

ANSI Claim and ERA Transactions
Testing Toolkit

For Electronic Submitters
Transmitting ANSI Claims

May 1, 2003, Version 1.0

Preface

This document serves as a toolkit for the direct submitter who sends claims to Wellmark Blue Cross and Blue Shield through Wellmark's subcontracted clearinghouse, EC Solutions. Direct submitters include healthcare practitioners and facilities designated as eligible Wellmark healthcare practitioners and facilities who file claims on behalf of Wellmark members. Throughout this toolkit, we will refer to healthcare practitioners and facilities as submitters.

Wellmark uses EC Solutions, a clearinghouse owned and operated by EDS (Electronic Data Systems Corporation) for electronic data interchange. Throughout this toolkit, we will refer to EC Solutions as the administrative staff for electronic data interchange, and INet as the electronic interchange network.

Insurance benefits are provided for residents of Iowa through Wellmark, Inc. doing business as Wellmark Blue Cross and Blue Shield of Iowa, and in South Dakota, through Wellmark of South Dakota, Inc. doing business as Wellmark Blue Cross and Blue Shield of South Dakota. Wellmark Health Plan of Iowa is an HMO subsidiary of Wellmark Blue Cross and Blue Shield of Iowa and offers managed care products in Iowa.

Note: This toolkit for ANSI Claims and ERA Transactions only applies to claims submitted for members of the entities identified above.

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What is Testing

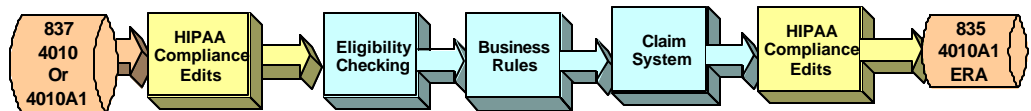
Wellmark encourages testing by all submitters

Testing is a process to assure your electronic claims are transmitted successfully in the new HIPAA-AS environment. Testing is essential whenever new requirements or new data formats must be installed. Thus, with the implementation of the new ANSI format version 4010A1, it is crucial that all submitters test the new requirements and format for electronic transmissions. Use of the new ANSI 4010A1 transactions will be implemented beginning October 16, 2003.

All submitters are strongly encouraged to transmit tests in a controlled test environment before they submit claims for production. This testing ensures that both parties can conduct successful transmissions using the ANSI 4010 or 4010A1 format. HIPAA-AS required data and compliance edits, current eligibility, and Wellmark's business rules must all be compatible in a claims transaction to create a successful transmission.

The diagram below depicts a successful transmission.

837 to 835 and origins for possible edits



For users that are registered and can use the 835, Wellmark can generate the appropriate electronic remittance advice.

Who Should Test

Test for all lines of business, except third-party administrators

Any submitter (i.e., health care practitioner or facility) sending claims to Wellmark should test claim transmissions. Submitters should conduct testing using Wellmark's payer identification number, 88848, for all Wellmark Blue Cross and Blue Shield products.

What follows describes the relationships that occur typically in today's electronic data interchange business and outlines the role played by each in the testing process.

Relationship between Wellmark and EC Solutions

EC Solutions is a gateway for submitting claims to Wellmark

Wellmark uses a third party clearinghouse, EDS EC Solutions, and its electronic interchange network, INet, to receive electronic claims. EC Solutions is the single entry point for electronic claims to be transmitted into Wellmark's claims processing system. There are a number of ways electronic claims can be transmitted to the INet system.

Relationship between Healthcare Community and Other Vendors

Health practitioners and facilities may use a direct link to EDS EC Solutions for submitting claims, or they may submit claims through one or more vendors. Vendors include billing services, practice management software and clearinghouses.

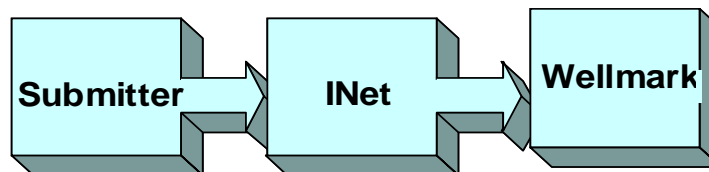
Throughout this document we will use the term submitters to refer to healthcare practitioners and facilities that submit claims electronically.

