MEDICAID HIPAA PLUS

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HIPAA and its Effect on Medicaid

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) will provide enormous benefits to the health services community in a variety of ways. Specifically, HIPAA will affect many areas pertaining to Medicaid and will provide a national standard in which to evaluate services and care in a more accurate, and perhaps expeditious, manner. The following areas of Medicaid are described below along with a brief description on how HIPAA will positively affect them. It is important to note that this analysis is speculative in nature, as the true effect of HIPAA will not be known until the code sets and identifiers are firmly in place.

Long Term Care

HIPAA will mandate national codes to be used for claims adjudication and processing. The intent is that providers in this area can be reimbursed for services faster than they have in the past. Additionally, a universal data set can be analyzed for better quality performance as well as inspections for fraudulent use of Medicaid funds. Data will take on new importance in the area of long-term care, as the boundaries currently imposed on its utilization because of local coding formats will be removed.

Managed Care

As more Medicaid providers move into a managed care environment, HIPAA will be beneficial in several ways. Encounter data records will be standardized which, in turn, will provide a more robust data set for cost-benefit analysis, utilization of services, access and delivery of necessary medical services, and cost-effectiveness of certain preventative measures. Additionally, universal plan and provider identifiers will allow all to access information in regard to location of services if follow-up is necessary.

Disabled and Elderly

A national data set will allow providers to coordinate benefits for this vulnerable population in a much easier fashion than using local coding structures. Monitoring of care will also

become more accurate and essential, as this data will take on added importance. Furthermore, a singular pharmacy standard will be enacted that allows providers and administrators to monitor access and use.

Quality Indicators

Perhaps the greatest impact that HIPAA will have is in the area of quality improvement. A standardized data set provides cleaner, more robust data for administration and management. Additionally, comprehensive longitudinal analysis becomes more viable as costs, utilization of services, and surveillance (particularly in the are of pubic health) becomes easier to assess and analyze.

Even considering the impact the HIPAA will have on various facets of Medicaid, there is still a great deal that this program must do in preparation for the implementation of the transactions and code sets, as well as additional standardization elements that will be published in final form in the months to come.

- Provider outreach through a coordinated effort by all payers is essential in this regard. Many providers are unaware of the impact HIPAA will have on their organization. Many are not aware of the costs associated with the reformatting of their systems, and what the code changes will mean in the processing of their claims. Without national codes, providers will not be paid.

- Payers such as Medicaid, and plans, must understand this is a business process, not simply one involving technology only. The impact of HIPAA will affect the entire Medicaid business enterprise, and each State should determine how they will be affected and to develop strategies and contingencies for HIPAA compliance.

Each stakeholder in HIPAA should become involved in the standard setting process. The meetings to determine HIPAA standards are open and should be attended by those policymakers who have influence within the Medicaid business enterprise.

To help in this regard, HCFA has established a contractual relationship with two consulting agencies to develop the Medicaid HIPAA Compliant Concept Model (MHCCM). This model is a roadmap for States to use to achieve HIPAA compliance in an effective manner that will conform to the time deadlines set out in each HIPAA regulation. The model closely follows that which the General Accounting Office proposed for States to follow in order to achieve Year 2000 compliance. Specifically, the model focuses on the following areas:

- Awareness - States, plans and providers should become aware of the HIPAA regulations and their impact. Information can be provided through HCFA's web site http://www.hcfa.gov/medicaid/mcdhipas.htm as well as the WEDI SNIP site http://www.wedi.org/snip/ or direct contact with the HCFA regional office. Additionally, State management should develop initial plans to deal with HIPAA, along with provider/payer coalitions to define a working strategy for education and system retooling.
- Assessment - States should conduct gap analysis, impact analysis, business process analysis and risk assessments to formulate a comprehensive HIPAA plan.
- Renovation - States should choose the best methodology for achieving HIPAA compliance: renovation of the existing system, replacing the current system with one that is HIPAA complaint, probably using a translator to reformat and interpret new HIPAA codes.
- Validation - States should use Independent Verification and Validation (IV&V) and system testing to determine whether their chosen methodology is sound and effective; and

- Implementation - The new system should be implemented with training provided to all State employees on the new HIPPA-based transactions.

