

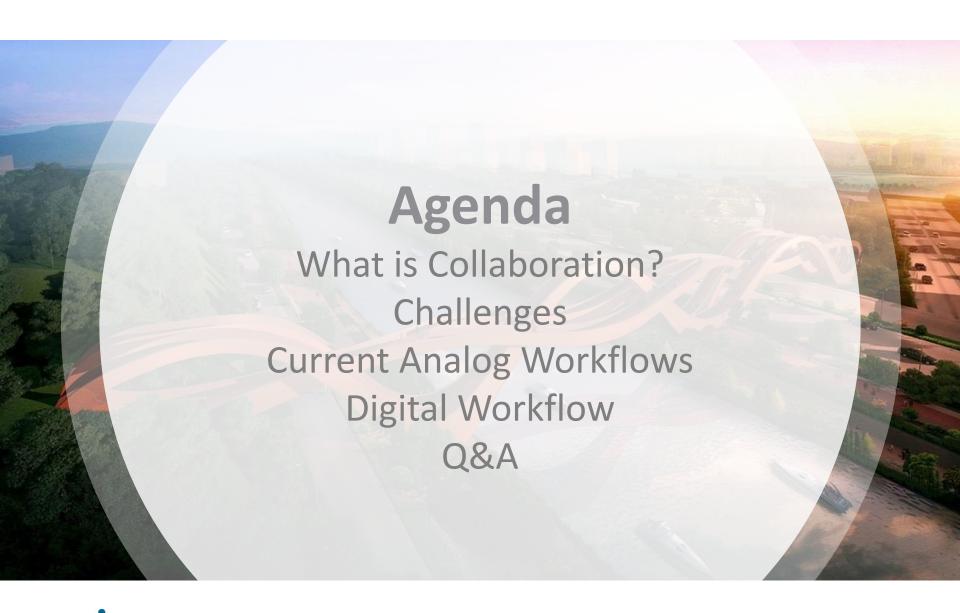
# **Payer Provider Collaboration**

**Building Bridges** 









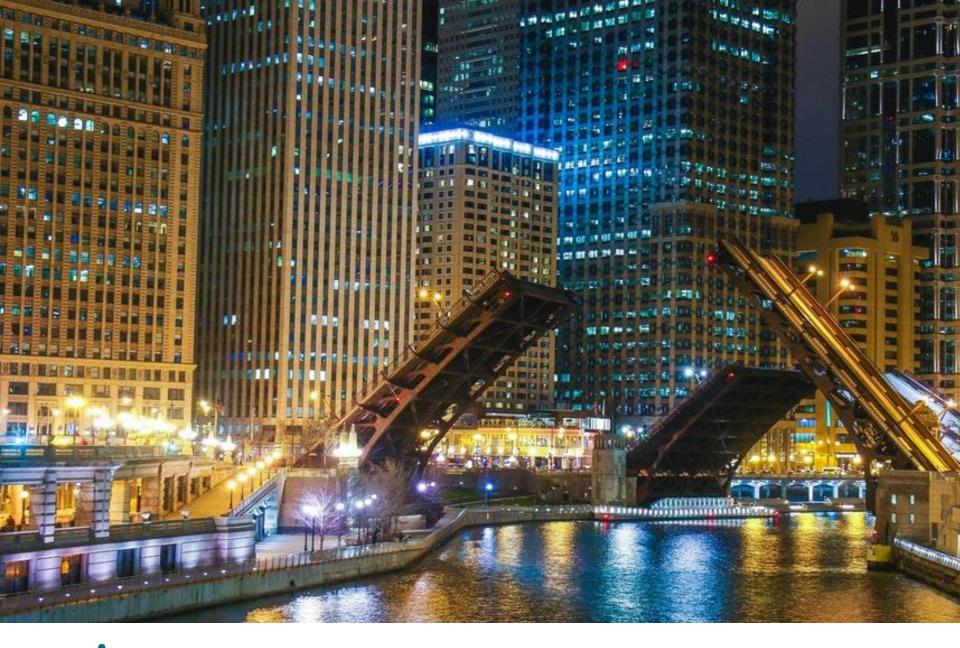








**CENTRAL & SOUTHERN OHIO** Chapter

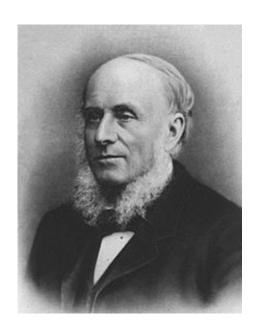




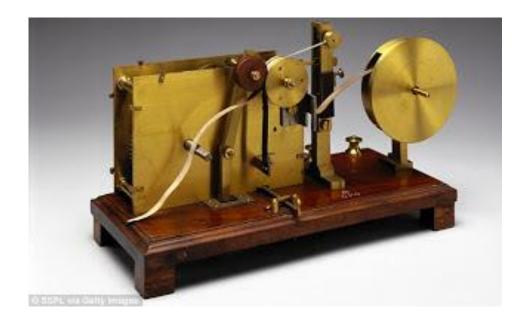






















## Cost

#### **Providers**

MGMA: \$21.34 per record

Cash Flow: Delays up to 30 days for claims

**Denials and Appeals** 

**Payers** 

\$15-50 per record

Provider/Member abrasion

"Chaos" around unsolicited attachments

Chart Pull Cost for care management



