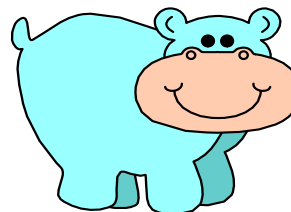


HIPAA NEWS

FINAL ISSUE



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Special points of interest:

- Understanding CMS's Compliance Policy
- AHA to collect information of HIPAA Transaction Problems
- Policy on sending post-card appointment reminders.
- Upcoming NPI Final Rule

UPDATE ON HIPAA IMPLEMENTATION

Wyoming EqualityCare is pleased to report that since we've switched to the HIPAA compliant system with ACS, more than half of our providers who bill regularly are enrolled with ACS' EDI. The ACS EDI Gateway is processing an increasing volume of transactions through the translator weekly as more providers are using the EDI to submit claims.

REMINDER FOR USERS OF WINASAP2003

If you downloaded WINASAP2003 prior to September 29, 2003, you will need to download the new version. If you have already entered your client's information or trading partner information, back up these files before downloading the current version. You may download the newest version from the ACS EqualityCare website at <http://wyequalitycare.acs-inc.com>.

HIPAA IMPLEMENTATION FAQ'S

General Questions:

Q: How do we access our Remittance Advices from the EqualityCare website, even if we have already registered with ACS EqualityCare?

A: You will need to sign a Trading Partner Agreement with ACS EDI Gateway and send it to them. Once they receive this they will mail you a new logon ID and password. The agreement is available on the EDI website, www.acs-qcro.com. Also, remember, you will still be receiving your Remittance Advices with your checks, even if you choose to view them on line.

WINASAP2003 Questions:

Q: We are confused with the log-on information on the Welcome Letter from ACS EDI

Gateway.

A: The information on the Welcome Letter contains a Trading Partner ID number, a User ID number, and a User Name. You will need all of these when completing your Trading Partner Identification information screen in WINASAP2003. None of these numbers/names will be your Wyoming Medicaid provider number.

How do we access our reports on WINASAP2003?

Be sure to wait two (2) hours after transmitting before attempting to retrieve your response file. From the WINASAP main menu click on "tools." You will then click on "receive response file." Click on the "receive" button. Now go into "reports" from the "tools" menu. Select your desired report, and additional

report sub-setting criteria. Once you select your criteria, click on "run." The report will open for you to print.

Q: What do the different claim status' mean in WINASAP?

A:

- Keyed—The claim is being entered
- Billed—The claim has been sent
- Accepted—The claim has been accepted by ACS EDI Gateway
- Rejected—The claim has been rejected by ACS EDI Gateway

You can change the status of your claims (**after they have been accepted**) to paid or denied for your own records.

COMING SOON! NPI FINAL RULE

The Final Rule announcing the National Provider Identifier (NPI) was received by the White House Office of Management & Budget (OMB) for review the week of October 20, 2003. Final clearance takes between two weeks and 90 days. The Proposed Rule was published over five years ago, recommending the adoption of a standard 8-position alphanumeric health care provider identifier. EqualityCare will keep you informed as to how the NPI Rule will affect the Medicaid Program and the way we must conduct business.



HIPAA PRIVACY QUESTION

Q: Am I permitted under HIPAA to send postcard appointment reminders to patients?

A: HIPAA doesn't specifically prohibit the use of postcards. However, it does require that your notice of privacy practices describe the ways you may use and disclose protected information. If you use post-

cards as appointment reminders, you should indicate that in your notice. Second, the information on the postcards should be the minimum necessary for the purpose at hand—to remind patients of their appointments. And third, you should accommodate patients who request confidential communications, such as a sealed envelope.

“A training program must meet the needs of newly hired staff, transferred, or promoted employees”

PRIVACY TRAINING: ARE YOU COMPLIANT?

The HIPAA Privacy Rule requires all covered entities to train workforce members on established policies and procedures with respect to protected health information (PHI). A training program must meet the needs of newly hired staff, transferred, or promoted employees. Training must relate to job responsibilities and incorporate modifications to the Rule or amended policies.

The HIPAA Privacy Rule stipulates workforce members must receive training appropriate to the job role. “Workforce” means employees, volunteers, trainees, and other persons, whether or not they are paid by the

covered entity. Some staff will need training on specific policies and procedures, while others, depending on the level of access to PHI, may only need an overview of HIPAA’s background, principles, and general requirements.

Staff should have received initial training prior to April 14, 2003. New employees must receive training within a reasonable period of time. HIPAA privacy training should be incorporated into new employee orientation. Workforce members receiving new responsibilities must receive training reflective of the individual’s newly assigned duties. If there is a change in a covered en-

entity’s policies or procedures, the Privacy Rule requires re-training for each affected workforce member within a reasonable period of time.

Documentation of training is required. For verification and tracking purposes, it may be useful to request workforce members sign an acknowledgment of training.

The privacy Rule allows flexibility in the design and tailoring of a training program to meet the specific needs of a covered entity. The approach and specific content are at the discretion of the covered entity. Contact your legal counsel for further advice and information on privacy training.

BILLING NOTES FOR SPECIFIC PROVIDER TYPES

DD and LTC waiver providers do not have to use a diagnosis code when billing. The claim will not deny if there is a diagnosis code listed.

DD and LTC waiver providers need to pay special attention to their **revised** prior authorization letters. These will give them the correct codes and unit information they

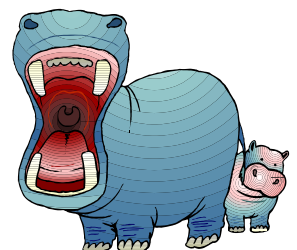
need to use to bill.

