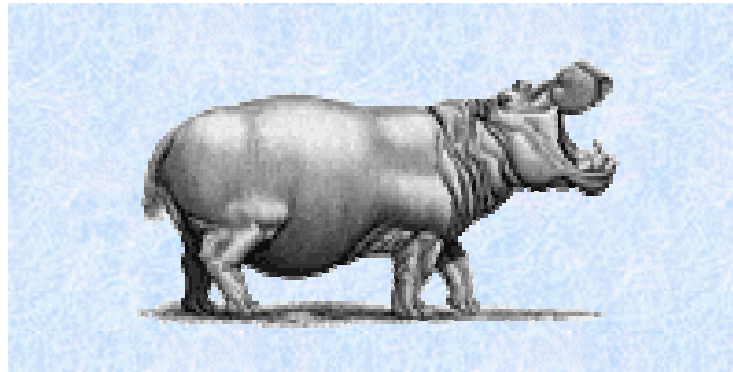


Health Service Information System HIPAA-Related Changes April 2003



HIPAA Impacts

- **Privacy Rule** - implements standards for protected health information (PHI)
- **Electronic Data Interchange (EDI)** - implements standards for electronic health care transactions (e.g. billing)
- **Limited Training Scope**
 - addresses only HHS-related issues
 - **not** a HIPAA tutorial



Timetable for EDI Compliance

- **HSIS Required Date** - all EDI required data is mandatory on or after **07/01/03** - regardless of date of service
- **Medicaid Required Date** - all claims submitted on or after **10/16/03** - regardless of date of service
- **HSIS/Medicaid Required Date Gap** - The period between the required dates will be used to:
 - Allow LHDs to assure required data is being captured and entered correctly before omissions impact billing
 - Allow HSIS DIRM staff to collect adequate data for compliance testing



Overview of Impacted Screens/Functions (1 of 2)

- Patient Registration
- Billing



Overview of Impacted Screens/Functions (2 of 2)

- A screen print of each impacted screen is displayed with new/revised data fields indicated in **RED** (**BOLD** if color is not available)
- Many fields involve codes - code lists are included in the updated HSIS User Manual

Patient Registration Changes

- **Menu Options**
 - 00. Patient Alpha Search (revised)
 - 01. Patient Master (revised)
 - 04. Patient Addresses (new)

00. Patient Alpha Search

HSA007A NORTH CAROLINA HSIS - PATIENT MASTER ALPHA SEARCH 00101

NEXT RECORD: COUNTY: ____ SCREEN: __ ID: _____ DATE: _____ ACTION: __
MESSAGE:

ENTER LAST NAME: _____

FIRST NAME: _____

SEX: __

(MMDDCCYY)

DOB: _____ **PLUS OR MINUS** __ **YEARS**



00. Patient Alpha Search

- **STANDARDIZED ALPHA SEARCH** - same technique for all DHHS applications
- **SOUNDEX** - methodology used to find similar names spelled differently
- **FULL FIRST NAME** - instead of 1st initial
- **DATE OF BIRTH (+/- *n* YEARS)** - searches range (0 - 150) of years if you are unsure about the birth date
- **AGE AND RACE** - no longer required

01. PATIENT MASTER (1 of 5)

HSA010A

NORTH CAROLINA HSIS - PATIENT MASTER

ADDED:

CHANGED:

NEXT RECORD: COUNTY ___ SCREEN ___ ID _____ DATE _____ ACTION ___

MESSAGE:

FIELD NAMES HIGHLIGHTED FOR PARTIAL/APPOINTMENT-ONLY ENTRY

REGISTRATION NAME: LAST _____ FIRST _____ MI ___

MEDICAID NAME: LAST _____ FIRST _____ MI ___

ID NUMBER: _____ PREV ID: _____ APPT ONLY: WIC EDIT: _ LABELS: ___

CLIENT STATUS: _ CHART NUM: _____

DOB: _____ RACE: _ _ _ _ HISP/LANTINO: _ SEX: _ COUNTY OF RES: _____

MIGRANT FARMWORKER/DEPENDENT: _ SEASONAL FARMWORKER/DEPENDENT: _

ENGLISH SPEAKING: _ HOMELESS: _ REFUGEE: _ COUNTRY OF ORIGIN: _ (1,2,9)

STREET 1: _____ STREET 2: _____

CITY: _____ STATE: _ ZIP: _____ - _____

HOME PHONE: (___) ___ - _____ BUSINESS/ALTERNATE PHONE: (___) ___ - _____

IF CHILD, NAME OF PARENT/GUARDIAN AT THIS ADDRESS:

LAST: _____ FIRST: _____ MI: _ FAMILY ID: _____

RELATIONSHIP TO PATIENT: _

MEDICAID: _ (Y,N) NUMBER: _____ MEDICARE: _ (Y,N) NUMBER: _____

OTHER INS: _ (Y,N) SELF PAY: _ (Y,N) O/P: _ HEALTH CHOICE: _ SSI: _

RELEASE OF INFO: _ SIGNATURE ON FILE: _ RESTRICT PHI: _

OTHER ADDR: _ SCREEN VERIFICATION DATE: _____



01. Patient Master (2 of 5)

- **RELEASE OF INFO**
 - Required EDI field for Medicaid billing
 - A code indicating a patient's consent to release medical data to other organizations
 - Not related to the Privacy Rule
 - See HSIS User Guide for a list of allowable codes
 - Code example: 'Y' = Provider has signed statement permitting release



01. Patient Master (3 of 5)

- **SIGNATURE ON FILE**

- Required EDI field for Medicaid billing
- Code indicating how the Patient’s Release of Information (ROI) signatures were obtained and how they are being stored
- May be blank if ROI code is “N” indicating provider is not allowed to release data
- See HSIS User Guide for a list of allowable codes
- Code example: B = Signed signature authorization form or forms for both CMS-1500 form blocks 12 and 13 are on file (CMS replaced HCFA)

01. Patient Master (4 of 5)

- **RESTRICT PHI**

- New feature to help administer Privacy Rule
- Enter a ‘Y’ to indicate patient has exercised his/her Privacy Rule rights to restrict the disclosure of PHI
- If set to ‘Y’, a warning message will appear on the date line for each screen that displays individual information about that patient
- Message: **RESTRICT PHI REQUEST-SEE MEDICAL REC**

01. Patient Master (5 of 5)

- **OTHER ADDR**

- ‘Y’ indicates patient has multiple addresses on file (mailing, home, work)
- Relates to Privacy Rule right to request alternate communications means and/or location
- Mailing address always displayed on Patient Master screen

04. Patient Addresses (3 of 3)

- **New Menu Option** - 04. PATIENT ADDRESSES to view/maintain patient addresses
- **Mail Address** - always displays on Patient Master (can also be updated on Patient Master screen)
- **Address List Screen** - A list of all the patient's address types will display for inquiry, change and delete actions (see screen 2 of 3). Select a specific address type to be transferred to the address detail screen.
- **Detail Address Screen** - Displays all detail for a specific address (see screen 1 of 3)



Billing Changes

- **Menu Options Applicable to Billing**
 - 02. Patient Financial (new)
 - 03. Patient Insurance (new)
 - 62. Setup Financial (deleted)
 - 65. Encounter (revised)
Services (revised)
 - 68. Billing Inquiry/Billing Only (revised)
Payments and Adjustments (revised)
 - 70. Dental Encounter & Svcs (revised)

02. Patient Financial (1 of 2)

HSA020A

HSIS - PATIENT FINANCIAL

ADDED:

CHANGED:

NEXT RECORD: COUNTY ____ SCREEN ____ ID _____ DATE _____ ACTION __
MESSAGE:

NAME: _____ HEALTH CHOICE: __

FAM SIZE	INCOME	SFSCALE	PCT	FAM SIZE	INCOME	SFSCALE	PCT
CH: ____	CH: _____	CH: ____		CSHS: ____	CSHS: _____	CSHS: ____	
HP/AH: ____	HP/AH: _____	HP/AH: ____		FP: ____	FP: _____	FP: ____	
DH: ____	DH: _____	DH: ____		EP: ____	EP: _____	EP: ____	
MH: ____	MH: _____	MH: ____		GB: ____	GB: _____	GB: ____	
RH: ____	RH: _____	RH: ____		IM: ____	IM: _____	IM: ____	
OS: ____	OS: _____	OS: ____		PC: ____	PC: _____	PC: ____	
TB: ____	TB: _____	TB: ____		STD: ____	STD: _____	STD: ____	
DEC GROSS: _____	DEC TOTAL DED: _____			DEC: ____	DEC: _____	DEC: ____	

GUARANTOR INFORMATION IF NO INSURANCE

LAST NAME: _____ FIRST: _____ MI: __
STREET 1: _____
STREET 2: _____
CITY: _____ ST: __ ZIP: _____

ACCT. BALANCE OR WRITE-OFF AMT: _____ W/O: __ MAIL: __



02. Patient Financial (2 of 2)

- **Required screen** for all A/R sites
- **Screen contents:**
 - ‘Old’ menu option 62 SETUP FINANCIAL
 - Family size/income by program
 - ACCT. BALANCE -WRITE-OFF AMT and MAIL
 - Guarantor Information if no insurance