This model was presented at the Medicaid Management Information Conference (MMIS) in Salt Lake City at the end of September. It was met with great enthusiasm and it is hoped that a validated version will be available sometime in March. HCFA will hold a national conference in the spring of 2001 to present the final version of the MHCCM as well as soliciting additional input. ¤

Claims Content Committees- Now There are Three

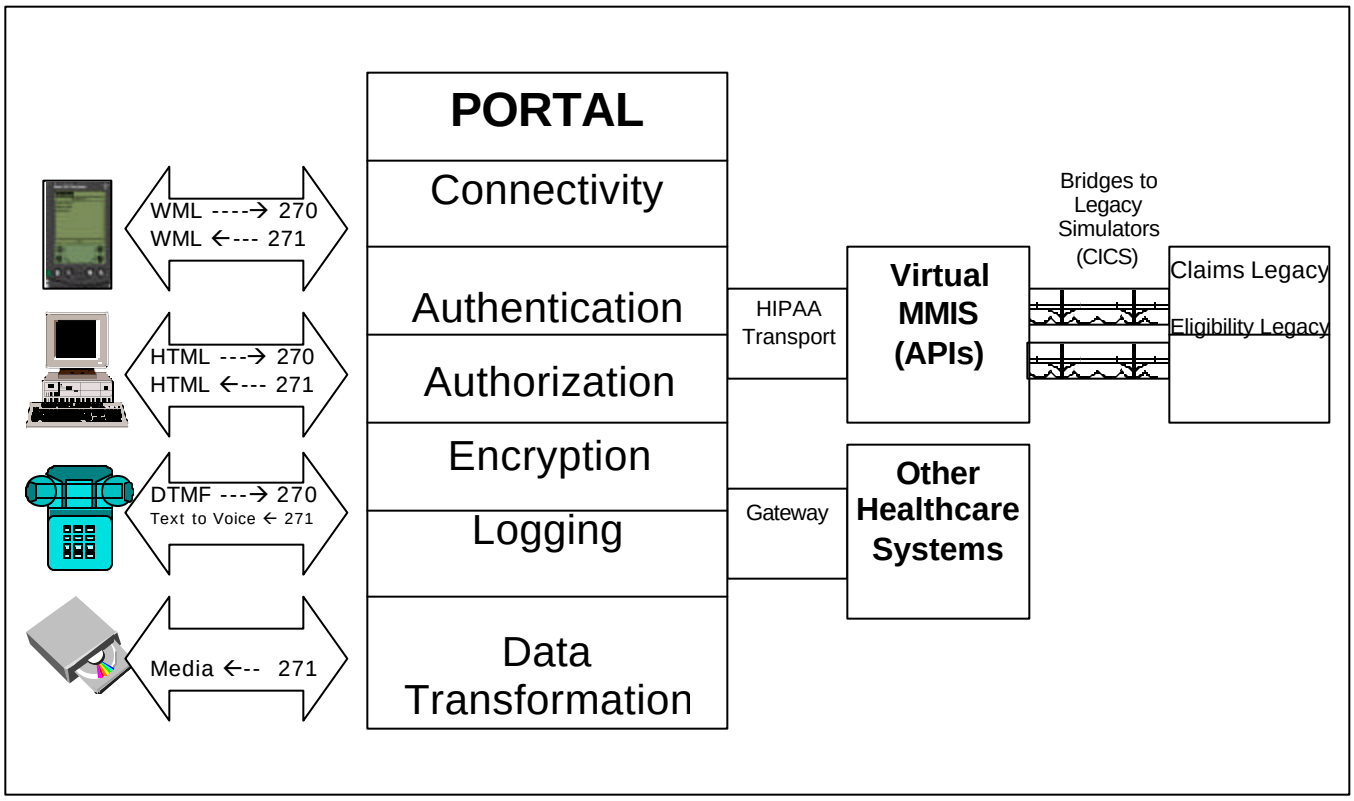
The National Uniform Billing Committee (NUBC) and the National Uniform Claims Committee (NUCC) have existed for years, working with a small, balanced membership representing all segments of the health insurance industry, to maintain the standard content of the Institutional and Professional claims, respectively. The American Hospital Association chairs the NUBC. Medicaid interests are represented by Mike Hennessey of Illinois, the NASMD representative, and Sheila Frank from HCFA's Center for Medicaid and State Operations. The NUCC is chaired by the American Medical Association. Russ Hart of California Department of Health Services has recently been appointed by NASMD to replace Linda Connelly, who had to resign to assume the chairmanship of the S-TAG. Sheila Frank also sits on the NUCC. With the advent of HIPAA, the American Dental Association has recently formed a Dental Claims Committee to handle standard Dental claims content issues. The Medicaid representatives are John Searcy of Alabama Medicaid and Don Schneider of HCFA. ¤

