

Centers for Medicare & Medicaid Services
Fifteenth National Education Call on Medicare Fee-For-Service:
Implementation of HIPAA Version 5010 and D.0 Transactions – Provider Testing and
Readiness
Moderator: Charlie Eleftheriou
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Operator: Welcome to the Fifteenth National Education Call on Medicare Fee-For-Service Implementation of HIPAA Version 5010 and D.0 Transactions - Provider Testing and Readiness Conference Call. All lines will remain in a listen-only mode until the question and answer session.

Today's conference is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. I will now turn over the call to Charlie Eleftheriou.

Sir, you may begin.

Introduction

Charlie Eleftheriou: Thank you, Melissa.

Hello, everyone. This is Charlie Eleftheriou from the Provider Communications Group here in CMS. I'd like to welcome you again to this 15th National Provider Conference Call on HIPAA Version 5010. Today's presentation will focus on provider testing and readiness.

I'd like to mention that here in the Provider Communications Group, we're using a new webinar feature as part of today's call.

This Internet-based webinar program is the Adobe Connect Pro and all registered participants should have received an e-mail with instructions to log on.

The webinar allows participants who have Internet connection to share the presenter's screen and follow the presentation in real time as it's given.

You also have the opportunity answer polling questions during the presentation. The polling results will help CMS determine Medicare Fee-For-Service provider needs.

Please note that joining in on webinar portion of this presentation is voluntary and will not have any negative impact on those participants who have dialed in today and are listening only to the audio portion of the presentation – you will not be at a disadvantage.

If you have not logged into Adobe Connect Pro and would like to, please access today's webinar by using the following URL:

<https://webinar.cms.hhs.gov/MedicareFFS5010>. Please sign in as a guest when prompted and enter your first and last name.

For anyone who will not be following along with the Adobe Connect Pro webinar, please visit versions 5010 and D.0 website now and download the presentation if you've not already. The web address is <http://www.cms.gov/Versions5010andD0>. Click the 5010 National Calls link on the left side of the screen and you can then scroll down and access this presentation found in the download section. Once downloaded, you can manually follow along by listening to the audio portion of the presentation.

We thank those of you again who have chosen to participate in this call in the Adobe Connect Pro. It will help us make future National Provider Calls more attractive and user-friendly and most importantly more productive.

Following this presentation, there will be a question and answer session giving you the opportunity to ask questions of our Medicare Fee-For-Service subject matter experts. And if you would note one more time, this call is being recorded and transcribed.

One last item to note before we get started, CMS has established a new 5010 Fee-For-Service information mailbox. This mailbox accepts questions regarding 5010 National Call topics during specific time frames, namely the day before, day of, and day after a 5010 National Call. To submit a question related to this call or any upcoming call, please e-mail your question to 5010ffsinfo@cms.hhs.gov and our subject matter experts will work to answer your question as soon as possible.

Again, this mailbox only accepts e-mail the day before, day of, and day after a 5010 National Call, so please keep that in mind.

With all that said, I'm going to now turn this over to Mike Cabral.

Mike.

Slides 1-7

Mike Cabral: Thank you, Charlie.

I'm Mike Cabral, I'm a Lead Health Insurance Specialist to Centers for Medicare and Medicaid Services, specifically on the Medicare Fee-For-Service side of the house and as electronic data interchange subject matter.

Now, my background is I've been working in the Medicare program since 1989 primarily as a Fee-For-Service contractor and as a HIPAA SME for several of the Medicaid implementations surrounding the 4010A1 round of transaction and code sets while implementing a new MIS for other Medicaid sites.

I've chaired or co-chaired several development – Standards Development Organizations in X12 and in Health Level Seven, and I was one of the original representatives at the designated Standards Maintenance Organization.

I currently co-chair the Code Maintenance Committee which is responsible for several of the codes that you use in the AFCX12 and NCPDP transaction sets for claim adjustments and on claim status codes.

I'm joined by a panel of our Medicare Fee-For-Service A/B MAC contractors from the following jurisdictions – Jurisdiction 1, Jurisdiction 4, Jurisdiction 5, Jurisdiction 9, Jurisdiction 10, Jurisdiction 11, Jurisdiction 12, Jurisdiction 13 and Jurisdiction 14.

Each panel member will provide a brief introduction before we get into the overview of their organization's outreach and education efforts in upcoming slides.

We hope today will provide you with a brief overview that covers CMS' and the contractors' activities for outreach and education. They mainly – then we can mainly concentrate on the question and answer sessions for the majority of this call.

I'd like to thank you for taking time out of your busy day to join this call. I appreciate the opportunity to provide you with useful valuable information about the HIPAA 5010 in general and as well as CMS what we've been working on related to our implementation for our 5010 and D.0 program.

We'd also like to mention, if you haven't – if you already downloaded the presentation prior to 24 hours ago, it would be a good idea to re-download it again. We've found the 508 compliance thing that we wanted to correct and we've corrected that as of yesterday.

The substance of the slides is pretty much the same so you don't – if you have had them downloaded more than the 24 hours, you'll be fine.

On to the next slide which is the purpose of our call. We'll be discussing provider testing and readiness for the 5010 D.0. In addition we'll be providing some guidance on what next to prepare for the transition. And I would like to now introduce our contractor panel members and have them tell a little bit about themselves so let's begin with J1 and finish with J14.

Kim Campbell: Good afternoon. My name is Kim Campbell and I'm from Palmetto GBA and I'm the Manager for EDI operations for both Jurisdiction 1 and Jurisdiction 11.

Pam Kitchens: Hello, everyone. My name is Pam Kitchens, and I am the EDI Manager for TrailBlazer J4 A/B MAC.

JoEllen Fouts: Hello, my name is JoEllen Fouts. I am the Senior EDI analyst for WPS for Medicare Part A. I am also joined with Lisa Cuocci who is the Senior EDI analyst for WPS for Medicare Part B.

Shelly March: Good afternoon, this is Shelly March. I'm the EDI manager for First Coast Service Options which is our Jurisdiction 9.

Paula Reed: Good afternoon, my name is Paula Reed and I'm the EDI Services Manager for Cahaba GBA for Jurisdiction 10 as well as our Legacy Title XVIII programs, Mississippi Part B, and home health and hospice.

Mike Cabral: Rodney, we go to J12 now, Pam has already done J11.

Rodney Stone: Thank you. My name is Rodney Stone, I am with Jurisdiction 12. I work with Medicare Services, I'm a technical business analyst and I have been with Medicare since 1998, and I've been with Highmark EDI Services in EDI capacity for the last four years. Thank you.

Kellie Templan: Good afternoon. My name is Kellie Templan. I am an e-commerce consultant in the Provider Outreach and Education Department of National Government Services. I will be representing J14, National Government Services Title XVIII as well as J14 Part A.

Tom Langstone: Good afternoon, everyone. My name is Tom Langstone. I'm a provider outreach and education specialist at NHIC for J14 Part B.

Mike Cabral: Thanks to our panel and we'll move on to the next slide which is our agenda. There will be a general overview; we'll give some of the CMS perspective. We'll get some of our MACs to do their slides, giving you their perspective on provider testing and readiness. We'll go through some of the 5010 readiness checklist points and then we'll get into our question and answer session.

Toward the end of the presentation, one of the slides is important links to remember, I want to point that out to you. As a single slide, it gives hyperlinks to each of the panels A/B MAC's Internet sites to access specific information that each A/B MAC is providing relative to their activities. We'll go on to the next slide, here is each of the panel members and at this point in time, we're going to open to those who have signed on the Adobe

Communicator a poll so there will be two polling questions made available to the audience if you're at a computer and can respond.

