

**HIPAA 5010 Transactions Standards (HIPAA 5010)**  
**Frequently Asked Questions**  
**June 2010**

*On January 16, 2009, the U.S. Department of Health and Human Services (HHS) released two final rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding updated standards for electronic health care transactions: X12 Version 5010 HIPAA Transactions Standards & Code Sets.*

This internal FAQ document will be updated regularly to provide answers to common questions about HIPAA 5010 and reflect CommunityConnect's progress towards compliancy.

**1. What is HIPAA?**

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. The federal government enacted the legislation to a) ensure health insurance portability, b) reduce health care fraud and abuse, c) guarantee the integrity and confidentiality of health information, and d) improve the operations of health care systems.

**2. Who must comply with HIPAA?**

Covered Entities who must comply with HIPAA are health care providers conducting electronic transactions, health plans including group health plans (whether fully insured or self-insured), and clearinghouses.

**3. What is X12 Version 5010 HIPAA Transactions Standards & Code Sets?**

CommunityConnect recognizes this as Enhanced HIPAA Transaction Standards (EHTS). X12 identifies the EDI standard and Version 5010 replaces the current 4010A1 Version HIPAA Transactions Standards & Code Sets.

**4. Why has HIPAA adopted new modifications in X12 Version 5010?**

Current electronic transaction standards are outdated and include rules that are no longer aligned with business practices in the health care industry. HIPAA standard electronic transactions impacted by this rule include a) Claim/Encounter – Institutional, Professional, and Dental (837I,P,D), b) Enrollment (834), c) Authorization/Referral Request and Response (278), d) Payment/Remittance Advice (835), e) Premium Payment (820), f) Eligibility Request and Response (270/271), and g) Claims Status Inquiry and Response (276/277)

**5. What is the compliance deadline for HIPAA 5010?**

The compliance date for all covered entities is January 1, 2012, except for small health plans, which will have until January 1, 2013 to achieve compliance.

- **October 1, 2011 – December 31, 2011**, CommunityConnect will use both standards – 4010A1 and 5010 – as permitted by the final rule.
- **January 1, 2012**, CommunityConnect plans to use only X12 Version 5010 HIPAA transactions.

**6. What are the benefits of HIPAA 5010?**

HIPAA 5010 will bring a more consistent use of transactions to the healthcare industry, ultimately allowing the submission of the same information to all insurance carriers.

**7. What is CommunityConnect doing to ensure compliance with these mandates?**

CommunityConnect is committed to having our systems, supporting business processes, policies and procedures successfully meet the implementation standards and deadlines mandated by HHS without interruption to day-to-day business practices.

Our implementation strategy to integrate the X12 Version 5010 is underway as we support the improved data content and transactions consistency offered by this standard. Also, we have proactively established cross-functional teams throughout the organization, dedicated to researching issues, assessing systems, reviewing business processes, and educating the organization and its affiliates about implementation procedures.

#### **8. Are there resources for our external business partners?**

Our EDI partners can access the Internet site for more information.

<http://www.communityconnecthealthplan.com>

Recommendations for providers preparing for X12 Version 5010:

- Educate themselves and their office staff on the HIPAA 5010 compliance requirements. Visit the [HHS website](#).
- Contact their Clearinghouse and begin conversations about requirements, changes, and impacts of HIPAA 5010.
- Ask their vendors such as practice management systems, clinical systems, and billing systems for their plan on converting to a HIPAA 5010 compliant version of their software, and any associated costs, if applicable.
- Don't wait until the last minute to identify their organization needs for HIPAA 5010!

#### **9. How does HIPAA define health plans?**

HIPAA defines health plans as any individual or group health plan (GHP) that provides or pays for the cost of medical care for employees or their dependents directly or through insurance, reimbursement or otherwise. GHPs include employer-sponsored ERISA plans, both insured and self-insured, as well as non-ERISA plans such as church plans. The usage of "group health plans" should not be confused with a more commonly used definition of the term "health plans" that refers to health insurance companies.

#### **10. Will HIPAA impact a member's health benefits?**

You can continue to use the same physicians and hospitals that you always have and as specified within your benefits contract. Your premiums, copays and deductibles also remain unchanged. HIPAA brings you additional added-value, including safeguarding your protected health information.

#### **11. What are the HIPAA standard transactions for electronic submitters/receivers?**

The standard transaction formats that are mandated by the HIPAA Transactions & Code Sets:

- Health Care Claim Institutional, Professional, Dental (837I, 837P, 837D)
- Health Care Claim Payment/Advice (835)
- Health Care Eligibility Benefit Inquiry and Response (270/271)
- Health Care Claim Status Request and Response (276/277)
- Benefit Enrollment and Maintenance (834)
- Payroll Deducted and Other Group Premium Payment for Insurance Products (820)

#### **12. Will CommunityConnect support the HIPAA standard transactions?**

CommunityConnect supports all of the HIPAA transaction formats and associated code sets.

### **13. Will CommunityConnect conduct HIPAA standard electronic transactions with trading partners?**

Yes, CommunityConnect will conduct HIPAA standard transactions with trading partners as mandated. However, to the extent a transaction is not mandated, we will work with the trading partner to determine if engaging in the standard transaction is in both parties' best interests.

### **14. What are the HIPAA standard external code sets?**

Numerous coding systems are designated as standards or acceptable when using the HIPAA mandated transactions. The X12 Technical Report 3's (TR3's) and NCPDP Telecommunication Standards specify under what circumstance each type of coding is required.

Some required external code sets:

- ICD-9-CM Volume 1 and 2: Diagnosis Coding\*
- ICD-9-CM Volume 3: Inpatient Hospital Service Coding\*
- CPT-4: Physician Services Coding
- CDT-3: Dental Services Coding
- DRG: Diagnosis Related Groups
- NDC (National Drug Codes): Retail Pharmacy
- HCPCS: Other Health Related Services Coding

\*Until the adoption of ICD-10-CM and ICD-10-PCS.

*Note: A complete list of required external code sets is defined within each transaction specific X12 TR3 or NCPDP Telecommunication Standard.*

### **15. Where can I find more information about HIPAA?**

HIPAA websites (Please note that CommunityConnect cannot guarantee the accuracy of these sites.):

- **Association for Electronic Health Care Transactions** Provides information about Internet Security Interoperability Pilot, HIPAA compliant paper claim preparation and mapping, and other HIPAA-related issues.
- **Department of Health & Human Services Administrative Simplification** Provides comprehensive information related to current activities of the U.S. Department of Health & Human Services (HHS), including privacy.
- **Centers for Medicare and Medicaid Services** Provides information regarding the impact of HIPAA on Medicare and Medicaid programs.
- **Health Level Seven** Provides information about the development of changing clinical data electronically.
- **HIPAAcomply** Sponsored by Beacon Partners, provides a variety of HIPAA Security and Privacy compliance information. Offers opportunity to participate in forums to share and gather information among peers.

Other opportunities to ask general questions or learn about HIPAA:

- **Centers for Medicare and Medicaid Services**  
HIPAA Toll-Free Hotline: (866) 282-0659  
Email: askhipaa@cms.hhs.gov
- **Health and Human Services Office for Civil Rights**  
HIPAA Toll-Free Privacy Hotline: (866) 627-7748

**16. How can I contact the U.S. Department of Health and Human Services?**

- **U.S. Department of Health and Human Services**

Toll-Free Hotline: (877) 696-6775

Address: 200 Independence Ave. S.W., Washington, D.C. 20201