

## **5010 Trading Partner Migration Frequently Asked Questions (FAQ)**

CommunityConnect 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 1/1/2012.

**1. Will CommunityConnect support the version 5010 TR3 Errata?**

CommunityConnect will support HIPAA adopted TR3 Errata, when applicable.

835 Health Care Payment / Advice	005010X221A1
837 Health Care Claim: Professional	005010X222A1
837 Health Care Claim: Institutional	005010X223A2

**2. How will CommunityConnect support 4010 and 5010 formats prior to 1/1/2012?**

CommunityConnect can accept both 4010 and 5010 formats for 837 Institutional, 837 Professional, and 835 prior to 1/1/2012.

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

CommunityConnect 5010 testing will be performed throughout 2011 up to 1/1/2012. As a trading partner testing meets success criteria, the trading partner will be scheduled to move on a mutually agreed upon date to 5010 in production, and turned off for 4010.

**4. Will we be able to test with CommunityConnect per application, as opposed to per connection?**

As trading partner testing involves compliance only, CommunityConnect 5010 testing will be performed by transaction regardless of the type of connection.

**5. What is the testing process for each transaction?**

CommunityConnect will work with providers and clearinghouses to define the testing process.

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

CommunityConnect will monitor the testing process to ensure compliance is met.

**7. When will CommunityConnect support the 5010 version only?**

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

**8. Will trading partners move to 5010 production all at once on 1/1/2012?**

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

**9. 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 CommunityConnect.

**10. Which 5010 companion documents will CommunityConnect provide?**

CommunityConnect will provide a transaction-specific companion document for all 5010 Health Care transactions.

837I – Claim: Institutional
837P – Claim: Professional
835 – Claim Payment/Advice

**11. 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](http://www.wpc-edi.com).
- CommunityConnect strongly encourages 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](https://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp).

**12. 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/obtain a new NPI.

**13. Will providers change the way they submit paper claims after 1/1/2012?**

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

**14. Does the definition of “subscriber” under 5010 affect how CommunityConnect processes claims?**

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

**15. 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.

**16. 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.