OK, apparently we're having some technical difficulties with the polling. I don't know if we can restart it with this many people.

OK, what we'll do is we'll then – we'll skip the poll for now and take that as a lesson learned and go on for the next conference, we'll get that working.

So I'm going to go on to the next slide. And basically, this is a general overview of who needs to know about the Medicare Fee-For-Service implementation of our 5010 D.0 program. If you're covered under the Health Insurance Portability and Accountability Act, HIPAA, you're mandated to comply with the transactions in the 5010 version for administrative electronic transactions.

There are a number of electronic transactions supported by Medicare Fee-For-Service, all of which you've heard about this year in previous national calls. Quickly, they are on the claim side our institutional and professional claim. On eligibility, we supported 270, 271s for HETs application. For claim status, we have the 276 which is paired with the 277 response.

When we pay – finalize the claims, we do it on the Remittance Advice or the 835 transaction. And CMS' implementation for standard acknowledgement encompasses the following: it is our envelope, our TA1 transaction, our 999 which is the implementation for healthcare insurance acknowledgement, and our healthcare claim acknowledgement often referred to as a 277CA by the industry.

And I will go on to the next slide. This slide you've seen in the past of our – through our other presentations and we are just going to focus on the overall dates for 5010. But in reviewing, we started this program several years ago to get to the state, but in January our Fee-For-System services were made available to external Trading Partners to begin testing with the Fee-For-Service translation software which included the standardized acknowledgements.

Important Errata dates to stay focused on are April, 2011; the translation software implementation will be updated for the transactions which have Errata. The timeline at the bottom of the slide is a quick snap shot of our expectations for the upcoming year regarding testing and production.

On to the next slide – at last check Medicare Fee-For-Service was testing with approximately 280 of our Coordination of Benefits Trading Partners; that comes from our Monday morning status meeting this week.

Medicare and Medicaid Central Office staff have recently been collaborating about education activities, and where there are items that we can leverage, for example looking for Medicare and Medicaid participation in our May 2011 national presentation, and the date for that is May 25th, so you can mark your calendars now.

With that, I'll now turn over the presentation to Kim Campbell of Palmetto GBA for Jurisdictions 1 and 11. Each panel member will then introduce the next presenter. So I'm going to turn it over to Kim now.

Slides 8-19

Kim Campbell: Thank you, Mike.

From the Palmetto GBA perspective, we have a lot of workshops, webinars, ATCs, POAG's meetings scheduled where we would be presenting 5010 information that we hope will assist you in testing with us and then getting on board production wise with us. I like to call your attention to our website which is on another slide in the presentation in case you don't get it. The website is www.palmettogba.com/medicare.

And once you get on the Medicare website, I just want to remind you that if you are a Jurisdiction 1 provider, please go in to Jurisdiction 1 website and if you are Jurisdiction 11, please go on to Jurisdiction 11 website

The screen that we're looking at has got a sampling of some of the upcoming workshops that we have scheduled for Jurisdiction 1. But for a complete the listing of all the workshops and to sign up for the workshops or webinars that

we have, ATC calls coming up, all of the education activities that will include 5010, you can go out under our learning and education section of the website which is on the left hand side. And then for Jurisdiction 1, you can look it at our event calendar which will have everything listed on it. And then once you decide, then you can go into the individual activity that you want and then register.

All right, let's move to the next slide which is our Jurisdiction 11. Some of the upcoming workshops that we have Jurisdiction 11, and there – if you go out to the website to look at this it is a little different right now, it is still under the learning and education section but the different activities that we have are split out under that.

For our Jurisdiction 11 providers, we are in the middle of implementing Jurisdiction 11, so you will see our website changing as we are bringing on the segments of that, but for everyone, but Jurisdiction 1 and Jurisdiction 11 we have under the EDI section which is found the left hand side, a section that is dedicated specifically to ANSI 5010 and it contains a lot of articles on 5010. It contains some examples of reports that we will be distributing in 5010. So please if you have not gone out and looked at that information, please go out and look at it.

OK, we can move on to the next slide. This gives a perspective on where Jurisdictions 1 and 11 stand on testing. Jurisdiction 1, I like to call your attention to the upper part which says that on April 4th, you will be able to begin your Errata testing with us and we'll begin the production process.

For Jurisdiction 11, I like to call specific attention to your state because there are different dates that we will begin Errata testing based upon your implementation. So please pay close attention to your date for your state.

And that concludes Jurisdictions 1 and 11. At this time I will turn it over to Pam Kitchens.

Pam Kitchens: Thank you, Kim. This Pam Kitchens again with TrailBlazer EDI.

Today, I will like to draw your attention to the first link you will see on the slide. This information can also be accessed under the EDI section of our TrailBlazer website under 5010 information. There you will find all of our EDI materials as well as MedLearn articles and any other types of material related to 5010.

Please make sure that you're also checking the calendar events for all upcoming activities. You can view the calendar of events from any of our TrailBlazer pages.

To receive the most current information, please register for our listserv.

And with that, I'm going to pass it on to Lisa Cuocci.

JoEllen Fouts: Thanks, Pam. This is JoEllen Fouts from WPS. And again as I stated before, Lisa Cuocci is also on the call for J5.

Like to draw your attention to slide 12. WPS has done the EDI Ask The Contractor Teleconferences since 2009. Towards the end of 2010, we started doing some PowerPoints introducing our Trading Partners to 5010 and preparing them and getting them ready for 5010.

On this slide is a list of our calls that we have for this year. And then down towards the bottom of the slide is also our website of where our Companion Guides are for Part A and Part B.

And the next slide is basically our testing requirements, a test – a test of 25 claims. Basically testing is in errata version only, 100% syntax, and 95% Medicare business rules. And on the right hand side, it explains some of the requirements that are – need to be done within the file and then some guidance from WPS that we recommend that you test early so you have the greatest opportunity to have the contractor and vendor resources available to support your testing needs.

On to the next slide, we are providing you our e-mail addresses for both A and B and then also our contact information for Legacy A, Legacy B, Medicare MACs J5 A & B, and then also our EFT Only contact information.

And this time, I like to turn it over to Shelly March.

Shelly March: Thank you, JoEllen.

On this slide, and we are beginning at the top part of it, are dates of our outreach sessions that are planned beginning April and running through November. Those are sponsored by our educational area. As you can see each date is listed out beginning with the webcasts. And at the bottom section, there are separate dates Part A and Medicare Part B. So pay close attention to those dates depending on the line of business that you support.

Move on to the next slide. Listed at the top are items related to what we will be posting to our website and we also have webcasts that specifically deal with the testing trends and issues that we here at First Coast are observing during our testing with a move into Errata in April.

Below are those dates that we have planned for First Coast to go out and hold Face-to-Face sessions. Those are for the more technical at region 999, 277CAs and things of that nature. And you see that where their locations are and what month they will be held. I ask you to pay attention to our website and we will post specific information on where specifically they will be held and the dates and times of those locations. And we look forward to seeing you there.

Now, I'd like to introduce Pam Reed - I'm sorry Paula Reed

Paula Reed: Thank you, Shelly.

Here on slide 17, you will see a number of events that we have scheduled for Cahaba GBA in preparation for the 5010 testing. We have a number of outreach events scheduled a few of which are listed below on the slide.

To register for these events, please visit our website at www.cahaba.gba.com.

Our first event, we have our Ask Cahaba B ANSI 5010 Teleconference scheduled for April 20th, at 11:00 a.m. Eastern Time. This event is followed

by our ANSI 5010 Part A Lunch and Learn Teleconference on May 3rd, at noon Eastern Time. We also have a webinar scheduled for May 4th, that will cover the Basic Roles and Functions of EDI as well as ANSI 5010 Preparation for Part B providers. This webinar is scheduled from 2:00 to 3:00 p.m. Eastern Time.

