



GetReady5010

Supporting Industry Readiness for January 1, 2012

5010 Industry Readiness Update

January 11, 2011

3 Day Program

- January 11 5010: An Industry Update
 - January 12 5010: A Getting Started Primer
 - January 13 Preparing for 5010 Testing
-
- All webinars start at 12 PM CST/1 PM EST and will be recorded and accessible through GetReady5010.org

GetReady5010 Sponsors



These sponsors gratefully acknowledge the participation and support of CMS in this Version 5010 educational effort.



5010 Test Education Week

March 15-17

Mark Your Calendar

A Series of Free Webinars on:

- Basics of 5010 Testing with External Trading Partners
 - Developing a Test Plan
- Early Provider Experiences with Testing
- Testing with CMS and Commercial Payers
 - Working with Your Clearinghouse



Format for Today's Presentation

- All lines are silent, except those of the presenters
- Questions can be submitted using the Q&A Box at the bottom right of your screen
- On Demand versions of the webinars in the series will be available on GetReady5010.org next week for your reference and for those who were not able to join us live today.

Today's Speakers

- **Denise M. Buening**, Director, Administrative Simplification Group, Office of E-Health Standards and Services, CMS
- **Deborah Meisner**, VP, Regulatory Compliance Strategy, Emdeon Corporation
- **Paul DeCrosta**, Manager of Inter-Plan Programs, Blue Cross Blue Shield Association
- **Joe Miller**, Director of E-Business, AmeriHealth Mercy, Past Financial Systems Chair, HIMSS

Version 5010 Overview

Denise M. Buenning, MsM
Director, Administrative Simplification Group
Office of E-Health Standards and Services
Centers for Medicare & Medicaid Services



CMS' Role in Version 5010 Implementation

Internal

- As HIPAA covered entity, CMS must ensure that its business processes, systems, policies and those of its contractors, providers, health plans, etc. are compliant with HIPAA
- Ensure that state Medicaid programs, as covered entities, are compliant with HIPAA
- Medicare Fee for Service and Medicaid addressing Version 5010 implementation among their constituencies
- Agency-wide Steering Committee coordinates internal implementation efforts

CMS' Role in Version 5010 Implementation

External

- Establish and maintain liaison with all external industry segments
- Share “lessons learned” to inform industry efforts to achieve Version 5010 compliance by the deadlines
- Raise awareness, extend collaboration to achieve industry-wide compliance (e.g., advertising campaigns, listserv messages, presentations, webinars, etc.)
- Provide audience appropriate educational materials/resources
- Primary vehicle is www.cms.gov/ICD10

How We Got Here

August 2000 – HIPAA final rule adopts standards for eight electronic health care transactions

February 2003 – HHS publishes final rule to adopt addenda to Version 4010, eventually known as Version 4010A1

August 2008 – HHS publishes proposed adoption of updated Version 5010 administrative transaction standards beginning in 2010; receives more than 1,000 stakeholder comments, the majority of which favor adoption, but request date pushback.

January 2009 – HHS publishes final rule with Version 5010 compliance date of January 1, 2012, in response to industry input.



Version 5010/ICD-10 Link

- HIPAA legislation mandates that the healthcare industry use standard formats for electronic claims and related transactions
- Version 5010 standard implements the infrastructure preparation for ICD-10
 - Version 5010 accommodates ICD-10 CM & PCS code sets; Version 4010A1 does not.
 - ICD-10 cannot function without Version 5010 in place first.

What are the Version 5010 Transaction Standards?

The following transactions are specified in the standards:

- 270/271: Eligibility benefit inquiry and response
- 276/277: Claim status request and response
- 278: Request for referral and authorization and response
- 835: Claim remittance
- 837: Claim submission (professional, institutional, and dental)

Why is Version 5010 Important

- **Version 4010 is outdated:**
 - More than 10 years since initial implementation, but 8 years since balloting of the current version
 - Many situational and required rules did not fit business practices of the industry
 - Industry relied extensively on companion guides, limiting value of standards
 - Many transactions were not implemented at all because of limited utility and value
- **Version 5010 is an improvement because it:**
 - Includes structural and content changes
 - Incorporates more than 500 change requests, especially Part D needs
 - Resolves ambiguities in situational rules
 - Provides more consistency across transactions – most rules are the same throughout
 - Shortcomings addressed to increase value of transactions such as referrals and authorizations
 - The additional clarity in Version 5010 provides a platform for the operating rules established in the Affordable Care Act.

