

Self-funded Clients

BCBSND is bringing claims payment accuracy to a new level

Are your health care claims paid accurately?

It's a question Blues plans nationwide are asking.

Until recently, the answer was a resounding "yes." However, as claims and billing systems become more complex, we're continually looking at ways to evolve payment integrity practices.



Two-level payment integrity strategy—core and enhanced

✓ Core Claims Analysis

Your health care claims will continue to be processed automatically through our in-house core claims processing cycle, which remains strong with a thorough system of checks and balances.

As in the past, 100% of recovered savings are returned to you.

☆ Enhanced Claims Analysis

To take payment accuracy to the next level, we're augmenting our internal capabilities through a strategic partnership with Cotiviti and other Blues plans. Cotiviti's investments and expertise in advanced analytics help us identify additional savings for our self-funded clients. (Read more about Cotiviti below.)

The extra savings found through the added level of analysis will be distributed as follows:

- 70% returned to employer
- 30% retained by Blue Cross Blue Shield of North Dakota (BCBSND) to cover advanced program analytics

About our partner, Cotiviti

Cotiviti is recognized in the industry as the leading health care analytics company. One of their core strengths is payment accuracy. Among their clientele are 21 of the nation's top 25 health care payers.

Cotiviti's sophisticated technology examines billions of clinical and financial data points to which they apply decades' worth of health care logic and subject matter expertise to prevent and recover improperly paid claims. The cost of the enhanced analytic services (30%) is retained from the additional savings realized.

Other Blue Cross Blue Shield plans using Cotiviti for enhanced claims analysis have reported additional savings of 1-2% from their annual claims spend. Since implementation, we have been able to achieve 1-2% for our self-funded clients.

Core plus enhanced—ultimate accuracy



Core Claims Analysis

By BCBSND

Includes:

- Primary Duplicate Checking
- Primary Coordination of Benefits
- Subrogation
- Primary Editing
- Credit Balance Checks
- High-dollar Case Reviews
- Provider Audit
- Preemptive Provider Education
- Fraud, Waste and Abuse Checks



100% Returned Savings



Enhanced Claims Analysis

By Cotiviti & Other Blues Plans

Includes:

- Secondary Duplicate Checking
- Secondary Coordination of Benefits
- Advanced Editing
- DRG/Hospital Bill Review
- Data Mining for Coding Irregularities
- Contract Compliance
- Advanced Payment Analytics



30% Retained Savings
70% Returned Savings

Why add the enhanced claims analysis?

Coding and billing errors add up.

Claims and billing systems are becoming increasingly complex, requiring new levels of checks and balances. National statistics attribute 3-7% of health care spending results from wrongful charges—both accidental and intentional.


Cotiviti's sophisticated analysis helps identify potential and actual overpayments and returns the money where it belongs.

Your billing invoice

Since a portion of the savings found through enhanced claims analysis are retained to cover administrative costs, you will see these costs on your billing invoice as noted below.

Once per month, your weekly invoice summary will be adjusted to reflect savings for the previous month's enhanced program analytics.

- Claim adjustments will reflect 100% of savings found through enhanced program analytics (see A)
- The retained portion (30%) will appear as Other Claim-Related Fees or Additional Items (see B and C)
- The difference between total savings and retained savings yield your net savings (next page)
- Detailed reports available upon request

BCBSND 4510 13th Avenue South Fargo, ND 58121 Phone: (701)282-1230 SelfInsuredAccounting @bcbsnd.com		 ND	
REGULAR INVOICE SUMMARY			
INVOICE NUMBER: BILL ACCOUNT NUMBER: BILL ACCOUNT NAME: CLIENT NUMBER: CLIENT NAME:		PAID CLAIMS MONTH: CLAIMS PAID THRU: BILL CYCLE: PREPARED DATE: PAYMENT DUE DATE:	
Prior Billing Information			
Last Bill Amount	\$	397,864.25	
Payments Received Through	\$	(397,864.25)	
Balance Forward			\$ 0.00
Current Charges			
Fed Claims/Expenses	\$	131,005.32	
Other Claim Related Fees	\$	22.00	
Additional Items	\$	600.00	
Total Current Charges			\$ 131,637.32
TOTAL DUE			\$ 131,637.32

