

Aetna is Implementing Electronic Transaction Standards In Compliance with HIPAA Requirements

What does this mean to me?

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) to, among other things, provide consumers with access to health care insurance and protect health care data. HIPAA also promotes standardization and efficiency in health care administration by mandating the use of standard electronic transactions and code sets.

How does HIPAA influence what I do?

The Electronic Transactions regulations define format and content standards for a number of common electronic transactions utilized within the health care industry. No later than Oct. 16, 2003, electronic data exchanges between providers, health plans and clearinghouses that meet the definition of a transaction as defined under HIPAA, must be conducted in accordance with the appropriate standards. Clearinghouses may convert transactions on your behalf, though you will be responsible for providing the clearinghouse with the necessary information. For your reference, we've listed the five format and content standards that directly affect health care providers.

Transaction	Standard
Claims or Equivalent Encounter Information & Coordination of Benefits	ASC X12N 837 Dental, Professional, or Institutional Health Care Claims (004010X096A1-98A1)
Eligibility for a Health Plan	ASC X12N 270/271 Health Care Eligibility Benefit Inquiry and Response (004010X092A1)
Referral Certification and Authorization	ASC X12N 278 Health Care Services Review – Request for Review and Response (004010X094A1)
Claim Status	ASC X12N 276/277 Health Care Claim Status Request and Response (004010X093A1)
Payment and Remittance Advice	ASC X12N 835 Health Care Claim Payment/Advice (004010X091A1)

How is Aetna complying with HIPAA Electronic Transactions Standards?

Aetna has enhanced systems and business processes to meet the HIPAA electronic transaction standards. We already conduct all the electronic transactions listed entirely by utilizing HIPAA ASC X12N 4010 standards and support the vast majority of implementation guide requirements. Our transactions will be fully compliant by Oct. 16, 2003.

In addition, Aetna is currently addressing provider contracts that contain non-compliant medical code sets. Affected providers will receive a letter or amendment to their contract replacing non-compliant medical code sets with the appropriate standard medical code set defined by HIPAA. Please contact your network representative if you have questions concerning your contract and non-compliant codes.

Where can I find additional information on HIPAA readiness?

- Visit the Centers for Medicare and Medicaid Services (CMS) Internet site at <http://www.cms.hhs.gov/hipaa/hipaa2> for information on the Administrative Simplification provisions of HIPAA:
 - Deadline Countdown
 - Latest News
 - General Information
 - Regulation & Standards - including *Transaction and Code Set Standards*
 - HIPAA Enforcement
 - Upcoming Events
 - Educational Materials - including *the HIPAA Provider Readiness Checklist* and *the HIPAA Information Series for Providers*
 - HIPAA Related Links
- Regional HIPAA information is available from local Strategic National Implementation Process representatives, local provider associations, and on the Strategic National Implementation Process website at: <http://www.wedi.org/snip>.
- Lists of payer and clearinghouse HIPAA transactions test and production readiness schedules are available on www.wedi.org/snip/caghimptools/.

Who can I contact with questions about my electronic transactions with Aetna?

- Additional detail and contact information is available on www.Aetna.com under "Physicians and Hospitals" and will be updated through the Oct. 16, 2003 compliance date.
- Providers that use a billing service or clearinghouse should contact the vendor directly to inquire about HIPAA testing and implementation plans. If necessary, the clearinghouse will contact Aetna for additional information.