



HIPAA 5010 Implementation Update

The Department will be ready to accept most HIPAA 5010 electronic transactions by the federal deadline of January 1, 2012. **Since the September and November 2011 notices, the Department has made significant changes to the implementation plan and many transaction implementation dates have been moved to the January 1, 2012 compliance date.**

When is implementation?

- Beginning at 6:00 p.m. Mountain Standard Time (MST) Friday, December 30, 2011 no batch claim transactions, including encounter batch claim transactions, will be accepted until midnight December 31, 2011. This will allow the Department to process all HIPAA 4010 claims in the queue then transition to HIPAA 5010.
- The Department will begin processing HIPAA 5010 claim transactions effective January 1, 2012.
- Though the Department is working diligently towards implementing the HIPAA 5010 regulations, the Department will not be fully compliant on January 1, 2012.
- There will be no impact to Prior Authorization Requests (PARs) submitted by providers. Providers will continue to submit PARs through the current methods, which are not impacted by the HIPAA 5010 transition.

What if a provider has not converted to HIPAA 5010 by the time the Department has implemented the HIPAA 5010 transaction?

- The Department will not have the ability to process HIPAA 4010 transactions beginning January 1, 2012.
- Providers will need to submit eligibility and claims transactions through the Colorado Medical Assistance Program Web Portal (Web Portal) if they have not converted to HIPAA 5010 by January 1, 2012.

When will companion guides and provider testing become available?

- Provider testing will be completed on December 30, 2011.
- The updated 837 Institutional (837I), 837 Professional (837P), 837 Dental (837D), 270/271, 276/277, 278U, 820, 834, 835, and 1.2/D.0 NCPDP Batch Companion guides have been posted in the [Provider Services Specifications](#) section of the Department's Web site at <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1218102958082>. These revised companion guides are made available to assist our trading partners.
- Final revisions which include the addition of examples to the 837 Institutional (837I), 837 Professional (837P), 837 Dental (837D), 270/271, and 1.2/D.0 NCPDP batch companion guides will be finalized and available by January 1, 2012.
- Final revisions to the 276/277, 278U, 820, 834, and 835 batch companion guides will be completed prior to the HIPAA 5010 implementation of these transactions.

What is the implementation timeline?

January 1, 2012

- Eligibility verification (270/271 transactions) will be implemented. Other methods to verify eligibility, such as Faxback and the Automated Voice Response System (AVRS) will still be available.
- Pharmacy Point-Of-Sale system will be implemented.



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- Institutional, Professional, and Dental claims (837I, 837P, and 837D transactions) will be implemented.
- Implementation Acknowledgement for Health Care Insurance (TA1/999 transactions) and Health Care Claim Acknowledgement (277CA transactions) will be implemented.
- Providers will still have the ability to submit the claims and verify eligibility through the Web Portal.
- Health Plan Enrollment (834 transactions) will be implemented.

During January 2012

- Health Plan Premium Payments (820 transactions) is delayed until January 14, 2012. Until implementation, Health Plan Enrollment and Health Plan Premium Payments reports can be retrieved from the File and Report Service (FRS) through the Web Portal.
- Remittance Advice (835 transactions) will be delayed until January 14, 2012. Until implementation, the providers will receive the HIPAA 4010 format Remittance Advice. Remittance Advice reports can also be retrieved from the FRS through the Web Portal.
- Claim Inquiry (276/277 transactions) will be implemented in January 2012. Providers will be notified when the implementation date is identified. Until implementation, Claim Inquiry can be obtained by utilizing the Web Portal and Automated Voice Response System (AVRS).

February 1, 2012

- Complete implementation of the Retain and Attach functionality, resulting in the inability to fully use the 835 transaction. However, not all data submitted on an 837 transaction is needed to process a claim. The Retain and Attach functionality allows the Department to store data on a database and retain it until the 835 transaction processes. At that point the retained data is attached to the 835. Until implementation is complete, the Department will continue to process HIPAA 5010 transactions without the Retain and Attach functionality.

Will Crossover Claims be impacted?

Crossover claims will not be impacted. As a reminder, providers who do not find crossover claims on the provider claim report within 30 days will need to submit those claims directly to Colorado Medicaid.

What important differences should submitters expect?

Providers may receive a 999-E (status within the IK5 segment of the X12) Implementation Acknowledgement for Health Care Insurance. The 999-E status provides a warning, not a claim rejection, to the providers that they should check the claim for accuracy if the warning is applicable to their transaction.