HEALTHCARE BILLING and MANAGEMENT ASSOCIATION

Jerry Killough
President
ClinixMIS

State of the Industry – ANSI 4010 Adoption

- **System-wide adoption not yet achieved**
- **Wide-spread adoption of 837 and 835 standards in place –** *but not universal*
- **Continued issues with payers' 835 remittance files**
- **Few payers have adopted the 270/271 (Eligibility) or 276/277 (Claim Status) standards.**

Industry Impact – Lack of Full Adoption

Eligibility (270/271)

- Provider staff check eligibility one-patient-at-a-time on payer website. Increases operating costs.
- More efficient batch inquiries not compliant
- Multiple varieties of inquiry format requirements. Responses vary greatly in content and format.
- Lack of standards impairs efficiency and increases costs. Companion Guides used to circumvent standards.

Medicaid of Delaware - EDS - MDDE00

FI ☐   SV ☐   XX ☑

	Search Type	Field 1	Field 2	Field 3	Field 4	Field 5
1	Subscriber	Subscriber Member ID				
2	Subscriber	Subscriber Last Name	Subscriber First Name	Subscriber DOB		
3	Subscriber	Subscriber SSN	Subscriber Last Name	Subscriber First Name		
4	Subscriber	Subscriber SSN	Subscriber DOB			

Medicaid of Florida - ACS Inc - MDFL00

FI ☐   SV ☑   XX ☐

	Search Type	Field 1	Field 2	Field 3	Field 4	Field 5
1	Subscriber	Subscriber Member ID				
2	Subscriber	Subscriber Card Control Number				
3	Subscriber	Subscriber SSN	Subscriber DOB			
4	Subscriber	Subscriber SSN	Subscriber Last Name	Subscriber First Name		
5	Subscriber	Subscriber Last Name	Subscriber First Name	Subscriber DOB		

Medicaid of Indiana - EDS - MDIN00

FI ☐   SV ☑   XX ☑

	Search Type	Field 1	Field 2	Field 3	Field 4	Field 5
1	Subscriber	Subscriber Member ID				
2	Subscriber	Subscriber SSN				
3	Subscriber	Subscriber Last Name	Subscriber First Name	Subscriber DOB		
4	Subscriber	Subscriber Medicare ID				

Medicaid of Kansas - EDS - MDKS00

FI ☐   SV ☑   XX ☑

	Search Type	Field 1	Field 2	Field 3	Field 4	Field 5
1	Subscriber	Subscriber Member ID				
2	Subscriber	Subscriber SSN	Subscriber DOB			

Eligibility Inquiry Requirements – Selected Medicaid States (2)

Medicaid of Louisiana - MDLA00

FI ☐ SV ☑ XX ☑

	Search Type	Field 1	Field 2	Field 3	Field 4	Field 5
1	Subscriber	Subscriber Member ID	Subscriber SSN			
2	Subscriber	Subscriber Member ID	Subscriber Last Name	Subscriber First Name		
3	Subscriber	Subscriber Member ID	Subscriber DOB			
4	Subscriber	Subscriber SSN	Subscriber Last Name	Subscriber First Name		
5	Subscriber	Subscriber SSN	Subscriber DOB			
6	Subscriber	Subscriber Last Name	Subscriber First Name	Subscriber DOB		
7	Subscriber	Subscriber ID Card Number	Subscriber Card Issued Date	Subscriber SSN		
8	Subscriber	Subscriber ID Card Number	Subscriber Card Issued Date	Subscriber DOB		

Medicaid of New York - MDNY00

FI ☐ SV ☑ XX ☑

	Search Type	Field 1	Field 2	Field 3	Field 4	Field 5
1	Subscriber	Subscriber Member ID (8 byte Medicaid Recipient ID)				
2	Subscriber	Subscriber Member ID (13 byte Medicaid Recipient ID)				
3	Subscriber	Subscriber Member ID (19 byte Common Benefit ID Card Number)				
4	Subscriber	Subscriber SSN	Subscriber Last Name	Subscriber First Name	Subscriber DOB	

Industry Impact – Lack of Full Adoption

Claim Status (276/277)

- Claims typically submitted in batches at end of day.
- Payer response reports give somewhat cryptic information on acceptance or rejection of claims.
- Accepted claims go into a black hole with no regular updates to provider billing staff.
- As with Eligibility process above, staff do inquiries manually and one at a time. Usually by phone. Increases operating costs.
- Provider billing systems should be able to transmit <u>standard</u> format batch inquiries and receive <u>standard</u> format responses as well as real-time individual claim status inquiries to all payers.
  - National Health Plan ID is an important element of this process

Summary Information

- Payers implemented 4010 as benefited them most
- First 837 Claims, then 835 ERAs, then most of them stopped w/o addressing 270/1 & 276/7 (chart)
- Healthcare consumer costs impacted by costs of providers to run their businesses
- Provider admin costs to determine eligibility and track claim status directly affect consumer costs
- Lack of adoption or adoption via Companion Guides force higher costs to consumers
- Attempting to implement 5010 when 4010 implementation not complete

Cooperative Exchange Summary Data
Adoption Rates

Transaction Code Sets	837P	837I	835P	835I	270/1 P	270/1 I	276/7 P	276/7 I
# of Insurers	784	783	301	306	347	27	84	94
% Supported	46.4%	46.4%	17.8%	18.1%	20.5%	1.6%	5.0%	5.6%

Recommendations

1. Set individual deadlines for each code set or groups of code sets
2. Establish penalties for non-compliance
3. Stagger deadlines to allow focus on each set
4. Allow working 4010 code sets to be used prior to respective 5010 deadline
5. Disallow use of Companion Guides
6. Do not allow implementation of a code set prior to the established implementation date