MLN Connects™

National Provider Call Transcript

Centers for Medicare & Medicaid Services
Transitioning to ICD-10
MLN Connects National Provider Call
Moderator: Leah Nguyen
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Contents

Operator: At this time, I would like to welcome everyone to today's MLN Connects National Provider 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'm your moderator today. I would like to welcome you to this MLN Connects National Provider Call on Transitioning to ICD-10. MLN Connects Calls are part of the Medicare Learning Network.

HHS has issued a final rule finalizing October 1st, 2015, as the new compliance date for healthcare providers, health plans, and healthcare clearinghouses to transition to ICD-10. During this MLN Connects Call, CMS subject matter experts will discuss ICD-10 implementation issues, opportunities for testing, and resources. A question-and-answer session will follow the presentation.

You should have received a link to the slide presentation 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 November 5th call from the list.

Second, this call is being recorded and transcribed, and 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 Administrative Simplification Group of the Office of E-Health Standards and Services for a presentation on ICD-10: The Road Forward.

Presentation

Denesecia Green: Thank you so much and good afternoon everyone. As Leah mentioned, the final rule was issued on July 31st establishing October 1, 2015, as the new compliance date. And if you notice my presentation is entitled, "The Road Forward," really focusing around building and sustaining the momentum. What we heard shortly after the delay is that many groups came to the table stating that they were ready. They saw the value of ICD-10 and really wanted to move forward. So in

slide 3 here, I highlighted a couple of the benefits of ICD-10, but certainly these aren't all of them.

ICD-10: The Road Forward

Number one, ICD-10 improves patient outcomes. When you think about just disease management alone, things like asthma, diabetes, injury, pregnancy — all of these things are enhanced under ICD-10. ICD-10 also improves quality tracking and reporting. Many of the HHS operating divisions, Federal agencies, State agencies across the board utilize ICD codes today. Imagine the detailed data that can be produced from ICD-10 codes that really helps to inform those healthcare decisions nationwide.

Public heath surveillance. When we think about things like outbreaks and drug safety, all of these things today are measured with ICD codes.

Next slide. So certainly now is the time to get ready. Many of you may think, well, I have another year to go, but certainly you want to start to prepare now. The prework is the important piece of getting your organization ready for ICD-10. Here we've laid out a timeline that really touches on some of the milestones that we'd like to take you through. Certainly now is the time to prepare your systems if you're — if you've — are interested in getting involved in the January end-to-end testing. I think those were announced, but there's also opportunities in the April and July end-to-end testing. Certainly you want to get your systems internally tested and ready to go so that you can test with Medicare, but as well as some of the other payers that you're working with. And have that milestone check next year to take a look at all of your systems, your workflows, your staff — are they trained, are they ready to go? All of these things needed to be taken into consideration and your clinical documentation.

Next slide. Well, one of the things that physicians asked us to do is really lay out some — the catch-up plan. So if you're one of the physicians that are falling behind, there are opportunities to get ready now and to meet the October 1, 2015, deadline. Here we've laid out a couple of the larger milestone areas that you should focus on. Certainly, planning out your journey, training the team, updating your processes, engaging vendors and payers, and testing your systems and processes. And at the end, have that readiness check for ICD-10.

Next slide. So one of the ways in which we have those conversations around ICD-10 is to really work with a number of industry partners. These partners represent vendors, physician groups, clearinghouses, all their payers. We're really bringing everybody back to the table and everyone is really working together not only to get their system in line and in order, but also to come up with collaborative ways that we can reach out to physician groups to help to get them ready. Certainly we hold a number of listening sessions to describe what are those best practices across the board and to answer industry questions.

Next slide. There's been a lot of outreach in education and technical assistance focused around the ICD-10 implementation. Here are a couple of examples. While we've conducted a number of targeted trainings, several webinars, and so forth, we really are reaching out on the ground in local communities to physician offices. Right now we are in 32 states plus offering onsite training, free training by the way, for any physician group that wants to participate. We're also offering technical assistance to all of the state Medicaid agencies. They're sharing best practices across the board, and we've heard that many of those groups are getting ready for ICD-10 and testing with providers.

Next slide. This is a continuation of our outreach. Certainly there are fact sheets. There are news outlets, LISTSERVs, all types of things for you to get involved. We really sat down and worked with a number of physicians to figure out what was the best way, the best channels to get the messaging out. With focus groups being held, we really found out that a number of vehicles — virtual training, onsite training, those short, quick tips. Those things were helpful to physicians and those with the publications and materials that we've launched. Certainly, we're open to other forms of education outreach, and we encourage you to share those suggestions and ideas with us.

Next slide. Just a couple of things I want to point out about some of our partnerships across the board. We have established a partnership with WEDI. WEDI is made up of several industry partners, including payers, providers, clearinghouses, and vendors — and they have all come to the table in support of ICD-10. We've established a way for us to come together to address implementation questions. And right now CMS is a part of it — working group as well. You have groups like AHIMA, AAPC. You have a number of experts also checking those questions. But what we mostly get are — well, how can I get ready — sort of those project management implementation questions. We certainly answer those fairly quickly. We hope to continue this throughout the implementation and actually have it available for postimplementation as well.

Next slide. Here are some of our other partners as well. We've established a training collaborative. This is really taking those — the expertise of AHIMA, AAPC, and others, groups like PAHCOM, which represent office managers and small organizations, rural health, and community health centers, and really focused on the small provider, the solo physicians that need that extra help along the way.

And this represents part of our sort of boots-on-the-ground training. There is a calendar on the website where you can find out exactly where we'll be. Those dates have been populated through the end of December, so we encourage you to check our CMS ICD-10 website and click on the Road to 10 link.

Reaching Out to Providers

Next slide, please, and we're on slide 11. So when we step back to really focus on reaching out to providers, we wanted to focus on those key partnerships, really develop the training that physicians stated that they needed and their clinical staff, including

nurses and others. We also wanted to figure out how can we get this training on the ground and accessible to those groups.

Next slide. One of the things that we establish is what we are calling physician champions. These are active practicing physicians that are going through the same transition that you all are experiencing — the ICD-10 transition — for themselves. And we found that through their sort of focus group discussion and the sort of the peer-to-peer modeling where we can figure out whether those challenges are — are they things that we can develop fact sheets for? Are there things that we can develop very specific training to? — have worked very well. As a matter of fact, the physicians represent a cross-section of specialties, as well as primary care physicians.

Next slide. What we notice is they really wanted to look at sort of this larger view of eHealth and how ICD-10 fits in. They really view ICD-10 not as its own separate program but part of that building — building that foundation towards better healthcare.

