Alaha Blue Cross and Blue Shield of Alabama

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BlueCross BlueShield of Alabama

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.

Interim Billing

Interim Billing Update * 07/01/2016 Effective

HOSPITAL

- 113 and 114 rejections
- CARC code 135- Interim bills cannot be processed.
- 56 claims that will reject.

Interim Billing Update

Transitional period

Voided claims to assist with administrative burden

For the past 3 months, 131 claims were found that were 113 type of bills

Reports

Interim Billing Update Year End for FEP and ITS

Association guidelines require Out of State to be split. We cannot remove the front end edit.

Enhanced **Ambulatory Patient** Grouping (EAPG)

EAPG

Outpatient Payment Methodology

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- Effective 10/01/2016
- Transitioning from current cost-plus methodology
- Provides predictability and transparency



Budget Neutral

EAPG Benefits

- Categorizes amount and type of services used in various ambulatory (groups procedures and medical visits sharing similar characteristics and resource utilization)
 - Generates payments based on average resource utilization

EAPG Methodology

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Grouper

- Outpatient visit-based patient classification system designed by 3M.
- Assigns an EAPG to each claim detail line
- As of 09/01/16, each revenue line will require CPT/HCPC code and will have a front end edit to reject.



EAPG Methodology

Three Major Visit Types

- Significant Procedure
- Medical Visit
- Ancillary Procedures



Payments are made on a per visit basis, where payment is directed to the main significant procedure or treatment provided during the visit.

EAPG Payment Types

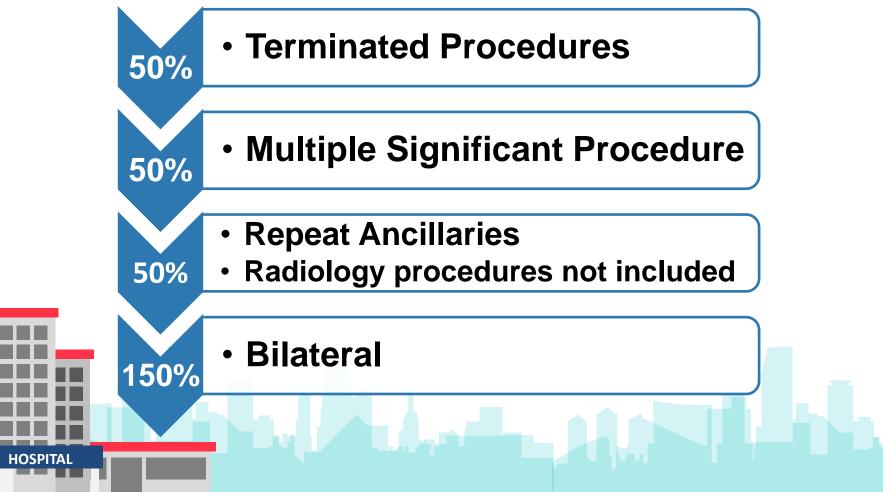
Line Level



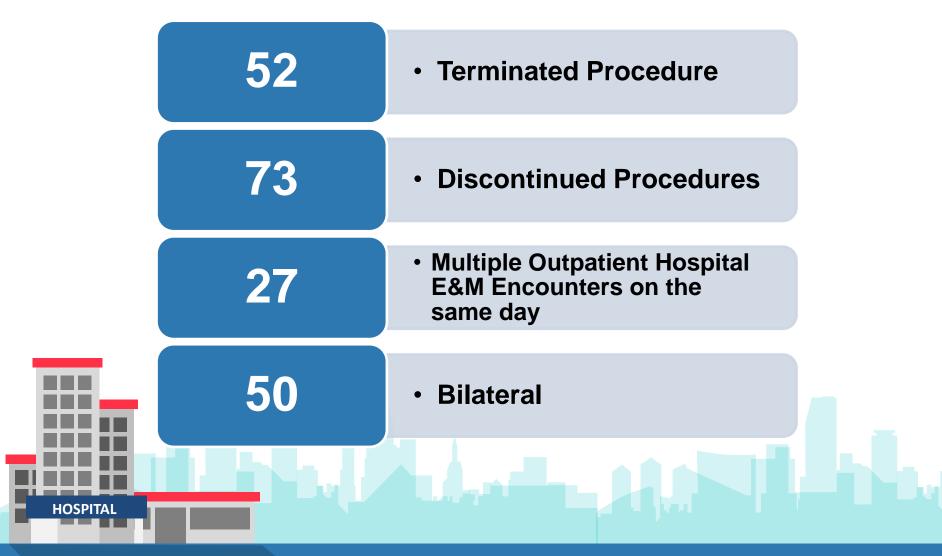


EAPG Payment

Discounting



EAPG Payment Modifiers



EAPG Payment Types

Observation

An observation document has been created and will be available online.

