



ISSUE DATE October 27, 2011	EFFECTIVE DATE January 1, 2012	NUMBER 99-11-09
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SUBJECT: 5010/D.0 Instructions to be Ready for Electronic Transaction Upgrades	BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs
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IMPORTANT REMINDER: If you submit HIPAA compliant electronic healthcare claim transactions to the department, you need to be prepared for the ANSI X12 v5010 and NCPDP vD.0 upgrades in order to prevent the rejection of your claims. The CMS mandated compliance date for all covered entities to use the new standards is January 1, 2012. For additional information, visit the DPW website at:
<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/softwareandservicevendors/hipaa5010d.0upgradeinformation/index.htm>

Purpose:

To update providers, electronic billers, and payers regarding the importance of upgrading the current ANSI X12 4010 version of electronic healthcare transactions and NCPDP 5.1 pharmacy transactions as mandated under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Scope:

This bulletin applies to all providers enrolled in the Pennsylvania Department of Public Welfare’s (department) Medical Assistance (MA) Program who currently are or will be submitting electronic healthcare or pharmacy transactions for services rendered in the Fee-for-Service (FFS) program. Providers who submit claims to Managed Care Organizations (MCOs) need to contact the MCO for information regarding the transition of electronic healthcare transactions to the new versions.

Background:

On January 16, 2009, the Centers for Medicare and Medicaid Services (CMS) published its final rule adopting updated versions of the standards for electronic healthcare and pharmacy transactions.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Visit the Office of Medical Assistance Programs Web site at www.dpw.state.pa.us/PartnersProviders

MA Bulletin 99-10-07, titled “Announcing the Federally Mandated Change to Electronic Healthcare Transactions for Healthcare and Pharmacy Transactions”, issued June 8 , 2010, published the department’s intent to implement ANSI X12 v5010 and NCPDP vD.0 transaction sets.

The department published seven (7) Provider QuickTips with topics such as certification requirements, the Certification Assistance Center and PES Software Updates. The department also provided additional v5010 and vD.0 information to providers and other business partners through meetings with provider organizations, presentations at the monthly Medical Assistance Advisory Committee (MAAC) meetings, Remittance Advice Banners, letters to software vendors and clearinghouses, and the creation of a ListServ to notify additional entities employed by MA providers who would not receive communications through the methods described above.

The department also created a website to provide HIPAA 5010/D.0 Upgrade information. The website can be accessed by clicking on the following link:
<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/softwareandservicevendors/hipaa5010d.0upgradeinformation/index.htm>.

It is imperative that providers periodically check the website to remain up-to-date with the department’s v5010/vD.0 progress.

Discussion:

Certification of Electronic Claim Submissions

In preparation for the mandatory January 1, 2012 compliance date for ANSI X12 version 5010 and NCPDP version D.0, the department is requiring all trading partners and covered entities who electronically submit 837 and D.0 claim transactions to certify using the new transaction versions. The certification process involves submitting a small number of claims to a test environment. This is to ensure that the claim transaction is in the new format and the claim is able to enter the PROMISe™ system. Providers have been informed since early 2011 of the certification process and are urged to certify immediately.

837 X12 Certification Requirements

All providers who submit claims electronically have a submitter ID that the department uses to track certified entities. All entities with a submitter ID must certify their X12 v5010 software with the department. Once the software is certified, the submitter ID will be activated for 5010 processing. These entities include:

- Some software vendors have indicated they will certify their 5010 software with the department. Once the certification is completed by the vendor, the provider who is using the software is required to contact that Certification Help Desk with the name of the certified software so that their submitter ID can be activated. Contact your software vendor to inquire if they are certifying with the department.
- Providers who submit 837 claim transactions directly to PROMISe™ or have a software vendor who has not certified with the department will need to certify in order to activate their submitter ID.

- Providers who submit claims through a clearinghouse will be considered certified once the clearinghouse receives certification. In this case the submitter ID is owned by the clearinghouse and is active for all providers using that clearinghouse.

