



GetReady5010

Supporting Industry Readiness for January 1, 2012

5010 Test Education Week

Testing for Large Practices and Facilities

April 5, 2011

Series Moderator:

**Joe Miller, FHIMSS
AmeriHealth Mercy**

5010 Test Education Week

- April 4 Small Practices *(download available April 11)*
 - **April 5** **Large Practices \ Facilities**
 - April 6 Medicare Fee for Service
 - April 7 Clearinghouses
 - April 8 Commercial Payers
-
- All webinars start at 12 PM CST/1 PM EST and will be recorded and accessible through GetReady5010.org

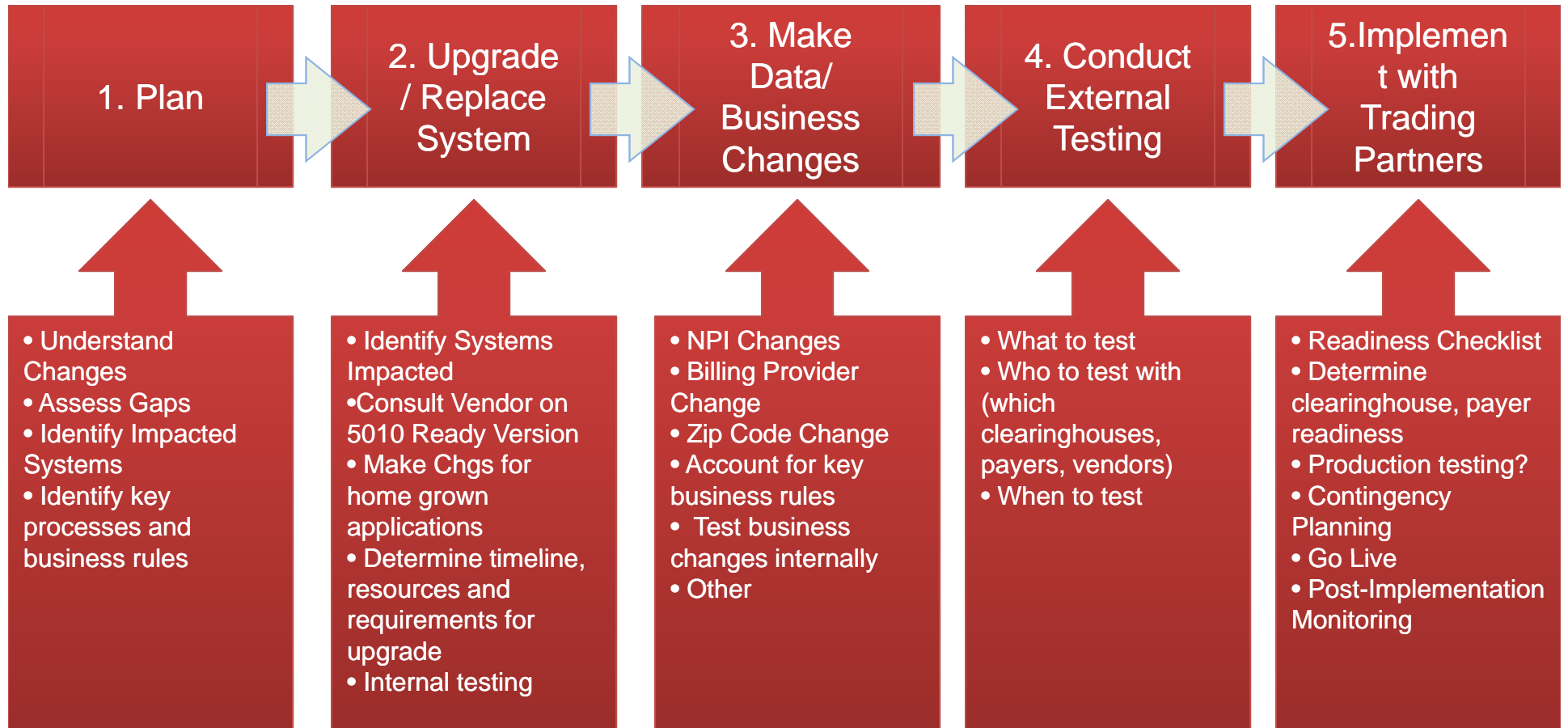
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Five Steps to 5010 Success



