

The logo for the Department of Social and Health Services (DSHS) is displayed in a bold, yellow, sans-serif font. The background of the slide features a blurred image of a diverse group of people, including a man in a white lab coat, a woman, and several other individuals, suggesting a healthcare or community setting.

DSHS

The logo for ProviderOne is shown in a bold, black, sans-serif font. To the right of the word "Provider" is a stylized graphic consisting of a blue and green circle with a white arrow pointing to the right. The word "One" is written in a smaller, italicized font. Below the main logo, the text "Washington's Social and Health Services Provider Payment System" is written in a smaller, black, sans-serif font.

ProviderOne
Washington's Social and Health Services Provider Payment System

Healthcare Financial Management Association

WA-AK Chapter Meeting

November 19, 2009

- **ProviderOne Overview and Schedule**
- **Readiness and Cutover Activities**
- **ProviderOne Changes**
- **Client Services Card**
- **Next Steps**
 - **Questions and Answers**

What is ProviderOne?

- ProviderOne is the new DSHS provider payment system
- ProviderOne will replace the current Medicaid Management Information System (MMIS) and the Social Service Payment System (SSPS)
- ProviderOne is a large undertaking that will be implemented in phases
- Overall goal is to support continuous services for clients and uninterrupted payments to providers

Phased Implementation Schedule

■ Phase 1: *Replaces Current MMIS*

- **Pharmacy Claims** – Front-end Point of Sale (POS) system implemented *October 20, 2008* with current MMIS on the backend
- **Medical and Nursing Home Claims** – Includes remaining programs and integration of pharmacy claims

■ Phase 2: *Replaces Current SSPS and some manual payments*

- Implemented over 2.5 years after Phase 1

Significant Activities To Date

- **User Acceptance Testing (UAT) by state staff from July 2008 – March 2009**
 - Executed 5,000+ test cases with multiple iterations or nearly 20,000 total tests
- **Pre-production (pilot) test with providers June – August 2009**
 - 6,000+ claims processed with senior state staff comparing results with legacy MMIS
 - Pre-production testing didn't give providers opportunity to test "end-to-end"
- **DSHS began working with WSHA ProviderOne Task Force in early October**

- **In late October DSHS officially announced that December 6, 2009 is not viable**
- **Decision making is data driven:**
 - system, providers, staff and vendor operations
- **Regularly scheduled readiness check-ins showed:**
 - The system was not ready for implementation (Pharmacy and Data Warehouse)
 - Critical providers who represent 85 – 90 % of claim volume were not ready. Providers also confirmed they weren't ready in several letters.
 - Mitigation strategies improved the situation, but DSHS recognized it wasn't enough

- **DSHS shared readiness metrics with the Centers for Medicare & Medicaid Services (CMS) during a site visit in mid-October**
 - CMS agreed that provider readiness in particular was lagging and asked how additional federal funding and support could help

- **DSHS is exploring options for expanded provider readiness activities with CMS**
 - Expanded fully functioning test environment for providers to verify their ability to bill correctly and get paid accurately
 - Expanded technical support and outreach services
 - WSHA support and letters very helpful with CMS

