

Oregon DHS
Weekly Trading Partner Communication
December 3, 2003

This week DHS would like to share the following information

- **Transition Process Issues To Think About!**
- **834 Transaction Input Needed – Prepaid Health Plans (PHP)**
- **“Good Faith” Efforts - Compliance Action Plan Status**

1. Transition Process Issues To Think About!

As you complete your Third Party and Business to Business testing, it will be important for you to consider how you want to receive the 835 transactions. Will a vendor or your clearinghouse receive the 835 transactions on your behalf and send it to you? Or will you receive the 835 transactions in your mailbox and retrieve it yourself?

DHS has agreed to continue sending the remittance advice, depending on your designation, on paper or electronically in the current non-HIPAA format for a period of two months after you transition to production so that you can verify and validate that your production claims are being processed accurately. While making the remittance advice available to your organization in either paper or electronically in non-HIPAA compliant formats makes sense for a short period of time, DHS intends to move away from this practice and comply with the true intent of HIPAA that support the standardization of Electronic Data Interchange.

If you have question about the 835 transaction contact:

EDI Testing Team Phone: 503-947-5347

HIPAA Testing and Questions Email: dhs.hipaatesting@state.or.us.

2. 834 Transaction Input Needed – Prepaid Health Plans (PHP)

A Crosswalk comparing the current OMAP Enrollment file to the 834 Enrollment File has been created and DHS needs your input.

The list below identifies 7 data elements that you receive now in the OMAP Enrollment File but are **Not** in the 834 Transaction:

1. Oregon Medicaid Number of Guarantor/ Case Head (you receive individual Prime number)
2. Patient Newborn Enrollment Flag
3. OMAP Performing Provider Number (not applicable)
4. Third Party Insurance ID (Client Medicare Number)

5. OHP Medical Plan ID = PHP
6. OHP Dental Plan ID = PHP
7. OHP Mental Health Plan ID = PHP

A PHP requested the addition of item number 2: Patient Newborn Enrollment Flag. The HD04 segment is 50 bytes long. DHS wants your input in deciding how to define the 50 available bytes. Based on the data list above, OMAP recommends consensus from all Plans to make one change to the HD04 Segment: Add the Newborn Flag in Position 1. Values are:

Y = Enrolled retroactively as a newborn this month.

N = Enrolled retroactively as a newborn not this month, but in a prior month

A = Not applicable

Please review the crosswalk analysis attached. The non-matched data elements do not appear to be crucial to enrollment issues. DHS would like to create the 834 Weekly Test Files with the final data elements **as soon as possible**. If you agree with our recommendation, contact your Encounter Data Coordinator and give your input to either go ahead and add the Newborn Flag to the HD04 Segment or make another recommendation. DHS must make a decision soon. This is your chance to participate in the decision. Please contact your Encounter Data Coordinator by the Close of Business this **Friday, December 5, 2003**.

The results of your input and final decision will be communicated in the December 12, weekly message.

If you have questions about the crosswalk, please contact: Nancy L. Buck, HIPAA Coordinator at (503) 945-6797

3. "Good Faith" Efforts and Compliance Action Plan Status

As stated in previous weekly messages, DHS is aggressively pursuing HIPAA compliance. Now that the October 16, 2003, compliance date has passed, it is important that we are all working together toward compliance through a collaborative process. DHS recently sent a letter to providers reminding them of the importance of demonstrating "Good Faith" effort. For those that have not already submitted a signed trading partner agreement (TPA), DHS is also requesting that they complete the Compliance Action Plan (CAP) to identify their individual compliance plan by December 15, 2003. (These documents are included as attachments.)

If you have questions please contact about your status with DHS as and EDI Trading Partner or the Completion of the Compliance Action Plan, please contact the registration team at 503-947-5347. Also, if you have problems opening the attached documents please call Charlotte Davidson at 503-947-1182.



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

Health Services

Office of Medical Assistance Programs

500 Summer Street NE, E-44

Salem, OR 97301-1079

Voice (503) 945-5772

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November 21, 2003

To: Non-registered Electronic Submitters

From: Rick Howard, Manager
OMAP Health Financing Operations

Re: HIPAA Good Faith Compliance Action Plan

Deadline: December 15, 2003

Your office is receiving this letter because our records show you have submitted electronic claims to OMAP within the past year but have not registered as a Trading Partner with the Department of Human Services (DHS). Failure to respond to this notice by December 15, 2003, may cause your electronic transmissions to be rejected.

DHS will not accept electronic media claims in the National Standard Format (NSF) or Universal Billing (UB) 92 formats after December 15, 2003, **unless** the provider has completed a Trading Partner Agreement (TPA) and has completed registration as an Electronic Data Interchange (EDI) submitter as defined in OAR 410-001-0100. EDI packets are available at http://www.dhs.state.or.us/admin/hipaa/e-business/edi_packet.pdf.