Key Resources

(See Resource page on GetReady5010.org)

GetReady5010 Primer Webinar
5010 Timeline – Getting the Work Done
Errata – What it Means

GetReady5010 Testing Prep Webinar

GetReady5010 Primer Webinar
WEDI 5010 Changes That Can be Made Now

GetReady5010 Testing Prep Webinar
WEDI Testing Whitepaper
CMS MAC Testing

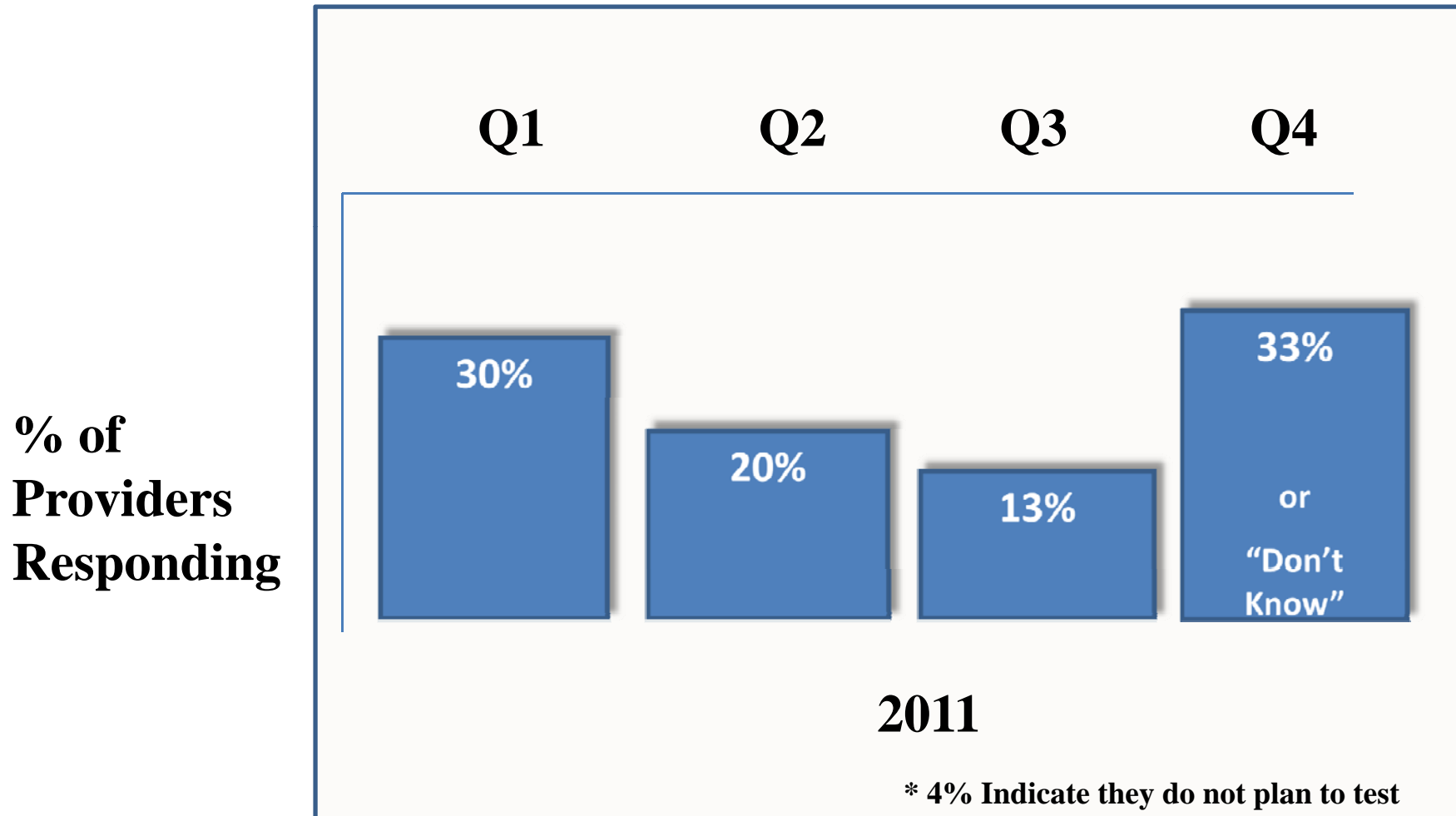
GetReady5010 Testing Prep Webinar
Preventing Cash Flow Interruptions

