

Electronic Solutions

Update for Provider Decision Makers

2008 Provider Conference

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Before We Begin....

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

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

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50 Years Ago....

- **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

- 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

- Paper submitted claims

- Handwritten

- Typed

- Telephonic

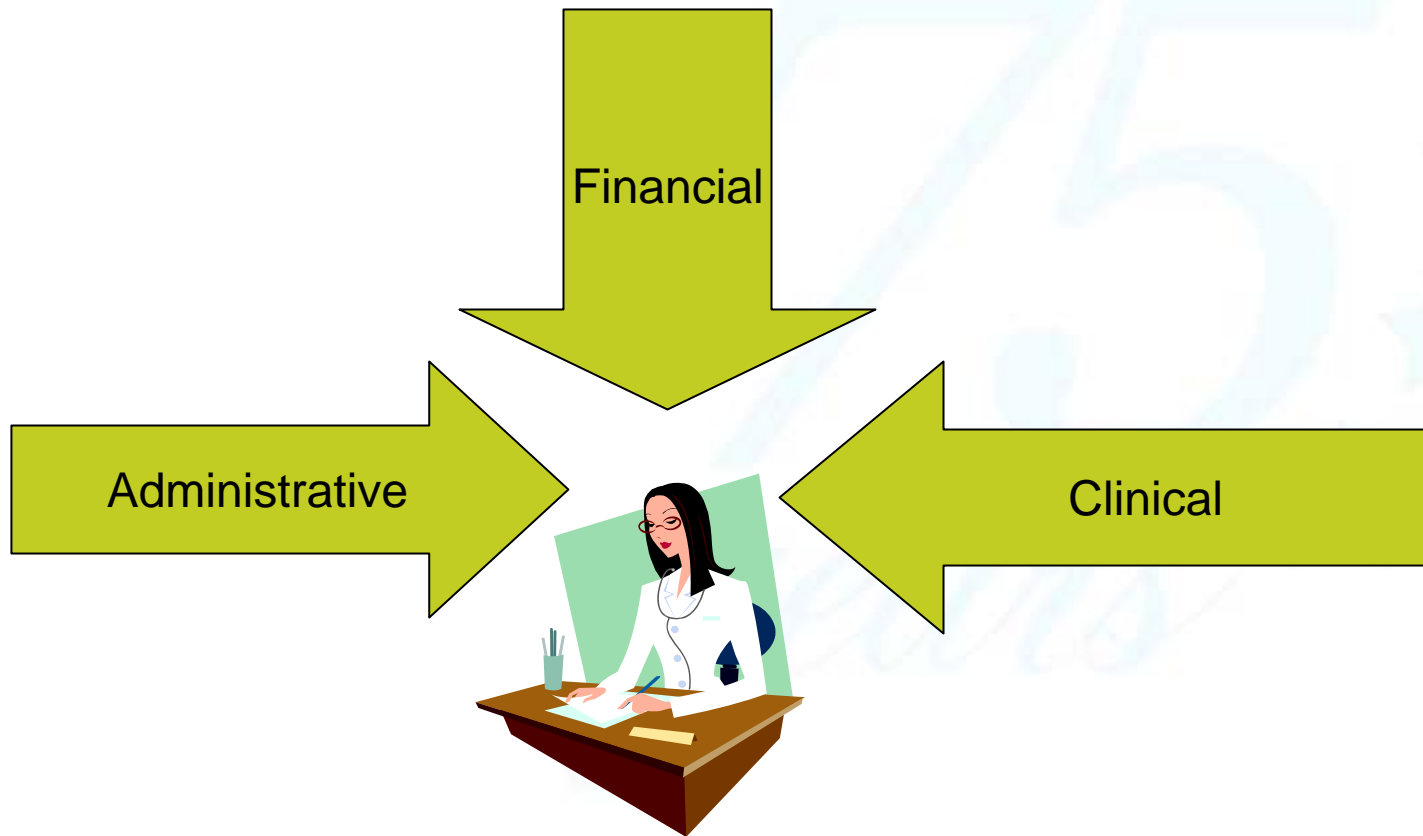
- 16,000

- Manual submitted support information

Until Now.....

