

## White Paper

### WHAT DOES IT MEAN TO BE READY FOR HIPAA 5010?

The deadline for HIPAA 5010 is January 1, 2012. And confusion still remains as to the definition "Readiness". To help you understand more on this subject, we are passing along what the Healthcare Billing & Management Association (HBMA) has proposed by definition.

Here is a list HBMA sent to CMS as a definition of "Readiness".

- Providers are "ready" when they have successfully completed a production submission of claims (837) and received the associated remittance (835) for these claims in compliance with the 5010 specifications
- Payers are "ready" when they have successfully accepted a production submission of claims (837) and returned the associated remittance (835) for these claims in compliance with the 5010 specifications

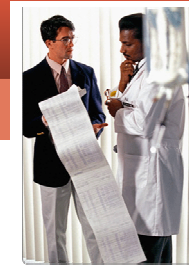
Provider readiness means

- All Practice Management System upgrades have been completed
- Confirmation of successful testing with direct submission carriers
- Confirmation of successful testing with clearinghouses
- Confirmation of successful production submission of claims
- Confirmation of successful retrieval of the claims' associated remittance

Payer readiness means

- All system upgrades have been loaded
- Confirmation of successful testing with clearinghouses
- Confirmation of successful acceptance of production claims (837) submission
- Confirmation of successful return of the claims' associated remittance (835)

With the deadline just a few weeks away, a clear definition would hopefully reduce confusion and reduce the chances of a reimbursement lag.



### Summary

Deadline for HIPAA 5010 is January 1, 2012

Providers testing of (837) claims should be carried out with associated remittance of (835)

Payer testing of (837) claims should be carried out with associated remittance of (835)

With deadline looming, completion of testing hopefully would reduce confusion and a lag in reimbursements



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