

270/271 Eligibility

Solutions to Business Case Problems and Sticky Situations



Agenda

- **Basic Implementation Options**
- **Hurdles and Solutions**

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Basic Implementation Options

- 270/271 -- most flexible of HIPAA transactions
 - HIPAA X12 supports 3 response types/levels
 - ┆ General - includes member data, can include all other
(Minimum compliant response is "General" plus what is done now, whether electronic, by phone or what's available on paper)
 - ┆ Categorical - eligibility for specific type of service data
(HIPAA code values may not support all of Medicaid's needs!)
 - ┆ Specific - eligibility for specific procedure data
(If currently answering eligibility inquiries about specific services, even if on the phone, then HIPAA requires support of the "Specific" response)
 - Response data may differ by State or Plan
 - Search criteria can be complex
 - Confusion over Real-time versus Batch

HIPAA Service Codes

1 Medical Care	32 Plan Waiting Period	60 General Benefits	88 Pharmacy	AH Skilled Nursing Care - Room and Board
2 Surgical	33 Chiropractic	61 In-vitro Fertilization	89 Free Standing Prescription Drug	AI Substance Abuse
3 Consultation	34 Chiropractic Office Visits	62 MRI/CAT Scan	90 Mail Order Prescription Drug	AJ Alcoholism
4 Diagnostic X-Ray	35 Dental Care	63 Donor Procedures	91 Brand Name Prescription Drug	AK Drug Addiction
5 Diagnostic Lab	36 Dental Crowns	64 Acupuncture	92 Generic Prescription Drug	AL Vision (Optometry)
6 Radiation Therapy	37 Dental Accident	65 Newborn Care	93 Podiatry	AM Frames
7 Anesthesia	38 Orthodontics	66 Pathology	94 Podiatry - Office Visits	AN Routine Exam
8 Surgical Assistance	39 Prosthodontics	67 Smoking Cessation	95 Podiatry - Nursing Home Visits	AO Lenses
9 Other Medical	40 Oral Surgery	68 Well Baby Care	96 Professional (Physician)	AQ Nonmedically Necessary Physical
10 Blood Charges	41 Routine (Preventive) Dental	69 Maternity	97 Anesthesiologist	AR Experimental Drug Therapy
11 Used Durable Medical Equipment	42 Home Health Care	70 Transplants	98 Professional (Physician) Visit - Office	BA Independent Medical Evaluation
12 Durable Medical Equipment Purchase	43 Home Health Prescriptions	71 Audiology Exam	99 Professional (Physician) Visit - Inpatient	BB Partial Hospitalization (Psychiatric)
13 Ambulatory Service Center Facility	44 Home Health Visits	72 Inhalation Therapy	A0 Professional (Physician) Visit - Outpatient	BC Day Care (Psychiatric)
14 Renal Supplies in the Home	45 Hospice	73 Diagnostic Medical	A1 Professional (Physician) Visit - Nursing Home	BD Cognitive Therapy
15 Alternate Method Dialysis	46 Respite Care	74 Private Duty Nursing	A2 Professional (Physician) Visit - Skilled Nursing Facility	BE Massage Therapy
16 Chronic Renal Disease (CRD) Equipment	47 Hospital	75 Prosthetic Device	A3 Professional (Physician) Visit - Home	BF Pulmonary Rehabilitation
17 Pre-Admission Testing	48 Hospital - Inpatient	76 Dialysis	A4 Psychiatric	BG Cardiac Rehabilitation
18 Durable Medical Equipment Rental	49 Hospital - Room and Board	77 Otolological Exam	A6 Psychotherapy	BH Pediatric
19 Pneumonia Vaccine	50 Hospital - Outpatient	78 Chemotherapy	A7 Psychiatric - Inpatient	BI Nursery
20 Second Surgical Opinion	51 Hospital - Emergency Accident	79 Allergy Testing	A8 Psychiatric - Outpatient	BJ Skin
21 Third Surgical Opinion	52 Hospital - Emergency Medical Surgical	80 Immunizations	A9 Rehabilitation	BK Orthopedic
22 Social Work	53 Hospital - Ambulatory Surgical	81 Routine Physical	AA Rehabilitation - Room and Board	BL Cardiac
23 Diagnostic Dental	54 Long Term Care	82 Family Planning	AB Rehabilitation - Inpatient	BM Lymphatic
24 Periodontics	55 Major Medical	83 Infertility	AC Rehabilitation - Outpatient	BN Gastrointestinal
25 Restorative	56 Medically Related Transportation	84 Abortion	AD Occupational Therapy	BP Endocrine
26 Endodontics	57 Air Transportation	85 AIDS	AE Physical Medicine	BQ Neurology
27 Maxillofacial Prosthetics	58 Cabulance	86 Emergency Services	AF Speech Therapy	BR Eye
28 Adjunctive Dental Services	59 Licensed Ambulance	87 Cancer	AG Skilled Nursing Care	BS Invasive Procedures

Search Criteria



- HIPAA says that if a requester sends the following fields, a response must be returned:
 - Recipient last name
 - Recipient first name
 - Unique Member ID (Medicaid #)
 - Date of Birth
- Can't require any further fields to identify the Recipient
- Can use only Member ID or combinations of these, and can support other search criteria such as Card Control search, SSN, HIC, etc.

Hurdles and Solutions

(How did we get here...)



- Electronic eligibility verification has evolved since first use back in 1985
 - First was Recipient ID search with Eligible Yes/No response for current month (clearing house held data)
 - Next was multiple search types with Eligible Yes/No response for date of service range (clearing house held data)
 - Today, multiple searches plus plastic ID card access with expanding responses and real-time access via complex clearing house data communication network

Why the history lesson?



- Study history or be destined to repeat it!
 - Must provide at least current search methods
 - Must continue the trend toward real-time per the spirit of HIPAA
 - Make available what's needed in the response
 - Map what's there to X12 standard using Code Set
(Contact Medifax! We may have already mapped yours...)
 - Communicate with provider community!

– Why?

Change in perspective



- Before HIPAA --

- To access State/Plan, Provider must send...

- After HIPAA --

- If Provider sends, State/Plan must accept...

– Why is this shift in thinking important?

Avoid the Provider / State (Plan) Disconnect!



- Communicate to and through the Clearing Houses, Switch and Software Vendors
- Communicate to and through the F.I.'s
- Communicate through WEDI, AFEHCT, SNIP, SHARP, X12, and other industry groups

– *When the standard is this flexible, good communication is the key to success!*

Discussion...

