

## Compliance for HIPAA 5010 is 102 days away- Are You Ready?

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## Conflict of Interest Disclosure

- Rita Spear and Charie Faught
- Have no real or apparent conflicts of interest to report
- Disclaimer: Nothing communicated should be construed as an inference that they are speaking on behalf of their institutions (MT HIMSS and Montana Tech).

## About HIMSS

The Healthcare Information and Management Systems Society (HIMSS) is the healthcare industry's membership organization exclusively focused on providing leadership for the optimal use of healthcare information technology (IT) and management systems for the betterment of human health. Founded in 1961 with offices in Chicago, Washington D.C., and other locations across the country, HIMSS represents more than 20,000 individual members and over 300 corporate members that collectively represent organizations employing millions of people. HIMSS frames and leads healthcare public policy and industry practices through its advocacy, educational and professional development initiatives designed to promote information and management systems' contributions to ensuring quality patient care.

### **Vision**

Advancing the best use of information and management systems for the betterment of health care.

### **Mission**

To lead change in the healthcare information and management systems field through knowledge sharing, advocacy, collaboration, innovation, and community affiliations.

## 5010 General Overview

- What is HIPAA?
- What is 5010?
- Why is it important to me?
- Next Steps
- Additional Resources
- Q & A

# HIPAA

- Health Insurance Portability & Accountability Act (HIPAA)
- Title I: Health Care Access, Portability, and Renewability
- Title II: Preventing Health Care Fraud and Abuse; Administrative Simplification; Medical Liability Reform
  - Privacy Rule
  - Transactions and Code Sets Rule
  - Security Rule
  - Unique Identifiers Rule (National Provider Identifier)
  - Enforcement Rule

Source: <http://www.cms.gov/HIPAAGenInfo/>

# Transaction & Code Sets Rule

- Standards for electronic data exchange (EDI)
- HIPAA requires the U.S. Department of Health and Human Services (HHS) to adopt required standards for covered entities, (health plans, health care clearinghouses and health care providers), to use when conducting certain transactions electronically. These include such transactions as **claims**, **remittance advices**, and requests and responses for eligibility and claims status

(Source: <http://www.xifin.com/resources/5010update> )

## Standard Electronic Code Sets Requirements

This final rule also named standards for code sets used to encode data that is sent in the HIPAA-named transactions. Code sets are identified as “medical” or “non-medical.” Medical code sets include the International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9), Current Procedural Terminology (CPT®), and Healthcare Common Procedure Coding System (HCPCS). “Nonmedical” code sets are administrative code sets and include ZIP code, state abbreviations, and administrative billing code sets (e.g., place of service). The code sets that are listed or named within a HIPAA-named transaction implementation guide are required to be used.

Source: AMA 5010 Toolkit

Standard Transaction Name	Technical Name for Transaction
Health claims or equivalent encounter information	837 Professional, 837 Institutional, 837 Dental
Health care payment and remittance advice	835
Eligibility for a health plan	270 (Request) and 271 (Response)
Health claim status	276 (Request) and 277 (Response)
Referral certification and authorization	278
Enrollment and disenrollment in a health plan	834
Health plan premium payments	820
Coordination of benefits	837 Professional Claim, 837 Institutional Claim, 837 Dental Claim

Source: AMA 5010 Toolkit

## Version 5010 Transaction 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)

Source: GetReady5010 Industry Readiness Update

## What is 5010?

- The current transaction standard is X12 version 4010A1 for all health care claims, remittance advices, eligibility, claims status and referrals.
- The Centers for Medicare and Medicaid Services (CMS) has mandated that the industry upgrade to X12 version 5010 and NCPDP version D.0

(Source: <http://www.xifin.com/resources/5010update>)

## What is 5010?

- January 1, 2012 - mandatory date to move from the use of the current 4010 version of the electronic administrative transactions to the new 5010 version.
- 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." We (CMS) expect covered entities to be testing throughout calendar year 2011, and to schedule testing as early as possible, to ensure sufficient time for corrective actions and re-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."

