Centers for Medicare & Medicaid Services
Nineteenth National Provider Call on Medicare Fee-For-Service Implementation of HIPAA Version 5010 and D.0 Transactions: Question and Answer Session
Moderator: Aryeh Langer
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Welcome and Update

Operator: Welcome to the Nineteenth National Provider Call on Medicare Fee-For-Service Implementation of HIPAA Version 5010 and D.0 Transactions: Question and Answer Session. All lines will remain in listen-only mode until the question and answers session. Today's conference call is been recorded and transcribed. If anyone has any objections you may disconnect at this time. Thank you for participation in today's call. I will now turn the conference call over to Aryeh Langer. Sir, you may begin.

Aryeh Langer: Thank you Melissa. And as you have just heard my name is Aryeh Langer from the Provider Communications Group here at CMS. I would like to welcome you to our Nineteenth National Provider Conference Call on HIPAA version 5010. Today's call will include a brief Medicare Fee-For-Service 5010 status update and then we'll open the lines for a lengthy Q&A session, giving everybody on the phones an opportunity to ask questions of our Medicare subject matter experts.

I'd just like to remind those of you who have been on the phone, and those of you who this is your first call, we do have a resource box that's set up for you to submit questions to. I will give you that web address now, excuse me, e-mail address. It's 5010ffsinfo@cms.hhs.gov. Again that's 5010ffsinfo@cms.hhs.gov and if I can just remind you this e-mail box is only open the day prior to the call, the day of the call and the day following the call. So if you have any questions which you may have thought of after the call or you were not able to get into the Q&A session today you can certainly submit those questions in to the resource box, and we'll do our best to get those questions answered for you. With that said, I am going to turn over the call now, for a brief update, to Angie Bartlett. She is a Health Insurance Specialist here at CMS within the Division of Transactions, Applications and Standards and OIS, the Office of Information Services. Angie.

Angie Bartlett: Good afternoon, my name is Angie Bartlett, and I am a Health Insurance Specialist at the Centers for Medicare & Medicaid Services working with Medicare Fee-For-Service as an Electronic Data Interchange subject matter expert. I would like to thank you all for taking time out of your busy day to join this call. I appreciate the opportunity to provide you with useful and

valuable information about HIPAA 5010 in general, as well as provide you the chance to ask questions and receive real time responses.

Today, I'm joined by a panel of our 5010 team as well as Medicaid, who are here to assist you in responding to your questions. We hope today to provide you with a chance to get your questions answered and encourage you to begin 5010 testing immediately. Now for a quick 5010 status update. Currently, all Medicare Administrative Contractors, or MACs, are exchanging 5010 transactions for Part A and B, as well as moving ready Trading Partners into production.

Medicare has processed close to a million Part B claims in production that were received in the 5010 format. As well as the over 5,000 Medicare Part A claims in production. In addition we also have over 2.5 million 837 COB, Coordination of Benefit claims, that have been processed in production as well as 12,000 835 production remittance advices. During the week of August 22nd, over 1,200 Trading Partners participated in the first National Testing Week. Of those 1,200 Trading Partners that participated they exchanged approximately 60,000 test files in 5010 format. During National Testing Week, each registered Trading Partner that intended to exchange EDI transactions as partners were sent out a survey following testing week and this survey is due back today. So we are currently in the process of collecting this data and we will have this data available soon.

Therefore, if you are ready to begin testing, do not wait for a testing event, begin testing immediately. Contact your MAC to learn of their testing programs. In addition to this call we have an upcoming MAC outreach event titled "Last Push for Implementation", which will be held on October 5th. Please contact your local MAC or visit their website for further information on this event. In addition, to access previously completed National Calls, please go to http://www.cms.gov/versions5010andD0, and then click on the 5010 link on the left of the menu.

Now we only have slightly over 100 days remaining in the transition year. I want to stress the importance of Trading Partner testing. Testing will provide you with the assurance that your system upgrade to 5010 is fully operational

and able to transact 5010 transactions. Therefore, please take this opportunity to contact your local MAC for one of their local testing protocols now. In addition to the information provided on today's call, we also have implemented the CMS 5010 Medicare Fee-For-Service Outlook mailbox. The mailbox is 5010ffsinfo@cms.hhs.gov. This is open day before and the day after the National Call. So if you think of a question, as Aryeh said previously, please send it in before the end of the day tomorrow.

And that concludes the 5010 update and now we will begin our question and answer portion of the call.

Question and Answer Session

Operator: We will now open the lines for a question and answer session. To ask a question, press star followed by the number one on your touchtone phone. To remove yourself from the queue, please press the pound key. Please state your name and organization prior to asking your question, and 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 you say or any background noise will be heard in the conference.

Your first question comes from the line of Ann Wein. Your line is now open.

Ann Wein: Hi, this is Ann Wein and I am calling from New York Physicians. I wanted to find out if we would have the ability to test the 835 as well as the 837?

Michael Cabral: This is Michael Cabral. Yes, you can do a parallel test actually with your A/B MAC or if you are a DME supplier with the CEDI organization. So, are you looking for institutional claim only or professional?

Ann Wein: Professional only.

Michael Cabral: OK, so you can contact the MAC Jurisdiction—New York is 13—and they've got an ability to set up your parallel system so that your production 835 4010 will come to your normally and you will get a corresponding 5010 835

remittance advice and you will be able to download that and there is actually an MREP update to that as well if you don't have the software for 5010. Which you can test both the incoming claim..

Ann Wein: OK. Great.

Michael Cabral: ..and the outbound remittance advice.

Ann Wein: OK, terrific. Thank you.

Operator: Your next question comes from the line Peter Pizzano. Your line is now open.

Peter Pizzano: This is Peter Pizzano from Medical Systems. I have a question regarding the DTP segment.

Aryeh Langer: Peter, can you speak up? We are having a hard time hearing you.

Peter Pizzano: Sorry about that. This is Peter Pizzano from Medical Systems. I have a question regarding the DTP segments in the 5010. From my reading, the DTP segment and the 2300 loop requires a date range, which could be just one date. And then the DTP segment in the 2400 loop actually states if the date range in the 2300 loop is one date, then do not include the date in the 2400 loop. So I've got an issue where I've got a service date, I'm submitting a claim, an Institutional claim, I've got a service date that is actually for an outpatient procedure. I've got a service date range of one day in the 2300 loop, and yet my claim is being rejected because the DTP segment in the 2400 loop is per the insurer a required segment and I am not sure how to respond to that.

