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HIPAA 5010 Transition
Frequently Asked Questions/General Information

The HIPAA 5010 FAQ document will continue to be updated frequently in order to provide the most current and pertinent information. Please check the HIPAA 5010 FAQ document on a regular basis for additional updates.

General HIPAA 5010 Questions

Q: What is HIPAA 5010?

A.   In January 2009, the Modifications to HIPAA Electronic Transaction Standards Final Rule were published as part of the Health Insurance Reform. The Final Rule replaces current Version 4010 standards with Version 5010 standards and takes effect January 2, 2012.

Q: What are the new standards associated with HIPAA 5010?

A.   Some changes with 5010 standards include:
- A physical street address must be reported for the billing provider's service address. A PO Box address will not be accepted
- Only a provider Pay-to address can be a PO Box address
- Require 9 digit zip code
- Enhanced NPI Reporting rules
- Expansion of the number of Diagnosis Codes
- Strong emphasis on COB information

Q: Will there be changes associated with claims, authorizations and remittance advice formatting because of HIPAA Version 5010?

A.   With the Version 5010, the formats currently used must be upgraded from X12 Version 4010A1 to 5010. Formats that must be upgraded include:
- Claims (837-I, 837-P)
- Remittance Advice (835)
- Claim Status Inquiry/Response (276/277)
- Eligibility Inquiry/Response (270/271)
- Requests for Authorization (278/278)

** 27x transactions are targeted to be completed in 2012**

Q: Who is impacted by the changes associated with HIPAA 5010?

A.   Entities impacted by HIPAA 5010 standards include:
- Providers, such as physicians, alternate site providers, rehabilitation clinics and hospitals
- Health plans
- Health care clearinghouses

- Business associates that use the affected transaction, such as billing/service agents and vendors.

Q: **When does HIPAA 5010 take effect?**

A. General time line for 5010 implementation:
- January – December 2010 – Internal testing period (Level I) in which covered entities perform all internal readiness activities to prepare for testing the new standards with trading partners.
- Quarter 3 2011 – Trading Partner testing period (Level II) in which covered entities perform end-to-end testing with each of its trading partners.
- January 1, 2012 – Full compliance of 5010 standards by all entities.

Q: **How can providers prepare and plan in order to have a smooth transition to HIPAA 5010 systems and services?**

A. Providers should test with ValueOptions®, revisit this FAQ document, and communicate with their software vendor/IT department to ensure 5010 readiness.

Q: **How will providers receive important updates about HIPAA 5010?**

A. There are many ways ValueOptions® will communicate 5010 updates with our Provider community, such as:

- The HIPAA 5010 FAQ document
  - · The FAQ document will continue to be reviewed and updated frequently in order to provide the most current and pertinent information.
- Provider Education
  - · Provider Webinar dates will be announced at a later date.
- ProviderConnect^{SM} Message Center Alerts

Q: **Who can providers contact at ValueOptions® if they have questions about HIPAA 5010? Is there a help line?**

A. If providers have questions about HIPAA 5010, they can call Valueoptions® at 800-397-1630.

Q: **Where can providers go to read more about HIPAA 5010?**

A. Providers can go to the following website to learn more about HIPAA 5010:

- http://www.cms.gov/Versions5010andD0/ (the left navigation menu provides links to a

HIPAA 5010 Transition
Frequently Asked Questions/General Information

variety of information published by CMS).

ValueOptions® HIPAA 5010 Testing

Q: **What dates will ValueOptions® be ready to test each 5010 transaction? Will each transaction be tested together or separately?**

A. ValueOptions® will be ready to test the 837, 835, 834 and 820 transactions in the third and fourth quarters of 2011. Exact dates can be given later in the year. The 270/271, 276/277 and 278 transactions will be implemented in 2012.

Q: **What is the ValueOptions® test plan for implementing 5010 systems and services?**

A. ValueOptions® will follow the test plan below when implementing 5010 system and services:

- Contact Provider or Clearinghouse to coordinate and schedule test file exchanges.
- Send the ValueOptions® test file submission requirements to the Provider or Clearinghouse.
- Determine if the Provider or Clearinghouse will verify test files for HIPAA Levels 1-6 compliance prior to sending.
- Determine the process for requesting test files to be sent.
- Determine the Provider/Clearinghouse approach for creating test files.
- Determine the Provider/Clearinghouse schedule for sending test files.
- Inform Provider/Clearinghouse how the test files will be acknowledged.
- Inform the Provider/Clearinghouse how file rejects will be handled.
- Inform the Provider/Clearinghouse how errors will be reported.
- Confirm contact information for requesting test files and reporting errors.
- Request Provider/Clearinghouse to send test files.
- Check transaction file compliance.
- Load and process the file.
- Identify testing issues.
- Assign testing issues to the external Provider/Clearinghouse or to the internal ValueOptions® development team.
- Remediate issues.
- Retest as needed until expected results are achieved.
- Obtain testing sign-off.

Q: **How can we find out the date ValueOptions® will begin HIPAA 5010 system and service**

testing with us?

