



GetReady5010

Supporting Industry Readiness for January 1, 2012

5010 Test Education Week

Testing with Commercial Payers

April 8, 2011

Series Moderator:

**Joe Miller, FHIMSS
AmeriHealth Mercy**

5010 Test Education Week

- April 4 Small Practices
- April 5 Large Practices \ Facilities
- April 6 Medicare Fee for Service
- April 7 Clearinghouses
- **April 8 Commercial Payers**

Recordings

Available

April 11

- All webinars start at 12 PM CST/1 PM EST and will be recorded and accessible through GetReady5010.org

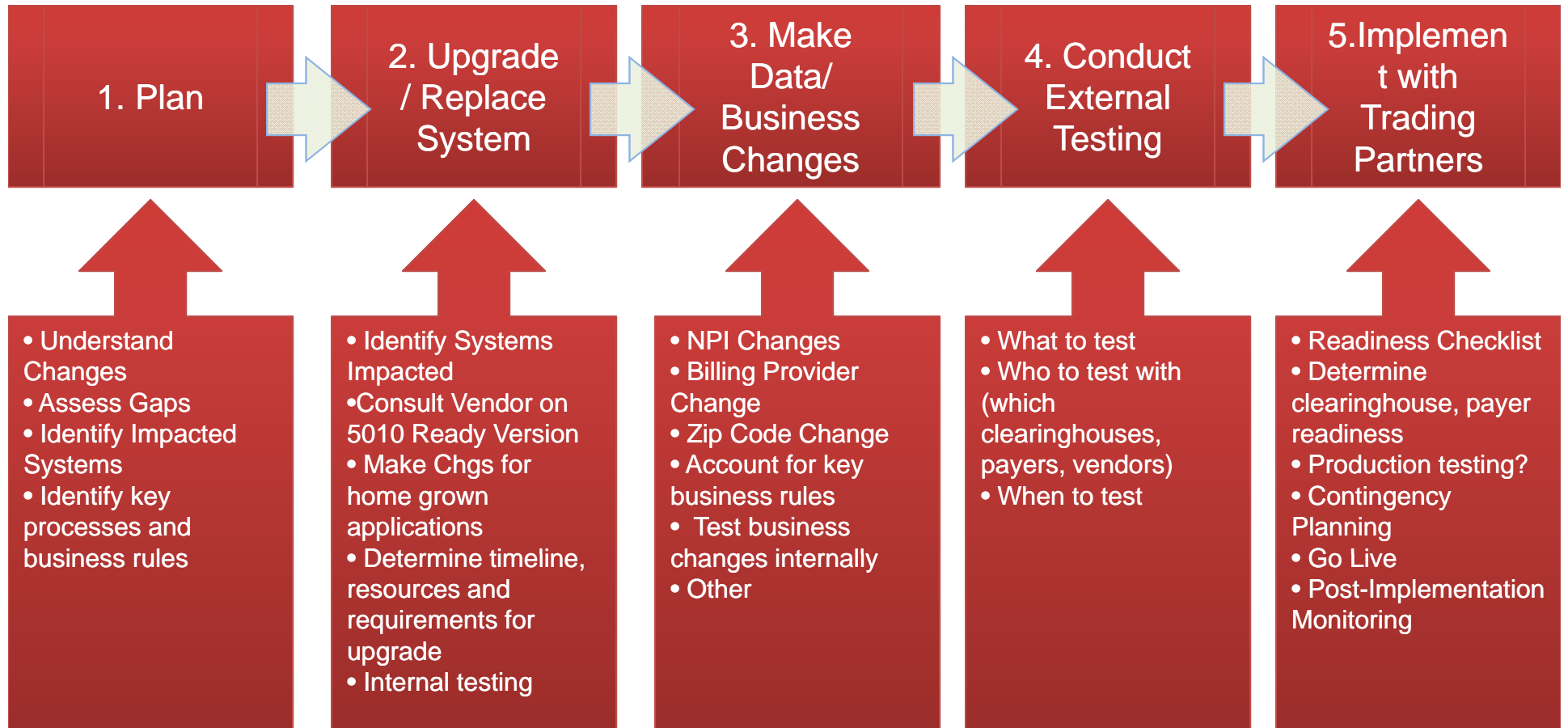
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These sponsors gratefully acknowledge the participation and support of CMS in this Version 5010 educational effort.