National Uniform Claims Committee (NUCC) takes over Provider Taxonomy Code Set Maintenance

On November 15, the National Uniform Claims Committee voted to assume responsibility for maintaining the Provider Taxonomy Code Set as mandated by HIPAA. The NUCC has formed a data sub committee to develop a procedure and cost estimate for this activity. They will report back to the NUCC no later than the February meeting in Baltimore. It is expected that they will be able to entertain requests for code set changes shortly thereafter. Meanwhile the NMEH subgroup chaired by Christine Weinberger is interested in receiving all Medicaid requests for changes to the published provider taxonomy standard code list by January 16 for consolidating and presentation to the NUCC. Check the NMEH listserv for details.¤

Good-by Lisa

Lisa Doyle has resigned from the State of Wisconsin effective November 18th. Lisa has expertly and cheerfully chaired of the National Medicaid EDI HIPAA workgroup (NMEH) since it was reconstituted one year ago this month. The numerous successes of the group are due in no small part to Lisa's leadership. From the first conference call, with only 10 States participating, to the most recent one, with virtually all States calling in, Lisa has kept the group focused on collaboratively developing useful deliverables that benefit all States. Alas, as she leaves the employ of a Medicaid Agency to begin a career consulting on HIPAA issues for a private company, the S-TAG will begin searching for a new leader. Lisa was also the voting NASMD representative to the X12 standards development organization and sat on the steering committee for the industry-wide WEDI Strategic National Implementation Process (SNIP). NASMD will also appoint representatives to replace her on those important committees. Lisa will be a hard act to follow! ¤



Following is an article from a vendor who has proposed a particular solution to HIPAA implementation.

HIPAA PHILOSOPHY

By: eServices Group, Inc.

Medicaid information technology organizations need to seize the opportunity that is being presented by the HIPAA transactions and code sets to develop HIPAA-compliant web portals to support the goals of Medicaid.

The current generation of MMIS systems are steeped in 1970s and 1980s technology. The batch-orientation made sense when they were originally designed, but in the very near future, our users will be empowered with inexpensive handheld and wireless devices that will enable them to submit claims and encounters as a by-product of performing the clinical functions. If we can fully accommodate the use of these technologies, we will greatly reduce the cost of processing transactions and allow the provider network to focus their efforts on health care (rather than administrative tasks). The HIPAA transaction set is the mechanism that will allow us to embrace these emerging technologies.

According to the HIPAA schedule, within two years we will have completed this nation's largest interoperability test. Imagine the number of different entities that need to confirm that they're speaking the same language -- the HIPAA transactions. In this new world of universal interoperability, there are two irrefutable givens. The first is clearly the mandated data formats specified in the HIPAA transactions and code sets. The second is a universal connectivity path that allows those transactions to be communicated between the thousands of participating parties. This universal connectivity in today's society is the Internet. When viewed in combination, HIPAA transactions over the Internet represent a windfall of efficiency in our nation's health care processing systems.

