



issues. If none arise, OMAP Business takes responsibility for the maintenance of the Transaction. If programming issues arise, then the HIPAA Project Office (HPO) works closely with OMAP Business to assess all internal programming. If issues arise from a different PHP, the HPO will work with Business to resolve those issues. In some cases the OIS Maintenance Group will work on MMIS issues. DHS will not conduct any more pilots on this Transaction. The OMAP EDI Team will determine Production status for the PHPs. Family Care reported they are ready to test.

**837 Institutional:** The HPO used the LIPA pilot file received in May 2004. HPO worked on some bugs last week and are program unit-testing the fixes. Errors in the original file were in the outbound 835. Fixes were made this week and we have run all work on the 835, and it looks good. We're evaluating claim data results vs. Production data and results, which should be completed and to Patricia by the end of this week. The HPO is ahead of schedule for completion in November. Patricia agreed to move the Encounter 837I to B2B testing in about 1-2 weeks. There were questions about test files containing adjustments or original claims. Del confirmed the Pilot contained original claims, 50 professional and 50 institutional. Encounter 837 Pilot tests have not addressed corrections. Nancy indicated the DHS policy for legacy claims was to test original claims plus at least one delete and one adjustment claim to demonstrate the PHP's ability to correctly process the three claim types in production mode. *Future Agenda Item:* OMAP Business, Patricia Krewson, will consider this issue and make a **Business Decision**. She will bring the Decision to the next meeting.

**837 Dental:** NW Dental pilot was successful, but DHS had not completed programming for the PTN. Now that the PTN programming is complete, the HPO ran the pilot again. Results were the same. NW Dental is testing B2B and Marie reported they picked up the 835 in their Mailbox.

**835:** Issues already discussed above. PTN issues have been corrected and verified in the pilot file. The HPO is working on those results and truncating Revenue Center Codes. Question: Will DHS post a FFS Error crosswalk on the web? OCHIN is in production and rely on paper for denials/pends and thought it would be helpful. Answer from Patricia Krewson: No, we considered it, but we don't have one. Patricia will consider it, but she stated that eventually non-HIPAA Compliant codes would all go away anyway. OMAP will receive input from the HPO this week regarding updates for the 835 Companion Guide.

**820:** The Final Business Requirements and Crosswalk from the External 820 JAD session were approved. The HPO is working on the schedule and is in the general design phase. The group asked where the additional codes would be located. Del indicated the HPO identified the location in line 8 on the 820 Crosswalk (handout).

**834:** Patricia's EDI team identified data from the August 26, 2004, legacy enrollment file. All PHPs will receive an 834 weekly test file. The HPO is executing the weekly test files now and will verify our work before they are released to the PHP Mailboxes. As

soon as Patricia reviews and releases the test files, we will notify you of the date to pick up your 834. When we're satisfied with weekly, we'll move to the 834 monthly files. 834 Companion guide updates are being reviewed internally. They should be ready by 9/17 or 9/20. OMAP is trying to get 837 Companion Guides done this week. DHS will not identify retro-eligibility, R/T Codes, in the 834 Transaction because the R/T Codes are not stable in the legacy MMIS system. The August 26 enrollment test files do not contain any R or T Codes.

**R & T Codes: Bruce Garrett update**

The purpose of the R & T codes in the MMIS system was to automate (electronically process) mid-month manual retro-enrollment/disenrollment of PHP members. Currently the R/T codes are not matching up. The design is to place the claim in a history file. When a retro-enrollment occurs, the system should go to history, get the information pertaining to the paid claim, create a new record and make an adjustment by assigning a negative paid amount. Two issues exist now: 1) Ineligible on date of service came in under one division which is now a different unit. This issue has been addressed and will be implemented. 2) The second issue is when we pull history; we get the wrong PERC code, PHP letter and price. The analyst has solved the PERC Code issue, which should be implemented on 9/17 or 9/24. The duplicate error problem, wrong dollar amount, has not been addressed yet. This is a number one issue following the NCPDP Response File errors. Bruce reported this is looking good, and they are making progress. OIS brought in two high level contractors to address a couple of these issues. He stated that 30-40% of this issue should be resolved by mid-October.

1. Ineligible on date of service - Correction is implemented
2. Wrong PERC code - Correction is implemented.

Other issues:

1. A Suspected Dup error (507) is being assigned to many mid -month cap claim adjustments. - Correction implements this weekend.
2. The 1-CHAR field on the enrollee data record for mid-month adjustments was incorrect. - Correction is implemented.
3. Only 11 fields on the enrollee data file for R and T transactions are populated. This was done per original requirements. Plans now request that all fields in the format be populated. Several of the fields are not available in the current process. New files and processes will have to be added, approx. 3 - 4 weeks work.