Objectives

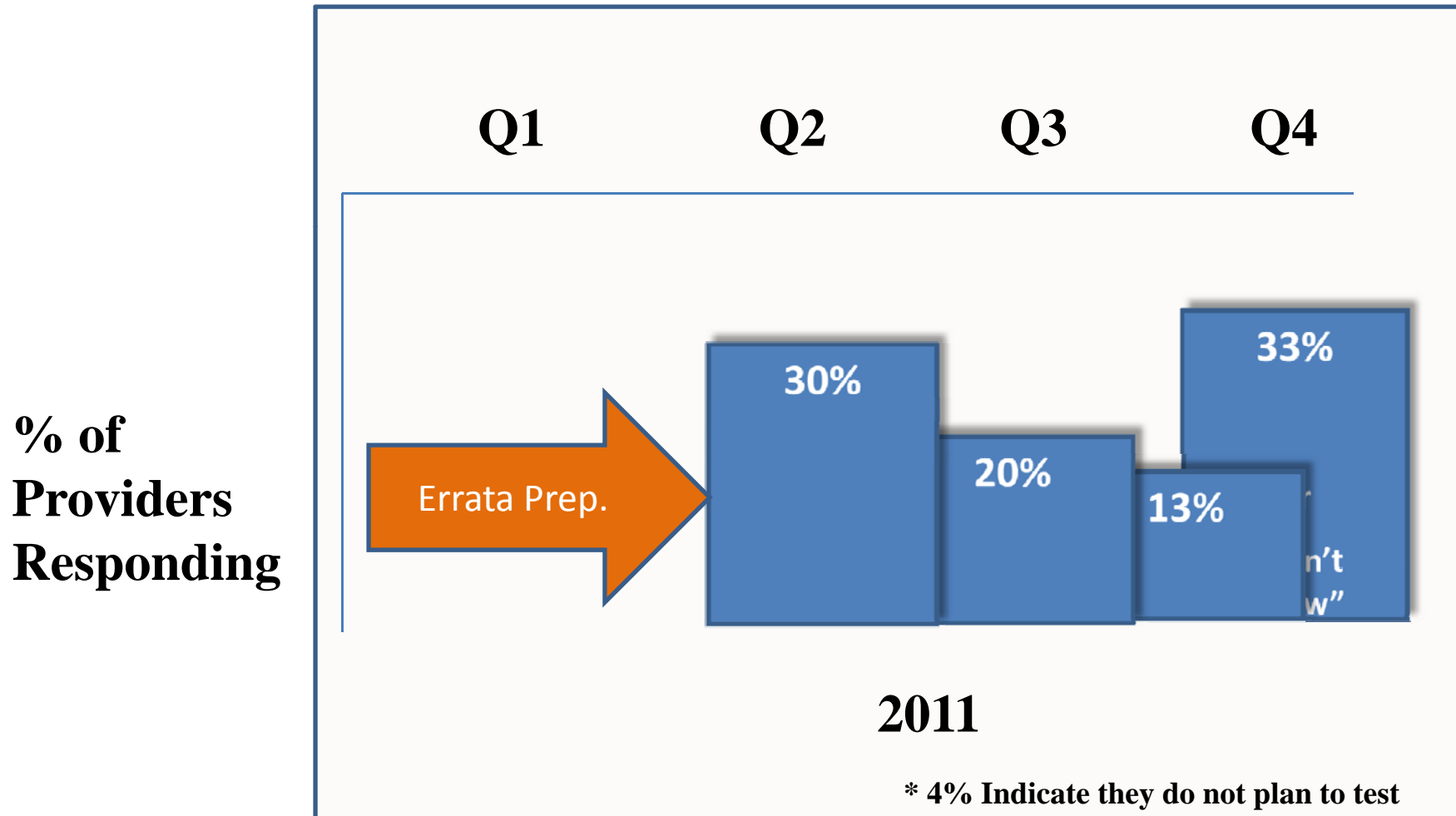
- Understand how, what and when organizations are planning to test for 5010
- Leverage “lessons learned” from early testers
- Assess how you can avoid a 5010 “traffic jam” at the end of 2011

HIMSS Survey Dec 2010:

When do you plan to Start Testing with Trading Partners?



