

5010 Trading Partner Migration Frequently Asked Questions (FAQ)

BlueChoice HealthPlan Medicaid recognizes the importance of communicating with our trading partner community. Our goal is to assist with your planning activities for the successful implementation of the HIPAA 5010 standard transactions that will be effective January 1, 2012. *To better serve you, we will use the BlueChoiceSCEDI@wellpoint.com mailbox as the primary source to answer frequently asked questions.* This will help ensure we provide you with the most up-to-date information. If you do not find your question answered here, or need clarification on a particular FAQ, please contact us at **1-800-470-9630** Monday through Friday, 8 a.m. to 5 p.m.

1. What is BlueChoice HealthPlan Medicaid’s estimated start date for trading partner testing (5010 compliance)?

We finalized a schedule for trading partner testing (5010 Errata) with a two-phase approach: the first phase began in quarter 2 of 2011 for 837I, 837P and 834; the second phase began in quarter 3 of 2011 for all other transactions.

2. Will BlueChoice HealthPlan Medicaid support the version 5010 TR3 Errata?

We will support HIPAA adopted TR3 Errata, when applicable. *Errata for several transactions are in development and have not been approved.

820 Premium Payment	005010X218, no Errata*
834 Benefit Enrollment and Maintenance	005010X220A1
835 Health Care Payment/Advice	005010X221A1
837 Health Care Claim: Professional	005010X222A1
837 Health Care Claim: Institutional	005010X223A2
270/271 Health Care Eligibility	005010X279A1
276/277 Status Inquiry and Response	005010X212, no Errata*
278 Health Care Claim Services	005010X217, no Errata*
999 Implementation Acknowledgment	005010X231A1
277CA Claim Acknowledgment	005010X214, no Errata*

3. Whom do we contact to coordinate trading partner testing?

Our EDI implementation coordinators will contact you to arrange testing. We also have a mailbox for all 5010 inquiries. Trading partners who are ready to test but who have not been contacted can send an email with the subject heading: “Ready to Test <transaction>” to BlueChoiceSCEDI@wellpoint.com.

4. When will implementation coordinators be contacting trading partners?

Implementation coordinators started contacting trading partners on March 21, 2011 and will continue to do so throughout 2011. Trading partners who are ready to test but who have not

been contacted can send an email with the subject heading: “Ready to Test <transaction>” to BlueChoiceSCEDI@wellpoint.com.

5. How will testing be handled for providers that have clearinghouses submitting claims on their behalf but that receive electronic payments directly?

Testing will be done based on each trading partner relationship.

- If a provider uses a clearinghouse to submit claims, the implementation coordinator will contact the clearinghouse to begin testing as an 837 trading partner.
- If a provider receives electronic payments directly, the implementation coordinator will separately contact the provider directly to begin testing as an 835 trading partner.

6. How will BlueChoice HealthPlan Medicaid support 4010 and 5010 formats prior to January 1, 2012?

- Trading partners will be allowed to submit only one format in production per transaction, per submitter ID. For example, a trading partner can submit 4010 files in production and 5010 files in test, at the same time. Once 5010 testing has been completed, the trading partner will 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 will stop receiving 4010 and will start receiving 5010 files in production only.
- Trading partners exchanging multiple transactions may submit 4010 format in production for one transaction but receive 5010 format in production for another.

7. Will BlueChoice HealthPlan Medicaid make available a 5010 validation tool for trading partner testing?

We will offer a Web-based application that trading partners can use for 5010 validation. Trading partners ready to validate test files can send an email with the subject heading: “Ready to Validate Test Files <transaction>” to BlueChoiceSCEDI@wellpoint.com.

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

BlueChoice HealthPlan Medicaid 5010 testing will be performed throughout 2011 up to January 1, 2012. As a trading partner, testing meets success criteria, as explained by your implementation coordinator. The trading partner will be scheduled to move on a mutually agreed upon date to 5010 in production, and turned off for 4010.

9. What is the testing process for each transaction?

Our EDI implementation coordinators will further define the testing process and necessary tools for each transaction. We expect the process to vary by trading partner. For example, a third party submitting claims on behalf of a provider/group will have a different test approach than a provider/group submitting directly to BlueChoice HealthPlan Medicaid.

- **Will trading partners be able to test 4010 and 5010 files in parallel?**

No, trading partners will not be able to perform parallel testing.

