



GetReady5010

Supporting Industry Readiness for January 1, 2012

5010 Test Education Week

Testing with Medicare Fee for Service

April 6, 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

*Downloads
available
April 11!*

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

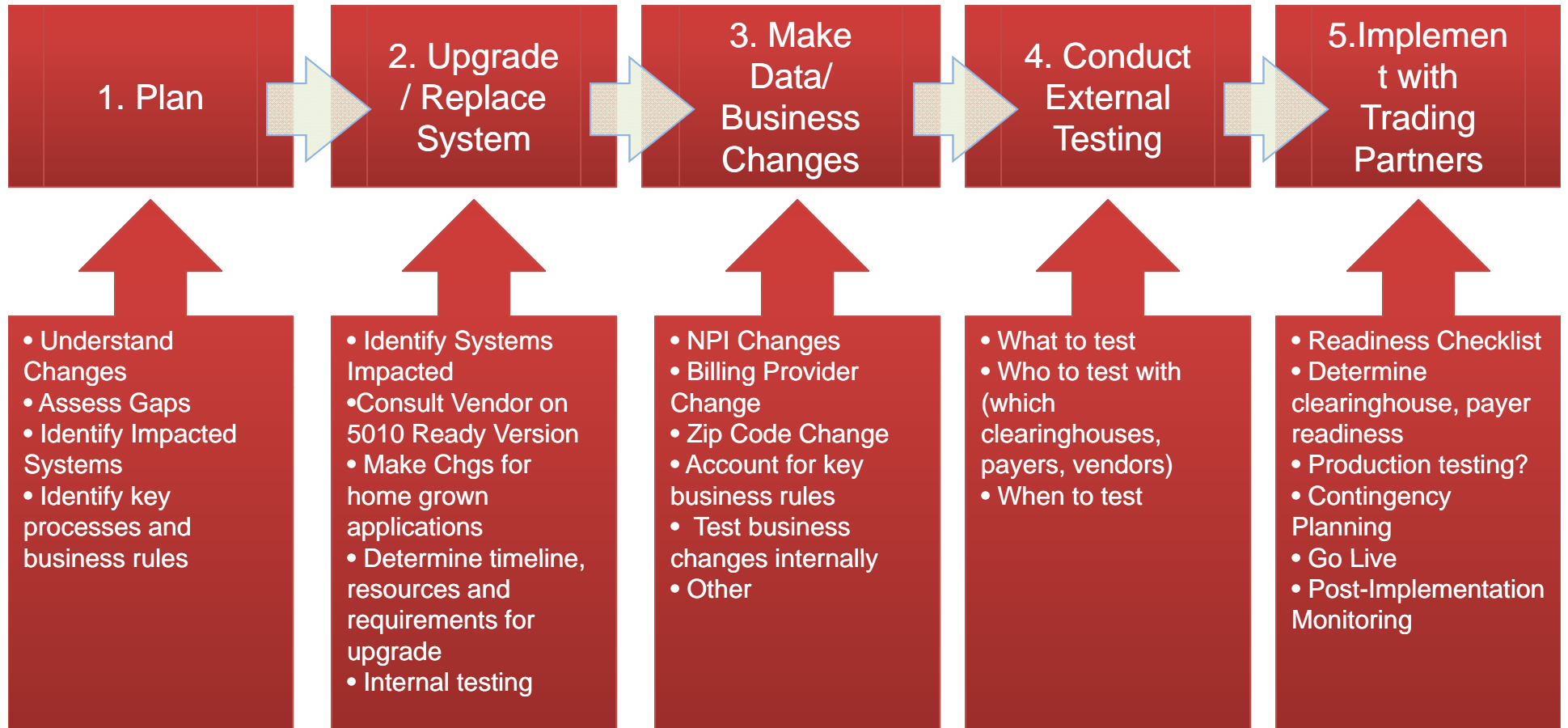
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Five Steps to 5010 Success