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

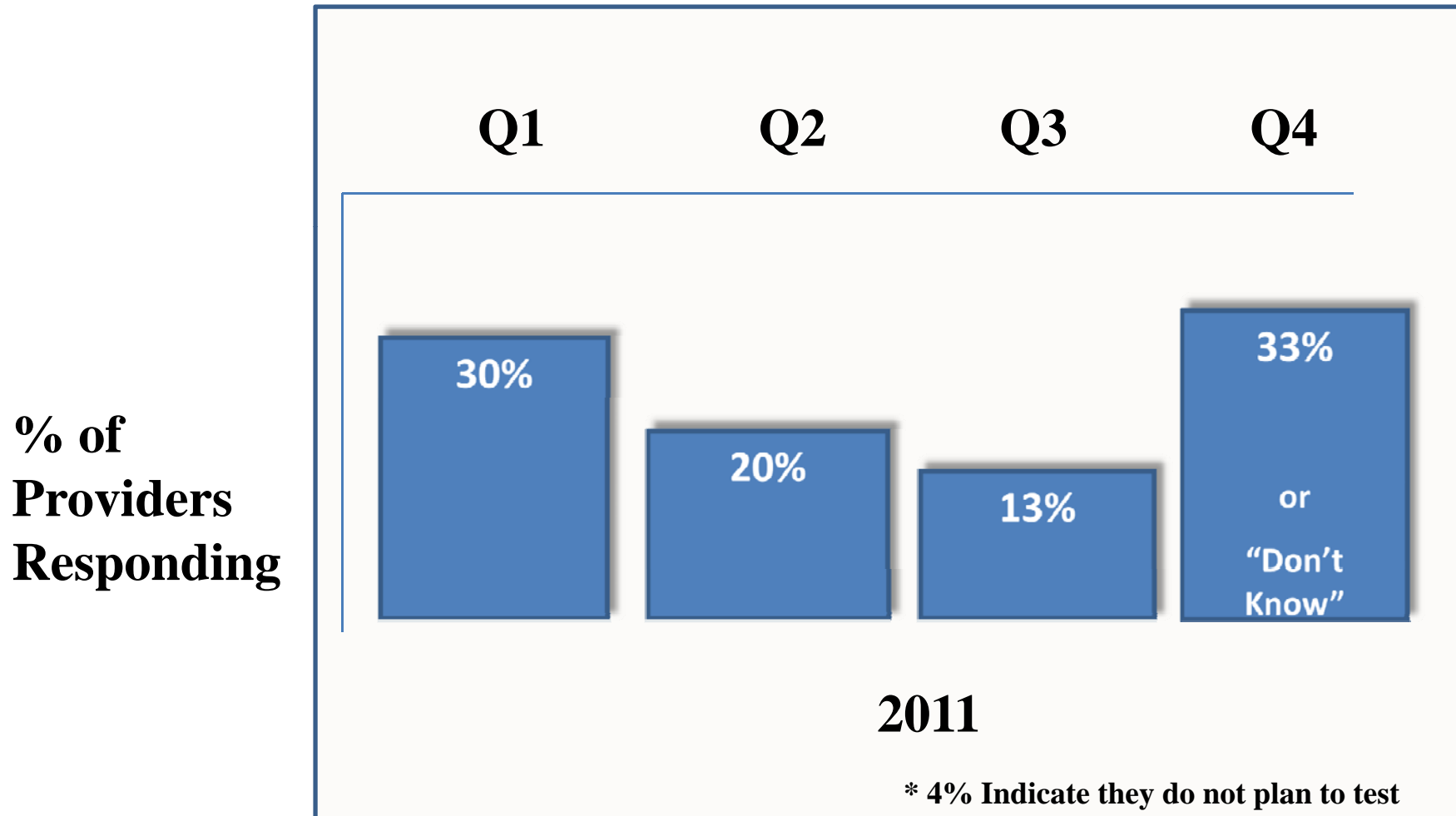
GetReady5010 Testing Prep Webinar
Preventing Cash Flow Interruptions

