



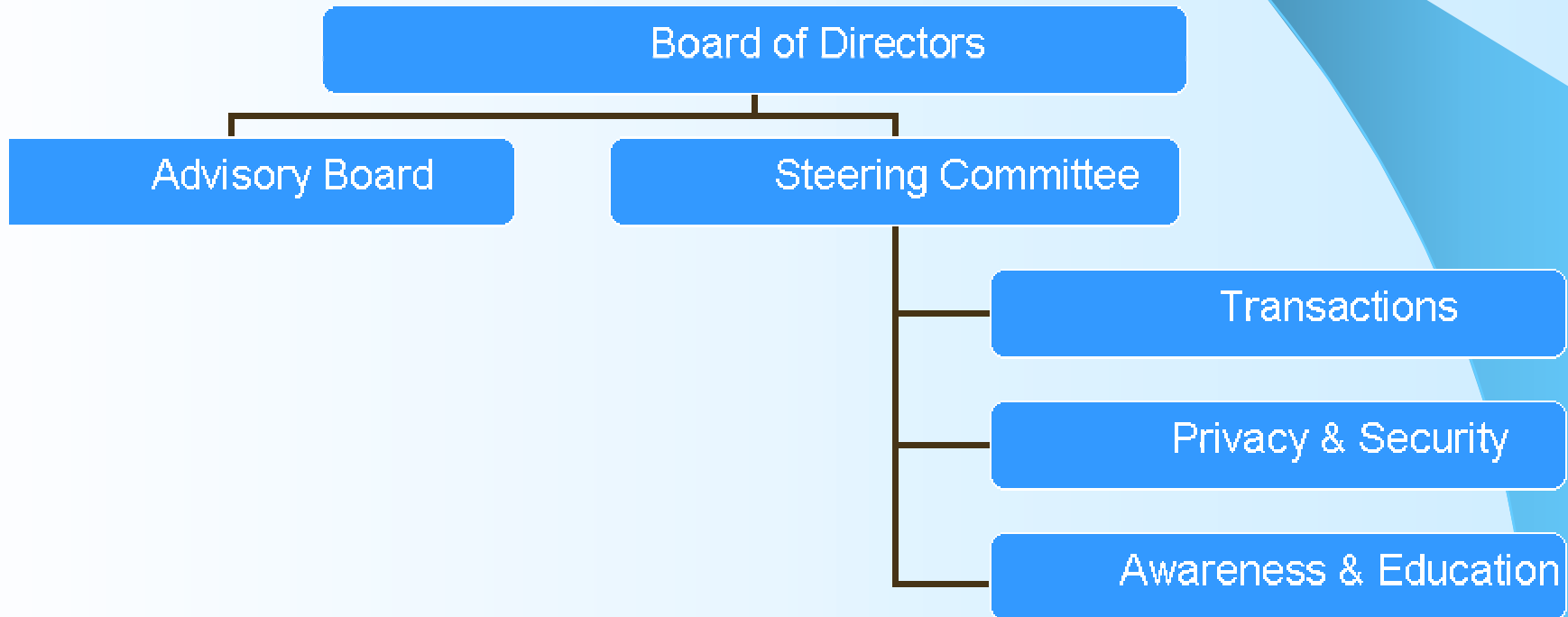
Payer Collaboration?

A true case study of payers
collaborating on a single HIPAA
companion document for the
State of Kentucky



About HAWK

"To facilitate a state-wide workgroup for covered entities and their business associates to collaborate on and model industry best practices while pursuing HIPAA compliance."





About TCS SIG

- Co-Chairs:
 - Kathy Dugan, ACS
 - Tomese Buthod, Passport
 - Bill Baldwin, Humana
- Charter
 - “To promote collaboration across all stakeholders to ease the burdens of TCS requirements in the transition into the HIPAA world”
- Mission Statement
 - “To determine what data element values and situational data element requirements will be requested by payers , resulting in a single ‘companion document’ for KY providers for HIPAA TCS requirements”
- Membership
 - Current TCS membership is a combination of 44 payers, providers, health plans, and vendors



The Payer Collaboration Project

- Born from the desire to make the implementation guides work for this local healthcare market
- Born from the desire to minimize the impact of multiple companion guides on the provider community
- Belief that the payer-specific differences are not that extreme and can be reconciled
- Belief that no trade secrets are given away when talking about technical file specs



The Goal

- Original Goal: To develop a guidance document for trading partner guides
- New Goal:
 - To find the commonalities between the payers on all the data elements in the Guides, especially lists and situational elements
 - To develop a single companion document that can be shared with providers in Kentucky



The Payer Players

- ACS (a pseudo-payer)
- Anthem BCBS
- CHA
- Humana
- Aetna
- Kentucky Department of Medicaid Services
- Passport Health Plan – Medicaid HMO, division of AmeriHealth Mercy



Transactions To-Date

- 837p
- 270/271
- Getting ready to start the 835



The Process

- Humana provided their technical specs that they were going to use for their Humana-only companion document.
- The group used the Humana document as a baseline.
- In TCS SIG meetings, the baseline was reviewed element-by-element and each payer noted the specifics they needed.
- All payer-specific differences were documented.



837p Payer “Differences”

- Recipient ID & Provider ID
 - Some payers assign provider id
 - Others take the tax id number
 - Some payer accept only “their” number
 - Some with accept supplemental information and cross-walk to “their” number
- Example: Medicaid must have Medicaid recipient number. BC will take name, DOB and try to look up the right recipient number.



Other 837p “Differences”

- The Nits....
 - The 837 Implementation Guides allow up to 10,000 claims per Transaction
 - Some payers will reject an entire transaction set if only one claim is syntactically incorrect
 - Some payer will reject only a single claim and accept and process the ‘syntactically correct claims’
 - Trading Partner Agreements may limit the number of claims submitted within a transaction set



270/271 “Differences”

- The 270/271 Implementation Guide allows a wide flexibility in the 271 response to a 270 inquiry
 - Most payers will be providing all data elements within their adjudication systems for an eligibility request
 - The TCS workgroup is continuing to work on finding continuity in response data elements to provide consistent responses to all providers
- ❖ Input from providers is being solicited for necessary data elements



Lessons Learned

- There aren't that many differences across payers.
- If people will sit down and talk to each other, they will find that there are not as many loopholes in X12N as they fear.
- Collaboration keeps everyone from reinventing the wheel on this companion guide business.



Next Step

- Complete the review of the mandated
- Questions and ideas from all transaction reviews will be distributed to Kentucky providers, clearinghouse, and payers (via the HAWK Website) for agreement
- PUBLISH a single, common companion guide across all these payers and give to the provider community
- Highlight the differences in a spreadsheet format



IMAGINE

- Payers actually sit and talk together and then realize they are not so much different
- Payers and Providers sit and talk together and realize that it is there best interest to save resources = money

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