Next slide. You'll see here one of the physicians, Dr. Bieniarz, he's a cardiologist, and he really found that ICD-10 offers some great opportunities that ICD-9 just doesn't, say, for his practice.

Next slide. We have another physician here, family practice and internal medicine, really focused on how she could utilize ICD-10 to evaluate her patients' condition, really looking at that disease management piece, quality as well.

Next slide. I think this really goes back to Dr. Cahill here. You know, really looking ahead at how ICD-10 will really transform healthcare, looking at all of the things that are taking place across the healthcare industry, but also that need for better data. A lot of our healthcare decisions are based on better data, and physicians, we know, always want that data in front of them.

Build Your Action Plan

Next slide. So I spoke earlier about our Road to 10, and what this is, is a tool designed by physicians to really help physicians through the entire transition. There are multiple resources, and certainly CMS has a number of multiple resources. You can find Road to 10 right under the CMS link. But what we've built here is sort of an overview of ICD-10, and we've tried to establish a couple of milestones, taking a larger implementation and really honing on the key points that you all should keep in mind. What I like about this is that, this is a tailored tool to help you build your action plan if you haven't today. It's something that can be sharable. It does focus you on achieving those milestones, those actionable steps, within a certain time. As you click through — sort of the build your plan — what you find is a finalized plan with helpful tips behind it, more details to help you along the way.

Next slide. So here are some of the steps and components that we talked about. Certainly, there are all kinds of things, like clinical scenarios, common codes by specialty. Clicking through here, you'll see some of our specialty references. We received a lot of questions about specialty groups, but we also have focused on our primary care as well. Certainly there are quick references, guides, all of those things, including physician testimonials, that can help you along the way.

Next slide. Here are just a few things. We launched this much earlier in the year and these are just a few of the responses. What we've heard since this time is that the Road to 10 is one of the tools out there that many physicians and groups are using in their transition.

And next slide. We're on the Road to 10: Summary here, which really talks about those specialty-specific resources, those customizable action plans, and there's a full webcast series on the training as well. We encourage you to go out there and take a look.

Next slide. This is just to give you a view, a snapshot view of what that action plan entails. I mentioned them earlier, but I'll repeat them. Plan your journey, train your team, update your processes, engage your vendors and payers, and test systems. And certainly these aren't all the steps, but these are the five things that we ask that you take under consideration. And these are the things that physicians really wanted to point out to you in their practice.

Next slide. And here's where you get started, so go you right in, www.roadto10.org. Again, you can find that under the CMS website. And you can just click on the specialty and it walks you right through. It does ask you the size of your practice so that we can better understand your needs. And it will take you to the screen which best suits your training needs. Anyone can use it; we encourage physicians but also any of the clinical staff.

Next slide. We're on the Road to 10 here under Plan Your Journey. So this is where you review some of the roadmaps, those actions steps, checklists, and isolate really where you're using diagnosis codes in your practice today. Here's where you can pull the team together if you have a team. If not, it's a great tool just for you as the person that is moving forward with your ICD-10 implementations. And, of course, there are a number of resources linked — there are a number of industry resources as well, so we encourage you to check that out.

Number 2 is Train Your Team. What we've heard is that there was a need for training. Physicians really didn't know where to go. And so what we tried to do is compile a couple of CMS training, as well as industry training, groups like AHIMA and others that are well respected. Of course, this allows you to look at your common codes for specialties, primers — they're very useful, really, to give you some of those real-life clinical scenarios and educational resources as well. We found that this is the area that

most of the physicians go to and their staff to really think through how ICD-10 may impact their lines business.

Next slide. Number 3, Road to 10: Update Your Processes. And this is where you think about sort of how you are working in either as a clearinghouse, your billing service, or systems. You know, how do you submit claims today, all those key things to think through. Look at your current codes. You know, think about, you know, how you're preparing across the board. Are you looking at your referrals, your authorizations, your orders — all of those super bills and things that you do today? It's really looking at those things and making sure that you've modified it for ICD-10, including your clinical documentation. There's a real interest across the healthcare industry looking at improvement for clinical documentation.

Next slide, 4, Road to 10: Engage Your Vendors and Payers. And — this is really essential to getting ready — getting your systems ready. Really thinking about the groups that you work with today as your training partners — who are you billing, how are you billing, and getting those internal testing action items in place.

Next slide. We're on Road to 10 number 5: Test Your Systems and Processes. So once your internal test has been done and you've received your software and you have processes in place for that, now you want to turn your attention to testing with others, preparing those cases, of course, conducting any external testing that may happen, practicing, and validating those results as well.

Next slide. So here we just want to turn your attention to some of the specialty-specific webcasts. In many cases these are done by actual physicians, many from our physician champion group. Again, they are going through the same transition that you are. They have some really good insights to share, so we encourage you to take a look.

Next slide. One of the things that we're working to do is to gather some of those best practices, promising practices, lessons learned along the way. So we're encouraging everyone to share their story. Those stories will be published, but certainly we want to gather sort of a best practice database to help everyone transition successfully.

Next slide. So here's the CMS website I mention all day. It really talks about fact sheets, webinars, guides, and more. There's CME/CE resources out there as well. And most recently CMS did a direct mail campaign, which was one of the suggestions from our focus groups to really get to the practices.

Next slide. And, of course, moving forward along the Road to 10, we'll leave you with the message that we are bringing everyone together. We want to walk down that pathway together towards ICD-10 compliance and successful transition. We encourage you to do the prework ahead of time. It is doable. We are working to divide it out into maybe five larger steps and ways you can check in, get additional information. But

certainly, providers are doing it, physicians are taking those steps, and we encourage you today. Thank you.

Keypad Polling

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 count of the number of participants on the line with us today. Please note there will be a few moment of silence while we tabulate the results. Salema, we are ready to start 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 2 and 8 of you listening in, enter the corresponding number. If there are 9 or more of you in the room, enter 9.

Once 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. Please continue to hold while we complete the polling. Please continue to hold while we complete the polling. Please continue to hold while we complete the polling. Thank you for your participation. I'd now like to turn the call back over to Leah Nguyen.

Presentation continued

Leah Nguyen: Thank you Salema. At this time I would like to introduce Stacey Shagena from the Medicare Contractor Management Group of the Center for Medicare for a presentation on Medicare's Testing Plan for ICD-10 Success.

Medicare Testing Plan for ICD-10 Success

Stacey Shagena: Thank you Leah. CMS is taking a comprehensive four-pronged approach to prepare and test for ICD-10 to ensure that providers — providers and the entire community are ready for the transition. That four-pronged approach includes CMS internal testing of its claims-processing systems, beta testing tools available from CMS, acknowledgment testing, and end-to-end testing. Additional information is also available on the MNL Matters Special Edition Article SE1409, "Medicare Fee-for-Service ICD-10 Testing Approach."