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

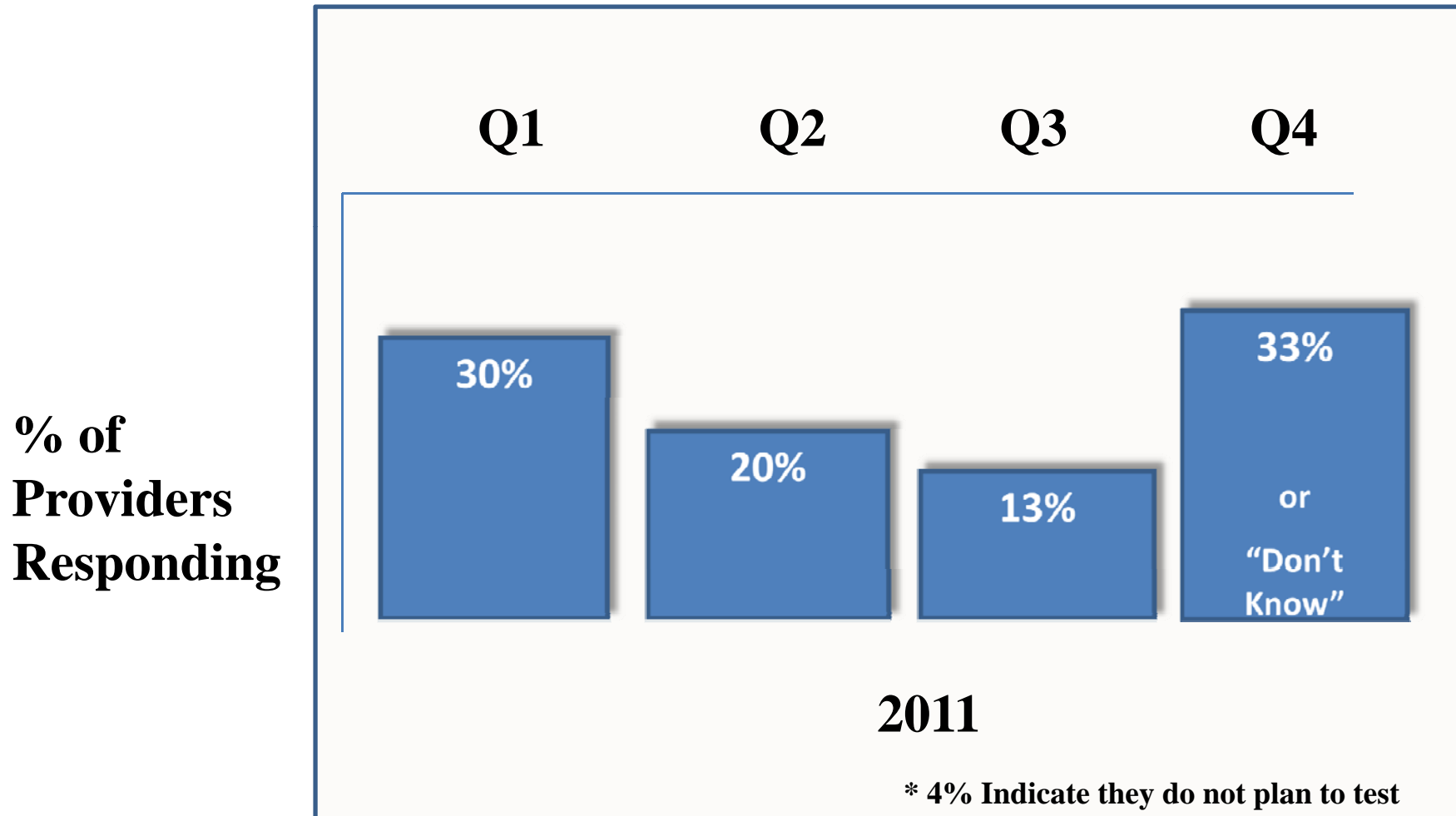
GetReady5010 Testing Prep Webinar
Preventing Cash Flow Interruptions

