

**Centers for Medicare & Medicaid Services**  
**17<sup>th</sup> National Education Call on Medicare Fee-For-Service Implementation of HIPAA**  
**Version 5010 and D.0 Transactions Question and Answer Session**  
**Moderator: Aryeh Langer**  
**June 29, 2011**  
**1:00 p.m. ET**

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**Welcome**

Operator: Welcome to the Seventeenth National Education Call on Medicare Fee-For-Service Implementation of HIPAA Version 5010 and D.0 Transactions Question and Answer Session Conference Call. All lines will remain in a listen-only mode until the question and answer session.

Today's conference call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. Thank you for participating in today's call. I would now turn over the conference call over to Mr. Aryeh Langer. Sir, you may begin.

Aryeh Langer: Thank you. As Alicia said, this is Aryeh Langer from the Provider Communications Group here at CMS and I'd like to welcome you to our 17th National Provider Conference Call on HIPAA Version 5010. For today's call, there will be a brief status update on Version 5010 followed by an open question and answer session. There is no presentation handout for today's call.

As a reminder, all previous call presentations, transcripts and audio replays can be downloaded from the version5010 website. The web address is [www.cms.gov/versions5010andd0](http://www.cms.gov/versions5010andd0). For participants who have not yet visited the websites, there are variety of educational products and resources, which are recommended for you and your staff. One last item of note, to submit a question related to today's call or upcoming calls, please e-mail your questions to [5010FFSInfo@cms.hhs.gov](mailto:5010FFSInfo@cms.hhs.gov) and our subject matter experts here at CMS will work to answer your questions as soon as possible. However this mailbox will accept questions for the next 48 hours and will not reopen until prior to the next call. Again the e-mail address is [5010FFSInfo@cms.hhs.gov](mailto:5010FFSInfo@cms.hhs.gov).

With that said I'd like to now turn the call over to Angie Bartlett from OIS. Angie.

Angie Bartlett: Good afternoon. My name is Angie Bartlett and I'm a Health Insurance Specialist with the Centers for Medicare & Medicaid Services, specifically on

the Medicare Fee-For-Service side of the house as an Electronic Data Interchange Subject Matter Expert. I'd like to thank you all for taking the time out of your busy day to join us on this call. I appreciate the opportunity to provide you with useful and valuable information about HIPAA 5010 in general, as well as provide you with a chance to ask questions and receive real-time responses. I am joined today by a panel of our 5010 team, as well as staff from the Medicaid team and HETS eligibility 270/271.

We hope today that we'll provide you with a chance to get your questions answered as well as encourage you to begin 5010 testing immediately. For our current 5010 status update, Medicare has processed over 17,000 Part B claims in production that were received in 5010 format. Medicare Part A claim submitters are currently testing and maybe promoted to production following the July 2011 release upon the completion of successful testing. Until the July release is installed, scheduled for early July, but production won't be granted until later in July. All Trading Partners are encouraged to test 5010 transactions with MACs or Legacy contractors for Part A.

Many vendors have successfully tested but have not yet requested to become production submitters at this time. Some of our upcoming work on 5010 include phasing out the 4010, including the 5010 Error Matrix Reporting and the Ambulance Fractional Mileage Adjustment updates, therefore it's essential that you stay engaged in the 5010 transaction process and test. On June 15<sup>th</sup>, numerous Trading Partners participated in the first of two National Testing Days. The next National Testing Day is scheduled for August 24<sup>th</sup>. Each MAC-registered Trading Partner that intends to exchange EDI transactions as part of the testing efforts can participate in the process of conducting a brief survey following testing day. Please note that these testing days do not preclude you from testing any other time; we encourage, if you're ready to testing out and you begin testing immediately, don't wait for our National Testing Day.

In addition to the each national call, we've also included several other transition year communication events. On July 20<sup>th</sup>, the MACs are sponsoring an outreach and education event called Troubleshooting With Your MAC. You can find out more information about that on your specific

MAC's web page. On August 24th, we have the National Test Day. On August 31<sup>st</sup>, we have another national call with a MAC panel. It's going to be a chance for you to ask specific MAC questions if you may have any. On September 14th, we have our last question and answer session call. And on October 5th, we have another MAC outreach event that's gonna take place. And then again, to gain access to any of these presentations or past presentations we encourage you to visit our website at [www.cms.gov/versions5010andd0](http://www.cms.gov/versions5010andd0).

Again now that we are halfway through the transition year, I want to stress the importance of Trading Partners testing. Testing will provide you with the assurance that your system upgrade, is upgraded to 5010 and is fully operational and able to transact 5010 transactions. Therefore please take this opportunity and contact your local MAC of one of their testing protocols now. The 5010 implementation will begin on January 1<sup>st</sup> of 2012. The information provided on today's call, we've also implemented the CMS 5010 Medicare Fee-For-Service Outlook Resource mailbox, which Aryeh just recently told us about, which is [5010FFSInfo@cms.hhs.gov](mailto:5010FFSInfo@cms.hhs.gov) and that will be open for 48 hours following this call.

So with this, that concludes our 5010 update, and now we will begin our question and answer portion of the call.

### **Question and Answer Session**

Operator: We will now open the line for our question and answer session. To ask a question press star followed by the number one on your touchtone phone. To remove yourself from the queue, please press the pound key. Please state your name and organization prior to asking question and 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. Your first question comes from the line of Steve Gary. Your line is open.

Aryeh Langer: Go ahead please.

Operator: Steve Gary, your line is open.

Steve Gary: I am sorry. I must have hit the button by mistake. I apologize.

Operator: Your next question comes from the line of Daniel Crail. Please state your organization. Your line is open.

Daniel Crail: I just had a quick question about if I have a vendor and my vendor can't comply with the 5010 deadlines, are there any type of, I guess, things that I can do to speed them up or should I just look for another vendor. Are there any contractual issues involved would you know about that?

Chris Stahlecker: Hi it's Chris Stahlecker here. Well one option you might have, a fallback option to do – to complete your electronic billing is the use of the free PC software package. You can contact your MAC and ask for a copy of the Pro32 or PC-ACE, it's the same vendor's product. And you might use that on an interim basis while your vendor comes up to speed. The other option is of course is to look at the vendor list that's on the MAC's website and consider making a change. There isn't any contractual requirement for vendors, to stay in business with Medicare billers offering software to practices for purchase. So if they are not going to become compliant with the latest regulatory mandates then, I guess it might be a clear indication that they are not interested in that line of business any more. So if your vendor is not being responsive to your outreach cause, you might be well served to have an interim ace up your sleeve, so to speak, with a free billing package and then begin a search or another vendor's product.

But I would begin with the outreach to your vendor, it just might be that they have the product very close to being ready and it's certainly better to stay on product if they are going to be distributing their service fairly quickly. Hope that helps.

Daniel Crail: Thank you.

Chris Stahlecker: You're welcome.

Operator: Your next question comes from the line of Bruce Bergeron. Please state your name and organization. Your line is open.

Bruce Bergeron: Yes, I am Bruce Bergeron. I work with the Automated Office Inc. We're a software vendor, that's not a pitch to the park at all, it's just a description of who we are. I submitted several questions before today. I am assuming you're not going to get to those unless I ask them here.

Chris Stahlecker: Well...

Bruce Bergeron: I sort of expected to get answer those questions first but should I ask them here?

Angie Bartlett: Yes, you could ask them now.

Chris Stahlecker: Go ahead.

