



## HIPAA Transaction Awareness

- ✍ Multiple Michigan Locations
- ✍ June 4-26, 2003
- ✍ Medicare Part B
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## HIPAA-Mandated Claim Format

- ✍ HIPAA requires that all health plans must use the ANSI X12 837 v4010A1 claim format by October 16, 2003
- ✍ Providers who submit electronic claims directly to Medicare must retire the following pre-HIPAA formats:
  - NSF (all versions)
  - All older versions of ANSI X12 837



## Claims Production Status

### 837 v4010X098A1

- ⌘ Testing with Medicare available since June, 2002
- ⌘ 450 submitters sending production (includes 133 MI submitters)
- ⌘ 2,642 providers sending production (includes 612 MI providers)
- ⌘ 12% of overall Medicare claim volume
- ⌘ Medicare EDI Connection:  
[http://www.wpsic.com/provider/edi\\_connection.pdf](http://www.wpsic.com/provider/edi_connection.pdf)  
(which includes 4010 approved vendors, billing services and clearing houses)



## ERN Production Status

### 835 v4010X091A1

- ⌘ Medicare has been testing since fall, 2002
- ⌘ Available in production X091 since January 2003
- ⌘ Addenda version X091A1 available since April 2003
- ⌘ 81 submitters receive ERN in production (including 10 MI submitters)
- ⌘ X091A1 only available for new 835 4010 recipients
- ⌘ Parallel ERN file available upon request only - call the EDI Hotline to arrange for parallel electronic remittance





## Eligibility Inquiry & Response 270/271 v4010X092A1

- ⌘ Available in July 2003
- ⌘ Only available in X092A1 version
- ⌘ Connect via closed network directly with Common Working File (CWF)



## Claim Status Inquiry & Response 276/277 v4010X093A1

- ⌘ Currently available
- ⌘ Only available in X093A1 version





## COB Crossover

- ⌘ Currently testing A1 with trading partners
- ⌘ Not currently in production
- ⌘ BCBSM has tested with Medicare B
- ⌘ MI Dept of Community Health doesn't currently receive crossover files from us; however, they are in the planning stages



## Clearing House Submitters

- ⌘ Providers can use clearing houses to convert non-standard formats to standard formats and route claims to payers
- ⌘ Providers must follow the clearing house's requirements for trading partner agreements, testing, and implementation schedules
- ⌘ BCBSM now sending production 837 4010



## Companion Documents

- ≈ 837 companion document published in April 2003 Communiqué
- ≈ 835 companion document published in April 2003 Communiqué
- ≈ 1500 crosswalk April 2003 Communiqué
- ≈ Other documents
  - monthly HIPAA articles
  - Business Associate Agreements NOT required between provider and carrier



## Administrative Simplification Compliance Act (ASCA) Medicare Part B

- ≈ Required plan to be submitted by October 15, 2002
- ≈ Required testing by April 16, 2003
- ≈ Granted 1 year extension to those who submitted a compliance plan
- ≈ **Requires mandatory electronic submission of Medicare claims by October 16, 2003**
- ≈ **[www.cms.hhs.gov/hipaa/hipss2/regulations/asca/asca.pdf](http://www.cms.hhs.gov/hipaa/hipss2/regulations/asca/asca.pdf)**
- ≈ Additional information coming soon





## Free Billing Software Medicare Part B

- ✍ PC Ace Pro 32
- ✍ Creates 837claim in addenda version
- ✍ Does not interface with your current billing system
- ✍ \$25 per year maintenance agreement



## “Why should I continue to send electronically?”

### Medicare Part B

- ✍ Faster payment
- ✍ Less suspense
- ✍ Fewer reviews
- ✍ Lower administrative, postage and handling costs
- ✍ **Efficiencies of EDI across all payers**
- ✍ Maintain investment in your billing system





## Testing Experience Medicare Part B

- ⌘ Once a vendor has completed testing, client testing goes much smoother
- ⌘ Typically vendor testing has taken several iterations in order to meet the Implementation Guide requirements and various claim types
- ⌘ Providers, payers, vendors and clearing houses all have limited resources to move large volumes of submitters to 4010A1 by October 16, 2003
- ⌘ Flush out issues early



## Test Contact Information Medicare Part B

- ⌘ Testing is critical
- ⌘ Test early!
- ⌘ **You, not your vendor, are responsible**
- ⌘ For direct submitters to Medicare, when a submitter is ready to start testing, contact Medicare's EDI Hotline (877) 567-7261





Thank you,  
Medicare Part B

**WPS**  
HEALTH INSURANCE

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CENTERS FOR MEDICARE & MEDICAID SERVICES