

# The Language of HIPAA: Deciphering the Transactions and Code Sets

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# Children's Healthcare of Atlanta

- 430 licensed beds in two children's hospitals and 16 satellite locations around metro Atlanta including:
  - Five Immediate Care Centers
  - Four Primary Care Centers
  - Other facilities providing Outpatient Rehabilitation and other Specialty Care
- 5,250 employees
- Access to 1,287 physicians, representing 32 pediatric specialties

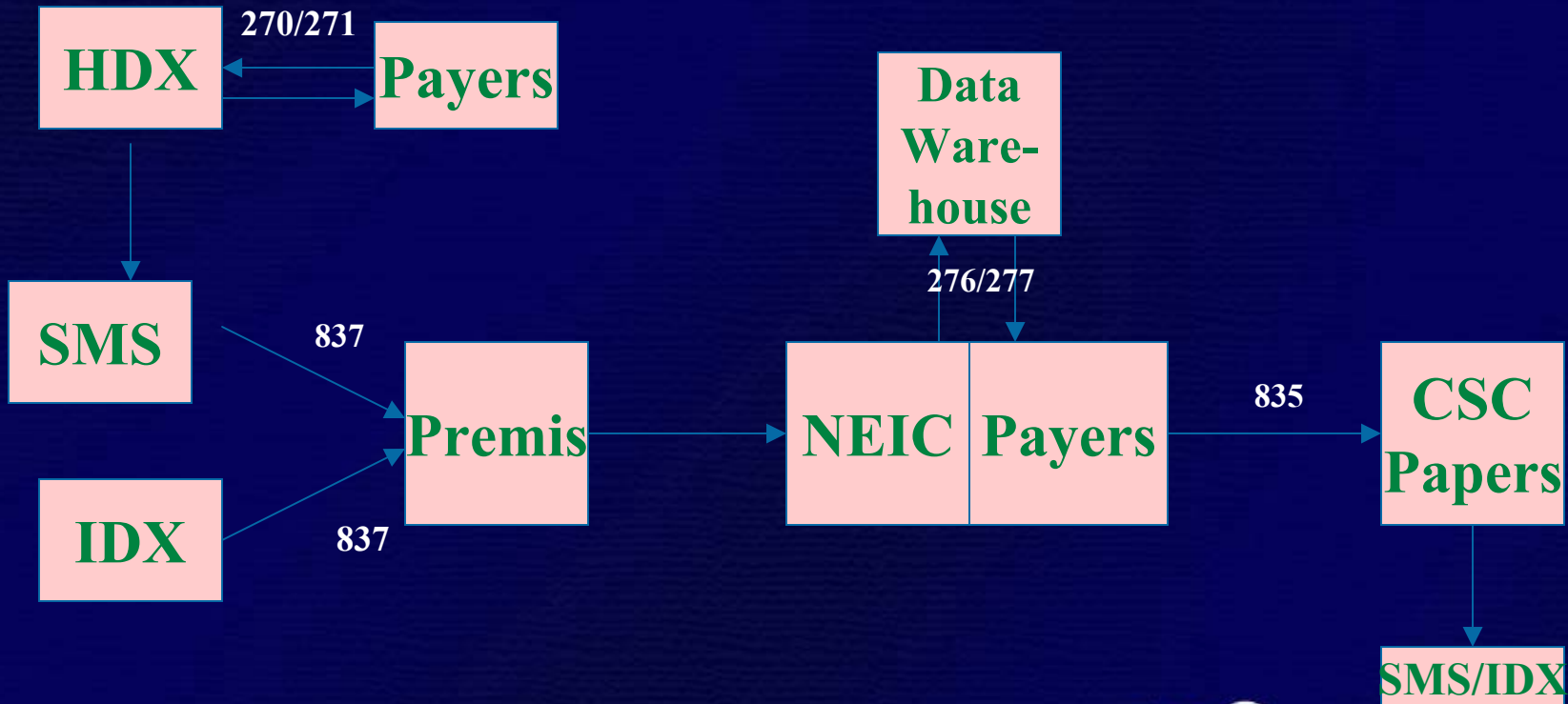


# Sibley Heart Center

- Sibley Heart Center of Children's Healthcare of Atlanta is one of the country's largest pediatric heart programs with:
  - 903 surgical procedures and more than 38,000 non-invasive procedures
  - 41,000 patient visits and more than 1,400 catheterization cases
  - 152 heart transplants
- Named one of America's top five pediatric cardiac programs by *Child* magazine in 2003



