

Vermont Clean Claims Initiative

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Stakeholders

- MVP
- BCBSVT
- CIGNA
- Health Care Advocate (HCA)
- Vermont Association of Hospitals and Health Systems (VAHHS)
- Department of Vermont Health Access (DVHA)
- Bi-State
- Vermont Medical Society (VMS)
- American Medical Society (AMA)
- HP Enterprise Services

Timeline

- *June 2014*- Mark Painter (co-chair, CO Clean Claims Task Force) as appropriate expert to assist GMCB.
- *October 16, 2014*- Entered into sole source contract with Mr. Painter.
- *October 29, 2014*- GMCB and Mr. Painter held a webinar for stakeholders on the Colorado experience and received feedback from stakeholders about past work performed as well as visions for the future.
- *November 2014*- Mr. Painter prepared an Executive Summary of Options laying out potential solutions, based on CO experience and feedback from stakeholders.
- *December 10, 2014*- Webinar for stakeholders discussing the potential return on investment of standardizing claims edits and the options laid out in his Executive Summary.
- *January 21, 2015*- In-person/phone stakeholder meeting at the Green Mountain Care Board to continue discussion of ROI and options.
- *January 22, 2015*- Mr. Painter presents to GMCB and Senate Finance Committee.

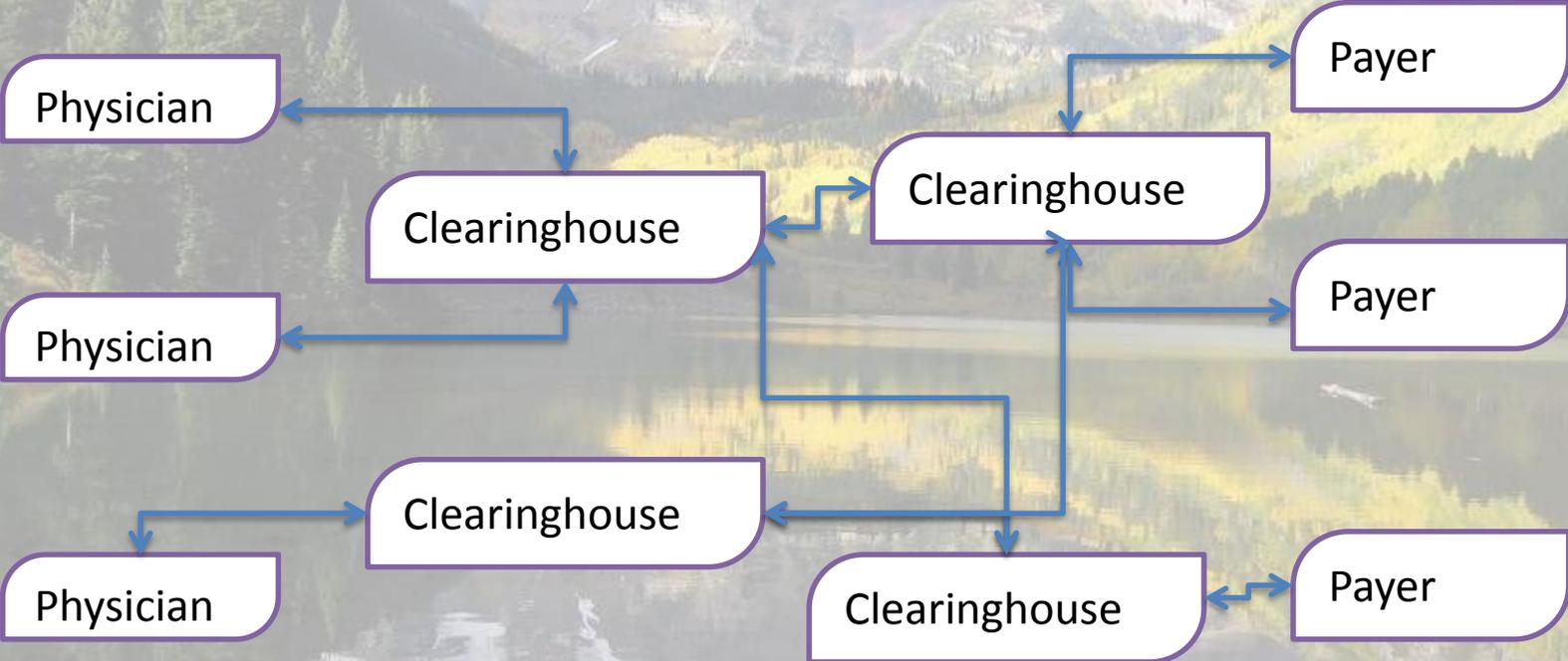
What is a Claim Edit?