Objectives

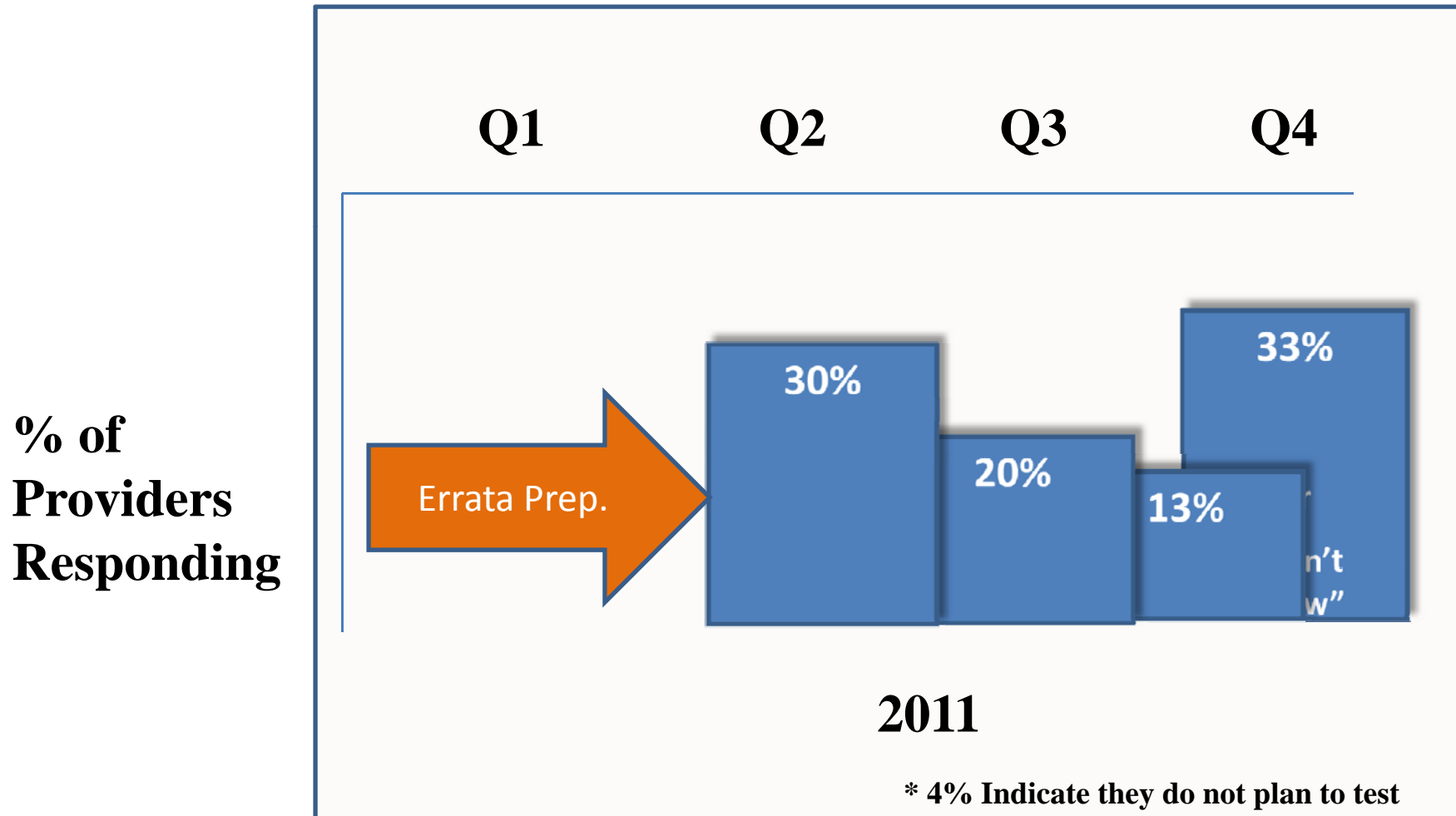
- Understand how, what and when organizations are planning to test for 5010
- Leverage “lessons learned” from early provider, payer and clearinghouse testers
- Assess how you can avoid a 5010 “traffic jam” at the end of 2011