**R & T Codes:** Thuy Nguyen, Enrollment Disenrollment Work Group representative, agreed to take questions from the Task Force to her work group. Will OMAP go back to a manual process (email/paper) while the R & T Codes are not working? DSU has an electronic copy of the excel spreadsheet sent to PHPs. PHPs should contact their PHP coordinator if they want an electronic copy. IHN noted they have not received any changes, paper or electronic. This affects Standard Benefit/Plus Hospital patients. If DSU makes an announcement at the Contractor meeting, Thuy will call Nancy Buck to give her an update.

**270/271:** The HPO held an internal and external JAD session on September 8, 2004. External JAD session participants identified final Business Requirements. The HPO will try to mail the Draft Final JAD Documents to the participants for their review by 9/17/04. Task Force Participants reported they thought the JAD Session went well. Natalie reported the HPO is trying to do our best to get the documents finalized and approved so that we can get general design going. This Transaction is on schedule. The HPO is preparing a proof of concept paper for Real Time Transactions. We're looking at new technology and internal software rules to see what will work in the development phase.

**276-277:** The HPO held the first internal JAD session for OMAP and DHS units on September 20, 2004. This JAD Session will follow the same format as previous JAD Sessions. HPO presented Claim Status questions to OMAP and DHS Business representatives. Business responses/decisions from that Session will be presented at the September 30, 2004 external JAD session. An analyst has been assigned to this Transaction. To get up to speed, he is reviewing the MMIS system and Implementation Guides. The HPO requested PHP names of who would attend this JAD Session. The group discussed teleconferencing into the Session. PHPs can teleconference in, if requested, but they would not be able to see what information is written on the board, and the level of sound and other disturbances is often distracting. The September 30th 1 pm – 5 pm JAD session is scheduled in HSB-166. PHPs identified to attend this session are: JBH, LIPA, Clackamas County Mental Health, MPCHP and CareOregon. Cascade Comp will consider teleconferencing.

**278:** No JADs are planned for this Transaction. Natalie had nothing to report at this time.

**NCPDP:** Patricia Krewson.

Testing and Production for the LIPA pilot is complete. Five PHPs are in Production Mode (added Family Care). The Transaction Form was updated to reflect a new testing schedule. DHS has a problem with the NCPDP response file. It is giving erroneous information and is being worked on as a number one priority. We should have results next week. LIPA's production corrections were successful, but the response file is incorrect.

End of Transaction Updates

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Natalie asked for feedback on the Transaction Form updates and reporting process. The group stated they thought Natalie's information and the Transaction forms were very helpful and they requested future updates at each Task Force meeting (HPO to bring handouts). The HPO will email the updated Transaction forms along with the agenda and handouts to the Task Force members a week before the meeting.

Discussion re: 820 JAD final Business Requirements: Nancy indicated she called each JAD Participant to get their response and comments on the Final Business Requirement Document. PHP JAD Participants did not have any objections and Patricia Krewson signed the Final Business Requirement document on September 1, 2004. Pat

requested that everyone take the time to read the documents and give any feedback to Pat Van Dyke or Nancy Buck.

**NPI discussion.** Jarred Clark verified this issue is out of the scope of work for the HPO and no discussions have occurred at DHS regarding system changes. DHS will award a contract for the MMIS replacement project in June. CMS may freeze funds to enhance the current MMIS system rather than dump money into an old system. DHS should provide regular updates to the contractors regarding the MMIS replacement beginning in January. DHS may have to maintain dual systems to take both the Federal NPI number and the OMAP Medicaid Number, if the NPI goes into effect before MMIS is replaced. Pat noted the Standard is coming up; it could hit us any time and we haven't started the process. She indicated a white paper is forthcoming. The group indicated they wanted a copy of that information. There was a consensus to keep this on the agenda for future meetings and that it be added to the EDI Symposium.

### **Future Agenda Items for the October 20, 2004 meeting; HSB-473**

- 1) HIPAA Security Update: Patty McCary, DHS/ISO will provide an update on data transmission and security rules. Task Force members were asked to give Patty an idea of the topics they want covered. They are: Will DHS support a variety of secured data transmissions or a single data transmission: SFTP? Security can affect small providers. What are other options for those folks? How to Trade Data – how to avoid the hyper-HIPAA Compliance issues; overall Security program update - what is DHS doing?
- 2) Encounter Data Disposition Reason HARC crosswalk: Code 23 is the only code cross-walked to R17 – Medicare coverage. Del reported that code 23 is ambiguous and does not clearly indicate denial for Medicare Coverage. His recollection: OMAP would look at DHS eligibility tables to determine Medicare eligibility when code 23 was reported. Patricia indicated this issue was on the Agenda for the Encounter Data Work Group meeting later that day. She will attend that meeting and return next month with a response and Business Decision.
- 3) Reconciliation of the legacy enrollment and capitation file.
- 4) Business Decision: Will DHS require PHPs to test 837 Adjustments and Deletes?
- 5) Business Decision: Will DHS post a FFS Error Crosswalk?
- 6) R/T Codes – Enrollment – Disenrollment Work Group report to HIPAA Task Force