We have already accomplished much on our Road to ICD-10. CMS internal system testing of its claims processing systems was completed in October of 2013. Since that time, only minor system changes were needed to revise the implementation date to the new date of 10/1/2015. The Medicare Administrative Contractors, MACs, have verified

their systems and have been — that they have been updated and will also be testing and ready for implementation. CMS completed the first Acknowledgment Testing Week with submitters in March of 2014.

On slide 38 you can see some of the results from our testing. Testers submitted more than 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 submitters. Testers included large and small physician practices, small and large hospitals, labs, ambulatory surgical centers, dialysis facilities, home health providers, ambulance providers, and many more.

Nationally, CMS accepted 89 percent of the test claims, with some regions reporting acceptance rate as high as 99 percent. The normal acceptance rate for testing during our production is 95 to 98 percent. Testing did not identify any issues with Medicare Fee-for-Service claims.

Providers, suppliers, billing companies, and clearinghouses are welcome to submit acknowledgment testing claims at any time up to the October 1, 2015, implementation date. Additional information about acknowledgment testing is available through the MLN Matters Article MM8858, "ICD-10 Testing-Acknowledgment Testing with Providers."

Special Acknowledgment Testing Week gives submitters access to real-time help desk support and allows CMS to analyze testing data. Registration is not required for these virtual events. So mark your calendar now. The first testing — special testing week for acknowledgment testing will be November 17th though the 21st, coming up in just a few short weeks. We will have targeted Acknowledgment Testing Weeks again in March and June on the dates from slide 41.

In addition to acknowledgment testing, CMS is also prepared to do end-to-end testing with providers. CMS plans to offer providers the opportunity to participate in end-to-end testing with MACs, the Railroad Retirement Board, and the Common Electronic Data Interchange, or CDI, contractor used for DME service claims in January, April, and July of 2015. As planned, approximated 850 providers will have the opportunity to participate during each testing period for a total of 2,550 testers. The goals of this testing are to demonstrate that:

- Providers and submitters are able to successfully submit claims containing ICD-10 codes to the Medicare Fee-For-Service claims system,
- CMS software changes made to support ICD-10 result in appropriately adjudicated claims, and
- Accurate remittance advices are produced.

Fifty volunteers will be chosen by each MAC to participate in each round of testing. Volunteers chosen will be allowed to submit 50 test claims during the testing week. Volunteers will be chosen to provide a representative sample of submitters. Once selected, volunteers will be able to submit 50 additional claims in the subsequent rounds of testing without re-registering.

On slide 45 you can see additional information about our first testing week in January. The first End-to-End Testing Week will be January 26th through the 30th, 2015. Volunteers were notified on October 24th whether or not they were selected. Those not selected are encouraged to reapply for the subsequent rounds of testing in April and July. Registration for April 15 testing will be available in the MAC —on the MAC website in mid-December. Thank you, Leah.

ICD-10 MS-DRG and Code Updates

Leah Nguyen: Thank you Stacey. Our next presenter is Pat Brooks from the Hospital & Ambulatory Provider Group of the Center for Medicare with a presentation on ICD-10 MS-DRG and Code Updates.

Pat Brooks: Thank you Leah. I'll begin by discussing ICD-10 MS-DRGs on slide 47. The MS-DRGs, or Medicare Severity Diagnosis Related Groups, are used to reimburse hospitals for inpatient payments.

We will be implementing an ICD-10 version of the MS-DRGs on October 1st, 2015. This will be version 33 of the MS-DRGs, and it will be subject to formal rulemaking, as are all our annual updates to the MS-DRGs. So in the fiscal year 2016 Inpatient Prospective Payment System proposed rule you will find proposals to implement an ICD-10 version of the MS-DRG version 33. And you can expect this proposed rule in the timeframe of April/May 2015. When the proposed rule is released, you can find links to it on the Acute Inpatient PPS website that are provided on slide 47.

Slide 48 gives you a website where you can learn about the process of converting the MS-DRGs, which are currently based on ICD-9 codes, to ICD-10 codes. We posted annual versions of the ICD-10 MS-DRGs and have welcomed comments and have been very grateful for the review of the industry and the comments received.

If you look on the MS-DRG Conversion website, under the Download section you'll see information on how we converted the MS-DRGs to ICD-10 codes. You'll see a paper that describes in detail the process of converting the MS-DRGs to ICD-10. You will also see a paper on the impacts on payments of using ICD-10 MS-DRGs. And we are now in the process of updating that paper and hope to post an updated version of that paper soon.

Moving on to slide 49. We're excited to announce some postings that will be available in this month, November 2014. On that MS-DRG Conversion web page we will be posting version 32 of the ICD-10 MS-DRGs, the Definitions Manual. And that Definitions Manual

describes the code logic that's included in the MS-DRG. That Definitions Manual will be available in both text and HTML versions. We'll also post a Summary of Changes document, and that will show the changes that we've made from version 31 of the ICD-10 MS-DRGs to version 32. We will also have an electronic version of the Medicare Code Edits version 32.

On slide 50 you will see that we also plan to make available in November mainframe and PC software of the Grouper programs and MCEs. This will be distributed from the National Technical Information Service, and we will have version 32 of the Grouper and MCE. We will also have a PC version of both of these. Once that is available from NTIS, we will provide links on the MS-DRG Conversion web page so that you can order it if you want to begin doing your own analysis of the impact of using ICD-10 MS-DRGs in your facility.

The Partial Code Freeze

Moving on to slide 51, we'll discuss the partial code freeze. We've been under a partial code freeze for several years now as a result of industry asking us to slow down the updates in code to give time to prepare for ICD-10. As a result of that, there were no new ICD-9, ICD-10, or ICD-10-PCS codes implemented on October 1st, 2014.

Now, as previously announced, ICD-10 will be implemented for services provided on or after October 1st, 2015. So only ICD-10 codes for new technologies and new diagnoses are being considered as part of the updates for the October 1st, 2015, ICD-10 implementation. All other requests for code updates will be made after the code freeze ends on October 1st, 2016.

And moving on slide 52, you will see that you will be able to find the fiscal year 2016 ICD-10-CM and ICD-10-PCS code updates posted in June 2015 on the CMS website at the link provided. These will be the codes that will be implemented on October 1st, 2015.

For information about code requests that have been discussed and considered, I've provided you a website for the ICD-10 Coordination & Maintenance Committee, and this is the committee that discusses updates to ICD-10. The committee meets twice a year, and we provide links for the video. We do live stream these meetings, and we also have copies of the handouts so you can see the codes that were updated. Thank you Leah.