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

CMS

Christine Stahlacker

Director, Division of Medicare Billing

**National
Government
Services**

Suzan Ryder

Manager, EDI Technical Support

Joyce Cianciola

Sr. EDI Operations Analyst

Linda Mayer

EDI Operations Analyst

Today's Speakers

**Northeast
Health**

**Joseph M. D'Allaird
A.V.P. Patient Financial Services**

**Kim Eccles
System Analyst**

**Dawn Schaeffer
Senior Meditech Analyst**

**Highmark
Medicare
Services**

**Beth Beers
EDI Coordinator**





Medicare 5010 Transition Overview

Christine Stahlecker

April 6, 2011

Centers for Medicare and Medicaid Services

Office of Information Services



CMS 5010 Status Overview

- Effective with the Medicare (Fee-for-Service) FFS April release implementation, 5010 test-to-production transitions (using the Errata versions) begins
- The metrics below represent the Medicare FFS approximate transition targets.

	All Bills Processed	All EMC Bills Processed	Percent Processed Electronically	Trading Partners*	Providers*
Part A	186,994,338	186,672,093	99.9%	85,710	2,707,287
Part B	981,747,162	956,431,968	97.4%		
Total	1,168,741,500	1,143,104,061	97.8%	85,710	2,707,287

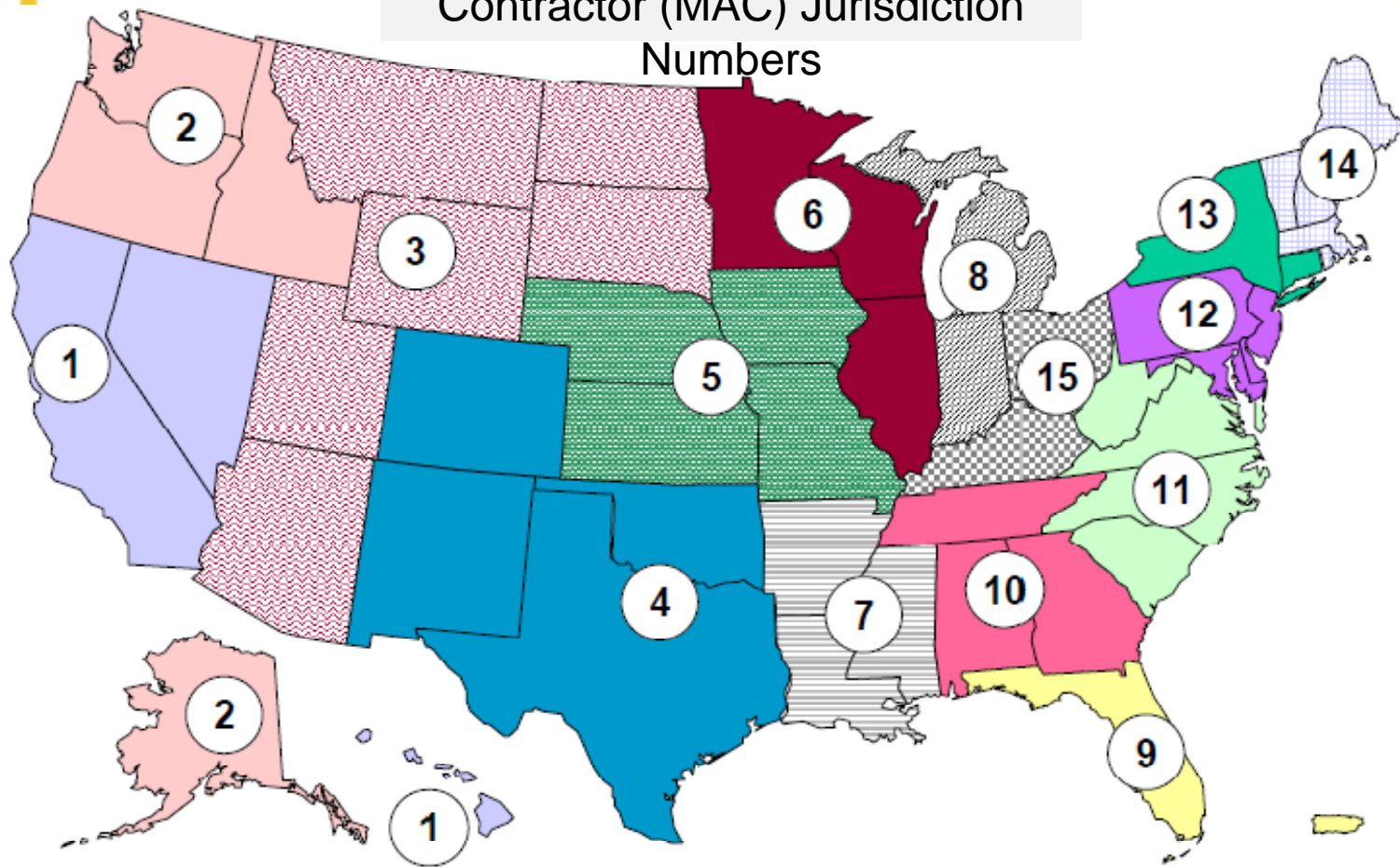
*These statistics are for MACs only and do not include Legacy Contract statistics.

