

Claim Attachments Standard



**National Committee on Vital and Health Statistics
Subcommittee on Standards and Security**

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Testimony by

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Claims Attachment Document Exchange (CADX[®])

Thank You for the Opportunity

- On behalf of our nearly 250 member hospitals, health care systems, networks and other providers of care, and the patients and communities they serve, AllHealthLogic and the Hospital Association of Southern California (HASC) would like to thank the National Committee on Vital and Health Statistics (NCVHS) for the opportunity to submit comments about the upcoming proposed rule on attachments.
- AllHealthLogic, LLC (AHL) is owned by HASC and HealthLogic Systems Corporation, our technology partner. AHL has been in the claims attachments business for over 2 years.

Claims Attachment Document Exchange (CADX®)

History

- Four years ago, the Hospital Assn of So CA members and major CA payers: Blue Cross (Wellpoint), Cigna, PacifiCare, Health Net, Blue Shield and Aetna came together to begin to address back office issues.
- Number one issue: **Claims attachments**
 - Claim attachments - any document-medical records, itemized bills, authorizations, etc. needed by payer to complete adjudication.

Claims Attachment Document Exchange (CADX[®])

The Problems

- **Attachments are a major revenue cycle problem for Providers and a cost/operations issue for Payers**
 - Providers don't know when or what attachments will be needed...lack of standardized definitions
 - Requests go to wrong person/department
 - Requests get misplaced or lost in hospital
 - Providers try to second guess what the payer will need and submits attachments on large dollar claims or by type of service whether needed or not by payer
 - Payers lose attachments or cannot re-associate them with the claim resulting in denials or a re-request
 - Major process delays on all sides
 - Major factor impacting denials and increased contractual write-offs

Claims Attachment Document Exchange (CADX[®])

The Metrics:

- **Hospitals spend \$20-\$30+ to respond to a request for attachments...one major CA medical center averages \$33+ per request**
- **Total time from payer request to payer receipt and processing of attachment is 30-40+ days or more**
- **Cost for payers to request, receive and process an attachment approaches \$20+**
- **Payers receive more than 2 billion claims per year from providers nationally (est.)**
- **4% require attachments or 80 million/year (est.)**

Claims Attachment Document Exchange (CADX[®])

The Metrics:

- **Major limitation on payer's goal of 100% electronic submission of claims are claims with attachments**
- **COB claims with primary explanation of benefits (EOB) is a major portion of the problem**
- **CA payers stuck at 60% electronic submission---other 40% on paper due to attachment needs**
- **Payers are incurring interest and other costs due to claims delays under Prompt Pay laws**

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The Objectives

- **Replace the current process of requesting and receiving attachments**
- **Expand into all payers and providers to create one standard way of doing business**
- **Lower the cost of doing business with fewer touches per claim**
- **Improved business process and relations between providers and payers**
- **Must minimize I.S. role and work in all size providers with the technology available today on the desktop...Microsoft[®] Windows software**

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CADX: A Solution Was Developed

- Payer requests claims / medical record attachments via the secure CADX[®] website
- Provider staff monitor payer requests and scan or upload documents to the CADX[®] website
- Provider may submit attachments at time of billing with an attachment control number on the bill (X12-837 using PWK segment)
- Providers may fax documents to payers via CADX[®], if payer is not on CADX[®]
- Payer reviews submitted documents and completes adjudication process

Quick Search: Go
enter attachment control number

Claim Attachment Document Request

Provider Information

AHL #

Medicare # (FL51)

Federal Tax ID # (FL5)

Facility Name (FL1)

Patient Information * required field

Urgent Request

Payer control # *

Provider control # (FL3) *

First name (FL12)

Last name (FL12) *

SSN (FL60)

Medical record # (FL23) *

Member ID (FL60)

Service date (from) (FL 6) * / / (through) (FL 6) * / /

Documents

Quick Search
allows the entry of the Attachment Control No. from the Claim to retrieve submitted attachments

Payor Attachment Request Form with "required" fields.
Payor enters demographic Data.

