

Is There Help for State Agencies?

Status Report from the NMEH



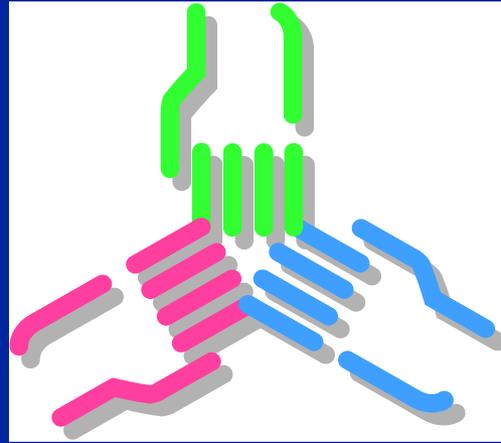
Diane Davidson, Kansas

Pam Cotham, California

Jane Bryson, Maine

Sheila Frank, CMS

April 22, 2002



NMEH and What It Is Doing For You

Diane Davidson, NMEH Chair
Sr. Manager, New Projects
Kansas Medicaid

Need for State Collaboration

- Wide variation across State Medicaid programs--coverage groups, benefits, organizational structures
- As a result, State Medicaid programs' needs are much more diverse than the typical health insurer
- Historically, program data needed to run State programs were developed from the ground up--heavy reliance on local codes and locally developed system architecture
- No history of Medicaid States speaking with "one voice" on IT issues of common concern



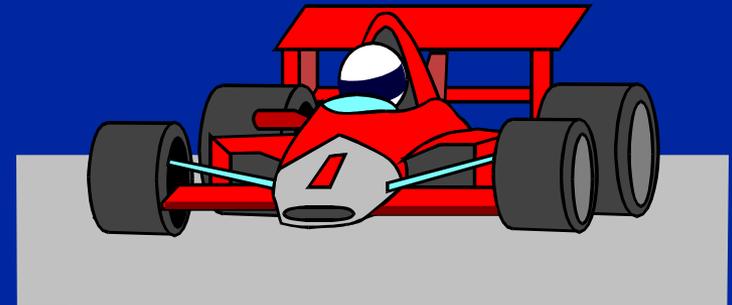
The New Beginning



National Medicaid EDI HIPAA Workgroup
(NMEH)

NMEH--History

- Began in 1998 by the National Association of State Medicaid Directors (NASMD) to respond to HIPAA Admin. Simp. NPRMs
- Rejuvenated in November 1999 with 10 states to create a united Medicaid approach to the analysis and review of HIPAA
- Today 50 states participate!



NMEH--Activities

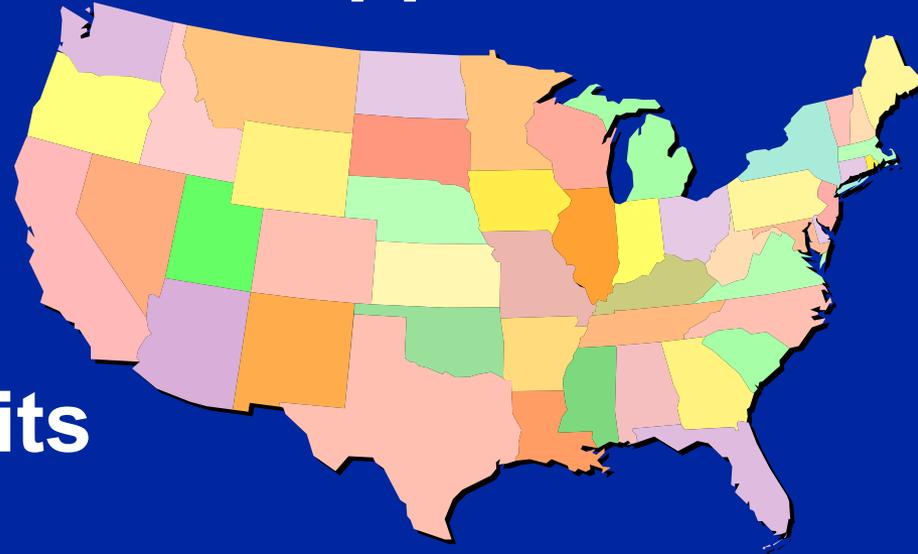
- Represent NASMD at X12 and HL7
- X12 and HL7 Medicaid Caucus
- Sit on SNIP Steering Committee
- Review IGs, NPRM's and Final Rules and write change requests, comments, clarification requests for all states
- Advise CMS on Medicaid HIPAA Issues
- Provide Medicaid speakers on HIPAA
 - to NCVHS, NASMD, NASMD TAGS