Converting Home Health Prospective Payment System Grouper to ICD-10-CM

Leah Nguyen: Thank you Pat. Our next presenter is Joan Proctor from the Chronic Care Policy Group of the Center for Medicare with information on the conversion of the Home Health Prospective Payment System Grouper to ICD-10-CM.

Joan Proctor: Thank you Leah. Moving to slide 54, I'm going to start with an outline of the Grouper itself. The Home Health PPS system bases payment on data submitted as

part of the Outcome and Assessment Information Set, which is a core standard assessment data set that integrates into their own — that agencies integrate into their own patient-specific comprehensive assessment. The OASIS collects information that is used to produce risk-adjusted quality measures and to classify patients into clinical and functional status levels that are used in determining Medicare's home health 60-day episode payments.

Next slide, a description of our Home Health Resource Groups. We actually have 153 payment categories within the Medicare Home Health Prospective Payment System. Each of these payment groups represents similar levels of home health resources for their care during the episode and, therefore, are assigned the same payment weight.

Next slide. How we determine the Home Health Resource Group is determined by clinical characteristics, which is really where the ICD-10 and ICD-9 coding falls into our transition efforts. And we also determine the H — HHRG by the functional characteristics, such as ability to walk and the therapy needs of the patient. There's also a separate payment for nonroutine supplies, which is determined using a separate six-group system, also based on OASIS data.

Next slide. In terms of our translation efforts to develop a list of ICD-10-CM codes for the Grouper, we began our efforts using the General Equivalence Mapping, the GEMS tool, which many of you are probably familiar with. Once that GEMS tool developed for us an initial list of codes, we had to make some adjustments based upon the fact that some of the codes that translated from ICD-9 to 10 are not appropriate in home health. In terms of adjusting the translation list, some codes were excluded when the ICD-10 code, like I described just now, was not appropriate for home health or also — we also excluded some of the codes that — where we felt that there was a more specific diagnosis code.

So we're moving on to the slide 58, and we provide some examples for you of some initial encounter codes that we removed from our translation list because the code that it would have translated to ended in an "A," which is not appropriate for a home health setting because it represents a code submitted using — when you're receiving active treatment for an injury. Of course, our home health episodes represent the after-care that's being provided. So further down in the slide, we describe for you the other codes that would be appropriate in the home health setting and the way that we deleted the A-codes and replacing — the suffixes that we replaced them with.

OK, moving on to the next slide, which is an example of those codes that we have excluded because they're nonspecific. In developing our list we came across codes where they were kind of, to us, odd to have them in our Grouper because they describe not necessarily a particular body part, but — you had an example here outlined, the hand where you have the codes for the right and the left. And then there's another code that also was translated for an unspecified hand. Well, of course, in home health, with

the fact that you're — in your doing an assessment of the patient, you're able to code with greater specificity, so we excluded those codes. So that's one example of a nonspecific code that was excluded.

Moving on to the next slide, we get into the issue of diagnosis group assignment. As we mentioned earlier here, we have 22 diagnosis groups within our home health PPS Grouper. And some assignment issues arose because from ICD-9, some of the codes were not a one-to-one mapping process, which means the code fell into more than one of our diagnosis groups. So based — in those particular situations, we made the decision based upon the clinical appropriateness and relative resource use and discussed the adjustments that we made and how we assigned them within our rule for the public to comment on.

So moving on the next slide, slide 61. In 2013 we went out with our plan to implement the ICD-10-CM coding within our Grouper and we actually posted a final rule on December 2nd, 2013.

And then moving on to our next slide. The highlights of what we did in that rulemaking, as we mentioned earlier, is we published that Draft Transition List that we developed from the GEMS tool and from the adjustments that we made, and how we propose to implement the actual Grouper itself and provided some dates for the industry to react to.

And moving on to the next slide, slide 63. Then along came PAMA, which affected all of us here, all of the providers that — the delay was announced and it basically delayed it for us. The plans that we initially had in place were put on hold, and then in August we published a Final Rule — the agency did publish a Final Rule, changing the compliance date for ICD-10 from 10/1/2014 to 10/1/2015.

Moving on slide 64. We come up on our 2014 rulemaking. So, of course, in July of 2014, when we went out with our proposed rule, we simply informed the providers of our delay that was currently in place for the implementation of ICD-10 and how it — our plans to announce additional information once that was available and the agency's decisions were in place.

Well, we've recently released on November — I'm sorry, October 31st, we released our final rule for home health PPS. And we have announced our implementation date of 10/1/15. And with — also within that, we've restated our plans for further — how we're going to educate folks about this transition and provide for the provider community additional information on planned beta testing.

So, we're on to slide 65. The Final ICD-10 Translation List is available on the Home Health PPS website as a downloadable zip file. So for providers who are interested in seeing what the Final Translation List is, it is available to you there. It is also — I can tell

you that it's duplicative of the list that we put out there in the 2013 rule based upon the fact that there's been no ICD-10-CM code changes.

So, page 66 of the slides. We go into the information regarding the OASIS data set, like we talked about earlier with the OASIS being used as the basis of developing our payment. There has been a modified version of OASIS-C1 created, which includes revisions in OASIS-C1 not related to ICD-10.

And so, what this one does is it gets us from January 1 of 2015 through October 1 of 2015, in terms of being able to submit ICD-9 codes because the OASIS-C expires on 12/31 of 2014. The ICD-9 version, like I said earlier, will go into effect 12 a.m. on January 1st, 2015. It will remain in effect until the ICD-10 is implemented.

And so our last slide, slide 67, gets into the Grouper status, which is really what you guys are probably most interested in. We have several versions of Groupers out there because of this transition period from January 1 to October 1 of 2015. We've got a version that is labeled version 3514, and that was posted on August 6th of 2014, which uses ICD-9-CM codes. And that carries us through until the end of this year. Then for assessment completion dates between January 1, 2015, and September 30th, we've got an updated Grouper that we hope to have posted to the CMS website by the end of this week based upon the final rule having been released.

And for assessment completion dates beginning October 1, we hope to have an updated Home Health PPS Grouper available for the provider community in April of 2015, which will use ICD-10-CM codes and other data collected in the OASIS-C1/ICD-10 version.

So those are our plans. We think we're in a good place, and we are available if there are any other additional questions regarding our efforts.

Medicare FFS Claims Processing, Billing, and Reporting Guidelines for ICD-10

Leah Nguyen: Thank you Joan. Our final presenter is Sarah Shirey-Losso from the Provider Billing Group of the Center for Medicare, who will discuss the Medicare Fee-For-Service Claims Processing, Billing, and Reporting Guidelines for ICD-10.

