

BCBSNC ICD-10 Provider Testing Update

Summary of BCBSNC / Provider End-to-end Testing Efforts

05/13/15





Providers That Are Testing With BCBSNC



Carolinan HealthCare System



VIDANT HEALTH™



CharlotteRadiology



Providers were accepted into the testing effort in the order that their request to participate was received. Once the number of providers accepted met the timeline available for testing BCBSNC stopped accepting new requests.



Testing Framework

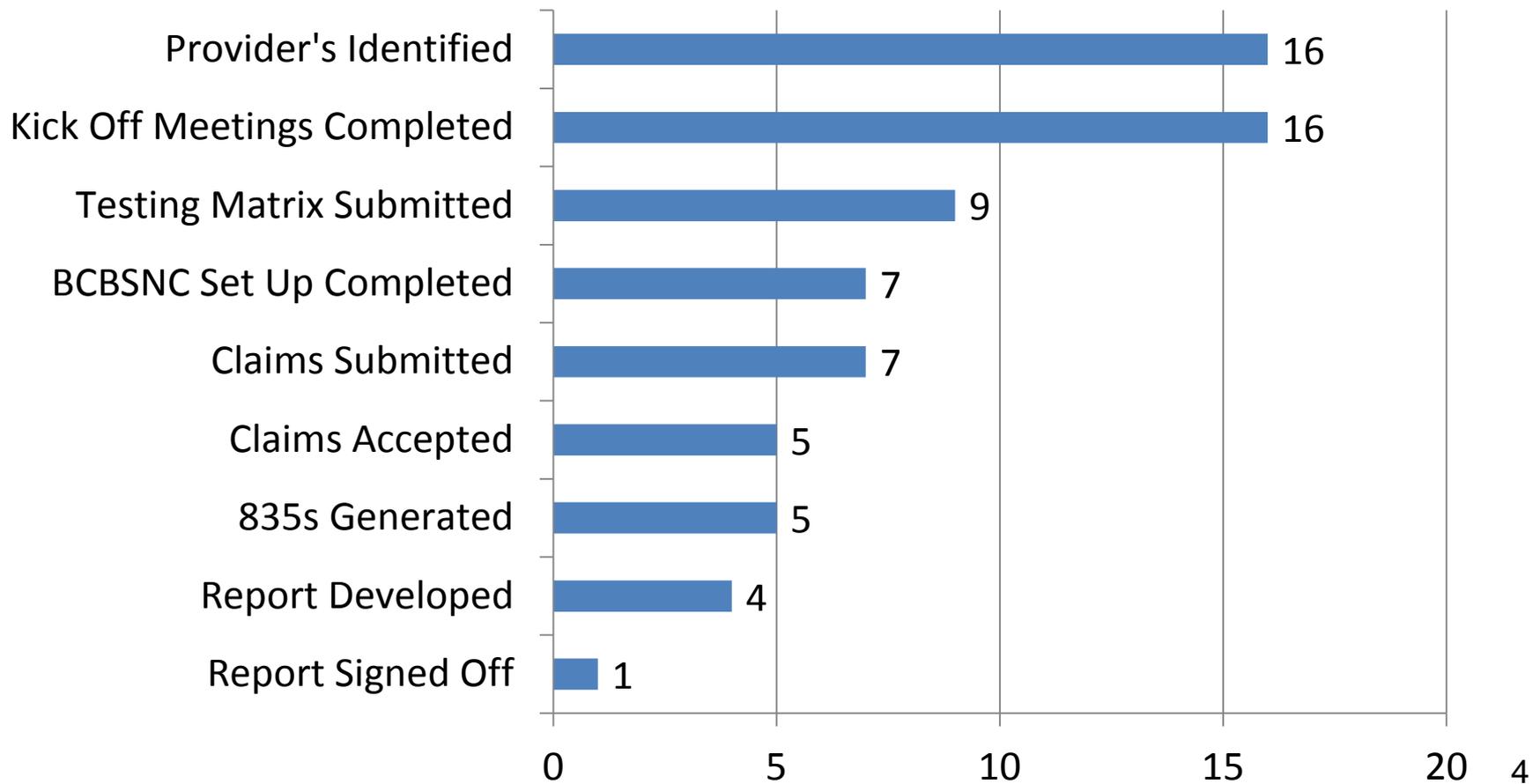
- + All providers have submitted claims that were generated from their ICD-10 remediated systems*
- + New membership was created for each provider test to ensure that existing claims did not impact the adjudication process.
- + Authorizations were set up where identified by the provider.
- + All claims submitted are processed through BCBSNC's initial front end edits and then fully adjudicated to payment or denial.
- + Some business edits may not be applied due to the lack of vendor support within the testing environment.
- + Where providers had completed an MS-DRG contract with BCBSNC that contract was used during testing, otherwise a generic MS-DRG contract was used.
- + Comparison between payment from the original inpatient claim and the test claim could not be done for a majority of tests because the original claim was paid using the AP-DRG methodology.
- + Outpatient and professional claims were paid based on existing, but outdated, contracts for the provider so dollar based comparisons were not possible.
- + 835s were sent back to the provider via email to ensure they could be processed by the provider's billing system.