HIPAA-The Functional Specification

The implementation of any modern data processing system begins with a high level functional specification -- what

are the inputs to the system, what are the outputs from the system, and what occurs between input and output. The HIPAA transactions and code sets represent the input and output functional specifications. If we only had more time we could implement a totally new, object-oriented MMIS designed around them. What can be done is to design a "perfect virtual MMIS" that is accessed through a portal and relies heavily on existing legacy systems to accomplish its tasks.

The Foundation – The Portal

Access into the virtual MMIS is accomplished exclusively through a well-defined portal. A portal is a doorway or a gateway into an MMIS of the future. It is the access point that controls who's allowed in and what they're allowed to do when they're in the system. It is the focal point that allows us to adapt to the proliferation of new technologies, such as wireless devices, encryption algorithms, and advances in authentication such as biometrics. There are six major functionality levels in a portal.

The first level of portal functionality is connectivity. Today's existing Internet standards are TCP/IP, HTML, etc. -- a web browser. Future portals will need to support wireless connections and their associated protocols such as Wireless Access Protocol (WAP) and Interactive Voice Response (IVR) which will evolve to natural speech. The connectivity aspect of our portal needs to be modular in nature to facilitate access by devices and technologies that are not even in our thoughts today.

The second level of portal functionality is authentication; the process by which we determine who is trying to gain access to our portal. Today we use passwords. In the future, technologies, such as biometrics (i.e., finger print recognition, iris scanning) will be used to more positively identify a user, improving on today's security measures. If our portal is designed in a modular fashion, we will be able to support these emerging techniques in a plug-able fashion, while meeting HIPPA security requirements.

It is the responsibility of the authorization module, third level, to determine what aspects of the system this user is allowed to access. This will also likely be required by the HIPAA Security Regulations.

The fourth level of portal functionality is encryption, to ensure that the information being presented to our user is rendered unusable by all others.

The fifth level of portal functionality is the point at which all transactions are logged. A focal point for transaction logging is critical as we implement future aspects of HIPAA, such as privacy.

Data transformation is the sixth level of portal functionality. This refers to taking information supplied in one format and transforming it into another. For example, taking the results of an eligibility request HTML form and transforming that information into an X12-formatted 270 request.

Having these six functionality levels embedded within the portal, as opposed to distributed throughout the various backend systems (i.e., claims processing, eligibility, etc.), enables us to quickly adapt to emerging technologies while methodically evolving our legacy systems.

Virtual MMIS and Legacy Integration

Once a portal is built, it should not be integrated with existing legacy systems. Instead, build a virtual MMIS between the portal and the legacy systems. So what is a virtual MMIS? The inputs and outputs of the virtual MMIS are dictated by the HIPAA transactions. If you want to know eligibility, give the virtual MMIS an X12 270 transaction. It will return to you a 271. The question is, how did the virtual MMIS know what data to complete in the 271? The answer is, it asked the legacy system. Integration with the legacy system is accomplished differently depending on the legacy system -- some may be CICS transactions, some may be database queries, others as simple as 3270 screen scraping. The virtual MMIS approach

facilitates HIPAA compliance and buys time by utilizing existing legacy systems.

As new features, functionality, and subsystems are implemented, they should be implemented in the virtual MMIS so that new investments are applied to the virtual MMIS -- ultimately supplanting the legacy systems in total.

Remember that all health care payer systems will have to be HIPAA compliant over the next couple of years. This allows one to create a portal that interfaces with not only the MMIS but with any other payer system or health care subsystem as well. A portal can act as a focal point for all health care transactions regardless of their ultimate destination.

Summary

The intent of the HIPAA transactions and code sets is to simplify and standardize the process of electronically exchanging health care information. Implementing these transactions over a standard Internet portal has the potential of returning tremendous cost savings. In addition to the cost savings, the communications to our provider networks and other health care organizations will be radically improved and the integration with other systems vastly simplified. Implementing the HIPAA transactions over an Internet portal provides the mechanism for the adoption of emerging technologies such as wireless and Personal Digital Assistants (PDAs). The HIPAA mandate is a great opportunity to implement a HIPAA-compliant web portal that supports the goals of Medicaid.

