



ProviderOne Countdown

Washington's Social and Health Services Provider Payment System

Ensure You are Enrolled and Payable in ProviderOne:

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ProviderOne Going Live Dec. 6, 2009

Medicaid claims processing for medical and nursing home claims will be moved to ProviderOne on Dec. 6, 2009. ProviderOne will completely replace both the old payment system and the web tools used to determine if a service is covered and, if so, to bill DSHS and receive payment for services.

Provider organizations are responsible for completing the necessary steps to ensure they are enrolled and payable in ProviderOne and future Medicaid payments are not jeopardized.

You will need to be ready to submit three new identifiers with ProviderOne:

1. **National Provider Identifier (NPI)** – This is a federal requirement. During ProviderOne registration you should verify you reported and we have the correct NPI on file for your organization and performing providers.
2. **ProviderOne Client ID** – The new client identifier meets HIPAA privacy rules and completely replaces the Personal Identification Code (PIC) used on claims today. Read our fact sheet for more http://hrsa.dshs.wa.gov/providerone/Providers/Fact%20Sheets/P1PR010_Client_Identifier.pdf
3. **Taxonomy Codes** – These codes indicate the provider type and specialty performing the services being billed. Taxonomy codes are governed by HIPAA. See “Using Taxonomy Codes in ProviderOne” on page 3.

You should check in with software vendors or other third party billing services you use to ensure they are ready to support you in ProviderOne

Only claims containing the new client and provider IDs and taxonomy codes will be considered for payment in ProviderOne. Without these elements, claims will be denied.

Will you submit HIPAA batch files? If so, all transaction types must successfully pass HIPAA format testing before you can submit or receive transactions – including batch eligibility inquiries (270/271). It is critical that file structures and systems are modified and pass testing so you can get paid in ProviderOne. See “New Companion Guides” on page 3 for more information.



Security and Registration Update

Progress on ProviderOne security and registration activities is not adequate for many provider organizations to assure future payments are not in jeopardy. **DSHS strongly recommends that you complete these activities by October 15, 2009.** In the last two months before go live, the focus will shift to provider and DSHS staff system training, bringing business to a close in the old system, and making the final cut-over to the new system.

DSHS recognizes that it will take you a significant amount of time and effort to get through these activities. If you have not yet started, please start soon. Providers who have begun this activity are finding that it takes longer than anticipated. The ProviderOne transition is different than the HIPAA transition where there was a period of time after implementation to transition to the new format. ProviderOne cannot process claims using the legacy system identifiers.

The specific activities you will need to complete depend on how you plan to submit transactions to ProviderOne – see the table below. Visit our website <http://hrsa.dshs.wa.gov/providerone/providers.htm> for information on all of the activities shown.

Transaction type:	Pharmacy POS	Direct Entry Website	Paper	Use Billing Agent or Clearinghouse	HIPAA Batch File	WINASAP
Activity:						
Security	√	√	√	√	√	√
Registration	√	√	√	√	√	√
New Client ID Requirements	√	√	√	√	√	√
New Taxonomy Requirements		√	√	√	√	√
Trading Partner Agreement					√	√
Test					√	√

Security Risks: Without the appropriate access to ProviderOne, you will not be able to:

- Look up the new ProviderOne client ID electronically
- Check client eligibility electronically
- Submit or check claim status electronically
- Complete ProviderOne registration or maintain your provider file
- Access your Remittance Advice (RA) to know what you have been paid. *RAs will only be available electronically once ProviderOne is operational. DSHS announced this cost reduction measure in May (see numbered memo 09-19). <http://hrsa.dshs.wa.gov/download/Memos/2009Memos/09-19.pdf>*

Registration Risks: Providers who will submit HIPAA batch files must complete this activity before implementation. **Providers who do not complete registration will assume risks that:**

- Payments will not be sent to the desired location and EFT account
- The NPI(s) on file may be inaccurate resulting in denied claims
- If you use a taxonomy that has not been associated to you, it will result in denied claims
- If you do not complete registration, you will eventually be terminated and required to re-enroll

DSHS recommends that you **focus first on registration for your “pay to” NPIs** and then on the NPIs for your performing (servicing) providers.

