

WEDI X12 Conference Real Time Claim Adjudication



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HUMANA
Guidance when you need it most

What's the problem?

The onset of “Consumer-directed Health Care” and “High Deductible Health Plans” have healthcare providers increasingly concerned about the shift of the financial burden to the patient.

They believe this shift will result in:

- Decreased cash flow, increased bad debt
- Inability to collect accurate patient dollars at POS
- Overcharges or undercharges on HSA's
- Increased administrative costs
- Adverse patient relations

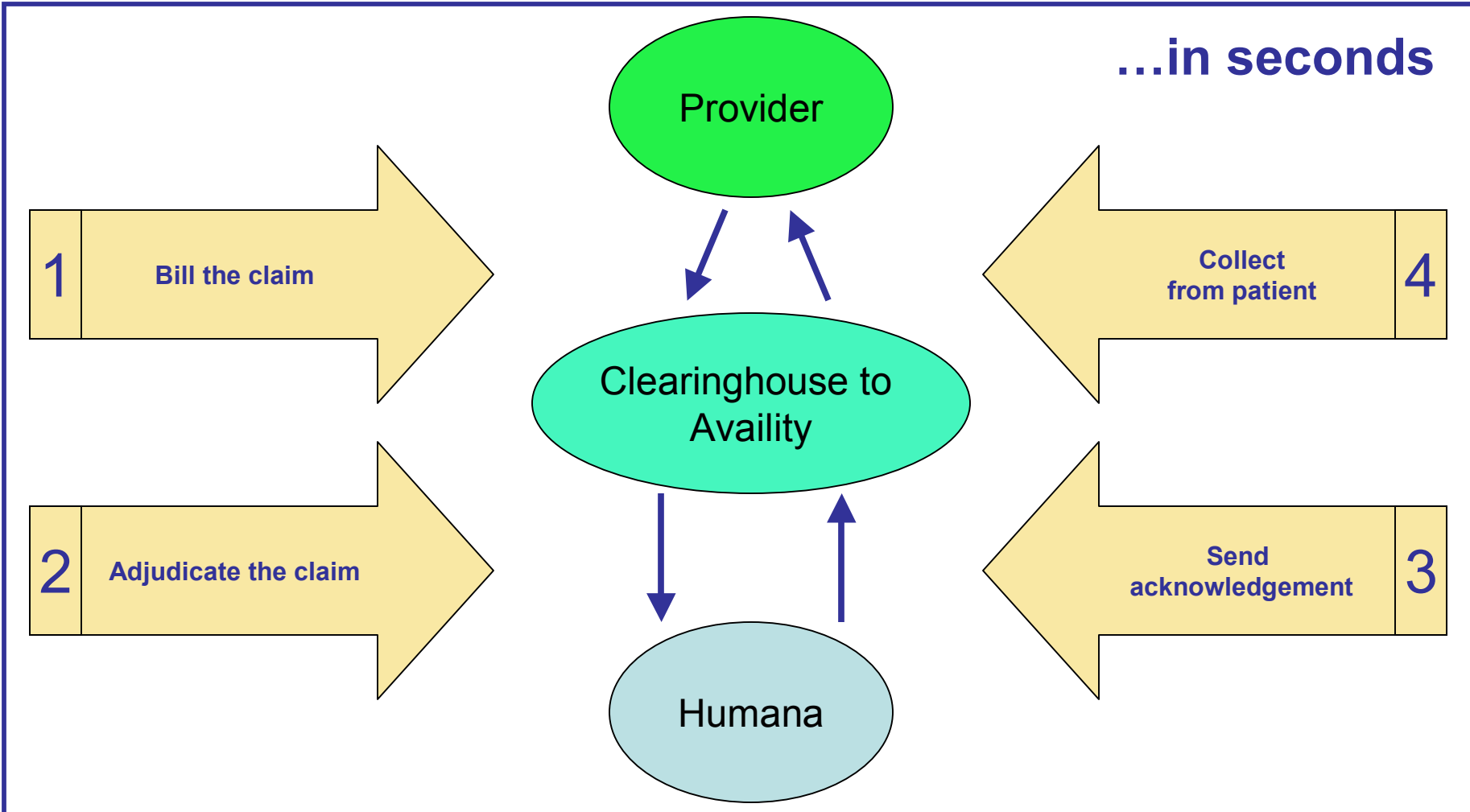
Real Time Claim Adjudication (RTCA)

Enables provider offices to ***accurately*** collect private pay dollars ***at the time of service.***

“There’s no doubt that we have seen cash flow benefits. But in addition to that, we have seen improvements in patient satisfaction and in our ability to communicate with them. We’ve also seen a reduction in staff hours that it takes to send out statements, do rebilling, and talk to patients about charges over the telephone. ... It (Humana's solution) has made for a much more efficient operation.”

Terri Foose, C.F.O. for MacGregor Medical Center

RTCA...Supporting Providers



RTCA – The Industry Today

Humana has had RTCA through web screen-entry since 2003 via Availity.com.

Most companies promoting RTCA have either

- created a web screen-entry
- required a proprietary connection
- required information to be keyed into a separate point-of-sale device

While these systems can suffice...they do not go far enough to address provider office work flow and duplicate keying of claim data.

Humana believes that integrating systems (practice management systems, clearinghouses and payers) is the only *REAL* solution to real time claim adjudication.

Current Project Status – Payers & Vendors

Participating and in production nationally

- Availity
- ZirMed
- Regional practice management systems
- Blue Cross and Blue Shield of Florida

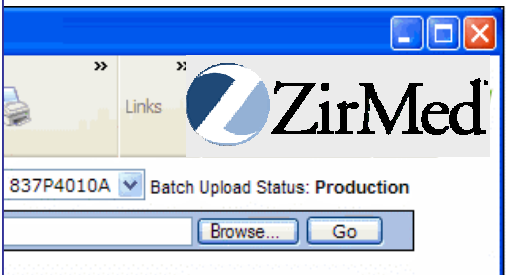
Participating and in implementation

- athenahealth

Many other vendors invited to join the effort to transform the industry's claim submission (and response) infrastructure to support real time, point-of-service adjudication.

Current Project Status - Physicians

- Completed pilot Q1 2006
- Have talked to over 500 provider offices
- Completed 3 focus groups
- Unanimous positive feedback
- Adoption is consistent



Tracking Real-Time Claim Status

Ready to Upload Queued for Processing Uploading Extracting Claim Validating Adjudicating **Response Received**

Real-Time process has completed for this claim. [Click here](#) to reset this screen and upload a new real-time claim

Payer Response

CLAIM WENT TO PAYABLE STATUS
WE HAVE RECEIVED THE CLAIM
THANK YOU

CHARGE: \$200.00
ALLOWED AMT: \$78.48
EST PAY: \$68.48
PATIENT RESP: \$68.48
CO PAY: \$10.00
CO-INS: \$0.00
W/HLD: \$0.00

Done Trusted sites



Barriers:

- Most vendors can not transmit in “real time”
 - Claim submission (it’s just an 837)
 - Claim acknowledgement
- Most providers can not create a bill at the time of service
- Most payers can not adjudicate in “real time”
- Volume, volume, volume...
 - Low national HDHP membership
 - Low number of payers able to participate
 - Which comes first...vendors creating functionality or physicians asking for it?

Next Steps

All industry participants have responsibility...

- Payers
 - must adjudicate and acknowledge in real time
 - must collaborate with other payers
- Vendors
 - must build real time functionality
 - must make it affordable
- Providers
 - must modify workflow
 - must invest in technology

Contact Us

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