

# Electronic Solutions

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Update for Provider Decision Makers

2008 Provider Conference

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# Before We Begin....

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## A few questions...

- What issues are of major concern to you practice today?
- What role do you think that automation/technology plays in the resolution of these problems?
- What are other payors now doing that BCBSNC needs to begin to do to meet your needs?

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# Topics

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- Where we have been
  - Where we are
    - Where we are going

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# 50 Years Ago....

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- **Claims intake process**

- Claims submitted only on paper
- Benefits review by nursing staff
- Claims approved for process “with pencil and paper”
- Manual submission of support information
- Claims to process via key punch and mainframe systems
- Any inquiries by mail or telephone

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**BlueCross BlueShield  
of North Carolina**

# 50 Years Later

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- 90% of claims arrive electronically
- 85% of claims move through the system with no manual intervention
- Increasing numbers of inquiries are automated on web or via a standard HIPAA transaction
  - Blue e*
  - RealMed*
  - Health Trio
  - HIPAA 270, 276 Inquiry

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# Some things never change

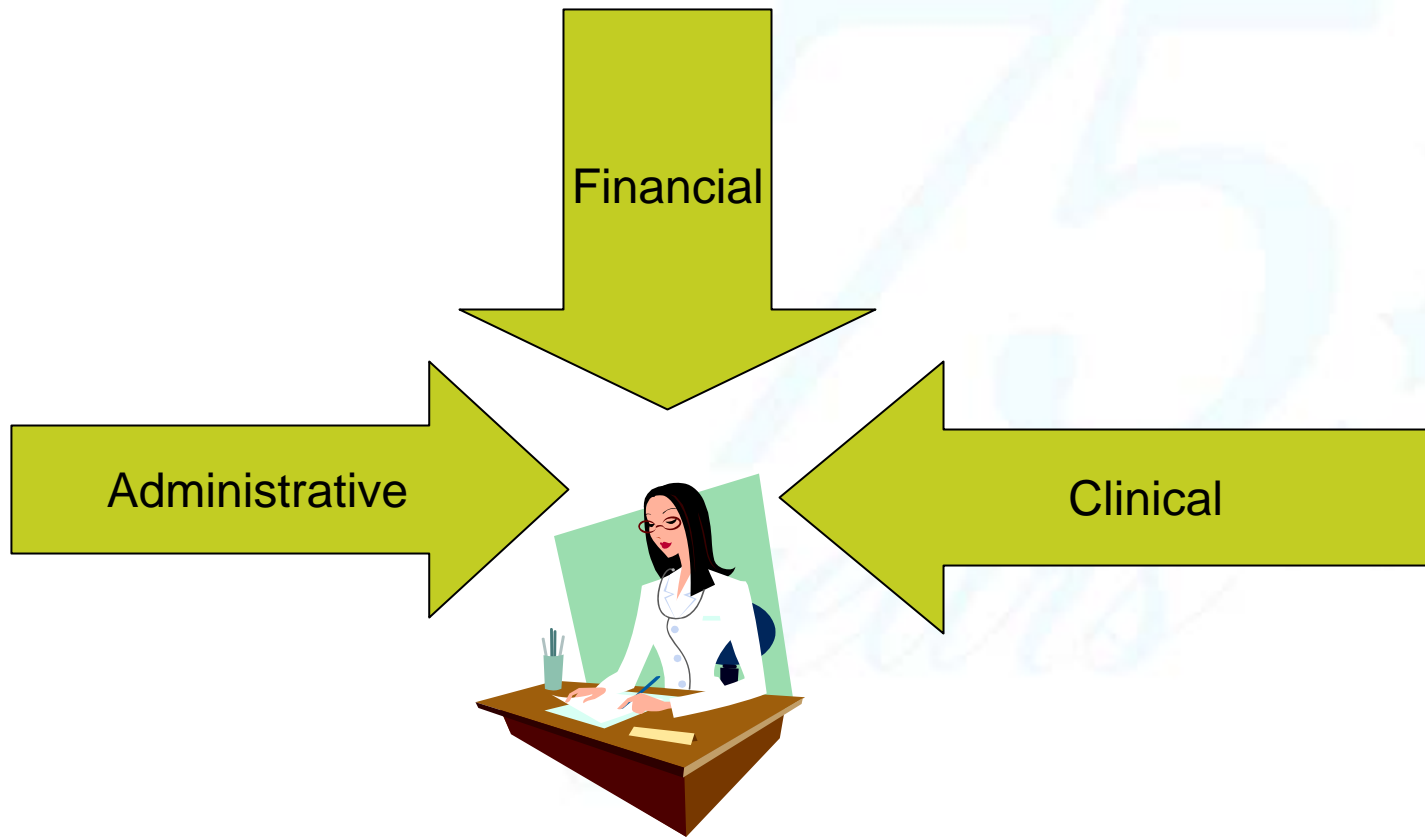
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- Paper submitted claims
  - Handwritten
  - Typed
- Telephonic support information
  - 16,000
- Manual submitted support information

Until Now.....