NCPDP Certification Requirements

All pharmacies who submit claims electronically to the department must use a certified software vendor. To support the certification activities, all pharmacy software vendors, who create pharmacy transactions, must be certified with the department. All software vendors are required to contact the Certification Help Desk to begin the certification process. Upon certification, software vendors will be provided with an activated Software Vendor ID to enable them to submit D.0 transactions to the department for processing beginning January 1, 2012.

The department has posted an up-to-date list of clearinghouses and vendors which have certified, or are in the process of certifying their software. This website can be accessed by clicking on the following link:

http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/communication/p_011788.pdf

More information about the certification requirements, as well as how to contact the Certification Help Desk, can be found in the PROMISe™ certification section of the department's website. The website can be accessed by clicking on the following link:

<http://www.dpw.state.pa.us/provider/promise/certification/index.htm>.

Provider QuickTip #109, "Is it Necessary to Certify for X12 v5010 Transactions?" can be accessed by clicking on the following link:

http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/communication/p_011555.pdf

PES and Internet Submissions

If you use Provider Electronic Solutions (PES) software, you will be required to download and install the updated version before January 1, 2012. There are rules that must be followed when upgrading PES, and they can be found in Provider QuickTip #106 which can be accessed by clicking on the following link:

http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/communication/p_011492.pdf

Providers who use the PROMISe™ Internet Portal or submit paper claims are not required to certify. Providers who use the PROMISe™ Internet Portal need to review important information about changes to Internet functionality. Log into the PROMISe™ Internet Portal to retrieve this important information.

Diagnosis Code Requirement

Under the CMS rules for v4010, diagnosis codes were considered situational when submitting an Institutional or Professional claim. This means a provider was not required to include the diagnosis code on a claim unless the diagnosis code was required for payment consideration.

Under the CMS rules for v5010, all Professional and Institutional claims require a valid primary International Classification of Disease (ICD-9) diagnosis code. If a primary diagnosis code is not on the claim beginning January 1, 2012, the claim will not be HIPAA compliant and will be rejected.

Cutover Dates and Times

In order to ensure a clean migration from v4010/v5.1 to v5010/D.0, the department will need to shutdown and restart PROMISE™. This 'restart' will occur over several days around the mandated January 1, 2012 implementation date.

Below is the schedule for when PROMISE™ will not be available to accept certain healthcare transactions.

Fee-for-Service (Medical) Transactions:

Tuesday, December 27, 2011, 11:59p.m.

- X12 v4010 Batch 837 Healthcare Claims will no longer be accepted
 - Includes Batch Claims for 837 Dental, 837 Institutional (Inpatient, Outpatient and Long-Term Care), 837 Professional, and 837 Professional – Physician Dispensed Drug

Thursday, December 29, 2011 11:59 p.m.

- X12 v4010 Batch 270 Electronic Eligibility Verifications will no longer be accepted
- X12 v4010 Batch 276 Electronic Claim Status Inquiries will no longer be accepted

** Note ** X12 v4010 271 Eligibility Response and 277 Claim Status Response will be provided following the normal processing timelines

Saturday, December 31, 2011 5:30 p.m.

- Automated Voice Response System (AVRS) will be unavailable
- X12 v4010 Eligibility Verifications Interactive Applications will be unavailable
- Last X12 v4010 835 Claim Payment & Remittance Advice will be processed
- Internet Applications will be unavailable. This impacts:
 - PROMISE™ Internet Portal; including ePEAP
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Medical Assistance Provider Incentive Repository (MAPIR)
 - ePrescribing

Sunday, January 1, 2012 8:00 a.m.