Electronic Claims Submission Scenarios

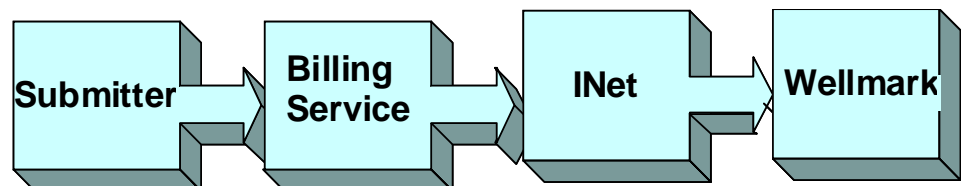
Understand the method you use to submit claims

Here are the various scenarios currently possible for electronic claims to reach Wellmark:

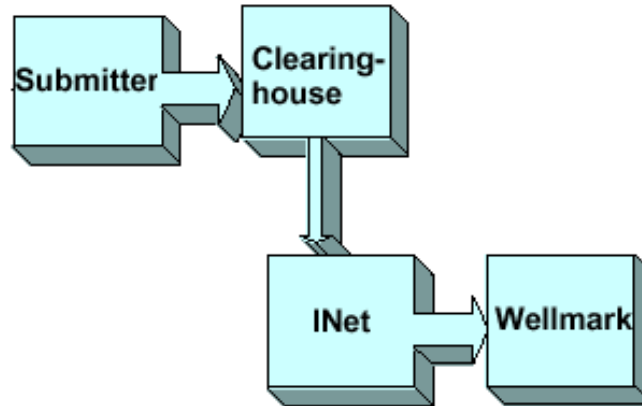
- a. Submit directly to INet.



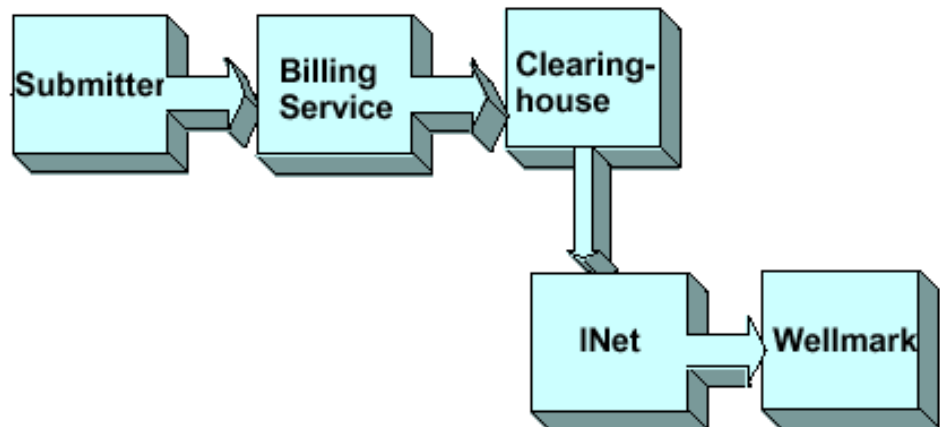
- b. Submit through billing service to INet.



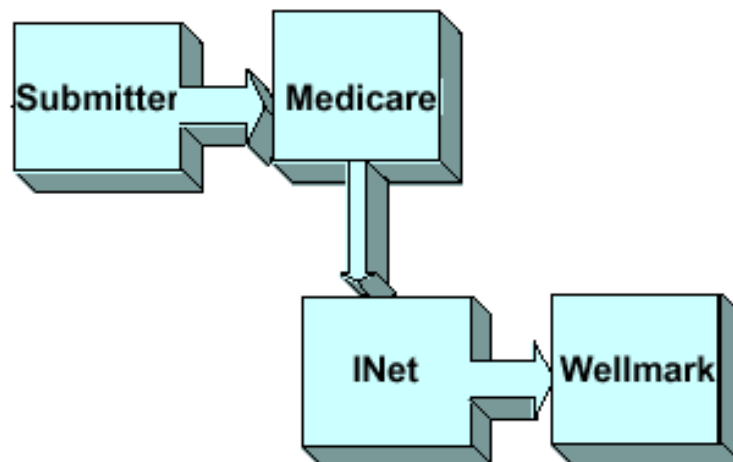
c. Submit to other clearinghouse; clearinghouse submits to INet.



d. Submit to billing service; billing service submits to other clearinghouse; clearinghouse submits to INet.



e. Submit to Medicare; Medicare submits to INet.