Bruce Bergeron: OK, I've submitted test files, institutional claims, MSP claims that contain only claim level adjustments and the claims were rejected because the balancing formula at the time required adjustments to be submitted at line level. Is that being addressed?

Chris Stahlecker: This is an institutional claim question and I have to apologize that we do not have our institutional billing expert present on our panel today.

Bruce Bergeron: OK.

Chris Stahlecker: So with that said, we can – did you send that information?

Angie Bartlett: I have that contact information, yes I have that...

Chris Stahlecker: So that we can return the answer to you and get it on our frequently asked questions.

Angie Bartlett: Yes, I can get that question answered.

Brian Reitz: So I think we need to follow-up, do you have any further questions about when – which MAC you submitted it to and that kind of stuff. Was that your question?

Bruce Bergeron: It happened to be Highmark Medicare services.

Brian Reitz: OK.

Bruce Bergeron: Once again the only two questions I have are both institutional, they were included in the e-mail I sent there and I can ask them again here I guess.

Chris Stahlecker: Well, you've asked the one and we'll have to get back to on that first one. You can try the second one I don't know that we already have the answer for you.

Bruce Bergeron: Yes, the second one has to do also with institutional claim, bill type 211 inpatient SNF claims. And I've had claims rejected both for RUGS codes and Occurrence codes. And the transactions – so we've recorded the manuals are correct and I had understood that this was an open issue and actually I tested these with Highmark, Noridian and Palmetto and they all failed but when I tested with – with the testing agencies like Edifecs they were fine.

Chris Stahlecker: OK, we're going to have to look into that one as well. I am sorry Bruce, but now that I have your...

Bruce Bergeron: That's OK. I need to apologize. I appreciate you're willing just to take a look.

Chris Stahlecker: Yes.

Bruce Bergeron: So those are basically my two questions.

Chris Stahlecker: OK.

Aryeh Langer: Just to follow-up to that. We'll be posting any answers to questions that we received today that we can't get answers to on the website like we have for I think the two previous calls, the actual FAQ or the list of questions and answers should be going up today from the previous call in May. So anything we can't get to today, we will post on the website.

Bruce Bergeron: And you would expect like a 30-day lag between now and the time you post answers?

Angie Bartlett: No, I will respond back to your question individually. I'm saying before that time, the actual FAQs may be posted to the website. But you will be receiving an e-mail back from the Medicare Fee-For-Service mailbox.

Bruce Bergeron: Excellent. I appreciate it.

Angie Bartlett: OK.

Bruce Bergeron: I'm done.

Operator: Our next question comes from the line of Tommy Wilson. Please state your name and organization. Your line is open.

Tommy Wilson: Hi this is Tommy Wilson with MDIG. We have a question in regards to some of the intermediaries, the Medicare ones; we've been told that , my understanding is that they they're able to do concurrent 4010, 5010 submissions, I know after July. But 4010 and 5010 submissions, we have three of them that had told us they will not be allowing 5010 production until January 1st. Is this accurate or is it up to them or is it mandated that they do have to allow concurrent testing – concurrent submissions?

Chris Stahlecker: Again it's Chris Stahlecker. We've done an outreach to all of our MAC contractors and have been assured that they would be able to support both test and production 4010, 5010 right until the cutover to the 5010. So if you have difficulties or you're getting conflicting information you can go ahead and shoot me an e-mail.

Aryeh Langer: Send it to the resource mailbox.

Chris Stahlecker: To the resource mailbox would be even better. Thank you.

Tommy Wilson: I shall do. I'll let you know who all we spoke to. Thank you.

Chris Stahlecker: OK, thank you.

Operator: Our next question comes from the line of Melanie Capoles. Please state your name and organization. Your line is open.

Melanie Capoles: This is Melanie Capoles. I work for Trinity Health. Can you hear me?

Chris Stahlecker: Yes.

Melanie Capoles: OK. I wasn't sure if I had to push a button or something. My question also was posted earlier. On the last call that we had back in May, there was a mentioned a scoreboard where the FIs would in some shape form or fashion give us notification of when they are ready for production claims. And also like any major issues that are surfacing, some type of a scoreboard as to what's going on. Do you have any – do you remember anything about that?

Chris Stahlecker: Yes, I am not relating it to the last call. Chris Stahlecker again. I do know that when we've been working with our MACs, we'd ask them to make it known to Trading Partners if they were experiencing any problems or difficulties that they expected to have resolved shortly so that you would know when you were testing with them, which problems they may be having, but they had a fixed date, for example - if that's what I am resonating with what you've described. I'm not sure exactly if we've done a review of websites to see if those lists are maintained.

We've been discussing issues with our MACs right along to the whole implementation of their 5010 efforts. And quite frankly some of the MACs have vendor fixes where their translators, for example, are coming in almost weekly. So truly this is in production for Part B and we're able to process claims but as unique situations are identified that may require translating that's an ongoing production support kind of effort and that's happening right now. On the part A side, as we mentioned, we have some – several fixes going in our July release so we've asked to only test up until after the July release can be settled down and then anyone who is been testing successfully can request to be turned into production. Does that help?

Melanie Capoles: Yes, it helps.

Chris Stahlecker: OK.

Melanie Capoles: Thank you.

Chris Stahlecker: You're welcome.

Operator: Our next question comes from the line of Laura McQuitty. Please state your name and organization. Your line is open.

Laura McQuitty: Hi this is Laura McQuitty with Advantage Skilled Care. We are wondering, I think we might be behind the line a little bit but we were just wondering when you do these testing, do you submit new claims or old claims?

Chris Stahlecker: You're testing?

Laura McQuitty: Yes.

Chris Stahlecker: Well when you're testing that would not be a production situation. So it's your choice really; if you want to take copies of existing claims and build them in test mode using your 5010 format and also submit the major production claims, that would be your choice.

Brian Reitz: And this is Brian Reitz, Laura. I don't think age of the claim really much matters as much as a good sampling of what it is that you do on a daily basis, would do the best for you in knowing how your testing is going.

Laura McQuitty: OK, thank you.

Operator: Our next question comes from the line of Chandler Kim. Please state your name and organization. Your line is open.

Chandler Kim: My name is Chandler, I am calling from Healthcare Synergy. We are vendor testing through a provider and we submitted a test file on Monday. If we do not receive a file, we haven't received the file yet what we can see a response file. Who should be contacted for help?

Angie Bartlett: To a local MAC. The local MAC in which you submitted the claim to. I would contact them. And you can go out to our website and pull the information from one of our last national calls, and we have a MAC in there with the descriptions. It has all the contact information related to the MAC.

Chandler Kim: OK, thank you very much.

Angie Bartlett: You're welcome.

Chris Stahlecker: Did you submit your claims directly to a MAC? Are you still on the line?

Chandler Kim: Yes, we're still on the line. We're trying to figure out what you're saying.

Chris Stahlecker: OK, your vendor and you have a partner provider who is submitting claims within your software products to their MAC, right?

Chandler Kim: Yes.

Chris Stahlecker: OK. So you are a partner provider, as Angie said, you should contact the MAC that they sent those claims to, to validate your product because you should have received at least an acknowledgment back by this time.

Chandler Kim: OK, thank you very much.

Operator: Our next question comes from the line of Katrina Gates. Please state your name and organization. Your line is open.

Aryeh Langer: Go ahead please.

