

DHS Business Decision

- Title:** Prepaid Health Plans (PHPs) – HIPAA format transition process
- Background:** By contract PHPs must submit Encounter Data on a monthly basis (see PHP contract, Section 5 Statement of Work, subsection Encounter Data number 2 and Exhibit D Encounter Data, subsection III).
HIPAA requirements require all electronic claims transactions to be in the 837 formats effective October 16, 2003.
- Decision:** DHS in collaboration with the PHPs elected to adopt the HIPAA Transaction and Code Sets standards for the submission of PHP encounter data. The PHP contracts were modified in 2003 to allow for dual processing of the current National Standard Format (NSF) (medical/dental), Universal Billing (UB)-92 (hospital) and the federal HIPAA standard of 837 Institutional (hospital), Professional (medical) and Dental. This modification did not affect the PHP's obligation to continually meet contract requirements for submission and correction of encounter data. Through collaborative meetings between DHS and the PHPs DHS has communicated that every PHP is required to have the ability to continue monthly submissions of, access to and correction of encounter claims that were submitted in the NSF/UB-92 formats. Claims submission as required by contract shall continue on a monthly basis during the PHP's transition from the current NSF/UB-92 formats to the HIPAA 837 standards. This requirement includes the resolution of all pended claims from the NSF/UB-92 system. If a PHP's software and/or computer system cannot support dual-processing systems (NSF/UB-92 and HIPAA 837) correction to all pended claims shall be completed before termination of the PHP's ability to access claims in the NSF/UB-92 formats. Any PHP unable to meet this requirement should communicate the situation to OMAP immediately.
- Effective Date:** June 1, 2003