



# **HIPAA Version 5010: Sixteenth National Provider Call - Call to Action: Test!**

*Division of Transactions, Applications & Standards,  
Business Applications Management Group, OIS*

*Division of Medicare Benefits Coordination  
Office of Financial Management*

*Division of State Systems  
Center for Medicaid, CHIP, and Survey & Certification*

*Medicare Customer Assistance Re: Eligibility (MCARE) Help Desk*

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# Purpose of Today's Call

1. To review 5010/D.0 readiness for Medicare Fee-For-Service (FFS)
2. To review 5010/D.0 readiness for HETS 270/271 Medicare Eligibility
3. To review 5010/D.0 readiness for Coordination of Benefits(COB)
4. To review 5010/D.0 readiness from Medicaid
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 FFS perspective on 5010/D.0 readiness
- HETS 270/271 Medicare Eligibility readiness overview
- COB readiness overview
- Medicaid readiness overview
- Question & answer session

# Today's Contractor Panel

Panel Member	Area of Focus
Angie Bartlett	Health Insurance Specialist Division of Transactions Applications and Standards Office of Information Services
Brad Beatty	Manager Medicare Customer Assistance Re: Eligibility (MCARE) Help Desk
Brian R. Pabst	<i>Technical Advisor &amp; COBA Government Task Leader Division of Medicare Benefits Coordination Office of Financial Management</i>
Elizabeth Reed	Health IT Specialist Division of State Systems Center for Medicaid, CHIP, and Survey & Certification

# General Overview

## Who needs to know about Medicare FFS' implementation of 5010/D.0?

- All Medicare FFS trading partners who are considered to be HIPAA covered entities, their business associates, and anyone expecting to implement ICD-10
  - Medicare FFS uses the term Trading Partner to designate one of two or more participants in an ongoing business relationship (e.g., provider, billing service, software vendor, clearinghouse, etc.)
- All Medicare FFS providers/suppliers should have the following staff engaged in transitioning to 5010
  - Practice leadership
  - Office and Practice Managers
  - IT and systems staff
- Software Vendors, Clearinghouses, Billing Services or any other entity that services Medicare FFS providers

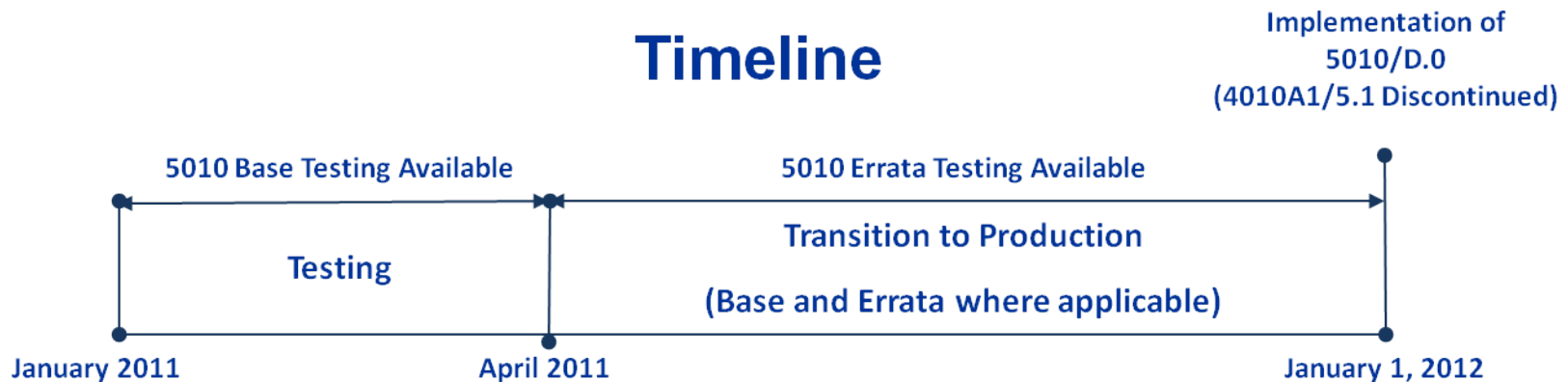
# Medicare FFS Compliance Dates and Timelines

## Compliance Dates for 5010 and D.0:

- Mandatory compliance on January 1, 2012 – all covered entities
  - Internal Testing to begin January 2010
  - External testing to begin January 2011

## Important Errata Dates:

- Testing: Base versions in January 2011, Errata versions in April 2011
- Production: Successfully tested errata versions in production as early as April 2011



# Medicare Fee-For-Service 5010/D.0 Implementation Status

## Medicare Administrative Contractors (MACs)

- **MAC Activities**

- MACs are underway with external trading partner testing of the Errata version of 5010. Testing with External Trading Partners is accelerating
- Trading partners are promoted when MAC approves their testing results and TP requests to be promoted to production status.
- External Trading Partners are now sending live 5010 claims and claim status inquiries to production.