Readiness and Cutover Activities

6 Steps to Provider Readiness

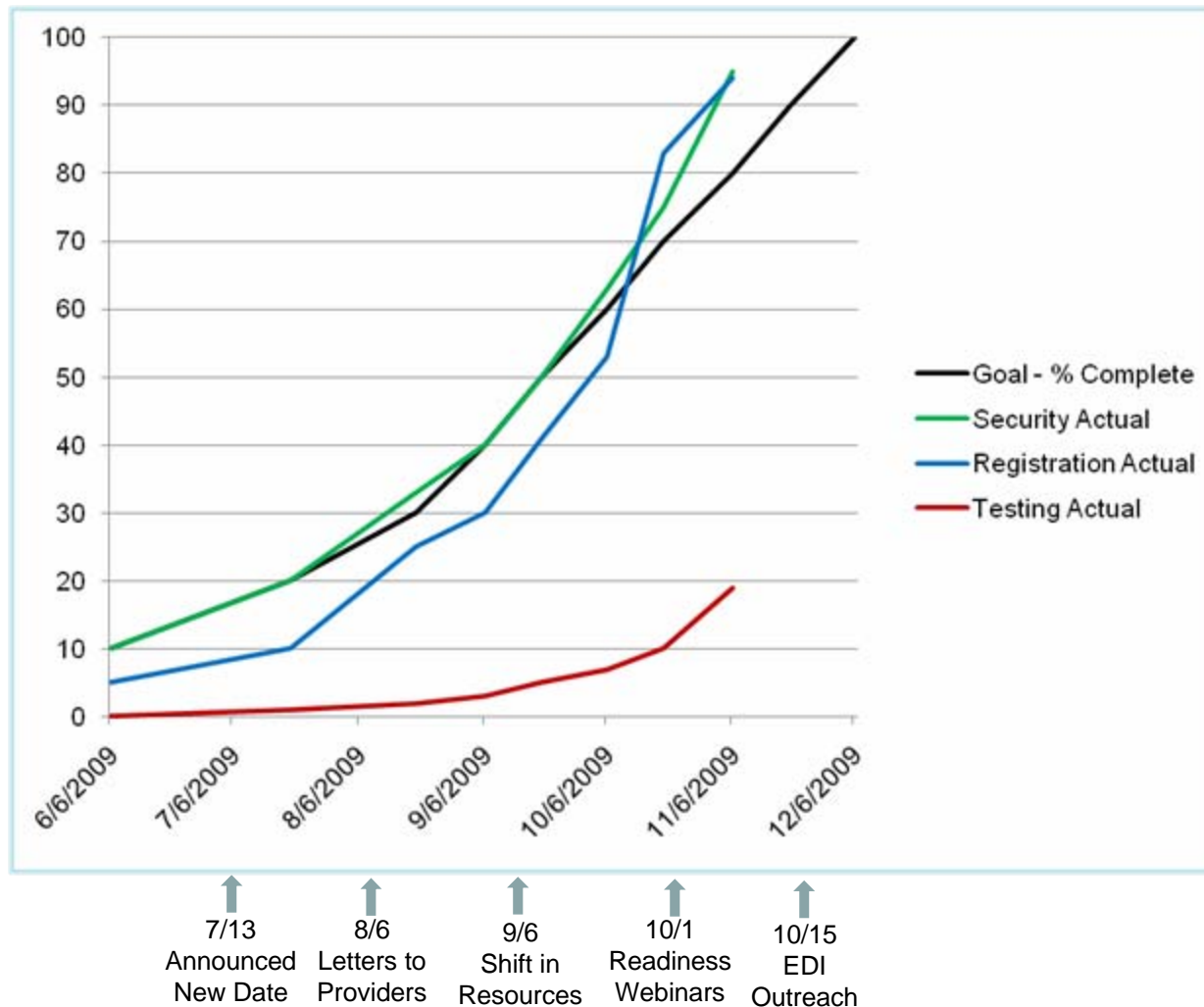
Readiness Step	Link for getting Started
1. Set up Security	http://hrsa.dshs.wa.gov/ProviderOne/Security.htm
2. Complete ProviderOne Registration	http://hrsa.dshs.wa.gov/ProviderOne/Registration.htm
3. Prepare for new client ID requirements	http://hrsa.dshs.wa.gov/providerone/Providers/Fact%20Sheets/FactSheets.htm
4. Plan for new taxonomy requirements	http://hrsa.dshs.wa.gov/providerone/Providers/Fact%20Sheets/FactSheets.htm
5. Submit new Trading Partner Agreement, <i>if needed</i>	http://hrsa.dshs.wa.gov/providerenroll/
6. Modify and test HIPAA batch files for format compliance, <i>if needed</i>	http://hrsa.dshs.wa.gov/dshshipaa/

