New York State Medicaid
eMedNY News & Issues as of 11/09/2011

The purpose of eMedNY News & Issues is to share eMedNY related information and identify system issues relevant to our NY Medicaid provider community. The document includes Important Announcements, New eMedNY Issues and Active eMedNY Issues and will be updated as issues are corrected and/or new issues are identified. eMedNY News & Issues will be posted on the eMedNY HIPAA Support page of www.emedny.org. Please visit this site periodically for updates. For questions about the information in this document, please consult with your technical staff or send an email to emednyhipaasupport@csc.com.

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NEW Announcements

Date	
11/09/2011 ***NEW	**Clarification of Article in Medicaid Update October 2011:** **Secondary Claims Cannot be Billed to Medicaid Before the Primary Payer's Remittance is Received** A recent analysis of secondary claims submitted to New York State Medicaid has identified a common practice that violates both Medicaid billing guidelines and national billing standards developed by X12. The practice involves the submission of secondary claims with payment and adjustment amounts reported as if they had been received in a remittance advice from a Coordination of Benefits (COB) payer, but in actuality are based on anticipated adjudication results. Providers who submit secondary claims to Medicaid prior to receiving remittance advice from their primary payer must discontinue the practice immediately. Unless a COB claim is being submitted under the Cost Avoidance policy (aka 0FILL), it must be submitted with actual prior payer's adjudication information, including the prior payer's adjudication date. Providers who do not adhere to this requirement may be subject to future audits and corrective action. An exception exists for pharmacy claims: Pharmacy claim submitters can use information from the NCPDP response and do not have to wait for the remittance advice. However, it is expected that a Rebill transaction (adjustment) will be submitted if the prior payer subsequently provides different adjudication information in the remittance advice.
10/17/2011 ***NEW	**Provider Testing Environment (PTE) - File Size Limitation -** Due to the volume of testers using the PTE, eMedNY will shortly begin enforcing the 50 transactions per batch/2 batches per day rule outlined in the eMedNY Trading Partner Information Standard Companion Guide.

New eMedNY Issues

Date	
10/2/2011 ***NEW	**Pharmacy Eligibility Information -** As outlined to the subscribers in the pharmacy edition of the **LISTSERV® newsletter sent,** effective 10/1/2011 members enrolled in a Medicaid Managed Care or Family Health Plus will receive their pharmacy benefits directly through their Plans. However providers performing an eligibility transaction will continue to see code 88 for Pharmacy benefits in their responses until February 23, 2012.

Active eMedNY Announcements

Date	
8/25/2011	**835 Electronic Remit Files – Naming Convention Change, Node 4 expanded** – A change in the naming convention of the 835/820 Electronic Remit was necessary to accommodate larger numbers of response files. The 2 digit node has been expanded to 4 digits. For an FTP user – R110821123456.1774.835.0000 For an eXchange User – R110821123456.1774.835.0000.x12
8/25/2011	**Response Files – Batch Naming Convention Change: UPDATE-** A change in the naming convention was necessary to accommodate large numbers of outbound response files. Extra digits have been added to make this node a 6 digit field. The first two digits denote the file type. The next 4 digits represent the Sequence number of the file. **010001 – TA1 (TA1 is only sent when requested (ISA14=1) and/or when Interchange-level errors exist)** **020001 – F-File (which will only be sent if the input file was structurally wrong and had to be rejected)** **030001 – 999** **040001 – 997** **050001 – 277CA** **060001 – U277** **070001 – 278** **100001 – 271** For example – R110725123456.040023 depicts a 997 Response with a sequence number of 0023.
8/11/2011	**ePACES –** There have been many changes made to the ePACES application. There are many user guides and quick reference to assist in navigating these changes. The Self Help section on www.emedny.org provides this documentation.
8/11/2011	**Dashboard –** On July 21, 2011 the eMedNY Dashboard was introduced to assist Trading Partners with tracking the status of batch submissions. This window was designed to show the User what stage of processing a batch is in. The Dashboard can be accessed on the home page on www.emedny.org. Trading Partners are encouraged to review the User Manual. To access the User manual, click on the link on the eMedNY home page that says Dashboard Information.
8/11/2011	**Pre-Adjudication Edits – Effective July 21, 2011 eMedNY Front-End (Pre-adjudication) Edits** for front end error conditions are returned in outbound responses to claim submissions: 277CA for 5010 submissions and U277 for 4010. Claims that have passed all "Pre-adjudication" edits and do not have errors indicated will be reported on a future remittance advice. **Claims rejected by the front end process will not be reported in a Remittance Advice. These claims are ONLY identified in the U277 or 277CA. It is important for all trading partners to download and process all response files returned by eMedNY.** A list of Pre-adjudication edits and associated claim status codes is posted on www.emedny.org in the eMedNY HIPAA Support section. Click on "5010 Crosswalks"

