

PROVIDER TESTING INSTRUCTIONS – GENERAL

- ICD-10 testing will be conducted from July 6, 2015 to November 30, 2015.
- The testing process is designed to be as similar to the production process as possible and will use the same provider systems and tools. This approach is intended to reduce the amount of training needed by providers and clearinghouses.
- Providers will have the same user profiles in the EDI test (ICD-10) environment as they do in production.
- Submit HIPAA 837 transactions via your regular clearinghouse relationship or directly as a self-submitter.
- Submit HIPAA 837 claim transactions by Monday or Thursday at 7 a.m. to be included in that day's payment processing and remittance advice (RA) generation.
- HIPAA 835 RA, 277U RA and PDF RA will be available by 8 a.m. on Tuesday and Friday.
- Suspended claims will not be worked internally by HCA and will not reach a final disposition. Providers will need to analyze, correct and resubmit to get the results for suspended claims.
- Providers need to coordinate with their clearinghouse to post the HIPAA 837 transaction files to the correct Test HIPAA Inbound folders on the HCA SFTP site to ensure test files and production files are appropriately separated and processed.

PROVIDER TESTING INSTRUCTIONS – TIPS FOR GOOD TESTS

- Comply with timely filing requirements.
- If using modified historical claims, be certain to update all relevant date fields.
- Claims must not have future dates of service.
- Inpatient claims need to have dates of service after July 1, 2014, so that they will use the current version of the DRG grouper software.
- Using more current dates of service will provide the most current and most accurate reimbursement rates.
- ICD-9 diagnostic codes will be valid for dates of service prior to October 1, 2015.
- ICD-10 diagnostic and procedural codes will be valid for all dates of service.
- Submitting “comparison pairs” of ICD-9 and ICD-10 coded claims will best demonstrate processing differences between the two code sets.

PROVIDER TESTING – RESULTS AND FEEDBACK

- •If you have a concern or question about your test results (835 data or pdf RA), please send an email to ICD10questions@hca.wa.gov.
- •Answers specific to your organization will be emailed directly back to you.
- •Answers applicable to multiple testers will also be posted on the HCA provider web pages.
- •HCA will monitor all testing activity and provide updates and clarifications as needed at the same website.

PROVIDER TESTING INSTRUCTIONS – STEP BY STEP

HIPAA 837 Batch Claims – Provider Submitting Through A Clearinghouse

1. The provider creates HIPAA compliant 837 test claim files containing either ICD-9 or ICD-10 diagnosis claims to support the type of test comparisons they intend to do.
2. The provider submits the HIPAA 837 test files to their clearinghouse.
3. The provider coordinates with the clearinghouse to place the files in the Test HIPAA Inbound folder. (<sftp://ftp.waproviderone.org/>)
4. The ProviderOne system picks up the files and processes them through the adjudication and payment cycles.
5. The ProviderOne system creates HIPAA 835 and 277U RA files and places them in the Test HIPAA Outbound folder on the SFTP site.
6. The provider coordinates with their clearinghouse to pick up the RA files from the Test HIPAA Outbound folder. (<sftp://ftp.waproviderone.org/>)
7. The clearing house delivers the files to the provider.
8. The provider analyzes the claim/payment outcomes and compares them to the provider's expected results.
9. In addition, the PDF RA will be available on the ProviderOne test portal (<https://www.waproviderone.org/edi>) under the View Payments link for providers to download and view.

HIPAA 837 Batch Claims – Provider Submitting Directly to HCA

1. The provider creates HIPAA compliant 837 test claim files containing either ICD-9 or ICD-10 diagnosis claims to support the type of test comparisons they intend to do.
2. The provider submits the HIPAA 837 test files in the ProviderOne test portal. (<https://www.waproviderone.org/edi>)
3. The ProviderOne system picks up the files and processes them through the adjudication and payment cycles.
4. The ProviderOne system creates HIPAA 835, 277U, and PDF RA files.
 - a. The 835 and 277U RA can be retrieved under the Retrieve HIPAA Batch Responses link on the ProviderOne test portal.
 - b. The PDF RA can be retrieved under the View Payment link on the ProviderOne test portal.
5. The provider analyzes the claim/payment outcomes and compares them to the provider's expected results.

DDE Claims

1. The provider submits claims through direct data entry (DDE) on the HCA ProviderOne test portal. (<https://www.waproviderone.org/edi>)
2. The ProviderOne system processes the claims through adjudication and the payment cycles.
3. The ProviderOne system creates HIPAA 835, 277U, and PDF RA files.
 - a. The 835 and 277U RA can be retrieved under the Retrieve HIPAA Batch Responses link on the ProviderOne test portal.
 - b. The PDF RA can be retrieved under the View Payment link on the ProviderOne test portal.

Managed Care Organizations

1. The MCO creates standard encounter transaction files according to the HCA companion guide.
2. The MCO places the files in the Test HIPAA Inbound folder. (<sftp://ftp.waproviderone.org/>)
3. The ProviderOne system picks up the files and processes them through the adjudication and payment cycles.
4. The ProviderOne system creates a standard Encounter Transaction Results Report (ETRR) and posts it on the ProviderOne test portal. (<https://www.waproviderone.org/edi>)
5. The MCO accesses the ProviderOne test portal, to download and analyze the ETRR and compare it to the MCO's expected results.

Questions about the testing process or outcomes can be sent to ICD10Questions@hca.wa.gov.