OMAP requires the attached Compliance Action Plan (CAP) to be completed as an indication of a provider's intent to continue to submit claims electronically and to comply with HIPAA requirements. Send completed CAPs to the address indicated on the form. If you do not respond to this request by December 15, 2003, DHS will assume that you do not plan to submit HIPAA compliant electronic transactions and that further submission of claims for payment will be on paper.

Need Assistance?

If you require assistance completing the DHS Trading Partner Agreement or have questions regarding this letter, please email us at DHS.HIPAA TESTING@state.or.us, or call DHS HIPAA Testing at (503) 947-5347.

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HIPAA Compliance Action Plan



Instructions: This form must be completed and mailed or faxed to, and received by, the Department of Human Services (DHS) no later than December 15, 2003. Check one in each section and include a date where requested.

Provider Name _____ OMAP Provider Number _____

- 1) Claims are currently submitted electronically by one of the following means:
 - _____ In-house software application to the OMAP Bulletin Board
 - _____ Clearinghouse
 - _____ Other (specify) _____

- 2) To comply with HIPAA Transaction and Code Sets standard, you plan to use the following process (select one):
 - _____ Begin submitting paper (non-electronic) claims to DHS by _____
Date
 - _____ Upgrade the software application currently in use by _____
Date
 - _____ Change to a clearinghouse by _____
Date

- 3) To bill DHS electronically you must complete a Trading Partner Agreement (TPA) and answer all of the questions on this Compliance Action Plan.
 - _____ A TPA was sent previously on _____
Date
 - _____ No TPA will be submitted or testing completed since billing will be done on paper beginning on _____
Date (as noted above)
 - _____ TPA will be faxed to DHS by _____
Date

You can retrieve the TPA document from DHS web site at:

http://www.dhs.state.or.us/admin/hipaa/elec_business.html - packets

Select "doing business with DHS electronically", then "EDI packet."

(Continued next page)

HIPAA Compliance Action Plan



- 4) The anticipated date to begin Third Party Testing on DHS EDIFECS site is

Date

- 5) The anticipated date to begin Business to Business testing with DHS is

Date

Please include your name, title and e-mail address (as applicable) after completing sections 1-5 on this form.

Name

Title

E-mail address

Fax or send this Compliance Action Plan to DHS at:

Department of Human Services
Office of Medical Assistance Programs
500 Summer St. NE, E-44
Salem, Oregon 97301-1079
Attn: Patricia Krewson, Manager TEDS

Fax number: 503-947-5359

If you have any questions, please call DHS HIPAA Help at 503-947-5347 or e-mail DHS at DHSHIPAAtesting@state.or.us.

