Program Memorandum Intermediaries	Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS)
Transmittal A-02-051	**Date: JUNE 18, 2002**

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CHANGE REQUEST 2128

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SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) Testing and Certification Requirements and Date Changes

This Program Memorandum (PM) provides you and your standard systems with the Medicare business requirements necessary to certify for Medicare specific claim and coordination of benefits (COB) requirements (testing level 6) using Claredi's HIPAA testing and certification system. The goal is to ensure that you can receive HIPAA-compliant inbound transactions that meet Medicare business requirements and can send HIPAA-compliant outbound transactions that meet Medicare business requirements.

Medicare access to the Claredi system via the Internet has been re-established. However, as directed in our December 20, 2001, memorandum, you may not send identifiable Medicare data over the Internet when using the Claredi system. You are to use Claredi's de-identification tool to de-identify your outbound files prior to certification. Claredi will de-identify the name, identification number, address, city, and telephone number of the beneficiary. When you are building your test files for inbound certification, you are to de-identify the data prior to submission to Claredi via the Internet. You will need to install the Claredi De-Identification program, downloadable from Claredi in the "Free Stuff" area of the Claredi web site (www.claredi.com). After installing the software, install the configuration file (replacing the default file) in the directory in which the de-identification program is installed. The default installation of the configuration file is in:

C:\Program Files\Claredi\X12 De-Identification Utility\X12deid.cfg

It is your responsibility to ensure the file is de-identified using this program before sending a file to Claredi for testing. In order to ensure that your data does not reside on the Claredi database any longer than necessary, Claredi will place your data files offline within approximately 2 weeks after you have certified. Once you have tested or certified with a file, you are to delete that file from your history. The inbound data files that you use in the "wibbler" process do not contain health information. Therefore, you do not have to delete these files.

Background

The CMS originally required you to test and certify the following transactions, using the Claredi HIPAA testing and certification system, (refer to PM AB-02-020, Change Request 2039, dated January 28, 2002):

- Health Care Claim by April 16, 2002

- Health Care Remittance Advice by May 16, 2002

- Coordination of Benefits by June 16, 2002

- Claim Status Inquiry/Response by July 16, 2002

CMS-Pub. 60A

- Eligibility Inquiry/Response by a date to be provided in final instructions for this transaction.

You were required to be certified on a particular transaction prior to open-provider/trading partner testing on that transaction.

Revised Requirements

The CMS is revising your certification requirements. Upon receipt of these instructions you are required to certify the following transactions, using the Claredi HIPAA testing and certification system, in the manner listed below. The dates reflected in this PM should be achievable using the modems, Internet (only for de-identified data), or the T1 lines once they are operational. If an individual intermediary is having difficulty meeting these dates due to telecommunication problems, translator problems, or other issues the intermediary should work with their Consortium Contractor Management Staff (CCMS) contact as soon as possible to agree on a reasonable date.

- Health Care Claim – Basic claim (bill type 11x) by June 28, 2002

  You are to download the 837 test scenarios (see Medicare Part A Business Requirements below) from the Claredi web site at www.claredi.com. You are to run the file through your translation process and implementation guide (IG) edit process, documenting the results. Once that is complete, you are to request certification for the inbound claim by clicking on "Inbound Certification". You will click on the file that you originally downloaded and answer the questions about the file you ran through the translation and IG edit process. If you answer the questions correctly, your certification for that claim type will be shown under "My Capabilities". If you do not answer the questions correctly, you are to download another file and repeat the process until you receive certification.

  You do not have to be certified on every bill type prior to open-provider testing. By June 28, 2002, you are to be certified that you can receive, translate and process (through the IG edit process) a basic claim (837, version 4010) through the IG edit process, with Medicare as the primary payer. Once you are certified on the basic claim, you may begin open-provider testing (regardless of bill type), but no later than June 28, 2002. Once a provider has successfully tested with you, you may move them into production. The Claredi test files will be small, with approximately 5 to 20 claims per bill type. You will be notified by CMS when Claredi receives your particular bill type test suite available. Once you are notified, you are to certify that bill type. Regional Home Health Intermediaries (RHHIs) are also required to certify bill types 32x, 33, 34x, 81x, and 82x whereas non-RHHIs are not required to certify bill types 32x, 33, 34x, 81x, and 82x. RHHIs and non-RHHIs are to be certified on all their respective bill types by August 30, 2002.

