

HIPAA Transactions: The End Game

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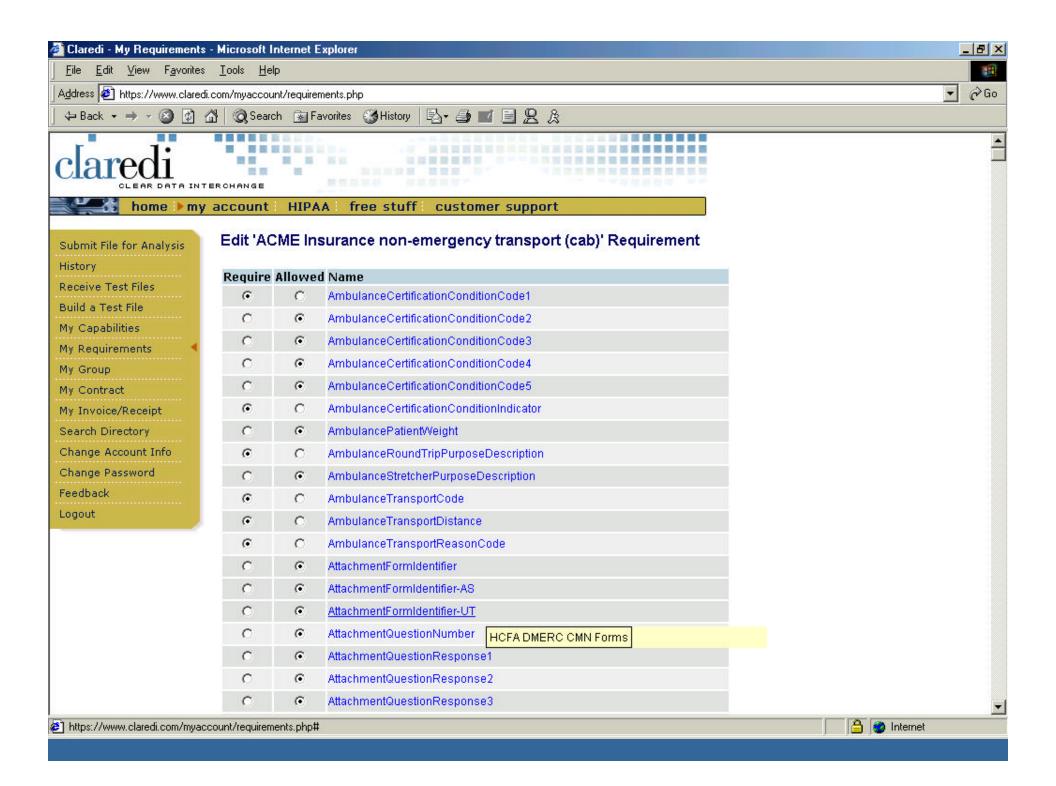
HIPAA compliant non-sense

- Non-sense data certifiable as in compliance with IGs.
- Multiple levels of testing:
 - Implementation Guide spells out requirements for HIPAA compliance.
 - Minimum requirement.
 - Tested as per WEDI SNIP levels 1-6
 - Additional "Business" requirements
 - Filter out non-sense
 - Needed for interoperability



