Affected Programs: BadgerCare Plus, Medicaid, SeniorCare, Wisconsin Chronic Disease Program, Wisconsin Well Woman Program
To: All Providers, HMOs and Other Managed Care Programs

Effective Dates for the Implementation of HIPAA Version 5010 Standard and the NCPDP Telecommunication Standard Version D.0

This *ForwardHealth Update* announces the effective dates of the changes resulting from the implementation of the Health Insurance Portability and Accountability Act of 1996 Accredited Standards Committee X12 version 5010 standard and the National Council for Prescription Drug Programs telecommunication standard version D.0.

Providers receiving this *Update* are encouraged to forward it, as appropriate, to the following:

- The provider's technical or Electronic Data Interchange contact person or department within his or her organization.
- The provider's billing service or clearinghouse.
- The provider's software vendor.

This *ForwardHealth Update* provides specific effective dates for changes that will be implemented by ForwardHealth as a result of the new Accredited Standards Committee (ASC) X12 version 5010 standards for electronic health care transactions under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the new National Council for Prescription Drug Programs (NCPDP) telecommunication standard version D.0 for pharmacy transactions. These will replace the current standards, HIPAA ASC X12 version 4010 and NCPDP version 5.1.

Providers receiving this *Update* are encouraged to forward it, as appropriate, to the following:

- The provider's technical or Electronic Data Interchange contact person or department within his or her organization.
- The provider's billing service or clearinghouse.
- The provider's software vendor.

Effective dates will vary and for some transactions there will be a transition period known as dual processing. During the dual processing period, ForwardHealth will accept transactions submitted under current standards or new standards.

The effective dates in this *Update* apply to *all* providers for all ForwardHealth programs, whether they exchange information with ForwardHealth on paper or electronically. Failure to follow the effective dates may result in claim denials or returned or denied prior authorization (PA) requests.

The effective dates announced in this *Update* are organized as follows:

- Provider taxonomy codes and National Provider Identifier (NPI) subparts for hospitals effective dates.
- Planned downtime for ForwardHealth.

Department of Health Services

- Claims-related effective dates, including dates for the 837 Health Care Claim (837) transactions, the Provider Electronic Solutions (PES) software, real-time Point-of-Sale (POS) claims, direct data entry (DDE), and revised paper claim form completion instructions.
- Prior authorization-related effective dates, including dates for PA forms and completion instructions.
- Remittance information effective dates, including dates for the 835 Health Care Claim Payment/Advice (835) transaction and the ForwardHealth Remittance Advice (RA).
- Effective dates for other transactions, including the 270/271 Health Care Eligibility/Benefit Inquiry and Information Response (270/271) transaction and the 999 Functional Acknowledgment (999) transaction.

Tables identifying critical effective dates for claim submission and PA are included as attachments of this *Update*.

Refer to the HIPAA ASC X12 Version 5010 and NCPDP Version D.0 Implementation Page on the ForwardHealth Portal at *www.forwardhealth.wi.gov/* for other *Updates* issued for the 5010 implementation, which contain information on the various topics covered in this *Update*, including the specific changes that will be required.

Code Validity Requirements

Beginning Sunday, October 16, 2011, every code used, even if the code is entered in a non-required field, is required to be a valid code, whether from a national code set or from an implementation guide code set. Claims with an invalid code will be denied by ForwardHealth.

Taxonomy Codes for Health Care Providers and National Provider Identifier Subparts for Hospitals

Beginning Monday, September 19, 2011, health care providers may change or add to the taxonomy codes they wish to use when conducting business with ForwardHealth. If a provider modifies his or her taxonomy code via the demographic maintenance link found in the secure Provider

area of the Portal, ForwardHealth will begin using these taxonomy codes for claims received on and after Sunday, October 16, 2011.

Beginning Sunday, October 16, 2011, subpart NPIs for hospitals on file with ForwardHealth may be used on claim transactions, PA requests, WiCall, enrollment verification, provider certification, Provider Services inquiries, and the Portal.

Planned Downtime for ForwardHealth

From 12:01 a.m. on Sunday, October 16, 2011, until 12:00 p.m. (noon) on Sunday, October 16, 2011, ForwardHealth will experience a planned downtime so that necessary changes can be made for HIPAA compliance. During this period of time, operations such as enrollment verification, electronic claim submissions (including PES and POS transactions), electronic PA submissions, and applications for the Electronic Health Record Incentive Program will not be available.