- Health Care Remittance Advice by June 28, 2002.

  You are to use your 835 test file and upload the file to Claredi for data analysis. Click on "Submit File for Analysis" and upload the file. Once the analysis is complete, a report will be generated and you are to view it by clicking on "History." HIPAA errors are in red. If the file does not contain any HIPAA errors, you are to click on "Certify this file". It is not CMS's intent that you perform volume testing during certification; therefore, you may submit from 1 to 10 835 transactions for certification. You are to be certified by June 28, 2002, for this transaction.

- Coordination of Benefits by June 28, 2002.

  You are to use your 837 COB test file (see Medicare Part A Business Requirements below) and follow the process described above under Health Care Remittance Advice.

By June 28, 2002, you are to be certified that you can send a COB (837, version 4010) with Medicare as the primary payer, crossed-over to Medicaid and with Medicare as secondary for bill types 11x, 13x, 21x, and 83x.

You are to submit from 1 to 10 COB transactions for certification. Once you become certified on the COB transactions, you may begin open trading partner testing no later than June 28, 2002.

- Claim Status Inquiry/Response by August 30, 2002.

  You are to download the 276 claim status inquiry test file from the Claredi web site and follow the process described above under Health Care Claim. You are to use your 277 claims status response test file and follow the process described above under Health Care Remittance Advice. You are to submit from 1 to 10 277 transactions for certification. You are to be certified for this transaction by August 30, 2002.

- Eligibility Inquiry/Response by the date specified in the final instruction.

  You are to download the 270 eligibility inquiry test file from the Claredi web site and follow the process described above under Health Care Claim. You are to use your 271 eligibility response test file and follow the process described above under Health Care Remittance Advice. You are to submit from 1 to 10 271 transactions for certification.

Medicare Part A Business Requirements

Attached are spreadsheets that list the conditions that need to be met in order for you to certify for Part A Claims. These are not Claredi edit documents, but rather they document the Medicare business requirements that must be present in each type of claim. For each column, if "Req" is present, then the data in that row is required. If the word "either" is present, it means that satisfying one of those requirements in that column is enough. If the word "absent" is present, it means that the data must be absent in that row. If there is a blank (spaces), then the data may either be present or not be present. Attachment A (commonA.xls) lists the conditions that must be met on all Part A claims, regardless of bill type. Attachment B (billtypA.xls) lists the conditions that must be met for each Part A bill type (11x, 12x, 13x, etc.). Attachment C (payerA.xls) lists the conditions that must be met for Medicare as a primary payer as well as other payer scenarios. For certification purposes, one of the scenarios in Attachment C must be present on a claim.

Claredi will have Medicare inbound claim test suites available for download for each certification type. The test suites are available on the Claredi web site.

Once you have been certified on a transaction, you must add your information to the Claredi publicly available directory. Go to the "My Certifiable Entities" section of your account and click on each entity name and select "Public" on the drop down menu under "publish in Claredi directory". Use the company name you used to establish your account, not the user name.

Reporting Requirements

The date you were required to begin reporting your electronic data interchange (EDI) trading partner was the 10th of each month beginning May 1, 2002. Submit the report to your CMS CCMS Systems Specialist and your CCMS HIPAA contact.

The *effective date and implementation date* for this PM is June 18, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after September 12, 2003.

Medicare contractor questions concerning this PM may be directed to Matt Klischer at (410) 786-7488, or **mklischer@cms.hhs.gov**.

Any provider, clearinghouse, or other vendor questions related to this PM should be directed to their servicing Medicare intermediary(s).

3 Attachments

To download the attachment associated with this PM, click [here](#).