PROVIDER QUICK POINTS

Provider information

This Quick Points was revised on 10/22/13. See QP18R1-13 for the revision.

September 23, 2013

Provider information for ICD-10 provider partner testing with Blue Cross

Blue Cross and Blue Shield of Minnesota (Blue Cross) will be supporting Minnesota based providers and their associated clearinghouses with ICD-10 partner testing from late-2013 through the mandated implementation date.

- A small group of pilot providers will run tests in our “Wave 1” from October 1, 2013, to December 31, 2013.
- Open partner testing is expected to be available from January 1, 2014, to June 30, 2014. Our open testing will be divided into “Wave 2” from January 1, 2014 to March 31, 2014 and “Wave 3” from April 1, 2014 to June 30, 2014. Registration for Wave 2 should be completed by November 15, 2013, and registration for Wave 3 should be completed by February 15, 2014. Only participating providers will be supported by the testing process.

The testing will cover the claims flow from submitted claims “837 transactions” to remittance responses “835 transactions.”

The results, to be reviewed by both Blue Cross and participants, will focus primarily on pricing and secondarily on benefits application.

Getting started

Providers who want to participate in testing with Blue Cross will need to go through these setup activities:

- Determine whether to include the provider’s clearinghouse.
- Set up a test connection from the provider or the provider’s clearinghouse to Blue Cross’ clearinghouse, Availity. (See specific instructions below.)
- To properly price, Blue Cross requires the Billing Provider NPIs that you will use when submitting test claims. We also require your Tax ID for routing of remittances back to you. Provide the information to Blue Cross at the primary email found in the Blue Cross contact section.
- Schedule a conversation with Blue Cross related to the membership/patient information that the provider would like to use for testing. (See Blue Cross contact section.)

Once the connection and reference data are in place, claims can be submitted either directly to Availity or through a provider’s clearinghouse who would forward them to Availity.

Availity contact information

Availity Client Services will have limited ability to assist you with ICD-10 testing. All inquiries concerning Availity and ICD-10 provider partner testing should be directed to the primary contact listed below.

- Primary email: Availity_ICD10@availity.com
- Escalation: Steve Jax (ICD-10 Blue Cross PPT)
  Email: Steve.Jax@availity.com
  Telephone: **904-470-4072**
  OR
  Jay Donghit (ICD-10 Project Manager)
  Email: Jay.Donghit@availity.com
  Telephone: **904-470-4971**

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.
L264R02 (2/12)

Blue Cross contact information

Blue Cross provider services is not able to assist you with ICD-10 testing. All inquiries concerning ICD-10 testing should be directed to the primary contacts listed below.

- Primary email: EDI_BusOps_ProdSupport@bluecrossmn.com
- Primary telephone: **651-662-9942** or toll free at **1-866-569-9122**
- Escalation: Doug Fangmeier (ICD-10 Business Owner)
  Email: Douglas_R_Fangmeier@bluecrossmn.com
  Telephone: **651-662-6036**
  OR
  John Murphey (ICD-10 Provider Testing Project Manager)
  Email: John_Murphey@bluecrossmn.com
  Telephone: **651-662-8142**

Setting up with Availity

Availity has established an ICD-10 testing environment through which providers or their clearinghouses can submit claim transactions to Blue Cross with either ICD-9 or ICD-10 codes and receive in response both acknowledgements and remittances.

Set up and submission

- The party connecting directly to Availity (provider or provider's clearinghouse) should contact Availity at the contacts listed in the Availity contact section to establish an account on Availity's ICD-10 testing platform. If as a provider you connect to Availity through another clearinghouse then your clearinghouse should contact Availity.
- Availity supports the following connectivity for ICD-10 testing:
  - For web upload, https://qft-apps.availity.com/availity/common/login.jsp
  - For SFTP, https://qft-ftp.availity.com using an SFTP client
  - For FTP+PGP, customers encrypt files using PGP to send encrypted files using an FTP application to https://qft-ftp.availity.com
- Once connectivity is established with Availity and reference data provided to Blue Cross, submitters should test by submitting claim transactions.
- Depending on the EDI Reporting Preferences selected, Availity will return ACK, ACT, 999, IBR, IBT, EBR, EBT reports.
- Customers should review the specifications in the Availity EDI Companion Guide thoroughly.
- Customers should be sure to retrieve all acknowledgements and reports from their ReceiveFiles mailbox.

