

**Centers for Medicare & Medicaid Services
18th National Provider Call on Medicare Fee-For-Service
Implementation of HIPAA Version 5010 and D.0 Transactions
MAC Panel Question and Answer Session
Moderator: Charles Eleftheriou
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Operator: Welcome to the 18th National Provider Call on Medicare Fee-For-Service Implementation of HIPAA Version 5010 and D.0 Transactions MAC Panel Question and Answer Session conference call. All lines will remain in a listen-only mode until the question and answer session. Today's conference call is being recorded and transcribed. If anyone has any objections you may disconnect at this time. Thank you for participating in today's call. I will now turn the conference call over 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 at CMS, and I would like to welcome you to this 18th National Provider Conference Call on HIPAA version 5010. Today's call will be a Medicare Administrative Contractor panel or MAC panel question and answer session. It will include a Medicare Fee-For-Service 5010 status update, and a brief status update from all MACs. This will all be followed by a question and answer session giving today's participants the opportunity to ask their MACs specific questions related to 5010 implementation.

Today we're using an optional webinar feature as part of this national conference call. This will not have an effect on participants who are dialing into the audio line only, but the webinar is an added feature that allows participants who have Internet access the ability to follow our presentation online as it is given.

To access this Adobe Connect Pro webinar go to <http://webinar.cms.hhs.gov/medicareffs5010>. Once there, please sign in as a guest by entering your first and last name, and note that even when participating on the webinar portion of this call, you must still dial into the conference call in order to hear the audio portion of the presentation.

Also note this webinar's capacity is limited to 1,000 participants and access is on a first-come-first-serve basis. In the event that capacity is reached, you may get an error message. In case of this, we've created a second webinar room for

up to an additional 500 participants, which can be accessed at the following web address – <http://webinar.cms.hhs.gov/medicareffs5010-2>. The use of this secondary webinar link is no different than the original, and access is also on a first-come-first-serve basis. If you get an error message attempting to join this second room as well, capacity has been filled. In this case, simply visit the 5010 National Call Page at [cms.gov/versions5010andd0](https://www.cms.gov/versions5010andd0) and select today's call from the list, and download the presentation from there. You'll then be able to follow along manually during the call.

One final item – if you'd like to submit a question related to this call, please e-mail it to the e-mail address 5010ffsinfo@cms.hhs.gov. This mailbox only accepts questions the day before, day of, and day after a 5010 National Call, and your question may not be answered immediately. The e-mail address again is 5010ffsinfo@cms.hhs.gov. With all of that said, I would like to now turn the call over to Angie Bartlett, Health Insurance Specialist with the Division of Transactions, Applications & Standards in the Office of Information Services here at CMS. Angie.

Angie Bartlett: Thank you. Hi, my name is Angie Bartlett and I'm a Health Insurance Specialist with the Centers for Medicare & Medicaid Services, specifically working with the Medicare Fee-For-Service as a Data Interchange Subject Matter Expert. I'd 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 what CMS has been working on related to the implementation of programs HIPAA 5010 and D.O.

I am joined today by a panel of our Medicare 5010 team as well as other MAC contractors. We hope today to provide you with an overview and a time status of HIPAA 5010, as well as encourage you to begin testing immediately. The purpose of today's call is to focus on the readiness for 5010. We are going to have a group of contractors who are going to be emphasizing the necessity to test now- what's being done by their local contractor in order to get ready for a test date, and I'm as well going to provide a brief 5010 overview.

So, the next slide, slide three. You can see our agenda. We are going to do an overview from the Medicare Fee-For-Service perspective, and then the MAC presentations are going to follow. Now on to slide four. This is our – today’s contractor panel. What I’m going to have them do is- the contractors are going to announce their names, the name of their company, as well as their jurisdiction numbers so you can get used to hearing the sound of their name and their voice. So, for Jurisdiction 1.

Kim Campbell: Good afternoon, this is Kim Campbell, and I’m from Palmetto GBA. And I'm here today representing Jurisdictions 1 and 11.