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Forward Going Focus



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Administrative

- **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

- 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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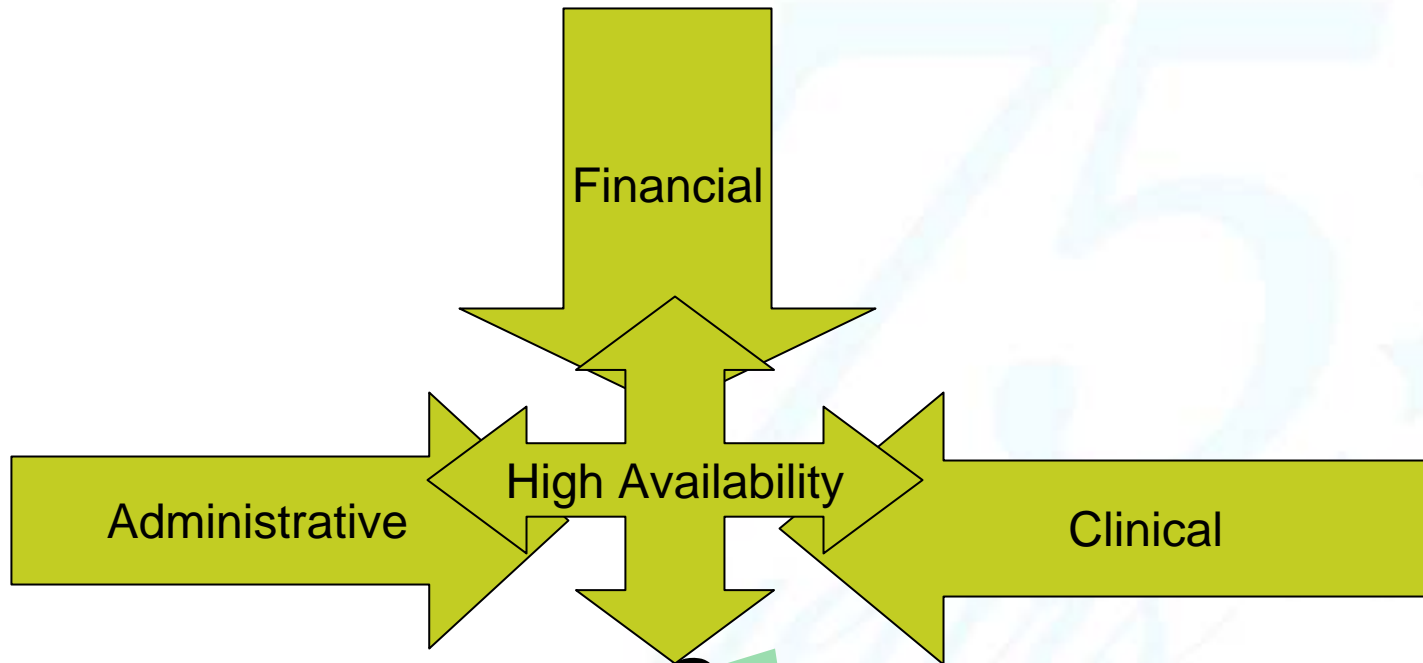
Financial

- 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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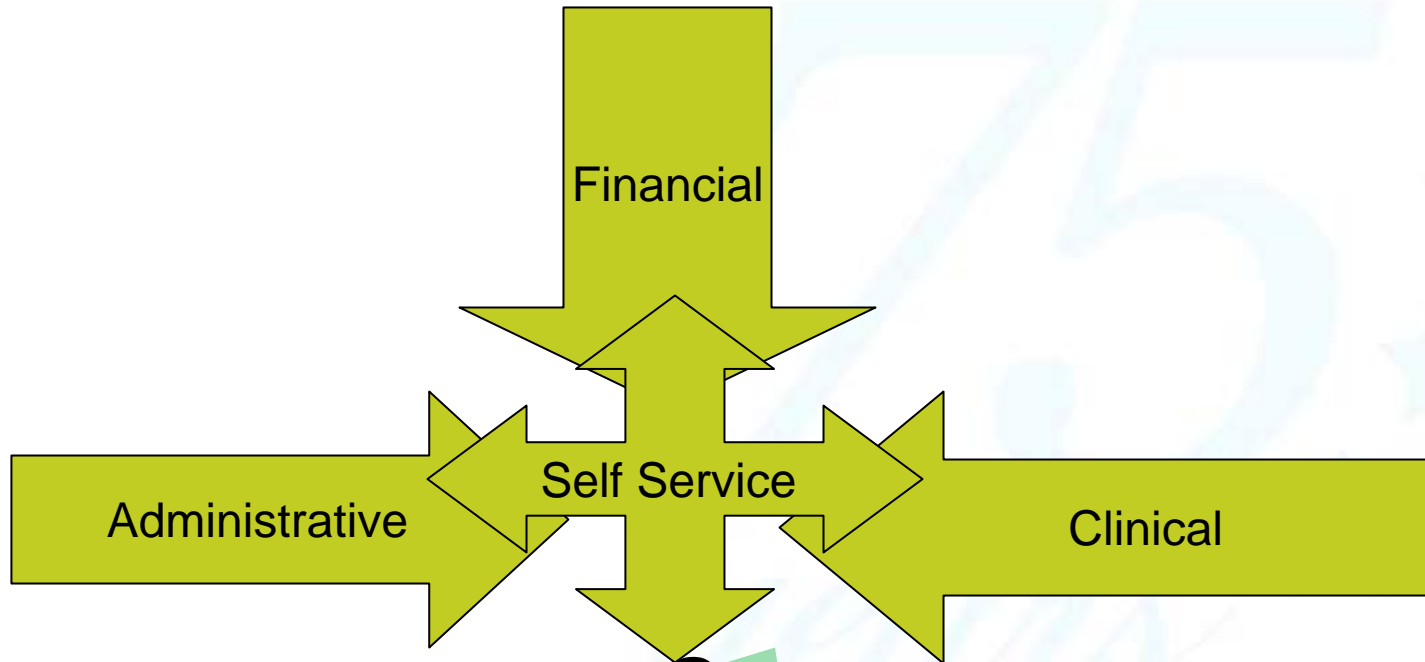
Availability

