



MLN Connects™

National Provider Call Transcript



**Centers for Medicare & Medicaid Services
ICD-10 Implementation and Medicare Testing
MLN Connects National Provider Call
Moderator: Leah Nguyen
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Operator:

At this time, I would like to welcome everyone to today's call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Leah Nguyen. Thank you, you may begin.

Announcements and Introduction

Leah Nguyen: I am Leah Nguyen from the Provider Communications Group here at CMS, and I am your moderator today. I would like to welcome you to this MLN Connects National Provider Call on ICD-10 Implementation and Medicare Testing. MLN Connects Calls are part of the Medicare Learning Network.

CMS is offering acknowledgement testing and end-to-end testing to help the Medicare Fee-For-Service provider community get ready for the October 1st, 2015, implementation date. During this call, CMS subject matter experts will discuss opportunities for testing and results for previous testing weeks, along with implementation issues and resources for providers. A question-and-answer session will follow the presentation. You should have received a link to the slide presentation and January end-to-end testing results for today's call in previous registration emails. If you have not already done so, please download the presentation from the following URL: www.cms.gov/npc. Again, that URL is www.cms.gov/npc. At the left side of the web page, select National Provider Calls and Events, then select the February 26th call from the list.

Second, this call is being recorded and transcribed. An audio recording and written transcript will be posted to the MLN Connects Call website. An announcement will be placed in the [MLN Connects Provider eNews](#) when these are available.

And last, please be aware that continuing education credits may be awarded by professional organizations for participation in MLN Connects Calls. Questions concerning continuing education credits should be directed to your organization.

At this time, I would like to turn the call over to Denesecia Green from the Office of Enterprise Information for our presentation on ICD-10: The Road Forward.

Presentation

Denesecia Green: Thank you Leah. Hello everyone and welcome to our call today. For those on the East Coast here, I hope that you're having a warm and safe day on this snowy day that we're working with today. I wanted to thank everyone, because we have a lot of great efforts going on with regards to ICD-10. A lot of good interaction between partners, physicians, clearinghouses — vendors and payers are really coming together to have that national conversation. So, absolutely, thank all of the folks who have

moved forward with ICD-10 to continue to build and sustain that momentum. Definitely keep those efforts up and — we will certainly be supportive of that and provide all of the resources and help that we can to get you on track for the Road to 10.

ICD-10: The Road Forward

Denesecia Green: Next slide is slide 6. As you all are familiar with, the rule that was issued to set the compliance date for October 1, 2015, HHS has certainly issued that rule earlier — excuse me, last year, and we want to continue on that October 1, 2015, compliance date. We urge you to continue that conversation, continue looking at your action plans, take the free training that's out there, join some of the collaborative discussions that are happening, both nationally and locally to get involved.

On slide 7, one of the things that we wanted to do is take a look at some of the opportunities that are out there for you all to get involved. Many are in the testing phases of their implementation. They're having conversations with their vendors, they're looking at their vendor checklist to ensure that all systems are going through that proper testing. We want you to take a look at that and understand that if you have done the work, wonderful. If you have not, it's time to do a catch-up, and there are certainly multiple testing opportunities out there, both within Medicare and also across the commercial health care industry. There's much testing going on and an opportunity for you to participate.

Slide 8. One of the things that we wanted to bring to your attention is that CMS has worked with several partners across the industry, including physicians, health care providers, vendors, and payers to really support the communication between these groups and in preparation for the ICD-10 transition. We started with this idea that we really wanted to hear the physicians' perspective. We wanted to listen to some of the things that they're going through. We wanted to listen to the positive stories, the best practices they have out there, how they're working with local community partners to really get going on ICD-10.

We also sat down with physicians across the country and built a collaboration portal, which includes resources, tools, training — all kinds of things — clinical scenarios, tips, you name it, to help those physicians get ready. And we also held listening sessions and focus groups. This really — this is really where we heard the insights of the physician groups and what they really wanted or needed to be successful with ICD-10.

We also built on those key partnerships that we've had in the past. We built new and existing partnerships, where we could spread the message about awareness of ICD-10, how to get involved, where to find free resources, and the like. One of the other things that physicians told us is, we need training out there. We need free training where we can get not just ourselves trained, but our staff trained. And so, of course, we held, sort of, physician and coder led training, which is happening across the United States.

We completed more than 92 sessions in several states, and we're going back out for 2015 to do the very same thing. We also wanted to get those tools and resources out in multiple venues. So we do onsite training, virtual training — excuse me, and we also archive that training. And certainly, while we can't mention all the partners that we work with, all the providers and physicians today, we want to say thank you for those that continue to move forward with ICD-10.

Next slide, please. So one of the things that we wanted to focus on is those program — key program components. What we found is that working with physicians' perspectives, partnerships, training, and also those tools, made up a comprehensive program. So in terms of the physicians' perspective, we wanted to include, sort of, their insights that guided the development of the material, training — what needs to go in there to evaluate that training, to bring their staff involved in that process as well.

We actually held several listening sessions and working sessions with the physicians to develop the materials, which is focused on clinical documentation, looking at ICD-9 and ICD-10 and understanding what are those impacts that are going on within your practice and making sure that you can use ICD-10 going forward.

Under the partnerships, we took a look at how to get those industry partners working together and, of course, training to develop those tools that are most essential for those physicians. And in terms of tools, we wanted to develop something that was useful and that provided a roadmap for those groups.

Physicians See Benefits to ICD-10

Slide 10 — what we noticed out of those discussions is that physicians see the benefits of ICD-10. As a matter of fact, they provided some additional detail around where they really see some common themes coming together, for example, driving value-based quality; fostering the teamwork and collaboration that happens every day in your practice while working with physician groups, other physicians, transitions of care, hospital groups; also working with clearinghouses and vendors; and also empowering the doctor–patient relationship. This was very important to those physicians out there. They wanted to maintain that, and they saw how ICD-10 could continue to support that doctor–patient relationship, and also improving the health of populations served. So utilizing ICD-10 to really take a good look at how they could continue to use best practices, you know, utilize evidence-based medicine and use all of these sort of things to enhance patient safety, patient care.

Next slide. One of the things that we wanted to share with you today, this is one of the physicians' perspectives, Dr. Bieniarz. He is a cardiologist, and he really focused in; for him, it was about the significant difference in health risks, where he could look — use ICD-10 to look at the severity, look at the complexity and the co-morbidities and other key health conditions. He really wanted to use that to help his patients and look at the disease patterns and the delivered services. And he saw the vision and the value of

using ICD-10. And again, this really all started with identifying some physician champions out there in the community that have the vision to move forward with ICD-10 and how they can utilize it in their practices.

The next slide, 12, really focuses on another idea — it talks about how can you improve the health of population, and it looks at, you know, using clinical documentation to do that, utilizing diagnosis code and ICD-10 — it really puts the physician in a good place to continue down the path of delivering great health care.

CMS Partners with Industry

Next slide. And I mention our partners because I think this is such a key part to this program. We've partnered with WEDI, AHA, American Hospital Association, and several other industry organizations to create the ICD-10 Success Initiative. This Initiative is — along with other key groups in the health care industry — really is an opportunity to share best practices, lessons learned, working through some of those implementation questions that you may have, and it's been a valuable resource in the health care community.

