

Payers

.....
Financial Management Solutions

ClaimsXten™ Select **Enabling Flexible Claims Auditing**

Ever evolving health industry mandates, increased reimbursement model complexities and regulatory claim coding requirements are hitting your health plan faster than ever before. These constant changes can stress your claim system's ability to quickly respond, decreasing payment accuracy and increasing manual efforts in a mixture of fee-for-service (FFS) and value-based reimbursement (VBR) models.

ClaimsXten™ Select is a flexible rules engine that helps increase the speed and accuracy of your claims processing with a robust library of clinical guidelines that are accepted and used by more than half of all health plans and nearly 90% of the top 25 plans¹. In fact, over 100 million members have their claims running through the ClaimsXten suite as it processes over 1 million claims a day making decisions on claims payment in sub-second timeframes.

ClaimsXten Select will help you:

- Achieve a significant ROI without additional fees found in contingency models. Customers using ClaimsXten have averaged an annual return of 28:1.²
- Improve auto-adjudication, reported by some at 2-4% or more.³
- Reduce appeals, some reported by up to 30%⁴ with clinically sound rule rationale— instantly available to doctors via the Web.
- Implement new edits quickly for even the most complex payment policies.
- Get flexibility to precisely apply edits to support your provider and customer relationships. Date sensitivity allows you the opportunity to educate and notify providers of changes in your policies in advance of implementation.

Strong Clinical Foundation

McKesson's code auditing principles are built on 30 years of clinical and domain expertise, and they are accepted and used by more than half of all health plans and nearly 90% of the top 25.¹ The 113 rules representing more than 20 million edits are organized into KnowledgePacks, which are created and maintained by McKesson clinical experts. Updates are available to customers on a quarterly basis, allowing them to choose KnowledgePacks that align with their business requirements and add new modules as needs dictate.

Proven Platform

More than 30 managed care organizations use the ClaimsXten suite, representing 12 of the top 25 health plans in the U.S., and covering more than 100M members.



**BUSINESS
CARE
CONNECTIVITY**

ClaimsXten Select helps:

- **Increase value of claims processing.** While results vary, customers using the ClaimsXten platform have averaged an annual return on investment of 28 to 1 based on professional and outpatient facility medical cost savings compared to annual software license fees.²
- **Implement policy changes quickly.** ClaimsXten Select's nimble technology allows for quick updates to your claims editing content, whether in response to business changes or regulatory mandates. Quicker implementation of new or updated edits means less lag time in achieving savings.
- **Improve auto-adjudication.** ClaimsXten Select helps remove manual touches from the claims process, to help improve auto-adjudication rates by 2%–4% or more.³ Every manual claim review you avoid could save an average of \$3.99.⁵

- **Improve clinical integrity, reduce appeals.** Built on 30 years of clinical and domain expertise accepted and used by more than half of all health plans, our quarterly-updated editing content relieves you from manual research and maintenance. And the clinically sound rule rationale—instantly available to doctors via the Web—could help reduce provider appeals by 30%.⁴
- **Streamline deployment.** With a single instance of ClaimsXten Select, you may efficiently support different lines of business, employer, product, network, and care model-specific reimbursement requirements.
- **Simplify provider service.** Within the user interface, users can quickly model potential claim scenarios to respond to provider inquiries using the Claim Lab tool. Claim Lab displays all fields with detailed edit clarifications for all recommendations, made available to any approved employee in the organization.

- **New savings recommendations.** ClaimsXten Select can pull historical data from its own real-time database to identify savings opportunities beyond edits from current claims only. The Operational Data Store helps maximize the use of history editing and reporting without disrupting claims processing.
- **Browser-based user interface.** You can provide many users access to ClaimsXten Select's user interface without requiring extra work to install software. Separate screens for professional and facility claims provide easy navigation.
- **Flexible deployment.** ClaimsXten Select can reside at your data center or at McKesson, and can process in real-time or batch mode. And, you can support all of your lines of business in a single instance.
- **Standard claims system integrations.** ClaimsXten Select comes with standard integration points to several top claims processing systems on the market, including AMISYS Advance™, PowerMHS™ and Facets™.
- **Support for value-based payment models.** With ClaimsXten Select, you can easily connect to other McKesson solutions that help address value-based reimbursement models, such as McKesson Episode Management™ and McKesson Reimbursement Manager™.⁶

ClaimsXten Select offers:

- **Comprehensive clinical editing content library.** Millions of possible edits are available in collections of rule sets we call KnowledgePacks, updated quarterly. You need only purchase and implement the KnowledgePacks that apply to your specific business policies, to help save time and cost.
- **Flexible rules engine.** You can define rules that match your code auditing and reimbursement policies based on any claim, provider or member attribute. The rules engine allows for very granular edits and improved payment accuracy with date sensitivity, frequency editing, configurable rule firing order, multiple procedure reduction recommendations and more.

McKesson Health Solutions

McKesson Corporation

275 Grove Street
Newton, MA 02466

www.mckesson.com

1.800.782.1334

Connect with us:

- ✉ mhs@mckesson.com
- 🌐 www.mhsdialogue.com
- 🐦 twitter.com/mckesson_mhs
- 🌐 www.linkedin.com/groups/McKesson-Health-Solutions-4509971

Copyright © 2015 McKesson Corporation and/or one of its subsidiaries. All rights reserved. ClaimsXten™, ClaimsXten™ Select, Clear Claim Connection™, McKesson Episode Management™ and McKesson Reimbursement Manager™ are trademarks of McKesson Corporation and/or one of its subsidiaries. All other product and company names may be trademarks or registered trademarks of their respective companies.

FMS-CXS-FS-0115

1. Via both ClaimCheck and ClaimsXten solutions.
2. Based on McKesson calculations using 2012 customer software fees and customer-validated medical cost savings reports across a sample of eight different health plan customers sized from extremely large to small.
3. Based on McKesson customer feedback on use of ClaimsXten.
4. Based on McKesson customer feedback on use of ClaimsXten and Clear Claim Connection™
5. Source: An Updated Survey of Health Insurance Claims Receipt and Processing Times, 2011, February 2013, AHIP
6. Requires ClaimsXten platform integration with McKesson Episode Management™ and McKesson Reimbursement Manager™