



Claim Integrity & Connectivity Solutions

Ingenix 5010

In-Stream Validation & Transformation

March 23, 2011

INGENIX.

Presenters

Claim Integrity & Connectivity

– 5010 Testing, Certification, & Validation

- Lori C. Clark
- Shawn Olsen



Agenda

Topic	Presenter
Brief Overview of 5010 Compliance Event <ul style="list-style-type: none">– Why move to version 5010?– Differences Between Version 4010A1 and 5010	Shawn
Ingenix <ul style="list-style-type: none">– Experience– Testing, Certification, & Validation Suite of Products	Shawn
Presentation of Faciledi <ul style="list-style-type: none">– Faciledi Functionality– Overview of Data Flow– Detail Around Each Component– Transformation<ul style="list-style-type: none">• Straight Forward 4010<>5010• Gap Fill 4010<>5010• Combined 4010<>5010• ANSI → Proprietary	Lori
Question & Answer Session	All

ANSI 5010 Transition Overview

- The Jan. 1, 2012 federal **deadline** for complying with HIPAA 5010 transaction standards leaves little time for payers to identify, design, test, and launch the new systems and protocols required for a smooth transition.
- As with any transition, the shift to HIPAA 5010 is bound to be bumpy industry-wide. **Non-compliant** transactions will result in backlogs and slower adjudication rates, which threaten the bottom line, operational flow, and relationships with trading partners.
- **Ingenix can help** plans conduct trading partner testing now and prepare to process 5010 transactions ahead of the federal deadline, allowing plans to avoid disruption and maintain automated transaction flow and trading partner relationships.

Why Move to Version 5010?

- 4010 transactions are old and out of date
- 5010 can assist with more consistent implementation
 - There have been hundreds of requests to make changes that could not be addressed in the 4010 since that version had already been adopted
- Some of the problems/issues with 4010 implementation have been addressed in 5010
- It is hoped that 5010 will reduce the need for companion guides
 - Right now there are thousands of companion guides that describe the individual business requirements for the payers that were not addressed or not clear in the TR3

Differences Between Version 4010A1 and 5010

- The new 5010 standards include structural, front matter, technical and data content improvements
- Increase transaction uniformity
- Supports significantly more information with greater detail and efficiency
- Support ICD-10 codes



What makes Ingenix the expert?

- Ingenix EDI highlights:
 - Involved in healthcare EDI for over 25 years
 - Gold Standard in HIPAA Testing & Validation through the Claredi Product Suite
 - Claredi
 - Communed
 - Faciledi
 - Founded and operate multiple clearinghouses
 - Health Information Exchange (HIE) Pioneer (Axolotl)
 - Ingenix is a recognized and respected expert in the field, working with the industry's leading experts to maintain our EDI & HIE solutions



What Validation Solutions does Ingenix offer?

Product Name	Product Description	Product Functionality	Test / Prod
Claredi	Clients test x12 transactions by uploading files to the Claredi website. Claredi provides validation and error report generation “certifying” as to whether files are compliant.	<ul style="list-style-type: none"> *Testing of all seven WEDI error types * Testing of all HIPAA transaction types * Error reporting * 5010 gap analysis * Inclusion of payer companion guides * Manual transaction upload 	Test
Communed	A private-label online transaction testing environment hosted on the Web and administered by Ingenix. It allows providers to self register and conduct transaction testing for HIPAA compliance as a part of a community of trading partners.	<ul style="list-style-type: none"> * All the features of Claredi * Ability to script submissions for testing using programmatic interfaces * Sold with consulting to provide the initial programmatic interfaces 	Test
Faciledi	A self-contained application that provides ‘in-stream’ validation of X12 files. Faciledi produces a wider variety of reports and responses than Claredi. It also provides custom splitting and routing of individual ‘business units’ (e.g. a single claim in a	<ul style="list-style-type: none"> *HIPAA validation (Types 1—7); custom payer defined rules/edits * Includes validation for both 4010 & 5010 ANSI transaction sets for both batch and real-time transactions * Transaction splitting & routing * File management & tracking * Comprehensive reporting * In-stream automation that is 100% scalable * Optional: 4010<->5010 Transformation Module 	Test and Production

An X12 health care transaction processing and routing system, designed to produce information to allow you to make decisions about how transactions should be processed as they move through your enterprise.

Faciledi presentation

Faciledi Functionality

- In-stream HIPAA Validation / fully customizable
- Faciledi provides the user with information about their incoming and outgoing transactions X12 healthcare transactions, coupled with the flexibility and control necessary to make decisions and manage both
- Supports All X12 transaction types: 837, 835, 270/271, 276/277, 278, 820, 834, 277, 277CA, 997, 999, etc.
- The primary components of Faciledi are:
 - HIPAA Validation
 - Rules Editing
 - Routing
 - Reporting
 - 4010<>5010 Transformation (optional module)
- Faciledi can be delivered:
 - Virtual Machine deployment
 - Alternatively, as a hardware/software self-contained appliance that is optimized for performance



