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Status of Implementation of 5010, D.0 and 3.0



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Current State of Industry – Submitters Claims

A survey conducted with 19 Clearinghouses indicates that the migration to 5010 is still underway for submitters of professional claims. They are not reporting any current or ongoing issues.

Submitters Professional Claims

- 75% 5010 Capable
 - ✓ Representing 87% volume
- 25% 4010 and other Legacy
 - ✓ Representing 13% volume

Submitters Institutional Claims

- 79.5% 5010 Capable
 - ✓ Representing 89% volume
- 20.5% 4010 and other Legacy
 - ✓ Representing 11% volume



Current State of Industry – Health Plans Claims

A survey conducted with 19 Clearinghouses indicates that the migration to 5010 for health plans is almost complete for claims. They are not reporting any current or ongoing issues.

Commercial Health Plans Claims

- 97% 5010 Only
- 3% 4010 Only

Medicaid Claims

- 100% 5010 Only
 - ✓ Representing 100% volume

Medicare Claims

- 100% 5010 Only
 - ✓ Representing 100% volume



Lessons Learned

- 1. Transition Period is critical to help the industry manage the asynchronous implementation
- 2. Focus on one thing at a time to avoid confusion
 - Regulatory Changes (such as NPI, Security and HPID) should be addressed in the transactions at the same time they go into effect to avoid issues in later versions.
 - Provider Enrollment / Registration dependencies / requirements should be avoided as an aspect of transaction standard transition activities.
- 3. Acknowledgements must be tested along with the transactions.
- 4. Pilot testing the transactions prior to adoption is critical to successful implementation.



Goals for New Versions

- On September 26th, 2012 Emdeon was awarded a contract by CMS to pilot the ASC X12 6020 transactions.
- The purpose of the Pilot Test Project is to develop and execute a method of testing the updated versions for the standard transactions prior to adoption under HIPAA and the Affordable Care Act.
- The process or system developed may be considered for testing the viability of any new versions of standards being considered for adoption.
- Such validation, in advance of a recommendation for adoption to the Secretary, could result in avoidance of errata in the middle of implementation and ultimately save the industry millions of dollars.





Approach

We are using an SDLC Three Phased Approach

Phase I Gap Analysis

Phase II Translation

Phase III Testing and Reporting



Gap Analysis focused on the new requirements and how to use them

Followed by Implementation of the changes

Ending with validation and reporting of the results





Issues Encountered During the Pilot

Obstacle we faced...

- 1. Tools for validation and translation have not been built out for 6020.

 This will continue to be an issue for future versions.
- 2. The change logs provided were insufficient for identifying changes.

3. ASC X12 Intellectual Properties
Policies do not allow us to
publish/distribute information from
the TR3's.

How we overcame

- 1. Emdeon used the gap analysis reports and our experienced staff to manually build out the tools for use in translation and QA.
- 2. Kelly has been working with ASC X12 to provide a better change summary and is key in entering the information on 6020 to bring forward with the next version.
- 3. Worked with X12 management to come to agreement on what we can publish.



Outcome of Gap Analysis

Transaction	New	Deleted	Use	Size	Code	Non-Sub
837 Professional	138	124	70	86	38	94
837 Institutional	123	138	29	80	23	141
837 Dental	111	123	42	74	28	127
835 Payment Advice	93	72	23	70	13	81
270 Eligibility Inquiry	24	12	45	20	10	97
271 Eligibility Response	57	9	36	27	30	159
276 Claim Status Request	28	4	11	20	8	51
277 Claim Status Response	40	15	13	22	24	100
278 Services Review Request	38	20	20	71	32	133
278 Services Review Response	37	12	23	65	28	98
Total changes	689	529	312	535	234	1081

Note: Numbers reflect data elements not including the Loop/Segment changes



Outcome of Issues and Challenges

Transaction	Transition	Issues	Education	Analytics	ASC X12 CR
837 Professional	45	14	7	3	6
837 Institutional	31	12	6	2	5
837 Dental	36	10	6	3	6
835 Payment Advice	41	20	6	7	16
270 Eligibility Request	28	7	3	2	0
271 Eligibility Response	9	21	5	3	5
276 Claim Status Request	25	10	4	1	5
277 Claim Status Response	54	15	6	2	9
278 Services Review Request	71	23	7	0	5
278 Services Review Response	61	18	3	1	4
Totals	401	150	53	24	61

