Category	Question	Answer
A. 5010 Migration Plan		
A.1	What is 5010 and why is it required?	On January 16, 2009, the Secretary of the Department of Health and Human Services (DHHS) adopted the Accredited Standards Committee X12 Version 5010 as the next Health Insurance Portability and Accountability Act (HIPAA) standard for HIPAA covered transactions. Molina Healthcare, Inc. will support the 4010 transaction standards through December 31, 2011 and the 5010 transactions which are mandated by DHHS as of January 1, 2012. As HIPAA covered entities, healthcare providers must migrate to the new 5010 versions of the HIPAA transactions that they conduct with health plans, such as the electronic claim and remittance advice. During 2011, providers and their vendors must engage in external testing with health plans and other trading partners in order to help ensure a timely transition to the 5010 standards.
A.2	Desccribe your plan for the migration to 5010 transaction standards.	Molina Healthcare has readied its systems to send and receive 5010 transactions and has achieved Level I Compliance. We are ready to conduct external partner testing as of January 2011. We will accept both 4010 and 5010 transactions during 2011. Once a trading partner has successfully tested with Molina Healthcare, we will move them into 5010 production, subject to the agreement of both parties.
A.3	Will you have 5010 Trading Partner Companion Guides?	Molina Healthcare's 5010 Companion Guide is available on our website at http//:www.molinahealthcare.com
A.4	Do you have a timeline of key dates for the 5010 Implementation?	Molina Healthcare is following the timelines recommended for the healthcare industry for the 5010 transition. Molina Healthcare has achieved Level I Compliance and is ready to test with its trading partners(Level II). Molina Healthcare plans to cease conducting 4010 transactions as of 1/1/2012, subject to trading partner readiness.

Category	Question	Answer
A.5	Once a trading partner is approved for 5010, could we still submit transaactions in a 4010A1 format?	Yes. Once a trading partner has successfully completed 5010 testing with Moliina Healthcare, they can immediately be placed into production for 5010 or remain on 4010A! for the remainder of 2011. As fo 1/1/2012, Molina Healthcare will only accept 5010 transactions.
A.6	If I am a provider who submits claims on paper, does 5010 apply to my practice?	No. The 5010 requirement for electronic transactions apply to the electronic transmission of claims and not to claims processed on paper.
B. EDI Exchange Process		
B.1	What types of connections do you currently support?	1. Clearinghouse connections 2. SFTP: FES subsystem on ePortal 3. DDE application on ePortal 4. Direct submittal in limited situations
B.2	Does Molina Healthcare provide a web portal that allows providers to directly enter claims, referrals, eligibility inquiries, etc?	Yes. Mollina Healthcare provides a DDE (Direct Data Entry) application on our provider ePortal that allows providers to submit claims, check on the status of a claim, request a referral, perform an eligibility inquiry, etc.
B.3	If I am currently using Molina Healthcare's provider ePortal system, will this solution still be available under 5010?	Yes. Molina Healthcare is remediating the DDE system to be 5010 compliant. This 5010 version will be implemented prior to 1/1/2012. A user will see some changes on the DDE screens to reflect fields that have been added or deleted as required by the 5010 regulations.
C. Trading Partner Setup		
C.1	Will a new submitter ID be required?	No.
C.2	Will a new Trading Partner Agreement be required?	No.
C.3	Will a provider's current EDI agreement be affected by 5010?	No.
D. Trading Partner Testing		

Category	Question	Answer
D.1	Will you be expecting test files? For which transaction set/s? When will you start accepting test files?	We would expect a provider to send us test files for any transactions we process directly or work with their clearinghouse if they submit transactions to this clearinghouse. The start date for testing will begin in January 2011.
D.2	What resources will you require from a testing partner throughout the migration?	A primary contact point familiar with the 5010 process, your data formats and testing process. Molina Healthcare is disseminating newsletters, direct mailings and surveys to educate our partners. Conference calls are conducted with partners as required to resolve testing issues.
D.3	Can a third party establish a testing process to test the interface and mapping on both sides?	Yes.
D.4	Will the 5010 upgrade include a functional transaction 999 to indicate that the claim was accepted by the payer?	Yes.
D.5	What other acknowledgements will be supported for 5010?	Molina Healthcare will send a 999 and 277FE as required. Our clearinghouse partner will send a 277CA on our behalf.
D.6	Will there be testing for these acknowledgement transactions?	Yes.
D.7	Will you require Errata testing?	Yes. Molina Healthcare will test intially with the base transactions and retest with all Errata and Addenda incorporated.
D.8	If so, are you testing errata changes separately?	No. Testing is done with Errata and Addenda incorporated.
D.9	Will each transaction be tested together or separately?	Separately.
D.10	Will the transmission process for 5010 test files be the same as it is currently for 4010A1 production files?	Yes.
D.11	If we send a 5010 test file, will you adjudicate and send back a 5010 835 file (like production files today)?	Yes. We can support end-to-end testing.
D.12	What is your cutover plan for 835 transactions?	Our cutover plan is the same for all transactions. Once external partner testing is complete on the 835, we will place this into production as soon as possible, but no later than 1/1/2012.