On June 9th, we have two additional ANSI 5010 Outreach and Education webinars. The Part A event will be held in the morning starting at 11:00 a.m. Eastern Time followed by the Part B event in the afternoon at 2:30 p.m. Eastern Time.

In addition to these MAC specific events, Cahaba GBA will also have representatives available at two upcoming association meetings. These are the Missouri Association of Rural Health Clinics on April 12th, and the Rural Health Clinic Association of Washington on April 26th. Please contact your association for specific information on registering for those events.

Our next slide please.

Lastly, Cahaba GBA is also hosting a J10 A/B MAC Face-to-Face meeting in Birmingham, Alabama on May 17th. This event is open to Association Members Only. If you are a member of the Alabama Hospital Association, Georgia Hospital Association, Medical Association of Georgia, Tennessee Hospital Association, Tennessee Medical Association, or Medical Group Management Association, you are invited to attend. Again, please contact your association for more information on registering for this event, and we look forward to seeing everyone there.

At this time, I would like to turn it over to Rodney Stone for Jurisdiction 12.

Rodney Stone: Thank you. I'd like to speak a little bit about the Highmark Medicare Services website. I'd like to draw your attention to the EDI services portion of that website.

The website contains helpful 5010-based information. We have testing information out there that will help with troubleshooting testing. We have –

in November we have issued the first Transition Newsletter. Again, there's a copy of that out on the Highmark Medicare Services website.

In December there was also a listserv to all Trading Partners to explain how to set up their new Trading Partner IDs and begin testing.

In February, there were additional listservs sent and I'd like to remind you to – if you are a J12 customer, please login to our website and sign up for the listservs, there is very important information that's sent out to those listservs and if you're not on those, you may miss those. Otherwise, keep up-to-date with the Highmark Medicare Services web pages.

In February, we did post our 5010 Companion Guide to our EDI services website. And in February, based on some of the preliminary testing that we've done, we have posted 5010 Testing Tips. That's a very useful piece of information that you can look at before you start submitting test files that will help you kind of avoid some of the pitfalls that the earlier testers have run into.

In March we are planning outreach calls to our large clearinghouses and billing services and vendors. And also in early April, we're planning on rolling out a testing portal. Please keep an eye on the listservs again and the postings on EDI services website for more information on the automated testing portal. There are outreach and education events scheduled but the schedule was not available during the time that this presentation was being developed. Stay tuned to the CMS listservs and website postings for those upcoming events. That includes also webinars to describe some of the – some of the 5010 testing processes and helpful hints on reading the 999s and 277 CAs.

And again, in the next couple of weeks, there is another edition of the 5010 Transition Newsletter scheduled to go out which will include some of our transition specifics for users using software that either are vendor related or the free billing software.

And at this point, I'd like to introduce Kellie Templin from J13.

Slides 20-25

Kellie Templin: Thank you very much, Rodney.

There are a lot of exciting things that are happening at National Government Services for J13, which is New York and Connecticut as well for Title XVIII National Government Services.

First of all, you'll see here the hyperlink which National Government Services has actually set up a 5010 inquiry e-mail box. And you can access it by going to that hyperlink that's on the slide, or by visiting our Version 5010 Implementation web page. That web page is located on every line of business from our website.

I wanted to make sure we also included our Companion Documents; those are also posted to the National Government Services website. There are both the hyperlinks for you.

Going on to slide 21, let's look at some of the Electronic Events that we are going to have here at National Government Services.

First, in April we're going to host a Computer Based Training Module for both the 837I and the 837P – so one will be for Part A, one will be for Part B. We are also going to be hosting Ask the Contractor Teleconferences. We do those on a monthly basis as well as, we have decided that it was going to be best to do a Provider Based Webinar Series from April through August as well as a Vendor Based Webinar Series from April through August. We'll be doing those both for the institutional as well as the professional.

The Computer Training Modules are located on our MedicareUniversity.com website. And exact dates for all of our webinar series will come out on our listserv as well as they will come out on the calendar of the events pages from our website.

Going on to slide 22, Face-to-Face events that you will see us at, National Government Services is going to start with our Regional Conferences here in

the spring; we will be doing that depending on what region you're in. We will start those in May and finish those off actually in August and September.

We will begin one day seminars that will be provider based, so it'd be Provider-Based 5010 education. Those will begin in May and end in July. And we also will be doing state and specialty association meetings from April through August. All of those are membership based, so depending on what – if you are a member of that specialty or that state. All of the exact dates again are posted to the calendar of the events web pages.

Going on to Jurisdiction 14, Part A. We will be doing a Part A Provider-Based webinar series. We will be doing one webinar each month from April to August. Once again, we will be doing Face-to-Face sessions for the State and Specialty Associations, you must be member of those associations or that specialty as well as we will be doing a –it's tentatively scheduled for October a Face-to-Face Regional Conference in that area.

And with that I think I'd like to turn it over to Tom Langstone.

Tom Langstone: Thank you, Kellie. Good afternoon, everyone.

We are, as you can see from my first slide here, J14 Part B, doing several teleconferences through the remainder of the year – April, July, October and December. Those are all based on 5010 content.

And the topics that we cover in those teleconferences, we give a little definition, a little background on Version 5010 and D.0. Talk about who is impacted which is like what was said earlier (inaudible) entities, what's going to change. And again, just a quick review of what Mike said at the beginning it's your basic transactions the 835s, 837s and your eligibility transactions. And we have talked about the compliance timeline testing dates, and we are at Part B right now in Jurisdiction 14 at NHIC in testing mode with many of our providers.

And we also talked in the presentation about some testing requirements that EDI has asked providers to comply with when they are testing and we talked

about the Errata Version of 5010, which you know now will be available April 4th.

And then the next slide, please. We are also doing Provider Association Outreach in this month it's coming to a quick end tomorrow. We've done the Massachusetts/Rhode Island MGMA, and also the New Hampshire Podiatric Medical Association. In April we'll going back to Rhode Island for their MGMA meeting. In May we'll be in New Hampshire at the Ophthalmological Association, and in June at Rhode Island Payer Day. We'll be presenting information on 5010 at all those association meetings.

An exciting thing for our EDI department, they planning to do a series of Invitational Test Weeks starting in early fall and going through late fall prior to the implementation date of 5010. And we'll probably do every other week the dates will be determined and will be announced and we'll be looking at one week of testing for a specialty group. And so we'll be hoping to target specialty groups and individual direct submitters who perhaps did not participate or were not able to participate in the National Testing Days that CMS has established in June and August.

So the dates of these as I say, will be determined and we will promote those through our listserv, our website announcements and through teleconference announcements.

And there is a link on the slide towards the end of this presentation to the registration site for our teleconferences, so please take advantage of that and stay tuned to our Medicare NHIC website for additional information and updates to 5010 outreach.

And with that I'll turn it back to Mike Cabral.

Slides 26-33

Mike Cabral: Thank you, Tom. Appreciate all the panel members putting their information forward and participating today.

On to the next slide, this is the slide that Tom alluded to, we collected in one single place, all the panel members' A/B MACs' web links, so you can go to

this one slide and the hyperlink should be active for you there so that you can mark your calendar.

So if you move to the next slide, the 5010/D.0 Readiness Checklist, we've been saying this over our previous calls – you know, engage your vendors as early as possible, communicate with your clearinghouse and billing services and your payers. Identify the changes to the data and the reporting requirements. Identify possible modifications to the current work flow of your business process and identify your staff training needs. Test with your Trading Partners as early and often you can, and for additional information and the actual provider check list, you can look at our web page below that URL.