MAC Overview

- The external trading partner testing and transitions to production will be handled by 10 MACs and CEDI.
- Eight legacy contractors are paired with MACs in jurisdictions with non-awarded MACs.

Project Overview

Medicare Administrative
Contractor (MAC) Jurisdiction
Numbers



A/B MAC and CEDI Contacts*

Jurisdiction	Operational MACs	EDI Help Desk Phone Number	Website
1	Palmetto GBA	1-866-749-4301	www.palmettogba.com/medicare
3	Noridian Administrative Services, LLC	1-800-967-7902	www.edissweb.com
4	Trailblazer Health Enterprises, LLC	1-866-749-4302	www.trailblazerhealth.com
5	Wisconsin Physician Service Insurance Corporation	1-866-503-9670	http://www.wpsic.com/edi/5010-Readiness.shtml
9	First Coast Service Options, Inc.	1-888-670-0940	www.fcso.com/
10	Cahaba GBA	1-866 582-3253	www.cahabagba.com/
11	Palmetto GBA	1-866-749-4301	www.palmettogba.com/medicare
12	Highmark Medicare Services	1-866-488-0546	https://www.highmarkmedicareservices.com/
13	National Government Services	1-877-273-4334	www.ngsmedicare.com/
14	NHIC	1-877-386-1056	www.medicarenhic.com/
CEDI	National Government Services	1-866-311-9184	http://www.ngscedi.com/

Additional Points

- CMS has given numerous presentations regarding the 5010 program. To access completed presentations go to <http://www.cms.gov/Versions5010andD0/> and click on **5010 National Calls** on the left menu
- An important point to remember with regard to being prepared for 5010: **Do not assume that someone else is taking care of this for you**



Implementation & Testing Update

ANSI 5010
2011

GetReady5010

April 6, 2011

Today's Presenters

Suzan Ryder, NGS EDI
Joyce Cianciola, NGS EDI
Linda Mayer, NGS EDI

Disclaimer

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Focus on Testing the 5010 Transactions

5010 TRANSACTION TESTING

- As of January 1, 2011, all electronic submitters currently enrolled could begin exchanging test data using their current electronic submitter ID number and password. Electronic submitters are not required to notify EDI Services.
- As of April 4, 2011 all electronic submitters can test the Errata version.

