



*Taking Healthcare Information Exchange Further*

# Roadblocks to Real-Time Adjudication

February 13, 2006





- **Health plan Participation Must Equal 60-70% of a Physicians Workflow**
- **Facilities Take 5-7 Days To Gather Billing Data**
- **Office Staff Need New Tools to Manage Data**
  - Remittance Advice Received at Claim Submission
  - Payment Received 1 to 4 Weeks Later
  - Cannot be Managed Manually
- **Billing Service Manages Payment for Provider**

- **No Standards for Billing Procedures**
  - i.e. Anesthesia, Infusion Therapy
  - Office Managers Manually Fix Bills
- **Billing Service Fix Data Issues Created by Out of Date Practice Management Systems**





**Day 1** - Billing Service Sends Claim to Provider Clearinghouse

**Day 2** - Provider Clearinghouse Sends to Accumulator Clearinghouse

**Day 3** - Accumulator Clearinghouse Sends to Health Plan Clearinghouse

**Day 4** - Health Plan Clearinghouse Sends to Health Plan Electronic Vendor

**Day 5** - Health Plan Receives the Claim

**The Provider's Office is 1 Mile from Health Plan Office!**

- **Claims Funded 2-4 Weeks After Adjudication**
- **Payment Processing Dependent Upon Third Party Negotiated Fee Schedules (PPOs)**
- **TPA Systems Not Current**
  - No Software for Real-Time Adjudication
- **Self Insured Coverage High in Some Regions**
  - i.e. 60% of Patients Self Insured for Indianapolis Physicians





- **Register Provider in Health Plan Translator**
- **Authentic Provider**
- **Maintain Provider Banking Information**
- **Manage Provider with 1 Claim/Month**