- **Will trading partners change submitter IDs to perform 5010 testing?**
Only 27x real-time trading partners will be changing IDs to perform 5010 testing.
- **Will trading partners use a production 4010 837 claim file and modify to test in 5010?**
We encourage trading partners to use de-identified information for test files.
- **Will 837 claim data be required to receive a test 835 payment transaction?**
837 claim data is not required. A generic test 835 transaction will include de-identified information that is not tied back to an 837 claim.
- **Will reports be generated in response to inbound test submissions?**
A report indicating accept/reject status will be generated from the testing tool in response to inbound test files.

10. What are the success testing criteria for trading partners to move to 5010 production?

Trading partners must exchange files with EDI that are 100% syntactically compliant, and 95 percent data content compliant. Implementation coordinators will explain and monitor the testing process to ensure compliance is met.

11. When will BlueChoice HealthPlan Medicaid support the 5010 version only?

We will be migrating trading partners to the 5010 version throughout 2011. Effective January 1, 2012, we will no longer support 4010.

12. Will trading partners move to 5010 production all at once on January 1, 2012?

We will move trading partners who have met success testing criteria to 5010 production on a mutually agreed upon date. This date should happen before January 1, 2012. Once trading partners have moved to 5010 production, they will no longer be able to exchange files in the 4010 format.

13. How do trading partners exchanging 4010 transactions with BlueChoice HealthPlan Medicaid enroll in 5010?

Existing trading partners simply upgrading to the 5010 version will be required to sign the Trading Partner Agreement (as part of the testing process) and complete successful 5010 testing to be recognized by EDI to exchange 5010 transactions. No additional enrollment forms are required.

14. When are existing trading partners required to complete transaction-specific registration forms?

The transaction-specific registration forms are required for 5010 when 1) trading partners are new to EDI; 2) trading partners exchange new transactions via EDI; or 3) trading partners have a new contract arrangement involving a third party that has not been approved to exchange transactions with BlueChoice HealthPlan Medicaid. NOTE: The Trading Partner Agreement applies to the entity directly exchanging transactions with EDI.

15. When does the Trading Partner Agreement need to be signed?

Trading partners will be required to execute the online agreement as part of the testing process that will be reviewed with an implementation coordinator.

16. Where can providers/groups locate a listing of the clearinghouses and software vendors that have been approved to exchange 5010 transactions with BlueChoice HealthPlan Medicaid?

The current list of clearinghouses and software vendors approved to exchange 4010 transactions with BlueChoice HealthPlan Medicaid will be updated as successful 5010 testing is completed. It will reside on the EDI website.

17. Where do the BlueChoice HealthPlan Medicaid transaction-specific enrollment forms reside?

Trading partners can access enrollment forms from our EDI website <http://www.bluechoicescmedicaid.com/providers/resources/electronicdatainterchangeedi.aspx>.

18. What is an EDI User Guide?

An EDI User Guide is a document describing the process and requirements for providers, vendors, clearinghouses, and billing services to become trading partners with BlueChoice HealthPlan Medicaid. Sections include registration, contact information, processing for testing and implementation, reports and acknowledgments, and operational readiness.

19. What is a 5010 Companion Document?

A 5010 Companion Document is a supplemental guide that clarifies the situational rules stipulated in the 5010 TR3 manuals. Transaction-specific, these companion documents further define what is required to process transactions efficiently through BlueChoice HealthPlan Medicaid.

20. Which 5010 companion documents will BlueChoice HealthPlan Medicaid provide?

We will provide a transaction-specific companion document for all 5010 health care transactions. NOTE: Transactions such as TA1, 999, 864 and 277CA will be addressed separately in the EDI User Guide.

837I – Claim: Institutional	270/271 – Eligibility Benefit Inquiry/Response
837P – Claim: Professional	276/277 – Claim Status Request/Response
835 – Claim Payment/Advice	834 – Benefit Enrollment
820 – Premium Payment	

21. When and where will the 5010 Companion Documents and EDI User Guide become available?

Due to Errata approval, the companion documents and EDI User Guide started to be made available in March 2011 on the 5010 EDI sites. Trading partners can access the companion documents and EDI User Guide at <http://www.bluechoicescmedicaid.com/providers/resources/electronicdatainterchangeedi.aspx>.