Michael Cabral: Peter, is that a Medicare submission that you are getting this rejection from or is that from another payer?

Peter Pizzano: It was actually an FQHC submission to National Government Services.

Michael Cabral: OK.

Peter Piazzano: I was just wondering if my reading of the specification; did I interpret it correctly? It does say, if I'm reading this correctly, I didn't get the exact

words, but it did say, if not required by this logic do not include. Which to me says I can't put the DTP segment in there if the 2300 loop is a single day.

Michael Cabral: Traditionally from the X12 perspective, they've not tried to... the development of the transactions is to not repeat redundant data. They are not putting it in both places. What they are trying to get you to do is probably put it at the service line when it supersedes something that is in a date range for the claim level. But if you can send in your information to the mailbox; you have that e-mail address that we mentioned before. We'll see if we can someone from the NGS contractor, J13, to directly contact you.

Peter Pizzano: OK. And I am sorry I didn't actually write down the mailbox.

Michael Cabral: OK, we will give it to you right now.

Aryeh Langer: Here it is. It's 5010ffs, as in Fee-For-Service info@cms.hhs.gov. Again, 5010ffsinfo@cms.hhs.gov.

Peter Pizzano: OK.

Michael Cabral: And just in the title put: J13 National Call Response Request.

Peter Pizzano: OK.

Michael Cabral: Thank you, Peter.

Peter Pizzano: Thank you.

Operator: Your next question comes from the line of Regina Tulothur. Your line is now open.

Regina Tulothur: I'm calling with Altec Resurgence, and my question has to do with HCFA. If I needed to send an appeal to Medicare and I had to send a HCFA claim, would it require any specific changes on the HCFA claims that we have now?

Michael Cabral: I don't think so. I mean, are you talking about the paper form when you said that you are sending in the 1500 CMS form?

Regina Tulothur: Correct.

Michael Cabral: Now the paper forms truly aren't yet impacted by the 5010 and ICD-10 changes. So if you are appealing, it should be the same process with whatever paperwork you were sending prior.

Regina Tulothur: So nothing should change as far as HCFAs, it's just how we submit electronically, correct?

Michael Cabral: The 5010 regulation is for the electronic submissions and exchange of transaction.

Regina Tulothur: OK

Michael Cabral: They will probably be changes in the future to the CMS 1500 for like ICD-10 or something like that. But I think that is going to be under the purview of the NUCC.

Regina Tulothur: OK

Michael Cabral: They will probably give you the advance notice in the Federal Register when that format is actually being changed.

Regina Tulothur: OK. Thank you so much.

Operator: Your next question comes from the line of D.B Ahmed. Your line is now open.

D.B Ahmed: Hello.

Aryeh Langer: Go ahead.

D.B Ahmed: Can you hear me?

Aryeh Langer: Yes sir.

D.B Ahmed: OK. The gentleman was slow and I couldn't understand what he was saying and you repeated the stuff twice, but the lady was too fast for me to follow most of the stuff. And plus, even before we could write down what she was

asking us to jolt down, she was gone. Anyways, I just tried to log in with that 5010ffs – Fee-For-Service, one word, info@cms.hhs.gov. But I got a window that says: windows cannot find 5010sfsinfo@cms...

Michael Cabral: D.B, can I interrupt there for just one second please?

D.B Ahmed: Yes sir.

Michael Cabral: The e-mail address we gave you is for you to send an e-mail to. You're not logging in to anything.

D.B Ahmed: Oh it's not a website. I'm sorry.

Michael Cabral: If you are an Outlook user or lotus notes or some other mail service, that's the address you're going to send a question to.

D.B Ahmed: OK. Sorry.

Michael Cabral: Alright.

D.B Ahmed: The lady was giving us some www something. I missed it completely.

Angie Bartlett: I did provide a web address to go on to listen and find the audio portions for the previous National Calls. And that is at www.cms.gov\versions5010...

D.B Ahmed: I'm sorry I lost you. After the gov, what else?

Angie Bartlett: Back slash.

D.B Ahmed: A back slash?

Angie Bartlett: Yes, back slash. Version

D.B Ahmed: A black slash. Version?

Angie Bartlett: V-E-R-S-I-O-N-S 5010.

D.B Ahmed: What is that? I'm sorry. C as in Charlie?

Michael Cabral: Hey D.B, can you submit an e-mail to the mailbox and we will send you back that link to all the previous presentations which is what Angie is giving you the web address for. There are there. They are static.

D.B Ahmed: How shall I address the request for?

Michael Cabral: You are just ask for the web link for the previous National Call material.

D.B Ahmed: Web link for, OK. Thank you.

Michael Cabral: OK.

D.B Ahmed: My other question sir, is – can you still hear me?

Michael Cabral: We can.

D.B Ahmed: OK, sorry. My other question is I bill myself. I don't have intermediary–like whatever they are called—I'm slightly forgetting. Anyways, how do I learn the 5010 because I am totally naïve on this issue?

Michael Cabral: Are you a single practitioner type organization?

D.B Ahmed: Exactly.

Michael Cabral: One of the great references you have is your A/B MAC. They have a set of free billing software that you can download for free and you can use that to submit your 5010 claims and really all you have to do is enter in the information. In fact it's one of your easiest ways to bill your Medicare claim.

D.B Ahmed: OK.

Michael Cabral: And where are you from? Which State?

D.B Ahmed: Chicago.

Michael Cabral: You're in Chicago?

D.B Ahmed: Yes, sir.

Michael Cabral: OK. There's not a MAC. When you send your question in, just put that question in there as well and we'll get to you the appropriate contact for our operative for an 5010 for that section of the country.

D.B Ahmed: I appreciate that. Thank you.

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

Sharon Pierce: This is Sharon Pierce. I'm from Richardson, Texas. And my question is I'm a small practice and I bill for myself through Availity and NaviNet and then I paper bill on my Medicare. What do I need to do to do the right thing here with 5010?

Michael Cabral: Sharon, are you a – are you less than ten employees in your organization?

Sharon Pierce: Yes.

Michael Cabral: OK, you're under the ASCA waiver so you're technically still going to be able to bill on the 1500 for professional claims. You really have little impact, if any, but if...

Sharon Pierce: Oh, wow.

Michael Cabral: But if you wanted to go electronic and that's going to be the same thing we just spoke to D.B. about. There's a set of free billing software that you can put on a personal computer that – you're in Texas, so you're probably J4. They will be able to set you up as an electronic submitter.