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# Forward Going Focus



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# Administrative

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- **Entity Administration for Self Service**
  - Any site can self administer user access controls
- **Eligibility and Benefits Enhancements**
  - Addition of accumulator information to reduce calls for additional benefits data
- **Claims Status Enhancement**
  - Introduction of realtime HIPAA 276 claim status inquiry

Emerging: One Web View of BCBSNC to Providers  
Enhanced Inquiry Response Data

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# Clinical

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- Diagnostic Imaging approvals
- Professional provider authorizations via web
- Solicited clinical attachments
- E Prescribe expansion
- HIPAA 275 attachment transaction

Emerging: Electronic Health Records

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# Financial

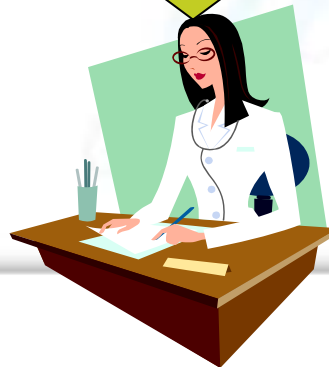
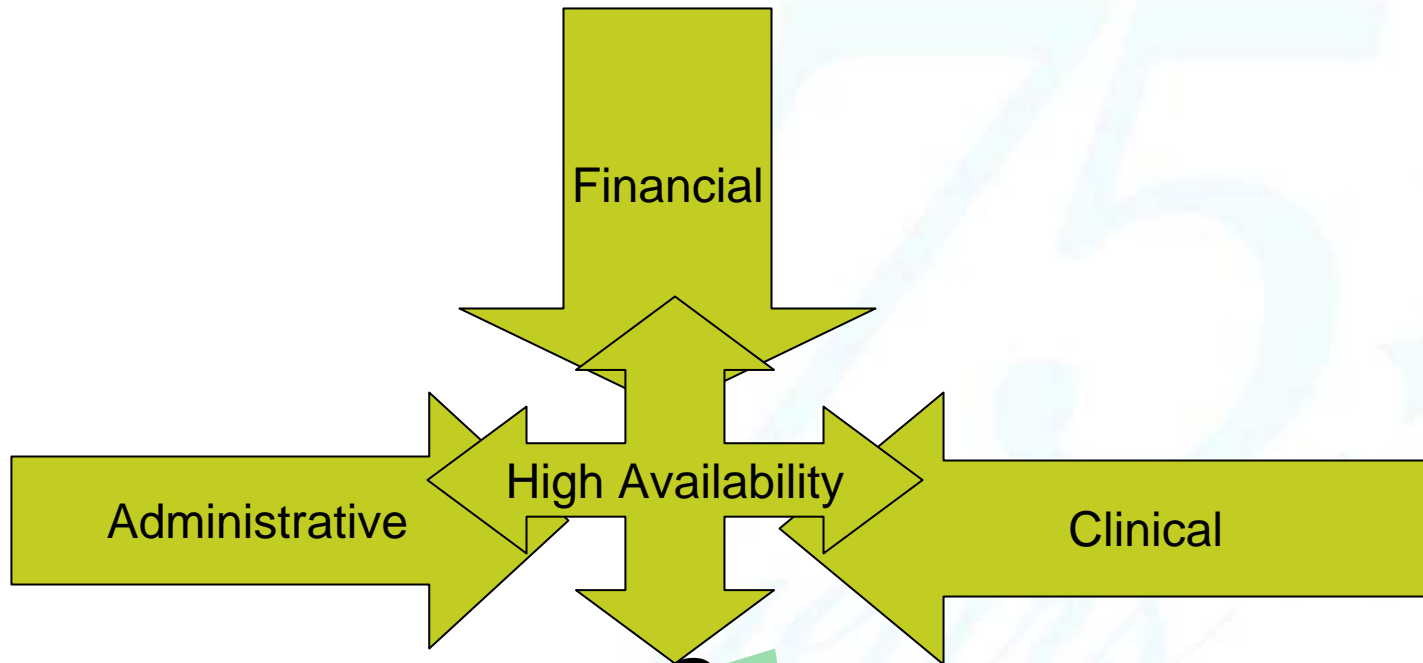
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- Point of Service Claims
- EOP/NOP display via web
- EFT registration and management automation
- Electronic remittance usability