7/28/2011	**NCPDP D.0/5.1 – Total Amount Paid, Field 509-F9–** NCPDP transaction will now have the 509-F9 Field returned. This Field contains the final reimbursement amount. Prior to July 21, 2011, trading partners may have been using other fields to calculate an estimated amount. The fields used for this calculation have not changed and your calculation will be the same, but a more accurate amount will now be available in the 509-F9 field.
7/28/2011	**NCPDP D.0 – Reject 39 Missing/Invalid Diagnosis –** Since July 21, 2011, many D.0 claims have returned this rejection code. With D.0 the Diagnosis code must have the implied decimal point.
7/28/2011	**CPU Real Time Vendors – Testing** – CPU Real Time vendors are required to test and receive approval from eMedNY before sending any new transaction types. E-mail letters were sent to these vendors to set up testing. If you have not tested, please work with Provider Relations via the email sent, or contact emednyhipaasupport@csc.com for details. If no testing occurs for new transactions, claims will reject with a GS99 response.
7/28/2011	**Pre-Adjudication Edits – A7:521 – Invalid Adjustment Reason Code –**eMedNY is returning this pre-adjudication edit when it encounters an invalid or expired Claim Adjustment Reason Code (CARC) in a COB claim, or when the prior payer's Adjudication Date is not present for the specific payer. The Adjudication Date is required when the prior payer adjudicated the claim in order to verify the validity of the CARCs. If you receive an A7:521, please verify the CARCs are valid and that the DTP*573 segment is present for the prior payer.
7/25/2011	**Response Files – Batch Naming Convention Change-** Users who send and receive electronic batch transactions will see a new naming convention for response files. An extra node was appended to the response file naming convention to distinguish the file type being sent to the user. The node will contain 0101 (for TA1), 0201 (For F-File, which will only be sent if the input file was structurally wrong and had to be rejected), 0301 (For 999), 0401 (for 997), 0501 (for for 277CA), 0601 (for U277), 0701 (for a 278), 1001 (for 271). For example – R110725123456.0401 depicts a 997 Response. **UPDATED 8/25/2011 See: Response Files – Batch Naming Convention Change**
7/25/2011	**835 Electronic Remit Files – Naming Convention Change**– The file name for the 835 Remit file has changed. The dash in the naming convention has been removed. Users with scripted downloads, particularly the FTP user community, may want to revisit their scripts to accommodate this change. **UPDATED 8/25/2011 See: 835 Electronic Remit Files – Naming Convention Change, Node 4 expanded**
6/24/2011	**Claim Balancing for 4010 -** Many calls have been generated to the eMedNY Call Center regarding claim balancing for 4010 transactions. eMedNY is not enforcing new claim balancing requirements for 4010 claims transactions. Strict balancing is being enforced for 5010.
6/22/2011	**ANSI ASC X12N HIPAA Technical Report Type 3 (TR3) Implementation Guides –**The

	Companion Guides offered on www.emedny.org only contain information that is specific to submitting a transaction to NYS Medicaid. Trading partners need to utilize the ANSI ASC X12 TR3's in conjunction with the eMedNY Companion guides. It is the responsibility of the Trading Partner to manage their software, programming and systems needs.
6/17/2011	**X12 End of File Characters –** Because the eMedNY processing environment is accepting only streaming data formatted files, end of file characters embedded in the data will cause a file to reject. End of file characters, such as carriage returns or line feeds, are no longer allowed.
6/16/2011	**POS Software Update July 21, 2011** – In the event of any unforeseen system issues with the new software, providers may use alternative methods to verify client eligibility: ARU, ePACES and 270 Batch Inquiry. Please visit www.emedny.org for details about alternative access methods for verifying client eligibility.
6/13/2011	**ETIN/Submitter Information –** With the implementation of ASC X12 version of 5010, a Certified Electronic Transmitter Identification Number (ETIN) is required for all electronic submissions into the eMedNY System. eMedNY has a new requirement for 270 and 278 transactions. When the submitter is a Provider, ETIN in the GS02 must be certified to the provider NPI/MMIS submitted. When the Submitter is not a provider, such as a service bureau, the ETIN in GS02 must be certified to the 8 digit MMIS Submitter ID. Refer to the Trading Partner Information Companion Guide for more detailed information.