Using Taxonomy Codes in ProviderOne

With ProviderOne, you are required to use taxonomy codes for billing and servicing (if applicable) providers on your claim when billing. The taxonomy code you use must be associated to your file in ProviderOne and the service you are billing for must be allowed by the taxonomy.

What is taxonomy? The general term “taxonomy” refers to a classification system. In the medical billing and payment world, “provider taxonomy” refers to the national provider classification system defined by the Centers for Medicare and Medicaid Services (CMS).

The national provider taxonomy codes identify a provider’s type and area of specialization. Taxonomy codes are 10 digits in length and include both alpha (letters) and numeric (numbers). The first two digits are provider type, next two digits are provider specialty, and the next five digits are the provider subspecialty. The last digit is reserved for future use, so it will display as an “X.”

Learning and Changing Your Taxonomy Codes

You should not guess what taxonomy codes might be associated to your organization or servicing providers. During ProviderOne registration, you can see what taxonomies DSHS preassigned – based on how you’ve done business with us in the past and add new ones if necessary. You can also print them out so you can keep the list for future reference. DSHS is also developing a web tool for providers to download their associated taxonomies. This web tool will be available closer to ProviderOne implementation.

For more information on taxonomy, and instructions on printing the list during registration, read *Using Taxonomy in ProviderOne* <http://hrsa.dshs.wa.gov/providerone/Providers/Fact%20Sheets/P1PR009%20taxonomy.pdf>

New Companion Guides for HIPAA Batch Submitters

You’ve heard several times from us about the importance of downloading the new DSHS ProviderOne HIPAA Companion Guides. These transaction-specific documents give you details about modifying file structures and systems so you can accommodate the new identifiers and get paid in ProviderOne. Each transaction type must pass HIPAA format testing before you will be allowed to submit claims to ProviderOne. It’s important to read and follow the Companion Guides carefully. Providers who have started this testing are experiencing high rates of first time failures – taking several weeks of trial and error to pass.

Once you pass HIPAA format testing, you have an important opportunity to test beyond file acceptance or rejection. You will be able to submit test claims with content (you must use the new identifiers) and compare your own results! Visit <http://hrsa.dshs.wa.gov/dshshipaa/> to access the current DSHS ProviderOne HIPAA Companion Guides.

We’re Listening: Here Comes the HIC!

Last summer, ProviderOne staff conducted several “road shows” for providers around the state. We talked about what to expect with ProviderOne, and you listened. You talked about your concerns with ProviderOne, and we listened. Even months later, we continue to work on resolving issues you raised.

One such issue that we heard lots of concern over was the fact that the ProviderOne system was not originally designed to return the Medicare Health Insurance Claim (HIC) number on the 271 response. This currently happens with WAMedWeb, and many providers rely heavily on this information to determine their patients’ Medicare coverage.

We are happy to let you know that **ProviderOne will return the HIC on all eligibility inquiry responses**, including direct data entry (DDE) transactions. Hopefully this is one more way ProviderOne will work for you!

What's Up with the Provider Test Pilot?

DSHS has started testing claims processing with a sample group of providers in a test environment of ProviderOne. The purpose is to test a representative sample of claims, submission methods, and provider types. Participating providers are submitting claims to the legacy system and ProviderOne for comparison purposes. Of course, the test claims in ProviderOne must be modified to include the new identifiers and taxonomy. However, they will only get actual payments out of the legacy system. DSHS staff are comparing how the claims process in both systems.

Testing providers' actual transactions will help DSHS ensure ProviderOne processes transactions correctly. We want to make sure providers will continue to receive prompt payment when ProviderOne goes live.

The pilot started on June 12 and will run through August 28.

Early indications are that ProviderOne is functioning as planned! An early lesson is that it is taking HIPAA batch file submitters almost four weeks of trial and error to pass HIPAA format testing. If you plan to submit these types of transactions, please start testing now so that payments are not delayed when ProviderOne is live! See "New Companion Guides" on page 3 to get started.

