

QUESTIONS FOR WASHINGTON STATE	Direct contact of Medicaid providers
<b>GENERAL</b>	
<b>What is Washington state's implementation date for HIPAA?</b>	<b>October 16, 2003</b> -- It's the same for all providers and payers all over the nation.
<b>How long will the dual support be available?</b>	This is unknown at this time. These decisions will be based on CMS and WA. Executives.
<b>How much notice will MAA give Providers/Submitters before Dual Support is discontinued?</b>	This is unknown at this time. It is customary to give at least 30 days notice.
<b>Will Washington allow parallel processing or dual support to providers?</b>	<b>YES</b> – Washington's Medicaid program will offer dual support for a limited time, meaning that providers can use their current claims-filing system as a short-term backup in case their HIPAA compliant system doesn't work or isn't ready by the 10/16 deadline. <b>However transactions and code sets must be HIPAA compliant.</b>
<b>I'm not going to be ready. Will the federal government fine me?</b>	<b>NOT FOR NOW</b> – The federal government said in September it also will use dual support during the transition period, and it encouraged all health plans to have contingency plans. This means as long as providers and payers are making good faith efforts and are close to compliance, no one should be penalized. In fact, the law was never intended to punish providers but to make life easier for them in the long run. HIPAA compliance is something that will benefit your office, so you should be working on it. However, it also is a mandate in federal law, so the grace period will not last forever.
<b>I'm interested in billing MAA electronically before the Oct. 16<sup>th</sup> deadline. How do I get started?</b>	<ul style="list-style-type: none"> <li>• Enroll with PEU</li> <li>• Provider Enrollment 1(866) 545-0544</li> <li>• Enroll with ACS for testing</li> <li>• Download the new tool WINASAP which will replace ECS during this transition</li> </ul>
<b>Can I continue to submit paper as I currently do now?</b>	Yes.
<b>What if I just revert to paper claims? I heard you don't have</b>	<b>DON'T DO IT!</b> Paper claims will dramatically slow down claims processing. It would take an enormous increase in our staffing to process any significant

<p><b>to be compliant to file paper claims.</b></p>	<p>increase in paper claims. Our dual support will allow providers to file under their old filing systems, so there should be no need to file paper claims. But the biggest argument against it for providers is that a big increase in paper claims will simply slow everything down, including your payments.</p>
<p><b>Are Washington providers currently submitting through a Web site? If so, what do they need to complete to continue that?</b></p>	<p><b>YES</b> – ECS (Electronic Claims Submission) is a Web claims-filing application developed by DSHS nearly two years ago to let providers switch from paper to the Internet. Providers using ECS now can replace it with free software called WINASAP2003 that is available on our Web site. The WINASAP2003 software is HIPAA compliant. Those providers who cannot get WINASAP up and working can still use ECS during the grace period while they get their HIPAA systems ready.</p>
<p><b>What is the process for discontinuing service to Medicaid?</b></p>	<p>Contact the Provider Enrollment line 1-866-545-0544 Manager Ann Lawrence</p>
<p><b>Do Washington State providers HAVE to bill electronically?</b></p>	<p><b>NOT YET</b> – Currently, there is no state mandate to submit electronically, but similar rules have passed in a number of other states and there is talk in the Legislature about requiring electronic billing because it would save money for both providers and the state.</p>
<p><b>Where can I find a copy of the billing instructions?</b></p>	<p>Billing instructions are posted on the MAA Web site's Provider Publications section: <a href="http://maa.dshs.wa.gov/download/billinginstructions.html">http://maa.dshs.wa.gov/download/billinginstructions.html</a></p>
<p><b>I've been waiting for several months for a new HIPAA-upgrade billing instruction. When will it be posted?</b></p>	<p>Medicaid has a number of billing instructions in near-final form in early September and has put them on an accelerated publication schedule. We anticipate that all of the MAA billing instructions affected by HIPAA will be posted by October 1.</p>
<p><b>Where can I find a copy of the companion guides?</b></p>	<p>Companion guides for the different transactions are posted on the Web site of ACS, MAA's HIPAA vendor. The URL is <a href="http://www.acs-gcro.com">http://www.acs-gcro.com</a></p>
<p><b>PROVIDER NUMBER</b></p>	
<p><b>What is the MMIS number?</b></p>	<p>The MMIS Number is the provider's Medicaid number. It is the way MAA identifies providers in the system.</p>
<p><b>How many digits are the provider numbers?</b></p>	<p>The provider number is seven digits long.</p>