A Your claims total reflects 100% of the savings

B This line reflects 30% retained savings for in-state pre-pay program (see "B" on the next page)

C This line reflects 30% retained savings for out-of-state services and in-state post-pay programs (see "C" on the next page)

Detailed reporting is available upon request

					Totals:	\$10,552.57	\$1,058.37	\$317.51	\$740.86
Date of Service	Invoice Date	Pre or Post	Home or Host	Claim Count	Unique Member Count	Claim Submitted Amount	Audit Amount Total Savings	BCBSND Retained Savings	Client Net Savings
12/16/2023	01/17/2024	Pre	Home	1	1	\$498.00	\$139.55	\$41.87	\$97.68
11/18/2023	01/31/2024	Pre	Home	1	1	\$7,348.87	\$(486.06)	\$(145.82)	\$(340.24)
11/15/2023	01/31/2024	Pre	Host	1	1	\$1,141.00	\$533.74	\$160.12	\$373.62
12/01/2023	02/21/2024	Pre	Home	1	1	\$1,289.00	\$625.11	\$187.53	\$437.58
01/19/2024	03/20/2024	Pre	Home	1	1	\$275.70	\$246.03	\$73.81	\$172.22



SAMPLE CLIENT
Monthly Cost Summary - Medical
Claims Incurred 01/01/2022 - 4/30/2022
Claims Paid Through 4/30/2022

Residual and/or Confidential

Client	Client Name	Group	Group Name	Incurred Claim Month	IN1	EC1	EC2	EC3	EC4	EC5	EC6	EC7	EC8	EC9	EC10	Total Subscribers	IN1	EC1	EC2	EC3	EC4	EC5	EC6	EC7	EC8	EC9	EC10	Health Payments	Flt Payments	Other Absence Case Management	Other Absence Savings	Host Plan YOB	Payment Plan Program	Host Plan Payment Liability	Total Group Paid	Stop Loss Credits	Adjusted Stop Loss Liability	Group Loss Payouts Total	Admin Fees	Other Client Fees	Broker Commission	Monthly Profit Rewards																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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Anticipated questions about the enhanced payment integrity program



Q. Why do we have to share 30% of the return? Isn't it your job to catch inappropriate and fraudulent billing?

A. BCBSND's current claims review process saves North Dakota employers millions of dollars. However, deeper savings require an expanded strategy, which includes advanced data analytics-based programs. We receive that level of analysis through a partnership with Cotiviti and other Blues plans.

Retaining 30% to cover program costs is the industry standard. And it's a necessary investment to protect our clients and members from inappropriate provider billing practices.

Q. Can we find out why the claims were reprocessed?

A. Yes. Reports are available to show the reason for and outcome of a reprocessed claim. Request a report through your BCBSND representative.

Q. Could the member have increased cost share due to reprocessing the claim?

A. The purpose of the program is to identify cost savings. In most cases, members will see a decrease in cost shares. Rarely, the reprocessed claim could result in a higher cost share for the member.

Q. Could reprocessing a claim ever result in more being paid by the carrier/self-funded plan?

A. Enhanced analytics are intended to find overpayments by the carrier/self-funded plan. If Cotiviti discovers an underpayment, they notify us to review and take appropriate action.

Q. What happens if it's discovered a claim should not have initially paid?

A. We anticipate finding claims that should not have paid. In that circumstance, we would recoup the money from the provider and make the appropriate corrections to claim expenses and member cost sharing. The provider would be allowed to appeal/dispute the findings.

Q. When a claim is reprocessed, are the accumulators readjusted?

A. Yes, the member's accumulators will be readjusted.

Q. Will an EOB be sent in a post-payment situation since claim is being reprocessed?

A. Yes. EOBs will be generated to reflect the correct claim determination and cost shares.



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