HealthPartners®

HIPAA 5010A1/A2 (with errata) FAQ's

Q: On November 17, 2011, the Centers for Medicare & Medicaid announced that it would not initiate enforcement action until March 31, 2012, with respect to any HIPAA covered entity that is not in compliance with the new HIPAA Transaction standards (v5010A1). Will HealthPartners continue to accept v4010 after January 1, 2012?
A: CMS' announcement does not change the compliance deadline of January 1, 2012. HealthPartners is enforcing the 1/1/2012 date with its trading partners.

Q: How will I know whether to send 5010 versus 4010A1 formats?
A: Most clearinghouses will accept both versions (4010A1 and 5010 with errata) from submitters and provide HealthPartners with the version we require on a per transaction basis. You are encouraged to contact your vendor to confirm their 5010 strategies for testing and implementation.

Q: What questions should I ask my software vendors /clearinghouses regarding the HIPAA 5010 regulation?
A:
- Are there system upgrades and replacements needed to accommodate 5010?
- If my vendor is not ready to make system upgrades by the compliance date, are they able to convert outbound and inbound transactions to 5010?

Q: If my organization is unsure which clearinghouse my vendor utilizes to send and receive transactions to and from HealthPartners, who should I contact?
A: Contact your vendor and provide them with a list of HealthPartners approved clearinghouses to determine which one they are utilizing.

Q: Does HealthPartners have a companion guide that I need to use and/or share with my software vendor?
A: HealthPartners requires all trading partners to utilize the Minnesota Uniform Companion Guides. The guides are available on the MN Department of Health website.

Q: Where can I find more information about CMS' guidance on compliance with the HIPAA 5010 and ICD10 Rules?
A: Information regarding the transition to version 5010 and ICD10 is available on the CMS website .

Q: Which of the approved acknowledgments will HealthPartners support under the MN statute?
A: HealthPartners will discontinue sending and accepting 997 acknowledgments with the implementation of 5010. The 999 will replace the function of the 997. Your clearinghouse should provide options for processing your acknowledgments. Check with your clearinghouse to identify the options they provide.

Q: Do I need to test directly with HealthPartners to determine if I am sending compliant transactions?
A: No. HealthPartners does not coordinate testing with individual providers. We coordinate all testing activity with our contracted clearinghouses. For a list of our contracted clearinghouses please visit, http://www.healthpartners.com/eservices.

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Q: How will I identify the patient on the 5010?
A: Providers will need to identify the individual that received care (name, DOB, gender and ID) in what is referred to as the subscriber fields when submitting claims to HealthPartners. The 5010 rules state that when a plan has assigned a unique ID number for each member, the patient information is all you need to submit. Therefore, if the patient is a dependent, you will no longer also send the name and ID of the policy-holder.

Q: Does HealthPartners assign unique identification numbers for each member?
A: Yes. HealthPartners assigns a unique identification number for each of its members.

Q: Will HealthPartners assign new member ID's?
A: HealthPartners will not change existing subscriber & patient ID's. The definition of subscriber is only for formatting the 5010 transactions; it does not change the administrative relationship of a policy holder and dependents.

Q: Will HealthPartners reject claims that do not contain a physical address in the Billing address?
A: The billing address must be a street address. Claims submitted with a P.O. Box or Lock Box in the billing address may be subject to denial on your remittance advice.

Q: Is HealthPartners able to accept the nine digit zip codes?
A: Yes. In version 5010, providers are required to submit nine digit zip codes.

Q: Are providers required to submit the same NPI across all payers?
A: When a health care provider uses the appropriate Billing NPI across all payers, the health care provider represents itself in a consistent manner to all payers and/or trading partners.

Q: Does HealthPartners have a CMS 1500 (08/05) and UB04 Claim Form ANSI Mapping Guidelines available for HIPAA v5010 in reference to provider identifiers (e.g TIN and NPI)?
A: Yes. The information is available under e-Commerce resources.

Q. Does HealthPartners have a user guide for the new 5010 paper remit format?
A: Get the details and user guide.

Q: I am billing as a solo practitioner, however my claims are recently denying because I did not send a rendering provider.
A: This will occur if your claims are submitted with the billing provider qualified as (2) which is group instead of (1) for solo practitioner. Please confirm with your vendor or clearinghouse that you are sending the correct qualifiers in the Billing Provider loop.

Q: Why are my claims are denying for missing POA (Present on Admission)?
A: Providers are required to submit the required POA indicators in the HI segment. Please be sure that your vendor or clearinghouse is appropriately submitting this data according to NUBC guidelines as well as the v5010 institutional implementation guide.

***This document addresses Claims, Remittance Advice, Eligibility, and Claims Status Inquiry and Response transactions only and applies to 5010A1/A2 (with errata).