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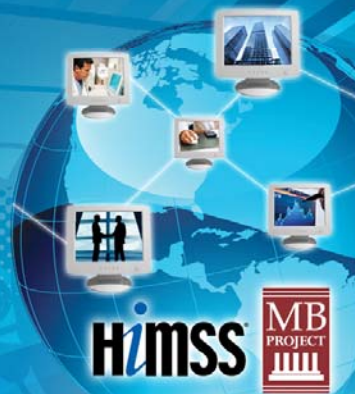
Leveraging New Resources in
Medical Banking



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Dispute Resolution Initiative

DRI Portal Preview



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- Dispute Resolution Initiative (DRI) Workgroup
 - The industry requires a more standardized process for reporting HIPAA claim adjustment reason codes.
 - The lack of standards creates a processing bottleneck for working medical claims. This tends to add cost and inefficiency for both payers and providers.
 - As banks enter the revenue cycle area, members believe that they may be able to help to standardize denial codes..

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The Primary Goal of the DRI Workgroup

To align HIPAA claim adjustment reason codes into a standardized usage matrix that would have industry adoption

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- The Dispute Resolution Initiative Portal
 - Develop an on-line Standard Usage Matrix Access database for use by banks and provider institutions first (physicians later)
 - Include valid codes as of January 1, 2008 with no historically outdated codes
 - Maintain compliance with published standards

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Payer:

Code:

Category:

Origin:

Follow-Up:

Termination Date:

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Search Results

Payer:

Code:

Category:

Origin:

Follow-Up:

Termination Date:

Payer Name	Payer Code	Payer Description	Group Code	Carc Code	Ansi Description	Type / Category	Origin	Follow Up Process
CIGNA	AA	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT ALLOWANCE FOR ANOTHER SERVICE PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.		105	Tax withholding.	15		6
CIGNA	ED1	CIGNA ED1		132	Prearranged demonstration project adjustment.	7		11
CIGNA	MU1	SERVICES PROVIDED BY NON-PARTICIPATING PROVIDER ARE NOT COVERED SINCE THE MEMBERS PLAN HAS NO OUT OF NETWORK BENEFITS		B5	Payment adjusted because coverage/program guidelines were not met or were exceeded. This change to be effective 4/1/2008. Coverage/program guidelines were not met or were exceeded.	5,9		2
CIGNA	MUI	SERVICES PROVIDED BY NON-PARTICIPATING PROVIDER ARE NOT COVERED SINCE THE MEMBERS PLAN HAS NO OUT OF NETWORK BENEFITS. MEMBER RESPONSIBLE.		35	Lifetime benefit maximum has been reached.	8		2
CIGNA	D102	OUR RECORDS INDICATE THERE WAS NO		107	Claim/service adjusted because the related or qualifying claim/service was not identified on this claim. This change to be effective 4/1/2008. The related or qualifying claim/service was not identified on this claim.	2		5

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User Account:	<input type="text" value="Admin"/>
Name:	<input type="text" value="aaa"/>
Phone:	<input type="text" value="aaa"/>
Email:	<input type="text" value="ah4gacook@caremedic.com"/>
<input type="button" value="Download Excel Template"/>	
<input type="button" value="Save and Upload New Payer(s) File"/>	

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To upload a spreadsheet is a three step process.

1. Upload your file to the server so that we may begin.
2. Verify your file is in the format we need by selecting the View your Excel Data. This will address any problems in formatting.
3. After steps 1 and 2, if everything is ok Import your data for processing.

