

**OREGON
DEPARTMENT OF HUMAN SERVICES**

**HIPAA
Transactions & Code Sets
Service Continuation Plan**

Version 2.0

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1. Introduction

Over the past three years, DHS has worked diligently toward HIPAA compliance. As we get closer and closer to December 31, 2005, it is clear that not everyone will be compliant. As with all major systems projects, the implementation of HIPAA includes some unknowns and risks that can delay implementation. These include risks related to technical problems that may exist, and possible delays in completing design or development tasks on time. Possible problems in the implementation approach may manifest themselves during testing, and there is also the possibility that some trading partners may not be able to comply with the new standards by the required implementation date. If any such risks delay implementation of one or more transaction standards, DHS cannot afford to stop receiving, sending or processing electronic transactions. DHS must have available alternatives that support health care delivery to members while complying with HIPAA to the maximum extent possible.

The DHS Service Continuation Plan is intended to communicate to trading partners how DHS plans to achieve HIPAA compliance and provides guidance for trading partners to follow in the event that compliance is not possible by December 31, 2005.

The DHS Service Continuation Plan Goals include:

1. Working collaboratively through outreach and testing;
2. Ensuring clients are served and access to health care is maintained; and
3. Maintaining cash flow to trading partners.

Service Continuation Plan Scope

The DHS Service Continuation Plan specifically addresses and is limited to HIPAA Transactions and Code Sets. General business risks are addressed in other state planning documents including business continuity plans, which deal with possible events such as major hardware or structural losses and plans for notifying and mobilizing key personnel to deal with these events.

Service Continuation Plan Concepts

The DHS Service Continuation Plan recognizes the risks associated with HIPAA Transactions and Code Sets development, and identifies the "Service Continuation" alternatives that provide possible interim solutions to delays in implementation. These can be thought of as "fall back" positions that allow DHS and its trading partners to fulfill their primary missions while moving as quickly as possible to full compliance. "Service Continuation" alternatives were developed with input from both DHS operational and technical staff regarding the feasibility of possible options as well as members of the Oregon HIPAA Forum representing the trading partner community.

Each "Service Continuation" alternative identified has been assessed to evaluate and document its potential advantages and disadvantages. Specific elements for each "Service Continuation" alternative have been identified and include the following:

Transaction Compliance Approach Description

The description of the transaction compliance approach provides a high level summary of the DHS implementation plan for each standard transaction.

"Service Continuation" Alternative Description

The description of the alternative provides a high level summary of how it would support a continuation of business functions if a particular standard transaction were not implemented on time.

Status

The status of the alternative defines it as available, implemented or unavailable. The alternative would remain available as long as it is feasible to implement from a business and technical standpoint. After the need for the alternative has passed, the alternative is rejected as infeasible, or the alternative can no longer be implemented due to business or technical limitations, or the alternative is unavailable.

Start Date/Complete Date

If an alternative were implemented, it would have a start date when it becomes operational, and an expected completion date to indicate when it should be complete or no longer necessary.

Compliance Action Plan

When an alternative is implemented an action plan(s) will be developed describing actions that will be undertaken to resolve the delay, those who will be responsible for the actions and when resolution is expected. The action plan(s) will then be tracked to assure that the problem is resolved and implementation can proceed. (Detailed Compliance Action Plans will be developed independently of this document and may be specific to individual trading partners.)

The DHS Service Continuation Plan uses the above elements to develop alternatives to the standard HIPAA Transaction and Code Sets implementation schedule. Each transaction set was analyzed to identify which alternative actions are available if the primary plan for complying with HIPAA cannot be implemented. The plan documents steps required for each alternative, and the duration of each available alternative. In some cases, the alternatives identified are not feasible. The alternative may be too costly or difficult to implement, or may not be effective in meeting business requirements. These are identified with a status of unavailable. Those that are considered feasible have a status of available, or of implemented if they have been put into effect.

The following sections describe the DHS plan for HIPAA Compliance and the alternatives that are available and necessary to maintain both access to health care and cash flow.

Note: This document is intended to communicate service continuation alternatives. It is likely that as we get closer to the compliance date and continue to work through compliance issues and through collaboration with trading partners that this document will be updated to reflect ongoing compliance efforts.

