

My HIPAA 5010 Implementation

BACKGROUND

In January 2009, the U.S. Department of Health and Human Services published Final Rules requiring the health care industry to upgrade electronic standard transactions under HIPAA to version 5010 and support the International Classification of Diseases version 10 (ICD-10) for diagnosis and hospital inpatient procedure coding. The new rules impact the health care industry – health plans, hospitals, doctors and other health care professionals – including employers and vendors who currently use the HIPAA version 4010 to transmit data. The implementation date for version 5010 is January 1, 2012.

CIGNA's Chief Medical Officer, President of Service, Clinical & Specialty and Chief Information Officer are the Executive Sponsors of our HIPAA 5010 program. An Enterprise Program Delivery Team has also been established.

In 2009, CIGNA completed a detailed assessment that summarized the changes across all 5010 transactions, specifically outlining the changes by segment, loop and element, which served as a starting point for creating Capability Catalogues.

In 2010, the transaction-specific capabilities were aligned with key enterprise projects in the Core Operations program for delivery. The Core Operations program includes the Business-to-Business Gateway, Individual Book of Record, and Provider Book of Record, all of which will support HIPAA 5010 compliance.

In support of these requirements, and in line with CIGNA's commitment to pursue cost-effective solutions that will deliver on-time, on-budget, high-quality services and outcomes for the people we serve, CIGNA has engaged Hewlett Packard (HP) for support in the implementation of our HIPAA 5010 system enhancements. The delivery of the 5010 transactions will be executed in multiple integrated releases throughout 2011. In conjunction with those releases, Trading Partner/Vendor Migration will occur in waves across specified time periods that incorporate pre-identified combinations of transactions, transaction volumes, type of vendor, etc. The trading partner/vendor groupings will be dependent on CIGNA's testing strategy and Trading Partner readiness.

- Release C scheduled for live production on August 15, 2011:
 - 837 - Claim submission
 - 835 – Payment and Remittance Advice
 - 834 – Enrollment (excluding CIGNA Select)
 - 820 – Premium payment

Trading Partner/Vendor Migration from 4010 to 5010 will occur between August 29, 2011 and December 31, 2011 for those groups that must be compliant. Migrations will continue into 2012 for those Trading Partners choosing but not mandated to become 5010 compliant.

- Release D scheduled for live production on October 17, 2011:
 - 270/271 - Eligibility and Benefit Inquiry
 - 276/277 – Claim Status
 - 278 – Authorization
 - 834 – Enrollment for CIGNA Select

Trading Partner/Vendor Migration from 4010 to 5010 will occur between October 17, 2011 and December 31, 2011 for those groups that must be compliant. Migrations will continue into 2012 for those Trading Partners choosing but not mandated to become 5010 compliant.

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Important Dates

Companion Guides:

- Companion guide summaries with CIGNA specific notes will be provided, as appropriate, for each transaction type.
- The following companion guides will be distributed starting in April:
 - 837I IB
 - 837P IB
 - 837D IB
 - 837I OB Alliance
 - 837P OB Alliance
 - 835
- The following companion guides will be distributed starting in May:
 - 834
 - 820
- The following companion guides will be distributed starting in June:
 - 277RFAI
 - 277 PEND
 - 276/277 Batch & Interactive
 - 278 Request/Response Batch & Interactive
 - 270/271 Batch & Interactive
 - 837I OB for Redirects
 - 837P OB for Redirects

Testing:

- Testing will occur in two waves.
- The first wave will be in June/July for the following:
 - 837I IB
 - 837P IB
 - 837D IB
 - 837I OB
 - 837P OB
 - 835
 - 834 (excluding CIGNA Select)
 - 820
 - 277 CA
- The second wave will be in September/October for the following:
 - 277RFAI
 - 277 PEND
 - 276/277 Batch
 - 276/277 Interactive
 - 278 Request/Response Batch
 - 278 Request/Response Interactive
 - 270/271 Batch
 - 270/271 Interactive
 - 834 CIGNA Select

QUESTIONS & ANSWERS about HIPAA 5010

1. **Is CIGNA capable of accepting both the HIPAA 4010 and 5010 versions at the same time?**
Once a transaction type is successfully exchanged in version 5010, version 4010 of the transaction type will no longer be exchanged.
2. **What is CIGNA's status toward compliance?**
CIGNA will start testing with their Trading Partners in second quarter of 2011, and will be positioned for successful implementation of all transactions by January 1, 2012.
3. **What kind of information does CIGNA have available for the 270/271 eligibility transactions? Is CIGNA currently able to accept and send this kind of information and does CIGNA have a format already set up as to what kind of information is being sent on the 271?**
CIGNA currently conducts the 270/271 eligibility, coverage and benefit inquiry transaction with many trading partners, typically through an EDI clearinghouse. We conform to the transaction format prescribed by the 4010 standard (ANSI ASC X12). This standard defines where data is put and when it is included for the purpose of conveying health care eligibility and benefit information. This paired transaction set is comprised of two transactions: 1) the 270, which is used to request (inquire) information, and 2) the 271, which is used to respond with coverage, eligibility, and benefit information.

