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Medisoft ANSI 5010 FAQ

All "Covered Entities" that are covered under the HIPAA mandates are required to update to the new ANSI 5010 standards by the January 1, 2012 deadline. For electronic data interchange (EDI) charge transactions, HIPAA required the use of the ANSI (American National Standards Institute) format specifications and technical content. Currently, EDI transactions are required to be submitted in ANSI version 4010 formats and the ICD-9 diagnosis code set. The new rule mandates that all covered entitites should begin migration and testing of EDI transactions in 2011 in order to be prepared for the Jan 1, 2012 deadline.

Who is required to use ANSI 5010? Answer: Health plans, health care clearinghouses, information trading partners, health information networks and health care providers who electronically transmit any HIPAA-standard transactions.

Why is this upgrade necessary? Answer: Part of the driving force in this new change is the adoption of the new ICD-10 diagnosis codes to be released. The new ANSI 5010 format is anticipated to become the EDI transaction format foundation for Healthcare now and in the future.

Can I continue submitting "print image" files to my own non-Medisoft approved clearinghouse?

We think not as the new format contains over 850 technical, structural and content changes to the healthcare data you will submit for electronic claims submission, as well as the ANSI data you can receive in response to other electronic EDI inquiries, such as eligibility and benefits, or claims status. If your clearinghouse makes tells you that you do not need to upgrade, please ask them to sign a acceptance of liability form and ask them to put in writing that they will reimburse you for any and all costs associated with "fixing claims" that are not ANSI 5010 complaint. NOTE: ANSI 5010 makes many more changes to the "Transaction line details", "Provider Details", along with many other areas of impact. Should you decide not to upgrade your software, you may be required to spend additional man hours trying to make each seperate claim ANSI 5010 complaint, which can tie up valuable billers time.

What are other benefits of transitioning to the new ANSI 5010 format? Answer: Much of the ANSI v5010 changes are designed to improve consistency, standardization, clarity, efficiency and economy of electronic transactions in the entire USA health care network for both governmental and private carriers, providers, and payers. Other benefits include:

* Get faster, easier, more accurate eligibility information
* Reduce claim denials due to ineligibility
* Improve the process for obtaining prior authorization & referrals
* Reduce claim denials because of authorization or referral issues
* Make claim submission faster, more efficient and with less errors
* Eliminate the use of local codes
* Use the same set of codes with all health plans
* Get electronic remittance advices from health plans
* "Auto-post" payments to your system - quickly and accurately
* Electronically request claim status information
* Reduce the costs of your claims processing and free up valuable staff resources, while protecting the security and privacy of health care information.

When should I upgrade and start using ANSI 5010? Answer: As soon as possible as you do not want to negatively effect your cash flow when the clearinghouses and insurance carriers start enforcing the new guidelines Jan 1 , 2012.

What are the penalties for non-compliance? Answer: The first and foremost penalty is the loss of cash flow to your medical practice. Imagine if your office processes just $50,000 of claims per month. A 10% rejection rate could result in $5,000 PER MONTH of denied claims, and additionally, lost time and wages for your staff to fix the problems along with added headaches and anxiety of the additional stress this would involve. There are other penalties for non compliance.