It will include Obstetrics and Behavioral Health and Other.

EAPG Payment

Methodology

Detail Line Provider EAPG Bundling/ Payment = Base χ Relative χ Discounting Rate Weight /Adjusting



EAPG Methodology

Ancillary Claim

СРТ	CPT Desc	APG	APG Descr	Payment Flag	Payment Action	Full APG Wght	% Pd	Allwd APG Wght	Ex. Base Rate	Paid Amt
70120	X-ray of mastoids	471	Plain Film	Ancillary	Full Payment	.1006	100%	.1006	\$500	\$50.30
								.1006		\$50.30



EAPG Methodology

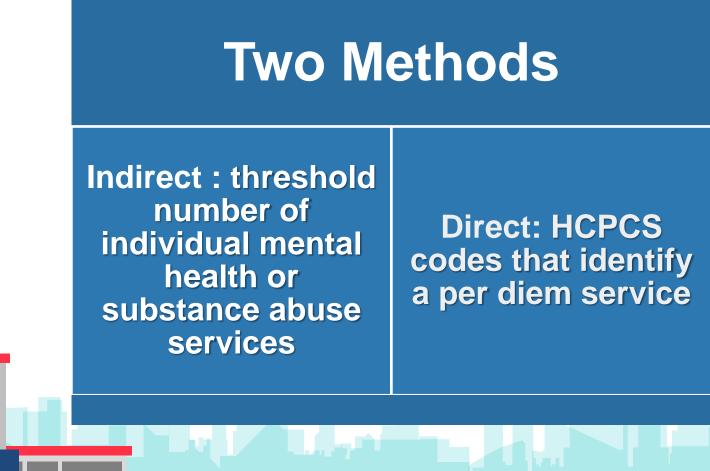
Significant Procedure Claim

СРТ	CPT Desc	APG	APG Descr	Payment Flag	Payment Action	Full APG Wght	% Pd	Allwd APG Wght	Ex. Base Rate	Paid Amt
31545	Laryngoscopy w/scope	063	Level II Endoscopy of Upper Air Way	Significant Procedure	Full Payment	4.2931	100%	4.2931	\$500	\$2146.55
31515	Laryngoscopy w or w/o trach	062	Level I Endoscopy of Upper Air Way	Related Procedure	Consolidated	.8259	0%	0.00	\$500	\$0.00
42405	Salivary gland and duct incision	252	Level I Facial and ENT Proc	Unrelated Procedure	Discounted	2.3248	50%	1.1624	\$500	\$581.20
00322	Anesth, biopsy of thyroid	380	Anesthesia	Uniformly Pckgd Anc	Packaged	0.0736	0%	0.00	\$500	\$0.00
								5.4555		\$2727.75
HOSPITAL										

EAPG Per Diem

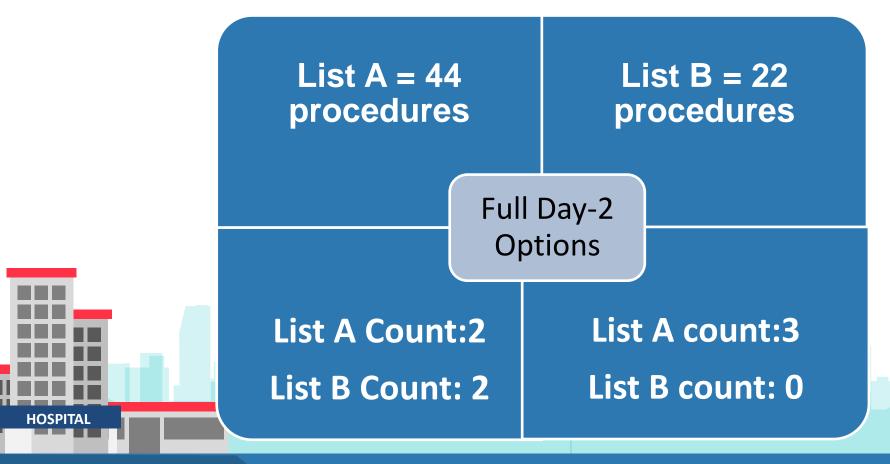
Assigning Per Diem based on:

OSPITAI



EAPG Per Diem Mental Health

Indirect Per Diem Default Settings: Code combinations from two fixed clinical lists