For all scenarios diagrammed on the previous pages except a., you should be aware that required data might be automatically populated or defaulted by other clearinghouses or vendors if data is omitted. To maintain the greatest amount of control, you should validate that all HIPAA-AS data requirements are addressed by your vendor's claims software. Similarly, submitters who use practice management systems or claims submission software to generate electronic claims need to review that system to determine how data is collected and transmitted to INet.

Work with your vendor to obtain a 95% acceptance rate

HIPAA-AS changes affect all submitters and payers of electronic claims and are not specific to Wellmark. If your INet rejection report includes more than 5% of the total claims submitted, you are encouraged to work with your vendor directly until the issues are resolved. You are welcome to test as often as required.

EC Solutions will work with you once you reach a 5% or less claim reject rate through INet edits. Submitters are encouraged to use the testing environment available through INet to determine edit compliance based on accepted versus rejected claims.

Important Considerations for Testing

Verify the Data You Submit

Two things needed for successful transmissions; right data; right format

HIPAA-AS 837 transactions contain more data requirements than current claims transactions. You need to validate that your current processes for collecting data and your software for transferring the necessary data elements comply with the HIPAA-AS requirements.

If INet receives a claim missing required data, the claim will be rejected. If the claim passes through another clearinghouse, a data element may be defaulted where required data is missing. Thus, verification of two key steps is critical. First, data is collected and included in the claims transaction appropriately. Second, the transmission of the claim data is compliant with the HIPAA-AS standards.

Certify the Format You Use

Third party HIPAA-AS certification and testing services are available to submitters to ensure HIPAA-AS compliance prior to testing with EC Solutions. Submitters are encouraged to use one of a number of such services to test initially their ability to produce HIPAA-AS compliant transmissions.

Below is a listing of some of the services offered and the web sites of these certification and testing services:

<p>www.claredi.com www.foresight.com www.edifecs.com</p>	<p>Claredi – Third-Party Certification Service Foresight – Third-Party Testing Software Edifecs – Third-Party Testing Service Refer to link on HIPAA-Desk for details.</p>
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For your information, EC Solutions has utilized the services of Claredi to verify HIPAA-AS compliance for its clearinghouse services. Wellmark does not recommend one certification vendor over another.

Know Wellmark's Business Rules

Where there are options for a payer to specify acceptable values in the claims transaction, Wellmark's business rules may differ from other carriers. Wellmark is committed to keeping its edits for business rules as limited as possible while ensuring accurate benefit adjudication. Edits identified in the *Wellmark Companion Guide* are used in tandem with the HIPAA-AS X12N *Implementation Guides*, and are compliant with both X12 syntax and those guides. You can access the *Wellmark Companion Guide* at www.wellmark.com/hipaa/hipaa.htm.

Why You Will Want to Test

Thorough and valid testing
is key to a smooth transition

- 1) To maintain your ability to submit electronic claims
- 2) To support financial cash flow
- 3) To prevent unnecessarily rejected claims caused by new edits
- 4) To simplify claims administration with fewer resubmissions
- 5) To make sure claims transactions are successfully processed by the payer

You will want to allow your staff adequate time to test claims to verify that your data collection and data interchange process will contain all of the required HIPAA-AS compliant data.

