



Simplifying the Business of Healthcare

Emdeon Office – 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 Office customers prepare for these regulatory changes.

What is the current state of Emdeon Office readiness for HIPAA 5010?

While Emdeon encourages all providers to be ready to submit claims using the new standards in advance of the deadline of January 1, 2012, we want you to be aware that Emdeon Office can make your claims compliant without requiring you to upgrade your system. As part of our enhancement to convert your claims to the new HIPAA 5010 format, a number of significant new features have become available to you within the Emdeon Office Suite at no additional charge. These enhancements eliminate the need to budget significant amounts of money towards an upgrade specifically or exclusively due to the HIPAA 5010 claim format regulations.

What are some of the key considerations for 5010 conversion readiness?

Emdeon provides a number of options for managing the conversion of your claims to 5010. In most cases, Emdeon will evaluate your claims and choose the option that is anticipated to work best for your account. From the customer perspective, the important thing is that your claims are converted. The specifics of how they are converted are less important. However, some of the key considerations in determining the conversion path include:

Reliance on the Emdeon Office secondary (or supplemental) claims screens. If you are currently using the supplemental claims services to either add information to your claims or to create secondary claims, we will convert your claims in a fashion that preserves your access to the supplemental claims service.

Reliance on the NPI Crosswalk. If you are currently using the NPI Crosswalk services to insert NPIs into your claims, we will either convert your claims in a fashion that allows for your continued use of the NPI Crosswalk, or alternately replicate your NPI mappings directly in the mapping system so that you no longer need to rely on the NPI Crosswalk.

Payer 5010 readiness. Currently very few payers are actually accepting 5010 claims. For the majority of payers, Emdeon simply converts your claims back down to 4010 format requested by the payer. Please note that under HIPAA, all payers are legally obligated to accommodate 5010 formatted claims by December 31, 2011. Emdeon's interim translation services will ensure that changes within individual payer systems do not require payer specific adjustments on your part.

How does payer 5010 conversion affect my Emdeon Office claims?

For claim submission a payer's readiness to accept 5010 should either have no impact on you at all (in cases where we automatically convert your older formatted claims to 5010 at the payer's request) or will mean that a payer for whom we previously could not submit 5010 is now able to accept that format. Emdeon will track payer readiness on the claims side in order to better project when each customer becomes ready to be converted to 5010.

How can I begin testing for 5010 conversion?

You may test in either the production or test environments from Emdeon Office. Use the **Emdeon Office Testing Guide** to get further information on how to begin testing your 5010 transactions.

How do I obtain additional information?

To find out more about these upcoming regulatory standards, visit HIPAA Simplified (www.hipaasimplified.com), Emdeon's online resource that includes technical gap analyses and frequently asked questions. To learn more about the HIPAA 5010 readiness plan for Emdeon Office customers, please email your questions to emdeonoffice5010@emdeon.com.



Claim Formats

ANSI 4010 Format

Submitters who currently submit claims in an American National Standards Institute (ANSI) 4010 format will not be required to make format changes. The ANSI 5010 claim guidelines do dictate some important differences in terms of claim content. For example, billing address may not utilize a P.O. Box. The nature of each content change requirement can fall in one of three general categories.* Once a payer has declared that it wants to receive claims in the 5010 format, claims will be converted for that particular payer.

NSF 2.0 and NSF 2.5 Formats

Emdeon Office currently can translate your NSF file to 5010 format. However the NSF formats are not able to accommodate ICD-10 codes and Emdeon Office NSF to 5010 translation will not include functionality to automatically translate ICD-9 codes to ICD-10. As the new ICD-10 codes are mandated for use on October 1, 2013, you are encouraged to consider upgrading to a format better able to include these codes.

ANSI 5010 Format

If you have chosen to upgrade your practice management systems to produce ANSI 5010 formatted claims, there is information available for you to review testing options and 5010 format. Testing instructions and format detail are offered to assist practice management system vendors and other ANSI 5010 software developers. You have a choice to either rely on the Emdeon Office to convert your claims to 5010 format or alternately you will rely upon another software vendor to produce an updated file that you can then import into Emdeon Office. If your claims have been converted to 5010 format by another software vendor, please contact us through the [HIPAA Simplified site](#) (or through the [Emdeon ON24/7](#)) to schedule testing.

Direct Data Entry Claims

Emdeon Office currently has a beta program in place to work with those who are interested in being among the first to utilize 5010 submission. The primary incentive for participating in the beta is that 5010 submitters will have the ability to include several important pieces of claims data that are not otherwise possible to submit through direct data entry. Once the beta concludes in November, Emdeon will begin a phased migration with the objective of converting all direct data entry customers to the 5010 format by year end.

CMS 1500 Print Image

Emdeon Office is currently able to convert print image claims to 5010. Although we anticipate enhancements to stream-line the conversion process to become available in 2012, currently 99 percent of print image customers are mapped in a fashion that supports the 5010 format. The remainder are expected to be converted in November

- * 1. The new data requested is information Emdeon Office currently has, it could be either static information stored for your account or included elsewhere in your claim. This allows Emdeon to support the requested change with no effort on your part.
2. The new data requested is the information Emdeon Office does not have currently available, but which is static for your account. In this case, Emdeon will contact you to obtain and record the new information on a one-time basis, prior to updating your account.
3. The new data requested is claim specific information but is not present in the claims currently being sent. Each customer's account will be reviewed prior to being converted to 5010 format in order to validate that no changes are required in terms of data being sent in the claim. In this case, conversion to 5010 will be made only after this issue has been corrected.

Eligibility

Eligibility/ Status Checks / Referrals

For eligibility or claim status, Emdeon Office is converting to 5010 format payer-by-payer basis as the payers become 5010 ready. This strategy applies to referrals and authorizations as well. In many cases, the upgrade will be entirely transparent to you. In other cases, an announcement will be made at the time of the payer 5010 readiness notifying you of content changes accompanying the upgrade. Even in the case where the upgrade includes a content change, there will rarely be any need for Emdeon Office customers to perform any testing related to these changes. You will simply need to respond to the updated request screen by supplying the information requested. Please note these requests will vary from payer-to-payer.** For status inquiry transactions and healthcare service reviews, a payer update to 5010 may mean that the content required in your request or the content returned in your response changes slightly. No significant changes would be expected from you in these scenarios.

- ** 1. Stricter requirements for NPI - Use of legacy payer assigned provider IDs may be eliminated in favor of more stringent requirements for use of an NPI.
2. Plan Effectiveness dates - Specifically for eligibility, in place of specifying a service date range for checking benefits, you may be asked to specify plan effectiveness dates. Import changes may be needed if you use the import feature to create batches of eligibility or claim status transactions. Changes to the request content for any given payer may result in a need to modify and test your procedures for producing the import file. If a payer requires changes that will impact the batch import requirements, a notification will be posted by flash message on the Emdeon Office home page in advance of the change.

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.

