

Panel 6: Healthcare Claim Status

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Advancing Leaders. Advancing Practices.™



About MGMA

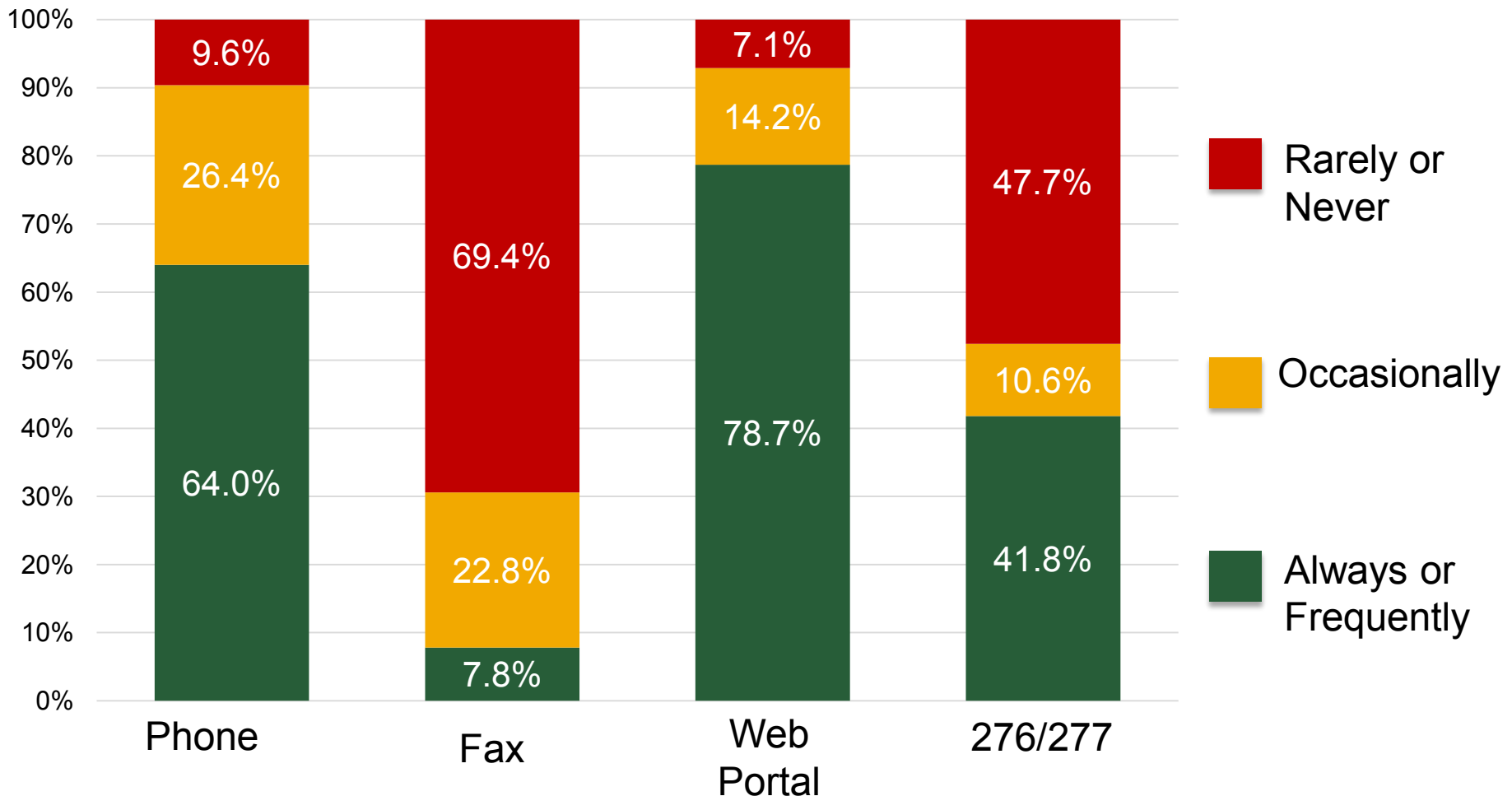
- MGMA is the premier association for professional administrators and leaders of medical group practices
- Since 1926, the association has delivered networking, professional education and resources, political advocacy and certification for medical practice professionals
- Through its national membership and 50 state affiliates, MGMA represents more than 33,000 medical practice administrators and executives in practices of all sizes, types, structures and specialties.



Survey Data

1. Joint survey with the American Dental Association, American Medical Association and MGMA
 - April-May 2015
 - 1151 respondents
2. MGMA member survey
 - June 2015
 - 547 respondents

Rate how often your practice uses the following methods to check claim status



What are the reasons your practice does not always use the HIPAA 276/277 electronic transaction to check claim status? Please check all that apply.

Answer Options	Response
Our practice management system software does not generate electronic claims status transactions	22.6%
Our health plan(s) do not support the electronic claim status transaction	20.1%
The claim status inquiry is typically not returned by our health plans within the required 20 second window	22.6%



Practice Concerns

- 276 does not always provide a clear picture of where the claim is
- 276 is often used as a replacement for an electronic acknowledgement
- Sent immediately after submission of claim
- Claim status codes not always being used consistently across payers. This lack of consistency requires providers to refer to different tables of codes in their systems for their different payers



Use and Potential Savings

- According to the *2014 CAQH Index™ Electronic Administrative Transaction Adoption and Savings Calendar Year 2013*
- Fully Electronic 276 (HIPAA standardized) Transaction Adoption Rates, Health Plans Reporting 2013 Data = 49.6%
- **Potential provider savings: \$1.23 per claim status transaction**



MGMA Recommendations

- Practices want a simple, automated electronic approach to verifying the status of a claim
- Must be low cost if to be widely used
- There should be encouragement to use the 276 and not drive providers to payer portals
- 276 should be better integrated within provider workflow



MGMA Recommendations

- Short-term
 - CMS should significantly increase provider education on use of the 5010 276
 - CMS should mandate acknowledgements
 - CMS should endorse/support the EHNAC/WEDI PMSAP
- Longer term
 - Additional collaboration between provider organizations and SDOs (go where the providers are)
 - CMS should proactively audit HPs for 276 compliance
 - CMS should consider financial incentives to move industry toward wide-scale adoption (similar to meaningful use)