HIPAA Version 5010:
Tenth National Provider Call - Acknowledgement Transactions (TA1, 999, 277CA)

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Purpose of Today's Call

1. To highlight the "significant" differences of reporting between 4010A1 and 5010

2. To provide an update on Medicare FFS' activities related to the implementation of HIPAA version 5010 of the TA1-Interchange Acknowledgment, 999 - Acknowledgement for Health Care Insurance, 277CA - Health Care Claim Acknowledgement

3. To discuss the 999 Errata

4. To provide guidance on what to do

5. To solicit feedback from participants regarding questions and concerns with 5010 and/or Medicare FFS' implementation of 5010

Today's Agenda

- General Overview
- Medicare Specific Changes to reporting
- 999 Errata
- Timelines and Deadlines
- What You Need to do to Prepare
- Q & A Session

General Overview

What was adopted under HIPAA 5010?

- Version 5010 of the X12 Standards' Suite of Administrative Transactions
- General Changes – Implementation Guides (IG) are now also referred to as Technical Review Type 3 documents (TR3)
  - Language in the opening section of the IG (TR3), referred to as the Front Matter, was revised to be more consistent across transaction types (e.g. claim, eligibility, claim status)
  - The content of the rules found in the IG (TR3), that are labeled as "Situational", were further clarified and updated to specify when an element is required or not allowed
  - Ambiguities in 4010A1 rules were corrected; "should" was replaced with "must" in many cases
  - If not required…do not send

General Overview

The Acknowledgement Family of Implementation Guides

- TA1 Interchange Acknowledgement - This is contained within the Implementation Acknowledgement For Health Care Insurance (005010X231)
- 999 Implementation Acknowledgement For Health Care Insurance (005010X231)
- 277 Health Care Claim Acknowledgment (005010X214)

Medicare Specific Changes to Reporting
(4010A1 to 5010)

- Currently each Medicare Administrative Contractor produces custom error reports that vary by jurisdiction;
- By moving to the use of standardized edits and EDI error & acknowledgements transactions, Medicare is enabling the production of standardized reports across all jurisdictions;
- Clearing houses and software vendors can use these transactions to produce reports tailored to their customers.

Medicare Specific Changes to Reporting
(4010A1 to 5010)

New ASC X12 standard acknowledgement and rejection transactions;

- The Interchange Acknowledgement TA1 will now be used
- The Functional Acknowledgement 997 is being replaced by the 999 transaction,
- Proprietary error reporting will be replaced with the 277CA Claims Acknowledgement transaction

Medicare Specific Changes to Reporting
(4010A1 to 5010)

Purpose of the TA1, 999 and 277CA

- When a TA1 is received, you will need to correct and resubmit the entire ISA – IEA Interchange;

- When a 999 is received, you may:
  - Recognize that syntax errors occurred and begin a correct/resubmit action,
  - Recognize that all transactions were accepted.

- When a 277CA is received, you may:
  - Recognize that business rule errors occurred and begin a correct/resubmit action on specific claims,
  - Recognize that all transactions were accepted,
  - Use returned claim numbers for future claim status inquiries.

Medicare Specific Changes to Reporting
(4010A1 to 5010)

How will you use the TA1, 999 and 277CA

- The TA1 and 999 reflect technical problems that must be addressed by the software preparing the EDI transmission;
  - "Trouble Tickets" will likely be addressed by technical resources to identify corrections needed before resubmission.

- The 277CA reflects a data problem that must be addressed by resources in the Billing area;
  - Billing staff will likely need reports to be produced using the 277CA transaction in order to identify claim corrections before resubmission.

- Clearinghouses and Vendors may consider offering a 277CA reporting capability.

Medicare Specific Changes to Reporting
(4010A1 to 5010)

Translators will perform all X12 syntax edits, CMS-selected HIPAA IG edits and output the following:

- TA1 for rejected interchanges,
- 999 for rejected functional groups/transaction sets (999-R),
- 999 for accepted functional groups/transaction sets (999-E),
  - *structurally sound non-compliant business units will be passed to CEM for rejection at the individual claim level (Accept with Errors),*
- CMS flat files for accepted transactions and subsequent processing.

