



Health Reform Effects on Payer's Independent Validation

With the advent of Health Reform and ICD-9 to ICD-10 mandates, testing is a critical function in every Payer's company. A comprehensive testing/QA program will not only make these transitions smoother, but will lower development costs, identify areas that are in need of remediation and provide management with tools that identify status, progress and concerns. The following areas must be reviewed to ensure level of reliability, compliance and completeness.

Insurance Pool Verification

- Validation of plan selection logic
- Verification of subsidy data
- Authentication of funds disbursement

Consumer Protection

- Confirmation of plan coverage modifications allowing for preventative care and changes to the adult child age
- Review and validation of pre-existing condition response
- Testing alternate response to serious illness without ability to rescind
- Coordination across all platforms and software vendors

Preventative Services

- Validation on amendments to preventative care co-pays
- Confirmation of brand-name drug discounts
- Testing of covered annual checkup timing and eligibility

Part D Rebates

- Assessment of testing for the refund targeted for the gap in Part D Medicare

State Websites

Basic Web testing including:

- Dynamic and monitored metrics
- All navigation links/buttons/menus work and display properly
- Forms submit without error and take logical action
- Flash, scripts and other dynamic components behave properly and without error
- Searches return logical results based on search criteria
- Database interaction works properly including submitting and retrieving data

ICD-10

- Test conversion and data migration elements across all systems with specific analysis on system integration impact

Reduction in Extra Subsidies

Oversight of Medicaid Advantage drawdown including:

- Test assessment
- Load and performance testing
- Usability testing
- Accounting oversight
- Training validation