Steps Vary by Billing Method

Billing Method:	Pharmacy POS	Direct Entry Web Site	Paper	Use Billing Agent or Clearinghouse	HIPAA Batch File	WINASAP (Nursing Homes)
Activity:						
1. Security	√	√	√	√	√	√
2. Registration	√	√	√	√	√	√
3. New Client ID Requirements	√	√	√	√	√	√
4. New Taxonomy Requirements		√	√	√	√	√
5. Trading Partner Agreement				√* If needed	√	√
6. Test					√	√

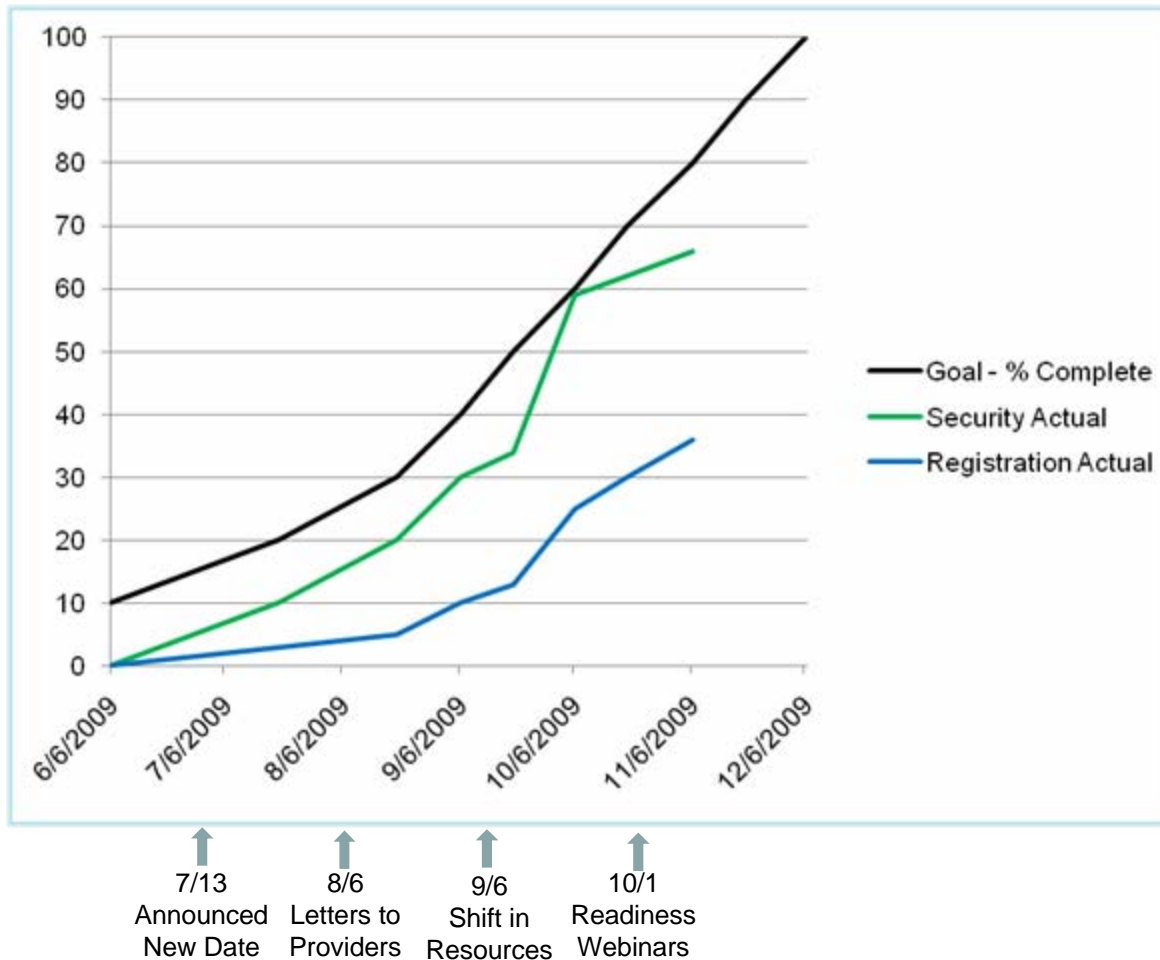
Provider Readiness

Electronic Submitters Only (423 total) *Activities Required for Payment*



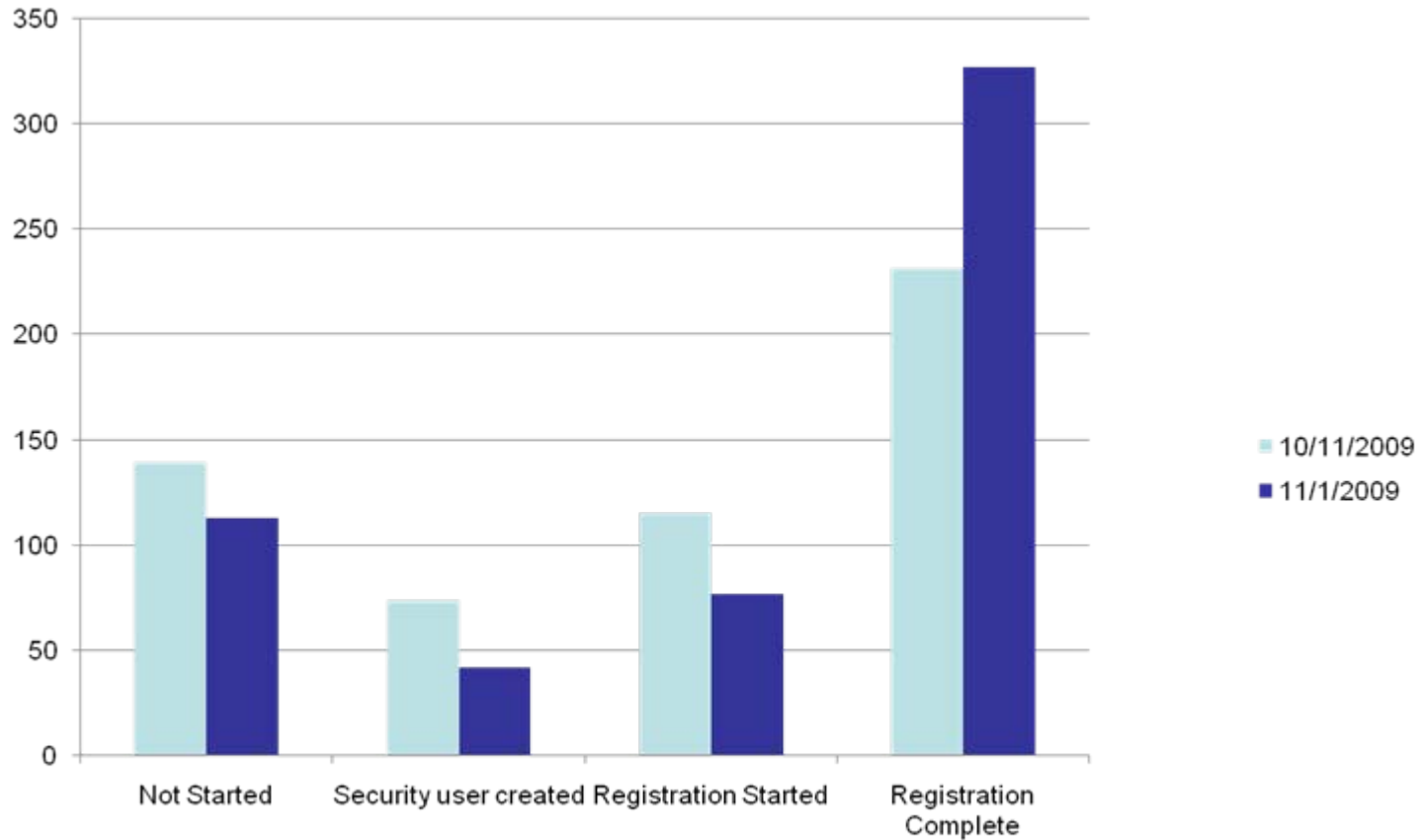
Provider Readiness Trends

Critical Providers (4,125 total)
Not All Activities Req'd for Payment
Depends on Billing Method



WSHA Provider Readiness

Status of 559 Hospitals (individual NPIs)



Mitigation Strategies – to date

- **Two (2) statewide workshops (10/06 and 6/08)**
- **Initial training and readiness webinars with 6,000 attendees (3/09 – 10/09)**
 - System training webinars continue until go-live
 - Auditorium training scheduled on east/west sides of state
- **Notifying organizations of their specific status**
 - WSHA helping by distributing bi-weekly reports
- **Personal coaching for largest organizations**
- **Shifted resources**
 - To reduce backlog in security calls, increase registration approvals and support providers during testing

- **Additional communication activities (7/08 – present)**
