

Panel 4: Healthcare Claim or Equivalent Encounter Information

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Advancing Leaders. Advancing Practices.™

About MGMA

- MGMA is the premier association for professional administrators and leaders of medical group practices
- Since 1926, the association has delivered networking, professional education and resources, political advocacy and certification for medical practice professionals
- Through its national membership and 50 state affiliates, MGMA represents more than 33,000 medical practice administrators and executives in practices of all sizes, types, structures and specialties.



Survey Data

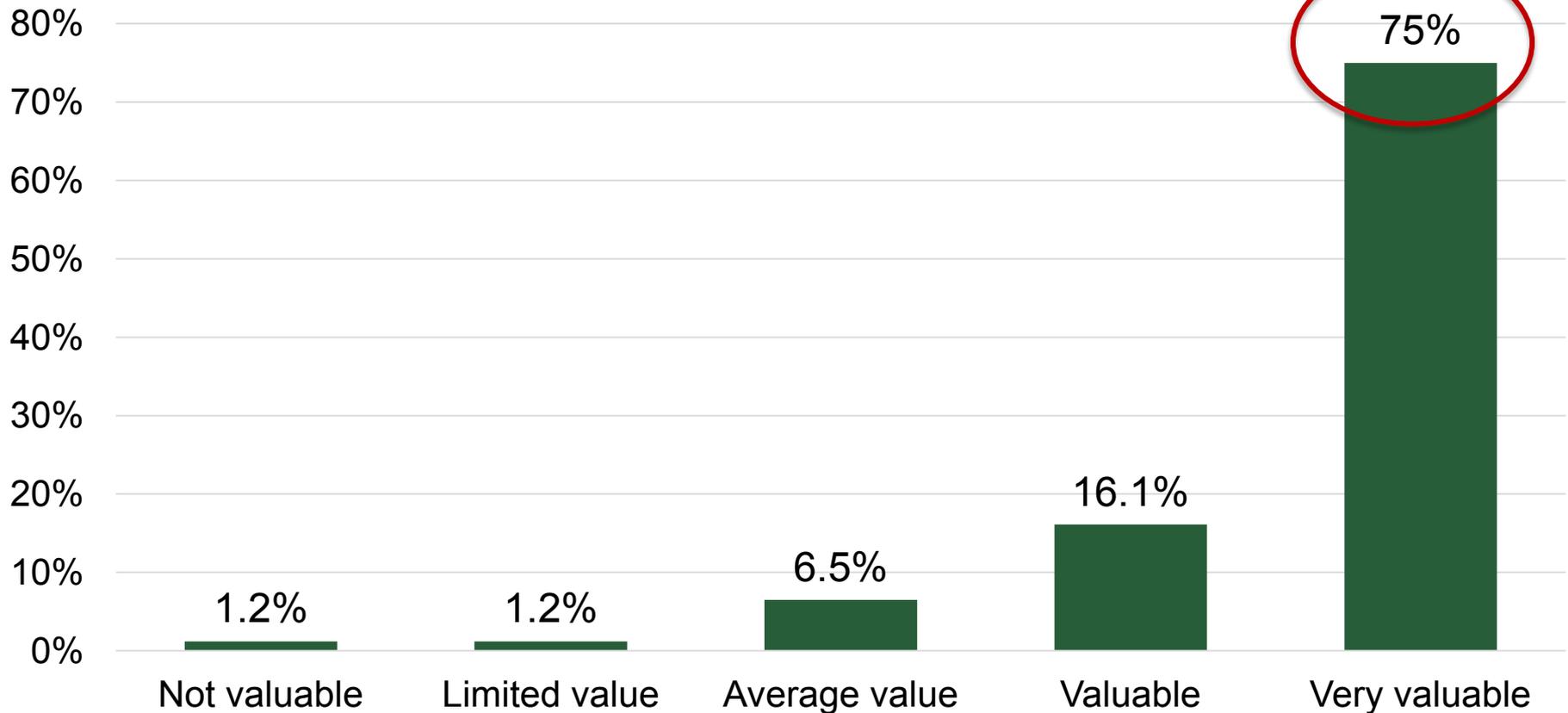
1. Joint survey with the American Dental Association, American Medical Association and MGMA
 - April-May 2015
 - 1151 respondents
2. MGMA member survey
 - June 2015
 - 547 respondents

Rate how often your practice uses the following methods to submit claims

Answer Options	Always	Frequently	Occasionally	Rarely	Never
5010 submitted directly to health plan	12.7%	13.7%	11.2%	16.1%	46.3%
5010 HIPAA 837 submitted to clearinghouse	66.3%	29.5%	1.5%	0.8%	1.9%
4010 HIPAA 837 submitted directly to health plan	1.9%	4.4%	8.8%	13.8%	71.3%
4010 HIPAA 837 submitted directly to clearinghouse	9.2%	9.2%	6.7%	12.3%	62.6%
“NSF” or older version submitted directly to health plan	2.4%	1.2%	2.4%	12.2%	81.7%
Paper claim submitted to health plan	0.8%	8.1%	45.7%	39.7%	5.7%
Paper claim submitted to clearinghouse	2.9%	3.4%	15.7%	22.1%	55.9%

Rate how valuable your practice would find the following if included in the 837

Electronic acknowledgements from your clearinghouse and health plans





Practice Concerns

- Significant variability in payer acceptance of electronic claims
- We have not quite reached standardization-practices still required to understand each payer's unique requirements
- PM vendors do not always support use of 5010 837
- When there is a submission problem, much finger pointing (vendor, CH, payer)
- No acknowledgments = reduced transparency



Select Member Comments

- “Certain payers cannot accept electronic claims”
- “Work comp require paper”
- “Some of the smaller payers do not accept e-claims through our clearinghouse”
- “Some local plans don’t accept electronic claims”
- “Carrier does not accept electronic filing”
- “Sometimes insurance plans have the wrong logic built into their claim system and it needs to be circumvented by manual review”



Use and Potential Savings

- According to the *2014 CAQH Index™ Electronic Administrative Transaction Adoption and Savings Calendar Year 2013*
- Fully Electronic 837 (HIPAA standardized) Transaction Adoption Rates, Health Plans Reporting 2013 Data = 91.8%* (2/3rds via CH)
- **Potential provider savings: \$2.23 per claim transaction**



MGMA Recommendations

- Short-term
 - CMS should significantly increase provider education on use of the 5010 837
 - Critical to tie use of the 4010 to ICD-10 codes
 - Mandate acknowledgement transactions
 - CMS should endorse/support the EHNAC/WEDI PMSAP
- Longer term
 - Additional collaboration between provider organizations and SDOs (go where the providers are)
 - Require workers comp to accept 837
 - CMS should proactively audit HPs for 837 compliance
 - CMS should consider financial incentives to move industry toward wide-scale adoption (similar to meaningful use)