03. Patient Insurance (1 of 6)

HSA030A NORTH CAROLINA HSIS - PATIENT INSURANCE ADDED:
CHANGED:
NEXT RECORD: COUNTY ____ SCREEN ____ ID _____ DATE _____ ACTION ____
MESSAGE:

NAME: _____ MARITAL STATUS: _ EMPLOY STATUS: _

INS COMPANY NUM: ____ **INS TYPE:** _ (M=MEDICAL, D=DENTAL, B=BOTH, C=CONTRACT)

CLAIM FILING IND: __ **PAYER RESP SEQ:** _ **INS PROGRAM TYPE:** __

POLICY #: _____ GROUP #: _____

POLICY HOLDER DATA: **ID ASSIGNED BY INSURANCE COMPANY:** _____

LAST NAME: _____ FIRST: _____ MI: _ SSN: _____

STREET 1: _____

STREET 2: _____

CITY: _____ ST: ____ ZIP: _____

RELATIONSHIP TO INSURED: _ GUARANTOR: _ **BIRTH DATE:** _____ **SEX:** _

COND RELATED TO: EMPLOYMENT? _ AUTO ACCIDENT? _ ST: ____ OTHER ACCIDENT?: _

ACCIDENT DATE: _____



03. Patient Insurance (2 of 6)

HSA030C

HSIS - PATIENT INSURANCE - LIST

ADDED:

CHANGED:

NEXT RECORD: COUNTY ____ SCREEN ____ ID _____ DATE _____ ACTION ____

MESSAGE:

NAME:

INS TYPE	INS CODE	INS COMPANY NAME	EFFECTIVE START	EFFECTIVE END
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____



03. Patient Insurance (3 of 6)

- **Required screen for:**
 - A/R sites - patients with insurance
 - Non-A/R sites - patients with insurance and Medicaid
- **Insurance List Screen** - A list of all the patient's insurance records will display for inquiry, change and delete actions (see screen 2 of 6). Select a specific insurance record to be transferred to the detail screen.
- **Detail Address Screen** - Displays all the data fields for a specific insurance record. Initial screen for an add (see screen 1 of 6).



03.Patient Insurance (4 of 6)

- **INSURANCE COMPANY NUM:** valid ID number (now 4 characters) from INSURANCE/CONTRACT table (screen 14)
- **INS TYPE:** code indicating ins. type (e.g. M = Medical)
- **CLAIM FILING IND**
 - A code indicating type of claim
 - Required EDI field for Medicaid billing when patient also has insurance
 - See HSIS User Guide for a list of allowable codes
 - Code example: “12” = PPO



03.Patient Insurance (5 of 6)

- **PAYER RESP SEQ:**
 - Code indicating insurance carrier’s level of responsibility
 - Required EDI field for Medicaid billing when patient also has insurance
 - See HSIS User Guide for a list of allowable codes
 - Code example: “P” = Primary

03.Patient Insurance (6 of 6)

- **INS PROGRAM TYPE:**
 - Code indicating type of insurance
 - Required EDI field for Medicaid billing when patient also has insurance
 - See HSIS User Guide for a list of allowable codes
 - Code example: “C1” = Commercial
- **Accident Date:** Required if condition is accident or employment related

65. ENCOUNTER (1 of 5)

HSA650A NORTH CAROLINA HSIS - ENCOUNTER INFORMATION ADDED: _____
CHANGED: _____
NEXT RECORD: COUNTY ____ SCREEN ____ ID _____ DATE _____ ACTION ____
MESSAGE: _____

NAME: _____ SERVICE DATE: _____
RELEASE OF INFORMATION: _ SIGNATURE ON FILE: _
MEDICAID? _ MEDICAID ID: _____ MEDICARE? _ MEDICARE ID: _____
OTHER INS? _ SELF PAY: _ INS A: ____ INS B: ____ HEALTH CHOICE: _ CONTRACT: ____
SSI: _ SERVICE SITE: _____ SERVICE GROUP: _____ DEC TRACKING DATE: _____
HEARING AID DATE: _____
HEIGHT: ____ IN ____ /8 IN OR ____ . ____ CM WEIGHT: ____ LB ____ OZ OR ____ . ____ KG