2. Transactions and Code Sets Data Transmission

Transaction Compliance Approach Description	The Oregon DHS MMIS has an extensive and proven capability for the transmission of data to PHPs, providers and other trading partners. Nevertheless, the implementation of HIPAA compliant formats for electronic interchange of health care data represents a significant change in the stream of mechanisms for delivering data with a unique potential for disruption of transmission services. In particular this may impact the distribution of data to trading partners via the file transfer protocol process (SFTP) using secure shell (SSH) technology for encryption during the first days of HIPAA production implementation. For example, even a small change to a parameter setting in the programs that govern the complex of software "firewalls," routing equipment, data servers and operating system software has the potential for disrupting a trading partners ability to retrieve data processed by the MMIS. In some cases the re-establishment of this ability may require the cooperative efforts of trading partner and MMIS technical staffs. Typically these types of issues can be resolved expeditiously. However, in the event that service is disrupted for a number of trading partners, the time to resolve issues for all trading partners may result in a service outage.
Service Continuation Alternative Description	To deal with this risk, DHS will provide for a contingency to create and distribute data files in a HIPAA compliant format on CD-ROM media for the short period of time anticipated to be necessary to remediate data transmission and/or system connectivity problems.
Status	Unavailable
Start Date/Complete Date	Upon emergency and until resolution
Corrective Action Plan (CAP)	The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 12/31/05.

3. 837 Professional Claim Transaction – Fee-For-Service (FFS)

<p>Transaction Compliance Approach Description</p>	<p>DHS uses the NSF (National Standard Format) specifications for accepting claims. NSF 1.0 is used for accepting the CMS (formerly HCFA) 1500 NSF claims; the CMS1500 electronic format will be replaced with the 837 professional claim specification. The Oregon DHS completed transition to the use of the 837P format on 11/20/2003.</p> <p>The DHS processes a significant volume of claims each month, a significant portion of medical professional claims that are submitted electronically. This makes it imperative that there be an orderly transition from the NSF formats to the HIPAA formats, so as not to disrupt the flow of payments to providers and to minimize manual handling of claims during a period of severe budgetary constraints for Oregon DHS and its trading partners.</p> <p>There are two situations that may affect final implementation of the 837P transaction:</p> <p>A. A complete unrecoverable system disruption affecting continued processing, OR</p> <p>B. One or more fee-for-service provider(s) are not ready to send the 837P claim transaction as planned.</p>
<p>Service Continuation Alternative Description</p>	<p>A. DHS will contract with a contingency clearinghouse to implement processes for the continuation of claims processing.</p> <p>The trigger date for invoking this option should give trading partners at least 5 days notice on submission of claims to the contingency clearinghouse.</p> <p style="text-align: center;">OR</p> <p>B. DHS trading partners should continue using the CMS1500 Claim form until business-to-business testing for the 837P has been completed and a controlled transition for each trading partner is agreed to.</p> <p>The trigger date for invoking this option should give trading partners at least 30 days notice that they will need to continue submitting in the pre-HIPAA paper formats. Implementation of this option should involve minimal additional effort by applications staffs, since this option involves continuing use of existing systems and procedures. However, the Office of Forms and Documents may be greatly impacted as this may significantly increase their claims volumes and back logs.</p>
<p>Status</p>	<p>A: Unavailable B: Available</p>
<p>Start Date/Target Completion Date</p>	<p>A: Upon emergency and until resolved</p> <p>B: 10/16/03 to 12/31/05</p>
<p>Corrective Action Plan (CAP)</p>	<p>The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 12/31/05.</p>

4. 837 Dental Claim Transaction – Fee-For-Service (FFS)

