

**HIPAA TASK FORCE
Managed Care Contractors
December 15, 2004**

Attendees: Maria Ahrendt, OMAP; Nancy Buck, DHS HPO; Lillian Duda-Rivera, Tuality Health Alliance; Bill Guest, Cascade Comprehensive; Rick Howard, HFO Mgr; Patricia Krewson, DHS TEDS Unit Manager; Marcia Mee, Care Oregon; Janet Meyer, Family Care; Bill Murray, DOCS; Nola Nelson, JBH; Thuy Nguyen, MPCHP; Maggie Ricks, OHMS; Natalie Rodgers, DHS HPO Team Lead; Del Texley, LIPA; Vickie Tuttle, NW Dental; Pat Van Dyke, ODS-Chair, Jennifer Stallsworth, OMAP DSU

Chairperson: Pat Van Dyke

Scribe: Becky Unger

<p>NEXT MEETING January 19, 2005 8:30-10:00 AM Human Services Bldg. Rm. 473 Salem, OR</p>
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Agenda Item	Minutes of November Meeting: Review/Approval All
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No comments or suggestions for minutes. The minutes are approved.

Agenda Item	Technical Update (OMAP/OIS)
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Transaction Form Update - Handout

Natalie Rodgers discussed each Transaction Form update.

837P – Family Care stated they have had difficulty receiving clear directions on the Adjust/Delete Pilot process. **Action Item: Patricia will contact Family Care and clear up the misunderstanding.**

NCPDP – The group had questions about the B1 and B2 testing process and sequencing and NDC error messages. **Action Item: Patricia will create an explanation of the process.**

270/271 HPO Response to JAD requested additional Data Requirements – Hand out

DHS handed out a Memorandum Business decision regarding the additional data elements requested by the JAD Participants.

The criteria for completing the 271 Response within the Phase II timeline is to restrict the return of data elements PHPs now see on the OLGX and OLGR screens. The Rate Group Code is not present on the OLGX or OLGR screens. To include the Rate Group Code would require additional programming time for MMIS and the HPO,

which would exceed the timeline allowed by CMS and it would delay implementation of the 270/271 Transaction with the available data elements.

The group discussed their need for the rate group code and asked OMAP to re-evaluate the decision. Because this data element is not present on the OLGR/X screens, DHS would have to do additional programming to MMIS. OMAP stated it does not make sense to remediate the current MMIS when an ultimate resolution would occur with the implementation of new MMIS. As a work around, the rate group code is available on the AIS phone/online screens and through provider services. **HPO/OMAP Action Item: Re-evaluate ability to send rate group code on 271 Response and develop a list of alternative OMAP resources where PHPs can obtain the rate group code, vision and dental information, etc.** The group discussed the return of the third party resource phone number. This information is not available on the OMAP screens, and the group decided they did not need this data element as long as third party resource information is available. The 270/271 Data Element Crosswalk handout verified the PHPs would receive this information. The Business Decision Memo also stated DHS would test the ability to return a 12-month eligibility look back, if it could be returned within the timelines mandated by the 270/271 Implementation Guide, which is one minute for real time and one day for batch mode. The answer to this question should be available in the late February time frame.

Web Updates

Bill Guest requested the posting of draft minutes on the DHS Website. HIPAA Task Force members receive the draft minutes one week before the meeting and a hard copy during the meeting. Approved minute postings are generally done two to three days after the meeting. **Action Item: Nancy Buck will talk with the DHS Communications person about posting draft minutes on the HIPAA website.**

Agenda Item

Business Update

PHP HIPAA Readiness Questionnaire

Patricia Krewson reported 31 surveys were sent out to the PHPs. She received 21 responses. It was discovered that most plans are ready to go and as other surveys come in Patricia will update the group.

OMAP NPI Strategy

Patricia Krewson reported DHS will begin a new work group to work on the NPI - MMIS project. OMAP will prepare a crosswalk of OMAP provider numbers and the NPI Number. An internal workgroup will identify how the crosswalk would impact everyone. Patricia will initiate a formal document. After today's Task Force Meeting, there is a NPI/CMS conference call – everyone was invited to attend.

EDI testing process presentation

William Johnson passed out and explained the EDI Testing handouts. There was a question of why this was being presented and it was explained that he had done this at the Encounter Data Work Group and was asked to give his presentation at this meeting.

HIPAA Outreach and Training Plan

Rick Howard discussed the CMS HIPAA Claim Count Report. Reports are generated every Friday with a 3-year look back. Counts are calculated for HIPAA mandated submitters. This report will identify who needs 'what kind of help'. This report will help DHS to decide when to create a cutoff date for dual systems and submission of non-HIPAA compliant formats. A question was asked if information could be broken down geographically for Plans. Rick responded it could be done, but it's not worth the workload if no one does anything with all of the stats and information. There have been great gains in automating the claim counts, which has freed up personnel. The HIPAA Outreach and Training Plan won't be ready for 2-3 weeks. Rick provided a high-level description and the Task Force Members agreed with the plan and approach to provide outreach and training to FFS providers. Rick discussed ways to encourage providers to begin work on EDI submissions. He told the group the electronic claim submissions receive payment within 5 days consistently. Paper claim payments are at about 35-55 days out. The Outreach and Training Plan will help identify barriers to compliance. Patricia's team will do the actual work. It was commented on that there was nice progress over the last month. The group had a question about the EFT process and it was explained that EFT will be available to electronic FFS providers and that fact may help encourage them to switch to HIPAA Compliant transactions. The 2005 goal is to have greater rates of EDI adoption for all Providers.

End of Meeting