Angie Bartlett: J3.

Tabetha Nilson: This is Tabetha Nilson, and I’m representing Noridian Administrative Services for J3. And I also have Jeremy Swanson on the line with me.

Angie Bartlett: OK. J4.

Pam Kitchens: This is Pam Kitchens and I am representing TrailBlazer Health Enterprises, Jurisdiction 4, and Palmetto GBA, Louisiana, Mississippi, Part A.

Angie Bartlett: J5.

Lisa Cuocci: Hi, I'm Lisa Cuocci, I’m with Wisconsin Physicians Service. And I'm representing the MAC J5 Jurisdiction.

Angie Bartlett: J9.

Shelly March: That’s me, and this is Shelly March. I’m with First Coast Service Options, representing Jurisdiction 9.

Angie Bartlett: J10.

Paula Reed: Good afternoon, this is Paula Reed. I’m with Cahaba GBA, representing Jurisdiction 10.

Angie Bartlett: And Kim Campbell already announced herself as Jurisdiction 1. Now on to Jurisdiction 12.

Rodney Stone: Hi, this is Rodney Stone from Highmark Medicare Services, representing MAC Jurisdiction 12.

Angie Bartlett: J13.

James Bavoso: Good afternoon, this is Jim Bavoso from National Government Services, representing J13 for Connecticut and New York.

Angie Bartlett: J14.

Tom Langstone: Good afternoon. This is Tom Langstone. I'm with NHIC Corp., Jurisdiction 14, Part B. And I have Kathy O'Brien, my colleague, on the line with me.

Angie Bartlett: J15.

Gloria Lucas: Good afternoon, this is Gloria Lucas from CGS Medicare. And I'm representing Jurisdiction 15.

Angie Bartlett: And CEDI.

Tonya Lewis: Hello my name is Tonya Lewis. I'm with the Common Electronic Data Interchange. And we're with the CEDI DME Front End MAC. And I have Mike Todd on the phone with us as well.

Angie Bartlett: Thank you, and now we're going to move to slide five, the general overview. So, who needs to know about Medicare Fee-For-Service implementation of 5010 D.0? If you are a covered entity under the Health Insurance Portability and Accountability Act, HIPAA, you are mandated to comply with the transition to version 5010 and D.0 for electronic administrative transactions. There are a number of electronic transactions supported by Medicare Fee-For-Service, all of which you've probably heard about this year if you've been tuning in to our previous national calls.

Quickly, they are institutional and professional claims, the 837 I and P; the eligibility inquiry and response, 270/271; claim status inquiry and response, 276/277; remittance advice 835; and the CMS implementation for standard

acknowledgements: TA1, 999, and Health Care Claim Acknowledgement 277CA.

OK, next slide. On to slide number six. Here's our implementation status- where we stand. The MACs have now completed running their certification tests. CMS is 5010 production ready and all MAC and legacy contractors are now testing with their external Trading Partners. So, Trading Partners are also in test to production mode for both parts A and B. Some of our quick standpoints and notes we have are our HETS 270/271 eligibility transactions now has 57 submitter IDs have tested and are sending 5010 270 requests. This is about 20 percent of their total submitting volume. In addition, we have 10 submitters to migrate a hundred percent of their HETS 270/271 volumes to 5010A1; that's currently about 3.5 percent.

And it's important to note that of the tested 5010A1 so far, it actually accounts for 75 percent of the total HETS volume, just due to the number of what they have. We are also receiving a number of questions into our resource mailbox, as well as the questions submitted prior to this call about- surrounding 5010 compliance dates. So, we just want to clear up a little bit of confusion and say that the version 5010 compliance date is January 1, 2012. This is a firm date and not expected to change.

Under HIPAA, covered entities reporting compliance issues with implementing new versions have reported success with resolving those issues by electing to contract with a clearinghouse or clearinghouses on either a temporary or permanent solution, and we urge you to seek relief via these or any other mechanisms available to you at this time. OK, at this time I'm going to turn it over to Jurisdictions 1.

