ANSI 5010 implementation for Medisoft V17 with Revenue Management to the Availity Clearinghouse:

Introduction and deadlines:

The ANSI 5010 connection will process your EDI transactions in the ANSI 5010 Standard. Until this connection is installed, your claims are being sent in the ANSI 4010 standard. The deadline for the implementation of ANSI 5010 is January 1, 2012. This connection only works with Medisoft V17 (any service pack but we recommend you are always on the latest Service Pack).

Prerequisites: Changes needed in Medisoft for ANSI 5010

Before any claims are sent with the 5010 connection, it is very important that you have updated your Medisoft data and Availity report preferences with the ANSI 5010 requirements. There are only a few Medisoft fields that must be updated in as most of the ANSI 5010 changes are transparent. We have been recommending that you make these changes and provided instructions in our monthly ANSI 5010 EDI News & Alerts newsletter so you may have already address these changes. If so, then continue reading these instructions and proceed with the installation of the 5010 connection. If not, use the links below to get to more information and instructions on how to make the necessary changes. Once the Medisoft changes are complete continue with the ANSI 5010 connection installation.

> 9 digit ZIP codes and Physical address
>
> Adding Taxonomy codes in Medisoft for Regence
>
> Availity Report Preference Changes

You are now ready to install

## Downloading and Installing the Connection

Step 1) Download the file

Using the same computer you use to send claims, download the AVAIL 5010.vc file to a location of your choice on your computer or network. Many people choose to place it on the desktop, this works fine. Be sure to note where you placed the file as in the next step, you will have to navigate to that place to locate the downloaded file. The download should only take a few seconds.

Step 2) Install the Connection in Revenue Management

From the menu at the top of Medisoft, choose 'Activities.' Then choose 'Revenue Management' and 'Revenue Management'. This opens the familiar Revenue Management screen that is used to create the claims file batches. [NOTE: For our clients with multiple practices/data sets – open the Revenue Management of any of the practices filing electronic claims with Revenue Management. The import step only needs to be performed once and it will import the connection for all of the practices]

From the top of the Revenue Management screen, choose 'Configure.' Then choose 'Import Connection.' The window shown below will appear:
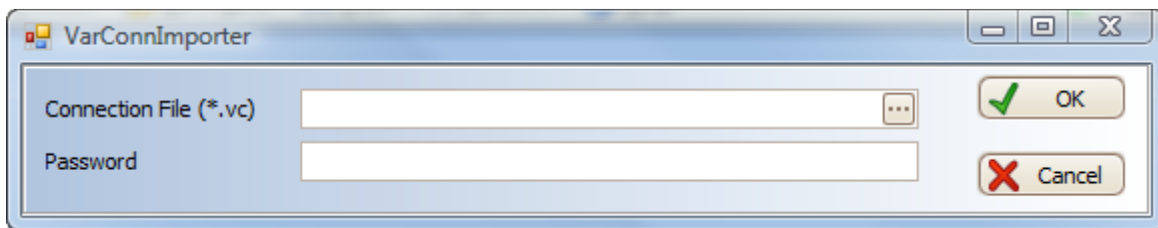
Click on the ellipses (the three dots) on the right side of the Connection File (*.vc) field. This will open the standard Windows explorer window. Navigate to the place where the downloaded file is saved. Select the AVAIL 5010.vc file. This is the file you downloaded in Step 1. Click the 'Open' button. Once the file is selected, the filename will appear in the Connection File (*.vc) field.

In the Password field, enter the password provided to you (note it is case sensitive)

The password has been emailed to you in a Newsletter. The subject of the email is 'ANSI 5010 EDI News & Alerts - CompuHealth Northwest Inc.'

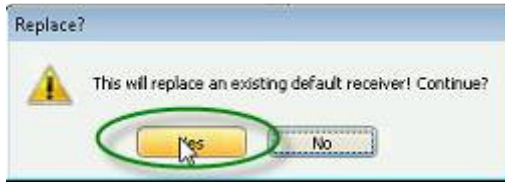Now choose 'OK.' The import process will begin.

The import process can take several minutes, or even 10 or 15 minutes, so be patient.

During the import process you will see a screen like the one below
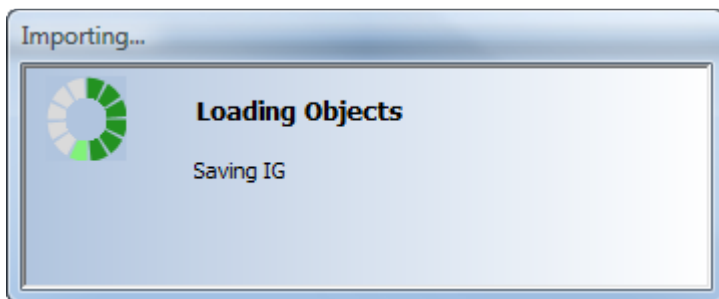
*Please note: if you are replacing an older connection you may get the following promt(s):
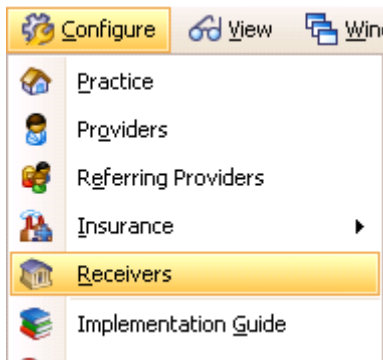

Select 'Yes' to replace.