Slide 14. And we also hold national implementation calls. What these are, you have physicians, physician groups, you have clearinghouses, payers—including Medicare and Medicaid, but also commercial payers on the line—really talking about how can we come together to assist physician groups in moving forward with ICD-10, providing resources, aligning communications and messaging. So there is great information out there, accurate information out there, and that we can create awareness across the United States.

We also have listening sessions and focus groups that we continue throughout this whole thing, and we will continue that beyond the implementation as well. We think it's important to hear from the industry and ensure that physicians have a voice in that. The training portion of this program is really important. When we first started, there were a number of sort of trainings happening across the board. What we found is that bringing everyone together really not only allowed for free training broadly across the United States, but it also helped to align those key messages and the key milestones that each physician would have to take to get ready.

And so we aligned with the American Health Information Management Association; AAPC, which is another coding organization; PAHCOM, which is an organization representing office managers; rural health associations; and National Association of Community Health Centers. We really wanted to get down into the safety net organizations and rural communities. And so that's where we've been delivering through our free training as well. And certainly, it's really to put those boots on the ground to make sure that it's not a national program, but that it's very much local, and that resources are — will be sustained throughout this entire transition.

Road to 10: Specialty Specific Webcasts

Next slide. One of the things that physicians ask us to do is to look at certain specialties. We know that many of the professional organizations are offering their own materials, and we certainly applaud their efforts, but there was a need to do some of the other types of training, and we've partnered with many groups to offer that. So we have webcasts and several trainings that are out there for you to take a look at. We have — these, again, are doctor-led and in many cases, led with coders as well.

CMS Educational Outreach

Next slide. So we have a number of training and outreach going on. We do all types of fact sheets, national webinars, guides. There is also Medscape videos out there that offer CME/CE resources. We've also participated in a direct mail campaign to get the word out, especially to those rural communities, and we'll continue to do that.

We've also released provider videos that offer helpful ICD-10 implementation tips and, again, we'll continue to develop those materials that you all request from us. In addition to that, we have targeted training conferences. I think last year we attended about 35 conferences reaching out across the country. And we've developed a specific checklist. So one of the things that physicians asked us to do was to look at, you know, when I'm talking to my vendor, what types of questions should I be asking? And so we developed a vendor checklist to assist and facilitate that conversation. We also have a listserv that, certainly, we encourage you to sign up for, for free information on ICD-10.

Road to 10: Build Your Action Plan

The next slide is 18, and we'd like to walk you through, sort of, this Road to 10 tool. If you haven't been out there to join, please go out there — it's <http://www.roadto10.org>. This is one of the websites that are key to small physician practices, developed by physicians, and really created as a specialty for them, but certainly it's open to everyone for use.

One of the key features of this program is that it serves as a roadmap to get you started and to help you complete your ICD-10 transition successfully. There is a feature on here where you can build your action plan, and it really customizes it for you. It's very easy to walk through and to help you lay out an action plan to check off your key milestones.

Next slide, 19. So this is, sort of, an idea of what this action plan looks like. I can tell you that once you get into it, there's several drop-down messages, several options for you to choose to customize, again, to your organization, but it's settled on some key milestones, including planning your journey, training your team, updating your processes, engaging your vendors and payers, and testing your systems and processes. And these are all key milestones that we've heard from several physicians as we've conducted our focus groups.

Road to 10: Provider Preparation

Next slide. So I want to walk through some of these, — it is five steps, five easy steps to begin your journey and to complete your ICD-10 compliance. So planning your journey, really, this is about helping you to get started, helping you to identify where you are today, some of the key things that you need to think through as you're getting ready for ICD-10. Looking at the timeline that's out there — and certainly, this is a national timeline across the industry — both providers, vendors, clearinghouses, and payers are all using this timeframe. And there's also a catch-up plan out there, that if you have not started today, you can look at the catch-up plan and be on your way.

Training your team, certainly, this is an important part of getting ready, not just for the physician, but for the physician staff, and there are key steps in here, and we encourage you to go out there and take a look. There is actually a calendar where you can click on the calendar and find out where local training — local free training is happening within your area. We're updating that, I think it's updated through March. There will be additional sessions out there. We plan to do about 100 training sessions this year, that's on-the-ground training in addition to webinars and calls and other types of outreach and education.

Three: Update your process — this also gives you some clinical scenarios to work with. It looks at clinical documentation practices, really looking at, you know, what's going on within your office today, where are you using ICD-9 codes. That's where you'll be using ICD-10 codes from the beginning when the patient comes in, to the end of that service. So just think about how you utilize that today in your current practice. It also encourages you to look at the forms that you're using or those forms updated, and also some templates out there.

Engaging your vendors and payers: Many of the physicians that we talked to have a regular conversation with their vendors, clearinghouses, and other types of vendors. There is usually a person within the office that's tasked with doing that, and we encourage that conversation. However, if you haven't contacted your vendor, you want to do so, because this is key to collaborating on testing, ensuring that your systems are in place, that you've conducted some internal testing, and that you're ready to test externally with groups.

And five: Of course, ICD-10 is an important part — it's a vital part of ensuring your readiness. And where you can test, there's some opportunities to help you prepare your test cases, work with your clearinghouses, work with your vendors, and of course, validating your clinical documentation practices.

Resources

Next slide. This is just a summary of some of the things out there: the specialty-specific resources, the customizable action plans, and of course, webinar/webcast series. One of

the last things we wanted to do is to really share stories that were happening across — for ICD-10 transition, and we wanted to hear from physicians, we wanted to hear from all of the stakeholders involved with ICD-10. And we encourage you to share your stories. We're getting in a lot of success stories for people that have started the process. They've hit their milestones, and they're continuing forward.

Slide 23. So this slide really talks about some of the things that we've heard in using the ICD-10, Road to 10 tool, you know. And one of the things that we've heard is, it's quick, it's easy, it's something that people can use that doesn't take a lot of time, isn't difficult to walk through, and it really is helping the physician move forward.

One of the things that we wanted to add is that I think we've heard that this Road to 10 website is a — is almost an easy way to get started, but an easy way to share it with your staff and offer some training where you may not have been able to in the past.

Next slide. So again, we encourage you to take those actionable steps. We're hearing from provider groups across the country that ICD-10 is achievable with, you know, getting some training, looking at your internal processes, planning out your journey with ICD-10, ensuring that you're communicating with your clearinghouses, your vendors, and partners, also making sure that you're completing your testing as appropriate. And certainly, having those regular communications with those groups will put you on the road to success.

With that, I'll leave you with our website, again, that's <http://www.roadto10.org>. Please go out there, take a look at the website, and if you have any questions, please let us know; if you have any additions to this site that you like to add, let us know. And certainly, we can also connect you with some other physicians that are practicing physicians getting ready for ICD-10, so that can share some of those best practices out there. Thank you.

Leah Nguyen: Thank you Denesecia. At this time, we will pause for a few minutes to complete keypad polling so that CMS has an accurate account of the number of participants on the line with us today. Please note there will be a few moments of silence while we tabulate the results. Victoria, we're ready to start polling.

Keypad Polling

Operator: CMS appreciates that you minimize the Government's teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9.

Again, if you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9. Please hold while we complete the polling.

Thank you. I would now like to turn the call back over Ms. Nguyen.