We do have some other challenges that are facing the Medicare Fee-For-Service Program with – you know – competing resources with other initiatives as they ramp up, such as our ICD-10 initiative is beginning to gain some traction. There has been talk in the industry and some actual operating rules that have been adopted that would impact us. Any of the Affordable Care Act that we will have to be dealing with. And as usual our budgets will be shrinking over time.

Moving on to the next slide, talk about MAC EDI Help Desks. The Medicare Fee-For-Service Administrative Contractors are administering the program directly between the providers and us, so that means you can go to any of the claims or other transactions you submit, go directly to that Fee-For-Service contractor.

Currently, our administrative contractors are being consolidated by jurisdiction. Most of these consolidations have pretty much occurred. As you can see on some previous slides, these are just some of our panel members which may be in a State where the consolidation has not been completed.

And if so you can send your transactions to one of our current Part A Fiscal Intermediaries or our Part B carriers that have not yet been transitioned and they'll get to the Medicare Administrative Contractor, there's what we're calling our alternate front and arrangement there.

So no matter the links on this page, you'll be able to find an electronic data interchange help desk for your State. This is really where you want to go first for your 5010 D.O. So that is what you can get out those two links there.

Going on to the next page, Fee-For-Service Communications To Date, we've developed a number of our terms of communication resources to date. We have – as we've noticed this is the 15th call we've had. The topics range for all the transactions. Fee-For-Service has established a central web page on the CMS website, you'll find a wealth of information and it's growing day by day. You will find resources such as fact sheets, the readiness checklist, a resource card, frequently asked questions, these are still in process but again growing every day.

Technical resources such as the side-by-sides, which the industry has had some success with and we've recently updated our 837 professional, our 837 institutional, and our 835 side-by-side that should be posted on our website now.

There is the 5010 and D.O MedLearn articles for – and all of our National Calls, the presentation materials, the audio and as we've mentioned before – I'll get to that in a minute – questions and answers will be getting out to the – to the web pages.

And moving on to the next slide, this is another central important date to remember – kind of slide for you keep close by your desk. I want to point to April 6th. CMS is participating in this Get Ready Week. On April 6, HIMSS is having a Get Ready Week. Two of our Medicare Fee-For-Service Contractors or A/B MACs, will be participating as representatives for the Fee-For-Service Program. If you received the announcement for this call, via CMS provider listserv, you'll receive periodic updates to this calendar showing the specific dates as they're confirmed as well as quarterly reminders throughout the year. If you got the information for this call, from another source, and would like to be on the CMS provider listserv, you can sign up at the link provided at the bottom of the slide. It's actually on another slide - a good point.

And we go on to the next slide, What you need to do Next. Get ready with your basic requirements by completing and reviewing relevant websites and resources, Medicare Fee-For-Service Companion Guides and understand what you need to do for your organization, contact your software vendor clearinghouse or billing service to know where they stand, what are their schedules, contact your MAC, inquire about their testing protocols and test early and often. Plan to get engaged in the Outreach and Education activities with your local MACs, and you've already started that by participating in this particular call. Look at the communications from the Fee-For-Service Medicare Contractors throughout 2011, and take action as needed and seek technical support from MACs earlier rather than later.

And also don't assume someone else is taking care of this for you, especially if you are relying on a software vendor.

On next slide, this is new for this session. And as Charlie had mentioned at the beginning of the presentation, we've created what's called an Outlook Resource mailbox for the Fee-For-Service. This allows you to ask questions the day before, the day of, and the day after the National Calls. So what we're going to do is the response from the event will be posted back to that particular call's location on the web page.

And actually, we've overcome our technical difficulties with the polling question, so we're going to open up for those of you at a computer to polling questions. The first one should be coming up, and the second and now the third.

So those of you at a computer, you'll be able to answer these polling questions while we actually do the Q and A session so leave this open for a little bit. And I'll turn it back over to Charlie for the Q and A session.

Charlie Eleftheriou: Yes, thank you, Mike. All right so - and we're going to move over to question and answer session.

Before we begin that, I just want to remind you again that this is being recorded and transcribed so when you do ask your question, please clearly state your first and last name and your organization before asking.

All right, and also in an effort to hear from as many participants as possible, I will ask that you limit your questions to one per person. If there are any additional questions you might have, please feel free to hop back on after you ask your original question, or feel free to e-mail it to 5010ffsinfo@cms.hhs.gov.

All right, at this time – we'll go ahead and ...

Angie Bartlett If you can't see the polling question, please take yourself off from your polling screen view because I know we've had that problem in the past, so if you're having difficulty seeing the polling questions, please note to take yourself off full screen view for a moment and it will allow you to answer the polling questions.

Thank you.

Question and Answer Session

Charlie Eleftheriou: All right, well then – we'll go ahead and open up for actual Q and A.

Operator: We will now open the line for a question and answer session.

To ask a question, press star followed by the number one on your touch tone phone. To remove yourself from the queue, please press the pound key.

Please state your name and organization prior to asking a question and pick up your handset before asking a question to ensure clarity. Please note your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the main conference.

Your first call comes from the line of Cindy Miller.

Your line is now open.

Cindy Miller: Hi. We use wall group manager and 432 which was supplied by Medicare. So I'm wondering, are those going to be automatically updated by Medicare or do I need to call EDI and make sure that those are ready for the 5010?

Mike Cabral: You're talking about the free billing software that the Medicare Fee-For-Service Contractors provide to their Trading Partners.

Cindy Miller: Yes.

Mike Cabral: Yes, we're updating the 5010 software and it's actually been available in a beta mode early this year, but I think we're getting down to where it's almost production ready.

Cindy Miller: OK, so do I need to call EDI and I'm in Kansas, by the way.

Mike Cabral: OK, yes, if you're in Kansas, I would contact the J5 MAC to get the A/B software proper software to file your claims.

Cindy Miller: Yes.

Mike Cabral: And they'll probably have a link to help that. JoEllen or Lisa Cuocci, can I get you to follow up on that from the J5 perspective?

JoEllen Fouts: Absolutely, can I get your call back number, please?

Cindy Miller: I can be called at work, I'm presently at home but tomorrow I will be work at xxx-xxx-xxxx.

JoEllen Fouts: xxx-xxx-xxxx.

Cindy Miller: Yes, ma'am.

JoEllen Fouts: OK, thank you.

Cindy Miller: You're welcome, thank you.

Operator: Your next question comes from the line of Cindy Alexander.

Your line is now open.

Cindy Alexander: Hi, I am with Jurisdiction 15, Ohio. And I was wondering if there was any update for us.

Mike Cabral: As far as transition dates for Ohio?

Cindy Alexander: Yes.

Mike Cabral: I don't have them off the top of my head but I know that the Jurisdiction 15 folks have been working with CMS and I would expect those to be coming out in any of the provider outreach during the transition period as a common practice as we transition from the Legacy Title XVIII to the A/B MAC jurisdiction configuration.

So it would be CIGNA Government Operations I believe right now is your best bet to get on their listservs for that transition cut over activity.

Cindy Alexander: OK, thank you very much.

Mike Cabral: Sure.

Operator: Your next question comes from the line of John Frew.

Your line is now open.

Jamie Aber: Hi, my name is Jamie Aber from ACS in Lafayette, Louisiana. About 27.3 - the last line says, for example, its version 5010 billing provider address can no longer be reported as a P.O. Box or lock box address. We have a question with that.