Select 'Yes' to replace.

Step 3) Add the 5010 Connection to each receiver used for sending claims.

This step must be performed for each practice/data set and for each receiver used.

In the Revenue Management Screen, from the menu at the top, choose 'Configure.' Then choose 'Receivers.'

A list of all receivers will appear. Some may be inactive and not used. We are only concerned with those that are used to send claims. This is the receiver or receivers you choose during the 'Check Claims' step when sending claims, or when you click on the 'Send' button to create the claim file.

CompuHealth **Northwest**

A Medical Managment Company

Code	Name	Comment	Program File	G
⊞ AVAIL	AVAILITY CLEARINGHOUSE	NATIONAL ...	RCM\RevenueManager....	
⊞ CM001	do not use	NATIONAL ...	RCM\REVENUEMANAGE...	
⊞ NDE00	do not use	NATIONAL ...	RCM\REVENUEMANAGE...	

If the window is not already full size, make it full size so all the columns are visible. If you need to scroll the screen to the right, do so. We need the column labeled 'Transaction Sets.' You may need to hover the mouse over the column heading to see the full name. You can see the column we want below:

EntityType	VendorID	Comm S...	Header Info	Transact...	M
Non-person...		AVAILWEB		Claims	
Non-person...		(None)		None	
Non-person...		(None)		None	

Now click on the word 'claims.' The following window will appear.

Transaction Sets [Add] [Delete]

| Implementation Guide	
IGuide	Outbound Claims...
IGType	Claims
Description	New Tx Set
Test Mode	☐
Test in ISA Only	☐
File Info	
FileName	%II%_%MM%...
FilePath	
ZipFile	☐

Click on the 'Outbound Claims' field and another screen will drop down with a list of Implementation Guides, as shown below:

```
Inbound Payment(835)
Inbound U(835 5010)
Inbound Other(864)
Inbound Acknowledgement(997)
Inbound Acknowledgement(999)
Inbound ABR(Availity - ABR)
Inbound APR(Availity - APR)
Outbound Claims(CCS Availity Claims)
Outbound Claims(CHNW AVAIL NWFA)
Outbound Claims(CHNW MS17 5010 Prof Claims Avail CHNW R 3.0)
Outbound Claims(LY2011 5010 Prof. Claims - Direct)
Outbound Claims(LY2011 Inst. Claims - CORF)
Outbound Claims(LY2011 Inst. Claims - ESRD)
Outbound Claims(LY2011 Inst. Claims - General UB04)
Outbound Claims(LY2011 Inst. Claims - RHC)
Outbound Claims(LY2011 Prof. Claims - Direct)
Outbound Claims(LY2011 Prof. Claims - Direct - AVAP)
Outbound Claims(LY2011 Prof. Claims - Direct - Premera)
```

Choose the Implementation Guide named "Outbound Claim(CHNW MS17 5010 Prof Claims Avail R 3.x)"
from the list. (The screen shot shows 3.0, but this file will get updated as needed and the 3.0 will
increase with each update. As long as the file you are choosing is a higher number then 3.0 you are
selecting the most current file.)

Then click 'Save' from the top row of icons. Then choose 'Close' at the right.

Receivers	Add	Save	Cancel	Report
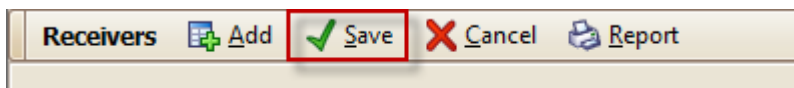
Claims can now be created and sent in the ANSI 5010 Standard. The process for creating and sending the
claims has not changed.

* Important Note: If you bill for multiple Practices (datasets) you will need to perform these steps
beginning with Step 3 above for each Practice.

If you bill for a Practice with multiple receivers you will need to perform these steps beginning with Step
3 above for each receiver.

It is critical that the IBR, EBR and DPR reports from Availity are read and processed in a timely manner.
There are a lot of changes with the 5010 standard that could cause claim rejections at the clearinghouse
or the payer, and these reports are the only way you will know the claims have rejected and will not be
paid.

If you would like to verify that you performed the above steps correctly and have the 5010 connection
installed, follow these steps:

1) Create a batch of claims

2) From the Claim Preview screen, click on 'Tech View.' The choose the 'Raw Text' tab to view the claim file data

3) The first line that begins with 'ST' will read '005010X222A1' as shown below. This indicates the claim file was created in the ANSI 5010 Standard.