

# Test File Scenarios

## Test File #1

### *Institutional PPO - Inpatient*

<b>Test Scenarios</b>	<b>Expected Results</b>
1. Intensive Care Unit	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
2. Extended Care Facility	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
3. Hospice	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
4. Private Room Charges	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
5. Semi Private Room Charges	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
6. Additional Common Institutional PPO - Inpatient Claims -Maternity -Substance Abuse -Surgery -Psychiatry -Medical -Continuous Stay -VA using provider Number 427 -MSA Cost Containment	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
7. Zero Line Charge	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
8. Million dollar claim	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
9. Claim with 39 service lines	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>

### *Institutional PPO - Outpatient*

<b>Test Scenarios</b>	<b>Expected Results</b>
1. Pended Claim (prompt Fund to pend claim for more information)	<ul style="list-style-type: none"> <li>Fund should pend the claim</li> </ul>
2. Additional Common Institutional PPO - Outpatient Claims (with and without discounts) -Substance Abuse -Surgery -Psychiatry -Speech Therapy -Physical Therapy -Medical -Diagnostic Services -Labs	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>

# Test File Scenarios

## *Professional PPO*

<b>Test Scenarios</b>	<b>Expected Results</b>
1. Surgery	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
2. Assistant Surgeon <ul style="list-style-type: none"> <li>Covered services</li> <li>Non-covered services</li> </ul>	<ul style="list-style-type: none"> <li>Fund to distinguish from surgery and adjudicate and process according to benefits</li> </ul>
3. Anesthesia	<ul style="list-style-type: none"> <li>Fund to distinguish from surgery and adjudicate and process according to benefits</li> </ul>
4. Radiology	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
5. Wellness	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
6. Routine Physical Exam	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
7. Over PPO Fee Schedule Claim	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
8. Dental	<ul style="list-style-type: none"> <li>Fund to deny the claim with ineligible reason code 211, group is self-insured for this service</li> </ul>
9. Laboratory	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
10. Member paid in full (transmits 58/88)	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>

## *Membership*

<b>Test Scenarios</b>	<b>Expected Results</b>
1. Transposed Social Security Number <ul style="list-style-type: none"> <li>Transposed UID Number</li> </ul>	<ul style="list-style-type: none"> <li>Fund should correct the member's social security or UID Number &amp; adjudicate the claim and process according to benefits</li> </ul>
2. Invalid Member	<ul style="list-style-type: none"> <li>Fund should deny the claim with ineligible reason code 006, no record of membership</li> </ul>
3. Invalid Dependent	<ul style="list-style-type: none"> <li>Fund should deny the claim with ineligible reason code 006, no record of membership</li> </ul>
4. Wrong Date of Birth	<ul style="list-style-type: none"> <li>Fund to investigate and adjudicate and process according to benefits</li> </ul>
5. Wrong Last Name	<ul style="list-style-type: none"> <li>Fund to investigate and adjudicate and process according to benefits</li> </ul>

# Test File Scenarios

## Test File #2

### *Institutional PPO - Inpatient*

Test Scenarios	Expected Results
1. Out-of-State (i.e. Indiana)	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
2. Coordination of Benefits (test attachment indicators)	<ul style="list-style-type: none"> <li>Fund should process the claim with the other insurance payment, but without a discount</li> </ul>
3. Worker's Compensation	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
4. Duplicate	<ul style="list-style-type: none"> <li>Fund should deny the claim with ineligible reason code 129, duplicate billing-previous claim submitted</li> </ul>
5. Specific request from the Fund	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
6. Inpatient surgery claim	<ul style="list-style-type: none"> <li>Fund to process claim meeting out of pocket expense. 80% to 100% benefits</li> </ul>

### *Institutional PPO - Outpatient*

Test Scenarios	Expected Results
1. Emergency Room (test both penalties that the Fund may have and attachment indicators)	<ul style="list-style-type: none"> <li>Fund to adjudicate by applying a co payment or deductible</li> </ul>
2. Institutional Dependent with COB	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate and process according to benefits</li> </ul>
3. Specific request from the Fund	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate and process according to benefits</li> </ul>