- **Common Edits and Enhancements Modules (CEM) Testing**

- Errata versions of CEM have been deployed to production.

- **MAC Certification Testing**

- MAC Certification Testing is targeted for completion by June 3<sup>rd</sup>.
- MACs continue working with translator vendors in resolving functionality issues and deviations from expected test results.
- CMS is reviewing deviations from expected results to determine which issues require resolution via translator revisions or CMS edit revisions. External trading partners will be notified of which deviations to expect until fixes are implemented.

# Medicare Fee-For-Service Trading Partner Migration Path

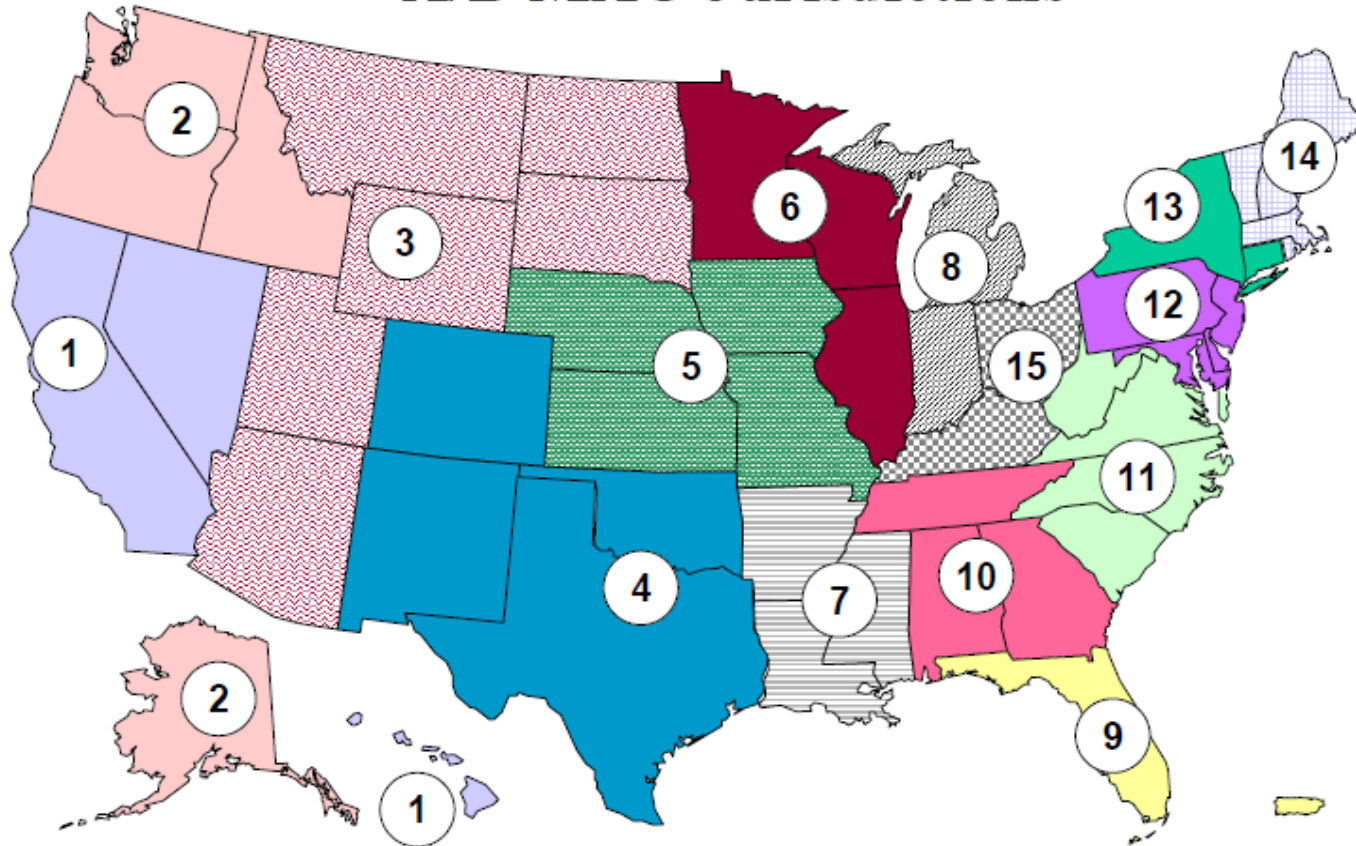
- The external trading partner testing and transitions to production will be handled by 10 MACs and CEDI
- Eight legacy contractors are paired with MACs in jurisdictions with non-awarded MACs.
- MAC Services Transitions:
  - A/B MAC Contract awards have recently been finalized for J11 and J15.
  - The Legacy FI's and Carriers in non-awarded jurisdictions have already partnered with an A/B MAC for 5010 processing. They will continue to use their Alternate MAC until their jurisdiction's A/B MAC becomes 5010-ready.



