

Weekly Trading Partner Communication 1/30/04

This week DHS would like to share the following information

- DHS Top 6 Business Priorities
- More 837 Professional Fee for Service Submitters in Production
- Companion Guide Updates
- 834 Transaction Update
- National Provider Identifier Rule

DHS Top 6 Business Priorities

After discussion with appropriate OMAP managers and the project team, Rick Howard, Health Financing Operations Manager, **finalized** the top 6 Business Priorities to move DHS towards HIPAA Compliance. The rationale and considerations are listed below.

- 1. Resolution to all Technical Issues that inhibit progress towards compliance**
The top business priority is to move all 800 Series Transactions (837, 835, 834, 820) to production by removing all known technical barriers. (Fee for Service has priority over Encounter).
- 2. Complete Crosswalk for the HIPAA Adjustment Reason Codes /Remark Codes**
With more Trading Partners in production, it is imperative that system edits are operational and able to create an accurate outbound 835 Transaction.
- 3. Completion of all Pilot Tests**
DHS needs more Trading Partner Pilots to test systems and move Trading Partners into production on all Transactions.
- 4. Medicare Cross-Over Claim Processing**
Because Medicare Agencies comply with CMS mandates, DHS must accommodate their timelines and constraints.
- 5. 835 Pharmacy Transactions for Electronic Submitters**
DHS is validating the FFS Pharmacy pilot test and creating a companion guide.
- 6. 834 Transaction – Encounter Weekly Test File**
DHS has worked on the 834 Enrollment Transaction for several months and is committed to providing this Test File to the Prepaid Health Plans.

More 837 Professional Fee for Service Submitters pass B2B and are in Production

MCPS
Rite Aid Pharmacy
Clackamas ESD
Union-Baker ESD
Chemewa Indian Health Center
Mid-Columbia Child and Family Center

Companion Guide and Manual Updates for January are located on the DHS Website:

http://www.dhs.state.or.us/admin/hipaa/testing_reg.html#guides

Title: COMPANION GUIDES

835 FFS and Encounter Companion Guides

837 FFS Professional and Institutional Companion Guides with Coordination of Benefits Instructions

Title: MANUALS

Mailbox Access and B2B Testing Manual, v.2.01

834 Transaction Update

DHS and the Contractors HIPAA Task Force Special Work Group identified locations for all data elements currently present in the Enrollment File. DHS will begin mapping new locations in the 834 Transaction. The final crosswalk will be available to Contractors at the February HIPAA Task Force meeting.

A reminder to Fee for Service providers/submitters:

If you currently receive a paper RA, but checked the 835 Remittance Advice Transaction in Exhibit B of the TPA, DHS will only supply a paper RA until 12/31/04. DHS will discontinue paper RAs on 1/05. Reminder to all Trading Partners: Please make changes to your TPA whenever appropriate through the Registration team.

National Provider Identifier Rule

CMS announced the adoption of the **National Provider Identifier (NPI)** as the standard unique health identifier for health care providers to use in filing and processing electronic health care claims when HIPAA transactions require provider identification. The standard unique health identifier is mandated by HIPAA. See the CMS Press Release at:

<http://www.cms.hhs.gov/media/press/release.asp?Counter=946>

- All health care providers must obtain a NPI. Non-covered providers may obtain NPIs.
- The NPI number will be issued through the National Provider System developed by CMS.
- Individuals who provide health care will receive one NPI for life.
- Health care providers who are organizations made up of components or separate physical locations must decide how many NPIs are necessary for their organization.
- The NPI replaces all legacy identifiers currently used (e.g. OMAP Prime, UPIN, etc.).
- Covered entities will use only the NPI to identify providers in all standard transactions.

Compliance Dates for Covered Entities:

Health Care Provider:	May 23, 2007
Health Plan:	May 23, 2007
Small Health Plan Compliance:	May 23, 2008
Health Care Clearinghouses:	May 23, 2007
Applications accepted:	No earlier that May 23, 2005

The National Provider System (NPS) under a CMS contract will process the applications and updates, ensure the uniqueness of the provider and generate the NPIs. NPS will accept applications after the effective date of the final rule, which is May 23, 2005. Health Care providers may begin applying for NPIs on that date. The form can be submitted on paper or over the Internet. Due to the initial extremely heavy workload, non-covered entities should wait at least 1-2 years after the effective date before applying. CMS will provide information relating to the NPI, including the application process and the availability of the NPI application forms closer to the effective date.

NPI Format Technical Specification:

- 10-digit numeric consisting of 9 significant digits and 1 check digit in the tenth position
- No embedded information about the provider that it identifies
- At the current rate of provider growth, NPIs will be available for 200 years