 - Regular communication through provider email distribution list (10,000 subscribers)
 - Over 11,000 letters sent to CFOs; letters from major associations to members
 - Dozens of association meetings and conferences
 - 6 issues of Provider readiness newsletter
 - Website with Frequently Asked Questions, Fact Sheets and other tools (36,000 visits in October 2009)

Preparing for Cutover

Approximate lead time before go-live:

One month prior to Go-Live	<i>Last adjustment</i> accepted for processing in Legacy MMIS. Providers should hold any adjustment after this date for submission to ProviderOne after go-live – need to comply with the ProviderOne Billing Guide (new ProviderOne format.)
3 weeks prior to Go-Live	<i>Last paper claims</i> accepted for processing in Legacy MMIS. Paper claims submitted after this date will be held for processing in ProviderOne if they comply with the ProviderOne Billing Guide.
2 weeks prior to Go-Live	<i>Final HIPAA electronic batch files</i> accepted into Legacy MMIS. Last paper batch files entered and closed in Legacy MMIS.
2 weeks prior to Go-Live	Begin submitting <i>new HIPAA electronic batch files</i> to ProviderOne under the new Companion Guide (state holds until go live).
2 weeks prior to Go-Live	<i>Final adjudication cycle</i> in Legacy MMIS. Any remaining suspended claims will be denied. Providers can modify and re-submit these claims to ProviderOne.
10 days prior to Go-Live (Wednesday)	<i>Final Legacy MMIS payment cycle</i> *.