Testing Roles and Responsibilities

The role of the submitter	<ul style="list-style-type: none"> a. Initiate testing (See the <i>Wellmark Companion Guide</i> for details.) b. Submit test files c. Review reports of claims processing acceptance and rejection d. Re-test when changes occur either with your vendor, clearinghouse, or desktop tools e. Test and re-test until acceptance criteria are met
The role of the vendor (Practice Management Systems and Claims Preparation Software)	<ul style="list-style-type: none"> a. Support troubleshooting in the submitter’s office b. Resolve claims issues when claim does not pass initial edits (See <i>Wellmark Companion Guide</i>) c. Coordinate and support receipt/posting of 835, if supported by the software d. Provide instructions for using software in a testing mode e. Re-test when upgrades occur
The role of a clearing-house other than EC Solutions	<ul style="list-style-type: none"> a. Ensure HIPAA-AS edit compliance b. Test with Wellmark to ensure claims edits are in alignment c. Support individual provider requests to process claim test records. d. Provide test environment e. Re-test when upgrades occur
The role of third-party testing and certification services	<ul style="list-style-type: none"> a. Provide independent testing environments b. Align with HIPAA-AS transaction implementation guides (IG)
The role of EC Solutions HIPAA-AS Help Desk	<ul style="list-style-type: none"> a. Provide a single point of contact to support testing efforts once 95% acceptance rate is met b. Guide submitters through INet testing c. Answer calls from 8 a.m .to 5 p.m. Monday through Friday d. Analyze why claims are rejecting based on reports and review of <i>Wellmark Companion Guide</i> e. Follow-up within two (2) business days on open issues
The role of EC Solutions as a clearinghouse	<ul style="list-style-type: none"> a. Resolve edit interpretation issues b. Provide an environment to accept test transactions
The role of EC Solutions as a vendor	<ul style="list-style-type: none"> a. Ensure PCA-AP Pro32 alignment with INet edits b. Provide support of PCA-AP Pro32 tool c. Support connections with other clearinghouses d. Notify submitters of testing timetable for testing process e. Survey provider satisfaction with testing effort and take appropriate action f. Monitor the status of testing with submitters in both states g. Develop alternative solutions to problems

<p>The role of Wellmark in testing</p>	<ul style="list-style-type: none">a. Provide and update companion guidesb. Simplify testing efforts where possiblec. Ensure continued operational excellence with ANSI transactionsd. Generate 835 responses
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837 Claims Testing Formats and Versions

Use the right format and the right version of the 837

Both the ANSI 4010 and 4010A1 formats will be accepted for testing until October 16, 2003. HIPAA-AS mandates that after October 16, 2003, the 4010A1 will be required in production.

There are four versions of the 837 transaction:

- 837I (Institutional, or the UB-92)
- 837P (Professional, or the CMS-1500 [HCFA-1500])
- 837D (Dental, or the ADA Dental Claim Form)
- 837COB (Coordination of Benefits transaction.) Note: Wellmark uses the 837COB transaction only for Medicare-crossover claims from Medicare Intermediaries and Carriers.

Please review the charts below to identify what version you should use when filing claims to Wellmark based on your provider type. In general, facilities transmit the 837I; practitioners, the 837P; and dentists, the 837D.

837I (Institutional)	Iowa	S Dakota
Ambulatory Surgery Center	X	X
Dialysis Center	X	X
Freestanding Substance Abuse Facility	X	X
Home Health Agency	X	X
Hospice	X	X
Hospital	X	X
Psychiatric Medical Institute for Children	X	
Skilled Nursing Facility	X	X

837P (Professional)	Iowa	S Dakota
Advanced Registered Nurse Practitioner ³	X	X
- Certified Registered Nurse Anesthetist	X	X
- Nurse Practitioner ³	X	X
- Certified Nurse Midwife	X	X
- Certified Clinical Nurse Specialist ³	X	
Ambulance Services	X	X
Community Mental Health Center	X	X
Dentists ²	X	X
Doctor of Chiropractic	X	X
Doctor of Osteopathic Medicine ³	X	X
Freestanding Magnetic Resonance Imaging Facility	X	
Freestanding (FS) Radiology Center	X	
-FS CT Scan Center	X	
-FS Mammography Center	X	
-FS PET Scan Center	X	
-FS Portable X-Ray	X	
-FS Radiation Oncology Center	X	
-FS Radiology Center	X	
-FS Ultrasound Center	X	
Home Infusion Therapy Provider	X	X
Home Medical Equipment Supplies & Services Provider	X	X
Independent Laboratory	X	X
Medical Doctor ³	X	X
Occupational Therapist	X	
Optometrist	X	X
Oral /Maxillofacial Pathologist	X	X
Oral Surgeon	X	X
Orthotics and Prosthetics Supplier	XX	
Physical Therapist ⁴	X	X
Physician Assistant ³	X	X
Podiatrist	X	X
Psychologist (PhD, PsyD, EdD) with an HSP in Iowa		X
Qualified Mental Health Provider in South Dakota	X	
Social Worker (LISW, LCSW)	X (WHPI) ¹	
-Private Independent Practice (PIP)		X