NMEH Sub-Workgroups

NMEH Chairs come from across the country:

- **Claims Attachment – Mississippi & California**
- **Dental - California**
- **Eligibility - Ohio**
- **Explanation of Benefits
- North Dakota**
- **Local Codes – California,
New York, Maryland**



NMEH Sub-Workgroups (continued)

- **Prior Authorization – North Carolina**
- **HIPAA Integration & Transition (HIT) - California**
- **Provider Taxonomy - Wisconsin**
- **Security/Privacy - Maryland**
- **Third Party Liability/COB – New York**
- **DSMO Request Review- Montana**
- **Durable Medical Equipment - Minnesota**
- **Bundling School-Based Services - Utah**

NMEH DSMO Representation

NMEH has individuals serving as Medicaid Representatives to the following Designated Standards Maintenance Setting Organizations (DSMOs):

- o X-12
- o NCPDP
- o NUCC
- o NUBC
- o HL7
- o NCVHS

Medicaid Participation in Various Organizations

- X12
 - *Approximately 20 states participate*
 - *Medicaid caucus are held daily at all X12N conferences*
- Strategic National Implementation Process (SNIP)
 - *Medicaid representation in several SNIP work groups and in the SNIP Steering Committee*
- National Uniform Claim Committee -- Richard Sun of California
- National Uniform Billing Committee -- Mike Hennessey of Illinois
- Dental Claim Committee --John Searcy of Alabama
- HL7 - California, Minnesota, Maine

HOW Does NMEH Benefit Your State?

- No one state can do it all. Each state benefits from the work of every sub-group even though every state is not able to participate in every sub-group. A great number of the breakout sessions at this conference include information developed by NMEH sub-groups.
- By working together, State's have a voice in the decisions of National Standard Setting Organizations.
- Success Stories
 - Code Work.
 - Representation at X-12 due to Medicaid Caucuses.
 - By posing questions to NMEH, Maine was able to document business needs move issues forward in the State.

A new Paradigm

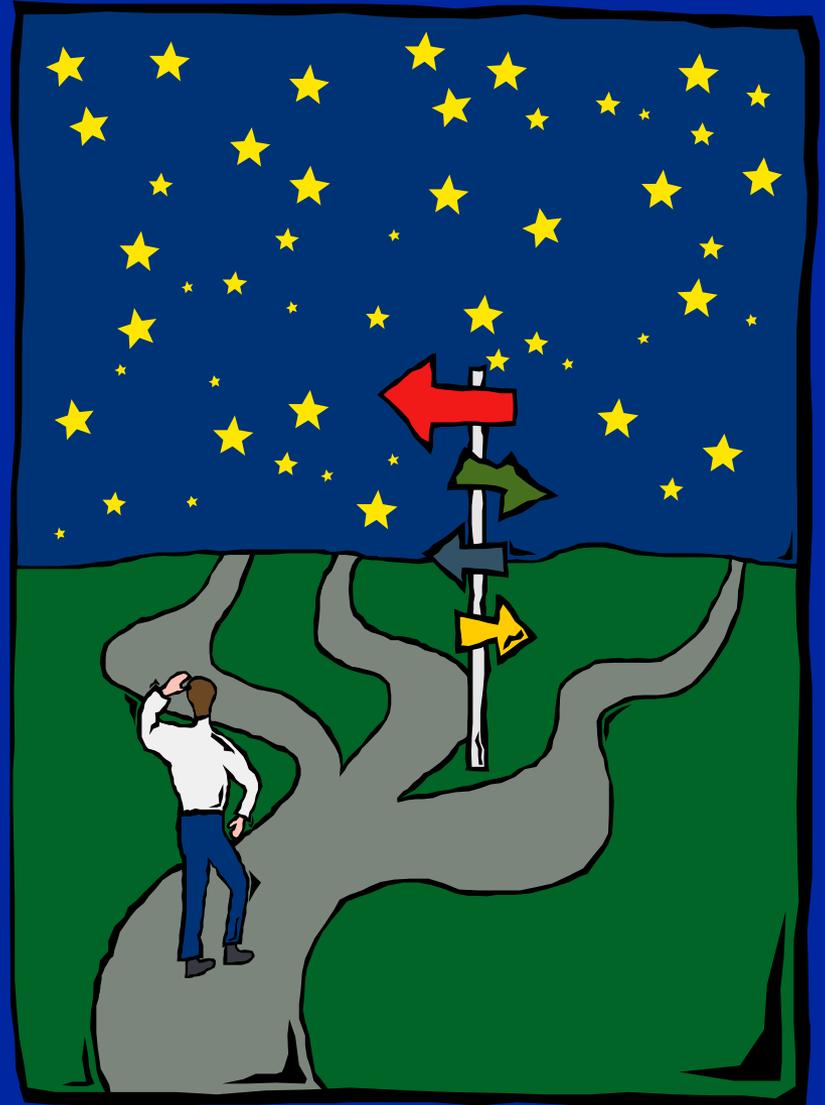
- We are building a culture of trust and collaboration among State Medicaid Agencies, CMS, Fiscal Agent Contractors and other private sector entities.
- We are no longer able to implement new policies and mandates with the assumption we can create new codes at will or utilize claim forms in unique ways.
- State Medicaid agencies must continue to work together to bring about claims processing changes that will benefit States. A group of states will have more success than any individual state in bringing about national change.