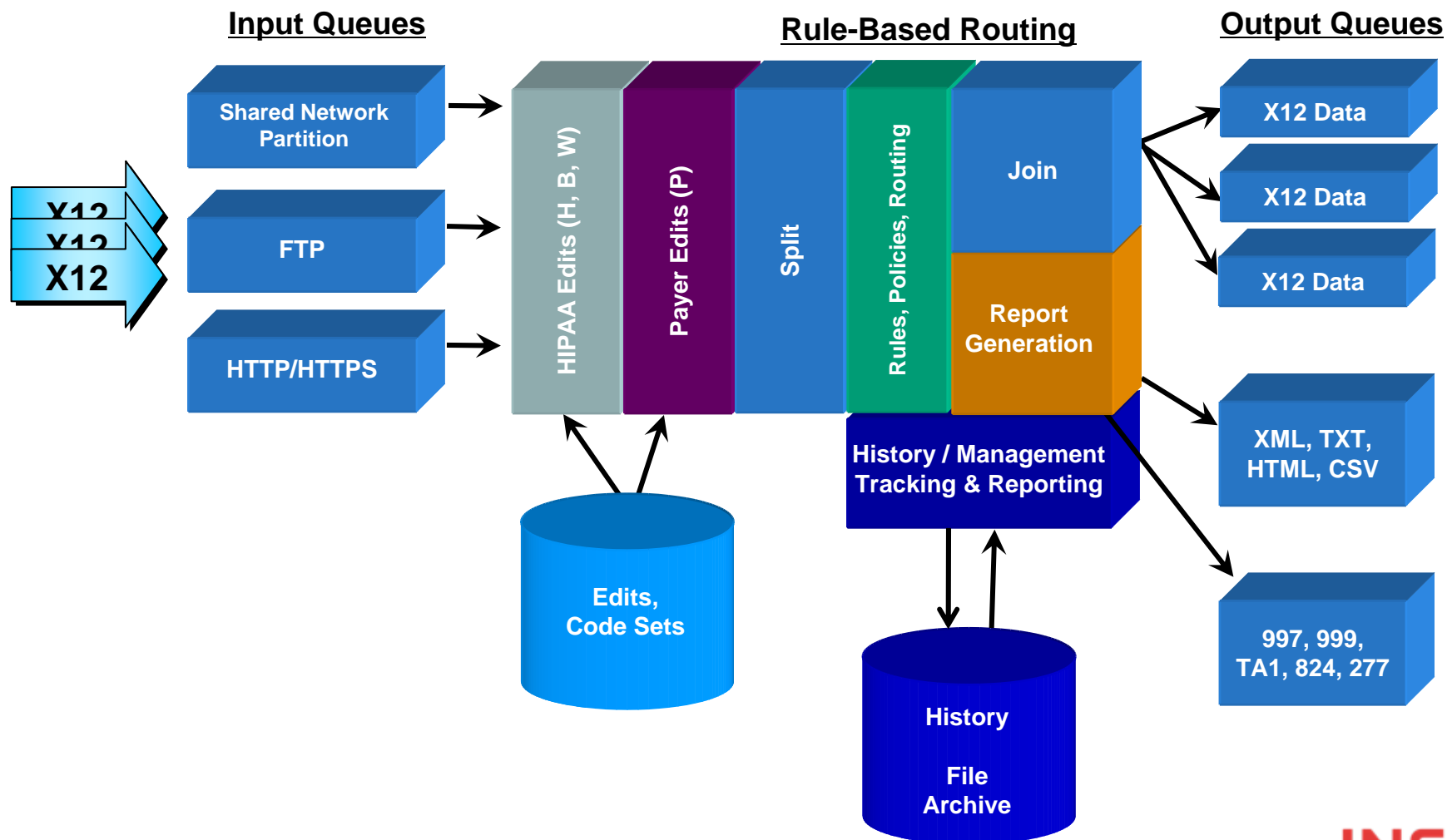
Faciledi Processes

- Validation and Analysis
 - Each transaction (unit) analyzed separately
- Customer-defined transaction “acceptability”
 - Build your own edits
 - Accept/Reject individual transactions (business units)
 - Based on detected errors, data content, table/database lookups, inclusion/exclusion lists, etc.
 - Routing rules by trading partner, transaction type, etc.
- Reporting
 - User-friendly Reporting for Submitters
 - Business (non-technical) reports
 - Technical – X12 acknowledgements, human-readable, machine-readable (for integration)
- History / Management Tracking and Reporting
 - Summary data – overall progress, data groupings
 - Search criteria – drill down to granular level
 - Detailed historical and statistical reporting
- 4010<>5010 Transformation Module

Automation of complex transaction processes – self-managed with easy-to-use rule-based tools

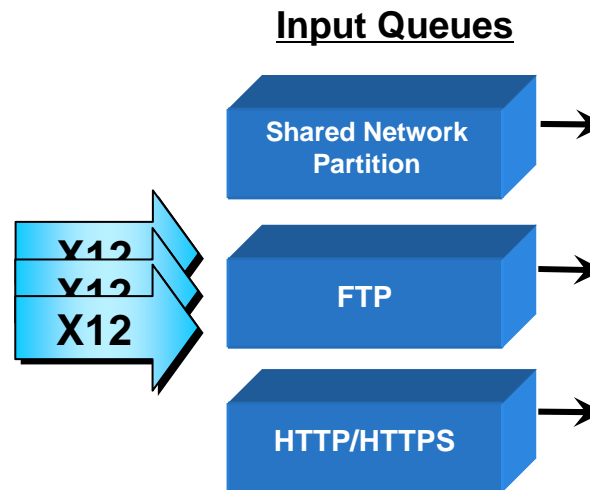
Faciledi Data Flow

An X12 health care transaction processing and routing system, designed to produce information to allow you to make decisions about how transactions should be processed as they move through your enterprise.