<p>Transaction Compliance Approach Description</p>	<p>DHS uses a modified version of the CMS 1500 (NSF 1.0) for accepting and processing dental claims. The electronic NSF/ADA format will be replaced with the 837 dental claim specification. The Oregon DHS has completed transition to the use of the 837D format on 11/30/2003.</p> <p>The DHS processes a significant volume of claims each month, a portion of which is submitted electronically. DHS' preference is that there be an orderly transition from the NSF formats to the HIPAA formats, so as not to disrupt the flow of payments to providers and to minimize manual handling of claims during a period of severe budgetary constraints for the Oregon DHS and its trading partners.</p> <p>There are two situations that may affect plans for implementing the 837 transaction:</p> <p>A. A complete unrecoverable system disruption affecting continued processing, OR</p> <p>B. One or more fee-for-service providers are not ready to send the 837D claim transaction as planned.</p>
<p>Service Continuation Alternative Description</p>	<p>A. DHS will contract with a contingency clearinghouse to implement processes for the continuation of claims processing. The trigger date for invoking this option should give trading partners at least 5 days notice on submission of claims to the contingency clearinghouse.</p> <p style="text-align: center;">OR</p> <p>B. DHS trading partners should begin/continue using the ADA Claim form until business-to-business testing for the 837D has been completed and a controlled transition is agreed to.</p> <p>The trigger date for invoking this option should give trading partners at least 30 days notice that they will need to begin/continue submitting in the pre-HIPAA paper formats. Implementation of this option should involve minimal additional effort by applications staffs, since this option involves continuing use of existing systems and procedures. However, the Office of Forms and Documents may be greatly impacted as this may significantly increase their claims volumes and back logs.</p>
<p>Status</p>	<p>A: Unavailable B: Available</p>
<p>Start Date/Complete Date</p>	<p>A: Unavailable B: 10/16/03 to 12/31/05</p>
<p>Corrective Action Plan (CAP)</p>	<p>The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 12/31/05.</p>

5. 837 Institutional Claim Transaction – Fee-For-Service (FFS)

<p>Transaction Compliance Approach Description</p>	<p>DHS uses the UB-92 (Universal Billing version 92) electronic specifications for accepting institutional type claims. DHS has the capability of accepting institutional claims in the UB92 claims Version 5 and 6 formats. The UB-92 electronic format will be replaced with the 837 institutional claim specification. The Oregon DHS completed transition to the use of the 837I format on 3/30/2004</p> <p>The DHS processes a significant volume of claims each month, a significant portion of which are UB-92 claims submitted electronically. This makes it imperative that there be an orderly transition from the UB-92 formats to the HIPAA formats, so as not to disrupt the flow of payments to providers and to minimize manual handling of claims during a period of severe budgetary constraints for the Oregon DHS and its trading partners.</p> <p>There are two situations that may affect plans for implementing the 837I transaction:</p> <p>A. A complete unrecoverable system disruption affecting continued processing; OR</p> <p>B. One or more fee-for-service providers are not ready to send the 837I claim transaction as planned.</p>
<p>Service Continuation Alternative Description</p>	<p>A. DHS will contract with a contingency clearinghouse to implement processes for the continuation of claims processing. The trigger date for invoking this option should give trading partners at least 5 days notice on submission of claims to the contingency clearinghouse.</p> <p style="text-align: center;">OR</p> <p>B. DHS trading partners should continue using the UB 92 format until business-to-business for the 837I has been completed and a controlled transition is agreed to.</p> <p>The trigger date for invoking either of these options should give trading partners at least 30 days notice that they will need to continue submitting in the pre-HIPAA formats. Implementation of this option should involve minimal additional effort by applications staffs, since this option involves continuing use of existing systems and procedures. However the Office of Forms and Documents may be greatly impacted as this may significantly increase their claims volumes and backlogs.</p>
<p>Status</p>	<p>A: Unavailable B: Available</p>
<p>Start Date/Complete Date</p>	<p>A: Upon emergency and until resolved B: 10/16/03 to 12/31/05</p>
<p>Corrective Action Plan (CAP)</p>	<p>The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 12/31/05.</p>