Presentation continued

Leah Nguyen: Thank you Victoria. At this time, I would like to introduce Stacey Shagena from the Center for Medicare for a presentation on Medicare's Testing Plan for ICD-10 success.

Medicare's Testing Plan for ICD-10 Success: Our Approach

Stacey Shagena: Thank you Leah. Our approach to testing with CMS is very important, and the implementation of ICD-10 is very important to us. So CMS has devised a comprehensive four-prong approach to preparedness and testing to ensure that CMS, as well as the Fee-For-Service provider community is ready for ICD-10 implementation. This four-prong approach includes: CMS's internal testing of the claims processing system, Beta testing tools available from CMS, acknowledgement testing, and end-to-end testing. Today, I'd like to focus on some of our successes in acknowledgement and end-to-end testing. Additional information on these — on this approach and some of these types of testing are available on [MLN Matters Article Special Edition SE1409](#) and [MLN Matters Article Special Edition 1501](#).

Acknowledgement Testing

Testing is certainly key to our success. CMS has completed two successful acknowledgement testing weeks with submitters in March of 2014 and November of 2014. CMS recently completed the first of three end-to-end testing weeks in January. On slide 29, I'd like to talk a little bit about acknowledgement testing. Acknowledgement testing allows testers to submit claims with ICD-10 codes to the Medicare Fee-For-Service systems and receive an electronic acknowledgment confirming that these claims were accepted.

This testing can be performed at any time or during targeted testing weeks. All electronic submitters are eligible to participate, and no registration is required. Additional information on the testing weeks is available in [MLN Matters Article 8858, ICD-10 Testing: Acknowledgment Testing with Providers](#). Our first testing week occurred last year in March of 2014. Testers submitted 127,000 claims with ICD-10 codes and received electronic acknowledgments confirming that their claims were accepted. Approximately 2,600 participants, including providers, suppliers, billing companies, and clearinghouses participated in the testing week, representing about 5 percent of all Medicare submitters.

Testing did not identify any issues with the Medicare Fee-For-Service claim systems. We repeated a similar testing in November of last year. During this testing, testers submitted almost 13,700 claims. More than 500 providers, suppliers, billing companies, and clearinghouses participated in the testing week, and again, testing did not identify any issues with the Medicare Fee-For-Service claim systems.

Future acknowledgement testings are still planned. There are two — two more opportunities to test during specific testing weeks. In addition to the — providers, suppliers—I'm sorry, providers, suppliers, and billing companies can submit claims at any time, again, for acknowledgement testing up until the implementation date of October 1st. In addition, special acknowledgement testing weeks give submitters access to real time, help desk support, and allows CMS to analyze testing data. Registration is not required. The next testing week is coming up very shortly, March 2nd through March 6th, and the following testing week will be June 1st through June 5th.

End-to-End Testing

Now I'd like to give you a little bit of information about the other type of testing that we are conducting: end-to-end testing. End-to-end testing allows providers to submit ICD-10 test claims that will be fully processed and produce a Remittance Advice. This was the first time this type of testing has been available to providers with Medicare. Up to 850 providers will have the opportunity to participate during each testing week.

Moving to slide 34, we can look at the goals of end-to-end testing. The goal of this testing is to demonstrate the providers and submitters are able to successfully submit claims containing ICD-10 codes, that the CMS software made to support ICD-10 results in appropriately adjudicated claims, and that accurate Remittance Advices are produced. Additional information on this testing can be found in [MLN Matters Article 8867](#) and [MLN Special Edition Article 1435](#).

Slide 35. Registration is not — is required for ICD-10 end-to-end testing. Fifty volunteers will be chosen by each Medicare Administrative Contractor, or MAC, to participate in each testing week. Volunteers chosen will be allowed to submit 50 test claims during the testing week. Volunteers will be chosen to reflect a representative sample of submitters. Once selected, volunteers will be able to participate in subsequent rounds of testing without reregistering.

We recently conducted our first end of round-to-round — of end-to-end testing January 26th through February 3rd. During this testing, 661 testers participated, representing about — the potential for 1,400 NPIs registered to test with us. This was equally split between direct submitters and clearinghouses or billing agencies.

Overall, participants in the testing were able to successfully submit ICD-10 test claims and have them processed through our billing system. We received almost 15,000 test claims during this testing. Of that 15,000 test claims, only 6 percent of claims were

rejected for invalid diagnosis code edits. Another 13 percent of claims were rejected for non-ICD-10 related errors, including setups — including issues with setting up test claims such as incorrect NPIs, submitter IDs, dates of service, and places of service type of edit.

We will be working with providers testing with us in the following rounds to reduce this number, with some education on some of the types of edits that we saw in January. Fifty-six percent of the claims tested were professional claims, 38 percent were institutional, and another 6 percent were supplier- or DME-related claims. One issue was identified during the testing related to home health claims with dates that span the October 1st implementation date. This issue will be corrected before the April testing and only impacted 10 of the test claims submitted. Tester education again will be conducted to avoid some of these non-ICD-10 related issues in preparing for the upcoming testing weeks.

Moving to slide 37, there are two future end-to-end testing weeks scheduled: Week 2 of end-to-end testing will be April 27th through May 1st. Testers for the April week have already been selected and are preparing their test claims. You still have the opportunity to register for Week 3 of the end-to-end testing, which will be conducted July 20th through July 24th, 2015. Registration will be open on the MAC and CEDI websites beginning March 13th through April 17th.

Thank you Leah. That's the end of my presentation.

Leah Nguyen: Thank you Stacey. Slides 38 and 39 have information on CMS resources to help you with your transition to ICD-10, and Slide 40 provides links to other organizations that also have resources available.

Question-and-Answer Session

Our subject matter experts will now take your questions about ICD-10, but before we begin, I would like to remind everyone that this call is being recorded and transcribed. Before asking your question, please state your name and the name of your organization. In an effort to get to as many of your questions as possible, we ask that you limit your question to just one. If you would like to ask a follow-up question or have more than one question, you may press star 1 to get back into the queue, and we'll address additional questions as time permits. All right Victoria, we're ready to take our first question.

Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity. Please note your line will remain open during the time you're asking your question. So anything you say or

any background noise will be heard into the conference. Please hold while we compile the Q&A roster.

Your first question comes from the line of Maryam Rashid.

Maryam Rashid: Hi. This is Maryam Rashid. I'm practice manager for Pulmonary and Critical Care, P.C., in New Haven, Connecticut, and my question is, what is the criteria that the MAC use for selecting the practice for the end-to-end testing for the third week? We're interested in participating, but I believe only 50 participants will be selected by the MACs, and I wanted to get clarity on what the criteria are they using so that we can make sure that we can participate.

Stacey Shagena: Thank you for your question. So we are looking at a sample of all the testers that have submitted claims so far for January. We will do that analysis again in April. And as we choose our July testing testers, we will be looking to try to get a representative sample across all of our testers that closely — most closely represents the population of submitters from Medicare. So, looking at particular different types of submitters to make sure that we have an equal percentage that closely mirrors the production.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Rivki Beer.

Rivki Beer: Hello. We were fortunate to participate in end-to-end testing twice, and I know we have the option of participating again, but all my personnel who have been participating are not going to be able to do it in April. If we don't participate in April, does that mean we will not be eligible for the next round of testing?