Objectives

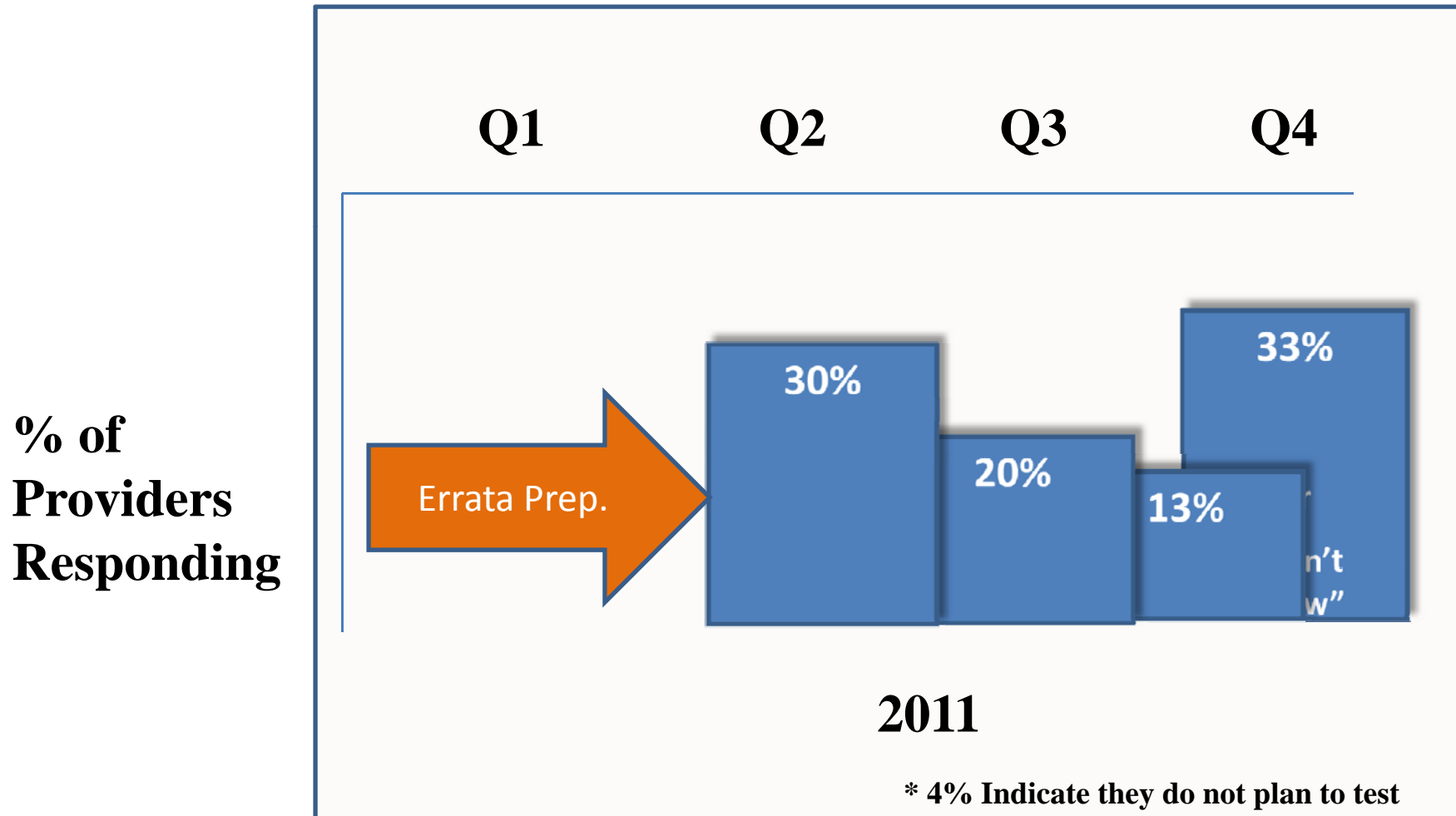
- Understand how, what and when organizations are planning to test for 5010
- Leverage “lessons learned” from early testers
- Assess how you can avoid a 5010 “traffic jam” at the end of 2011

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

Today's Moderator



Thomas L. Meyers

Vice President, Product Policy Department
America's Health Insurance Plans

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 Speaker's from Blue Cross Blue Shield of Florida

- **George Vancore**, Systems Integrator
- **MaryAnne Zingaro**, HIPAA Transaction and Code Sets Specialist



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George V. Vancore, Jr.
Systems Integrator/Business Architect

MaryAnne Zingaro
IT Regulatory Adherence/HIPAA Transactions and Code Sets

5010 Fundamentals

What do we know?