Jurisdictions 1, 4 and 11: Palmetto GBA

Kim Campbell: Thank you, once again, this is Kim Campbell from Palmetto GBA. And if you're following along with us, I'm on slide seven, which is for Jurisdictions 1, 4, 11 – Louisiana, Mississippi. And what I'd like to do is just give you a little feedback on Palmetto GBA and let you know where we stand and what

we have available for you. We currently have three different technical support levels that are working with the 5010 transactions to provide support to all of our providers, software vendors, clearinghouses, and billing services.

And the ones that you're familiar with, for those that call in to us, you typically call into our help desk. That's our first level who answers the basic questions for you. If they're not able to fully answer those questions, they will transfer you up to our second level, who is the group that you work with to help you resolve any issues that you have.

Our third level of support is the group that is currently monitoring the 5010 production claims that are coming into the system. They're monitoring from the front door all the way in through processing, and until the remits are generated to make sure that there's not any issues. And if there is they are working with- directly with CMS in the standard systems to report those issues and get resolution for them.

As far as our outreach goes, we've got a lot of different articles, listservs, information on our website. And I wanted to call you attention to our website to let you know that on the palmettogba.com/medicare website, we have a ANSI 5010 section that is dedicated to all of the information that we have.

The one thing that you want to make sure that you do, is when you go to our website, please make sure that you choose your LOB. In other words, J1 providers, please either choose the J1 Part A or or J1 Part B. The same goes for Jurisdiction 11 as well as our Railroad providers. And then once you click on that, of course you'll see the EDI section on the left. And then there's the ANSI 5010 section that is there for you. I do, at this time, want to call attention to the Virginia/West Virginia Part A providers to let you know that you should still continue to monitor the NGS website, and to contact their help desk if you have any questions or issues as far as 5010 goes.

Moving on forward- want to talk a little bit about the testing. We do not require you to schedule testing with us. We actually have articles that are posted with the details about what you need to do to test, and then what you need to do that once you passed your test, and that, of course, is under the

ANSI 5010 section of our website. It's an article and there's a manual that's posted with it. We also have a certified vendor list that is posted out under the ANSI 5010 section that will let you know when your vendor has completed and passed their – and been certified, because we will post their information out on that list and we update that as soon as we have vendors that complete their testing.

Then also, for some of you that may be concerned about if you're – what your vendor is doing, or your clearinghouse, or your billing services, we are contacting all of our large vendors, billing services, clearinghouses to see if there's anything that we can do to assist them- to find out what their testing schedules are, when they plan to go to into production. We want to make sure that they have all the assistance that they need from us so that they can complete their testing and then work toward getting their providers switched over to 5010.

And then really as a last thing, I just want to let our providers in Jurisdiction 1 know that in October we will be having our annual MACtoberfest. So, if you have not registered for that, please go out to the website and register. We will be conducting special EDI 5010 sessions at that conference. And we will also be able to answer individual questions for you during that time.

And for our J11 providers, wanted to let you know that we will be attending the National Association of Home Care and Hospice Conference in October as well. And also, we will be presenting a session on 5010 updates, and we'll also be able to answer individual questions at that time. As you're looking at slide 8, you'll see that it does provide you with the EDI Help Desk phone number, as well as our website. And, of course, we can be contacted either via telephone or through our website. And at this time, I'd like to turn it over to Pam Kitchens for her to give you the updates on Jurisdiction 4.

Jurisdiction 4: TrailBlazer & Louisiana, Mississippi Part A: Palmetto GBA

Pam Kitchens: Thank you, Kim. Hi, everyone. My name is Pam Kitchens again, and I am the EDI manager for TrailBlazer Health Enterprises, the J4 A/B MAC, as well as

the manager the Palmetto GBA Louisiana, Mississippi Part A. Our three levels of technical support are the same as stated previously by Kim Campbell. So, everyone could just refer to her notes for that. I wanted to remind everyone that you may test anytime you would like with us without contacting us. Just please make sure that you're using a test indicator in your file. This applies to TrailBlazer, as well as Palmetto Louisiana Part A customers. We are also working closely with our vendors, clearinghouses, and billing services for 5010 testing and readiness for production. Please make sure you register on the TrailBlazer or Palmetto GBA website as shown on the screen, so that you will receive the most updated 5010 information that may apply to you. Under each website we have posted our testing instructions. Please make sure you meet the requested requirements for testing- submit the 25 claims and have an accepted 999 and accepted 277CA.

