

ProviderOne

Providence Path to Readiness

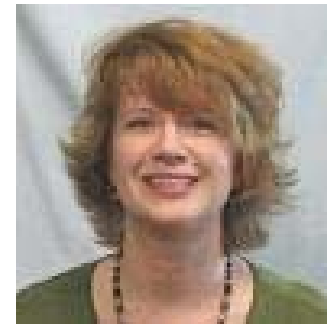


Presenters

- **Andrew Busz,**
 - **Dir. Financial Policy, WSHA**

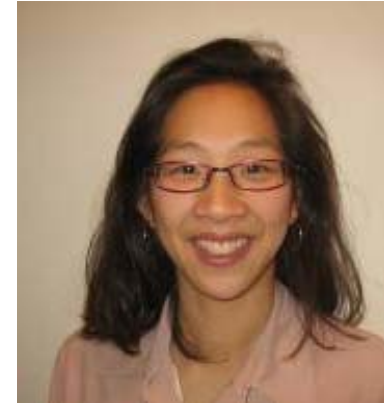
- **Gena Cruciani,**
 - **ProviderOne Team, DSHS**

- **Shelley McDermott,**
 - **ProviderOne PM, Providence**



Presenters

- **Brenda Ding,**
–OTB Solutions Consultants



- **John Traeger,**
–OTB Solutions Consultants



Today's Agenda

- WSHA Update
- DSHS Welcome
- Providence: Path to Readiness
- Q&A



WSHA Update



- **Monthly conference calls between DSHS ProviderOne staff and WSHA ProviderOne task force**
- **Weekly technical meetings between DSHS and hospital and provider group staff**
- **Progress reports showing hospital-specific status posted on WSHA website at**
 - **<http://www.wsha.org/page.cfm?ID=medicaid>**

Providence Path to Readiness

Providence:

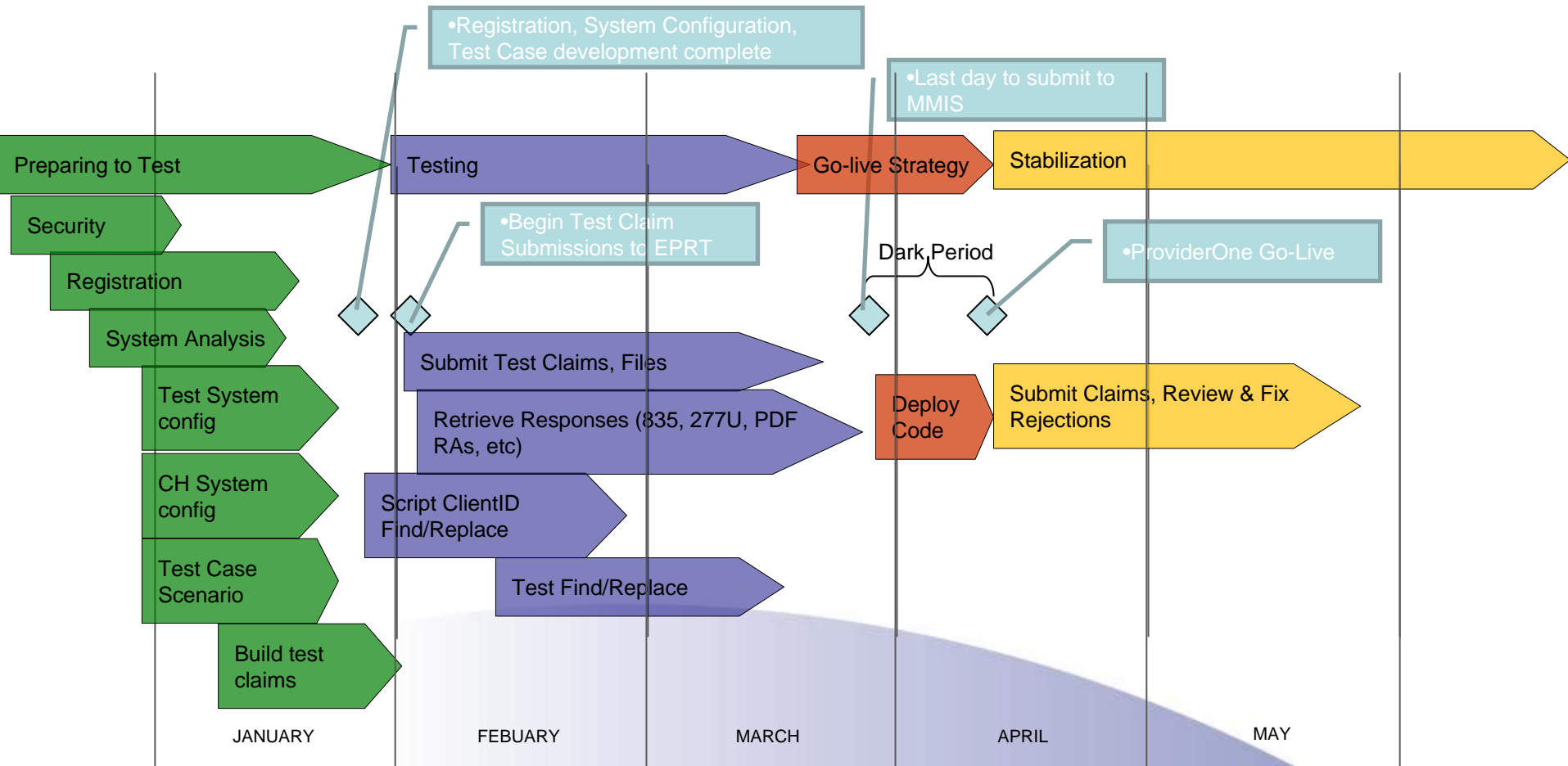
Path to Readiness

- **Providence Plan**
- **Getting Ready to Test**
- **Testing**
- **Go Live Strategy/Stabilization**
- **Summary**



Providence Plan

High-level Timeline

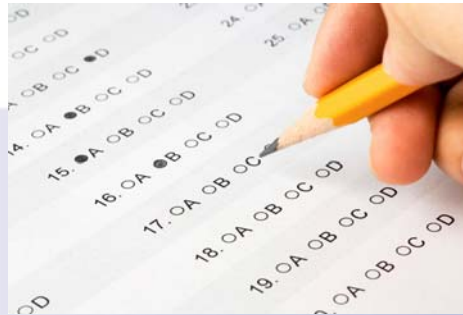


Getting Ready to Test



Getting Ready to Test

- **Security and Registration**
- **System Analysis**
- **Configure Test Systems**
- **Billing Agent/Clearinghouse Readiness**



Getting Ready to Test

Security

- Providence handled security as a coordinated effort for our 150+ domains.
- A centralized team managed requests for credentials and added users to the system.
- We pulled user lists from WAMedWeb and contacted each patient intake area to create lists for uploading into ProviderOne
- **TIPS**
 - System Administrator doesn't have to be the same as person in charge of registration
 - Security and user administration must be done on ProviderOne production site <https://www.waproviderone.org/> (not test site)

Getting Ready to Test

Registration

- Providence developed a master list to track and monitor registrations
- Completed Trading Partner Agreements as appropriate
- Underestimated the importance of registration and its impact on claims processing/payment

Getting Ready to Test

Registration

- **Tips:**
 - Registration activities must be done on ProviderOne production site <https://www.waproviderone.org/> (not test site)
 - Step 1 – Ensure TAXID and NPI are accurate
 - Step 3 – Specializations (Taxonomy)
 - Step 5 – Licenses – start and end dates
 - Step 7 – Identifiers – link MMIS numbers, review Effective Dates
 - EDI Steps 11-14: select submission method and complete required steps
 - If 11 is CH/BA – establish EDI retrieval authority in step 13 and ensure they have completed a TPA.
 - If 11 is web batch then steps 12 and 14 are required. TPA also required
 - Step 15 – Verify Servicing Providers and corresponding Taxonomy codes
 - Step 16 – Select EDI 835 RA preference check box as appropriate
- **Need assistance call: 1-800-562-3022, option 2, then option 4.**