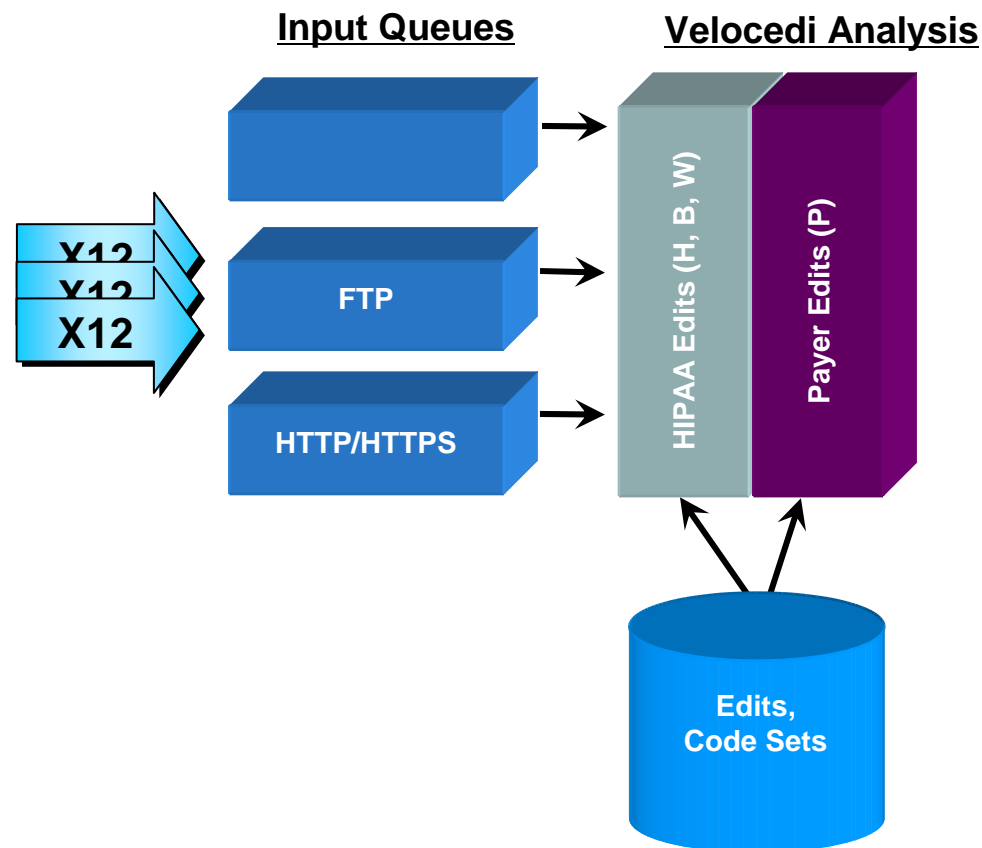
Faciledi Input Queues

- The Faciledi process and flexibility starts with the Input Queues
 - Flexible protocols – can use multiple protocols at the same time
 - Trading partner or transaction type management
 - Set up an unlimited number of Input Queues, and then manage transactions differently as they continue through Faciledi based on which queue they are dropped into