Nursing home providers—be sure to enter a patient status of “30 for continuing claims. You will use a status of “20” if the client has expired (deceased). Use bill type “213” for continuing claims. Use bill type “214” if the client has expired (deceased) or left the facility.

WHO TO CONTACT

Contact ACS *EqualityCare* at 1-800-251-1268 for eligibility, claim status, or check status.

Contact ACS *EDI Gateway* at 1-800-672-4959 for WINASAP2003 transmitting issues and log in sheet information, I.e. Trading Partner information.



“Good Faith Policy”

UNDERSTANDING CMS’S COMPLIANCE POLICY

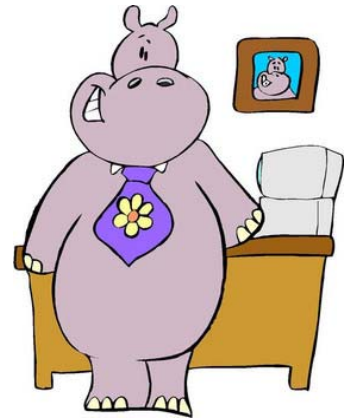
CMS has heard the concerns expressed by the health care industry—most notably, that testing rates are low and the process is complex. Many covered entities were not capable of successfully transmitting HIPAA compliant transactions in time for the October 16, 2003 compliance date. This has the potential to affect provider cash flow.

That is why the Department of Health and Human Services wants to ensure that the health care industry understands its enforcement approach—more specifically, the enforcement approach the Centers for Medicare and Medicaid Services will be adopting as the industry moves towards

compliance with HIPAA electronic transactions and code sets.

On July 24, 2003, HHS publicly released a document outlining its guidance on compliance with transactions and code sets after October 16, 2003. In the guidance, CMS discusses two primary goals: first, to move all covered entities towards compliance as soon as possible and second, to avoid the disruption of provider cash flow and any negative impact on access to health care; to focus on obtaining voluntary compliance by using a complaint-driven process. If CMS receives a complaint, they will evaluate the entity’s “good faith efforts” to comply with

the standards. CMS will not impose penalties on covered entities who have deployed contingencies to ensure that the smooth flow of payments continues. More information on CMS’s “good faith policy” can be found in the guidance document.



AHA TO COLLECT INFORMATION ON HIPAA TRANSACTION PROBLEMS

The American Hospital Association (AHA) has posted to its Web site a form that hospitals and other health care organizations can use to describe problems they encounter sending or receiving electronic transactions as required by HIPAA. The form will help AHA identify specific problem areas that may warrant correction or intervention by the Centers for Medicare & Medicaid Services (CMS). “The information will enable the AHA to act quickly to call CMS’ attention to problems and obstacles affecting hospi-

tals’ compliance efforts,” said Lawrence Hughes, AHA regulatory counsel and director of member relations. To access the form, go to <http://www.aha.org> and click on “HIPAA.” The form includes a link to the CMS Web site where organizations can file an official complaint with CMS. Last month CMS extended its October 16 deadline for complying with the electronic standards, due to concerns that software glitches or lack of software could prevent some hospitals from being fully compliant.



HIPAA WEBSITES AND LINKS

A HIPAA website dedicated to Medicaid is located at: www.cms.hhs.gov/medicaid/hipaa/admsim/. The DHHS website includes information on the administrative simplification provision of HIPAA, general information about the law, explanation of rule making process, etc. and can be found at <http://aspe.os.dhhs.gov/admsimp>.

The DHHS Office of Civil Rights maintains a website devoted to implementation of the HIPAA privacy provisions. It is <http://www.hhs.gov/ocr/hipaa/>.

Another website dedicated to HIPAA was developed by Phoenix Health Systems - The HIPAA Advisory - can be found at www.hipaadvisory.com.

The WEDI HIPAA SNIP Task-Group has been established to meet the immediate need to assess industry-wide HIPAA Administrative Simplification implementation readiness and to bring about the national coordination necessary for successful compliance. Information on the WEDI/SNIP group can be found at their website: <http://snip.wedi.org>.

YOUR HIPAA NEWSLETTER

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Email: hipaa@state.wy.us

With this publication, Wyoming's Office of Medicaid and the Department of Health will provide members with the latest information on HIPAA regulations and compliance, including detailed overviews of specific requirements for providers and implementation tips and Web site resources. If you would like to receive a copy of the HIPAA NEWS, please e-mail us at hipaa@state.wy.us and ask that your name be added to the mailing list. Copies can also be downloaded from the ACS Wyoming Medicaid website: <http://wyequalitycare.acs-inc.com/>.



HIPAA AND YOU!

The Wyoming Department of Health is the primary State agency for providing health and human services. It administers programs maintaining the health and safety of all citizens of Wyoming.

Mission

We envision a Wyoming in which all citizens are able to achieve their maximum health potential; a Wyoming in which early intervention, wellness, health promotion, and health maintenance programs are the primary approach for solving health problems; a Wyoming in which all citizens have regular access to basic health care; a Wyoming in which at-risk citizens receive culturally appropriate and sensitive services; a Wyoming in which we and future generations are healthy, vital, and productive so as to seize the opportunity to live our individual dreams and enjoy the benefits of our bountiful resources and natural beauty.

*We're on the
web. Visit us at
www.state.wy.us*



**Wyoming Office of
Medicaid
Department of Health**

Our mission is to promote,
protect and enhance the
health of all Wyoming
citizens.