

**Training on HSIS HIPAA Changes
April 2003
Question & Answers from Training**

No.	Screen/Subject	Question	Answer
1.	01. Patient Master Release of Information Signature on File	<p>Question/Issue submitted by E-mail</p> <p>There seems to be some confusion as to the handling of the signature on file authorization form. In section S030 page 7 of 13 selection - B states a signed signature authorization form or forms for both CMS-1500 claim form blocks 12 and 13 are on file. Is there an Official CMS-1500 authorization form? If we add Medicaid to our forms, can we use the insurance authorization form we have generated for our health dept that we currently use for our insurance clients? I noticed that selection - P states signature generated by provider because the patient was not physically present for services. Why would we need to generate a signature for a client that isn't present?</p>	<p>The Release of Information field and the Signature on File fields are both required by HIPAA for electronic billing. The two fields are related and should be answered together. The RELEASE OF INFORMATION field indicates whether the provider has signed permission from the patient to share their data with other medical organizations (for example, to bill Medicaid on their behalf). The SIGNATURE ON FILE field indicates how the signature was obtained and how it is stored.</p> <p>The Release of Information field has to be present to bill Medicaid; however, Medicaid has advised us that they are not using the data to adjudicate the claim. Entering a code of "N" should not impact the adjudication of the claim.</p> <p><i>Is there an Official CMS-1500 [claim] form?</i> The Health Care Financing Administration (HCFA) has changed its name to Centers for Medicare & Medicaid Services (CMS). Due to this change, agency forms will also undergo a change to reflect this name change. As stock of each agency form is depleted, the form will</p>

No.	Screen/Subject	Question	Answer
			<p>be reprinted changing all HCFA references to CMS. The "Revision Date" will not change. Once the form has been reprinted as a CMS form, the "Form #" HCFA prefix shown at the bottom of the form will be changed to CMS. Both the "HCFA" and "CMS" versions are acceptable for use during this phase-in process. CMS is making many of its Program Forms available in Portable Document Format (PDF) for informational purposes. The forms that are currently available electronically are available at http://www.cms.hhs.gov/forms/. For more information on the available forms and various file formats and plug-ins please visit the website.</p> <p><i>If we add Medicaid to our forms, can we use the insurance authorization form we have generated for our health dept that we currently use for our insurance clients?</i> No, a local form cannot be referenced. See the answer to #2 also.</p> <p><i>Why would we need to generate a signature for a client that isn't present?</i> This code would probably never apply to a local health department. One example where this may apply is for lab tests done by a health care provider that does not see the patient directly.</p>
2.	01. Patient Master	Question/Issue submitted by E-mail My concern is about signature on file	No, the state form cannot be referenced. The list of valid codes for the Signature on

No.	Screen/Subject	Question	Answer
	Signature on File	<p>which is on page 7 of 13, under unit 1. Patient Master, of the new HSIS manual. This states an EDI code is required for Medicaid billing. Each option listed states the signature authorization has been signed on the CMS-1500 and is on file. Our agency is now using a HIPAA Privacy Rule 2003 form which was provided by the state that authorizes release of information for payment. This new form is called Permission To Use and Disclose Patient Health Information and went into effect April 14, 2003. Although the state provided us with this form, which was cleared by the Institute of Government, it is not an option for the signature on file field of the new patient master in the HSIS manual. Please let me know if the new state form is appropriate to use and if so what code I am to put in the signature on file field.</p>	<p>File field is defined by the HIPAA EDI rules as these code values are being used at a national level. Choose the code that most closely represents how the signature was obtained and is stored.</p> <p>Also see the Q&A about Consents & Authorizations for clarification on state-supplied forms and other issues which is posted on the same Web page as this document.</p>
3.	03. Patient Insurance Policy holder data	<p>Question/Issue submitted by E-mail</p> <p>The policy holder's name, address, SSN and DOB are required. This info is not always readily available from the client nor the insurance card. And, our own clients are many times reluctant to share SS.</p>	<p>We understand the concern and it has already been shared with DMA. However, these fields are required in the electronic transaction when billing Medicaid and the client also has insurance. DMA has advised us that they will provide guidance about what to enter when this data is not available. Please watch your Medicaid bulletins.</p>