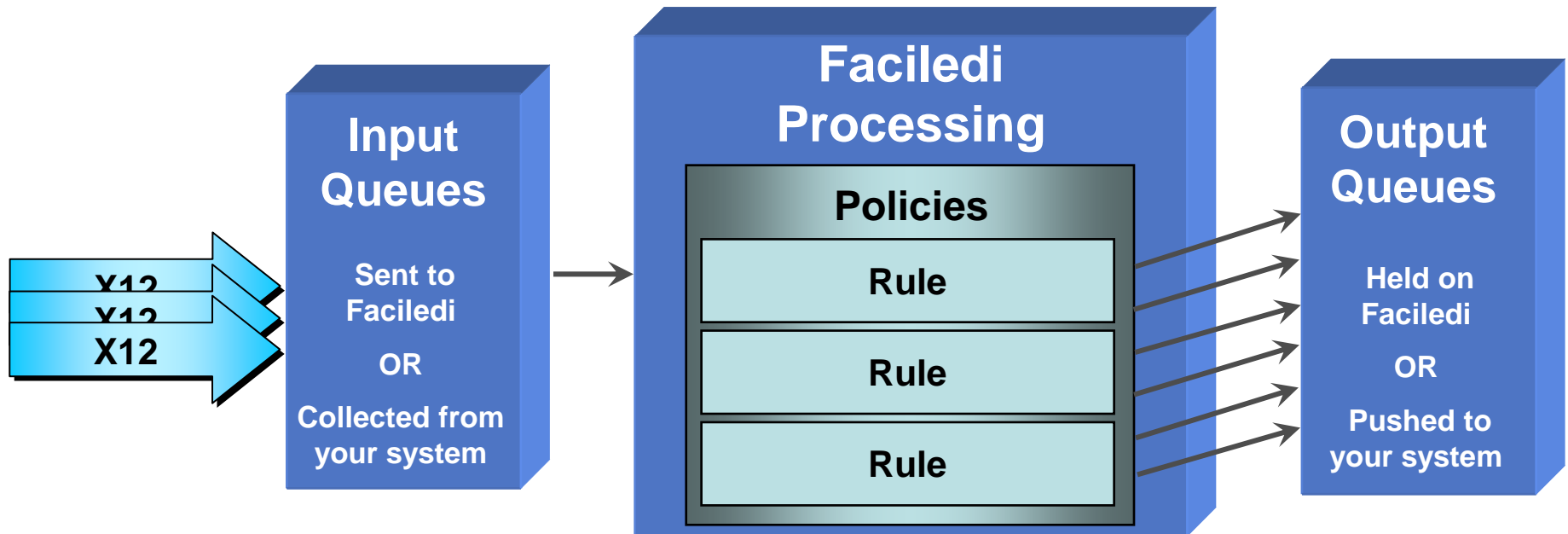


Faciledi Velocedi Analysis

- Velocedi does the validation and analysis for HIPAA transactions
 - Each transaction (business unit) analyzed separately
 - Customer-defined transaction “acceptability”
 - Build your own edits
 - Trading partner management



Faciledi Rules Engine Concepts



- **Queue**
 - Logical drop-off or pick-up points for files or reports
- **Rule**
 - Decision point (true or false) based on specific conditions
- **Policy**
 - Application of rules for transaction analysis and routing

Sample Rule

List of Rule Types

The screenshot shows the 'faciledi' web application interface. At the top, there is a navigation menu with links: Home, Queues, Routing, Lists, History, Submit, About, and Admin Tools. Below this, there are sub-links: Business Unit Routing, Policies, Rules, and Messages, along with a Logout button. The main content area is titled 'Routing Rules - 837 Professional (837P, 004010X098A1)' and includes a link to 'Select a different transaction'. A paragraph explains that routing rules are used in a 'Routing Policy' to determine routing decisions. A link 'Learn more about rules.' is also present. A table lists existing rules:

Rule Name	Rule Type
HIPAA error(s)	Error Mask Rule
Syntax error(s)	Error Mask Rule

Below the table is a 'Create Rule' form. The 'Rule Type' dropdown menu is open, showing a list of options: Error Mask Rule, Specific Error Rule, Data Match Rule, Metric Rule, Element List Rule, Error List Rule, Input Queue Rule, List Lookup Rule, Exclusion List Rule, and PHP Code Rule. A blue box labeled 'Rule Types' is positioned above the dropdown, with a blue arrow pointing from it to the dropdown menu. A 'Create' button is visible to the right of the dropdown.

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Sample Rule Error Mask Type

Edit Rule

Rule Name	H1 Errors are Prresent
Transaction	835 Remittance (835, 005010X221)
Rule Description	
Messages	<input type="checkbox"/> When TRUE, report: N12345: my custom message <input type="button" value="New..."/> <input type="checkbox"/> When FALSE, report: N12345: my custom message <input type="button" value="New..."/>

Rule Type	Error Mask Rule
Usage	<input checked="" type="radio"/> Presence of <input type="radio"/> Absence of
Message Category	H - HIPAA Errors
Message Type	1 - EDI syntax integrity * - All Types 1 - EDI syntax integrity 2 - HIPAA syntactical requirement testing 3 - Balancing 4 - Situation Testing 5 - External code set testing

Internet

Example: H1 Errors

Select either Presence of or Absence of depending on the reject scenario you wish to address

Sample Rule

Data Match Type

Rule Name	High Dollar
Transaction	837 Professional (837P, 004010X098A1)
Rule Description	
Rule Type	Data Match Rule
Element Location	Industry Name (Choose by X12/EDI Path) Total Claim Charge Amount X12/EDI Path: 837P.2000B/C.2300.CLM.CLM02 The sum of all charges included within this claim
Operator	Greater Than or Equal To (Numeric)
Compare To	50000

Rule based on specific content within specific data elements

Sample Rule Element List

Edit Rule

Rule Name	Member ID present
Transaction	834 Enrollment (834, 004010X095A1)
Rule Description	
Messages	<input type="checkbox"/> When TRUE , report: N00001: This claim has syntax errors. <input type="checkbox"/> When FALSE , report: N00001: This claim has syntax errors.

Detect Presence or Absence of one or more specified elements

Rule Type	Element List Rule				
Elements	<table border="1"><tr><td>Industry Name (Choose by X12/EDI Path)</td><td>Require</td></tr><tr><td>Subscriber Department/Agency Number 834.2000.REF.REF02 (qual DX)</td><td>Presence <input type="button" value="X"/></td></tr></table>	Industry Name (Choose by X12/EDI Path)	Require	Subscriber Department/Agency Number 834.2000.REF.REF02 (qual DX)	Presence <input type="button" value="X"/>
Industry Name (Choose by X12/EDI Path)	Require				
Subscriber Department/Agency Number 834.2000.REF.REF02 (qual DX)	Presence <input type="button" value="X"/>				
Add Element	<input type="text"/> X12/EDI Path: 834.2000.2300.IDC.IDC03 <input type="text"/> Require the element to be present <input type="button" value="Add"/> <i>Adding an element will Save changes to the Rule Name and Description</i>				

Delete ...