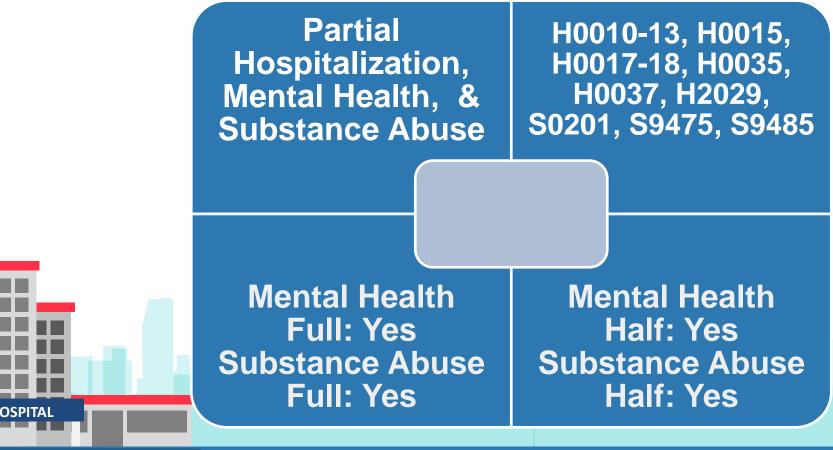
EAPG Per Diem Substance Abuse

Indirect Per Diem Default Settings: Code combinations from two fixed clinical lists



EAPG Per Diem

Direct Per Diem assignment has been enabled per 3M Default Settings



EAPG Process



EAPG

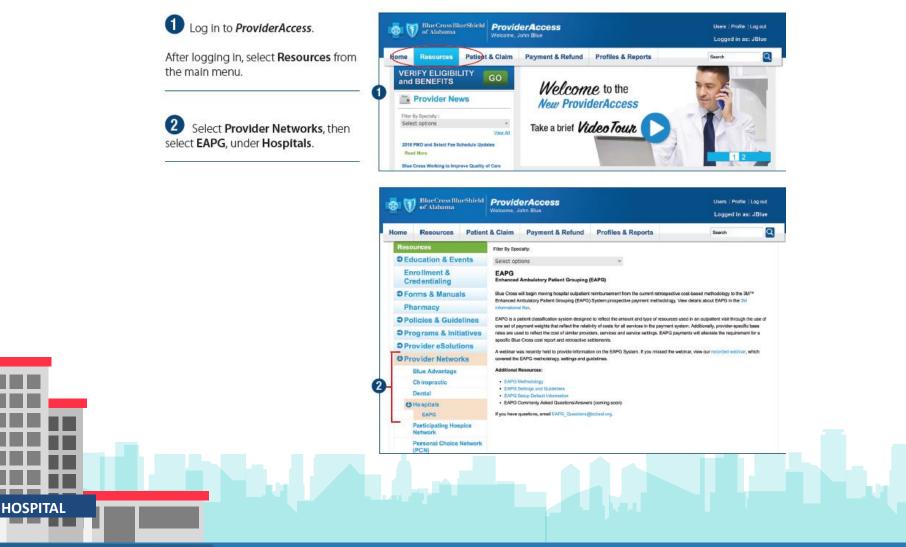
🔁 IP only list

- LOS list in the CURP manual
- Revenue code codes w/o cpt/hcpc codes

****510-517 and 519-529 will need E&M codes submitted. This is a change from the webinar.

This will still show a zero allowance except on Federal claims.

EAPG Webpage



EAPG Contact Information

www.3mhis.com

Product information or technical issues

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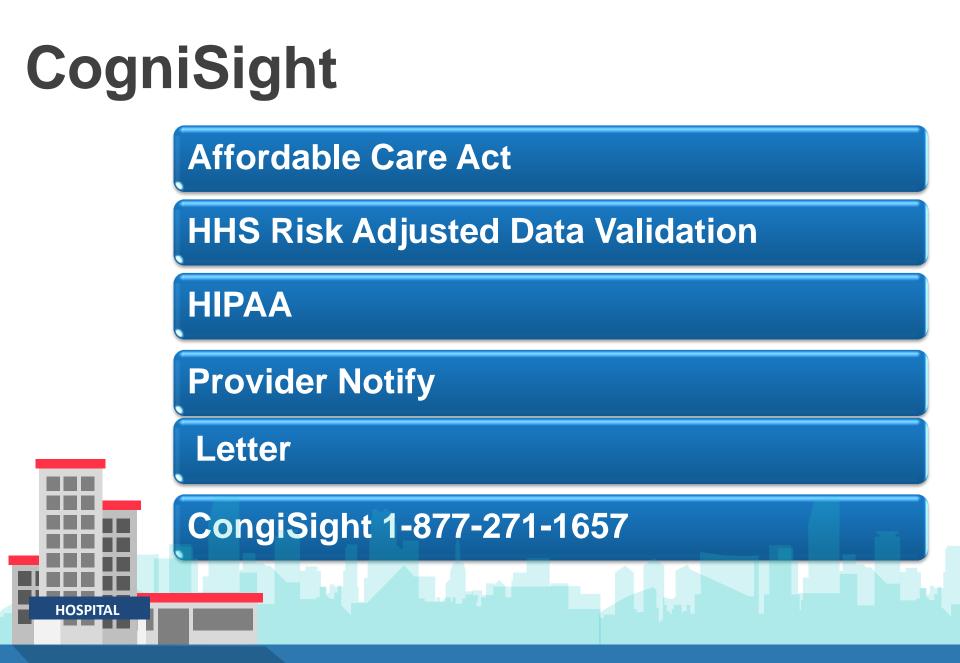
Jiva Update

