Testing and Other Help Available Before the October 16, 2003
Compliance Date for Health Insurance Portability and
Accountability Act (HIPAA) Transaction and Code Set Standards

Dear Medicare Provider,

Will you be ready to bill Medicare effective October 16?

Should you be concerned about getting your Medicare claims paid starting October 16? If you
are not ready to use the HIPAA standard transaction and code sets by October 16, you may not
get paid!

HIPAA is more than a privacy law; it touches many aspects of health care, including the bills
you submit to all health insurers, not just Medicare. Effective October 16, 2003, all electronic
transactions covered by HIPAA must comply with these standards for format and content. For
example, the electronic claim that a physician or hospital sends to a health plan must be
compliant and health plans are only allowed to process compliant transactions. Any non-
compliant claims submitted after the October deadline will be returned to you, unpaid.

You may have thought that you can still submit paper bills to Medicare, but in many cases, this is
not true. The Administrative Simplification Compliance Act (ASCA) includes a provision that
requires electronic submissions to Medicare effective October 16, 2003, with a few exceptions1.

CMS and its contractors are eager to help you through this transition. Testing with your carrier
or fiscal intermediary is required to assure that you and your business partners can send and
receive HIPAA compliant transactions. Medicare contractors are ready to test with you now! To
schedule testing, contact your Medicare carrier or fiscal intermediary. For more information,
please review the helpful HIPAA resources, shown below.

Although we have all been working hard to achieve HIPAA compliance and the benefits it will
bring, there is still much to be done. Time is growing short; please be sure to test and start
sending and receiving HIPAA compliant transactions as early as possible to avoid any last-
minute problems.

Thomas A. Scully
Administrator
Centers for Medicare & Medicaid Services

1 One of the major exceptions is for claims submitted by "a small provider of services or supplier." The
term "small provider of services or supplier" is defined to mean: a provider of services with fewer than 25
full-time equivalent employees; or a physician, practitioner, facility or supplier (other than provider of
services) with fewer than 10 full-time equivalent employees. There will be other limited exceptions.
HELPFUL HIPAA RESOURCES

Upcoming Satellite Broadcasts
HIPAA 101 – The Basics of Administrative Simplification

July 30, 2003
2:00 – 3:00 p.m. ET

www.cms.hhs.gov/medlearn
Register to be a Host Site for Satellite Broadcasts

www.cms.hhs.gov/hipaa/hipaa2
General HIPAA Information
Educational Materials
Frequently Asked Questions
HIPAA Administrative Simplification Information Series for Providers
Links to Additional HIPAA Web Pages

www.eventstreams.com/cms/tm_001
View HIPAA Educational Webcast
Topics:
HIPAA Basics
Provider Steps for Getting Paid Under HIPAA

askHIPAA@cms.hhs.gov
Request Answers to Your HIPAA Administrative Simplification Questions

1-866-282-0659
HIPAA Hotline Staff Will Answer Your HIPAA Administrative Simplification Questions or Direct You to the Appropriate Resources

Local Carriers and Fiscal Intermediaries
HIPAA Scheduling and Testing