Examples of "Business" requirements

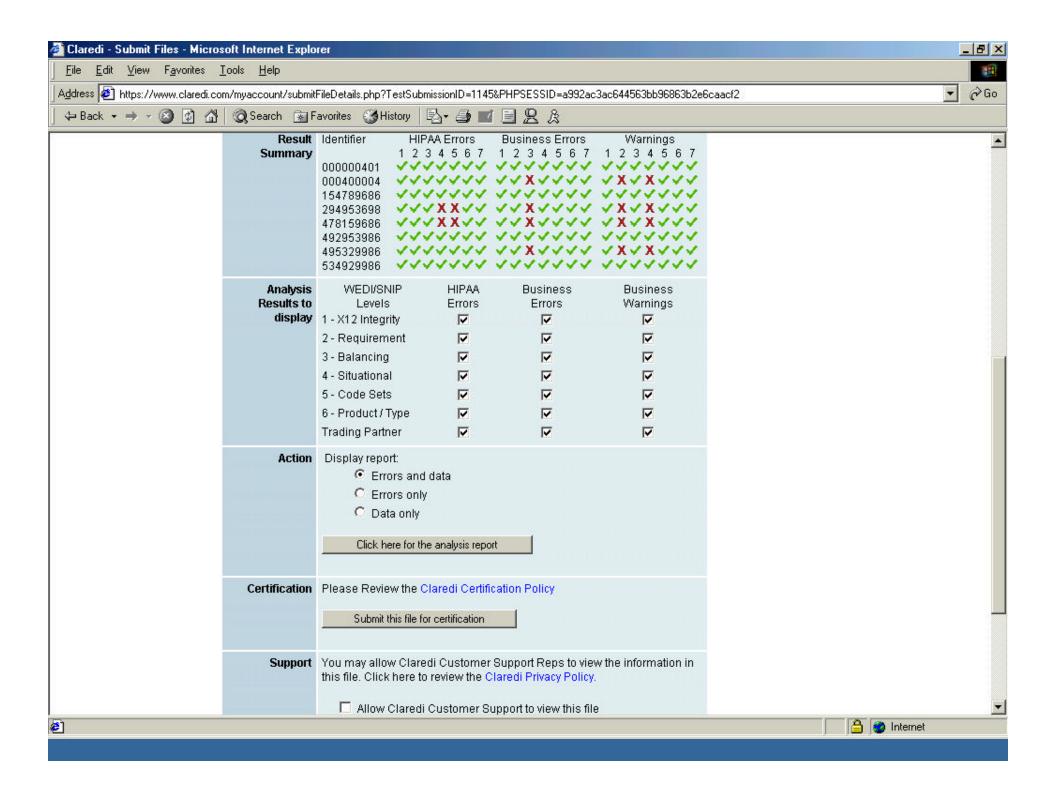
- Payer-specific Provider ID number
- "Balancing of dates"
 - Transaction, service, admission, etc.
- Transaction specific issues
 - Initial In-patient claim without room and board revenue codes
- Clean transactions
 - Do not mix ambulance and podiatry services in the same claim





The "certification" myth

 My vendor / clearinghouse is HIPAA compliant. Why should I have to worry about it? They are going to take care of my HIPAA EDI compliance for me.

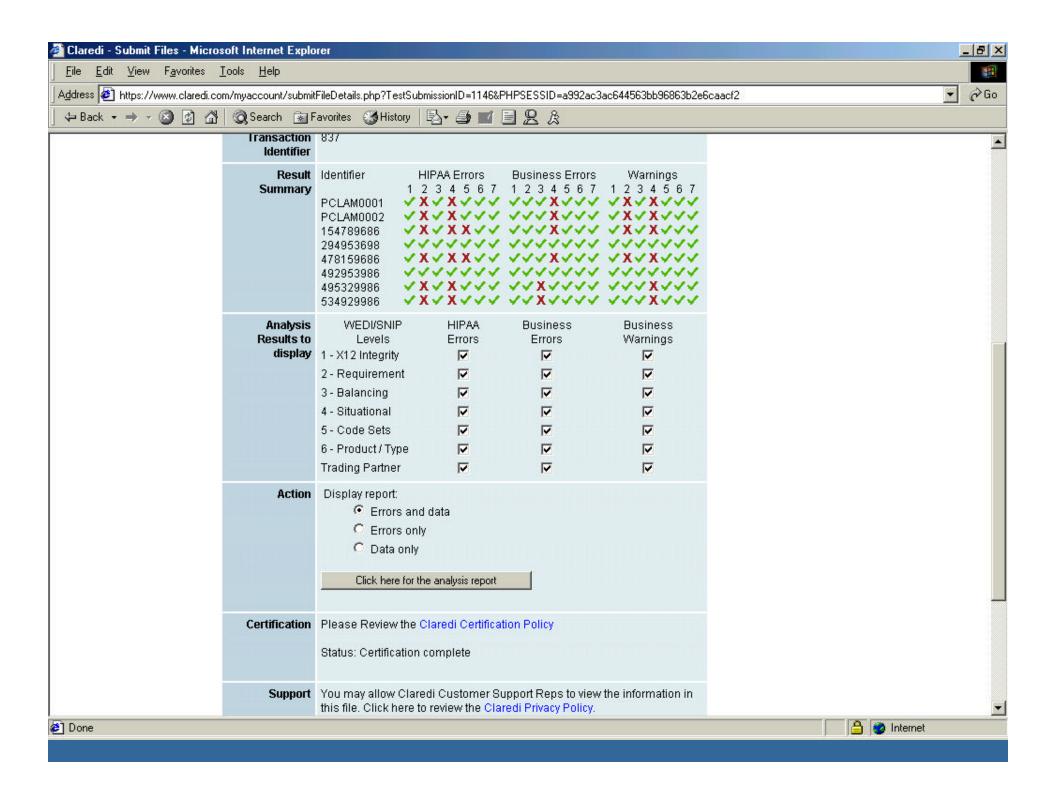




The "Blanket Approval" myth

(Is testing of the vendor/clearinghouse enough?)

