
5010 File Formats/Versions - HIPAA Transactions

- Final Rule published in the Federal Register, January 16, 2009.
- Mandating that the current HIPAA Transaction file formats/versions X12 4010[A1] be replaced with X12 5010 file formats/versions no later than 1/1/2012.
- And that the current NCPDP 5.1 file format/version be replaced by the NCPDP D.0 and 1.2 file formats/versions no later than 1/1/2012 *

The Final Rule also contained specific guidelines related to implementation of the 5010 formats/versions. These guidelines call for two distinct development/implementation time periods referred to as Level 1 and Level 2 compliance as outlined below:

Level 1 compliance by December 31, 2010

Level 1 - the period during which covered entities perform all of their internal readiness activities (requirements, design, coding, internal testing, documentation, etc) in preparation for testing the new versions of the standards with their trading partners.

Level 1 compliance means that a covered entity can create and receive compliant transactions, resulting from the completion of all design/build activities and internal testing. When a covered entity has attained Level 1 compliance, it has completed all internal readiness activities and is **fully prepared to initiate testing of the new versions in a test or production environment**, pursuant to its standard protocols for testing and implementing new software or data exchanges.

Level 2 compliance by December 31, 2011

Level 2 - the period during which covered entities are preparing to reach full production readiness (user acceptance testing, volume testing, trading partner file exchanges, etc) with all trading partners.

When a covered entity is in compliance with Level 2, it has completed end-to-end testing with each of its trading partners and is prepared to move into production mode with the new versions of the standards by the end of that period. By "production mode," meaning that **covered entities can successfully exchange (accept and/or send) standard transactions and as appropriate, be able to process them successfully**.

After December 31, 2011, covered entities may not use Versions 4010/4010A and NCPDP 5.1 and all covered entities must reach full Level 2 compliance, and must be using Versions 5010 and D.0 exclusively *.

** AHCCCS Business Partner relationships with the FFS PBM and Health Plans more closely align to the NCPDP Post Adjudication History file format rather than the D.0 format which is intended for utilization from provider to payer, therefore we are proposing to implement this format rather than the D.0.*

High-level Areas of Impact/Considerations in relation to the new transaction versions and newly mandated transactions:

Systems:

- Identify the changes in data elements [size, requirement, usage notes] from current HIPAA X12 4010[A1] to X12 5010 file formats/versions, and from current NCPDP 5.1 to NCPDP Post Adjudicated History file formats/versions
- Consider options for usage a new/revised data elements
- Inventory and identify opportunities for proprietary file elimination
- Implement newly Mandated HIPAA Transactions

Business:

- Evaluate added elements needed/wanted
- Evaluate impacts of missing/removed elements
- Evaluate impacts of changes in usage notes
- Evaluate impact of changes in transaction structures within the transaction and across transactions [i.e., if payment must be identified at the line level on the 835 and you pay at the Header?]
- Identify all the documentation that will need to be updated

Overall:

- Timelines for implementation are very aggressive and are followed quickly by ICD10.