(Source: [https://www.cms.gov/ElectronicBillingEDITrans/18\\_5010D0.asp](https://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp))

## What Changed with 5010?

### Fixed Imperfections:

- ✓ Ambiguities
- ✓ Removed content not used
- ✓ Supported NPI
- ✓ Introduced consistency

### Supported New Use Cases

- ✓ ICD10
- ✓ Medicaid Subrogation
- ✓ Ambulance
- ✓ Condition codes in 837P
- ✓ Anesthesia

(Source: Get Ready5010 <http://getready5010.org/>)

## Key Changes – Eligibility Transaction

- Required alternate search options
  - Used when providers are unable to find member eligibility information using the primary search or data is not available
- Added support for 45 new Service Type codes
- Reporting financial liability responses, such as co-pay, co-insurance, deductible, out of pocket, etc.

Source: Get Ready 5010 <http://getready5010.org/>

## 5010 Changes

- The formats currently used must be upgraded from X12 Version 4010A1 to 5010 and from NCPDP 5.1 to D.0
- Systems that submit claims, receive remittances, exchange claim status or eligibility inquiry and responses must be analyzed to identify software and business process changes
- The new versions have different data element requirements
- Medicare FFS has performed a comparison of the current and new formats for the transactions used and they can be found at [http://www.cms.gov/ElectronicBillingEDITrans/18\\_5010D0.asp](http://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp)
- Software must be modified to produce and exchange the new formats
- Business processes may need to be changed to capture additional data elements now required
- Transition to the new formats must be coordinated:
  - Continue to use the current formats for some Trading Partners' exchange
  - Start to use the new formats with other Trading Partners

Source: GetReady 5010 Getting Started Primer

## Why is it important to me?

- All Medicare FFS trading partners who are considered to be **HIPAA covered entities**, their **business associates**, and **anyone expecting to implement ICD-10 Medicare FFS** uses the term Trading Partner to designate one of two or more participants in an ongoing business relationship (e.g., provider, billing service, software vendor, clearinghouse, etc.)
- All Medicare FFS providers/suppliers should have the following staff engaged in transitioning to 5010 Practice leadership
  - Office and Practice Managers
  - IT and systems staff
- Software Vendors, Clearinghouses, Billing Services or any other entity that services Medicare FFS providers

Source: HIPAA Version 5010: Eighteenth National Provider Call MAC Panel

## Noridian Milestones

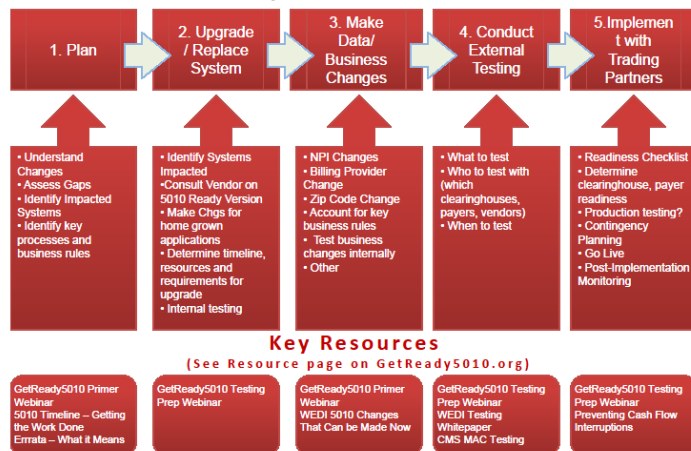
- 1/1/2011 –Testing for the 5010 transition was made available to Medicare providers and vendors.
- 3/21/2011 –First Medicare provider successfully passed 5010 testing.
- 6/1/2011 –Noridian received the first Med B 5010 production file.
- 8/8/2011 –Noridian received the first Med A 5010 production file.
- 8/10/2011 –Parallel 5010 835 testing started with providers.