Category	Question	Answer
D.13	Do you have plans to move anyone to production for 5010 (once testing is completed) prior to the 1/1/2012 compliance date?	Yes. Once testing is completed with a given provider, Molina Healthcare is prepared to place this provider into 5010 production given the consent of both parties.
D.14	Do you have any size or volume limitations on 837 test files?	No.
D.15	Is there a maximum number of test files per day?	No, but initially we would ask for one per day to start the testing process. Once the process is validated, multiple test files per day can be sent if necessary.
D.16	Are you expecting us to take production 4010 claims and resend in 5010 format?	Yes. We would appreciate it if providers would send a 4010 and 5010 concurrently for comparison purposes.
D.17	What is your criteria for implementing/testing an 837 submission? Example, certain number of test files, one sucessful test file, certain date.	One day of full claim processing: at least 500 claims.
D.18	What action should I take if I submit claims through a clearinghouse?	Contact your clearinghouse account representative to make arrangements for 5010 testing with them. The clearinghouse will make the necessary conversions from proprietary data formats to the 5010 format.
D.19	If I am a direct submitter of HIPAA X12 transactions to Mollina Healthcare, how do I contact Molina Healthcare to initiate 5010 testing?	To contact Molina Healthcare with 5010 testing questions, please send an email to one of the following email addresses based on the applicable transaction: • If you are submitting an 837 Encounter file directly to Molina, please send an email to EDI-Encounters@molinahealthcare.com to make arrangements for testing. • If you are receiving an 835 Remittance file directly from Molina, please send an email to EDI-Eraeft@molinahealthcare.com to make arrangements for testing. • For all other testing needs or questions, please send an email to Molina_5010_Testing@molinahealthcare.com

Category	Question	Answer
D.20	Under 5010, can a P.O. Box be submitted the billing address on an electronic claim?	No. One of the changes in moving from 4010 to 5010 is that the addess submitted as a billing address on a claim **must** be a PHYSICAL ADDRESS. A P.O. Box can be placed in the "Pay To" address field.
D.21	I have heard the term subpart NPI. What is this and how does it affect my practice?	One of the changes introduced by 5010 includes clarification regarding the use of National Provider Identifier (NPI). If a provider has obtained subpart NPI's, the HIPAA 5010 claims submission requires that providers report the billing provider's National Provider Identifier (NPI) at the most detailed level of enumeration (i.e., location or specialty), and that they use the same billing provider NPI for all payers. If a provider has chosen to obtain subpart NPI's to distinguish multiple businesses or functions of its business, this information needs to be communicated to all trading partners and business associates with which that provider interacts. Molina Healthcare is currenty reaching out to all providers with a notice explaining the use of the NPI and a provider change form. A provider should complete the current practice information on the form and circle YES or NO on the question asking if they will be changing their billing process to subpart billing. If the provider responds with a NO, the remainder of the form can be skipped and the form emailed or faxed back to Molina Healthcare. If the provider responds with a YES that they are changing to subpart billing, the provder should complete the remainder of the form specifying all subpart NPI's used by the provider and email or fax the document back to Molina Healthcare.
D.22	I hear that 5010 requires a 9 digit zip code. What do I do if I only have a 5 digit zip code?	Another change with 5010 is a requirement that zip codes are 9 digit zip codes(aka Zip+4) on claims. The US Postal Office web site will allow you to do an address lookup and will provide a 9 digit zip code for any address: http://zip4.usps.com/zip4/.