What it Looks Like Today



Don't Get Caught In the Traffic Jam



- Make 5010 DATA Changes NOW
- Test 5010 DATA and FORMAT as Soon As You Can
- Convert to 5010 Before December 2011
- Don't Wait and Get Caught In Traffic

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

- **John Glatthorn**, Project Manager for the ICD-10 Enterprise Initiative and HIPAA 5010 Transition, The Children's Hospital of Philadelphia
- **Ann Hollis**, Manager of Billing and Cashiering Operations, University of Wisconsin Hospitals and Clinics
- **Trish Figueroa**, Manager of Billing Services, University of Wisconsin Medical Foundation



5010 TESTING FOR LARGE PRACTICES & FACILITIES

4/5/2011

John P. Glatthorn

Project Manager

ICD-10 Enterprise Initiative & HIPAA 5010 Transition



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- About CHOP
- Billing Environment
- Decision Points
- Internal Testing
- Intermediary Testing
- Payer Testing
- Partner Checklist



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ABOUT CHOP

Brief Mission:

Provide the highest quality of pediatric care by successfully blending patient care, education and research through a culture of safety.

Annual Volume:

- Founded 1855 – Nation's first pediatric hospital
- ~550 beds
- ~30,000 admissions
- ~10,000 employees
- ~1,000,000 encounters

Practice Groups:

- 5 professional group practices
- Over 45 pediatric specialties and ancillary services



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BILLING ENVIRONMENT

Landscape:

- **Implementation:** Multiple Clearinghouses, No Direct Connections
- **Transaction Sets:** Claims, Eligibility, Electronic Remittance
 - ✓ 837i, 837p, 270/271, 835
- Billing inpatient, outpatient, imaging, pharmacy and other ancillary transactions
- Large volume
- Pediatric only health system



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DECISION POINTS



Defining “5010 Testing”:

- Internal & external validation process/scripts
- 5010 to clearing house or 5010 to payer (end-to-end)
 - ✓ Conversion risk mitigated at provider
 - ✓ Conversion risk mitigated at clearinghouse
- Errata compliance – All at once or 2 step process
 - ✓ Dependent on trading partners & software vendors
- Validation method for testing – structure vs. content
- Testing real time vs. batch transactions

Challenges:

- Test environments, EDI software, side-by-side comparisons
- Mitigating problems with claim acceptance or posting
- Dealing with vendor delays or payor inconsistencies



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INTERNAL TESTING



Internal Validation:

- Can you generate HIPAA compliant files?
 - ✓ Valid segment structure
 - ✓ Zero content degradation using side-by-side analysis
- Are your internal business rules/scrubbers working properly?
- Is the transport or transfer of EDI working properly?
- Are you testing via a payor/intermediary gateway or are you informally sending a file?

Challenges:

- Real time vs. batch transactions
- Connecting test environments to trading partners
- Dealing with vendor delays or payor inconsistencies
- Replicating the production scenario



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INTERMEDIARY TESTING



Clearinghouse Validations:

- Who is responsible for clearinghouse validation?
- Will your clearinghouse agree to an end-to-end test?
- Replicating the production submission/inquiry and response
- Are your external scrubbing portals working properly?
- Does capability exist to mitigate clearinghouse errors?
- Conversion between 5010 and 4010

Challenges:

- Trading partner policy on conversion
- Trading partner 835 testing
- Readiness for errata in production vs. errata testing
- Interpretation of 5010 compliance
- Unknown area between a clearinghouse and payor



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PAYOR TESTING



End-to-End Validation:

- For direct connections, same risks as clearinghouse +
- Testing electronic remittance advice can be difficult
- Testing eligibility requires a large sample set with characteristics of that may cause difficulty
- Receiving claims acceptance from the payer

