

Preparing for the Future: HIPAA 5010

"...it's all about getting paid!"

Terminology

- ❑ **HIPAA** – Health Insurance Portability and Accountability Act of 1996.
- ❑ **ANSI** – American National Standards Institute.
- ❑ **CMS** – Centers for Medicare & Medicaid Services.
- ❑ **4010** – Original version of HIPAA's Electronic Transaction Standards regulation.
- ❑ **5010** – New version of the standards to replace 4010.

5010 Requirements and Deadlines

- ❑ Update to 5010 version for HIPAA transactions.
 - 4010A1 is currently required to date.
 - No new HIPAA transactions added at this time.
- ❑ External Trading Partner testing
 - Full compliance is required by 12/31/2011.
- ❑ Effective January 1, 2012
 - Only 5010 transactions allowed.

During 5010 Testing

- ❑ Either version of the transactions may be used in production mode, as agreed upon by trading partners.
- ❑ No entity can require compliance prior to 2012.

5010 – What's Changing?

- ❑ All HIPAA Transaction Sets are changing.
- ❑ 5010 incorporates more than 1331 changes (607+ just for claims).
- ❑ The implementation of 5010 is a pre-requisite to the utilization of the new mandated ICD-10 medical code sets.

Benefits of 5010

- ❑ Resolves issues of ambiguity with situational rules.
- ❑ More consistency across transactions.
- ❑ Enhanced usability and usefulness of transactions, especially referrals and authorizations.

Key Changes within 5010

- What major changes will occur?
- How will this affect you?
- What will Etactics do for you?

Billing Provider Address

33. BILLING PROVIDER INFO & PH # ()

Anytown Emergency Physicians, Inc.
3129 South Main St.
Anytown Us 12345-6789

- Physical address is now required.
- P.O. Box is no longer accepted.

Billing Provider Address

What will Etactics do for you?

- Etactics can hard code a physical address for the Billing Provider Loop (2010AA).
- P.O. Box can be placed in the Pay-To Loop (2010AB).
- Etactics is contacting clients who currently send a P.O. Box to confirm a correct physical address.

Address Information

A 9-digit zip code is now required for...

- Billing Provider Loop (2010AA).
- Service Facility Location (2310C).

Address Information

What will Etactics do for you?

- If you are not able to send the 9-digit zip, Etactics will add 9998 to the end of the zip code in the Billing Loop (2010AA) and the Other Facility Loop (2310D).

Billing Name and Address (Loop 2010AA) Comparison

4010A1

- The billing entity does not have to be a health care provider – could be a billing service.
- Address can be a P.O. Box.
- Zip Code can be 5 or 9 digits.
- Allows for variance in submission of organizational NPIs by payers.

5010

- The billing entity reported in the Billing Provider Loop must be a health care provider.
- Address must be a physical address.
- Zip Code must be 9 digits.
- Requires the same organizational NPI to be reported to all payers.

Patient Signature Code

- Now situational.
- Required only when signature is executed on the patient's behalf.

Patient Signature Code

What will Etactics do for you?

- In Claim Loop (2300) Patient Signature Source Code (CLM10), Etactics can...
 - Pass with “P” (Signature was produced by provider)
 - Or, leave it blank when unknown.

Subscriber Definition Change

6. PATIENT RELATIONSHIP TO INSURED

Self Spouse Child Other

- ❑ If patient can be identified with a unique ID, then they are the subscriber and their information is only reported in the subscriber loop.
- ❑ If patient is a dependent of the subscriber, then the subscriber and patient information is required.

Subscriber Definition Change

What will Etactics do for you?

- Etactics will continue to send patient loop when sent on 4010.
- Etactics will suppress the ID qualifier and code for 5010.

Accepts Assignment Indicator

- The Medicare Accepts Assignment Indicator has been changed to Assignment or Plan Participation Code (CLM07).

Accepts Assignment Indicator

What will Etactics do for you?

- For Medicare, Etactics will pass whatever is sent on 4010 or NSF.
- For non-Medicare, Etactics will pass “C” (Not Assigned).

Release of Information

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____

DATE _____

- The Release of Information Code values in 5010 are changed to remove the values associated with no release situations.

Release of Information

What will Etactics do for you?

