

5010 User Experience Guide



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5010 Overview

On January 16, 2009, the Office of the Secretary of the Department of Health and Human Services published the final rule pertaining to: Modifications to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Standards. This final rule adopts Accredited Standards Committee (ASC) x12 Version 5010 and standards for electronic transactions.

The new HIPAA version 5010 Errata electronic transaction standards drive billing, reimbursement, many administrative functions, and accommodate the larger ICD-10 code sets. It also contains numerous modifications from its 4010A1 predecessor. Although X12 5010 Errata holds the potential to reduce administrative costs and improve operations by standardizing Electronic Data Interchange (EDI) transactions, it also represents a massive change for the industry in terms of Health Information Exchanges (HIEs), Electronic Health Records (EHRs), and other clinical systems.

There are four basic types of changes between the 4010A1 and 5010 Errata standards. The level of detail of these changes is designed to reduce ambiguities in data while addressing previously unmet business needs within the industry. These four types of changes are:

- **Front Matter** –The presentation of this information has been standardized and revised to allow for increased clarity, accuracy, and to allow for better instruction.
- **Technical** – Changes were made to make the transmitted data more understandable. Some segments within 4010 were multi-functional and have been split into individual segments to reduce any uncertainty resulting from the segment having multiple uses dependent upon the qualifier.
- **Structural** – New data elements have been added, several obsolete elements have been removed, and many elements have been modified to increase or decrease their length
- **Data Content** – Redundant and unnecessary content has been removed, additional content has been added to meet industry requirements and the language of the situational rules has been modified so it is clearly understood when the condition has been met.

The U.S. Department of Health and Human Services' implementation deadline for compliance with this 5010 Errata Mandate is January 1, 2012. There will be an interim transition period, January 1, 2011 to December 31, 2011, to begin testing which will provide dual submission of transactions as providers and payers move to the new standard.

OptumInsight 5010 Timeline

October 1, 2010	Begin testing batch claims transactions, 837P (Professional), 837I (Institutional), and 837D (Dental) with trading partners. Please note, the 837D transaction set will only be tested with Managed Gateway Deployment trading partners.
October 1, 2010	Begin testing the response reporting 999, 277CA to/from trading partners
January 1, 2011	Begin testing the 835 (Electronic Remittance Advice), 270/271 (Eligibility Benefit Inquiry/Response), 276/277 (Claim Status Inquiry/Response), and 278 (Health Care Services Review) transactions with trading partners
April 14, 2011	Begin testing transactions in the Errata version, 837P (Professional), 837I (Institutional), 837D (Dental), 835 (Electronic Remittance Advice), and 270/271 (Eligibility Benefit Inquiry/Response).
January 1, 2012	5010 Errata compliance date for all covered entities
October 1, 2013	ICD-10-CM and ICD-10-PCS compliance date

OptumInsight 5010 Solutions

OptumInsight has a plan of action and is dedicated to assisting our clients with their 5010 Errata implementation. To assist you in determining which solution is right for you, please click on one of the following links:

[Click here](#) to read more about the INGENIX 5010 Solution by Submission Type

[Click here](#) to read more about the INGENIX 5010 Solution by Transaction Type

[Click here](#) to read more about the INGENIX 5010 Solution by Submission Method

[Click here](#) to read more about the INGENIX 5010 Solution by Online Services

OptumInsight 5010 Solution by Submission Type

X12 BATCH CLAIM SUBMISSIONS

OptumInsight will support incoming claim transactions from all entities prepared to submit electronic claims according to the new HIPAA mandated upgraded X12 5010 Errata version.

As of October 26, 2011, OptumInsight will support 5010 Errata transaction in production. OptumInsight will support dual formats. Thus, OptumInsight will allow both 4010A1 and 5010 Errata formats from submitters and OptumInsight will transmit either format, based on Payer readiness. The OptumInsight on-line Payers lists will indicate when Payers have the ability to support the new HIPAA 5010 Errata format.