Cancel

Save

Sample Rule

Error List Rule

Rule Name	Fatal X12 syntax H1 errors with trivial exceptions
Transaction	837 Professional (837P, 004010X098A1)
Rule Description	
Messages	<input type="checkbox"/> When TRUE, report: N00001: This claim has fatal syntax error(s) <input type="checkbox"/> When FALSE, report: N00001: This claim has fatal syntax error(s)
Rule Type	Error List Rule
Error Basis	This rule is true when: Any 'H1' errors are present except the following
Error List	Error or Message H10018: Trailing spaces are not allowed (%n). H10014: Leading zeros detected in %n. The X12 syntax requires the suppression of leading zeros for numeric elements H10052: Unexpected character(s) detected after segment terminator.
Add Error	H - HIPAA Errors H1 - EDI syntax integrity H10001: Invalid segment terminator - shouldn't be alphanumeric. Invalid segment terminator - shouldn't be alphanumeric.

User-specified X12 syntax errors to ignore

Add
Adding an element will **Save** changes to the Rule Name and Description

Sample Policy Multiple Steps

Policy Detail

[Return to policy list](#)

Policy ID	16
Policy Name	Main Policy - 835 (Addenda)
Transaction	835 Remittance (835, 004010X091A1)
Policy Description	Main policy for 835 (004010X091A1)
Default Policy?	Yes

Multiple steps within policies, with reordering queues and routing to multiple queues

Messages can be generated based on rules or policy steps

Policy Steps

Click the step number to edit

Step #	Logic
Step 1 ↓	if (Syntax error(s) with exceptions) Report message: "N10001: Remittance advice has syntax errors." Route to queue Default Reject Routing Queue else Continue
Step 2 ↑ ↓	if (Out of Balance) Route to queue Default Reject Routing Queue else Continue
Step 3 ↑	if (Dr. Smith) Jump to policy Dr. Smith Remittances else Route to queue Default Accept Routing Queue

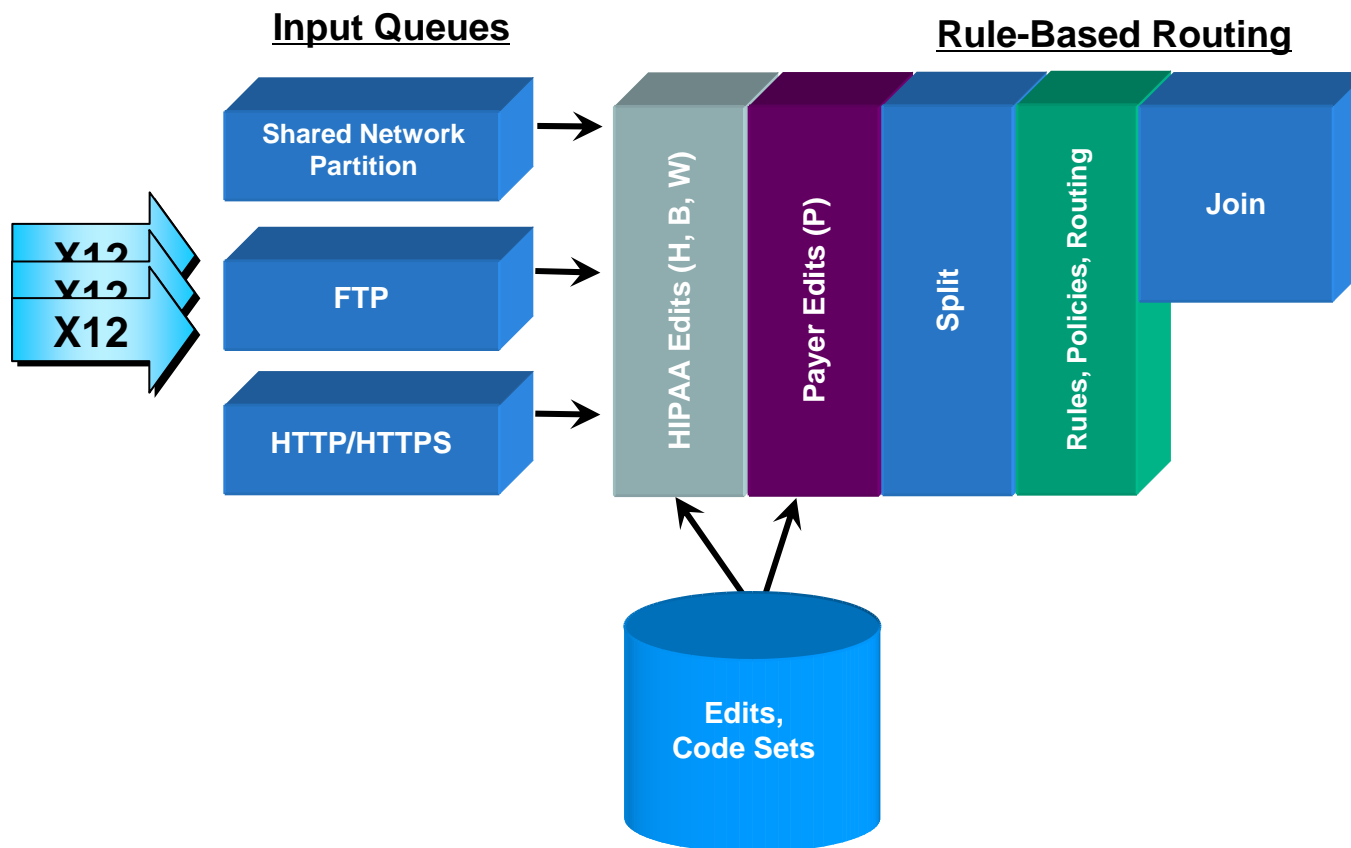
Can jump to, or "call" another policy from within a policy

