



## PRC Medical – Preparing for HIPAA 5010 Readiness

### Frequently Asked Questions

#### What is the 5010 version of the HIPAA X12 Electronic Data Interchange Standards?

The Department of Health and Human Services (HHS) has issued updated standards for the electronic transmission of healthcare transactions, including: eligibility verification, claims submission, remittances, claim status, and referrals. Covered entities must upgrade from the current X12 40101A version to the 5010 version.

#### Who is required to update to 5010? When does it need to be implemented?

Covered entities, including healthcare providers, health plans and clearinghouses must update to 5010 by January 1, 2012.

#### What transactions are specified in the 5010 standards?

- 270/271 Health Care Eligibility Benefit Inquiry and Response
- 276/277 Health Care Status Request and Response
- 278 – Health Care Services – Request for Review and Response; Health Care Services Notification and Acknowledgement
- 835 Health Care Claim Payment/Advice
- 837 Health Care Claim (Professional, Institutional, and Dental), including coordination of benefits (COB)

#### What are the benefits of upgrading to the 5010 standards?

- It provides infrastructure for the ICD-10 code sets
- Resolves ambiguities in situational rules
- Supports standardization of companion guides across the industry
- Elimination of unnecessary or redundant data elements
- Improves consistency across transaction

#### Who is PRC Medical?

PRC is a leading provider of technology-enabled business services to the healthcare industry. Successful medical practices rely on our service, technology and expertise to maximize revenue and profitability. To win in today's challenging healthcare environment, you need PRC Medical on your team.

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## What are the suggested timelines by HHS to help organizations meet the compliance dates?

HHS has recommended the following timelines to help the industry migrate to the new 5010 version:

Target Date	Description
<b>December 2010</b>	Achieve Level 1 compliance (covered entities can send and receive compliant transactions)
<b>January 2011</b>	Begin Level 2 compliance testing with trading partners and move into production. Support of dual 4010A1 and 5010 processing.  Begin initial ICD-10 compliance activities (gap analysis, design, development, and internal testing).
<b>January 1, 2012</b>	Full compliance of 5010 standards for all healthcare covered entities
<b>October 1, 2013</b>	Compliance date for ICD-10 code sets

## How is PRC preparing for migration to 5010?

A project team was formed within PRC to perform a gap analysis between the 4010 and 5010 standards, and to determine the impact on our existing PM+ software. We will begin our testing of 5010 transactions with health plans, payers, and other trading partners in the 4<sup>th</sup> quarter of 2010. PRC is also identifying issues that may impact the business workflow of our clients. We will summarize these issues and make them available to you in future PRC newsletters.

## Will there be any impact to existing service levels due to the transition to 5010?

No. PRC plans to begin testing with trading partners prior to the compliance deadlines so as to minimize any negative impact on service levels.

## Will PRC be prepared to allow processing of both 4010 and 5010 transactions?

Yes. PRC's migration plan is to submit both versions depending on the capability of our trading partners.



## What is StreamlineMD?

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## SummaCare Revised Prior Authorization Forms

Summa has revised their Prior Authorization Request fax form. Go to the Provider Self-Service section of [www.summacare.com](http://www.summacare.com) to obtain the new form.

## Electronic Health Record (EHR) Incentive Programs

For more information on EHR, visit the CMS website:

<http://www.cms.gov/EHRIncentivePrograms/>

Information about PRC's EHR product can be found on our website:

<http://www.prcmedical.com/ehr.aspx>



## The Affordable Care Act's New Patient's Bill of Rights

From [www.healthreform.gov](http://www.healthreform.gov), June 22, 2010:

A major goal of the Affordable Care Act – the health insurance reform legislation President Obama signed into law on March 23 – is to put American consumers back in charge of their health coverage and care. Insurance companies often leave patients without coverage when they need it the most, causing them to put off needed care, compromising their health and driving up the cost of care when they get it. Too often, insurance companies put insurance company bureaucrats between you and your doctor. The Affordable Care Act cracks down on some of the most egregious practices of the insurance industry while providing the stability and the flexibility that families and businesses need to make the choices that work best for them.

Today, the Departments of Health and Human Services (HHS), Labor, and Treasury issued regulations to implement a new Patient's Bill of Rights under the Affordable Care Act.

Click here to read the full article:

[http://www.healthreform.gov/newsroom/new\\_patients\\_bill\\_of\\_rights.html](http://www.healthreform.gov/newsroom/new_patients_bill_of_rights.html)

## Medical Mutual of Ohio Acceptable Claim Changes by Phone

- CPT Code
- Diagnosis code
- Date of service
- ICD-9 (surgical code)
- Revenue code
- NDC number
- Charges billed in error
- Negative Workers Compensation
- Hipps/Ruggs rates (Medicare Advantage)
- Provider suffix only (not Tax ID number)
- Place of service
- Modifiers
- Units
- Onset date

Additional or late information charges submitted for same provider, same date of service, can be accepted electronically.

Changes to information such as patient name, charge amount, provider and member ID, or any other items not listed above must be attached to a completed Provider Action Request (PAR) Form and sent to the P.O. box listed on the PAR form.



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