5010 TRANSACTION Version

5010 Transaction Testing Version	Errata <i>Only</i> Versions for 4/4/2011 Testing
837 Health Care Claim: Institutional	005010X223A2
837 Health Care Claim: Professional	005010X222A1
835 Health Care Claim Payment/Advice	005010X221A1
270/271 Eligibility Benefit Inquiry and Response	005010X279A1
276/277 Status Inquiry and Response	005010X212
999 Implementation Acknowledgment For Health Care Insurance	005010X231A1
277CA Claim Acknowledgement	005010X214

Testing Guidelines

- **Level 1 –Transmission/Transaction Integrity**
 - High-level accuracy of the transmission and transactions. Validate the syntax compliance at the standard level.
 - TRN Transaction Acknowledgement Report
 - TA1 Interchange Acknowledgment Report
 - 999 Implementation Acknowledgment For Health Care Insurance
 - a) 999R - rejection of total file
 - b) 999E - accept with errors
 - c) 999A - file accepted

Testing Guidelines

- An Accept With Errors Code of 'E' will be identified in the 999 IK501 indicating that errors were identified, but transaction is being accepted for further processing
- 999 Accept With Errors will be returned at claim level via 277 Claims Acknowledgement

Testing Guidelines

- **Level 2 –Data Integrity** – Edits relating to required data elements, relational data (e.g. numeric data in numeric-defined elements), and valid code values (e.g. qualifiers specific to the implementation guide).
 - 277CA Health Care Claim Acknowledgment
(Received in follow-up to the 999 accept and accept with error situations)

Testing Guidelines

- Testing at the submitter level
 - billing service,
 - clearinghouse,
 - or vendor supplied software

Testing Criteria

- 25-100 claims
- Professional and institutional claims submitted in separate files (ISA – IEA)
- 837 and 276 submitted in separate files (ISA – IEA)
- Representative of services billed (bill types)
- Medicare Secondary Payer claims

837

ANSI Field	Test Claim File
ISA06	Version 005010
ISA08	Submitter ID
ISA15	Payer ID (NY = 13201)
GS02	"T" for Test claim file
GS03	Submitter ID
GS08	For Institutional Claims (Part A) Enter 005010X223A2 For Professional Claims (Part B and DME) Enter 005010X222A1
1000B NM1.09	Payer ID (NY = 13201)

Testing Analysis

- Have a translated report from the 999 Acknowledgement transaction set for review
- Have a translated report from the 277CA Acknowledgement transaction set for review
- NGS EDI Help Desk cannot assist with translation of the 999 or 277CA transactions

Testing Analysis

- Attain 95% compliance results
- Notify EDI via email when ready to move to production and disable 4010A1 capabilities

835 5010 TRANSACTION TESTING

- 835 005010X221A1-Electronic Remittance Advice
 - Contact EDI via NGS Internet inquiry form to request test set up
 - Set up for 10 parallel cycles
 - Additional test cycles can be requested based on business need
 - Notify EDI via email when ready to move to production and disable 4010A1 capabilities

276/277 5010 TRANSACTION TESTING

- 276/277 005010x212 Claim Status Inquiry & Response
 - Test through a production parallel
 - Submit both 4010A1 and 5010 production 276 Claim Status Inquiry files
 - Will receive 4010A1 and 5010 277 Claim Status Response files, respectively
 - 5010 files will receive TA1, 999, 277 Claims Acknowledgement, 277 Inquiry Response
 - Notify EDI via email when ready to disable 4010A1 capabilities

5010 IMPLEMENTATION

Medicare Free Software

- Free Software 5010 Readiness:
 - PC-ACE Pro32
 - Upgrade and full install will support 5010 errata versions only
 - No testing required by submitter
 - PC-Print
 - 5010 version will be available by 1/1/2011
 - Support both 5010 and 4010A1