File Edit View Favorites Tools Help @Send

Back Search Favorites Media

Address: https://test.hlsc.com/pexec/waa1gate.exe

Medication Therapy Medicare

File Go View Actions Reports Help

Quick Search: enter attachment control number

Claim Attachment Document Request

Documents

Attachment Coding Scheme: **Frequently used codes (hospital)**

<input checked="" type="checkbox"/> Admitting History & Physical	<input type="checkbox"/> First Report of Injury	<input type="checkbox"/> Pertinent Chart Information
<input type="checkbox"/> Ambulance Records	<input type="checkbox"/> Intake and Output Records	<input type="checkbox"/> Physician's Orders
<input type="checkbox"/> Anesthesia Records	<input type="checkbox"/> Lab Reports	<input type="checkbox"/> Physician's Progress Notes
<input type="checkbox"/> Claim, Original (as submitted)	<input type="checkbox"/> Medication Records	<input type="checkbox"/> Prosthetic Implant Invoice
<input type="checkbox"/> Claim, Revised	<input type="checkbox"/> Member ID Card	<input type="checkbox"/> Radiology Reports
<input type="checkbox"/> Complete Chart	<input type="checkbox"/> NODMAR	<input type="checkbox"/> Therapy Records: Occupational
<input checked="" type="checkbox"/> Consultants' Notes	<input type="checkbox"/> Nurse's Notes	<input type="checkbox"/> Therapy Records: Physical
<input type="checkbox"/> Denial Letter	<input checked="" type="checkbox"/> Operative Reports	<input type="checkbox"/> Therapy Records: Res
<input type="checkbox"/> Detail Statement of Charges	<input type="checkbox"/> Other (please describe)	<input type="checkbox"/> Therapy Records: Spe
<input checked="" type="checkbox"/> Discharge Summary	<input type="checkbox"/> Outpatient Department Records	<input type="checkbox"/> Trauma Team Record
<input checked="" type="checkbox"/> ER Face Sheet	<input type="checkbox"/> Pathology Reports	<input type="checkbox"/> Treatment Authorizati
<input type="checkbox"/> Emergency Department Records	<input type="checkbox"/> Payer Letter	<input type="checkbox"/> X-Ray Reports

Notes

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Click here to submit request

Frequently Used Codes Hospital separate lists available for other provider types

Payor checks the Attachments needed and adds Notes to the request, if desired

Edit View Favorites Tools Help **eSend**
 Back Search Favorites Media
 Address: https://test.hlsc.com/waa1gate.exe
 File Go View Reports Help

Attachment Scan Requests for 00002 - Ahl Test Provider

Control #	Name	Payer	Department	Date	Time	Status	Icons
3213454564	Michaels , Peter	CABX1 - California Blue Cross	Not assigned	07/11/2003	6:13 p.m. (est)	! Provider is pushing attachments	[Hand icon]
123456789	Test	CABX1 - California Blue Cross	Not assigned	09/19/2001	2:21 p.m. (est)	X Payer has canceled request	[Hand icon]
456987	Doubleday , Ralph	CABX1 - California Blue Cross	Not assigned	12/04/2002	12:09 p.m. (est)	? Provider has sent message	[Hand icon]
987654321	Test , Bob	CABX1 - California Blue Cross	Not assigned	12/20/2001	9:26 a.m. (est)	✓ Provider has sent attachments	[Hand icon]
12356987456	Jones , Peter	CMPC1 - PacifiCare	Medical Bill Review	07/07/2003	5:28 p.m. (est)	✓ Provider has sent attachments	[Hand icon]
6123165461	Smith , Dave	CMPC1 - PacifiCare	Not assigned	07/11/2003	5:30 p.m. (est)	! Provider is pushing attachments	[Hand icon]
12335454654	Duck , Daffy	CMPC1 - PacifiCare	Not assigned	12/04/2002	11:00 a.m. (est)	! Provider is pushing attachments	[Hand icon]
456987654	Jones , Robert	CMPC1 - PacifiCare	Medical Bill Review	06/27/2003	9:00 a.m. (est)	! Provider is pushing attachments	[Hand icon]
59898651531654321321	Anderson	CMPC1 - PacifiCare	Medical Bill Review	06/16/2003	5:00 p.m. (est)	! Provider is pushing attachments	[Hand icon]
5:40 p.m. (est)						! Provider is pushing attachments	[Hand icon]
5:36 p.m. (est)						! Payer has requested attachments	[Hand icon]
3:19 p.m. (est)						! Provider is pushing attachments	[Hand icon]
4:55 p.m. (est)						X Payer acknowledges receipt	[Hand icon]
5:36 p.m. (est)						! Provider is pushing attachments	[Hand icon]
1:59 p.m. (est)						? Provider has sent message	[Hand icon]

Provider reviews list of Payor requests for attachments or attachments submitted at the time of billing. List may be sorted or filtered to facilitate workload management

Click on a patient record to see the request/submission details

Status is color coded and icons identify if request is aging out, urgent, or how the attachments were submitted

Internet

AllHealthLogic - Claim Attachment Document Exchange - Microsoft Internet Explorer provided by Cox High Speed Internet

File Edit View Favorites Tools Help

Address <http://www.allhealthlogic.com/waa1gate.exe> Go Links

AllHealthLogic - CADX

Attachment Request Details

Request Detail

Request S/N: B108T
 Control #: 789456123
 Name: Phs Tiffexample
 Payer: CMPC1 - PacifiCare
 Service date(s): 07/01/2002 - 07/02/2002
 Payer control #: TIFFXAMPLE
 Medical record number: 987654
 Member ID: 56489
 SSN:
 Original request: 07/25/2002 3:37 a.m. (est)
 Requesting User: pacificare.cadx
 Status: Provider has sent attachments

Provider reviews detail Payer request and scans or uploads requested attachments

Attachments may be scanned or uploaded if already in digital form

Scan Upload

Images

NA	Type	Req S/N	Pages	Scanned by	Date	Time
	Operative Reports	Y B10GB	1	pacificare.cadx	07/25/2002	3:43 a.m. (est)
	Discharge Summary	Y B10GC	1	pacificare.cadx	07/25/2002	3:45 a.m. (est)

