Frequently Asked Questions about HIPAA 5010

1. **What is HIPAA 5010?**
The 1996 HIPAA legislation required the US Department of Health and Human Services (HHS) to adopt electronic standards for conducting electronic healthcare transactions, to adopt standards for any code values used in the transactions, and to establish privacy and security standards that prevent unauthorized access to private medical information. HHS established the use of the ANSI X12 standards for electronic healthcare transactions, and the initial version of these standards was 4010 adopted in August 2000; an update to 4010 known as 4010A1, or "Addenda", was adopted in May 2002.

For the first time these standards provided a uniform format in which to conduct healthcare administrative business transactions. However, it frequently required the use of "Trading Partner Companion Guides" to establish how certain fields within the transactions would specifically be used between different trading partners.

In January 2009, the HIPAA regulations were updated to require version 5010, which attempts to more rigidly define data values and how they are used. Where 4010 focused on structure, 5010 focuses on content. The 5010 update affects all healthcare entities and all HIPAA transactions. The 5010 update of January 2009 became law on March 17, 2009.

2. **What is version 5010 of the X12 HIPAA Transaction and Code Set Standards?**
HIPAA X12 version 5010 is a 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.

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

3. **Who will need to upgrade to HIPAA 5010?**
All covered entities (all providers, clearinghouses, payers, insurance companies, etc.) that submit electronic claims.

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 as a business imperative.
4. What HIPAA transactions will ACS Government Healthcare Solutions EDI Clearinghouse support?
   - 270/271 – Health Care Eligibility Benefit Inquiry and Response
   - 276/277 – Health Care Claim Status Request and Response
   - 278/278 – Health Care Services – Request for Review and Response; Health Care Services Notification and Acknowledgment
   - 835 – Health Care Claim Payment/Advice
   - 837 – Health Care Claim (Professional, Institutional, and Dental), including coordination of benefits (COB) and subrogation claims

5. What HIPAA acknowledgment transactions will ACS Government Healthcare Solutions EDI Clearinghouse support?
   - TA1 – Interchange Acknowledgment
   - 999 - Implementation Acknowledgment For Health Care Insurance ( Previously in 4010 - 997)
   - 277CA - Health Care Claim Acknowledgment ( Previously in 4010 – 824)

6. What is the implementation timetable for 5010?
   HHS established January 1, 2012 as the implementation date for all healthcare entities to begin using version 5010.

7. Why is it necessary to upgrade to HIPAA 5010?
   The upgrade to HIPAA 5010 is important for the following reasons:
   - Required by law
   - 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

8. When will Medicaid stop processing 4010A1 Transactions?
   Medicaid will stop processing 4010A1 transactions on Dec 31, 2011.

9. Will the Web portal be HIPPA 5010 compliant as of January 1, 2012?
   - Yes. Changes to the secure web portal will be made to adhere to all guidelines set forth for claim entry; [http://wyequalitycare.acs-inc.com/](http://wyequalitycare.acs-inc.com/)
   - Training materials will be updated accordingly on the EqualityCare website

10. Will WINASAP be HIPPA 5010 compliant as of January 1, 2012?
    - Yes. The new version will be posted and available for download from the EqualityCare website; [http://wyequalitycare.acs-inc.com/](http://wyequalitycare.acs-inc.com/)
    - Training materials will be updated and available on the EqualityCare website
    - For all the latest news and updates surrounding the EqualityCare program, please visit our Whats New page ([http://wyequalitycare.acs-inc.com/new.html](http://wyequalitycare.acs-inc.com/new.html)) or the new “HIPAA 5010” navigation link located on the left hand tool bar on the provider website
11. What should I expect next?
ACS Government Healthcare Solutions EDI Clearinghouse is working diligently so that testing can begin with all trading partners by October, 2011.

12. Will there be 5010 Companion guides found on the EDI internet site?
No. The Medicaid Provider Manuals will be updated to include a Wyoming Specific Electronic Billing Requirements Chapter. This chapter should be used in conjunction with the ASC X12N Standards for Electronic Data Interchange Technical Report Type 3 (TR3). When the updated billing manuals are posted to the website you will be notified. These manuals are targeted to be posted mid to late September. Continue to check for the latest news and updates on the Whats New page (http://wyequalitycare.acs-inc.com/new.html) on the EqualityCare website.

13. Who should customers contact with questions about HIPAA 5010?
ACS EDI Call Center at 1-800-672-4959 press 3
Providers and vendors may view the most up-to-date information on the website at: http://wyequalitycare.acs-inc.com/new.html

14. Do you plan to offer an end-to-end testing function for your provider and clearinghouse trading partners to use to confirm results from their coding and your plan’s adjudication prior to the January 1, 2012 compliance date?
Yes, we anticipate testing to begin October 2011.

15. Will each provider need to be tested separately?
The providers must validate that their software vendor has tested and is approved to bill Medicaid. Medicaid will require vendors/providers to certify their billing software through EDIFECS. Medicaid providers will be notified through bulletins/newsletters when the ACS EDI Call Center is ready to test. It will be the provider’s responsibility to notify their software vendors. Information will also be posted on the EqualityCare website.

16. Will I need to test with ACS Government Healthcare Solutions EDI Clearinghouse?
Yes, Medicaid will require vendors/providers to certify their billing software through EDIF ECS. Medicaid providers will be notified through bulletins/newsletters when the ACS EDI Call Center is ready to test. It will be the provider’s responsibility to notify their software vendors. Information will also be posted on the EqualityCare website.

17. Am I required to complete a new Trading Partner Agreement or EDI Enrollment Application Process?
No.

18. Will providers be required to re-enroll for any reason?
No.
19. Where can I find additional information about 5010?

- The Centers for Medicare and Medicaid Services (CMS); http://www.cms.gov/Versions5010andD0/ has posted an MLN Matters article entitled “An Introductory Overview of the HIPAA 5010” (http://www.cms.gov/Versions5010andD0/Downloads/Versions_5010_and_D0_MLN_Matters_Articles.pdf) that you might find useful. This article offers a helpful summary, especially for those who are not involved directly in HIPAA 5010 projects