

HIPAA 5010 Frequently Asked Questions (FAQ)

Health First Health Plans (HFHP) recognizes the importance of communicating with our trading partner community including providers, vendors, billing offices and clearinghouses. Our goal is to assist you with your planning activities for the successful implementation of the HIPAA 5010 standard transactions that will be effective 1/1/2012. Below you'll find some frequently asked questions regarding HFHP and HIPAA 5010.

1. Who must comply with HIPAA?

Covered Entities who must comply with HIPAA are health care providers conducting electronic transactions, health plans including group health plans (whether fully insured or self-insured), and clearinghouses. As a group health plan, HFHP is required to comply with HIPAA.

2. How is HFHP meeting HIPAA 5010 compliance?

HFHP created a Project Management Office (PMO) to oversee HIPAA 5010 compliance activities. To meet compliance, we are upgrading our processing systems to prepare for the changes introduced by 5010 and working closely with our trading partners to assist with the transition.

3. What is the compliance deadline for HIPAA 5010?

The compliance date for all covered entities is January 1, 2012. To meet this compliance deadline, HFHP is using the following time line:

- **December 31, 2010**, HFHP begins planning for external trading partner testing of the X12 Version 5010 HIPAA transactions.
- **December 31, 2010 – December 31, 2011**, HFHP uses both standards – 4010A1 and 5010.
- **January 1, 2012**, HFHP only uses X12 Version 5010 TR3 HIPAA transactions.

4. What HIPAA standard transactions will HFHP support?

HFHP currently conducts the following HIPAA standard transactions:

- Health Care Claim Institutional, Professional, Dental (837I, 837P)
- Health Care Claim Payment/Advice (835)
- Benefit Enrollment and Maintenance (834)

With the introduction of 5010, HFHP will conduct the following HIPAA standard transactions in addition to those listed above:

- Health Care Claim Status Request and Response (276/277)

With the introduction of 5010, HFHP will add the following HIPAA standard transactions later in 2012:

- Health Care Eligibility Benefit Inquiry and Response (270/271)

5. Will HFHP use a clearinghouse to achieve compliance with HIPAA 5010?

Yes, HFHP currently uses Claimsnet.com as their clearinghouse of choice. HFHP will continue to use Claimsnet.com for this service.

6. How will HFHP support 4010 and 5010 formats prior to 1/1/2012?

- Trading partners will be allowed to submit only one format in production per transaction, per submitter ID, per file. For example, a trading partner can submit 4010 files in production and 5010 files in test, at the same time but in different files. During 2011, once 5010 testing has been completed, the trading partner can stop submitting 4010 and start submitting 5010 files in production only.
- Trading partners will be allowed to receive only one format in production per transaction, per receiver ID. For example, a trading partner receiving 835 files will only receive the version 4010 or 5010 but not both. Once 5010 testing has been completed, the trading partner can stop receiving 4010 and start receiving 5010 files in production only.
- HFHP, by way of Claimsnet.com, will not return files in the same format they were received. For example, if the files were submitted in 4010 prior to 1/1/2012, the return files would be in the 5010 format.

7. What is the testing and implementation strategy for migration from 4010 to 5010?

HFHP 5010 testing will be performed throughout 2011 up to 1/1/2012. As a trading partner testing meets success criteria the trading partner will be scheduled to move on a mutually agreed upon date to 5010 in production, and turned off for 4010.

Success Criteria

- passing error checking to Level 2 SNIP for 837 transactions
- can receive reports (999, proprietary)
- maximum number of claims per file 5000
- maximum expected 835s returned is no more than 500 per file

8. Will we be able to test with HFHP per application, as opposed to per connection?

HFHP 5010 testing will be performed by transaction regardless of the type of connection.

9. Will trading partners move to 5010 production all at once on 1/1/2012?

HFHP will move trading partners that have met successful testing criteria to 5010 production on a mutually agreed upon date. This date may happen prior to 1/1/2012. Once trading partners have moved to 5010 production, they will no longer be able to exchange files in the 4010 format.

10. What type of acknowledgement reports will be used for 5010?

In production, HFHP will use the TA1 Interchange Acknowledgement, 999 Implementation Acknowledgement, and 277CA Claim Acknowledgement transaction (for 837 only). NOTE: The 997 Functional Acknowledgments will not be supported for 5010.

In test, HFHP will use a response report indicating accept/reject status. As well as validation issues with a must fix message or a suggest fix message for up to Level 6 SNIP.

11. Will providers need to change their National Provider Identifier (NPI) for 5010?

Appropriate NPI enumeration is the responsibility of the provider. Please review the front portion of the 837 TR3, section 1.10, to determine if you need to change/obtain a new NPI.

12. What is the impact of 5010 on the submission of membership enrollment files?

Any employer group/client currently sending proprietary membership enrollment files *are not required* to start submitting 5010 Errata 834 transactions.

13. Will providers need to change the way they submit paper claims after 1/1/2012?

Since paper is not subject to HIPAA compliance, providers will not need to change the way they submit paper claims.

14. What should providers be aware of when submitting address information in the provider loops for 5010 837 claims?

- The physical address for the Billing Provider is required. A PO Box is reserved for the Pay-To Provider address only. Claims submitted with a PO Box in the Billing Provider and Service Facility loop will be rejected.
- Billing Provider must be reported at the Loop ID-2010 AA and must be a health care service provider.
- The full nine-digit zip code is required in the Billing Provider and Service Facility loops.

15. Whom should I contact about HIPAA compliant electronic transactions or to schedule testing with HFHP?

HFHP provides electronic transmission services for their contracted providers and approved vendors through their clearinghouse of choice, Claimsnet.com. If you are new to the electronic data interchange (EDI) process, contact your HFHP Account Representative to begin the coordination process.

If you are currently using electronic transmission and would like to partner with HFHP for the HIPAA 5010 transition, please contact Claimsnet.com directly at HelpDesk@Claimsnet.com.

16. Where can I find more information about HIPAA?

HIPAA websites (Please note that HFHP cannot guarantee the accuracy of these sites.):

- **Association for Electronic Health Care Transactions** Provides information about Internet Security Interoperability Pilot, HIPAA compliant paper claim preparation and mapping, and other HIPAA-related issues.
- **Department of Health & Human Services Administrative Simplification** Provides comprehensive information related to current activities of the U.S. Department of Health & Human Services (HHS), including privacy.
- **Centers for Medicare and Medicaid Services** Provides information regarding the impact of HIPAA on Medicare and Medicaid programs.
- **Health Level Seven** Provides information about the development of changing clinical data electronically.
- **Health and Human Services Office for Civil Rights**
HIPAA Toll-Free Privacy Hotline: (866) 627-7748