Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2011-06**
www.ctdssmap.com **January 2011**

TO: All Providers and Managed Care Organizations

RE: HIPAA 5010 Changes to Eligibility Verification

The Centers for Medicare and Medicaid Services (CMS) has mandated a change to electronic transactions and code sets that will impact the eligibility requests submitted to the Connecticut Medical Assistance Program and the responses received. This mandate requires the transition from version 4010 of the X12 HIPAA currently used to the new 5010 version of the X12 HIPAA Transaction and Code Set Standards.

This bulletin provides important information regarding the impact to eligibility verification as a result of the 5010 implementation and identifies changes to each method of validating eligibility. The Department of Social Services (DSS) and HP Enterprise Services (HP) will stagger the implementation for the transactions below. The targeted implementation dates for eligibility transactions are as follows:

X12 270/271 Eligibility Request and Response Transaction - Batch	**1/26/2011**
X12 999 Acknowledgement	**1/26/2011**
Web Eligibility Verification	**3/9/2011**
X12 270/271 ePrescribing	**4/27/2011**
Provider Electronic Solutions (PES)	**4/27/2011**

These dates indicate when providers can begin submitting the identified transactions in the HIPAA 5010 format. Existing formats will continue to be supported until the compliance date of January 1, 2012. Should DSS decide to only accept 5010 transactions sooner than the compliance date, a cut over date will be communicated to providers.

Changes due to HIPAA 5010 Implementation - Client Eligibility Verification

Changes to eligibility verification are not universal to all transactions; therefore, each transaction will be addressed individually.

Change to 270/271 Eligibility Request and Response Transaction

The 270/271 is a paired transaction set used to send and receive eligibility verification requests and responses. The transition to HIPAA 5010 will have an impact to the eligibility 270/271 Request and Response transaction. These changes will soon be posted to the www.ctdssmap.com Web site. From the Home page, go to Information, HIPAA and click on the desired link.

Important Change: The Third Party Liability (TPL) and Medicare information sent on the 271 response will not return details of the coverage associated with other payers such as policy numbers, coverage types, HIC, and Medicare D plan information. The Automated Voice Response System (AVRS) will continue to return TPL information in the client eligibility verification response. Providers can access AVRS by dialing 1-800-842-8440 or locally to Farmington, CT at (860) 269-2028. Select option 1 for Self Service Options, enter the AVRS ID and PIN, and then select option 1 for Eligibility Verification. The provider may also contact the insurer to obtain policy related information.

New - X12 – 999 Acknowledgement

The 997 Functional Acknowledgement is being replaced by the 999 Acknowledgement. Any incoming HIPAA 5010 batch submission will generate a 999 Acknowledgement. Compliance errors for HIPAA 5010 incoming transactions will be identified in a Rejected 999 Acknowledgement, version 005010X231. During the transition period, non-compliant incoming HIPAA 4010 transactions will continue to generate a Rejected 997 Functional Acknowledgement.

Change to Web Client Eligibility Verification

The following changes will be made to the client eligibility verification tool on the provider's secure Web account in order to adhere to 5010 changes.

- The client's address will be added to the eligibility response.
- The following data will no longer be provided in the eligibility response:
  - Medicare coverage effective date
  - Medicare coverage end date
  - HIC
  - PDP name
  - PDP Plan ID
  - Third Party Liability (TPL) Policy Number
  - Policy Holder name
  - TPL Coverage Type
  - TPL Effective date
  - TPL End date

  The Automated Voice Response System (AVRS) will continue to return TPL information in the client eligibility verification response. Providers can access AVRS by dialing 1-800-842-8440 or locally to Farmington, CT at (860) 269-2028. Select option 1 for Self Service Options, enter the AVRS ID and PIN, and then select option 1 for Eligibility Verification. The provider may also contact the insurer to obtain policy related information.

- The eligibility response will include the program in which the individual has coverage in the Connecticut Medical Assistance Program along with the following service type codes if they are covered services for the client's benefit plan.

1-Medical	54-Long Term Care	AD-Occupational Therapy
4-DX X-Ray	56-Medically Related Transportation	AF-Speech Therapy
5-DX Lab	75-Prosthetic Device	AL-Vision (Optometry)
33-Chiropractic	82-Family Planning	DM-Durable Medical Equipment
35-Dental	86-Emergency Services	MH-Mental Health
42-Home Health Care	88-Pharmacy	PT-Physical Therapy
45-Hospice	93-Podiatry	RT-Residential Psychiatric Treatment
47-Hospital	98-Professional (Physician) Visit-Office	UC-Urgent Care

Change to Automated Voice Response System (AVRS)

There are no changes to the information requested or received in AVRS as a result of the 5010 implementation.