



emdeon®

HIPAA 5010

Frequently Asked Questions

Version 1.1
Rev. 020910



Frequently Asked Questions about HIPAA 5010

What is version 5010 of the X12 HIPAA Transaction and Code Set Standards?

HIPAA X12 version 5010 and NCPDP version D.0 are new sets of standards that regulate the electronic transmission of specific healthcare transactions, including eligibility, claim status, referrals, claims, and remittances. Covered entities, such as health plans, healthcare clearinghouses, and healthcare providers, are required to conform to HIPAA 5010 standards.

The current transaction standard is the X12 version 4010A1 for eligibility, claims status, referrals, claims, and remittances; similarly, the current standard is NCPDP version 5.1 for pharmacy claims.

Use of the 5010 version of the X12 standards and the NCPDP D.0 standard is required by federal law. The compliance date for use of these standards is January 1, 2012.

Who will need to upgrade to HIPAA 5010?

All covered entities, listed below, are required to upgrade to HIPAA 5010 standards; covered entities may use a clearinghouse assist them with complying with the rules.

- Physicians
- Hospitals
- Payers
- Clearinghouses
- Pharmacies
- Dentists

Additionally, even though software vendors are not included in the list of covered entities, in order to support their customers they will need to upgrade their products to support HIPAA 5010 and NCPDP D.0 as a business imperative.

What transactions are specified in the HIPAA 5010 standards?

- **270/271** – Health Care Eligibility Benefit Inquiry and Response
- **276/277** – Health Care Claim Status Request and Response
- **278** – Health Care Services – Request for Review and Response; Health Care Services Notification and Acknowledgment
- **820** – Payroll Deducted and Other Group Premium Payment for Insurance Products
- **834** – Benefit Enrollment and Maintenance
- **835** – Health Care Claim Payment/Advice
- **837** – Health Care Claim (Professional, Institutional, and Dental), including coordination of benefits (COB) and subrogation claims
- **NCPDP D.0** – Pharmacy Claim

Where can the Technical Reports (Implementation Guides) be obtained?

The Technical Reports (TR3 Documents) and their addenda are available for purchase in the X12 Store located at <http://store.x12.org/>.

These TR3 documents are listed as follows:

- **X217** – Health Care Eligibility Benefit Inquiry and Response 270/271

- **X212** – Health Care Claim Status Request and Response 276/277
- **X215** – Health Care Services – Request for Review and Response 278
- **X216** – Health Care Services Notification and Acknowledgment 278
- **X218** – Payroll Deducted and Other Group Premium Payment for Insurance Products 820
- **X220** – Benefit Enrollment and Maintenance 834
- **X221** – Health Care Claim: Payment/Advice 835
- **X222** - Health Care Claim: Professional 837
- **X223** – Health Care Claim: Institutional 837
- **X224** – Health Care Claim: Dental 837

The NCPDP Documents are available for purchase on the NCPDP Website:
http://www.ncdp.org/standards_purchase.aspx.

What are the major differences between HIPAA 4010A1 and HIPAA 5010?

There are changes across all of the transactions, some of which include

- The ability to support new-use cases brought forward by the industry;
- Clarification of usage to remove ambiguity;
- Consistency across transactions;
- Support of the NPI regulation; and
- Removal of data content that is no longer used.

Why was it necessary to upgrade to HIPAA 5010?

The upgrade to HIPAA 5010 was important for several reasons:

- Industry experience with the 4010A1 implementation uncovered some unanticipated issues and requirements; and
- HIPAA 5010 will be able to accommodate the forthcoming and mandatory ICD-10-CM and ICD-10-PCS code sets, which are scheduled to be implemented on Oct. 1, 2013.

What challenges does HIPAA 5010 present to the healthcare industry?

One of the most prominent challenges is identifying the gaps between HIPAA 4010A1 and 5010. Many of the challenges facing the healthcare industry are not technical in nature but address business challenges.

Because of our commitment to guiding our clients through this transition, we will be publishing on www.hipaasimplified.com a summary document of issues and challenges that face each segment of the industry today.

