

## **HIPAA Standards Conversion 4010A1 to 5010**

The Secretary of the Department of Health and Human Services (HHS) has adopted Accredited Standards Committee (ASC) X12 Version 5010 as the next Health Insurance Portability and Accountability Act (HIPAA) standard for HIPAA covered transactions. The final rule was published on January 16, 2009. The National Committee on Vital and Health Statistics (NCVHS) and the Department of Health and Human Services (HHS) have recommended the Level 1 and Level II Compliance Dates below in order to ensure full, successful, and timely compliance:

**Effective Date of the regulation:** March 17, 2009

**Level I Compliance by:** December 31, 2010

**Level II Compliance by:** December 31, 2011

**All covered entities have to be fully compliant on:** January 1, 2012

Level I compliance means "that a covered entity can demonstrably create and receive compliant transactions, resulting from the compliance of all design or build activities and internal testing."

Level II compliance means "that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards."

The Kentucky Medicaid program along with the fiscal agent Hewlett-Packard (HP) is currently working on implementation activities to convert from the HIPAA ASC X12 Version 4010A1 to ASC X12 Version 5010.

### **Frequently Asked Questions:**

**Q: What HIPAA transactions will KY Medicaid support with 5010?**

A: 270/271, 276/277, 278, 835, All 837, 999, TA1

**Q: When will KY Medicaid publish updated X12 5010 companion guides for the transactions?**

A: 270/271, 276/277, 278, 835 and 837's will be published beginning 4<sup>th</sup> Quarter 2010 through 1<sup>st</sup> Quarter 2011

**Q: What are KY Medicaid target dates for testing 5010 transactions for each of the following?**

A: At this time KY Medicaid is determining final testing dates. Target testing dates will be posted to this site when completed.

**Q: What is KY Medicaid validation tool(s) for 5010 transactions?**

A: Edifecs XEngine

**Q: Does KY Medicaid have a test environment for any of the following transactions – 270/271, 276/277, 278, 835, 837's?**

A: KY Medicaid will have a test environment; however providers/vendors must pass Edifecs testing prior to testing with KY Medicaid. End to end testing will be available to submitters after successful Edifecs testing for all transactions.

**Q: Will KY Medicaid use dual processing: 4010A1 and 5010?**

A: No, KY Medicaid will not allow dual processing. 4010A1 transactions will be rejected after 12/31/2011.

**Q: Will both 4010A1 and 5010 versions be available in production during the Level II testing period for 835 Remittances?**

A: No, KY Medicaid will not send Version 5010 835 transactions from the production environment until 1/1/2012. Submitters who participate in end to end testing will receive Version 5010 835 and 999 transactions during testing.

**Q: Will providers need to re-enroll with KY Medicaid to receive the 5010 version for 835 Remittances?**

A: No, however a new Trading Partner Agreement and Agent-Subcontractor Agreement (ASA) will be required.

**Q: How many test claims are required for 5010 testing?**

A: Trading Partners must submit a minimum of 10 claims per claim type that will be submitted in production, (10 Inpatient, 10 Outpatient, 10 Nursing Home, 10 Dental, etc.).

**Q: Are there specific test claims required or suggested?**

A: Claims containing examples of Prior Authorization and KenPAC are standard test requirements for KY Medicaid. If a submitter currently submits a mix of transaction types and claim types, it is strongly encouraged that all types of claims are submitted (Ambulance, DME, Inpatient, Outpatient, etc) to ensure no interruption of payments after 1/1/2012. Test claims should be submitted with and without Prior Authorization numbers and KenPAC provider ID's where applicable.

**Q: Do you require inpatient claims to be separate from outpatient claims?**

A: No, Inpatient and Outpatient claims may be submitted within the same ST/SE.

**Q: Will your organization be implementing the 837 Claim and 835 Remittance transactions at the same time or at different times?**

A: Yes, as of 1/1/2012, KY Medicaid will only accept 5010 837 claims and will return a 5010 835 transactions

**Q: Will KY Medicaid be using payer information contained in the COB loops and segments of the 837 to create a secondary 837?**

A: No, KY Medicaid will not create secondary claims to other payers after processing.

**Q. Will KY Medicaid reject claims for extraneous data elements submitted if your adjudication system does not need them?**

A. No, claims will not be rejected for extraneous data elements as long as the data element is submitted in a compliant format.

**Q. What SNIP level (Strategic National Implementation Process) of testing does your organization support?**

A: SNIP Level 4.

**Q: How can I receive updated 5010 information?**

A: By email to [KY\\_EDI\\_Helpdesk@hp.com](mailto:KY_EDI_Helpdesk@hp.com) with the subject line: 5010 Contact Information. Please include your current Trading Partner ID and 5010 contact information or you may contact the EDI Helpdesk at 800-205-4696.

**Q: What if I have 5010 questions, who can address them?**

A: Send all 5010 questions to the EDI Helpdesk – [KY\\_EDI\\_Helpdesk@hp.com](mailto:KY_EDI_Helpdesk@hp.com) or call Monday through Friday 7 am – 6pm EST 800-205-4696.

**5010 Links**

5010 HIPAA Implementation Guides are known as 5010 TR3s (Technical Report Type 3). These guides can be purchased at <http://www.wpc-edi.com/>

Final Rule <http://edocket.access.gpo.gov/2009/pdf/E9-740.pdf>

Centers for Medicare and Medicaid <http://www.cms.gov/>