



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 21 No. 12

May 2011

TO: All Providers (excluding Pharmacies)

SUBJECT: **Implementation of the new HIPAA Version 5010 Transaction Formats**

EFFECTIVE: Federally Mandated Date for Claim Submission in the New HIPAA 5010 Transaction Format is January 1, 2012

BACKGROUND: Currently, New Jersey MMIS uses several of the HIPAA standard transactions for electronic processing of health care claims. The following HIPAA version 4010A1 transactions currently used in production are being upgraded to the HIPAA version 5010 as amended and mandated by CMS as the new HIPAA standard transactions:

- 837 Professional claims transaction (004010X098A1) will upgrade to 005010X222A1
- 837 Institutional claims transaction (004010X096A1) will upgrade to 005010X223A2
- 837 Dental claims transaction (004010X097A1) will upgrade to 005010X224A2
- 835 Health Care Claim Payment/Advice transaction (004010X091A1) will upgrade to 005010X221A1
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products transaction sent to HMOs (004010X061A1) will upgrade to 005010X218

Because the 5010 version of the HIPAA 835 RA transaction prohibits the reporting of pended claims, the New Jersey MMIS will report pended fee-for-service claims on the non-mandatory Health Care Claims Pending Status Information transaction (005010X228). The pended claims transaction will be referred to as the 277P transaction.

Currently, the New Jersey MMIS responds to processed HIPAA 837 submissions with a 4010A1 997 acknowledgment transaction. Upon implementation of the HIPAA version 5010 transactions, the response to 5010 837 submissions will be with a 5010 999 acknowledgment transaction (005010X231A1).

Due to weekend processing restrictions and the Federally Mandated date falling on a weekend, the State will continue to accept the HIPAA 4010A1 version claim formats prior to and including December 30, 2011. Claims submitted to Molina December 31, 2011 and later will not be accepted unless they are in the new 5010 HIPAA version.

All 5010 submitters may test with Molina to insure accuracy and compatibility of their software systems. Testing will commence on or about May 16, 2011 for fee-for-service and Encounter Claim submitters. Once a Submitter indicates that they are ready to support the HIPAA version 5010 835 (Remittance Advice), all providers who elect to get their HIPAA electronic output through that Submitter will receive such in the HIPAA

version 5010 format, regardless of how the claims were submitted. Once a Submitter elects the HIPAA version 5010 835 format for production, the 820 transaction (for HMOs only) and the 277P transaction (for pending fee-for-service claims) output will also be generated, when appropriate.

Molina will not be able to process HIPAA 837 Institutional transactions into production until the completion of the replacement of ICD-9 surgical procedure codes with HCPCS procedure codes project that is currently underway. Notification to all relevant providers and submitters will occur when this project is completed and HIPAA 837 Institutional claims will be accepted for production. This will not affect submitter testing of the HIPAA 837 Institutional transactions.

The decision to accept the new formats will have no impact on the coverage and reimbursement policies of the State of New Jersey.

Non-Pharmacy fee-for-service providers will continue to have the opportunity to submit non-pharmacy claims via the www.njmmis.com web site using information which otherwise would be required when completing the paper claim form. The www.njmmis.com web site is an alternative to submitting paper claims.

ACTION: The State will accept the production HIPAA version 5010 claim formats only for those submitters that have successfully completed the 5010 EDI Agreement or Addendum and have provided a certification certificate as proof of compliance.

The new 5010 EDI Agreements for new electronic submitters and the 5010 EDI Agreement Addendum for current electronic submitters can be found on the State of New Jersey Medicaid Web Site, www.njmmis.com, under the “Forms and Documents” tab. The Agreement (or Addendum) for ANSI X12 837 claim submissions must be completed and returned before any testing or “live” submissions can occur. The EDI Agreement (or Addendum) for ANSI X12 835 Health Care Claim Payment/Advice, should the provider choose to receive, must be completed and returned before any Payment/Advice files will be generated. Both forms do not have to be completed and submitted at the same time, but each must be submitted before either process can occur.

All electronic submitters, both new and current, must supply a 5010 certification certificate to the EDI Department of Molina Medicaid Solutions to insure compliance and be authorized to submit electronic claims for payment from New Jersey Medicaid. This 5010 certificate must be obtained from any healthcare industry recognized certification vendor such as EDIFECS, Ingenix/Claredi, eMerge, Foresight, AppLabs Technologies or any vendor approved by the Accredited Standards Committee X12 of the American National Standards Institute.

Providers and/or software vendors should consult the new HIPAA 5010 Companion Guide, found at www.njmmis.com the “Forms and Documents” tab for additional information about the new HIPAA version 5010 formats.

If any questions regarding this Newsletter, please contact Molina Medicaid Solutions (formerly Unisys) Provider Services at 1-800-776-6334.

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