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## Uninterrupted and Accurate Payments

DSHS and providers share an interest in making every effort to ensure uninterrupted and accurate payments when we implement ProviderOne. We want to help you shift to ProviderOne, while minimizing payment errors or delays. This issue of *ProviderOne Countdown* outlines what we are doing to assess the readiness of our new system, staff, and providers.

## DSHS Committed to Providers

DSHS will make the decision to “go live” with ProviderOne when the system, staff, and providers are prepared. From the start of the



ProviderOne project, our approach has been to reassess the implementation date at planned checkpoints using the best information available. At those checkpoints, project leaders take a hard look at the work that’s been done, lessons learned, and the work that remains ahead.

Based on our progress-to-date, we are targeting the first phase of ProviderOne to go live in December 2008. This implementation affects payments currently billed using standard medical forms, submitted electronically or paid through prospective capitation payments.

We want you to know that we will:

- Train providers on the new system before it goes live;
- Review our billing instructions to make sure they’re accurate;
- Prepare our customer service staff to support providers and;
- Fully test ProviderOne before it goes live.

*Note: Payments billed now in the ACS Pharmacy Point of Sale (POS) system will be affected in an early system implementation. Pharmacies will receive 60 days notice of the specific implementation date.*

## Share the News

Invite others to join our Provider E-mail Distribution List today at [http://listserv.wa.gov/archives/providerone\\_provider\\_readiness.html](http://listserv.wa.gov/archives/providerone_provider_readiness.html)



Washington State  
Department of Social  
& Health Services

“Instill Confidence, Reduce Anxiety, and Assume Nothing”

# ProviderOne Fully Tested Before Go-Live

As implementation approaches, it is important that our management, staff, providers, and stakeholders have a high degree of confidence that the new system operates as designed. DSHS is using a rigorous stepped approach to thoroughly test ProviderOne before it begins processing claims.

This stepped approach is based on industry testing standards and builds on each other. Step 1 includes examining each of ProviderOne's 16 individual "subsystems" to make sure they work independently. After the subsystems have proven to operate independently, step 2 of testing ensures the subsystems are integrated and pass data between each other. Step 3 looks at end-to-end processes like entering a claim and ensuring it pays accurately. Once these tests show the system is operating as designed, step 4 involves about 150 DSHS staff who will test typical business scenarios and look for any variances or defects from the design that need to be corrected.

After those tests are done, steps 5 and 6 will involve testing with providers:

- **Electronic Data Interchange (EDI) Testing:** EDI testing will verify if electronic billers can send transactions to ProviderOne. DSHS will notify providers and submitters if the test transactions are successful or if file formatting errors occur.
- **Parallel Pilot:** The pilot test will be conducted with a sample of providers who will submit claims in both the current payment processing system and ProviderOne. This will allow for the claims adjudication results to be compared, and identify any discrepancies between the two systems.

DSHS is closely reviewing testing progress and is pleased with what we see so far. While the ProviderOne testing approach follows industry standards and will help us evaluate the readiness of the system, it is impossible to test every possible scenario. We have identified the most critical scenarios that could affect timeliness and accuracy of payments, and we will test all of these before go live. Even with rigorous testing, there may still be some adjustments that will need to be made to the system after go-live.

Testing progress and additional details about EDI and the pilot testing will be shared in future issues of the *ProviderOne Countdown*. Anyone can subscribe to the *ProviderOne Countdown* by signing up at [http://listserv.wa.gov/archives/providerone\\_provider\\_readiness.html](http://listserv.wa.gov/archives/providerone_provider_readiness.html).