Notes

Done Internet

start Microsoft Powe... 2 Microsoft O... Palm Desktop AllHealthLogic -... Microsoft Word 2 Messenger 11:03 AM

Claims Attachment Document Exchange (CADX[®])

HIPAA Compatibility

- **CADX[®] built to meet all known HIPAA requirements**
- **CADX[®] team members have been active participants in the Attachment standards development process since 1995 and are working with payers and providers to develop simple, clear rules**
- **CADX[®] is committed to fully supporting the HIPAA standards**

Claims Attachment Document Exchange (CADX[®])

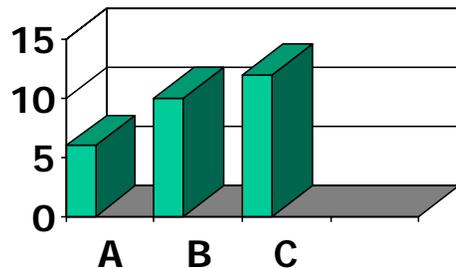
Current State of CADX[®]

- **Health Plans**
 - PacifiCare operational in CA, OR and WA
 - Health Net operational in CA, OR & WA
 - Aetna operational in CA Spring 2004
 - EDS-CA Medicaid (MediCal) operational Spring 2004
 - Utah Health Information Network (UHIN) – Summer 2004
 - Fax attachments to payers, P&C & Workers Comp operational
 - CMS Mutual of Omaha Medicare pilot (2003), additional Medicare pilots under review-CMS Office of Program Integrity
- **Providers:** 76 CA & OR hospitals committed or live; Expanding to other provider types in 2004.
- **Out-of-State:** Working with Hospital Assns. and Health Plan partners to implement CADX in OR, WA, UT, & GA.

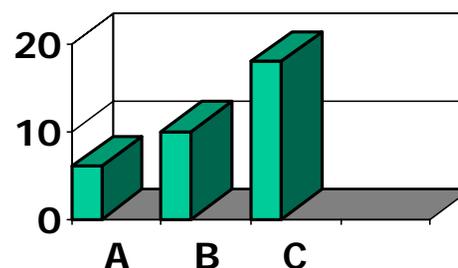
Claims Attachment Document Exchange (CADX[®])

Results of Hospital/Health Plan Project

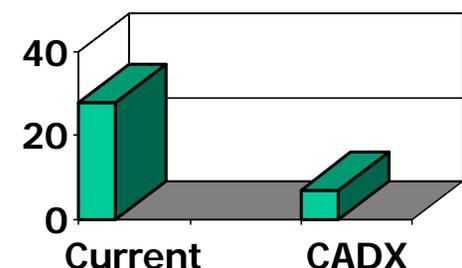
Reduced Days in AR



Reduced Processing Time



Reduced Cost



- Days for CADX[®] claims in AR decreased ~10 days
- Requests for claims attachments & medical records quickly processed by providers
 - 6 to 18+ day reduction in cycle time to clean claim
 - some processed same day
 - most completed in 3-4 days vs 30-40 days
- Cost per transaction reduced by more than \$21

Claims Attachment Document Exchange (CADX[®])

What have we learned...

- Its less about technology and more about standardized process & nomenclature.
- It is about developing trust. If a provider changes his process will they get paid timely and efficiently by the payer.
- Providers need simple and clear guidelines on when & what type of attachments are needed.
- LOINC[®] codes have little appeal to providers or payers...it is not how they do the work & it will be a significant training and workforce issue.
- Payers & Providers generally work at the document level related to attachments. The proposed HL7 Clinical Document Architecture (CDA) utilizing XML is a step in the right direction, but will still be very challenging for most providers and payers.

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What have we learned...

- Providers prefer to submit attachments at the time of billing, if they know what is needed by the payer. However, they are reluctant to separate the claim from the attachments and over submit today trying to accelerate their revenue cycle.
- The 837 PWK segment attachment information is generally unsupported in the Patient Accounting System (PAS), claims editor, clearinghouse and if received by the payer is generally not yet visible to the claims examiner.
- The 837 COB transaction set and the PAS, claims editor, clearinghouse and payer adjudication tools to easily support the COB billing process appears to be a few years away.
- Providers & Payers need simple tools that work with what they have on the desktop today.
- PAS & Electronic Medical Records (EMR) systems generally do not easily support electronic claims attachments today.

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Our Recommendation

- In order to achieve the fiscal goals of the Transactions and Code Set regulations, the proposed attachments rule must be published soon.
- The proposed rule should support multiple approaches to claims attachments (X12/HL7 and HTML) consistent with the specified data content developed by X12 to support the rapid adoption of the rule by providers and payers alike based on existing desktop technology.
- Payers must provide clear guidelines on when and what attachments (documents/data) are needed.
- LOINC[®] codes should only be used at the document level for claims attachments to support claims adjudication.
- The attachment rule should permit alternate submission modes (i.e.; imaging) for the COB claim and EOB other than the 837 COB.
- Finally we support and endorse the comments of the AHA in their letter of Feb 28, 2004 to the Subcommittee.

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Thank for your interest.

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