



# End-to-End Testing Volunteer Call



*Everything Testers Need to Know to Have A Successful Testing Week*

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# Purpose

The goal of this call is to:

- Review the minimum testing requirements for end-to-end testing
- Answer frequently asked questions
- Provide information about future end-to-end testing rounds

# Minimum Testing Requirements

- Testers must be established electronic submitters, with active Medicare submitter IDs, and capable of receiving electronic remittance advices (ERAs) to be eligible for this testing. Electronic submitters are defined as clearinghouses, billing agencies, or a professional or institutional provider that submits directly to Medicare.
- Testers must be ready to test ICD-10, meaning, all vendor and practice management software needed to test has been updated and internally tested prior to conducting end-to-end testing with Medicare.

# Minimum Testing Requirements

- Testers must be able to provide the National Provider Identifiers (NPIs) Provider Transaction Access Numbers (PTANs), and beneficiary Health Insurance Claim Numbers (HICNs) they will use for test claims when requested by the MAC. This information will be needed several months prior to the start of testing for set-up purposes.
- Testers must be able to submit future dated claims.

# Deadline to Submit NPIs, PTANs, and HICNs

- Submission of the NPIs, PTANs, and HICNs is a requirement to participate in testing.
- Deadline to submit the completed form has been extended to November 24, 2014.
- If the completed form has not been received by 11/24/14, you will be dropped from January 2015 testing, and must reapply for the next round.
- If you cannot locate your form, contact your MAC or the CEDI helpdesk to receive a new one.

# Why Limit NPIs, PTANs, and HICNs?

- MACs and CEDI must ensure that all NPIs, PTANs, and HICNs are available in their test environments. This is a manual process to verify:
  - NPIs and PTANs are valid for testing.
  - Beneficiary eligibility for testing.
  - All files and downstream systems in the test region are ready.

# Future Dated Claims

- Professional claims must have a date of service on or after 10/1/2015.
- Inpatient claims must have a discharge date on or after 10/1/2015.
- Supplier claims must have a date of service between 10/1/2015 and 10/15/2015.
- Refer to MLN Matters Special Edition article SE1325 for more information on ICD-10 claims with span dates.

# Why Future Dated Claims?

- ICD-10 is effective for Dates of Service on or after 10/1/2015, therefore, this is a critical part of our claim edits.
- Only future dated claims will go through all edits as they will on or after 10/1/2015.
- This allows for the most-accurate test of Medicare system and edits.

# How Testing Works

- Test claims must be submitted January 26-30, 2015.
- Test claims will be sent to the contractor the same as production claims.
- For Professional and Institutional claims, test files must use one of the Submitter IDs (Trading Partner ID) used during volunteer registration.
- For Supplier claims, test files must use the Submitter ID (Trading Partner ID) assigned to you for testing.

# How Testing Works

- Claim files must be marked as “Test” in the ISA15 field with a “T”.
- Test claims with ICD-10 diagnosis codes must be submitted with dates of service (or discharge date) on or after October 1, 2015.
- Test claims with ICD-9 diagnosis codes must be submitted with dates of service (or discharge date) before October 1, 2015.

# How Testing Works

- Test claim volume is limited to a total of 50 claims for the entire testing week, submitted in no more than 3 test files. If more than 50 claims are submitted over the course of the testing week, they may not be processed.
- You should receive Electronic Remittance Advice (ERA) files within 3 days after claims are submitted. However, it may take up to 2 weeks to receive all ERAs.
- ERA files returned to you will be marked as “test” files in the ISA15 field with a “T”.

# How Testing Works

- Testing will use BETA versions of the Medicare Pricing Files, with current (FY 15) rates.
- Rates for claims after 10/1/2015 are not yet available.
- Claims will pass through all existing edits as if it was really after October 2015.
- Claims will go to the Common Working File (CWF) and other downstream systems that may affect payment.
- Crossover (COB) testing is separate from this testing.

# Claims that Receive Edits

- CMS defines "finalization" for this testing to mean the claim is rejected, denied, Returned to Provider (RTP'd), or paid.
- If a claim suspends for Additional Documentation Request (ADR), the MAC shall assume the documentation was received to support payment, and continue to process the claim.
- MACs will work suspended claims up to two weeks after testing week ends (February 13,2015)

# Testing Support

- MACs and CEDI will be prepared to support you during testing.
- Contact the MACs or CEDI using the contact information provided in the “You Have Been Accepted” letter.

# Future Testing Rounds

- Because you have been selected for January 2015 testing, you are automatically enrolled in April 2015 and July 2015 testing.
- If you do business in multiple MAC Jurisdictions, you may re-apply in those jurisdictions where you were not previously selected.
- You will still be limited to a total of 50 claims in each new round of testing.

# Future Testing Rounds

- If you have multiple submitter IDs, you may submit two new submitter IDs for each new round of testing.
- You may submit 5 new NPIs and PTANs and 10 new HICNs for each new round of testing.
- You will receive a reminder before the April and July rounds of testing with a new request form to complete if you chose to submit new NPIs, PTANs, and HICNs.
- If the form is not completed timely, you will not be allowed to use new NPIs, PTANs, and HICNs, and will be limited to your previous submissions.

# More Information

- Additional information about ICD-10 and testing with Medicare can be found at [www.cms.gov/Medicare/Coding/ICD10](http://www.cms.gov/Medicare/Coding/ICD10), and on your local MAC website.
- Questions regarding this presentation can be sent to [ICD10-National-Calls@cms.hhs.gov](mailto:ICD10-National-Calls@cms.hhs.gov).