- Etactics will reject claims when Release of Information does not contain a “Y” (signed consent) or “I” (informed consent).

Rendering Provider Tax Identification Number

- ❑ The Rendering Provider Tax Identification Number has been removed from HIPAA 5010.
- ❑ Currently there are some payer-specific edits that require the Tax ID, and claims are rejected for these payers.

Rendering Provider Tax Identification Number

What will Etactics do for you?

- Etactics will remove Secondary ID's.
- If needed by payer, Etactics will send the Tax ID in the Rendering Provider Loop (2310B).

NPI Reporting

- All Payers **MUST** be billed the same way, using the lowest “level” NPI.
 - May require re-enumeration for providers to ensure consistent NPIs across all payers.
 - May require re-enrollment/registration with payers.
 - Some payers may begin requiring taxonomy codes.

Pay-To and Service Facility Loops Comparison

4010A1

- Pay-To Loop**
 - Required if the Pay-To Provider is a different entity than the Billing Provider.
- Service Facility**
 - Can be used to identify where services were performed (if different than the billing provider address).
 - May be a subpart of the billing entity.

5010

- Pay-To Loop**
 - Required when the address for payment is different than that of the Billing Provider.
- Service Facility**
 - Can be used to identify where services were performed (if different from the billing provider address).
 - However, can not be a NPI subpart of the billing entity.

NPI Reporting at Satellite Facilities – 5010 Examples

5010 Children's Clinic

- NPI **1234567891**
- Owns 4 other clinic sites
 - Site: one, two, three, four
 - None of these sites were separately enumerated.
- Billing provider: Children's Clinic
 - Physical address of Children's Clinic
 - NPI **1234567891**

5010 - Women's Clinic

- NPI **9876543211**
- Owns 4 other clinic sites
 - Site: one, two, three, four
 - All have separate NPIs (sub-parts)
 - **1234543211**, 4398276312, 9897654321, & 1234567464
- Billing provider: Women's Clinic
 - Site One (Place where service was provided)
 - NPI **1234543211**
 - Women's Clinic NPI does not appear on the claim.

NPI Reporting at Satellite Facilities – 5010 Examples Cont.

5010 – Children’s Clinic

Service Facility

- Site One (Name & address of place of service)
- No additional NPI can be reported

Pay-To Address

- Reflects lock box address for Children’s Clinic.

5010 - Women’s Clinic

Service Facility

- Blank

Pay-To Address

- Reflects lock box address for Women’s Clinic.

Number of DX Codes on a Claim

- ❑ The maximum diagnosis codes on a claim has increased from 8 to 12.
- ❑ The maximum number of diagnosis codes per service remains at 4.

Number of DX Codes on a Claim

What will Etactics do for you?

- Etactics will error claims with the absence of diagnosis codes.
- Etactics will send up to 12 diagnosis codes.

Insurance Type for Secondary Claims to Medicare

1. MEDICARE <input type="checkbox"/> (Medicare #)	MEDICAID <input type="checkbox"/> (Medicaid #)	TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)	FECA BLK LUNG <input type="checkbox"/> (SSN)	OTHER <input type="checkbox"/> (ID)
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- The insurance type code reported in the Other Subscriber Information (Loop 2320) has changed to situational.
- The insurance type code is required when the payer identified in the Other Payer information is Medicare, and when Medicare is not the primary payer.

Insurance Type for Secondary Claims to Medicare

What will Etactics do for you?

- Although this segment is not required, Etactics will send 4010 info on 5010 file pending the entry is valid.

Anesthesia Units/Minutes

- ❑ Anesthesia services must be recorded using the value “MJ” when procedure codes do not include a specific time periods in the description of the code.
- ❑ If the procedure code contains a specific time period in the description, you can report the anesthesia service in units.

Anesthesia Units/Minutes

What will Etactics do for you?

- Etactics will send submitted content from provider.
- Pending any rejected claims, Etactics will coordinate with client and payer to resolve the issue.

Home Oxygen Therapy

- ❑ In 4010, Home Oxygen Therapy was carried in Loop 2400, segments CR5 and CRC and also in Loop 2440 segment FRM. IN 5010, CR5 and CRC segments have been removed from Loop 2400.
- ❑ Information from CR5 and CRC is now only allowed in the 2440 Loop FRM segment.