What's the purpose of the billing provider address in that 2010 AA loop opposed to the Pay To address with 2010 AB which we'll use for mailing purposes?

Mike Cabral: There's probably a change in the situational rules with the billing if I remember correctly. I don't have the guide in front of me but they did discourage – I want to say the Pay To address went away and I'll confirm with Matt.

Matt Klischer: Pay To is where you put your P.O. Box or your lock box in a Pay To so the billing provider address is required to be a street address.

Jamie Aber: Right, we understand that. What about our providers who have multiple sites, multiple physical addresses? Which one do you want there? Are you trying to get rid of the service facility location?

Matt Klischer: No, you put the main address where you're associated with your NPI and the billing provider.

Jamie Aber: OK, it doesn't matter where the services are rendered, just pick the main one if there is one and it needs to be associated with the NPI, the organizational NPI, is that right?

Matt Klischer: Actually, that's correct, yes.

Jamie Aber: OK, thank you.

Operator: Your next question comes from the line of Colleen Ott.

Your line is now open.

Colleen Ott: Yes, this is Colleen Ott. I'm with STI Computers or MTA Systems. We are a vendor. And I'm just curious while I have other MACs that are on.

Are all of you going to take a vendor's test and not have the provider's test?

Mike Cabral: And Colleen, let me just follow up just to make sure I'm clear with the – with the question. You're asking, if you're on the approved vendor list, will your clients who are providers have to retest with A/B MAC, is that the correct?

Colleen Ott: Correct. Can you hear me?

Mike Cabral: Yes, I can.

Colleen Ott: OK.

First of all, our software works with many different MACs, OK? And I was just wondering if every MAC is going to allow for the vendor to test for them.

Mike Cabral: OK. The short answer is probably yes, so we can pull each of the MACs. Kim, are you running tests that way for the providers in Jurisdiction 1?

Kim Campbell: Yes, yes. This is Kim Campbell for Jurisdiction 1 and Jurisdiction 11. Once the vendor passes their test and they are on the approved vendor list, then all of their clients will be approved as well.

Colleen Ott: Is it for institutional and professional?

Kim Campbell: Yes, all of your clients.

Colleen Ott: OK.

Mike Cabral: Let's do it this way. Is there any MAC that is not doing it that way that's on our panel? If you would speak up, if not, we'll assume all the MACs are doing it the same way.

Lisa Cuocci: Mike, this is Lisa from J5 and what we would do is as a vendor tests, we would add that into our approved list; however, their clients would be expected to test unless their vendors have been given a blanket approval, in

which case we would ask the vendor for a listing of their clients and then move those clients into production.

Mike Cabral: OK. And were there any other MACs who have a variation of that theme?

Cathy: Hi, this is Cathy from J14. And we will allow a vendor to test with us but again we would need those meters to test, move over to production.

We could work with the vendor or a list of those people using the software and see if that's coordinated.

Mike Cabral: OK. Thank you, Cathy.

Colleen Ott: Thank you.

Operator: Your next question comes from the line of Patty Cone.

Your line is now open.

Patty Cone: Yes, we're with Bay Care Health Systems in Tampa, Florida. And this question is really specifically for Jurisdiction 9 with First Coast Service Options.

Regarding the face-to-face meetings that you're going to be setting up, how do we register for those? Do we go to the First Coast Service Options website?

Shelly March: Hi, Patty, this is Shelly. Yes, we're going to list out there all of the registrations right now. We're finalizing the contracts with the hotels and location of where the sessions will be, but yes, once they're scheduled and ready and the date and time, what we're planning to do is a morning session and an afternoon session in each of the locations.

So once those have been solidified, we'll post it to our website with the registration links so that people... and I think we're going to try and limit it to 50 per session because of the size of the class. So once we get it out there the

listserv will go out saying registration is available. You go to our website, register. So when you get the listserv, if you're interested in coming, please try and register as quickly as possible before the classes fill up and – then you don't have any class available.

Patty Cone: So you're going to have two half day sessions.

Shelly March: Correct.

Patty Cone: OK. Covering just the same information ...

Shelly March: Correct. We just want to give our customers options right, that way if they want to come in the afternoon versus the morning or vice versa, we want them to be able to have a choice.

Patty Cone: OK, awesome, thank you so much.

Shelly March: You're welcome.

Patty Cone: And about when we should start checking back.

Shelly March: We're hoping in the couple of weeks to have all those things listed out there for you.

Patty Cone: OK.

Shelly March: Now, because the first one is actually in Orlando in May.

Patty Cone: We would be looking for the Tampa location.

Shelly March: Tampa, we are going to do that during – we're trying to do for those Medifest sessions that we have. Tampa is scheduled for the week of August 15th to the 19th. So go ahead and mark that time frame. It will either be the 15th or the 19th; we're doing our sessions at no cost for our customers.

So we're going to do it either before Medifest starts or after Medifest. But it will definitely be in the Tampa area during the week of the 15th to the 19th.

Patty Cone: OK, awesome, thank you so much.

Shelly March: You're welcome.

Operator: Your next question comes from the line of Regina Davis.

Your line is now open.

Regina Davis: Hi, I'm with PNC Bank and I was curious to know if the CMS is going to follow the same testing date for the 835 transactions for the April 4th for the Errata. If their – if everything – if you're testing all of the – I mean if the 835 would be tested in the same manner as the 837 using the April dates.

Mike Cabral: Right, Regina what we're doing is we're installing the software on April the 4th in our MACs. As you know we usually have some kind of a payment sort we have to get through so anything being generated at that point in time will be the Errata software going out.

Now, what we also have the capability of doing is to have that production parallel 835 where your claims that are being paid on let's say the 4010A1 for that given day. You can request through the MACs to get a parallel 5010/835 and after the 4th when we install that software that would go out with any of the Errata associated with the 835.

Regina Davis: OK, thank you.

Operator: Your next question comes from the line of Shelley Pane.

Your line is now open.

Mike Cabral: Shelley, go ahead.

Shelley Pane: I don't have a question.

Mike Cabral: OK.

Operator: Your next question comes from the line of Angela Robinson.

Your line is now open.

Angela Robinson: Hi, this is Angela Robinson with Emdeon Clearinghouse. And this is a follow up question the 2010 AA billing provider address question a previous caller asked. My question is, will EDI on the front end, will they be validating that address? So in other words, will the claims reject if the provider does not enter the physical address or the main address that's associated with their NPI and like Medicare customer service?

Matt Klischer: This is Matt Klischer. In the TR3 for 5010, the billing provider address is required. So I'm not following your question.

Angela Robinson: Do they have – like that address is enrolled with Medicare, will EDI with all the MACs, will they be validating against the enrollment within Medicare?

Matt Klischer: A second.

Mike Cabral: We're on sidebar for one second.

Matt Klischer: OK, this is Matt Klischer. We have front-end edits that are going to ensure that the billing provider address does not include key words like lock box or P.O. Box and things like that. So as long as it's not looking like a P.O. Box, it's going to come into our system, and – you know, then we process that accordingly.

Angela Robinson: Right. So if the providers address at Medicare is like One Test Avenue or whatever, and they send One Test Street, that's the type of thing I'm trying to make sure that it doesn't have to exactly match before the claims will – you know – reject.

Mike Cabral: Got your point.

Chris Stahlecker: We'll really encourage you, test for that kind of situation because if there is a difficulty with the way you have been established at a MAC's front end, you ought to know that early in case you need to make NPI changes.

Angela Robinson: OK, thank you very much.

Operator: Your next question comes from the line of Karen Bazarido.

Your line is now open.

