

HBMA 5010 Readiness Survey

1. Please describe your billing software system. NOTE: if you use more than one billing system, please complete the survey for EACH system.

Commercial software product – in my office	55	56.0%
Commercial software product – ASP	26	26.0%
Proprietary software	15	15.0%
Other, please specify	3	3.0%
Total	99	100.0%

Other Responses...

- RDP into clients software application
- Fully Integrated into application with EHR
- Commercial web based software

2. If you use a clearinghouse, please identify which one(s) you use, in order of usage (primary, secondary, tertiary, etc.).

Primary

- | | |
|------------------------|-------------------------|
| 1. Availity = 7 | 12. McKesson = 2 |
| 2. BCBS Michigan = 2 | 13. Medicare |
| 3. BCBSM EDI | 14. MVP |
| 4. Blue Cross of Idaho | 15. Office Ally |
| 5. Capario = 10 | 16. Payorpath |
| 6. CDPHP | 17. Per Se technologies |
| 7. Claim Logic = 2 | 18. Premera |
| 8. Emdeon = 10 | 19. Proxy Med |
| 9. ENS = 3 | 20. Real Med |
| 10. Gateway EDI = 8 | 21. Relay Health = 3 |
| 11. GHN-Online = 2 | 22. ZirMed = 2 |

Secondary

- | | |
|-----------------|--------------------|
| 1. Capario = 2 | 4. Gateway EDI = 2 |
| 2. Claim Remedi | 5. Office Ally = 2 |
| 3. Emdeon | 6. ZirMed |

Tertiary

1. Allied

3. How many different specialties does your organization support?

1. 6+ = 2	16. multiple >12
2. One, with subspecialties	17. 12 = 6
3. 12 to 15	18. 13 = 2
4. 5 to 6	19. 14 = 2
5. 1 = 5	20. 15 = 6
6. 2 = 7	21. 17
7. 3 = 6	22. 19
8. 4 = 5	23. 20 = 2
9. 5 = 7	24. about 20 = 2
10. 6 = 3	25. 22
11. 7 = 8	26. 32
12. 8 = 5	27. 34
13. 9 = 4	28. 36
14. 10 = 9	
15. 11 = 6	

4. Will a system upgrade be required in order to comply with the new 5010 requirements?

Yes	58	58.0%
No	26	26.0%
Not sure	16	16.0%
Total	100	100.0%

5. Has your system's 5010 upgrade been completed?

Yes	17	23.0%
No	57	77.0%
Total	74	100.0%

6. When is your system's 5010 update scheduled?

Q3 2011 (July – September)	27	47.0%
Q4 2011 (October – December)	15	26.0%
Unknown	15	26.0%
Total	57	100.0%

7. When was your system's 5010 update completed?

2010	2	12.0%
Q1 2011 (January – March)	8	47.0%
Q2 2011 (April – June)	7	41.0%
Total	17	100.0%

8. Has your organization or vendor tested the 5010 upgrade?

Yes	24	56.0%
No	11	26.0%
Don't know/not sure	8	19.0%
Total	43	100.0%

9. When did you begin testing? (First test with any insurer)

Q1 2011 (January – March)	11	55.0%
Q2 2011 (April – June)	9	45.0%
Total	20	100.0%

10. When is your 5010 testing scheduled to begin?

Jun-11	14	16.0%
Jul-11	13	14.0%
Aug-11	12	13.0%
Sep-11	7	8.0%
Oct-11	7	8.0%
Nov-11	0	0.0%
Dec-11	0	0.0%
Unknown	37	41.0%
Total	90	100.0%

