

ANSI 5010 — Compliance and Transition Information

In anticipation of this large-scale effort, MedAssets started its solution impact analysis in early 2010. Since this time, our efforts have ranged from testing of minimally impacted products, to confirming capabilities to process ANSI v5010 files, to building more complex core code changes within our Claims Management, Denials Management and Collections Management solutions. We are working with providers now on bridge routines and custom edits to supplement those core code changes.

Our internal testing efforts focus on modifications to content and edits (syntax and errata). Our external testing involves payors, trading partners and front-end import processes with our customers.

MedAssets is on track to have everything ready “behind the scenes” related to our systems’ capabilities to submit transactions on your behalf in the appropriate ANSI 5010 format prior to the January 1, 2012 implementation date as mandated by the Centers for Medicare & Medicaid Services.

MedAssets Solutions — Know Which Ones Require Level II Compliance (End-to-End Testing)

There are two thresholds for ANSI v5010 Compliance testing. Level I v5010 compliance does not require interaction with our trading partners and payors, while Level II v5010 compliance requires end-to-end external data testing.

The MedAssets Claims and Denials Management solutions contain functionality that translates claims data, remittance data, eligibility and claims status that will require MedAssets to conduct Level II end-to-end testing with its customers’ data. These solutions are:

- Claims Management and related modules
- Denials Management*
- Collections Management*

(*All 835s coming in from the payor feed Denials Management and Collections Management.)

If your organization does not use any of the MedAssets solutions listed above, then it does not need to do anything for v5010 compliance related to MedAssets—we have taken care of those details on our side, i.e., internal testing to verify Level I Compliance.

ANSI v5010 Implementation Timeline

Date	Compliance Step
January 1, 2010	MedAssets begins gap analysis, internal modifications and testing of ANSI 837 v5010 for electronic claims
January 1, 2011	<ul style="list-style-type: none"> • Payors and providers should begin external testing of ANSI 837 v5010 for electronic claims • MedAssets customers begin registering for testing • MedAssets begins testing with payors and trading partners
April 2011	MedAssets errata versions in production
August 2011	<ul style="list-style-type: none"> • Testing with payors and customers continues • August 31, 2011 is the last day MedAssets customers can register to test with a guarantee they will be compliant by the deadline
September 2011 - December 2011	Testing with payors and customers continues
December 31, 2011	External testing of ANSI 837 v5010 for electronic claims must be complete to achieve Level II Version 5010 compliance
January 1, 2012	<ul style="list-style-type: none"> • All electronic claims must use ANSI 837 v5010 • ANSI 837 v4010A1 claims are no longer accepted • MedAssets begins accepting ANSI 837 v5010 claims; ANSI 837 v4010A1 customer claims continue to be accepted and converted
October 1, 2013	<ul style="list-style-type: none"> • Claims for services provided on or after this date must use ICD-10 codes for medical diagnosis and inpatient procedures • CPT® codes will continue to be used for outpatient services

Source: CMS ICD-10 and Version 5010 Compliance Timelines

Questions?

If you have any questions or concerns about v5010 that have not been fully addressed, please contact your MedAssets client management representative or e-mail us at 5010answers@medassets.com and we will make sure you get the information you need.

ANSI 5010



Claims & Denials Management Customers

When to Implement

Don't wait until January 1, 2012 to begin using the new v5010 standards. All MedAssets Claims and Denials Management customers should register NOW to slot your time on our testing schedule. Testing will give you the ability to see that the transactions are being processed correctly and will allow us to test your bridge routines and custom edits.

All Claims and Denials Management customers should register for testing no later than **August 31, 2011**. Otherwise, we cannot assure your systems are ready to send clean v5010 claims in time for the compliance deadline. See the Resource Center at www.medassets.com for more information.

It is very important that our customers understand that MedAssets has not yet received published companion guides from some payors and trading partners to support our customers' ability to test all payor edits. We continue to work aggressively with payors to identify certain items and rules required for a successful transition.

MedAssets Role in Your Claims Engine Readiness

The MedAssets Claims and Denials Management solutions are designed to optimize your existing patient accounting system with sophisticated rules and content and serve as a conduit to payors to manage the reimbursement process. Our solution(s) may be just one component in your revenue cycle to confirm it will meet ANSI v5010 requirements. Our v5010 conversion process highlights:

- During the Level II Compliance testing MedAssets will first confirm the acceptance of your v5010 file.
- You will be able to test a large number of payor edits, but we are currently unable to test all payor edits due to lack of payor testing capabilities and readiness. We will build all new edit rules and edit modifications as we receive and research payor companion guides.
- The modifications, preparations and transition to a v5010 compliant claims management solution will be managed as a normal upgrade. A flat fee will be assessed for modifications to customized business rules.
- Any v4010 files that customers send to MedAssets after January 1, 2012 will be edited for v5010 then converted for v5010 payors. This conversion is part of our services and support. Conversely, any v5010 files that are sent, by the provider, for any payors that cannot support v5010, will be edited and converted to v4010 before sending to the payor.

End-to-End Customer Data Testing

MedAssets is offering the following testing support:

- Dedicated resources to provide technical support for testing
- Timely test results and feedback
- Superior expertise in parsing payor reports to support a smooth transition of ANSI 999 and 277CA transaction reporting
- A Web-based testing environment. If you do not have a MedAssets-assigned v5010 site ID, please call 800.390.7459, option 3

Key points on effective v5010 testing and preparation:

- Customers should submit their v5010 test claims with at least 25 institutional and 25 professional claims
- All claims must contain valid data
- If you currently send print images and not an 837 file, we will need to evaluate updates to your current supplemental file or evaluate adding a supplemental file

Solutions Impact Guide*

Solutions	5010 Level 1 Testing <i>MedAssets internal testing</i>	5010 Level 2 Testing** <i>Customer testing</i>
Claims Management Solution Suite (Medicare Direct, Accelerated Secondary Billing, etc.)	Yes	Yes
Denials Management (XDM)	Yes	Yes
Collections Management	Yes	Yes
Claims Auditor	Yes	No
Contract Manager, Contract Manager Pro	Yes	No
Harvest® * optional end-to-end testing available	Yes	No
Receivables Manager, Denials Manager, Integrated Denials, My Mentor (QMS)	Yes	No
Revenue Dashboard®	Yes	No
Charge Capture Audit (CCA®)	Yes	No
KnowledgeSource® V2, V4, Basic, KnowledgeSourcePro®	No	No
ABN Manager	No	No
Access Integrity	No	No
CarePricer®	No	No
CDM Master®, V3 Platform	No	No
Contract Modeler	No	No

*For a full listing of MedAssets solutions please email 5010answers@medassets.com.
**A "No" in Level 2 Testing column indicates no customer action required.