- Automated Voice Response System (AVRS) will be available
- X12 v5010 Eligibility Verifications Interactive Applications will be available
- Internet Applications will be available. This includes:
 - PROMISE™ Internet Portal; including ePEAP
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Medical Assistance Provider Incentive Repository (MAPIR)
 - ePrescribing
- X12 v5010 Batch 270 Eligibility Verifications will be accepted and processed

- X12 v5010 Batch 276 Electronic Claim Status Inquiry will be accepted and processed
- X12 v5010 Batch 837 Healthcare Claims will be accepted
Includes Batch Claims for 837 Dental, 837 Institutional (Inpatient, Outpatient and Long-Term Care), 837 Professional, and 837 Professional – Physician Dispensed Drug

**** Note **** X12 v4010 271 Eligibility Response and 277 Claim Status Response will be provided following the normal processing timelines

Fee-for-Service (Pharmacy) Transactions:

Friday, December 9, 2011, 11:59 p.m.

- NCPDP v1.1 Pharmacy Batch cut-off

Saturday, December 31, 2011 5:30 p.m.

- Automated Voice Response System (AVRS) will be unavailable
- NCPDP v5.1 Interactive Applications will be unavailable
- Last X12 v4010 835 Claim Payment & Remittance Advice will be processed
- Internet Applications will be unavailable. This impact's:
 - PROMISE™ Internet Portal; including ePEAP

Sunday, January 1, 2012 8:00 a.m.

- Automated Voice Response System (AVRS) will be available
- NCPDP vD.0 Interactive Applications will be available
- First NCPDP v1.2 Pharmacy Batch accepted
- Internet Applications will be available. This includes:
 - PROMISE™ Internet Portal; including ePEAP

Saturday, January 7, 2012 10:00 a.m.

- First X12 v5010 835 Claim Payment & Remittance Advice produced

Provider Electronic Solutions (PES)

Monday, December 19, 2011, 8:00 a.m.

- PES v3.58 available for download. The update can be downloaded by clicking on the following link: <http://promise.dpw.state.pa.us/ePROM/ProviderSoftware/softwareDownloadMain.asp>
- *After v3.58 is installed on your computer, you will not be able to send any transactions to PROMISE™ until January 1, 2012.*

**** Note**** To ensure proper upgrade of PES, follow the instructions for PES version control as described in Provider QuickTip #106 "PES Software Upgrade".

http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/communication/p_011492.pdf

Friday, December 9, 2011, 11:59 p.m.

- NCPDP v1.1 Pharmacy Batch cut-off

Tuesday, December 27, 2011, 11:59p.m.

- X12 v4010 Batch 837 Healthcare Claims will no longer be accepted
 - Includes Batch Claims for 837 Dental, 837 Institutional (Inpatient, Outpatient and Long-Term Care), 837 Professional, and 837 Professional – Physician Dispensed Drug

Thursday, December 29, 2011 11:59 p.m.

- X12 v4010 Batch 270 Electronic Verifications will no longer be accepted
- X12 v4010 Batch 276 Electronic Claim Status Inquiry will no longer be accepted

** Note ** X12 v4010 271 Eligibility Response and 277 Claim Status Response will be provided following the normal processing timelines

Saturday, December 31, 2011 5:30 p.m.

- X12 v4010 Eligibility Verifications Interactive Servers will be unavailable
- NCPDP v5.1 Interactive Applications will be unavailable

Sunday, January 1, 2012 8:00 a.m.

- X12 v5010 Batch 276 Electronic Claim Status Inquiry will be accepted and processed
- X12 v5010 Batch 270 Eligibility Verifications will be accepted and processed
- X12 v5010 Batch 837 Healthcare Claims will be accepted and processed
 - Includes Batch Claims for 837 Dental, 837 Institutional (Inpatient, Outpatient and Long-Term Care), 837 Professional, and 837 Professional – Physician Dispensed Drug
- NCPDP vD.0 Interactive Applications will be available
- First NCPDP v1.2 Pharmacy Batch accepted

** Note ** X12 v4010 271 Eligibility Response and 277 Claim Status Response will be provided following the normal processing timelines