### *Institutional Non-PPO*

Test Scenarios	Expected Results
1. Dummy Provider Number	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
2. Duplicate	<ul style="list-style-type: none"> <li>Fund should deny the claim with ineligible reason code 129, duplicate billing-previous claim submitted</li> </ul>
3. Non Plan Facility Pricing	<ul style="list-style-type: none"> <li>Fund to adjudicate –no DF expected</li> </ul>

### *Professional PPO*

Test Scenarios	Expected Results
1. Chemotherapy	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
2. Chiropractic Services	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
3. Split Pay	<ul style="list-style-type: none"> <li>Fund should pay Doctor &amp; member accordingly</li> </ul>
4. Incremented Claims	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to</li> </ul>

# Test File Scenarios

	benefits
5. Coordination of Benefits	<ul style="list-style-type: none"> <li>Fund should process the claim with the other insurance payment</li> </ul>
6. Specific request from the Fund	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
7. Recalibration - benefit maximum	<ul style="list-style-type: none"> <li>Fund should apply the discount then the benefits until they reach their maximum</li> </ul>
8. Incidental procedure (G codes)	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate returning appropriate non-payment reason code.</li> </ul>
9. Incidental procedure (G codes) through manual process	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate returning appropriate non-payment reason code.</li> </ul>

## *Professional Non-PPO*

Test Scenarios	Expected Results
1. Fund to Pay Claim	<ul style="list-style-type: none"> <li>Fund to adjudicate - no DF expected</li> </ul>
2. Over Fee Schedule or over Usual & Customary (for select groups only)	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
3. Dummy Provider Number	<ul style="list-style-type: none"> <li>Fund to adjudicate - no DF expected</li> </ul>

## *Unsolicited Provider*

Test Scenarios	Expected Results
1. Ambulance	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>

## *Membership*

Test Scenarios	Expected Results
1. Incorrect Relationship Code	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate and process according to benefits</li> </ul>
2. Incorrect Member Number <ul style="list-style-type: none"> <li>Incorrect UID Number</li> </ul>	<ul style="list-style-type: none"> <li>Fund should correct the social security number on the DF (field EDF2-Member-No) &amp; apply benefits</li> </ul>
3. Member and Dependent First and Last Name are the Same	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>

# Test File Scenarios

## **Test File #3**

### ***Institutional PPO - Inpatient***

<b>Test Scenarios</b>	<b>Expected Results</b>
1. Medicare (test attachment indicators)	<ul style="list-style-type: none"> <li>Fund to deny 006 if Medicare Primary</li> </ul>
2. Recalibration - benefit maximum	<ul style="list-style-type: none"> <li>Fund should apply the discount then the benefits until they reach their maximum</li> </ul>
3. Pre-Certification	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>

### ***Institutional PPO - Outpatient***

<b>Test Scenarios</b>	<b><i>Expected Results</i></b>
1. Recalibration - Benefit Maximum	<ul style="list-style-type: none"> <li>Fund should apply the discount then the benefits until they reach their maximum</li> </ul>

### ***Institutional Non-PPO***

<b>Test Scenarios</b>	<b>Expected Results</b>
1. Out-of-State (i.e. Wisconsin)	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
2. Institutional without discounts	<ul style="list-style-type: none"> <li>Fund to adjudicate at non-PPO level</li> </ul>
3. Illinois Hospital - Non-PPO with discount	<ul style="list-style-type: none"> <li>Fund to adjudicate at non-PPO level and apply discount</li> </ul>

### ***Professional PPO***

<b>Test Scenarios</b>	<b>Expected Results</b>
1. MRI	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
2. Multiple Diagnoses	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> </ul>
3. Prostheses 4. Surgery	<ul style="list-style-type: none"> <li>Fund to adjudicate and process according to benefits</li> <li>Fund to process claim meeting out of pocket expense. 80% to 100% benefits.</li> </ul>