CIGNA is CORE Phase 1 certified.
4. **Will any standard transactions remain on version 4010?**
There will not be any standard transactions that remain on version 4010 after the compliance date of January 1, 2012. Employers and several other entities who submit enrollment and payroll deduction information, similar to the information contained in the 834 and 820 transactions respectively, are considered non covered entities and are not required to upgrade to HIPAA version 5010.
5. **Who is a key point of contact for Providers to reach out to for 5010 inquiries?**
Our eService Adoption Managers can assist providers with HIPAA 5010 inquiries. Providers should contact the eService Manager corresponding to the region in which they are aligned:

Elizabeth Beto: elizabeth.beto@cigna.com (Western Region)
Justine Durant: justine.durant@cigna.com (Southeast Region)
Vera Papalko: veronica.papalko@cigna.com (Northeast Region)
6. **Will the testing between CIGNA and trading partners/vendors use test files with real subscribers?**
CIGNA will not use any test files that contain Protected Health Information (PHI). As CIGNA works with each Trading Partner, test criteria will be solidified.
7. **Will CIGNA accept a PO Box in the Billing Provider field for 5010?**
No. The PO Box must be submitted in the Pay to Provider field following the instruction from the TR3.
8. **Will CIGNA accept ICD10 codes in 5010 test files? What is the expected outcome if these codes are provided?**

A submitted claim with ICD10 codes will pass through the HP Gateway and the data routed to the claim systems.



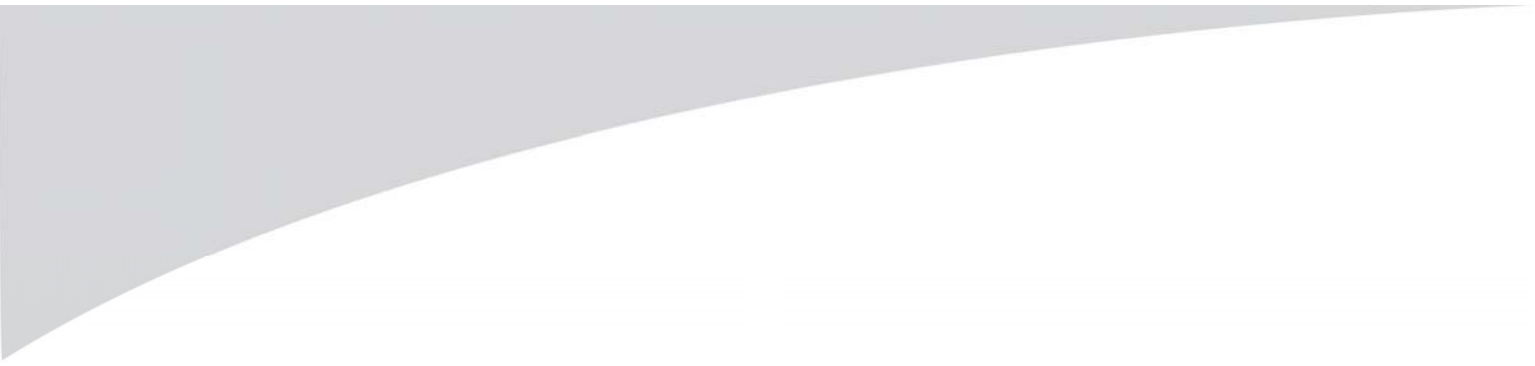
9. Will CIGNA be publishing Companion Guides anywhere?

CIGNA will be providing the Clearinghouses a Companion Guide. The Companion Guide is a technical guide. The Clearinghouse is supposed to take that information and produce a less technical document for the providers.

10. **Will CIGNA be supporting a 277X213 (277RFAI).**
Yes
11. **Will CIGNA support 270 alternate name searches detailed in the TR3?**
Yes, CIGNA will support the alternate member search details.
12. **Will CIGNA support unique member id's for dependants?**
Yes
13. **Will CIGNA plan on utilizing 999 and 277CA claim acknowledgment transactions?**
Yes, as long as the Clearinghouse accepts them.
14. **Will CIGNA require you to update the software on your computer?**
Please reach out to your vendor to verify they will require any updates.
15. **Will you provide a TA1 – Interchange Acknowledgment?**
Yes
16. **Does CIGNA have plans to require 5010 278 (Health Care Services Notification and Acknowledgment) inquiries and responses?**
If you currently have your Clearing House sending 278's, then yes we will require in 5010
17. **Will you support 5010 278 (Health Care Services Notification and Acknowledgment) inquiries and responses?**
Yes
18. **We normally submit the service location in the Service Facility field. Can we still submit the service facility under 5010?**
For 5010, the Service Facility loop is only to be used if the Service Facility is not a subpart of the organization.
19. **Will you require NPI be submitted in the 5010 transactions?**
Yes, NPI is required for the 5010 transactions.

The information above reflects CIGNA's work on this important project as of March 2011.





CIGNA