Default Queue: Default Accept Routing Queue

Faciledi Rule-Based Routing

Transaction Splitting and Routing

- Accept/Reject individual transactions (business units)
- Routing rules by trading partner, transaction type, etc.
- Based on detected errors, data content, table/database lookups, etc.



4010→5010 Transformation
5010→4010 Transformation
ANSI → Proprietary Flat File Transformation

Transformation

Faciledi 4010 <> 5010 Transformation

- **Straightforward transformations** use just the data in the 4010A1 file to create a 5010 file (or vice versa). No other remediation occurs, which can result in HIPAA errors. Straightforward transformations can be helpful in determining what a user needs to change in a 4010 transaction to create a compliant 5010 transaction.
 - Examples of straightforward transformation for the 837P
 - Incoming 4010A1 file with a Patients Relationship to Insured equal to 04 (Grandfather or Grandmother) converted to G8 (Other Relationship) in the 5010 file. This was done because 04 was no longer valid in version 5010.
 - The Facility Code Qualifier (2300/CLM05-2) is required in 5010 but not used in 4010A1-so that was populated with the value of B. B is the only valid value in 5010.

Faciledi 4010 <> 5010 Transformation

- **Gap Fill transformations** supply default data for elements that are missing from the target transaction version. For example, in the 5010, the billing provider zip code must be nine digits. If only the first five digits of a zip code are provided in the 4010A1 transaction in a 4010A1-5010 transformation, default values are inserted for the four missing digits in the resulting 5010 transaction. This avoids the triggering of a HIPAA error.
 - Example of gap fill transformations
 - Incoming 5010 file has the Supervising Provider information, but if the first name is not sent, populate the first name with UNKNOWN in the 4010A1
 - This is done because the first name is required for the supervising provider in the 4010A1

Faciledi 4010 <> 5010 Transformation Profiles



- Transformation Profiles

- Consists of functions which are called at the locations you specify in an X12 transaction
- For example, a profile could contain the necessary functions to transform an 837I 4010A1 file to its 5010 counterpart, and would be incorporated into a Faciledi input queue to execute the transformation

Faciledi 4010 <> 5010 Transformation Functions



■ Transformation Functions

- Consists of a specific transform action at a specific location in a transaction
- Incorporated into a profile to define what the profile transforms
- Some functions appear by default in the system (in the Function Name dropdown menu)
- Names of these functions begin with the word “transform;” these functions cannot be edited.
- Users can also add new (php) functions and delete functions, as described in the To Manage a Transform Function section of this document

Faciledi 4010 <> 5010 Transformation Groups



- Transformation Groups
 - Consists of a collection of two or more transform functions for location assignments into a single object
 - Use the group while editing profiles to assign many functions to a set of locations
 - Allows you to create, edit, and delete these groups