# Project Overview

Medicare Administrative  
Contractor (MAC)  
Jurisdiction Numbers

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# A/B MAC and CEDI Contacts\*

Jurisdiction	Operational MACs	EDI Help Desk Phone Number	Website
1	Palmetto GBA	1-866-749-4301	<a href="http://www.palmettogba.com/medicare">www.palmettogba.com/medicare</a>
3	Noridian Administrative Services, LLC	1-800-967-7902	<a href="http://www.edissweb.com">www.edissweb.com</a>
4	Trailblazer Health Enterprises, LLC	1-866-749-4302	<a href="http://www.trailblazerhealth.com">www.trailblazerhealth.com</a>
5	Wisconsin Physician Service Insurance Corporation	1-866-503-9670	<a href="http://www.wpsic.com/edi/5010-Readiness.shtml">http://www.wpsic.com/edi/5010-Readiness.shtml</a>
9	First Coast Service Options, Inc.	1-888-670-0940	<a href="http://www.fcso.com/">www.fcso.com/</a>
10	Cahaba GBA	1-866 582-3253	<a href="http://www.cahabagba.com/">www.cahabagba.com/</a>
11	Palmetto GBA	1-866-749-4301	<a href="http://www.palmettogba.com/medicare">www.palmettogba.com/medicare</a>
12	Highmark Medicare Services	1-866-488-0546	<a href="https://www.highmarkmedicareservices.com/">https://www.highmarkmedicareservices.com/</a>
13	National Government Services	1-877-273-4334	<a href="http://www.ngsmedicare.com/">www.ngsmedicare.com/</a>
14	NHIC	1-877-386-1056	<a href="http://www.medicarenhic.com/">www.medicarenhic.com/</a>
CEDI	National Government Services	1-866-311-9184	<a href="http://www.ngscedi.com/">http://www.ngscedi.com/</a>

\*Legacy providers should contact their current contractor for 5010-related matters.

# HETS 270/271 Medicare Eligibility: Preparing for 5010A1

- HETS recently transitioned to a new environment to improve performance and support the X12 5010A1 standard
- Submitters began testing 5010A1 transactions in April
- HETS will be participating in the CMS National Testing Days (June 15<sup>th</sup> and August 24<sup>th</sup>)

# HETS 270/271 Medicare Eligibility: System Changes

- Changes to transaction elements for compliance with the X12 5010A1 standard
- New beneficiary search options
- New AAA error codes for beneficiary matching errors
- Enhanced Service Type Code (STC) support
- Visit the 5010 Information page of the CMS HETSHelp website for more details regarding these changes – go to <http://www.cms.gov/hetshelp> and click on the '5010 Information - 270/271' link

# HETS 270/271 Medicare

## Eligibility: Testing

- Direct Trading Partners should contact the MCARE Help Desk to coordinate testing
  - Please allow 24 hours for testing profile to be activated
  - CMS requires all HETS trading partners to demonstrate successful transaction submission and receipt of both valid and error responses in test mode before being authorized to submit production 5010A1 transactions
  - Max of 50 test transactions allowed per submitter
- Indirect Trading Partners should contact their respective vendor or clearinghouse for testing

# HETS 270/271 Medicare Eligibility: Tips for Successful Testing

- Based on what submitters have encountered to date...

