

## HIPAA Version 5010: Staying Ahead of the Curve

**By John Blakey**  
Partner  
Moss Adams, LLP



**By Richard Lewis**  
Director of Sales  
Moss Adams LLP



The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was designed to simplify health care administration and improve efficiency and cost effectiveness. But much to everyone's surprise, the legislation didn't have a tremendous impact until 2003, when the Centers for Medicare & Medicaid Services mandated the use of electronic data interchange (EDI) and set standards for information privacy and security. More recently HIPAA introduced a new

National Provider Identifier (NPI) system, creating unique identifiers for physicians and health care organizations across the United States.

Despite all these sweeping changes, the work of simplification continues and remains ongoing. Last year, for example, the Department of Health and Human Services published a final rule adopting the X12 Version 5010 for HIPAA transactions. The compliance date for Version 5010 is January

1, 2012, which gives the industry an opportunity to test-run the new standards and make sure they're in good working order as they replace Versions 4010 and 4010A.

The big driver behind HIPAA 5010 is the need to accommodate the new International Statistical Classification of Diseases and Related Health Problems, Version 10 (ICD-10). Version 5010 significantly improves the handling of clinical data, enabling the reporting of diagnosis codes (ICD-10-CM) and procedure codes (ICD-10-PCS) and distinguishing among codes

Please see> HIPAA, P3

### Inside This Issue

**HIPAA Version 5010:  
Staying Ahead of the  
Curve**

1

**Healthcare Finance:  
California Health Plans  
Continue Profitable Ways  
in 2010**

4

**Career Opportunities**

6

**Publisher and Editor**

David Peel

**Managing Director**

Elizabeth Peel

**Contributing Editor**

Nora Haile

**Advertising**

Jennifer Sharp

**Contact Information**

Phone: 425-577-1334

Fax: 425-242-0452

E-mail: [dpeel@cahnews.com](mailto:dpeel@cahnews.com)

Web: [cahnews.com](http://cahnews.com)

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**LETTERS TO THE EDITOR**

If you have questions or suggestions regarding the News and its contents, please reply to [dpeel@cahnews.com](mailto:dpeel@cahnews.com).

**Letter from the Publisher and Editor**



Dear Reader,

Each year at this time we announce the next year’s editorial calendar. Our 2011 editorial calendar, shown in the table below, communicates to our writers and advertisers each edition’s theme, distribution date and advertising space reservation deadline.

Over the years we’ve made adjustments to align our editorial themes to the interests of our readers.

We will publish five editions with hospital themes in 2011. Over 4,600 of our 7,552 readers work at hospitals so this action matches our highest number of editions with our largest reader demographic. We will also publish three editions with a human resources theme and three editions with a clinic theme. Our 477 readers who work at clinics and 1,181 readers with human resource type job titles should appreciate this enhanced coverage.

Next year marks our second year publishing the California Healthcare News. Thanks for your historical support and see you next year!

*David Peel, Publisher and Editor*

**California Healthcare News 2011 Editorial Calendar**

Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2011	Hospitals	December 1, 2010	December 27, 2010
February 2011	Human Resources	January 4, 2011	January 24, 2011
March 2011	Hospitals	February 1, 2011	February 21, 2011
April 2011	Insurance	March 1, 2011	March 21, 2011
May 2011	Clinics	April 1, 2011	April 18, 2011
June 2011	Human Resources	May 2, 2011	May 23, 2011
July 2011	Hospitals	June 1, 2011	June 20, 2011
August 2011	Hospitals	July 5, 2011	July 18, 2011
September 2011	Clinics	August 1, 2011	August 22, 2011
October 2011	Human Resources	September 1, 2011	September 19, 2011
November 2011	Hospitals	October 3, 2011	October 24, 2011
December 2011	Clinics	November 1, 2011	November 21, 2011

**< HIPAA, from P1**

for principal diagnosis, admitting diagnosis, external cause of injury, and patient reason for visit.

However, Version 4010 isn't compatible with the format of the new ICD-10 codes, meaning health care providers will have to upgrade to 5010 to report these codes in their HIPAA transactions. In practical terms, providers won't get paid unless they implement 5010 by the beginning of 2012, and they won't be reimbursed starting in October 2013 unless they submit ICD-10 coding.

An enhanced version of 5010 was required after the realization that certain parts of the HIPAA EDI lacked the right functionality to meet the needs of providers and payers. To rectify this, the industry has asked for hundreds of changes, such as better present-on-admission reporting on claims, improved use of NPI numbers, and an improved eligibility transaction that will provide more information during the treatment process.

Here are some of the specific changes in Version 5010, which will allow providers to better automate reimbursements:

- Authorization and referral transactions are significantly improved for enhanced implementation.
- Critical medical information

has been added to allow health plans to make smarter authorization decisions.

- The implementation instructions are upgraded with logical guidelines.

The updated Version 5010 also has data-reporting requirements that differ somewhat from the current transactions. These changes may require the collection of additional data or the reporting of data in a different format.