Karen Bazarido: Hi, I'm calling and I'm from the Acadiana Computer Systems. We've heard that to be HIPAA compliant you have to send in one NPI number whether if you're organizational-organization or individual.

Well, in some cases, a provider has an organizational NPI number but the Medicaid – state Medicaid system does not consider that provider as organizational. So for all other carriers, you're sending an organizational NPI number but with the state Medicaid provider, you're sending individual NPI number. Is this going to cause any problem?

Mike Cabral: We don't have the Medicaid people on this particular call, but I will direct you to our May 25th call where Medicaid will be participating. It's sounds like that's kind of similar to what Chris' point was just now – you probably need to test with the MACs that we're coordinating Fee-For-Service Program with to make sure that you're enrolled properly there for your vendor, clearinghouse, et cetera, and then as well as the DMPI. But it sounds like you really need to also contact the fiscal agent for your particular State Medicaid operation and confirm the same kind of information.

Karen Bazarido: We have spoken briefly to them and they really haven't come up with a solution yet for the 5010.

Mike Cabral: OK.

Karen Bazarido: So – but they will they – CMS speak to State Medicaid, are they going to try to coordinate?

Mike Cabral: Are they going to try and coordinate with Medicare Fee-For-Service?

Karen Bazarido: Yes.

Mike Cabral: I can't answer that one right now, but we can take it under advisement and check with our folks on the state operations and maybe that can be a question for the May 25th presentation so that you don't have to ask it again and then we'll get it on the presentation as part of the agenda.

Karen Bazarido: OK, thank you very much.

Mike Cabral: Sure.

Operator: Your next question comes from the line of Tina Safer.

Your line is now open.

Tina Safer: Hi, I'm calling from J11. And I'm wondering like when we start testing, and you guys had mentioned there is like a test mode that we would be in until we're approved. How will we be notified that – you know, we've passed and that we are approved?

Mike Cabral: I'm going to turn this question over to Kim Campbell who is the Jurisdiction 11 contact.

Tina Safer: OK.

Mike Cabral: Kim, could you pick the answer to this question, please?

Question and Answer Session continued

Kim Campbell: Sure, I'll be glad to. What we will do is we will have the specific testing procedures posted out on our website under your line of business that will give you the detailed instructions as far as the testing, what you need to do, notification and that type of thing. But to give you a real short answer, is that once you have completed your testing and you are – you feel you are ready to go into production, then you will want to give us a call at our EDI Help Desk.

Tina Safer: OK, then call the EDI Help Desk.

Kim Campbell: Yes.

Tina Safer: OK, thank you.

Operator: Your next question comes from the line of John McRegan.

Your line is now open.

John McRegan: Yes, I had a question in regards to the clearinghouses. We're from Catholic Medical Center up here in Manchester, New Hampshire. We submit all our claims and get our remittances from clearinghouses. My assumption is we're going to be testing with our clearinghouse and the clearinghouse will be testing with you guys, is that true?

Mike Cabral: That seems reasonable, I would guarantee you that you should probably talk to your individual clearinghouse and find out what their test plans are with the MAC for J14 and so where New Hampshire is, so they're probably your best first line of defense for you to get to the MAC.

And Tom or Cathy – I hate to put you on the spot – do you post your clearinghouses on an approved vendor list?

Cathy: Yes, as each vendor or clearinghouse comes through and they pass our testing, we'll be making a loop 5010 approved vendor list.

Mike Cabral: Thank you, Cath.

John McRegan: Thank you very much.

Mike Cabral: Sure, John.

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

Your line is now open.

Tina Smith: We are from Barnett, Dulaney, Perkins Eye Center in Phoenix, Arizona, and the question that I have is... Is it going to be at some point where you're going to stop direct dial up once the 5010 is implemented?

Mike Cabral: I don't think the – hang on, we're going to sidebar on this for a second.

And Arizona I believe is Jurisdiction 3, but – and they're not on our phone today.

Tina Smith: Right.

Mike Cabral: The MACs have been determining which particular protocols they've been supporting for these years. I think if we get more towards clinical paths, we'll see it move – you'll need to kind of move away from direct dial up because the sizes of the EHR type records will be encompassing in the attachment, so your best bet for that is to check with the J3 MAC to see how –what protocols they'll be supporting in the upcoming year.

Tina Smith: OK, thanks.

Mike Cabral: Sure.

Operator: Your next question comes from the line of Melanie Capoles.

Your line is now open.

Melanie Capoles: Yes, this is Melanie. I'm calling in reference to MAC 8 which represents Indiana and Michigan. Do you know where they are in the readiness and testing?

Mike Cabral: Currently, I believe they're still under a corrective action plan from the original award, I don't have any further information personally but if you send your question in we can direct it down to the – part of the agency that covers the MAC Jurisdiction assignments and we'll see if they can get us an answer to your e-mail.

Chris Stahlecker: And it's Chris. Let's me just interject at this point that we believe that the mailbox that we have on slide 33 may be misnamed. It does start out on our slide CMS 5010 FFS info. We believe you should just drop that CMS, start if off with 5010 when you send in that question.

* Post Call Clarification Note: CMS resource mailbox information is located on slide 32. The correct address is mffsinfo@cms.hhs.gov

Melanie Capoles: OK.

Chris Sthalecker: Just start it off with 5010 then mffsinfo@cms.hhs.gov.

Melanie Capoles: And also what about Noridian MAC 2?

Mike Cabral: That is part of a new procurement and I don't remember the letter but it was put out effective earlier this – either late last year or earlier this year – I don't have a current status on where MCMG with their – with their awards.

Chris Stahlecker: And again, it's Chris. I'd just like to remind you that if you are still engaged with EDI Exchange with a legacy contractor, they can advise you how you can begin to test 5010 right now. So contact your existing contractor and they will advise you about how to start 5010 testing now.

Mike Cabral: That's an example of what we've mentioned in our alternate front-end option on this call and a couple of calls before, as well. So you're, you know, states there out in Jurisdiction 2, I believe it's Washington and Oregon etcetera would, would fall into that jurisdiction to alternate front end option.

Chris Stahlecker: OK, thank you.

Mike Cabral: Yes

Operator: Your next question comes from the line of Laura Gotch. Your line is now open.

Mike Cabral: Laura, your line is open.

Chris Stahlecker: It might be on mute.

Laura Gotch: Hello.

Mike Cabral: Laura, go ahead.

Laura Gotch: Are you there?

Male: Go ahead.

Mike Cabral: We are. We can hear you.

Laura Gotch: OK. I'm sorry. I'm calling from Quantitative Medical Systems. We're a software vendor. And we have to test with all of the MACs in regards to our clients; we have clients all over. And I'm calling because I want to make sure that we have the correct Implementation Guide for Eratta. It came out in January 2009.

Mike Cabral: Yes, actually we have received that question in another form and ...

Laura Gotch: Sorry.

Mike Cabral: I just wanted to clarify for folks. If you have the same kind of question, you should have bought the Implementation Guide, I'm thinking back in 2006.

Laura Gotch: Right.

Mike Cabral: And the X12 and DISA folks have indicated to us that with that purchase, you should have gotten an e-mail from the publisher that the Errata was available. If you don't, contact the DISA and/or X12 folks and it's X12store.org, I believe it is. And you, they'll point you on how to get to the Washington Publishing website to get your Errata. You should have gotten that notification already.

* Post Call Clarification Note: Correct address to the x12 store is, www.store.x12.org.

Laura Gotch: OK, great. Thank you.

Mike Cabral: Yes

Operator: Your next question comes from the line of Heidi Peacock. Your line is now open.

