ADP's May 1, 2008 Implementation Frequently Asked Questions

March 24, 2008

The California Department of Alcohol and Drug Programs (ADP) has created this list of Frequently Asked Questions (FAQs) in support of the May 1, 2008 implementation of the compliant 835 and 276/277 transactions. The FAQs will continue to be updated frequently with new information as additional questions arise.

1. **What will occur for ADP's May 1, 2008 implementation of HIPAA?**

   On May 1, 2008 in order to comply with the Transactions and Code Sets Rule, ADP will be discontinuing the availability of the electronic Explanation of Balances (e-EOB), as well as the delivery of all hardcopy detailed and summary reports of DMC claim adjudication results produced by the Department of Health Care Services. Information on claim adjudication results previously available in the e-EOB and DHCS hardcopy reports will be available through the standard X12N 835 Remittance Advice transaction (available when claims are denied or warrants are issued by the State Controller's Office), as well as through the standard X12N 277 Claim Status Response transaction (available in response to the 277 Claim Status Request transaction).

   Because the 835 transaction is being updated to provide warrant information, ADP has issued a new Companion Guide (version 3.0) for the 837P and 835 transactions, covering the use of those transactions effective May 1, 2008 and replacing version 2.2 of that Companion Guide. Additionally, ADP has issued a Companion Guide (version 1.0) for the 276 and 277 transactions, which will be supported effective May 1, 2008.

   For more details about the May 1, 2008 HIPAA implementation, please go to ADP's HIPAA website, www.adp.ca.gov/hp/hipaa.shtml. Available on the website are the fact sheet, ADP Bulletin 08-02, and Companion Guides for each transaction.

2. **Will the Explanation of Balances (EOB) be available after May 1, 2008?**

   The EOB will no longer be available effective May 1, 2008, and all the information about claim approval and denials must be retrieved from the 835 Remittance Advice.

3. **At what point in the claim process will the 835 be available?**

   Claims will be reflected on 835 transactions generated once those claims have completed all processing in the State's systems. For claims that will be paid, process is complete with the issuance of the payment warrant by the State Controller's Office, for claims that will not be paid, processing is complete when it is determined that the claim will not be paid.

4. **What is needed to access and pull down the 835?**

   Effective May 1, 2008, 835 transaction files will be posted to the ITWS as they are generated, and may be downloaded through the Transfer Files function. Trading Partners

will no longer need to use the ADP Application to generated the 835 ("HIPAA – EOB") for specified claims processing dates.

5. Which hard copy reports will be discontinued effective May 1, 2008?

-Detailed Report by Provider of Title XIX Approved Services and Expenditure
-Report of Approved Title XIX Services and Expenditures by County
-Denied Claims Report
-Report of Denied Non-Title XIX Services and Expenditures by County
-Minor Consent Report

6. Will there be an updated companion document for the 837P/835 Transactions?

Yes. The Companion Guide for HIPAA 837P and 835 Transactions has been updated to address use of the compliant 835. The updated version (Version 3.0) and the accompanying bulletin (ADP Bulletin 08-02) are both available on ADP's HIPAA Website (http://www.adp.ca.gov/hp/hipaa.shtml).

7. What are the 276 and 277 Transactions?

The HIPAA 276 transaction is an electronic request for the claim status information. The 277 is a response to that request. The 277 will include status information that will describe the status in the State's system for the claims for which status was requested on the corresponding 277 at the time of the response.

8. Will there be a companion document for the 276/277 Transactions?

Yes. The Companion Guide for HIPAA 276/277 Transactions Version 1.0 has been posted on ADP's HIPAA website (http://www.adp.ca.gov/hp/hipaa.shtml).

9. When will the testing environment be available for the 276/277 and compliant 835?

The testing environment will be available on ITWS beginning on April 1, 2008.

10. What is the testing process for the compliant 835?

ADP will be using the NPI-only test claims from each trading partner to produce 835 transaction files (approved and denied). The generated test transaction files will be available on April 1, 2008 on ITWS on the transmitted file page. If a trading partner has not submitted a claim file for NPI-only in test, that trading partner will need to submit such a test file in order to generate a test 835. Each trading partner should validate that their claims tracking system can process the 835 transaction file generated in test prior to May 1, 2008.

11. How can a county or direct contract provider contact ADP about testing questions?

ADP will be hosting a conference call twice a week during the month of April. It will be on Tuesdays, 4/1/08-5/6/08, 10:30 a.m. – 11:00 a.m., and on Thursdays, 4/3/08-5/1/08, 2:00 p.m. - 2:30 p.m. The call-in number is: (877) 589-6971 and the participant code is: 220445. Please call-in and ask any questions you may have about the testing process. Also, for any HIPAA-related questions, including those about testing, you can always e-mail HIPAA1@adp.ca.gov.

12. What date from the 835 is used to determine the beginning of the 6-month resubmission time limit?

Resubmissions of denied claims must be submitted within 6 months of the Production Date identified in the 835 transaction on which the denied claims are reported. The Production Date segment is described on page 40 of ADP's *Companion Guide for 837P and 835 Transactions*, version 3.0. Prior to the elimination of hardcopy reports, some trading partners noted that the Production Date did not match the run date identified on the upper right corner of the corresponding hardcopy denied claims report. This is by design; the Production Date corresponds to the cut-off date that was shown in the center of the header of the hardcopy reports, which is the date that ADP has always used to determine the resubmission timeline.

If you have additional questions about ADP's May 1, 2008 HIPAA implementation, please contact us at: HIPAA1@ADP.CA.GOV