

# CMS Reminds Physicians Of HIPAA 5010 Deadline

BY MARY ELLEN SCHNEIDER

Physicians have a little more than 2 years to complete their transition to new HIPAA X12 standards for submitting administrative transactions electronically, according to Medicare officials.

As of Jan. 1, 2012, physicians and all other entities covered under HIPAA (Health Insurance Portability and Accountability Act) will be required to use the HIPAA X12 version 5010 format when submitting claims, receiving remittances, and sending claim status or eligibility inquiries electronically. The new standard replaces the version 4010A1 currently in use. The change will affect dealings not only with Medicare, but also with all private payers.

The Medicare fee-for-service program will begin its own system testing next year and will begin accepting administrative transactions using the 5010 version as of Jan. 1, 2011. Throughout 2011, the Centers for Medicare and Medicaid Services will accept both the 5010 and 4010A1 versions. However, beginning on Jan. 1, 2012, only transactions submitted using the 5010 version will be accepted.

During a recent conference call to update providers, officials at the Centers for Medicare and Medicaid Services urged physicians not to wait until the last minute

to make the transition to the new format.

"There's no room to delay. We cannot possibly convert all of the Medicare trading partners at the 11th hour," said Christine Stahlecker, director of the Division of Medicare Billing Procedures in the CMS Office of Information Services.

The switch is necessary, according to the CMS, because the 4010A1 version is outdated. For example, the industry now relies heavily on companion guides to implement the standards, which limits their value. The new version includes some new functions aimed at improving claims processing.

But Medicare officials urged physicians to analyze the new version carefully prior to implementation. Billing software will need to be updated, and business processes may need to be changed as well. "There are real changes in these formats," Ms. Stahlecker said.

A comparison of the current and new formats can be viewed online at [www.cms.hhs.gov/ElectronicBillingEDITrans/18\\_5010D0.asp](http://www.cms.hhs.gov/ElectronicBillingEDITrans/18_5010D0.asp).

Ms. Stahlecker advised physicians to contact their system vendors as soon as possible to find out whether their licensing agreement includes regulatory updates and to get the vendor's timeline for upgrading its systems. ■

# U.S. Insurance Trends Show Increase in Public Coverage

BY MARY ANN MOON

The current decline in private insurance coverage has been offset by an "enormous increase" in public coverage over the past 2 decades—an expansion that might be at an end, according to a report.

"Serious problems could lie ahead if employer-based coverage continues to decline while the availability of public coverage remains the same or is reduced," said David M. Cutler, Ph.D., and Alexander M. Gelber, Ph.D.

Both Dr. Cutler and Dr. Gelber are affiliated with Harvard University, Boston, and the National Bureau of Economic Research. The investigators said they examined trends in insurance coverage because the net change in coverage over time has been uncertain. It is thought that Americans have been increasingly uninsured for longer periods, but "on the other hand, eligibility for public insurance has been expanded," the authors noted.

Dr. Cutler and Dr. Gelber compared data from the U.S. Census Bureau's Survey of Income and Program Participation for the years 1983-1986 and 2001-2004.

This survey includes information on many socioeconomic variables for a random sample of 25,946 people in the first study period and 40,282 people in the second (N. Engl. J. Med. 2009;360:1740-8).

"The overall economy was better in 2001-2004 than in 1983-1986, but in each case it was in recovery from a recession," they said.

The analysis showed that more Americans were likely to experience a period of uninsurance in the second study period (37%) than in the first (35%), in large part because more people lost private insurance.

However, intervals of uninsurance were shorter in the second study period than in the first.

For example, the percentage of people who were uninsured for 2 years or longer was lower in the second study period (20%) than it was 20 years ago (26%), the researchers said.

Over the course of the study, the proportion of uninsured periods that ended when people obtained private insurance decreased by 6%, while the proportion that ended when people obtained public insurance increased by 12%, the report found. ■

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