

Delaware Title XIX Point-of-Sale (POS) Certification Agreement

Type of

Authorization:

Please specify: New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/>

HP Enterprise Services has developed, under authority granted by the State of Delaware Medicaid Program, a claim processing system to facilitate business transactions by electronically transmitting and receiving data.

This Agreement is made by and between the State of Delaware's Department of Health and Social Services, its fiscal agent, HP Enterprise Services (hereinafter referred to as HP), and undersigned provider (hereinafter referred to as Provider and/or Trading Partner):

Provider:	_____
NPI:	_____
Provider's Address:	_____ _____
Contact Person:	_____
Contact Phone:	_____
Email Address:	_____

1. Both the Department of Health and Social Services (DHSS) and HP, as DHSS' fiscal agent must give their approval to any provider who wishes to participate in the submission of POS claims. In order to receive such approval, the Provider maybe be required and successfully complete testing with HP. The Provider agrees to submit POS claims and respond to DHSS POS communications regarding such claims in conformance with the current DHSS POS specifications, and any revisions that may occur from time to time.
2. If HP or DHSS determines that the submission or receipt of data by an approved provider fails to conform to the POS specifications then in effect, or if HP or DHSS judges such data transmissions to contain an unreasonable number of errors, HP or DHSS may terminate this agreement five (5) working days after the provider has received written notice of such termination.
3. DHSS reserves the authority to automatically terminate this agreement without prior notice should it be in the best interest of the State.
4. The provider understands that this Certification is made by and between the State of Delaware (DHSS), through HP, and the aforementioned Provider.
5. The Provider understands that all other terms and conditions of participation in the Delaware Title XIX Program remain in effect and unchanged by this Certification.
6. HP, as the Fiscal Agent for DHSS, has been granted the authority by DHSS to approve Providers who wish to submit claims via POS.

7. All payments made in satisfactions of claims submitted via POS will be delivered from State and Federal funds. Any false claims, statements or documents, or concealments of material fact by the Provider may be subject to prosecution under applicable State law.
8. All covered drugs for which reimbursement is claimed will be provider in accordance with all Delaware State and Federal laws and regulations pertaining to the Delaware Medical Assistance Program (DMAP).
9. Billings for all covered drugs for which reimbursement is claimed will be furnished by or under the supervision of the Provider.
10. All claims submitted shall accurately identify the National Drug Code of the drug dispensed.

Please specify Software Company or an authorized Switch Company that will be used to submit POS claims:

SOFTWARE COMPANY	
NAME OF SOFTWARE CO:	_____
CONTACT:	_____
TELEPHONE:	_____

SWITCHING COMPANY	
NAME OF SWITCH:	_____
CONTACT:	_____
TELEPHONE:	_____

Please specify below the type(s) of transaction(s) you intend to submit and specify for each of those transactions if a third-party service provider will be submitting or receiving electronic data on your behalf.

TRANSACTION	IF PROVIDER WILL BE SUBMITTING OR RECEIVING DIRECTLY PLEASE SPECIFY NPI NUMBER	IF A VENDOR WILL BE USED, PLEASE SPECIFY
POS		
835 ERA		

Please specify contact information for person or persons authorized to resolve issues with POS transmissions:

INDIVIDUAL AUTHORIZED TO RESOLVE ISSUES	PHONE NUMBER:	EMAIL ADDRESS:

AUTHORIZATION TO SUBMIT POS CLAIMS

PROVIDER:

I hereby certify that I have examined this agreement and that the representations that are contained herein are true and correct. I hereby authorize the below individuals to submit POS claims to the State of Delaware Medicaid Programs. I agree to notify HP, in writing, of any changes to this agreement:

Signature: _____

Printed Name: _____

Date: _____

DEPARTMENT OF HEALTH AND SOCIAL SERVICES:

Approved by: _____

Date: _____

Return Completed Form With Original Ink Signatures To:

HP Enterprise Services
Suite 100
248 Chapman Road
Newark, DE 19702

HIPAA Guidelines for Electronic Transactions

On August 14, 2000, the Department of Health and Human Services (DHHS) issued a Final Rule for Standards for Electronic Transmissions. The final rule can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. A summary of the rule is: "This rule adopts standards for eight electronic transactions and for code sets to be used in those transactions. It also contains requirements concerning the use of these standards by health plans, health care clearinghouses, and certain health care providers.