HIPAA

A New Paradigm

- HIPAA will never be done.

Pam Cotham
EDS
California Medical



HIPAA GOAL: Simple Saves \$

- We all do it the same way.
 - Billing
 - Format
 - Coding
- An old rule KISS
- Saves dollars
- Reduce provider hassles
- Increase access

INTERNALIZE IT!

- New project considerations
 - Data needs (consider ARCs)
 - New data elements – the DM process = 5 yrs
 - Professional or Institutional
- Project Life Cycle changes

Why Standards are Good

- Clothes
- Bolts and wrenches
 - Grocery
 - Money
 - Banks
 - PCs
- Healthcare EDI

Project Management Choices?

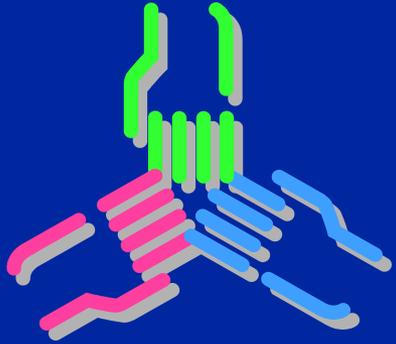
- HIPAA needs and budget considerations:
 - Add to existing projects
 - » Could fragment coverage
 - » Keeps focus on HIPAA inter-relationships
 - Create an ongoing HIPAA Project.
 - » Standard orgs require consistent attendance and travel.
 - » Conference calls with Medicaid's and industry
 - Helps work out the bugs

Standard Organizations

- Plan ahead, versions can be 5 year cycles. Involving many organizations.
- X12 rule – 3 consecutive meetings
- NMEH has helped Medicaid be known
 - 1 yr ago a payer
 - Today a player

Coding Orgs

- Plan ahead to get new codes.
 - CMS fast track HCPCS process meets monthly.
 - NUBC and NUCC meet often.
 - » Institutional or Professional?
 - NDC codes come out monthly



NMEH - Working Together!

- Not all States can go to all meetings
 - We look out for each other
- Too much work for all of us to do all of it
 - Volunteer to help out!
- The world views us as ONE!
- We have our people and programs in common

PROGRESS NOT PERFECTION!~

- Don't be complacent
- Keep moving toward the goal of all traveling the same road.



X12

Who are they?



Jane Bryson
State of Maine
Bureau of Medical Services

What is X12?

- One of the Data Standard Maintenance Organizations (DSMO) named in the regulations. The others organizations are the NUBC, NUCC, NCPDP, ADA and HL7.



