

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

Round 1 Listening Session Presentation

Presented By:

National Government Services

National Government Services Team

- Dean Cook, National Government Services' named Subject Matter Expert, has 33 years of health care experience in multiple facets of information technology, including Commercial, Medicare and Medicaid EDI, systems design, systems installation, application and operations.
- David Carrier, National Government Services' named Lead Analyst, has 29 years of health care experience in Institutional and Professional claims processing, Quality Assurance, Commercial claims clearinghouse transactions, EDI Help Desk Support, EDI Testing, EDI Marketing and Installation and Training.
- Julie McBee, National Government Services' named Provider Outreach & Education Lead, has 12 years of health care experience in Professional claims processing for Medicare Durable Medical Equipment, Quality Assurance, CEDI Help Desk, CEDI Testing, Education and Training.

Industry Collaborative Partners Introductions

- Aetna
- American Health Insurance Plans (AHIP)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- CMS Medicaid
- CMS Medicare Fee For Service
- Emdeon
- Healthcare Billing & Management Association (HBMA)
- IVANS
- Medicaid – CSG Government Solutions
- Medical Group Management Association (MGMA)
- Nachimson Advisors, LLC
- Providence Health and Services
- TIBCO Foresight
- TRICARE
- UNC Health Care
- Walgreens
- WellPoint
- Veteran's Affairs

Goals

The goals of the pilot are:

- 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 adopted by the Secretary of Health and Human Services (HHS) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Patient Protection and Affordable Care Act of 2010 (ACA) 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 provider testing of future standards, leading to more rapid adoption of the future standards.

Intended Outcomes

The intended outcome of the pilot is:

- To provide documents and artifacts to all industry segments outlining the critical check-points needed to ensure compliance with the current mandates
- To provide documents and artifacts to all industry segments outlining the critical check-points which can be used as foundations with 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

Overview

- The start date for Phase I – Business and Gap Analysis is September 24, 2012 and will run through December 21, 2012 (Complete)
- The start date for Phase II - Development of Pilot Testing is December 10, 2012 and will run through June 27, 2013 (approximately six months)*
- 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

End-to-End Testing

Our definition is as follows:

End-to-End testing is a focused process within a defined area, using new or revised applicable products, operating rules or transactions, throughout the entire business and/or clinical exchange cycle, for the purpose of measuring operational predictability and readiness. The End-to-End testing process should be performed in an environment which mirrors actual production as closely as possible, confirming the validation of performance metrics and analytics (reporting).

End-to-End Testing

- Involves complete data and transaction flow. The data and transaction flow is the path the data takes from its creation (the care event) through to the payment input of payment data into a providers accounts management system. It includes the processes with all entities along the path (including clearinghouses, payers, providers, trading partners and vendors)
- Uses real world cases and data from start to finish including every step from initial clinical event
- Involves both business and IT system testing
- Measures the impact on payment schema and other results data
- Tracks specific metrics and compares results, for both payment and administrative measures
- Completes the full cycle with the results back to the submitter
- Includes testing of reporting requirements and quality measures
- Adequate documentation of compliance has been created through both system-generated and non-system generated reports, such as the End-to-End Pilot Checklist

Readiness

Our definition is as follows:

Readiness is a state of preparedness in which an Entity has completed verification and validation of applicable policies, procedures, guidelines, laws, regulations, and contractual arrangements with expected results. Additionally, entities will demonstrate readiness by completing internal documentation, establishing communication mechanisms and validation with external trading partners, training of appropriate personnel, scheduled deployments, and software migration for each regulatory requirement.

Compliance

Our definition is as follows:

Compliance is a demonstrated adherence to those policies, procedures, guidelines, laws, and regulations to which the business process is subject in advance of, by, and continued support after, the regulatory implementation date.

Level 1 Testing Period

The Level 1 Testing* is the period during which entities perform all of their internal readiness activities in preparation for testing the new versions of the standards with their Trading Partners. When an entity has attained Level 1 compliance, it has completed all internal readiness activities and is fully prepared to initiate testing of the new versions in a test or production environment, pursuant to its standard protocols for testing and implementing new software or data exchanges.

*National Government Services' levels were created by and derived from verbiage found in the January 2009 Federal Register, volume 74, section 11, pg. 3302.

Level 2 Testing Period

The Level 2 Testing* is the period during which entities are preparing to reach full production readiness with Trading Partners. When an entity is in compliance with Level 2, it has completed some end-to-end testing with external trading partners.

*National Government Services' levels were created by and derived from verbiage found in the January 2009 Federal Register, volume 74, section 11, pg. 3302.

Level 3 Testing Period

The Level 3 Testing* is the period during which end-to-end testing is performed with external Trading Partners and the Trading Partner is able to operate in production/production-like mode with the new versions of the standards by the end of that period. By “production/production-like mode,” we mean that entities can successfully exchange (accept and/or send) standard transactions and, as appropriate, be able to process them successfully.

*National Government Services’ levels were created by and derived from verbiage found in the January 2009 Federal Register, volume 74, section 11, pg. 3302.

Additional Information

- Feedback on the definitions, or any other material, can be sent to ngs.compliancetesting@wellpoint.com
- End-to-End Testing web page (<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/End-to-End-Testing.html>)
- ICD-10 web page (<http://www.cms.gov/Medicare/Coding/ICD10/>)
- Listening Sessions
 - Participants can join via a CMS website link on the End-to-End Testing page at <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/End-to-End-Testing.html>

Suggested Audience for Listening Session Definitions

Small providers will include small/medium sized organizations comprised of 99 or less physicians/staff, independent practices, dentists, durable medical suppliers, pharmacy, home health agencies/hospices and specialty practices.

Large providers will include organizations comprised of 100 or more physicians/staff, clinical labs, hospitals, critical access hospitals, nursing homes, rehab centers, skilled nursing facilities, ambulatory surgical centers, pharmacy and Federally Qualified Health Centers (FQHC).

Payers will include organizations comprised of Commercial, Medicaid, Medicare, Pharmacy Benefit Management (PBM) and Workers Compensation Government Contractors.

Vendors will include organizations comprised of Billing Services, Clearinghouses, Electronic Health Record/Electronic Medical Record Systems, Network Service Vendors, Practice Management Systems and Value Added Networks.

How to contact us

- All questions or presentation requests may be sent to ngs.compliancetesting@wellpoint.com
- Our expected level of service is to acknowledge all e-mails within 24 hours
- Additional Contact Resources:

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