

Administrative **Simplification**

A program of the Washington Healthcare Forum
Operated by OneHealthPort

HIPAA Transactions

General Applicability
Best Practice Recommendations

<u>Version</u>	
Issue Date	Explanation
04-11-15	Initial Release

Table of Contents

Intent	2
Change Notification	2

General Applicability to HIPAA Transactions

Intent:

This document contains best practice recommendations that apply to each of the X12 transactions that a health plan sends to a provider. The Best Practice Recommendation documents associated with each of the X12 transactions will reference this document.

Change Notification

Providers should be notified of all transaction-related changes/events related that could impact them. Those changes/events would include, but not be limited to:

- Scheduled and emergency outages^{*1} that would delay/prevent transaction exchange
- Changes in the usage of reason/remark codes
- Changes to the location in the transaction of where data is populated
- Changes to the plan description
- Changes to “upfront” edits that may cause the claim to reject. An example of this type of notification is: If you receive a Medicare Explanation of Medical Benefits (EOMB) or payment advice from CMS and it does not indicate that the claim was crossed over for supplemental payment, please wait 30 days from the date on the EOMB to submit the claim to us electronically.
- Changes to the content of standard messages in the 271 (MSG segments)

Over time, other types of changes may be added to this list as they are identified.

Note: Notification about operational changes such as delay in eligibility posting, fee schedule changes, etc. are not within the scope of this BPR.

Timeframe:

For planned changes, notification should be as far in advance of the actual change as possible but no later than the actual date that the change takes effect.

For emergent issues / changes, notification should be as soon as the health plan becomes aware of it.

Method:

Each health plan will offer an electronic “notification service” to which providers can subscribe. This “service” will “push” notifications to the provider so that the provider isn’t required to check a website. Notifications will be titled “Transaction Change Alert”.

The availability of a “notification service” that provides transaction change alerts will be part of the validation of each transaction.

^{*1} CAQH Core rule re reporting of outages (Phase II Rule 250 Claim Status Rule - page 8 (4.6 Claim Status System Availability));

4.6.2 Reporting Requirements

4.6.2.1 Scheduled Downtime

CORE-certified health plans (or information sources), clearinghouses/switches or other intermediaries must publish their regularly scheduled system downtime in an appropriate manner (e.g., on websites or in Companion guides) such that the healthcare provider can determine the health plan's system availability so that staffing levels can be effectively managed.

4.6.2.2 Non-Routine Downtime

For non-routine downtime (e.g., system upgrade), an information source must publish the schedule of non-routine downtime at least one week in advance.

4.6.2.3 Unscheduled Downtime

Unscheduled/emergency downtime (e.g., system crash), an information source will be required to provide information within one hour of realizing downtime will be needed.

4.6.2.4 No Response Required

No response is required during scheduled downtime(s).

4.6.2.5 Holiday Schedule

Each health plan, (or other information source) clearinghouse/switch or other intermediary will establish its own holiday schedule and publish it in accordance with the rule above.