<p><b>Where do I find this number?</b></p>	<p>It is on the Remittance Advice (RA) sheet to the right of the notation “Provider Number.” Providers receive confirmation of this number when the sign up with Medicaid. If you do not have an RA, you can call the Provider Inquiry line at 1-800-562-6188.</p>
<p><b>The Submitter’s packet lists three different places for numbers:</b>  <b>1. Provider number</b>  <b>2. Group number and</b>  <b>3. Submitter number</b></p>	<p>1. The provider numbers are the numbers of the individual providers in your office.  2. The group number is the number that you bill under – typically, several providers in the same clinic or group use only one provider number for billing.  3. The submitter number normally would be a number assigned to clearinghouses and billing agents. However, if you submit your own bills directly to Medicaid and don’t use a clearinghouse, your submitter number is the number assigned to you by Medicaid when you applied for electronic claim submission.</p>
<p><b>TESTING QUESTIONS</b></p>	
<p><b>How do I create test claims? How can I get started? How many test claims should I send?</b></p>	<p>The first thing you must do is get enrolled and get a submitter number for testing. Then you should call our vendor, ACS. The ACS testing call center number is: 1-850-558-1630.</p>
<p><b>I’ve downloaded WINASAP2003. What do I do next?</b></p>	<p>You should create a test file, just as if you were preparing a real claim, and then send it to ACS EDI. If you need assistance downloading the software, you may call the ACS EDI Support Unit at 1-800-833-2051.</p>
<p><b>What is EDIFECS?</b></p>	<p>EDIFECS is a commercial software package that tests HIPAA transactions for format and structure. It is available to providers on the internet. We want all Medicaid submitters use it first to make sure their claims are correctly formatted. To get set up for EDIFECS testing, call ACS at 1-850-558-1630.</p>
<p><b>Who do I talk to about testing with EDIFECS?</b></p>	<p>You should call the ACS testing help desk at: 1-850-558-1630.</p>
<p><b>How do I know that my test claim worked in EDIFECS?</b></p>	<p>The EDIFECS application provides detailed responses immediately after processing your file to explain whether the claim encountered problems or was handled correctly. 850-558-1630.</p>

<p><b>Can MAA provide me with a list of Billing services, intermediaries, clearinghouses, and software vendors that are HIPAA Compliant and MAA Approved?</b></p>	<p>This information will be posted on the MAA web site soon. A bulletin will be sent as soon as a list has been posted.</p>
<p><b>How do I know whether my clearinghouse is really testing with Medicaid?</b></p>	<p>In early to mid October, MAA and its HIPAA vendor, ACS, will begin posting the names of submitters that have passed the different stages of testing and the dates they passed.</p>
<p><b>What if my clearinghouse told me not to worry about testing, that it would just take care of everything for me?</b></p>	<p>Medicaid encourages all providers to test. In other states, clearinghouses that failed to test their providers' live claims sometimes encountered major problems when they reached that stage. We suggest you ask your clearinghouse to send a batch of YOUR test claims to make sure they work.</p>
<p><b>MIDDLEWARE: Test starts Oct. 1</b></p>	
<p><b>What is the next step of testing after EDIFECS?</b></p>	<p>EDIFECS checks the <b><u>format</u></b> of the claim. After EDIFECS, providers and submitters need to find out whether the <b><u>content</u></b> of the claim is correct. At the second level of testing, test claims will actually be sent into the translator, or "middleware," at the front of the MMIS system. Good claims will pass through the translator into MMIS for adjudication. Remittance advices from these test claims will be sent to you for your review of how they processed. Flawed claims will be tripped up and won't go all the way. Feedback on how your claims did is available at the ACS helpdesk. (1-850-558-1630).</p>

<p><b>How will I know whether my test claim worked in the Middleware and was passed on to MMIS?</b></p>	<p>Once the test claims are inside either the middleware or MMIS, operators of the system will be able to identify the claims and determine the problem. Feedback on how your claims did is available at the ACS helpdesk. (1-850-558-1630).</p>
<p><b>What do I do if my claim failed? Should I resubmit it?</b></p>	<p>Flawed claims should be repaired and resubmitted until the submitter is notified that the claim was adjudicated properly. (1-850-558-1630).</p>
<p><b>MMIS TESTING: Starts Oct. 1</b></p>	
<p><b>How will I know if my claim was accepted or rejected by MMIS?</b></p>	<p>As with the middleware, once a claim is inside MMIS, operators will be able to identify the flawed claims and determine what problems led to the stop.</p>
<p><b>How will I know what was wrong with my claim?</b></p>	<p>A remittance advice will be sent to you that will contain the result of the claim, whether it paid or denied and the reason for denial.</p>
<p><b>Will I receive a copy of outcome of the adjudication so I can see whether my claim was paid?</b></p>	<p>Yes, a Remittance Advice for the test claims will be sent to the provider.</p>
<p><b>WEB PORTAL</b></p>	
<p><b>What is the web portal?</b></p>	<p>The Web Portal refers to an application that will eventually handle all the HIPAA transactions. On October 16, providers will be able to register and log on to the Web site and conduct real-time eligibility inquiries, receive real-time eligibility responses, retrieve reports such as error reports, health plan enrollment reports, etc. Eventually, providers can enter the Web portal and use it to submit claims.</p>
<p><b>I am having trouble logging on to the Web Portal.</b></p>	<p>Call our EDI vendor, ACS, at the EDI Call Center: 1-800-833-2051.</p>
<p><b>I'm able to log on but still having trouble.</b></p>	<p>Again, call ACS: 1-800-833-2051.</p>

<b>BILLING QUESTIONS</b>	
<b>I currently bill Home Health claims electronically on the HCFA 1500 MACNet format. With HIPAA, will these claim types be considered HCFA1500 or UB92 transactions?</b>	These will be the same during dual support. Please check the Billing Instructions for code changes.
<b>What changes do I have to make to my current electronic billing system to become HIPAA Compliant?</b>	Please refer to the implementation guides for information. You are required to have ANSI x12 HIPAA Compliant Claims.
<b>Who do I call with a billing question?</b>	Call the MAA Provider Inquiry line at 1-800-562-6188
<b>Does Washington State have Field Representatives who can visit us on site?</b>	Yes, although these happen infrequently because of staffing. To request a field visit, call the Field Representative Manager Ann Lawrence at 360-725-1020.
<b>Will we continue to get our Remittance Advice (RA) by mail?</b>	YES – for now. However, eventually those will go away and you will be able to receive them electronically. (MAA is working on a HIPAA-compliant 835 transaction that will be available early in 2004.)