6. 837 Professional Claims Transaction – Prepaid Health Plan (PHP) Encounter

<p>Transaction Compliance Approach Description</p>	<p>DHS uses proprietary formats for submission of CMS (formerly HCFA) 1500 NSF encounter data.</p> <p>The 837P health care encounter transaction will be used by PHPs to submit encounter medical claims to DHS. Oregon DHS will transition to use of the 837P format by 3/11/05.</p> <p>Encounters are records of medical services (or visits) rendered by providers to members enrolled with an OMAP contracted PHP on the date of service. Submission of encounter data by PHPs is a mandated requirement of the OMAP program. Encounter data is used for management and analytic purposes including:</p> <p>PHPs must submit encounters to OMAP within 180 days from the date of service. This reporting requirement gives OMAP and the PHPs considerable flexibility with dealing with HIPAA implementation risks and contingencies – within limits.</p> <p>There are two situations that may affect implementation plans of the 837P encounter transaction:</p> <p>A. A complete unrecoverable system disruption affecting continued processing; OR B. One or more PHP is not ready to send the 837P encounter transaction as planned.</p>
<p>Service Continuation Alternative Description</p>	<p>Alternatives for dealing with 837P encounter transaction include:</p> <p>A. DHS will contract with a contingency clearinghouse to implement processes for the continuation of claims processing. The trigger date for invoking this option should give trading partners at least 5 days notice on submission of claims to the contingency clearinghouse. OR</p> <p>B. DHS suspension of submission requirements</p> <p>The trigger date for invoking this option should give trading partners at least 30 days notice that a service continuation alternative has been implemented. Implementation of option B should involve minimal additional effort by applications staffs, since this option involves continuing use of existing systems and procedures given the Bulletin Board (BB) functionality is operating at current efficiency levels.</p>
<p>Status</p>	<p>A. Unavailable B. Available</p>
<p>Start Date/Complete Date</p>	<p>A: Upon emergency and until resolved B: 10/16/03 to 12/31/05</p>
<p>Corrective Action Plan (CAP)</p>	<p>The CAP will be developed on a case-by-case basis.</p>

7. 837 Dental Claims Transaction – Prepaid Health Plan Encounter

<p>Transaction Compliance Approach Description</p>	<p>DHS uses proprietary formats for submission of CMS (formerly HCFA) 1500 NSF encounter data.</p> <p>The 837D health care encounter transaction will be used by PHPs to submit encounter dental claims to the DHS. Oregon DHS has completed transition to the use of the 837D format on 2/4/2005.</p> <p>Encounters are records of dental services (or visits) rendered by providers to members enrolled with an OMAP contracted PHP on the date of service. Submission of encounter data by PHPs is a mandated requirement of the OMAP program. Encounter data is used for management and analytic purposes including:</p> <p>PHPs must submit encounters to OMAP within 180 days from the date of service. This reporting requirement gives OMAP and the PHPs considerable flexibility with dealing with HIPAA implementation risks and contingencies – within limits.</p> <p>There are two situations that may affect implementation plans of the 837D encounter transaction:</p> <p>A. A complete unrecoverable system disruption affecting continued processing; OR; B. One or more PHP is not ready to send the 837D encounter transaction as planned.</p>
<p>Service Continuation Alternative Description</p>	<p>Alternatives for dealing with 837D encounter transaction include:</p> <p>A) DHS will contract with a contingency clearinghouse to implement processes for the continuation of claims processing The trigger date for invoking option A should give trading partners at least 5 days notice on submission of claims to the contingency clearinghouse. OR B) DHS' suspension of submission requirement.</p> <p>The trigger date for invoking this option should give trading partners at least 30 days notice that a service continuation alternative has been implemented. Implementation of option B should involve minimal additional effort by applications staffs, since this option involves continuing use of existing systems and procedures given the Bulletin Board (BB) functionality is operating at current efficiency levels.</p>
<p>Status</p>	<p>A: Unavailable B: Available</p>
<p>Start Date/Complete Date</p>	<p>A: Upon emergency and until resolved B: 10/16/03 to 12/31/05</p>
<p>Corrective Action Plan (CAP)</p>	<p>The CAP will be developed on a case-by-case basis.</p>

