

Pilot for End-to-End Testing of Compliance with Administrative Simplification



Presented by: **Dean Cook**, Advisor/SME
National Government Services, Inc.
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Welcome



Agenda

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- **Pilot overview**
- **What we have completed to date**
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Goals and intended outcomes

Goals

- To develop and implement a process and methodology for end-to-end testing of the transaction standards, operating rules, code sets, identifiers, and other Administrative Simplification requirements based on industry feedback and participation.
- To develop an industry-wide “Best Practice” for end-to-end testing that lays the ground work for a more efficient and less time consuming method for health care industry testing of future standards, leading to more rapid adoption of the future standards.

Intended outcomes

- To provide documents and artifacts to all industry segments outlining the critical checkpoints needed to ensure compliance with the current and future mandates
- To provide a universal testing process and methodology that can be adopted by all industry segments
- To provide a framework and common understanding around the end-to-end testing process and definitions

Pilot overview

- **Phase I** – Business and Gap Analysis started on September 24, 2012, and ran through December 21, 2012. *Complete.*
- **Phase II** - Development of Pilot Testing started on December 10, 2012, and will run through June 27, 2013 (approximately six months)*
- **Phase III** - The planned start date for Phase III, Implementation and Quality Assurance, is July 1, 2013, and will run through September 23, 2013 (approximately three months)*

**Actual dates are subject to change during detailed schedule development.*

What we have completed to date

- Identified and recruited Industry Collaborative Partners (ICPs)
- Defined industry segments
- Defined Levels 1, 2, and 3
- Finalized baseline definitions
 - **End-to-End testing**
 - **Readiness**
 - **Compliance**

ICP Webinars

Weekly or semi-weekly **ICP Webinars** with industry segments

- Tuesday and Thursday webinars as needed or requested
- NGS presentations with questions and comments taken throughout
- ICP Webinars are by invitation only
- Statistics for ICP Webinars as of May 31, 2013 . . .

# Sessions	# ICPs	Avg # registered	Avg # attend	% Reg vs. attend
31	17	17	11	67%

Listening Sessions

Weekly, semi-weekly, or as requested **Listening Sessions**

- Sessions are usually Tuesday and Thursday webinars
- No sessions in June; sessions resume in July NGS presentations with Q&A session following
- Listening Sessions are open sessions; attendees must register
- Checklists available on the CMS End-to-End Testing web page

Special request **Listening Sessions**

- WEDI End-to-End Testing Virtual Event: A Collaborative Approach to Testing, Readiness and Compliance, 2/28/2013
- Professional Association of Health Care Office Management (PAHCOM), 4/17/2013
- Cooperative Exchange, 4/24/2013
- Healthcare Billing Management Association (HBMA), 5/22/2013
- Walgreens team (addressing NCPDP issues), 5/31/2013

Listening Sessions

Statistics for Listening Sessions completed as of May 31, 2013 . . .

Listening Sessions	# Sessions to date	Total attendance	Average attendance
Small Provider	14	963	69
Large Provider	12	1,128	94
Vendor	12	764	64
Payer	9	765	85
Special sessions	3	302	101
Total	50	3,922	78

Industry segments

At this time there are five industry segments being addressed in this project.

- **Small Providers** *(presented here)*
- **Large Provider**
- **Payer**
- **Vendor-to-Payer**
- **Vendor-to-Provider**

These industry segment checklists are all in continuous development and revision.

High Level End-to-End Testing Documents

The High Level End-to-End Testing Documents provide more of an overview than the “detailed” checklists.

There are two high level documents created for each industry segment (ICD-10 and Administrative Simplification).

Each High Level End-to-End Testing Document includes a Process Flow flowchart as a visual aid for the user.

These documents are available from the CMS End-to-End Testing web page located at <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/End-to-End-Testing.html>.



High Level Small Provider ICD-10 End-to-End Testing Document

Overview

The purpose of this document is to aid small providers interacting with vendors, payers, and other Trading Partners in organizing end-to-end testing.

Level 1

Timeline: 12 – 18 months from regulation implementation date

Level 1 of the end-to-end testing process includes the following Elements:

■ Planning

- Establish ICD-10 project team.
- Review new regulation(s) and become educated on the requirements. Look to professional associations for information and resources to help in understanding the impact of ICD-10.
- Obtain updated publications and tools with new regulation changes.
- Contact each software vendor (including print image software) to determine if software applications will be affected by the ICD-10 changes.
- Create and follow a project timeline keeping the implementation deadline in mind.
- Develop ICD-10 Project Plan, Communication Plan, Project Budget, and Risk Management Plan.

■ Assessment

- Evaluate the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS) General Equivalence Mappings (GEMs) and reimbursement crosswalks and mapping tools.
- Identify impact of ICD-10 to organization's business processes and systems.
- Identify and list all Trading Partners (software vendors, clearinghouses, and payers) and identify what types of transactions are traded with each.



End-to-End Testing Checklists

The “detailed” checklists are Excel workbooks. Each identified industry segment has a detailed checklist.

Within the detailed checklists there are tabs for *each* of the following:

- **Instructions**
- **Definitions**
- **Initial Assessment checklist**
- **Administrative Simplification checklist**
- **ICD-10 checklist**
- **Testing Guidance checklist**

These checklists are available from the CMS End-to-End Testing web page located at

<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/End-to-End-Testing.html>.


Pilot for End-to-End Test of Compliance with Administrative Small Provider End-to-End Initial Assessment

Level/ Task	Task Description	Acknowledgement																		
		Yes	No	N/A	820	834	270	271	278	837	NCPDP	T A1	999	277CA	824	Professional	276	277	835	
Gen	General Information: HIPAA Compliance																			
G.1	Determine if the organization is a covered entity under HIP AA. If Yes , continue with the checklist. If No , do not complete the checklist.																			
G.2	Has this organization completed implementation of ASC X12 Version XXXX for HIPAA transactions?																			
G.3	Has this organization completed implementation of ACA-mandated HIP AA CAQH CORE Operating Rules Version X.X.X for HIP AA Transactions?																			
G.4	Has this organization completed implementation of NCPDP Version X.X for																			
G.5	Mark the types of transactions that this organization submits or receives shown to the right.																			
G.6	Upon completion of this Test Plan, mark the types of transactions that are included in this end-to-end testing.																			

Transaction and Acknowledgement Descriptions

- ASC X12 820 Payment Order/Remittance Advice
- ASC X12 834 Benefit Enrollment and Maintenance
- ASC X12 270 Eligibility Request
- ASC X12 271 Eligibility Response
- ASC X12 278 Referral Certification and Authorization request and response
- ASC X12 837 (Institutional, Professional, Dental) Healthcare Claim Submission
- NCPDP X.X and/or NCPDP X.X (batch)
- Acknowledgments; 999, T A1, 277CA.

DRAFT



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Contact us

- Send questions to ngs.compliancetesting@wellpoint.com
 - Our goal is to acknowledge all emails within one business day
- Additional contact resources . . .

Resource Name	Role	E-mail Addresses	Work Phone	Cell Phone
David Carrier	Lead BA	David.Carrier@WellPoint.com	(207) 253-1203	(207) 210-2340
Dean Cook	Advisor/SME	Dean.Cook@WellPoint.com	(502) 889-4762	(502) 376-6510
Julie McBee	BA/POE	Julie.McBee@WellPoint.com	(317) 595-4908	(317) 586-0021