



CMS Contingency Plan Medicare Payment Delays for Non-HIPAA Compliance Claims Commencing July 6, 2004

Moderated by:

Steven S. Lazarus, PhD, FHIMSS

President

Boundary Information Group and

Past-Chair, WEDI





Steve Lazarus

Boundary Information Group

Strategies for workflow, productivity, quality and patient satisfaction improvement through health care information

- Business process consultant focusing on electronic health records, and electronic transactions between organizations
- Former positions with MGMA, University of Denver, Dartmouth College; advisor to national associations
- Active leader in the Workgroup for Electronic Data Interchange (WEDI)
- Speaker and author (two books on HIPAA Security and one forthcoming on electronic health record)

- **Strategic IT business process planning**
- **ROI/benefits realization**
- **Project management and oversight**
- **Workflow redesign**
- **Education and training**
- **Vendor selection and enhanced use of vendor products**
- **Facilitate collaborations among organizations to share/exchange health care information**



Participants

- Gary Kavanagh, Director Business Standards and Systems Operations Group, Center for Medicare and Medicaid Services
- George Arges, Senior Director, Health Data Management Group, American Hospital Association
- J. Robert Barbour, JD, MPS, Vice President Finance, Physician Services & Technology Development, Montefiore Medical Center
- Ed Jones, Executive Vice President and Member, Board of Directors, FisaCure, Inc., and Chair, Workgroup for Electronic Data Interchange



Medicare Claims Changes for July, 2004

- July 1, 2004, Payment Delay
- Modifications to CMS Contingency Plan
- Electronic Medicare claims submitted in pre-HIPAA format will be paid no earlier than the 27th day instead of after 14th day
- Effective date: July 1, 2004
- Implementation date: July 6, 2004
- Treated like paper claims for payment
- http://www.cms.hhs.gov/manuals/pm_trans/r114cp.pdf
- <http://www.cms.hhs.gov/medlearn/matters/mmarticles/2004/mm2981.pdf>



Medicare Claims Changes for July, 2004

- July 1, 2004 Claim editing additional instructions for COB – Editing for additional data elements
- Applies to institutional claims
 - 837I
- For inpatient services
 - Hospital
 - Inpatient B hospital
 - Swing Beds
 - Skilled Nursing Facilities (SNF)
 - Inpatient Part B (SNF)
 - Religious non-medical facility (RNHCI)
- Supports COB for secondary health plans
- Changes consistent with 837I Implementation Guides
- <http://www.cms.hhs.gov/medlearn/matters/mmarticles/2004/MM3031a.pdf>



ASCA Implementation

- Administrative Simplification Compliance Act
 - Requires all but smallest providers to submit Medicare claims electronically
 - Medicare has sent notices to some providers encouraging them to switch from paper to electronic claims



Issues

1. What is Medicare's percentage of claims in HIPAA format today?
2. Are providers able to respond to the July 1 Medicare requirements?
3. What barriers do providers still face in the HIPAA transactions implementation?
4. What are WEDI's recommendations regarding Medicare's July 2004 changes and overall HIPAA transactions implementation?



Contact Information

- Steven S. Lazarus, PhD, FHIMSS
President
Boundary Information Group
4401 South Quebec Street, #100
Denver, CO 80237
(303) 488-9911
sslazarus@aol.com
websites: www.hipaainfo.net
www.boundary.net