- Front End/Demographic – Analysis of patient name, DOB, address, benefit number etc.
- **Claim Edit** - a series of edits based on procedure or service provided to include what can be reported to appropriately describe the procedure and/or circumstances of the service
- Benefit Edit – does the service fit within the agreed to coverage purchased by the patient

Rules and Codes

- CCI
- CPT
- ICD
- MFSDB
- Modifiers
- PQRS
- Value

Healthcare Claim Submission Process



Legislative Goal

- Establish a single edit database set for Physicians for all “Vermont” Private Payers.
- Allow for transparent and open development by representative Group.
- Create a sustainable Model.

Projected Savings to System

- Population of Vermont 626,630 ^{US Census 2013}
- Projected saving between \$6.0 – 18.2 million per year
 - \$9.58 per person per year
 - \$2.73 per claim

All Savings based on CCCTF projected savings adjusted for population of Vermont.

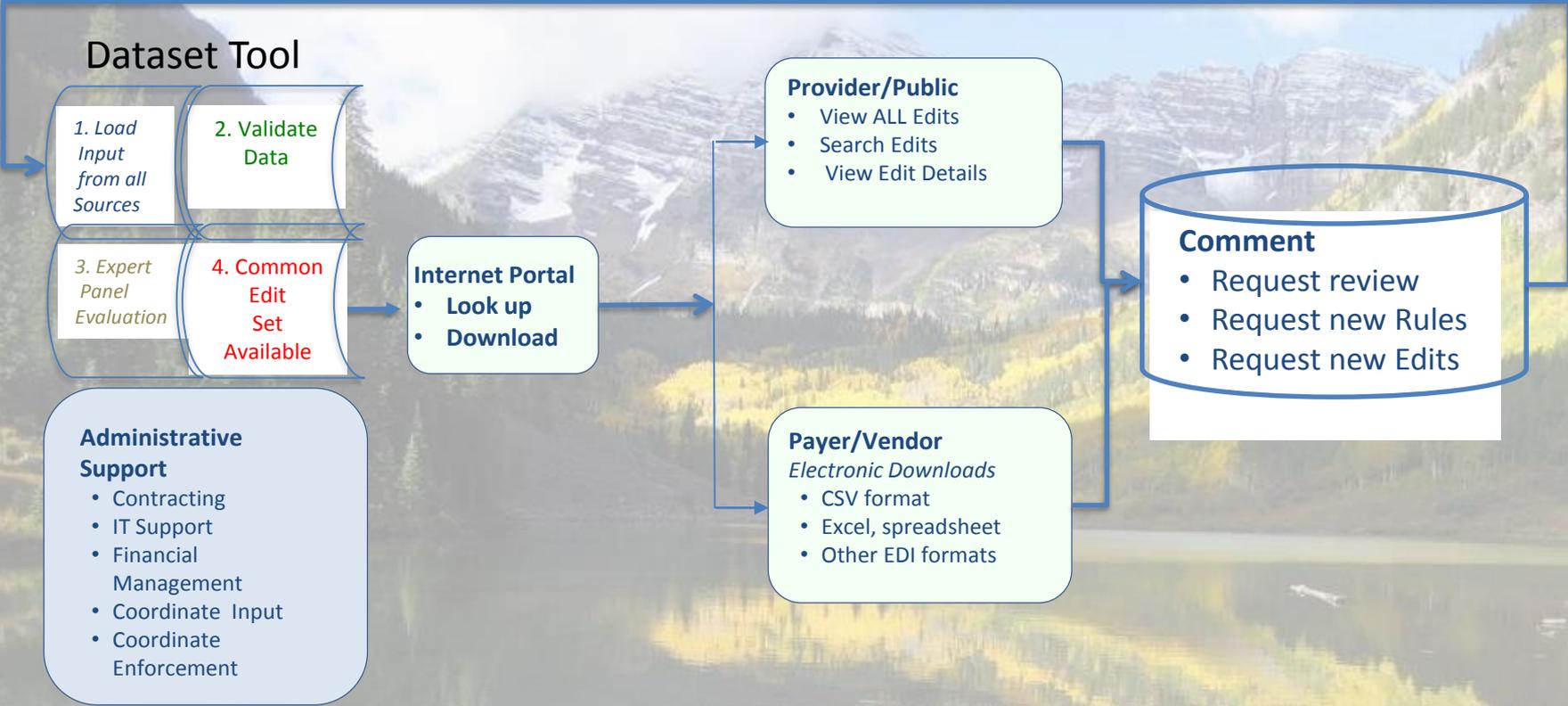
Projected Savings based on Administrative Cost