Stacey Shagena: No, once you've been — once you've been set up for January, you're able to test in April and then again in July. So even if you do not submit test claims in April, you would be able to submit test claims in July.

Rivki Beer: Fantastic. Thanks so much.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Jeannine Hensley.

Jeannine Hensley: Hi. This is Jeannine Hensley with Mayo Clinic. We've done a large amount of testing with the current version of ICD-10 that was published by CMS last year, and I've heard that ICD-10 might be frozen and there would be no release this year. I'm wondering if we know an answer, whether there will be an update this year that we need to process before October 1st.

Pat Brooks: This is Pat Brooks. I can respond to that question. We do update ICD-10 CM, the diagnosis parts of ICD-10 PCS, each year. Some years there aren't any codes. We are under a partial code freeze. The only new codes being created are for new diagnosis and new procedures. So there may be some new codes, and you will find out this in June of 2015 when we post them. If there are new codes, there will be the usual, only a small handful, perhaps, to cover new technology requests, and there might be a new diagnosis request, but we haven't released that yet. You can anticipate there will be a very small number if there are any updates because of the partial code freeze.

Leah Nguyen: Thank you.

Jeannine Hensley: Thank you very much.

Operator: Your next question comes from the line of Kathi Smith.

Kathi Smith: Hi. This is Kathi Smith from Chesapeake Urology. I just want to ask a question — do you think that this may be held off until 2016?

Denesecia Green: Hi. This is Denesecia Green. I don't — we don't have any indication of that. We are moving forward with the October 1, 2015 date, which is the compliance date.

Kathi Smith: OK. Thank you.

Operator: Your next question comes from the line of Robin Hook.

Robin Hook: Hello. I was wondering if vendors are invited to participate in testing ICD-10 submissions.

Stacey Shagena: Vendors would need to have one of their clients register for them that submits directly to Medicare, and that would be a way to test your software while they are participating with us. Thank you.

Leah Nguyen: Thank you.

Robin Hook: Thank you.

Operator: Your next question comes from the line of Peter Lemakis.

Peter Lemakis: Yes, Peter Lemakis from Mercy Health in Saint Louis. And my question has to do with the success story. We get the email rejected back from the, now let's see, it's stories@roadto10.org. Is that not the correct email? When we click that link, it goes to that email.

Denesecia Green: We'll certainly go take a look at that. We have been getting in some, and we certainly would love to hear yours. Why don't you submit and meet — your concern, and we'll address it.

Leah Nguyen: Yes. We have a resource mailbox listed on slide 42 if you want to send it in.

Peter Lemakis: OK. OK. Thank you.

Denesecia Green: Thank you.

Operator: Your next question comes from the line of Frank Richmond.

Frank Richmond: This is Frank Richmond, Memorial Hospital. My question was already answered. Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Yolanda Heredia-Cadlett.

Yolanda Heredia-Cadlett: Hi, yes. In reference to the end-to-end testing, will everyone get a chance to be — to participate with the end-to-end testing?

Stacey Shagena: End-to-end testing is only for those who have been selected. We are taking volunteers, but we can only select 50 testers per MAC jurisdiction. So not everyone, unfortunately, will be able to test.

Yolanda Heredia-Cadlett: Which I understand. I understand that we have to register, but if people have already tested, like, for example, one person says she's already tested twice, so if our group has not been accepted, and we — we tried twice, will this third time — will we get a chance?

Stacey Shagena: There is a limited number of registrations. So it depends on how many people register and volunteer.

Denesecia Green: Hi. This is Denesecia. If I can add that many commercial health plans are also conducting tests across this period as well. So if you're — if you aren't able to test from this session, you may want to check with some of the other groups or work with your clearinghouse as well. There may be some opportunities there.

Yolanda Heredia-Cadlett: Yes, because we submit directly, and that's why I was questioning that. So we submit directly to, we don't go through a clearinghouse. We submit directly to Medicare, and we weren't selected when I registered twice. So I'm

really concerned that we are not going to be picked. That's my concern, and how will we know?

Stacey Shagena: Yes. There is that — unfortunately, there is that possibility that you may not be selected, but I appreciate you, that you've, you know, that you've taken the time to register with us. If you want to submit your information to the resource mailbox, I can see what we can do for January, based on the number of registrations that we get for your MAC jurisdiction.

Leah Nguyen: And that's actually on slide 41.

Yolanda Heredia-Cadlett: Slide 41?

Leah Nguyen: Yes.

Yolanda Heredia-Cadlett: Thank you.

Operator: Your next question comes from the line of Shirley Jackson.

Shirley Jackson: Yes. My name is Shirley Jackson. I'm with Norybdeer Limited in Illinois, and how would the ICD impact the physicians that do home visits?

Diane Kovach: Hi. This is Diane Kovach. And a diagnosis code is required on every claim. So where you would have used an ICD-9 code up until October 1st, 2015, that date, thereafter you would have to use an ICD-10 code.

Leah Nguyen: Thank you.

Shirley Jackson: That's the only thing that's going to impact — just change it to an IC-9 code?

Diane Kovach: For your billing, you have to switch from ICD-9 to ICD-10.

Shirley Jackson: OK. OK. Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Kyley Metcalf. Kyley, your line is open. Please proceed with your question.

T.J.: Hi. This is actually T.J. with Barton Memorial Hospital, and my question is, we are not currently registered. Where do we need to go to do that?

Stacey Shagena: To register for ICD-10 end-to-end testing?

T.J.: Yes, please.

Stacey Shagena: For July, that registration will be available on the MAC's website, and it will be open starting March 13th.

T.J.: OK. That was my question.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Tamara White.

Gretchen Thompson: Yes. This is actually Gretchen Thompson from Burnett Medical Center in Grantsburg, Wisconsin, and we're a critical access hospital. So if we sign up to — potentially, when you get selected for the testing, we will be allowed to test as well, right, because you keep mentioning Medicare Fee-For-Service. I just want to make sure we're clear on that.

Stacey Shagena: Yes. Yes. You are — critical access hospitals are considered Medicare Fee-For-Service, and you would be — and we have several critical access hospitals that have participated with us so far.

Gretchen Thompson: OK. Sounds good. Thank you.

Operator: Your next question comes from the line of George Vancore.

George Vancore: Good afternoon. This is George Vancore from Florida Blue. Staying on the topic of testing. First of all, I want to applaud the team for putting out that roadto10.org. That's a fabulous, fabulous tool and a great, great website for physicians to finally get there. Love it. But on the area of testing, we are currently heavily engaged with end-to-end testing, and it just so happens that we have about 850 physicians provider groups inside that testing platform.

Unfortunately, it's about 95 percent of those are institutional providers. What would be your advice and guidance in terms of engaging the individual physicians and small practices, aside from the work that we're currently doing, which is touching base with all medical societies and associations that exist in the State of Florida? So what would be your advice in getting them engaged? Is there any — I know there's no silver bullet, but Denesecia, in particular, what would be your guidance on something like this?

Denesecia Green: Thank you so much, and I applaud your efforts as well. You've done so much with moving ICD-10 forward. I think I will defer to some of the folks here to see if there is any suggestions for that, that testing question that you have there.

Diane Kovach: So this is Diane Kovach, and I think that you're doing the things that you need to be doing, you're reaching out to the associations. I think our best advice is just to publicize it as much as possible. What we had some of the MACs do is personally reach out to some providers to try to engage them in testing, but honestly, when testing is volunteer, you can only do so much.