Katrina Gates: This is Katrina Gates with Fairfax Radiological Consultants. And my question is directly related to submission of electronic claims. And in the Billing Provider Address Loop which is the 2010AA, does this have to match the address that's registered on the CMS 855B in the Section 2B3 which is the correspondence address in order for the claims to process? Is the number going to be a requirement while we actually have to have a street address and the billing provider field.

Chris Stahlecker: Well those are couple of different questions.

Brian Reitz: This is Brian Reitz. And from a pure EDI perspective, we are not comparing the inbound address to make sure that it matches any internal databases. We do not have policy folks in the room who would speak to what actually happened internal to the system but I believe the answer is no, that it does not have to match.

- Katrina Gates: OK, so as long as it's not a PO box or a lockbox, the claims...
- Brian Reitz: Correct. We have editing in place to read our claims that have PO box, lockbox in the address at the 2010AA.
- Katrina Gates: OK, that's my question. Thank you.
- Operator: Our next question comes from the line of Darlene Egan. Please state your name and organization. Your line is open.
- Darlene Egan: Hi, my name is Darlene Egan from Mandell and Blau in Connecticut. And I am not sure if this is the right – you're the right people to ask this question at this time. I may have to put this on the resource mailbox, however, I did list this question for the meeting as well. We're a radiology facility billing globally as of January 1, 2012, my understanding is we can no longer bill global, but we have to split our fees, technical and professional in order to be compliant. Is- and my – first of all, is this part of the 5010 or is this part of the accreditation piece?
- Brian Reitz: This is Brian Reitz. And I don't think this is a topic for this call. It sounds more like a policy decision made within CMS, that's changing how your claims are submitted.
- Darlene Egan: Correct.
- Brian Reitz: We definitely don't have the right people in the room.
- Darlene Egan: OK, thanks. If I put this through on your resource mailbox, will someone be able to get back to me because we just are kind of lost out here with not too many partners. It's not like a family practice where there are several in town. And I need to have some guidance with us.
- Brian Reitz: We'll do our best to get your question to the right person and get a response for you.
- Darlene Egan: OK and that's [5010FFsinfo@cms.hss.gov](mailto:5010FFsinfo@cms.hss.gov)?

Aryeh Langer: Correct.

Darlene Egan: OK. All right, I will send it. Thank you very much.

Operator: Our next question comes from the line of Becky Smith. Please state your name and organization. Your line is open.

Becky Smith: I am Becky Smith at Elbert Memorial Hospital. My question relates to if our vendor has assured us they are ready for 5010, excuse me, and we send all our remittance through them. So they do billing for us. What is left for the hospital's responsibility as far as being ready for 5010?

Chris Stahlecker: Hi, it's Chris Stahlecker. Can I just make sure I understand your business model, you have a vendor that does all of your billing for you?

Becky Smith: Well I guess it's a clearinghouse, it's like we have this system and the accounts get edited and they get forwarded to them and they send the bills.

Chris Stahlecker: OK, well in that particular workflow done, your electronic information goes in a format to your clearinghouse and the clearinghouse will deliver that electronically to Medicare or any other payer but in the Medicare workflow, there is an acknowledgement transaction now that if there are any errors discovered in your claims, you are going to get back a transaction, the 277 Claims Acknowledgement transaction is what Medicare will send back. Now, I don't know what your arrangement is with your clearinghouse. If they are going to turn it into a human readable report for you. If they are just going to deliver transaction files, then you would need to have software that would take that transaction file and make it human readable so you'd know how to fix your claim.

And that's the workflow, you would submit your claims through a clearinghouse to Medicare and then the returned information would be either a TA1 transaction, the 999 transaction, or 277CA transaction. And your clearinghouse might be doing that all that transaction processing for you but that would be something for you to find out.

Becky Smith: All right, thank you.

### **Question and Answer Session Continued**

Operator: Our next question comes from the line of Rita Burger. Please state your name and organization. Your line is open.

Rita Burger: Hello, my name is Rita Burger and I work with the Accredo Health Group. And I didn't catch when you were going through your timeline as to when the 5010 testing would start for the DME vendors? We bill Medicare Part B, as in boy.

Angie Bartlett: The DME and part B testing has already begun. It began earlier this year. So you can begin testing immediately.

Rita Burger: So then it would be our vendors that aren't ready yet - that are preventing us from moving forward.

Angie Bartlett: From the sounds of it, I guess that's what you're facing right now.

Rita Burger: OK. The second question is related to the CMS-1500, the changes going forward especially for ICD-10, and the new 5010 requirements are mostly for EDI billing. Will there be any other changes to the CMS-1500 this year?

Brian Reitz: Hi this is Brian Reitz. And no, there is no change to the 1500 this year. The changes – the National Uniform Claim Committee, NUCC is actually responsible for the 1500. And they have been looking into things that may need to change on the paper form to align better with the 5010. There is actually currently a public comment period going on, a 45-day comment period, that you may want to take a look at and answer the survey questions to help the NUCC better decide what direction they go. One of the things obviously folks know that there are 12 diagnosis codes in the electronic transaction and only four places to put them on the paper form.

That's one of the major changes that they are considering making. And as far as the size of the codes, the current 1500 already handles the larger size for an ICD-10, it just doesn't handle the number, it only handles four. So there are proposed changes in the work and the plan is with all the things that have to take place in the comment period, the work done to design the form and the

clearances that are required for Federal forms to go through the Office of Management and Budget. They are looking at tentatively right now early or late 2012, early 2013, if a new form is decided that's when you would see it.

Rita Burger: Thank you. I have no further questions.

Operator: Our next question comes from the line of Paul Wulff-King. Please state your name and organization. Your line is open.

Paul WulffKing: Yes, my name is Paul Wulff-King, I am calling from Montefiore Medical Center in State. And we are part of Jurisdiction 13. Actually my question I believe is somewhat 37I related but I am going to throw it out there perhaps you might be able to pursue if for me a bit. We've been doing 5010 testing. And to date we've only been able to receive a 999 and no 277CA files. And I've been in communication with the [EDI\\_5010\\_PartA@wellpoint.com](mailto:EDI_5010_PartA@wellpoint.com) Help Desk. And at this point they are basically saying that there is an issue with the CEM contractor. Do you guys know anything else about this?

Chris Stahlecker: Yes, that's pretty accurate. The changes that we've been talking about waiting for this July release to address those concerns with the CEM software. It's part of our front-end validation edit and although it's working quite well in large measures, each MAC had an opportunity to decide whether or not they would use it go that far in their test mode when they were testing with Trading Partners. And J13 has decided to only go through their translator but not to go through the CEM software.

So you should be in good shape to begin that testing, shortly after the July release is installed and set your team to have an opportunity to make sure it's working well.

Paul WulffKing: Do you know when in July that's being installed?

Chris Stahlecker: I would suggest that will go in the middle of the month and ask NGS if what to set your expectations about testing on the Part A side.

Paul WulffKing: Thank you very much.

Chris Stahlecker: OK.

Operator: Our next question comes from the line of Susan Hoey. Please state your name and organization. Your line is open.

Susan Hoey: This is Susan Hoey with Global Physicians Billing, and my question is regarding the...

Aryeh Langer: I am sorry, Susan we can't hear you. Are you able to...

Chris Stahlecker: Are you there?

Aryeh Langer: Yes, are you there?