Watch for more information on how the pilot test is going in the next issue of ProviderOne Countdown.

Optional Card Readers

Some providers are asking us when more information will be available about the optional swipe card readers to use with the new Services Card. The vendor for our new system is required to make this information available to providers at least 90 days before our implementation date (*early September*). We will notify you through our email distribution list as soon as they have the information ready.

You can join or leave that list at http://listserv.wa.gov/archives/providerone_provider_readiness.html

We encourage you to find out more. Visit

<http://hrsa.dshs.wa.gov/providerone/Providers/Fact%20Sheets/FactSheets.htm> for fact sheets on *Options for Verifying Client Eligibility*, *Using IVR for Verifying Client Eligibility* and *Client Services Card will Replace MAID, and others*.

You don't need a card reader to check eligibility!

There are a number of free options for checking eligibility, using:

- On-line Web inquiry, available 24/7 (very similar to the WAMedWeb inquiry).
- 270/271 eligibility inquiry and response transactions, available 24/7.
- Automated client eligibility information using the Interactive Voice Response (IVR) phone system, available 24/7.
- DSHS Customer Service at 1-800-562-3022.

Training Web Page Now Available!

Did you know that there is a ProviderOne webpage dedicated to training resources for providers! Just visit <http://hrsa.dshs.wa.gov/ProviderOne/Provider%20Training.htm> for resources to help you through security and registration, and system training later this fall. The ProviderOne System User Manual is available now. You also may be interested in an early preview of ProviderOne by taking one of these easy, self-directed tutorials:

- Introduction to the Provider Portal
- Provider Registration (Individual Practice)
- Provider Registration (Group Practice)
- Confirming Client Eligibility
- Submitting Claims
- Setting up Administrator and User Accounts

Planning Ahead for the Transition to ProviderOne

We are starting to get questions about how the transition to ProviderOne will be made. We will provide a detailed schedule as we get closer to implementation.

We have started posting some questions and answers about the transition at <http://hrsa.dshs.wa.gov/ProviderOne/ProviderQandA.htm>

Questions include: *How long will DSHS stop processing claims while converting to ProviderOne? What effect will ProviderOne have on adjustments? and What effect will the implementation have on claims in process?*

We encourage all providers to eliminate any DSHS claim backlog as we prepare to implement ProviderOne

DSHS will offer webinar training to help providers transition to ProviderOne. To help you plan for system training, following is a draft list of system training topics and the approximate length of the class. Training will be offered in October and November.

Draft List of System Webinar Training Topics:	Length (hours)
Introduction to Medical Assistance and ProviderOne	1
Client Eligibility, Benefit Packages, Coverage Limits and Prior Auth	1.5
Submit Fee For Service Claims To DSHS - Professional	3
Submit Fee For Service Claims To DSHS - Institutional	3
Submit Fee For Service Claims To DSHS - Dental	3
ProviderOne for Managed Care Organizations	2
ProviderOne for Regional Support Networks	2
Enroll As A New Provider - Individuals, Groups, FAOIs	2
Enroll As A New Provider - Tribal	2
Enroll As A New Provider – Managed Care Organization	2
Maintain Your Provider File - Individuals, Groups, FAOIs	2
Maintain Your Provider File - Tribal	2
Maintain Your Provider File – Managed Care Organization	2
ProviderOne Security Administration	1.5



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ADDRESS CORRECTION
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Share the News

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

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. *ProviderOne Countdown* will continue to 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.
- 2. Ensuring Providers Remain Enrolled and Payable in ProviderOne**
Providers need to ensure they remain enrolled and payable in the new system. This includes how to register in ProviderOne, using your NPI, and ensuring the copy 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) and where to get instructions.
- 4. Properly Billing DSHS Using ProviderOne**
Resources for providers need to ensure proper billing using ProviderOne. An overview of what’s changing and what is the same with the billing instructions, reasons claims deny today.
- 5. Reconciling DSHS Payments**
Learn about ProviderOne security, accessing electronic remittance advice, and the benefits of signing up for Electronic Funds Transfer (EFT).