George Vancore: Yes. We're there.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Dan Eliasoff.

Dan Eliasoff: Hi. This is Dan. I'm calling from LifeWatch Services. We are an independent diagnostic testing facility, and we submit all our claims via EDI. So the question is, are there any specific restrictions we should be aware of as it comes to ICD-10 and especially if there is going to be a mix of ICD-9 and ICD-10 claims that we'll need to submit during the transition time between and after the October 1st deadline?

Diane Kovach: This is Diane Kovach. So to answer the question about a mix of ICD-9 and ICD-10, we're implementing ICD-10 based on date of service. So for dates of service prior to October 1, 2015, you would use ICD-9. For dates of service October 1, 2015, and after, you would use ICD-10. There is no mix of ICD-9 and 10 on the same claim or crossing over dates of service. There are some issues in terms of span dates, and discharge dates, and we do have some information on our website, MLN Matters articles that explain that in a little more detail.

Other than that, I don't think there's anything special that you need to know, certainly because we're accepting the 5010 format already. We've already expanded, and presumably you're submitting claims that way as well to be able to accommodate the submission of ICD-10. So it's just on October 1, start using ICD-10 codes.

Dan Eliasoff: So is it possible to include in the same EDI files, mix of claims, and each claim, of course, will be either ICD-9 or ICD-10, but on the same file, a combination of those claims from each diagnosis type?

Diane Kovach: Yes.

Dan Eliasoff: OK. So these will not be rejected.

Diane Kovach: No, as long as the dates of service and the ICD code match, then you will be fine. They can be in the same file.

Dan Eliasoff: OK. Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Heather McQuilkin.

Heather McQuilkin: Hi. This is Heather McQuilkin. I'm calling from the Rothman Institute — we're an orthopedic practice in Philadelphia. I'm referencing, I have a question about slide number 8, where you reference free high impact training for both physicians and, I guess, support staff. How would we go about setting that up?

Denesecia Green: Well, thank you for your interest. Actually, you can go to <http://www.roadto10.org>, and actually, you can submit through the success story link. We are going to take a look at the technical pieces that are going on there, there is an issue with the link. In the meantime, there is a website, excuse me, an email that you can send your questions into, and it's on slide 41. Yes. And there is also a calendar out there. So, if you, depending on where you're located, we plan, again, about a 100 on the ground training this year. You may want to take a look when those trainings are happening and send us a heads up, and we'll be sure that you have an opportunity to participate.

Heather McQuilkin: Great. Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of William Oravec.

William Oravec: Hi. This is kind of like a followup question to the previous ones: if each MAC selects 50 volunteers, and our providership unfortunately does not get selected, what kind of risk does that put our providership in, in terms of ICD-10 readiness?

Diane Kovach: Hi. This is Diane Kovach. So the testing with Medicare is, as Denesecia mentioned, one available source of testing. So, although we have to limit the number of testers we have, there might be other opportunities that you have with other payers to which you submit claims.

Denesecia Green: One of the things, if you are working with a clearinghouse, also, you may want to contact your clearinghouse. They are, in many cases, working in partnership with many health plans to facilitate that testing as well. So I would definitely reach out to your clearinghouse, if you're using one, or your other vendors.

William Oravec: OK. Thank you.

Operator: Your next question comes from the line of Laura Staeger.

Laura Staeger: Hi. I had a question about the testing. So I know that the majority of testing is to ensure you can accept the claims that we're sending and we can accept the acknowledgements, but is there any opportunity to test reimbursement and DRG application and whether or not the claims are actually going to be paid correctly?

Pat Brooks: This is Pat Brooks. We posted on the ICD webpage, if you go to that link on number 38, and if you look down on the left side, you'll see a link to the ICD-10 MS-DRG Conversion Project. If you go there, you see that we've made the current version of the ICD-10 MS-DRGs available. Several people have gotten the mainframe and the laptop version, and what they're doing is they're coding their records internally in ICD-9 and ICD-10, doing just what you say, to see if the DRGs change based on the coding system.

We've been working on this for a number of years. We've had the definitions manuals up there for a number of years, and as people have been doing this informal testing of how well we've replicated the MS-DRGs, they've sent us comments. As part of our proposed rule this year and, which will go out in April or May of 2015, we will be proposing the updated version, version 33, based on requests or comments we've received, we'll be proposing the updated version that would be implemented on October 1st, 2015, but you certainly can feel free to use that software on the definitions manual now to examine how the logic works.

Laura Staeger: OK. Thank you.

Stacey Shagena: And this is Stacey Shagena. Again, if you refer to slide 34 in the presentation, which discusses end-to-end testing, that is the purpose of end-to-end testing, to adjudicate claims completely and produce Remittance Advices. So if you are selected to participate in end-to-end testing, you will have that opportunity.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Natasha Lima.

Natasha Lima: Hi. This is Natasha Lima from Winthrop University Hospital. I believe my question was answered. Since we participated in the January end-to-end testing, I was wondering if we would be receiving, excuse me, a remit file for the claims that were submitted. We did receive the acknowledgement, but we were looking for remit file to see, you know, if things were going to be paid based upon what we submitted.

Stacey Shagena: This is Stacey Shagena. You should contact your MAC for any claims that you did not receive a remit for. There may have — the claim may have been rejected or returned to provider.

Denesecia Green: This is Denesecia Green. It's, I've been hearing a lot of questions about testing opportunities just across the board, and one of the things that we could

possibly do is reach out to other health plans that are conducting testing. And where they want to share that information, perhaps we can post that to a website so that you can all easily find those other opportunities.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Lynette Czarkowski.

Lynette Czarkowski: Hi. Good afternoon. It's Lynette Czarkowski based out of Chicago with e4 Services. I had a question about the home health claims that have failed the test. I was wondering if the claims were submitted correctly using the guidance that was provided on the Medicare Fee-for-Service claims processing rules that were distributed over time several times, and if it was really like a processing error that took place, or was it a problem listed, advice that was given in the Fee-For-Service claims processing rules?

Stacey Shagena: In this particular situation, the claims were submitted correctly. Our edit was not appropriately processing the claims. So it was a real systems issue here at CMS with our claims processes systems for those 10 claims.

Lynette Czarkowski: Thank you so much.

Operator: Your next question comes from the line of Dominica Fader.

Dominica Fader: Yes. My question is regarding the March 2nd and the June 1st testing dates. We're an inpatient rehab facility, and I'd like to know if we have to submit the ICD-10 codes on the IRF-PAI along with the bill for actual patients that week, and if we'll get reimbursed that way.

Stacey Shagena: The March and the June testing is acknowledgement testing only, which is just a front-end testing to show that the claim will be accepted. So therefore, we will not be processing the claims completely through to payment.

Dominica Fader: OK. So do we send the IRF-PAIs in with the ICD-10, or do we continue to just, just send the, like a proposed bill?

Sarah Shirey-Lasso: Yes. This is Sarah Shirey in the Provider Billing Group, and yes, you do not need to submit an IRF-PAI for the acknowledgement testing. Just — it's simply to test the fact that you have a valid ICD-10 code on your claim for acknowledgement.

Dominica Fader: OK. Thank you very much.

Operator: Your next question comes from the line of Maureen McCarthy.