Support

If assistance is needed with ICD-10 testing, submit an email to Availity_ICD10@availity.com and an Availity representative will respond within 2 business days.

What providers participating in partner testing can expect from Blue Cross

General Information

- Blue Cross will respond to a provider's test 837 claims in a timely manner, generally within 2 – 5 business days, by returning to Availity the applicable 999 acknowledgements, 277CA claim acknowledgements, and 835 remittance advices.
- Blue Cross will make reasonable efforts to return a remittance advice where a provider's test claim is HIPAA compliant and passes adjudication business rules. There will be instances where pended claims are unable to be processed to full adjudication and a remittance advice cannot be returned.
- Blue Cross will provide testing support during normal business hours, M-F 8AM to 4PM CST.
- Blue Cross will notify providers participating in partner testing of any planned test system outages of extended duration through email. Notification of lesser duration outages will not be provided as transactions will be queued for processing at completion of the outage.
- As Blue Cross refines its internal processing, there may be changes to how we are handling certain ICD-10 codes. Changes will occur throughout 2014.
- Accumulators will not be reset in the environment; the accumulator values for a member will rise as additional claims are received. This could cause changes to the 835s. This should not affect pricing/allowed amount.
- For comparison of ICD-9 and ICD-10 results, Blue Cross will utilize the allowed amount returned on the respective 835s.

Member/patient/group data

- Blue Cross will provide a set of test member IDs for testing. To obtain a list of test member IDs, email or call the Blue Cross primary contacts listed in the Blue Cross contact section.
- Providers unable to use the test member IDs for testing should email or call the Blue Cross primary contacts listed in the Blue Cross contact section to discuss alternatives.
- If a provider requires specific Blue Cross production members for testing, Blue Cross will review a list of member IDs requested by the provider. Blue Cross will inform providers in advance of submitted members not included in testing for the following reasons:
  - Member's contract has been terminated
  - Member belongs to an out-of-state Blue Plan
  - Member is part of Federal Employee Program® (FEP)
  - Member is over 65 – Medicare claims should not be tested until May of 2014
  - Member belongs to Prepaid Medical Assistance Program (PMAP)
- Providers will likely find that 70-80% of their submitted members are confirmed, and they are welcome to submit replacements for the rejected members, if desired. We do ask that only two rounds of requests be submitted by a given provider.
- Blue Cross requires 30 business days to include up to 20 provider requested member-IDs for testing. Requests for the inclusion of less than 10 member-IDs can be accomplished in 12 business days.

ICD-10 compliance date

- Blue Cross will be setting an internal, "mock" ICD-10 compliance date of October 1, 2013, for partner testing purposes only. This will allow providers who cannot future-date claims to send valid ICD-10 claims with a date of service in the past.
  - ICD-9 claims would need to be submitted with dates of service **before** the mock compliance date, and ICD-10 claims would need to be submitted with dates of service **after** the mock compliance date.
  - Blue Cross' clearinghouse (Availity) will have a dedicated ICD-10 test environment that will allow claims to pass edits based on the October 1, 2013 date.
- If a provider can only send ICD-10 claims with a Date of Service beyond October 1, 2014, those claims should still process correctly. However, testing of the "transition period" from ICD-9 to ICD-10 would not be possible for those providers. If this is an issue, providers should reach out to the Blue Cross ICD-10 team using the contact information.

