

Converting to ANSI 5010: We're here to help you get there

Updates to HIPAA require the U.S. Department of Health and Human Services (HHS) to adopt standards for certain electronic healthcare transactions. Beginning January 1, 2012, healthcare entities such as providers, health plans, and clearinghouses will be required to use ANSI 5010 as the electronic data interface (EDI) standard for transmitting claims, remittance advices, and requests and responses for eligibility and claims status. This new standard will:

- Support pay-for-performance
- Streamline reimbursement transactions
- Support ICD-10-CM codification
- Increase transaction uniformity

Why the change?

Today, more than 90 percent of providers submit transactions electronically, and this change will help streamline e-health initiatives across all entities. The current ANSI 4010A1 standard does not have the capability to transmit the new ICD-10 code set. ANSI 5010 addresses the shortcomings of 4010, which will improve confirmation of eligibility and authorizations.

If you would like your office to continue automated, electronic billing, you *must* upgrade to ANSI 5010 by January 1. And more importantly, according to the mandate,* noncompliance will create unavoidable fines, penalties and potentially imprisonment.

What to expect

In most cases, the on-screen data fields will be in the same order as they are today. However, many vendors are taking this opportunity to make their software a little more user-friendly and the new standard requires additional data, so expect minor adjustments to accommodate the additional fields.

The timeline

Health First Health Plans is currently underway with the required system changes to begin pilot testing during the third quarter of 2011. **We encourage all providers to become involved in the testing process to ensure the full conversion is up and running smoothly by January 1, 2012.** Any transactions submitted in the old ANSI format beginning January 1, 2012, will be rejected.



Where do we begin?

Your first resource should be your vendors—contact your practice management software supplier, billing agent, or clearinghouse and ask them to develop an implementation schedule for your practice or facility to meet the January 1 deadline. The schedule should include time to train your staff on your new software, and also allow for testing compatibility with your constituents—that's where we come in. **To include HFHP in your testing program, please contact your provider relations representative.** Your representative will help get you started, and ensure you receive timely responses to make any corrections necessary for your new interface to work properly by January 1, 2012.



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