- OptumInsight will be able to provide conversion from X12 4010A1 to the new HIPAA compliant X12 5010 Errata format based on Payer readiness.
- OptumInsight will be able to provide conversion from the new HIPAA 5010 Errata format to the old 4010A1 format based on Payer readiness.
- During the dual submission period, OptumInsight will pass transactions as received unless driven by the Payer to convert.

In addition, OptumInsight has deployed a self testing tool, available to direct X12 submitters and Channel Partner/Vendors. This tool will meet all the testing needs of submitters and was available on May 24, 2011. If you have questions regarding testing, please contact our Customer Support Team at (866) 367-9778.

HOW DO I ACCESS THIS TOOL?

- <http://www.enshealth.com/5010landing.html> (user will need to have their Org ID and Password to access the link)
- Vendors will select Channel Partner & Vendors >5010 Errata Transaction Testing.
- Providers will select Health E Network >5010 Errata Transaction Testing

X12 REAL-TIME SUBMISSIONS

As of January 6, 2011, OptumInsight implemented the capability to convert the current eligibility and claim status requests/responses from X12 4010A1 to the new HIPAA X12 5010 Errata, and the new X12 5010 Errata to X12 4010A1, based on Payer readiness. Please note, however, OptumInsight will continue to pass transactions in the version received unless driven by the Payer to convert.

As an OptumInsight direct provider or Channel Partner/Vendor, the Communed Premium self-test tool is available for you to test the creation of 5010 Errata 270, 276 and 278 transactions in order to validate the syntactical soundness of your file. Once your system is able to create valid 5010 Errata 270, 276 files, you may start submitting 5010 Errata in production. The OptumInsight Payer's list will indicate the versions currently supported by each Payer.

At this time, OptumInsight will not be converting the current X12 4010A1 to the new HIPAA 5010 Errata format for the 278 transaction. OptumInsight will continue to support the current X12 4010A1 format through December 31, 2011, and will support the submission of the new 5010 Errata format for the 278 transaction based on payer readiness, effective January 1, 2012. Please note, however, effective January 1, 2012, OptumInsight will only accept the new HIPAA X12 5010 Errata format for this 278 transaction, based on payer readiness.

Between January 1, 2011 and December 31, 2011 OptumInsight will support dual formats. The OptumInsight on-line Payers lists will indicate when payers can support the new HIPAA 5010 Errata format.

NSF SUBMISSIONS

Effective January 1, 2012 OptumInsight will no longer support the National Standard Format (NSF).

Health-E Network® submissions

HEALTH-E ELIGIBILITY SUBMISSIONS/ REAL-TIME CLAIM STATUS SUBMISSION

OptumInsight has facilitated the remediation necessary to accommodate the new HIPAA X12 5010 Errata format. Additional enhancements to the screens to compliment this remediation will be made available in Q1 2012. As part of the enhancements, the data entry into the User Interface will be modified to provide additional functionality associated with field population and customized field editing. Additional information regarding these enhancements will be provided through OptumInsight Customer Support notification process.

REFERRAL REQUEST SUBMISSIONS

The User Interface (UI) screen changes will be remediated to the new HIPAA X12 5010 Errata format. As part of this remediation, the data entry into the User Interface will be enhanced to provide additional functionality associated with field population and customized field editing. Additional information regarding this remediation will be provided through OptumInsight Customer Support notification process. These changes are scheduled for production deployment on December 29, 2011.

Health-E Claim™ Submissions

PRINT IMAGE SUBMISSIONS

OptumInsight currently supports the CMS-1500 claim form, as well as, the legacy HCFA-1500 claim form for Health-e Claim submissions. OptumInsight has facilitated the remediation necessary to accommodate the new HIPAA X12 5010 Errata format. Additional enhancements to the claims editing functionality within Health-e Claim to compliment this remediation will be made available in Q1 2012. Additional information regarding these enhancements will be provided through OptumInsight Customer Support notification process.