No.	Screen/Subject	Question	Answer
4.	Batch county billing when insurance was billed first	<p>Question/Issue submitted by E-mail</p> <p>The local health departments (batch & online, not utilizing HSIS accounts receivable system) are responsible for and control their own accounts receivables and client ledgers. We have tight security on who is authorized for changes and updates in our accounts; i.e.: changing a client charge from one payor to another. Currently and in the past we have accommodated the requirements under our contract addenda to report our required services. If they are MEDICAID eligible we send it to HSIS as a billable because you are our required fiscal intermediary with EDS for MEDICAID payment in NC. We know we have to meet EDI requirements if we send HSIS a MEDICAID billable service. However sending HSIS a MEDICARE/INSURANCE service does not require us to send as a billable for HSIS purposes. We know that if we first bill another payor and then bill MEDICAID we have to supply HSIS with what we have done and required fields associated. Our current practices should be able to work the same; in other words, we question whether we would want HSIS to</p>	<p>We will bill Medicaid when a batch site sets the B/R/D flag to "B" and sends a Medicaid-ID. We will then create a billing record to send to Medicaid with the associated insurance payment information that the Health Department sent us.</p>

No.	Screen/Subject	Question	Answer
		<p>change our payor to MEDICAID. When we change our appropriate client service/ledger and accounts receivable on our financial systems we re-send to you then if it is a Medicaid billable with associated required information and we just send it as reportable until we change it to MEDICAID. We have to have our audit trail of payor changes and billings and sent dates for each we keep that within our system for that purpose.</p>	
5.	Date for EDI Required Fields	<p>Question/Issue submitted by E-mail</p> <p>We at the local level have legally filed for the OCTOBER 16,2003 EDI extension. Does HSIS/DPH have the authority to edit out our services prior to that implementation and not allow them to be billed and thus paid? Our other payor sources may or may not be capable to accept EDI requirements prior to the October date; i.e. code equity and standards.</p> <p>WE applaud and appreciate HSIS/DPH getting the elements/fields identified and accommodated early ; so we may have time to place those at the front end of our service processes; i.e. training staff, changing policy/practice and encounter formats. Our vendor is</p>	<p>The EDI field-level edits become effective on September 1, 2003.</p>

No.	Screen/Subject	Question	Answer
		being more than accommodating for the NC requirement to start earlier than anticipated. They know what is needed and have been working on it for all their national users for the last 18-24 months.	
6.	01. Patient Master 04. Patient Addresses Patient address	How does HSIS know if the address is correct?	New HSIS functionality verifies that the street address, city, state and zip codes compose a deliverable address according to a file of valid addresses issued by the United States Postal Service. We, of course, can not determine if it is the “correct” address for the patient.
7.	01. Patient Master 04. Patient Addresses Patient address	If you enter both a street and a P.O. address, does it matter in which order the addresses are entered to constitute a valid address?	New HSIS functionality allows you to enter multiple addresses for a patient. Either order will work.
8.	03. Patient Insurance When to enter patient’s insurance data.	Does a non-A/R site need to enter patient insurance information if you will not be billing Medicaid?	NO – Patient insurance information is only required for the following conditions: <ul style="list-style-type: none"> • A/R sites or • Any site billing both insurance and Medicaid.
9.	01. Patient Master 65. Encounter 68. Billing Only/Billing Inquiry RELEASE OF INFORMATION and SIGNATURE ON FILE fields.	What forms or business processes trigger what codes need to be entered into the subject data fields?	This is a business question that needs to be answered by each LHD. Refer to the valid code lists in the HSIS User’s Manual and determine what business processes apply to determine which codes to enter.
10.	01. Patient Master	Do WIC users have to complete the subject fields when they create a	NO – HSIS detects that user is signed-on to a WIC site and bypasses the new