1. File claims for Blue Advantage^(R), Blue AccessSM and Blue Choice^(R) members only for this provider type in Iowa.
2. Dentists may file 837P when submitting claims for Wellmark members with accidental injuries involving the teeth.
3. Wellmark does not recognize Medicare's designation of Rural Health Clinics. Instead, the eligible provider delivering the service should submit the claim to Wellmark.
4. Wellmark does not recognize Medicare's designation of Comprehensive Rehabilitation Facilities (CORFs). Instead, the eligible provider delivering the service should submit the claim to Wellmark.

835 Remittance Advice

Determine whether the 835 will be a useful tool for you

For registered recipients, once you have achieved a 95% acceptance rate and begin testing in Wellmark's model office, you can also receive test files in the 835 4010A1 ANSI format. All submitters potentially can receive an electronic version of the 835; however, you will want to ascertain that your office or vendor can accommodate the transmission so that it becomes a useful tool in your office.

Please refer to the *Wellmark Companion Guide*, Section 2, 835 Remittance Advice, for more detailed information. Again, the *Wellmark Companion Guide* is found on our web site at www.wellmark.com/hipaa/hipaa.htm.

Timelines for Testing

Testing needs to begin now

As with any testing situation, you will want to test early. Wellmark has posted its testing timetable on its own web site: www.wellmark.com/hipaa/hipaa.htm and also on the national WEDI-CAQH (WorkGroup for Electronic Data Interchange and the Council for Affordable Quality HealthCare) web site: www.wedi.org/snip/caqhimpptools. These two organizations have formed a collaborative effort to make important testing information available to submitters.

837 Testing

Though some submitters have been testing with Wellmark for several months now, all healthcare practitioners and facilities may begin testing **837** claims transactions on or after **April 21, 2003**.

Testing should be completed by October 1, 2003 to ensure smooth production transition by October 16, 2003. However, the testing environment will continue to be available for all submitters.

Remember: it is important to coordinate with your claims vendor, clearinghouse or billing service to ensure accurate testing. You will want to allow adequate time for end-to-end testing and re-testing.

835 Testing

Testing for 835 can be done at any time after June 1, 2003

Wellmark intends to make testing for the **835** remittance advice available beginning **June 1, 2003**. Wellmark will be producing only the 835 4010A1 (addenda version) for testing and production.

Testing for the 835 will continue to be available for all submitters, but submitters are under no obligation to accept the 835 by any particular date. Submitters will continue to receive paper copies of the Professional Claims Report or Provider Remittance Advice. However, the 835 claims transaction will contain more information as required by HIPAA-AS than the paper versions of the remittance advice.

The 835 electronic remittance advice (often referred to as ERA) is an ANSI formatted file. If your system is properly programmed, it will be able to read and post the data from the 835 into your practice management system. If your system is not programmed for this, you may wish to investigate the use of translators that will allow you to print the 835. Without a system that can either automatically post or a translator to print, the 835 transaction will be of little value to you. Contact your vendor to determine what will work best for you.

Testing Process for the 837

Check off each item as
your complete it

Follow the check list below to assist you in the testing process:

Download Instructions

To begin the testing process, first download the instructions from the INet Account Library at 2ANSI837.PDF.

Know your Model Office ID and Password

You will want to ascertain your model office ID and password. If you have a model office ID and password and have not used it recently, the password may need to be reset. To obtain a model office ID, have your password reset, or if you don't remember your model office ID, please call EC Solutions Assistance Center at (515) 248-5246 or 1-800-407-0267.

Choose your Communication Options

There are several communication options you may use to dial into the INet system. EC Solutions recommends using Procomm Plus 32 with scripts. You can also use HyperTerminal or another communications software package. For communication software other than Procomm Plus 32 or HyperTerminal, please consult your communication software vendor.

