




STATE OF MARYLAND  
**DHMH**


Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

## *Memorandum*

**TO:** Medical Assistance Providers

**FROM:** Charles Lehman   
Executive Director  
Office of Systems, Operations & Phar.

  
Susan Tucker  
Executive Director  
Office of Health Services

**SUBJECT:** ASC X 12 version 005010

**DATE:** February 7, 2011

The Secretary of the Department of Health and Human Services (HHS) has adopted Accredited Standards Committee (ASC) X12 version 005010 and NCPDP version D.0 as the next HIPAA standard for HIPAA covered transactions. The Maryland Medical Assistance Program (The Program) is planning for the transition from the ASC X12 version 004010 transactions to the ASC X12 005010 transactions. The Program is contacting providers to relay some important dates in this process:

**March 1, 2011** - CommerceDesk will be open for testing the ASC X12 version 005010.

A request to begin testing must be submitted to the following email address:

**[hipaaeditest@dhmh.state.md.us](mailto:hipaaeditest@dhmh.state.md.us)**

The request must identify the transactions the provider/clearinghouse wishes to test. Once the request is received, the provider/clearinghouse will be enrolled in Commerce Desk.

**April 1, 2011** - HIPAAEDITEST will be ready for end to end testing. Once the provider/clearinghouse has passed testing in CommerceDesk, Phase 2 testing through the Maryland Medicaid Electronic Exchange (MMEE) Portal begins --- which processes through the MMIS-II test region.

**January 1, 2012** - is HIPAA 005010 Compliance Deadline. The Program will go live with version 005010 and no longer accepts version 004010A1.

### **COMPLETION OF STEPS TO MOVE TOWARD HIPAA 005010 COMPLIANCE:**

#### **HIPAA 005010 Enrollment Forms - Trading Partner Agreement (TPA), 005010 Submitter Identification Form (SIF) and EDI 005010 Enrollment Form**

A signed Trading Partner Agreement (TPA) must be on file before the Program can begin accepting any HIPAA transactions. If a trading partner agreement was completed for the version 004010A1, one is not necessary for version 005010.

Medical Assistance Providers  
February 7, 2011  
Page two

A 005010 Submitter Identification Form (SIF) must be completed for each provider's NPI before exchanging any HIPAA transactions.

An EDI 005010 Enrollment Form must be completed for each Submitter ID before exchanging any HIPAA transactions. These forms can be found on the DHMH website at:

<http://www.dhmh.state.md.us/hipaa/transandcodesets.html>

Each form has an email address for any additional questions and/or instructions on completing the forms. It is imperative that you complete the necessary form(s) and return them prior to submitting electronic transactions.

***Please mail the forms to:***

**Systems Liaison Services  
201 W. Preston Street Rm. SS18  
Baltimore MD 21201  
Attn: HIPAA Desk**

**005010 Companion Guides**

Transaction specific Companion Guides have been developed by the Program to assist the provider/clearinghouse's Information Technology staff or billing software vendors with the Program's specific information for the HIPAA transactions sets. The Companion Guides can be found at:

<http://www.dhmh.state.md.us/hipaa/transandcodesets.html>

**Testing**

Providers/Clearinghouses that send electronic transmissions directly to Medicaid must test for HIPAA compliance before they can transmit actual claims. DHMH offers free testing for its trading partners:

<http://www.dhmh.state.md.us/hipaa/testinstruct.html>

This testing tool provides information on test files and errors. *Please note that testing often takes at least one month.*

**A 005010 FAQ has been created to address most questions. Please refer to this document at:**

<http://www.dhmh.state.md.us/hipaa/transandcodesets.html>

**If you have any additional questions regarding HIPAA 005010 migration and testing, please send an email to:**

[hipaaeditest@dhmh.state.md.us](mailto:hipaaeditest@dhmh.state.md.us)

**Please ensure that appropriate staff members in your organization, including your clearinghouse/submitter and other appropriate contacts are informed of the contents of this letter.**