- The issue is Provider Compliance
 - Provider's responsibility to be HIPAA compliant
- Each Provider is different
 - Different provider specialty ⇒ different requirements
 - Different software version ⇒ different data stream and contents
 - Different EDI format to clearinghouse ⇒ different content capabilities
 - Different provider site install ⇒ different customization
 - Different users ⇒ different use of code sets, different data captured, different practices, etc.
- Vendor's capabilities not the same as provider's
 - Vendor or clearinghouse has the aggregate capabilities of all its customers
 - The Provider does not have all of the clearinghouse or vendor capabilities





Medicare 837 Professional

- Type of claim
 - Simple claim
 - Anesthesia
 - Anesthesia with CRNA
 - Ambulance
 - Spinal manipulation
 - Inpatient professional services
 - Outpatient professional services
 - Laboratory
 - Etc. (also each Bill Type for Institutional claim!)
- Different data requirements



X098 Claim Place of Service: Office		Absent	Absent	Absent		Absent	Absent	Absent		Absent				Absent				Req	
X098 Claim Place of Service: Home X098 Claim Place of Service: Inpatient		Absent	Absent	Absent		Absent	Absent			Req	Absent			Absent		Absent	Absent	Absent	
Hospital .	Absent			Absent	Absent	Req	Absent			Absent		Absent		Req				Absent	Absent
X098 Claim Place of Service: Outpatie																			
Hospital X098 Claim Place of Service:	Absent			Absent		Absent	Req	Absent		Absent				Absent				Absent	Absent
Emergency Room - Hospital				Absent	Absent	Absent		Absent		Absent	Absent		Absent	Absent		Absent	Absent	Absent	Absent
X098 Claim Place of Service: Ambulatory Surgical Center				Absent		Absent	Absent	Absent		Absent			Absent	Absent	Absent			Absent	Absent
X098 Claim Place of Service: Birthing Center		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent		Absent	Absent	Absent		Absent	Absent	Absent	Absent
X098 Claim Place of Service: Military																			
Treatment Facility X098 Claim Place of Service: Skilled				Absent	Absent	Absent	Absent	Absent		Absent				Absent		Absent	Absent	Absent	Absent
Nursing Facility		Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent			Absent		Absent	Absent	Absent	
X098 Claim Place of Service: Nursing Facility		Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent			Absent		Absent	Absent	Absent	
X098 Claim Place of Service: Custodia	al	7.000111	7.200	7.1200.11	7.1200.11	7 1200111	7.000			7.1550111	7 1300111			7.200111		7.000.11	7.200.11	7.200.11	
Care Facility		Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent			Absent		Absent	Absent	Absent	
X098 Claim Place of Service: Hospice X098 Claim Place of Service: Adult	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req		Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent
Living Care Facility X098 Claim Place of Service:		Absent	Absent	Absent	Absent	Absent	Absent				Absent			Absent		Absent	Absent	Absent	
Ambulance - Land	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
X098 Claim Place of Service:																			
Ambulance - Air or Water X098 Claim Place of Service: Inpatient	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
Psychiatric Facility X098 Claim Place of Service:				Absent	Absent	Absent	Absent	Absent		Absent	Absent			Absent		Absent	Absent	Absent	Absent
Psychiatric Facility Partial Hosp.				Absent	Absent	Absent	Absent	Absent		Absent	Absent			Absent		Absent	Absent	Absent	Absent
X098 Claim Place of Service: Community Mental Health Center		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent
X098 Claim Place of Service: ICF/ Mentally Retarded		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Abcont			Absent		Abcont	Absent	Abcont	
X098 Claim Place of Service:		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent			Absent		Absent	ADSEIIL	Auseni	
Residential Substance Abuse Facilit X098 Claim Place of Service:		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent		Absent	Absent		Absent	Absent	Absent	
Psychiatric Residential Treat. Cntr X098 Claim Place of Service: Federall	v	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	
Qualified Health Center	,	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
X098 Claim Place of Service: Mass Immunization Center		Absent	Absent	Absent	Absent	Absent	Abcont	Absent		Abcopt	Abcopt	Absent	Abcopt	Abcopt	Abcopt	Abcopt	Abcopt	Abcont	Abcont
Mmunization Center X098 Claim Place of Service:		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
Comprehensive Inpatient Rehab.	Absent	Absent	Absent	Absent		Absent	Absent	Absent		Absent	Absent			Absent	Absent	Absent	Absent	Absent	Absent