Getting Ready to Test

System Analysis: Overview

- Providence reviewed each billing system to determine compliance with ProviderOne
- Analyzed current 837's:
 - Compared to ProviderOne Companion Guide and HIPAA Implementation guides published by WPC
 - Created Excel spreadsheet documenting changes
- Worked closely with IS to define software changes
- **Tips:**
 - Analyze Identifier Changes
 - Use Client ID instead of PIC
 - Use NPI rather than Medicaid provider IDs
 - Use taxonomy on claims for billing and servicing providers
 - Remove legacy identifiers from secondary Identification Loops
 - Providence spreadsheet attached in Appendix for your review. Excel version available upon request

Getting Ready to Test

System Analysis: PIC to Client ID Replacement

- Providence analyzed each system to determine manual or systematic approach to replace PIC with Client ID
- For large systems we selected one of two systematic approaches:
 - Add a column and change work rules (preferred)
 - Search and Replace in existing field
- Some systems required vendor support
- Tested these solutions in our test environments
- **Tips:**
 - Ensure you've captured crosswalks for all MMIS#
 - Using the Alt PIC field from the DSHS crosswalk resulted in the highest number of matches to the PICs in our systems

Getting Ready to Test

System Analysis: Taxonomy

- We are auditing our billing systems and ProviderOne to ensure each provider has a taxonomy code
- Testing to verify each system has the taxonomy field for Pay-To and Servicing Provider and is placed correctly in the claim file
- **Tips:**
 - Determine your requirements:
 - It is required at the pay to level for all claim types
 - May not be required at the servicing provider level, e.g. Home Health
 - Ensure billing system:
 - Accommodates the field and is populated
 - Places the taxonomy in the correct segments
 - For Professional claims, include the taxonomy at both the header and line levels (ref to companion guide)

Getting Ready to Test

Configure Host Billing System for Test

- Determined suitable test environment for each host system
- Configured each environment based on the companion guide analysis
 - Registration screen changes, Claim edit changes
 - Additional data fields
- Some of our systems required outside vendor support to comply with the ProviderOne requirements
- **Tips:**
 - Document all changes and coordinate with other testing initiatives to avoid overwriting changes
 - Ensure test data is available in the test environment
 - Determine early if changes can be done internally or requires vendor support (\$\$\$)

Getting Ready to Test

Clearinghouse/Billing Agent Readiness

- Verified that BA/CH are ProviderOne compliant.
- Set up weekly conference calls to coordinate our efforts
- Worked with each BA/CH to move from EDI format testing to EPRT claim content testing
- Gaining cooperation has been challenging, however we are now working to complete end-to-end testing
- **Tips:**
 - Make sure that your clearinghouses understand the size and scope of ProviderOne
 - Ensure they have changed their systems to meet the new standards and if not compliant, share the companion guide changes and request dates for completion
 - Even if your clearinghouse has passed EDI, encourage additional testing of **your** claims with ProviderOne

Testing



Testing

- **Testing Plans, Tools, Scenarios**
- **Testing Process**
- **Building Test Claims**
- **Submitting and Retrieving Test Claims**



Testing:

Test Plans, Test tools, and Test Scenarios

- Each billing site is responsible for creating a test plan specific to their system and processes:
 - Who, What, When, How
- The billing teams are writing test cases
 - detailing the different claim types and claim information to be tested
 - Using 😊 and ☹️ conditions
- Developed testing tools to manage the testing process
 - Test case scenario worksheet
 - Test run tracker
 - Defect tracker
- **Tips:**
 - Testing is a coordinated effort and you'll need appropriate resources. i.e. Billers, Remit Specialists, System Analysts, Clearinghouse resources
 - Examples of testing tools available upon request

Testing

Providence Testing Process



Testing

Building Test Claims

- Developed test data for the scenarios in two ways:
 - Build claims from scratch
 - Re-use live production claims
- Built 837(s) claims for every Billing/Pay to NPI to ensure registration is correct
- Currently testing all HIPAA transactions types
- Focusing on both quantity and quality for our test claims:
 - Quantity – ensuring aggregated results mimic MMIS
 - Quality – ensuring specific claim types meet expected outcomes
 - Our priority is to test high volume and high dollar claim types
- Tips:
 - Start with small claim numbers to pass EDI formatting
 - Remove invalid insertions of Line Feeds and Carriage Returns
 - Claim dup logic in EPRT is the same as production; EPRT claims history is from Sept. 2008 – Nov 20, 2009

