



5010 Transition Notice

All trading partners will be deactivated for HIPAA standard 4010 X12 transactions effective January 1, 2012.

Changing to the 5010 version of the HIPAA transactions is vital for Medicaid providers to be able to appropriately bill the Medicaid program for services rendered to eligible recipients. Failure to prepare for this deadline will result in delayed Medicaid payments. This change applies to any provider and vendor submitting or receiving electronic files from the Florida Medicaid program and its fiscal agent.

NOTE: Providers currently submitting claims in methods other than the HIPAA standard electronic batch format (i.e. paper, Secure Web Portal Direct Data Entry) will not be affected by this transition.

Affected File Types

For Florida Medicaid, the HIPAA transactions listed below will be impacted by the 5010 transition:

- 837 Institutional Health Care Claim
- 837 Professional Health Care Claim
- 837 Dental Health Care Claim
- 835 Health Care Electronic Remittance*
- 270/271 Health Care Eligibility Benefit Inquiry and Response
- 276/277 Health Care Claims Status and Response
- 834 Benefit Enrollment and Maintenance
- 820 Health Care Premium Payments
- 277U Unsolicited Claims Acknowledgement
- 997 Functional Acknowledgement

5010 Transaction Testing

Health care providers that bill Medicaid electronically should have completed their software and business changes and should be finalizing testing activities. Providers not at this stage of readiness should **immediately** contact their software/practice management vendor, billing agent, or clearinghouse to check the status of the upgrade to the HIPAA 5010 standard. Providers that do not use a billing agent or clearinghouse may want to contact an EDI vendor for assistance.

EDI submitters are required to self-validate their 5010 standard claims submissions (837I, 837P and 837D). The following steps for HIPAA 5010 claim submission self-validation are highly recommended for ensuring readiness.

- 1) Trading partner tests claims via Ramp Manager.
- 2) Trading partner confirms Ramp Manager testing is successful.
- 3) Trading partner submits a few production claims in 5010 format.
- 4) If claims submission successfully processes, trading partner submits all subsequent transactions in 5010 format and discontinues use of 4010.



*Providers who download 835 remittances from the Web Portal or who receive 835 remittance data via a third party billing agent or clearinghouse, will need to notify HP when they are ready to start receiving 5010 files. To do so, please send an email in a defined format to Florida HP EDI Operations team (FLEDITeam@hp.com). Specifically, the subject should read: Conversion to 5010 - 835. In the body of the email, please only send the list of provider ID's that are ready to receive the 5010 835 remittance.

5010 Readiness Communications

A letter was mailed to all providers in May 2011 highlighting the information provided on the public portal page. This includes testing options available for submitters, key dates, and other information for any provider or vendor submitting or receiving electronic data files from the Florida Medicaid Program and its fiscal agent, HP. Follow-up letters were mailed in August and October to urge impacted providers to transition to 5010 and begin testing.

Need Help?

Please refer to the EDI-Submission Information on the [Florida Medicaid Public Web Portal](#) (go to: mymedicaid-florida.com, choose Public Information for Providers; EDI; Submission Information) for specifics regarding inbound and outbound transactions, including samples of 5010 files, and guidelines for testing and moving to the 5010 version of HIPAA transactions.

Updated 5010 companion guides can be accessed mymedicaid-florida.com, choose Public Information for Providers; EDI; Companion Guides.

If you have further questions regarding the 5010 transition, please contact HP at **1-866-586-0961**.