What is X12? In their own words:

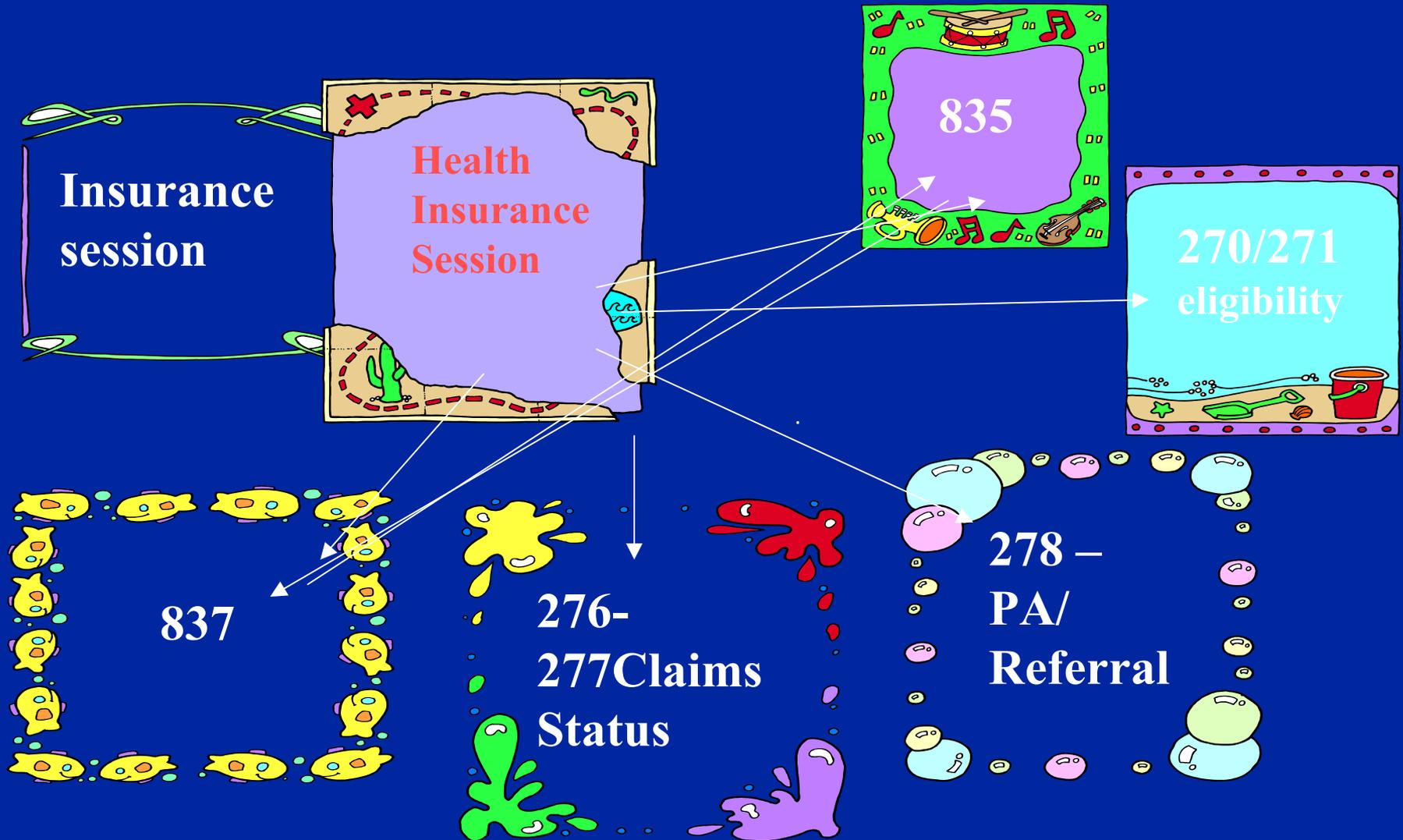
- ASC X12 develops, maintains, interprets, publishes, and promotes the proper use of American National Standards and UN/EDIFACT international standards for electronic data interchange (EDI). Scope of Activities.
- Their product is the implementation guides found at Washington Publishing website (www.wpc-edi.com)