Susan Hoey: Sorry about that. I am with Global Physicians Billing in Oklahoma City. And I have – my question is regarding the DME claims. If the – it's regarding the rendering provider and the ordering doctor, it says that they cannot be the same. And I don't know, I was just curious how we need to submit our claims because like we have a pain management provider that buys the equipment from a supplier and when we submit the bills, we put her name as both the rendering and the referring doctor.

Brian Reitz: Hi Susan, this is Brian Reitz. We are going to need you to submit that question to the resource mailbox, because as I stated, that's really a processing policy type question and we don't have those folks in the room.

Susan Hoey: OK.

Brian Reitz: Do you have that?

Susan Hoey: All right. Thank you.

Brian Reitz: Sure.

Operator: Our next question comes from the line of Angela Robinson. Please state your name and organization. Your line is open.

Angela Robinson: Hi thank you for taking my call. This is Angela Robinson. I am calling from Emdeon. And we're a national clearinghouse. So we partner with all MACs, carriers and FIs. My question, I have two questions. The first one in the interest of standardization, how are some MACs allowed to use web portals for testing and others are still using like the legacy method of testing such as the same for communication protocol but you're just replacing the P indicator with the T indicators in the ISA15. And the reason why I am asking is I've been told that there is different levels of editing in the front-end translator on one versus the other. So more – you get more edits on the portal versus just sending a P indicator in the ISA. Can I ask my second question or you just want to pause for a moment?

Chris Stahlecker: Well while we deal with that one.

Michael Cabral: This is Michael Cabral. It sounds like you're dealing with some of the MACs who have been granted a pilot projects status for the web portal business. That's actually run out of an area in Provider Communications and all of these Office of Information Services, which has been administering the 5010 program. So if you have specific things that they're doing in the portal, we would not incorporate those into our production in stream validation processes. So that's maybe why you're seeing the difference.

Chris Stahlecker: It is some and maybe interesting to know that we've look that all MACs will eventually have web portals so they are headed towards consistently in that regards. So that's the current status, that there are some demonstrations projects underway.

Angela Robinson: OK, so should we voice those or who should we voice those discrepancies with?

Chris Stahlecker: You can send those to the resource mailbox. We would be happy to look into that. The actual editing, although it's different software that's being used, the end result should be the same.

Angela Robinson: OK. And my second question has to do with how or why some MACs are making providers reenroll for 835 whereas others are not, to receive 5010, 835

you have to do some type of reenrollment, be it paper or total on-boarding or...

Chris Stahlecker: Well each MAC had the ability to make their own decisions about handling the multiple submitter Trading Partner IDs to be able to accommodate 4010 and 5010 during this transition year. Some MACs had elected to reestablish new submitter ID for 5010. So that is not necessarily a consistency issue from a Medicare Fee-For-Service perspective. I understand where with Emdeon you are looking to get the same exchange for every MAC but with the editing results, we were – Medicare Fee-For-Service is very aimed at trying to get the same edit results across all the MACs, but we couldn't really get as far as standard Trading Partner arrangements. And therefore you are probably experiencing a little bit of variations between the MACs.

Angela Robinson: Right, that's exactly goes ahead and we were just trying to, you know just a get our heads around how some are able to do some things and others are not. So all right, well thank you. I appreciate your call.

Chris Stahlecker: OK, thank you.

Operator: Our next question comes from the line of Kathy Sites. Please state your name and organization. Your line open.

Kathy Sites: Hi this is Kathy Sites from RealMed, and I was just trying to figure out how the MACs are determining the same billing provider – rendering provider, billing provider service facility location. Are you checking the NPIs and the names and the addresses to make it a total match?

Brian Reitz: Hi this is Brian Reitz. And I guess, I am trying to understand your question a little bit better. Can you expand a little bit on where you're coming from with that?

Kathy Sites: Yes, getting rejections on the Testing Day that the billing provider and the service facility locations are both the same and can't be submitted. And I am just trying to find out if the edit those against the name, the address, the NPI or all of the above. If they are comparing the like service facility, name

versus the billing provider name and the NPI has to match and the address has to match.

Brian Reitz: I'll tell you what, I don't have the opportunity right now to look at the edit spreadsheet, but if you submit that to the resource box, I'll get back to you with an answer on that.

Kathy Sites: Thank you.

Brian Reitz: Sure.

Operator: Our next question comes from the line of Pamela Nicodemus. Please state your name and organization. Your line is open.

Pamela Nicodemus: Yes, this is Pam Nicodemus, Partners In Care. We're a small mental health practice in Northwestern Pennsylvania. And I am wondering if you have a more remedial course like a 101 or there is some terminology that's coming up frequently that we are not familiar with here. We're not familiar with the resource mailbox, when you speak of a MAC, we think about the Mac computer. And where did D0 and 30 get hooked up with HIPAA. So we – I think maybe we're not quite up to the level of many of our people in the group here but maybe you can direct us to where we need to go get up to speed.

Chris Stahlecker: Well we've done – as already mentioned when we opened the call this is our 17th audio cast today. And we've done a series of number one to 16, are out on our website and for replay along with a transcript so there we have the PowerPoints and the transcripts and I don't know about the audio part that would also be there as well. So you could re-listen to the sessions that have already been held. There would be a descriptive of each transactions, so for example we've had a detailed walk through of the A37 professional claim as well as the DME claim that we use. It's for your hearing that D.0, it stands for the National Council for Prescription Drug Programs, NCPDP and the versions that's in production today is 5.1 and it's being upgraded to D.0.

So there is a session on that as well. But doesn't sounds like that's the type of billing you do. The terms...

Pamela Nicodemus: We do professional claims. But can you tell me where we go to get that – what do we look for under we’ve been over the CMS site trying to find some of this stuff, and if you can help me get to specifically if these conferences are the best way to get the background and get the terminology and the basic understanding we need in order to follow this or if there is another particular site that you would suggest?

Aryeh Langer: Yes, let me give you with web address again, the 5010 web address. It’s [www.cms.gov/versions5010andd0](http://www.cms.gov/versions5010andd0). While you’re on the CMS website, one of the bucket there is a 5010 specific website, housed on the [www.cms.gov](http://www.cms.gov) website. And within that page, there’s lots of information that contains educational resources. We have some fact sheets out there, some checklists, some other useful tools for you to look at and then also as Chris was saying within that page, there is I believe it’s called a National Calls Section page, if you look on the left hand side of the page, there are different links there that will say Educational Resources, National Calls, et cetera. So if you go through those links on the left side of the page, that’s how you can access that information. I’d really recommend looking at the fact sheets and checklists that we put out, those were developed quite a while ago as kind of a 101, as you put it. And like Chris said those specific calls early on will really give you background information.

Have you been able to locate the website yet or I don’t know if you’re in front of the computer now.

Pamela Nicodemus: Yes, I have one of my staff people at work here looking at the website right now. Are you able to find those things, OK? OK, I didn’t – the resource mailbox is a new concept to us. So can you tell us how to access that and also when you use the term MAC, what are you referring to?

Angie Bartlett: A MAC is our Medicare Administrative Contractor, that’s who you would submit your claims through, they’re one of our contractors here, to get it processed through Medicare. And our CMS 5010 mailbox is [5010FFSInfo@cms.hhs.gov](mailto:5010FFSInfo@cms.hhs.gov). It’s a chance for us to follow-up on emails that we’re not able to answer during the call or if you say, I should have asked this

question on the call, that's when you would also submit it to the mailbox. It's only open a limited number of hours. So the day before the call, the day after call and the day following the call. So it's important if you ask something that comes up, that you do enter it into the mailbox then and you will get an e-mail back from that mailbox with a response. Did you get that?