No.	Screen/Subject	Question	Answer
	WIC use of RELEASE OF INFORMATION and SIGNATURE ON FILE fields.	Patient Master for a patient for whom they enter a Medicaid ID?	Patient Master edits for Medicaid required fields. WIC does not bill Medicaid so they are exempt from the Medicaid-only fields.
11.	No screens referenced Privacy Rule compliance date	Since the HSIS HIPAA changes will not be implemented until 7/14/03, does that mean the Privacy Rule compliance date has changed?	NO – Compliance to the Privacy Rule is still required on 4/14 and any HIPAA business requirements should be implement by then.
12.	01. Patient Master 04. Patient Addresses Patient address	Are addresses verified against United States Postal Service or Medicaid data?	United States Postal Service
13.	01. Patient Master 04. Patient Addresses Patient address	Will there be guidance for address format such as 'P.O.' versus 'PO'?	Either format is acceptable.
14.	01. Patient Master 65. Encounter 68. Billing Only/Billing Inquiry New HIPAA EDI required fields for Medicaid billing	It was stated that RELEASE OF INFORMATION data field is not related to the HIPAA Privacy Rule. What does that mean?	It is not the 'Consent' or 'Authorization' forms/processes reference in the Privacy Rule. RELEASE OF INFORMATION is an EDI-required field – see list of valid codes in the HSIS User's Manual for guidance on selecting a valid code. Medicaid may offer more guidance – watch their bulletins.
15.	01. Patient Master 04. Patient Addresses Patient address	Is the verification process against national or NC addresses?	National
16.	01. Patient Master 04. Patient Addresses Patient address	How often will the address verification file be updated?	Quarterly

No.	Screen/Subject	Question	Answer
17.	01. Patient Master 04. Patient Addresses Patient address	Will all current patient addresses be verified?	As of September 1, 2003, the process of creating a Medicaid bill will include the validation of applicable addresses.
18.	01. Patient Master 04. Patient Addresses Patient address	Is the address verification process just for Medicaid patients?	No, it applies to all patients if the address is entered.
19.	01. Patient Master 04. Patient Addresses Patient address	What do we do about patients for whom an address can not be entered due to confidentiality restrictions such as STD cases?	The address is only validated if it is entered.
20.	01. Patient Master 65. Encounter 68. Billing Only/Billing Inquiry RELEASE OF INFORMATION	HIPAA Privacy Rule does not require 'anything' and now this 'pops up'. Is it for Medicaid only?	It is not related to 'Consent' or 'Authorization' forms/processes reference in the Privacy Rule. RELEASE OF INFORMATION is an EDI-required field for Medicaid billing.
21.	01. Patient Master 04. Patient Addresses Patient address	We have to change all rural addresses to street addresses, which is a significant effort. Is there any way we 'override' an invalid address initially until we clean up all of our address changes.	Address verification is effective September 1, 2003. The address is only validated if it is entered.
22.	03. Patient Insurance 65. Encounter Insurance and Medicaid billing	Insurance companies will not pay for Outreach Services. Do we need to bill the insurance company before we bill Medicaid?	There has been no change in policy. If you did not bill insurance first in the past, then you don't have to bill them first now.

No.	Screen/Subject	Question	Answer
23.	03. Patient Insurance 65. Encounter 68. Billing Inquiry/Billing Only Insurance and Medicaid billing	Are you saying that HSIS will bill other insurance company for us?	NO – you bill insurance as you currently do. We need for you to report all of the COB data to accompany the billing to Medicaid.
24.	03. Patient Insurance 65. Encounter 68. Billing Inquiry/Billing Only Insurance and Medicaid billing	How do we handle services paid by insurance and Medicaid is not being billed?	The service is submitted as 'R – Reportable' for non-A/R sites. A/R sites bill insurance through online HSIS.
25.	03. Patient Insurance Insurance Company Files	What is the size of the data field that identifies an insurance company?	It is four alphanumeric positions. All the batch vendors concurred that four positions was adequate.
26.	03. Patient Insurance Insurance Company Records and Batch County Vendor Software Duplication of Record No. 55	For batch counties, are all insurance companies submitted en masse or are they submitted by individual transaction?	Either way. However, the insurance company information must be on file before it can be referenced in subsequent transactions. It does not need to be resubmitted unless something on the record changes. If it were to be sent again (without any changes), the data would just be overlaid – it would not error out. However, this practice is strongly discouraged.
27.	03. Patient Insurance Insurance Company Files	Does HSIS assign the Insurance Company ID codes?	NO – each local site assigns their own codes.
28.	03. Patient Insurance Insurance Company Files	Our presentation does not include a copy of the Insurance Screen. Will you send one with Question & Answers?	Yes – See attached screen print.