Home Oxygen Therapy

What will Etactics do for you?

- ❑ Etactics will map the information provided in the CR5 and CRC segments to the FRM segment.

NDC Drug Quantity

- ❑ The 2410 Loop, segment CTP for NDC Drug Quantity is now required.
- ❑ CTP05 added a new value in the type of drug units to allow for “ME” – milligrams.
- ❑ Providers will want to make sure the CTP segment is present if 2410 Loop is submitted.

NDC Drug Quantity

What will Etactics do for you?

- Etactics will use the line level units of service in the NDC Drug Quantity to produce the CTP segment when the Drug Quantity is not submitted.

2410 Drug Identification

- Providers are required to enter separate lines of service for each HCPCS.
- As with single ingredient drugs, providers must also include:
 - Service line charge for each ingredient
 - Service line associated units
 - NDC number
 - NDC drug quantity
 - Composite unit of measure

2410 Drug Identification

What will Etactics do for you?

- Etactics will error a claim if there is more than one NDC per service line.
- Etactics will coordinate with clients if issues arise in order to submit codes correctly.

Summary of Key Changes within 5010 – 835 Remittance Advice

- ❑ Clarifies rule for use.
- ❑ Clarifies and strengthens rules for balancing.
- ❑ Can be used with 4010 claims.
- ❑ Includes new medical policy segment.

Positive Changes within 5010 – 270/271 Eligibility

If you love our
Claims services,
you will love our
Eligibility services!

- ❑ Mandates 45 additional service types such as chiropractic, emergency services, pharmacy, vision, and professional visits.
- ❑ Clarifies dependent and subscriber relationships.
- ❑ Requires alternate search support.
- ❑ Reporting financial liability responses, such as co-pay co-insurance, deductible, out of pocket, etc.

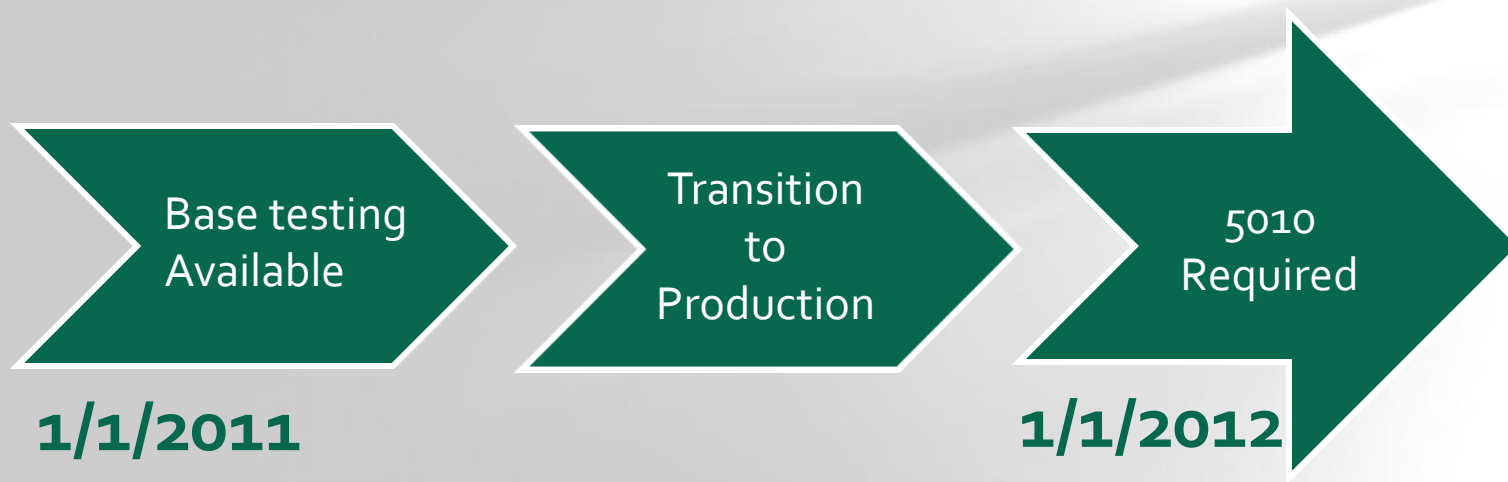
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CMS Medicare Plans and 5010

- ❑ CMS is in the process of updating their internal systems for 5010.
- ❑ Moving Common Edits and Enhancement Module to MAC processes.
 - Provides common edit definitions to be used by all systems and MAC jurisdictions.
 - Returning claims needing correction earlier in the process.
 - Assigning claim numbers closer to the time of receipt.
- ❑ Replacing proprietary reports with 999 and 277CA (ANSI X12 standard acknowledgements).

