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ONE

ORTHO NORTHEAST

- 38 Physicians
- 24 Non physician practitioners (NP/PA)
- 14 CRNAs
- 16 PT/OT
- MRI
- 700 patient visits per day in all locations

The infrastructure and operating rules for Eligibility and EFT/ERA are starting to provide positive results!

I will provide

- A few positive examples
- Some areas where we struggle
- Some responses to the questions in the invitation materials

Using Eligibility Data

- Detailed data in real time in batch & as needed basis is important (YTD deductibles, co-payments and coverage)
- Current/prior processes require us to print eligibility confirmation out and scan/save it to guarantee we are paid for Medicaid if eligibility becomes an issue for the date of service
 - A workflow we will be happy to eliminate

Using Eligibility Data

- The granularity of the data content is not yet consistent and not always available
 - Payer says “you didn’t ask for this specific item...”
 - Clearinghouse has not been clear with us whether we need to create custom data requests
 - Unclear whether our PM vendor is required to make changes to their software for best results

Using Eligibility Data

- Have no clear understanding of where the data will be stored, who is responsible to store it, what granularity of data will be kept and for how long
- Our Medicaid payers have “down time” for days at a time at the 1st and 15th of the month
- Self-funded health plans seem to need help (from TPAs?) to understand all of their obligations
 - Their eligibility detail is often missing

Using Eligibility Data

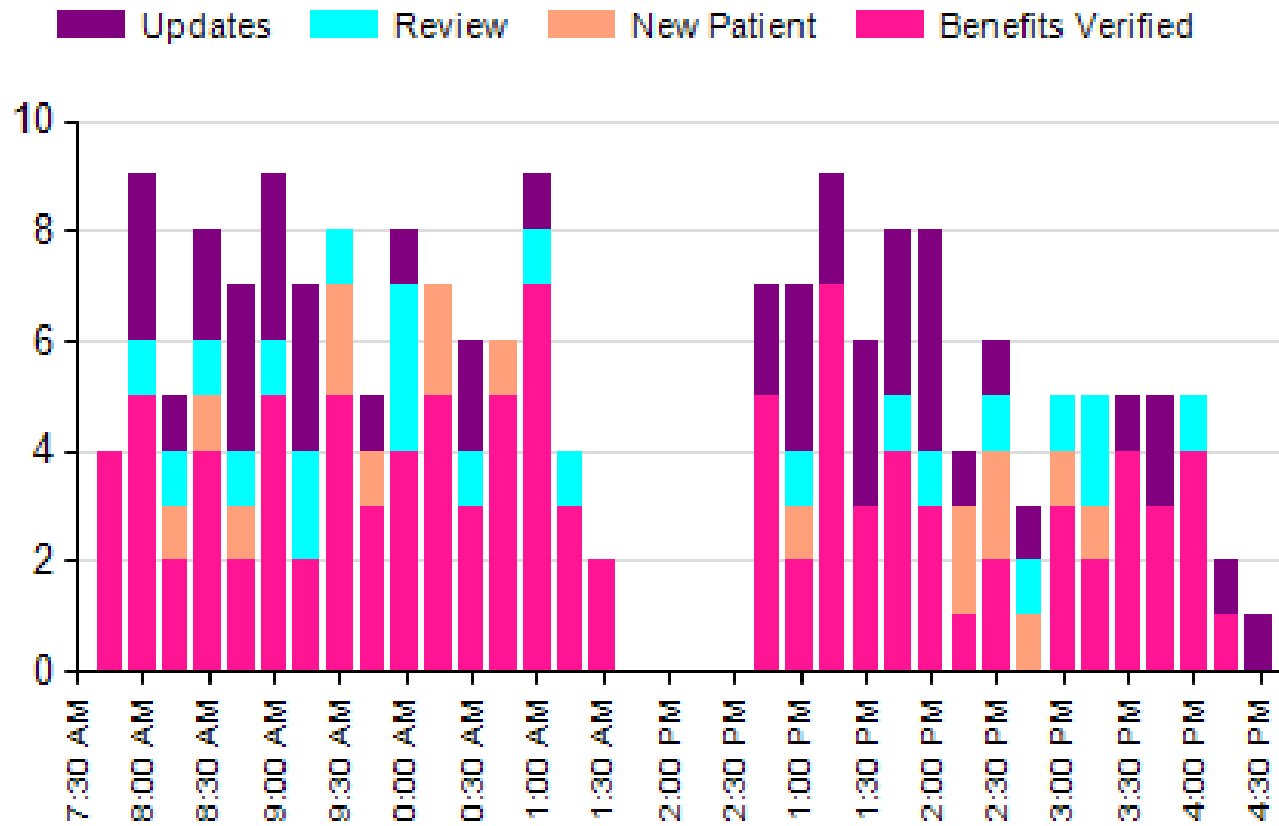
- Working with our IT department to develop a tool to automate eligibility pinging at the point insurance is entered and at the point of scheduling
 - We are fortunate to have talented IT staff members
 - The ability to use it on a case by case basis and the batch basis with all payers following the same infrastructure will make this more and more valuable

Using Eligibility Data

- Beginning to build predictive analytics on top of our eligibility status information to determine when and where staff need to be assigned
- Batch Eligibility will be the gold standard for us
 - Would like to be able to “ping” eligibility in batch format prior to a days’ visit and when sending out batches of claims
 - Not yet fully available and not as fast

Using Eligibility Data - Example

North Tomorrow Appointments



Claim Status Reports

Nothing has changed from our
perspective yet

EFT/ERA

- ONE had previously attempted every single EFT/ERA reasonably available - would have been nice to have had the new enrollment process when we first started this journey
- EFT is the lowest cost to ONE (compared to check and credit card payments)
- Some payers have wanted us to “pick up the ERA” off their website instead of using our clearinghouse
 - Would like to have the trading partners create a standard

EFT/ERA

- Tracking numbers to re-associate the EFT and ERAs will be tremendously helpful
- In the past the number of days between the ERA and EFT presented some accounting issues
 - Three day rule will help us close our books at the end of each month

CARCs and RARCs

- Need standardized remittance codes and business rules
 - The use of code combination/business scenarios will reduce waste for providers and payers
 - Currently we must map each payer's codes for remittance/denial to the “next action”
 - Often VERY difficult to figure out which patient has had a recoupment

NCVHS Questions

- Issues that arose as we tried to implement:
 - The Clearinghouse and PM vendor staff (that work directly with physician practices) do not really know the operating rules
 - Solution is to continue to build awareness about how to solve issues that come up between trading partners, rather than to ask providers to solve issues

NCVHS Questions

- What milestones need to be met for full adoption? (ERA/EFT & Eligibility)
 - Providers need to have their fears about inappropriate ***withdrawals*** addressed
 - Give providers dual delivery of ERAs for a few months will help gain trust (and education)
 - CMS auto enrollment for providers will help
 - Continue to educate providers about administrative simplification

NCVHS Questions

- Enhancing the industry
 - Tracking documents and discrete clinical data provided to obtain prior authorization or pre-determination could be labeled and retained (and certified as received) so that providers would not be required to re-submit the same data with a claim or appeal

Thank You

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