- The federally mandated HIPAA-AS (Health Insurance Portability and Accountability Act – Administrative Simplification) standard covered electronic transactions and medical code sets are changing.
- On January 16, 2009, the DHHS announced the final rules for electronic transactions (Version 5010) and the new medical code set standards (ICD-10).
- Compliance dates are January 1, 2012 for the updated electronic transactions (Version 5010) and October 1, 2013 for the new medical code set standards (ICD-10).
- A transition period for implementing the new electronic transaction standards began on January 1, 2011 and will end on December 31, 2011; there is no transition period for the new medical code sets.
- On October 13, 2010, the DHHS issued additional changes to several HIPAA-AS standard covered electronic transactions; this is commonly referred to as the 5010 Errata Version (Claims 837I/837P; Functional Acknowledgement (999); E&B 270/271; Health Plan Enrollment and Maintenance 834; Health Claim Payment and Remittance Advice 835).
- Significant impacts to provider billing and payment processing will be realized across the health care industry if stakeholders fail to collaborate, coordinate and communicate throughout these periods.

5010 Fundamentals

What do we know? (continued)

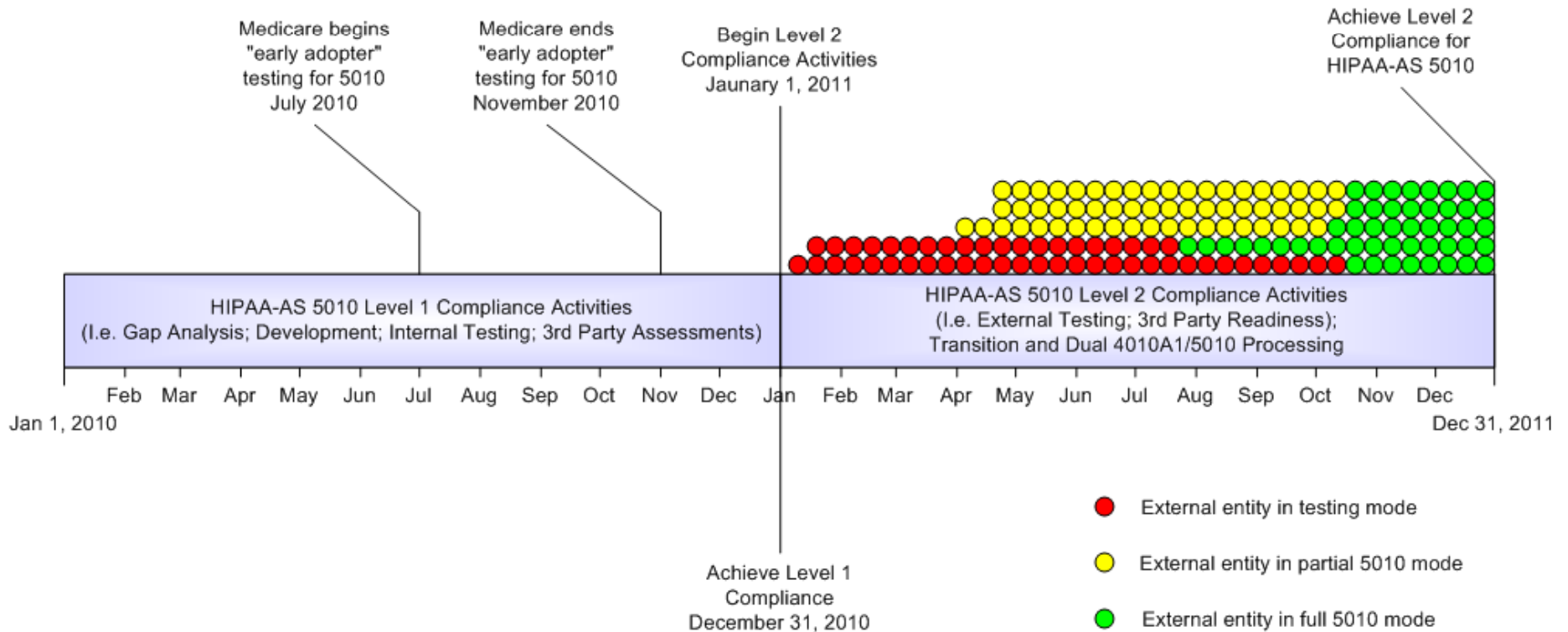
- All standard covered HIPAA-AS electronic transactions are changing.
- These changes will require modifications to internal and external business processes and systems that utilize these transactions.
- External trading partner testing and the 5010 transition will require significant communication, collaboration and coordination across the health care industry.
- The implementation of 5010 is a pre-requisite to the implementation of the new mandated ICD-10 medical code sets.
- HIPAA-AS 5010 incorporates more than 1331 changes (607+ just for claims) to the current standard and will provide the following business values:
 - Improvements to the structure of electronic transactions will increase the value of data and the rules that govern data content while enabling future capabilities.
 - Changes will resolve current data ambiguities and inconsistencies across the HIPAA-AS standard covered electronic transactions.
 - Changes will increase the business value of the HIPAA-AS electronic transactions while enabling future capabilities for interoperability between industry stakeholders.