The use of these standard transactions and code sets will improve the Medicare and Medicaid programs and other Federal health programs and private health programs, and the effectiveness and efficiency of the health care industry in general, by simplifying the administration of the system and enabling the efficient electronic transmission of certain health information. It implements some of the requirements of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996."

These rules go into effect no later than October 16, 2003. Delaware Medical Assistance Program (DMAP) will implement these electronic standards on July 1, 2002. If the provider is using the HP supplied Provider Electronic Solution (PES) software, the software is HIPAA compliant and has all of the requirements that are outlined below already incorporated.

The ASC X12 standards required by the Final Rule are formulated to minimize the need for users to reprogram their data processing systems for multiple formats by allowing data interchange through the use of a common interchange structure.

The HIPAA implementation guides provide assistance in developing and executing the electronic transfer of health encounter and health claim data. With a few exceptions, the implementation guide does not contain payer-specific instructions. Payers are required by law to have the capability to send/receive all HIPAA transactions. However, that does not mean that the payer is required to bring that data into their adjudication system. The payer, acting in accordance with policy and contractual agreements, can ignore data within the data set.

The following items that are specific for the Delaware Medical Assistance Program should be taken into consideration when implementing the HIPAA.

All Transactions

Unless otherwise noted, loops, segments and data elements are not used by the adjudication system and no specific values are required.

ISA01 – Value “00” is expected in this field.

ISA02 – No data is expected in this field, as there is no authorization information present per ISA01

ISA03 - Value “00” is expected in this field.

ISA04 - No data is expected in this field as there is no authorization information present per ISA03

ISA05 – Value “ZZ” is expected in this field.

ISA06 - The ETIN number assigned to the submitter is expected in this field. This is the same as your ECMS Bulletin Board ID.

ISA07 - Value “ZZ” is expected in this field.

ISA08 – HP ETIN number “**345724166**” is expected in this field.

ISA14 – Value “0” is expected in this field.

ISA16 – A colon (:) is expected as the component element separator.

All PRV segments should be included with the appropriate NM and REF segments for all instances. The Delaware Medical Assistance Program requires a taxonomy for claim processing.

NCPDP 5.1 – Transaction Standard for Health Care Claims or Equivalent Encounter Information: Pharmacy - This transaction is used to submit retail pharmacy claims from FFS providers and encounter data information from the Managed Care Organizations (MCOs).

As of 3/25/2007 all POS claims must contain, in all segments, the NPI for the following fields:

- 202-B2 Service Provider ID Qualifier – 01 = NPI
- 202-B1 Service Provider ID - 10 digit assigned NPI
- 466-EZ Prescriber ID Qualifier – 01 = NPI.
- 411-DB Prescriber ID will need to correspond to the 466-EZ qualifier - 10 digit assigned NPI or DEA.

Please refer to the Pharmacy Billing Manual 2.3, located on our website @ www.dmap.state.de.us/downloads/manuals.html, for submission requirements.

The Pharmacy Provider Specific policy can be found @ <http://www.dmap.state.de.us/downloads/manuals/Pharmacy.Provider.Specific.pdf#page=41>.

The Pharmacy Billing Reference Sheet can be found @ <http://www.dmap.state.de.us/downloads/pharmacy/Pharmacy.Reference.Sheet.pdf>.

Please call Provider Relations for any billing related issues or the Pharmacy Team for authorization questions at 302-454-7154 or 800-999-3371.