<input type="button" value="Upload Excel Spreadsheet"/>	<input type="button" value="View Your Uploaded Excel Data"/>	<input type="button" value="Import Excel Data to Database"/>
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Search Results

Payer Name	Payer Code	Payer Description	Group Code	Car Code	Ansi Description	Type / Category	Origin	Follow Up Process
HealthNet	DDP	Charge denied. Duplicate claim previously paid - denied or a duplicate submission to a claim currently in process.		5	The procedure code/bill type is inconsistent with the place of service.	2		5
HealthNet	HE	Charge denied. Services exceed allowed number of procedure codes per date of service or is a duplicate procedure to one previously considered. Provider responsible.		103	Provider promotional discount (e.g., Senior citizen discount).	18		11
HealthNet	IQ	Charge denied - Member is ineligible for this date of service. Expenses incurred after coverage terminated. Member responsible.		105	Tax withholding.	15		6
HealthNet	JK	Charge denied. Only one office - hospital visit charge allowed per date of service. Provider responsible.		105	Tax withholding.	15		6
BCBS	M44	Testing stuff		112	Payment adjusted as not furnished directly to the patient and/or not documented. This change to be effective 4/1/2008. Service not furnished directly to the patient and/or not documented.	2		1
BCBS	M33	Testing again		187	Health Savings account payments	3,12		2
BCBS	TRT	This is a test		105	Tax withholding.	15		6
BCBS	TYT	testing again		B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	1,4	3,5	10

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Request Code Update

User Account:

Name:

Phone:

Email:

Payer Name:

Code:

Description:

Or

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Administration Tasks

- Payer Code Maintenance
- Payer Maintenance
- Payer Insert Audit
- Upload New Carc Codes
- Category Maintenance
- Origin Maintenance
- FollowUps Maintenance
- Resource Maintenance

System Administrator Items

- Event Viewer
- User Manager

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Enter a New Name for the Payers:

Payers

- Aetna Master
- BCBS
- CIGNA
- HealthNet
- Test Payer Master

Select Payer

Remove Payer

Selected

Save

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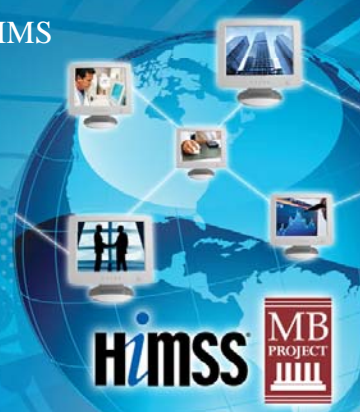


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HIMSS Health Information Exchange

John Kansky, MSE, MBA, FHIMSS, CPHIMS
 Vice President, Business Development
 Indiana Health Information Exchange

2009 – 2010 HIMSS HIE Steering
 Committee Chair



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Healthcare Information Exchange

HIE Steering Committee Objectives

- Provide HIE expertise, knowledge and leadership for various HIMSS services and activities
- Support achievement of HIMSS Annual Strategic Goals and Objectives
- Support HIMSS Advocacy activities as requested at the state and national level
- Interact with the HIMSS Chapter HIE Liaison Roundtable

Healthcare
Information
Exchange
Steering Committee

HIE Portfolio
Task Force

HIMSS HIE
Chapter
Liaison
Roundtable

HIE Open Source
Task Force

HIELights
Newsletter Task
Force

AHIMA/HIMSS
HIE P & S
Workgroup

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FY 10 HIE Content Area

HIE Technology Portfolio Task Force:

- Develop tools and resources to equip stakeholders in evaluation of and participating in an HIE

Open Source Task Force:

- Develop an overview of open source deployments in the HIE environment
- Explore how open source can be leverage with ARRA

HIELights Newsletter Task Force:

HIE Roundtable:

- Open to HIMSS members for networking and education purposes for those participating in and actively working in an HIE environment

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FY10 HIE Steering Committee

FY10 Activities

- Develop resources around key HIE topics
 - HIMSS HIE Topic Series
- Deploy HIMSS HIE Wiki
- Participate in HIMSS public comment periods
- Support HIMSS advocacy activities

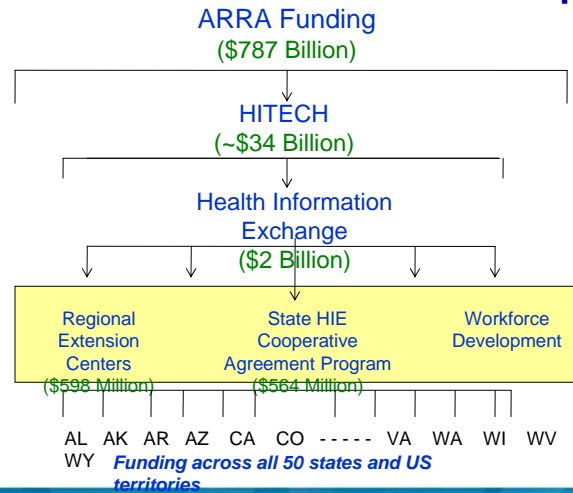
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FY10 HIE Content Area Activities