DIRECT DATA ENTRY (DDE) SUBMISSIONS

OptumInsight currently supports the CMS-1500 claim form, as well as, the legacy HCFA-1500 claim form for Health-e Claim submissions. OptumInsight has facilitated the remediation necessary to accommodate the new HIPAA X12 5010 Errata format. Additional enhancements to the claims editing functionality within Health-e Claim to compliment this remediation will be made available in Q1 2012. Additional information regarding these enhancements will be provided through OptumInsight Customer Support notification process.

SECONDARY CLAIMS SUBMISSIONS

OptumInsight has facilitated the remediation necessary to accommodate the creation of secondary claims in the new HIPAA X12 5010 Errata format. Additional enhancements to the ECT Secondary Screens within Health-e Claim to compliment this remediation will be made available in Q1 2012. Additional information regarding these enhancements will be provided through OptumInsight Customer Support notification process.

OptumInsight 5010 Solutions by Transaction Type

HIPAA TRANSACTIONS:

837P Health Care Claim Professional

As of October 26, 2011, OptumInsight will support 5010 Errata transaction in production.

OptumInsight has bridged the gaps between X12 837P version 4010A1 and 5010 Errata without compromising the integrity of the transaction. OptumInsight will convert the 4010A1 to the 5010 Errata format and vice versa as needed.

For submitters sending X12 4010A1 claims to Payers utilizing the new 5010 Errata format, OptumInsight will convert to 5010 Errata on their behalf.

For submitters sending X12 5010 Errata claims to Payers utilizing the existing 4010A1 format, OptumInsight will convert to 4010A1 on their behalf.

For submitters sending non-X12 claims through Health-e Claims (HEC) to Payers utilizing the new 5010 Errata format or the existing 4010A1 format, OptumInsight will continue to convert on their behalf.

Please note if you are an NSF submitter, OptumInsight will no longer accept this format beginning January 1, 2012. If you need assistance in transitioning to the X12 format for your transaction, please contact our Customer Support Team at (866) 367-9778.

For a list of specific segments and elements which require additional attention when a conversion of formats is necessary, please refer to the 837P Educational Guide available in the 5010 area on our website (users will need their Organization ID and password).

<http://www.enshealth.com/5010landing.html>

837I Health Care Claim Institutional

As of October 26, 2011, OptumInsight will support 5010 Errata transaction in production.

OptumInsight has bridged the gaps between X12 837I version 4010A1 and 5010 Errata without compromising the integrity of the transaction. OptumInsight will convert the 4010A1 to the 5010 Errata format and vice versa as needed.

For submitters sending X12 4010A1 claims to Payers utilizing the new 5010 Errata format, OptumInsight will convert to 5010 Errata on their behalf.

For submitters sending X12 5010 Errata claims to Payers utilizing the existing 4010A1 format, OptumInsight will convert to 4010A1 on their behalf.

Please note if you are an NSF submitter, OptumInsight will no longer accept this format beginning January 1, 2012. If you need assistance in transitioning to the X12 format for your transaction, please contact our Customer Support Team at (866) 367-9778.

For a list of specific segments and elements which require additional attention when a conversion of formats is necessary, please refer to the 837I Educational Guide available in the 5010 area on our website (users will need their Organization ID and password).

<http://www.enshealth.com/5010landing.html>

837D health Care Claim Dental

As of April 14, 2011, OptumInsight will support 5010 Errata transaction in production.

For Managed Gateway Deployment (MGD) submitters ONLY, OptumInsight has bridged the gaps between X12 837D version 4010A1 and 5010 Errata without compromising the integrity of the transaction. OptumInsight will convert the 4010A1 to the 5010 Errata format and vice versa as needed.

For submitters sending X12 4010A1 claims to Payers utilizing the new 5010 Errata format, OptumInsight will convert to 5010 Errata on their behalf.

For submitters sending X12 5010 Errata claims to Payers utilizing the existing 4010A1 format, OptumInsight will convert to 4010A1 on their behalf.

For a list of specific segments and elements which require additional attention when a conversion of formats is necessary, please refer to the 837D Educational Guide available in the 5010 area on our website (users will need their Organization ID and password).