CMS Medicare FFS Progress on Version 5010

Medicare FFS is on target toward January 2012 compliance

- Medicare FFS began accepting Version 5010 basic version test claims starting January, 2011
- Medicare FFS will accept Version 5010 errata version claims in production starting April, 2011

Industry feedback indicates that other plans are engaged and working toward key interim dates and January 2012 compliance.

Version 5010 Interim Deadline/Compliance Dates

- **January 1, 2011** – Achieve Level I compliance (gap analysis through internal testing) for Version 5010. Medicare FFS starts accepting test claims for Version 5010 basic version; 4010A1 continues; begin Level II activities (external testing with trading partners). Begin initial ICD-10 Level I compliance activities.
- **April 1, 2011** – Medicare FFS starts accepting claims in production for Version 5010 errata version.
- **December, 2011** – Level II Version 5010 activities completed (external testing)
- **January 1, 2012** – Compliance Date for Version D.0 and Version 5010, 40101A no longer accepted.

CMS Version 5010 Resources

The screenshot shows a Windows Internet Explorer browser window displaying the CMS website. The address bar shows the URL: http://www.cms.gov/ICD10/11a_Version_5010.asp#TopOfPage. The page header includes the U.S. Department of Health & Human Services logo and the CMS logo. The main navigation menu includes links for Home, Medicare, Medicaid, CHIP, About CMS, Regulations & Guidance, Research, Statistics, Data & Systems, Outreach & Education, and Tools. The breadcrumb trail is: [CMS Home](#) > [Medicare](#) > [ICD-10](#) > Version 5010.

ICD-10

- » Overview
- » Latest News
- » CMS ICD-10 Industry Email Updates
- » ICD-10 and Version 5010 Compliance Timelines
- » CMS Implementation Planning
- » Provider Resources
- » Medicare Fee-for-Service Provider Resources
- » Medicaid Resources
- » Payer Resources
- » Vendor Resources
- » Statute and Regulations
- » **Version 5010**
- » 2011 ICD-10-CM and GEMs
- » 2011 ICD-10-PCS and GEMs
- » 2010 ICD-10-CM and GEMs
- » 2010 ICD-10-PCS and GEMs
- » ICD-9-CM Coordination and

Version 5010

Version 5010 refers to the revised set of HIPAA transaction standards; adopted to replace the current Version 4010/4010A standards. Every standard has been updated, from claims to eligibility to referral authorizations. All HIPAA covered entities must transition to Version 5010 by **January 1, 2012**. Any electronic transaction for which a standard has been adopted must be submitted using Version 5010 on or after January 1, 2012. Electronic transactions that do not use Version 5010 are not compliant with HIPAA and will be rejected. To allow time for testing, CMS will accept electronic transactions using either Version 4010/4010A or Version 5010 standards from January 1 to December 31, 2011.

To find out more, scroll down to the Downloads and Related Links sections of this page.

X12 Responses to Technical Comments about Version 5010

This document is a compilation of the technical comments received during the public comment period of the proposed rule to adopt modifications to the HIPAA Standards; specifically, Version 5010 of the X12 standard. The document includes the analysis and responses from subject matter experts affiliated with the Standards Development Organization (X12). To view this document, click on the link in the Downloads section below.

Downloads

- [Version 5010 basics \[PDF, 955KB\]](#)
- [X12 Responses to Technical Comments about Version 5010 \[PDF, 2.927KB\]](#)



CMS Version 5010 Resources

The screenshot shows a Windows Internet Explorer browser window with the address bar displaying <http://www.cms.gov/ICD10/Downloads/w5010BasicsFctSht.pdf>. The browser's menu bar includes File, Edit, Go To, Favorites, and Help. The toolbar shows various navigation and utility icons. The main content area displays a PDF document with the following text:

New Health Care Electronic Transactions Standards Versions 5010, D.0, and 3.0

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards that covered entities (health plans, health care clearinghouses, and certain health care providers) must use when electronically conducting certain health care administrative transactions, such as claims, remittance, eligibility, and claims status requests and responses.

