The Clock Continues to Tick

Are you ready for testing?

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HFMA – Lone Star Chapter
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Survey Question – Set the Baseline

• I think ICD-10 will be:

1. I don’t really care, I am planning a career change this summer
2. Easy, I’m planning a vacation in October of next year
3. No different than 5010, some confusion and some delayed revenue
4. The end of Healthcare, working on my resume now
The View from Outside your Organization

• “Many describe ICD-10 as the mother of all information systems and operational challenges. That's partly because the codes figure directly in reimbursement—a long and winding food chain linking providers, clearinghouses and payers. Get it wrong and the worst-case scenario is that revenue grinds to a halt.”
  - Health Data Management, Oct 1, 2013 Gary Baldwin

• With ICD-10 implementation less than 10 months away, health plans and providers haven't fully determined how the new coding standards will affect their businesses, according to a recent poll conducted by KPMG LLP, the U.S. audit, tax and advisory firm.
  - NEW YORK, Jan. 8, 2014 (GLOBE NEWSWIRE)

Know Your EDI Format(s)

• In what format do you exchange data with your vendor or clearinghouse and what do they forward on?
  • ANSI v5010
    - Great, this is the preferred interchange format
  • UB04
    - Can carry the data, check that the receiver will support
  • Revised CMS1500 (April 2014 version)
    - Can carry the data, check that the receiver will support
  • UB92, v4010, Original CMS1500, HCFA 1500
    - None of these formats were designed to support ICD-10
Know Your Partners and Systems

- Inventory your payers
- Inventory your connectivity pathways
  - Initial Clearinghouse
  - Are claims delivered to another clearinghouse before delivery to the payer?
  - Don’t forget about secondary claims
  - Don’t forget about secondary systems that consume claim data
  - HIS/POMIS
    - Can you control ICD-9/ICD-10 at the payer or plan level?
    - Are you able to dual code natively?
    - Is there a coding converter in place

Emdeon, the Largest Healthcare Network

Providers

Vendor Partners:
- MedAssets, ECW, Aetnascripts, SSI, Cerner Group, GI, Vitera, Athena, ADS, Compulink, Zirmed, etc.

Emdeon Solutions:
- Claim Master (ICD-10 ready)
- Emdeon Office (ICD-10 ready)

Emdeon Clearinghouse (ICD-10 Ready)

5010 99% of claims
4010/Paper/Other

Connected through:
- Direct connected
- Exclusive payers
- Few other connection paths

Payers
- Medicare
- Blue Cross
- Champus
- Medicaid
- Commercial
Snapshot from the Clearinghouse

- Confident in our ability to move v5010 EDI
  - Vendor partners and providers have exchanged EDI
  - No "Aha" moments - EDI as usual
  - No significant EDI changes are required where v5010 is exchanged
  - We implement diagnosis code changes regularly
    - 999’s, 277’s and 835’s
- We are eight months away, much of the focus is testing
  - Still a limited number of providers have natively coded ICD-10 EDI available for testing today
  - Limited provider data means limited ability for payers to test with “live” data
- Emdeon is concerned about
  - Reimbursement
  - Payers who are not v5010 ready
  - Providers who not v5010 ready
Objectives for Testing

• **Submitters want to test with Clearinghouses:**
  - Determine if their ICD-10 coded claims will pass clearinghouse edits
  - Demonstrate their ability to generate valid ICD-10 coded claims
  - Confirm their software vendors and clearinghouses are ready to support ICD-10

• **Submitters want to test with Payers:**
  - Identify variances in payer claim processing outcomes associated with ICD-10
    - Reimbursement variance
    - Denials or delays
  - Evaluate payer processing enforcement standards for ICD-10
  - Collaborate with payers to evaluate processing outcomes for specific clinical or billing scenarios

• **Payers want to test with Submitters and Clearinghouses:**
  - Generate a source of provider natively coded ICD-10 test claims to process through their system in order to evaluate impact and variance for ICD-10 adjudication
  - Gain visibility into how providers are interpreting ICD-10 code assignment for particular clinical scenarios
  - Determine the extent to which providers, software vendors and clearinghouses are ICD-10 ready

First, the good part of the testing story
Emdeon First to Launch Industry-wide Testing Exchange for ICD-10

NASHVILLE, Tenn., Aug. 26, 2013 /PRNewswire/ -- Emdeon Inc., a leading provider of healthcare revenue and payment cycle management and clinical information exchange solutions, today announced the launch of the first of its kind self-service testing exchange solution for ICD-10 claims. The Testing Exchange for ICD-10 allows providers and channel partners to submit ICD-10 test claims and receive Emdeon claim status feedback. Participating payers can then receive the accepted test claims via Emdeon's easy-to-use, self-service ON24/7 customer service portal.