11. Does your organization utilize direct connections for payor connectivity?

Yes	48	48.0%
No	52	52.0%
Total	100	100.0%

12. If your organization or vendor utilizes a direct connection with Medicare, list all MACs and Carriers that apply:

1. All MAC's
2. ANTHEM
3. Blue Cross Blue Shield
4. Cahaba = 4
5. CEDI
6. CIGNA
7. CT
8. DME MAC
9. Emdeon
10. FL
11. Florida Medicare
12. GA Medicare
13. Highmark = 2
14. Highmark (NJ)
15. Highmark Medicare Services = 3
16. J1 Part B Palmetto
17. J14 MAC PART B (NHIC)
18. MA
19. Medicare DME
20. MI
21. Michigan Medicare
22. NGS = 2
23. NGS Highmark
24. NGS J13
25. NH
26. NHIC = 2
27. NJ
28. Noridian = 5
29. OH
30. PA
31. Palmetto GBA = 9
32. PINNACLE
33. RI
34. RR Medicare = 2
35. Trailblazer = 3
36. VT
37. WPS = 11

13. If your organization or vendor utilizes a direct connection with Medicaid, list each State and /or Medicaid Contract (HMO, etc):

- | | |
|--------------------------|---------------------|
| 1. AL | 22. Missouri = 2 |
| 2. Arizona | 23. MO MEDICAID |
| 3. AZ | 24. MS |
| 4. California = 5 | 25. N/A |
| 5. Colorado = 3 | 26. NC |
| 6. CT = 2 | 27. Nevada |
| 7. DE | 28. NH |
| 8. EDISS (Noridian) | 29. NJ = 4 |
| 9. FL = 3 | 30. North Carolina, |
| 10. Florida Medicaid = 2 | 31. NY = 2 |
| 11. GA = 5 | 32. OH = 2 |
| 12. Georgia Medicaid | 33. OR = 3 |
| 13. ID | 34. PA = 2 |
| 14. IL = 2 | 35. RI |
| 15. IN | 36. SC = 2 |
| 16. KS | 37. TN |
| 17. LA = 2 | 38. TX |
| 18. MA | 39. VT = 2 |
| 19. MD | 40. WA = 3 |
| 20. Medi-Cal, | 41. Wisconsin |
| 21. MI = 2 | 42. WY |

14. If your organization or vendor utilizes a direct connection with Blue Cross/Blue Shield, list each State and/or Company:

1. About 15 more states
2. AL
3. Arizona = 3
4. ASK
5. Availity
6. BCBS of Vermont
7. Blue Cross Blue Shield of Calif
8. Blue Cross of California
9. CA = 3
10. Colorado = 3
11. CT = 2
12. DC
13. Delaware Highmark
14. EC Solutions for Iowa
15. Emdeon
16. Excellus BCBS
17. FL = 4
18. GA = 4
19. Highmark Blue Shield
20. IDAHO
21. IL = 3
22. KS
23. Louisiana
24. MA BLUE SHIELD
25. MA
26. MD
27. MI = 2
28. Michigan BCBS = 2
29. Missouri
30. MS
31. N/A = 2
32. NC
33. Nevada
34. NH
35. NJ = 2
36. North Carolina
37. OH
38. OREGON
39. PA = 2
40. RI
41. SC
42. South Dakota BCBS
43. TN
44. VA
45. VT
46. Washington
47. WELMARK

15. If your organization or vendor utilizes a direct connection to other payors, please specify

- | | |
|--|---|
| 1. ADMINISTAR | 16. Medicare |
| 2. Aetna = 5 | 17. Mohawk Valley Health Plan (NY) |
| 3. Arizona | 18. N/A = 3 |
| 4. Avmed, | 19. Nevada |
| 5. BC/BS | 20. Priority Health |
| 6. CA County Medical Services, San Diego, CA | 21. Sante Health Plan Los Angeles County |
| 7. CA Sharp Rees Stealy, San Diego, CA | 22. Sharp Community Medical Group, San Diego, |
| 8. California | 23. Sharp Heath Plan, San Diego, |
| 9. Capital District Health Plan (NY) | 24. Tricare |
| 10. Cigna = 4 | 25. UHC = 3 |
| 11. Colorado | 26. United = 2 |
| 12. Emdeon | 27. Washington |
| 13. Health Alliance Plan Cofinity | 28. Wellcare |
| 14. Humana | 29. WellPoint |
| 15. Medicaid | |