Maureen McCarthy: Yes. My question is, you mentioned that many of the providers, the testers that were on, home health physicians' offices, did you have any skilled nursing providers, and did they have any issues with the testing, can you tell us?

Stacey Shagena: We did have several skilled nursing facilities participate in testing, and no issues were specifically identified with skilled nursing facility claims.

Maureen McCarthy: OK. Thank you.

Operator: Your next question comes from the line of Mark Jahn.

Mark Jahn: Yes. Could you elaborate on the schedule for the MS-DRG version 33 release, and when it would be available for systems to use?

Pat Brooks: Yes. This is Pat Brooks. We go through the same schedule every year, and we have a proposed rule about April or May of each year — the public comments on the proposed rule, and then on August 1st we have a final rule where we finalize all the updates for the MS-DRGs. Therefore, the final DRG logic would not be available until after August 1st.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Kelly Johnson.

Kelly Johnson: Hi. I'm wondering, we are a substance abuse and mental health outpatient facility, and I'm wondering if you guys did any tests with those, or if there's any additional resources for us to use in the ICD testing.

Stacey Shagena: For your testing question, I can tell you that, yes, we did have some mental health facilities in our testing in this past January, and we'll continue to test with them in April and July.

Denesecia Green: I just wanted to mention that we've also conducted some training with SAMHSA as well, a joint training between CMS and SAMHSA to help mental health providers through the ICD-10 transition.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of David Tyler.

David Tyler: Yeah, hi. This is Dave Tyler with Cape Fear Valley Medical Center. We were selected for the January end-to-end testing but were unable to participate. I'm just trying to follow up — does that mean we would be able to participate in April, and is that the case, even if the volunteer information form didn't get in for January?

Stacey Shagena: In those cases, if you did not submit your volunteer information, you were dropped from the testing. If you could submit your information to the website, I mean the email on...

Leah Nguyen: Slide 41.

Stacey Shagena: ...slide 41, thank you Leah, I can double check that for you.

David Tyler: OK. Thank you.

Stacey Shagena: Sure. No problem.

Operator: Your next question comes from the line of Mike Thompson.

Mike Thompson: Yeah, hi. This is Mike Thompson from Cape Regional Medical Center in New Jersey. We were able to participate in the January end-to-end testing, but unfortunately, all of our inpatient claims we submitted, we did not get Remittance Advice for, and we were informed by our MAC that they were improperly suspended. I'm just curious how widespread that issue was, and if we're confident that that will get corrected in time for the April round of testing before we start our planning.

Stacey Shagena: If you could also send me your specific examples so I can follow up for you, we — I was not aware of any issues with improper suspension. We did have a very large rate of RTPs in the testing and we'll be — we're working to publish a list of the errors that we found in the January testing so that you can avoid them for April.

Mike Thompson: And who should I send that to?

Stacey Shagena: Slide 41, the email address on slide 41, and we'll answer — we'll look into that for you.

Mike Thompson: OK. Thank you.

Stacey Shagena: Thank you.

Operator: Your next question comes from the line of Edna Beverly.

Edna Beverly: Yes. My question is on the end-to-end testing, and I think I've — you've already answered it. I was concerned about how do you submit the information for volunteer testing, and that will be on the website, and could I have that website again, please?

Stacey Shagena: The registration for ICD-10 end-to-end testing is on the MAC's website for whom you submit test claims, so if you submit test claims to, whichever MAC you submit to.

Edna Beverly: OK. OK. Thank you.

Stacey Shagena: And it will be available March 13th.

Edna Beverly: OK. Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Lynn Campaign.

Lynn Campaign: Hi. My name is Lynn. I'm with the University of Michigan Hospital. We submit claims through a clearinghouse, and they did not pick us to test with Medicare, but we would like to do end-to-end testing. Is there any way for us to do that directly?

Stacey Shagena: Unfortunately, no. You need to be a direct submitter to participate in end-to-end testing with a submitter ID. So your clearinghouse will have a second round of testing, and they may be able to choose different volunteers. I would check with them again for the April and July rounds of testing. They may be able to help — let you test with them in one of future rounds.

Lynn Campaign: OK. Thank you.

Denesecia Green: It's important to test using your normal process as well. I think that's an important piece to keep in mind.

Lynn Campaign: OK.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Josh Edwards.

Josh Edwards: Yes. Hello. I'm from the University of Washington Medicine Health System in Seattle, Washington. My concern is not related directly with submitting the claims directly to Medicare, but my question is, we have some current risk around the Medicaid systems being ready. Is there going to be any testing around crossover claims as it relates to Medicare?

Denesecia Green: Yes. Several state Medicaid agencies have participated in crossover claims, coordination of benefits with successful outcomes. Certainly that's continuing and will continue throughout this year. So definitely, if you're having any concern there,

I encourage you to talk to your state Medicaid agency to resolve any questions that you may have.

Leah Nguyen: Thank you.

Josh Edwards: OK. Thank you.

Operator: Your next question comes from the line of Susan Reichard.

Susan Reichard: Sorry. Our question has been answered.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Sonya Overfelt.

Sonya Overfelt: Good afternoon. In regards to the state Medicaid end-to-end testing, is there any information currently available on the CMS website?

Denesecia Green: There are a number of states participating in end-to-end testing. As a matter of fact, all of them are required to do so and have been doing so since last year. There are, the state Medicaid agencies actually are posting their opportunities for end-to-end testing. So please contact them directly. But there is a lot of testing going on at the state level, and those states are also required to test and submit their results back to CMS.

Leah Nguyen: Thank you.

Sonya Overfelt: OK. Thank you.

Operator: Your next question comes from the line of Susan Morton.

Susan Morton: Hello. This is regarding the information about that SAMHSA behavioral medicine training. On a previous MLN call, they indicated that they would send out information if somebody send an email requesting that, and I've done that twice and haven't received a response.

Denesecia Green: Well, we certainly apologize. If I can ask you to send that one more time to us, we'll personally guarantee that you get access to that information. Apologies.

Susan Morton: All right. Will do.

Denesecia Green: Thank you.

Operator: Your next question comes from the line of Jennifer Wenning.

Jennifer Wenning: Hi. This is Jennifer Wenning from Medical Imaging Physicians in Dayton, Ohio. Can you hear me?

Leah Nguyen: Yes, we can.

Jennifer Wenning: OK. Good. I was wondering, when I'm creating a test file of claims for acknowledgment testing, is the patient information supposed to be real, like current patient data, Medicare numbers, and everything, or should we be using made up numbers or — also, in our testing system, I'm not sure that it will allow us to put in a future date of service. So if we are creating a claim with today's date of service, will it reject with an ICD-10 code?

Stacey Shagena: Hi, this is Stacey Shagena. So for the acknowledgement testing, first of all, you do not use future dates of service. You use current dates of service with ICD-10 codes for acknowledgement testing. So you don't have to worry about that with us as a system issue. Additionally, the other half of your question was the real data question. Yes, you do need to use real data, real beneficiary data — your real NPIs and PTANs provider data, etc., so that your claims do not reject for a reason not related to ICD-10.

Jennifer Wenning: So by using a current date of service, if I have already submitted a real claim for that patient and now I'm submitting a test claim, it won't reject as a duplicate by chance or something like that?