Testing

Submitting and Retrieving Test Claims

- Submitting through multiple methods:
 - Direct Data Entry
 - Web Upload
 - Through CH/BA – SFTP or Web Upload
- **Tips:**
 - Make sure you're in the Test Environment:
<https://www.waproviderone.org/edi/>
 - For Web Upload, always save a copy of the upload response for later troubleshooting
 - If your test file is rejected, review the custom report to determine additional system modifications
 - HIPAA responses (835,277U, 277) will return to the designated authority specified in step 13 of the registration process
 - 835 will only have paid and denied claims, 277U will show suspended claims. These are found under “Retrieve HIPAA Batch Responses” link.
 - HIPAA Response/Acknowledgement page will always show no records found until you use the “filter by” drop down tool. “%” is the wild card
 - PDF RA found under “View Payments” link will show all claim results

Go-Live Strategy & Stabilization



Go-Live Strategy & Stabilization

- **Billing Site Plans**
- **Important Steps**
 - Dates
 - Claim Events
- **Financial Impact Analysis**
- **Communication Plan**



Go-Live Strategy & Stabilization

Billing Site Plan – All Sites

- **Define System Changes**
 - Host System
 - Clearinghouse (if Applicable)
- **Training Plan**
- **Claims Queuing Plan**
- **Code Migration Strategy**
 - Host System
 - PIC to Client ID
 - Taxonomy and NPI
 - EDI format changes
 - Billing System configurations
 - New EDI edits
- **Go Live Execution Plan**
 - Day by day and hour by hour timeline and tasks
- **Roll Back Plan**



Go-Live Strategy & Stabilization

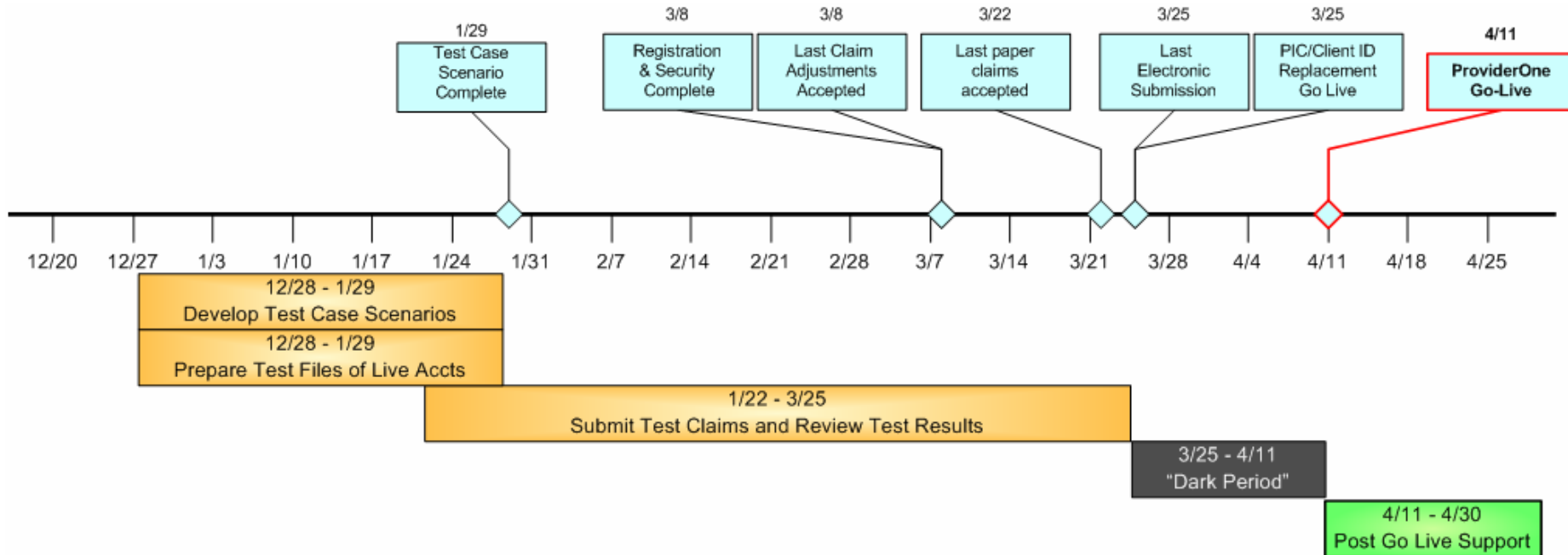
Important Steps



- Currently developing training materials and SOP's for registration and billing staff
- Working closely with finance staff regarding potential increases to A/R and determining the financial impact if claims go unpaid after go-live
- The project team will remain intact after Go-live to monitor and stabilize systems