- Assumptions
- 2,163,830 claims per year (Vermont Act 150 2013 report)
- 6.8% claims denial surrounding potential edits.
(124,609 claims) (Vermont Act 150 2013 report)
- Low cost for payer to deny \$6 per claim ^{Optum Insight}
- Estimated Cost to Provider to reprocess a Claim
\$25 per claim ^{MGMA Feb 2014}

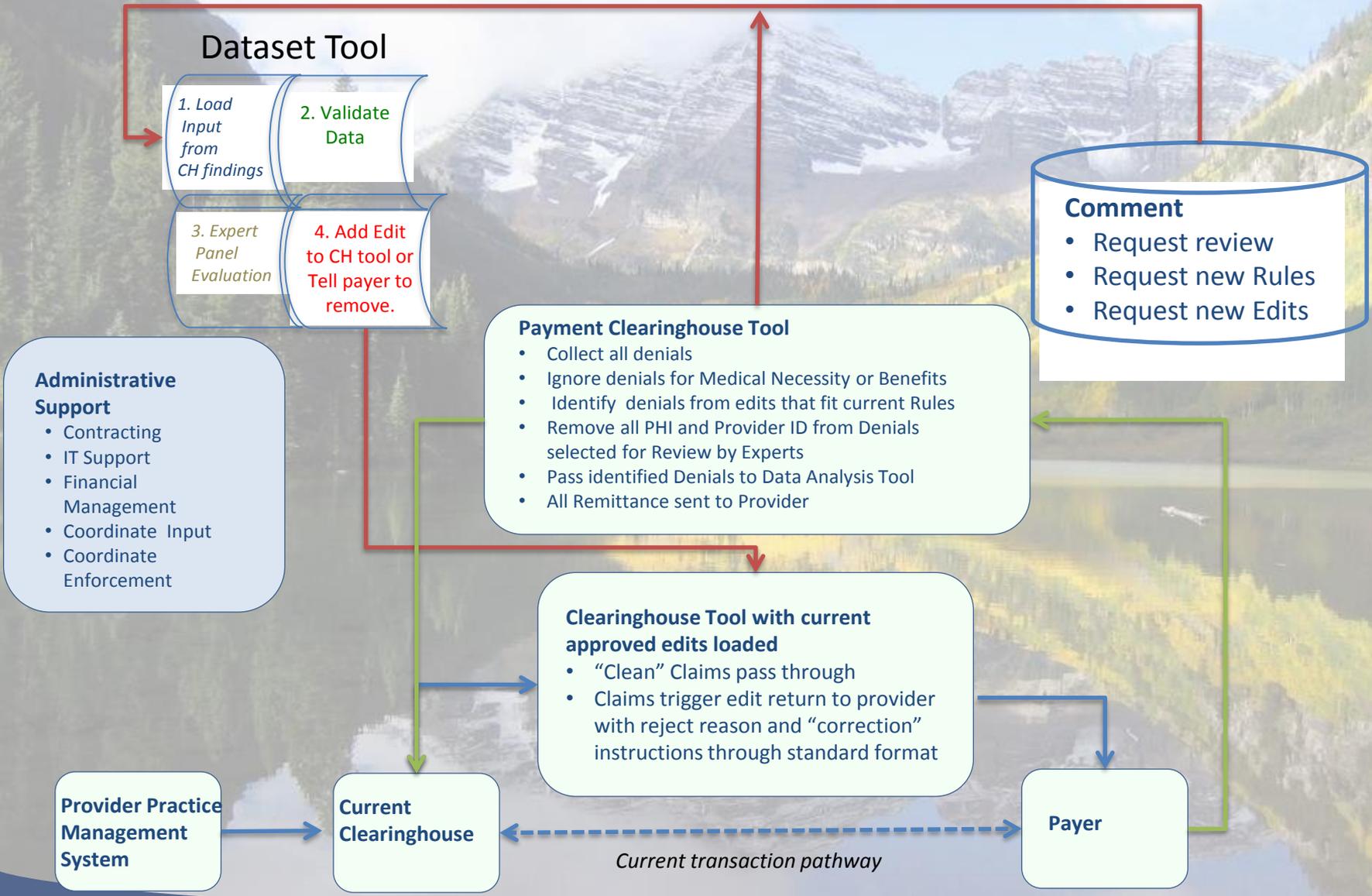
