

Medicaid Alert - Attention: DMA response to CMS OESS penalty extension letter for X12 ASC 5010 Implementation

This January 17 Medicaid Alert may be self-explanatory to our members. It was not to NCPA staff so we called NC DMA and received this understanding of what this Medicaid Alert intends. You should give the alert to your office billing staff or the person/company handling your billing software. CMS announced in November that it would not impose penalties for MDs who have not moved to the 5010 electronic billing form until March, instead of January 1, 2012 as previously announced. NC DMA is implementing this decision by allowing providers to use the 4010 claims form until March 31 ONLY IF the office submits a plan to DMA that documents its progress toward meeting the March deadline. Be aware that DMA will hold the 4010 claims for 2 weeks before processing them and initiating payment. DMA urges physicians to call the HP call center as indicated below for help and answers.

On January 16, 2009, the US Department of Health and Human Services (DHHS) published two final rules in the Federal Register related to HIPAA which became effective on March 17, 2009. One was to adopt ASC X12 version 5010 and NCPDP version D.0 for HIPAA covered electronic transactions. The other rule was to adopt ICD-10-CM for diagnosis reporting and ICD-10-PCS for inpatient procedures. The compliance date for the implementation of ASC X12 5010 and NCPDP D.0 transactions was January 1, 2012. On November 17, 2011, DHHS' Office of E-Health Standards and Services (OESS) announced a 90 day discretionary enforcement period of compliance with 5010 and NCPDP D.0. This announcement clearly stated that the compliance date was still January 1, 2012.

Given this OESS notice, the North Carolina Division of Medical Assistance (DMA) has decided to continue with the dual processing of 4010A1 and 5010 837 transactions ONLY until March 31, 2012. The ASC X12 4010A1 and 5010 834 and 820 transactions will be processed in dual mode ONLY for the month of January, 2012. The remaining HIPAA covered ASC X12 4010A1 transactions and NCPDP 5.1 transactions will be rejected starting on January 4, 2012 after business hours.

During this extended dual processing period for 4010A1 837 transactions, a new MMIS+ edit will be implemented with effective date January 27, 2012. This edit will suspend adjudication of all claims submitted in the ASC X12 4010A1 format for a two week period and then based on the *checkwrite* schedule final adjudication will be reported.

Providers who continue to submit 4010A1 837 transactions after the January 1, 2012 date will be required to submit a transition plan documenting their plan to reach 5010 compliance by the March 31, 2012 date. This transition plan must clearly document the steps that have been completed, the steps remaining that need to be completed to become 5010 compliant, the Medicaid provider numbers impacted and contact information to include email address and phone number. The transition plan should be emailed to HPES email address: ecspdf@hp.com. Please note "5010 Transition Plan" in the email subject line.

Providers can contact HPES, ECS unit at 1-800-688-6696 or 919-851-8888; press option 1 for questions or assistance regarding this information about the ASC X12 5010 implementation.