Over 99 percent of Medicare Part A claims and over 96 percent of Medicare Part B claims transactions are received electronically. The current versions of the standards (the Accredited Standards Committee X12 Version 4010/4010A1 for health care transactions and the National Council for Prescription Drug Programs [NCPDP] Version 3.1 for pharmacy transactions) used in these health care transactions lack certain functionality required by the health care industry. Therefore, it is necessary for providers to prepare for new standards in order to continue submitting claims electronically. This fact sheet provides basic information about the new transactions standards for the following versions adopted by HHS: ASC X12 Version 5010, and NCPDP Versions D.0 and 3.0.

What Regulatory Requirements are Responsible for the Transactions Standards?

- HIPAA mandated that the health care industry use standard formats for electronic claims and claims-related transactions.
- The Transactions and Code Sets Final Rule, published on August 17, 2000, adopted the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) as a HIPAA standard for transactions.

The document also features the CMS logo, the Medicare Learning Network logo, and a small image of a person at a computer keyboard. The page number '1' is visible at the bottom center of the document.



Wrap-Up

- Version 5010 is foundational to health care reform initiatives
- January 2012 compliance date is firm
- CMS is making steady progress on implementation
- Industry should be engaged NOW to prepare for upcoming Version 5010 and ICD-10 compliance
- There are CMS resources to help industry make the transition.
- Test as early as possible

HIPAA 5010: Where Are We Now?

Debbi Meisner

Vice President of Regulatory Compliance Strategy



HHS Guidance/Compliance Timeline

Target Date	Milestone
Jan 2009	Begin Level 1 activities (Gap analysis, design, and development, for 5010 & D.0)
Jan 2010	Begin internal testing for Versions 5010 & D.0
Dec 2010	Achieve Level 1 compliance (Covered entities have completed internal testing and can send and receive compliant transactions in 5010 and D.0)
Jan 2011	<ul style="list-style-type: none">- Begin Level 2 testing period activities (external testing with Trading Partners and move into production; dual 4010A/5010 processing mode)- Begin initial ICD-10 compliance activities (Gap analysis, design, and development)
Jan 1, 2012	5010/D.0 Compliance Date for all covered entities.
Oct 1, 2013	The Compliance date for ICD-10-CM and ICD-10-PCS is October 1, 2013 for all covered entities.

Errata

Below is the list of 5010 transactions for which Errata were approved in the June X12 meeting and adopted by HHS as the 5010 standard in October 2010. HHS did not move the January 1, 2012 compliance date.

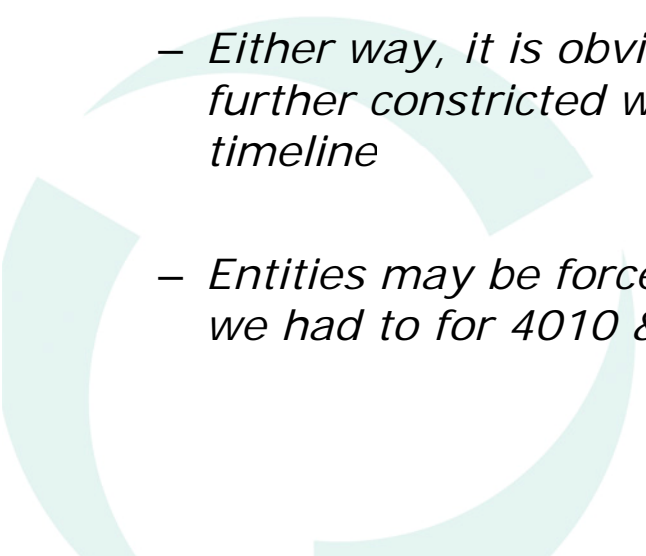
GS08	Set IDs	TR3 Name
005010X279A1	270	Health Care Eligibility Benefit Inquiry and Response*
	271	
005010X220A1	834	Benefit Enrollment and Maintenance*
005010X221A1	835	Health Care Claim Payment/Advice*
005010X222A1	837	Health Care Claim: Professional*
005010X223A2	837	Health Care Claim: Institutional*
005010X224A2	837	Health Care Claim: Dental*
005010X225A2	837	Health Care Service: Data Reporting
005010X231A1	999	Implementation Acknowledgment For Health Care Insurance

Emdeon has completed a gap analysis of the changes for each transaction and has deployed the Errata gap analysis documents on our HIPAA Simplified web site. For 837 P & I, Emdeon is targeting mid December to begin submitter beta testing and mid January for payer beta testing on the Errata versions.