# **Patient Care**

#### **More Records Being Requested**

90% of surveyed physicians reported that prior authorization sometimes, often, or always delays access to care

Need for improved care coordination, continuity of care, transitions of care, care management, support Alternative Payment Models

Average practice burden: 37 prior authorizations per physician per week, which takes a physician staff an average of 16 hours to process



# Additional Challenges Providers

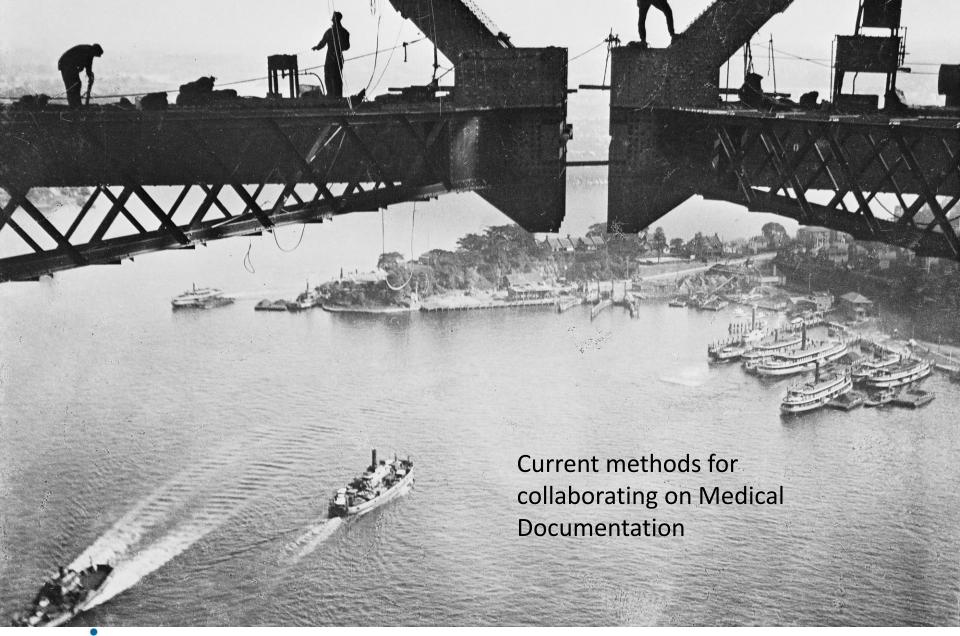
Payer Lost charts/Multiple Requests for same chart

