Technical Readiness Assessment Review
For The Testing of HIPAA 5010 and NCPDP D.0
COB Claims

Overview

Effective January 1, 2012, the Center for Medicare & Medicaid Service (CMS) will be converting from the current Health Insurance Portability and Accountability Act (HIPAA) American National Standards Institute (ANSI) X12-N 837 version 4010A1 to the improved ANSI X12 version 5010 format and from National Council for Prescription Drug Program (NCPDP) version 5.1 to the NCPDP version D.0 format. This implementation will require that all "covered entities" are fully compliant with mandatory cutover requirements as of January 1, 2012. The CMS' Medicare contractors will begin accepting X12-N 837 version 5010 claim formats from providers of service starting January 1, 2011. Plans are to accept NCPDP version D.0, batch 1. 2 claim formats from retail chain pharmacies during calendar year (CY) 2011.

To assist organizations in preparing for the new standard claims transaction changes, CMS will support a Coordination of Benefits Agreement (COBA) 837 5010 coordination of benefits (COB)/crossover claims testing period during July through December 2010 and throughout 2011. (**NOTE:** Testing of NCPDP D.0, batch 1. 2 COB claims will be made available beginning in the later part of CY 2010 or early CY 2011 and will remain available throughout CY 2011.)

Assess Your Readiness

The purpose of this Technical Readiness Assessment Review is to measure your organization's ability to successfully transition to the new ANSI X12-N 837 version 5010 transaction standards.   Organizations that participate in testing with the Benefits Coordination & Recovery Center (BCRC) will be able to gauge their readiness to accept and process version HIPAA 5010 and NCPDP D.0. COB/crossover claim transactions effectively. This will ensure timely implementation, while avoiding negative impacts to all concerned. **(NOTE: ***Until the mandatory compliance date of January 1, 2012, your organization will still be able to receive claims in the HIPAA 4010A1 and NCPDP 5.1, batch 1.1 formats.)**

1. Does your organization currently support Health Insurance Portability and Accountability Act (HIPAA), American National Standard Institution (ANSI) X12-N 837 version 4010?
   ☐ Yes   ☐ No

2. Does your organization plan to continue using version 4010A1?
    ☐ Yes   ☐ No

3. Does your organization intend to implement the upgrades needed to support Health Insurance Portability and Accountability Act (HIPAA), American National Standard Institution (ANSI) X12 837 version 5010?
    ☐ Yes   ☐ No

4. If yes, when does your organization anticipate transitioning from version 4010A1 to version 5010?

    _____

5. Has your organization received the necessary requirements to implement version 5010?
    ☐ Yes   ☐ No

    If no, please explain further:

    _____

    _____

    _____

6. Has your organization acquired a HIPAA 5010 translator?
    ☐ Yes   ☐ No

7. Does your organization currently have the necessary resources (including staffing) available to implement and support HIPAA 5010 COB claim standards?
    ☐ Yes   ☐ No

8. Is your organization currently preparing to meet the mandatory January 1, 2012 implementation date for version 5010?
    ☐ Yes   ☐ No

9. What is your organization's current status with regard to the implementation of HIPAA 5010? (Please explain below.)

    _____

    _____

    _____

10. Does your organization plan on testing HIPPA ANSI X12 837 version 5010 with the BCRC?

☐ Yes   ☐ No

11. If yes, when does your organization anticipate testing to begin?

_____

12. If your organization is unable to obtain the necessary resources and meet the requirements needed to conduct testing, will your organization be utilizing the services of another entity on your behalf?

☐ Yes   ☐ No

13. If yes, please specify:

_____

_____

_____

14. Does your organization currently accept NCPDP 5.1, batch 1.1 claims via the COBA crossover process?

☐ Yes   ☐ No

15. Does your organization plan to test NCPDP D.0, batch 1.2 claims with the BCRC when testing timeframes become available?

☐ Yes   ☐ No

16. If yes, please specify when your organization plans to begin testing of these claims with the BCRC?

_____

Respondent's information

COBA ID (s):   _____

_____

Name: _____

Title/Position: _____

Company/Organization: _____

Mailing Address: _____

_____

_____

City/State/Zip: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Date Completed: _____

Thank you for your assistance. Please e-mail your completed response to COBVA@ghimedicare.com. If your current version of Adobe Acrobat does not provide the option to save this form, please print the completed form and fax to (646)458-6761 or mail to the following address:

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