For more information, visit the Private Sector Technology Group (PS-TG) web site, http://www.ps-tag.org

While HCFA does endorse a modular or object oriented approach to modernizing MMIS systems, HCFA is in no way endorsing a particular vendor's technology solution; it is here for your thoughts. ¤

Year 2000 MMIS Conference

The Year 2000 MMIS Conference was held in Salt Lake City, Utah, from September 26 through 28, 2000. A primary theme of the conference was the impact of the Health Insurance Portability and Accountability Act (HIPAA). The A-Team and the Division of State Systems (DSS) of CMSO/HCFA participated in the MMIS Conference by providing an exhibit that featured the prototype Medicaid HIPAA-Compliant Concept Model (MHCCM). In addition to the demonstrations of the MHCCM, copies of two white papers and the latest copy of "Medicaid HIPAA Plus" were distributed. Most of the 400 copies of the white papers were taken, indicating a high level of interest.

The focal point of the participation was the prototype version of the MHCCM, which was demonstrated to approximately 100 of the conference attendees. The reactions of the State representatives were very positive, with most expressing a desire to have the MHCCM for use as soon as possible. Ten of the attendees asked for slides of the few business processes currently in the model to help in presentations to State management and legislators. All documents and slides can be found on the Medicaid HIPAA web site (see below).

Reactions to the MHCCM

The MHCCM was very well received by almost all of the attendees at the demonstrations. Enthusiastic praise as well as constructive critiques were received from them. All those who commented declared that the Model would be very useful to them. In fact, State representatives were so impressed with the MHCCM and its capabilities that they repeatedly asked to receive it as soon as possible. They felt that even the prototype version demonstrated at the conference

Maria Margiottiello and Robin Pratt demonstrate the Roadmap to HIPAA Compliance and the MHCCM at the MMIS Conference

would help in some ways. For example, ten State representatives requested use of slides derived from the demo to assist in making awareness presentations to State management and funding organizations.

The State representatives who witnessed the demonstration were enthusiastic about the Model because it would help them in the following ways:

- Show the pervasive impact of HIPAA standard data sets on Medicaid business functions and to the MMIS,
- Impress upon State legislators, Office of the Governor, Agency heads and other executives the enterprise-wide impact of HIPAA,
- Increase credibility of the HIPAA compliance project because the MHCCM is being developed by and for HCFA,
- Provide useful tools and information for States no matter where they are on the implementation highway,
- Assist in educating and coordinating with the provider community,
- Provide tools to perform and validate the assessment of the impact,
- Serve as a focal point for public information on implementation issues,
- Provide new tools and aides to help States with the implementation, and
- Serve as a conduit for Best Practices, Lessons Learned, White Papers, and industry briefs.

The States can use the model or the slides from the model, as incomplete as it is, because the Model demonstrates the all-pervasive impact of HIPAA requirements on the Medicaid business processes, the MMIS, and the provider trading partners. Clearly, the Model is very useful in creating an awareness of the significant effort ahead to meet the deadline for compliance. States that have completed, or are about to complete, the assessment of the impact of the transaction standard appreciated the value of the MHCCM tool set since the tools could be used to verify their assessments.

Suggestions for Improvement of the MHCCM

In addition to expressing their need for the MHCCM and calling for its early release, State representatives provided valuable feedback on improvements to the

Model. Some of these suggestions are listed below:

- Add a Modeling Tutorial as a menu selection to familiarize those who have not developed models of their State's Medicaid enterprise with the language and graphic representations used in the MHCCM.

- The Entity Relationship Diagram (ERD) used in the prototype should be reconfigured with graphics representing real Providers, Payers, and Patients and should encompass all of the major relationships affected by HIPAA or where there is a (future) opportunity to implement a standard.