HIPAA MANDATED TRANSACTIONS

NUMBER	NAME	USAGE	AHCCCS – TRADED FROM/TO	TARGETED TIMELINES
270/271	Health Care Eligibility Benefit Inquiry and Response	Eligibility Verification for AHCCCS recipients.	270 Inquiry Inbound from Provider 271 Response Outbound from AHCCCS	Level 1 – 10/1/2010 Level 2 – 3/1/2011
276/277	Health Care Claim Status Request and Response	Claims Status Verification for AHCCCS claims.	276 Inquiry Inbound from Provider 277 Response Outbound from AHCCCS	Level 1 – 10/1/2010 Level 2 – 3/1/2011
278	Health Care Services Review – Request for Review and Response <i>***Not historically required for Contractors, but will be required by Contract with the 5010 implementation.</i>	Prior Authorization request and response.	278 Submission Inbound from Provider Augmented 278 Response Outbound from AHCCCS	Level 1 – 3/1/2011 Level 2 – 12/1/2011
820	Payroll Deducted and Other Group Premium Payment for Insurance Products	Transmission of Capitation related information for AHCCCS recipients.	Outbound from AHCCCS to contracted Health Plans/Program Contractors	Level 1 – 6/1/2010 Level 2 – 10/1/2010
834	Benefit Enrollment and Maintenance	Transmission of Enrollment related information for AHCCCS recipients.	Outbound from AHCCCS to contracted Health Plans/Program Contractors Inbound from CRS	Level 1 – 6/1/2010 Level 2 – 10/1/2010
835	Health Care Claim Payment and Advice	Detailed remittance advice showing detail for AHCCCS claims payments and denials.	Outbound from AHCCCS to Providers	Level 1 – 10/1/2010 Level 2 – 10/1/2011
837D	Health Care Claim: Dental	Submission of dental claims for AHCCCS recipients. Submission of dental encounters for AHCCCS recipients.	Inbound claims from providers Inbound encounters from Contracted Health Plans/Program Contractors	Level 1 – 10/1/2010 Level 2 – 10/1/2011
837I	Health Care Claim: Institutional	Submission of institutional claims for AHCCCS recipients. Submission of institutional encounters for AHCCCS recipients.	Inbound claims from providers Inbound encounters from Contracted Health Plans/Program Contractors	Level 1 – 10/1/2010 Level 2 – 10/1/2011
837P	Health Care Claim: Professional	Submission of professional claims for AHCCCS recipients. Submission of professional encounters for AHCCCS recipients.	Inbound claims from providers Inbound encounters from Contracted Health Plans/Program Contractors	Level 1 – 10/1/2010 Level 2 – 10/1/2011

ACKNOWLEDGEMENTS:

NUMBER	NAME	PROPOSED TIMELINES
TA1	Interchange Acknowledgement	TBD – Based upon mandated transaction usage.
824	Application Reporting for Insurance	TBD – Based upon mandated transaction usage.

NEW MANDATED HIPAA TRANSACTIONS

NUMBER	NAME	USAGE	AHCCCS – TRADED FROM/TO	PROPOSED TIMELINES
NCPDP	Post Adjudication Standard [Post Adjudication History File] <i>***Replaces the current 3.2 and 5.1 Pharmacy formats. Law names the D.0 for claims between the Pharmacy and PBM.</i>	1. Submission of pharmacy claims for AHCCCS recipients. 2. Submission of pharmacy encounters for AHCCCS recipients.	Inbound from AHCCCS contracted PBM Inbound from Contracted Health Plans/Program Contractors	Level 1 – 10/1/2010 Level 2 – 10/1/2011
277CA	Health Care Claim Acknowledgement <i>***Replaces the current 277U Adjudicated Encounter file.</i>	Response indicating the adjudication (approved and denied) of submitted encounters.	Outbound from AHCCCS to contracted Health Plans/Program Contractors based on submitted encounters	Level 1 – 10/1/2010 Level 2 – 10/1/2011
277PSI	Health Care Claim Pending Status Information <i>***Targeted to replace the current Encounter Pend file.</i>	1. Response indicating the pending of submitted claims. 2. Response indicating the pending of submitted encounters.	Outbound from AHCCCS to contracted Health Plans/Program Contractors based on submitted encounters	Level 1 – 10/1/2010 Level 2 – 10/1/2011
999	Implementation Acknowledgement for Health Care Insurance <i>***Replaces the 4010A 997 acknowledgement for mandated transactions.</i>	Required acknowledgement will be incorporated for use as defined for appropriate transactions.	Outbound from AHCCCS based on submitted transactions from Trading Partners.	TBD – Based upon mandated transaction usage.
275	Claims Attachments <i>***Not a mandated transaction under 5010, but required by AHCCCS contract.</i>	Allows for the electronic submission of claims related documentation for AHCCCS recipients.	Inbound from Providers for AHCCCS claims.	Implement in September 2009 for FFS claims. Implementation for Contracted Health Plans/Program Contractors targeted by 10/1/2011 (Subject to change after FFS pilot results review; may result in CYE10 amendment)