

# Top Actions for Upcoming CMS National 5010 Testing Day

By Azadeh Farahmand, CEO and Founder, GHN-Online | July 20, 2011

*The following article is written by Azadeh Farahmand, CEO and founder of GHN-Online.*

The migration to 5010 is a major effort for healthcare industry stakeholders and will require significant testing among trading partners to ensure success. CMS is hosting another National 5010 Testing Day on Aug. 24 to give you the opportunity to test your implementation efforts for version 5010 of the HIPAA electronic standard transactions. This will allow you time to identify and resolve any problems with sending or receiving 5010 transactions prior to the Jan. 1, 2012, compliance date. CMS previously held a National 5010 Testing Day on June 15.

CMS will provide support from a real-time help desk and provide immediate access to Medicare administrative contractors. Each Medicare contractor and the participating state Medicaid agencies will provide details concerning the transactions to be tested. **Physicians who submit claims and other HIPAA healthcare transactions electronically must comply with the 5010 transactions by the Jan. 2012 deadline.** If you aren't prepared by Jan. 2012, you will be at risk for cash-flow interruptions.

If your organization is ready to test the 5010 claim file, here are four top level actions you should take.

1. Confirm that your practice management system or hospital information system is ready to generate a 5010 test file(s).
2. Follow any instructions defined by your IT or system vendor to generate the 5010 test file(s) and upload the files to the vendor's system.
3. Upload the 5010 test files a few days prior to the Aug. 24 event.
4. Allow your vendor 3-5 business days of processing time to fully evaluate your test files.

It is important to note that you should resume processing of your 4010 claim files as normal. For example, you may need to switch back to PMS or HIS settings or parameters to resume your normal processing with the 4010 version.

Here are five actions your clearinghouse vendor will take.

1. Your clearinghouse vendor will process the files through its 5010 testing environment.
2. Your clearinghouse vendor should notify you of any X12 compliance issues that occur with your files.
3. Your clearinghouse vendor will aggregate your claims into files that will be submitted to the Medicare processors.
4. Your clearinghouse vendor will process any acknowledgement and claim status reports exchanged with the Medicare processors.
5. Your clearinghouse vendor will evaluate any rejections to determine if additional edits will be required.

GHN encourages everyone to test early and often. The testing that occurred on June 15 should have provided all participants with a good baseline to work from as we push forward to the compliance date. This process provided both positive and negative results.

From GHN's experience with 5010 testing, here are three points to keep in mind as you continue to test with your trading partners.

1. Many of the files submitted were 4010 versus 5010.
2. Some rejections were related to the subscriber address, not expected when the subscriber is not the patient.
3. Some rejections for elements where data values sent were no longer valid with 5010.

*GHN-Online ([www.ghnonline.com](http://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](mailto:askabout5010@ghnonline.com).*

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