



ProviderOne Countdown

Washington's Social and Health Services Provider Payment System

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Security and Registration Update

At the end of November 2008, DSHS suspended ProviderOne security and registration activities in response to concerns from providers about the level of effort needed to complete them. During this pause, we identified some potential options for streamlining these activities. We currently are working through the feasibility of these options, as well as some data conversion issues.

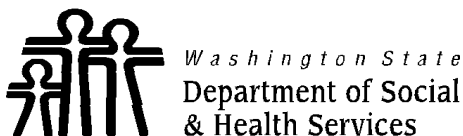
Our goal is to make the process easier for providers before we resume security and registration. We definitely want to ensure these activities work toward our goal of uninterrupted and accurate provider payments at go live. DSHS expects provider registration activities to resume approximately mid-to-late March. We will notify providers when these activities resume through our provider readiness email list. You can sign up or leave the list any time at http://listserv.wa.gov/archives/providerone_provider_readiness.html

Re-Projecting ProviderOne Medical and Nursing Home Claims Go-Live Date

It is important that, when we announce a new go-live date, it is as accurate as possible. From the start of the ProviderOne project, our approach has been to reassess our implementation date at planned checkpoints using the best information available on our progress, lessons learned, issues, risks, and the work remaining. The next checkpoint – after User Acceptance Testing (UAT) – is our last planned checkpoint.

During UAT we have been rigorously testing ProviderOne to ensure it will accurately process transactions as designed. As expected, through this testing we've identified some system modifications that are necessary. Until we complete this phase of UAT and address these modifications, we cannot accurately re-project the final go-live date. Some of these system modifications are necessary before we can begin pre-production testing and start a pilot test with a sample group of providers.

DSHS anticipates announcing the final go-live date later this spring. In the meantime, and for your own planning purposes, please work toward a go-live date in late summer or early fall. Once the final go-live date is announced we will provide periodic progress updates up to implementation to keep you informed.



Using Benefit Service Packages

Confirming your patient is eligible for Medical Assistance coverage each time you deliver a service will help you avoid delivering a service Medical Assistance won't reimburse.

One method of determining eligibility with the new payment system is by using the ProviderOne portal and completing a benefit inquiry. Each benefit inquiry will return eligibility data related to your patient for the date span you enter. If the patient is eligible, you will receive related eligibility information, including the Benefit Service Package (BSP). The BSP will help you determine what services may be covered. Benefit Service Packages do not cover all services and procedures. You will want to verify the service being provided is a covered benefit under the patient's BSP.

To use this tool, you'll locate the Benefit Service Package returned on your eligibility inquiry (see below). View the additional information related to services (e.g., physical therapy, dental, and hospital) covered under a specific Benefit Service Package by clicking on the hyperlink. If additional information is needed, you may reference the appropriate billing instructions for details.

While the eligibility inquiry in ProviderOne returns the same information you receive today on the Medical Assistance ID card and through the WAMedWeb, some of the short names may be slightly different. Benefit Service Packages include the following:

- Categorically Needy Program (**CNP**)
- Limited Casualty Program – Medically Needy Program (**LCP-MNP**)
- General Assistance (**GA**) – No Out-of-State Care
- Alcoholism and Drug Addiction Treatment and Support Act (**ADATSA**) – No Out-of-State Care
- Emergency and Related Service Only (**ERSO**) – Prior Authorization may be Required
- Take Charge – Family Planning Only (**TCFPO**)
- Family Planning Services Only (**FPSO**)
- Qualified Medicare Beneficiary – Medicare Only (**QMB**)
- Special Low-Income Medicare Beneficiary (**SLMB**) – Part B Premium Only – No Medical
- Qualified Individual 1(**QI-1**) – Part B Premium Only – No Medical
- Qualified Disabled Working Individual (**QDWI**) – Part A Premium Only – No Medical
- Detox Program – Limited Care (**Detox**)
- Inpatient Psychiatric Care Only (**IPCO**)

Client Eligibility Spans

Service Type Code ▲ ▼	Insurance Type Code ▲ ▼	Benefit Service Package ▲ ▼	Eligibility Start Date ▲ ▼	Eligibility End Date ▲ ▼	ACES Coverage Group ▲ ▼	ACES Case Number ▲ ▼	Retro Eligibility ▲ ▼	Delayed Certification ▲ ▼
30: Health Benefit Plan Coverage	MC: Medicaid	CNP	08/01/2008	12/31/2999	F02			