Many of the changes will boost efficiency and cut costs by reducing the number of phone calls to health plans as well as appeals as a result of incomplete information. Version 5010 will also eliminate unnecessary customer support.

However, preparing for 5010 requires a good deal of advance work. First and foremost, you need a clear strategic approach to achieve compliance. Second, you must form a steering committee to help navigate the complex changes. Third, your technology infrastructure must be thoroughly assessed to make sure it can completely accommodate Version 5010, and your vendors in this area must be on board. Testing the new systems thoroughly is essential, as is in-house education to ensure that every part of the organization is on the same page. And finally, any investments made today must incorporate the next wave of changes to

come after 5010 and ICD-10.

The time, energy, and resources invested in HIPAA 5010 compliance are sure to reap dividends, because the entire industry is moving toward digital streamlining. The Council for Affordable Quality Healthcare, for example, is seeking to improve interoperability among volunteering providers and payers by making eligibility, benefits, and claim-data transactions much more efficient and standardized.

But to get the most out of their investment, health care organizations need to embrace HIPAA Version 5010 today—and act wisely and judiciously now to stay ahead of the curve.

*John Blakey serves a wide variety of health care clients, including physician groups, hospitals, and long-term care organizations. He has more than 17 years of experience in public accounting. He can be reached at 949-221-4005 or john.blakey@mossadams.com.*

*Richard Lewis is the director of sales for the Moss Adams Health Care Consulting Group. He has more than 29 years of experience in health care coding consulting and workers' compensation claims management. He can be reached at 253-284-5286 or richard.lewis@mossadams.com.*

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## California Health Plans Continue Profitable Ways in 2010

*Analysis of Financial Results from January 2010 through June 2010*

**By David Peel**  
*Publisher and Editor*  
*California Healthcare News*



In a sign of continued stability for the California Health Plan industry, twenty-eight of the largest thirty plans reported positive net income through the first six months of 2010. Total enrollment of 20.9 million was comparable to the same time period in 2009 while total revenues of \$47.8 billion were up \$1.9 billion. Investment revenues were considerably higher during the first six months of 2010 with \$624.8 million reported versus \$193.9 million reported during the same time period in 2009.

### **Enrollment**

Migration to plans with Medi-Cal enrollment from plans with commercial enrollment continued throughout the first six months of

2010. L.A. Care Health Plan, Partnership HealthPlan of California, Inland Empire Health Plan and Central California Alliance for Health all saw enrollment gains greater than 50 thousand when compared to the same time period in 2009. All four plans manage significant blocks of Medi-Cal enrollment.

When comparing enrollment at June 30, 2010 to June 20, 2009, Blue Cross of California lost 206 thousand members, PacifiCare of California lost 202 thousand members and Aetna Health of California, Inc. lost 65 thousand members, respectively. All three plans have large blocks of commercial business.

Heritage Provider Network, Inc., a limited Knox-Keene licensed organization with only commercial and Medicare enrollment, bucked the trend and grew 126 thousand members to 450 thousand members. However, most of the growth came from the acquisition of Lakeside Medical Systems, Inc. during late 2009.

### **Total Revenues**

The industry increase of 4% in total revenues suggests premium inflation may be slowing. However, this may be misleading given the migration of enrollment from commercial to Medi-Cal plans distort the true level of premium increase needed to cover costs. Per capita

Medi-Cal premiums are much lower than commercial premiums and many providers believe they are set at rates below cost.

### **Investment Revenues**

Total investment revenues, while substantially higher for the six months ended June 30, 2010 relative to the same time period in 2009, appear to be returning to historical norms. The stock market was erratic in the twelve month period from July 1, 2008 to June 30, 2009 and comparisons to portions of this one year time period are cautioned.

### **Net Income**

Total net income of \$1.8 billion for the period January 1, 2010 through June 30, 2010 was comparable to the same time period in 2009. 14 plans reported lower net income and 16 plans reported higher net income which also demonstrates how balanced the California Health Plan industry was during the first six months of 2010.

*David Peel is the Publisher and Editor of the California Healthcare News. He has held Chief Financial Officer positions at several west coast health plans over his 25 year career. He can be reached at [dpeel@wahcnews.com](mailto:dpeel@wahcnews.com) or 425-577-1334.*

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# California Health Plan Financial Results (000's omitted)

## Largest Thirty Plans Sorted by 2010 Revenues

Calendar Year-to-Date June 30, 2010 compared to Calendar Year-to-Date June 30, 2009