Challenges:

- State medical assistance payers are the least progressive
- Many payers do not comply with strict HIPAA standards
- Testing actual adjudication with test patients is difficult
- Testing with all payers is impossible for most providers



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PARTNER CHECKLIST



5010 Requirements Checklist:

- Vendor development milestone dates and scheduled contact with each vendor
- Required patching/upgrades required for compliance
- Implementation guides for each transaction set
- List of internal custom business rules by transaction set / by payer
- List of clearinghouse custom business rules by transaction set / by payer
- Testing procedures for each transaction set by trading partner
- Ability to internally validate 5010 structure and content (EDI software)
- Agreement concerning 5010 to clearinghouse vs. 5010 to payer
- Requirement documents that parallel vendor implementation and testing guides
- Errata issues log
- Errata implementation approach



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THANK YOU

Thank you!

CHOP is looking for collaboration partners to discuss
5010 issues and remedies

John P. Glatthorn

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UW Health

The following slides have been prepared by two of the separate organizations that make up UW Health.

- UW Health consists of an academic medical center with 2 hospitals, many specialty and primary care clinics, the medical school and a large physician practice.
- The hospital and physician practice are separate organizations that share an electronic medical record/practice management system.
- For efficiency and better customer service we collaborate on many issues including our HIPAA transaction testing plans.

Testing for Successful Deployment

April 2011

Presented by
Ann Hollis
Manager – Billing Operations
University of WI Hospitals & Clinics



UW Hospital & Clinics EDI Volumes

- Average daily claims volume is 4700 claims
- 97% of claims electronic
- Direct connections with 20 payers constituting 90% of outbound claims; 7% of claims through a clearing house
- 87% of our payments come in on an 835
- We receive the 835 from 18 different payers; **only 9 send the funds via EFT.**
- New development – Credit card payments (yuck!)
- 13 of our trading partners can exchange the 270/271
- 11 of our trading partners can exchange the 276/277
- Have created web-bots to create inbound 271 from payers who cannot/do not provide one

Why are we looking forward to 5010

- The operating rules hold promise of better compliance among trading partners.
- Looking for greatly improved responses in the 271, more players, more information.
- 5010 looming over our heads seems to have sparked renewed activity among our trading partners in the 270/271 and 276/277
- 277CA – we are hoping this will solve some of our untimely filing denials.

Issues with 4010

- 7 years post implementation, we still have trading partners that cannot take an 837 or send an 835 (!!!!!)
- After implementing 837 & 835, many payers simply stopped further EDI deployment . . . until recently. Preferred payer solution seemed to be offering web sites, hence our creation of web-bots. There is no efficiency of automation in a web site.
- One of our trading partners takes the 837, pays with the 835 but continues to use a mailed paper report for certain front end rejections. When asked if they will move to the 277CA after 5010, their response was no, and they intend to increase the volume of mailed paper rejections!

Issues with 4010 (cont.)

1. Lack of enforcement for compliance. Of all of the 835's we receive, only one is completely HIPAA compliant.
2. Providers cannot reject a non-compliant file because we are rejecting our money. However, if we were to send a non-compliant 837, several of our trading partners would reject it.
3. The non-standard use of ansi codes in the 835 causes numerous problems for us. Each payer uses a different definition as to how and when to use certain codes. There are also payers that report one ansi code on the 835 but have a completely different ansi code on their website. All of these issues prevent automation or administrative simplification on the part of the provider.

Preparation Work

- We completed a gap analysis on the data changes between 4010 and 5010 last fall. With this analysis, we were able to build the changes into our practice management system that allowed us to produce very clean 837I files.
- We have some concern related to NPI sub part numbers for our psych and rehab units and cross-mapping that was done by some of our trading partners.
- We sent out questionnaires to all of our trading partners but only received a response back from 6 of them. We anticipate we will need to call the rest as we prepare test files.