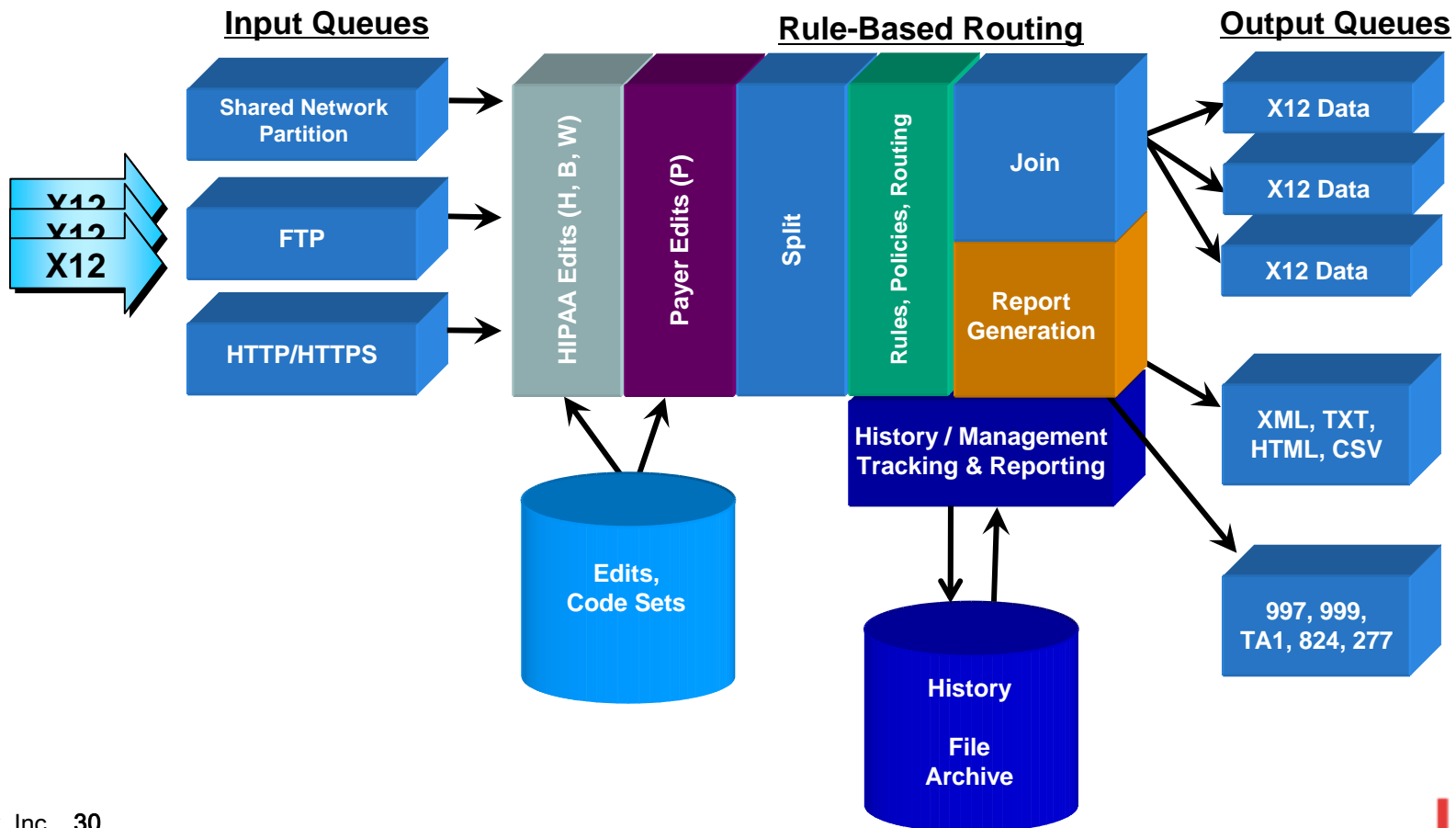
Faciledi 4010 <> 5010 Transformation

- Combination functionality:
 - Combine Straightforward & Gap Fill transformations.
- Use Transformation to create proprietary flat files
 - ANSI File → Proprietary Flat File



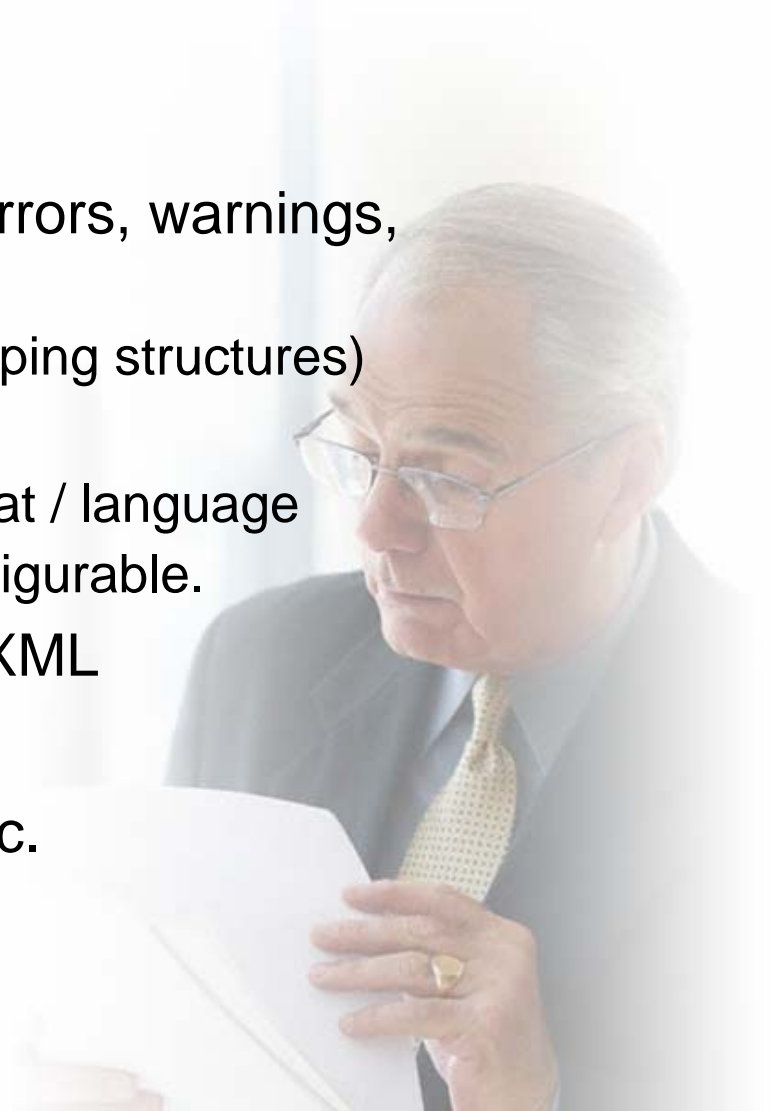
Faciledi Reporting & Responses

- Reporting & Responses –
 - A variety of reports are available for both technical and non-technical use
 - All 4010 & 5010 ANSI Acknowledgment Responses are available



