National HIPAA Audioconference:

Analysis of Proposed Rules Regarding Transactions/Code Sets and the ICD-10

Provider Perspective:

Anticipated Benefits; Concerns; Alternative Approaches; Timeline and Budgeting for Implementation

wedi™ Partnering for Electronic Delivery of Information in Healthcare

Intermountain Accounts Receivable Management

AAHAM

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Anticipated Benefits

- The beauty of Standards –
    - There are so many to pick from! We expect:
        - Reduction in Companion Guides
        - Fewer different interpretations of the instructions
- 5010 Addresses problems, confusion, and conflicts in 4010A1
- Fewer differences should drive the ability to implement with more payers
- More standardization should drive the ability to integrate transactions into your work flow with greater automation
- More automation with more payers = Reduced costs

Anticipated Benefits

- COB
  - Improved explanation, balancing, crosswalk
  - Expect more payers/providers will implement
  - More COB with standard content = More electronic claims, faster payments
- Clearer definition in the 837 Institutional IG for various Provider Types
  - Easier to understand when "Required" or "Not Used" for Inpatient or Outpatient.
- 4010 Written before NPI rules determined.

Anticipated Benefits

- Greater adoption of 835
  - Clearer instructions for handling denials
  - Corrections and reversals are cleaner

- More complete and usable data in acknowledgment responses

Concerns

- Budget:
  - approved, fully staffed, for compact time frame and 2 NPRM's?
- Staggered Implementation or all at once?
- Vendor Readiness? Payer Readiness?
- Overlap with other initiatives?
- Some payers are still not processing claims with changes UB92 > UB04 or even NPI – are they able to implement 5010 and ICD-10?
- Will your Trading Partners offer testing? How easy will it be?
- Rollout of ICD-10
  - System changes beyond coding and claim submission
  - Without Crosswalk…
    - ALL payers must accept both or…
    - Providers must code and be able to send one or the other (not likely)
  - Historical data archived in ICD-9!

More Concerns

- No requirement to acknowledge claims
- No National Payer ID
    - Eligibility
    - Claim
    - Payment
    - COB
    - ID Card
- 5010 Eligibility does not require "accumulators"
- Claim Status – Only as good as the coding of status/denial reasons
- EFT still not required

Approaches to consider:

- Discuss with key Trading Partners – some topics include:
  - Timeline – Stagger? Payer/Clearing House readiness?
  - Testing plans and capability
  - ICD-9 > ICD-10 transition plans
  - Insist on:
    - Acknowledgment transactions
    - COB capability
    - Plan identification in 835
    - Comprehensive and Quality Coding for 271, 277, and 835 transactions
- Eligibility
  - Encourage payers to adopt accumulators – if they provide it via phone, if provided via web site, include it in the 271!!
  - "…I told you: no Websites (wire hangers) EVER?" (Faye Dunaway as Joan Crawford)
    - Let my computer talk to your computer!
- Insist on complete integration (vendor and payer)
  - Acknowledgements
  - Data content for tracking transactions
  - Data/Dollars re-association – EFT Content correct
  - Etc.

Timeline and Budgeting

- Don't count on extension
- Discuss with vendors
    - Start remediation now - ensure they're moving forward
    - Qualified staffing on board?
    - Timeline is compact!
- Budget for implementation
    - Software cost?
    - Transaction cost changes?
    - Staffing for testing, validation, education, rollout, etc.
    - Is budget included for 2009, 2010, 2011? 5010 AND ICD-10?
    - ICD-10 is more than a coding change!!
        - ICD – 9th revision published in 1977!!
            - Reimbursement issues?
            - "Data Warehouse"
            - Interfaces
            - Training
            - etc.
- Test, Test, and … Test some more!
    - Where are "rub points"
    - Test cases
    - Test Extremes (Zero pays, large dollars, negative amounts, etc.)
- Fasten your seat belts, it's going to be a bumpy night!! (Bette Davis as Margo Channing)

Thank You!

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