HIPAA Version 5010:
Tenth National Provider Call -
NCPDP D.0 for Medicare Fee-for-Service

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Purpose of Today's Call

1. To highlight the "significant" differences between versions 5.1 and D.0
2. To provide an update on Medicare FFS' activities related to the implementation of HIPAA version D.0 for Part B drugs
3. To discuss the Errata
4. To provide guidance on what to do
5. To solicit feedback from participants regarding questions and concerns with D.0 and/or Medicare FFS' implementation of D.0

Today's Agenda

- General Overview
- Significant Differences Between versions 5.1 and D.0
- CMS' Implementation of D.0
- Errata
- Timelines and Deadlines
- What You Need to do to Prepare
- Q & A Session

General Overview

What was adopted under HIPAA?

- NCPDP Telecommunication Standard Implementation Guide Version D, Release 0 (Version D.0) and equivalent NCPDP Batch Standard Implementation Guide, Version 1, Release 2 (Version 1.2)

- Data Dictionary and the External Code List

- Telecommunication Version D and Above Questions, Answers and Editorial Updates

Significant Differences in D.0 (from 5.1)

Specific Segment Changes

1. AM12 Prior Authorization segment

2. Addition of the AM14 Additional Documentation segment

3. Addition of the AM15 Facility Segment

4. Addition of the AM16 Narrative Segment

5. Only one Batch Header & Trailer record must exist per physical file sent to Medicare.

Significant Field Changes

1. Patient Location field (307-C7) has been redefined as the Place of Service

2. Compound Route of Administration field (452-EH) in the AM10 compound segment has been removed

3. Prescriber First Name and address information changes

Significant Differences in D.0 (from 5.1) cont'd

4. Prescriber First Name and address information changes
5. Number of Procedure Code Modifier increase
6. Compound Ingredient Modifiers changes
7. Incentive Amount Submitted field (438-E3)
8. Code values '08' and '99' in the Other Payer Amount Paid Qualifier field (342-HC) have been deleted
9. Addition of several new fields to aid in the Coordination of Benefits process
10. New Provider Accepts Assignment field (361-2D)
11. New Patient Assignment Indicator field (391-MT)

Medicare FFS' Implementation of D.0

External Code List (ECL)

- When CMS begins external trading partner testing in January 2011, CMS will be on the June 2010 version of the ECL

Standardized Error Handling

- Transmission Response
  - The Transmission Response will be used instead of the NCPDP Error Report and Submission Summary Reports that exist for version 5.1
  - The primary elements for matching the Responses back to the initial submissions are the Batch Number and Transaction Reference Number for each claim
    - Transaction Reference Number (880-K5)
  - Medicare will be using the Response Message segment
- Consult your vendor for specifics regarding how errors reports will be displayed to the end user

Claim Number Assignment

- ICN will be included will be sent back within the Response transaction

Errata

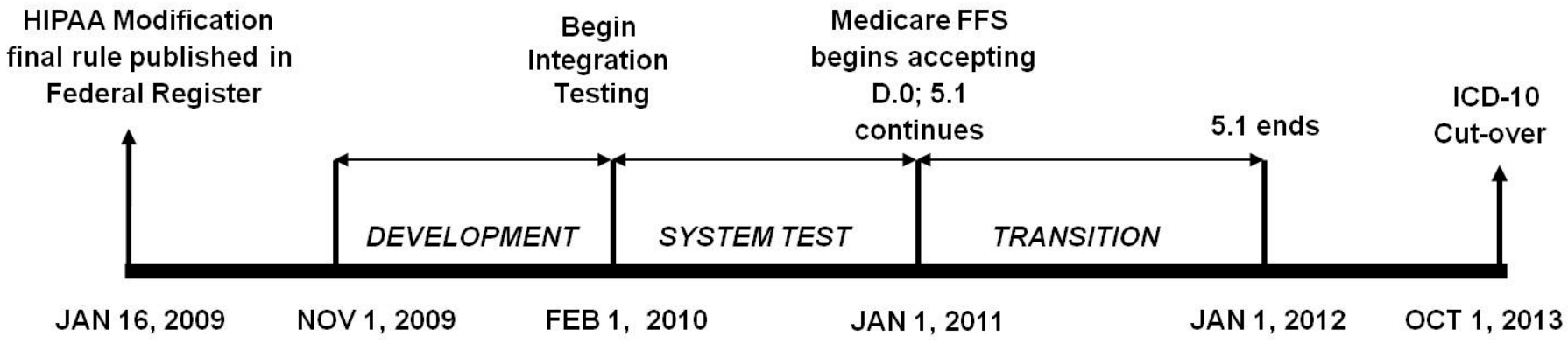
- **Errata Content**
  - These technical corrections are modifications that the industry requested be made to the implementation specifications, and are contained in the August 2010 publication of NCPDP Editorial Document posted to the NCPDP Web site
- **Public comment period closed**
- **Implementation Impact**
  - Medicare FFS does not anticipate that there will be any impact on the D.0 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

- **D.0**
  - 2010: Internal CMS Testing
  - January 1, 2011:
    - External testing to begin
    - Production D.0 system available

  - December 31, 2011: Last day CMS will accept 5.1 transactions
  - January 1, 2012: Mandatory compliance for all covered entities
  - Medicare D.0 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**
   - NCPDP: **www.ncpdp.org**
   - Version D Editorial: **http://www.ncpdp.org/public_documents.aspx**
6. **To view 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 a “readable” error report produced from the Transaction Response
- **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 D.0 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