Blue Cross and Blue Shield of Minnesota
ICD-10 Provider Partner Testing – Provider FAQ

Overview
- Blue Cross and Blue Shield of Minnesota ("BCBSMN") will be supporting Minnesota based providers and their associated clearinghouses with ICD-10 Open Partner testing from March 1st 2015 through June 30th 2015.
    - A small group of pilot providers will run tests in February to validate changes implemented during the testing pause.
    - Open Partner testing is expected to be available from 03/01/2015 to 06/30/2015. .
- Only BCBSM 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 BCBSMN and participants, will focus primarily on pricing and secondarily on benefits application.
- Testing will only be performed in Availity and BCBSMN test environments. Please, do not send test files to the production environments of Availity or BCBSMN.

Getting started
- Providers who would like to participate in testing with BCBSMN will need to go through these main setup activities:
    - Determine whether to include the provider's clearinghouse. Set up a test connection from the provider or the provider's clearinghouse to BCBSMN's clearinghouse, Availity. (See specific instructions below.)
    - To properly price, BCBSMN 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 BCBSMN at the primary email found in the Contact Information section below.
    - Schedule a conversation with Blue Cross, related to the membership/patient information the provider would like to use for testing. (See contact information below.)
- 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.

Contact information

Availity

Primary Email: ICD-10@availity.com

Escalation:

> Gary Goodenow, Availity ICD-10 product owner (SA role)
> Gary.Goodenow@availity.com
> 904-470-4931
>
> OR
>
> Steve Jax, ICD-10 BCBSMN PPT
> Steve.Jax@availity.com
> 904-470-4072

Note: Availity Customer 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 above.

Blue Cross and Blue Shield of Minnesota

Primary Email: Business.Support@bluecrossmn.com

Primary Phone: 651-662-9942 or toll-free 866-569-9122

Escalation: Tamara Hamblin - ICD-10 Business Representative
                   Tamara.Hamblin@bluecrossmn.com
                   651-662-2523

> OR

                   Dan Hirtz - ICD-10 Provider Testing Project Manager
                   Dan.Hirtz@bluecrossmn.com
                   651-662-4399

Note: BCBSMN 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 above.

Setting up with Availity

Availity has established an ICD-10 testing environment through which providers or their clearinghouses can submit claim transactions to BCBSMN 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 above 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, Servername: qft-ftp.availity.com, port 9922, using an SFTP client
  - For FTP+PGP, customers encrypt files using PGP to send encrypted files using an FTP application to qft-ftp.availity.com.
- Once connectivity is established with Availity and reference data provided to BCBSMN, submitters can 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.

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

What providers participating in partner testing can expect from BCBSMN
General Information
- BCBSMN 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.
- BCBSMN 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.
- BCBSMN 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. System maintenance for the BCBSMN ICD-10 test environment normally occurs on Friday during business hours. Providers should plan for periods on Fridays when testing will be unavailable, possibly the entire day.
- As Blue Cross refines its internal processing, there may be changes to how we are handling certain ICD-10 codes. Changes may occur throughout 2015.
- 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-10 results, BCBSMN will utilize the allowed amount returned on the respective 835.

Member/Patient/Group Data

- BCBSMN will provide a set of generic test member IDs for testing. Custom membership will not be allowed in 2015 Open Partner testing. Generic membership lists, based on demographic discussion with provider, will be provided before testing.
- Providers who are members of the Minnesota ICD-10 Collaborative, and participated in PPT testing with BCBSMN in 2013/2014 will be allowed to use the same membership previously submitted. All others must use the test member ID's provided by BCBSMN.

ICD-10 Compliance Date

- BCBSMN will be setting an internal, "mock" ICD-10 compliance date of 10/1/2014 for partner testing purposes only. This will allow providers who cannot future-date claims to send valid ICD10 claims with a date of service from 10/1/2014 to the present day/date of submission.
  - ICD-10 claims should be submitted with dates of service <u>after</u> 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 10/1/2014 date.
- If a provider can only send ICD-10 claims with a Date of Service beyond 10/1/2015, those claims should still process correctly.
- No ICD-9 data will be tested.

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 Car Accident or Workers Comp is indicated
  - Claims with Dates of Service prior to 1/1/2014
  - 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 Government Programs (FEP, Medicare, PMAP)
  - Replacement Claims
- BCBSMN will enforce its production business rules and edits (e.g. 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 above.
- 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 contact information above if you have questions about pre-authorization functionality

Medicare Claims

• Claims for members covered by Medicare will not be included in 2015 Open Partner Testing.

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 BCBSMN 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 BCBSMN.
- 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 BCBSMN.
- Availity will provide testing support during normal business hours, M-F 7AM to 4PM CST.

What BCBSMN expects from providers

- Providers will limit their tests to conform to the guidelines provided by BCBSMN and the Minnesota ICD-10 Collaborative.
- In order to keep support costs reasonable, BCBSMN is setting a per provider maximum of 500 ICD10 claims.
- Providers will review results and communicate issues in a timely manner.
- During the set up period, 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 BCBSMN at the primary email found in the Contact Information. For set up, you only need to submit the Tax ID and the billing provider NPI. We do not need the rendering provider NPIs.
- Providers participating in partner testing will contact BCBSMN if there are issues with a large volume of claims pending resulting in provider participants not receiving 835s.
- BCBSMN asks that providers initially submit low-dollar value claims (< $10,000) so that the setup of automated adjudication and routing can be verified. High-dollar value claims (> $10,000) will be automatically pended and will require a manual intervention to complete processing. These claims will experience a delay in the return of the remittance advice (835).

- 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 ISA13 control number, date of service and Patient Control Number (PCN) on the claim.

- Availity requires a unique ISA13 control number for each submission.

- 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.