc.) are widely acknowledged
- Benefits of a fully electronic workflow (increased productivity, lower cost, etc.) are widely acknowledged
- There are some solutions out there like provider to payer and vendor to vendor connections for example
- Still there is no widespread adoption of medical attachments
- Why?
The Problem

• There isn’t a network that enables a provider to send electronic attachments to all of their payers

• Providers and vendors that serve them are understandably reluctant to do the work necessary to build software to send attachments to a few payers

• Clearinghouses are essentially building a new network to enable a one provider to any payer solution
Challenges of Building a Network

Providers are waiting on payers

Payers are waiting on providers
Building the Network to Enable a Streamlined Workflow

• To reach “critical mass” of payers and providers in a network requires flexibility and patience
  • APIs to abstract the transaction
  • “Pick a lane” approach to the version of 275 while there is no mandate. 5010, 6020, 7030? Pick one and let’s start.
  • Education and collaboration between all parties
• A mandate will help!
The Benefits of a Network

• Providers and vendors only need to interface with one partner who can help them onboard
• No need to create multiple point-to-point connections to different intermediaries or payers
• One point of accountability
• Scale! Create one connection and have access to attachments payers as they join the network
The Bottom Line on Provider Attachments Workflow

• It will be difficult for providers to consistently work with an electronic attachments workflow without the help of a network of providers and payers
In 2017, Concentra treated more than

7.7 MILLION patients

+3.7 MILLION in 2018
Provider business offices work diligently to complete each billing package before filing to insurance/client.
Minimize inefficient movement of medical records or clinical documentation required in the healthcare system...
The Problem:
- Waste
- Delay Patient Needs
- Delay Payments
- Unnecessary Phone Calls/e-mails
- Increased Mail/Correspondence
- Rework

The Solution:
+ Best Practices (Note Attachments)
+ Automated Workflow of Information
+ Interoperability to Communicate Timely
+ Increased Transparency for Patient, Provider, Payer and Clearinghouse
Early Implementation Challenges

Payor ID Table Mapping

Collate Claims, Attachments, State Forms

Lack of EDI vs Paper Acknowledgements

Save Required Attachments

FTP & Zip File Workflow

EDI Workflow Changes

E-mail Alerts

CBO Login forFile Status

Viewing EDI Claims On-Line

“Claim” Log Report

Workflow for “Reject” Claims

Change Payers to EDI Flow

Payment Inquiry

Prior Authorization Requests

Payment Inquiry
Provider Workflow Process

- Patients are registered in PM system
- Services are provided and documented in EMR system
- Claim files are generated from the billing system
- Internal business rules/edits ensure claims requiring attachments are satisfied and meet payer/state requirements
- Attachments are extracted from EMR system in nightly batch process
- Acknowledgements exist to match attachments with appropriate claims (patient name, DOB, DOS, provider/NPI, location)
- Claims missing attachments are purposely “suspended” until satisfied
- Claims and Attachments are sent to clearinghouse, trading partners, and or directly to payers
Concentra EDI + Attachment Submission Workflow

- Attachment Acknowledgments exist at each touch point in the workflow
  - 999 ACKS are received
  - Receive 277CA from TPs
Clinic made copies of manual documentation and mailed to CBO to attach to printed claim

Clinic began utilizing EMR, allowing CBO to print documentation to attached to printed claim

CBO began submitting claims electronically, utilizing a Faxback system with clearinghouse. CBO printed documentation and faxed with cover sheet to have attached to claim

CBO now able to automate extraction of documentation to have electronically uploaded and linked to electronic claim
Measurable & Proven Financial Results
Proactive Position on Attachments & State Forms

Days Sales Outstanding Trends
Payers vs Employers
(1999 to June 30, 2018, 19.5 Years)

1999 = New Proprietary PM System
2000 = EDI Pilot Claims, Notes, State Reports
2003 = Claim Indexing
2004 = Employer Svc Bill Cycle Change
2010 = Introduction of Specialty Networks

<table>
<thead>
<tr>
<th>Year</th>
<th>Payers</th>
<th>Employers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>80</td>
<td>82</td>
</tr>
<tr>
<td>2000</td>
<td>78</td>
<td>82</td>
</tr>
<tr>
<td>2001</td>
<td>75</td>
<td>81</td>
</tr>
<tr>
<td>2002</td>
<td>73</td>
<td>77</td>
</tr>
<tr>
<td>2003</td>
<td>66</td>
<td>70</td>
</tr>
<tr>
<td>2004</td>
<td>65</td>
<td>71</td>
</tr>
<tr>
<td>2005</td>
<td>62</td>
<td>66</td>
</tr>
<tr>
<td>2006</td>
<td>58</td>
<td>63</td>
</tr>
<tr>
<td>2007</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>2008</td>
<td>53</td>
<td>56</td>
</tr>
<tr>
<td>2009</td>
<td>46</td>
<td>51</td>
</tr>
<tr>
<td>2010</td>
<td>49</td>
<td>53</td>
</tr>
<tr>
<td>2011</td>
<td>49</td>
<td>51</td>
</tr>
<tr>
<td>2012</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>2013</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>2014</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>2015</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>2016</td>
<td>52</td>
<td>54</td>
</tr>
<tr>
<td>2017</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>2018</td>
<td>54</td>
<td>54</td>
</tr>
</tbody>
</table>
# Key Performance Indicators - Realized ROI

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Claim Rate Acceptance</td>
<td>95%+ Initial Acceptance Rate</td>
</tr>
</tbody>
</table>
| Reduced Claim Resubmissions | Resubmissions decreased 34% to 1%  
*Improved interoperability between all stakeholders* |
| Accounts Receivable | Improved Cash Flow  
<38> day reduction on DSO (80 to 42)  
“Healthier” overall A/R (from 31% > 120 to 8% > 120) |
| Staffing | Improved staffing efficiencies by over 50%  
55% decrease in payer collection calls |
- State regulatory attachment compliance
- Ability to migrate with existing workflow and cross-over to commercial and government claims attachments
- Leverage existing solutions already in use today by covered entities to facilitate stakeholder adoption
- Apply what we learned from existing lines of business to others
- Extensive resources working manual claims, burdensome on prior authorization requests
- Reluctance to change; payer readiness (route attachments)
- Ensure EMR Notes/State Reports match claim before billing
- States aligning with HIPAA proposed **Attachment standards** enables leveraging existing IS investment and resources
- No additional investment or change in business and/or technology workflow process when adding a new payer or state

**At the end of the day:**
1. Patient access to care
2. Right information, right time, right people
3. ROI is important to business case
Thank you!

Ryan Gray
Concentra
Vice President of Reimbursement
Office: 972-720-7879
E-Mail: Ryan_Gray@Concentra.com