X12 meetings -In our words

- Roll-up your sleeves and get to work
- Work from dawn to dusk, usually through lunch, into the evening
- Multiple concurrent sessions
- Intense
- Critical decision making
- Interpreting
- Justifying



Concurrent Sessions



Non-HIPAA happenings



- **Provider Registration**
- **Provider Credentialing**
- **TPL workarounds**
- **Patient Information**
- **Data Modeling**
- **Public Health Information**
- **Use of the 278 for notification**
- **Etc, etc, etc...**



Navigating the The Maze of X12

What to Expect

- Sunday PM –meet to discuss requests and, for those with voting rights, vote to add or change
 - Claim Status Codes
 - Claim Adjustment Reason Codes



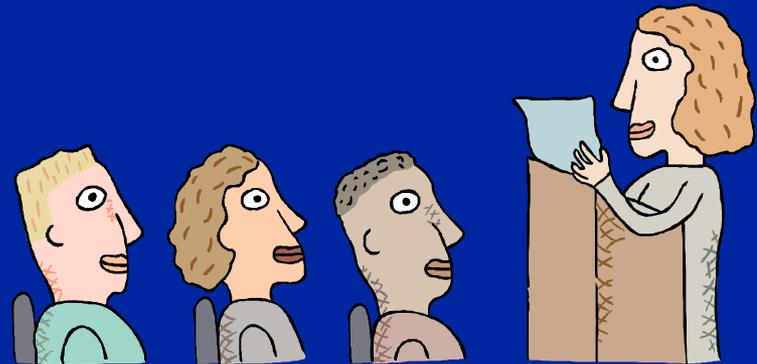
Quickly Followed By....

- CMS meeting
 - Transaction updates
 - Time tables
 - Medicare updates
 - CMS Medicaid updates

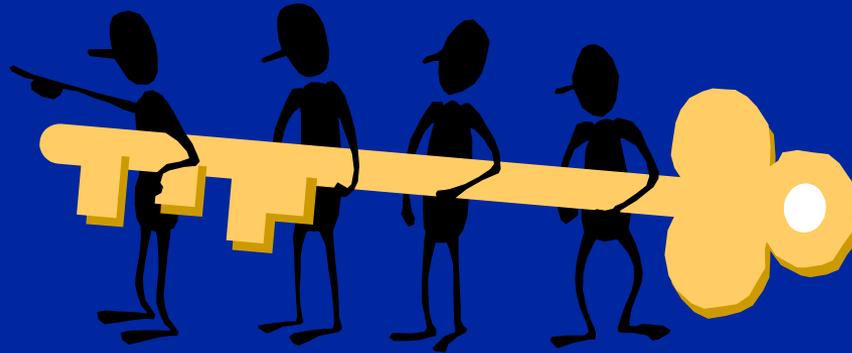


and then **The Medicaid Caucus**

- **Sunday after CMS and every evening**
 - **15-20 States send attendees but in this time of budget cuts it is getting harder to cover all the workgroups**
 - **This is our opportunity to make sure all the sessions are covered**
 - **Report back on key issues and elicit comments**
 - **Support each other**
 - **Rely on expertise of others**



Why attend?



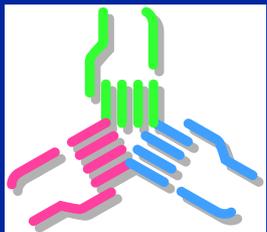
- Not only can you benefit your State with the most update to date information but you can help other States as well.
- Medicaid is viewed as one payer. An individual State does not carry the clout of the collective. The more States that consistently attend, the more our voice is heard.
- Networking, networking, networking

Please Come Back!!!

- ❖ X12 has changed their charter to require two attendances in order to vote in your workgroups.
- ❖ What you thought you “won” this time could be gone the next. You might have to start over.
- ❖ The wheels of change at X12 move slowly. It is a bureaucracy. Have patience.
- ❖ Medicaid will need your new found expertise to continue to make sure our needs are addressed.