How can covered entities prepare for the transition to HIPAA 5010?

An organization should make it a priority to perform a thorough systems inventory to establish which technical and business components will be impacted by the transition to HIPAA 5010. In the analysis of business components, the organization should also review the readiness of their business partners, including clearinghouses, software vendors, etc., to confirm that they are also prepared to transition by the compliance date.

Additionally, covered entities should perform a full internal gap analysis between HIPAA 4010A1 and HIPAA 5010. Such an analysis both focuses on a covered entity's actual use of the content within the standard transactions and identifies the circumstances in which the changes in the standards impact

the specific covered entity. This information will be vital in understanding the local impact of the transition to the organization.

Because of our commitment to guiding our clients through this transition, we will be publishing on www.hipaasimplified.com a generalized 4010A/5010 gap analysis for each HIPAA standard transaction that we support.

Are there any milestones published by HHS to help organizations meet the compliance dates?

Yes. In the preamble to the Final Rule, HHS has recommended a timeline to help the industry migrate to the new versions of the transactions:

Target Date	Milestone
Jan 2009	Begin Level 1 activities (gap analysis, design, and development)
Jan 2010	Begin internal testing for HIPAA 5010 and NCPDP D.0
Dec 2010	Achieve Level 1 compliance (covered entities have completed internal testing and can send and receive compliant transactions)
Jan 2011	Begin Level 2 testing period activities (external testing with trading partners and move into production; dual 4010A/5010 processing mode) Begin initial ICD-10 compliance activities (gap analysis, design, development, and internal testing)
Jan 1, 2012	5010/D.0 compliance date for all covered entities
Oct 1, 2013	The compliance date for ICD-10-CM and ICD-10-PCS

What action is Emdeon taking to address the modifications to the HIPAA transactions and code sets and the transition to X12 v5010 and NCPDP D.0?

Emdeon initially formed a project team and performed a thorough gap analysis, the results of which helped to create a database of issues and challenges; we continually compile educational solutions for our customers with these issues and challenges. This information will be made available at www.hipaasimplified.com, including information for each of our business segments (physicians, hospitals, payers, pharmacies, dentists, and channel partners). Additionally, the site will provide ample resources for helping our clients perform their own gap analyses.

What is the Emdeon 5010 readiness timeline?

Emdeon is well-positioned to comply with the Level 1 and 2 HHS guidance timelines and with the compliance date:

Target Date	Activity
Q1 2009	Research, Planning, and Documentation <ul style="list-style-type: none"> • Gap analysis 4010A/5010 • Detailed business requirements
Q2 – Q4 2009	Claims, ERA , Real-Time, and Pharmacy Systems Enhancement <ul style="list-style-type: none"> • Systems analysis /mapping documents • Detailed design • Development/build
Q1 2010	Internal Testing for Claims, ERA, Real-Time and Pharmacy systems <ul style="list-style-type: none"> • QA/regression/end-to-end testing
Q2 2010	Pilot readiness for 837P/I/D Claim, 835 ERA, 270/271 Eligibility, 276/277 Claim Status, 278 Referrals, and Pharmacy NCPDP D.0 <ul style="list-style-type: none"> • Aligned with WEDI proposed 5010 project plan • 6 to 9 months ahead of HHS external testing guidance • 18 to 21 months ahead of HHS 5010 compliance date
Q3 – Q4 2010	Conversion of early implementer customers on all covered transactions to v5010 and D.0
2011	Conversion of all remaining customers to v5010 and D.0

What is the impact of HIPAA 5010 to Emdeon’s product and service offerings?

Emdeon’s products and services will be enhanced to facilitate the new transaction standards in a timely manner for our clients. We have conducted an in-depth data gap analysis for all of the transactions that Emdeon supports. Emdeon will share these gap analysis documents with our customers, just as we did for HIPAA 4010A1 and for the NPI. We will also provide shared roadmaps for implementation.

What HIPAA transactions will Emdeon support?

