

### Electronic Claim Attachment Project

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### Empire Medicare Services (EMS)

Division of Empire BlueCross Blue Shield

Intermediary for 1,670 Medicare Institutional Providers

- New York
- Massachusetts
- Delaware
- Connecticut



Carrier for 86,521 Medicare Professional Providers

- ♦ 16-county area in southeastern New York
- New Jersey

 Evaluate the draft ASC X12N 275
 Additional Information to support a health care claim or encounter

> Evaluate the 277 Health Care Claim Request for Additional Information

- Notice of Proposed Rule Making not issued
  - Draft Electronic Attachment Guides Version 4020

#### Evaluate Implementation Guides

- Completeness
- Clarity
- Accuracy
- Ability to meet EMS business requirements

#### **Constraints**

Time Money Resources

- Focus on producing the 277
- Utilized rehabilitative services, ambulance
- 277 exchanged with one provider
- 275 was not exchanged

- Successfully created 277 from existing paper request process
- Interface file included ALL elements not specific to a line of business or to Medicare
- All medical policies mapped to standard LOINC codes

**EMS**Results

#### **Provider Results**

Successfully translated 277 equal to paper request

Could not produce the 275

#### **Provider Results**

Could not produce the 275

Medical record information captured through imaging – except for doctor's transcriptions

- Additional LOINC codes for therapies
- Review of Medical Policy to prevent one to many LOINCs
- Review of Medicare processing systems to prevent multiple requests for one claim

Recommendations

- Review of Medicare processing systems to prevent multiple requests for claim level and line level
- Review of Medicare processing systems to allow production of electronic and paper requests

Recommendations

 HL7 investigate the ability of accepting text or imaged data

Recommendations

Working Model

Evaluate the draft ASC X12N 275 Additional Information to support a health care claim or encounter

Evaluate the 277 Health Care Claim Request for Additional Information

Working Model

Notice of Proposed Rule Making not issued

Draft Electronic Attachment Guides – Version 4050

Working Model

#### What has changed since 2000

Using XML and CDA clinical text-based or imaged information can be exchanged using a standard structure and semantics

Working Model

#### Standard 275 / CDA

- Exchange between any covered entity
- Clinical documents encoded in XML can be rendered into a human readable document

Working Model

#### **Experience**

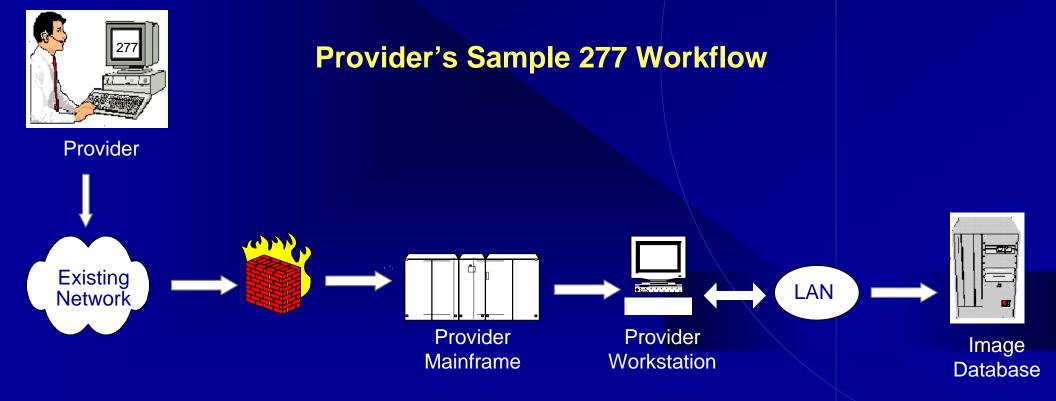
- Use of HIPAA names X12N transactions and Implementation Guides
- Use of XML and XML EDI tools

Working Model

#### Prove exchange of 275 / CDA

- 277 matched to medical record information
- 275 would be created from application data
- CDA created from medical record information – such as imaged data