5010 Testing with Commercial Payers

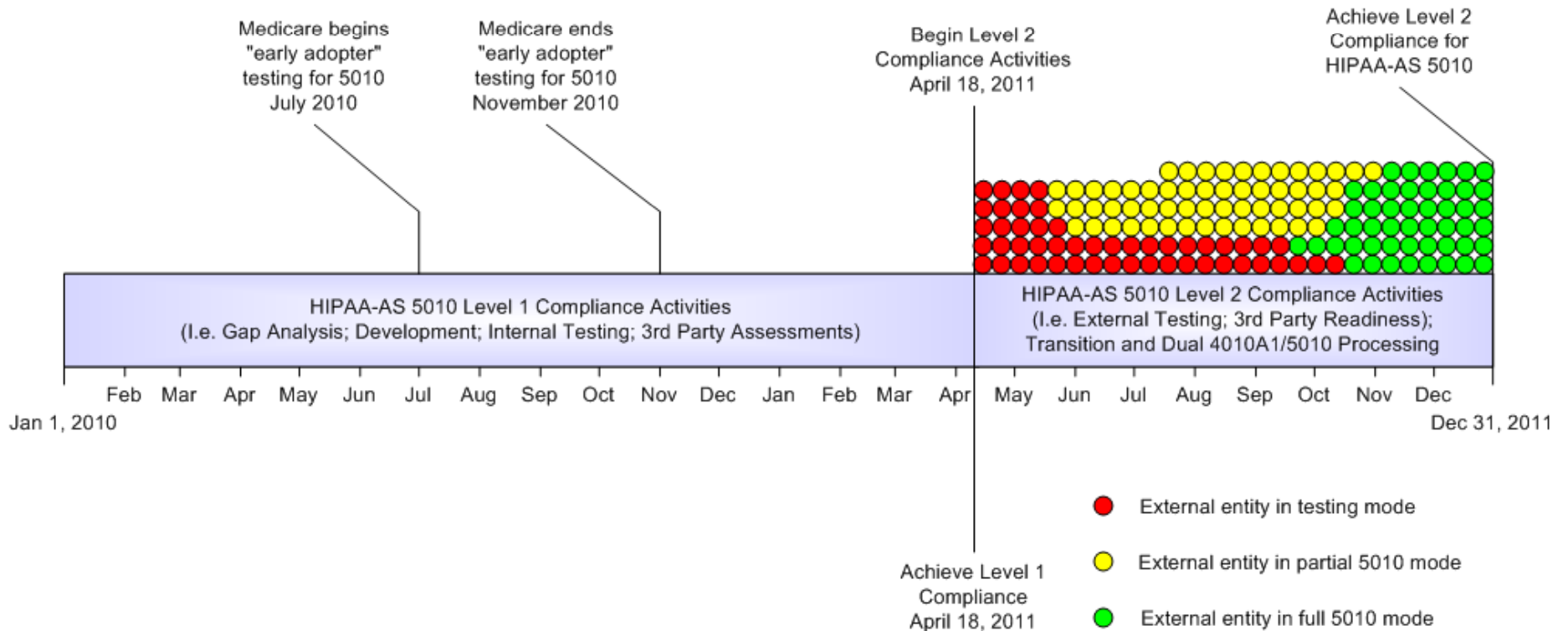
Three Key Definitions

- **Level I Compliance** means "that a covered entity can demonstrably create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing."
- **Level II Compliance** means "that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards."