Providers who submit real-time POS claims may dispense medications throughout the downtime and wait until the system is operational before submitting their claims. They may otherwise dispense up to a 14-day supply of medications under the emergency medication dispensing policy. Refer to Emergency Medication Dispensing (topic #1399) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the Pharmacy service area of the Online Handbook for more information on the emergency supply policy.

Electronic Claims

ForwardHealth will accept the 5010 version of the 837 transactions (i.e., Professional, Institutional, and Dental) beginning at 12:00 p.m. on Sunday, October 16, 2011, which is a change to the previously published date of October 15, 2011. The 4010 version will continue to be accepted until 11:59 p.m. on December 31, 2011. ForwardHealth will accept only the 5010 version beginning January 1, 2012.

ForwardHealth will accept real-time POS claims compliant with NCPDP telecommunication standard version D.0 beginning at 12:00 p.m. on October 16, 2011. The current NCPDP version (5.1) will continue to be accepted by ForwardHealth until 11:59 p.m. on Saturday, December 31, 2011. Beginning Sunday, January 1, 2012, all POS claims received by ForwardHealth must be compliant with the NCPDP version D.0.

Version 3.0 of the PES software is compliant with all HIPAA version 5010 transaction standards and NCPDP batch standard version 1.2. Providers may upgrade to PES 3.0 beginning Saturday, October 15, 2011. They may begin submitting claims at 12:00 p.m. on Sunday, October 16, 2011, which is a change to the previously published date of October 15, 2011. ForwardHealth will continue to accept transactions submitted through the current version of PES until 6:00 p.m. on Friday, December 16, 2011, after which time, all providers submitting claims through PES will be required to use PES 3.0.

Claims submitted through DDE on the ForwardHealth Portal will be automatically upgraded to be compliant with all HIPAA version 5010 transaction standards and NCPDP telecommunication standard version D.0 at 12:00 p.m. on Sunday, October 16, 2011. Providers submitting claims through the Portal should refer to the appropriate Portal User Guide for information on submitting, copying, and voiding claims.

Paper Claims

Providers should allow four to five days for mail delivery of their paper claim forms when meeting the following deadlines.

1500 Health Insurance Claim Forms and UB-04 Claim Forms

Claims received by ForwardHealth on and after Sunday, January 1, 2012, must be completed using the revised claim form completion instructions, or they may be denied.

Any 1500 Health Insurance Claim Forms and UB-04 Claim Forms received prior to Sunday, January 1, 2012, should be completed using current claim form completion instructions.

Noncompound and Compound Drug Claim Forms

Claims received by ForwardHealth on and after Sunday, January 1, 2012, must be the revised claim forms dated 09/11 and completed using the new claim form completion instructions or they may be denied.

Claims received prior to January 1, 2012, must be the current versions of the Noncompound Drug Claim form, F-13072 (dated 10/08), and the Compound Drug Claim form, F-13073 (dated 10/08), and completed using the claim completion instructions dated 08/10. If the current version of these claim forms dated 10/08 are received by ForwardHealth on and after January 1, 2012, they will be returned to the provider with instructions to submit the revised Noncompound Drug Claim or Compound Drug Claim forms dated 09/11.

American Dental Association 2006 Claim Form

Neither the American Dental Association (ADA) 2006 claim form nor its completion instructions are changing at this time.

Claim Adjustments

Electronic Claim Adjustment Requests

Providers may submit adjustment requests via the 5010 version of the 837 transactions (i.e., Professional, Institutional, and Dental) beginning at 12:00 p.m. on Sunday, October 16, 2011. When adjusting a claim, in addition to making desired changes to the claim, the provider may also have to revise the claim to make it consistent with version 5010/D.0 standards and revised claim form completion instructions.

Once PES users have upgraded to PES 3.0, they will not be able to use the copy function for claims that were submitted through a previous version of PES. As a result, to adjust a pre-PES 3.0 claim, PES 3.0 users will have to rekey the

claim, making the desired changes and indicating that the claim is an adjustment by the type of bill (for institutional claims) or by the frequency (for professional claims). The provider may also have to revise the claim to make it consistent with version 5010/D.0 standards and revised claim form completion instructions.

Once DDE has been upgraded, providers may adjust both 4010 version and 5010 version paid claims on the Portal beginning at 12:00 p.m. on Sunday, October 16, 2011. When adjusting a claim, in addition to making desired changes to the claim, the provider may also have to revise the claim to make it consistent with version 5010/D.0 standards and revised claim form completion instructions.

Paper Adjustment/Reconsideration Requests

Neither the paper Adjustment/Reconsideration Request form, F-13046 (10/08), nor its completion instructions are changing; however, if a provider chooses to attach a paper claim form to the Adjustment/Reconsideration Request form, the deadline for the appropriate paper claim form or claim form completion instructions applies.

