

HIPAA 5010 Transactions Standards (HIPAA 5010) Frequently Asked Questions

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

This FAQ document will be updated regularly to provide answers to common questions about HIPAA 5010 and reflect our progress toward compliancy.

1. What is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. The federal government enacted the legislation to:

- a) Ensure health insurance portability.
- b) Reduce health care fraud and abuse.
- c) Guarantee the integrity and confidentiality of health information.
- d) Improve the operations of health care systems.

2. Who must comply with HIPAA?

Health care providers conducting electronic transactions, health plans, including group health plans (whether fully insured or self-insured), and clearinghouses must comply with HIPAA.

3. How is BlueChoice HealthPlan Medicaid meeting HIPAA compliance?

In January 2009, we created an Enterprise Program Management Office (EPMO) to oversee HIPAA 5010 compliance activities. EPMO handles multiple project teams formed throughout the organization.

4. What are X12 Version 5010 HIPAA Transactions Standards?

We recognize this as Enhanced HIPAA Transaction Standards (EHTS). X12 identifies the EDI standard and Version 5010 replaces the current 4010A1 Version HIPAA Transactions Standards.

5. Why has HIPAA adopted new modifications in X12 Version 5010?

Current electronic transaction standards are outdated and include rules that are no longer aligned with business practices in the health care industry. HIPAA standard electronic transactions impacted by this rule include:

- a) Claim/Encounter – Institutional, Professional and Dental (837I,P,D)
- b) Enrollment (834)
- c) Authorization/Referral Request and Response (278)
- d) Payment/Remittance Advice (835)
- e) Premium Payment (820)
- f) Eligibility Request and Response (270/271)
- g) Claims Status Inquiry and Response (276/277)

6. What is the compliance deadline for HIPAA 5010?

The compliance date for all covered entities is **January 1, 2012**, except for small health plans, which will have until **January 1, 2013** to achieve compliance.

- **December 31, 2010**, we plan to begin external trading partner testing of the X12 Version 5010 HIPAA transactions.
- **December 31, 2010 – December 31, 2011**, we will use both standards — 4010A1 and 5010 — as permitted by the final rule.
- **January 1, 2012**, we plan to use only X12 Version 5010 HIPAA transactions.

7. What are the benefits of HIPAA 5010?

HIPAA 5010 will bring a more consistent use of transactions to the health care industry, ultimately allowing the submission of the same information to all insurance carriers.

8. What is BlueChoice HealthPlan Medicaid doing to ensure compliance with these mandates?

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.

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

9. Are there resources for our external business partners?

Our EDI partners can access this website for more information:

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

Questions should be directed to our email address at BlueChoiceSCEDI@wellpoint.com, or **800-470-9630** Monday through Friday, 8 a.m. to 5 p.m.

Recommendations for a provider preparing for X12 Version 5010:

- Educate yourself and your office staff on the HIPAA 5010 compliance requirements. Visit the [HHS 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 their software, and any associated costs, if applicable.
- Don't wait until the last minute to identify your organizational needs for HIPAA 5010!

10. How does HIPAA define health plans?

HIPAA defines health plans as any individual or group health plan that provides or pays for the cost of medical care for employees or their dependents directly or through insurance,

reimbursement or otherwise. Group health plans include employer-sponsored ERISA (Employee Retirement Income Security Act of 1974) plans, both insured and self-insured, as well as non-ERISA plans such as church plans. The usage of “group health plans” should not be confused with a more commonly used definition of the term “health plans” that refers to health insurance companies.

11. Will HIPAA impact a member’s health benefits?

The benefits specified in a member’s BlueChoice HealthPlan Medicaid certificate are unaffected by the HIPAA Title II mandate. Members can continue to use the same physicians and hospitals that they always have and as specified within their benefits contracts. Members’ premiums, copays and deductibles also remain unchanged. HIPAA brings members additional added-value, including safeguarding their protected health information.

12. What are the HIPAA standard transactions for electronic submitters/receivers?

The standard transaction formats mandated by HIPAA:

- Health Care Claim Institutional, Professional, Dental (837I, 837P, 837D)
- Health Care Claim Payment/Advice (835)
- Health Care Eligibility Benefit Inquiry and Response (270/271)
- Health Care Claim Status Request and Response (276/277)
- Health Care Services Review Request for Review and Response (278)
- Benefit Enrollment and Maintenance (834)
- Payroll Deducted and Other Group Premium Payment for Insurance Products (820)

13. Will BlueChoice HealthPlan Medicaid support the HIPAA standard transactions?

BlueChoice HealthPlan Medicaid supports all the HIPAA transaction formats and associated code sets.

14. Will BlueChoice HealthPlan Medicaid conduct HIPAA standard electronic transactions with trading partners?

Yes, BlueChoice HealthPlan Medicaid will conduct HIPAA standard transactions with trading partners as mandated. To the extent a transaction is not mandated, however, we will work with the trading partner to determine if engaging in the standard transaction is in both parties’ best interests.

15. What are the HIPAA standard external code sets?

Numerous coding systems are designated as standards or acceptable when using the HIPAA mandated transactions. The X12 Technical Report 3’s (TR3’s) and NCPDP Telecommunication Standards specify under what circumstance each type of coding is required.

Some required external code sets:

- ICD-9-CM Volume 1 and 2: Diagnosis Coding*
- ICD-9-CM Volume 3: Inpatient Hospital Service Coding*
- CPT-4: Physician Services Coding
- CDT-3: Dental Services Coding
- DRG: Diagnosis Related Groups

- NDC (National Drug Codes): Retail Pharmacy
- HCPCS: Other Health Related Services Coding

*Until the adoption of ICD-10-CM and ICD-10-PCS

Note: A complete list of required external code sets is defined within each transaction specific X12 TR3 or NCPDP Telecommunication Standard.

16. Will BlueChoice HealthPlan Medicaid use a clearinghouse to achieve compliance with HIPAA 5010?

No, we built internal capabilities to accept all standard transactions. All electronic submitters/receivers were notified regarding the process and procedures to begin testing and submitting standard transactions to us.

17. Whom should I contact about HIPAA compliant electronic transactions or to schedule testing with BlueChoice HealthPlan Medicaid?

If you wish to schedule testing with us or to submit/receive HIPAA compliant electronic transactions, please contact us at **800-470-9630** Monday through Friday, 8 a.m. to 5 p.m., or email us at BlueChoiceSCEDI@wellpoint.com.

18. Where can I find more information about HIPAA?

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

- **Association for Electronic Health Care Transactions (AFEHCT)** 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 HHS, including privacy.
- **Centers for Medicare & 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.

Other opportunities to ask general questions or learn about HIPAA:

- **Health and Human Services Office for Civil Rights**
HIPAA toll-free privacy hotline: 866- 627-7748

19. How can I contact the U.S. Department of Health and Human Services?

- **U.S. Department of Health and Human Services**
Toll-free: 877-696-6775
Address: 200 Independence Ave. S.W., Washington, D.C. 20201