Sharon Pierce: OK. And I did get in touch with my MAC, which was in Dallas and this person doesn't know anything about it so I must have called the wrong place, so I'll take a look again.

Michael Cabral: And actually for the J4 jurisdiction, I think that under sub-contract with the Jurisdiction 1, Palmetto Government Benefits Administrator.

Sharon Pierce: OK.

Michael Cabral: You send in the question, we'll get you the link to the right MAC that can help you with that.

Sharon Pierce: OK, great. Thank you.

Operator: Your next question comes from the line of Dana Wolfe. Your line is now open.

Dana Wolfe: Christine, I'm calling from the Florida Eye Center in St. Petersburg, Florida. You guys mentioned that we can parallel test our 835 with 4010 and 5010 if we contact our MAC. But do we need to get a separate program to print off this 835?

Michael Cabral: There is, and actually, Medicare's put together our Medicare Remittance Easy Print program, we've updated it for our 5010. So the test remittance advice that comes out of your MAC that is downloadable, can be processed to make it human readable report using that piece of software.

Dana Wolfe: OK. So that's on the...

Michael Cabral: Contact your MAC to actually get the MREP software update because there is some documentation and stuff that's from a national link that they'll provide you the appropriate linkages to download the right software.

Dana Wolf: Thank you.

Michael Cabral: And you're in Jurisdiction 9, for Florida, so.

Dana Wolf: Right. First Coast Service Option, right?

Michael Cabral: Yeah.

Dana Wolf: Perfect. Thank you.

Operator: Your next question comes from the line of Pamela Woodolly. Your line is now open.

Pamela Woodolly: Hi. My name is Pamela. I am one employee for a psychologist and I'm – we're trying to understand. I think you've answered a couple of my questions with the last young lady. It's only me and the doctor, so are we under that under ten employees under ASCA waiver.

Michael Cabral: Yes, you are, Pam.

Pamela Woodolly: OK.

Michael Cabral: You're under the ASCA, or the Administrative Simplification Compliance Act, I think of 2003, I can't remember the exact year.

Pamela Woodolly: OK. And so, none of this applies to us, correct?

Michael Cabral: If you're still billing on paper, you don't have to change. But if you'd like to bill electronically, there are the A/B MACs that can...

Pamela Woodolly: Now, I do bill electronically but I bill direct, I go straight to the insurance company and just enter my data into their software that's already on their web page.

Michael Cabral: You're using someone to facilitate your billing electronically, is that correct?

Pamela Woodolly: What I do is, if I'm billing Blue Cross, Blue Shield, I go through Ahen. If I'm billing AETNA, it's still a paper claim. But if I'm going through UBH, then I go into their system. I log on to UBH and enter my data and...

Michael Cabral: OK. So we're just talking about your direct submissions to the Medicare program on this call today so what you're doing with your commercial...

Pamela Woodolly: OK, yes. See, with Medicare, I'm still doing paper claims.

Michael Cabral: Because you're under the ASCA regulation exception you can do that but there is a certain software that you can get if you chose to bill electronically. We encourage you to do that.

Pamela Woodolly: OK. But this 5010, because I pulled off the 5010 – 4010 versus 5010 claim and it's like a different language to me 'cause I've never seen that.

Michael Cabral: Understandable.

Pamela Woodolly: So, and that would be cause it doesn't apply. Now, on the ICD – are you dealing with ICD-10 at all?

Michael Cabral: Well, ICD-10 is a whole different program but 5010 is laying the groundwork to allow you to, in the 2013 timeframe, start billing the ICD-10 components.

Pamela Woodolly: Because with psychologist, we use the DSM-IV.

Michael Cabral: And I'm not familiar with that coding structure myself but I see someone in the room head's going up and down. But the – when you're billing directly with Medicare, all the software that we're talking about, this MREP, the 835, which is the remittance advice or the free billing software, the Pro32 software will be updated, not only for 5010 during this program as we roll out the ICD-10 changes in the upcoming years, that'll eventually be updated as well.

Pamela Woodolly: OK. So, I'm just – I didn't want to waste you all's time but I wanted to make sure that this did not apply to us, this change.

Michael Cabral: It doesn't have to but you can if you'd like it to.

Pamela Wodoolly: OK. Thank you so much.

Operator: Your next question comes from the line of Jamie Heaver. Your line is now open.

Stephen Burrel: This is Stephen Burrel with Arcadiana Computer Systems in Lafayette, Louisiana. I have a question about the service facility loop. If a provider has two office locations yet they have one organizational NPI or an individual NPI, does Medicare need the facility loops sent with the address of the location that he is doing the services at? And if so, what NPI would we send in the facility loop if the offices don't have an NPI themselves?

Brian Reitz: Hey, Jamie. It's Brian.

Jamie Heaver: Hey, Brian. We thought we'd ask everybody and if we still had questions, we could talk to you after. Sorry about that.

Brian Reitz: That's OK. This will take the place of our four o'clock. As I stated in the e-mail, the NPI – there's no editing preventing the NPI from being the same. So you can submit that data in both the facility and the billing, it's not going to reject upfront.

Jamie Heaver: The TR-3 Guide says otherwise.

Brian Reitz: I'm sorry.

Jamie Heaver: The TR-3 Guide says otherwise.

Brian Reitz: Well, not really. The section that I referenced in my response yesterday is really precluding the rejection for redundant data. They recognize that it's not required to 'do not send' was a guidance but it wasn't to be used as an opportunity prepared to reject claims. So by you sending the same information, the guide is really in that front matter stating that you should not take that opportunity to reject the claim simply because you got the same data in two places. And we're not editing that inbound file against a match, for billing and service facility.

Jamie Heaver: What I'm saying from the TR-3 is, it is not permissible to report an organizational provider NPI as the service location if the entity being identified as components of the billing provider, and the thing is not permissible to report it. So I'm just confused as why you're saying isn't – I understand about the redundant information stuff but it wouldn't really be redundant information as far as the address goes but it would be redundant for the NPI.

Brian Reitz: Well, and I guess the key language is it's different, the way the TR-3 is written is when the information at the service facility is different, then at the billing. The thing is, they didn't qualify and what we've been trying to get clarification on is, what do they mean by different? Is it that the NPI has to be different? Is it that the address has to be different? Is it the ZIP code has to be different? In your particular case, if I'm understanding what you're saying,

you have two different addresses, you have the exact same NPI but two different addresses. So to error on the side of caution, that would be acceptable for you to submit that information in both places. That would be how Medicare would interpret that. So, from a Medicare...