5010 – Medicare Timeline

- Medicare does not expect to need a contingency or extension to their implementation dates.



5010 Impacts to the Industry

- ❑ Payer response reports may change.
- ❑ Trading Partner testing required for all connections for all transaction types.
- ❑ Re-enrollment may be required for some payers.
- ❑ Vendor Product updates needed (claim and remit).
- ❑ Payers, Vendors, and Providers will all be ready for compliance at different times.

Preparing for 5010

- How are we preparing for 5010?
 - Assessment
 - Development and Deployment
 - Internal and External Education
 - **TESTING, TESTING, TESTING**

Steps You Can Take to Prevent Cash Flow Interruptions

- ❑ Talk to your Medicare Administrative Contractor (MAC) about their advance payment policy.
- ❑ Ask about the format for a request, where to send a request, timeframes for money distribution, etc.
- ❑ Talk to your commercial payers to see if they have any advance payment policies.
- ❑ Establish a line of credit with a financial institution.
- ❑ Limit Spending in the months prior to the compliance deadline to build up the practice's cash reserves.

* Information provided from CMS.

5010 Q & A

What questions do you have
about 5010?

New Customer Area

Implementation
on or before
12/31/2011!

- Enhanced interface is more intuitive and attractive.
- Dashboards on your home screen give you easy access to vital information.

The screenshot displays the eTACTICS user interface. On the left is a vertical navigation menu with the following items: Home, CLM, Upload Files, Get Reports, eView, eCorrect, Admin Services, My Profile, Customer Support, and About Us. The main content area is titled "eTACTICS" and includes an "Esc" button. It features several collapsible sections: "Welcome" (showing Username: fkovac), "Duplicates" (with a red "Warning!" and a yellow box containing the number "2", indicating 2 unresolved duplicate files), "Messages" (stating "You do not have any new messages"), and "Statistics / Recent Activity". At the bottom of the dashboard, there are "Dashboard Controls" and a link to "Save Current View".

New Customer Area

Implementation
on or before
12/31/2011!

- Easy to use file upload area.
- Access to history of uploaded files.

The screenshot displays the eTACTICS web application interface. At the top left is the eTACTICS logo. A navigation menu on the left includes links for Home, CLM, Upload Files, Get Reports, eView, eCorrect, Admin Services, My Profile, Customer Support, and About Us. The main content area features two tabs: 'Upload Test' (selected) and 'Uploaded History'. Below the tabs is the 'Upload File' section, which contains a table with columns for '#', 'Select Local File Name', 'Upload As Test', and 'Note'. The table has two rows: the first row shows a file selected from a local path, uploaded as 'EDI Solutions', and the second row shows a file selected from the same path, uploaded as 'Please Select ...'. Below the table are 'Upload' and 'Add Next File' buttons. A 'Help' section is also visible, providing instructions on how to use the upload functionality. At the bottom of the page, there are links for 'Dashboard Controls' and 'Save Current View'.

#	Select Local File Name	Upload As Test	Note
1	\\Diskarray\Folder Redir\cschlafer\Desktop [Browse...]	EDI Solutions	
2	\\Diskarray\Folder Redir\cschlafer\Desktop [Browse...]	Please Select ...	Remove

New Customer Area

Just a click
away – the
ultimate client
solution!

□ Exciting New Benefits

- Uninterrupted service for all the products you know and love!
- Enhanced ability for administrators to manage their user base!
- Identify duplicate files for immediate resolution at time of upload!
- Updated reports area provides more options for viewing, downloading, and printing reports!
- Retrieve remits and other archived reports without calling customer service!

Thank you for attending!

***e*TACTICS**