- A. Label for health plan coverage.
- B. The type of coverage for the client.
- C. Name of Benefit Service Package (BSP) the client is on.
- D. Start date for this eligibility segment.
- E. End date for this eligibility segment.
- F. Medical coverage group codes assigned by the Community Service Office (CSO) when eligibility is determined.
- G. Case number assigned by CSO.
- H. Retroactive eligibility information. This reflects the three calendar months before the month the client applied for services. ([WAC 388-502-0160](#))
- I. Delayed certification date. This date reflects the approval of eligibility for Medical Assistance made after the established application processing time limits ([WAC 388-502-0160](#)). Medical Assistance can accept claims up to one year past this date.

Testing Update

ProviderOne is undergoing many phases of rigorous testing before it is put into operation. The vendor (CNSI), DSHS staff, and some providers will participate in testing. This robust approach based on industry standards will help make sure that the system will work as designed. Our ultimate goal is to ensure that providers continue to receive accurate and timely payments in the new system and there are no interruptions in service to our clients.

Currently DSHS is testing more than 2700 test cases and claims scenarios. This phase is called User Acceptance Testing (UAT). UAT testers look for instances where the system behaves differently than designed or is missing functionality. These instances are prioritized and addressed before the system is put into operation or identified as a future system enhancement. DSHS is nearing completion of UAT. Once the necessary system modifications identified during UAT are made, we will begin the next phase of testing with providers – pre-production testing.

Electronic data interchange (EDI) testing will give electronic billers an opportunity to test with ProviderOne and make sure their system files are in the correct HIPAA format and the content is compliant. They can also submit test claims and verify that the electronic remittance advice produces the results they expected. This is a test, however, so no payment is generated during this time.

A sample group of providers will also be “pilot testing” with ProviderOne. These providers will submit claims into both the legacy system and ProviderOne. DSHS will compare the claim adjudication results between the two systems.

Electronic billers can find HIPAA Companion Guides for each transaction type at <http://maa.dshs.wa.gov/dshshipaa>. The HIPAA Companion Guides provide file format specifications and testing instructions.

More information about testing will be posted on our website <http://maa.dshs.wa.gov/ProviderOne> when we get closer to these activities.

What's Next?

While waiting for ProviderOne's security and registration activities to resume, it's a good idea to get caught up on any billing backlog in the current system. This will only make things easier when you begin using ProviderOne!

Share the News

Invite others to join our Provider E-mail Distribution List today at http://listserv.wa.gov/archives/providerone_provider_readiness.html



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ADDRESS CORRECTION
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Five Keys to Uninterrupted and Accurate Payments

We want to make sure our clients are served and providers are paid accurately and timely when ProviderOne goes live. Future issues of *ProviderOne Countdown* will continue to provide progress updates and essential information on the five keys to uninterrupted and accurate payments processed in ProviderOne:

1. Getting Proof of Client Eligibility

Learn about how to verify the services a client is eligible for – with or without a client’s new Services Card. The Services Card will replace the client’s monthly paper Medical Assistance Identification (MAID) card when ProviderOne goes live. A comparison of all the free and low-cost methods for confirming eligibility will be covered.

2. Ensuring Providers Remain Enrolled and Payable in ProviderOne

Everything providers need to know to ensure they remain enrolled and payable in the new system, including details about how to register in ProviderOne, using your NPI, and ensuring the movement of data from the old system to ProviderOne will result in correctly delivered payments.

3. Ensuring a Service is Covered

Find out how providers can determine whether a service is covered. Read an overview of how to submit Prior Authorizations (PA), including methods for obtaining a PA and other helpful resources.

4. Properly Billing DSHS Using ProviderOne

Everything providers need to know to ensure proper billing using ProviderOne. This issue includes a summary of what’s new or changing and outlines the benefits of signing up for WAMedWeb if you’re not billing electronically today. An overview of critical changes to billing instructions, reasons claims deny today, and how to get new ProviderOne client IDs is included in this issue.

5. Reconciling DSHS Payments

Learn what providers will need to know in order to reconcile payments from ProviderOne. This issue previews the Remittance Advice (RA) and outlines various methods to access your RAs. Benefits of signing up for Electronic Funds Transfer (EFT) are detailed in this issue.