Pended claims, rejected claims and pre-authorization

- In general, providers should expect some of their test claims to pend or reject. Claims pend for a variety of reasons in Blue Cross systems. While we will try to minimize the number of claims that are held up due to those edits, it is possible submitted 837's will be pended. Providers are encouraged to keep their claims to seven lines or less, as this will reduce the likelihood for pends and the need for manual resolution. The following list provides the primary reasons for claims being pended. Providers should not send these types of claims:
  - Claims where a car accident or Workers Compensation is indicated
  - High dollar claims (>$10,000)
  - Claims with Dates of Service older than 18 months
  - Claims with Coordination of Benefits
  - Claims with Dates of Service that span a calendar year
  - Claims where the provider is not the Primary Care Provider
  - Claims for members covered by other Blue Plans or FEP
- Blue Cross will enforce its production business rules and edits (for example, invalid provider specialties) when processing these test claims. Claims which violate the production business rules and edits will be rejected. An exception has been made regarding the timely filing rule which will be waived.
- If there are issues with a large volume of claims pending or rejecting which results in provider participants not receiving 835s, providers should contact Blue Cross using the primary contact information.
- Claims requiring pre-authorization are not planned to be part of this testing and will not be worked through the normal pre-authorization process. Please use the Blue Cross contact information if you have questions about pre-authorization functionality

Medicare claims

Claims for members covered by Medicare will not be priced correctly until after April of 2014 in our test environment. Providers should defer any testing of Medicare claims until after that time.

What providers can expect from Availity

- Availity will respond to a provider's test 837 claims in a timely manner, generally within 2-5 business days, by returning to the provider or their clearinghouse a 999 acknowledgement or the comparable report selected by the party submitting the transaction to Availity.
- Availity will forward a provider's test 837 claims to Blue Cross in a timely manner, generally within 2 business days.
- Availity will forward to the provider or their clearinghouse in a timely manner, if applicable, the 277CA claim acknowledgements or the comparable report selected by the party submitting the test claim to Availity. This will generally be within 2 business days from when Availity gets the response from Blue Cross.
- Availity will forward to the provider or their clearinghouse in a timely manner, if applicable, the 835 remittances and make the remittances available on Availity's Remittance Viewer. This will generally be within 2 business days from when Availity gets the response from Blue Cross.
- Availity will provide testing support during normal business hours, M-F 7AM to 4PM CST.

What Blue Cross expects from providers

- Providers will limit their tests to conform to the guidelines provided by Blue Cross and the Minnesota ICD-10 Collaborative.
- In order to keep support costs reasonable, Blue Cross is setting a per provider maximum of 500 claims (total ICD-9 and ICD-10).
- Providers will review results and communicate issues in a timely manner.
- Providers should send their Billing Provider NPIs that will be used when submitting the test claims along with the Tax ID. This information is used for pricing as well as routing the remittance advice back. Provide the information to Blue Cross at the primary email found in the Blue Cross contact section.
- Providers participating in partner testing will contact Blue Cross if there are issues with a large volume of claims pending resulting in provider participants not receiving 835s.
- Providers are requested to submit an ICD-9 claim and an associated ICD-10 claim for each test. A comparison of the allowed amounts on both claims will be the best way to confirm neutrality.
    - Comparing test ICD-10 claim results to production ICD-9 results introduces variability related to the different environments and may skew results.
    - If providers cannot submit ICD-9 claims, but are using production ICD-9 claims as a base, we request that you submit a spreadsheet of the original patient control number and the matching test patient control number so we can determine environmental variability. Due to differences between the Blue Cross test and production environments, ICD-9 claims processed in production may process differently in the test environment.
    - There will be certain claims where there will be a DRG shift between ICD-9 and ICD-10. These shifts are expected, although we believe they should happen on a very low percentage of claims (less than 5%). The result of a DRG shift may be a pricing difference between ICD-9 and ICD-10. Those issues should be communicated to Blue Cross for further discussion in order to determine root cause.
- Providers should not submit the same claim repeatedly, as duplicate checking occurs and the duplicate claim will be stopped. To resubmit a claim, change the date of service and Patient Control Number (PCN) on the claim.
- Providers should always use unique PCNs on test claims. The PCN field must be unique to each claim in order for our ICD-10 report processing to work correctly.
- If Providers utilize a clearinghouse partner other than Availity, they should submit claims to their clearinghouse to be forwarded to Availity. The party submitting directly to Availity will need to register with Availity in order for testing to be possible.