Postal mail = worst, fax = less worse, Portals not much better

Payers - Quality of Data and images poor

No EDI standard for Claims Attachments





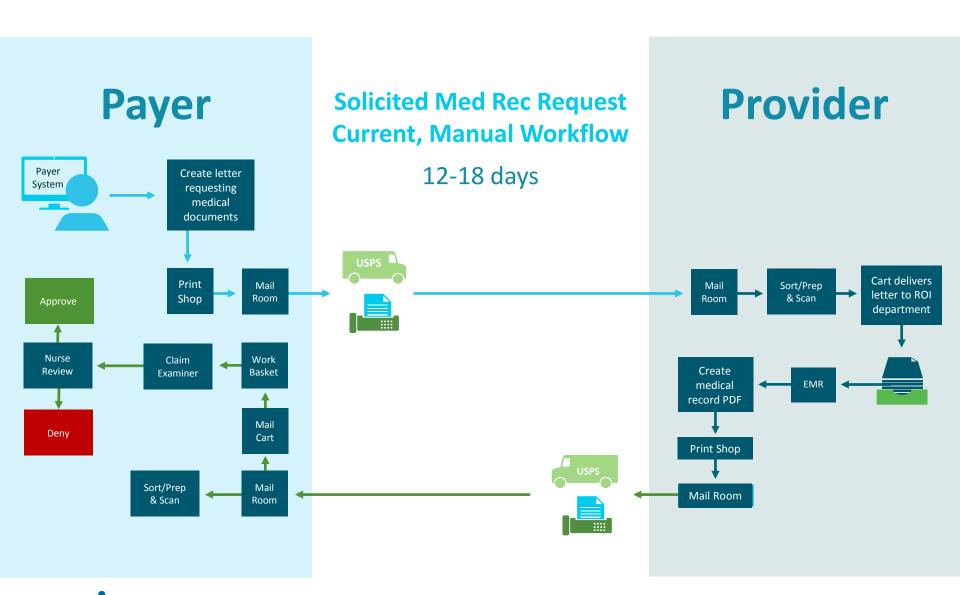


# "Culture eats strategy for breakfast, but workflow eats everything in healthcare"

Rich Roth, Chief Strategic Innovation Officer for Dignity Health

## **Current Payer/Provider Workflows**

- Manual
  - Paper via snail mail
  - Fax
  - Secure email
- Semi-Automated
  - Portals
  - File Sharing Web sites
  - ESMD
  - Direct Messaging
- Automated Workflow
  - EDI (X12 275/277/278 + CCDA)
  - Mackinac





#### **Manual**

#### Paper/Mail, Fax & Secure email



- Access
- Simplicity
- Common understanding
- Flexible Workflow



- Expensive (Labor)
- Low Quality
- Security
- No assured delivery
- Not collaborative/conversational

#### **Semi-Automated**

#### Portals, File Sharing Web sites, ESMD & Direct Messaging



- Secure
- Higher Fidelity Data and Documents
- May speed issue resolution
- Works with Payer workflow



- Complex (ID + PW) and difficult for Providers (workflow)
- Requires IT investments
- Inflexible
- Expensive (Labor)
- Not collaborative/conversational
- Limitations in number, size and types of attachments

#### **Automated Workflows**

#### EDI (275/277/278) & Mackinac



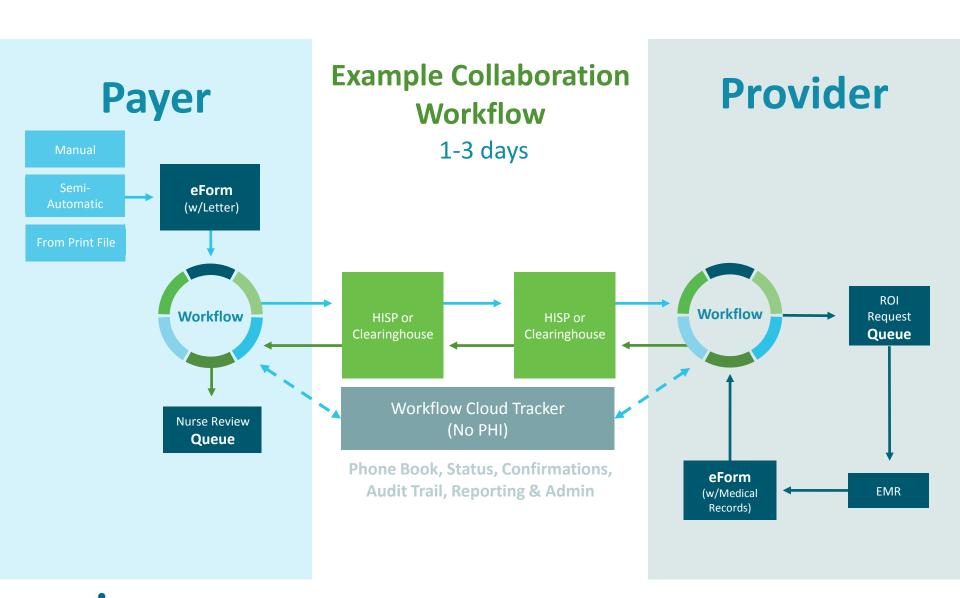
- Reduces costs
- Highly Secure
- Leverages Existing Infrastructure
- High Fidelity Data and Documents
- Likely to speed issue resolution
- Work with Payer AND provider workflow\*
- Collaborative & Conversational\*
- Flexible\*



- Requires standards adoption\*
- Requires IT investments\*
- Requires adaptation to payer and provider workflows\*









