



The HIPAA Monthly newsletter will be posted to the web by the end of the week and you should receive a eSubscribe notice. There was a question about how long system will go back for eligibility inquiry. The answer is 365 days from date of inquiry. If it's older than a year call provider services or your Encounter Data Liaison. There was also a question about the 834 and how it's broken into 10,000 INS Segments (Members). *Who explained Del, Janet Meyer* was explained that was the way the IG states it's use. *Who explained Del, Janet Meyer* was explained that was normal and that's the way they'll be broken down. *Who recommended? Implementation Guide* That's been the recommendation and you can go above that, but it's not recommended. (reference pg 43 INS Loop 2000 note #2).

Pat VanDyke shared the latest information from the X-12 meeting and how they added additional codes, such as the diagnosis code being broken into 3 codes.

Agenda Item	Business Update
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It was decided that the last 2 bytes of the HD04 were going to be used for Medicaid Eligibility in the 834 HD04 Segments and the crosswalk is out on the website and will be updated shortly. This will go through systems request but it's not implemented yet. Business will keep group updated on any progress.
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In response to a question raised at last months meeting Patricia confirmed in the 837, the maximum units are 9,999.9 not 999.9. This will go through systems request but it's not implemented yet. Business will keep group updated on this.

### **PHP Report**

William Johnson walked us through updates to testing or production status on the PHP Report Handout for plans active since the last meeting. There was a more current version handed out at the meeting then what was originally emailed out to the group.

### **HIPAA Outreach**

We have 25 vendors registered for the vendor fair as of 6/15/05. The Vendor Fair is being held on July 13 from 10:00 am-4:00 pm at the Oregon State Fairgrounds Cascade Hall. It is open to anyone. The target audience all OMAP providers both fee-for-service and managed care. There was discussion about the bulletin board being shut down on June 30. The biggest concern for the small providers is the cost issue, so they will be looking into low cost options. A Good Faith Memo went out to anyone still using the bulletin board. Any providers who are still using it has until June 30 to either call in their concerns, or must be testing. OMAP is meeting to redesign HIPAA web page to make it more user friendly. HIPAA Project Office is going to be changed to just HIPAA Office since the project office will be going away at the end of the year. Maria will bring a website sample to the meeting next month for everyone to see.

### **Other Items of Discussion**

The HIPAA Project Office is going to formally expire on 12/31/05. Everyone will be expected to transition over to the 837 format, and the question is what do we want to do with this group after the transition. One suggestion was that with MMIS and maintenance, we should still meet bimonthly or quarterly so that the group gets their needs met. Will add the following items to next months agenda.

- Discussion over the NPI being implemented in May 2007, but the new MMIS will not be completely implemented until October 2007.
- Also it was announced that the Provider ID will support the Plan ID.
- Additional agenda items add Senate Bill 10 57 to agenda and an update on any other legislative bills.
- Email Randy Canoy to invite to HIPAA Taskforce meetings so he can give timelines and give plans a chance to get involved in the new MMIS system. Review HIPAA Taskforce Charter after it has been determined how long Meeting will continue in 2006.

End of Meeting