



Administrative Simplification:  
Standardized Coded  
Division of Financial  
Responsibility (DOFR)

DOFR Webinar  
12:00 to 1:00 p.m.  
October 21 and October 27, 2011

# Agenda

- Introduction to IHA's Administrative Simplification initiative and the DOFR project
- Advantages of Standardized Coded DOFR
- DOFR Workgroup Process
- DOFR Product Demo
  - Guidelines
  - Coding by Service
- Implementation and Maintenance
- Public Comment period

# Administrative Simplification for Capitation Arrangements

- IHA is a statewide non-profit with equal representation of health plans, physician groups, and hospitals
- IHA role: program administration, demonstration projects, neutral convener and facilitator
- In 2010, IHA launched an Admin Simplification initiative and tested the feasibility of an all-payer portal
- Stakeholders identified three priorities:
  1. Standardized, coded DOFR
  2. Standardized eligibility format
  3. Standardized benefit information

# What is a DOFR?

## Division of Financial Responsibility (DOFR)

- Agreement exhibit used by health plans and providers to identify payment obligations under contract.
- A grid of service categories provided by either the health plan, physician organization or hospital.
- Each service category will designate a financially responsible entity.

# Current State

- Financial responsibility is not sufficiently defined
  - Non-standard formats across plans
  - Insufficient service descriptions
  - Partial or no coding
- Unnecessary costs and frustration on behalf of billing departments and consumers
  - About 5% of hospital denials are related to DOFR
  - Physicians time on payer interaction and admin
  - Claims “ping pong” and misdirection
  - Balance billing issues
- *Affordable Care Act’s MLR requirements*

# DOFR Project Goal

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To develop and implement a standardized, coded DOFR framework for Commercial HMO/POS and Medicare Advantage populations

# DOFR Advantages

Useful tool for provider contracting, financial management, and claims administration of capitation/risk arrangements

- Reduces or potentially eliminates gray areas in defining which party has risk for a service
- Facilitates DOFR financial analysis, allowing parties to use identical codes to value service categories
- Facilitates incorporation of new codes, particularly if the new codes are clearly defined within a service category
- Enables similar, if not identical, DOFR system configuration by contracted parties, making the contractual relationship more efficient

# DOFR Advantages - Hospitals

- Can be used to direct claims to the appropriate entity
- When claims payment is disputed, the DOFR can be used as a point of reference and can potentially reduce Provider Dispute Resolution volume
- Health plans' ability to load a coded DOFR into their systems will reduce claims processing errors and reduce days in AR

# DOFR Workgroup Participants

## ■ Plans:

- Elly Menegus (Aetna)
- Cecil Nyein (Anthem/ Blue Cross)
- Neena Dhillon (Anthem/ Blue Cross)
- Edie Parker (Blue Shield)
- David Lankford (Blue Shield)
- Kenny Deng (Blue Shield)
- Ellen Fagan (CIGNA)
- Margo Carroll (Health Net)
- Brian Jeffrey (United)
- Jennifer Helbock (United)
- Valerie Morse (United)
- Jennifer Hastie (United)
- Susan Galzerano (United)

## ■ Hospitals:

- Carol Wanke (Sharp Healthcare)
- Ramona Saragosa (Sharp Healthcare)

## ■ Hospitals, cont'd:

- Linda Barney (Sharp Healthcare)

## ■ Physician Organizations:

- Deb Henning (Brown & Toland)
- Janet von Freyman (Brown & Toland)
- Bruce Young (Cedars-Sinai)
- Elizabeth Campbell (Cedars-Sinai)
- Steve Linesch (MCS/GEMCare)

## ■ Other:

- Dave Schinderle (US Bank/HFMA Southern CA Chapter Member)
- Greg Labow (Receivable Optimization Inc./HFMA Southern CA Chapter Member)
- Nancy Hazlewood (Hazlewood Consulting, Inc.)
- Tom Williams (IHA)
- Janet Marcus (Sinaiko Consulting)


# DOFR Workgroup Process

- Workgroup met weekly between February and July 2011 to produce a standardized coded DOFR, assisted by Sinaiko Healthcare coding consultant
- Participants reviewed available DOFR resources and plan survey responses, developed guiding principles for DOFR completion, and assigned participants to research more complex areas
- Initial DOFR completed late July