* Cape Fear Valley Health Systems has initially submitted a set of claims that were natively coded but not generated from remediated system, a follow up test using the remediated systems is scheduled for June.



Provider Testing Progress

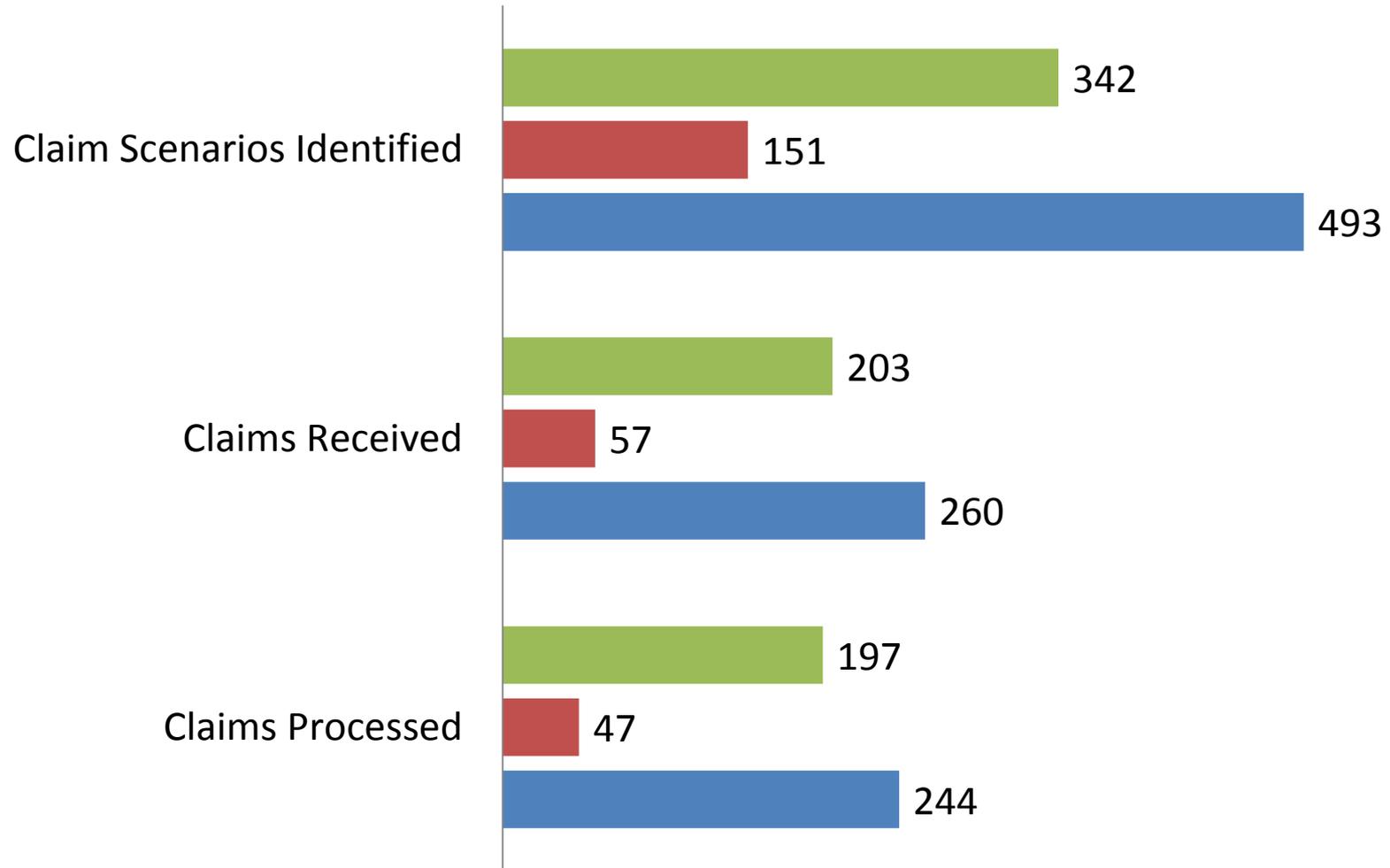
Provider Testing Progress





Provider Testing Statistics

■ Non-DRG Based ■ DRG Based ■ Totals





Testing Results Summary

+ Inpatient

- Providers have been reporting that the DRG assignments made by BCBSNC are consistent with what they were expecting. In a small number of cases providers have reported that a review of the medical records may have resulted in different codes being selected to increase reimbursement.

+ Outpatient / Professional

- No payment impacts have been noted related to ICD-10. Payment amount differences noted were all related to contractual difference between the test and production environments.

+ Payment periods

- Few test claims have resulted in claims being held for manual review, therefore most claims would be adjudicated automatically and paid in the same timeframes as they are currently paid.

+ Denials

- Denials have been consistent with normal denial levels. No new denials have been noted as a result of ICD-10

+ Medical Records Requests

- No test claims have resulted in a request for medical records.

+ Claim Rejections

- While BCBSNC experienced issues with most providers in getting the claims submitted to be accepted, most the reasons for rejection were not related to ICD-10 and were resolved by the provider. One area of concern is the correct setup of the qualifiers for ICD-10 codes within the HI segments.