Jamie Heaver: And so we have to send in some tests, 837-Ps and gotten rejections for having the same NPI on both of those spots.

Brian Reitz: You've gotten rejections by whom? Who has rejected you?

Jamie Heaver: From who Steve? Oh, so not from Medicare. From a different clearinghouse. From Availity.

Brian Reitz: In Availity, like many other compliance type engines, they will put their own interpretation and I can't speak for what they think is compliant. I can only speak for Medicare Fee-For-Services' billing and I'm letting you know right now, I've verified the editing. There is no editing that is going to prevent you from sending the same NPI in the billing and the service facility, following the exact same editing. Now, when it comes time for crossover, I can't really say what's going to happen when the Trading Partner gets that claim. They may take a much more stringent approach and they may reject that.

Jamie Heaver: OK.

Stephen Burrel: This is Stephen again. So, essentially, how is Medicare looking at the service facility? Is it using the NPI to identify it or is it actually using the address to identify the location? In other words, if you send the same NPI, does it look the same to Medicare and they don't care what the address is?

Brian Reitz: We don't have billing folks in this room today, but from my understanding of what goes on in claims adjudication, the key piece of information for Medicare is the ZIP code only. We base payments jurisdictionally by the ZIP code in the service facility.

Jamie Heaver: All right, we appreciate it.

Brian Reitz: OK. If you still need to talk, let me know. Get back to me via e-mail.

Jamie Heaver: Thank you, sir.

Brian Reitz: Sure.

Question and Answer Session Continued

Operator: Your next question comes from the line of Nicole Thorne. Your line is now open.

Nicole Thorne: Thank you. My name is Nicole Thorne. I'm calling from Aultman Hospital in Canton, Ohio and I have a question regarding anesthesia billing in ANSI 5010. I'm just trying to get some clarification on the change in billing unit and or time to time only. And just how Medicare will process and account for base units if all we're able to bill is total time of anesthesia administration?

Brian Reitz: And this is Brian Reitz, and as I say, we don't have policy folks in the room so we really are not able to address questions such as how the claims are going to be adjudicated. So, I would suggest you get with your servicing contractor or MAC, to inquire to them and find out.

Nicole Thorne: OK. But it is in fact the case that the unit portion of the 5010 claim from a technical standpoint is no longer a field for lack of a better wording and it – and we will only be sending time of administration, is that true?

Brian Reitz: That's absolutely correct.

Nicole Thorne: OK. All right, thank you.

Operator: Your next question comes from the line of Sandia Pagamin. Your line is now open.

Sandia Pagamin: Hi. This is Sandia, calling from Acadian Ambulance, Lafayette, Louisiana. I want to know when I can start testing with the claim status, which is 276, 277 transactions?

Michael Cabral: Louisiana, I'm just trying to remember our jurisdiction. I think they are able to do that for alternate front ends right now. With – I'm trying to think of which vendors, I think it might Palmetto, doing it on behalf of the FIs and carriers in

that section of the country where we have not yet awarded a MAC. So for – just for your ease, I'll give you a Part B number for Louisiana we have 1800 – I'm sorry, 1-866-528- I'm sorry, 582 – a little dyslexic, 3247. And I also want to give you one other number for Palmetto. Try the 866-749-4301 and just let them know you work out of Louisiana location and they may be able to help you as well.

Sandia Pagamin: OK. I tried yesterday; it didn't come back up so I was wondering about that. Thank you.

Michael Cabral: They should be able to be doing the testing on Part B already for claims status.

Sandia Pagamin: OK. Yesterday they had – a transaction didn't get recognized so I was not sure. I'll check with them, thank you.

Michael Cabral: They have to set you up to have that operate properly in 5010 in their system so there may be some set up that you have to go through to finish that up.

Sandia Pagamin: OK. Thank you.

Operator: At this time, I would just like to remind everyone, in order to ask a question, press star then the number one on your telephone keypad. Your next question comes from the line of Gwen Ferrera. Your line is now open.

Gwen Ferrera: Yes, fine. My name's Gwen from Opthalmic Surgical Associates in Chester, Pennsylvania. And my question is, since we go through a clearinghouse, do we have to enroll our doctors ourselves or does the clearinghouse do something there?

Michael Cabral: And I believe the clearinghouse has the direct connection. In your case for Pennsylvania, it's the Jurisdiction 12, A/B MAC and they will – that's part of the service they provide for you. So you don't have to go...

Gwen Ferrera: OK.

Michael Cabral: ...as an EDI submitter. Now, assuming all of your providers are enrolled with the 855 form in the Medicare program appropriately.

Gwen Ferrera: OK. Thank you very much.

Operator: Your next question comes from the line of Jeanette Schneider. Your line is now open.

Jeanette Schneider: Yes. I wanted to ask about – we're with CHI Health Connect to Homes, so we're a Home Health and Hospice Agency. And we got back our 277 CAs and we cannot read them, and we have PC Print, is what we had to read our remittances and it doesn't look like it's going to be able to read these reports that have come back. We wondered, what is the best way to handle that? There's an update on the PC Print that we would need to get or is there a different piece of software that we should get?

Michael Cabral: Jeanette, actually, I'm told from our free billing software that our PC – our Pro 32 has the capabilities to take that 277 Claim Acknowledgment as you mentioned the 277 CA and convert that into a human readable format. So the free billing software will handle the claim acknowledgment for you, what you're trying to read. That's a – probably a pure X12 transaction that you're trying to read human and it wasn't intended. They're supposed to be intended for a computer to computer. So if you're looking for a free piece of software, free billing software from STI will do, it helps you do that. I would contact your local MAC to get the appropriate version, make sure that all the updates apply.

Jeanette Schneider: We also use the PC Print for our remittances too, are you saying that we probably shouldn't use PC Print for that then either after we get the 5010?

Michael Cabral: What we're saying is the 835 remittance transaction is handled by the PC Print software but the free billing software will take care of that claim acknowledgment part of the model.

Jeanette Schneider: So will it actually be able to – do you know what version the PC Print has to be on to be able to read the new remittances with the 5010?

Sumita Sen: This is Sumita Sen. For PC Print, there is an updated version for 5010. So in order to read the 5010 835, you will need the PC Print version 5010.

Jeanette Schneider: So it's just called 5010, okay. Thank you.