- **Base Testing versus Errata Testing** means that differences between the original 5010 transactions and the additional changes that were made to the 5010 transactions that essentially changed the testing and transition timeline without modifying the regulatory compliance date.

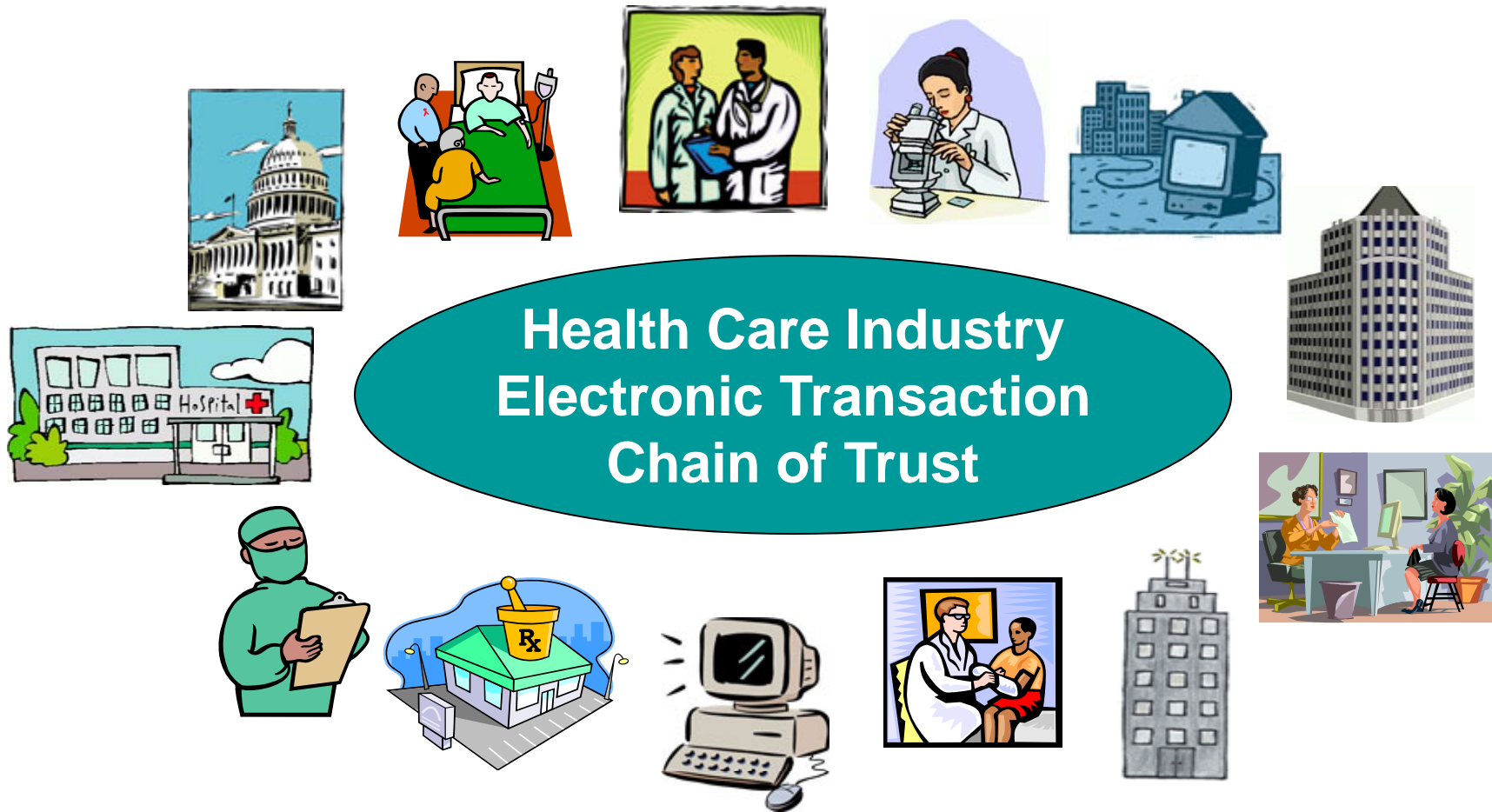
5010 Pre-Errata Testing and Transition Timeline