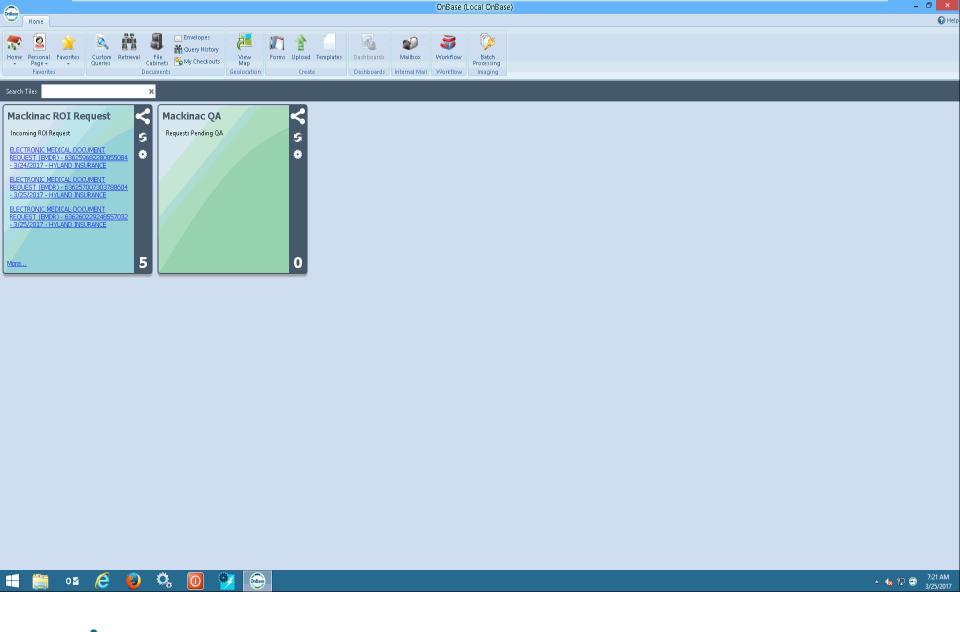


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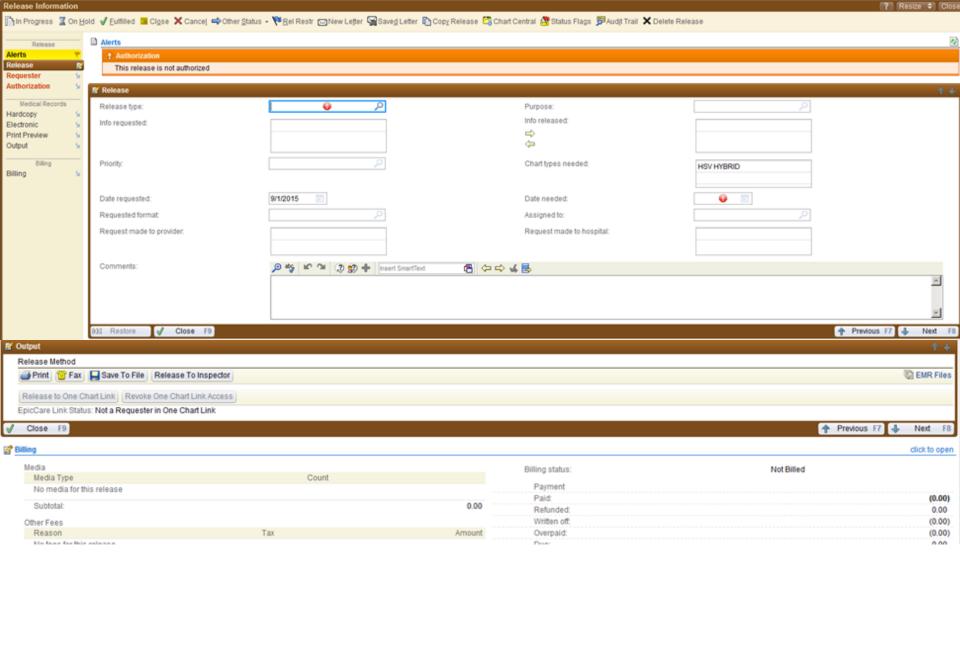