CHILD HEALTH: PAT TYPE: _ HGB: ____ . ____ GRAMS OR HCT: ____ % BLOOD LEAD DRAWN: _
NEXT PERIODIC SCREENING APPT: _____
FAMILY PLANNING: PAT TYPE: _ CONTRA METHOD: ____ PAT SCREENED? _ PAT AT RISK? _
FAMILY SIZE: ____ ANNUAL FAMILY INCOME: _____
MATERNAL HEALTH: PAT TYPE: _ MARITAL STATUS: _ LIVE BIRTHS: ____ SPON ABOR: ____
LIVING CHILDREN: ____ FETAL DEATHS: ____ O/P: _
CHILD SPEC HLTH: PAT TYPE: _ CLINIC CODE: ____ OUTREACH: _ NEXT VISIT: _____
SERVICE TYPES: ASSESSMENT _ TREATMENT _ THERAPY _
HIGHEST GRADE COMPLETED: _ LOCAL USE CODES: _____



65. Encounter (3 of 5)

- **HEARING AID DATE:** date of prescription for hearing devices
- **RELEASE OF INFO** (same as Patient Master)
 - Required EDI field for Medicaid billing
 - A code indicating a patient’s consent to release medical data to other organizations
 - Not related to the Privacy Rule
 - See HSIS User Guide for a list of allowable codes
 - Code example: ‘Y’ = Provider has signed statement permitting release

65. Encounter (4 of 5)

- **SIGNATURE ON FILE** (same as Patient Master)
 - Required EDI field for Medicaid billing
 - Code indicating how the Patient’s Release of Information (ROI) signatures were obtained and how they are being stored
 - May be blank if ROI code is “N” indicating provider is not allowed release data
 - See HSIS User Guide for a list of allowable codes
 - Code example: B = Signed signature authorization form or forms for both CMS form blocks 12 and 13 are on file

65. Encounter (5 of 5)

- **Deleting Encounters/Services - Soft Deletes**
 - **Soft Deletes** - New concept for managing deletes after the accounting period has closed
 - Not physically deleted from the system but removed from program reports
 - Can be displayed with "Inquiry" or "Change"
 - Appear with "D" in the B/R/D field
 - Can not be changed
 - Enter replacements using the "Change" action code

68. Billing Inquiry/Billing Only (1 of 3)

HSA680A

BILLING INQUIRY / BILLING ONLY

ADDED:
CHANGED:

NEXT RECORD: COUNTY: ___ SCREEN: ___ ID: _____ DATE: _____ ACTION: ___
MESSAGE:

LAST NAME: _____ FIRST NAME: _____ MI: ___
CPT CODE: _____
SERVICE DATE: _____ ENTRY DATE: _____ UNITS: ___
PAY SOURCE: ___ PROGRAM TYPE: ___ **REL OF INFO:___ SIGNATURE ON FILE:___**
BILL DATE: _____ BILL TYPE: ___ TYPE OF SERV: ___ PLACE SERV: ___
BILL AMT: _____ SFSCALE PCT: ___
ATTEND PHY: _____ REFER PHY: _____ CLIA NUMBER: _____
DIAG CODES: PRI: ___ SEC: ___ TOOTH: ___ SURFACE: ___
MED ID: _____ INSA: ___ INSB: ___ CONTRACT: _____ PAT PAY: ___
COND RELATED TO: EMPLOYMENT? ___ AUTO ACCIDENT? ___ ST: ___ OTHER ACCIDENT?: ___
EDS IND: ___ PAID DATE: _____ PAID AMT: _____
EDS ICN: _____ EOB: _____
BILL PROV: _____ ACCT BALANCE: _____
RECORD SOURCE IND: ___ DHS ICN: _____ BILL ONLY: ___ AR-SKIP-IND: ___
PRIOR APPROVAL: DATE: _____ NUMBER: _____
APPLIANCE: STATUS: ___ PLACEMENT DATE: _____ ORAL CAVITY: ___
HEARING AID DATE: _____ BANDING DATE: _____
CHANGE DATE: _____ USER ID: _____ ACCOUNTING PERIOD: _____



68. Billing Inquiry/Billing Only (2 of 3)

- **PRIOR APPROVAL:**
 - **DATE:** approval date
 - **NUMBER:** authorization number
- **APPLIANCE STATUS:** Code specifying the placement status for dental work:
I = Initial Placement, R = Replacement
- **PLACEMENT DATE:** Required for prosthetic services previously placed

68. Billing Inquiry/Billing Only (3 of 3)

- **ORAL CAVITY:** Code identifying mouth area being treated (e.g. 01 = Maxillary Area - see HSIS User Guide for list of codes)
- **HEARING AID DATE:** date of prescription written for hearing device
- **BANDING DATE:** date orthodontic appliances were placed