A. ValueOptions® will be ready on 8/1/2011.

Q: When testing is available will ValueOptions® have a separate testing environment or will test files be sent within the current production environment with testing indicators?

A. Yes. There will be a separate testing environment.

Q: Is there a testing portal? If so, how do we access the testing portal?

A. Yes. There will be a separate testing environment. Additional details will be available at a later date.

Q: Does ValueOptions® have any plans to move providers to production for 5010 (once testing is completed) prior to the 1/1/2012 compliance date?

A. ValueOptions® does not have any plans to implement any submitters prior to 1/1/2012. However, ValueOptions® is willing to review individual submitter requests to submit 5010 files prior to 1/1/2012.

Q: Does ValueOptions® plan to offer end-to-end testing for your provider and clearinghouse trading partners to use to confirm results from their coding and your plan's adjudication prior to the compliance date?

A. Yes. Please see testing plan above.

Q: Will the transmission process for 5010 test files be the same as it is currently for 4010 production files? (For example, if we send a 5010 test file, will it adjudicate and send back a 5010 835 file like production files today?)

A. More information to follow at a later date.

Q: How soon will reports be available after a test file is sent?

A. More information to follow at a later date

Q: Once testing is approved will ValueOptions® grant blanket approval at software level or are all submitters required to test?

A. More information to follow at a later date.

HIPAA 5010 Transition
Frequently Asked Questions/General Information

ValueOptions® Compliancy with HIPAA 5010

Q: What is the ValueOptions® project plan for implementing 5010 systems and services?

A. Please see responses to prior questions.

Q: Are the systems and services at ValueOptions® compliant with HIPAA 5010?

A. ValueOptions® will be compliant with HIPAA 5010 on 1/1/2012 as required.

Q: What is the expected date that all systems and services at ValueOptions® will be compliant with HIPAA 5010?

A. 1/1/2012

Q: What is the expected date that ValueOptions® will be able to process 5010 transactions?

A. 1/1/2012

Q: Once the HIPAA 5010 upgrade occurs at ValueOptions®, what transactions will ValueOptions® be able to process?

A.
- **837**
- **835**
- **834**

Q: Will the upgrade to 5010 include the 277CA and 999 Acknowledgement Transactions?

A. Yes.

Q: What other acknowledgements will be supported for 5010 and will there be testing for these acknowledgements?

A. Current acknowledgment methods (997 & email) will also be supported in HIPAA 5010. It is up to the business groups conducting the testing if they will test these portions of the process with the trading partners.

Q: Will the ValueOptions® systems and services be able to process both 4010 and 5010 codes concurrently?

A. During the testing phase, we will be able to process both 4010 and 5010 file formats. As for

HIPAA 5010 Transition
Frequently Asked Questions/General Information

1/1/2012, we are required to accept 5010 files only.

Q: **Can the ValueOptions® system support the sending of multiple claim files throughout the day?**

A. Yes.

Q: **Are there any risks that would prevent ValueOptions® from implementing a 5010 compliant version by January 1, 2012?**

A. Providers who do not test with ValueOptions® in a timely fashion are at risk of not meeting the target date.

Q: **Is there any costs or cost changes associated with the 5010 upgrade?**

A. Not as it relates to ValueOptions®.

Q: **Will there be any new registration/enrollment required for providers/submitters to begin production set-up of 5010?**

A. No.

Q: **What direct support or requirements will we need from ValueOptions® for a successful implementation of 5010 compliant services?**

A. Providers will need to follow the ValueOptions® test plan and be ready on their end (i.e., be able to produce valid 5010 files within their own systems).

Q: **Will the changes associated with HIPAA 5010 impact our current service agreement/contract with ValueOptions®?**

A. No. Service agreements are written with generic rules for complying with all federal regulations.

Q: **Will the changes associated with 5010 impact a provider's current EDI agreement?**

A. No.

Q: **Does ValueOptions® have certain days and/or times that you do the following:**
- **Process inbound payer files?**

- **Make reports available for download?**
- **Make remits available for download?**

A.   Implementation of 5010 changes will not impact current system processes; processing timeframes will remain the same.

Q: **What types of connections does ValueOptions® currently support?**

A.   ValueOptions® supports FTPS, SFTP and submission through ProviderConnect^{SM}.

Q: **Once the 5010 upgrade occurs, will reports remain the same as current or will additional reports be available for 5010?**

A.   At this time, it is expected that reports will remain the same.

Q: **Once the 5010 upgrade occurs, will new submitter id(s), login(s) and password(s) be required for production?**

A.   No.

ValueOptions® ERRATA Changes

Q: **Will ValueOptions® require ERRATA testing?**

A.   ValueOptions® will be implementing the ERRATA in the same timeframe as all other changes.

Q: **Are ERRATA changes and testing separate from HIPAA 5010?**

A.   No.

Q: **When testing is available is it base 5010 testing or will you be able to handle ERRATA files immediately?**

A.   ValueOptions® will be implementing the ERRATA in the same timeframe as all other changes

Q: **Will ERATTA files only be available in production?**

A.   No.