Sarah Shirey-Losso: Hello, this is Sarah. Well, since the last time I presented, on April 18th, 2013, National Call, the Medicare fee-for-service claims processing systems have been completed. Starting with slide 69. All of our behind-the-scenes systems work was completed by October the 1st, 2013. Medicare fee-for-service is confident that we'll be ready to accept and process claims with ICD-10 codes on October 1st, 2015.

Prior to that, we prepared all of our systems as part of the transition to 5010. We — ICD-10 formats for diagnosis and procedure codes field-size expansions were completed as part of the 837-I and 837-P claim transitions. To prepare basically all of our claims processing systems, and these include FISS, which processes Medicare fee-for-service

institutional claims; MCS, which is a system that processes professional claims; VMS, which processes our supplier claims; and the common working file were scanned for ICD-9 codes. Each and every one of those ICD-9 scenarios was sent to us. And working with various payment policy components, these were converted to ICD-10. Our behind-the-scenes changes have included converting well over 100 individual claim processing edits, updating various tables, and all internal files and screens were expanded as well.

Moving on to slide 70. I wanted everyone to keep in mind that ICD-10 is required for diagnosis coding on professional, supplier, and outpatient hospital claims with dates of services on or after October 1st, 2015. Inpatient hospital claims are required to be billed with ICD-10 diagnosis and ICD-10 procedure codes with a discharge date on or after October 1st, 2015.

For other institutions, I refer you to the special edition MLN Article SE1408, and there's a link to that article on slide 72.

I've highlighted several claim submission rules on slide 70:

- ICD-9 codes will no longer be accepted on claims after October 1st, 2015,
- ICD-10 codes will not be recognized or accepted on claims before October 1st, 2015,
- Claims cannot contain both ICD-9 codes and ICD-10 codes, and
- There will be no dual processing.

Institutional claims with errors will be returned to their provider, and professional and supplier claims will be returned as unprocessable. And these are part of our, sort of, front-end systems.

On slide 71 I've highlighted a few claim types and how to handle those claims that cross over the September 30th, 2015–October 1st, 2015, date. Outpatient claims will be split and there will be — and ICD-10 will be based on the from date. Inpatient claims are only going to use the through date or the discharge date, so those claims will not be split. Professional claims will use the from date, as well as DME claims. Again, I refer you to the MLN Article SE1408, which covers all the Medicare fee-for-service claims types.

And finally, on slide 72 I've listed a few educational articles that speak to general processing of claims that span the October 1st, 2015, date and some special articles that were targeted to outpatient claims and home health claims. Thank you so much for your time today. Leah.

Resources

Leah Nguyen: Thank you Sarah. Slides 74 and 75 have information on CMS resources to help you with your transition to ICD-10, and slide 76 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 be 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 questions to just one. If you would like to ask a followup 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 Salema, we are 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 are asking your question so anything that you say or any background noise will be heard in the conference. Please hold while we compile the Q&A roster.

The first question comes from Doris Branker.

Doris Branker: Good afternoon, my question relates to — my first question relates to volunteer testing. We use MD On on the provider side, this is for a pro-side claim. And it was our understanding that because we submit through MD On that there was nothing else that we needed to do. We are in Florida, so I'm trying to find out for the volunteer period, you stated that the local MACs were picking about 50 sites and overall there was going to maybe 85 sites. Do we need to actually register or we do just start submitting this information to MD On through our claims processing system and it will get to Medicare?

Leah Nguyen: Hold on for just one moment.

Stacey Shagena: This is Stacey Shagena, I can address your question. So if you test — if you submit claims through a clearinghouse and you said – as you said MD On. MD On was chosen for several slots in the testing between all of the MACs. You can contact MD On directly and let them know that you would like to submit claims for the testing. They are only allowed to submit 50 claims per MAC for the testing areas that they've been selected for. So they will be choosing particular clients to help them submit the claims.

Doris Branker: Excellent, I can contact them. Thank you so much.

Leah Nguyen: Thank you.

Operator: Your next question comes from Christene Usdane.

Christene Usdane: Hi, this is Christene Usdane, I'm with Desert Institute for Spine Care.

Leah Nguyen: Hello.

Christene Usdane: Hi, and my question is, with the period being so solid in regards to after 10/1/2015, what about a claim that was processed prior to that under ICD-9? Is everything going to have to go through the review department or — because normally we would resubmit a claim with a correction, but are we going to have to correct it to have ICD-10 codes?

Sarah Shirey-Losso: Hi, this is Sarah in the Provider Billing Group. And ICD — the conversion — the transition to ICD-10 is based upon dates of service. So if the dates of service for your claim were prior to October the 1st of 2015, and you needed to resubmit that claim or correct that claim, adjust that claim in some way, it would still be adjusted in ICD-9 because the dates of service are before October 1st, 2015.

Christene Usdane: OK, great. Thank you for the clarification.

Sarah Shirey-Losso: Sure.

Leah Nguyen: Thank you.

Operator: Please hold for your next question. Your next question comes from Heather Hill.

Heather Hill: Hello.

Leah Nguyen: Hello.

Heather Hill: For your outpatient claims, were a State to split the claim utilizing the from date, does that include emergency department claims? And if so, how will they be split when you consider in the emergency department charge?

Sarah Shirey-Losso: So, I would direct you — this is Sarah in the Provider Billing Group. I would direct you to our special edition article. We do have an emergency room claim example that goes into that detail, and that is, the link on that — on slide 72 and it is Article SE1325.

Heather Hill: Great, thank you.

Sarah Shirey-Losso: Sure.

Leah Nguyen: Thank you.

Operator: Your next question is from Susan Kingston-Jack.

Susan Kingston-Jack: Hi, can you hear me?

Leah Nguyen: Yes, go ahead.

Susan Kingston-Jack: I'm from Catholic Health System in Buffalo, New York, and my question is this. I believe your testing roundtrip and other requires that we future date the claims until after the October 1st, 2015, date of service, is that correct?

Stacey Shagena: That is correct.

Susan Kingston-Jack: And so for most billing software, that's a prohibited transaction. Is CMS intending to do any testing without that future date?

Stacey Shagena: All acknowledgment testing, which I referred to in my presentation, is current dates of service. To participate in the end-to-end testing, where you would actually, you know, volunteer to go all the way through the process to receive the remit, needs to be future date. And the reason for that is that all the edits in the system are looking for ICD-10 codes with those dates of service after implementation or 10/1 to work effectively. So if we submit it — if you were to submit claims with current dates of service, you would not be going through the date logic and then not really testing ICD-10. So that's why that's a requirement for end-to-end testing.

Leah Nguyen: Thank you.

Operator: The next question comes from the line of Tammy Monaco.