16. Has your organization or vendor commenced testing for your direct connections?

Yes	22	46.0%
No	26	54.0%
Total	48	100.0%

17. Indicate if your organization or vendor has commenced testing process with Medicare and list all MACs and Carriers that apply:

- | | |
|-------------------------------|-----------------------|
| 1. CAHABA | 10. Noridian Highmark |
| 2. Highmark Medicare DC | 11. Not sure which |
| 3. Highmark Medicare DE | 12. Palmetto = 3 |
| 4. Highmark Medicare MD | 13. Palmetto GBA = 2 |
| 5. Highmark Medicare PA | 14. Trailblazer |
| 6. Highmark Medicare Services | 15. Unknown |
| 7. NGS | 16. WPS = 4 |
| 8. No = 2 | 17. Yes = 2 |
| 9. Noridian | |

18. Indicate if your organization or vendor has commenced testing process with Medicaid and list each State and/or Medicaid Contract (HMO, etc)

- CALIFORNIA not ready for testing per California Medi-Cal
- EDISS
- Georgia
- IN
- Michigan
- N/A
- No = 6
- Unknown
- Yes = 2

19. Indicate if your organization or vendor has commenced testing process with Blue Cross/Blue Shield and list each State and/or Company:

- | | |
|--|------------------------------------|
| 1. Anthem-IN | 12. Georgia |
| 2. Availity | 13. Highmark DE = 2 |
| 3. BCBS AZ | 14. Highmark MD |
| 4. BCBS CA | 15. Highmark PA |
| 5. BCBS DC | 16. KS |
| 6. BCBS IL | 17. Michigan |
| 7. BCBS MD | 18. MO |
| 8. BCBS PA | 19. N/A |
| 9. BCBS VA | 20. NJ Blue Shield/Horizon. |
| 10. Blue Cross Blue Shield functions as our clearinghouse. We have tested with them. | 21. No = 4 |
| 11. California | 22. Not sure if Capario has tested |
| | 23. Unknown |

20. If your organization or vendor has commenced testing with other payors, please specify:

- | | |
|----------------------------------|-----------------------------|
| 1. Aetna | 6. N/A = 3 |
| 2. ALL Major Payers | 7. No = 4 |
| 3. CIGNA | 8. Northern California IPAs |
| 4. Health Alliance Plan Cofinity | 9. not yet |
| 5. Medical Groups | 10. unknown |

21. Are you scheduled to test with those direct payers that your organization or vendor has yet to commence with 5010 testing?

Yes	11	23.0%
No	18	38.0%
Not sure	19	40.0%
Total	48	100.0%

22. When is testing scheduled to begin with the first one?

Jun-11	7	64.0%
Jul-11	3	27.0%
Aug-11	1	9.0%
Sep-11	0	0.0%
Oct-11	0	0.0%
Nov-11	0	0.0%
Dec-11	0	0.0%
Unknown	0	0.0%
Total	11	100.0%

23. Does your organization utilize a Clearinghouse(s)?

Yes	99	99.0%
No	1	1.0%
Not sure	0	0.0%
Total	100	100.0%

24. Has your organization tested with your Clearinghouse(s)?

Yes	23	23.0%
No	69	70.0%
N/A	7	7.0%
Total	99	100.0%

25. When did you begin testing?

Q1 2011 (January – March)	8	35.0%
Q2 2011 (April – June)	15	65.0%
Total	23	100.0%

26. Is your organization or vendor scheduled to test with your Clearinghouse(s)?

Yes	43	43.0%
No	23	23.0%
Not sure	33	33.0%
Total	99	100.0%

27. When are you scheduled to begin testing with your Clearinghouse(s)?

Jun-11	9	22.0%
Jul-11	11	27.0%
Aug-11	7	17.0%
Sep-11	4	10.0%
Oct-11	3	7.0%
Nov-11	0	0.0%
Dec-11	0	0.0%
Unknown	7	17.0%
Total	41	100.0%

28. Does your organization or vendor feel the industry will be ready for the 5010 conversion on 1/1/12?

Yes	48	48.0%
No	52	52.0%
Total	100	100.0%

29. Does your organization or vendor believe that an extension or other contingency will be required to successfully implement 5010?