Pamela Nicodemus: Thank you. I am glad to know that the MAC is not the Macintosh computer.

Brian Reitz: One other point I want to make too is that you're not on the MAC, itself they have their own EDI outreach activities. I believe you to sign up for local seminars in your area. So if you're in, what did you say, Southeast Pennsylvania.

Chris Stahlecker: Northwest.

Brian Reitz: Northwest Pennsylvania.

Pamela Nicodemus: Northwestern Pennsylvania.

Brian Reitz: The Highmark J12 contractor and their website would be another searchable resource for you where you can find plenty of their newsletters or other educational opportunities.

Pamela Nicodemus: Thank you.

Chris Stahlecker: Welcome. Welcome to the world of 5010.

Operator: Our next question comes from the line of David Richards. Please state your name and organization. Your line is open.

David Richards: Yes, my name is David Richards. I am with Spectrum Health in Grand Rapids, Michigan. And I just have a question, it's actually regarding a test file for a 37I, I ended up submitting. And I got back a 277CA. And the status and the reason on every claim was an AA status and a 496 reason which pretty much stated the submitter is not approved for electronic claim submission. Is this because it's pretty much not setup in the system yet as a prod for 5010 as being live.

Brian Reitz: Probably the case, you said you submitted a claim with test indicator to the jurisdiction, correct?

David Richards: Yes.

Brian Reitz: And if your billing providers were not enrolled in the Medicare program that's probably why you're seeing the A496 combination.

David Richards: OK.

Brian Reitz: So the biller numbers that you use would have had every claim for them reject because they are not setup to currently bill to the Medicare programs. That's probably... Sorry go ahead.

David Richards: For 5010 you mean, correct? Because it's pretty much just a synopsis of a prod file that I moved to a 5010 version and then I pushed it out.

Brian Reitz: Probably the case, because they may not move all the provider numbers over from their provider production environment to their provider test environments.

David Richards: OK.

Brian Reitz: It's worth following up with your local jurisdictions.

David Richards: OK.

Brian Reitz: To see if there are better numbers for you to use with them to perform those tests.

David Richards: Great, thank you very much.

### **Question and Answer Session Continued**

Operator: Our next question comes from the line of Ed Stafford. Please state your name and organization. Your line is open.

Ed Stafford: My name is Ed Stafford. I am calling from Prime Home Care. We're a small home health provider. And we have NGS J15 as our MAC. And we use the

Ability network as a portal to get to them. And we don't have any billing software. We direct enter all of our claims. And I was wondering if this testing is being done for us by our either our MAC or our portal because I don't see any way for me to test claims or do anything different than what I already do.

Brian Reitz: Yes, that's a proper example of a vendor probably doing the testing for you. I think you said Ability would be working with J15. They probably tested all of their software as a vendor. And you being a client, they'll probably, I am assuming, let you know that software has been completed through the ability to consider those home health claims and you'll be able to turn out production.

Ed Stafford: OK.

Brian Reitz: More to follow, we need to get our software completely through our July release and Ability may need to do a little more testing after that in July, but I guess, hang tight.

Ed Stafford: Do you think I need to contact Ability?

Brian Reitz: It would be in your best interest to confirm what we believe is happening.

Ed Stafford: OK, thank you.

Brian Reitz: Thank you.

Operator: Our next question comes from the line of Alana Haner. Your line is open. Please state your name and organization.

Alana Haner: Hi, my name is Alana Haner. I am calling New York Oncology. I was just on the website. This is kind of related to one of the questions that was asked few minutes ago. And I have looked through most of the guides that were put out there for the calls. My question is, is there a specific document that you know of kind of more related towards the providers that really list the changes that the providers need to make on our side as far as like the ZIP code changes, the PO box not going over and billing those things of that nature. Is there a checklist just specifically related to those changes?

Chris Stahlecker: Hi, this is Chris Stahlecker. Are you billing, I think you mentioned oncology, are you billing institutional clients or professional clients?

Alana Haner: We're billing professionals.

Chris Stahlecker: OK, well I would encourage you to look at the audiocast that was done on the A37 professional claim because part of the dialog was to go through, Brian who is here today, had done a very nice job of walking through all of the changes in the transaction set and he did speak at length about the ZIP code and the PO box and as we compare the changes that happened with 5010 as compared to the 4010 billing formats. In terms of, do we have a separate checklist all prepared for that. No, Medicare Fee-For-Service has not prepared such a checklist but some of the other industry activity has created such deliverables. I don't know precisely if they've made them available on their websites. I have seen them at presentations, WEDI, W-E-D-I dot org is an organization that may have material as well HIMSS, Healthcare Information Management Systems Society, I think it stands for, and that's a dot com. So both of those websites put a www in front of both of those, [www.wedi.org](http://www.wedi.org) or [himss.com](http://himss.com). And you might be able to find some more materials there.

But that A37 professional that Brian had done is quite good and might answer a lot of your questions.

Alana Haner: OK, and Brian what was the date of that because I did missed a couple of the calls. So do you know like can you clue me in as to a date specifically that I'll be looking for that A37?

Aryeh Langer: If you go onto the national call list there. They are actually in order of the date but you can look at the subject line and it would say that, it would give that information in the subject line. So you wouldn't have to open up each individual presentation to find it.

Alana Haner: OK, it's great. Thank you.

Brian Reitz: I think they should actually scroll over two pages.

Alana Haner: OK.

Aryeh Langer: So I am pretty sure that was 2010 presentation wasn't it?

Brian Reitz: I think in May.

Chris Stahlecker: We're thinking May of 2010, somewhere in that neighborhood. But as Aryeh said, they're chronologically listed and labeled A37 professional.

Alana Haner: OK.

Operator: Our next question comes from the line of Dan Voss. Please state your name and organization. Your line is open.

Dan Voss: Hi this is Dan Voss with TriTech Software Systems. We're a software vendor dealing primarily with ambulance services for Part B claims. And we've been starting to push our customers to begin the 5010 testing with their MACs and legacy carriers. And we're finding that the contractors and carriers have varying states of readiness, I mean when you talk to them all of them say yes, we're ready to test but the results that come back seem to vary a lot from one to another, we've encountered some that aren't returning 999 or 277CA files yet. Others that we can test with but then they are not ready for production and I was wondering if it would be possible for CMS to be a focal point to put information up that would give us one place to go to know the readiness status of each of their contractors and legacy for carriers

Chris Stahlecker: Well that's an interesting suggestion. And little note to that resource box would be appreciated if you can send us that request. Would you mind sending the request to the resource box? Are you still on?

Brian Reitz: Are you still there, Dan?

Operator: At this time, I would like to remind participants in order to ask a question please press star then the number one on your touchtone phone. Please state your name and organization prior to asking your question. Also to ensure clarity, please pickup your handset prior to asking your questions. Thank you.

Our next question comes from the line of Cindy Ford. Please state your name and organization. Your line is open.

Cindy Ford: Hi, my name is Cindy Ford. I am with Keane Care. We're a software vendor. And I did want to comment that we are having the same edit issues that the earlier vendor spoke of with invalid edits on the MAC end. One that was not mentioned was initially we're having with Cahaba and they're editing all the Part A claims, we're specifically talking about Part A institutional claims. And they are rejecting all of the institutional claims saying there is a CMS edit that requires the service date on all claims. And when I asked about the resolution for that issue, they said it wouldn't be corrected until the end of October. So I just want to make you aware of that.

