Don’t get caught up in the 5010 creek without your MicroMD paddle

How to be 5010 Ready with MicroMD
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As the January 1, 2012, EDI ANSI 5010 deadline approaches, we wanted to take a moment to alert you to the steps we have taken to prepare you for the change to the new EDI transaction formats.
In 2011 all healthcare providers will need to prepare their PM systems to send and receive transactions in the new required EDI 5010 format.

This transition to 5010 is an industry-wide regulatory requirement to provide additional clarity to transactions and to prepare for the transition from ICD-9 to ICD-10.
Effective January 1, 2012, all insurance companies are expected to be receiving and sending 5010-compliant transactions. It is expected that each insurance plan will transition on their own timeline as they prepare their systems to manage this new 5010 format and the receipt of transactions.
ICD-10 Timing

- **Please Note:** The transition from ICD-9 to ICD-10 will not be implemented until October 2013.
- Features related to ICD-10 will be included in MicroMD in 2012.
- MicroMD PM is addressing 5010 requirements in advance of the 2012 implementation deadline.
MicroMD is helping you meet 5010 regulations

Don’t get caught up the 5010 creek without your paddle: MicroMD PM + a clearinghouse

- PM software programmed to be 5010-ready
- Working with clearinghouses that ensure conversion of 4010 files to required 5010 files
MicroMD discontinuing “direct” claims submission effective 12/31/2011

- MicroMD previously supported “direct” claim submission from MicroMD PM to payers, such as Medicare, Medicaid and Blue Shield
- As with most PMs in the industry, we will not be programming hundreds of different “direct” claim files to be 5010-compliant
- Previously used “direct” connections will no longer be available after payers have transitioned to 5010
- We will rely on clearinghouses to manage all claims for our clients
MicroMD discontinuing “direct” claims submission effective 12/31/2011

- In recent years, the majority of our Clients found value in using a clearinghouse to efficiently manage all of their claims submission to payers.
- To ensure 5010-readiness, we’ll be working with MicroMD PM clients to upgrade their software and assist with clearinghouse selection and enrollment (if needed).
MicroMD PM + EMR Upgrade Overview

- We’ve been working with clients all year to get them upgraded to the most current versions of their MicroMD PM + EMR software
- Clients opting to upgrade to a current version of MicroMD 6.5 will need to select a “Partner Clearinghouse” as this will be the first step to becoming ANSI compliant.
- All clients will eventually work with the Upgrade Team to get Upgraded to Version 7.5 or higher in 2012
The critical first step in MicroMD PM upgrades: Enroll your “directs” in a clearinghouse

- If you submit “direct” claims to payers, you will need to now submit them through a clearinghouse.
- **If you already submit claims through a clearinghouse:** You will simply need to enroll any “directs” with your clearinghouse.
- **If you don’t submit your claims through a clearinghouse:** You will need to enroll with a “Preferred” clearinghouse and enroll those “directs” along with any other payers you’d like to run through the clearinghouse.
How to tell if you’re submitting “directs” in MicroMD PM
As providers have shifted away from managing “direct” claim submissions individual payers, clearinghouses have emerged as the choice to help streamline front desk and back office billing operations to save time and improve financial management.
Clearinghouse Benefits:

- Clearinghouses play the leading role within our industry in preparing medical practices for 5010 compliance and represent the majority of all transactions submitted to insurance companies.
- Clearinghouses will perform required 5010 testing for each payer in 2011 on your behalf.
Clearinghouse Benefits:

- Once a carrier is deemed ready for production, the clearinghouse will begin sending updated transactions in the 5010 format.
- Providers are not burdened with managing individual payer compliance and testing dates.
Clearinghouse Benefits

- Clearinghouses provide single-source connectivity to the majority of payers, both governmental and commercial, allowing for a single routine within MicroMD to complete daily transmission to all payers.
- Clearinghouses have the ability to update your claims files to adhere to individual carrier’s changing requirements.
Clearinghouse Benefits

- Clearinghouses are experts at provider carrier enrollment and guide our clients through the enrollment process to ensure successful migration to the clearinghouse.
- Clearinghouses typically offer secure web-based portals to organize transactions and report confirmations and reconciliation, giving you increased visibility to manage your revenue cycle.
Clearinghouse Benefits

- Clearinghouses often eliminate the need to maintain modem and telephone line costs by using the practice’s secure internet connection as the transmission method
Do “directs” and don’t have a clearinghouse?

- Select a “Preferred” clearinghouse
- Upgrade to the most current Version 6.5 or 7.5 MicroMD PM software
  - As a temporary fix, clients on Version 6.5 or lower may upgrade to the most current Version of 6.5 to ensure 5010-readiness
  - Clients on Version 7.0 or higher will need to upgrade to Version 7.5 or higher
  - In the future, to be fully compliant with 5010 and able to upgrade to an ICD-10 version of MicroMD software in 2012, clients will need to upgrade to a Version 7.5 or higher
- Directs will need to be enrolled with the new clearinghouse
MicroMD PM “Preferred” Clearinghouse Partners

- List of Preferred Clearinghouse Options
  - ECP – Electronic Commerce Processing
  - Gateway EDI
  - Practice Insight
  - RealMed

The “Preferred” clearinghouse will manage enrollments and support
4010 to 5010 Transition Resources