The Aftermath





NMEH - A CMS Value Added Collaboration

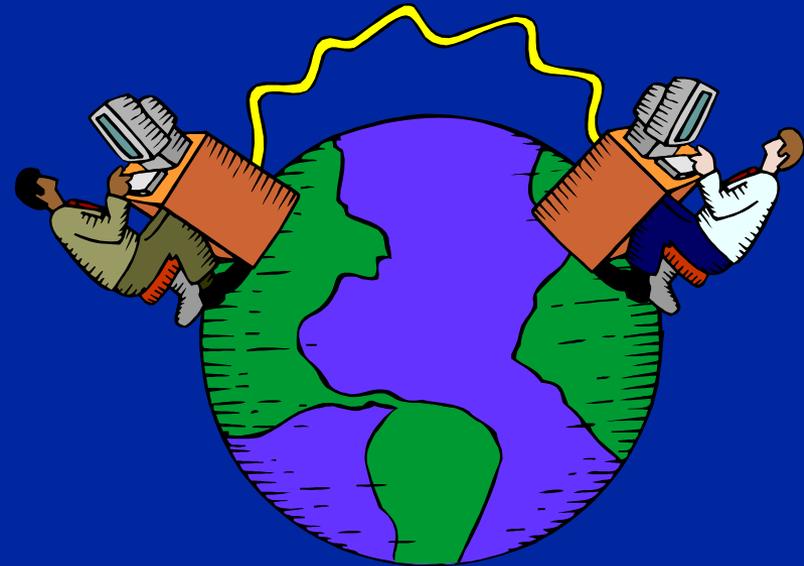


Sheila Frank
Division of State Systems
Center for Medicare and
Medicaid Services

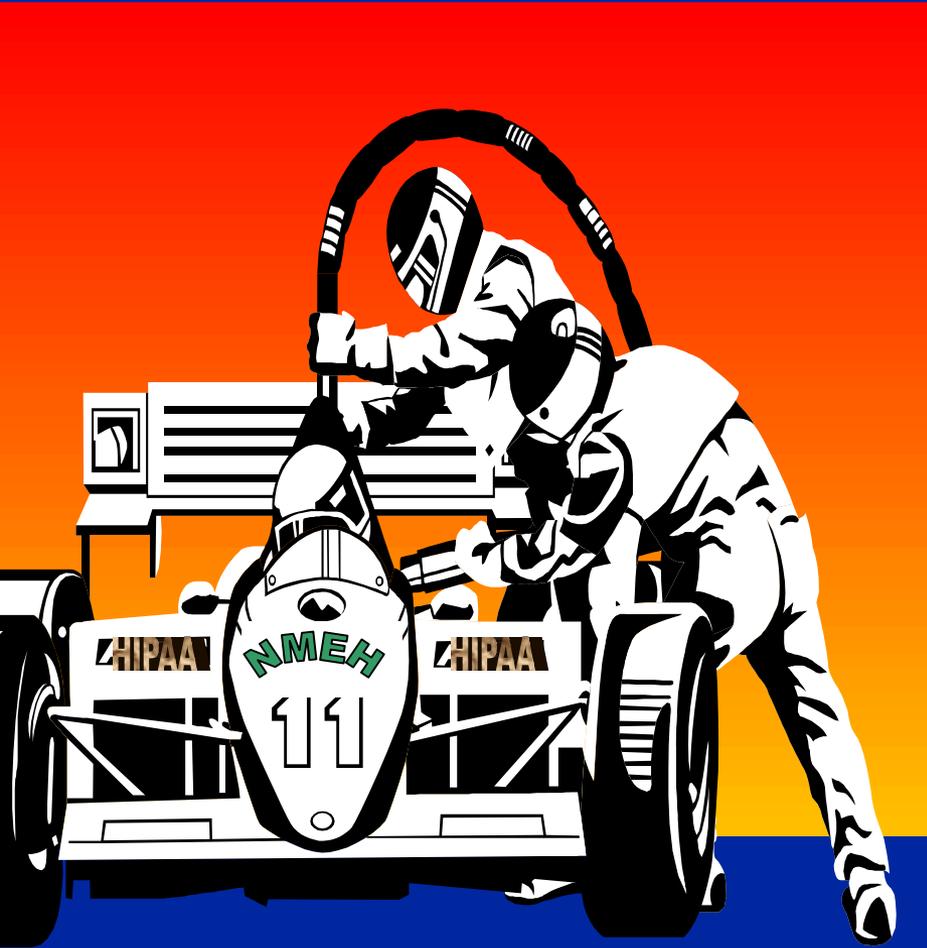
E-mail: SFrank1@cms.hhs.gov

Dramatically Improved Communications

- New paradigm for doing business - working cooperatively to meet common goals
 - Mind melding
 - Multiple workgroups tackling bite size issues
- Enhances ability to resolve technical issues
- A model for other effective collaborative efforts to meet CMS goals