Chris Stahlecker: That is interesting information and we appreciate you sending up a little note to that resource box if you would be so kind.

Cindy Ford: Sure. I have another question. I was wondering if you could tell me is there any situations where the pay-to provider loop is required.

Brian Reitz: Well, this is Brian Reitz, I mean from a pure EDI perspective, the requirements are when it's a different and when it's a different information then the billing provider, it's required.

Cindy Ford: OK.

Brian Reitz: Medicare enrolls and credentials providers ahead of time. So we already know where you want your payment to go to internally. So the data that you would be submitting to us in a pay-to would only be validated for the syntax that's required for the transaction. We already know your information, who you are, where you are, and where you want your money to go.

Cindy Ford: Understood. Thank you very much.

Brian Reitz: Sure.

Operator: Our next question comes from the line of Cameron McKinney. Please state your name and organization. Your line is open.

Cameron McKinney: Hello, my name is Cameron McKinney from Specialty Nursing Services. We're here in Utah and we just switched over to CIGNA. I was just concerned about my vendors. They said they are trying to get compliant but they're sending test files, sounds like a lot of other vendors are having the same situations. But they said they should be OK, before the end of the year. Do we need to send – is it absolutely necessary to send test files or if our vendors said that they are compliant now. Can we just start to sending production files with 5010 like after say mid-July or something or do we definitely need to send test file before we send production file?

Chris Stahlecker: Hi, it's Chris, I just want to ask a couple of questions. When you're submitting your claims to CGS, do you submit them directly or do you need a clearinghouse like another caller?

Cameron McKinney: We use my Ability as the clearinghouse, I think.

Chris Stahlecker: Then they are likely as we had discussed earlier, likely doing the testing on your behalf and when they get their software straightened out and the integrate is working smoothly then you'll be transitioned, but it would be in your best interest for you to outreach to them to make sure that that is the process is underway, and planned for you.

Cameron McKinney: OK. And then my other question is when we change for the 5010 especially with the new ICD-10 codes going on, is that going to significantly affect the direct data screens, or is that system going to stay in place, or do you know anything about that?

Chris Stahlecker: Are you talking now about the Medicare Part A Direct Data Entry screen?

Cameron McKinney: Yes, for production claims.

Chris Stahlecker: Right, those...

Cameron McKinney: Using professional claims.

Chris Stahlecker: Those screens has been modified to have the larger data elements to accommodate the ICD-10 values but we're not permitting the editing that –

behind those screen does not permit the ICD-10 values to come in until October 1<sup>st</sup>, of 2013. So it should be fairly inconsequential to your workflow change other tests using ICD-10, you shouldn't try to downplay that one as they are hard but to use the ICD-10 values, but that would be a cutover. And they would really be a cutover data discharge on October 1<sup>st</sup>, of 2013.

Cameron McKinney: So would it be kind of your opinion to wait till after July or so to start testing again because it seems like there is a lot of problems with more over with the vendors rather than the actual providers.

Chris Stahlecker: Well the vendors are likely testing, the DME vendors we referred are testing many Part A's are testing now. And as you, as a provider, would want to follow-up with your vendors or clearinghouses I would say the mid July timeframe would be very appropriate for you to make sure that they are testing or ready to go from testing to production.

Cameron McKinney: OK, and then I just have a really quick comment someone asked whether they should – or where they could get information I found that just doing a Google search on this information, a lot of private websites have a lot of useful information, sometimes CMS is just so big, it's hard to find the right information. I just wanted to let people know that you call also find really good information out there on the web that's not off the CMS website. So just keep an eye on that, and then that's the last thing, thanks.

Chris Stahlecker: Love it. Thanks for sharing.

Operator: Our next question comes from the line of Charlene Allen. Please state your name and organization. Your line is open.

Charlene Allen: Hello, this is Charlene Allen and I am with Life Care Centers of America. And my question is about some information we heard on the last CMS call that you seem to indicate that there were some states that already knew that they might not be 5010 compliant by January of 2012. So my question is, could you tell us which specific states those are? Is there a list out there some point that we could access?

Angie Bartlett: Elizabeth Reed, are you still on the line?

Elizabeth Reed: I am here. Can you hear me?

Chris Stahlecker: Yes, now we can.

Elizabeth Reed: Yes, thank you. OK. Can you repeat the question please?

Charlene Allen: My question is on the last CMS call, there was indications that some states already knew that they wouldn't be able to be 5010 compliant by January of 2012. And my question was, do we know which specific states – could you tell us which specific states those include?

Elizabeth Reed: Yes, I can. The four states that stated that they are not having or omitting the compliancy date are Nevada, Colorado, Fairmont and South Dakota.

Charlene Allen: Thank you.

Elizabeth Reed: But we're working with them and we're still striving that they meet the compliancy date.

Angie Bartlett: And this for Medicaid, we just wanted to point that out, not Medicare, Medicaid.

Charlene Allen: OK, thank you. So I have one more question, earlier before the Q&A started, Angie had given us quite a few important dates and I think I missed a couple, could you repeat those?

Angie Bartlett: Certainly. On July 20th, each MACs is hosting an outreach event, Troubleshooting with your MAC. Those calls will be held in the afternoon at one o'clock at their local MAC time. So contact your MAC.

Charlene Allen: OK.

Angie Bartlett: August 24<sup>th</sup>, is National Testing Day. Again National Testing Day, we're using as a marketing tool, to get the message out and promote testing. But we don't want anyone to wait to test until August. We really want you to begin testing now. And then on August 31st, we have a national call, which is going to be a MAC panel. We're going to have a panel an individual member from

each MAC here. And they are going to be able to address specific MAC questions as well as provide you with a brief overview of how their MAC is conducting changes in your activity. On September 14th, we have a national call again on questions and answers, the same as this one. And then on October 5th, we have another MAC outreach event which is the Last Push for Late Implementation.

And that's the only calendar updates we have so far, but if you are registered to get these listserv for this call, you do get an update the first Monday of every month as well.

Charlene Allen: And I am. Thank you very much.

Angie Bartlett: OK, great.

Aryeh Langer: This information is also on the CMS website on the 5010 website there is a section page. I think it's called CMS Communications that has all the listserv messages we've been sending out recently. They're in PDF documents so you can go there and if you've missed any of the monthly messages or you want to see what was sent out in the past, you can go on to that specific section page and download the messages there also.

Charlene Allen: Thank you.

Operator: Our next question comes from the line of Cristina Benelito. Please state your name and organization. Your line is open.

Cristina Benelito: Hello, this is Cristina Benelito from Inland Northwest Health Services. Can you hear me OK?

Chris Stahlecker: Yes.

Cristina Benelito: OK. I just have several questions. The first one is on the billing address. One of our hospitals is doing – has used as their first address line as the doing business as name. Is that OK to continue to do, or should we move it down to a second address line, or do we have to remove that completely?

Brian Reitz: This is Brian Reitz. Can you give me an idea of what we're talking about, what is the address numbers and letters, what are we talking about?

Cristina Benelito: Letters.

Brian Reitz: The requirements for your electronic submission, I don't believe that would cause a problem for your claims.

Cristina Benelito: OK. The next question that I have is on crossover testing, have you been working with like the Blue Crosses and all of those to get all the crossover testing and if so how is that been going?