- 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



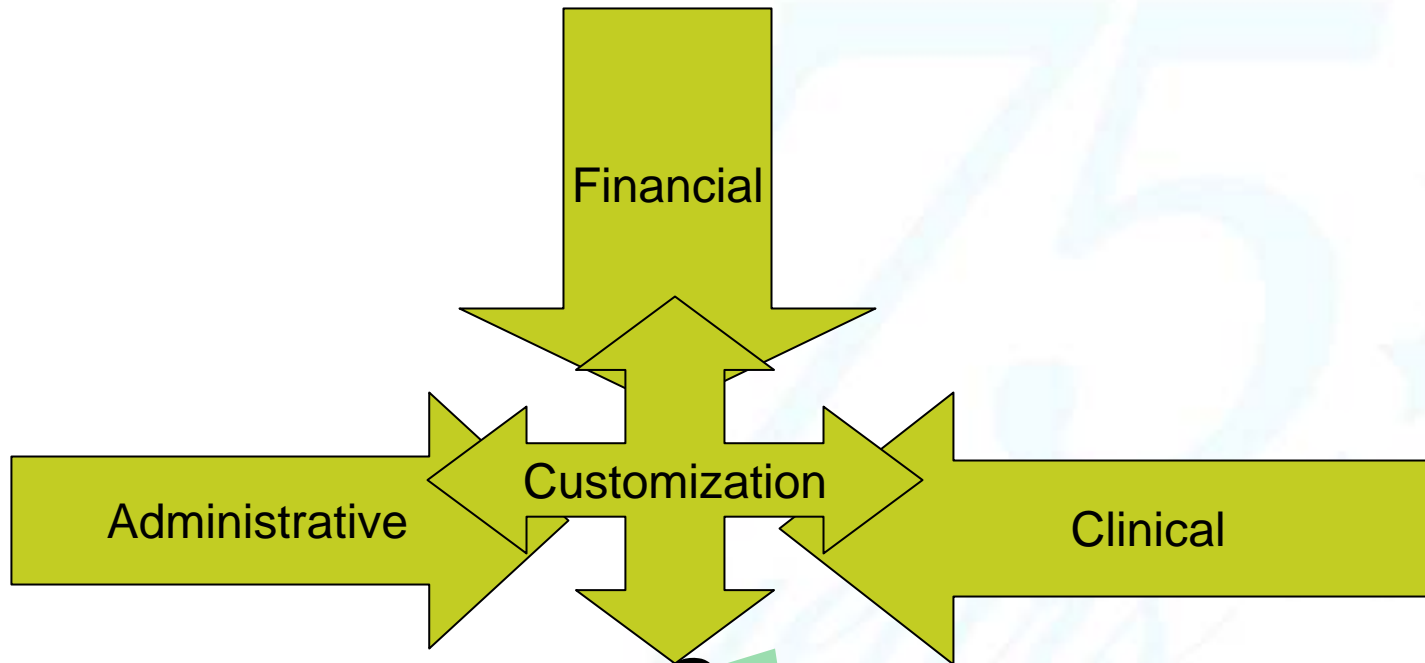
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Self Service

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

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Areas of Emphasis



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Customization

- 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

- **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

- 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

- **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

- Your Ideas
- Your Feedback
- Your Commitment

Call Me!

Morgan Tackett

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