Emdeon will support the following 5010 versions of transactions:

- **270/271** – Health Care Eligibility Benefit Inquiry and Response
- **276/277** – Health Care Claim Status Request and Response
- **278** – Health Care Services – Request for Review and Response; Health Care Services Notification and Acknowledgment
- **835** – Health Care Claim Payment/Advice
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- **NCPDP D.0** – Pharmacy Claim

Will Emdeon support the 5010 versions of the acknowledgement transactions?

Yes, Emdeon will support the full set of 5010 acknowledgement transactions:

- TA1 – Interchange Acknowledgment
- X230 – Functional Acknowledgment For Health Care Insurance (997)
- X231 – Implementation Acknowledgment For Health Care Insurance (999)
- X214 – Health Care Claim Acknowledgment (277)
- X824 – Acknowledgement Response
- Emdeon will provide guidance documents about our support of the acknowledgement transactions

How do you anticipate HIPAA 5010 impacting our customers?

Just as with the HIPAA 4010A1 and with the NPI implementations, Emdeon will facilitate trading partner readiness using a variety of tools and educational materials, including HIPAA guidance reports and implementation roadmaps.

It is imperative that providers work with their software vendors to ensure that the data they send to us allows us to create a compliant transaction; there will also be a certain degree of business impact, which we have outlined in our forthcoming “Issues & Challenges” section.

Will there be any impact to existing service levels because of the transition to HIPAA 5010?

No. Emdeon plans to begin testing well in advance of the timelines in the Final Rule to minimize the chance of any service level disruptions.

Will the release strategy allow for processing both 4010 and 5010 transactions during the transition period?

Yes. Just as we did with the transition to HIPAA 4010A1, Emdeon will be prepared to accept 4010A1 from submitters and convert it to 5010 for payers that are ready, while continuing to send in 4010A1 for payers still using that format.

Similarly, if a provider is ready to send 5010 transactions, Emdeon will be prepared to convert them to 4010A1 for payers that are not yet ready to accept 5010 and send in 5010 to those payers who have already converted.

Does Emdeon hold any leadership roles in the healthcare industry?

Absolutely. Emdeon is a leader in the industry and holds a number of positions with healthcare organizations, including WEDI, X12, NCPDP, and IAABC.

Emdeon is a member of the WEDI Board and participates as leaders in the HIPAA 5010 and ICD-10 workgroups and forums. Emdeon also maintains leadership positions in X12N Workgroups that focus on the HIPAA transactions. Regarding our role with X12, we have focused largely on the migration to HIPAA 5010. Regarding WEDI, we have employees who serve as co-chairs on two panels and others who closely track the work being done by another panel. Regarding IAABC, we have an employee who is the X12 Liaison to the Medical EDI Committee within IAABC. Emdeon is represented on several NCPDP workgroups.

Who should customers contact with questions about HIPAA 5010?

Emdeon has structured our transition communication plan so that our clients are able to obtain pertinent information as quickly as possible. To facilitate an expedited question/response process, a client should present any inquiries to their knowledgeable Emdeon Account Manager, who will ensure that the inquiry is responded to in a timely manner.

When will Emdeon be prepared to engage with customers for joint planning of the implementation of 5010 data exchange and services?

Emdeon is currently engaging with provider and payer clients to perform joint planning for our implementation readiness. We are also holding workgroups for client education and readiness.

How will paper claims be handled? (Clearinghouse and OCR vendors)

Emdeon will enhance paper claims processes in accordance with the guidance from the NUBC/NUCC/ADA. We will adhere to any guidelines set forth by the committees set forth for paper claims. Our print and scanning operations will adhere to the guidelines set forth by the maintainers of the paper forms.

Will Emdeon continue to support the Site ID in the 5010 837?

Yes. Even though Emdeon will no longer require that submitters send the Site ID in the 837 5010 claim file, we will continue to accept the Site ID information in the 2010AA REF G5 from submitters that will still need reports distributed based on the Site ID. Emdeon will not include the Site ID on the outbound claim file to the payer.