Impact of the Errata changes



How will these changes impact trading partner readiness and testing plans and schedules?

- *Early implementers may be forced to test & implement twice*
 - » *For example, Medicare published January 2011 for 5010 testing, but are now saying April 2011 for testing the 5010A1 Errata versions*
 - *Some customers may not release 5010 Final Rule but instead not start testing until they have developed the 5010A1 Errata versions*
 - *Either way, it is obvious that the already narrow testing window will be further constricted with the release of the Errata so late in the 5010 timeline*
 - *Entities may be forced to support two 5010 versions for some time, just as we had to for 4010 & 4010A1*
- 

Emdeon Readiness


Transaction	Testing with Submitters	Testing with Payers
837 Professional	Yes	Yes
837 Institutional	Yes	Yes
837 Dental	Ready to Test	Yes
835 ERA	Yes	Yes
270/271 Eligibility	Yes	Yes
276/277 Claim Status	Yes	Yes
278 Referral/Authorization	Q1 2011	Q1 2011
NCPDP D.0	Q1 2011	Q1 2011

Currently in 5010 testing with several submitters for 837P & I, 270/271, and 835 and have started testing with first payers

We went into **Production System Pilots** with early implementer Submitters and Payers in Q4 2010

Plans for testing and implementation



- *Emdeon is currently testing with several payers and submitters on the final version – errata will follow*
 - *Emdeon and other clearinghouses often test with vendors and not with individual providers – currently Emdeon is testing with several of our larger vendors*
 - *Emdeon and other clearinghouses provide tools and automated testing capabilities*
 - *Providers and Payers should contact their clearinghouse(s) to determine the appropriate process for getting in the test and implementation queues. Many have websites that direct the customers on how to begin this process.*
 - *Industry trend is to follow the CMS lead in allowing testing of the 5010 pre errata but only 5010 errata will move to production*
 - *WEDI has a workgroup that is tracking the readiness of trading partners for testing – currently there are approximately 25 organizations listed - visit their website for updates*
- 


WEDI 5010 Testing and Migration Readiness

www.wedi.org

5010 HIPAA Transactions					
837D			837I		
Transaction Direction	Testing Readiness	Migration Readiness	Transaction Direction	Testing Readiness	Migration Readiness
Inbound	Testing Now	By 10/1/2010	Inbound	Testing Now	By 10/1/2010
Outbound	Testing Now	By 10/1/2010	Outbound	Testing Now	By 10/1/2010
837P			835		
Transaction Direction	Testing Readiness	Migration Readiness	Transaction Direction	Testing Readiness	Migration Readiness
Inbound	Testing Now	By 10/1/2010	Inbound	Testing Now	By 10/1/2010
Outbound	Testing Now	By 10/1/2010	Outbound	Testing Now	By 10/1/2010
270			271		
Transaction Direction	Testing Readiness	Migration Readiness	Transaction Direction	Testing Readiness	Migration Readiness
Inbound	Testing Now	By 10/1/2010	Inbound	Testing Now	By 10/1/2010
Outbound	Testing Now	By 10/1/2010	Outbound	Testing Now	By 10/1/2010
276			277		
Transaction Direction	Testing Readiness	Migration Readiness	Transaction Direction	Testing Readiness	Migration Readiness
Inbound	Testing Now	By 10/1/2010	Inbound	Testing Now	By 10/1/2010
Outbound	Testing Now	By 10/1/2010	Outbound	Testing Now	By 10/1/2010
278RQ			278RP		
Transaction Direction	Testing Readiness	Migration Readiness	Transaction Direction	Testing Readiness	Migration Readiness
Inbound	By 10/1/2010	By 1/1/2011	Inbound	By 10/1/2010	By 1/1/2011
Outbound	By 10/1/2010	By 1/1/2011	Outbound	By 10/1/2010	By 1/1/2011
834			820		
Transaction Direction	Testing Readiness	Migration Readiness	Transaction Direction	Testing Readiness	Migration Readiness
Emdeon does not support			Emdeon does not support		