Stacey Shagena: It will not, because — it will not reject as a duplicate, because you need to identify that claim as a test claim with — there's a letter "T" for "test" that needs to go in a field called the ISA-15. If you talk to your software vendor or your clearinghouse, they can tell you how to set that up.

Jennifer Wenning: OK, great. Thank you.

Operator: Your next question comes from the line of Andrea Kimble.

Andrea Kimble: Hello. My name is Andrea Kimble. I'm calling from CareSouth, and I think there was a question earlier about the claims crossing over as far as our state Medicaid offices, and it sounds like that's not going to be published or put up on the website anywhere to find out if they passed or not. Also, are you testing with other carriers besides Medicaid?

Denesecia Green: So, the State Medicaid agencies — I don't think that they've released their coordination of benefits testing at this time. That's certainly something that we can take back. And I'm sorry — you had one other question?

Andrea Kimble: Are you testing with any other carriers besides our Medicaid State offices ...

Denesecia Green: Yes. There are...

Andrea Kimble: ...or crossover?

Denesecia Green: Absolutely. Several commercial groups have come to the table and are participating, and this is the second round, actually. So there's been a lot of testing going on.

Andrea Kimble: OK. So will we find out who has tested with you?

Denesecia Green: I don't think that that's publicly available at this time, but certainly those groups that have participated have their results back in hand.

Leah Nguyen: Thank you.

Andrea Kimble: OK. Thank you.

Operator: Your next question comes from the line of Emily Liebert.

Emily Liebert: Hi. I'm calling from a CCRC outside of Philadelphia, and I was wondering if other SNFs can build their own action plan. I'm on the website right now looking at it, and it seems to be really focused on the hospitals and doctors. Do you have — I mean, where can I go to build my action plan?

Denesecia Green: I'm so glad that you made that suggestion, because one of the things we want to do is to be able to customize these plans. So if you can send in a note, we'd like to meet with you and talk about what are some of the things that you'd like to see out there.

Emily Liebert: So we're a standalone, and I have nobody training from my corporate. So I need all the help I can from you.

Denesecia Green: We want to help you, and we want to work together to do that. So please send in your information, and we'll set up some time to discuss that.

Emily Liebert: All right.

Denesecia Green: Thank you.

Emily Liebert: Thank you.

Operator: Your next question comes from the line of Leatta Langton.

Leatta Langton: My question has been answered. Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Leah Fisher.

Leah Fisher: Hi. I was just going to comment on the gentleman, I believe he said from Florida Blue, about engaging physician groups. These days, of course, one person is doing the work of three, and the amount of mail and things that we have to read is absurd at this time, a lot of that having to do with ICD-10. I think the best way is to go back to old school with provider reps calling offices and stopping by and visiting offices. If someone called me today and said, "Hey, you know, would you — can I walk you through, helping you do this testing," I would, in a heartbeat, jump to that before I would reading this mound of paperwork that I have to go through.

Denesecia Green: Thank you for sharing that. We're always looking for ideas from, and your perspective. So that's something we will take into consideration.

Leah Fisher: OK.

Operator: Your next question comes from the line of Gale Scott.

Gale Scott: Hi. This is Gale Scott, Tampa General Hospital. I thought I heard, and I want to make sure I heard right — I thought I heard some indication that CMS might be willing to share testing results from the commercial providers, I mean commercial payers, if they were willing to share that data so that we could have a central repository for these testing — yes, the testing results. Is that something that you're considering doing?

Denesecia Green: I go back to the original presentation, which is all about partnership. And there are certain commercial health plans that are part of that partnership, and if they'd like to share that information, we're certainly open to sharing it. I think one of the first steps we wanted to do is to at least let people know that there are multiple opportunities to train, there is training going on, and it would be up to those groups to decide how they will want to share that information. So, yeah, I think just continue to work across the board with those groups — we'll see what they're willing to share and post publicly.

Gale Scott: We're actually working with several national payers right now. We've done a lot of testing, and we're working to find a mechanism to provide a similar repository, because we know everyone can't test, and we think that it's going to be really important

for those providers that were not able to test. So anything that can be done to move in that direction would be appreciated.

Denesecia Green: Thank you. And if you'd like to follow up, please send your request in to the email on slide 41, I believe.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Kenya Epps.

Kenya Epps: Hi, yes. My name is Kenya Epps. I'm calling from ID Care. We participated in the end-to-end testing through our clearinghouse, and to date, we have not received a readable Remittance Advice, and here on slide 32, it says that the readable Remittance Advice can be produced. I'm not sure why our clearinghouse is having an issue with that. Is there a way I can call my MAC and have them give that to me for our claims?

Stacey Shagena: If you want to send that question in to me directly to the mailbox, I can investigate your particular — your particular situation a little bit more quickly. That would be helpful. It's hard for me to do — to give a sort of global answer on that.

Kenya Epps: But is the Remittance Advice — does it tell you if it's rejected, like is it a regular Remittance Advice?

Stacey Shagena: It would be a regular Remittance Advice, correct. Yes. So you would see which claims — which claims paid, which claim denied, and the reasons why they paid and denied.

Kenya Epps: OK. And where would I send that — is it on slide 41, I believe you said?

Stacey Shagena: Yes.

Kenya Epps: OK. Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Stefanie Stayoch.

Stefanie Stayoch: Hi. This is Stefanie Stayoch. I had a question regarding — if we were not picked for end-to-end testing, are we still able to send ICD-10 test files, it's just that we won't receive a Remittance Advice back?

Stacey Shagena: You are still eligible — you still can participate in acknowledgment testing, yes, which will get you the first half of that testing, which is the acceptance that

your claims would be accepted. You just would not be able to participate in end-to-end, which would get you the Remittance Advice.

Stefanie Stayoch: OK. Thank you.

Operator: Your next question comes from the line of Deborah O'Neil.

Deborah O'Neil: Yes. Hello. Can you tell me, after we have registered, how are we notified that we've been selected?

Stacey Shagena: After registration, you will get an email to the email address that you entered when you registered, and it will say whether or not you were selected or whether, you'll get a response regardless. So you should get a response whether you were selected or not selected.

Deborah O'Neil: OK. Thank you very much.

Stacey Shagena: You're welcome.

Operator: Your next question comes from the line of Trish Twombly.

Trish Twombly: Yes. Thanks for taking my call. I'm Trish Twombly with the Association of Home Care Coding and Compliance, and my question is in response to an answer that was provided earlier by Diane Kovach in regards to claims not having a mix of I-9 and I-10 codes, where the date of service would be used to determine which code set would be used on the claim. In an MLN article that was published last February, it was revised in March — I think it was SE1410 — provided guidance to the home health industry that it would be the date of assessment, the date that the assessment was completed that would be our industry's indicator for using I-9 and I-10 codes, which of course, would require, then, a mix of I-9 and I-10 codes during the patient episode for the claims.

So in that article, a table was provided that gave us guidance based on the date of completion — you would use this code set on the RAP, and this code set on the End of Episode claims. So are you saying that that article is no longer correct, and would home health not use the date the assessment was completed as our marker for whether we used I-9 or I-10 codes?

Diane Kovach: So this is Diane Kovach. So we're looking at that article here, and it does have a chart, you're right, of the, which diagnosis code should be used in which circumstance, but it appears to me in looking at this, and we can certainly follow up, that the RAP date would be submitted prior to 10/1. So that's why we'd use the diagnosis code, an ICD-9 code, and then others would be submitted after 10/1. And so they would use the ICD-10.

