

HSIS HIPAA Phase II

Phase I of HIPAA included adding the new data fields to HSIS to meet the new HIPAA regulations. Phase II will include the changes to the claims transaction file sent to EDS for billing Medicaid. The items listed below are the changes that will impact you as a result of the HIPAA regulations being implemented by EDS in the Medicaid Management Information System (MMIS).

Explanation of Benefit (EOB) Codes

EDS will continue to use their proprietary EOB codes on the paper Remittance Advice (RA), with the implementation of Phase II. The HIPAA regulations require all payors to use the same national EOB code set on electronic RAs, which is what HSIS receives from EDS for posting. Thus, you will see a different set of EOB codes on the RAs printed from HSIS than what is on the EDS paper RA.

To help you better understand a complete list of national EOB codes may be found at <http://www.wpc-edi.com/codes/Codes.asp> (select "Claim Adjustment Reason Codes" from the pull-down list). This code set is updated three times a year. Division of Medical Assistance (DMA) also maintains a crosswalk of the proprietary EDS EOB codes to the new national EOB codes on their Web site at <http://www.dhhs.state.nc.us/dma/prov.htm#hipaa> .

Blank EOB Codes

A national EOB code does not exist to show that a claim has been "paid as billed" (EOB 00099). Therefore, if Medicaid pays the exact amount that was billed, the EOB code data field will be blank.

EOB Code "HSIS"

An EOB code of "HSIS", (which is not part of the national EOB code set), will be used to indicate that a service was billed to Medicaid, but Medicaid rejected the claim due to a HIPAA compliance error. The message associated with the "HSIS" EOB code will read, "HIPAA Compliance Error." If any part of a claim fails compliance, the entire claim and any associated services will be rejected. Claims rejected by Medicaid for HIPAA compliance issues will not be processed, and must be resubmitted by the user.

If you want more information on the compliance error, contact Kathy Morris, Kathy.E.Morris@ncmail.net (919) 855-3188 or Deloris Johnson, Deloris.Johnson@ncmail.net (919) 855-3030.

Health Check Screenings

Due to a policy change by Division of Medical Assistance (DMA), Medicaid will first adjudicate the lab and/or supporting services with the same date of service of a Health Check Screening. **Then** the Health Check Screening will be paid in a subsequent cycle. The payment date will be displayed on the HSIS screen - HSA680C for the labs and/or supporting services after payment has been posted. Please note that the Health Check Screening payment date data field will remain blank until Medicaid pays. There is no need to resubmit the Health Check Screenings.

COB fields for Insurance payments and Medicaid clients

The other HIPAA COB fields are no longer required on screen HSA680B. The only required data field for HIPAA on screen HSA680B is Units, when entering insurance payments for Medicaid clients.

Check write Based RA's for Batch Vender Counties and State Lab

HSIS treats HIPAA compliance errors similar to claim adjudication errors. These compliance errors will be handled in a remittance advice (RA) file. So, if you subscribe to "check write based RA's", you will receive notification of a RA file for compliance errors that occur during the month. This is in addition to the notification you receive when a RA associated with a check write is available.