Go-Live	Begin claims processing in ProviderOne - all held HIPAA electronic batch files and paper files. Providers begin using Direct Data Entry (DDE) features of ProviderOne.
Wednesday after Go-Live	First ProviderOne payment cycle*.

* There are 8 business days or 14 calendar days between the last legacy MMIS payment cycle and the first ProviderOne payment cycle.

■ Best defense is to be proactive

- Need providers to participate in testing

■ Realities of go live

- Skip one payment cycle
- Pent up demand or backlog of claims on day one

■ Mitigation strategy

- Considered adding 2nd payment cycle each week immediately after go live – but only takes away from claims adjudication cycle
- Based on system processing capacity and typical claim volumes, expect to resolve back-log by 2nd payment cycle (2nd Wednesday after go live)

ProviderOne Changes

What is Changing with ProviderOne?

- **Providers update demographic and licensing information on-line**
- **Clients no longer receive a monthly MAID**
 - A permanent plastic Services Card replaces the paper coupon
- **Paper Remittance Advice (RA) will be discontinued**
 - Download a .pdf RA and/or receive an electronic RA (835)
- **Expanded Interactive Voice Response (IVR) features**
- **All business conducted on WaMedWeb will be replaced by the ProviderOne web tool**

What is Changing with ProviderOne, cont.?