- The CEM software will perform Medicare specific edits, CMS-selected IG edits and produce the following:
  - CMS flat files for accepted transactions, with claim numbers assigned,
  - A 277CA for each accepted or rejected claim,
  - The 277CA for an accepted claim will contain the claim number,

This approach allows the return of individual claims as opposed to entire transaction sets when an error is not a syntactical structure issue.

Medicare Specific Changes to Reporting
(4010A1 to 5010)

Special Situations

- When a business error is encountered, a claim will continue to be edited so that all Front End System errors are identified and returned to the submitter;

- When a fatal error is encountered with data at the provider level, claim editing is NOT continued; all claims for that provider are returned without edit results.

Medicare Specific Changes to Reporting
(4010A1 to 5010)

CMS Edits Documentation

- CMS has developed a spreadsheet that details the edits we expect to be performed in the EDI translator and the edits to be performed in the CMS Common Edits and Enhancements Module (CEM);

- Review column 4 and 5;
  - The 999 is output from the Translator indicating either R (Rejected), E (Accepted with Errors), A (Accepted)
  - 277 identifies the errors found by the Translator to be passed to the CEM,
  - If the CEM identifies an error, the 277CA will be sent back with the error codes indicated.

- CMS has published the last four versions of the 837 Institutional and Professional spreadsheets on our website

NOTE: This is a work in progress. You are encouraged to check back frequently and use the version number to identify when updates have been made that you may need to apply.

Sample of 837 Professional Edits Spreadsheet

Element Identifier	Description	5010 Values	TA1/ 999/ 277CA	Accept/ Reject	Disposition / Error Code	Proposed 5010 Edits Part B	Proposed 5010 Edits CEDI
NM1	Billing Provider Name		999	R	IK304 = 3: "Required Segment Missing"	2010AA.NM1 must be present.	2010AA.NM1 must be present.
NM1			999	R	IK304 = 4: "Loop Occurs Over Maximum Times"	Only one iteration of 2010AA.NM1 is allowed.	Only one iteration of 2010AA.NM1 is allowed.
NM101	Entity Identifier Code	85	999	R	IK403 = 1: "Required Data Element Missing"	2010AA.NM101 must be present.	2010AA.NM101 must be present.
NM101			999	R	IK403 = 7: "Invalid Code Value"	2010AA.NM101 must be "85".	2010AA.NM101 must be "85".
NM102	Entity Type Qualifier	1, 2	999	R	IK403 = 1: "Required Data Element Missing"	2010AA.NM102 must be present.	2010AA.NM102 must be present.
NM102			999	R	IK403 = 7: "Invalid Code Value"	2010AA.NM102 must be valid values.	2010AA.NM102 must be valid values.
NM103	Billing Provider Last or Organizational Name		999	R	IK403 = 1: "Required Data Element Missing"	2010AA.NM103 must be present.	2010AA.NM103 must be present.
NM103			999	R	IK403 = 6: "Invalid Character in Data Element"	2010AA.NM103 must contain at least one non-space character.	2010AA.NM103 must contain at least one non-space character.
NM103			999	E	IK403 = 5: "Data Element Too Long"	2010AA.NM103 must be 1 - 60 characters.	2010AA.NM103 must be 1 - 60 characters.
NM103			277		CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length Invalid" CSC 504: "Entity's Last Name" Entity Identifier Code: 85 Billing Provider		

Interchange Acknowledgement Example (TA1)

When the Interchange Envelope was processed by the receiver's translator their trading partner's Interchange Sender Identifier (SSSSSSs) was entered incorrectly with an extra "s" and was not found.

Submitted Envelopes:

```
ISA>00>1234567890>00>1234567890>28>SSSSSSs         >28>PPPPP
>090721>1700>^>00501>900000001>0>P>+
GS>HC>SSSSSS>01001>20090721>1700>700000001>X>005010X222
ST>837>000000001>005010X222
::
:
SE>32>000000001
GE>1>700000001
IEA>1>900000001
```

Resulting Interchange Acknowledgement - TA1.