5010 IMPLEMENTATION Resources

- Medicare Companion Guides
 - CMS developed standard template for Medicare Companion Guides
 - MACs will update with any MAC-specific information
 - Available via MAC web site: www.ngsmedicare.com
- CMS 5010 Web Site
 - <http://www.cms.gov/Versions5010andD0>
- CMS Technical Documentation
 - <http://www.cms.gov/MFFS5010D0>
 - Edit spreadsheets
 - Side-by-Side Compares
 - 5010 Acknowledgement Examples (TA1,999,277CA)

Technical Information and Guides

- 5010 Implementation Guides available from X12 at

<http://store.x12.org/>

- 5010 Technical Report Newsletters available from X12 at

<http://www.x12.org/newsletters/tr/index.cfm>

EDI Help Desk Information

- 8:00 a.m.– 4:00 p.m. Eastern Time, Monday through Friday 877-273-4334
- EDI 5010 Support:
EDI Help Desk Inquiry Form, under
“Contacts”

Northeast Health

- ▣ 5010 Implementation Plan

About Northeast

- ▣ Two Acute Care Hospitals: 403 Beds
- ▣ One Rehab Hospital: 115 Beds
- ▣ Three Nursing Homes: 322 Beds
- ▣ 7 Primary Care Sites: 35 Providers
- ▣ Home Health Agency, DME, Assisted Living, Alzheimer's Center, Retirement Communities.

5010 Planning

- ▣ Reach out to:
 - Our Billing Software Vendor
 - Our Region's HIPAA Transactions Committee
 - Our local and regional Health Plans

Planning: Meditech

- ▣ Contacted Meditech early in 2010 to discuss their 5010 planning.
- ▣ Needed to upgrade to next version of Meditech in order to have 5010 programming.
- ▣ Could then accommodate additional data requirements such as Physician.
- ▣ Reviewed their implementation plan for roll out of transactions
 - 837P, 837I, 835, 270/271 etc..

Planning: HIPAA Transactions Committee

- ▣ Group consisting of Health Plans and Providers that meet monthly to discuss how to best utilize each transaction.
- ▣ Began 5010 discussions early in 2010.
- ▣ To assist in our assessment the Committee purchased a crosswalk of 4010A1 to 5010 for all transactions.

Planning: HIPAA Transactions Committee - continued

- ▣ Some members also attend X12 which provided additional insight and expertise to the committee.
- ▣ Primarily focused on 837I and 837P.
- ▣ Value in receiving input from Plans / Providers.
- ▣ Opportunity to identify possible issues and solutions early in the process.

Planning: Health Plans

- ▣ Scheduled a conference call with NGS to discuss their testing plan.
- ▣ Included Meditech on that call.
- ▣ From that discussion we realized we needed to include both the 999 and 277CA as part of the implementation plan.

Testing with NGS and NYS

Medicaid

- ▣ Started testing 1st quarter 2011
- ▣ One of the first issues we identified: new physician fields added in registration, those fields were being used for data other than intended.
- ▣ Identified this as an education issue we needed to address.

Testing - continued

- ▣ ISA04 must be “padded” 10 spaces, not empty.
- ▣ NYS Medicaid required a certain amount of custom programming in 4010.
- ▣ For 5010 our vendor programmed the base 5010 requirements. We then had to re-evaluate in 5010 what customs were still needed.

Testing - continued

- ▣ Insurance address now required – we had default insurances with no addresses for things such as Financial Aid.
- ▣ We also realized:
 - We needed to purchase the 5010 guides.
 - Don't take anything for granted.

Other issues / questions

- ▣ What is each payer expecting to see in GS08 and ST03? We believe will accept either version after 4/1.
- ▣ Claim Type of SelfPay, in 4010 = 09
- ▣ Value of 09 deleted in 5010.
- ▣ 09 is used to accommodate NYS SPARCS data requirements to identify patient is uninsured.

What we would do differently

- ▣ Allow more time to test Errata. We will not be ready on 4/1.
- ▣ Purchase the guides sooner.