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

- In production, we will use the TA1 Interchange Acknowledgement, 999 Implementation Acknowledgement, and 277CA Claim Acknowledgement transaction (for 837 only). The 864 Level 2 Status report will continue to be generated. NOTE: The 997 Functional Acknowledgement will not be supported for 5010.
- In test, we will use a response report indicating accept/reject status.

23. Will trading partners receive error-readable reports for 5010?

We will continue to provide 864 transactions for wrapped proprietary messages.

- TA1 Report
- Level 2 Status Report

24. Will warnings be provided on the Level 2 Status Report before January 1, 2012?

We will not include a reminder or warning about the January 1, 2012 date on the Level 2 Status Reports.

25. What type of acknowledgment transactions will be exchanged between trading partners and BlueChoice HealthPlan Medicaid?

In production, we will be using the TA1, 999, and 277CA acknowledgments and 864 reports. We expect the use of these transactions to vary by trading partner.

- 837 inbound to BlueChoice HealthPlan Medicaid - we will respond with a TA1*, 999, 277CA, 864.
- 837 outbound from BlueChoice HealthPlan Medicaid - we must respond with a 999.
- 834 inbound to BlueChoice HealthPlan Medicaid - we will respond with a TA1*, 999, 864.
- 835 outbound from BlueChoice HealthPlan Medicaid - you may respond with a 999.
- 820 inbound to BlueChoice HealthPlan Medicaid - we will respond with a TA1*, 999, 824*.
- Real-time 270 submitted to BlueChoice HealthPlan Medicaid - we will respond with a 271**.
- Real-time 276 submitted to BlueChoice HealthPlan Medicaid - we will respond with a 277**.
- Batch 270 submitted to BlueChoice HealthPlan Medicaid - we will respond with a TA1*, 999, 864, 271.
- Batch 276 submitted to BlueChoice HealthPlan Medicaid - we will respond with a TA1*, 999, 864, 277.

*If applicable **If inbound 27x has not failed

26. Will submitter IDs change with 5010?

- Trading partners exchanging real-time 27x transactions will be assigned new submitter IDs for 5010 transactions.
- Other trading partners will not change submitter/receiver IDs for 5010 production.

27. Are there other references available for trading partners to prepare for 5010?

- It is the responsibility of trading partners to purchase their own TR3 guides at www.wpc-edi.com.
- We strongly encourage trading partners to access the 4010 v 5010 comparison documents created by the Centers for Medicare & Medicaid Services (CMS) at https://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp.

28. 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 matter of the 837 TR3, section 1.10, to determine if they need to change/get a new NPI.

29. Where can providers find information about NPI for 5010?

Providers can refer to the front matter of the 837 TR3, section 1.10, for more information about NPI enumeration.

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

- Any employer group/client currently sending in proprietary membership enrollment files (500 byte) is not required to start submitting 5010 Errata 834 transactions.
- Any employer group/client currently sending older version 834 transactions (X12 v3070, 401095, 401095A1) is required to submit 5010 Errata 834 transactions to accommodate system changes.
- Any employer group/client newly enrolled as an 834 trading partner, to begin submitting 834 files in 2011, is strongly encouraged to submit 5010 Errata version. *As of October 2011, we will no longer accept 834 transactions in older version formats.

31. Whom should providers contact regarding specific claims billing questions?

Providers should continue to contact their provider relations representatives regarding billing.

32. Will providers change the way they submit paper claims after January 1, 2012?

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

33. Does the definition of “subscriber” under 5010 affect how BlueChoice HealthPlan Medicaid processes claims?

The adjudication process will not change based on the 5010 definition of “subscriber.”

34. Where can providers find information about Coordination of Benefits (COB) claims?

Providers can refer to the 837 TR3 section 1.4.5 for details regarding the calculation of allowed and approved amounts for COB claims.

35. 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 loop will be rejected.

- The full nine-digit ZIP code is required in the Billing Provider and Service Facility loops. Claims not submitted with a valid nine-digit ZIP code* (format “123456789”) will be rejected. *Refer to 837 TR3 section A.2.

36. Whom should providers contact regarding questions about billing and pay-to addresses?

Providers must verify their correct billing and pay-to addresses with their provider relations representatives (billing/contracting). This will ensure that claims are accepted and processed, and payments made accordingly.

37. Will a listing of error definitions for BlueChoice HealthPlan Medicaid edits be published online?

No, we will not publish a listing of the edit definitions. Specific definitions of applicable errors will be available on the 864 Level 2 Status Reports.