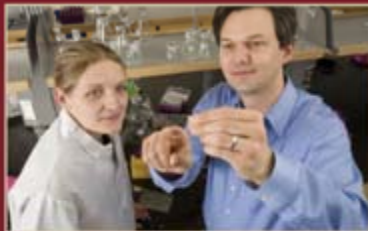
Testing plans

- Have created post errata compliant 837 files and have sent out to 2 payers. The response back was good, however, few payers are able to produce an 835 test file in response.
- We use HIPAA validation software to check all files before sending to trading partners.
- We hope to test all of the transactions with as many partners as possible. Our goal is to have testing completed with everyone except WI Medicaid by end of 3rd quarter. (WI Medicaid has informed us that they will not be ready to test until 4th quarter)
- We test with a copy of production data. We did this with 4010 as well and found the transition to production to be much smoother. We plan to move to production as soon as each payer approves the test files to avoid the end of year crunch.

5010 Testing Readiness

University of Wisconsin Medical Foundation

Presented by:
Trish Figueroa
Manager of Billing Services



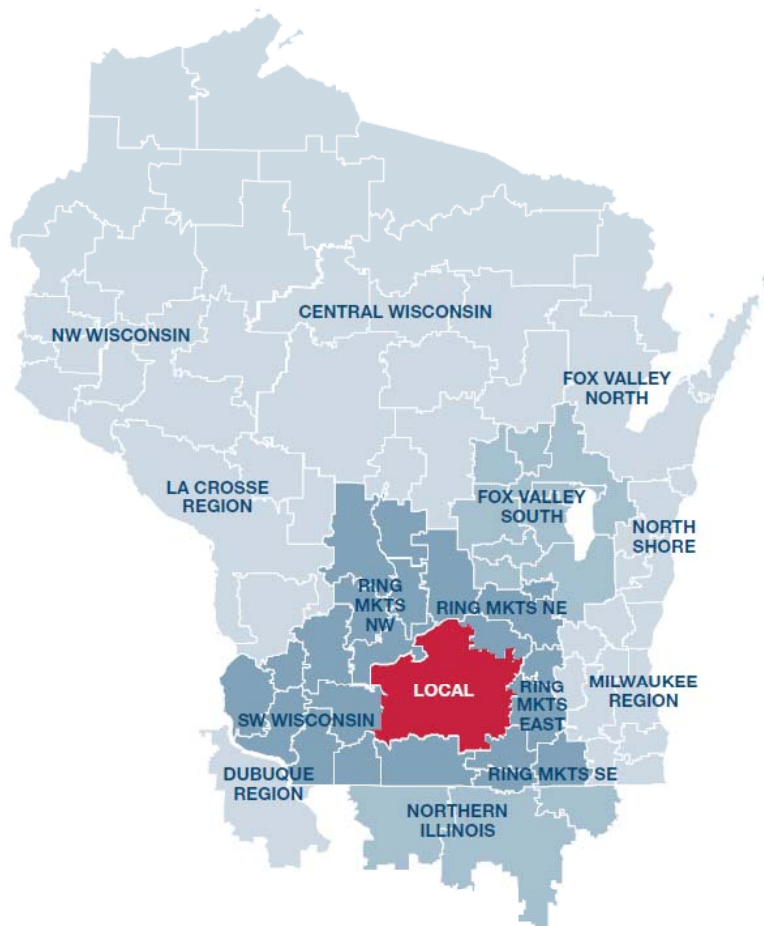
UWHealth

uwhealth.org

About UW Medical Foundation

- University of Wisconsin Medical Foundation (UWMF) is the clinical practice organization for the faculty physicians of the UW School of Medicine and Public Health.
- Faculty physicians provide inpatient hospital services at Madison's UW Hospital and Clinics, American Family Children's Hospital, and many other hospitals
- Quick Facts and Figures:
 - 1,208 UW School of Medicine and Public Health faculty physicians
 - 2,253 non-physician staff
 - 48 clinical practice locations excluding Outreach
 - 2,317,332 outpatient visits, FY 2010
 - 400,862 unique patients, FY 2010
 - \$517,626,712 total revenue, FY 2010

About UW Medical Foundation



Patient Base by Key Market

- Primary – 65%**
The “local” market –
Dane County and several
zip codes that extend
beyond the county’s borders
- Secondary – 20%**
The “ring markets”
surrounding the local
market, and SW Wisconsin
- Tertiary – 6 %**
The Fox Valley South
and the Northern
Illinois regions
- Other – 9 %**
All other areas in
Wisconsin, the U.S.
and other nations