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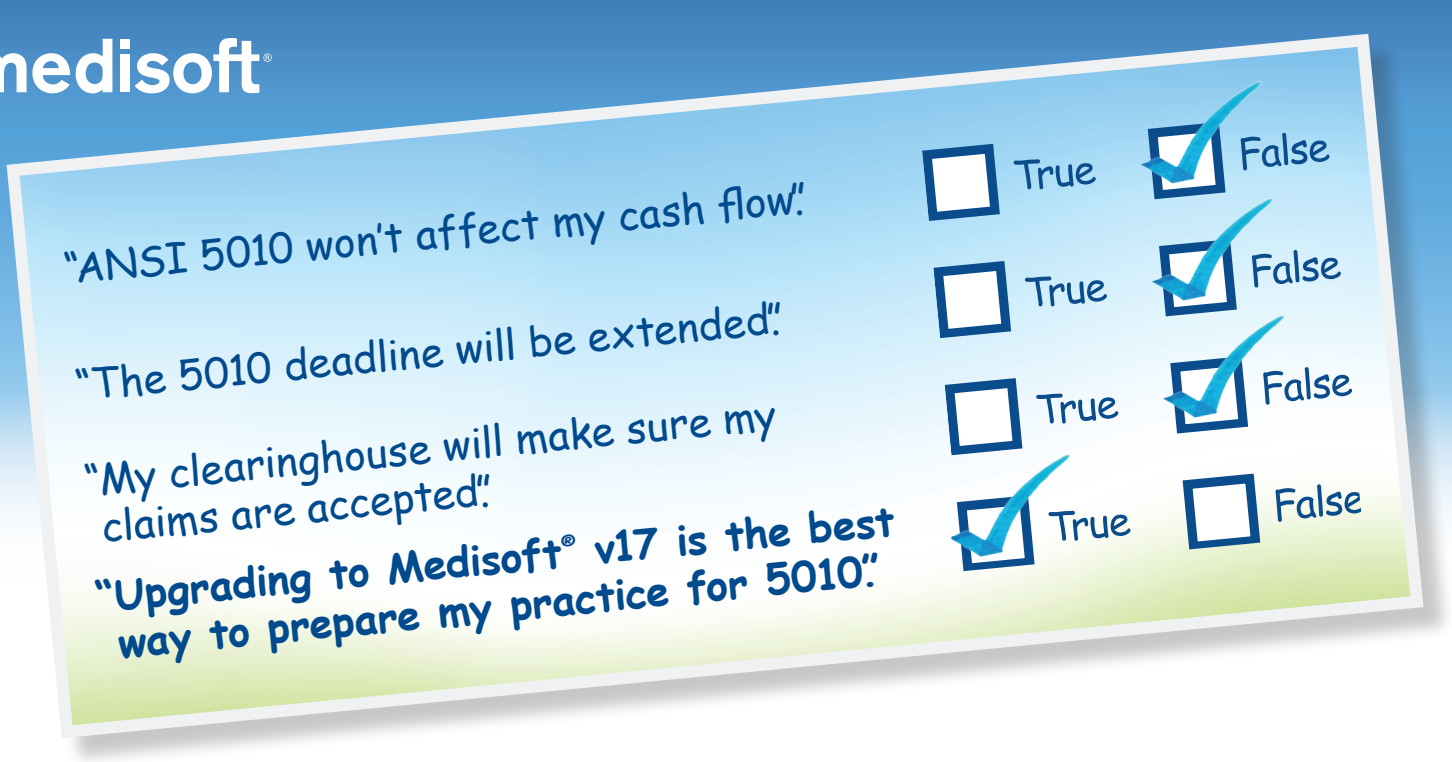

Check out the real truth about 5010 compliance.

The upgraded version of Medisoft® will provide the numerous missing fields that may be required to generate a 5010-compliant claim. Many of these fields are patient-specific and not having this information on the claim or having inaccurate information could lead to claim rejections beginning January 1, 2012. Taking responsibility inside your practice is the only way to ensure that your claims won't be rejected by your payers.

Don't put your cash flow at risk. Contact us today to learn the real truth about preparing your practice to meet the 5010 electronic transaction standards. Upgrade your practice management software today.

Call Us for Medisoft Upgrade Specials,
We'll prepare a free quote just for you.

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Also ask us about EMR upgrade specials.

Don't wait until the last minute. Contact us today to find out more about the limited-time discount on Medisoft v17 *and* ask about special pricing on our certified EHR.

ANSI 5010 COMPLIANT

Order today and save.

What the experts are saying:

"As the date for compliance with the government's updated standard for electronic claims transaction rapidly approaches, physicians need to have Practice Management Software in place that meets those standards," said the American Medical Association (AMA) President Cecil B. Wilson, M.D., in a joint statement released April 28, 2011 with the Medical Group Management Association (MGMA)

"In order to avoid cash flow disruption associated with the transition to the 5010 standard, it is critical for physician practices to convert their administrative systems and test their readiness well in advance of the compliance date" added MGMA President and CEO William F. Jessee, M.D.

Ronald B. Sterling, CPA of Sterling Solutions, Ltd., agrees, pointing out two data elements that could cause major issues: "If we don't have the nine-digit ZIP Code or the release of information recorded properly in the practice management system, we may very well see our claims either be rejected by our billing software or by the clearinghouse itself."

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