



**DSHS**

**ProviderOne**  
Washington's Social and Health Services Provider Payment System

# Washington State Hospital Association

**ProviderOne Task Force**

October 2, 2009

# Agenda

- **ProviderOne Current Status (2:15 – 3:00)**
- **Plans for Continuity of Payment (3:45 – 4:00)**

# ProviderOne Status

## ■ ■ User Acceptance Testing (UAT)

- Nearly 9 months of UAT by end users within DSHS
- Approximately 250 staff participated over 7 months (July 2008 to March 2009)
- Executed over 5,000 test cases with multiple iterations with nearly 20,000 total tests completed

## ■ ■ Vendor Testing Prior to UAT

- Standard testing cycles of system testing (individual components) and integration testing (individual components working as a whole)

## ■ Pre-production (pilot) test with providers

- Subset of representative providers, billing agents and clearinghouses participated
- Participants submitted claims “in parallel” with legacy MMIS from June – August 2009
- More than 6,000 claims processed with senior state staff comparing results with legacy MMIS
- Only minor defects in claim edits (113 total), all of which are now resolved
- Pilot included end-to-end processing including state’s eligibility system (ACES) and accounting system (AFRS) which will cut the checks

## ■ ■ Lessons Learned from Pre-Production (Pilot)

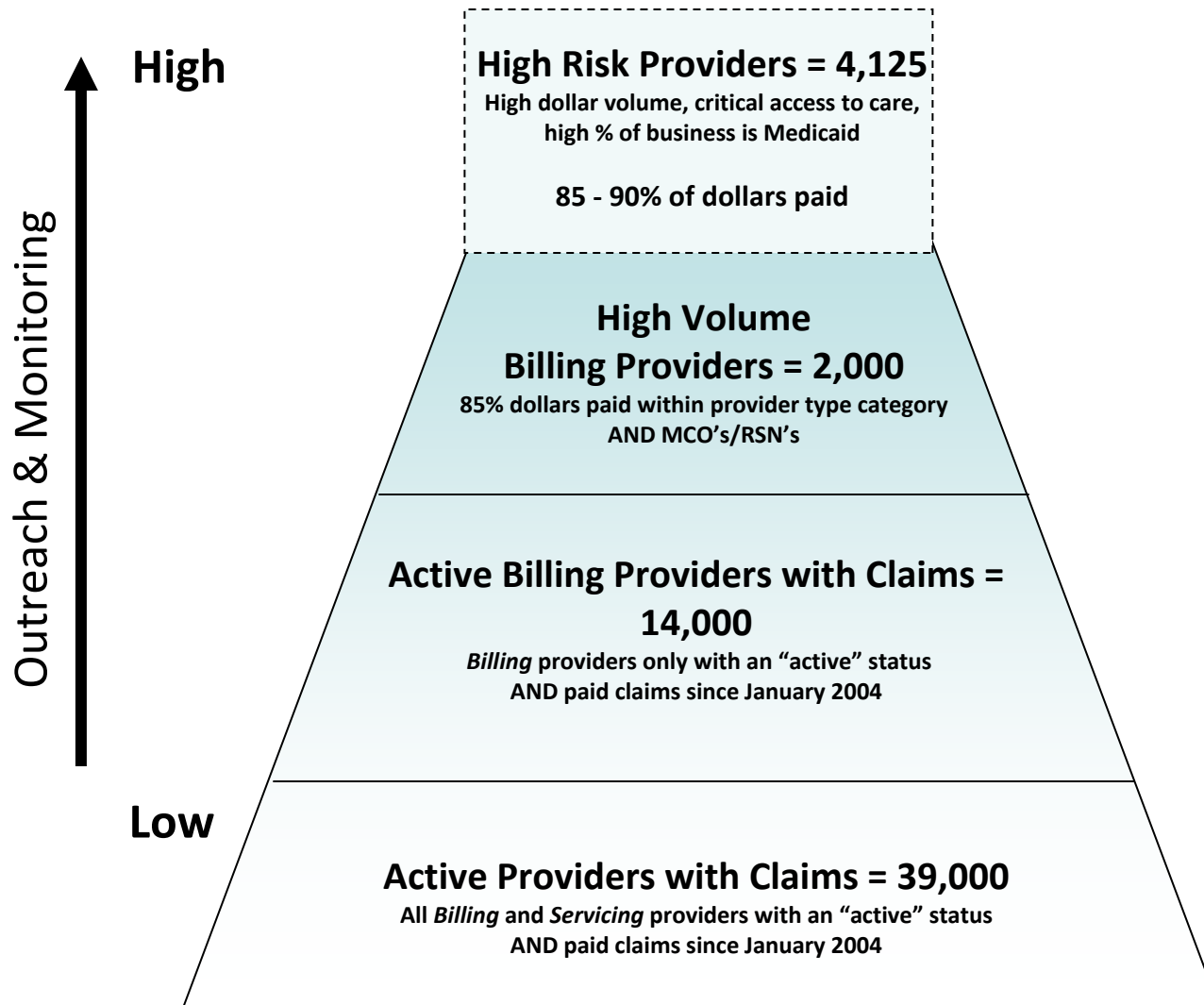
- Biggest issue was with HIPAA format compliance or EDI testing on the front-end
  - Level 7 edits in the Edifecs tool specific to DSHS new to providers – state relaxed edits
  - After resolution of HIPAA acknowledgement defect, confusion remained about acknowledgement receipt and retrieval
- Providers experienced difficulty receiving electronic RA (835) and .pdf RA on the back-end
  - Incorrect designations and selections during EDI steps 11 – 14 during registration caused the problem
- Claims processing worked well with ProviderOne results consistent with the legacy MMIS
  - Although many providers omitted required IDs (NPI, taxonomy and client ID)