This resulted in a TA1 Interchange Acknowledgement to be sent back with an Interchange Note Code of 006 "Invalid Interchange Sender ID".

```
ISA>00>1234567890>00>1234567890>28>PPPPP           >28>SSSSSS
>090721>1701>^>00501>000000001>0>P>+
TA1>900000001>090721>1700>R>006
IEA>0>900000001
```

999 Accept with Errors Example

Implementation Acknowledgement accepting an 837 Health Care Claim Functional Group which had 2 non-fatal errors and was accepted for further processing. Each error is identified in the IK4 Segments.

```
ST>999>000000001>005010X231~
AK1>HC>000000001>005010X222~
AK2>837>000000001>005010X222~
IK3>CLM>120>>8~
IK4>2>782>I12>92.511~
IK3>N4>127>>8~
IK4>3>116>6>90033-2414~
IK5>E~
AK9>A>1>1>1~
SE>10>000000001~
```

999 Accept Example

Implementation Acknowledgement accepting a 837 Health Care Claim Functional Group containing two (2) 837 Transaction Sets with no syntactical errors within either of the Transaction Sets.

```
ST>999>000000001>005010X231~
AK1>HC>000000001>005010X222~
AK2>837>000000001>005010X222~
IK5>A~
AK2>837>000000002>005010X222~
IK5>A~
AK9>A>2>2>2~
SE>10>000000001~
```

277CA Example

```
ST*277*0001*005010X214~
BHT*0085*08*277X2140001*20060205*1635*TH~
HL*1**20*1~
NM1*AY*2*FIRST CLEARINGHOUSE*****46*CLHR00~
TRN*1*200102051635S00001ABCDEF~
DTP*050*D8*20060205~
DTP*009*D8*20060205~
HL*2*1*21*1~
NM1*41*2*BEST BILLING SERVICE*****46*S00001~
TRN*2*200202054285 7~
STC*A7:23*20060205*U*1000~
QTY*AA*3~
AMT*YY*1000.00~
HL*3*2*19*0~
NM1*85*2*SMITH CLINIC*****FI*123456789~
TRN*1*SMITH789~
STC*A8:496:85**U*1000.00~
QTY*QC*3~
AMT*YY*1000.00~
SE*22*0001~
```

Medicare FFS' Implementation of 5010

Common Edits and Enhancements Module (CEM)

Standardized Editing

- One set of edits installed at each Part A/B Medicare Administrative Contractor (MAC) location
- Consistent editing
- Consistent results for transaction exchange

Standardized Error Handling

- TA1 Interchange Acknowledgement
  - High level report of the ISA-IEA
  - Complete file failure
- 999
  - Replaces the 997 transaction
  - Communicates X12 and IG syntax violations
  - Can result in all claims being returned (unless 999E)
- 277CA (claims acknowledgement)
  - Used to communicate the status of individual claims (accepted or rejected)
  - Replaces proprietary reports

Consult your vendor for specifics regarding how errors reports will be displayed to the end user

Medicare FFS' Implementation of 5010

Common Edits and Enhancements Module (cont'd)

