

HIPAA TASK FORCE
Managed Care Contractors
June 16, 2004

Attendees: Maria Ahrendt, OMAP; Karen Assink, Verity (teleconference); Nancy Buck, DHS HPO; Jarred Clark, DHS OIS; Pam Davis, DHS HPO; Valarie Davis, ABHA; Lillian Duda-Rivera, Tuality Health; Kathy Gilleese, MPCHP, Mid-Valley BCN, Lane Care; Kraig Goodland, Providence; Denise Gould, MPCHP (teleconference); Steven Gray, Family Care; Bill Guest, CCC; Rick Howard, DHS; Herb Kaaihue, CareOregon; Patricia Krewson, DHS TEDS Unit Manager; Margaret LaFaive, Verity (teleconference); Bill Murray, DOCS; Trish Neiworth, DHS; Nola Nelson, JBH; Maggie Ricks, OHMS; Patricia Roller, OMHAS; Lynne Shoemaker, CareOregon (teleconference); Dayna Steringer, Providence Health Plan; Del Texley, LIPA; Pat VanDyke, ODS; Vickie Tuttle, NW Dental; Rebecca Wood, IHN
Chairperson: Pat VanDyke
Scribe: Becky Unger

<p>NEXT MEETING July 14 8:30-10:00 AM Human Services Bldg. Rm. 473 Salem, OR</p>

Agenda Item	Introductions All
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Agenda Item	Minutes of April Meeting: Review/Approval All
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Discussion on minutes of the May meeting. There was only one correction. On page 3 change transaction-to-transition to transaction-to-transaction. The minutes were then approved with correction.

Agenda Item	Technical Update (OMAP/OIS)
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Pam Davis provided the Technical Update to the group. The large file fixes are on target and are two weeks ahead of plan. JAD sessions are being planned. DHS will have dates to present to the group at next Task Force meeting. DHS is still identifying the groups of people that will be participating in JAD sessions.

There was discussion about having NCPDP as a JAD session or just discussing it in the meeting. Rick Howard presented his information on NCPDP versus 835. The group agreed no JAD session is needed for NCPDP after Rick presented his information. This will be put in a DHS Business Decision form and posted on the web under Business Decisions. DHS will test one FCHP at a time beginning with LIPA as the pilot around July 1, 2004. Family Care, IHN and Tuality indicated they are ready to test with DHS. Patricia Krewson, OMAP/TEDS Unit Manager, indicated she would work with each

FCHP to establish a testing schedule. *Though OMAP would like to set firm dates for usage of this standard, they agreed to work with plans to become compliant if the dates that OMAP desires are not possible for the plan.*

There are problems with the Encounter 837 P and I pilot and the 837 Dental Encounter in B2B. *Family Care had expressed a concern that the progress form statement of 10 days did not match the reality of the delays that are taking place. OMAP will review this document.* Task Force members requested an update at the next meeting.

Agenda Item DHS HIPAA Project Organization Chart

Rick Howard provided a handout and discussed the flow of information within DHS.

Issues and Concerns:

835/837 Status report

Pat Van Dyke received a question from Janet Meyer, Family Care, requesting an update to the 837/835 Status Report on the web. DHS will review and update, clarifying the 10 day definition.

Question/Problem Resolution Communication

Other members expressed concerns about slow turnaround in response to questions. Del Texley, LIPA, indicated he received a reasonable response to his Pilot file results. *Initial response to a question/concern should be within 48 hours. That response may only be the recognition that the question was received.* Rick Howard asked the group to call him (503 945-5926), if more than a week to 10 days goes by without any response from DHS. Rick reported to the group that he received kudos from WebMD regarding timely responses from DHS. *Pat requested that the plan submitting the question/problem be able to call the person working on the issue for status update if they have not heard back from the person working the problem within the assigned timeframe. Rick expressed that that would be appropriate provided the Plan limited the followup call to the specific question. All new questions need to be logged through HIPAATESTing. The group agreed to Rick's request.* Pam Davis clarified the DHS response could indicate the status, but not the resolution to the issue. Plans should direct new issues/questions through the DHS.HIPAATESTING@state.or.us site.

Agenda Item 834 Transaction-Final Decisions Capitation and Adjustment

Pat Van Dyke reported email responses from Ray Wingert, Deschutes CDO and Nola Nelson, JBH. They requested DHS to return the Capitation and Adjustment amounts in the 834 Transaction. Nola indicated no problems balancing the Enrollment and Capitation amounts for her Plan.

DHS with the help of PHP members mapped all data elements returned in the current Enrollment file to the 834 Transaction, with the exception of one data element: Performing Provider number. Pat Van Dyke *verified that in previous discussions, that PHPs indicated that they do not use, or do not need*, this data element. The group then voted unanimously to accept the 834 Crosswalk. DHS will prepare a Business Decision document and post on the web.

Bill Murray asked DHS to research the Rate Group Code being returned in the 820 Capitation Transaction. Del Texley indicated the 820 Transaction was not designed for Capitation and there is no valid data field for the Rate Group Code.

Bill Murray readdressed PHP concerns regarding balancing between the Enrollment File and Capitation file. The group discussed reasons for out-of-balance scenarios. Plans who experience member enrollment changes are the ones most affected. Bill will send Nancy Buck samples of out-of-balance claims. Bill asked DHS to review the sequencing and timing of the Enrollment and Capitation calculations in MMIS. If a different calculation date would synchronize the out-of-balance numbers between the two files, Bill requests that DHS adjust their timing. Rick Howard stated predicting future capitation payments at the beginning of the month have always caused problems for PHPs. He said he proposed a prospective timing of capitation payments some years ago, which would reflect payments for actual members enrolled during the month, but the PHPs did not accept this recommendation. Jarred Clark will set up a meeting to research the MMIS sequencing and timing question and prepare an answer for the group by the next Task Force meeting.

Rick Howard told the group that OMAP will announce the automation of adjustments for members moving due to Standard and Plus benefit packages.

The group discussed current procedures, i.e., paper, telephone, fax and email notices to Plans regarding enrollment and retro-enrollment adjustments. *These adjustments also affect the Premium file.* Rick shall confirm with Joyce Riggi, DSU Manager, that DHS will automate all manual adjustments.

Pat Van Dyke reported on topics discussed at the X12 Codes/Code Set meeting she attending in May.

- Adjustment Reason Codes/Remark Codes
- D Codes 16-20 approved
- ER changes to 4010A revisions to IG in 3.5 years. Federal changes occur 1/year
- IG - 2yr scheduled for changes. Skipping 4050/4060, going to 5010
- 835 Release – adjustments to payment service or claim level/not both
- NPI

Topics for the July HIPAA Task Force Meeting:

1. Update on the timing of the enrollment and capitation calculations
2. Update on automation of manual enrollment/Disenrollment adjustments
3. Pat Van Dyke's Transaction update forms
4. NCPDP formalized dates for testing and Pilot update
5. Small providers - coordination of activities for their legacy systems

Meeting adjourned