## Are Providers Ready for ProviderOne?

To help DSHS gauge if providers are ready for the new system, we will follow your progress in the coming months on the most critical set of readiness activities like:

- Reporting your National Provider Identifier (NPI) to DSHS
- Registering in ProviderOne
- Signing new Trading Partner Agreements\*
- Updating your billing systems
- Testing Electronic Data Interchange (EDI) transactions with DSHS\*
- Knowing how to check client eligibility without a paper Medicaid Assistance ID (MAID) card
- Accessing new ProviderOne client ID numbers which will replace the Personal Identification Code (PIC)\*
- Enrolling staff for ProviderOne training
- Reviewing updated billing instructions and guides
- Reviewing the ProviderOne implementation schedule for processing claims in the new system

\*Electronic Billers only

A readiness checklist for medical and nursing home providers that outlines these tasks in more detail is available to help providers get ready for ProviderOne. The checklist identifies what needs to happen and when. You can download it at:

<http://maa.dshs.wa.gov/ProviderOne/providers.htm>.

Checklists are being tailored and will be posted soon for Managed Care Organizations, Tribal Health Clinics, Federally Qualified Health Centers, and Rural Health Centers.

*"Instill Confidence, Reduce Anxiety, and Assume Nothing"*

# Getting Ready – Modify Your Current Billing Systems

If you use a billing service or billing software, ProviderOne will require changes to billing systems to ensure HIPAA transactions can be processed. Providers should alert their clearinghouses, billing agents, software vendors and IT departments immediately that new HIPAA format and file layouts will be implemented to support ProviderOne.

There are a handful of critical changes required that will affect the HIPAA format and file layouts such as:

- The Submitter ID format has changed from 7 numeric digits to 9 alphanumeric digits
- Providers will submit their National Provider Identifier (NPI) instead of their current Medicaid provider ID
- The Client ID format has changed from 14 alphanumeric digits to 11 alphanumeric digits
- Providers will be required to submit taxonomy information

DSHS is publishing required format and file layouts for every federally mandated HIPAA transaction for ProviderOne. These technical mapping documents are being posted as each one is complete so providers can begin preparing.

The current status of the affected formats and file layouts are:

**Now Available at <http://maa.dshs.wa.gov/dshshipaa>**

- 270/271R Outbound Eligibility Inquiry & Response to third party payors
- 270/271 Eligibility Inquiry & Response
- 837P, 837I Encounter Data

**Posting to the HIPAA Website Soon:**

- 820 Premium Payment
- 834 Enrollment and Maintenance Roster

**In Development:**

- 278 Prior Authorization Request and Response
- 837 Professional, institutional, and dental claims
- 835 Unsolicited Remittance Advice showing paid and denied claims
- 277U Unsolicited Remittance Advice generated with the 835 showing claims in suspended status
- 276/277 Claims Status Inquiry and Response

While DSHS doesn't expect major changes, there may be some updates to these documents before ProviderOne goes live. The final HIPAA format and file layouts will be published in Companion Guides after DSHS completes our internal testing of ProviderOne. The Companion Guides will outline the final HIPAA format and file layouts for every mandated HIPAA transaction as well as detailed Electronic Data Interchange (EDI) testing instructions. These guides will also be posted at <http://maa.dshs.wa.gov/dshshipaa>.

It is every provider's responsibility to make sure your systems are updated and tested. Please make sure your clearing houses, software vendors, and IT departments:

1. Review the required HIPAA format and file layout.
2. Develop a plan to modify your system to accommodate ProviderOne.
3. Sign up for ProviderOne's email distribution list for Companion Guides, testing schedule and other important updates at [http://listserv.wa.gov/archives/providerone\\_provider\\_readiness.html](http://listserv.wa.gov/archives/providerone_provider_readiness.html)

DSHS will make every effort to notify vendors known to us. A list of Clearinghouses, Software Vendors, and Billing Agents DSHS is aware of can be found at <http://maa.dshs.wa.gov/dshshipaa>.

**Note:** Providers who plan to enter claims manually into the web based ProviderOne Portal (replacing the WAMedWeb) or bill via paper do not need Companion Guides.

## Keeping the Communication Channels Open

We have established a dedicated ProviderOne Response Team to respond to your questions and concerns. Email your questions to [providerone@dshs.wa.gov](mailto:providerone@dshs.wa.gov) or call the ProviderOne Response Team at **1-800-562-3022. Select Option 2, then Option 4.**



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ADDRESS CORRECTION  
REQUESTED

## 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. The next five issues of *ProviderOne Countdown* will focus 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.