

Health Information Compliance Alert

Save Time And Money - Ask The Rights Questions

If you don't ask the right questions when it comes to HIPAA's transactions rule, how can you expect to receive the right answers? Fortunately, the **Centers for Medicare and Medicaid Services** wants to help. Take a look below at some of the questions the TCS enforcement agency thinks you should be asking your vendors, third party administrators and clearinghouses. Remember: The deadline for electronically submitted claims is Oct. 16.

1. Are you working on developing software to meet your HIPAA needs?

What HIPAA transactions does your product support? Claims and encounter information? Payment and remittance? Claims status inquiry? Eligibility inquiry? Referral and authorization inquiry?

Which products do you now sell or support currently, which will not be supported after Oct. 16th?

What software updates are needed for HIPAA compliance?

Does my office need a particular release of your software to implement the HIPAA transactions or is an entire upgrade from our current version required?

Can I upgrade to the various electronic transactions incrementally?

What is the minimum hardware requirement for servers and workstations to run the HIPAA compliant version?

When will the software updates be available?

What training, support and services are available to help my office?

Do you charge extra for training and support services?

How do you remain current on the latest HIPAA developments? Do you belong to any of the HIPAA-related workgroups?

Who specifically can I contact for HIPAA electronic transactions questions?

2. Will your software be able to support HIPAA transactions and code set requirements?

Do you use the official Implementation Guides for the HIPAA transactions? Is your software using the latest version of the guides (4010A)?

Do you have the companion guides for my payers with whom I file directly?

How does your product support collecting the required and situational claim data?

Will your software support the required HIPAA code sets for Medical and Non-Medical?

Is there a process for cross-walking from current codes to the HIPAA mandated codes?

What new data will I need to start collecting?

Are there any edits built into your software?

Do you have a price list for the various upgrades, or new version of software?

(For Clearinghouses) How can we submit transactions directly to you? Are there any changes in connectivity?

3. What are your electronic transactions and code set testing plans?

How much lead time is required to install and test the software?

How will current claims processing with existing formats proceed while testing new ones?

Has your testing process included all of the seven types recommended by WEDI SNIP?

Has the software received third-party certification that it can generate HIPAA compliant transactions?

Will you send me a testing schedule that includes internal testing, testing with Medicare, testing with commercial payers, and testing with a clearinghouse (if applicable)?

Have you tested successfully with any of my payers? Which ones?

What are your contingency plans if you cannot be ready on time?

Source: Adapted from a document first printed by the Centers for Medicare and Medicaid Services. To read the original document, go to www.cms.hhs.gov/hipaa/hipaa2/Questionsforproviderstoaskvendors.pdf.