For example, if a provider plans to submit an adjustment request with a claim form attached that ForwardHealth will receive before Sunday, January 1, 2012, the provider is required to complete the attached claim using current claim forms and claim form completion instructions; however, if the provider plans to submit an adjustment request with an attached claim that ForwardHealth will receive on and after Sunday, January 1, 2012, the provider is required to attach a revised claim form or a claim that is completed using revised instructions, unless the attached claim form is the ADA 2006 claim form.

If ForwardHealth receives a paper Adjustment/Reconsideration Request form without an attached claim on and after Sunday, January 1, 2012, and if the claim to be adjusted was submitted consistent with HIPAA version 4010/NCPDP 5.1 standards or according to current paper claim completion instructions, the provider is required to indicate on the adjustment request all changes

necessary to make the original claim consistent with HIPAA version 5010/NCPDP D.0 standards and revised claim form completion instructions. This information would be in addition to the changes the provider is making to the original claim.

For example, if a physician wants to adjust a professional claim to change the quantity on a paid detail from "1" to "2," and if the claim was submitted using current billing instructions, the provider also is required to request that the "ZZ" qualifier in Element 33b of the 1500 Health Insurance Claim form be changed to "PXC." If the provider does not request that the qualifier be changed, the claim adjustment may be denied.

Providers should allow four to five days for mail delivery of their paper forms when meeting the deadlines.

Other ForwardHealth Claim Processes

The following ForwardHealth claim processes require that the provider submit a paper claim as part of the process:
- Extraordinary claims.
- Pharmacy special handling.
- Timely filing appeals.
- Written correspondence.

For all of the above ForwardHealth processes, the paper claim the provider submits must meet the appropriate paper claim or claim form completion instructions deadline.

Prior Authorization-Related Effective Dates

Prior Authorization Preferred Drug List, Drug Attestation, and Drug Emergency Supply Forms

Prior Authorization/Preferred Drug List (PA/PDL), drug attestation, and drug emergency supply forms are changing, along with their completion instructions. The revised forms will have a revision date of 10/11 and will be available on the ForwardHealth Portal and the Department of Health Services Web site beginning October 1, 2011.

Refer to the August 2011 Update (2011-49), titled "Changes to Prior Authorization for Drugs and Diabetic Supplies Resulting from Implementation of the National Council for Prescription Drug Programs Telecommunication Standard Version D.0," for a complete list of drug forms being revised by ForwardHealth.

Prior Authorization Forms for Services Other than Prior Authorization/Preferred Drug List

Prior authorization forms for services other than PA/PDL remain unchanged. As a result, there is no implementation effective date for these forms. Examples of forms that are not changing include the Prior Authorization Request Form (PA/RF), F-11018 (10/08), and the Prior Authorization/Drug Attachment (PA/DGA), F-11049 (10/08).

Wisconsin STAT-PA for Drugs

Wisconsin Specialized Transmission Approval Technology – Prior Authorization (STAT-PA) for drugs will be upgraded to the version D.0 standard at 12:00 p.m. on Sunday, October 16, 2011. Specialized Transmission Approval Technology – Prior Authorization requests for drugs submitted on and after 12:00 p.m. on Sunday, October 16, 2011, must be submitted using the revised forms. Providers are required to submit the current forms until this time.

Providers are reminded that from 12:01 a.m. on Sunday, October 16, 2011, until 12:00 p.m. (noon) on Sunday, October 16, 2011, ForwardHealth will experience a planned downtime, so STAT-PA will not be available.

ForwardHealth Portal Prior Authorization for Drugs and Diabetic Supplies

Portal PA requests for drugs and diabetic supplies will be upgraded to the version D.0 standard at 12:00 p.m. on Sunday, October 16, 2011. After the upgrade, Portal PA requests for drugs or diabetic supplies will be submitted using the revised PA forms. Providers are required to submit the current PA forms until this time.

Providers are reminded that from 12:01 a.m. on Sunday, October 16, 2011, until 12:00 p.m. (noon) on Sunday, October 16, 2011, ForwardHealth will experience a planned downtime, so Portal PA will not be available.

Paper Prior Authorization for Drugs and Diabetic Supplies

Prior authorization forms for non-preferred drugs or non-preferred diabetic supplies received by ForwardHealth after 1:00 p.m. on Friday, October 14, 2011, whether by fax or by mail, must be submitted using a revised PA form. Providers are required to submit the current forms until this time.