<http://www.enshealth.com/5010landing.html>

835 Health Care Claim Payment/Advice

As of July 28, 2011, OptumInsight can now support 835 5010 Errata transactions in production (based on payer readiness). OptumInsight has bridged the gaps between X12 835 version 4010A1 and 5010 Errata without compromising the integrity of the transaction. OptumInsight will convert the 4010A1 to the 5010 Errata format and vice versa as needed.

For receivers requesting receipt of X12 4010A1 electronic remittance advice from a Payer utilizing the existing 5010 Errata format, OptumInsight will convert to 4010A1 on their behalf.

For receivers requesting receipt of X12 5010 Errata electronic remittance advice from a Payer utilizing the existing 4010A1 format, OptumInsight will convert to 5010 Errata on their behalf.

Please note if you are an NSF ERA receiver, OptumInsight will no longer support this format beginning January 1, 2012. If you need assistance in transitioning to the X12 format for your 835 transaction, please contact our Customer Support Team at (866) 367-9778.

For a list of specific segments and elements which require additional attention when a conversion of formats is necessary, please review the 835 Educational Guide available in the 5010 area on our website (users will need their Organization ID and password).

<http://www.enshealth.com/5010landing.html>

270/271 Health Care Eligibility Benefit Inquiry and Response

As of January 6, 2011, OptumInsight now supports the 5010 Errata version of the 270/271 transaction in production. OptumInsight has bridged the gaps between the X12 270/271 versions 4010A1 and 5010 Errata without compromising the integrity of the transaction. OptumInsight will convert the 4010A1 to the 5010 Errata format and vice versa as needed.

For a list of specific segments and elements which require additional attention when a conversion of formats is necessary, please review the 270/271 Educational Guide available in the 5010 area on our website (users will need their Organization ID and password).

<http://www.enshealth.com/5010landing.html>

For submitters using our Health-e Network® web interface to submit an Eligibility request to the Payer, the User Interface (UI) has been remediated to accommodate the new HIPAA X12 5010 Errata format. Additional enhancements to the screens to compliment this remediation will be made available in Q1 2012. As part of the enhancements, the data entry into the User Interface will be modified to provide additional functionality associated with field population and customized field editing. Additional information regarding this remediation will be provided through OptumInsight Customer Support notification process.

276/277 Health Care Claim Status Request and Response

As of January 6, 2011, OptumInsight now supports the 5010 Errata version of the 276/277 transaction in production. OptumInsight has bridged the gaps between X12 276/277 versions 4010A1 and 5010 Errata without compromising the integrity of the transaction. OptumInsight will convert the 4010A1 to the 5010 Errata format and vice versa as needed.

For a list of specific segments and elements which require additional attention when a conversion of formats is necessary, please look for the 276/277 Educational Guide available in the 5010 area on our website (users will need their Organization ID and password).

<http://www.enshealth.com/5010landing.html>

For submitters using our Health-e Network® web interface to submit an Eligibility request to the Payer, the User Interface (UI) has been remediated to accommodate the new HIPAA X12 5010 Errata format. Additional enhancements to the screens to compliment this remediation will be made available in Q1 2012. As part of the enhancements, the data entry into the User Interface will be modified to provide additional functionality associated with field population and customized field editing. Additional information regarding this remediation will be provided through OptumInsight Customer Support notification process.

278 Referral Request and Response

OptumInsight will NOT bridge the gaps between the X12 278 versions 4010A1 and 5010 Errata. OptumInsight will NOT convert the 4010A1 to the 5010 Errata and vice versa for this Real-Time Transaction (RTT).

Based on Payer 5010 Errata strategy, it is possible a hard cut over date will be established on a Payer-to-Payer basis. In the event the Payer 5010 strategy includes dual use of 4010A1 and 5010 Errata, OptumInsight will facilitate the transmission of what is received. As Payers define their 5010 strategy for the 278 transaction, additional information will be provided through OptumInsight Customer Support notification.