Areas of Concern



- *Not all trading partners have the same criteria of acceptance level before going into production*
 - *Allowable volume for testing varies*
 - *Payers and States have defined clean claims with varying requirements*
 - *Not all Payers provide mirrored production end-to-end testing for all transaction types*
 - *Delay in testing due to late introduction of the errata – will covered entities have sufficient time to test with all of their trading partners?*
 - *Business rule changes that are not technical – for example the Billing Provider Address must be physical address and not PO Box. Are the providers getting the message?*
 - *Acknowledgment transactions are not being consistently implemented.*
- 

Risk Mitigation



- *Reach out to your trading partners NOW*
 - *Get on their schedule*
 - *Communication is CRITICAL*
 - *Best Practices should be used to review and evaluate results*
 - *Explore automated tools for validating prior to testing with trading partners*
 - *Ensure that all systems within your environment are tested to reduce risk of production issues later*
 - *Test files should be comprehensive and include appropriate volume for your business and ensure that all types of scenarios applicable to your business are included in your test bed. Don't waste time testing scenarios that will never be in your production environment*
- 



**BlueCross BlueShield
Association**

An Association of Independent
Blue Cross and Blue Shield Plans

HIPAA 5010 - The Clock is Ticking!

Paul DeCrosta
Manager, BCBSA



HIPAA 5010 – The Clock is Ticking

Compliance date January 1, 2012

- Updates all nine currently mandated HIPAA electronic transactions to version 5010.
- Adopts transaction standard for Medicaid Pharmacy Subrogation.
- Upgrades NCPDP transactions from version 5.1 to D.0.

Compliance Timeline for the Blues

Target Date	Milestones
January 2009	Conducted gap analysis of 4010 vs 5010
June 2010	Created and tested business changes internally
March 2011	Begin Plan to Plan testing
July 2011	Plans will be able to accept 5010 transactions including the Errata for early adopting providers
January 2012	5010 compliance

Testing and Implementation

- Payers are testing internally and with trading partners
- Engaging in conversations with Providers to gauge readiness
 - Communicating with Medical Associations including AMA and AHA to co-partner in education
 - Education sessions being conducted by all payers at all levels
- Encouraging providers to work with their clearinghouses to ensure systems are upgraded and they meet the compliance date
- Partnering with WEDI to review and monitor industry readiness survey

What's next?

- Continue to reach out to trading partners
- Continue with education to provider community
- Continue to monitor industry readiness through various surveys
- Continue to follow CMS on implementation message – the date is not changing
- Successfully implement January 2012

The HIMSS logo features the word "HimSS" in a white, sans-serif font with a registered trademark symbol. The letter "i" is lowercase, while "H", "m", "S", and "S" are uppercase. The background is a dark blue rounded rectangle.

www.himss.org

A horizontal banner image showing two people in white lab coats. One person is holding a tablet and writing on it with a pen, while the other person has their hands clasped together. The image is slightly blurred and has a white text overlay.