Operator: Your next question comes from the line of Sadita Emeka. Your line is now open.

Sadita Emeka: Yeah, hi. We're from Stanford Hospital and had a couple of general questions. We submit our claims through DDE and I wanted to know if we would be able to get an 835 test file.

Michael Cabral: And you're talking on the institutional side of the house so you're directly connecting to your MAC DDE screen to submit your institutional claim, is that correct?

Sadita Emeka: Correct.

Michael Cabral: And then they should have a parallel process for your remittance advice based on your production claims coming out and I'm assuming you're on 4010, currently for the 835 and you would be able to get that parallel 835 and 5010 for your comparison and check with your system to make sure it's compatible.

Sadita Emeka: OK. So I just need to contact NGS and I should be able to set that up?

Michael Cabral: Correct. They'll set you up to do the 835 parallel.

Sadita Emeka: All right, great. Second question, just can't – wanted to try to get clarification. Taxonomy codes for the 837-I or P, are they needed for a physician? And again, we're a hospital.

Brian Reitz: This is Brian Reitz. Taxonomy codes from a Medicare point of view, really are not a piece of data that we require on the claim, if that's what you're asking. They may be required for enrolment purposes to set up a provider, but Medicare adjudication is not contingent on the taxonomy code submitted. Now that's just a Medicare thing. Other payers may be very much interested in the taxonomy that you use and submit.

Sadita Emeka: And that is correct. I just wanted to make sure I interpreted your Companion Guide correctly, that's what I thought I saw. And then one last question if I

can. The patient reason for a visit diagnosis code, it is a required field for 5010 for all outpatients, is that correct?

Michael Cabral: I don't have the 837 institutional gentleman in the room with us. Can I get you to submit that through the 5010 Fee-For-Service info mailbox? Do you have the address?

Sadita Emeka: I sure will. Yup, I'll do that.

Michael Cabral: Then we'll get it back to you in writing but – and that will be part of the updates for this – for future national call.

Sadita Emeka: OK. Thank you very much.

Operator: Your next question comes from the line of Aryehson Mathews. Your line is now open.

Aryehson Mathews: Hi. This is Aryehson Mathews from Acumed and I was just wondering, how is CMS helping to facilitate the States transitioning to 5010 that are lagging behind and going to be either not ready or late, very late in the year?

Elizabeth Reid: Hi. This is Elizabeth Reid. We have identified a few States who are lagging and we're working with them on their risk mitigation plan. Since it hasn't been finalized, I can't really state which method they're going to go to but I can tell you that we are encouraging them to meet the deadlines. And to be compliant, we have enforced that with all the States. I am currently doing assessments with each State through verbal conversations, so I am obtaining their testing information as well as their go live dates for both 5010 and NCPDP. I would say that I would encourage you to have communications with your State and if you have identified States that you don't feel will be ready for 5010, please forward that information to the mailbox that was provided.

Aryehson Mathews: OK. Thank you very much.

Operator: Heather Kendel, your line is now open.

Heather Kendel: Thank you, hi. This is Heather Kendel from St. Peter, Minnesota. And we just have two quick questions on how this would affect – all we do with Medicare is bill for flu shots. Would the 5010 implementation refer to that also?

Brian Reitz: This is Brian Reitz. Yes, if you're submitting claims if you're a covered entity and you're submitting claims to a covered entity, they have to be compliant if you're billing them electronically. If you're not billing them, if you're doing rosters on paper, then no this does not apply to you.

Heather Kendel: OK. Yeah, we do electronic rosters. And then the only other question we have is, how will this affect Medicaid?

Michael Cabral: The same. They're a covered entity, so they'll participate in 5010, the same way all the other payers, defined covered entities, will be.

Heather Kendel: OK. Thank you.

Operator: Your next question comes from the line of Paula Webster. Your line is now open.

Paula Webster: Yes this is Paula and we are from a medium size hospital in West Central, Illinois and my question is related to how the providers are going to be moved because we have subparts that have different offices and different software vendors and so they are not going to be ready at the same and if it is done by Tax ID, by submitter ID, by NPI. If it is by Tax ID that might be more difficult for us.

Michael Cabral: Each of the MACs we actually had and I do not remember if it was the 14th or the 13th National Call, had a panel of MACs and they are able to support organizations being on two versions of the transaction so, you will need to move your folks over prior to just January the 1st, and it is like if you have got yourself in the Illinois area but you have got another chain in another, let's see I think is part of J5 as well. Those MACs have indicated they can accept those 4010 and 5010 claims still by the time of the transition is completed in which case then you are still hopefully have all of your software in place by that point.

Paula Webster: They are all in Illinois but our issue might be that one NPI is ready but not the other one, like one submitter ID but not the other submitter ID.

Michael Cabral: Submitter IDs, that's why am saying that you can have a single submitter submitting both 4010 and 5010 is what the MACs are saying.

Paula Webster: Okay, so that will be okay.

Michael Cabral: That will be okay.

Paula Webster: Okay.

Aryeh Langer: So, you have got one section of your chain that's doing psyh claims under the 4010 and another section is doing regular inpatient claims that can be 5010.

Paula Webster: Exactly, that's OK, great. Thank you.

Operator: Your next question comes from the line of Patricia Ker. Your line is now open.

Patricia Ker: Hi my name is Amie calling for Patricia Ker from (Inaudible) Administrative and Building Services and we are trying to transition from your 4010 PC-Ace software to the 5010 software PC-Ace Pro 32, version 2.30. We have gone ahead and installed that and we are able to log on but we are not able to get a functioning password. I believe I am following the guidelines correctly. I have been back and forth with our EDI, for a version it's Highmark Medicare Services that we were with and I have called the EDI services and we can't get and our passwords to work. So, could you help me up with that?

Michael Cabral: I truly can't myself personally. You are doing the right thing contacting Highmark and I have actually seen their help desk support for this type of activity. So, I guess may have send in a question to the mail box and we will try and direct it to our internal contact and make sure they get back to you. So, you shouldn't have a problem with the password system, we are aware of that CMS should be able to actually change, you are doing the right thing going to the MAC EDI Help Desk.

Paula Webster: We want to get it working.

Michael Cabral: I am sure they'll be able to get you up in a jiff, but it may just take the right phone call.

Paula Webster: And I have one other question, we are using a version of Medisoft that is not 5010 compliant for another provider and we send his claims electronically through a clearinghouse, AT&T, we were wondering if we do have to get a 5010 compliant Medisoft software in order to, you know, in turn be complaint with 5010 or would the clearinghouse take care of that issue.