No.	Screen/Subject	Question	Answer
29.	03. Patient Insurance Insurance Company Files	Are the Insurance Company ID codes unique for local site or are codes the same for the entire State?	Each county assigns their own codes.
30.	03. Patient Insurance 65. Encounter 68. Billing Inquiry/Billing Only Insurance and Medicaid billing	How do you handle patients with Medicare and Medicaid?	Medicare is processed just like any other insurance company.
31.	All screens Vendor batch transactions	Have the vendors been notified of all the HSIS HIPAA changes.	YES – the latest revised batch record layouts specifications were given to the vendors in December 2002. We have been conducting weekly teleconference meeting since 02/26/03. We are currently in the process of testing with batch vendors.
32.	65. Encounter Billing Insurance Companies and Medicaid	Certain CPT codes are billed to certain insurance companies with one value and the COB service is billed to Medicaid with a different CPT code. How will that process be impacted?	We will provide guidance at a later date.
33.	68. Payments and Adjustments HIPAA Data Fields	How will we know which Adjustment Group code to use?	Refer to the EOB codes returned by the insurance company. If the EOB codes do not match the valid codes listed in the HSIS User's Manual, use your best judgement as to which code is the best fit.
34.	03. Patient Insurance 65. Encounter 68. Billing Inquiry/Billing Only Insurance and Medicaid billing	Insurance companies but not Medicaid pay some Developmental screening procedures. How should that be processed?	The service is submitted as 'R – Reportable' for non-A/R sites. A/R sites bill insurance through online HSIS.

No.	Screen/Subject	Question	Answer
35.	68. Payments and Adjustments HIPAA Data Fields	How will we know what the Discounted Amount is?	Refer to the EOB returned by the insurance company. If the EOB does not specify a 'Discounted' amount, enter zeros.
36.	N/A	There were pages missing in the presentation. Will you send them with the Question & Answers?	Yes, see attached. There were two screen prints included in the instructor's copy that were not included in the distributed copies.
37.	01. Patient Master Release of Information	Does the Release of Information need to be obtained annually or once?	Once is the answer that was given during training. However, this is really a local business policy decision. Once this information is entered in HSIS, it will not be required to be renewed.
38.	62. Setup Financial (discontinued)	Will the data from discontinued screen 62 be converted?	Yes, it will convert to screen 02. Patient Financial and 03. Patient Insurance
39.	65. Encounter	Is screen 65 used for dental?	No, it is only used for medical encounters and services.
40.	68. Billing Inquiry/Billing Only	When is Medicaid billed?	The Medicaid bill is created when you complete insurance posting and press ENTER. HSIS sends bills to Medicaid once a month.
41.	Multiple Insurance Companies Billed	There are more and more kids with two insurance companies. Will the system allow multiple insurance company payments to be recorded against a single service before Medicaid is billed?	HSIS will record multiple payments. A Medicaid billing record will not be created until all payments for all known insurance companies has been entered.

No.	Screen/Subject	Question	Answer
42.	Non-A/R sites and billing	If a service is first recorded as reportable only service and later the provider finds out the patient has insurance and Medicaid, will the system handle this?	Yes. A Medicaid bill will not be created until the "B/R/D" flag is set to "B" and a payment (paid amount may be zero) for all known insurance companies has been entered.