Tammy Monaco: Hello.

Leah Nguyen: Hello.

Tammy Monaco: Hi, my question is, I've gone out to your calendar to check the website to see when you have training for small groups, and I don't see any training in our local area. We're in Delaware. The closest area is about 2 hours away. So for a small group training, who would we contact to see if we could set something up?

Denesecia Green: Hi, this is Denesecia from the Administrative Simplification Group. If you can email that in to the organizer of this meeting, we'll be sure to reach out for you.

Tammy Monaco: OK, and that email address would be?

Leah Nguyen: It's actually listed on slide 77.

Tammy Monaco: 77, OK.

Leah Nguyen: Yes.

Tammy Monaco: All right.

Leah Nguyen: Well, thank you.

Tammy Monaco: Fantastic, thank you very much.

Denesecia Green: Thank you.

Operator: The next question comes from the line of Gary Ginsfield. Mr. Ginsfield, your line is open.

Gary Ginsfield: Hi.

Leah Nguyen: Hello.

Gary Ginsfield: Hello, hi, I'm calling from Kings Dental Group, and I was wondering how this pertains to my filing dental claims.

Leah Nguyen: Denesecia, can you respond?

Gary Ginsfield: I'm sorry?

Leah Nguyen: I'm sorry, I'm wondering if one of the other speakers could respond. Denesecia, do you want to respond?

Gary Ginsfield: OK.

Denesecia Green: Absolutely, I'm on. How are you?

Gary Ginsfield: Hi.

Denesecia Green: Yes, we know that diagnosis codes — diagnosis codes are used for filling prescriptions, certainly we're reaching out to pharmacists across the U.S., absolutely to uses of ICD-10 is …

Gary Ginsfield: I'm calling from a dental office.

Denesecia Green: So, then the only — the only question there would be if you're submitting surgery for your …

Gary Ginsfield: No, we're not oral surgeons, we're GPs.

Denesecia Green: I'm sorry?

Gary Ginsfield: This office, it's general practitioner.

Denesecia Green: OK, so you would submit your claims as you would typically submit your claims then as related to dental, correct?

Gary Ginsfield: Right, so the ICD-10 would have no bearing on my submission of dental claims after October 1st?

Denesecia Green: It would. You would still put in an ICD-10 code, depending on the dates of service.

Gary Ginsfield: OK, because dental doesn't have ICD-10 codes.

Denesecia Green: There are ICD-10 — there are ICD codes included in the diagnosis.

Gary Ginsfield: OK, and where would I be able to find that?

Denesecia Green: What might be helpful is if you can email us. I'll certainly reach out to you.

Gary Ginsfield: OK, and I think she said it was — that email address is on page 77?

Leah Nguyen: That's correct, thank you.

Denesecia Green: Yes, that is correct.

Gary Ginsfield: Great, thank you.

Denesecia Green: Yes. We'll follow up with you directly for your question.

Operator: Your next question comes from Shelly Cantwell. Shelly, your line is open.

Shelly Cantwell: Hi, can you tell me if there's a MAC website? You mentioned a MAC website. Can you give us the website to register for end-to-end testing?

Stacey Shagena: It's a different website, depending on where you submit your claims to. So if you would send your – if you'd send your information directly into the email address, I can help you find the correct website — Stacey Shagena. Send it into the email address on slide 77 and I can help you identify the correct website.

Shelly Cantwell: OK. And whose name, just so I know, I got to write the email, who it will be going to?

Leah Nguyen: You can address it to Stacey and send it — and we'll get it over to Stacey.

Shelly Cantwell: OK, thank you.

Operator: Your next question comes from Liz Jero. Liz, your line is open.

Liz Jero: Hello, my question is regarding the end-to-end testing. For the testing coming up in 2015, will that be — will the claims bump against LCDs, NCDs, and other Medicare policies that have, you know, a specific diagnosis requirement?

Janet Brock: Yes, so this is Janet Brock. I'm actually with the Coverage and Analysis Group. We handle the national coverage policies as well as assist the Medicare Administrative Contractors, the MACs, with their local policies. And the answer is, yes. If you're — if you're participating in end-to-end testing and you're future dating, all of the edits that have been put in the system to help adjudicate the claims properly are going to be there. And that's actually what we're testing to make sure works. So the local policy edits, if any exist, the national policy edits if those exist, if they're diagnosis‾ related, you're going to see an ICD-10 edit applied to your claim and you may get a remit that tells you how that ICD-10 edit was applied, just as you would today with an ICD-9 diagnosis-related edit.

Liz Jero: OK, thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from Brandi Luna. Ms. Luna, your line is open.

Brandi Luna: Hi, Brandi Luna from Select Health Payer. And my question is, I was just hoping to actually get some more information on when and how they're going to transition the national — the local and national coverage determination with ICD-10. Is it going to happen at the same time that it goes live or are they going to — and how will that work?

Janet Brock: OK, this is Janet Brock again. Great question. I think we get the question every call. So I'm glad to remind folks that we actually completed our translations of national policy back in 2013. And the LCDs are live now as well. Those are the local coverage determination policies. Usually those are related only to your jurisdiction or MAC, unless it's DME, and then they're sort of, by default, the national policy because they're applicable equally in every jurisdiction. Those are available on the cms.gov website, we have links. They're also available on your MAC's web page. We have an MLN Matters article about how to access those LCDs especially.

The NCDs, we have a one-stop shop. We have one page that shows you all of the transmittals that we've done with the changes in the codes. So you can see what the ICD-9 code was and what the ICD-10 code will be. And for LCDs, because they're jurisdiction-based, what we do is we tell you how to find the LCDs for your area by using our database and looking for future-dated LCDs, based either on your state or your contractor — there's different ways to actually use that tool. And you will find that research —I'm sorry, that resource on …

Leah Nguyen: Slide 75.

Janet Brock: Thank you, slide 75.

Leah Nguyen: Going to the NCDs.

Janet Brock: Great. So that answers the question as far as the policies — on how to find the polices and when they'll be available. And they will all indeed be implemented on 10/1/2015.

And I just wanted to use this opportunity to remind folks that, you know, a lot of the policies and edits in our system today — and this will be true in the future as well, are related to decisions that are made every day by our contractors or decisions that are made, you know, through legislation and other means in the Medicare program.

NCDs only represent about 10 percent of the edits that happen in our system, so it's kind of a really small number. And of all the NCDs that we've written —and there's like 360 — there's only a portion of those that were actually appropriate for translation for ICD-10. And we've talked about that many times and there's links on our Road to 10 website and some of the other areas with previous National Provider Calls as to why something was translated and why something wasn't, so we're not going to go over that again.