- ▣ What we recommend:
 - Test early with multiple Health Plans.
 - Have input on process.
 - Review Billing Vendor and Health Plan companion guides.

Highmark Medicare Services 5010 Testing

- Highmark Medicare Services began accepting tests in the base Version 5010 on January 3, 2011.
- We will begin accepting tests in the errata Version 5010 in April 2011.
- Submitters to Highmark Medicare Services must produce an accurate test file before being approved to submit claim transactions in production.
- Many claim submitters use the same software, or the same clearinghouse to submit their electronic claims to Medicare. Vendors, billing services and clearinghouses may send generic test files to receive an approval status. Once approval status is received, individual customers do not need to test the product again and will be ready to submit 5010 production within 5-10 business days.

Requirements for a Test File

- A test file must contain 25 claims.
- The test must include a variety of the services the submitter normally bills.
- Test files must pass 100 percent of standard syntax errors before production will be approved.
- Test files must pass 95 percent accuracy of data content before production will be approved.
- Vendors completing testing should test with the National Provider Identifier (NPI) of one of their customers.

Methods of Sending a Test File

- Highmark Medicare Services has two methods of sending files to us for testing.
 - Provider Total On-Boarding (PTOB) Portal-This will be the preferred method for sending test files to Highmark Medicare Services. 5010 transactions will be sent through an Internet portal and be certified for approval or rejection. 5010 reports will be viewed and question/answer sections will verify the submitter's knowledge of the new transactions. Highmark Medicare Services plans to implement this method in April 2011.
 - Manual testing - For submitter's that cannot access the Internet portal, manual testing can still be completed. This method involves connecting to Highmark Medicare Services' bulletin board via a dial up connection and transferring the file. After the file is transferred, another option will allow the submitter to download the response transactions.

Certification of Tests

- After Highmark Medicare Services receives a 5010 test file, the following 5010 transaction reports may be sent.
 - **X12N TA1 Interchange Acknowledgement Report**
 - Generated immediately after sending a file transmission only if an interchange control structure error is identified.
 - **TRNACK Report**
 - Generated immediately after sending a file when a transaction fails due to enveloping errors. Also, if the file format is unrecognizable, the TRNACK report will reject.
 - **X12N 999 Functional Acknowledgement**
 - Generated within several minutes of the file transmission.
 - Verifies the transmission was received and indicates whether the transmission was accepted or rejected, test or production.
 - **277CA Claims Acknowledgement**
 - Generated within several minutes of the file transmission.
 - Verifies whether claims have been accepted or rejected for processing consideration.
- Review these reports to verify the accuracy of the test file. Once the accuracy rate has been met, submitters can begin sending test files within 5-10 business days.

Online References for information

- The following 5010 documents are available on our Web site:
 - 5010 Companion Guide
<https://www.highmarkmedicareservices.com/edi/5010/pdf/5010-comp-guide.pdf>
 - 5010 FAQ list
<https://www.highmarkmedicareservices.com/edi/faq/5010.html>
 - 5010 Testing Tips for Vendors
<https://www.highmarkmedicareservices.com/edi/5010/pdf/x12n.pdf>
 - 5010 Transaction newsletters
<https://www.highmarkmedicareservices.com/edi/5010/5010-news.html>
 - 5010 Expectations
<https://www.highmarkmedicareservices.com/edi/5010/pdf/5010-expectations.pdf>

Initial Testing Thoughts

- Initial testing has been mostly vendors and clearinghouses testing their products.
- Highmark Medicare Services have seen many errors that are related to changes in the Technical Report 3 (TR3) that were not changed in submitters software. Examples include:
 - There are new requirements for a ST03 data element.
 - Missing required N4 segments.
 - Version not updated in both the ISA and the GS.
 - The Repetition Separator in the ISA 11 has not been updated.
- Highmark Medicare Services encourages customers to test early so we have the resources available to help them with any issues that arise.
- Our EDI Help desk is available to help with any issues 1-866-488-0546.

5010 Test Education Week

Questions?

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