Brian Reitz: This is Brian Reitz again. I don't work on crossover but we do have another Brian equally handsome who is working on crossover. And yes they are in a process of testing with their Trading Partners. I believe several hundreds are in the test phase right now.

Chris Stahlecker: And we've heard the other Brian, talk about lines of business with those Trading Partners. So if you're a Blue Cross Blue Shield plan and you receive Medicare Part A crossover claims and Medicare Part B crossover claims and DME crossover claims. That would account as three lines of business. And the last update that we think that they are in the neighborhood of 586 total lines of business.

Cristina Benelito: OK.

Chris Stahlecker: And the last update we had was over 400 or in that neighborhood anyways, 400 that were testing. So you'll go underway and we believe that there is actually one that's going to go to production right after July.

Angie Bartlett: And there was an update on the last national call if you go back to the information from May 25th, we have a coordination of benefits update within that presentation.

Cristina Benelito: OK. And so will there be like a rolling list so we know which line of the business are ready to accept crossovers in a production?

Chris Stahlecker: Well honestly this should be irrelevant to you.

Cristina Benelito: OK.

Chris Stahlecker: Because as Medicare pays primary there is a pathway to deliver 5010 claims when that Trading Partner, when that other payer is ready to receive them in test mode and that's a problem now and whether we're ready to put options they will be cutover but in mean time they would stay able to process 4010 production claims until January 1st.

Cristina Benelito: OK.

Chris Stahlecker: So it should be OK for you.

Cristina Benelito: OK, that was all my questions. Thank you.

Chris Stahlecker: Sure.

Operator: Our next question comes from the line of Marianne Jenson. Please state your name and organization. Your line is open.

Marianne Jenson: Yes my name is Marianne with August Systems. And we are a vendor for home health agencies. And I've been – again the institutional claims. But I am having a very difficult time getting a claim to be accepted using the HIPPS codes because for home health, we have to bill PPS. And I am wondering if there is any ideas, if there is home health companion guide somewhere. I just don't know what they are wanting from me. They are saying, I have to bill with zero dollars or greater and I have to bill with units. And you don't with usually with the HIPPS code.

Chris Stahlecker: Is that – could you send us a little bit more detail in our resource box on that particular question?

Marianne Jenson: Yes, I actually I did – I can send more and be a little more specific.

Chris Stahlecker: Let me – we have a hard copy here.

Angie Bartlett: Marianne?

Marianne Jenson: Pardon.

Angie Bartlett: Marianne which organization are you with again?

Marianne Jenson: Well my company name is August Systems.

Chris Stahlecker: We're checking the list of questions.

Angie Bartlett: You said you already submitted to the resource mailbox, OK. I don't have the resource mailbox but I have previously submitted questions. So we'll check the resource mailbox, if you've send it in, we will respond to you, if you don't hear from us within say two weeks please get back to us in the resource, oh we can't.

Brian Reitz: So we'll...

Marianne Jenson: Yes, I did – if anyone have any ideas where I can go to get help with the home health. It's just been absolute trial and error. The TR-3 says something is situational and I mean I finally use like an add diagnosis which shouldn't be required for home health but I finally included that and got past the 999 but now they won't pay me anything. So I mean it's rejected at the 277 level, Hospice worked, I got paid, I mean I got accepted for Hospice.

Angie Bartlett: Can we respond to your questions. Have you checked our Companion Guide on the CMS web page the 837I?

Marianne Jenson: I don't, see one thing that talks about Medicare PPS as far as the 5010 requirements. I couldn't see where anything changed about billing the HIPPS code but that's what rejects saying I have to have units, I need dollars. Yes, it's very confusing to me. And that was a response from Palmetto. I've sent something to NGS for a client but I've never gotten back and it's been several days of 277 from them. I passed the 999 but not – didn't get a 277.

Angie Bartlett: We will certainly follow-up with you. But can we just have that phone number from you just for us follow-up?

Marianne Jenson: Sure, area code XXX-XXX-XXXX. And in all these things I've listened to I've heard very, very few people doing anything with home health.

Brian Reitz: Yes.

Chris Stahlecker: You're right. We have two callers with home health issues. But thank you very much.

Marianne Jenson: Well I appreciate anything you can do because I'd love to get this testing done.

Angie Bartlett: OK, we'll get back with you. Thank you very much.

Marianne Jenson: Thank you very much.

### **Question and Answer Session Concluded**

Operator: Our next question comes from the line of Patricia Strickland. Please state your name and organization. Your line is open.

Patricia Strickland: My name is Patricia Strickland, Novant Health. My question is where can I find testing procedures for the 835?

Chris Stahlecker: Well do you have – you're aware of the MAC that you get your 835 information from?

Patricia Strickland: Exactly.

Chris Stahlecker: OK. So you would contact that MAC and ask them to set you up for receiving 835 test 5010 format. And they would be able to help you out then.

Patricia Strickland: So there is no standard coming out of CMS as to how they are supposed to be testing 835.

Chris Stahlecker: Our current systems has a feature where the production 4010 files can be recast – the same file that creates the 4010 production file for you when we request the MAC sets you up to receive test 5010 formats, we use that same data presented to you in a test 5010 formats. But the MAC will take care of the setting you up to receive that when you call them.

Patricia Strickland: OK, so that is that – the overall procedure would be that, once ready our 4010 P file would be mirror image in a 4010 T file so we can test.

Chris Stahlecker: In the 5010 T, yes, that's correct.

Patricia Strickland: In the 5010, I am sorry, 5010 T file, for the 835 so we can run our test.

Chris Stahlecker: That's correct.

Patricia Strickland: That's the process.

Chris Stahlecker: Yes.

Patricia Strickland: OK, thank you.

Chris Stahlecker: You're welcome.

Operator: Our next question comes from the line Theresa Garrison. Please state your name and organization. Your line is open.

Theresa Garrison: Hi, this is Theresa Garrison with Kentucky Medical Services. And I actually have a couple of questions. Hopefully you'll be able to help me with. The first one is I believe I heard one of – I think it was Brian that made comment when they were talking about the pay-to loop in the 5010 file, that and some of the valid address you're actually going to pay based up on the information you already had set up in your internal system. Is that correct?

Brian Reitz: Yes, that is correct. This is Brian.

Theresa Garrison: OK, so the pay-to is because we do billing for the University of Kentucky physicians. So of course we're going to be using a street address in the billing loop. So there we thought we had to send a pay-to but that doesn't sound like it's necessarily true because you're going to pay based on what your system has setup, is that correct?

Brian Reitz: Yes, that's correct. You have to understand the transaction is written for more than just Medicare. So there are other insurers or other payers out there that

really do need a pay-to address in order to send you your reimbursement, but that's not the case for Medicare?

Theresa Garrison: OK, so in my billing I can send my street address or office but you're going to pay to my PO box if I do not send the pay-to list, correct?

Brian Reitz: Correct, it's the same way you.

Theresa Garrison: OK, that's been a big thing for us. So I am kind of glad someone mentioned that. My next question is we also use Express Plus and PC-ACE software. And I know periodically there will be updates that we do for those two software products. Will there be one for 5010 or is it just going to come as a normal upgrade or what should I be looking for on those two?

Chris Stahlecker: You should contact your MAC. The MAC should have versions of PC-ACE/Pro32 updated for 5010 and available for you.

Theresa Garrison: OK.