Note: If using Procomm Plus 32 with scripts, be sure to record your production ID number for future reference.

Create Test Claim Files Representative of Production

The test files you create are critical to how accurate and adequate your testing will be. We suggest you use the following criteria when creating test files:

Use live claims for testing
in model office.
Know your new reports and

- a. Use real claims data. Testing in model office will not duplicate production claims or produce actual payments. De-identified information will not process in our system.
- b. Mirror average weekly production volume. By using average weekly volume, you test the system's capabilities for handling the volume of claims you normally submit. If your claims volume is lower than 25 claims on a weekly basis, please add additional claims to test at least 25 and the variety of claim types.
- c. Submit all types of claims applicable to your business. If you provide specialty services or multi-specialty services, ensure that your test claims fairly represent all aspects of your business.
- d. Always use valid code sets.
- e. Always submit Wellmark insured patients and member identification numbers. Do not submit claims for individuals not covered by a Blue Cross and Blue Shield Plan.

If you receive reject reports showing ineligible patients, verify that you have the correct identification number or eligible member for the date of service by using the Eligibility Verification tool on our web site at www.wellmark.com in the Provider Corner.

☐ Optional –Test with Third-party Certification Service

See the earlier discussion on third-party certification and testing services available under Important Considerations for Testing.

☐ Submit test claim files to INet

Following the criteria above, submit your test claims by:

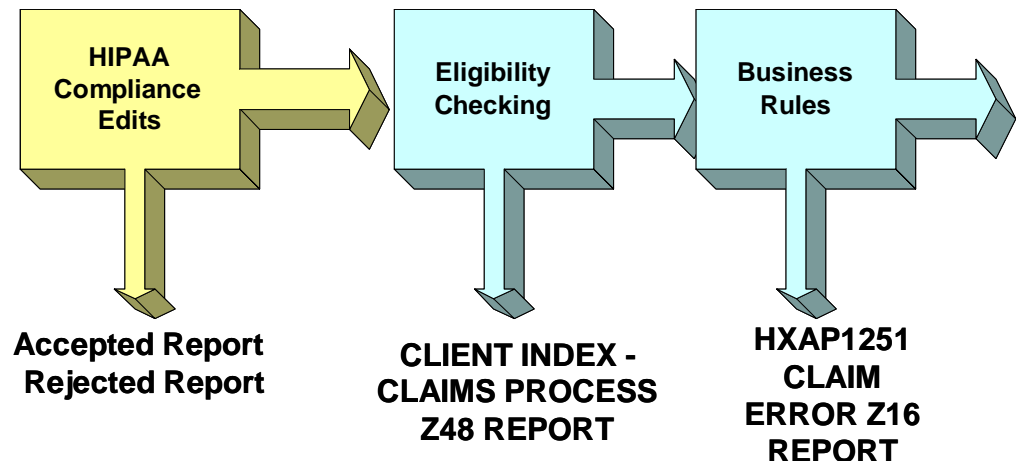
- a. Connecting to the test environment
- b. Uploading your claim file
- c. Recording the transaction batch id, after the upload is complete.

☐ Download and Review INet Reports

Know your reports and how to use them

If you receive errors on your reports while testing, you are encouraged to work with your vendor initially for resolution. Once you obtain a 5% claim reject rate through INet edits, EC Solutions will work with you to achieve a higher percentage of acceptance. Submitters are encouraged to use the testing environment available through INet to determine edit compliance based on accepted versus rejected claims.

Remember that once you pass the first set of edits in INet, there are still eligibility edits and business rules to be applied as illustrated below. The diagram shows which edits generate which reports.