- Add a clearinghouse to the business process model to illustrate the transmission of electronic transactions and XML formats through a clearinghouse and a translator to the payer. The process should show how required HIPAA data will be stripped and saved by the translator and reunited with the transaction for reporting.

- Show the receipt and management of the X12N envelope.

- Add a Trading Partner Maintenance Process and add a task to the Claims Receipt process to illustrate access to the TPM table to validate data.

- Revisit the naming conventions used when the entities are within the same organization, e.g., the claims receiver and the claims adjudicator are both units within a single organization as opposed to there being a Business Associate relationship.

White Papers and other Materials

In addition to the demonstrations of the prototype MHCCM, the DSG/A-Team staff distributed two white papers, titled "How HIPAA is Reshaping the Way we Do Business: *The Benefits and Challenges of Implementing the Administrative Simplification Standards*" and "Preview of the Medicaid HIPAA-Compliant Concept Model." These papers, as well as other materials that were presented during the MMIS conference are available for download at: http://www.hcfa.gov/medicaid/mcdhipas.htm. Many of the attendees at the MHCCM demonstrations indicated that they would provide responses to the survey that is at the end of the white paper titled "Preview of the Medicaid HIPAA-Compliant Concept Model." Once a suitable number is received, analysis of the inputs will be done. Suggested improvements that are feasible within the limitations of schedule and budget can be included in the MHCCM development process. As a result of the strong interest in early availability of the MHCCM, the Division of State Systems and the A-Team will consider the possibility of a version to be available in December 2000.

Comments, questions, and responses to the survey can be directed to: Henry Chao, hchao@hcfa.gov, tel: 410-786-7811, fax: 410-786-0390.¤

HIPAA Hero- Wisconsin Department of Health and Family Services

This feature continues the tradition that we began last issue with our article about Joe Fine from Maryland Medicaid.

This month's HIPAA Hero is the Wisconsin Department of Health and Family Services. Wisconsin has been pulling more than their own weight to help all Medicaid Agencies prepare for HIPAA implementation. Most importantly, Wisconsin has graciously volunteered the services of Lisa Doyle to lead the National Medicaid EDI HIPAA workgroup (NMEH), and never complained when it developed into a full time job for one of their most productive employees.

Wisconsin also has their people and those of their fiscal agent working hard for the NMEH. They chair the Provider Taxonomy sub-workgroup and they shared their analyses of the

Final Rule for Transactions and Code Sets and their crosswalks of current Wisconsin systems to some of the X12 transactions with the NMEH. The information was shared in order to use as a starting point for national reports and actions plans. The Wisconsin contingent at X12 meetings is one of the largest. Thank you, Wisconsin! You are truly a HIPAA hero. ¤

Ask the HIPAA Wizard

Q. The Wizard has been told that a number of organizations, including APHSA, Blue Cross Blue Shield Association, and the Health Insurance Association of America, have submitted, or are contemplating a request to Congress to postpone the mandatory implementation date of HIPAA Administrative Simplification. Does that mean that we may not have to implement after all?

A. The Wizard's crystal ball can not see clearly what action Congress may take. (This Wizard is not all-powerful.) However, if Congress imposes delays, it would be folly to use it as an excuse to delay transitioning to compliance. Much planning, coordination and hard work must be done to implement the HIPAA standards, and judging from the progress so far, it is widely acknowledged that the industry will be hard pressed to complete implementation 22 months from now. If delaying legislation were passed, it would be to allow for a smoother transition from current practices, which is possible only if we do not slacken our efforts. While the benefits are great, the work involved is far more extensive than Y2K, and will require more money, manpower and the efforts of far-reaching parts of each Medicaid Agency.