Emerging: Member Liability Estimation  
Enhanced Realtime Claims

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# Areas of Emphasis



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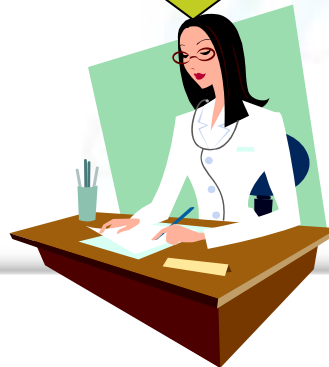
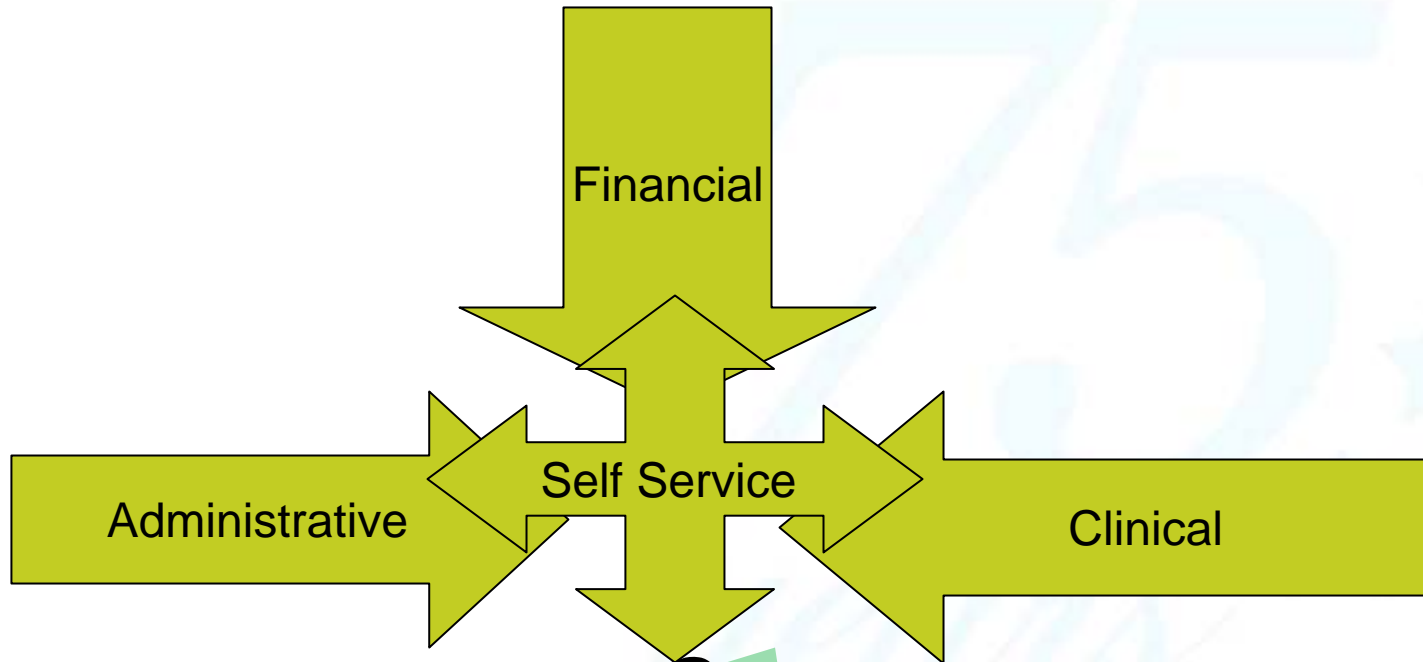
# Availability

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- Web presentation
- Near 24 x 7 access to transactions
- Self service account management
  
- What other aspects of availability should we be aware of?