About UW Medical Foundation - EDI

- UWMF sends only 837P and CMS1500 claims (no 837I)
- Average monthly claim volume is 284,000 (14K daily)
- 90% of claims sent electronically
- 25 direct connections constituting 98% of 837 claims; less than 2% of 837s through a clearinghouse
- We receive the 835 from 26 different payers; only 15 of those pay via EFT
 - 6 additional payers pay via EFT, but do not send 835
- We exchange true 270/271 transactions with 10 of our trading partners
 - Screenscrape programs are used to capture and return 271 information for 4 other payers

Preparation for 5010 Changes

- Practice Management System code changes installed
 - Special updates containing 5010 changes loaded in July of 2010
 - Regression testing completed to ensure the changes did not break our 4010 transactions
- Replaced HIPAA validation tool
 - Current application in use is being sunsetted will not support our move to 5010
- Analyzed current 4010 claims, remittance, and eligibility setup to identify opportunities to update, improve, or simplify our processes as part of the 5010 transition

5010 Data Changes

- Billing Provider Address vs. Pay-to Address
 - Billing Provider Address is a PO Box for 4010
 - For 5010, address registered for the NPI where service was performed
 - Already stored in the system; programming needed to change how address is pulled is still in the works
- NPI
 - Billing Provider Loop must include most granular NPI
 - UWMF did not enumerate with a large volume of subparts, so no changes need
- Zip+4
 - Already had zip+4 for our clinic locations
 - Issue will be where POS = Home
 - Service Facility loop address will be patient address
 - Will have to stop claims and add +4 to Registration

Analysis of Payer 5010 Readiness

- Created and sent a 5010 questionnaire to major local and national payers
 - Limited success – only 6 responses
- Regularly scan payer websites to update our internal project plan with projected readiness dates and testing timeframes
 - Some with good info, some not so great, some non-existent
- For payers with whom we have a good working relationship, connect directly and collaborate to learn early lessons

5010 Test Plan

- All trading partners will be tested on every transaction if available (837, 835, 270/271, and 276/277)
 - Most payers will not be able to facilitate end-to-end testing, but may offer Production parallel files
- Focus has been almost exclusively on 837 initially to minimize risk of revenue cycle impact
 - With the exception of analysis and planning for other transactions
- Start with low-hanging fruit and gain some experience:
 - Payers with ready to accept test files in Q1 of 2011
 - Payers with Companion Guides published

5010 Test Plan

- Pre-Errata testing vs. Errata testing?
 - Goal is to test all transactions on the Errata version of 5010 with each trading partner before moving to Production where possible
 - If a payer can only accommodate pre-Errata testing for some reason, we will evaluate on a case-by-case basis
- Production data will be used for all test files
 - Claim runs sent out of our Production environment in 4010 format will be recreated for 5010 tests from a test environment
 - Goal is to minimize post-Production surprises
 - At least one payer has requested a “Production test” where, after testing from a test environment, we turn on 5010 in Production for a day, then switch back to 4010 while we let the day’s worth of 5010 claims process through to ensure all is working
 - We are evaluating, but likely will do this with select payers

Early Lessons Learned

- Initial tests made us aware of a few discrepancies between our interpretation of the 5010 requirements and our Practice Management System vendor's interpretation
 - Example: Facility Loop ~ NPI reported vs. not reported
- In order to get the logic we need, our vendor must update, test, and deliver new programming logic which takes time
 - Has put us in a holding pattern for testing with additional payers unless we want to manually update files before sending for testing

5010 Implementation Plans

- Goal is for all trading partners to be in Production with a 5010 837 by 10/31/11
 - Reality is that some payers may still not be ready – for example, WI Medicaid will not be ready to test until Q4 of 2011
 - Target date for all other transactions complete in Production: 11/30/11
- Trading partners will be moved into Production on the 5010 platform as each transaction is successfully tested in the Errata version
 - We will transition to our new HIPAA validation tool for each payer as we move to 5010
 - 835 may precede 837 for some payers

5010 Test Education Week

Questions?

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