



5010 Readiness

Frequently Asked Questions

5010-Q1: What is the Health Insurance Portability and Accountability Act of (HIPAA) of 1996?

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) required the Department of Health and Human Services (HHS) to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. As the industry has implemented these standards, and increased the use of electronic data interchange, the nation's health care system will become increasingly effective and efficient.

5010-Q2: What was adopted under the HIPAA Modifications Rule?

The Secretary of the Department of Health and Human Services (HHS) adopted ASC X12 version 5010 and NCPDP version D.0 as the next HIPAA standard for HIPAA covered transactions. The final rule was published on Jan 16, 2009.

5010-Q3: What are the important dates in the implementation process?

Effective Date of the regulation: **March 17, 2009**
 Level I Compliance (internal testing) by: **December 31, 2010**
 Level II Compliance (external testing) by: **December 31, 2011**
 All covered entities have to be fully compliant on: **January 1, 2012**

5010-Q4: Who is affected by this final rule?

HIPAA covered entities (i.e. providers, health plans, clearinghouses) and their business associates (i.e. billing/service agents).

5010-Q5: Why is it important to change to HIPAA Version 5010?

- Federal regulatory compliance adopted Jan 16, 2009.
- Current standard is six years old.
- Enhancements are needed to address problems in current standard (4010A1).
- Improvement to payer implementation instructions to facilitate consistency with implementations.
- Transactional improvements — both structural and data content.
- Must be stable to support ICD-10.
- Standard for the Medicaid pharmacy subrogation transaction.
- Clarifies NPI instructions .

5010-Q6: What are standard electronic transactions?

HIPAA Transactions	X12	TR3	Volume of Changes
Enrollment	834	X220	117
Premium Payment	820	X218	23
Eligibility & Benefits Inquiry & Response	270 & 271	X279	143
Authorization	278	X217	277
Claims – Professional	837P	X222	265
Claims – Institutional	837I	X223	152
Claims – Dental	837D	X224	190
Claims Status Inquiry & Response	276 & 277	X212	76
Remittance	835	X221	88
Totals			1,331



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5010-Q7: What are some of the updates with HIPAA Version 5010?

- Some field length changes.
- Data is added and deleted.
- Includes new or deleted loops, segments or data elements.
- Code values eliminated or added. Example: ERA (835) – The claim adjustment group code of CR (Corrections and Reversals) is eliminated.
- New Business functionality. Example: Eligibility (270/271) .
- Ability to return healthcare policy information on the 835.

5010-Q8: Who within your organization needs education on HIPAA Version 5010?

Virtually anyone in your organization responsible for your revenue cycle management.

- Information technology health information management
- Quality utilization management
- Claims, billing, auditing, accounting, financial management, corporate compliance and clinicians.

5010-Q9: May one covered entity require another covered entity to use the new HIPAA Version 5010 before the mandatory compliance date of January 1, 2012?

No. All covered entities must comply with the CMS timeline.

5010-Q10: Does HIPAA Version 5010 affect all providers, regardless of their network contracting status?

Yes. HIPAA Version 5010 affects any covered entities utilizing electronic transactions.

5010 - Q11: What is the CMS Timeline?

December 2010 – Level 1 Compliance required by covered entities.

This means payers must have completed internal testing and can send and receive compliant transactions.

January 2011 – Level 2 Compliance testing period begins.

This means Trading Partners (TPs) can begin testing. A trading partner has the ability to move into production once testing is complete.

January 2012 – 5010 Product Deployment.

This means everyone must be in production with HIPAA Version 5010.

5010-Q12: What should I do?

Communicate with your vendors. Discuss their plans for compliance with 5010 and ICD-10. Contact your GHN Service Executive to discuss your plans. We have prepared a recommended checklist to help you get started.

5010-Q13: Will a testing environment be created to handle testing of HIPAA Version 5010 so production HIPAA Version 4010/4010A1 files are not interrupted?

Details will be published in the future.

5010-Q14: When can testing of the 5010 format begin?

Details about the GHN test dates will be published in the future.