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# Areas of Emphasis



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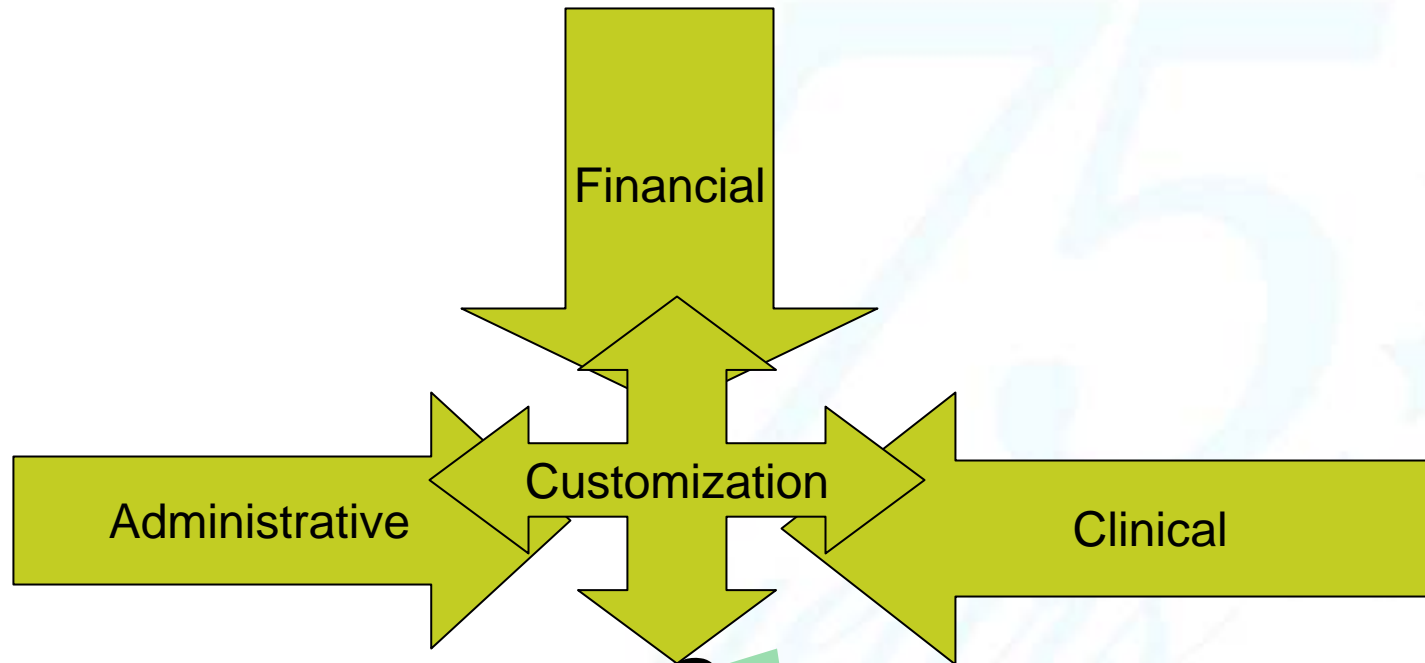
# Self Service

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- Online registration
  - Password reset
  - User adds and deletes
  - Self training modules
  - Practice specific user metrics
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- What other aspects of self service should we be aware of?

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# Areas of Emphasis



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# Customization

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- Practice Specific Data
- Fee Schedule Disclosure
- User specific roles for administrative and clinical
  
- What other aspects of customization should we be aware of?

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# On The National Scene

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- **HIPAA 5010**

- Impacts all current standard transactions
- Includes changes to 4010 logic, clarifies wording
- Adds and deletes content and functions
- Business impacts are not yet fully defined
- Estimated implementation timeline is Fall 2010

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# On The National Scene

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- ICD 10

- Each ICD10 code is a set of deeper business decisions v. a 1:1 map of current ICD9 codes
- Each of the 100,000 ICD10 codes will need to be evaluated regarding impact to
  - Payer/Provider Contracts
  - Data Exchange Protocols
  - Historical comparison of claims data
  - Business and operational impacts (systems, people and process)

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# On The National Scene

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- **ICD 10**

- End to end knowledge of all aspects of the business will be a must!
- As opposed to HIPAA, everyone in the industry will be impacted by ICD10
- Clearinghouses and vendors will not be able to manage all of the processes for providers
- A “date of service” implementation may require all parts of the industry to be ready simultaneously

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# We Need and Welcome

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- Your Ideas
- Your Feedback
- Your Commitment

Call Me!

Morgan Tackett

Director Electronic Solutions

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