Source: HIPAA Version 5010: Eighteenth National Provider Call MAC Panel

## What to do next

- Find out which phase of testing your organization is in
- Where is your organization in the ICD-10 plan?
- Medical Banking
  - [http://www.himss.org/ASP/topics\\_medicalbanking.asp](http://www.himss.org/ASP/topics_medicalbanking.asp)

## Five Steps to 5010 Success



Source: Get Ready 5010 <http://getready5010.org/>

**Step 1 – Impact Analysis:**

Become familiar with the upgrade and conduct an internal impact analysis to determine the impact the change to 5010 will have on your business practices and systems.

**Step 2 – Contact your Vendors, Payers, Billing Service, and Clearinghouse:**

Contact your vendors for specific details on the installation of upgrades to your system. Also, contact your clearinghouses, billing service, and payers for preliminary information on when they expect their upgrades will be completed and they will be ready to accept the 5010 transactions.

**Step 3 – Installation of Vendor Upgrades:**

Undergo installation of upgrades from your vendor. Keep in mind that the timing of the system upgrades will be dependent on your vendor's readiness, both with respect to product development and scheduling.

**Step 4 – Internal Testing and Staff Training:**

Once the upgrades are completed, you will need to conduct internal testing of your systems to ensure you can generate the 5010 transactions. Allow extra time to resolve any issues that may arise and work with your vendor to address these. You will also complete staff training throughout the process of implementing and testing your system.

**Step 5 – External Testing with Clearinghouse, Billing Service, and Payers:**

Contact your clearinghouses, billing service, and payers to conduct external testing with them. Testing with your trading partners (e.g., clearinghouses and payers) will ensure that you can send and receive the transactions properly.

**Step 6 – Make the Switch to 5010:**

After you have completed external testing with some or all of your trading partners, you may switch to using only the 5010 transactions. You are permitted to begin using the 5010 transactions prior to the compliance date, as long as you and the other organization are in agreement with the early conversion.

Source: AMA Fact Sheet 2-Preparing for the Next Version of HIPAA Standards

## Next Steps

- 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

Source: GetReady5010 Industry Readiness Update

## ICD 10

- Remember Medicare Part D??
  - Months to get reimbursed
  - Months to get the system to work properly
  - Patients received medications only because providers and pharmacies funded the monies until the system was operable

## ICD-10 October 13, 2013

- Although the 5010 format allows ICD-9 and/or ICD-10 CM & PCS code set values in the transaction standard, until the ICD-10 compliance date, continue to submit ICD-9 codes on all claims
- After ICD-10 Implementation on October 1, 2013, all covered entities are required to:
- Submit ICD-10 codes on professional claims with a date of service or institutional claims with a discharge date of October 1, 2013 or later
- Medicare FFS will allow processing of claims with ICD-9 codes beyond
- October 1, 2013 for a period of time for claims with dates of service or discharge dates prior to October 1, 2013 in order to allow billing cycles to catch up

Source: GetReady 5010 Getting Started Primer

## Resources

- CMS Handout
- HIMSS Financial Handout
- Useful Websites:
  - [http://www.himss.org/ASP/topics\\_FocusDynamic.asp?faid=220](http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=220)
  - [https://www.cms.gov/ElectronicBillingEDITrans/18\\_5010D0.asp](https://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp)
  - <http://getready5010.org/>
  - [www.ama-assn.org/go/5010](http://www.ama-assn.org/go/5010)
  - <http://www.x12.org>

## About Montana HIMSS

- Charter Approved Spring 2011
- Representation from across Montana
- Education Goals:
  - Conduct effective education programs for rural and non-rural areas
  - Develop events that will attract other professional organizations in Montana to gain their participation or cohere at events in order to achieve synergy
  - Promote National HIMSS events and encourage attendance of Montana HIMSS chapter membership at all National HIMSS events

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