NCTracks ICD-10 Testing

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* Total no: of provider/Trading partners selected: 158; More than 50% participation in Pre-testing
* Pre-testing is to ensure the proper submission of batch files into UAT environment prior to the formal testing.
Providers and Claim Types in Cycle 1

Top 20 providers based on volume

NEW HANOVER REGIONAL MEDICAL C
SCOTLAND MEMORIAL HOSPITAL INC
HALIFAX REGIONAL MEDICAL CENTE
SANDHILLS CENTER FOR MH DD SA
CAROLINAS MEDICAL CENTER
LENOIR MEMORIAL HOSPITAL INC
SENTARA ALBEMARLE REGIONAL MED
WAKE FOREST UNIVERSITY HEALTH
UNIVERSITY OF NORTH CAROLINA H
ALAMANCE REGIONAL MEDICAL CENT
HIGH POINT REGIONAL HEALTH SYS
NASH GENERAL HOSPITAL
REX HOSPITAL
MOSES CONE HEALTH SYSTEM
CRAVEN COUNTY HEALTH DEPARTMEN
NORTH CAROLINA MENTOR
JOHNSTON HEALTH SERVICES CORPO
ALBERTA PROFESSIONAL SERVICES
TOUCHSTONE RESIDENTIAL SERVICE

Services tested with...

PERSONAL CARE SERVICES
RURAL HLTH CLINIC / FEDERALLY QUALIFIED HLTH CNTR
PROFESSIONAL
INDEPENDENT LABORATORY / XRAY
HEALTH DEPARTMENTS
MEDICARE PART B CROSSOVER (PROFESSIONAL)
INSTITUTIONAL AMBULANCE
MEDICARE PART B CROSSOVER UB (OUTPATIENT)
OUTPATIENT
INPATIENT
HOME HEALTH
NURSING HOME
MEDICARE PART A CROSSOVER (INPATIENT)
Provider End-to-End Testing Results

Provider End-to-End Cycle 1 Testing Overview

- Provider/Trading Partners selected: 40
- Test Participants participated: 32
- Billing NPIs: 134
- Institutional claims adjudicated: 647
- Professional claims adjudicated: 427
- Institutional claims denied due to ICD-10 defects: 30
- Professional claims denied due to ICD-10 defects: 33
- 835's generated: 1074

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Cycle 1 Testing metrics includes total no: of providers participated, claims adjudicated, rejection and denials
Overall percentage represents total paid/denied based on non-ICD-10 and ICD-10 denials
ICD-10 percentage represents total paid/denied based on ICD-10 denials
ICD-10 Metrics

Provider End-to-End Testing Rejection and Defects Metrics

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Pre-testing helped to reduce the rejection in formal cycle 1 testing
ICD invalid version qualifier due to provider submission error and not a defect
Parallel Testing with Hospitals

Selected five hospitals for ICD-9 vs ICD-10 DRG variance testing

Test results so far....

Note: There are 3 claims from UNC with same DRG but different payments. Analysis in progress.
Medicare Crossover Claims Testing

COBA Medicare crossover claims test results

Professional-Non-DME
- ICD-10 Rejection/Denial: 3
- Denied: 4
- Paid: 23
- Total: 27

Professional-DME
- ICD-10 Rejection/Denial: 4
- Denied: 7
- Paid: 19
- Total: 26

Institutional
- ICD-10 Rejection/Denial: 4
- Denied: 4
- Paid: 16
- Total: 20

Note: Major ICD-10 rejection due to invalid ICD-10 version qualifier
Test Results Summary

- **Inpatient**
  - DRG code and weight assignment is mostly consistent with ICD-9 with few exceptions found.

- **Professional/Outpatient**
  - No payment impacts have been found related to ICD-10 except for the difference between test and production

- **Denials**
  - Denials have been consistent with normal denial levels other than ICD-10 related denials noted on previous slide

- **Claim Rejections**
  - Rejection was mainly on the invalid ICD version qualifier. Pre-testing has helped to reduce the rejections in formal cycle 1 testing

- **Other (non-ICD-10) Issues**
  - Duplicate claims
  - Invalid recipient data
  - Invalid taxonomy
Questions???