Yes	39	75.0%
No	2	4.0%
Not sure	11	21.0%
Total	52	100.0%

30. Does your organization or vendor believe that the 5010 date will be extended?

Yes	29	29.0%
No	34	34.0%
Not sure	37	37.0%
Total	100	100.0%

31. Are you aware of the timeline for the ICD-10 implementation?

Yes	95	95.0%
No	2	2.0%
Not sure	3	3.0%
Total	100	100.0%

32. What is the "live" date for ICD-10 CM?

1-Jan-13	21	23.0%
1-Apr-13	2	2.0%
1-Jul-13	1	1.0%
1-Oct-13	69	74.0%
1-Jan-14	0	0.0%
Total	93	100.0%

33. COMMENTS

1. Our PM software vendor has indicated they are testing and that we will be ready. At this time, we are not involved with the testing.
2. This will be a disaster if CMS hold to the Jan 2013 deadline.
3. Our software vendor, HealthPac, is addressing 5010 readiness.
4. What a nightmare this is for us. It should be mandatory that ALL the PAYORS FIRST prove they are ready & can accept 5010 at least 6 months before providers are requested to do so. Setting everyone up for a big failure here. Certainly HOPE cooler heads and wisdom prevail to implement this under a more reasonable time line and ENFORCE that PAYORS are ready to receive FIRST before all of us providers scramble to pick up the pieces.
5. We have requested 5010 upgrade with our software vendor but they have not given us a date. I'm not sure they're ready yet. I dread Jan 1, 2012 because I think most payers won't be ready, either.
6. Because the readiness does not depend on me, my software vendors have assured me they are working and testing. They are reputable companies that give us feedback as to their readiness.
7. We are comfortable that our PMS vendor and clearinghouse will be ready - we do not think the payer side will be ready based on past experience
8. None
9. I am a small, small home business and depend on my software vendor, Medisoft, and my Clearinghouse, Capario, to make the necessary changes.
10. Too many things required of our clients in too little a time frame. Our clients are very nervous.
11. We are just waiting on our clearinghouse to update a program (due mid Aug) and we will be ready to test. Software is 5010 compliant so we don't expect too many problems.
12. Reimbursement declines and expenses related to keeping up with the regulatory changes increases. All the planning in the world will not prevent what is on the horizon - erroneous denials from the payors -increasing the costs of billing and decreasing reimbursement.
13. My software (Kareo) has informed me they are testing and will be ready.
14. Please tell CMS to require Level II Compliance for 5010 to remain at 01.01.12; if the date is moved, this compromises ICD-10 projects and reduces confidence in deadlines set for the industry.
15. Too many mandatory items and not enough money to cover the expenses. Please pass this on to the White House. Thank you
16. Software Vendor Healthpac has not communicated a detailed plan other than that they are working on it.
17. We will be ready, I believe NGSs will be ready, I do not believe the payers will be ready
18. Will not be ready and problems because everyone will have to do another systems upgrade for ICD10. This is very expensive when they do all of these at different times. Should coordinate. Not confident all payers will be ready and will be submitting some in ICD9 and some in ICD10.
19. We are working closely with our software vendor. We have input the changes for the Biller (no post office) and the Payer address - we are using the PO box for the payer. I have not found any information indicating that we the Third Party Biller could not use a Post Office box for the Payer
20. Insurance industry will not be prepared. Testing has been delayed by many insurance companies. It is and will be a mess.