

# IT'S YOUR LAST CHANCE!

## Are You Sure You Are Prepared for the End of the HIPAA Contingency Period?

**Dear Healthcare Provider, Software Vendor, Service Bureau, Biller and Relevant Administrative Personnel,**

BCBSM and Medicaid have announced the retirement of all non-HIPAA compliant formats. After the November 1, 2004 retirement date, BCBSM and Medicaid will only accept HIPAA compliant formats and code sets.

That means that you must be converted to the HIPAA compliant claims transaction (ANSI x12N 837 v. 4010A1) before November 1, 2004 to continue to receive payment from Medicare, BCBSM, and Medicaid.

Please join us at one of our free seminars (see list below) to hear speakers from Blue Cross Blue Shield of Michigan and Michigan Medicaid discuss their plans to move forward with HIPAA compliance and what you need to do to avoid payment interruption.

This is your chance to learn more about:

- The end of the contingency period
- The benefits of the 837 v. 4010A1 claim
- 835 remittance advice testing and how to sign up to receive it
- How to save time and money with crossover claims

**Who's presenting:**

Jeff Allison  
*MDCH*

Robert McNeese  
*BCBSM*

Ask the questions you need answered to make sure you are ready for the transition to HIPAA compliant formats.

We strongly encourage you to attend one of these FREE seminars.

**Don't let your payments be interrupted. Find out everything you need to know about the end of the contingency period and how to make a smooth transition to the 837 v. 4010A1 format. Please register no later than 24 hours prior to the seminar you wish to attend.**

**October 5, 2004** [9A – Noon] *or* [1P – 4P]  
**Okemos - MPHI**  
**InterActive Learning Center (ILC)**  
2436 Woodlake Circle, Suite 380, Okemos, MI 48864

**October 6, 2004** [9A – Noon] *or* [1P – 4P]  
**New Hudson - Blue Cross Blue Shield of Michigan**  
53200 Grand River, New Hudson, MI 48165

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**RSVP**

Your Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Number of people attending from your office: \_\_\_\_\_

Location you wish to attend: \_\_\_\_\_

Session you wish to attend: \_\_\_\_\_

**Please e-mail us your RSVP to [registration@winslowtechnology.com](mailto:registration@winslowtechnology.com) or please fax it to HIPAA Readiness at 517-324-8370. We will contact applicants only in the event that the session they requested is full. Please view a map for each location at [www.mihealth.org/hipaa/maps](http://www.mihealth.org/hipaa/maps).**