Chris Stahlecker: Contact your MAC. And they too have that particular software package had a series of updates. So contact your MAC and they'll make sure that you know how to get the most recent version of 5010 capable.

Theresa Garrison: OK. And then my last question is actually probably the biggest one for our group. And I've gotten conflicting information I've contacted NGS, we are in Kentucky so we're J15. So it's kind of NGS and PGS kind of between two. My question is, is the facility NPI required for processing or adjudicating clients. And I know it's situational in the IG and I am getting – one says yes it's required, one says no, it's not required. So can you answer that question? Is it required? And if it is, what is that NPI going to be validated against or the validating against the NPI registry or would that internally on the systems you've answered that or any ideas?

Brian Reitz: This is Brian again. And no, not really, we can't answer that question because once again that's a policy type situation. The transaction has its requirements laid out. However I am familiar not to know that we have policy guidelines related to jurisdictional pricing. We need to pay claims appropriately on

where the services were rendered. And I know there is some instructions out from the folks that work in that area related to when to submit facilities and I believe it's – if I am not mistaken the requirement is it's required on every claim. They've gone a little bit beyond what the Implementation Guide states. So what I'd like you do is if you could just shoot that into the resource box, I would need to confirm to find out what the policy is behind that because we don't have the policy folks in the room today. And just to make sure...

Theresa Garrison: And I've already done that.

Brian Reitz: OK.

Theresa Garrison: I've done that. Yes, it's been, like I said it's situational and then there is a little I think it's called TR3 rule or something like that, I forgot the verbiage but this was real conflicting for us as we made it to send it or if we didn't and it looks like it looks at the billing provider which you bill out of an office and that's not necessarily where the service is done. So we were really confused about that part. I appreciate your help and answer on the questions.

Operator: Our next question comes from the line of Darla Louis. Your line is open. Please state your name and organization.

Darla Louis: Hi, I am calling from Wyoming County Health Department in New York. My name is Darla Louis and I do home care billing. I know my vendor is testing however they are not testing with me yet, it's coming up soon but somebody said something earlier about the provider notifying the MAC that we're testing. Is that – do I notify our MAC that we're going to be testing or is it something my vendor should do or I don't know or do I not know if anybody I just send the test file.

Chris Stahlecker: No, you would need to be setup for testing and each MAC is coordinating with their Trading Partners to set those roles if you will. So if I were you, I would contact my MAC and find out what they would suggest to you. So it may be that your vendor is testing with the MAC and using some partner provider and then when the vendor's software is ready to go, the vendor – if you're not billing directly, if the vendor is doing that billing for you may be able to switch all of their customers over at once. But if you're billing, you

have a software product from the vendor and you're doing your direct billing, for sure you'll need to contact the MAC and get setup separately.

Darla Louis: I have a unique situation because I am in New York and my vendor is in Minnesota and all their other customers are in Minnesota. So whatever MAC they might be notifying for their other customers, they aren't talking to the one I use probably. So I will have to do that and I do bill directly through their software products, so. OK, all right, thank you.

Chris Stahlecker: Welcome.

Operator: Our next question comes from the line of Dale Curtis. Please state your name and organization. Your line is open.

Dale Curtis: Dale Curtis from CareOne. We have several centers that I have been doing a 5010 testing with. And we currently use the three different MACs. And recently our Virginia centers have moved over to Palmetto, but I am being told I have to test through NGS because you're still handing their claims. Is that true?

Chris Stahlecker: You know we're in a state the Medicare program and state of transitioning to Medicare Administrative Contractors and away from the legacy fiscal intermediaries and carriers. And until we're completely over to the MACs, there has been some arrangements made, some partnering if you will so the legacy contractor can use a partner MAC. And as a workload transition, a different schedule of transitioning to the MAC has been laid out. So Mike, I don't know if you have the detail.

Michael Cabral: I don't know which particular part of Virginia you're talking about but there is what Chris was alluding to in the past some contractual arrangements that have tried to reduce the amount of transitions for the providers moving forward. And sometimes, it's just out of everyone's control here, you have to switch but, it sounds like one of the arrangements might be if you're looking at the jurisdiction that I am thinking of NGS is repaying some of that on behalf of another upcoming MAC.

Chris Stahlecker: So you may need to continue to send your workflows through NGS even if Palmetto or is it CIGNA, which one is going to actually to do the process, I've forgotten.

Michael Cabral: Literally keep track of, you probably are getting, just probably some MAC direct transition activity reports or outreaches or newsletters, I would contact the MAC and see if you can get – I'll make sure on all those appropriate list. They are very good at keeping the providers informed of all the transition activities as they move through the transition periods for switching from legacy to Medicare Administrative Contractor configurations.

Chris Stahlecker: And if you want to send us a note in the resource box, we'll be happy to get you some direct follow-up.

Dale Curtis: OK, great. Thank you very much.

Chris Stahlecker: You're welcome.

Operator: Our next question comes from the line of Betty Gomez. Please state your name and organization. Your line is open.

Betty Gomez: Hi this is Betty Gomez with Merimed. We're a clearinghouse and we have done some testing with some of the MACs and we have gone through the process and actually have received in some situations approval for production, but we were hearing that some MACs are not going to go into production until a later time. Is this – are there going to be some CMS instruction around if when MACs can go into production with 5010 or is it something that we're going to expect that even if we get an approval we're not going to be able to move into production until later time?

Chris Stahlecker: Hi, Betty, it's Chris. Are you speaking about Part A?

Betty Gomez: Part B.

Chris Stahlecker: Part B.

Betty Gomez: And Part A in some situations, yes.

Chris Stahlecker: Well we have different answers if it's Part A. Part A, you should be able to go test in productions and I am going to say in the middle of July following the implementation of the July software and running the MAC have a period of time tested. It should be the mid July timeframe that you should be able to test to production.

Betty Gomez: OK.

Chris Stahlecker: And now Part B, you should be able to go test to production now with Part B. We know that recent conversations with a MAC or two did tell us that they had to do some special setup for volumes to be able to handle a significant volume. They had of problem with translator ahead to look around it. But right now, we understand that MAC processing Part B are able to go test to production. Now all that said, the prior caller we're talking about certain workloads. When we have a legacy contractor that's transitioning through a MAC and that workload is say close to being cutover. If they were going to cutover July 1st, we did not open up that legacy workload to be going to production.

We wanted to wait until with all the transitioned to the new MAC before we opened it up to go test to production. So if you've been getting some difficulty in any of those areas, I would say that's not information to us, we would have expected some of those issues to have appeared. If there is anything else, we would really appreciate you sending us a note to the resource box.

Betty Gomez: OK. And I will do. Thank you so much.

Chris Stahlecker: Alrighty. Thanks.

Aryeh Langer: Unfortunately, we have run out of time on today's call, but I think we've had a pretty informative session and hopefully we've addressed most of your issues. As we've said numerous times throughout the call, if you have any questions that you were unable to submit or you were unable to get into the Q&A session, just send in over to the resource box and we will get back to you. So thanks again for joining us on today's call and I'd like to thank the Medicare experts here at CMS for participating and giving us their expertise

and helping everybody on the call with guidance here on 5010. Our next national call as Angie mentioned previously is scheduled for August 31st. And that will be hosted together both with CMS and a panel of MAC experts. So look out for messages announcing future calls and the monthly messages that we send out with any new information. And don't forget to visit our website. Have a great day. Thank you so much.

Operator: And this concludes today's conference call. You may now disconnect.

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