# Test File Scenarios

## *Unsolicited Provider*

<b>Test Scenarios</b>	<b>Expected Results</b>
1. Laboratory	<ul style="list-style-type: none"><li>• Fund to adjudicate and process according to benefits</li></ul>
2. Durable Medical Equipment	<ul style="list-style-type: none"><li>• Fund to adjudicate and process according to benefits</li></ul>
3. Unsolicited Provider with a BCBSI Provider Number	<ul style="list-style-type: none"><li>• Fund should apply benefits. If payment is made, provider should be paid</li></ul>

## *Membership*

<b>Test Scenarios</b>	<b>Expected Results</b>
1. Dependent Different Last Name Than Member	<ul style="list-style-type: none"><li>• Fund should investigate and adjudicate and process according to benefits</li></ul>

# Test File Scenarios

## Test File #4

### *Adjustments File*

*Based on number of claims available, and status of the finalized claims.*

### *Local Adjustments*

Scenarios	Expected Results
1. R01 Adjustment -Reconsider charges	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
2. R03 Adjustment - Additional payment request ( including late charges ) and statistical adjustments.	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
3. R04 Adjustment – Reprocess claim with current information transmitted	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
4. R05 Adjustment –Credit adjustment	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
5. R06 Adjustment – Additional payment request which is initiated by the Fund.	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
6. R07 Adjustment- Incorrect provider	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
7. A15 Adjustment –Full credit adjustment	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
8. A22 Adjustment –Partial credit Adjustment	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
9. A08 Adjustment – Late credits	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>

### *BlueCard Adjustments*

#### Void Only Codes

Scenarios	Expected Results
1. 201 Wrong Provider paid	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
2. 202 Wrong Subscriber paid	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
3. 203 Wrong Payee	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
4. 204 Retroactive Cancellation	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
5. 205 Benefits	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
6. 206 Duplicate	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>

#### Void / Reissue Codes

Scenarios	Expected Results
1. 247 Benefit Change	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
2. 248 Pricing Change	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
3. 249 Resubmitted Billing	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
4. 254 Wrong Provider Paid	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>
5. 263 COB	<ul style="list-style-type: none"> <li>Fund should investigate and adjudicate</li> </ul>

# Test File Scenarios

## *ECRP+ Adjustments Non-BlueCard*

Scenarios	Expected Results
1. R01 Adjustment -Reconsider charges	• Fund should investigate and adjudicate
2. R03 Adjustment - Additional payment request ( including late charges ) and statistical adjustments.	• Fund should investigate and adjudicate
3. R04 Adjustment – Reprocess claim with current information transmitted	• Fund should investigate and adjudicate
4. R05 Adjustment –Credit adjustment	• Fund should investigate and adjudicate
5. R06 Adjustment – Additional payment request which is initiated by the Fund.	• Fund should investigate and adjudicate
6. R07 Adjustment- Incorrect provider	• Fund should investigate and adjudicate
7. A15 Adjustment –Full credit adjustment	• Fund should investigate and adjudicate
8. A22 Adjustment –Partial credit Adjustment	• Fund should investigate and adjudicate
9. A08 Adjustment – Late credits	• Fund should investigate and adjudicate

## *BlueCard*

### Void Only Codes

Scenarios	Expected Results
1. 201 Wrong Provider paid	• Fund should investigate and adjudicate
2. 202 Wrong Subscriber paid	• Fund should investigate and adjudicate
3. 203 Wrong Payee	• Fund should investigate and adjudicate
4. 204 Retroactive Cancellation	• Fund should investigate and adjudicate
5. 205 Benefits	• Fund should investigate and adjudicate
6. 206 Duplicate	• Fund should investigate and adjudicate

### Void / Reissue Codes

Scenarios	Expected Results
1. 247 Benefit Change	• Fund should investigate and adjudicate
2. 248 Pricing Change	• Fund should investigate and adjudicate
3. 249 Resubmitted Billing	• Fund should investigate and adjudicate
4. 254 Wrong Provider Paid	• Fund should investigate and adjudicate
5. 263 COB	• Fund should investigate and adjudicate