Trish Twombly: Right. The problem is, you submit a RAP and an EOE. So sometimes, the RAP is prior to October 1. Sometimes, the RAP is after October 1, based on — in our industry — what's called a MU 90 -Day. I just want to make sure that I understand it, and that I'm not passing on information that's not correct. Is it something I should follow up with you about in an email, because when you look at the table, you can see that sometimes you're providing the RAP with 9 codes, sometimes you are proving the RAP with I-10 codes. The End of Episode claims are all in I-10. So ...

Diane Kovach: Right. And the chart is correct. And the RAP and the claim are not the same thing, right?

Trish Twombly: Right, right.

Diane Kovach: So that you wouldn't have a mix of 9 and 10 on RAP or on a claim. They would be separate.

Trish Twombly: No, it's the fact that there are — and I know the End of Episode claim is considered the final claim. But home health actually bills twice — once with the RAP and once with the End of Episode claim, which those two would have a mix of codes.

Diane Kovach: And if you could send me a specific question in to the email address that we've been referencing, and then we'll make sure we get you a straight answer.

Trish Twombly: That would be wonderful, and that's the address on slide 41?

Diane Kovach: Correct.

Trish Twombly: All right. Thank you very much.

Operator: Your next question comes from the line of Suzanne McGuire.

Suzanne McGuire: Hello, this is Suzanne McGuire from Advanas Foot and Ankle Specialists. And we were wondering, for the acknowledgement testing, where exactly do we put the "T" in our claims to make sure that it's a test.

Stacey Shagena: The field on the form is called the ISA-15—15. You'll need to probably talk to your software vendor to explain where that test indicator goes based on your software, because it's different— depending on which sort of software you're using.

Suzanne McGuire: OK, thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of William Huff.

William Huff: Hi, this is Bill Huff at Inova Health System. First of all, I wanted to mention, for the people who were worried about not being selected for end-to-end, I just thought it would be good to recommend that they be sure to at least participate in the acknowledgement testing, that way, they can at least have that safety net of ensuring their claims are valid. And my question was also related to a statement that was made on the acknowledgement testing about that claims would be accepted up to the date of October 1.

And even though I can't quote the exact publication, but I thought there was a statement out that came from CMS that suggested that all testing be wrapped up by July 31st, and, in fact, I've heard of at least one clearinghouse that was planning on going along with that recommendation. And I just wanted to confirm that — that statement about the acknowledgement testing running all the way up through the beginning of October.

Stacey Shagena: Yes, it's — yes, that is correct. So you can acknowledgement test all the way up through October. That is an open, open testing for anyone who might need to test. Of course, we would prefer that you do all of your testing as soon as you possibly can and get things ready early and not wait until the last date. But that acknowledgement testing option is available to you through October 1st.

Denesecia Green: And what you may...

William Huff: OK. Thanks.

Denesecia Green: ...and what you may be referring to is entities looking at doing, sort of, another level of readiness and validation during that period, versus ending testing per se, but ensuring that everything is in proper order. I think that's sort of the date that I guess has been discussed within industry.

William Huff: OK, thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Carol Coates.

Carol Coates: Hello, I'm with Extended Care Physicians in Asheville, North Carolina. I wondered if you were going to put up any information on the website specific to long-term care providers. My physician's internal medicine information is going to be helpful, but many of them are going to be doing, you know, some other — they do all their own coding themselves, and I wondered if you had any other guidance specific to long-term care, as well as how to handle the unspecified ICD-9 codes, because that is the majority of what they are coding currently.

Leah Nguyen: Can you hold on for a moment?

Pat Brooks: This is Pat Brooks. I have a suggestion for you as far as coding — maybe if they want a little bit more information on how to code and the unspecified code. We had a recent call that I think you should refer your physicians to — I'm looking at the ICD-10 webpage, and then you look for the ICD-10 teleconferences, and the call was on December the 2nd, 2014. It was called Coding for ICD-10 CM, More of the Basics. And there is a video there, and there is a national call on the basics, and I think that gives a very good overview on unspecified codes.

Carol Coates: Wonderful.

Leah Nguyen: Thank you.

Carole Coates: I appreciate that, thank you.

Leah Nguyen: Victoria, we have time for one final question.

Operator: Your final question comes from the line of Meghna Patel.

Meghna Patel: Hi, this is Meghna Patel from Geisinger Health Systems. Your end-to-end testing results states that you had 661 participating. And the overall testing newsletter says that you had 850 volunteers that you would be selecting. So we're confused on, did 850 make it, or 850 did not sign up and register? Along with that, I also wanted to ask is that we are a provider and we go through a clearinghouse. Our clearinghouse had mentioned that since we were not picked the first time, it's highly unlikely we'll be picked the next time or the third time.

But I see your testing newsletters has come out, and it does state that you will increase your amount of volunteers from 850 to 1,700 to approximately 2,550 volunteers. So does that help the providers who didn't make it, make it to the end-to-end testing in April and July?

Stacey Shagena: OK, so a couple of questions there. The first part about the less than the maximum number of testers — we did have a few areas where we did not get enough volunteers; one of those in particular would be DME suppliers, so we did not fill all of the DME slots. There were one or two MACs that did not have the maximum number of volunteers in those jurisdictions, so we weren't able to fill all of the testing slots. And we did have some testers who decided to drop out after they had been selected.

So that is the difference between the 651 and the 850 for the January release. We are selecting 50 new testers with each round of testing, so it, that 850 is doubling and then tripling by the end of — for the July testing. So we are selecting 50 new volunteers. I

would say that your chances of being selected probably increase as you go along, because, depending on, you know, how many people have already volunteered direct — those who have already been selected and registered do not have to register again. We'll select new people each round of testing. So certainly, go ahead and volunteer, and hopefully we can fit you in to that particular MAC that you test with.

Meghna Patel: Thank you so much. My second question was that we have heard from clearinghouses and other volunteers that the remittance that was received was a zero dollar value, and we wanted to know, why is that?

Stacey Shagena: Remittance would be a zero dollar value if your claims were denied, and those claims would have been denied for whichever reason, specific to that claim. So we'd have to — you'd have to look at the Remittance Advice and the claims submitted to understand exactly why they were denied.

Leah Nguyen: Thank you. Unfortunately, that is all the time we have for questions today. If we did not get to your question, you can email it to the address listed on slide 41. An audio recording and written transcript of today's call will be posted to the [MLN Connects Call website](#). We will release an announcement in the [MLN Connects Provider eNews](#) when these are available. On slide 43 of the presentation, you will find information and a URL to evaluate your experience with today's call.

Evaluations are anonymous, confidential, and voluntary. We hope you will take a few moments to evaluate your MLN Connects Call experience. Lastly, before we end the call, for the benefit of those who may have joined the call late, please note that continuing education credits may be awarded by professional organizations for participation in MLN Connects Calls. Questions concerning continuing education credits should be directed to your organization.

Again, my name is Leah Nguyen. I would like to thank our presenters and also thank you for participating in today's MLN Connects Call on ICD-10 Implementation and Medicare Testing. Have a great day everyone.

Operator: This concludes today's call, presenters please hold.

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