834 to Enrollment File Crosswalk

	Enrollment File	Sybase Name	Position	Length	HD04 Element	Position	Position in 834	Match
1	Program Eligibility Code	CODE-PROG_ELIG	1	2	Program Eligibility Codes	44-45		Match
2	DHR Branch Office	CODE-BR-OFF	3	4	Legand Branch Office Code	26-29		Match
3	Patient Oregon Medicaid Number	NMBR-PER-PRIM-ID	7	8			Loop 2000 FEF02	No Match
4	Guarantor / Case Reporting Head Name	NAME-CASE-PRIM-RECIP	3	5				No Match
5	Guarantor/Patient Address Street	ADDR-MAIL-RECIP-1ST-LINE	40	25			Loop 2100C N301	No Match
6	Guarantor/Patient Address City	ADDR-MAIL-RECIP-CITY	65	13			Loop 2100C N401	No Match
7	Guarantor/Patient Address State	ADDR-MAIL-RECIP-ST	78	2			Loop 2100C N402	No Match
8	Guarantor/Patient Address County	CODE-CNTY-FIPS-RES	80	3	Residence FIPS	30-32		Match
9	Guarantor/Patient Address Zip (1st 5)	ADDR-MAIL-RECIP-ZIP	83	5			Loop 2100C N403	No Match
10	Patient Name	NAME-CASE-PRIM-RECIP	88	25			Loop 2100A NM103,NM104	No Match
11	Patient Gender	CODE-SEX	113	1			Loop 2100A DMG03	No Match
12	Patient Birth date - CCYYMMDD	DATE-BRTH	114	8			Loop 2100A DMG02	No Match
13	Capitation Amount Paid for Period - Format 5.2 (implied decimal in field)	AMT-ORIG-ADJUST	122	7	Orginal Adjustment Amount	2-9		Match
14	Billing Provider Identification Number	NMBR-ID-PROV-BILL	129	6			REF02	No Match
15	Eligibility Begin Date - CCYYMMDD (current month)	DATE-COV-PHP-BEG	135	8			Loop 2000 DTP03 (DTP02=356)	No Match
16	Eligibility End Date - CCYYMMDD (current month)	DATE-COV-PHP-END	143	8			Loop 2000 DTP03 (DTP02=357)	No Match
17	DHS Worker ID	CODE-WKR-ID	151	3	Worker ID Code	33-35		Match
18	Guarantor / Oregon Head Case ID Composed of ID Number (A7) plus Suffix (A3) AFS, CSD, SSD	CODE-DIV-DHS	154	7	DHS Division Code	36-38		Match
19	Oregon Medicaid Number of Guarantor / Case Head	NMBR-PRIM-PRIM-CASE	161	3				No Match
20	Prepaid Health Plan Identification Number (MCHD Dental = D010; MCHD Medical = H052 or H163 and others)	NMBR-ID-PHP	164	8			Loop 2000 REF02	No Match
21	Guarantor/Patient Zip Code Last 4 digits	ADDR-MAIL-RECIP-ZIP-SUF	176	4			Loop 2100C N403	No Match
22	Patient Race (See Race Table)	CODE-RACE	180	1			Loop 2100A DMG05	No Match
23	Patient Social Security Number (SSN)	NMBR-SSN-RECIP	181	9			Loop 2100A NM109	No Match
24	Guarantor/Patient Telephone Number	NMBR-TELE-RECIP	190	7			Loop 2100A PER04	No Match
25	Guarantor/Patient Telephone Number Area Code	NMBR-TELE-AREA-RECIP	197	3			Loop 2100A PER04	No Match
26	Patient Newborn Enrollment Flag	FLAG-ENRL-PHP-INIT-NEWB	200	1				No Match
27	Patient EDD (Estimated Delivery) Date - CCYYMMDD	DATE-DELV-EXP	201	8	Expected Child Birth Delivery Date	18-25		Match
28	Enrollment Termination Reason	CODE-REAS-TERM-ENRL	209	2			Loop 2000 INS04	No Match
29	Health Plan Service Level	CODE-LVL-SVC-PHP	211	1	PHP Service Codes	39		Match
30	Health Plan Service Level Reason	CODE-REAS-LVL-SVC-PHP	212	3	PHP Serice Level Reason Code	46-48		Match
31	Process Code: O=Ongoing C=Closed N=New	CODE-STAT-RPT-PHP	215	1			Loop 2000 INS03	No Match
	Enrollment File	Sybase Name	Position	Length	HD04 Element	Position	Position in 834	Match
32	Guarantor/Patient Language (See table)	CODE-LANG-SPK	216	2			Loop 2100 LUI02	No Match

834 to Enrollment File Crosswalk

33	OMAP Performing Provider Number	NMBR-ID-PROV-PER	218	6				No Match
34	OMAP Program Eligibility Reporting Code (PERC) Capitation Group	CODE-RPT-ELIG-PROG	224	2	Program Eligibility Reporting Codes	49-50		Match
35	PHP Contract Group	CODE-GRP-REQR-PHP-1CHAR	226	1	Legand PHP Contract	40		Match
36	Previous Enrollment End Date - YYYYMM	DATE-END-PREV-ENRL-PHP	227	6	Enrollment Previous End Date	10-15		Match
37	Third Party Insurance ID (Client Medicare Number)	NMBR-CLM-SSA	233	12				No Match
38	Third Party Insurance Type (Medicare)	CODE-TYPE-COV-INS-HLTH	245	3			Loop 200 INS 06	No Match
39	Medical Services Benefit Package Code	CODE-PKG-BEN-MEDL	248	3	Legand Medical Benefits	41-43		Match
40	Amt Over/Under Adjustment - Format 5.2	AMT-ORIG-ADJUST	251	7	Adjustment Amount	2		Match
41	OHP Medical Plan ID	NMBR-ID-PHP-OMP-MEDL	258	4				No Match
42	OHP Dental Plan ID	NMBR-ID-PHP-OHP-DENT	262	4				No Match
43	OHP Mental Health Plan ID	NMBR-ID-PHP-OHP-MH	266	4				No Match
44	OHP Alternate Print Format	CODE-NOTE-FRMT-PRNT-IREG	274	2	Alternate Format	16-17		Match
Non-Matched Fields:								
	Enrollment File	Sybase Name	Position	Length	HD04 Element	Position	Position in 834	Match
19	Oregon Medicaid Number of Guarantor / Case Head	NMBR-PRIM-PRIM-CASE	161	3				No Match
26	Patient Newborn Enrollment Flag	FLAG-ENRL-PHP-INIT-NEWB	200	1				No Match
33	OMAP Performing Provider Number	NMBR-ID-PROV-PER	218	6				No Match
37	Third Party Insurance ID (Client Medicare Number)	NMBR-CLM-SSA	233	12				No Match
41	OHP Medical Plan ID	NMBR-ID-PHP-OMP-MEDL	258	4				No Match
42	OHP Dental Plan ID	NMBR-ID-PHP-OHP-DENT	262	4				No Match
43	OHP Mental Health Plan ID	NMBR-ID-PHP-OHP-MH	266	4				No Match
	Shaded Cells represent data returned in 834 Transaction (with location)							