8. 837 Institutional Claims Transaction – Prepaid Health Plan (PHP) Encounter

Transaction Compliance Approach Description	<p>DHS uses proprietary formats for submission of UB92 encounter data. The 837I health care encounter transaction will be used by PHPs to submit encounters to the DHS. Oregon DHS has completed transition to the use of the 837I format on 2/4/2005.</p> <p>Encounters are records of medical services (or visits) rendered by providers to members enrolled with an OMAP contracted PHP on the date of service. Submission of encounter data by PHPs is a mandated requirement of the OMAP program. Encounter data is used for management and analytic purposes including:</p> <p>PHPs must submit encounters to OMAP within 180 days of the date of service. This reporting requirement gives OMAP and the PHPs considerable flexibility with dealing with HIPAA implementation risks and contingencies – within limits.</p> <p>There are two situations that may affect implementation plans of the 837I encounter transaction:</p> <p>A. A complete unrecoverable system disruption affecting continued processing; OR B. One or more PHP is not ready to send the 837I encounter transaction as planned.</p>
Service Continuation Alternative Description	<p>Alternatives for dealing with 837I encounter transaction include:</p> <p>A) DHS will contract with a contingency clearinghouse to implement processes for the continuation of claims processing.</p> <p>The trigger date for invoking option A should give trading partners at least 5 days notice on submission of claims to the contingency clearinghouse. OR</p> <p>B) DHS suspension of submission requirements.</p> <p>The trigger date for invoking this option should give trading partners at least 30 days notice that they will need to continue submitting in the pre-HIPAA formats. Implementation of option B should involve minimal additional effort by applications staffs, since this option involves continuing use of existing systems and procedures given the Bulletin Board (BB) functionality is operating at current efficiency levels.</p>
Status	A. Unavailable B. Available
Start Date/Complete Date	A: Upon emergency and until resolved B: 10/16/03 to 12/31/05
Corrective Action Plan (CAP)	The CAP will be developed on a case-by-case basis.

9. 835 Claims Remittance Transaction - Fee for Service (FFS)

Transaction Compliance Approach Description	<p>DHS uses proprietary systems for transmitting remittance information on claims. These systems communicate information on paid claims, adjusted claims, denied claims, voided claims, and claims in process. Payments may be transmitted separately from the remittance advice.</p> <p>The 835 health care claim remittance transaction will be used by MMIS to supply remittance information to FFS providers. This will include information on claims and claim payments that providers can use to reconcile their accounts and claim adjudication status. The Oregon MMIS began use of the 835 format on 11/30/2003.</p> <p>There are two situations that may affect final implementation plans for implementing the 835 remittance transaction:</p> <p>A. A complete unrecoverable system disruption affecting continued processing OR</p> <p>B. One or more Fee-For-Service provider(s) is not ready to receive the 835 remittance transaction as planned.</p>
Service Continuation Alternative Description	<p>Alternatives for dealing with 835 remittance transaction include:</p> <p>A. DHS will contract with a contingency clearinghouse to implement processes for the continuation of claims processing. The trigger date for invoking this option should give trading partners at least 5 days notice on submission of claims to the contingency clearinghouse. OR</p> <p>B. Four contingencies have been identified for dealing with 835 transaction risks:</p> <ol style="list-style-type: none"> 1. Continue pre-HIPAA electronic remittance; 2. Supply providers with paper remittances (upon request); 3. Use the 835 remittance transaction and continue pre-HIPAA electronic remittance for Fee-For-service; 4. Use the 835-remittance transaction and revert to paper remittances for non-compliant providers. <p>The trigger date for invoking this option should give trading partners at least 30 days notice. Implementation of option B should involve minimal additional effort by applications staffs, since this option involves continuing use of existing systems and procedures given the Bulletin Board (BB) functionality is operating at current efficiency levels.</p>
Status	A. Unavailable B. Available
Start Date/Complete Date	A: Upon emergency and until resolved B: 10/16/03 to 12/31/05
Corrective Action Plan (CAP)	The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 12/31/03.

10. 835 Claims Remittance Transaction – Prepaid Health Plans (PHP)

Transaction Compliance Approach Description	<p>DHS uses proprietary systems for transmitting remittance information on claims. The Remittance Advice file contains information on the adjudication status of claims submitted. Payments are transmitted separately from the remittance advice.</p> <p>The 835 health care claim payment advice will be used by MMIS to send remittance information to PHPs This will include information on claim adjudication status to use to reconcile their accounts. The Oregon MMIS will transition to use of the 835 format by 2/28/05.</p> <p>There are two situations that may affect implementation plans for implementing the 835 remittance transaction:</p> <p>A. A complete unrecoverable system disruption affecting continued processing occurs; OR</p> <p>B. One or more PHP is not ready to receive the 835 remittance transaction as planned.</p>
Service Continuation Alternative Description	<p>Alternatives for dealing with 835 Remittance transaction include: Two contingencies have been identified for dealing with 835 transaction:</p> <p>A. DHS will contract with a contingency clearinghouse to implement processes for the continuation of claims processing. The trigger date for invoking this option should give trading partners at least 5 days notice on submission of claims to the contingency clearinghouse. OR</p> <p>B. Continue PHP pre-HIPAA status file or Use the 835-remittance transaction and create a status history file for PHPs.</p> <p>The trigger date for invoking either of these options should give trading partners at least 30 days notice that they will need to continue submitting in the pre-HIPAA formats. Implementation of option B should involve minimal additional effort by applications staffs, since this option involves continuing use of existing systems and procedures given the Bulletin Board (BB functionality is operating at current efficiency levels.</p>
Status	A. Available B. Unavailable
Start Date/Complete Date	<p>A: Upon emergency and until resolved</p> <p>B: 10/16/03 to 12/31/05</p>
Corrective Action Plan (CAP)	The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 12/31/03.

