

Emdeon Claim Master® HIPAA 5010 Readiness

With the healthcare industry working to adopt the new HIPAA 5010 standards by January 1, 2012, Emdeon is committed to keeping you informed of our efforts to help Emdeon Claim Master customers prepare for these regulatory changes.

How can I obtain the 5010 Implementation Guides (Technical Reports)?

Under 5010, the Implementation Guides are now called Technical Reports (TR3). The TR3 documents and their addenda are available for purchase in the X12 Store located at <http://store.x12.org/> or at www.wpc-edi.com.

- X222 - Health Care Claim: Professional 837
- X223 - Health Care Claim: Institutional 837

What versions of Emdeon Claim Master are affected?

Emdeon Claim Master Web-Native institutional and professional products have been updated to contain the new 5010 data elements and qualifiers.

Note: Emdeon Claim Master Legacy and HBS products are NOT being modified to be 5010 compliant. Customers on these products will be migrated to Emdeon Claim Master Web-Native to meet 5010 requirements by December 31, 2011.

Do I have to change my inbound file format?

The HIPAA 5010 compliance date is January 1, 2012. While Emdeon encourages all providers to be ready to submit claims using the new standards in advance of the deadline, we want you to be aware that Emdeon Claim Master can make your claims compliant without requiring you to upgrade your system.

If you plan to change your inbound claim file to a 5010 format please complete an [Emdeon ON24/7](#) ticket or contact your support representative in order to get scheduled for testing.

Will the inbound format sent to the clearinghouse change?

Once 5010 testing has been completed with Emdeon Claim Master and the appropriate 5010 flags are set, all claims sent to the clearinghouse will be in the 5010 format. Until that time, claims will continue to be sent to the clearinghouse in the 4010 format.

Once a payer is 5010-ready, will claims be billed to that payer in the 5010 format?

Yes, once a payer successfully completes 5010 testing with the clearinghouse and is flagged as "5010-ready", all claims sent to that payer moving forward will be in the 5010 format no matter what inbound format is received from Emdeon Claim Master.

How can clients receive the status on each payer's readiness?

Payers that are accepting the 5010 format will be noted as such on the Emdeon payer list located at www.emdeon.com/payerlists.



Were issues surfaced during 5010 payer testing that I should be aware of?

A number of provider and data content issues emerged during 5010 testing. Some examples are:

Billing Provider Address: The Billing Provider Address must be reported using a unique physical location instead of PO Box information. This change may require enrollment updates and payers should be contacted proactively regarding updating address information to avoid any adverse affect on reimbursements.

Zip Code: Version 5010 requires that the Billing Provider and Service Facility Zip Code must be reported using the full nine digits.

Release of Information Code: Version 5010 deleted code values (A,M,N,O) that do not specify consent to release information and the only code values allowed in 5010 are I and Y.

Accept Assignment Indicator: The Accept Assignment definition changed to represent the providers' relationship with the health plan and is no longer restricted to Medicare only. Version 5010 deleted code value "P" (Patient refuses to Assign Benefits). Emdeon Claim Master now includes the Claim Capture Bridge Set up function that can assist clients with populating this indicator

These are just a few examples of issues that developed during 5010 payer testing. For a more robust listing of additional challenges and issues, please visit the Emdeon HIPAA Simplified website:

www.emdeon.com/5010/pdfs/837_Claims_Issues_and_Challenges.pdf

Where can I go for more information or if I have questions?

Information is available on the Emdeon HIPAA Simplified website, which may be found at www.hipaasimplified.com. HIPAA Simplified is a one-stop online resource that features technical gap analysis, simplified business level documentation, timelines for the transition and testing information. In addition, you may contact your support representative or complete an [Emdeon ON24/7](#) ticket.

About HIPAA 5010

On January 16, 2009, the U.S. Department of Health and Human Services (HHS) published rules that will require organizations that transmit protected health information (PHI) to use new compliance standards under the authority of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These updated standards (Versions 5010 and D.0) are designed to replace the current standards (Versions 4010/4010A1 and 5.1) to promote greater efficiency in electronic transactions. Compliance with the new HIPAA 5010 and NCPDP D.0 standards is required by January 1, 2012.



Emdeon is a leading provider of revenue and payment cycle management and clinical information exchange solutions, connecting payers, providers and patients in the U.S. healthcare system. For more information, visit www.emdeon.com.



3055 Lebanon Pike, Suite 1000
Nashville, TN 37214 USA
877.271.0054