



TX Vendor Drug System NCPDP D.Ø /HIPAA 5Ø1Ø upgrade Provider Training

October 25, 2011



Agenda

- Meeting Logistics
- Background
- Testing and Implementation Timeline
- Payer Sheet Updates
- Test Data Available
- Test Claim Submission Demo
- Q&A





Meeting logistics

- Audience are in listen only mode
- How to raise questions: On the LiveMeeting screen menu bar, click “Q&A”, type in your question and click “Ask”. Or wait till the end of the session
- Have the Test Package with you handy:
Test Package was emailed 10/12/2011 or available on Vendor Drug website:
<http://www.txvendordrug.com/downloads/ncdpdtesting.pdf>
- Recording of this session will be available on Nov 1, 2011 at the Vendor Drug Website:
<http://www.txvendordrug.com>





Background of the upgrade

- NCPDP Telecommunications Standard D.0 is an updated version of HIPAA which must be implemented nationwide by January 1, 2012

Impacts to providers include:

- Electronic Claims and Eligibility Verification transactions (B1, B2, E1). Current version of NCPDP 5.1 will be upgraded to version D.0
- Layout of the electronic Remittance advice (ANSI X12 835)





Testing and implementation timeline

Action	Start Date	End Date
Electronic claims and eligibility transactions (B1, B2, E1)		
Submission of <u>Test</u> Claims to Vendor Drug Test system	October 25, 2011	December 31, 2011
Accepts 5.1 claims for adjudication	current	December 31, 2011 11:59pm CT (month of December 2011 accept both v5.1 and vD.0 claims)
Accepts D.0 claims for adjudication	December 1, 2011 12:00am CT	ongoing
Electronic remittance advice (ANSI X12 835)		
835 v5010 test file feedback period	Early November (notifications will be sent)	December 10, 2011
Sends HIPAA 4010 835 file for payment	Current	December 26, 2011 (for claims Dec 16-Dec 22, 2011)
Sends HIPAA 5010 835 file for payment	January 1, 2012 (for claims Dec 23-Dec 29, 2011)	ongoing





NCPDP D.Ø Payersheets

- B1 – Claims Adjudication payer sheet
- B2 – Claims Reversal payer sheet
- E1 – Eligibility Verification payer sheet
- Provider procedure manual vDec 2Ø11

Available at the Vendor Drug website:

<http://www.txvendordrug.com/claims/ncpdp.shtml>



Differences in v5.1 and vD.Ø Payersheets

B1 Request Claims Adjudication

Field Num	Field Name	Current	Change
1Ø2-A2	Version No	51	DØ ¹
3Ø1-C1	Group ID	TXVDP	MEDICAID CHIP KHC CSHCN
359-2A	Medigap ID	N/A	New field ²
311-CB	Patient Last Name	Optional	Required ¹
354-NX	Submission Clarification Code Count	N/A	New field ¹
42Ø-DK	Submission Clarification Code	1 single field	3 fields ¹

¹ Changes are due to NCPDP telecommunication vD.Ø standard

² Changes start on April 1, 2Ø12

Differences in v5.1 and vD.Ø Payersheets

B1 Request Claims Adjudication

Field Num	Field Name	Current	Change
419-DJ	Prescription Origin Code	Optional	Required
4Ø9-D9	Ingredient cost submitted	Optional	Required ¹
423-DN	Basis of Cost Determination	ØØ Ø1 Ø3 Ø9	Adding Ø8 – 34ØB/Disproportionate Share Pricing/Public Health Service. Submit the true acquisition cost in Usual & Customary Charge (426-DQ) ³
43Ø-DU	Gross Amount Due	Optional	Required ¹
466-EZ	Prescriber ID Qualifier	Ø8	“Ø8 – State License” will be accepted until further notice Replaced with Ø1 – NPI

¹ Changes are due to NCPDP telecommunication vD.Ø standard

³ Changes start on January 1, 2Ø12

Differences in v5.1 and vD.Ø Payersheets (cont)

B1 Request Claims Adjudication (for compound)

Field Num	Field Name	Current	Change
447-EC	Compound Ingredient Component Count	2 – 99	2 -25 ¹
452-EH	Compound Route of Administration	1-22	Discontinued field
995-E2	Route of Administration	N/A	Optional New field.
996-G1	Compound type	N/A	New field. Required for compound
49Ø-UE	Compound Ingredient Basis of Cost Determination	ØØ Ø1 Ø3 Ø9	Adding Ø8 – 34ØB/Disproportionate Share Pricing/Public Health Service. Submit the true acquisition cost in Usual & Customary Charge (426-DQ)

¹ Changes are due to NCPDP telecommunication vD.Ø standard

Differences in v5.1 and vD.Ø Payersheets (cont)

B1 Request Claims Adjudication (for claims with COB)

Field Num	Field Name	Current	Change
3Ø8-C8	Other Coverage Code	Ø,1,2,3,4,6	Omitting '6 – Other Coverage Denied – Not a participating provider' ¹ Use '3 – Other Coverage Exists – This Claim Not Covered'
392-MU / 393-MV / 394-MW	Benefit Stage Count / Qualifier / Amount	N/A	New field. Required for KHC/CSHCN with Medicare Part D ²

¹ Changes are due to NCPDP telecommunication vD.Ø standard

² Changes start on April 1, 2Ø12

Differences in v5.1 and vD.Ø Payersheets

E1 Request Eligibility Verification

Field Num	Field Name	Current	Change
1Ø2-A2	Version No	51	DØ ¹
3Ø1-C1	Group ID	TXVDP	MEDICAID CHIP KHC CSHCN

¹ Changes are due to NCPDP telecommunication vD.Ø standard

Refer to the payer sheets available on the Vendor Drug website for all changes



D.Ø Claim / 5Ø1Ø Remittance Advice Testing

Claim:

- Vendor Drug test system will be open for pharmacy providers, software vendors and switch vendors to test starting October 25th.
- Providers and Vendors are free to submit test claims with our system at their own schedule

Remittance Advice (ANSI X12 835):

- Test files will be delivered to the current SFTP account early November (notification will be sent)
- Providers review the test files and provide feedback if necessary

No certification required

Report any issues of claim or remittance advice to
pharmacies.5Ø1Ø@tmhp.com





Test claim submission

- Bank Information Number (BIN): 610084
- Processor Control Number (PCN):
 - “DRTXACCP” for Medicaid, CHIP, or CSHCN claims
 - “DRTXACCPKH” for KHC claims
- Group ID: MEDICAID, CHIP, KHC, CSHCN
- Use your own Provider NPI or 1033156583
- Use Prescriber NPI

Test package (<http://www.txvendordrug.com/downloads/ncdpdtesting.pdf>):

- Test data (pg 2)
- Suggested test cases (pg 3-5) and have been listed in the test package
- All Ø means zero. Please don't copy and paste

PLEASE REVERSE YOUR PAID CLAIM.



Test claim submission Demonstration

Let's submit Test Case #1 on the
Test package to the Vendor Drug
Test system





Reporting issues found in testing

Best to Email: pharmacies.5010@tmhp.com

Phone number: 1-888-701-1713 (5010 issues only)

Include:

- Contact Person Name
- Company Name
- E-mail
- Phone number
- Description of issue
- Response: Response status segment – Authorization number (503-F3) – 18 digit number
- Test data submitted
- Level of impact:
 - o Very high: major impact to operations.
 - o High: has financial impact.
 - o Medium: no financial impact without workaround.
 - o Low: workaround available.





Questions??