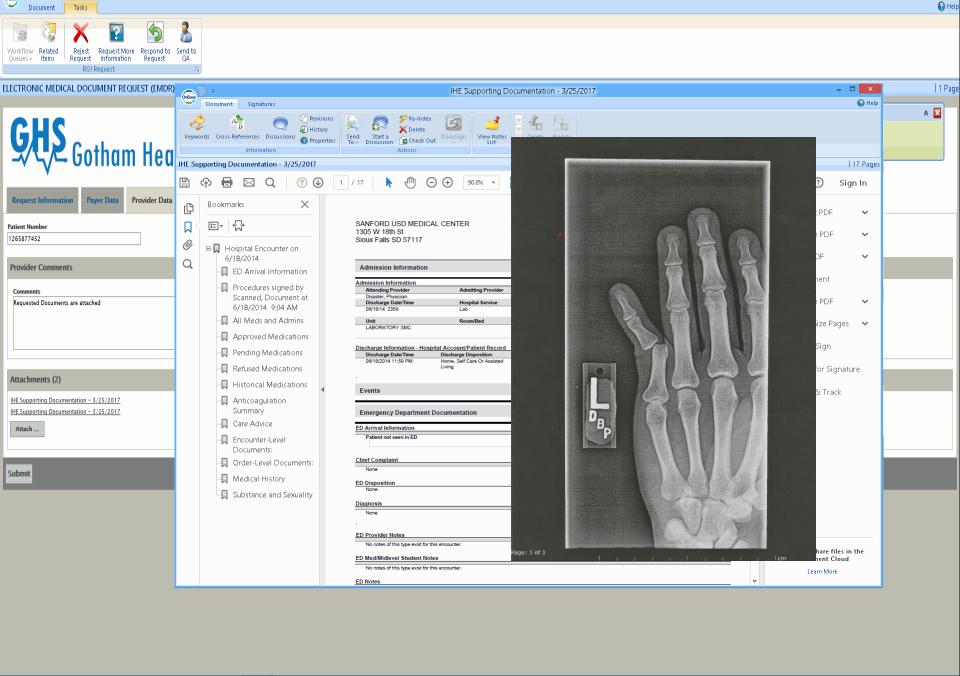












ELECTRONIC MEDICAL DOCUMENT REQUEST (EMDR) - 636259682280855084 - 3/24/2017 - HYLAND INSURANCE







Tasks Tools







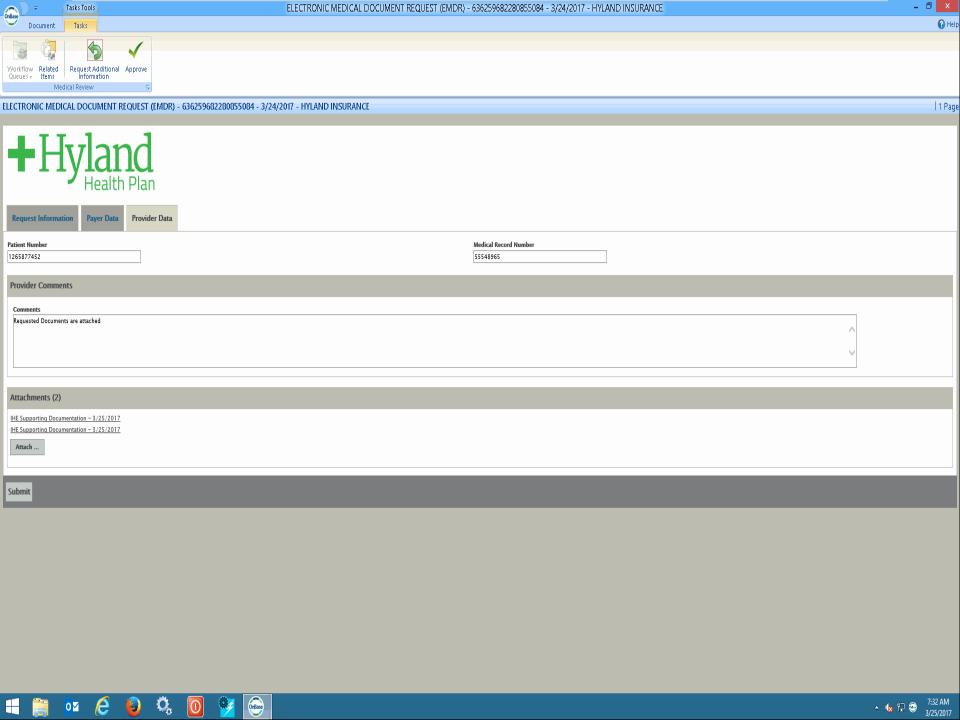












# **Collaboration - Looking Forward**

#### Payer

Solicited and Unsolicited Claims
Attachments

**Prior Authorizations** 

**Appeals** 

**HEDIS** 

Risk Adjustment

UM/CM/DM

#### **Provider**

Solicited and Unsolicited Claims Attachments

**Prior Authorizations** 

**Appeals** 

**Care Coordination** 

#### Other

**DME** 

Home Health

SNF

Government

HIEs





# **Frequently Asked Questions**

When will CMS require EDI?
What is the status of OnBase Mackinac?
What have I learned in 4 years on this problem?





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