Working Model



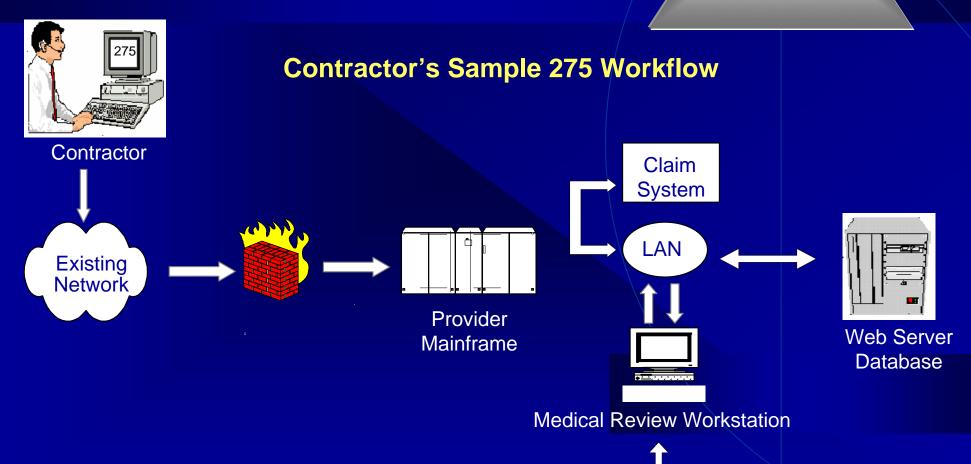
Working Model

#### Prove exchange of 275 / CDA

- 275 / CDA received mainframe to mainframe
- 275 would be validated by the mainframe application data
- CDA, Imaged data would be transferred to a server application
- Imaged data would be displayed by the server application

Working Model

Claim System



Working Model

Evaluate reductions in payer operational costs

Handling paper attachment information

Working Model

Evaluate reductions in payer operational costs

Evaluate reductions in payer claim denials

Processing of reconsideration or appeal

Resulting in full or partial reversal

Working Model

Evaluate reductions in payer operational costs

Evaluate reductions in payer claim denials

FY 2003 received over 17,000 requests Over 50% resulted in a reversal

Working Model

## Evaluate reductions in provider operational costs

- Handling additional information request paper or online
- Handling paper attachments
- Delay in payment awaiting reconsideration or appeal

Working Model

Evaluate reductions in provider operational costs

Delay in payment awaiting reconsideration or appeal

May – September 2003

**Institutional Providers** 

Provider	Requests	Denials
$\mathbf{A}$	62	31
В	727	161
$\mathbf{C}$	114	36
D	215	20

Working Model

Evaluate reductions in provider operational costs

Delay in payment awaiting reconsideration or appeal

May – September 2003

**Institutional Providers** 

Provider E

F

Requests

614

1571

Denials

**1550** 

Working Model

#### Evaluate impact of HIPAA Privacy issues

Minimum Necessary

- Requested LOINC
- Returned Image of full medical record

Working Model

- Prove exchange of 275/CDA
- Recommend
  - Standard Interface Files
  - Standard Medicare Presentation of CDA
- Evaluate impact of HIPAA Privacy Issues

- Evaluate reductions in:
  - Payer operational costs
  - Provider operational costs
  - Payer operational costs
  - Payer claim denials

Working Model

#### **Constraints**

Time Money Resources

- Focus on producing the 275
- Build upon the proof of concept processes
- Utilize all Attachment (6) types
  - 277 and 275 exchanged
     with multiple providers

Working Model

## Provide comments to the NPRM/Final Rule based upon a working model

- Statistical evaluation of proposed attachment types
- Evaluation of version 4050
  - Evaluation of LOINC to Business Request Codes

Working Model

#### Pilot participants

- 7 providers (Institutional and Professional)
  - Clearinghouse
  - 2 Vendors

Working Model

#### Pilot participants

- Third Party Certification Vendors
- Translator Vendors
- Consultants

Working Model

#### Pilot advisors

- → HL7
- HL7 ASIG
- X12N 275 Workgroup
- X12N 277 Workgroup

# Questions?

# Thank you