# DOFR Webpage:

<http://www.iha.org/dofr.html>






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*"Simplifying the administrative relationship between health plans and their capitated hospitals and physician organizations is critical to affordable care. Initiatives like the coded DOFR will help effectively manage healthcare costs."*  
**Stephen J. Linesch, MBA, Managed Care Systems/GEMCare Medical Group.**

### Download the DOFR

To download the DOFR Release 1.0, individuals must read and accept the End User Agreement and register at the link below. **PLEASE NOTE: Internet Explorer 9 is currently incompatible with the registration process. If you are an IE9 user, please use a different browser such as Mozilla Firefox or Google Chrome to register and download the DOFR.**

#### [DOFR End User Agreement and Registration](#)

By registering for the DOFR, you will be included on the IHA distribution list for DOFR updates and information on future releases. Non-California individuals or other organizations interested in the DOFR should contact Dan Cummins, IHA Program Manager, at [dcummins@iha.org](mailto:dcummins@iha.org) or 510-281-5615.

#### Stakeholder Comment Period

IHA is conducting a call for California stakeholders to comment on the DOFR Release 1.0. The comment period is from September 26, 2011 through November 26, 2011. Please enter your comments via the following DOFR Comment link:

[2011 DOFR Comment Link](#)

#### Related Resources

- [DOFR Overview](#)
- [2011 DOFR Workgroup](#)
- [DOFR Frequently Asked Questions](#)
- [DOFR User Guidelines \(printable\)](#)
- [End User Agreement \(printable\)](#)
- [CAPG Summer Issue: DOFR Article](#)
- [DOFR Maintenance Plan](#)
- [IHA Privacy Policy](#)

# DOFR Workgroup Product

- Standard set of service categories with associated codes
- *NOT a standardized risk matrix – risk assignment will still be determined by contract negotiations*
- DOFR framework can encompass any consumer benefit design
- Not designed to assess value or cost per unit

# DOFR Workgroup Product (cont'd)

- DOFR template with 104 rows, 10,000 codes; 10 guidelines for use; future updates
- Excel workbook format
  - Guidelines tab – Recommended guidelines for contracting parties; *review guidelines carefully before using DOFR*
  - Coding by service tab with financial responsibility matrix
  - CDS Example tab – Example of completed financial responsibility matrix
  - Eight supplemental tabs for long code lists

# Key Guideline Concepts

- Service category rows/coding provided to identify unambiguous service definitions and financial responsibility assignment; coding does not represent all possible combinations
- Contracting organizations are expected to revise DOFR to fit specific capitation/risk arrangement
  - Transparency recommended
  - Remove duplicate codes
  - Break out or consolidate rows/columns as needed
- Some complex and/or ambiguous areas may need to be addressed outside of DOFR

# Guideline Review



## Standardized Coded Commercial and Medicare Advantage DOFR:

### Recommended Guidelines

1. This Division of Financial Responsibility (DOFR) applies to services that are included in member-purchased benefits, which are medically necessary and/or authorized per plan's medical policy, and meet physician referral requirements.\* The HMO Provider Manual will provide additional detail useful to the provider. The manual does not however, supersede the contractual agreement between the provider and the health plan. If a conflict were to arise the contract takes precedent.  
  
\*Physician referral not applicable for emergency and/or urgent care, or maternity services; also, certain specialties (e.g., OB/GYN) do not require Medical Group Referral/Authorization in order to be utilized.
2. Health plans will rely on current practices for assigning risk at claim header level versus claim line level.
3. In order to keep this document manageable, service and coding detail is provided only to the extent necessary to capture differences in assignment of risk (diagnosis and revenue codes only provided if a determinant factor in assigning risk).
  - a. DOFR coding will solely rely on elements on UB04 and 1500 claim forms, including procedure codes, diagnosis codes, place of service codes, type of bill codes, and revenue codes.
  - b. Procedure codes within the DOFR may include Current Procedural Terminology (CPT®), HCPCS and ICD9 codes. CPT copyright 2010 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association (AMA). Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
  - c. The coding on the DOFR is provided to illustrate unambiguous definitions for services. This DOFR does not attempt to represent all possible coding combinations for a given service. This DOFR is not intended to give guidance on how to bill or code for services.
  - d. DOFR service subcategories are provided only to the extent necessary to identify a shift in risk.
4. DOFR identifiers are limited to information available on the claim at hand (no claim history or other documentation required).
5. Release 1.0 of the DOFR uses 2011 versions of code sets. Updates to code sets will be made on a regularly scheduled basis through a DOFR maintenance process by IHA. ICD-10 mapping will be done by IHA.