Heidi Peacock: Thank you. I'm with Uinta Home Health and Hospice in Evanston, Wyoming. Just wanted to mention that from the CMS link, ten, excuse me, 5010 National Calls, I have been neither able to get into the webinar nor access it by clicking on the link at that page. So I'm unable to do the polling. I don't know if it impacted anyone else, as well.

But I had a question with regard to - I am in Jurisdiction 10 but a lot of the information that I was listening to today was for different jurisdictions - am I limited to bringing up and accessing information from just in my jurisdiction or can I access other ones, as well?

Mike Cabral: Well, each jurisdiction has their own protocol on how they support their Trading Partner community. So you're signed in with J10, is that correct?

Heidi Peacock: Correct

Mike Cabral: So I think you would contact the other jurisdictions where you're intending to do business and follow their protocols and I'll ...

Heidi Peacock: OK.

Mike Cabral: ... ask our panel members if there's anything that's different for your particular jurisdiction that you want to add. For J1, Kim, is there anything?

Kim Campbell: No, nothing I have.

Mike Cabral: That's one and eleven. How about for J4 for Pam Kitchens?

Pam Kitchens: None for me either.

Mike Cabral: OK. J5?

Lisa Cuocci: None, none for J5.

Mike Cabral: OK. J9, Shelly?

Shelly March: No, there's nothing to add.

Mike Cabral: Paula, you're already handling this, this client so I'm assuming she's registered with you.

Paula Reed: That would be correct and if she does have specific questions, she can contact the Cahaba, EDI Help Desk for the Home Health and Hospice portion of our business.

Heidi Peacock: OK.

Mike Cabral: Thank you very much. And then J12, Rodney? Anything different for you?

Rodney Stone: No, nothing to add.

Mike Cabral: And then for 13 or 14, Kelly and Tom?

Kellie Templan: Nothing to add.

Tom Langstone: Nothing to add, Mike.

Mike Cabral: Thanks. Does that help?

Heidi Peacock: It does. The reason why I was asking; there was something that I found interesting with Jurisdiction 14 with Part B, was the definitions and the background of Version 5010, who's impacted and so forth and so on. So is it recommended that I not go or be a part of that teleconference?

Mike Cabral: I don't think we can, it's up to you to which ones you attend. I don't think you'd be precluded. I know there were, the panel members indicated at some of the State Associations you had to be a member of that State Association to attend.

Heidi Peacock: I see.

Mike Cabral: If you need clarification, I would, it sounds like you need to talk to J14 if you're going to be doing ...

Heidi Peacock: Great. OK.

Mike Cabral: But let me add one other point, Melissa, while we're on this topic. We believe we may have reached our maximum limit to the Adobe Communicator licenses, which is maybe why this person couldn't get into the Adobe Connect sessions. There is a seat license limit that we have and we believe we've gotten, if not close to it, over it.

Heidi Peacock: OK. Thank you. And I, one other thing I just wanted to mention, thank you to JoEllen and Kelly and Paula for when it was their turn to speak. They specifically mentioned the slide they were on. So kudos, people, thank you.

Mike Cabral: Thank you. Next question, Melissa.

Operator: Your next question comes from the line of Harold Cannery. Your line is now open.

John Guanakwo: Hello. This is John Guanakwo from Health Informatics International and I have a question about the NDC of representation. In the 4010, you allowed multiple NDCs to one server but on the 5010, you've been only allowed to

have one NDC per server. Now how should we represent multiple NDCs per server in the 5010 ?

Male: Excellent. I didn't bring my guide with me, I'm sorry.

Mike Cabral: OK. John, since the NDCs are a medical code set and the person in the room doesn't have his Implementation Guide to answer that, we're going to ask you, can you submit that question in writing to the e-mail box?

John Guanakwo: Sure.

Mike Cabral: And we'll take a look at getting that answered shortly.

John Guanakwo: Thank you.

Mike Cabral: Perfect. Is that going in your publication? Melissa, did you cut him off already?

Operator: No, his line's open.

Mike Cabral: OK. John?

John Guanakwo: Yes.

Mike Cabral: Is that going in your publication?

John Guanakwo: Yes

Mike Cabral: Is that why you're asking? OK. We may have to go to our, one of the other areas within CMS because it's going to a publication ...

John Guanakwo: OK

Mike Cabral: So we'll advise you on that when we formulate the response.

John Guanakwo: OK. Thank you very much.

Mike Cabral: Sure.

Operator: Your next question comes from the line of Karen Forest. Your line is now open.

Karen Forest: All right. This is Karen Forest from Skilled Health Care. Will there be a PC-Ace Pro 32 update for this format from the MACs?

Mike Cabral: Yes. Pro 32, as we understand it right now, has made its initial update for the 5010 format changes. We're working with the vendor on, you know, little bugs that we're finding through our year of testing. So you should be able to contact your MAC to get the latest version of Pro 32.

Karen Forest: Thank you.

Operator: Your next question comes from the line of Doug Lichtman. Your line is now open.

Doug Lichtman: Yes. Hi. This is Doug Lichtman at Emdeon. Actually I had a two part question but one part of it was already answered by a previous caller. We understand that for 277CAs, those will be returned during Errata testing by the common edit module but will the claims, 5010 test claims be stopped at the common edit module or will they be forwarded into adjudication so that we can get an 835 specifically back for those claims, as opposed to a 5010 parallel test that matches up with a 4010 production file?

Mike Cabral: I would have to give you a two part answer on that, Doug. The, the way it's primarily working is yes, you can request that, that parallel 835. We've not precluded our MACs from taking their model office environment and doing additional work with that. So we're not requiring it but we're not precluding it. So you'd need to contact each MAC you're working with.

Doug Lichtman: OK. I'm actually calling specifically for the VA. So TrailBlazers, all we have to ask them "Hey, can you give us a 5010 parallel 835" and they'll do it. But that's for production claims, which today are going in 4010. But if we want a 5010 test specifically for the 5010 test claims that we've sent, then that's something that they're going to have to do that they may not be prepared to do?

Male: They may or may not be indicating they're doing that in their current plan to roll out to the January 12 date.

Question and Answer Session continued

Doug Lichtman: Is that something Pam Kitchens can possibly answer?

Mike Cabral: We can try. Pam, do you know the answer off the top of your head today, Pam? If not, we can have him submit a question to the mailbox.

Pam Kitchens: If you would, that would be great and I will get it to the appropriate people that could be, that that question could be answered by.

Doug Lichtman: OK.

Mike Cabral: Any problem submitting it to the mailbox?

Doug Lichtman: I've already got it typed up and I'm going to be throwing along with it a question about file naming conventions and GP Net manuals and things like that too, Pam, so ... coming your way.

Pam Kitchens: OK.

Mike Cabral: Great

Doug Lichtman: Thank you.

Operator: Your next question comes from the line of Leeann Lewis. Your line is now open.

Leeann Lewis: Hi. This is a bit of a follow up question. You know currently we are, we submit mainly to Part B and we submit primarily through dial up Bulletin Boards. I know there is a mandate by CMS to convert everything to Network Service Providers, which we are currently dealing with CEDI. Is the same true of the Part B providers? Because I've tried calling their help desk and for the most part, they have no earthly idea what I'm even talking about. Is there a means by which we can change during this transition to submit to through an NSP like Ivans or Vision Share or CareBridge?

Chris Stahlecker: Hi, it's Chris, I'm going to jump in here for a second. Each of our MACs including the EDI has the capability of using a Network Services Vendor. So if you're choice is to use one, contact your MAC and ask them to give you advice on how to make that change.