Q. Where can I get information about HIPAA web sites, conferences and training opportunities?

A. The WEDI/SNIP web site (http://www.wedi.org/snip/) is now operational. While it is not fully implemented, there is now enough functionality to provide much valuable information, listing 14 HIPAA resources for information which include over a hundred sites for HIPAA information. ¤

New Improved Medicaid HIPAA Web Site

The Medicaid HIPAA Administrative Simplification Web Page is the HCFA Center for Medicaid and State Operations' newest stop on the Road Map to HIPAA Compliance. Use it to answer questions, find tools and white papers to help you map out your State's course of action for HIPAA administrative simplification. It can be found on the Internet at http://www.hcfa.gov/. After clicking the URL, go to the left margin and click on HIPAA. On the next page, click on Medicaid HIPAA Administrative Simplification.

We live in technologically exciting times. The Medicaid HIPAA Administrative Simplification web page is rich with information. It starts with a short description of Administrative Simplification. The Medicaid HIPAA Administrative Simplification web page also offers lots of menu items. Our menu items include thus far:

- MMIS Conference papers presented
- White Paper: "How HIPAA is Reshaping the Way We Do Business:…"learn the truth and accept HIPAA
- "Medicaid HIPAA Plus" – current and past issues
- Medicaid HIPAA Compliant Concept Model (MHCCM) Press Release
- National Medicaid EDI HIPAA Workgroup Information-including the combined database of Local Codes submitted by 49 states
- Other HIPAA Links

States, vendors, and the public are encouraged to regularly visit this web page. We strive to post the latest, most accurate information. Our staff is dedicated to the HIPAA administrative simplification effort. We are eager to help and know that good, reliable sources of information are crucial. We would greatly appreciate your comments about our web page and will seriously consider your ideas for improving it to better serve you. Please send your suggestions to Susan Green, SGreen1@HCFA.gov ¤

National Medicaid EDI HIPAA (NMEH) Workgroup News

Local Codes Subgroup Meets in Baltimore

Representatives from 29 states met in Baltimore on November 13 and 14. Using the 49-state database of codes, (which can be downloaded from the Medicaid HIPAA web page, http://www.hcfa.gov/medicaid/mcdhipas.htm, the group's goal is to consolidate, by December 15, down to a few thousand local codes to submit to the HCFA HCPCS Committee. This submission should meet the overwhelming majority of new code requirements for Medicaid State Agencies to be billed for their covered services.
The group agreed to the following assumptions:

- AMA has said all modifiers can be used interchangeably.
- The VA has requested hearing aid codes and Medicaid will await the publishing of new codes after the annual HCPCS Panel meets.
- Code requests based on time increments will not be well received by the HCPCS committee.
- No new codes will be granted based on manufacturer (includes codes based on maker of vision frames), type of provider (suggest using taxonomy to determine), place of service (suggest using place of service to determine pricing), age of recipient (suggest using eligibility data), or waiver program (we can assume that modifiers will be given for waiver program identification). HCPCS codes describe the SERVICE, not who it happened to, where it happened or who provided the service.
- The use of new fields on the ANSI 837 are recommended to solve a myriad of State business issues. The list sent to HCFA does not have to be the final list. HCFA will accept the list in groups (preferred). The group should begin submission by January.

The group acknowledged there is a long way to go for full ANSI 837 understanding. The meeting provided a forum for States to share the challenges they will have with the elimination of local codes. Major system changes appear to be necessary for most States. This will be difficult for many. Some felt that implementation by October 2002 is not achievable.

Nine teams were created to crosswalk the 18,000 local procedure codes that were submitted. Each team was allowed to create new codes using the format: S4g##, where g = team number. These are ONLY suggestions for new codes; they WILL NOT be the actual NEW code values. These teams will crosswalk all of the codes collected and submit these codes to the NMEH ListServ for a TWO-WEEK comment period. This will allow all States who are on the ListServ to review the crosswalks by category and comment on their States' needs. After the team leader reviews the comments, the categories will be sent to the collector of local codes, Wendy Face of New York's fiscal agent. This group deserves a lot of credit for doing a difficult and time consuming job that will ultimately benefit all departments in all Medicaid Agencies.