- HIE Book (*previous HIE Steering Committee member*)
 - *Author under contract;*
- Collaboration Activities: CDC, GAO, SLHIE, etc.
- Support HIMSS Educational offerings
- HIMSS 2010 HIE Symposium & Post Event Reception

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ARRA HITECH – Once in a Generation Opportunity

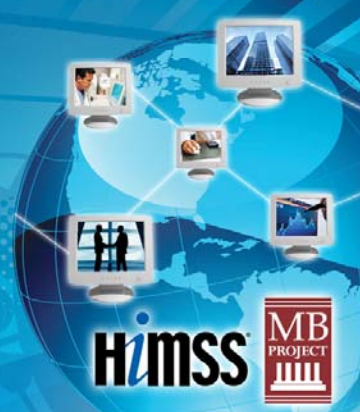


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HIMSS Financial Systems

Joe Miller
 Director E-Business
 AmeriHealth Mercy

2009 – 2010 Chair of HIMSS
 Financial Systems Steering
 Committee



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HIMSS Financial Systems

FY 10 FS Steering Committee Objectives

- Provide FS expertise, knowledge and leadership for
 - Education and awareness activities
 - Tools, resources and content deliverables
 - HIMSS FS content activities
- Support HIMSS Annual Strategic Goals and Objectives
- Support HIMSS Advocacy activities as requested at the state and national level

Financial Systems
Steering
Committee

Revenue Cycle
Task Force

ICD 10
Task Force

Financial Edge
Newsletter Task
Force

FS & PS/Q
Collaboration
Task Force

NUBC
Workgroup

NUCC
Workgroup

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FS Steering Committee FY10 Roles and Responsibilities

- Support HIMSS 5010 & ICD-10 Readiness Assessment Survey
- Develop information resources around key FS topics
 - HIMSS FS Series – Specific topics TBD
 - Publish resource to assist members with ARRA
- Participate in HIMSS public comment periods
- Support HIMSS Advocacy activities as they relate to FS content

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FY10 Activity Highlights

Support

- HIMSS Chapters with sharing of FS expertise through Chapter programs and presentations
- The *Financial Edge* newsletter
- HIMSS educational offerings and programs as requested –
 - Managing the HIT “Perfect Storm” Webinar – 350 Participants
 - ICD-10 Webinar – 530 Participants
 - 2010 FS Symposium
 - 2 Webinars To Be Announced
- The continued growth of the FS membership community within HIMSS
- Testimony to Federal Entities
 - CMS ICD-10 Industry Feedback Session
 - NCVHS Standards Task Force ICD-10 Hearings

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5010/ICD-10 Survey – Findings Nov 2009

- Most providers understand the timeline for 5010, but are less clear on the changes that may impact their organization
- Only 12% of providers have a 5010 project formally initiated.
- Over half of providers are currently assessing what they need to do for 5010
- Most providers (56%) will upgrade or replace their patient accounting / practice management system to achieve compliance
- Almost 2 of 3 providers (63%) identified EHR or other technology projects as competing for resources with 5010.
- Almost 2 of 3 providers (63%) identified a lack of internal/external resources and/or knowledgeable resources as the primary obstacle to meeting compliance dates for 5010

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FY10 Financial Systems Content Area

Revenue Cycle Task Force

- Publish RCM white paper focused around the life cycle of the patient encounter leveraging technology
- Identify impacts of 5010 and ICD10 compliance

ICD10 Task Force

- Develop tools and resources to educate and equip providers in achieving compliance

Quality & Pricing Reporting Task Force

- Building upon current work effort, explore leveraging technology in quality and pricing reporting from the provider's perspective

Financial Edge Newsletter Task Force