

**Medicare Fee-For-Service (FFS) Policy Regarding 90 Day Discretionary Enforcement Period for Non-Compliant HIPAA Covered Entities**

CMS announced on Thu Nov 17, that it would not initiate enforcement action with respect to any HIPAA covered entity that is non-compliant with the ASC X12 Version 5010 (Version 5010), NCPDP Telecom D.0 (NCPDP D.0), and NCPDP Medicaid Subrogation 3.0 (NCPDP 3.0) standards until 90 days after the Sun Jan 1, 2012 compliance date. Notwithstanding CMS' discretionary application of its enforcement authority, the compliance date for use of these new standards remains Sun Jan 1, 2012.

The announcement can be found at [http://www.CMS.gov/ICD10/02b\\_Latest\\_News.asp](http://www.CMS.gov/ICD10/02b_Latest_News.asp).

*What The 90 Day Enforcement Discretionary Period Means For Medicare Fee-For-Service:*

Medicare FFS has experienced significant increases in 5010 production transactions during the last few months. However, there are many submitters that have tested but not taken the step to move into production for 5010 and D.0. In addition, there are many submitters that have not yet initiated testing with their Medicare Administrative Contractor (MAC). Therefore, to ensure that progress continues to be made, Medicare FFS is planning to take the following steps for submitters and receivers of Medicare Part B and Durable Medical Equipment (DME) transactions. Submitters and receivers of Medicare Part A transactions will follow the same action plan starting 30 days after Part B and DME:

- In December 2011, submitters/receivers that have tested and been approved for 5010/D.0 will be notified that they have 30 days to cutover to the 5010/D.0 versions.
- Submitters/receivers that have not yet tested will be notified in December 2011 that they must submit their transition plan and timeline to their MAC in 30 days.
- MACs will notify the submitters/receivers; submitters/receivers have the responsibility to notify the providers they service.

For more information on ASCX12Version 5010, NCPDP D.0, and NCPDP 3.0; please visit [www.CMS.gov/Versions5010andD0](http://www.CMS.gov/Versions5010andD0).

**Summary:**

- If you have tested and been approved for 5010, you have 30 days to move into production.
- Submitters/receivers that have not completed testing, must submit a transition plan and timeline to WPS with in 30 days. Transition plans may be submitted to [EDIMedicareA@WPSIC.com](mailto:EDIMedicareA@WPSIC.com) or [EDIMedicareB@WPSIC.com](mailto:EDIMedicareB@WPSIC.com) and must include your 5 digit WPS submitter ID as well as lines of business.
- Submitters/receivers are responsible for knowing their 5010 status and being compliant.

It is important that you receive, read and review your 999 responses and 277CA responses. Review your remittances and monitor your cash flow. We highly recommend that you identify and correct, in a timely manner, any issues identified.

Please visit our 5010 readiness site: <http://www.wpsic.com/edi/5010-Readiness.shtml>. If you need additional information you may also contact the WPS EDI Hotline for IL, MI, WI & MN: 877-567-7261; for J5 EDI Hotline for IA, KS, MO & NE: 866-503-9670.