If a revised form is received by ForwardHealth before 1:00 p.m. on Friday, October 7, 2011, it will be returned to the provider. Revised forms received after 1:00 p.m. on Friday, October 7, 2011, will be held by ForwardHealth and processed with a received date of Monday, October 17, 2011.

National Council for Prescription Drug Programs Version D.0

For the NCPDP PA transactions P2 reversal, P3 inquiry, and the P4 request, ForwardHealth will begin accepting version D.0 transactions at 12:00 p.m. on Sunday, October 16, 2011. The current 5.1 version of P2, P3, and P4 will continue to be accepted until 11:59 p.m. on Saturday, December 31, 2011. Beginning at 12:00 a.m. on Sunday, January 1, 2012, ForwardHealth will accept only the D.0 version.

During the dual processing period, a revised PA form must be submitted for the D.0 version of the P4 and a current PA form must be submitted for the 5.1 version of the P4.

The 278 Health Care Services Review — Request for Review and Response Transaction

ForwardHealth will implement the 278 Health Care Services Review — Request for Review and Response (278) transaction beginning on Sunday, January 1, 2012. A separate *Update* will be issued detailing the use of the 278 transaction.

Remittance Information Effective Dates

835 Health Care Claim Payment/Advice

ForwardHealth will make available to providers and their trading partners both the 5010 version and the 4010 version of the 835 transaction according to the following schedule:

- For the Wisconsin Well Woman Program (WWWP), beginning with the October 17, 2011, financial cycle.
- For the Wisconsin Chronic Disease Program (WCDP), beginning with the October 18, 2011, financial cycle.
- For Wisconsin Medicaid, beginning with the October 21, 2011, financial cycle.

All trading partners and providers are required to complete their testing and be able to accept the production version of the 5010 835 transaction beginning with the following financial cycles:

- The WWWP's January 2, 2012, financial cycle.
- The WCDP's January 3, 2012, financial cycle.
- Wisconsin Medicaid's January 6, 2012, financial cycle.

Only version 5010 of the 835 transaction will be available on and after these dates.

Remittance Advice

The RA, available in text (TXT) and comma-separated value (CSV) formats via the secure Provider area of the ForwardHealth Portal, is not changing with the implementation of 5010.

Effective Dates for Other Transactions

270/271 Health Care Eligibility/Benefit Inquiry and Information Response Transaction

Beginning at 12:00 p.m. on Sunday, October 16, 2011, which is a change to the previously published date of November 11, 2011, ForwardHealth will accept the 5010 version of the 270 transaction. ForwardHealth will continue to accept the 4010 version of the 270 transaction until 11:59 p.m. on Saturday, December 31, 2011. Beginning Sunday, January 1, 2012, ForwardHealth will accept only the 5010 version of the 270 transaction.

During the dual processing period from Sunday, October 16, 2011, to Saturday, December 31, 2011, ForwardHealth will send the provider the version of the 271 transaction corresponding to the version of the 270 received from the provider.

276/277 Health Care Claim Status Request and Response

The 5010 version of the 276 Health Care Claim Status Request (276) transaction will be accepted beginning at 12:00 p.m. on Sunday, October 16, 2011, which is a change to the previously published date of November 11, 2011. The 4010 version of the 276 transaction will continue to be accepted until 11:59 p.m. on Saturday, December 31, 2011. Beginning Sunday, January 1, 2012, only the 5010 version of the 276 transaction will be accepted.

During the dual processing period from Sunday, October 16, 2011, to Saturday, December 31, 2011, ForwardHealth will send the provider the version of the 277 Health Care Claim Status Response transaction corresponding to the version of the 276 received from the provider.

TA1 Interchange Acknowledgment Transaction

The TA1 Interchange Acknowledgement (TA1) transaction is not changing. Regardless of the date, ForwardHealth will send the TA1 to providers, whether the provider submitted version 4010 or version 5010 of the 837 transaction.

999 Functional Acknowledgment Transaction

Beginning at 12:00 p.m. on Sunday, October 16, 2011, ForwardHealth will send to providers the 999 transaction if they submitted version 5010 of an 837 transaction. Until 11:59 p.m. on Saturday, December 31, 2011, ForwardHealth will continue to send providers the 997 Functional Acknowledgement transaction if they submitted version 4010 of the 837 transaction.

Beginning Sunday, January 1, 2012, ForwardHealth will send to providers the 999 transaction only.

Resources

Providers are strongly encouraged to read all published 5010 *Updates* that describe changes due to the implementation. These *Updates* are on the HIPAA ASC X12 Version 5010 and NCPDP Version D.0 Implementation Page of the Portal.