Projected Savings based on Cost

- Total Cost Savings \$3,862,879 to \$1,682,221.50
- Savings per person per year \$6.16 to \$2.68
- Savings per Claim per year \$1.79 to \$0.78

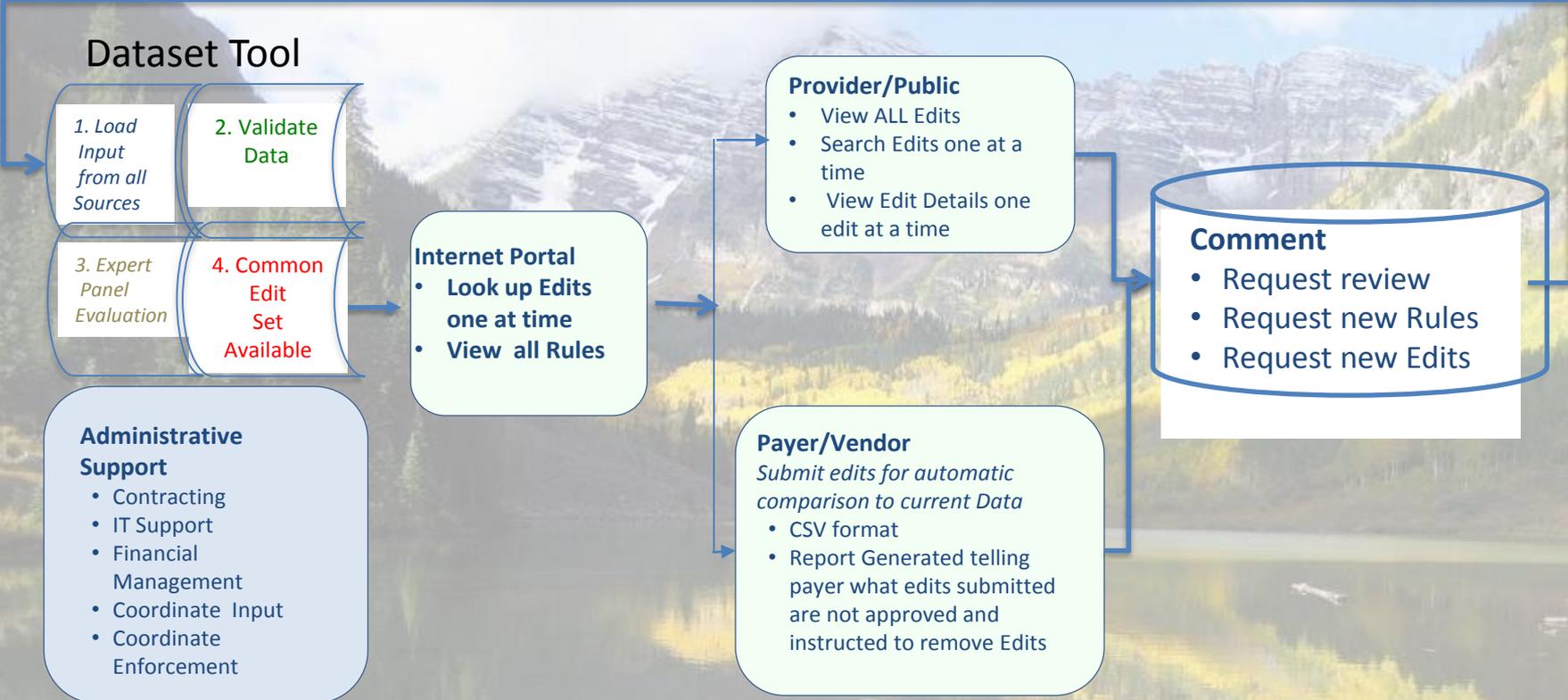
Option 1 (Colorado Type)



Option 2: Clearinghouse Option



Option 3 (Limited Disclosure)



Option 4 (Limited Rule Release)

