Payers

Financial Management Solutions

ClaimsXten
Enabling Advanced Claims Auditing

Operational changes needed for new care delivery and payment methodologies intensify the complexity of business challenges. You may be dealing with data accessibility problems, diverse benefit plans, multiple lines of business with unique requirements, and gaps in technology resulting in high manual adjudication rates and escalating administrative expenses.

ClaimsXten™ is an advanced claims auditing solution for applying complex payment and medical policies and complex provider contract terms to the adjudication process. It combines the McKesson Total Payment™ software and rules engine, a comprehensive library of McKesson clinical rule content, and a services team of medical claims experts to provide your organization with more medical and administrative savings opportunities. With full-service, technologically advanced ClaimsXten, you can do much more than standard fee-for-service claim code editing. You can:

- Remove the IT and clinical staff burden of frequent rule maintenance

- Edit the most complex medical policies

- Automatically stop wasteful and abusive claims previously overlooked or sent to costly manual review

- Adjudicate ICD-10 claims with rules that look at historical claims coded in ICD-9

- Manage bundled payments[1]

- Optimize payment and medical policies through an analytics feedback loop[1]

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.[2] The 140-plus 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.

1. The described solutions and capabilities made possible with Total Payment Platform integrations are offerings in addition to ClaimsXten.

2. Based on the number of individual customer organizations licensing ClaimCheck or ClaimsXten as compared to the 2012 AIS Database.

ClaimsXten helps:

- **Reduced unnecessary medical spend.** Analysis of aggregated client data has shown that ClaimsXten can save approximately 6%[3] or more of total professional and outpatient facility spend.

- **Reduced administrative costs.** ClaimsXten's advanced technology and flexibility remove manual touches from the claims process, improving auto-adjudication rates by 2%-4%[4] or more. Streamlined processes, fewer appeals and rework, and less reliance on IT resources further reduce administrative costs.

- **ICD-10 compliance and advanced editing.** The highly configurable rules engine and logic allow automated enforcement of even your most complex medical policies or known areas of waste and abuse, looking simultaneously at current and historical ICD-9 and ICD-10 claims.

- **Continuous process improvements.** McKesson can help identify your most pressing business issues and apply ClaimsXten KnowledgePacks that deliver high-impact, immediate value. Ongoing

optimization reviews identify areas of greater savings opportunities addressed by turning on existing rules or adding new rules.

- **Flexible payment management for the future of healthcare.** As a ClaimsXten client, your organization gets the highly extensible, advanced technology foundation of the Total Payment Platform, which can address growing payment needs such as bundled payment management, value-based reimbursement and an enterprise-wide approach to fraud and abuse management.[5]

- **Easy, configurable claim-entry Web page.** The interface, designed with providers in mind, is streamlined and user friendly, requiring minimal data entry and allowing easy user configuration.

ClaimsXten offers:

- **Flexible rules engine.** Users can define rules that match their precise payment, medical and contractual policies based on any claim, provider or member attribute. All codes and rules are highly configurable, as is their firing order, providing highly granular editing and improved payment accuracy.

- **Advanced technology.** The service-oriented, n-tier architecture provides nearly unlimited scalability, high performance and interoperability to support your IT configuration. ClaimsXten is proven in the largest

multi-site payer organizations, applying payment rules consistently for millions of claims per day.

- **Operational data store (ODS).** ClaimsXten can pull historical data from its own real-time database to identify savings opportunities beyond edits from current claims. The ODS maximizes the use of history editing and reporting for ICD-9 and ICD-10 without disrupting massive claims processing.

- **Full-service solution.** ClaimsXten experts engage with you from design and development through implementation, optimization and maintenance. Our goal is to help you achieve continuous process improvements, efficiencies and cost savings throughout your payment policy lifecycle.

- **Flexible deployment.** ClaimsXten can reside at a payer's data center or at McKesson. It can also integrate into high-volume mainframe claims processing systems in real-time or batch mode and supports IBM WebSphere® MQ and Web services interfaces.

- **Standard integrations.[5]** The Total Payment platform provides standard integration points with Reimbursement Manager™ for advanced reimbursement design and pricing, and InvestiClaim™ for enterprise fraud, waste and abuse management. The platform also drives the McKesson Episode Management™ bundled payments capability for value-based reimbursement.

3. Based on benchmarked savings analysis derived from McKesson client claims data.
4. Based on McKesson client feedback.
5. The described solutions and capabilities made possible with Total Payment Platform integrations are offerings in addition to ClaimsXten.

MCKESSON