NCVHS Standards Committee Hearing

Panel 2 – ICD-10: Achieving a Successful Transition

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emdeon

About Emdeon

Simplifying the Business of Healthcare

Emdeon is a leading provider of revenue and payment cycle management and clinical information exchange solutions, connecting payers, providers and patients in the U.S. healthcare system. Emdeon's offerings integrate and automate key business and administrative functions of its payer and provider customers throughout the patient encounter. Through the use of Emdeon's comprehensive suite of solutions, which are designed to easily integrate with existing technology infrastructures, customers are able to improve efficiency, reduce costs, increase cash flow and more efficiently manage the complex revenue and payment cycle and clinical information exchange processes.

Industry Leadership

Emdeon has connections to more payers, providers and vendors than any other healthcare business in the marketplace. Emdeon understands how to deliver solutions that best impact the flow of information for all parties to increase efficiency and maximize profitability. By connecting information intelligently and making key administrative processes easier, Emdeon simplifies the business of healthcare for everyone.

Entering 2014, Emdeon's network encompasses a $900+ BILLION claims value accounting for over 7 million transactions connecting:

- 700,000 physicians
- 81,000 dentists
- 60,000 pharmacies
- 5,000 hospitals
- 1,200 payers
- 450 labs
- 600 vendors

Remediation

- *Emdeon's Exchange Clearinghouse is fully remediated*
- *Emdeon's EDI Product will be full remediated by end of Q1 2014.*
- *Emdeon communicated early on during 5010 migration that there was a dependency for ICD-10*
  - Worked directly with Channel Partners and Payers to provide education
  - Published our ICD-10 Playbook early on our HIPAA Simplified Website (www.hipaasimplified.com)
- *Emdeon provides analytics to our customers proactively*

Submitters - Claims		
Transaction	5010	Legacy
Professional Claims	96.78%	3.22%
Institutional Claims	99.76%	0.24%

- *We cannot assume that all 5010 transactions are ICD-10 enhanced.*
  - ICD-10 is a "big bang" point in time cutover so visibility is limited.

Challenges

- *Providers are dependent on their POMIS / HIS vendor*
  - The POMIS/HIS vendor is not always the same as the EDI vendor
  - To provide ICD-10 enabled software as well as the ability to conduct Provider originated ICD-10 test claims.
  - To accommodate test data feedback.
  - To interpret and post test claim feedback.
- *Provider expectation is that payers provide an accurate payment outcome.*
  - Payers may not have a test system that real-time synchs the production accumulators, benefit plans, fee schedules, policies, member and provider enrollment information, etc. required to produce a "Production" accurate remittance advice.
  - Providers may go direct to payer or through one clearinghouse for claims and use another for payment
- *Non-covered entities who may continue to use ICD-9 will be confusing for providers.*

Strategies for Helping with Transition

- *Emdeon is actively involved in outreach and education programs*
  - Through the SDOs and CMS End-to-End Testing Model
- *Emdeon is prepared to participate in the CMS Testing Week*
  - Communicated to customers in Dec 2103
- *Communicate to internal staff and key customers through regular calls*
  - Share information, develop charters, project plans and implementation schedules
- *Published educational whitepapers, held webinars, maintain on-line resource www.hipaasimplified.com*
  - ICD-10 Playbook
  - General ICD-10 Information and links
  - General and Product specific FAQs
  - Testing guidelines for both product and clearinghouse services
- *Encourage a realistic approach to testing*
  - Test now – test often
- *Emdeon's Claim Master provides customized code list capability to assist providers in their transition.*

Testing Approach

- *Emdeon launched self service testing exchange in August 2013*
  - Allows submitters to send ICD-10 test claims when ready
    - Unlimited volume
    - Clearinghouse test results
    - Aggregation of accepted test claims for payers to use when ready
- *Emdeon is proactively encouraging testing now however, to date we have seen little volume.*
- *Emdeon has been engaged with pilot testing since Q2 2012*
- *Account Managers are outreaching to trading partners to set expectations*
- *Emdeon Testing Exchange for ICD-10 can provide insight and trending*
- *Emdeon Vision for Claim Management portal provides top rejection reasons*
- *Claim Master has created a self-service tool for testing that utilizes the Testing Exchange*

Key Message

- *Emdeon believes that clearinghouses cannot up code or down code for the providers.*
  - Clearinghouse does not have the medical record to help determine appropriate coding
- *Not all trading partners will be ready at the same time*
  - Important to reach out to key partners to establish testing timeframes
- *Despite best efforts – implementations do not always go as planned*
  - Contingency plans are critical – COMMUNICATE
  - Share lessons learned
- *Concerned that testing may provide a false sense of security – encourage our providers to monitor their revenue closely following the compliance date.*