Receipt, Control, and Balancing

- System of internal checks and balances
- Flags out of balance situations

999 Errata

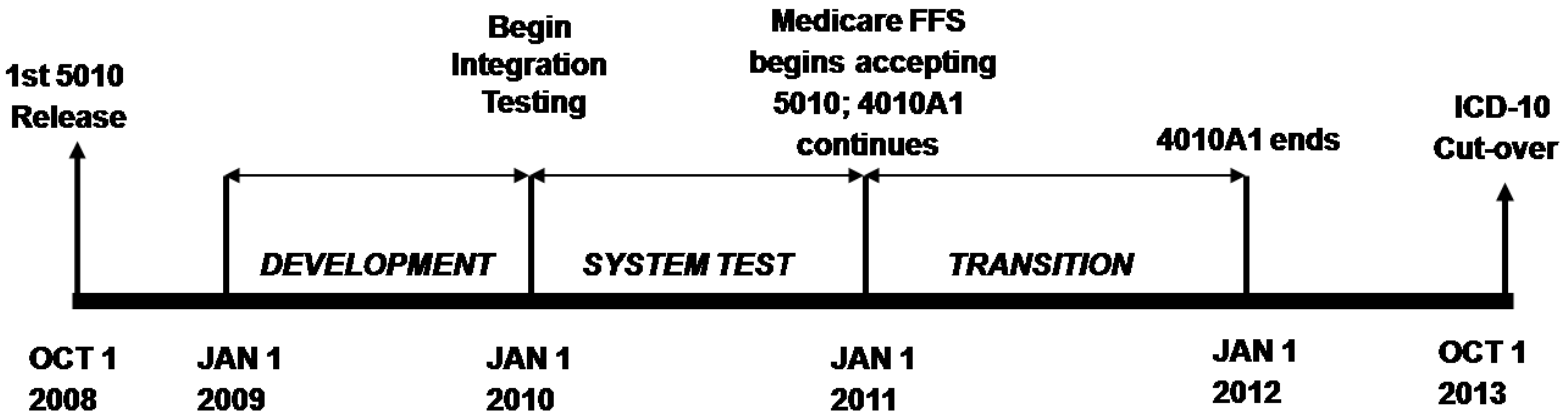
- **Proposed Errata Content**
  - Additional note added to 2100 AK2/IK303
  - Change to CTX segments – New notes added to CTX04, Situational rule change for CTX06, CTX06-2 changed from Situational to Not Used
  - Change to 2000 IK5 segment – Added code value to IK502, and changed IK5
  - Change to situational rule for TA1 segment – TA1 is no longer required when an interchange is rejected
- **Public comment period closed**
- **Implementation Impact**
  - Medicare FFS does not anticipate that there will be any impact on the 5010 implementation or the mandated compliancy dates
- **Medicare Transaction Usage Impact**
  - There is no anticipated impact to Medicare FFS' use of the transaction

Timeline and Deadlines

Compliance Dates

- **5010**
  - 2010: Internal CMS Testing
  - January 1, 2011:
    - External testing to begin
    - Production 5010 system available

  - December 31, 2011: Last day CMS will accept a 4010A1 transaction
  - January 1, 2012: Mandatory compliance for all covered entities
  - Medicare 5010 Project Timeline



What You Need to do to Prepare!

1. **CMS has developed educational materials on the Medicare Fee-for-Service 5010 project to provide technical assistance and direction for our trading partners and providers**
2. **Products include:**
   - Central Version 5010 and D.0 Webpage on the CMS Website **http://www.cms.gov/Versions5010andD0/**
   - Educational Resources (MLN articles, fact sheets, readiness checklists, brochures, quick reference charts and guides, and transcripts from previous national provider calls) **http://www.cms.gov/Versions5010andD0/40_Educational_Resources.asp**
   - Dedicated HIPAA 5010/D.0 Project Web Page (technical documents and communications at national conferences) **http://www.cms.gov/MFFS5010D0/**
3. **Update Announcements and News Flashes – ongoing**
4. **Frequently Asked Questions**
   - **https://questions.cms.hhs.gov/app/answers/list/kw/5010**
5. **To purchase Implementation Guides and access Technical Questions**
   - X12: **store.x12.org**
   - Washington Publishing Company: **www.wpc-edi.com**
6. **To view X12 Responses to Technical Comments: www.cms.gov/TransactionCodeSetsStands/**
7. **To request changes to standards: www.hipaa-dsmo.org**

What You Need to do to Prepare!

Steps you could take now

- **Contact your software vendors**
  - Does your license include regulation updates?
  - Will the upgrade include the 999 & 277CA?
  - Will the upgrade include a “readable” error report produced from the 999 & 277CA transactions?

- **Inquire when your vendor/clearinghouse is planning to upgrade your system**

- **Evaluate the impact to your practice and begin planning for training and transition**
  - Consider the impact this may have on patient registration, billing, appointment scheduling, claims reconciliation, etc.

What You Need to do to Prepare!

TEST EARLY AND TEST OFTEN!!!

Testing Procedures

- January 1, 2011 – December 31, 2011
- Direct submitters to contact the MAC Help Desk to coordinate testing procedures. CMS' indirect submitters will need to contact their respective vendors for their testing process.
- Prior to being granted access to submit production 5010 transactions, direct submitters will be required to be:
  - 100% compliant for structure/syntax
  - 95% compliant for Medicare business rules
- Submitter is in "test" status until "installed with approved software"

Q & A Session

We'll take your questions now