But there's not a ton of edits in our system related to national coverage that are diagnosis-based. So it's important to look at our translations, and certainly give us feedback. But I would spend a lot more time probably looking at some of the other types of edits and getting ready for those as well.

Brandi Luna: Awesome. And then I just had some information that I am a bit aware of as far as the dental question that was asked. Dental providers actually aren't forced to submit, at this time anyway. They don't have — they don't have to submit a diagnosis. They can just submit their procedure codes on there. So as far as I know, at least right now, unless that changes, they would send those in the same way, unless it changes and they start telling that they have to provide diagnosis codes. That's when they would need to start making sure that they're using the ICD-10 codes instead of the 9.

Leah Nguyen: OK, thank you.

Operator: Your next question is from the line of Joanne Fossett. Joanne, your line is open.

Joanne Fossett: Hello?

Leah Nguyen: Hello.

Joanne Fossett: Hello?

Leah Nguyen: Hello, we can hear you.

Operator: Joanne, your line is open.

Your next question comes from the line of Maureen Petersen.

Maureen Petersen: Hi, I'm calling from Fairview Health Systems. And my question is about the testing that's coming up in January. We are direct submitter for professional claims and we were accepted for testing in January based on that. We submit our facility claims via MDM. I'm wondering if we can use some of our 50-claim allotment to submit some of the facility claims via MDM?

Stacey Shagena: For the rules of testing, actually at this time, no, you would not be able to. We'll be looking for you to only submit the 50 claims under your direct submitter I.D.

Maureen Petersen: OK.

Leah Nguyen: Thank you. We're ready for our next question.

Operator: Your next question comes from the line of Tammy McMurray.

Tammy McMurray: Good afternoon, I was just wondering if we could touch base on the Grouper codes in transitioning?

Pat Brooks: Yes, this is Pat Brooks. Specifically, what was your question?

Tammy McMurray: I guess I didn't — I didn't quite get it.

Pat Brooks: What we were trying to say, and I've given you some slides where you can find a great deal of information. Right now in your hospital you use Groupers that are based on ICD-9 codes, and you've used that since the 1980s. On October 1st, 2015, when we implement ICD-10, we will have an ICD-10-based Grouper program. So for the inpatients, the DRGs will be based on ICD-10 logic.

And on the MS-DRG conversion web page, we have a lot of documents that explain how we did that conversion process. And we, for the last few years, mimicked the ICD-9 Grouper by putting up an ICD-10 version of the Grouper and we asked the public to review it and say do you think we've done a good job of duplicating the Grouper logic but using ICD-10 codes. So that's the whole process we've gone through the last few years. And the announcement I made was that we are now working on putting up the version 32, and you'll be able to look at that in detail if you like.

Tammy McMurray: So basically it's just for hospitals. We're an FQHC.

Pat Brooks: Yes, it's only for hospital inpatient, acute care hospitals.

Tammy McMurray: OK, that's the part I missed. I'm sorry.

Pat Brooks: No problem.

Leah Nguyen: Thank you.

Tammy McMurray: Thanks so much.

Operator: Your next question comes from the line of Sheryl Cedric.

Sheryl Cedric: Hi, yes, this is Behavioral Health for Alameda County and we had a question regarding translations. Because we're behavioral health, we use DSM-4 and we may be migrating to DSM-5. There was discussion regarding translations and — so our question is, is there anything available from CMS that would help guide a behavioral health facility to the conversion of ICD-10? Or can you point us to some other translation that we might be able to look at and review?

Pat Brooks: This is Pat Brooks. We don't have any mappings from DSM to ICD-10, but what I would encourage you to do is we do have posted on our ICD-10 website, the ICD-10 CM, that's the diagnosis part of ICDT. And there is a mental chapter. If you go to that chapter and you have codes that you want to look up for certain psychological diagnoses, you can look up in the index and see what ICD-10 looks like.

Sheryl Cedric: Thank you so much.

Janet Brock: You're welcome. And this is Janet Brock. I just want to add additionally, there are no national coverage determinations related to behavioral health, so we didn't do any translations on existing national coverage related to your specific topic. There may be local coverage that exists. I would encourage you to talk to your MAC just to be doubly sure before October 1st.

Sheryl Cedric: OK, thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from Amy Tsang. Amy, your line is open.

Amy Tsang: Yes, this is Amy. What I'm curious is, will the CMS Road to I-10 for the specialty references, would it include more specialties? One of the feedbacks from folks I talk to is that it didn't list certain subspecialties like urology or ENT.

Denesecia Green: Hi, this is Denesecia. I'm with the Administrative Simplification Group. We'd be happy to talk with you about some future training and maybe some gaps that we can fill with some resources. So certainly send a request in, and we'll reach out to you and see if there's something that we can come up with for those areas.

Leah Nguyen: Thank you and just to let you know, address is on slide 77.

Amy Tsang: Thank you.

Operator: Your next question comes from Kevin Craig.

Kevin Craig: Yes, I am with Specialty Care in Massachusetts. My question is in regard to slides 40, 41, 42 — you talk about several types of testing. One is called acknowledgment testing, another is called special acknowledgment testing, and another is called end-to-end. Can you just differentiate between the three of them and what are the pros and cons from a provider's perspective as to which ones they should be involved in?

Stacey Shagena : Sure. There are basically two types of testing that we're doing, it's acknowledgment testing and the end-to-end testing.

Acknowledgment testing is open to everyone without registration. And it is a — it is a test to show that your claim is formatted properly with ICD-10 codes and will be accepted by the system. So it goes through our front-end process, you receive an acknowledgment that your claim was accepted, but the processing pretty much ends at that point.

The other type of testing, which we refer to as end-to-end testing, requires registration to be a volunteer and then a limited number of volunteers are chosen to participate in those particular testing periods. And that testing actually allows the claim to go all the way through the system, all the way to — till you receive an electronic remittance advice at the end.

Kevin Craig: Oh, I see. So with acknowledgment testing you don't get that?

Stacey Shagena : Correct.

Kevin Craig: OK. And what about this — it says you can do acknowledgment testing at any time and then it says, but there are special Acknowledgment Testing Weeks. What's the difference between doing it at any time and doing it during those 3 weeks that are mentioned on slide 41?

Stacey Shagena : Sure. So, yes, you can test — acknowledgment test at any time with us. We have highlighted 3 weeks over the upcoming several months to do data collection. So while you can submit claims at any time, if you submit claims during one of those testing weeks, your claims will be analyzed with all of the claims that come in in that particular week. And we'll be using them to submit reports on how well testing is going.

So we encourage folks that, you know, if they don't have a particular time period they need to test in, if they could fit into one of those particular weeks, that helps us because we'll be using it for data collection. Also, there's additional staff available those weeks to take phone calls about questions, etc., to help support you with your testing.

