DRAFT

Date: 5/8/2003
To: Ellen Abshire
From: John Peters, HIPAA Technical Team
Subject: Responses to 834/820 Questions Received from HMSA, CAMHD, and
            Med-QUEST Systems Office

The technical team appreciates these questions. In this memo, we repeat each question and respond to it in bold font. When noted, the Med-QUEST 834/820 Companion Document will be updated. However, analysis of interchange and transaction acknowledgement procedures is not finished and related sections of the document remain incomplete.

HMSA Questions from 4/7/2003

1. Will DHS accept or provide test cases from the plans so that we can test files to ensure our system works as expected? Can we have differing file sizes and a variety of data that simulate the current Production today?

   Business to Business testing for the 834/820 transactions is scheduled to begin in Pilot on 5/6 and for all Trading Partners on 5/26.

   Trading partner testing for the 834 and 820 Transactions will involve transmission of multi-member transactions that have been successfully translated by the Med-QUEST translator. Test data is selected from production data and is plan specific. It can be used to test health plan receipt, acknowledgement, and translation procedures and to test updates to health plan databases.

   Test data created by the technical team is derived from production data and very closely simulates it. Our basic test strategy for HIPAA Transactions is to incrementally build toward production-level test file volumes. We believe that this approach will quickly generate a wide variety of critical test situations and permit early consideration of production-level member volumes for large health plans.

2. Are there other expected results for the Trading Partner Testing from HMSA beside the ability of our system to respond with TA1 and 997? Will the DHS required test cases for that testing and when would this be needed?

   The Business to Business testing approach expects only that applicable 997 responses are returned, and that as issues are identified they are noted and communicated via HIPAA testing problem report form. After reviewing comments from Hawaii and Arizona health plans, the HIPAA development team determined that the TA1 is not essential and will not be required.

At some point, testing by health plans is expected to go beyond 997 responses to include updates to member data from simulated daily 834s. Procedures for testing updates to health plan data bases are plan specific and are the responsibility of each plan.

Med-QUEST's involvement in trading partner testing will be limited to provision of test data, receipt and processing of 997 Transactions from receivers of 834s and 820s, and tracking and resolving problems that involve transaction data and data structures.

3. Why is there a 2-month gap between the completion date of Trading Partner Testing (7/31/03) and the implementation date (10/1/03)?

   HIPAA testing is occurring in two phases to accommodate the testing of multiple transaction types, and the interfaces with the unique entities. The 834 and 820 transactions are included in Group 1 testing, while transactions exchanged directly with providers such as the 837 are scheduled as part of Group 2 testing. It should be noted that the test calendar is for when the test processes will be run from HPMMIS. We are targeting to run 3 months worth of daily processing and 3 full month end roster processes during this window.

4. We are using VPN to communicate with the State today. Is there any change to that connection?

   All trading partners will use "VPN tunnels" to connect to the Med-QUEST FTP Server. If a plan needs for its users to be able to remain on an internal network while connected to the Med-QUEST FTP Server, its technical representatives should contact the Med-QUEST Systems Office.

   As we understand it, these considerations are no different from what happens today.

5. Has DHS completed their review of the specific file transfer limits and when will that information become available to the plans?

   We will provide an answer to this question shortly.

CAMHD Question from 4/8/2003

1. Please clarify: Are we reverting back to the monthly enrollment transaction processing schedule of the 3rd day before the end of the month? Or will the transaction file be available on the 3rd day before the end of the month, but we will have to process it at the end of the month?

   The reason I ask is because in the most current update of the HPMMIS manual (p. 2-15 section 2.6; updated 7/1/02 version 2.0) the monthly roster transaction processing

is on the last day of the month (starting 7/31/02).

In the companion document for the 820 transaction (p 10) it looks like we need to process on the 3rd day before the end of the month.

Hawaii's monthly roster/month end process is run the last day of the month. The Companion Document was in error and will be updated to reflect this.

Questions from the 4/22 – 4/24 834/820 Med-QUEST Systems Office Walkthrough

1. Where will "AA" (automatic enrollment) and "AE" (enrollment choice) Action Code values go on the 834? Will other HPMMIS Action Code values be included as well?

   "AA" and "AE" Action Code values communicate information of interest to health plans and will follow the member's four-character Rate Code in the Insurance Group or Policy Number (REF02) element of the 2000 Member Level Detail Loop of the 834 Transaction. The Companion Document will be modified to show this enhancement. PAGE 41

   Population of all HPMMIS Action Codes after the Rate Code is under consideration but is not shown in the 4/28 version of the 834/820 Companion Guide.

2. How will Behavioral Health Plan End Dates on Daily Roster Changes with HPMMIS Action Codes of "TM" (Behavioral Health Termination) be accommodated.

   As we understand it, Hawaii makes use of this HPMMIS Action Code value although Arizona does not. "TM" transactions are not, for medical health plan that receives them, disenrollments. They are notifications that members are no longer covered by a behavioral health plan. The Companion Document will be modified to show this enhancement.