11. 835 Claims Remittance Transaction - Pharmacy

Transaction Compliance Approach Description	<p>DHS uses proprietary systems for transmitting remittance information on claims. These systems communicate information on paid claims, adjusted claims, denied claims, voided claims, and claims in process. Payments are transmitted separately from the remittance advice.</p> <p>The 835 health care claim payment advice will be used by MMIS to send remittance information to pharmacies. This will include information on denied claims. Information for claim payments that providers can use to reconcile their accounts and claim adjudication status. The Oregon MMIS will transition to use of the 835 format by 1/2005.</p> <p>There are two situations that may affect implementation plans for implementing the 835 remittance transaction:</p> <p>A. A complete unrecoverable system disruption affecting continued processing; OR</p> <p>B. One or more pharmacy is not ready to receive the 835remittance transaction as planned.</p>
Service Continuation Alternative Description	<p>Two contingencies have been identified for dealing with 835 transaction risks:</p> <p>A. DHS will contract with a contingency clearinghouse to implement processes for the continuation of claims processing. The trigger date for invoking this option should give trading partners at least 5 days notice on submission of claims to the contingency clearinghouse. OR</p> <p>B. Continue pre-HIPAA electronic remittance, or Use the 835 remittance transaction and continue pre-HIPAA electronic remittance</p> <p>The trigger date for invoking either of these options should give trading partners at least 30 days notice that they will need to continue submitting in the pre-HIPAA formats. Implementation of option B should involve minimal additional effort by applications staffs, since this option involves continuing use of existing systems and procedures given the Bulletin Board (BB) functionality is operating at current efficiency levels.</p>
Status	A. Available B. Unavailable
Start Date/Complete Date	<p>A: Upon emergency and until resolved</p> <p>B: 10/16/03 to 12/31/05</p>
Corrective Action Plan (CAP)	The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 12/31/05.

12. 820 Capitation/Premium Payment Transaction - PHP

Transaction Compliance Approach Description	<p>DHS uses proprietary systems for transmitting capitation information for PHPs. These systems communicate information on individual PHP payment status. Payments are transmitted separately from the remittance advice. With respect to PHPs, the Remittance Advice file contains information on the adjudication status of claims submitted.</p> <p>The 820 transaction communicates capitation payments to PHPs, and any adjustments or corrections to those payments. This information is currently communicated on proprietary data files provided to the PHPs. Oregon MMIS will transition to use of the 820 format by 4/2005.</p> <p>There are two possible situations/risks that could prevent the 820 transactions from being implemented according to plan:</p> <p>A. A complete unrecoverable system disruption affecting continued processing; OR</p> <p>B. One or more PHPs are not ready to receive the 820 transaction as planned.</p>
Service Continuation Alternative Description	<p>The following alternatives have been identified for the 820:</p> <p>A. DHS will contract with a contingency clearinghouse to implement processes for the continuation of claims processing. The trigger date for invoking this option should give trading partners at least 5 days notice on submission of claims to the contingency clearinghouse. OR</p> <p>B. 1. Continue pre-HIPAA proprietary/capitation interfaces for all PHPs;</p> <p>2. Use the 820 transaction for compliant PHPs and continue pre-HIPAA interfaces for non-compliant PHPs; or</p> <p>3. Use the 820 transaction for compliant PHPs and provide non-compliant PHPs with hardcopy remittance summaries.</p> <p>The trigger date for invoking this option should give trading partners at least 30 days notice that they will need to continue submitting in the pre-HIPAA formats. Implementation of option B should involve minimal additional effort by applications staffs, since this option involves continuing use of existing systems and procedures given the Bulletin Board (BB) functionality is operating at optimal efficiency levels.</p>
Status	Available
Start Date/Complete Date	<p>A: Upon emergency and until resolved</p> <p>B: 10/16/03 to 12/31/05</p>
Corrective Action Plan (CAP)	The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 12/31/05.

