

What's New and Interesting in the HIPAA World?

This section of our web site is intended to inform you of the current happenings in the HIPAA world. Information obtained from these sites is not necessarily the view of the Michigan Department of Community Health.

NOTE: All text underlined in blue are web links. To access the information from these links, please visit the online version of this document at http://www.mihealth.org/HIPAA/WN_Main.html.

September—2004

Last Chance for Free HIPAA Seminars

Blue Cross Blue Shield of Michigan (BCBSM) and Michigan Medicaid will be hosting four sessions over two consecutive days, October 5th in Okemos and October 6th in New Hudson.

If you didn't attend one of the August sessions to make sure that you are prepared for end of the HIPAA Transactions Contingency, [signup now](#).

With the announcement of the retirement of all non-HIPAA compliant formats effective November 1, 2004, BCBSM and Medicaid will only accept HIPAA compliant formats and code sets.

This is your last chance to attend a FREE Seminar. Ask the payers the questions you need answered. Make sure you are ready for the transition to HIPAA compliant formats. Learn how to avoid payment interruption.

[Download the flyer](#) for more information and to register.

[Click here](#) to download maps to the seminars.

August—2004:

FREE HIPAA Compliance Seminars Offered Statewide in August

Blue Cross Blue Shield of Michigan (BCBSM) and Michigan Medicaid have announced the retirement of all non-HIPAA compliant formats. After November 1, 2004, BCBSM and Medicaid will only accept HIPAA compliant formats and code sets.

In August, providers have an opportunity to learn how BCBSM, Medicare A, Medicare B and Michigan Medicaid plan to move forward with HIPAA compliance.

Attend a FREE Seminar. Ask the payers the questions you need answered. Make sure you are ready for the transition to HIPAA compliant formats. Learn how to avoid payment interruption.

Medicaid

For information from the free HIPAA Compliance Seminars regarding the end of the HIPAA contingency period from the Michigan Medicaid perspective, download the [HIPAA Seminar Summer 2004 Presentation](#). (PDF)

Medicare Part B (WPS)

For information from Wisconsin Physician Services (WPS) about the HIPAA Electronic Transactions and Code Sets, download the [HIPAA Electronic Transactions Presentation](#) (PDF)

BCBSM

For information from Blue Cross Blue Shield of Michigan (BCBSM), download the [HIPAA Readiness Seminar 2004 Presentation](#) (PDF)

Medicare Part A

For information about Medicare Part A from UGS about the status of HIPAA compliance in Michigan, download the [UGS HIPAA Status Presentation](#) (PDF)

MDCH Announces the End of the HIPAA Contingency Period

Michigan Medicaid providers are well on their way to achieving 100% HIPAA transaction compliance ([click here](#) to see the latest chart). With the Contingency expiring at the end of October, MDCH has announced three new steps to bring Medicaid providers into HIPAA transaction compliance:

For New Submitters Only:

Effective immediately, MDCH will only accept the three HIPAA compliant electronic formats (837A1 Dental; 837A1 Institutional; 837A1 Professional) from new Medicaid providers and new electronic billing agents.

For Current Submitters Only:

Effective November 1, 2004, MDCH will only accept the three HIPAA compliant electronic formats (837A1 Dental; 837A1 Institutional; 837A1 Professional) from current Medicaid submitters.

For All Electronic Submitters:

Effective January 2005, the HIPAA 835 Electronic Remittance Advice will be the only electronic format available for receiving payment/remittance data.

For more complete information, read the [July letter L 04-19](#).

Michigan Medicaid Providers HIPAA Compliant Claims Submission Progress Report [See Chart](#)

July, 2004:

Medicaid to Begin Accepting Medicare Part B Crossover Claims from WPS

Professional billers will now be able to submit electronic claims to Wisconsin Physician Services and have them automatically “cross over” to Michigan Medicaid. This coordination of benefits will save substantial billing time and expedite payment for dual eligible patients for both Medicaid and Medicare.

It is essential that electronic billers convert to 4010A1 format and to include their Medicaid Provider ID number in order for crossover claim acceptance.

More detailed information can be found in both the [Medicaid-Medicare Crossover Claims FAQ](#) and the [MDCH Bulletin \(All Provider 04-05\)](#) located on the MDCH web site.

May, 2004:

Begin Testing Electronic 835 Remittance

Michigan Medicaid is ready to send its new 835 electronic Remittance Advice (RA) transactions to Medicaid providers or service bureaus as part of its commitment to implement HIPAA transactions. The 835 electronically cross references claims while providing detailed payment information. The 835 RA replaces Medicaid’s proprietary electronic RA. Providers and their electronic submitters should begin conducting 835 Business-to-Business (B2B) testing with Medicaid now.

To begin B2B testing, providers should:

1. Complete the Trading Partner Agreement

Go to <https://tpa.mihealth.org> or call Trading Partner Support at 1-800-215-8765.

2. Choose a Unique Receiving Service Bureau (URSB)

Choose to partner with a URSB per tax identification number (TIN) and identify it to Medicaid by its service bureau ID number. Call Karen Parker, manager of the Provider Support unit, at (517) 335-5455 or via email at PARKERK@michigan.gov to confirm your URSB.

3. Elect to Receive 835s—Contact the Testing Team

Contact Jim Kunz at kunzj@michigan.gov to begin 835 B2B testing and elect to receive 835s from Medicaid. Providers and their URSB should submit HIPAA compliant claims (837 v. 4010A1).