Medicare 837 Professional

- Type of Payer
 - Medicare Primary
 - without COB
 - COB to Medicaid
 - COB to Medigap
 - COB to Commercial
 - Medicare Secondary
 - without further COB
 - COB to Medicaid
 - COB to Medigap
 - COB to Commercial
- Different data requirements



X098 Subscriber has claim	Req		Req			Req								
X098 Payer sequence: Primary claim	Req	Req	Req	Req	Absent									
X098 Payer sequence: Secondary claim	Absent	Absent	Absent	Absent	Req	Req	Req	Req	Absent	Req	Req	Absent	Req	Req
X098 Payer sequence: Payer of last resort	Absent	Req	Absent	Absent	Req	Absent	Absent							
X098 Insured Group number absent	Req													
X098 Claim filing indicator: Medicare secondary (MSP)	Absent	Absent	Absent	Absent	Req	Req	Req	Req	Absent	Absent	Absent	Absent	Absent	Absent
X098 Claim filing indicator: Other payer		Absent			Absent									
X098 Claim filing indicator: Blue Cross / Blue Shield		Absent		Absent	Absent									
X098 Claim filing indicator: Medicare primary	Req	Req	Req	Req	Absent									
X098 Claim filing indicator: Medicaid	Absent	Req	Absent	Absent	Req	Absent	Absent							
X098 Medicare Crossover Indicator: 4081 crossover	Absent	Absent	Absent	Absent					Req	Req		Req	Req	
X098 Medicare Crossover Indicator: Regular crossover	Absent	Absent	Absent	Absent							Req			Req
X098 Other Coverage: Primary	Absent	Absent	Absent	Absent	Req									
X098 Other Coverage: Secondary	Absent				Absent							Req	Req	Req
X098 Other Coverage: Payer of last resort	Absent				Absent				Absent			Absent		
X098 Other Insured Relationship: not Self	Absent													
X098 Other Insured Relationship: Self	Absent													
X098 Other Insured Group number	Absent													
X098 Other Insured Group name	Absent													
X098 Other Coverage filing indicator: Medicaid Ab		Req	Absent	Absent	Absent	Req	Absent	Absent	Absent			Absent		
X098 Other Coverage filing indicator: Medicare secondary (MSP)Absent			Absent	Req	Req	Req								
X098 Other Coverage filing indicator: Medicare primary	Absent	Req	Req	Req	Absent	Absent	Absent							
X098 Other Coverage filing indicator: Medigap	Absent	Absent	Req	Absent	Absent	Absent	Req	Absent	Absent	Absent		Absent	Absent	
X098 Other Coverage claim level Adjustment	Absent	Absent	Absent	Absent	Req									
X098 Other Payer prior payment amount	Absent	Absent	Absent	Absent					Req	Req	Req	Req	Req	Req
X098 Other Payer total Approved amount	Absent	Absent	Absent	Absent										
X098 Other Payer total Allowed amount	Absent	Absent	Absent	Absent	Req									



Certification of 837 Professional

- Additional Claim elements ("features")
 - Pay-to Provider
 - Representative Payee
 - Referring Provider
 - Purchased Service Provider
 - Patient Amount Paid
 - Prior Authorization
 - Etc.