13. 834 Benefit Enrollment and Maintenance Transaction - PHP

Transaction Compliance Approach Description	<p>DHS creates proprietary data files weekly and monthly providing the PHPs with essential information on client enrollment (additions, terminations and changes). Enrollment data on all enrolled members enables PHPs to audit their data and account for payments.</p> <p>The 834 transaction provides enrollment information to PHPs. Oregon DHS will transition to use of the 834 format by 2/28/05.</p> <p>There are two possible situations/risks that could prevent the 834 transaction from being implemented according to plan:</p> <p>A. A complete unrecoverable system disruption affecting continued processing; OR</p> <p>B. One or more PHP is not ready to receive the 834 transaction as planned</p>
Service Continuation Alternative Description	<p>Two alternatives have been identified for dealing with 834 transaction risks:</p> <p>A. DHS will contract with a contingency clearinghouse to implement processes for the continuation of claims processing. The trigger date for invoking this option should give trading partners at least 5 days notice on submission of claims to the contingency clearinghouse. OR</p> <p>B. Continue pre-HIPAA proprietary interfaces for all PHPs; or Use the 834-transaction for compliant PHPs and continue pre-HIPAA interfaces for non-compliant PHPs.</p> <p>A. The trigger date for invoking this option should give trading partners at least 30 days notice. Implementation of either of these options should involve minimal additional effort by applications staffs, since this option involves continuing use of existing systems and procedures given the Bulletin Board functionality is operating at optimal efficiency levels</p>
Status	A: Unavailable B: Available
Start Date/Complete Date	<p>A: Upon emergency and until resolved</p> <p>B: 10/16/03 to 12/31/05</p>
Corrective Action Plan (CAP)	The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 12/31/05.

14. 270 Eligibility Verification

Transaction Compliance Approach Description	<p>The DHS currently has a number of methods for responding to requests for eligibility verification. Those mechanisms for eligibility verification include:</p> <ul style="list-style-type: none"> • Verification by contacting OMAP, via telephone, • Automated Voice Response System (AVRS), • On line Eligibility Verification via Direct Connection (OLG), • First Health Services Eligibility Verification, and • Via Electronic Eligibility Verification Vendors (EEVS) <p>DHS would use the paired 270/271 health care eligibility status request and response transaction to receive and respond to requests for eligibility status information. Providers would use the 270-transaction to submit batch/real time file requests for eligibility status information, which would be accepted by MMIS. Oregon MMIS will transition to use of the 270 Claim Status Transaction by 6/1/05.</p> <p>Except for the OLGR/X screens, all of these current sources of information will continue to exist after HIPAA Transactions and Code Sets implementation. Ultimately, existing transaction mechanisms will be modified to ensure that their content is HIPAA compliant.</p> <p>The OMAP OLGR/X screens access will be discontinued for external entities effective 60 days after implementation of this transaction or 9/1/05, which ever is earlier.</p> <p>In addition, the DHS must provide an inquiry and response mechanism that is compliant with the 270/271 requirements. A batch and real time process that is currently under development and has been designed to meet this HIPAA requirement, and should be in production by 4/2005.</p> <p>There are two situations/risks that could prevent the 270/271 transactions from being implemented according to plan:</p> <p>A. MMIS is not ready to receive the 270-batch/real time transactions as planned or</p> <p>B. One or more provider is not ready to receive the 834 transaction as planned</p>
Service Continuation Alternative Description	<p>No alternative is required, as several options remain available. The trigger date for invoking this option should give trading partners 5-day notice.</p>
Status	<p>Available</p>
Start Date/Complete Date	<p>10/16/03 – 12/31/05</p>
Corrective Action Plan (CAP)	<p>The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 12/31/05.</p>