# Plans for Continuity of Payment

# Plans for Continuity of Payment

- **Implementation decision based on 4 elements of “readiness”**
  - system, providers, staff and vendor
- **DSHS executives conduct readiness check-ins every 15 days (started 90 days before go live)**
  - Based on measurable, objective readiness metrics in the 4 areas
  - Executives decide to either continue as planned (no mitigation), continue with mitigation, or delay
- **Provider readiness metrics**
  - Focus on “high risk” providers and minimally necessary tasks for payments

# Focus on High Risk Providers



# Billing Methods for High Risk Providers

- **Insert pie chart showing distribution of 4,125 by Billing Method**

# Provider Readiness (as of 9/25/09)

## High Risk Providers Only (85 - 90% of claim volume)

Group	#	Security Admin.	Registration	Testing
Batch Submitters (HIPAA)	303	<b>75%</b>	<b>48%</b>	<b>5%</b>
Direct Data Entry (DDE)	1,137	<b>55%</b>	19%	--
Nursing Homes (WinASAP)	144	81%	22%	0%
Pharmacies (POS)	1,118	41%	4%	--
Bill via CH/BA	1,023	47%	40%	--
Paper	400			
Totals	4,125	51%	25%	

### Legend:

Bold/un-shaded = required activities for claim submission and payment

Shaded = required to access remittance advice, verify eligibility and verify provider file (mailing address, EFT account, etc.)

# Continuity of Payment, cont.

- **Biggest risk is communication related – not system related**
  - Remember lessons learned from pilot
  - Pattern in provider calls indicates providers experiencing common pitfalls
- **Mitigation strategy is to provide more targeted and specific instructions for providers**
- **Readiness Webinars part of communication strategy**
  - 5 topics, 30 sessions from 9/29 – 10/29
  - Topics include general readiness and cutover, security, registration, taxonomy and EDI testing
  - Lots of time for provider questions in group setting

- **Continue with mitigation strategies to ensure providers are ready for ProviderOne**
- **Continue to monitor readiness metrics**
  - Base go live decision making on measurable, objective criteria
- **Offer outreach and communications for all providers with focus on high risk providers**
  - Ensures continuity of payment for 85 – 90% of billable dollars

# Questions and Answers

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