More 835 Information:

835s to be Issued by Tax ID

Facilities and multiple provider practices that operate under one TIN will be issued a single consolidated 835 RA. This process mirrors Medicaid's payment procedure for issuing one check or electronic fund transfer (EFT) per tax ID. 835 consolidation is necessary to balance transactions to the single payment device.

Facilities and Multiple Provider Practices: Where Do You Want Your Checks Sent?

To consolidate payments, facilities and multiple provider practices that operate under one Tax ID number will be issued a single check delivered to one designated location. Facilities and multiple provider practices should contact Trading Partner Support at 1-800-215-8765 to identify their designated payment location.

Have More Questions?

Call the Provider Inquiry Line at 1-800-292-2550.

They will assist or direct calls to the appropriate Department staff. Or, e-mail questions to providersupport@michigan.gov.

April, 2004:

[New Frequently Asked Questions](#)

[New Trading Partner Agreement](#)

[Must-Have Documents for All Electronic Submitters](#)

[Approved Vendor Lists](#)

Information for Fee For Service Providers (FFS)

[Numbered Letters](#)

[Publications](#)

[Outreach Presentations for Fee-for-Service Providers](#)

[Companion Guides/Data Clarification Documents](#)

[Testing and Certification](#)

Information for Health Plans

[Presentations](#)

[Companion Guides/Data Clarification Documents](#)

[Testing and Certification](#)

[Health Plans Approved for 837 Encounter Reporting](#)

March, 2004:

MDCH Distributes Provider Manual on CD-ROM

Michigan Medicaid has converted its 1100+ page Provider Manual into a simple, easy to navigate document on CD ROM. The CD, mailed March 3 to Medicaid providers, delivers easy to access information on policy, procedures and billing. Effective immediately, the electronic version of the Medicaid Provider Manual replaces the paper version. Exceptions include Nursing Facilities and Medicaid Health Plans sections. These topics will be addressed in the next Provider Manual Update.

For more information about the electronic version of the Provider Manual, download the [March TPA e-newsletter – Issue 4](#) (PDF)

Prior to using the new Medicaid Provider Manual it is recommended that providers first read the related MDCH bulletin, the [MDCH New Medicaid Provider Manual Bulletin](#) (PDF)

February, 2004:

Prepare for the New 835 Remittance Advice

In order to comply with the HIPAA transactions mandate, Medicaid will be changing how it submits its electronic Remittance Advice to service bureaus. The HIPAA compliant 835 RA will replace the proprietary electronic 1232 RA. This change will begin shortly after the Centers for Medicare and Medicaid Services (CMS) grace period expires. For more information, download the [February TPA e-newsletter – Issue 3](#) (PDF)

January, 2004:

Subscribe to E-mail Updates from Michigan Medicaid

MDCH has an informational listserv service that will help keep you current on conducting business electronically with the Michigan Medicaid program. Anyone can subscribe to E-mail updates.

www.mihealth.org/tp/subscribe.aspx

November, 2003:

Sign-up Online for Medicaid's Trading Partner Agreement

As part of HIPAA implementation, all Medicaid providers will need to execute a new TPA with the Michigan Department of Community Health (MDCH). Sign up now <https://tpa.mihealth.org>

The October 16 Deadline Has Passed ... Are Your Claims Compliant?

It is your responsibility to ensure that your transactions are HIPAA Compliant. If you are not HIPAA compliant, step up your B2B testing efforts now before the grace period expires. For more information, download the October [e-postcard](#) & [e-newsletter](#) PDFs.

The future of healthcare administration is available today with Electronic Data Interchange

Now Medicaid's trading partners can exchange critical data and transaction information quickly. Healthcare partners will enjoy an improved business relationship and reduced frustration with electronic transactions due to the streamlining of existing processes and procedures. For more information about EDI, including an in-depth explanation of Michigan Medicaid's electronic transaction cycle, download the [EDI Powerpoint](#) and [EDI Brochure](#) PDFs.

October, 2003:

[New Frequently Asked Questions Posted on the CMS Web Site](#)

The Centers for Medicare and Medicaid Services (CMS) has developed more Frequently Asked Questions in response to several inquiries received via the HIPAA hotline, the askhipaa@cms.hhs.gov mailbox, and through HIPAA roundtables.

To access the new Frequently Asked Questions on the CMS web site, go to http://questions.cms.hhs.gov/cgi-bin/cmsshs.cfg/php/enduser/std_alp.php

October, 2003:

[Short-term Grace Period Announced for HIPAA Compliance](#)

Michigan Medicaid announced this week that it will provide a short-term grace period for providers that are not yet ready to submit HIPAA compliant transactions. This action is part of its contingency plan to ensure that Medicaid providers do not suffer payment disruption during this conversion period. Medicaid's contingency plan is part of a coordinated outreach effort with Blue Cross Blue Shield of Michigan, and Medicare. For more information, please download the press releases from [BCBSM](#) and CMS ([Medicare](#) and [Medicaid](#)), as well as the [MDCH October Letter \(L03-26\)](#).

There are some key points from Medicaid for non-compliant providers:

1. Use your new codes. The new codes and code sets took effect October 1, 2003 and apply to all Medicaid providers regardless of format.
2. Test, test and re-test. If you haven't begun testing, take advantage of this grace period and start testing immediately.
3. Convert to HIPAA compliant transactions. This short term grace period will not last.

For additional information and more instructions to ensure your claims are HIPAA-compliant and to avoid claim payment interruption, please download the [October e-Newsletter](#) and the [October e-Postcard](#).