Go-Live Strategy & Stabilization

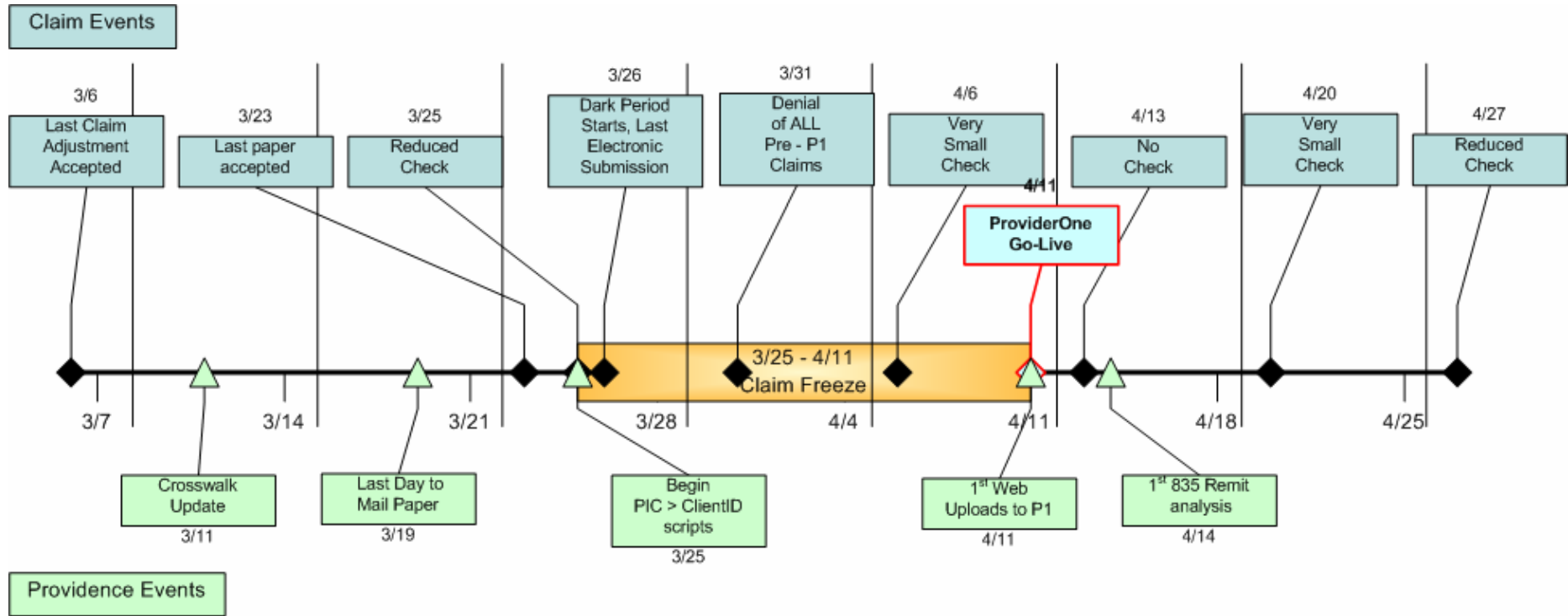
Important Dates to consider



Go-Live Strategy & Stabilization



Claims Events Timeline



Go-Live Strategy & Stabilization

Financial Impact Analysis



- Shared Claims Freeze dates/impacts with Finance leaders
- Developed financial analysis/impact based on past year's revenue
- Met with Finance leaders to determine reserve strategy if needed
- Requested that billing sites work down the Medicaid A/R due to denial of entire suspense file
- TIPS:
 - All suspended claims in MMIS at cut-over will be denied
 - Special reason code has been created for this mass denial
 - Paper RA: EOB 0124 – This claim did not finalize processing prior to the cut-over from our legacy claims processing system to our new ProviderOne claims processing system. Please submit a new claim.
 - Electronic RA: A1 – CLAIM/SERVICE DENIED. N142 – The original claim was denied. Resubmit a new claim, not a replacement claim
 - These claims will need to be re-submitted under the new ProviderOne guidelines after Go-Live