Michael Cabral: Just to make sure I understand, you have software that the clearinghouse has supplied for you is that correct?

Paula Webster: We are using software called Medisoft and the version that we have is not a 5010 version. We do utilize this software right now to send claims via clearinghouse and we wondering if we have to upgrade our software to a 5010 compliant version in order for the clearinghouse to then transmit those claims where they need to go.

Michael Cabral: Technically, that is why I was asking who gave you the software because the regs indicate that since you are going to the clearinghouse they are the cover entity that needs to get your claims to the payers in 5010 format.

Paula Webster: We purchased that software directly from a software vendor.

Michael Cabral: Right, so you need to check with your clearinghouse to find out what they are doing to either keep your 4010 claims going the way they are or are they telling to upgrade the Medisoft software.

Paula Webster: OK, great. Well, thank you very much.

Operator: Your next question comes from the line of Tracy Johnson. Your line is now open.

Tracy Johnson: Hi, this is Tracy Johnson with Health Fusion. We are trying to find out, we're being told by Noridian that we cannot go live with the Medicare A claims. Do you guys have any idea why that is?

Michael Cabral: I do not know that anyone in this room knows why you are not able to go live. Have you done any testing with them already?

Tracy Johnson: We have done all the testing. They are just not letting anyone go live with Medicare A claims.

Michael Cabral: And are you expecting remittance advices to come back to you?

Tracy Johnson: No.

Michael Cabral: No yet?

Tracy Johnson: No.

Michael Cabral: OK, can you send in to the mailbox? Do you have that e-mail address?

Tracy Johnson: I don't have it.

Michael Cabral: OK, it's 5010ffsinfo@cms.hhs.gov, and just put in the title of the subject line National Call and J3 assistance.

Tracy Johnson: National Call and J3 what?

Michael Cabral: Assistance.

Tracy Johnson: OK.

Michael Cabral: Right.

Tracy Johnson: Alright, thanks.

Michael Cabral: Any information you can give to get, what type of claims you are billing, the fact that you've already done the testing and it's been approved so that we can just follow up with them.

Tracy Johnson: OK. And the second question is on the facility NPI matching the billing NPI, there are several FIs that are rejecting on the NPI, so is that considered maybe a business edit then?

Michael Cabral: If you include that, we are, our person that covers the institutional side is at a national meeting today or this week rather.

Tracy Johnson: OK.

Michael Cabral: So if you put that in the question as well we will try and get that answer back to you. And how long did you submit those claims that those two NPIs were rejecting?

Tracy Johnson. I don't know because I don't because I don't do that when am actually asking the question for the person who handles it.

Michael Cabral: OK, was it a month ago or within the last couple of weeks?

Tracy Johnson: I am going to say in, the last few weeks but I am not sure still.

Michael Cabral: Just include that and we will get that to Noridian to see if they can get that answer to you.

Tracy Johnson: OK, thanks.

Operator: Your next questions come from the line of Tina Avia. Your line is now open.

Tina Avia: Alright this is Tina Avia from Medstar Health Systems in Baltimore, Maryland. I wanted to clarify the response you gave earlier regarding the parallel 835 being available. Is that for institutional or just for professionals?

Michael Cabral: It's for both.

Tina Avia: OK, my next question is, you gave instructions on how to or who to contact in order those parallel file set up. Could you repeat that with a little more details. I am not familiar with the NGS that you were refereeing to.

Michael Cabral: You are Maryland so, I think you are J12. So, you would be Highmark Medicare System, it's going to be your jurisdictional A/B MAC - who has got - I may have my State wrong.

Tina Avia: So, Highmark is the institutional MAC, yes.

Michael Cabral: No, I am sorry I messed up the state of Maryland. You are covered by Palmetto and that was the number that I had given before to a lady. So, you can call 866.

Tina Avia: No, I am sorry we do not deal with Palmetto we deal with Highmark.

Michael Cabral: I am sorry, are you in Maryland or are you in, which jurisdiction are you in?

Tina Avia: We are in Maryland, yes.

Michael Cabral: I thought it was Highmark Medicare System and we are pulling up the file right now for Part A.

Tina Avia: We're a Part A provider in the State of Maryland and..

Michael Cabral: You should be able to use the following number 866-488-0546.

Tina Avia: OK, and we would simply request the parallel 835 for the 5010, correct?

Michael Cabral: Correct.

Tina Avia: Very good. Thank you so much.

Michael Cabral: Sure.

Operator: And again ladies and gentlemen, if you would like to ask a question, press star then the number one on your telephone key pad.

Your next question comes from line of Vermeer Marcos. Your line is now open.

Vermeer Marcos: Hello.

Michael Cabral: We can hear you.

Vermeer Marcos: I am doing billing for a Home Health Agency to the AT&T DDE, electronically and I wanted to know how I am going to be affected during the submission of claims. How has it changed? How can I get the information regarding that?

Michael Cabral: I am sorry you are breaking up just a little bit. I want to repeat what I thought you said. You are a home health biller billing through the DDE function of the A/B MAC, is that correct?

Vermeer Marcos: DDE through the AT&T yes.

Michael Cabral: Then you shouldn't have to - the DDE screens have been updated to account for the changes between the two versions. You should have little impact.

Vermeer Marcos: OK, so only the DDE screen, the information that I am putting on DDE screen, is it going to be changed?

Michael Cabral: The DDE screens connect directly to the adjudication system so they have updated the screens to account for the required information to get those claims adjudicated, so you should see very little impact.

Vermeer Marcos: OK. Where can I get some information brochures or some source of information of what is going to be changed? I do not want to be surprised when January (inaudible).

Michael Cabral: No, I think the DDE screens have been updated in the FISS system for the Medicare program. So you should be seeing those now. As far as brochures and what not, I believe, and we'll check on this and put this into the meeting notes that the DDE screens documentation really comes through your A/B MAC. We'll check on that one.

Aryeh Langer: And if I can give you..

Vermeer Marcos: Thank you.

Aryeh Langer: Would you like the web address where you can find more information on 5010?

Vermeer Marcos: So I just wanted to get (inaudible) some valuable information. Or maybe it's my fault I can't find that information from them. (Inaudible) in a website some – could you provide me some link where I can get that all information. How am I practically going to be affected during the billings?

