

## HIPAA Transactions: Questions that vendors & providers should ask their payors/health plans regarding HIPAA Transactions

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The Massachusetts Health Data Consortium, through its HIPAA Education Coordinating Committee (HECC) has drafted a series of "Question Grids" that identify the HIPAA-related questions that third party payers should be able to answer.

You may find specific information regarding payers in your state from your state medical society. (LINK TO MED SOC WEB SITES)

### How to use this information:

Vendors and Providers can use the answers to the Question Grids to work with each Payor/Health Plan to develop an overall compliance strategy including a timetable for testing the mandated transactions. Employers may want to use the Question Grids as a way to understand the impact HIPAA is having on the claims processing operation of their payor/health plan.

### Questions Grid:

Category of questions	Generic (applies to both claims and non-claims related transactions)	Claims-related transactions	Non claims-related transactions
<b>Readiness, Extensions Requests, and Timing</b>	<ul style="list-style-type: none"> <li>• Will the payor/health plan be requesting a formal Extension from CMS? (<a href="#">CMS Link</a>)</li> <li>• Are there any dependencies that will affect/delay the payor's/health plan's planned implementation schedule?</li> <li>• Will the payor/health plan implement all providers or vendors at the same time or will there be a phase-in schedule?</li> <li>• What contingency plans are in place if the payor/health plan is not ready on time?</li> </ul>	<ul style="list-style-type: none"> <li>• What is the payor's/health plan 's timetable for claims-related transactions (i.e., milestones and target dates)?</li> <li>• If providers/vendors are ready to submit claims prior to the target date will the payor/health plan accept them?</li> <li>• Will the payor/health plan continue to support claims in non-HIPAA formats? How long?</li> </ul>	<ul style="list-style-type: none"> <li>• What is the payor's/health plan's timetable for non claims-related transactions (i.e., milestones and target dates)?</li> <li>• Will providers be able to do the same transactions for the same payors/health plans post HIPAA? Will additional payors/health plans offer non-claims transactions through existing vendors?</li> </ul>
<b>Certification and Testing</b>	<ul style="list-style-type: none"> <li>• Will the payor/health plan be certified by a 3rd party agency (e.g., ClareEDI, EHNAC, Mercator, Foresight)? How/when will providers/vendors be notified?</li> <li>• What are the vendor/provider options for</li> </ul>	<ul style="list-style-type: none"> <li>• What is the payor's/health plan's plan for testing claims-related transactions? What are the steps and requirements (e.g., WEDI SNIP requirements)?</li> <li>• What is expected of providers? of vendors?</li> <li>• What options are there</li> </ul>	<ul style="list-style-type: none"> <li>• What is the payor's/health plan's plan for testing non claims-related transactions? What are the steps and requirements (e.g., WEDI SNIP requirements)?</li> <li>• What is expected of providers? of vendors?</li> </ul>

	having transactions certified?	for providers that want to have their claims-related transactions independently certified (Would delete this if the provider wants to do something independently, the payor/health plan isn't going to interfere)?	
<b>Formats and Business Processes</b>		<ul style="list-style-type: none"> <li>• Are there any changes in payor/health plan specific data, coding or documentation requirements for claims related transactions?</li> <li>• When will you communicate any changes in the code sets required for billing i.e. local codes?</li> </ul>	<ul style="list-style-type: none"> <li>• Will there be any changes in the way non-claims transactions are handled? Will this require any changes in office business processes?</li> </ul>
<b>Education, Communication, and Support</b>	<ul style="list-style-type: none"> <li>• How will the payor/health plan communicate HIPAA plans to providers/vendors?</li> <li>• What type of support will be provided during the testing process?</li> <li>• How are providers/vendors supposed to contact the payor/health plan during the testing process? after the testing process? (phone? email?)</li> </ul>	<ul style="list-style-type: none"> <li>• Does the payor/health plan plan on publishing a Companion Document to the claims implementation guide?</li> <li>• In what format? How can a provider/vendor get a Companion Document?</li> <li>• Who is the payor/health plan contact person for claims-related transactions?</li> </ul>	<ul style="list-style-type: none"> <li>• Who is the payor/health plan contact person for non claims-related transactions?</li> </ul>

- When using the Question Grid formats, please cite the Massachusetts Health Data Consortium, Inc.

"Questions that vendors & providers should ask their payors/health plans regarding HIPAA Transactions" was provided by courtesy of the Massachusetts Health Data Consortium's HIPAA Education Coordinating Committee (HECC). Click to the Massachusetts Health Data Consortium website to view answers to these questions as provided by payors/health plans, providers, and vendors in Massachusetts:  
<http://www.mahealthdata.org/mhdc/mhdc2.nsf/documents/AHIN-OpsFor-HIPAATrans-ImpPlanQ>  
<http://www.mahealthdata.org/mhdc/mhdc2.nsf/documents/AHIN-OpsFor-HIPAATrans-ImpPlanQ&A>