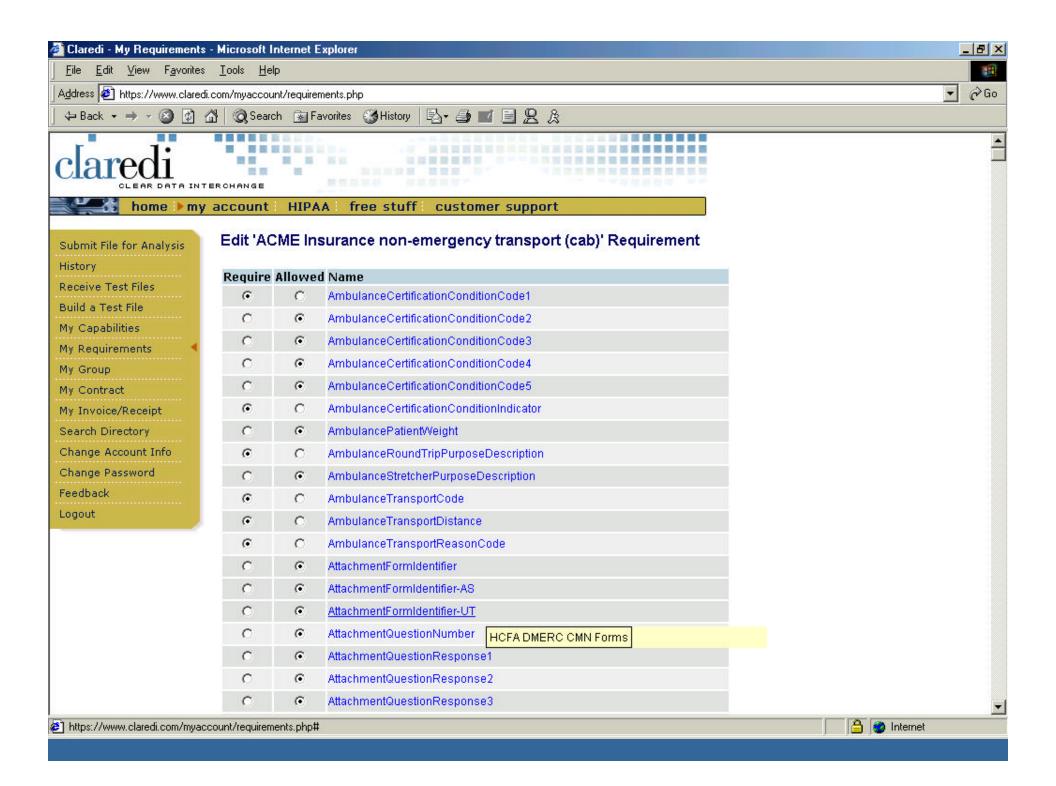
Certification of 837 Professional

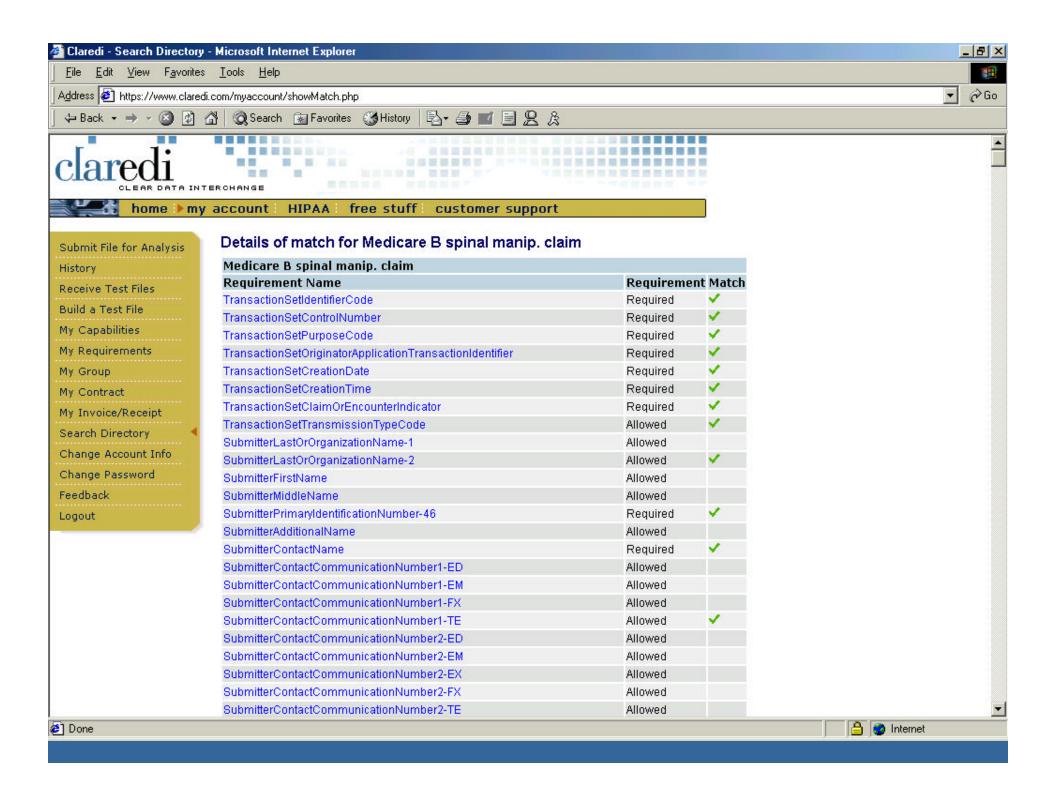
- Certifiable "capabilities"
 - Medicare type of claim
 - » Specialty, POS, other
 - Medicare payer
 - » Primary, MSP, COB
 - Additional claim "features"
 - » Claim level, service level, identifiers, COB, etc.
- Overwhelming number of possible permutations!
 - Example: 837 Medicare Professional: $33 \times 14 \times 20 = 9,240$
- Is it useful to certify "capabilities" and "features" by themselves instead of all the permutations?
 - Example: 837 Medicare Professional: 33 + 14 + 20 = 67
- Is it feasible to do otherwise?