# Coding by Service tab

- Supplemental tab references
- Plan to define
  - DME, Injections, Office Supplies, Outpatient Surgery, Prosthetics, Orthotics
  - In-Area and Out-of-Area: Hospitalization, Observation, Physician Visits, Urgent Care and Second Opinion
  - Second Opinion vs. Consultation
  - Certain Radiology Codes (see Guideline 10)

# Coding By Service Example

Final DOFR Commercial and Medicare Advantage Release 1.0\_090211verB.xls [Compatibility Mode]

STANDARDIZED CODED COMMERCIAL AND MEDICARE ADVANTAGE DOFR: CODING BY SERVICE - EXAMPLE														
CODES								FINANCIAL RESPONSIBILITY						
Service Category	Service sub-category	Diagnosis	CPT® Codes (*duplicate codes)  CPT is a registered trademark of the American Medical Association (AMA). All right reserved. CPT codes, descriptions, and data are copyright 2011 American Medical Association	HCPCS (*duplicate codes)	Revenue (*duplicate codes)	Dental Codes	Other	NON-HOSPITAL LOCATION OF SERVICE (PHYSICIAN OFFICE OR FREE-STANDING CENTER)			HOSPITAL LOCATION OF SERVICE			
								Technical Services (Split Billing)	Professional Services (Split Billing)	Global Billing	Outpatient Professional Services	Outpatient Facility/ Technical Services	Inpatient Professional Services	Inpatient Facility/ Technical Services
Radiology (excluding Nuclear Medicine)	Radiology (excluding Nuclear Medicine) - Therapeutic		SEE RADIOLOGY CODES (EXCLUDING NUCLEAR MEDICINE) TAB AND SEE ALSO GUIDELINE #10	C1716, C1717, C1719, C2634, C2635, C2636, C2637, C2638, C2639, C2640, C2641, C2642, C2643, C2698, C2699, G0173, G0251, G0339, G0340, Q3001	330, 331 332, 333, 335, 339, 400*, 409*			Plan	Group		Group	Hosp	Group	Hosp
<i>(for illustrative purposes only)</i>														

Navigation: Guidelines | Coding by Service | **CDS Example** | Anesthesia Codes | Biopsy Codes | Injections - Chemo and Adj | Lab Codes | MH Codes

# DOFR Implementation (1-3 years)

60-day comment period: Sept 26 – Nov 26, 2011

DOFR use as reference documents in contracting

DOFR embedded into commercial HMO/POS and Medicare Advantage contracts

DOFR eventually becomes part of contracts management structures; embedded into claims systems

# IHA Maintenance Plan

- IHA will maintain the DOFR for CA stakeholders to register and download
- DOFR work group convenes quarterly or as needed
- Updates to DOFR will occur:
  - Post-public comment periods to incorporate input
  - Annually for scheduled updates (e.g., CPT updates)
  - As needed for significant changes (e.g., migration to ICD-10)

# Public Comment Period

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Currently in 60-day “Public comment”  
period that runs from  
**Sept. 26 – Nov. 26, 2011**

Go to <http://www.iha.org/dofr.html>

Submit your comments!!

# Suggested Areas for Comment

- General Comments
- Guidelines
- Categories and Sub-categories
- Financial Responsibility Matrix
- Coding Detail
- Specific Questions
  - Plan-defined categories and duplicate coding
  - Database format; other format enhancements
  - Supplemental coding information
- Maintenance Plan

# Q&A

- If additional questions regarding DOFR Webinar, contact:

Nancy Hazlewood, DOFR Consultant  
[nh@hazlewoodconsulting.com](mailto:nh@hazlewoodconsulting.com)

Cindy Ernst, IHA Director  
[cernst@iha.org](mailto:cernst@iha.org)

Dan Cummins, IHA Program Manager  
[dcummins@iha.org](mailto:dcummins@iha.org)



Thank you for your  
participation

For more information:  
[www.iha.org/dofr](http://www.iha.org/dofr)