For submitters using our Health-e Network® web interface to send a non-X12 real-time request to the payer, OptumInsight will continue to send your requests as 4010A1 until the Payer moves to 5010 Errata. The User Interface (UI) screen changes will be remediated once the payer has transitioned to the new HIPAA X12 5010 Errata format. As part of this remediation, the data entry into the user Interface will be enhanced to provide additional functionality associated with field population and customized field editing. Additional information regarding this remediation will be provided through OptumInsight Customer Support notification process. These changes are scheduled for production deployment on December 29, 2011.

NON-HIPAA TRANSACTIONS:

997 Responses

OptumInsight will continue to support the creation and return of 997 acknowledgement response to 4010 X12 submitters.

999 Responses

IN RESPONSE TO BATCH CLAIMS –

On October 26, 2011, OptumInsight will support the 999 transaction in production. OptumInsight will support the 999 acknowledgement response to return to 5010 Errata X12 submitters.

IN RESPONSE TO REAL TIME –

As of January 6, 2011 OptumInsight can support the 999 response in production.

277 Responses

Only current OptumInsight clients receiving the 277U will receive the 277CA on October 26, 2011, for 5010 Errata claim submissions. OptumInsight will continue to support the creation and return of 277 (4040) acknowledgement responses for the 4010A1 submissions.

Standardized Text Reporting

OptumInsight will continue to support the creation and return of standardized text reports to X12 submitters. There will be no changes to this reporting as a result of the 5010 Errata remediation.

XMLRPT & XMLRPT2

OptumInsight will continue to support the creation and return of XMLRPT and XMLRPT2 reports to X12 submitters. There will be no changes to this reporting as a result of the 5010 Errata remediation.

OptumInsight 5010 Errata Solution by Submission Method

FILE TRANSFER PROTOCOL (FTP)

Once you have been approved for production, the FTP submission process for 5010 Errata does not differ from the existing 4010A1 process. OptumInsight will continue to support the receipt of PGP encrypted X12 FTP transactions. OptumInsight will pass the transactions as received during the dual submission period or until a conversion between the two standards becomes necessary due to Payer requirements. As the need to convert transactions up (4010A1 to 5010 Errata) or down (5010 Errata to 4010A1) between the two standards will be driven primarily by our Payers, please refer to our Payers lists to determine which standards are accepted by your Payer.

SECURE FILE TRANSFER PROTOCOL (SFTP)

Once you have been approved for production, the FTP submission process for 5010 Errata does not differ from the existing 4010A1 process. OptumInsight will continue to support the receipt of SFTP X12 transactions. OptumInsight will pass the transactions as received during the dual submission period or until a conversion between the two standards becomes necessary due to Payer requirements. As the need to convert transactions up (4010A1 to 5010 Errata) or down (5010 Errata to 4010A1) between the two standards will be driven primarily by our Payers, please refer to our Payers lists to determine which standards are accepted by your Payer.

HEALTH-E NETWORK® WEBSITE FILE UPLOAD

As of October 26, 2011, OptumInsight will support 5010 Errata transaction in production.

OptumInsight will continue to support the upload of ANSI 837I and ANSI 837P transaction files. Please note, however, if you are an NSF submitter of the NSF HCFA or NSF UB92 via the Health-e Network website, OptumInsight will no longer be accepting the NSF format for any submission method, beginning January 1, 2012. If you need assistance in transitioning to the X12 format for your transactions, please contact our Customer Support Team at (866) 367-9778.

HTTPS

For 837P and 837I, as of October 26, 2011, OptumInsight will support 5010 Errata transactions in production. OptumInsight will continue to process transactions received by our integrated X12 trading partners as they are received, until driven by our payers to convert between the two versions. As the need to convert transactions up (4010A1 to 5010 Errata) or down (5010 Errata to 4010A1) between the two standards will be driven primarily by our Payers, please refer to our Payers lists to determine which standards are accepted by your Payer.