Go-Live Strategy & Stabilization

Communication Plan

- **Communication Materials:**
 - Go-Live Schedule
 - Training Guides
 - SOPs
 - Status Reports
- **Audience:**
 - Executive Leadership
 - Revenue Cycle Management
 - Admitting
 - Financial Counseling
 - Billing Teams
 - Information Services
 - PMO
 - BA/CH or third party vendors
- **Go-Live command center**
- **Post Go-Live support team**
- **Transition oversight to operations**



Path to Readiness

Take Away Summary

- Ensure that registration is complete and accurate
- Complete HIPAA/EDI format testing
- Test the new identifiers in EPRT
- Create a detailed Go-Live Plan
- Communicate to stakeholders



Presenter Contacts



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APPENDIX

System Analysis: Companion Guide Comparison

	A	B	C	D	E
1	Header	Loop	Segment	Data Element	New Companion Guide
2	Interchange control	Envelope	ISA	1-16	ISA 06 = ProviderOne ID + 6 Spaces ISA08 = 77045+ 10 Spaces ISA10 = HHMM ISA14= 1 ISA16 = :
3	Functional Group	Envelope	GS	1-8	GS02= ProviderOne ID GS03= 77045 GS05= HHMM
4	Transaction Set	Header	ST	1-2	ST01= 837, ST02= SE02
5	Beginning of Hierarchical Transaction	Header	BHT	1-6	BHT05= HHMM BHT06= CH
6	Transmission Type Identification	Header	REF	1-2	REF01= 87
7	Submitter Name	1000A	NM1	1,4,8,9	NM109= ProviderOne ID
8	Submitter EDI Contact Information	1000A	PER	1-6	
9	Receiver Name	1000B	NM1	1,3,8,9	NM103= WA State DSHS
10	Billing/Pay-to Provider Hierarchical Level	2000A	HL	1,3,4	
11	Billing Payto Provider Specialty Information	2000A	PRV	1-3	PRV03= Provider Taxonomy Code
12	Patient Information	2000C	PAT	1-x	
13	Billing Provider	2010AA	NM1	1,4, 8	NM109= ProviderNPI
14	Billing Provider Address	2010AA	N3	1-2	
15	Billing Provider City/State/Zip	2010AA	N4	1-3	
16	Billing Provider Secondary Info ID	2010AA	REF	1-2	REF02= EIN for Typical Providers
17	Billing Provider Contact information	2010AA	PER	1-6	PER05,06= Email
18	Pay to Provider Name	2010AB	NM1	1,4,8,9	Required if different from Bill to
19	Pay to Provider Address	2010AB	N3		Required if different from Bill to
20	Pay to Provider City/State/Zip	2010AB	N4		Required if different from Bill to
21	Pay to Provider Secondary Information	2010AB	REF		Required if different from Bill to
22	Subscriber Hierarchical Level	2000B	HL	1,4	
23	Subscriber Information	2000B	SBR	1-3	
24	Subscriber Name	2010BA	NM1	1,4,8,9	NM109= ProviderOne Client ID replacing PIC
25	Subscriber Address	2010BA	N3	1-2	
26	Subscriber City/State/Zip	2010BA	N4	1-3	
27	Subscriber Demographic Info	2010BA	DMG	1-3	
28	Payer Name	2010BC	NM1	1,3,8,9	NM103= WA State DSHS NM109= 77045
29	Payer Address	2010BC	N3	1-2	N301= Claims Processing N302= PO Box 9248
30	Payer City/State/Zip	2010BC	N4	1-3	N401,2,3= Olympia, WA 98504
31	Attending Physician Name	2310A	NM1	1,4,8,9	NM109= Provider NPI
32	Attending Physician Specialty Information	2310A	PRV	1-3	PRV03= Attending Taxonomy Code
33	Operating Physician Name	2310B	NM1	1,4,8,9	NM109= Provider NPI
34					

Questions?

