

**AN IMPORTANT MESSAGE FOR THE BILLING STAFFS OF HEALTH-CARE PROVIDERS:**

## **MAA RESETS TIMETABLE FOR FINISHING HIPAA TRANSACTIONS, MMIS MODIFICATIONS DURING 2004**

**OLYMPIA, Wash.** – The health-care information transaction changes required under the far-reaching Health Insurance Portability and Accountability Act (HIPAA) are continuing into 2004, and the Medical Assistance Administration, like most providers, continues to work toward full compliance. For the immediate future, MAA intends to continue its dual support strategy, which means providers will be able to file HIPAA-compliant claims as well as claims in the old formats. (HIPAA's next phase at MAA is outlined on Page 2.) However, contingency plans are underway to establish a hard cutover date to HIPAA-compliant formats. HIPAA Contingency Plan Coordinator Chris Johnson will be talking to provider groups, clearinghouses and health plans in coming weeks about the timing of such a cutover. One major hurdle is that most clearinghouses are not yet filing HIPAA-compliant claims, although MAA has been working with several clearinghouses in January on converting to HIPAA formats.

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**STATUS OF HIPAA COMPLIANCE:** The number of providers filing HIPAA-compliant transactions with MAA has grown slowly over the past three months. A comparison of providers in HIPAA production status the week of the original HIPAA deadline in mid-October 2003 showed that 348 providers (responsible for 435,302 claims in 2002) were ready for HIPAA. A month later, that number had grown to 398 (responsible for 716,515 claims in 2002). For the week ending January 15, 2004, the number had grown to 515 (reflecting 1.042 million claims in 2002). In real claims filed, however, the numbers are much smaller. 6,757 professional (837p) claims were filed the week of January 15, 2004 – compared to 2,065 in mid-October 2003. More than 5,100 providers had been contacted directly by MAA in mid-January 2004, and 4,056 of them reported that they were enrolled with ACS and prepared to file HIPAA-compliant claims. However, only 380 of the providers said they were currently filing in the new formats.

**PHARMACY SWITCH NEARLY COMPLETE:** Pharmacy claims set the fast track for HIPAA compliance in late 2003. Less than half of the claims filed in the week immediately after the HIPAA deadline were HIPAA-compliant (NCPDP 5.1). By the week ending January 15, 2004, that number of HIPAA-compliant claims had jumped to 80.1%.

**PROVIDER IDENTIFIER:** The Centers for Medicare & Medicaid Services (CMS) has published the final rule establishing a National Provider Identifier (NPI) in the Federal Register. Effective date of the rule will be May 23, 2005. The NPI will be unique for every health-care provider in the nation and is to be used in filing and processing health care claims and other transactions. It will replace all legacy identifiers that are currently being used by health payers and plans. The NPI will be issued through a National Provider System that is being developed by CMS.

**PAST PHASES OF HIPAA TRANSITION AT MAA:** In October 2003, MAA launched a number of HIPAA-compliant transactions that brought the Medicaid Management Information System (MMIS) into compliance for most areas of claims processing. These included the compliant point of sale (POS) system for

pharmaceuticals (NCPDP 5.1), which constitutes half of the claims processed by MMIS; a remediated MMIS system, including MMIS database conversion to post-HIPAA format; implementation of electronic claims submission processes for professional, institutional and dental claims in HIPAA-compliant EDI format (837); and enhanced scanning capabilities for paper claims. During the fall, the administration also distributed free HIPAA-compliant desktop claim (837) submission software (WINASAP 2003). Also implemented in October 2003 was the Enrollment and Disenrollment in Health Plans (834); and Eligibility for a Health Plan Inquiry and Response (270/271).

**NEXT TRANSACTIONS PHASE:** In February and March 2004, the HIPAA Project Team at MAA is completing transition to the remaining HIPAA transactions: Health Plan Premium Payments (820); Health Care Payments and Remittance Advices (835); Health Claim Status Inquiry and Response (276/277); Referral Certification and Authorization (278); Health Claim Status (for Pended Claims) (277U).

**HIPAA TRAINING PHASE:** A new HIPAA Communications Manager, **Becky Boutilier**, is setting up a new round of HIPAA training for providers interested in hands-on experience with the WINASAP2003 system and the Web Portal. Please let Becky know if you would be interested in participating. You can e-mail her at [boutibm@dshs.wa.gov](mailto:boutibm@dshs.wa.gov).

**DUAL SUPPORT REMINDER:** Washington State has modified its current MMIS computers to handle new HIPAA-compliant claims. But Medicaid has not turned off its current claims-handling process. That means providers can continue to file in the old formats while they work toward compliance.

## HIPAA HELP (Save these contacts):

- **Affiliated Computer Services (ACS)** hot line for technical testing questions on software or ACS EDI GATEWAY SERVICES: 1-800-833-2051
- **DSHS HIPAA Web Site** for free software and HIPAA-compliance information: <http://maa.dshs.wa.gov/dshshipaa>
- **Federal HIPAA compliance site**, with practical advice for providers and the answers to frequently-asked questions (FAQ): <http://www.cms.gov/hipaa>
- **Executive summary of MAA's HIPAA compliance plan:** [http://maa.dshs.wa.gov/dshshipaa/attachments/pdf/HIPAAExecSummary\\_012804.pdf](http://maa.dshs.wa.gov/dshshipaa/attachments/pdf/HIPAAExecSummary_012804.pdf)
- **ACS EDI Gateway, Inc.:** [http://www.acs-gcro.com/Medicaid\\_Accounts/medicaid\\_accounts.htm](http://www.acs-gcro.com/Medicaid_Accounts/medicaid_accounts.htm)
- **POS:** Email [provider.relations@acs-inc.com](mailto:provider.relations@acs-inc.com) or call 1-800-365-4944 to get in contact with customer service representatives and set up testing. Information is also available on the ACS Web site at: <http://www.acspbhipaa.com>.

## HUMAN CONTACT:

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