# Transaction Diagram at Children's





# 837 I/P

## Health Care Claim Institutional and Professional

- **Top priority**
- **Know your vendors**
- **File format**
- **Know your internal and external resources**
- **Challenges**



# 837D

## Health Care Claim Dental

- **Children's has a small dental practice which is billed manually**



# 835

## Health Care Claim Payment/Advice

- **Cash posting system vs. payer direct**
- **Payer specific requirements**
- **Remediation**
- **Challenges**
  - **balancing the 835 with the paper remit**
  - **payer contracts**



# 270/271

## Health Care Eligibility Benefit Inquiry and Response

- **File format**
- **Vendor project plan**
- **Challenges**
  - **conversion dates**





# 276/277

## Health Care Claim Status Request and Response

- Manual process at Children's
- CHCA Timeframe
- Low priority



# 820

## Payroll Deducted and Other Group Premium Payment for Insurance Products

- System upgrade
- Low priority
- Challenges
  - getting specs from the payer
  - delayed testing



# 834

## Benefit Enrollment and Maintenance

- System upgrade
- Low priority
- Challenges
  - getting specs from the payer
  - delayed testing



278

# Health Care Services Review Request for Review and Response

- Pre-certifications are not automated at this time





# Code Sets

- ICD-9-CM
- HCPCS Level I - CPT
- HCPCS Level II - medical surgical supplies
- HCPCS Level III - local codes
- CDT
- NDC



# Evaluation of Guides

- **Understanding the**
  - **abbreviations**
  - **loops**
  - **segments**
  - **definitions**
  - **data stream**
- **Compare guide to current business practices**
- **Determine responsibility**



# Tools

- **Create your own tools**
  - **Spreadsheets for analysis (handout #1)**
  - **Grids (handout #2)**
  - **Workplans**
- **System generated reports**



# Grid Example

Payer	837I	837P	270/271	820/834	835	Sibley
Medicaid	L/T	L/T	Oct	N/A	L/T	?
Blue Cross	L/T	L/T	Sept	T	L/T	T
UHC	L/T	L/T	Oct	N/A	?	L
Cigna	L/T	L/T	Oct	N/A	?	L
Aetna	L/T	L/T	Live	N/A	?	L
Humana	T	T	N/A	N/A	?	T
One Health	T	T	N/A	N/A	?	?
Coventry	T	T	Live	N/A	?	?
PHCS	T	T	N/A	N/A	?	?





# Application Changes

- **Changes needed post-upgrade**
  - **Changing master files**
  - **Changing formats**
- **Evaluate resources**



# Testing - Vendors

- Evaluate customizations
- Verify addenda included in upgrade
- Multiple upgrades - testing delays



# Testing - Certification Software

- **File format**
- **Utilizing a clearinghouse**
  - **provider certification**
  - **clearinghouse certification**
  - **file submission**
- **Identifying and certifying entities**



# Testing - Payers

- **The quest for companion guides**
- **Outcome documentation**
- **Verify edits**
- **Determine rollout of situational element requirements**





# Patient Accounting/Access Training

- New screens
- New formats
- Multiple facilities
- Super-user vs. individual training
- Element by element or “Big Bang”
- Situational elements: across the board or by individual payers



# Challenges

- **Finding payer contacts**
- **Internal communication**
- **Meeting project plan deadlines**
- **Obtaining contingency plans**



# Finding Payer Contacts

- **Contacts for each transaction**
- **Managed care resources**
- **Be the squeaky wheel**
- **Pre-HIPAA payer contacts**
- **Attend conferences**



# Internal Communication

- **Key departments to include in all communications**
  - **Patient Accounting**
  - **Information Systems and Technology**
  - **HIPAA Project Manager**
  - **Human Resources**
  - **Patient Access**
  - **Managed Care**
- **Define communication process**





# Meeting Project Plan Deadlines

- Vendor upgrades
- Technical issues
- Payers moving dates
- Internal available resources
- Project conflicts
- Underestimating scope



# Obtaining Contingency Plans

- Clearinghouse
- Payer
- Provider



# What To Do After 10/16

- **CMS enforcement**
- **Paper claims and direct data entry (DDE)**
- **Implement contingency plan, if needed**
- **Know what payers will accept**



# On the Horizon.....

- **First Report of Injury - 12/03**
- **Claims Attachment Standards - 1/04**
- **Unique Identifiers**
  - **Health Plan Identifiers - TBD**
  - **Provider Identifiers - TBD**
- **Security - 4/05**





# DOCUMENT, DOCUMENT, DOCUMENT

- **Who**
- **What**
- **When**
- **Supporting documentation**



# Questions?