ForwardHealth will continue to post new information on the HIPAA ASC X12 Version 5010 and NCPDP Version D.0 Implementation Page of the Portal, as applicable. Any critical issues or important developments relating to the implementation will be communicated via Portal account messaging and e-mail subscription notifications directing providers to specific ForwardHealth Alerts posted to the Portal for more information.

As a reminder, providers who have established a secure provider Portal account will automatically receive implementation-related Portal messages. Providers and other interested parties may register for e-mail subscriptions on the Portal in order to receive e-mail notifications from ForwardHealth.

Background

Effective January 1, 2012, changes to HIPAA and NCPDP standards will impact electronic, paper, PES, and Portal transactions exchanged with ForwardHealth. All covered entities (e.g., health plans, health care clearinghouses, and health care providers) will be required to use the new ASC X12 version 5010 and NCPDP version D.0 standards.

ATTACHMENT 1
Critical Dates Related to the Implementation of HIPAA Version 5010 and the National Council for Prescription Drug Programs Telecommunication Standard Version D.0 for Claim Submission

Date	Activity
October 15, 2011	Providers may begin upgrading to version 3.0 of Provider Electronic Solutions (PES) software.
12:01 a.m., October 16, 2011, to noon, October 16, 2011	ForwardHealth will experience a planned downtime during which time providers will be unable to verify enrollment or submit electronic claims.
Noon, October 16, 2011	Providers may begin submitting the following: • The 5010 version of the 837 Health Care Claim (837) transactions (i.e., Professional, Institutional, and Dental). • Real-time Point-of-Sale (POS) claims compliant with National Council for Prescription Drug Programs (NCPDP) telecommunication standard version D.0. • Provider Electronic Solutions (PES) 3.0 claims. The ForwardHealth Portal will automatically upgrade direct data entry (DDE) claims to be compliant with all HIPAA version 5010 transaction standards and NCPDP telecommunication standard version D.0.
6:00 p.m., December 16, 2011	ForwardHealth will stop accepting claims submitted using the current version of PES and providers will be required to use PES 3.0.
11:59 p.m., December 31, 2011	ForwardHealth will no longer accept the following: • The 4010 version of the 837 transactions. • Real-time POS with NCPDP version 5.1.
January 1, 2012	ForwardHealth will accept only the following: • The 5010 version of the 837 transactions. • Real-time POS claims compliant with NCPDP version D.0. • Noncompound Drug Claim, F-13072, and Compound Drug Claim, F-13073, dated 09/11 and completed using revised claim form completion instructions. (Previous versions of the noncompound and compound claim forms will be returned to the provider.) • 1500 Health Insurance Claim Forms and UB-04 Claim Forms completed using revised completion instructions.

ATTACHMENT 2
Critical Dates Related to the Implementation of HIPAA Version 5010 and the National Council for Prescription Drug Programs Telecommunication Standard Version D.0 for Prior Authorization

Date	Activity
October 1, 2011	Prior Authorization/Preferred Drug List (PA/PDL), drug attestation, and drug emergency supply forms, with a revision date of 10/11, are available on the ForwardHealth Portal and on the Department of Health Services Web site.
Prior to 1:00 p.m., October 7, 2011	Revised PA/PDL, drug attestation, and drug emergency supply forms received by ForwardHealth will be returned to the provider.
1:00 p.m., October 7, 2011	Revised PA/PDL, drug attestation, and drug emergency supply forms received by ForwardHealth will be held and processed with a received date of October 17, 2011.
1:00 p.m., October 14, 2011	Any PA/PDL, drug attestation, and drug emergency supply forms received by ForwardHealth must be submitted using a revised PA form.
12:01 a.m., October 16, 2011, to noon, October 16, 2011	ForwardHealth will experience a planned downtime, so Portal PA and Wisconsin Specialized Transmission Approved Technology – Prior Authorization (STAT-PA) will not be available.
Noon, October 16, 2011	Wisconsin STAT-PA for drugs will be upgraded to the National Council for Prescription Drug Programs (NCPDP) version D.O standard. Portal PA requests for drugs and diabetic supplies will be upgraded to the NCPDP version D.0 standard. ForwardHealth will begin accepting the NCPDP version D.0 transactions P2 reversal, P3 inquiry, and the P4 request.
11:59 p.m., December 31, 2011	ForwardHealth will no longer accept the current NCPDP 5.1 version of P2, P3, and P4.
January 1, 2012	ForwardHealth will accept only the following: • The NCPDP version D.0 transactions P2 reversal, P3 inquiry, and the P4 request. • The 278 Health Care Services Review — Request for Review and Response transaction.