15. 271 Eligibility Response Transactions

Transaction Compliance Approach Description	<p>DHS currently has a number of methods for responding to requests for eligibility verification. Those mechanisms for eligibility verification include:</p> <ul style="list-style-type: none"> • Verification by contacting the OMAP, via telephone • Automated Voice Response System (AVRS) • On-line Eligibility Verification Access via Direct Connection (OLGR/X) • First Health Services Eligibility Verification • Via Electronic Eligibility Verification Vendors (EEVS) <p>The 271-transaction would be used by external entities to receive eligibility and enrollment information regarding OHP members. Oregon MMIS will transition to use of the 271 Eligibility Verification Transaction by 12/31/05.</p> <p>Except for the OLGR/X all of these current sources of information will continue to exist after HIPAA Transactions and Code Sets implementation. Ultimately, existing transaction mechanisms will be modified to ensure that their content is HIPAA compliant.</p> <p>In addition, the DHS must provide an inquiry and response real-time mechanism that is compliant with the 270/271 requirements. A batch process that is currently under development has been designed to meet this HIPAA requirement, and should be in production by September 1, 2005.</p> <p>There is one situations/risks that could prevent the 270/271 transactions from being implemented according to plan:</p> <p>A. MMIS is not ready to send the 271-batch/real-time transaction as planned or</p> <p>B. One or more provider is not ready to receive the 834 transaction as planned</p>
Service Continuation Alternative Description	<p>No alternative is required, as several options remain available.</p> <p>The trigger date for invoking this option should give trading partners 5-day notice.</p>
Status	Available
Start Date/Complete Date	10/16/03 – 12/31/05
Corrective Action Plan (CAP)	<p>The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 4/30/04.</p>

16. 276 Claim Status Transactions

Transaction Compliance Approach Description	<p>DHS has several mechanisms for receiving and responding to claim status requests. OMAP has the following means for receiving claim status requests:</p> <ul style="list-style-type: none"> • Via phone by the claims processing unit; or • Via fax by the claims processing unit; or • Via OMAP OLM Screens. <p>These mechanisms will remain in place after implementation of the 276/277-transaction.</p> <p>DHS would use the paired 276/277 health care claim status request and response transaction to receive and respond to requests for claim status information. Providers would use the 276-transaction to submit batch/real time file requests for claim status information, which would be accepted by MMIS. Oregon MMIS will transition to use of the 276 Claim Status Transaction by 12/1/05.</p> <p>The OMAP OLM screen access will be discontinued for external entities effective 60 days after implementation of this transaction or 12/31/05, which ever occur first.</p> <p>There are two situations that may affect implementation plans for the 276/277 transactions:</p> <ul style="list-style-type: none"> A. DHS is not ready to receive the 276-claim status inquiry (Batch) transaction as planned; B. One or more providers not ready to send the 276-status (Batch or real-time) transaction.
Service Continuation Alternative Description	<p>No alternative is required, as several options remain available. The trigger date for invoking this option should give trading partners 5-day notice.</p>
Status	<p>Available</p>
Start Date/Complete Date	<p>10/16/03 – 12/31/05</p>
Corrective Action Plan (CAP)	<p>The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 12/31/05.</p>

17. 277 Claim Response Transactions

Transaction Compliance Approach Description	<p>DHS has several mechanisms for responding to claim status requests. These mechanisms will remain in place after implementation of the 276/277-transaction.</p> <p>OMAP has the following means for responding to claim requests:</p> <ul style="list-style-type: none"> • Via phone the claims processing unit; or • Via fax by the claims processing unit; or • Via the OMAP OLM Screens for inquiry. <p>DHS would use the paired 276/277 health care claim status request and response transaction to receive and respond to requests for claim status information. DHS would use the 277 transaction to respond to requests for claim status information, which would be accepted by MMIS. Oregon MMIS will transition to use of the 277 Claim Status Transaction by 12/1/03.</p> <p>The OMAP OLM screen access will be discontinued for external entities effective 60 days after implementation of this transaction or 12/31/05, which ever occur first.</p> <p>There are two situations that may affect implementation plans for the 277 transactions:</p> <p>A. MMIS is not ready to send the 277-claim status response (batch/real time) transaction as planned;</p> <p>B. One or more providers not ready to receive the 276-status (batch/real time) transaction.</p>
Service Continuation Alternative Description	<p>No alternative is required, as several options remain available. The trigger date for invoking this option should give trading partners 5-day notice.</p>
Status	<p>Available</p>
Start Date/Complete Date	<p>10/16/03 –12/31/05</p>
Corrective Action Plan (CAP)	<p>The CAP will be developed on a case-by-case basis with a goal of completing all trading partner transitions by 12/31/05.</p>