Faciledi Responses / Reports

- Submitter reports
 - X12 response transactions:
 - TA1, 997, 999, 824, 277
 - Human readable reports: describing errors, warnings, and accept/reject status
 - Velocedi EDI reports (errors, data, looping structures)
 - Submitter reports
 - Presented in non-technical format / language
 - HTML and ASCII text. User configurable.
 - Machine readable reports: CSV and XML
- Management reports
 - Statistics – throughput, volume, \$\$, etc.
 - Analysis of routing decisions
 - System resource utilization reports



Summary Analysis Submitter Report

SUBMITTER REPORT

Filename: 837P_5010.txt
 Size: 2147 bytes
 Uploaded to Claredi Classic: 2011-03-15 23:40:02 GMT
 Comments:

[Return to the history page](#)

This report contains health care information. Handle only according to the appropriate security and privacy procedures.

The error messages that begin with a 'P'-code are Ingenix' good-faith interpretation of applicable payers' companion guides;

The error messages that begin with an 'H'-code are based upon the ASC X12 implementation guides.

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Summary


Report Generated	ingeni43 Tue Mar 15 17:47:50 2011
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Transmission Summary	HIPAA Compliant		Non-HIPAA Compliant		Total	
	Units	Dollars	Units	Dollars	Units	Dollars
File	0	\$0.00	1	\$12.25	1	\$12.25
Interchange(s) Control Number, Interchange Sender ID						
100000000, SUBMITTERS ID	0	\$0.00	1	\$12.25	1	\$12.25
Functional Group(s) Control Number, Version/Release ID						
1, 005010X222	0	\$0.00	1	\$12.25	1	\$12.25
Transaction ID and Transaction Set Control Number						
837P, 997654	0	\$0.00	1	\$12.25	1	\$12.25
Billing Provider Primary ID, Billing Provider Tax Identification Number, Billing Provider Name						
1234567893, 123456789, ABC GROUP	0	\$0.00	1	\$12.25	1	\$12.25

Error/Message Summary

Code	Location	Count	Message
W60101	Durable Medical Equipment Certificate of Medical Necessity Indicator	1	Patient Weight (PAT08) is required when DMERC CMN (2400/PWK) is present.
W20635	Functional Group Header Element 08	1	Due to the adoption of the 5010 errata, the value '005010X222' does not match the format

Summary Analysis Velocedi Report – Tied to TR3 Guide



Filename: 837P_5010.txt
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The error messages that begin with an 'H'-code are based upon the A...

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Interchange (L_ISA)
1 ISA'00' *01'SECRET *ZZ'SUBMITTERS ID *ZZ'RECEIVERS ID *03
1 W10009:Padding, spaces or control characters detected after segment te
Functional Group (L_GS)
2 GS'HC'SENDER CODE'RECEIVER CODE'19991231'0802'1'X'005010X2
2 W20635:Due to the adoption of the 5010 errata, the value '005010X222' do
Transaction 837P (837P)
3 ST'837'987654'005010X222~
4 BHT'0019'00'0123'20080818'0932'CH~
Submitter Name (1000A)
5 NM1'41'2'ABC SUBMITTER*****46'999999999~
6 PER'IC'Jane Doe'TE'9005555555'EX'8005551212~
Receiver Name (1000B)
7 NM1'40'2'XYZ RECEIVER*****46'111222333~
Billing Provider Hierarchical Level (2000A)
8 HL'1'20'1~
9 PRV'BI'PXC'207Q00000X~
10 CUR'85'CAD~
Billing Provider Name (2010AA)
11 NM1'85'2'ABC GROUP*****XX'1234567893~
12 N3'225 Main Street~
13 N4'Centerville'PA' 17111 ~
13 H25377:The 'Billing Provider Postal Zone or ZIP Code' must be the nine digit Zip code.
14 REF'EI'123456789~
15 PER'IC'Jane Doe'TE'9005555555'EX'8005551212~
15 H40410:If Contact Information at Loop 2010AA/PER is used, the information MUST be different than the Contact Information in the PER segment at Loop 1000A
15 H42209:The Billing Provider Contact Name is not provided unless it is the same as the Submitter Contact Name

IMPLEMENTATION

BILLING PROVIDER CITY, STATE, ZIP CODE

Loop: 2010AA -- BILLING PROVIDER NAME

Usage: REQUIRED

Repeat: 1

Example: **N4*KANSAS CITY*MO*64108~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 030

Loop: 2010

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax:

1. E0207
Only one of N402 or N407 may be present.
2. C0605
If N406 is present, then N405 is required.
3. C0704
If N407 is present, then N404 is required.

Faciledi History / Management Tracking and Reporting

- History Lookup Reporting
 - Summary data – overall progress, data groupings
 - Find a specific file – drill down to individual transactions
 - Find a specific transaction – disposition, data extract, individual analysis report
- Transaction Analytics
 - Historical / Statistical Reporting
 - Error summaries (e.g., top ten errors)
 - Summary reports at multiple levels (submitters, providers, etc.) - Customizable
 - Drill down to any level of detail (file, individual transactions)

Questions & Answers



For more information
or for a detailed, technical demo
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(800) 765-6834

or

connect@ingenix.com