Active eMedNY Issues

Date	Issue	Last Updated
10/21/2011	**No Active Issues at this time.**	

Resolved Issues

Original Date	Issue	Date Resolved
7/27/2011 ****NEW UPDATE****	**Eligibility – Eligibility responses for Clients with a Managed Care plan –** eMedNY no longer returns the scope of benefits for the Managed Care plan. An article in the February Medicaid Update referred providers to contact the Plan to determine coverage. Some of the plans are not giving out information and are telling the providers to call CSC. **UPDATE 8/25/2011: This issue was addressed to the Plans by the DOH. The plans should now be able to determine plan coverage.**	**8/25/2011**
7/27/2011	**Pre-Adjudication Edits – Rate Code Not on File -** Invalid Rate Codes are now a pre adjudication edit reported back in the U277 (4010) or 277CA (5010). An invalid rate code is a rate code that does not exist in the system. If a rate code is valid but is not on the providers' rate file the claim will not reject but will be denied on the remittance as Rate Code not on Rate File. The eMedNY system was reading rate codes submitted in various formats. Depending on the rate code and how it is entered in relationship to the decimal the claim might be rejected. The reject occurs if the last digit of the rate code is not included such as 3170 is entered as 31.7	**8/4/2011**
7/27/2011	**NCPDP – Field 420-DK ,Submission Clarification-** Claims submitted with a 1 character Submission Clarification Code (i.e. 1 instead of 01) were rejected in error.	**8/3/2011**
7/26/2011	**Dashboard – Blank 835 Files – 835 files displayed on** the Dashboard appeared to be blank. Users should not deviate from the process for downloading their 835 Electronic Remits they used before the Dashboard became available.	**8/4/2011**
7/25/2011	**ePACES** • **Excessive processing time for DVS requests –** This issue has been resolved. • **PA/DVS history requests – Some PA/DVS history prior to 7/21 is not available –** Issue was resolved. • **PA/DVS Response Activity Work List –** Not all response types are being populated in the link list. Issue was resolved. • **Third Party Insurance Rejections -** Some claims submitted through ePACES might be failing MMIS edit 131 - *Third Party Indicated/Other Insurance Amt Not Submitted* when the non covered charges are entered. Issue was resolved.	**8/4/2011**
7/25/2011	**FTP – Submitted files from 7/19 – 7/21 being returned in the directory –** FTP submitters may have noticed that some of their files from 7/19-7/22	**8/8/2011**

	were still waiting to be picked up. Please contact the eMedNY Call Center with your User ID for resolution.	
7/21/2011	**Eligibility – Responses no longer include the COUNTY CODE-** eMedNY is no longer returning the County Code for the client when eligibility is checked. The County Code is not part of the 5010 HIPAA Standard for the 271. This is causing a variety of issues for some trading partners. • **UPDATE 8/11/2011** Estimated date to reestablish a county code returned in an MSG segment is 9/15/2011. • **UPDATE 9/6/2011: An additional MSG segment with the county code populated:** **<u>For county 66 ONLY</u>: MSG*CNTY CD=66 000~** **66 is the county code for New York City, The next 3 digits will represent the Office Code.** **<u>For all other counties, the MSG segment will read</u>: MSG*CNTY CD=00~** **00 is representative of the code position only. An actual county code will be returned.** **The receipt and response on the POS device will have a similar message.**	**9/6/2011**
7/21/2011	**POS Device – DVS Printout Missing HCPC–** POS users were reporting that the HCPCs code was not printing on their receipts. Issue was resolved 7/27/11.	**7/27/2011**