# HETS 270/271 Medicare Eligibility: Resources

- MCARE Help Desk
  - 866-324-7315
  - [mcare@cms.hhs.gov](mailto:mcare@cms.hhs.gov)
  - Testing support hours are Monday-Friday 9:00am-5:00pm ET
- HETSHelp website
  - <http://www.cms.gov/hetshelp> and click on the '5010 Information - 270/271' link

# Overview of the Medicare FFS COB/Crossover Process

- What is Crossover and the Medicare Crossover Process?
  - Crossover refers to the process whereby the Coordination of Benefits Contractor (COBC), on behalf of CMS, transfers Medicare FFS claims electronically to other insurers or health plans
  - Currently, Fee-For-Service (FFS) Medicare through the COBC crosses over 750 million version 4010A1 “production” 837 COB claims to 830 trading partner lines of business (400 core supplemental payers) on an annual basis
  - Additionally, Medicare FFS transfers a small volume of NCPDP version 5.1 batch COB claims to 54 external receivers



# Medicare FFS HIPAA 5010 COB Testing Update

- Since September 27, 2010, FFS Medicare through the COBC has been testing the HIPAA version 5010 837 institutional and professional claim formats with various external trading partners
- Prior to April 4, 2011, the COBC crossed “test” claims over exclusively in the HIPAA version 5010 pre-Errata formats
- Prior to April 4, 2011, external trading partners did **not** receive many “test” 837 version 5010 institutional outpatient-oriented COB claims
  - This was due to the 2430 SVD composite segment requirements, which required the presence of a CPT-4 or HCPCS code for each reported service detail line

# Medicare FFS HIPAA 5010 COB Testing Update (cont.)

- Despite this obstacle, FFS Medicare has crossed over in excess of 70 million “test” HIPAA 5010 COB claims during the period from October 1, 2010 through March 31, 2011
- Of the current universe of 830 “production” COBA trading partners, 344 entities were testing the Errata version of the HIPAA 837 version 5010 institutional and professional claims with the COBC as of May 10, 2011
- Currently, there are no major HIPAA 837 version 5010 Errata claim problems affecting COB testing
- The largest known issue affecting HIPAA 5010 Errata 837 professional claims (problem with 2320 SBR03 being populated with the same information as in 2330A NM109) was fixed on May 20, 2011

# Medicare FFS HIPAA 5010 COB Testing Update (concl.)

- NCPDP version D.0 COB testing is currently available for interested COBA trading partners
  - Testing will be challenging since FFS Medicare receives so few numbers of NCPDP batch claims
- Our first COBA trading partner is slated to move into HIPAA 5010 Errata production either in late May or early June 2011
- The overall goal is to have 80% of all current “production” COBA trading partners participating in HIPAA 5010 Errata testing by August 1, 2011
  - Current trending suggests this goal is possible

# Medicaid: Where Are We Implementing 5010 States Self Assessment Results

## 5010 Readiness: Based on Conference Calls

- Small number of SMAs struggling to meet the 5010 compliance date
- SMAs are managing the following risks in their implementation programs:
  - Dependence on MMIS procurement or replacement for successful 5010 implementation
  - Convert inbound 5010 transactions to 4010 equivalent and leave the core MMIS largely untouched
  - Some SMAs still developing testing schedules
- Issues reported for 5010:
  - Funding
  - Competing priorities

# Medicaid 5010 Edit Updates Status

Status of updating the edits under the 5010 changes	Percent of SMAs
No edits updates underway	8%
Developed edits requirements and change requests	18%
Designed edits changes	18%
Developed edits changes	12%
Performed edits tests	22%
Edits transitioned and implemented	6%
No response to assessment	18%

# Medicaid 5010 Testing Status

Internal Testing Status	Percent of SMAs
No internal end-to-end testing begun	25%
Developed test plans and test data	20%
Internal end-to-end testing underway	35%
Internal end-to-end testing completed	2%
No response to assessment	18%
External Testing Status	Percent of SMAs
No external end-to-end testing begun	35%
Developed test plans and test data	24%
External end-to-end testing underway	22%
External end-to-end testing completed	2%
No response to assessment	18%

# Medicaid

## National Testing Day: June 15, 2011

Participating States	
Connecticut	Missouri
Florida	Nebraska
Georgia	New Mexico
Kansas	Tennessee
Mississippi	Texas
Minnesota	Utah

# What you need to do Next

1. Get familiar with basic requirements by compiling and reviewing relevant websites and resources (i.e. the Medicare FFS Companion Guide) – understand what you need to do
2. Contact your software vendor, clearinghouse, or billing service vendor and know where they stand
3. Contact your MAC(s) and inquire about their testing protocols and start testing NOW
4. Plan to get engaged in Outreach and Education activities with your local MAC(s)
5. Look out for more communications from Medicare FFS and your MAC throughout 2011 and take action as needed
6. Seek technical support from your MAC earlier rather than later
7. Do not assume that someone else is taking care of this for you



# MAC EDI Helpdesks

## Who should you contact to find out more about how Medicare FFS will implement 5010?

- Each Medicare FFS trading partner should be registered with an A/B MAC, FI, Carrier, or CEDI for DME. Your first source of Medicare information should come from your Medicare contractor
- The following links provides EDI help desk phone numbers for Part A and B/DME by State
  - Part A -  
<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/Medicare%20Part%20A%20EDI%20Helpline3.pdf>
  - Part B/DME -  
<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/Medicare%20Part%20B%20EDI%20Helpline3.pdf>