Medicaid Claims Attachments Sub-Workgroup Prepares to Propose New Standards to HL7

The Claims Attachment subgroup is chaired by Gayle Lowery of Mississippi Medicaid. The focus is to identify State Medicaid claims attachment needs that are not addressed in

the standards (Additional Information to Support a Health Care Claim or Encounter (X12-275) Implementation Guide and HL7 messages imbedded in the X12 transaction), and to present those needs to the Health Level Seven (HL7) Attachments Special Interest Group in January.

States participation in the claims attachments subgroup has been good. To date, a total of 25 states have submitted over 550 attachments. The subgroup will continue collecting States' attachments categorized as shown below:

Claims Attachment Categories:

Sterilization
Hysterectomy
Abortion
TPL
Eligibility
Dental
EPSDT
Transportation
Free Form Text/Reports
Medical Necessity
Justification
X-Rays
Exception to Policy
Not Otherwise Classified ¤

United We Stand

Preparing for HIPAA is a lot broader than buying translators and revising systems. It must include incorporation of some new procedural steps when developing **policy** and systems changes. A new program can't be instituted that would require a modification to the prior authorization data collected, or a new code on the claim unless the national standards allow it. Only by collaborating with other States, and interacting with the health insurance industry at large with a united voice, will Medicaid Agencies be effective in developing and maintaining standards in a way that allows them to conduct Medicaid business effectively and efficiently. Lisa Doyle had a point at the MMIS conference in Utah, when she stressed the "bonding" that has been done in preparing for HIPAA. That is why HCFA is taking the modeling approach, with our Medicaid HIPAA Compliant Concept Model (MHCCM), to highlight States' similarities. ¤

HIPAA Web Sites

http://www.hcfa.gov/medicaid/mcdhipaas.htm (Medicaid HIPPA Admin Simp home page, preview of the MHCCM, conference notes, news)
www.hcfa.gov/medicaid/hipaapls.htm (Previous and current issues of "Medicaid HIPAA Plus")
http://aspe.hhs.gov/admnsimp (Text of Administrative Simplification law and regulations publishing dates)
www.hcfa.gov/medicare/edi/edi.htm (Medicare Electronic Data Interchange)
www.hcfa.gov/medicare/edi/hpaadoc.htm (Map of Medicare National Standard Format to X12837 Professional Claim Transaction, Version 4010-HIPAA Standard)
http://aspe.hhs.gov/datacncl (HHS Data Council)
http://www.ncvhs.hhs.gov/ (National Committee on Vital and Health Statistics)
www.x12.org–select the Insurance, X12N, subcommittee file
http://www.hl7.org (Health Level7)
http://www.ncpdp.org (National Council for Prescription Drug Programs)
www.ada.org (American Dental Association)
http://www.wedi.org/ (Workgroup for Electronic Data Interchange)
http://www.wedi.org/snip/ (WEDI Strategic National Implementation Process (SNIP))
HMRHA.HIRS.OSD.MIL/REGISTRY/INDEX1.HTML (Data Registry; searchable database containing all data elements defined in HIPAA implementation guides)
www.wpc-edi.com (X12N version 4010 transaction implementation guides)

NOTE: This document is located on the Web at www.hcfa.gov/medicaid/news1100.pdf

Subscribe to Listserv

To receive future issues of "Medicaid HIPAA Plus," as well as other HIPAA-related information, subscribe to the Medicaid HIPAA Administrative Simplification listserv. HCFA's Division of State Systems

maintains this listserv with a goal of keeping subscribers abreast of the latest HIPAA Administrative Simplification policy developments as related to Medicaid IT systems. Subscribers may also post information to the listserv. To subscribe, send mail to LISTSERV@LIST.NIH.GOV with the command: SUBSCRIBE HIPAAadminsimpl ¤

Please send comments or questions regarding this issue of Medicaid HIPAA Plus to Sheila Frank at Sfrank1@HCFA.gov or to Karen Leshko at Kleshko@HCFA.gov.¤