Kevin Craig: OK, thank you.

Leah Nguyen: Thank you.

Stacey Shagena: Sure.

Operator: Your next question comes from Denita Johnson.

Denita Johnson: Hi, I understand that both auto carriers and workman's comp carriers are not HIPAA-covered entities; however, are there any plans in the works for having them become compliant with ICD-10 in the near future?

Denesecia Green: Hi. What we're finding is that although they're not HIPAA-covered entities, many of them are transitioning over to ICD-10 for their own business practices. So that's pretty much what we're seeing when we're talking to industry groups and workman's comp organizations.

Denita Johnson: OK, thank you. So it's pretty much a carrier-by-carrier determination for those two entities?

Denesecia Green: It is, but we are having some discussions at the State level with those organizations. A couple of the organizations have come to us and said that for their own — they see the value in ICD-10 for their own business practices. And again, many of them are looking to move over to ICD-10.

Denita Johnson: OK, thank you.

Denesecia Green: Sure, thank you.

Operator: Your next question comes from Cheryl MacDougall.

Cheryl MacDougall: Hi, my name is Cheryl MacDougall, I'm with DaVita. And actually I have kind of two questions. The first is regarding the requirement that providers have to work through their clearinghouses in order to get accepted for testing. I'm hoping that CMS could look at opportunities in the future for providers to get accepted into the testing queue directly. What we're hearing from our clearinghouse, which is really how this – is that, you know, they only have limited slots and they have over, you know, 15,000 providers and so many want to test, and that – they're not going to really be giving us a huge opportunity to test. So it would be great if we could, you know, on a more direct basis, get the OK to go ahead and test with CMS so that we who are interested can really achieve that.

And then a question about the testing file. This has been talked about, the dates have to be post 10/1/2015. And my question is the test files, that this – are going to be — these claims are going to be bumped up against. Is there any concern or has there been the thought around ensuring that the beneficiaries' eligibility for those future dates of service will be current as of that future date?

And probably I didn't explain that very well. So, for example, you know, we're going to have to select a day, pick a number and claim for a particular beneficiary today for a date of service that is, you know, close to a year in the future. And, you know, we don't know — we just want to make sure that the test platform is not going to deny claims because it is not reflective of a current eligibility for that beneficiary.

Stacey Shagena: Thank you for your question, this is Stacey Shagena. I can respond. One of the main reasons that testing has been limited in the numbers that, you know, that we've, you know, expressed here in our training today, is because of all the set up that's required for every single tester who wants to test.

So for the exact reason that you just gave, everyone who's chosen as a volunteer has to submit the NPIs and the HICN or the bennie numbers that they plan to submit claims

for, and then our MACs have to go into the systems and verify the setup for every one of those NPIs and HICNs so that everything will work correctly. So that is one of the biggest reasons why we've had to limit the number of claims and the number of testers in this — in this test period.

You know, I do understand your concerns about, you know, Relay is a very large clearinghouse and that they only have — they had several slots in the testing, but that they have to choose, you know, between different customers to, you know, submit claims with them.

I would encourage you to participate in the acknowledgment testing with CMS and we will be producing a lot of materials after the testing to let you know how everything went. You know, what types of claims that we tested with, what types of results that we received, problems, and issues that have come up so that we can all learn from the testing, even if we were not directly, you know, able to — everyone was not directly able to participate.

Leah Nguyen: Thank you.

Operator: Your next question comes from Sara Beretta. Sara, your line is open.

Sara Beretta: Hi, I have a question about home health, and it's concerning the OASIS. Is there going to be a transition period for re-CEHRTs, I mean for episodes that start on or after 10/1/2015 because the re-CEHRT is done 5 days prior to the start date of the CEHRT period?

Joan Proctor: We actually encourage you to submit that question because, although I represent the Grouper side, I'm not the OASIS point of contact, so we don't have someone here to address that issue for you.

Sara Beretta: OK, and just send it to that — the email on page 77?

Leah Nguyen: Yes, that's correct.

Sara Beretta: OK, thank you.

Joan Proctor: Thank you.

Operator: Please hold for the next question. Your next question comes from Rose Knorwood.

Rose Knorwood: Hi, this is Rose Knorwood and I am from Maryhaven. And we are a behavioral health facility. So are there going to be any specific training or webinars — opportunities for mental health or substance abuse providers?

Leah Nguyen: Denesecia, do you want to respond to that?

Denesecia Green: I'm sorry, I'm sorry. I'm having a little trouble hearing. Could you repeat the question, please?

Rose Knorwood: Are there going to be any specific training or webinar opportunities specific to mental health and/or substance abuse?

Denesecia Green: Absolutely, we've actually partnered with SAMHSA. CMS and SAMHSA have delivered several trainings, and I believe it may be recorded. We will check on that and share it with you. So please send an email in. We would be happy to share that recording.

Rose Knorwood: OK, I'll do that, thank you. And do I send it to the email address on slide 77?

Denesecia Green: That would be correct.

Leah Nguyen: Yes, that is correct.

Rose Knorwood: All right, thank you.

Leah Nguyen: Thank you.

Operator: Your next question is from Amie Wamsley. Amie, your line is open.

Amie Wamsley: Yes, hello. I was calling actually not about claims or any type of private practice. I'm actually calling from a State VR agency. And I was wanting to find out if there's a specific email or someone who I could direct some questions to about taking like the, you know, the 94,000 files from ICD-10, and then breaking that into the categories and chapters to like assigned diagnoses for use of a VR agency. Is there someone specific that's handling those types of questions?

Leah Nguyen: Thank you. If you want to send us an email to the address on slide 77, we can find out for you.

Amie Wamsley: OK, slide 77?

Leah Nguyen: Um hum.

Pat Brooks: Can you send the details of your question so we can understand it when you send your email?

Amie Wamsley: Sure.

Leah Nguyen: Great, thank you. And Salema, it looks like we have time for one final question.

Operator: Your final question comes from the line of Connie Scharlach.

Shelly Dawn: Hi, this Shelly Dawn and I'm with American Enterprise Group and we're a Medigap insurer. And we're just kind of wondering where we fit into the whole testing. Are there plans to have the test data go through the BCRC so that it can be released to crossover carriers so we can test it on our end?

Leah Nguyen: All right, thank you. I don't know if we have the correct person here in the room with us to respond to that today, but if you want to send us an email to the address on slide 77, we will find out and get back to you.

Shelly Dawn: OK, I'll do that. Thank you.

Additional Information

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 77.

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 80 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 credit 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 Transitioning to ICD-10. Have a great day everyone.

Operator: This concludes today's call.

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