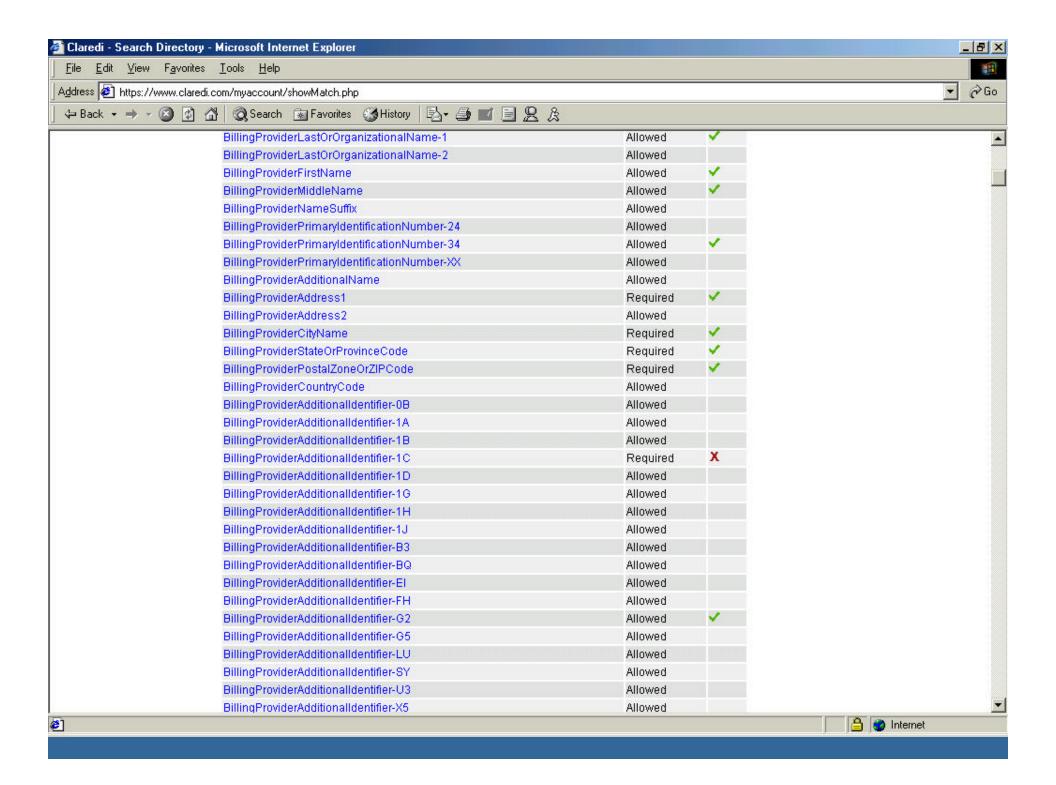


Trading Partner Specific

- Unavoidable under HIPAA
- Business Requirements
 - State Medicaid mandates
- How do we communicate to providers and vendors
 - Companion Documents
 - Human readable
 - Computerized verification of "match"
 - One-on-one "gap" analysis









New paradigm

- Testing for X12/HIPAA requirements
 - Satisfies my transaction needs
 - Unit testing. Testing by "modules"
- Certification of compliance
 - Satisfies the law
 - Detailed certified "capabilities"
- Test against transaction "subsets"
 - Enables interoperability. Business needs.
- Matching of capabilities and requirements
 - Satisfies my trading partner's and my needs



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