Health Plan Name <sup>1</sup>	Enrollment as of Month End			Calendar Year-to-Date Revenues Through			Calendar Year-to-Date Investment Revenues Through			Calendar Year-to-Date Net Income Through		
	06/10	06/09	Change	06/10	06/09	Change	06/10	06/09	Change	06/10	06/09	Change
	Kaiser Foundation Health Plan, Inc.	6,710	6,755	-45	22,362,578	21,161,695	1,200,883	388,879	68,733	320,146	1,110,510	1,050,439
Blue Cross of California	3,470	3,676	-206	5,575,020	5,583,270	-8,250	59,685	-38,108	97,793	130,218	201,946	-71,728
Health Net of California, Inc.	2,169	2,163	6	4,546,278	4,401,106	145,172	37,864	25,818	12,046	53,733	65,674	-11,941
Blue Shield of California	2,551	2,552	-1	4,381,449	4,258,582	122,867	99,354	60,206	39,148	133,604	118,052	15,552
PacificCare of California	908	1,110	-202	3,227,973	3,721,417	-493,444	18,939	21,381	-2,442	177,193	192,553	-15,360
Aetna Health of California, Inc.	421	486	-65	925,004	956,099	-31,095	8,476	8,779	-303	26,788	26,708	80
Scan Health Plan	117	109	8	816,247	815,580	667	-3,026	33,835	-36,861	803	43,326	-42,523
Heritage Provider Network, Inc.	450	324	126	763,273	543,947	219,326	1,728	666	1,072	996	1,204	-208
CalOptima	410	379	31	629,949	575,453	54,496	2,851	2,355	496	19,032	-25,103	44,135
L.A. Care Health Plan	848	795	53	589,268	575,306	13,962	909	2,077	-1,168	8,532	5,587	2,945
Cigna HealthCare of California, Inc.	242	224	18	433,473	401,899	31,574	1,475	1,682	-207	2,132	-4,295	6,427
Inland Empire Health Plan	453	400	53	363,584	271,643	91,941	221	199	22	4,603	2,217	2,386
Partnership HealthPlan of California	163	98	65	333,983	187,610	146,373	322	608	-286	16,458	14,503	1,955
Care 1st Health Plan	314	305	9	329,219	345,925	-16,706	652	832	-180	5,734	7,204	-1,470
CareMore Health Plan	38	32	6	287,954	236,682	51,272	690	836	-146	23,521	24,473	-952
Central California Alliance for Health	198	119	79	274,660	162,656	112,004	1,020	882	138	8,894	1,335	7,559
Molina Healthcare of California	348	349	-1	245,357	225,398	19,959	160	156	4	3,406	-10,371	13,777
San Mateo Health Commission	69	74	-5	208,134	141,818	66,316	127	306	-179	-2,076	-962	-1,114
PRIMECARE Medical Network, Inc.	174	186	-12	207,870	204,149	3,721	507	200	307	5,182	6,369	-1,187
Arcadian Health Plan, Inc.	40	29	11	189,768	136,521	53,247	2,942	1,100	1,842	5,240	8,431	-3,191
CenCal Health	102	95	7	146,295	131,227	15,068	123	356	-233	-5,560	-3,271	-2,289
Western Health Advantage	73	83	-10	145,672	145,014	658	83	103	-20	569	754	-185
County of LA-Dept of Health Svcs.	195	180	15	144,881	139,382	5,499	107	228	-121	8,876	15,766	-6,890
AIDS Healthcare Foundation	1	1	0	122,072	97,761	24,311	135	11	124	8,144	8,314	-170
Scripps Health Plan Services, Inc.	28	36	-8	114,362	130,213	-15,851	25	173	-148	282	5	277
Community Health Group	121	113	8	100,794	79,570	21,224	38	181	-143	10,843	-978	11,821
Contra Costa Health Plan	87	82	5	98,156	104,768	-6,612	-19	74	-93	1,300	878	422
Sharp Health Plan	48	46	2	98,145	86,824	11,321	290	202	88	1,329	493	836
Kern Health Systems	104	101	3	77,813	70,835	6,978	-224	-270	46	5,455	464	4,991
Valley Health Plan	73	68	5	74,413	64,664	9,749	122	259	-137	4,822	-145	4,967
Totals	20,925	20,970	-45	47,813,644	45,957,014	1,856,630	624,840	193,850	430,605	1,767,848	1,751,580	18,993

Source: California Department of Managed Health Care (DMHHC). Although among the largest thirty health plans, Santa Clara Family Health Plan figures aren't presented as their first quarter 2009 financial reports aren't on the DMHHC web site.

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### What you will need:

BS degree preferred or related experience. 5 years management experience. 3 years of hospital human resources experience as a generalist. Must have prior union experience. Must have knowledge of federal, state and local labor laws. The incumbent must have general mathematic skills. Must have general knowledge of budgeting. The incumbent must have TJC experience. The incumbent must have excellent human relation skills. The incumbent must have excellent written and oral communication skills.

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(Fullerton, CA)

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### License/Certifications:

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**Reports to:** Chief Financial Officer

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**Qualifications:** Degree as a Registered Record Administrator / Technician from an accredited school. RHIT or RHIA required. Min 5 years of prior hospital experience in HIM management role. Knowledge of JCAHO, HIPAA, federal and state regulations for healthcare facilities.

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Margaret Morgan  
Director of Human Resources  
[margaret.morgan@marinahospital.com](mailto:margaret.morgan@marinahospital.com)



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**LICENSE/CERTIFICATION:** SPHR preferred

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