Leeann Lewis: That's the problem. When I call the MACs they have no idea what I've been talking about. And I've called Cahaba, Noridian, WPS, NHIC, Palmetto GBA and they're all just "Oh, you've got to talk to your Network Service Provider. We don't know anything about that."

Chris Stahlecker: OK. I guess it's likely a break down in the communication of how you may be phrasing ...

Leeann Lewis: Yes

Chris Stahlecker: ... your concerns.

Leeann Lewis: But is there going to be a change with this that is going to affect this sometime this year? That we're going to be forced to go to a Network Service Provider on the Part B side?

Chris Stahlecker: Well, here's the deal: The MACs are permitted to offer a communication protocol that best suits their technical environment. There's a menu of CMS identified communication methods, and they may pick and choose any or some of those communication channels. They make that selection based off of their best fit for their universe of Trading Partners.

And in some cases, we're seeing that, that for a particular MAC, they're universe of Trading Partners needing dial up is very, very small and in fact, they are making a move over to use Network Services Vendors only.

In other situations, that's not the case and some MACs are continuing to offer direct dial up. So you need to contact your MAC and ask, you're, you can't be, are you a provider or are you some ...?

Leeann Lewis: Clearinghouse.

Chris Stahlecker: You're a clearinghouse.

Leeann Lewis: Right.

Chris Stahlecker: So you would need to contact your MAC and find out what communication protocols they are continuing to offer to you and if you have a preference of using a Network Services Vendor, I believe, everyone of our MACs uses a Network Services Vendor, and I can see where that would be of ease to you to use a single Network Services Vendor that can submit directly to each MAC on your behalf.

So if you want to write that up and send it in to the mailbox, if you say that you have already approached each of the help desks that you mentioned, and for some reason the communication isn't, you know, effective, then, then we will follow up on your behalf.

Leeann Lewis: OK. Thank you.

Operator: Your next question comes from the line of Tammy Bennett. Your line is now open.

Tammy Bennett: Yes. Hi. Good Afternoon. My question is actually for Kelly with the National Government Services. We signed up for the Ivans Portal and started to send test claims in mid-January but we've been told that NGS isn't ready to accept any test data yet.

So I guess I have two questions. Do you know when we'll be able to start testing because we're all, you know, we're a little nervous? And my second question is if we can't start our testing directly with NGS soon, is there one of these alternate front line phone numbers that I can call and see if I can arrange testing some other way?

Kellie Templan: Well, and the reason I'm hesitant to answer your question is because I'm not for sure why you were told you weren't able to test. I'm not for sure if it's an issue with Ivans or if it was actually an EDI front end issue. But we have had open testing for the 5010 since January 1.

Tammy Bennett: Oh.

Kellie Templan: So let me, if you can send information to the e-mail box, and we'll look into it for you.

Tammy Bennett: Sure. OK.

Kellie Templan: If Mike wouldn't mind forwarding that to me, I can look into that directly for you. But, testing is open right now. Errata testing begins on April 4th.

Tammy Bennett: Great. That's why we're kind of like 'wow, we haven't been able to test Level one yet.' So what's going on?

Kellie Templan: Yes. And I know a lot of, I know a lot of the software vendors were holding off so that they could do everything at one time as opposed to testing the base and then coming back and testing Errata. But at the same time, is, is I don't know why you were told you couldn't test, because we've been available for testing at least the base Version 5010, since January 1.

Tammy Bennett: Yes. And I'll double check with my CFO because he actually spoke with two people at NGS and told them that, that, NGS just wasn't ready to accept the data yet. So I'm, now – Ivans said that they had no problem and that it was being rejected on the NGS side. So ...

Kellie Templan: Yes. Let's get to the bottom of this. If you don't mind going ahead and sending an e-mail to that, that e-mail box and then ...

Tammy Bennett: No, no problem at all and that was, that was, where they said to leave the CMS off the front of it, the 5010 FFS

Kellie Templan: Yes.

Tammy Bennett: And so ... OK. I can do that. Thank you very much.

Kellie Templan: Is that all right, Michael?

Michael Cabral: Kelly, we will get you that e-mail. We'll be disbursing some of these e-mails to the panel members as needed so ...

Kellie Templan: Great.

Mike Cabral: ... have to make that request. We'll parse through them.

Tammy Bennett: Great. Thanks again.

Operator: Your next question comes from the line of Gloria Davis. Your line is now open.

Gloria Davis: Hi. This is Gloria Davis I'm actually a health care vendor. In regards to a question that was asked early on in regard to vendor, vendor testing and approval status for the different MACs. I'm a software vendor but my actual providers are direct submitters to, to each of those MACs. I don't actually have, do not actually send on behalf of the providers. Will those providers actually have to do the testing or would there be a blanket for a software vendor in my situation?

Mike Cabral: Thanks, Gloria. And I think that's where we talked, it was the question that Colleen asked with the software vendors and everybody pretty much said, they'll get you as needed on an approved vendor list and then they'll work with the blanket statements. So if there are any of the panel members have something different ...

Gloria Davis: But is that true in regard to, because my providers are the direct submitters, or the direct submitters, not, not me as a software vendor?

Mike Cabral: I understand that.

Gloria Davis: OK.

Mike Cabral: ... and that's why we're saying is that they'll ...

Gloria Davis: OK

Mike Cabral: They'll put you on the approved vendor list and it was my, from what I heard them say, they'll, they'll create, like J5 said they'll, they'll put you on an approved vendor list and they'll check the clients out and look at a blanket approval. JoEllen, is that correct or Lisa?

Chris Stahlecker: That is correct

Mike Cabral: Does that help, Gloria?

Gloria Davis: Yes. Thank you

Charlie Eleftheriou: Melissa, could we check and see how many calls we have on queue for question and answer?

Operator: Certainly. Yes, you have approximately seven participants left in the queue.

Charlie Eleftheriou: I think we'll take a couple more. We'll let you know.

Operator: Certainly. Your next question comes from the line of Curt Learnery. Your line is now open.

Curt Learnery: Hi. I'm with New York's Network, that's part of Emdeon. And a question I have is related to the 2400 loop. It's on how to submit a claim for a cancer drug that only has an NDC like Temodar. In the SP1 segment, we need to send the HCPCS back because there is going to be a HCPCS Code issued for those NDCs that do not currently have one.

Matt Klischer: You're kind of hard, kind of hard to understand but can you, can you do me a favor? That one's technical enough where I'd like to use that one to send out as part of the postings that we do. I believe you phrased it as 'in the 2400 loop', you're curious how to submit for oral cancer drugs and you specifically want to understand what has to go in the SV1 loop for the HCPCS code. Is that correct?

Curt Learnery: That is correct.

Matt Klischer: You could send that into the mailbox. We'll see if we can get that one posted so we can, that is verbally answer, you'd get it out to the written FAQs type stuff.

Curt Learnery: OK. Thank you.

Mike Cabral: We're getting close on time so Charlie's got some wrap up things that we need to do and I think we probably have like six people left in the queue. I would ask those six people to take your question, formulate it to the mailbox and then we'll have to wrap this one up for today.

CharlieEleftheriou: Yes. That's a good idea. I'll repeat the e-mail address one more time for those who aren't on Adobe Connect. It's 5010ffsinfo@cms.hhs.gov. Submit any questions you have left over. Sorry we couldn't get to them all today. But I would like to thank everyone who did join us and who did, or who was able to ask a question for doing so.

As you probably know, our next call is scheduled for May 25th. It's going to cover, it's going to be a call to action rather, for you to test your 5010 readiness with your MACs. So be on the lookout for upcoming information on that call and I want everybody to have a great day. And remember, like we keep saying, test early and test often and we'll speak to you soon.

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

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