For 270/271, 276/277, as of January 6, 2011, OptumInsight will support 5010 Errata transactions in production. OptumInsight will continue to process transactions received by our integrated X12 trading partners as they are received, until driven by our payers to convert between the two versions. As the need to convert transactions up (4010A1 to 5010 Errata) or down (5010 Errata to 4010A1) between the two standards will be driven primarily by our Payers, please refer to our Payers lists to determine which standards are accepted by your Payer.

For 278/278, OptumInsight will NOT bridge the gaps between the X12 278 versions 4010A1 and 5010 Errata. OptumInsight will NOT convert the 4010A1 to the 5010 Errata and vice versa for this Real-Time Transaction (RTT). Based on Payer 5010 Errata strategy, it is possible a hard cut over date will be established on a Payer-to-Payer basis. In the event the Payer 5010 strategy includes dual use of 4010A1 and 5010 Errata, OptumInsight will facilitate the transmission of what is received. As Payers define their 5010 strategy for the 278 transaction, additional information will be provided through OptumInsight Customer Support notification.

OptumInsight 5010 Errata Solution by Online Services

MESSAGE CENTER

As the reports provided in our Message Center are all in our proprietary format, OptumInsight does not anticipate any changes to the User Interface (UI) or to the formats of the reports themselves. Clients will continue to receive all existing reports (Level One, Claim Status/Acknowledgement, Summary, Provider Announcement, etc.) as required.

ELECTRONIC REMITTANCE ADVICE

As of July 28, 2011, OptumInsight made client enrollment, via ERA Manager, for the 4010 or 5010 Errata X12 available through the user interface. OptumInsight has reviewed the format of the EOB and summary information provided on our Health-e Network® website and determined no modifications are necessary at this time. OptumInsight does not anticipate any changes to the User Interface (UI) or functionality at this time. If changes need to be made to accommodate additional fields within the EOB or summary screens, a separate document will be posted on the website outlining the changes.

ELECTRONIC CLAIMS TRACKING (ECT)

OptumInsight has facilitated the remediation necessary to accommodate the ECT User Interface (UI) and primary display for the purpose of tracking your claims and creation of secondary claims in the new HIPAA

X12 5010 Errata format. Additional enhancements to the ECT Secondary Screens within Health-e Claim to compliment this remediation will be made available in Q1 2012. Additional information regarding these enhancements will be provided through OptumInsight Customer Support notification process.

PATIENT STATEMENTS

At present, OptumInsight has not identified any changes due to 5010 Errata impacting Patient Statements on our Health-e Network® website.

SIGN UP ONLINE

ERA Manager

As of July 28, 2011, OptumInsight completed the changes to remediate ERA Manager to support 5010 Errata. The enrollment pages were modified to allow for the selection of version, either 4010A1 or 5010 Errata. This will ensure you receive your ERA in the version you require regardless of the format submitted to OptumInsight by the Payer.

Additional links regarding 5010 Errata Preparation:

- Health Insurance Reform; Modifications to the Health Insurance Portability and Accountability Act (HIPAA); Final Rules
 - <http://edocket.access.gpo.gov/2009/pdf/E9-740.pdf>
- 5010 Errata Technical Reports Type 3
 - <http://www.x12.org/>
- OPTUMINSIGHT 5010 Errata website for resources, news, and solutions to help you transition to 5010 Errata
 - <http://www.5010Errataprepared.com>
- OptumInsight Payers Lists
 - <http://www.ingenix.com/connectivity> - then chose Payers List from the Quick Links section

The following sites require a user log-in to retrieve the information, if you need to request a log-in please contact our Customer Support Team at (866) 367-9778.

- OptumInsight Companion Guides
 - <http://www.ingenix.com/connectivity>
- OptumInsight Educational Guides
 - <http://www.ingenix.com/connectivity>



From North America, call 800.765.6034 • ingenuity@optum.com
For a list of OptumInsight global office locations, please refer to our website www.optum.com.
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Because we are continuously improving our products and services, OptumInsight reserves the right to change specifications without prior notice.
OptumInsight is an equal opportunity employer.