5010 Post-Errata Testing and Transition Timeline



5010 Testing and Implementation Challenges



5010 Testing with Commercial Payers

Five Key Elements and Thought Starters

- 1. Reimbursement Matters:** *What would happen to your medical practice or back office operations if your business system capabilities were not able to function?*
- 2. Early Engagement Matters:** *What would happen if you waited to engage your “electronic transaction chain of trust” partners about 5010 and their testing and transition plans as they relate specifically to YOUR medical practice or back office operations?*
- 3. Communications Matter:** *What would happen if you failed to reach out and talk to those entities and business partners that you rely upon to support your business about 5010 and its implications?*
- 4. Your Uniqueness Matters:** *What would happen to your medical practice or back office operations if you just “went along for the ride” and waited on your software vendor to take care of this for you?*
- 5. Testing Matters:** *What would happen to your medical practice or back office operations if you just replaced what you currently use with a “5010 version” without testing it first?*

5010 Testing with Commercial Payers

What's next?

1. Identify your “electronic transaction chain of trust” partners; start from your desktop to your payers and back.
2. Make contact and begin the dialogue about their 5010 plans; include questions about testing (*how to*), implementation (*when*), any disruptions to your business operations during transition (*impacts*) and contingency plans (*what if this does not work*).
3. You and your “electronic transaction chain of trust” partners will need to understand any business process changes being implemented that will impact your back office operations (*i.e. interfaces; screens; reports; new data; changed data; deleted data*).
4. When testing, you need to keep “compliance testing” and “business rules” (*payer specific companion documents*) testing as separate challenges and use them as opportunities for verification and validation.

5010 Testing with Commercial Payers

What's next? (continued)

5. End-to-end test data will be problematic *(Is it possible to submit an electronic claim transaction (837) under 5010 and receive back a 5010 enabled 835 that you can use to post payment using your 5010 enabled patient accounting system?)*
6. Co-existence and dual processing capabilities with 4010A1 and 5010 is a significant challenge for the health care industry *(Are your electronic transaction chain of trust partners capable of sending and/or receiving either a 4010A1 or 5010 electronic transaction during this testing and transition period? Can they enable their systems to send or receive either 4010 or 5010 by transaction type based on the 5010 readiness of downstream or upstream systems?)*
7. Human resources needed to validate testing results will be at critical mass during the 5010 testing and transition period *(Does your organization have the human resource capacities, skills and knowledge that are needed to establish test data, execute tests and validate results?)*

5010 Resources

Where can we find out more information?

- Make direct contact with your “electronic transaction chain of trust partners” (I.e. clearinghouse; billing service; payers, etc.) and your software vendors (I.e. practice management systems; hospital information systems; accounts receivable and patient accounting systems, etc.).
- Access publically available Websites (a few examples follow):

https://www.cms.gov/HIPAAGenInfo/01_overview.asp

<http://www.cms.gov/Versions5010andD0/>

<http://www.wedi.org/>

<http://www.ama-assn.org/>

<http://www.himss.org/ASP/index.asp>

<http://www.hbma.org/>

<http://www.ahima.org/Default.aspx>

<http://getready5010.org/>

Questions & Discussion



Thank You!

All Webinars from this series will be posted on Demand on getready5010.org shortly



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