EDI Version 5010 Ask-the-Contractor Teleconference (ACT)

Welcome

The call began by welcoming all participants to the second, in a series, of ACTs regarding the Version 5010 conversion. Juan introduced the speaker for today's ACT, Gloria Lucas, the subject matter expert from the CGS EDI Department.

Version 5010

Gloria Lucas proceeded with the ACT. Her notes follow:

The 5010 deadline is near . . . are you ready? We have 32 days left in this year. All providers, clearinghouses, billing services and software vendors must transmit compliant 5010 transactions by January 1, 2012, to avoid payment delays. Close of business December 30, 2011, is the last day we will accept 4010A1 claims for processing before the January 1, 2012, compliance date.

On November 17, 2011, the Centers for Medicare & Medicaid Services' Office of E-Health Standards and Services (OESS) announced that it would not initiate enforcement with respect to any HIPAA-covered entity that is not in compliance on January 1, 2012, with the ASC X12 Version 5010 (Version 5010), NCPDP Telecom D.0 (NCPDP D.0) and NCPDP Medicaid Subrogation 3.0 (NCPDP 3.0) standards until March 31, 2012. Notwithstanding OESS' discretionary application of its enforcement authority, the compliance date for use of these new standards remains January 1, 2012

Medicare Fee-for-Service (FFS) will soon issue direction to the Medicare Administrative Contractors (MACs) on how these transactions are to be processed on January 2, 2012. Further guidance related to this will be available via ListServ and the CMS website. Please make sure you are receiving our ListServ. If not, please sign up at https://www.cgsmedicare.com/medicare_dynamic/ls/001.asp.

As of October 1, 2011, CGS set up all new direct submitters in the 5010 format. New providers are only allowed to be set up in the 5010 Errata or D.0 transaction formats. Additionally, current providers are no longer able to set up new transactions in the 4010A1/5.1 format. They will need to set up transaction requests in the 5010 Errata/D.0 version format.

Effective November 1, 2011, Medicare fee-for-service (FFS) contractors will no longer process EDI enrollment requests for submitters who have not converted to Version 5010. All providers requesting to submit files or receive 835 Health Care Payment Advices through an existing submitter or receiver ID will be required to enroll/link using HIPAA Version 5010-compliant transactions only.

What you need to do now . . . Check with your clearinghouse, billing service or software vendor. Verify if they have tested 5010 with CGS. If they have:

- When do they expect to roll out this 5010 compliant product to you?
- When do they plan for you to be able to submit 5010 compliant production files?

I would like to stress if you have a software vendor to contact them, as they may not have you on their list.

What are your contingency plans if your trading partner will not be 5010 compliant by January 1, 2012? This is very important as this will affect your cash flow. We have a list of current 5010 trading partners on our website. These are updated weekly. CGS also has the PC Ace Pro 32 software which is 5010 compliant.

ANSI 5010 Errata testing instructions are available on our website at http://www.cgsmedicare.com. Test files must contain a minimum of 25 claims. They will be validated against production data so please ensure you are sending correct data. You would create your 5010 test file and put a 'T' in 'ISA 15' for "Test" and send the test file as you would a production file. ISA 06, GS02 and NM109A must contain your submitter ID. Your submitter ID is also your login for GPNET. You may log back in about 30 minutes later and download your test results. It may take up to 24 hours to generate the 277CA report.

With 4010, we sent reports you could pull into Notepad or Word and read your information. 5010 is returned as a transaction. Providers have called after pulling the 5010 reports, not knowing what they are or how to read them. You will need software to actually read the 5010 reports. Please check with your trading partners and inquire if they will provide you with software to read these transactions and if this will be included in your software package.

For 5010, Zip codes must be in the 9-digit format in the billing provider 2010AA loop and facility locations 2310C loop. You may begin sending these now to get use to using these. This is a 5010 implementation guide requirement and not a requirement of CGS Medicare. Also the Billing provider loop 2010AA can not contain a PO Box; it must contain the physical location. This will not affect where your checks or correspondence is sent.

Once you have successfully tested 5010 with a clean 277CA, you may contact our office so we can move you into production. When calling we will need the date of the test, your submitter ID and a contact name and e-mail address.

The CGS EDI Help Desk is available Monday – Friday between 8:00 a.m. – 5:30 p.m. ET. The telephone number is: 1.866.758.5666 (KY/OH) and 1.866.520.4022 (ID).

Questions & Answers

Gloria then opened the call to allow participants to ask questions.

Question: I received a letter from the Centers for Medicare & Medicaid Services (CMS) dated November 17, 2011. Can you explain what the compliance date and the 90-day discretionary period is all about?

Answer: This means CMS is allowing submitters 90 days to continue sending claims in the 4010A1 format without being penalized. We ask that you continue to watch your ListServ, as there will be more information communicated regarding the 90-day discretionary period.

Question: If I am not compliant by January 1, 2012, I have to submit a transition plan and timeline? Who do I send that to?

Answer: Correct. Submitters not compliant by January 1, 2012, must submit a plan to explain how and when they will become compliant. This plan is to be submitted to CGS.

Question: If my clearinghouse has tested and expects to be in production in the next few days, do we as a practice also have to test with you?

Answer: No, once your clearinghouse has tested you do not have to send a separate test.

Question: Is there a specific form for the transition plan and timeline?

Answer: There is no specific form. You will need to create a plan and forward it to CGS.

Question: After January 1, 2012, if we submit a transition plan can we continue to submit claims in the 4010A1 format for 90 days?

Answer: Yes, you can. Please continue to watch our ListServ for more information regarding the 90-day period.

Question: We received rejects in 5010 saying the description of service does not coincide with the code. What does that mean?

Answer: In 5010, you will receive a rejection if you use a Not-Otherwise-Classified (NOC) code and do not include a description of the service. You will have to submit a corrected claim.

Conclusion

Juan thanked all participants for dialing in and asked that they let others know the next ACT is scheduled for December 6, 2011, at 3pm ET. The call was ended.