Payers

Financial Management Solutions

ClaimsXten KnowledgePacks
Improving the Management of Medical & Payment Policies

McKesson's code auditing principles are built on 30 years of clinical and domain expertise and accepted and used by more than half of all health plans and nearly 90% of the top 25. For ClaimsXten™, the advanced claims auditing module of the McKesson Total Payment™ platform, KnowledgePacks supply the clinical foundation of rules and logic necessary to execute a specific payment policy or guideline. Each rule has a set of clinical data associated with it that results in an edit—a recommendation to review, modify, deny or allow a specific claim line.

The KnowledgePacks, along with the extensive rule customization flexibility of ClaimsXten and the Total Payment platform, help you manage medical and payment policies across all lines of business and for both professional and facility claims.

ClaimsXten KnowledgePacks help:

- **Optimize claims adjudication.**
  KnowledgePacks help you achieve consistent claims adjudication, increasing savings while providing a large return on investment.

- **Customize to your business needs.**
  KnowledgePacks are defined by areas of interest, so you can choose a subset or all of the possible ClaimsXten rules. Being able to select and implement a smaller targeted set of rules enables you to quickly implement and realize benefits from the rules that are appropriate for your business.

- **Improve clinical quality and lessen administrative burden.**
  The seasoned McKesson Clinical Team develops and maintains the KnowledgePacks, relieving you from the administrative cost of research and maintenance. In addition, the clinically sound rules help to minimize provider appeals and the administrative burden of addressing them.

- **Accuracy and transparency.**
  All rules are date sensitive, enabling accurate policy administration based on the applicable effective dates of the edits. In addition, all edits are sourced and provide robust clinical rationale that is fully transparent to you through the ClaimsXten user interface and to your providers through our Clear Claim Connection™, including custom rules. You can also create and customize rationale statements to describe reimbursement policies to users.

Available ClaimsXten KnowledgePacks include:

- **Core and Code Auditing.**
  These rule sets focus on basic claims administration and data validation as well as millions of payment edits that are sourced to the American Medical Association (AMA) and numerous specialty societies, covering bundling, multiple procedure reduction and global payments, to name a few.

- **Code Auditing Premium.** The Code Auditing Premium KnowledgePack contains rules developed to address industry trends. For example, it includes rules to edit the appropriate billing of new patient codes, global and component billing codes. These rules use historical claims data that cross dates of service and providers.

- **CMS-Sourced.** Payer clients that reference CMS guidelines when building medical and payment policies may find everything they need in the CMSSourced KnowledgePack, which supports CMS guidelines including medically unlikely edits as well as durable medical equipment (DME) claims and other coverage guidelines. This KnowledgePack can be applied to both Medicare and commercial lines of business.

- **Facility.** The Facility KnowledgePack delivers standardized, ready-to-use content designed primarily to automate outpatient facility claims auditing. Rules include outpatient validation edits, bundling, and coverage guidelines utilizing facility-based fields such as revenue codes, facility relative value units (RVU), and bill types unique to facility claims and sourced to AMA, CMS and other industry-standard practices.

- **Medical Policy.** The Medical Policy KnowledgePack provides an automated solution for building, maintaining and applying medical policies, eliminating the need to hard-code policies in claims systems. The KnowledgePack rules have a unique shell structure that accommodates the complexity and variability of medical policies. Standardized rule templates are available so that you can populate the rules with your unique clinical content for use across your systems.

- **National Coverage Determination/ Local Coverage Determination (NCD/LCD).** This set of rules help implement the CMS guidelines for national and local coverage determinations. Customers can apply these rules to both commercial and Medicare lines of business based on their payment policies. Rules are designed to apply to either professional or facility claims. Local coverage guidelines can be applied by region based on your geographic coverage areas. Because LCD policies change quickly, they are continuously monitored and updated monthly. McKesson updates the NCD KnowledgePack quarterly.

- **Specialty Rx.** The Specialty Rx KnowledgePack is pre-populated with editing rules and content developed using evidence-based medical guidelines from the U.S. Food and Drug Administration, supplemented by the National Comprehensive Cancer Network(R) (NCCN(R)) and other established evidence from the medical literature. This highly configurable KnowledgePack gives health plans an automated system for building, maintaining and applying specialty drug policies during claims adjudication for both on-label and off-label indications.

- **Waste and Abuse.** The Waste and Abuse KnowledgePack contains the rules needed to identify wasteful payments, billing errors and abusive billing, such as rules that detect the inappropriate billing of DME procedures, potential split claim billing of lab panels and diagnosis mismatch on claims that attempt to avoid reduced payment via global procedure bundling.

- **Custom Rules.** The Custom Rules KnowledgePack allows you to build unique rules to address payment policies not addressed in the other KnowledgePacks. With ClaimsXten's flexibility, you simply provide McKesson with your business requirements, and we develop and test a new rule to meet the business need.

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