



*Partnering for Electronic Delivery  
of Information in Healthcare*

**Statement To**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS**

**SUBCOMMITTEE ON STANDARDS**

**REGARDING: 5010: Issues, Approaches to Solutions and Lessons Learned**

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Members of the Subcommittee, I am Laurie Darst, Vice Chair of Program and Services of the Workgroup for Electronic Data Interchange (WEDI) and Revenue Cycle Regulatory Advisor at Mayo Clinic. I would like to thank you for the opportunity to present testimony today on behalf of WEDI concerning the matter of 5010 issues, approaches to solutions, and lessons learned.

WEDI represents a broad industry perspective of providers, clearinghouses, payers, vendors and other public and private organizations that partner together to collaborate on industry issues. WEDI is named as an advisor to HHS under the HIPAA regulation and we take an objective approach to resolving issues.

## Partnership on 5010 Implementation Issues

Throughout implementation of ASC X12 5010 WEDI has been working with the industry to facilitate implementation and to identify and address implementation issues. This spring, WEDI, CMS and private industry partners joined together to launch an online issue reporting tool and to hold a series of webinars to address industry-wide issues.

### Webinars

A series of three webinars were planned to provide a communication vehicle to the healthcare industry. These included live online presentations that analyzed and discussed submitted ASC X12 5010 implementation and interpretation issues and worked to identify appropriate solutions. The goal of the collaboration was to bring all stakeholders together to help bring the healthcare industry into full compliance in the implementation of ASC X12 5010.

Topics discussed on the first two webinars (April 19<sup>th</sup> and May 23<sup>rd</sup>) included ongoing implementation challenges associated with:

- Inconsistent editing of Not Otherwise Classified (NOC) codes
  - A few payers misapplied edits requiring descriptions for procedures codes that were not truly NOC
- Billing Provider Address change impact
  - Billing Provider Address requirements changed to support the NPI subpart rules. A physical address is now required in the Billing Provider Address field. The P. O. Box and lockbox addresses are only allowed in the Pay-To Address field
- Acknowledgements
  - Many payers included Acknowledgements as part of their 5010 implementation, however, a standard approach for use of these Acknowledgements is needed
- Interpretation and implementation of the 835 ERA
  - Readiness issues and lack of standardize use of the data content within the 835 ERA caused numerous issues with the implementation of the 835 ERA
- Extra data and redundant data sent in the claim
  - New rules were written to reduce/eliminate interpretation differences regarding when and where data should be sent in the claim
- Resolving other interpretation differences
  - Outlined steps to resolve interpretation issues: Research the issue (ASC X12, CMS, etc), collaborate with trading partner, and finally, how to file a complaint with CMS

Each of these categories of issues was either interpretation or implementation issues based on stakeholder decisions. None of these were related to problems with the actual ASC X12 Implementation Specifications (TR3s)

The third and final webinar, scheduled for June 25<sup>th</sup> will include the following topics:

- Complaint filing process and addressing barriers to submitting complaints
- Next Steps - administrative simplification mandates on the horizon

### Online Reporting Tool

The online issues reporting tool allows users to submit issues associated with implementing ASC X12 5010, and search through a database of current documented problems. WEDI and CMS triaged issues to appropriate parties for resolution.

Based on feedback from these webinars and the database entries, WEDI feels there needs to be a central location to log implementation issues, not only for transaction implementations, but also the other future industry implementations such as identifiers (i.e. HPID) and operating rules. Looking back, it would have been ideal to offer these webinars and database tools earlier in the implementation process to help facilitate the implementation of 5010.

Participation on the webinars was very successful for a number of reasons. The webinar was a free service and was co-sponsored by CMS. Industry stakeholders continue to seek guidance and a place to go with their implementation questions. In the future, we recommend free of charge and early implementation education. We also recommend there is a forum for discussion and a place to have questions addressed. Strong collaboration with CMS, ASC X12, CORE, HL7 and other entities is essential to ensure the questions are vetted through the appropriate entities on future implementations.

### Other WEDI Efforts

In addition to the collaborative webinars and database, WEDI has held a number of conference and forum breakout sessions over the past couple years to discuss 5010 implementation lessons learned. Some of the issues identified include:

- Many providers rely on their practice management systems vendors to educate them on transaction business requirements and the delivery of the necessary system upgrades. Not all practice management systems vendors are providing the education or the necessary system upgrades timely.
- Greater communication is needed for all stakeholders

- There was a general misconception that v5010 only included minor technical changes. There were a number of data content business rule changes that needed business review and had significant impact on the industry.
- There were some health plans that took the opportunity to implement major system changes as part of their 5010 project, of which many of these included changes to the front-end editing systems. In some instances, health plans decided to revamp their provider enrollment processes in conjunction with their 5010 roll out. These additional initiatives, while beneficial long term, added complexity in isolating the problem when issues occurred during the 5010 testing process.
- In addition to the system enhancements, many payers implemented standard acknowledgments. Previous reports were proprietary and human readable. In some cases the acknowledgments were not in the standard format or providers were not educated to read the new reports.
- There were a number of reports of call centers being overwhelmed with incoming calls and difficulty getting through to report issues
- Errata impacted the roll out of the 5010 implementation. Many stakeholders decided to hold off on moving forward with the implementation until the Errata were finalized instead of assuming the changes in the Errata would be approved. Consequently, many stakeholders did not follow the CMS recommended timeline for Level 1 and Level 2 testing
- Stakeholders cited competing priorities as an issue. Many providers and vendors focused on Meaningful Use and this was a distraction to 5010.

## **CONCLUSION**

In conclusion, we feel there are valuable lessons learned from the 5010 implementation process that should be applied to all future implementations. Early and ongoing broad education is essential, in addition to a central location to log implementation issues that are then vetted to the appropriate entities for comment and resolution. WEDI's strength is bringing together all types of stakeholders to discuss opportunities and challenges in an open and collaborative environment on issues that truly need to be addressed. We look forward to the opportunity to do this with future implementations. We also seek greater industry research on standards and operating rule implementations and would ask NCVHS to recommend to HHS they invest funding into industry surveys on all administrative simplification provisions. WEDI in its advisory role offers our support to NCVHS and HHS in helping to achieve these goals and stands ready to assist as needed.

Members of the Subcommittee, thank you for the opportunity to testify.