Oregon Department of Human Services

Transactions and codes sets compliance

837 professional, institutional, dental
835 remittance advice
270/271 eligibility inquiry and response formats
276/277 claims inquiry and response formats

A s many of you are aware, the federal government passed sweeping legislation, the Administrative Simplification Act, that affects the health care industry. Among other things, it provides for privacy and security when transferring health care information by use of transactions and codes sets outlined in the Health Insurance Portability and Accountability Act (HIPAA). The Centers for Medicare and Medicaid Services (CMS) regulate these requirements. The Office of Medical Assistance Programs (OMAP) is an insurance carrier that must abide by HIPAA laws.

This bulletin updates you on OMAP's status in complying with the above-named transactions and codes sets regulations. OMAP has been processing claims for payment in the HIPAA compliant 837 formats since last year.

Access to our online screens

If you have access to DHS online screens (OLM, OREF, OLGX, etc.), you must be prepared to switch to the HIPAA compliant 270/271 and 276/277 formats by September 30, 2005, in order to receive uninterrupted service. The current screen access will be discontinued by December 31, 2005. Other DHS eligibility verification options are available, such as viewing the client's medical ID, phone- or Web-based AIS, or EEVS vendor services.

**This requirement is not exclusive to electronic claim submitters.
ALL OREGON MEDICAID PROVIDERS must use this format.**

Registration and assistance

If you submit claims electronically and have not begun the authorization process, please contact us for instructions or assistance.

- ➢ Email: DHS.HIPAAtesting@state.or.us
- ➢ Phone: 503-947-5347
- ➢ Web site: http://www.oregon.gov/DHS/admin/hipaa/testing_reg.shtml