change is everywhere...
opportunity is here

Provider Readiness for 5010 – Results of the HIMSS Survey

Joe Miller, FHIMSS

Director, E-Business

AmeriHealth Mercy

Past Chair, HIMSS Financial Systems Committee

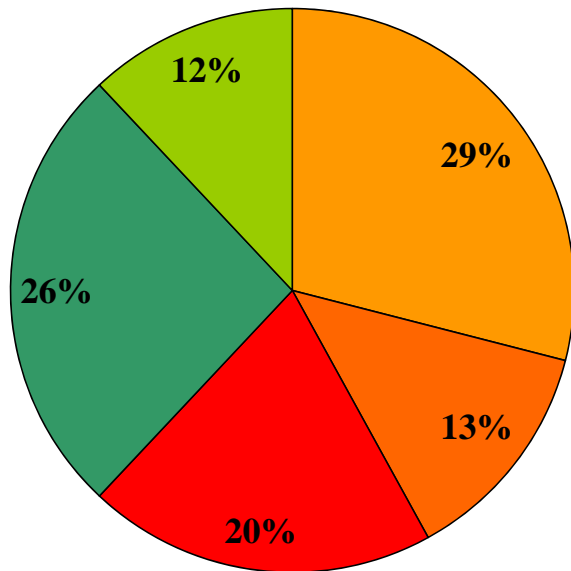
transforming healthcare through IT™

Survey

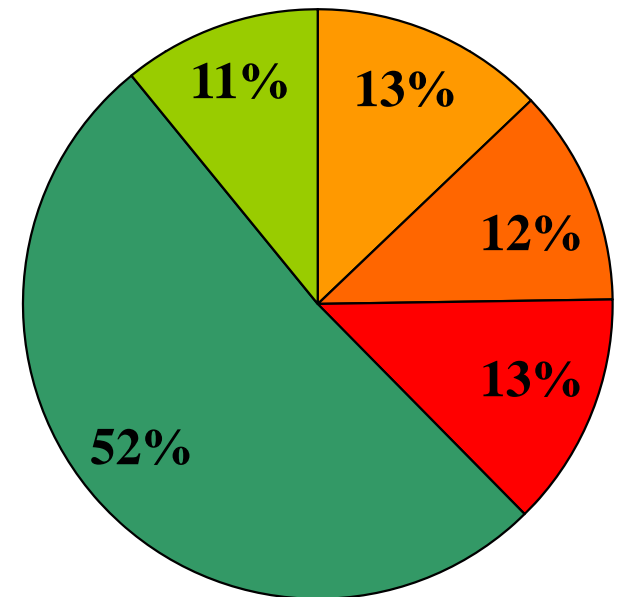
- On-Line Web Survey
- Distributed by HIMSS
- Nov-Dec Polling Timeframe
- Total Usable Responses – 256
 - Facilities = 69%
 - Practices = 18%
 - Other = 13%
- Survey results to be released by January 20

