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# Electronic Transactions

ACS is now a Xerox company

# Overview

- Electronic Data Interchange (EDI) codes
- HIPAA transactions
- Submission



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# Electronic Data Interchange

## Electronic Data Interchange (EDI):

- Standardized electronic exchange of data between computers
- Transact business quickly
- Cost effective
- No human intervention



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# Electronic Transactions

- Standardized method for submitting claims
- Standardized method for getting paid
- Faster processing
- Improved efficiency and reduced paperwork
- Reduced manual processing
- Fewer errors



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# Electronic Claim Submission Requirements

- Provider or Billing Agent Information Submission Agreement
- Successful testing of electronic claim submission

# Electronic Software Programs

- PayerPath®
  - Internet-based electronic transaction software
  - Contact the Electronic Commerce Customer Support coordinator:
    - *(907) 644-6800, Option 3*
    - *(800) 770-5650, Option 4 (Toll-free in Alaska)*
    - <http://www.payerpath.com>
- There are other practice management software programs that support electronic transactions.



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# Protected Health Information (PHI)

- Privacy protection applies to PHI.
- Individually identifiable health information
  - Examples include:
    - Name
    - Social security number
    - Account numbers
    - Any other unique identification number, characterization or code



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# Individual Rights

## Patient controls information:

- Receives notice of privacy practices
- Gives permission for use/disclosure of information
- Requests additional restrictions
- Has the right to inspect, copy, and request changes
- Receives a list of all disclosures except for purposes of treatment, payment, operations



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# Provider Responsibility

Providers must respond to patient rights by:

- Appointing privacy official
- Logging or tracking disclosures
- Developing notice, consent and authorization forms
- Developing procedures for individual to:
  - Request additional restrictions or alternate communication
  - Inspect, copy and request changes
  - Receive a list of all disclosures except for purposes of treatment, payment and operations
  - File a complaint



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# Minimum Necessary

Reasonably ensure use and disclosure of PHI is limited to the minimum necessary:

- Identify appropriate provider/employee access levels
- Routine disclosure protocols; request only minimum
- Appropriate information handling, processing, use, disclosure, and disposal policies
- Privacy training for workforce



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# Websites for Reference

## Affiliated Computer Services, Inc.

- <http://medicaidalaska.com>

## State of Alaska

- <http://health.hss.state.ak.us/das/is/hipaa/>

## Centers for Medicare and Medicaid Services

- <http://www.cms.hhs.gov/HIPAAGenInfo>

## Office of Civil Rights

- <http://www.hhs.gov/ocr/hipaa/>



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# Administrative Simplification

National (public and private) framework for improving efficiency and effectiveness of health care systems through standards for:

- Electronic Data Interchange (EDI) for financial and administrative transactions
- Code sets
- Unique health identifiers for employers, health plans and health care providers
- Security and privacy



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# Electronic Transactions Adopted by HIPAA

- 837 Healthcare claim types
  - Professional
  - Institutional
  - Dental
  - Retail pharmacy – National Council for Prescription Drug Programs
- Provider Electronic Remittance (835) Authorization form
  - Available on ACS website
  - Provider designates who receives the 835 transaction
    - Single Entity/Organization



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# Electronic Transactions Adopted by HIPAA, cont.

- Health claim status
  - 276 (inquiry)
  - 277 (response)
- Referral certification & prior authorization
  - 278 (request and response)
- Eligibility inquiry & response
  - 270 (inquiry)
  - 271 (response)



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# Electronic Transactions Adopted by HIPAA, cont.

- 276/277 (004010X093A1)  
Claim status request and response
  - Inquiry regarding the status of health care claims
    - HN – Healthcare claim status notification
    - HR – Healthcare claim status request



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# Electronic Transactions Adopted by HIPAA, cont.

- 278 (004010X094A1) Referral certification and prior authorization
  - Request prior authorization for healthcare
  - Obtain authorization for referring an individual to another provider



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# Electronic Transactions Adopted by HIPAA, cont.

- 270/271 (004010X092A1) Eligibility inquiry/response
  - Request information regarding a recipient
    - HB – Eligibility, coverage or benefit information
    - HS – Eligibility, coverage or benefit Inquiry



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# HIPAA Acknowledgements

- Acknowledgements are:
  - Responses from the receiver of a transaction
  - Not HIPAA required but are part of the HIPAA transaction workflow
- Several types:
  - Interchange acknowledgements
    - Tells the sender the interchange was accepted or rejected.
  - Syntactic acknowledgements
    - Report errors about the X12 message syntax
  - Business acknowledgements
    - Report processing outcomes
- Acknowledgements are useful for improving turnaround.