Race Track Dynamics



Mechanism for Quick

- Responses to questions
- Consensus building
- Problem resolution

Helps CMS with HIPAA

- FAQ fact finding
- regulatory impact questions
- schedule development

NMEH Enhances CMS Products

- Federal Data Quality
 - Sharing common solutions to common problems leads to comparable MSIS data from state to state
 - HIPAA leaves plenty of wiggle room - NMEH often fills the gap
- MHCCM - You help us help you
- Envy of all the other players in HIPAA the standards industry
(but you did all the hard work!)



Achieve HIPAA Compliance with Fewer Dollars

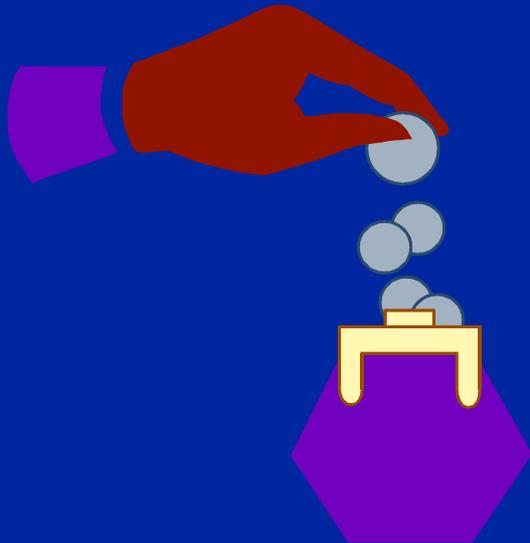
- *Share best practices*
- *Reuse analyses, tools, systems*

Examples:

Taxonomy

Next: e-Health

Consortium



Federal responsibilities vis a vis States?

- HIPAA Implementation is not optional

Don't slow down or stop work



**We're Having Fun
as We Move Forward**



We're Having Fun as We Move Forward



**We're Having Fun
as We Move Forward**



We're Having Fun as We Move Forward



We're Having Fun as We Move Forward



We're Having Fun as We Move Forward



We're Having Fun as We Move Forward



**We're Having Fun
as We Move Forward**



THAT'S HIPAA!

To the Tune of "That's Entertainment"

Music by: Arthur Scwartz



The scheme that can really be keen

Or the plan that can get out of hand

The mandate that can make you irate!

**It's all called
HIPAA!**



More reg's?

They must be pulling your leg!

More deadlines?

**You think you're losing your
mind?**

No need to fret,

you're not loony-tunes yet!

No that's just HIPAA!

**Your plate may be full
simply teeming with tasks.**

**Who can assist, Oh Dear
who can you ask?**

Don't call that Radio Shrink!

You've got friends in NMEH,

**We'll work it out,
well maybe!**



**The tech whose programs are a wreck,
Or the boss who is thrown for a loss
By the Act that our Leaders did pass.**

**The Act is a Bear,
A Bear of and Act.**



That's right it's HIPAA!

The doubt that it all will work out;

Or the kick when together we lick

A problem job

no one else could resolve!

That's life with HIPAA!

The law that absorbs us all.

**The design
that takes all of our time.**

**We'll connive
to figure how to survive**

This thing called HIPAA!



**It might be a fight
but together we'll scheme.**

**We'll work, we won't shirk
and we'll strive to achieve**

That great utopian dream

Where docs can do their billing

Without a forest killing

**The state's, the contractors,
the fed's**

Will unite in this great enterprise.

HIPAA-ray – the American way!

We'll conquer this law,

It won't conquer us;

YES we'll beat HIPAA!