Providers Are Ramping Up Their 5010 Projects

**May
2010**



**December
2010**



■ No - Start in next 6 months

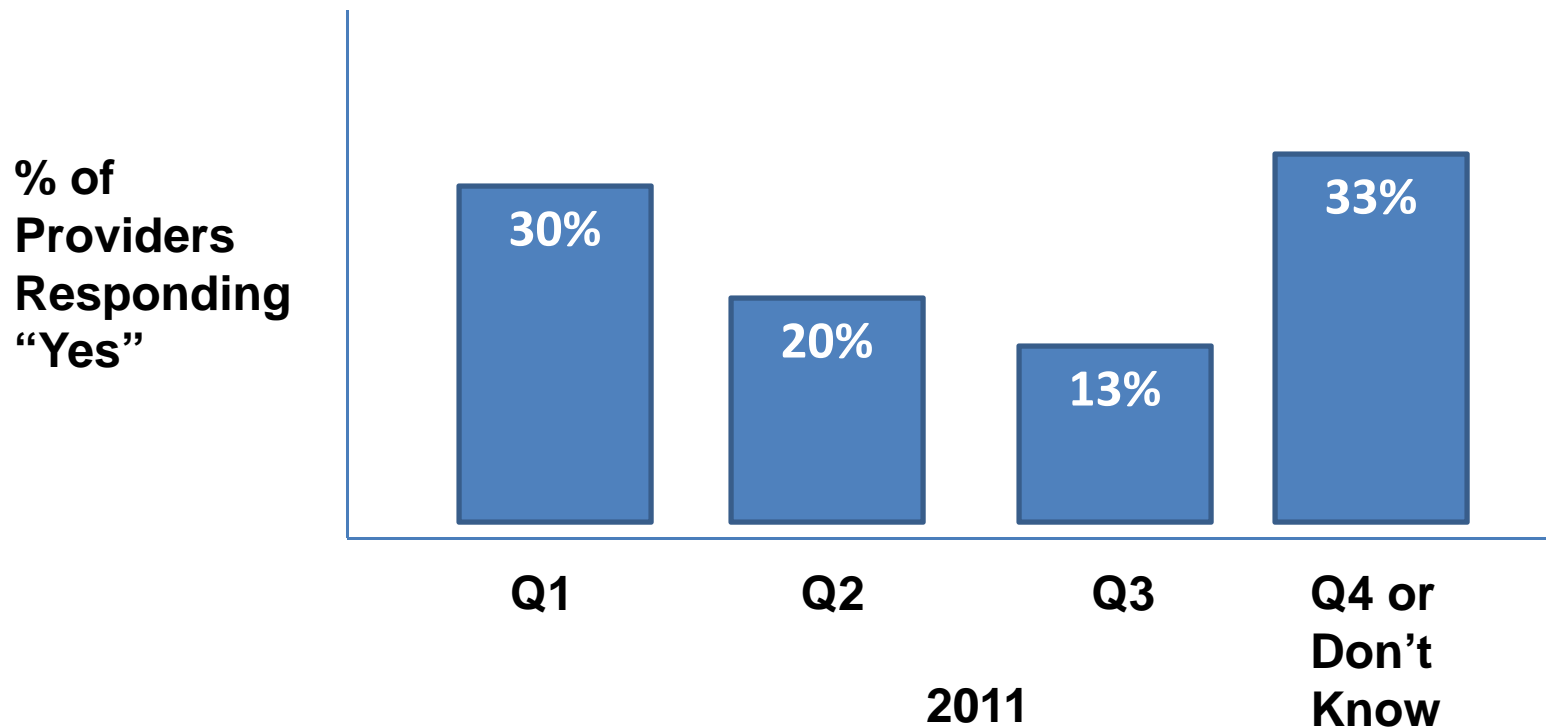
■ No - Start in next year

■ No - Have no plans

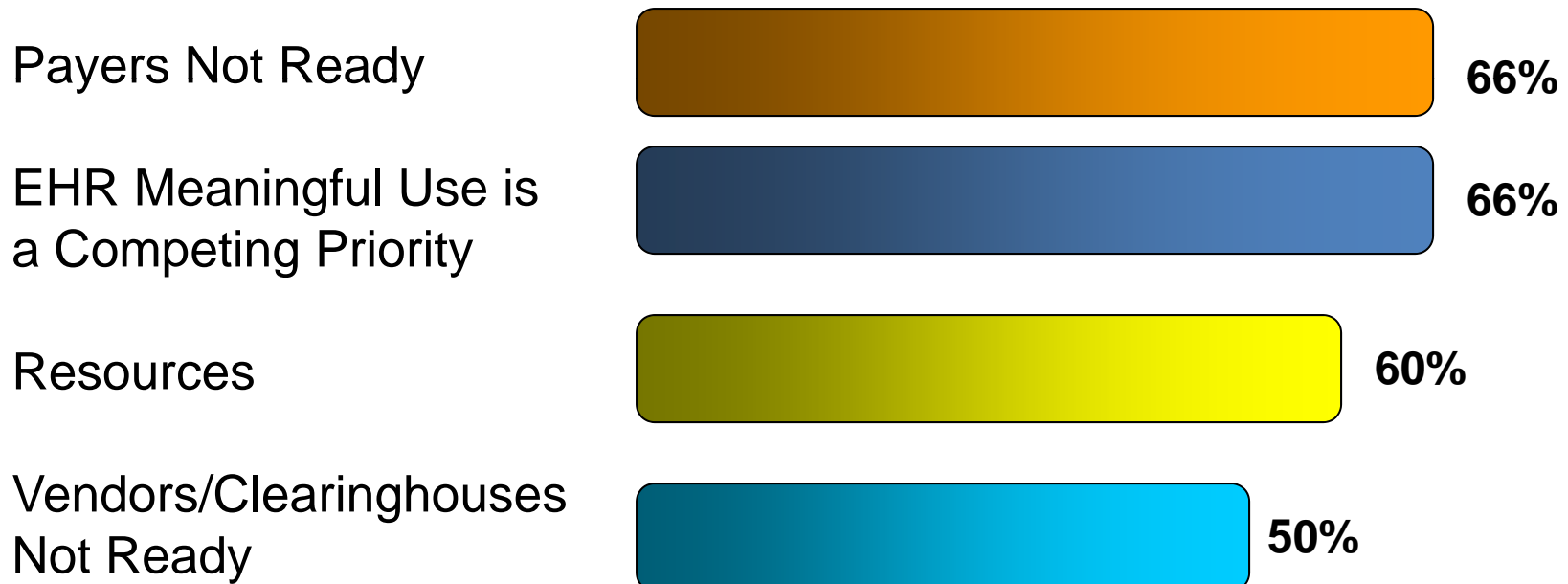
■ Yes - Active Project

■ Yes - Start in next month

Plan to Start Testing with Trading Partners



Provider Challenges for 5010





transforming healthcare through IT™

Contact Information

Joe.Miller@amerihealthmercy.com

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