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# Business Associates

- Business associates are companies which:
  - Perform services on your behalf
  - Have access to personal health information, including:
    - Claim processing
    - Billing
    - Malpractice carriers
- Contracts must have language about privacy and security safeguard protection.



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# Electronic Claim Submission Requirements

- Refer to the Companion Guide:
  - <http://medicaidalaska.com>
- Refer to the Implementation Guide:
  - <http://www.wpc-edi.com>
- Contact the Electronic Commerce Customer Support (ECCS) coordinator at ACS:
  - *(907) 644-6800 or (800) 770-5650 (Toll-free in Alaska)*



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# Testing

- Review implementation guides and companion guides
  - <http://medicaidalaska.com> for the Companion Guides
  - <http://www.wpc-edi.com> for the Implementation Guides
- Test files
  - Recommend at least 25 – 50 claims but not more than 200
  - Must test each transaction that you wish to submit in production status
- Provide valid/real data in test files

# Testing, cont.

- Billing Agent should review the negative acknowledgement.
- Once testing is successful, you will be notified that you can begin to submit production transactions.
- Review Appendix 1 of the Companion Guide – Trading Partner procedures.
  - <http://medicaidalaska.com>



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# Electronic Transactions: 837 Adjustments & Voids

- Must include the original Internal Control Number (ICN)
- Claim Submission Reason Code:
  - Enter either 7 (adjustment) or 8 (void)

# Electronic Transaction Attachments

- Claim supplemental information:
  - Loops 2300 – claim information
  - Paperwork (PWK) segment – claim supplemental Information
  - PWK06 allows you to create a unique number/identifier for the attachment.
    - Fax attachment the same day as claim information is transmitted.
  - Use the fax attachments form
    - Include document indicator (FX)
    - Attach control number (AC)
    - Fax with cover sheet

# Attachment Fax Cover Sheet

- Common errors
  - Date
  - Claim Control Number (CCN)



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# Electronic Transaction Guides

- Companion Guide for electronic transactions
  - <http://medicaidalaska.com>
- Implementation Guides for electronic transactions
  - <http://www.wpc-edi.com>



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# Preparing for HIPAA 5010

- Centers for Medicare and Medicaid Services (CMS) Standard
- 5010 Implementation January 1, 2012
- Regulate Electronic Transmission of Healthcare Transactions
- 5010 Transactions Testing



# Preparing for ICD-10

- Center for Medicare and Medicaid Services (CMS) Mandate
- Two components
  - ICD-10-CM Diagnosis Codes
  - ICD-10-PCS Institutional Procedure Codes
- Service Date Driven
  - Outpatient Claims
  - Inpatient Claims
- Prepare Now



# Resources

- CMS ICD-10 Website
- <http://www.cms.gov/ICD10/>
- Affiliated Computer Services (ACS) Alaska Medical Assistance Website
- <http://medicaidalaska.com>



# Resources

- CMS 5010 D.0 Websites
  - <http://www.cms.gov/Versions5010andD0/>
  - <http://www.cms.gov/MFFS5010D0/>
- Affiliated Computer Services (ACS) Alaska Medical Assistance Website
  - <http://medicaidalaska.com>

# Need More Help?

The ACS Website at <http://medicaidalaska.com>

- Provides the necessary information you will need for successful billing.
- Includes access to Provider Medicaid Billing Manuals and fee schedules.

Or, you may call the following Departments by dialing:  
*(907) 644-6800 or (800) 770-5650 (Toll-free in Alaska).*

Option keys are noted below:

**Billing/Coverage/Claim Status Questions:** *Option 1 or  
(800) 770-5650 (Toll-free in Alaska), option 1, 1*

**Electronic Commerce Customer Support/PayerPath:** *Option 3 or  
(800) 770-5650 (Toll-free in Alaska) option 1, 4*

**Provider Inquiry** *(907) 644-6800 option 1 or  
(800) 770-5650 (Toll-free in Alaska) option 1, 1*

**Enrollment Questions:** *Option 2 or  
(800) 770-5650 (Toll-free in Alaska), # 1, 3*



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