

HIPAA 5010 - FAQ

Acronyms/ Definitions	
DHHS	Department of Health and Human Services
CMS	Centers for Medicare & Medicaid Services
EDI	Electronic Data Interchange
HIPAA	Health Insurance Portability and Accountability Act of 1996 One part of this legislation requires health plans and providers to use a common format when electronically communicating health information.
Covered Entity	- health care provider that conducts certain transactions in electronic form - a health care clearinghouse - a health plan https://www.cms.gov/HIPAA&GenInfo/Downloads/CoveredEntitycharts.pdf
ACS X12	Accredited Standards Committee (aka X12 committee). They develop EDI standards. http://www.x12.org/x12org/about/facts.cfm
X12 Transactions aka Documents	There are over 300 individual transactions types for 16 industries. HealthLink utilizes nine of the 28 Insurance/Health Series transactions. http://en.wikipedia.org/wiki/X12_Document_List
837I Transaction	Institutional Health Care Claim (inbound and outbound)
837P Transaction	Professional Health Care Claim (inbound and outbound)
834 Transaction	Benefit Enrollment and Maintenance (inbound)
835 Transaction	Health Care Claim Payment/Advice (outbound)
270/271 Transaction	Eligibility Inquiry (outbound) and Response (inbound)
275/276 Transaction	Claim Status Inquiry (outbound) and Response (inbound)
997 Transaction	Claim/File Level Acknowledgment (inbound and outbound)
999 Transaction	Transaction Level Acknowledgment (inbound and outbound)
Version 4010	The Secretary of the Department of Health and Human Services (HHS) was put in charge of determining a standard that could accommodate the HIPAA requirement. Version 4010 was the format chosen. This version was considered to contain the latest in innovations and updates to the available standards at that point in time. HIPAA legislation required mandatory compliance by October 16, 2003.
Version/Release	Different releases are NOT compatible. Transaction sets, segments, and data elements must all be used at the same version/release level. Releases are designated by a six-digit code that represents a version and release level. For example, Version 4, Release 01 is designated 4010. The last digit is reserved for any sub-releases. (Additional two digits are for Addenda)
Errata	"Errata" is the term used by ASC X12 for any corrections to the original version of the transaction. Several errors were identified in 5010 HIPAA standard transactions that were adopted by the Department of Health and Human Services (HHS) in January 2009.
Addenda	Addenda are the approved Errata changes, identified with a letter A in the errata document identifier. All of the current mandated 5010 versions HealthLink utilizes have at least one Addenda (5010A1). The Institutional Claim has a second Addenda (5010A2).
Version 5010	HIPAA standard transaction effective 1/1/2012. All current 5010 versions HealthLink utilizes have at least one Addenda ie: 5010A1. The institutional claim (837I) has a second Addenda 5010A2.
HealthLink 5010 contact information	<u>HealthLink 5010 Implementation Team</u> Help Line (314)-925-6004 HL_5010@Healthlink.com Mike Fuller from Axiom Systems Inc. is leading the TP Migration effort for HL.

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K Morrison



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Table of Contents Hipaa 824 Transaction Guide 5010

1. Understanding the eBook Hipaa 824 Transaction Guide 5010
 - The Rise of Digital Reading Hipaa 824 Transaction Guide 5010
 - Advantages of eBooks Over Traditional Books
2. Identifying Hipaa 824 Transaction Guide 5010
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Hipaa 824 Transaction Guide 5010
 - User-Friendly Interface
4. Exploring eBook Recommendations from Hipaa 824 Transaction Guide 5010
 - Personalized Recommendations
 - Hipaa 824 Transaction Guide 5010 User Reviews and Ratings
 - Hipaa 824 Transaction Guide 5010 and Bestseller Lists
5. Accessing Hipaa 824 Transaction Guide 5010 Free and Paid eBooks

- Hipaa 824 Transaction Guide 5010 Public Domain eBooks
- Hipaa 824 Transaction Guide 5010 eBook Subscription Services
- Hipaa 824 Transaction Guide 5010 Budget-Friendly Options
- 6. Navigating Hipaa 824 Transaction Guide 5010 eBook Formats
 - ePub, PDF, MOBI, and More
 - Hipaa 824 Transaction Guide 5010 Compatibility with Devices
 - Hipaa 824 Transaction Guide 5010 Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Hipaa 824 Transaction Guide 5010
 - Highlighting and Note-Taking Hipaa 824 Transaction Guide 5010
 - Interactive Elements Hipaa 824 Transaction Guide 5010
- 8. Staying Engaged with Hipaa 824 Transaction Guide 5010
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Hipaa 824 Transaction Guide 5010
- 9. Balancing eBooks and Physical Books Hipaa 824 Transaction Guide 5010
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Hipaa 824 Transaction Guide 5010
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Hipaa 824 Transaction Guide 5010
 - Setting Reading Goals Hipaa 824 Transaction Guide 5010
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Hipaa 824 Transaction Guide 5010
 - Fact-Checking eBook Content of Hipaa 824 Transaction Guide 5010
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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