The Emdeon Testing Exchange for ICD-10 offers the following services:
• Provider submission of an unlimited volume of test claims
• Claim status feedback to providers of clearinghouse testing results
• Aggregation of accepted test claims for payers to use in their testing processes

The Emdeon Testing Exchange for ICD-10 uses existing submitter communication and reporting preferences to make the provider/vendor submission and clearinghouse feedback process simple. Further, the self-service nature of the testing exchange allows payers to drive their own timetable for requesting and receiving natively coded test claims from providers.

There is no additional software required and testing services are being offered to Emdeon provider, channel partner and payer customers at no charge.

"Emdeon is ready for ICD-10 and we greatly appreciate the collaboration with our customers who have helped us create a rock solid testing environment," said Miriam Paramore, executive vice president of product development and corporate strategy for Emdeon. "We will continue to work with government entities, our customers and our trading partners to make the ICD-10 transition as seamless as possible."

Free! Available Now!

More Info

http://www.emdeon.com/5010/icd10adminexchange.php
Payer List, Updated Information

*Beginning in early second quarter Emdeon will show ICD-10 info on its payer list.*

- Emdeon will update its existing Payer List resource to include key payer ICD-10 related status and participation information, including:
  - Will the payer be ICD-10 Ready on compliance date?
  - Will the payer enforce ICD-10, and reject ICD-9 on and after the compliance date?
  - Will the payer accept ICD-9 on Paper Claims on and after the compliance date?
  - Is the payer participating with Emdeon’s ICD-10 Testing Portal?
  - Will the payer support requests for participation in trading partner testing collaboration:
    - Accepting a limited number of requests
    - Accepting all requests
    - Not accepting requests?

Payer Testing Landscape
Payer Self-Service Test Claim Delivery

To request ICD-10 test claims from your pool of submitted test data, payers will log into Emdeon ON24/7 to select and request test claims based upon the portal selection criteria (see Features and Benefits). After a payer submits their request, Emdeon will initiate a process to aggregate the requested test claims into X12N 837 v5010 professional or institutional test claim files. The requestor will receive an email notification once the test claim file is available (Emdeon expects requested files to be available on the same or next business day). Payers can download the Emdeon generated test file to their own network and begin payer testing activities.

Medicare EDI Testing

• Emdeon will participate in the March testing
  • Emdeon has already enrolled its submitters with CMS
  • All submitters need to do is submit ICD-10 Medicare claims into test prior to March 3
  • Emdeon will manage test submissions to Medicare

• Test results
  • Medicare will reply with their 999 and 277CA
  • No ERA will be available from Medicare
Challenges of External Testing for ICD-10 Readiness

Testing Challenges: Sample Limitations and Variability

- Many testing methods & criteria
  - Payers require specific test data criteria (including membership and service dates)
  - Payers may request ICD-10 test claims for particular historical claims and clinical scenarios
  - Testing may be very limited in scope

- Many testing capabilities
  - Not all payers are willing/able to test
  - Not all payers will be capable of producing test payment feedback standard
  - Many providers do not have user-facing test systems to review test payment feedback

- Many participation limitations
  - Trading partners will be ready at different times, missing each other's test windows
  - Payers will test with a limited number of providers
Testing Challenges: Payers Need Your Data

- There is only a limited amount of natively coded ICD-10 claims available from providers today.
- The sooner you have data available, the better your opportunity to test with some payers.

### Other Key Texas Payers

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Looking Ahead to Production

Production Contingency Planning

*It is realistic to assume...*

- Not all health care organizations will be in a position to transact ICD-10 codes beginning October 1, 2014
  - Emdeon will be ready, but cannot assure health plans will be ICD-10 ready
  - Emdeon will be ready, but cannot assure all submitting providers will be ICD-10 ready

- Trading partners will need to develop contingency plans for a variety of scenarios in the event they or their business partners are not able to support ICD-10 codes on the compliance date
  - Emdeon will be ready, but cannot assume responsibility for a trading partner’s contingency plan approach nor the outcome if such contingency plan fails

- Emdeon will pass what it receives
Q&A

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