■ **Claims submitted to ProviderOne must use:**

- National Provider Identifier (NPI) for billing and servicing providers
- New ProviderOne client ID for *all* claims and adjustments submitted to ProviderOne, regardless of date of service – Crosswalk available
- Federal taxonomy code that is consistent with the ProviderOne provider file – download taxonomy from web application
- Client's date of birth and gender that is consistent with the ProviderOne eligibility file

■ **Professional & Outpatient Claims**

- Subject to *full* Correct Code Initiative (CCI) edits

What is staying the same with ProviderOne?

- **ProviderOne screens were modeled after WaMedWeb for eligibility verification and claims entry**
 - Similar client eligibility verification using the web, with expanded information in the response
 - Added Medicare ID (HIC) back in to the response based on provider input
 - Similar claims entry using the web, with expanded feature of electronic attachments
 - Can also adjust claims and resubmit denied claims – a little known feature of WaMedWeb
 - Access system training webinars and tutorials to learn more about eligibility verification and claims entry

Client Services Card

Client Services Card Features



Website: www.WAProviderOne.org

Clients: This is your permanent Services Card. **KEEP THIS CARD!**
Present this card to each provider when requesting services.
For any questions please call Customer Service.

Customer Service1-800-562-3022

TTY/TDD1-800-848-5429

**THIS CARD DOES NOT GUARANTEE ELIGIBILITY
OR PAYMENT FOR SERVICES**

Providers: Always verify identity and eligibility.
Eligibility may be obtained using this card,
the Provider website, or Customer Service.



Front of Card:

- Client name
- ProviderOne Client ID #
- Date card is issued (date does not guarantee eligibility)

Back of Card:

- Magnetic strip
- Instructs clients to keep and present card
- Customer service #
- Instructs providers to verify eligibility

Eligibility Verification

- **Web Inquiry**
- **270/271 Batch eligibility inquiry and response transactions**
- **Interactive Voice Response System (IVR)**
- **Calling DSHS customer service**
- **Medicaid Eligibility Verification Vendor**
- **Magnetic Card Reader**

■ Client educational materials

- Fact sheets and letters
- Informational inserts with MAID mailings
- Services Card brochure
- Services Card video for DSHS offices, providers, and advocates
- On-hold telephone messages for DSHS offices and call centers
- Public service announcements

■ Materials will be available to providers to assist in the education effort:

- Flyers, Fact Sheets, Posters and Brochures

■ Outreach materials available now at:

- <http://hrsa.dshs.wa.gov/providerone/Clients.htm>

Next Steps

Need Assistance?

- **Telephone and e-mail support system implemented to address questions – 1-800-562-3022, option 2, 4, then press:**
 - **1** for security questions and login issues, or provideronesecurity@dshs.wa.gov
 - **2** for registration questions, change to NPI or Tax ID number, or providerenrollment@dshs.wa.gov
 - **3** for HIPAA set-up questions (SFTP site, missing/bad 997 file, etc.)
 - **4** for HIPAA testing questions or hipaa-help@dshs.wa.gov
 - Stay on the line for general questions or providerone@dshs.wa.gov

■ Visit ProviderOne internet:

<http://hrsa.dshs.wa.gov/providerone/providers.htm>

- Newsletters
- Fact Sheets
- Q&A
- Training Resources
- Security and Registration instructions and resources

■ Join the e-mail distribution list for ProviderOne Countdown Newsletter & updates

- http://listserv.wa.gov/archives/providerone_provider_readiness.html

■ E-mail questions directly to:

- providerone@dshs.wa.gov

What do you need from us?

Other questions?

<http://hrsa.dshs.wa.gov/providerone/providers.htm>