- AMA – Preparing for the Next Version of HIPAA Standards

- ECP
  - http://www.4ecp.com/TransitiontoHIPAA5010.htm

- EMDEON – HIPAA 5010 Issues and Challenges

- GatewayEDI – HIPAA 5010 Updates
  - http://www.gatewayedi.com/5010/

- OptumInsight / Ingenix / ENS

- Practice Insight
  - http://www.practiceinsight.net/pi-website/5010.htm

- RealMed
MicroMD PM “Supported” Clearinghouses

- ENS (Ingenix/Optuminsight)
- Allpayer (Emdeon)

MicroMD manages enrollments and support for “supported” clearinghouses
“Non-supported” Clearinghouses

- Anything other than a “Preferred” or “Supported” clearinghouse
  - ECP
  - Gateway EDI
  - Practice Insight
  - RealMed
  - ENS (Ingenix/Optuminsight)
  - Allpayer (Emdeon)

Clients manage their own enrollments and support for “Non-supported” clearinghouses
URGENT:
Clearinghouse Enrollment Timing

- The turn around time (TAT) to process the new enrollments with a clearinghouse is approximately 2-6 weeks
- November 25th is exactly 6 weeks until December 30th
- Clients should be enrolling their “directs” in a clearinghouse ASAP in order to ensure that all providers and payers are enrolled prior to the 5010 transition deadline of January 1, 2012
Do “directs” and have Practice Insight as your “Preferred” clearinghouse?

- Client can stay with Practice Insight, but will need to contact Software Support Team to complete EDI/ERA enrollments for any “directs”
Do “directs and have a “Supported” clearinghouse?

- Client can stay with existing “Supported” clearinghouse, but will need to contact our Client Support to acquire any necessary EDI/ERA enrollment forms.
- Also, if you stay with Allpayer (Emdeon), there will not be an option to receive Electronic Remittance Advice, as this is not an option with Allpayer (Emdeon).
- Also, if a client opts to change to access their MicroMD software through MicroMD Hosted in the future, Emdeon/Allpayer would not be an option. Only “Preferred” clearinghouses work in our Hosted environment.
Clients will need to contact their clearinghouse directly to ensure it:
  • Will be 5010-compliant
  • Submits to the “directs” they need

If their Clearinghouse does not work with a particular needed payer, the client will need to contact MicroMD to enroll in one of our “Preferred” clearinghouses.
IMPORTANT: 5010 Requirements
9-digit Zip Code required for Service Facilities

- 5010 files will require a 9-digit Zip Code for the Service Facility location
IMPORTANT: 5010 Requirements
9-digit Zip Code required for Billing Providers

- 5010 files will require a 9-digit Zip Code for all Billing Providers
- CMS will validate the Billing Provider 9-digit zip code against provider credentialing data in PECOS
- Providers should verify their PECOS address data before making any changes to their PM or EDI data
4010 to 5010 Transition Update

• Practices submitting NDC Codes
• Research Item – Identify specific issue
  • Concern is that 5010 requires NDC Drug Quantity, which was situational in 4010. Also a new qualifier for units is “ME” which means Milligrams.

• Impact Analysis
  • HSMS staff believe that this could affect many different clients and specialties who bill with NDC Drug Codes – including Ped, Urology, Ortho, Oncology, etc WHO NEED THE MILLIGRAMS
  • Clients can report everything now, with the exception of “ME”

• Action
  • If the practice needs to submit milligrams, add ME and description to Master Table Settings – NDC Unit Qualifier code.
  • Please contact support if you require this edit
4010 to 5010 Transition Update

• Anesthesia Practices
• Research Item – Identify specific issue
  • Concern is that 5010 only supports Anesthesia Services to be reported using Minutes. Units is no longer supported.
• Impact Analysis
  • Contact with clients indicated that most of the payers moved away from billing for units of service already – so this should have minimal impact.
• Action – determine clearinghouse actions
  • Suggestion to monitor rejections, switch plans from units to minutes if that is required
  • Monitor Payer List for 5010 changeover and check Plans for settings for Minutes.
Clients can go to https://www.usps.com/ to look up a zip code to update address fields and PM system data.

You MUST enter a Street Address with City and State (or 5 digit ZIP) in order for the US Postal Service to generate the 4-digit ZIP extension.
NDC Drug Codes must be valid for the transaction Date of Service

NDC Drug Codes require the use of Quantity and Unit of Measure for the Drug (CTP segment).
Institutional Claims must contain Claim Codes:
  - Admission Type Code
  - Admission Source Code

Patient Status code

Institutional Claims for Outpatient services must contain Patient Reason for Visit #1
A Final Word on MicroMD Upgrades

- Get your “directs” enrolled with a clearinghouse today is critical to minimize the risk of claims rejections when the 5010 deadline hits on January 1, 2012
- Clients on Version 6.5 or lower can upgrade to a the most current Version of 6.5 as a “Band-Aid” solution
- Clients on Version 7.0 and higher will need to upgrade to the most current Version of 7.5
- Our Upgrade Team will continue to work with you to plan your successful upgrade to a Version of 7.5 or higher as required for 5010 or ICD-10 compliance in 2012
A Final Word on MicroMD Upgrades

- Our Upgrade Team is trying to contact you, or has been in contact with you to discuss the Upgrade, as well as to issue you an Upgrade Readiness Check form so that we can have an accurate assessment of your current hardware.
- If your hardware does not meet the current specifications for MicroMD PM + EMR Version 7.5, a Product Specialist will be in contact to discuss additional requirements so that we can schedule your upgrade.
- If a client opts to not upgrade to a 7.5 Version today, please note that it will become a requirement in 2012.
Any questions?

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