Jiva Update

May 17, 2016 automation went into production to tie the claims system to Jiva.

Please make sure you are checking Jiva for the number of days that were authorized.

CogniSight



Exchange Plans: Multi-State Plans

New Individual Plans

This year, two new individual plans will be available on and off the health insurance exchange

- Blue Cross Select Gold, a Multi-State Plan
- Blue Cross Select Silver, a Multi-State Plan



New Individual Plans

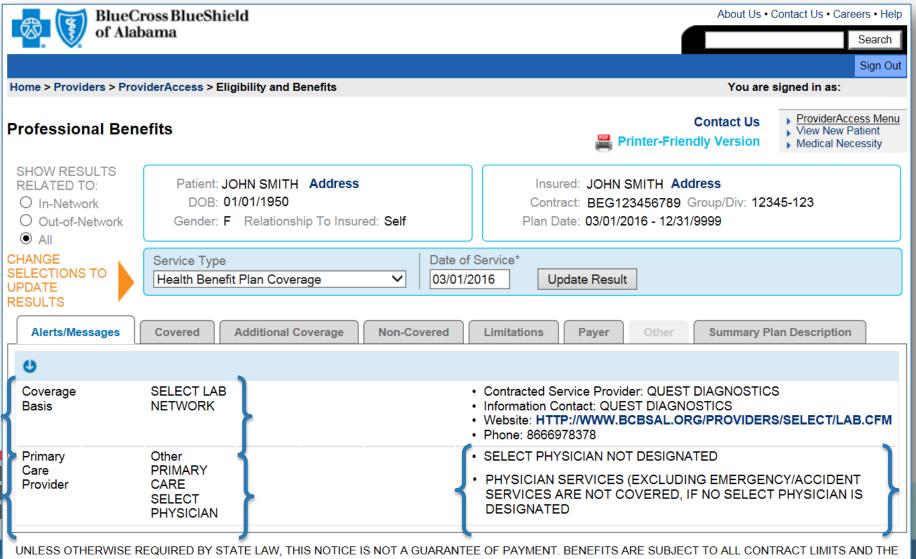
These plans will require that each member designate a **Primary Care Select** physician, who will be responsible for coordination of care via referrals to specialists.

The primary care designation and referral process will be required in order for services to be paid.

MSP Plans

- If a PCP has not been designated, there are not any benefits on the policy outside of Medical Emergency.
- As of 05/03/2016, we put the edit into production for facility claims. The claims at the beginning of the year did process and pay. We will not request refunds on those that paid in error.

Blue Cross Select Plans



MEBBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

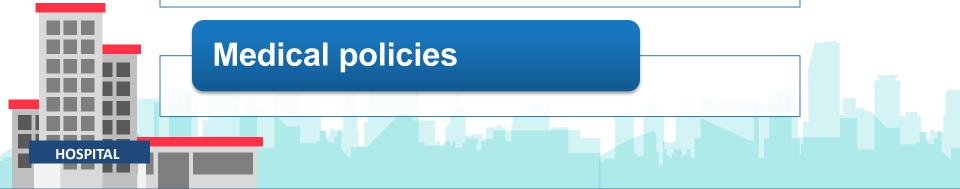


New ProviderAccess Tips



Subpart NPI no longer showing

When searching use quotation marks



New ProviderAccess

- eClaims Institutional allows a provider to key up to 99 lines per claim.
- eClaims Professional and Dental allows the provider to key up to 50 lines per claim.
- An issue with Institutional eClaims and adjustments was reported. Currently institutional claims only allows claim level adjustments, but the application is asking for line level adjustments. A request has been created to have this corrected. We do not have a date it will be fixed.

Contact EDI

205-220-6899 Ask-EDI@bcbsal.org



Questions?