68. PAYMENTS & ADJUSTMENTS (2 of 4)

- **Required screen for:** patients with insurance and Medicaid
- **Required fields:**
 - **DATE OF PAYMENT**
 - **PAYMENT/CR AMOUNT**
 - **OTHER ADJ** (if insurance pays only a portion of amount billed)
 - **OTHER ADJ DESCRIPTION** (if OTHER ADJ amount entered)



68. PAYMENTS & ADJUSTMENTS (3 of 4)

- **ADJUSTMENT GROUP:** Code identifying the general category of payment adjustment (e.g. CO = Contractual Obligation)
- **ADJUSTMENT REASON:** code identifying the reason the adjustment was made (EOB code e.g. 1 = deductible amount)
- **ADJUSTED UNITS:** units of service being adjusted

68. PAYMENTS & ADJUSTMENTS (4 of 4)

- **DISCOUNTED AMOUNT:** amount considered a discount by payer
- **PATIENT RESP AMT:** amount which is the responsibility of the patient according to the payer
- **PATIENT PAID AMT:** amount paid by patient
- **PAYMENT ADJUDICATION DATE:** date payer adjudicated claim



70. DENTAL ENCOUNTER & SVCS (1 of 5)

HSA700A NORTH CAROLINA Hsis - DENTAL ENC & SVC INFO ADDED: dd/mm/yy
 dd/mm/yy CHANGED:
 NEXT RECORD: COUNTY ____ SCREEN 70 ID _____ DATE _____ ACTION _
 MESSAGE:
 NAME: SERVICE DATE: _____
RELEASE OF INFO: _ SIGNATURE ON FILE: _
 MEDICAID? _ MEDICAID ID: _____ MEDICARE? _ MEDICARE ID: _____
 OTHER INS: _ SELF-PAY: _ INS A: _____ INS B: _____ PLACE OF SERVICE: __
 ACCIDENTAL INJURY? _ **ACCIDENT DATE: _____** AUTO ACCIDENT? _ **STATE: __**
 ON-THE-JOB INJURY? _ PROGRAM INDICATOR ____
 PRIOR APPROVAL DATE: _____ PRIOR APPROVAL NUMBER: _____
 SERVICE SITE: _____ **ORTHODONTIC BANDING DATE: _____**

B/ D	PROC CODE	TOOTH NUM	ORAL CAVITY	SURFACE CODE	SERV PROV	APPLIN STATUS	PRIOR PLACE DATE
—	_____	—	—	— — — — —	_____	—	_____
—	_____	—	—	— — — — —	_____	—	_____
—	_____	—	—	— — — — —	_____	—	_____
—	_____	—	—	— — — — —	_____	—	_____
—	_____	—	—	— — — — —	_____	—	_____
—	_____	—	—	— — — — —	_____	—	_____
—	_____	—	—	— — — — —	_____	—	_____
—	_____	—	—	— — — — —	_____	—	_____



70. DENTAL ENCOUNTER & SVCS (2 of 5)

- **RELEASE OF INFO** (same as Patient Master)
 - Required EDI field for Medicaid billing
 - A code indicating a patient’s consent to release medical data to other organizations
 - Not related to the Privacy Rule
 - See HSIS User Guide for a list of allowable codes
 - Code example: ‘Y’ = Provider has signed statement permitting release

70. DENTAL ENCOUNTER & SVCS (3 of 5)

- **SIGNATURE ON FILE** (same as Patient Master)
 - Required EDI field for Medicaid billing
 - Code indicating how the Patient’s Release of Information (ROI) signatures were obtained and how they are being stored
 - May be blank if ROI code is “N” indicating provider is not allowed release data
 - See HSIS User Guide for a list of allowable codes
 - Code example: B = Signed signature authorization form or forms for both CMS form blocks 12 and 13 are on file

70. DENTAL ENCOUNTER & SVCS (4 of 5)

- **INS A and INS B** - same as “old” INS C and INS D - just a field label change
- **ACCIDENT DATE** - required if condition relates to accident or is employment related
- **STATE** - required if condition is related to auto accident - state in which auto accident occurred

70. DENTAL ENCOUNTER & SVCS (5 of 5)

- **ORAL CAVITY** - code that identifies the area of the mouth that is being treated (e.g. 02 Mandibular area)
- **APPLIN STATUS** - code specifying the placement status for the dental work (I = Initial Place or R = Replacement)
- **PRIOR PLACE DATE** - required if the services are prosthetic services previously placed