Michael Cabral: Right. If you send in to the mailbox resource that we mentioned before the 5010 Fee-For-Service info, that question, we'll get NGS to send you back a link but I – from what I'm hearing, from what you're talking about, there's going to be little impact in the sense that you are using DDE exclusively.

Vermeer Marcos: OK. Thank you very much.

Question and Answer Session Concluded

Operator: Your next question comes from the line of Kelly McDenis. Your line is now open.

Kelly McDenis: Yes, back to the question about the PC Print and the version of the 5010. If we upgrade that now, are we still going to be able to do our 4010 on that? Hello?

Michael Cabral: I was just checking with the person that's looking that handles the remittance advice. It's actually unclear – we'll have to check and if you want to send in that direct question, we'll get to the PC Print off and see if they'll take the 4010 and 5010 in the same file for you.

Kelly McDenis: OK. Thank you.

Michael Cabral: Then we'll update the notes appropriately at the end of this call.

Operator: Your next question comes from the line of Tilda Redman. Your line is now open.

Tilda Redman: Hi. I've got a question regarding the release of information code, and right now we're not compliant with the 5010 so we've been working with our clearinghouse. But in that, like, our doctors go into the hospital and see patients and then we're billing for those hospital claims and so we're thinking, we can't say a yes because we don't actually have the paperwork where the patient has signed on to it. So we have told them to change anything that wasn't a yes to I informed. Is that a correct way of thinking, considering that we don't actually have that patient release of information on site?

Michael Cabral: You know, I'm going to take - that's going to have to go to a policy person so, do you have the mailbox for that, we mentioned before? The mailbox, e-mail address?

Tilda Redman: Was that the 5010 FFS?

Michale Cabral: Yes, it is. If you could write that question up, we'll send that over to the policy folks, if they'll even answer it.

Tilda Redman: OK, then. One other question, when all these questions that are being sent to you, how will we be able to see those answers?

Michael Cabral: There's two methods. When we send it off to a MAC, they'll direct – reply directly to you. Then there's also an FAQ list that we're updating, and then anything else that we're listing?

Angie Bartlett: No. This is Angie Bartlett. What I do is, anyone who sends questions to the 5010 research mailbox, I respond directly back to that individual as well as, we also create a FAQ document which will posted alongside the transcript from this call, approximately in about two to three weeks.

Tilda Redman: OK. So where do we have to go in two to three weeks to find these answers?

Angie Bartlett: You're going to go to our website.

Tilda Redman: To a website?

Angie Bartlett: Yes. Go to our website where we have the transcript to this call and that is www.cms.gov/Versions5010andd0.

Tilda Redman: Well OK. Did you get it?

Female: Yes.

Tilda Redman: What was the last part of that, 5010 what?

Angie Bartlett: 5010andd0, you spell it out a-n-d-d-0

Tilda Redman: OK. Alright, I appreciate it.

Operator: Your next question comes from the line of and Shirely Hoginson. Your line is now open.

Michael Cabral: Shirlely, if you are speaking, you need to take yourself off mute.

Shirely Hoginson: OK, I'm very sorry. We are a DTNH in Minnesota and we are currently bill through the minutes system and so I am wondering what we need to be doing on our end or if it's something that they should be taken care of, through the State system?

Michael Cabral: I don't know Elizabeth if this is.

Elizabeth Reed: Are you speaking about Medicaid claims?

Shirely Hoginson: Well yeah. We are a day training center, and so we bill for the clients through the State system, through the Minnesota State system, and so they sent us, saying that we have to be 5010 ready, but I am not quite sure what that means for us, as a day training center. We bill –our clients are on Medicaid.

Elizabeth Reed: OK. You are going to need to contact the State directly?

Shirely Hoginson: OK

Elizabeth Reed: And ask them what you need to do, if anything? If they're providing you the software then it maybe it's just an upgrade that needs to happen?

Shirely Hoginson: OK. Yeah we bill directly into their system so…

Elizabeth Reed: Yeah, then they should - I mean there should be very little that you have to do if anything.

Shirely Hoginson: OK. Thank you.

Elizabeth Reed: You're welcome.

Operator: Your next question comes from the line of Racine Teresa. Your line is now open.

Racine Teresa: Hi it's Racine Teresa from Family Medical in New Jersey. My question is, we do electronic billing for DME and we are using the clearinghouse currently and what changes do we need to do? Is our software vendor needs to or do any changes or the clearinghouse will do any changes for the 5010?

Michael Cabral: There are two things that I am understanding your model here - you have some software that was provided to you or you purchased and you're going through the clearinghouse to get the connectivity to our EDI contractor…

Racine Teresa: Right we upload our claims to them and then they submit the claims to Medicare for us.

Michael Cabral: OK. Again the same answer because you are using the clearinghouse. The clearinghouse as part of the covered entity model, must be 5010 compliant on January 1st, so they will be taking care of that connection to our CEDI contractor for you, by either giving you the software back to 5010 compliant or creating an internal service that changes the format. But, it sounds like someone is going to be providing you software that needs to be updated.

Racine Teresa: OK.

Elizabeth Reed: And this is Elizabeth Reed, just to enforce that statement. All providers should have already had communications with their clearinghouses that they use, to at least, at a very minimum, to obtain the testing plan, and there should be a testing phase with the transactions being exchanged to the clearinghouse. At that point, there are changes in 5010 where the format has changed. That's basically, what the changes are when we speak 4010 and 5010. It's the format change of the files.

So they maybe updates, you may need to do to your software system to accommodate these changes. So these things should be happening, both with the clearinghouse and a testing phase or a date should have been already set. With the timeline, the implementation date coming up so quickly and you should also contact your software vendor, to see if there are any upgrades that are necessary.

Racine Teresa: OK. Thank you.

Operator: Again ladies and gentlemen if you would like to ask a question press star then the number one on your telephone keypad. Your next question comes from the line of Greg Casper. Your line is now open.

Greg Casper: Thank you. Earlier you had addressed the issue of the States not being ready? Has there been any discussion around States that are trying to mandate like a 10/1/2011 mandate for 5010 formatted claims like Connecticut?

Elizabeth Reed: No.

Greg Casper: OK

Elizabeth Reed: What are you hearing? Can you hear …

Greg Casper: OK

Elizabeth Reed: Can you rephrase that or can you.?

Greg Casper: Sure. We are hearing from the State of Connecticut, that we have to be 5010 compliant by 10/1/11.

Elizabeth Reed: Really?

Greg Casper: Yes.

Elizabeth Reed: Can you send that to the mailbox, stating that?