You may download a number of INet reports. These reports include the following:

Report Name	Description	Replaces
File Reject (.997)	Generated when the file is not in the correct format. The entire file of claims is rejected	File Error Report (.zzz)
Accepted Transaction (.acc)	Lists all claims accepted by INet within the file. This detail report lists activity by submitter and payer	Claims Acceptance & Exception Report (.z17)
Rejected Transaction (.rej)	Lists all claims rejected by INet within the file	Claims Acceptance & Exception Report (.z17)
Client Index Report (.z48)	This report determines patient eligibility within the Wellmark eligibility system. The following three errors are reported: 1) no coverage found; 2) no coverage for Date-of-Service; 3) Insured ID is not found	Will continue as is today
Claim Error Report (.z16)	Lists all claims accepted & rejected by Wellmark's system	No change. Will continue as is today

For more information on INet reports, please download the *INet ANSI X4010A 837 Transaction Reports Overview* from INet's Account Library entitled ANSIRPTS.PDF.

The following table identifies when the acceptance (.acc), rejection (.rej), Wellmark Client Index. (.z48) and Wellmark Payer (.z16) reports will be available based on the time the file is submitted.

When a file is submitted...	.997, .acc and .rej is available...	.z48 is available...	.z16 payor is available...
<u>before 2 p.m. CST</u> Monday – Friday	2 – 6 hours after the upload	after 5:30 p.m the same day	after 7 p.m the same day
<u>after 2 p.m. CST</u> Monday – Friday	2 – 6 hours after the upload	after 5:30 p.m the next business day	after 7 p.m the next business day
after business hours and on weekends	2 – 6 hours after the upload	after 5:30 p.m the next business day	after 7 p.m the next business day

For more information, see Section 1 of the *Wellmark Companion Guide*.

□ Determine Acceptance Rate

Strive for a high percentage of acceptance rates to assure a smooth transition.

Based on the number of claims you submitted, determine the percentage of claims that were accepted and rejected. When your overall claims acceptance rate meets Wellmark's established testing acceptance rates, testing is complete. (See Established Testing Acceptance Rates.)

To document completion of testing, print a copy of the report for your records. You are then ready to transmit ANSI 4010A1 claims to Wellmark starting October 16, 2003.

For assistance analyzing your **ANSI test results**, please contact the EDS EC Solutions ANSI Testing Help Desk at **515-245-4810** or via email at ANSITestingDSM@eds.com

Testing Process for the 835

Testing the 835 requires coordination

The 835, like all transactions, should be tested to verify that your software or translator appropriately receives and maps the data sent from Wellmark. Wellmark will continue to send a paper copy of the Provider Remittance Advice or the Professional Claims Report. The 835 gives you the ability to automatically post claims settlement information to your patients' accounts. You will need to submit claims in a test environment to receive an 835.

To assist you in this testing process, check off the "to-do's" below:

Register to Receive the 835

Register with the EC Solutions Registration Department to initiate the testing of the 835 transaction. Either call 800-407-0267 or 515-248-5246, or email ecsolutionsdsm@eds.com.

Note: If you currently receive Wellmark's Proprietary ERA format (.Z05), you do not need to register.

Send Test Claims to INet Model Office

Your test claims must be accepted through INet and Wellmark's processing system to generate an ERA.

Download your 835 from INet

During testing, 835 ERAs will be available to download from INet daily Tuesday through Saturday as early as 8 a.m. 835 ERAs will be built based on transactions that finalized in the previous night's test processing. You will need translator or automatic posting software to use the data found in this transaction.

Follow Vendor's Instructions

Work with your vendor to use either a translation or automatic posting software to read the information on the 835 ERA. There will be more data contained on the 835 than the current paper versions mailed to you each Monday.

Established Testing Acceptance Rates

Most submitters have current acceptance rates higher than we will require to begin submission of claims

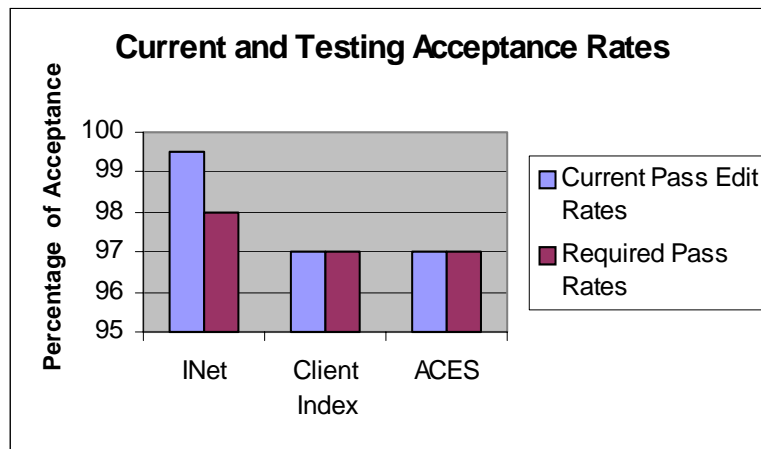
The following established testing acceptance rates need to be achieved for you to assure current production of processed claims and adequate cash flow for your office:

1. 98% of test claims pass INet edits (.acc)
2. 97% of test claims pass Client Index edits (.Z48)
3. 97% of test claims pass ACES edits (.Z16)

Note that current production levels for all Wellmark claims processing stand at these percentages of successful transactions:

1. 99.5% of today's claims pass INet edits (.acc)
2. 97% of today's claims pass Client Index edits (.Z48)
3. 97% of today's claims pass ACES edits (.Z16)

We feel confident that attainment of these acceptance rates will make the implementation of HIPAA-AS requirements a success.



Testing Support

Resources for help

Besides this Testing Toolkit, you will find a number of avenues available to you for support of your Wellmark claims filing process. Here's a quick summary of the areas of support you can count on:

1. EC Solutions
 - a. INet Message of the Day – look here for timely messages on a regular basis
 - b. INet Account Library – the source for testing instructions
 - c. EC Solutions HIPAA-AS Help Desk – dedicated to support your staff
 - i. ANSITestingDSM@eds.com
 - ii. **800-407-0267** or **515-245-4810** (open 8 a.m. – 5 p.m. Monday – Friday)
2. Wellmark Blue Cross and Blue Shield
 - a. *Blue Ink*, Wellmark's monthly provider newsletter
 - b. www.wellmark.com/hipaa/hipaa.htm, Wellmark's web site for information on HIPAA-AS transactions, *Wellmark Companion Guide*, Glossary of Terms and much more
 - c. Provider Relations Managers at 515-245-5167 open 8 a.m. – 5 p.m. Monday – Friday)

Links to Other Support Tools

Internet Address	Site Description
http://cms.hhs.gov/hipaa	Centers for Medicare and Medicaid Services (CMS) main HIPAA-AS site affords <i>links</i> to: <ul style="list-style-type: none"> • Electronic Health Care Transactions and Code Sets Standards Model Compliance Form • Information about HIPAA-AS administrative simplification and health insurance reform (portability) • HIPAA-AS frequently asked questions • HIPAA-AS Administrative Simplification Compliance Act (ASCA) questions and answers
http://cms.hhs.gov/medlearn	CMS Medicare Learning Network (MedLearn) website: <ul style="list-style-type: none"> ▪ Provides physician and provider specific information about administrative simplification ▪ Affords links to HIPAA-AS technical assistance, correspondence, white papers and news ▪ Offers educational material such as "Meeting the HIPAA-AS Challenge" video tape series on administrative simplification and the implementation process
http://aspe.hhs.gov/admsimp	HHS Administrative Simplification website: <ul style="list-style-type: none"> ▪ Provides information about HIPAA-AS regulations and standards ▪ Offers e-mail notifications on HIPAA-AS regulations by sending email to listserv@list.nih.gov.
http://wpc-edi.com/hipaa	The Washington Publishing Company website: <ul style="list-style-type: none"> ▪ Provides free HIPAA-AS implementation guides
http://snip.wedi.org	Strategic National Implementation Process (SNIP) website - a collaborative health care industry process for the development and implementation of standards. <ul style="list-style-type: none"> ▪ Includes white papers on transactions and code sets, privacy and security
www.iowasnip.org	The Iowa Regional SNIP Affiliate is an organization open to all parties (both public and private) interested in, and affected by, the Health Insurance Portability and Accountability Act (HIPAA) and provides a forum for collaboration and coordination of HIPAA-AS implementation throughout the state of Iowa. Note: there is no regional SNIP in South Dakota
www.hipaa.org	A Web site dedicated to HIPAA-AS, providing links to HIPAA-AS information and education
www.wedi.org/snip/caqhimpertools	HIPAA-AS testing timelines for payors