



Achieving 5010 Compliance: Practical Approaches for Successful End-to-End Testing

By Azadeh Farahmand, CEO and Founder, GHN-Online | October 29, 2010

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What do we need to know about 5010 testing?

First, you should know that the deadline to comply with all Version 5010 requirements (the new version of the X12 standards for HIPAA transactions) is Jan. 2012. This may not seem like a priority, but failure to make the change will have a domino effect — unpaid claims will result in a reduction in cash flow. Providers, practice management vendors, clearinghouses and payors need to start testing the 5010 format in the next few months to ensure the required format and content meets the 5010 standards. This process is known as "end-to-end testing."

Seven practical approaches to end-to-end testing

End-to-end testing is like a 1,000-piece puzzle. Multiple components must be considered to meet the expectations of each trading partner, such as healthcare providers, clearinghouse vendors, and payors. Follow these seven simple best practice approaches to ensure the end-to-end testing success.

1. Ask your vendors and payors these basic questions about their testing environment.

- Which transactions can be tested? Eligibility, claims, electronic remittance, referrals, enrollments, acknowledgments, etc.
- Since no one gets it right the first time, how many test files can be sent for each transaction?
- Which month/day will your testing begin?
- Will you need to upgrade your practice management system or hospital information system in order to perform testing?
- Does your test claims processing environment mirror your production environment?

2. Verify whether you can send identifiable data or whether you must de-identify test data.

- End-to-end testing includes the confirmation of behaviors related to patient and subscriber information.
- Sending de-identified information may not allow you to test this prior to early production.

3. Document your revenue cycle workflow related to the standard transactions and the ICD-10.

- Begin with documenting your workflow from the contract management with payors to the admission of a patient through the claims management process.
- Understand where standard transactions or coding are generated and what happens when standard transactions are received.

4. Perform testing with various test cases.

- Choose simple to complex cases. For example, some test cases that should be rejected and some that will be paid.
- Use cases that will start with one transaction and generate results in another transaction, such as sending a claim and receiving a claims status acknowledgement.
- Select claims for payors with high volume cases.

5. Encourage frequent collaboration with your vendors and payors.

- Facilitate periodic meetings with your vendors, clearinghouses and payors.
- Share information (any findings) with your vendors, clearinghouses and payors.

6. Document test scenarios and their outcomes.

- Take control by documenting the test scenarios and their outcomes to help guide your organization in its migration planning and implementation process, and to provide a complete audit trail of test results.

7. Define internal roles/responsibilities for monitoring production.

- Who in your organization are the project owners?
- Who are your key stakeholders for making decisions on budgets and resources?
- Who will be responsible for continuing with normal operations? Be prepared to wear multiple hats!

What does end-to-end testing mean to you?

Change inevitably causes several moving pieces that have to be managed. The end-to-end process allows all those involved in the generating, processing, and paying for your claims, to assess and audit in detail all the claims data and format changes. This ensures full compliance and helps to identify any issues and exceptions early on in the process. Ultimately, the end-to-end process is designed to cut the 'gotcha' out of your net revenue collection process. So, gear up to put together a comprehensive test plan.

GHN-Online (www.ghnonline.com) is a leading enterprise-class real-time claims management and clearinghouse provider with a mission to simplify the claims-to-cash process for its clients. To learn more about step-by-step end-to-end 5010 testing, GHN-Online offers scheduled webinars. For more information, contact askabout5010@ghnonline.com.

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