Greg Casper: Sure.

Elizabeth Reed: I don't believe that I've had my call with Connecticut yet, so that's interesting.

Greg Casper: OK.

Elizabeth Reed: Thank you.

Greg Casper: You bet. Thank you.

Operator: Your next question comes from the line of Nina Sutherland. Your line is now open.

Nina Sutherland: Hi, along the lines of that last question, I have also been told by our commercial payer, that we need to be ready prior to the January 1st deadline; just food for thought. The other question that I have is, CMS intermediary is telling us that our software vendor needs to be approved, before we can go live. But we feel like–we were wondering why since we do our own customization of the claim forms after the software is generated anyways. Why do we need to do that separate step? And is it true that the vendor has to be approved before a provider group can send claims in 5010 format?

Michael Cabral: I am sorry, was it Nina? I don't know if I caught the name.

Nina Sutherland: Yes.

Michael Cabral: OK. It's kind of a two-edged sword. We don't just – the vendor needs to have approved clients, which would be you, as a provider to the Medicare program before they are able to turn focus onto production. But it sounds like you do some additional – what I heard your statement say is you do additional work to their software after they install it for you? Is that correct?

Nina Sutherland: Yeah, it's a completely customizable software there's lots of programming windows and so we – every payer has their own flavor of the HIPAA ANSI 5010 spec. So we customize it to fit the needs of our payers.

Michael Cabral: OK. So in the Medicare program, yes it's true. The vendors need to pass before they will get on an approved vendors list, and they have to have provider clients before they can actually be on that list. That's really what the A/B MAC is trying to tell you.

Nina Sutherland: We are struggling with that because the requirements that they are saying that need to be followed by the software vendors, that it has to be like real data. Like, it has to be real subscriber IDs in order to pass into their systems, yet we are not wanting to share our patient data with the software vendor. So we are kind in a catch 22.

Michael Cabral: That one – OK, send that one in to the mailbox. We will get an answer on that. Do you have the e-mail address?

Nina Sutherland: I do.

Michael Cabral: Because, there is some granularity I want to get into, when we get into that, relative to test data and your vendor.

Nina Sutherland: And as far as a commercial payer…

Michael Cabral: I'm sorry I didn't catch which State you are billing Medicare for?

Nina Sutherland: Tennessee.

Michael Cabral: Tennessee.

Nina Sutherland: And as far as the commercial payer setting an implementation date prior to January 1, is there anything that can be done about that? Is there something …

Michael Cabral: What the regs clearly states is that the two levels that were announced; were testing internally had to be completed prior to January 1st, of 2011, and that external Trading Partner testing must be completed prior to January 1st, of 2012. You can mutually agree to go earlier, but the regs where the last day for cut over would be the current January 1st, 2012.

Nina Sutherland: So is there somewhere I can go to look at who I should be complaining to about the new requirements?

Michael Cabral: Our Office of E Standards and Services has a complaint website. If you send in your question to that mailbox we'll get you the link.

Nina Sutherland: OK, thank you.

Operator: Your next question comes from the line of Ashley Moe. Your line is now open.

Ashley Moe: Hi, I'm Ashley Moe with New York Physicians. A couple of questions: I have already started testing and received some 277 reports back which loaded fine.

It looks like everything got accepted. Beyond that, is there anything else that I need to ensure that I'm already 5010 compliant?

Michael Cabral: It sounds like from what you've just described you sent in your test files, they've returned 100 percent compliance for all of the tests that you've conducted, is that correct?

Ashley Moe: Yes, that is correct.

Michael Cabral: Then each MAC is in charge of transitioning of their Trading Partners. So I'm not sure if it just a little backlog and they haven't gotten back to you to say that you're approved and you can switch over to production. But from what you are describing to me on this call it sounds like you are ready to go 5010 and we have quite a few claims that are in production already on the B and the A side. And just for those folks on the phone.

Ashley Moe: (Inaudible)

Michael Cabral: I'm sorry.

Ashley Moe: I'm sorry. So what you are saying is that the MAC is supposed to send something back to me that indicates I'm in compliance and I can move over to production?

Michael Cabral: They are reporting to us their approved and ready for production and those they've cut over to production numbers already. So, from what you've described to me, it sounds like you've—that there is a number of tasks you have to perform—and from what you've described, you've completed at least one of those. So it just means you need to check with the EDI Department and if they are in agreement, sounds like you are ready for production from what I can hear.

Ashley Moe: OK, and we can switch over to production sooner than January, right?

Michael Cabral: Yes you can, because they are coming out of our production environment.

Ashley Moe: OK, terrific. Thank you.

Michael Cabral: OK. Thank you. Before the operator goes back, I would like to give out a web address for the compliance question we just got. The url is as follows: http://www.cms.gov/enforcement. And we will that in our frequently asked questions list I suppose.

Angie Bartlett: And this is in reference to what Mike was saying with the Office of E-Health Standards and Services.

Michael Cabral: We can go to the next question operator.

Operator: Your next question comes from the line of Diana Ralph. Your line is now open.

Diana Ralph: Hi, I just want… Diana Ralph from Florida Eye Center at St Petersburg Forida. I want to follow up to previous question regarding the 835 parallel testing. We are using the clearinghouse for submitting our claims to you guys and they are obviously looking after that side of it. And we also get our remittance advices through them. Do we have to wait until they are in 5010 production before we can ask for our parallel testing? Do we have to contact them to ask for parallel testing, or should we just work straight with the MAC on that?

Michael Cabral: They are actually picking up your remittance advice for you and delivering it to your organization, is that correct?

Diana Ralph: Yes.

Michael Cabral: Then they actually need to work with the MAC because that is what electronic connection is. They need to let their MAC know that they are ready to do 5010 production and they should have a, as this was mentioned earlier, a list, a communication, some documentation of how they are going to convert their clients. I don't know if you have software in place to directly take in the 835, if you don't then you are dependent upon your clearinghouse for that cut over activity.

Diana Ralph: OK. Thank you.

Operator: And there are no further questions at this time.

Aryeh Langer: OK, great. I would like to thank all of you for joining us on today's call. Our next call will actually be in November in approximately two months and we will be sending out a listserv message with all the call registration and information. So if you visit the CMS website which was given out a couple of times during the call, you can look for the audio version and transcript along with the questions answered from today's call, and we look forward to speaking to you in the future. Thanks so much.

Operator: Ladies and gentlemen this has concluded today's conference call. You may now disconnect.

END