# National Testing Days

## June 15<sup>th</sup>, 2011 and August 24<sup>th</sup>, 2011

- Each MAC contractor will host a registration site for the testing days. Registration to participate in the Test Day will be available in advance but not on the test day;
- Each MACs EDI help desk will facilitate real time support;
- The following transactions will be supported during the testing days:
  - Inbound 837 Institutional and Professional Claim;
  - Outbound 835 Remittance Advice;
  - Interchange Acknowledgement TA1;
  - Acknowledgement for Health Care Insurance 999;
  - Health Care Claim Acknowledgement 277CA; and
  - Health Care Claim Request and Response 276/277.
- Following the testing days, a survey will be disseminated to all trading partners who registered in advance for the National Testing day.

# Medicare FFS

## Communications To Date

- Establishment of central Version 5010 and D.0 webpage(s) on the CMS website (<http://www.cms.gov/Versions5010andD0/>)
- Development of resource materials – fact sheets, readiness checklists, resource card, FAQs, 4010 to 5010 side-by-sides, Medicare Learning Network (MLN) articles, and a series of presentations can be found at [http://www.cms.gov/Versions5010andD0/40\\_Educational\\_Resources.asp#TopOfPage](http://www.cms.gov/Versions5010andD0/40_Educational_Resources.asp#TopOfPage)
- Delivery of a series of National Provider Calls – presentations, transcripts and audio files available at (<http://www.cms.gov/Versions5010andD0/V50/list.asp#TopOfPage>)
- List serve message(s) posted at ([http://www.cms.gov/Versions5010andD0/30\\_CMS\\_Communications.asp#TopOfPage](http://www.cms.gov/Versions5010andD0/30_CMS_Communications.asp#TopOfPage))
  - To subscribe to the Medicare FFS provider list serves go to [http://www.cms.gov/prospmedicarefeesvcpmtgen/downloads/Provider\\_Listservs.pdf](http://www.cms.gov/prospmedicarefeesvcpmtgen/downloads/Provider_Listservs.pdf) and subscribe to the “All FFS Providers” list serve

# 5010/D.0 Communications Update

- The following audiocasts have been presented to providers, software vendors and clearing houses: \*
  - ✓ 3/24/10 – General 5010 Overview
  - ✓ 4/28/10 – Eligibility Request/Response Changes
  - ✓ 5/26/10 – Professional Claims Changes
  - ✓ 6/30/10 – Institutional Claims Changes
  - ✓ 7/28/10 – Claim Status Request/Response Changes
  - ✓ 8/25/10 – Remittance Advice Changes
  - ✓ 9/29/10 – New Acknowledgement Transactions
  - ✓ 10/27/10 – NCPDP Version D.0 Changes
  - ✓ 11/17/10 – COB Changes
  - ✓ 12/8/10 – Provider Outreach and Education – Transition Year Activities
  - ✓ 1/19/11 – Errata/Companion Guides
  - ✓ 3/30/11 – Provider Testing/Readiness
  - ✓ 4/27/11 – MAC Outreach Event: Are You Ready to Test?
- The tentative schedule for future communication events is:
  - 5/25/11 – 5010 Call to Action: Test!
  - 6/15/11 – National Testing Day
  - 7/20/11 – MAC Outreach Event: Troubleshooting with your MAC
  - 8/24/11 – National Testing Day
  - 8/31/11 – MAC Panel
  - 10/5/11 – MAC Outreach Event: Last Push for Implementation

\* To access completed presentations go to <http://www.cms.gov/Versions5010andD0/> and click on 5010 National Calls on the left menu

# Q & A Session

Now this is your opportunity to ask questions

## **CMS HIPAA Enforcement Process:**

If a provider needs assistance with HIPAA transaction and code set (TCS) issues, they should file a complaint with CMS on-line at the following URL:

[http://www.cms.gov/Enforcement/05\\_HowtoFileaComplaint.asp#TopOfPage](http://www.cms.gov/Enforcement/05_HowtoFileaComplaint.asp#TopOfPage)

## **CMS 5010 Medicare Fee For Service Outlook Resource mailbox:**

- The email address is: [5010FFSInfo@cms.hhs.gov](mailto:5010FFSInfo@cms.hhs.gov)
- Responses will be posted to the appropriate session's webpage at a later date along with the Audio file and Presentation Material