

## HIPAA 5010 Transactions Standards (HIPAA 5010) Readiness Statement

**UPDATE:** *BlueChoice HealthPlan Medicaid fully supports the HIPAA 5010 mandate and will be able to support 5010 transaction transmission compliance by 1/1/2012. It is our expectation that all EDI trading partners support the mandate and be fully migrated to the 5010 standards by 1/1/2012 as well. Any provider, employer group, software vendor, billing service or clearinghouse concerned about its ability to migrate to 5010 by the 1/1/12 mandate should contact us immediately to discuss contingency planning options to ensure continuity of processing and payment post 1/1/12 and establish a testing and transition plan for 5010.*

On January 16, 2009, the U.S. Department of Health and Human Services (HHS) released the final rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding updated standards for electronic health care transactions: X12 Version HIPAA 5010.

In October 2010, HHS adopted changes to the X12 Version HIPAA 5010 for certain transactions. Additionally, HHS adopted the term Errata (meaning “changes”) that will impact the implementation of HIPAA 5010. Effective **January 1, 2012**, we plan to comply with using *only* the latest approved X12 Version 5010 for HIPAA transactions. Please note the replacement of the original base versions by the Errata in this chart:

Transactions Affected by the Errata	Base Version Compliance January 1, 2012	Errata Version Compliance January 1, 2012
820 Premium Payment	005010X218	Not applicable
834 Benefit Enrollment and Maintenance	005010X220	005010X220A1
835 Health Care Claim Payment/Advice	005010X221	005010X221A1
837 Health Care Claim: Professional	005010X222	005010X222A1
837 Health Care Claim: Institutional	005010X223	005010X223A2
837 Health Care Claim: Dental	005010X224	005010X224A2
270/271 Health Care Eligibility Benefit Inquiry and Response	005010X279	005010X279A1
276/277 Status Inquiry and Response	005010X212	Not applicable
278 Health Care Claim Services Requests for Review and Response	005010X217	Not applicable
999 Implementation Acknowledgment for Health Care Insurance	005010X231	005010X231A1
277CA Claim Acknowledgement	005010X214	Not applicable

The final rule adopts X12 Version 5010 Errata for HIPAA transactions. We include the Errata version for non-HIPAA transactions also as part of the 5010 migration.

- Modifications were introduced because the current 4010A1 electronic transaction standards were outdated and had rules that no longer aligned with business practices in the health care industry.
- **The compliance date for all covered entities is January 1, 2012.** (An exception applies for small health plan implementation of the Medicaid Pharmacy Subrogation Version 3.0. This deadline is January 1, 2013.)

The HIPAA 5010 final rule applies to all HIPAA-covered entities, including health plans, health care clearinghouses and certain health care providers. Version 5010 is designed to bring a more consistent use of

health care transactions to the industry, ultimately making it easier for health care providers to submit the same information to all insurance carriers.

### **BlueChoice HealthPlan Medicaid Readiness**

We have been following the evolution of the Administrative Simplification provisions of HIPAA since its inception in 1996. We are committed to delivering excellent service and to adopting administrative simplifications for HIPAA transactions and code sets. We are in compliance with and support the HIPAA 5010.

- Our implementation strategy to integrate the X12 version 5010 Errata is underway as we support the improved data content and transactions consistency offered by this standard.
- We have proactively established cross-functional teams throughout the organization. They are dedicated to researching issues, assessing systems, reviewing business processes, and educating the BlueChoice HealthPlan Medicaid organization and its affiliates about implementation procedures.

### **Testing and Implementation Timelines Impacted by Errata**

We are committed to having our systems, supporting business processes, policies and procedures successfully meet the implementation standards and deadlines mandated by HHS without interruption to day-to-day business practices:

- In **May 2011**, we began external testing of the X12 Version 5010. ***NOTE: This new date allowed trading partners more time to prepare for Errata.***
- Successful testing criteria must be passed prior to using 5010 transactions in production. As a result, our test-to-production began in May 2011.
- Until **December 31, 2011**, we accept and transmit both standards — 4010A1 and 5010 Errata based upon individual trading partner readiness — as permitted by the final rule.
- Effective **January 1, 2012**, we plan to comply with using *only* the latest approved X12 Version 5010 for HIPAA transactions along with the other non-HIPAA transactions (refer to chart above).

Organizations with which we are actively participating include WEDI (Workgroup for Electronic Data Interchange), CAQH-CORE (Council for Affordable Quality Healthcare – Committee on Operating Rules for Information Exchange), AHIP (American’s Health Insurance Plans), AMA (American Medical Association), AHA (American Hospital Association), and X12 and NCPDP (National Council of Prescription Drug Programs).

### **What You Can Do**

As we continue to advance our implementation strategies for HIPAA 5010, we are committed to keeping impacted parties advised of our progress. Please visit our EDI website at

<http://www.bluechoicescmedicaid.com/providers/resources/electronicdatainterchangeedi.aspx>.

Recommendations for HIPAA 5010 compliance:

- Educate yourself and your office staff on the HIPAA 5010 compliance requirements by visiting the [CMS website](#).
- Contact your Clearinghouse and begin conversations about requirements, changes and impacts of HIPAA 5010.
- Ask your vendors such as practice management systems, clinical systems and billing systems for their plans on converting to a HIPAA 5010 compliant version of your software, and any associated costs, if applicable.
- Don’t wait until the last minute to identify your organizational needs for HIPAA 5010!

### **Contact Information:**

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