So, I encourage everybody to please begin testing as soon as possible. Our phone number and website are stated here. Please contact us via the website under the Contact Us buttons, or please give us a call if you need assistance and we'll be here to help you. Now, I'm going to turn it over to Tabetha Nilson for Jurisdiction 3. Thank you.

Jurisdiction 3: Noridian

Tabetha Nilson: Thank you, Pam. This is Tabetha Nilson from Noridian, Jurisdiction 3. Our 5010 testing for our Noridian and Legacy J3- or Noridian Legacy and J3 providers was made available on the first of this year through our TOB system. Testing does not need to be scheduled with our EDI Help Desk. Providers and vendors can test at their own pace through our TOB system, and test results are received almost instantly.

In March, we had our first Medicare provider successfully pass testing for 5010 with our first Med B provider going live on 5010 in June, and our first Med A provider going live in August. We have also begun parallel testing the 835 this month. And if you are interested in parallel testing the 835 transaction, you will need to contact our EDI Help Desk to get this scheduled. I also wanted to mention that the phone number to our EDI Help Desk is listed

on slide 30 of this presentation, as well as the link to our website. This contact information applies to both our J3 and Legacy lines of business. On our website, just click on the State you are from and you will find all of the information you need to begin testing for your 5010 implementation right under our 5010 implementation web ticker.

I'm now going to hand off the presentation to Lisa Cuocci from J5.

Jurisdiction 5: Wisconsin Physicians Service Insurance Corporation

Lisa Cuocci: Thank you, Tabetha. As Tabetha mentioned, I'm with MAC J5, and my name is Lisa Cuocci. Want to direct you to slide number 10, and we have a 5010 readiness site available for you. It's at <http://www.wpsic.com/edi/5010-Readiness.shtml>. That's an excellent resource for information. It has links to the industry, including CMS's site. It includes some FAQs, Frequently Asked Questions, some 5010 PowerPoints that WPS has previously presented to our providers, as well as top 10 errors and Companion Guides, and our listing of approved vendors. I'd like to invite the J5 B and Legacy A and B providers to our EDIS contractor teleconferences. Our next in our series will be on October the 5th at 1:00 p.m. Central Time. And on slide number 10 we include the dial-in and caller ID information.

As mentioned on our 5010 readiness site, we do include the Companion Guides, and on slide 10 we've included that URL for your convenience. Moving onto the next slide in terms of testing. We are following CMS' guidelines for testing, which is that files must have a minimum of 25 claims, and we'll be testing with errata versions only. We require that you pass for 100 percent syntax error and have 95 percent business rule compliance. For the ISA14, we recommend that you include the value of one, and that allows us to return a TA1 in case there is a not well-formed file.

For the ISA15, when you're testing that must equal T. And just as an FYI, submitters are considered in test until they're approved by the contractor. Guidance from WPS- we would recommend that you test early, move into production early, so that you have the greatest opportunity to get the support

and service that you're accustomed to from both the Medicare Contractors as well as your vendors and clearinghouses. And as a reminder, this is not just a Medicare issue. So, again, test early, go into production early.

Moving onto slide number 12, we're including some information regarding WPS Medicare EDI contact information, including e-mail address as well as phone numbers. That concludes the WPS portion. I'm going to move over to Shelly March from First Coast Service Options, and J5- or, excuse me, J9. Thank you.

Jurisdiction 9: First Coast Service Options Inc.

Shelly March: Thank you, Lisa. Good afternoon, everybody, and I appreciate everyone joining us today. This is Shelly March from First Coast Service Options, J9. If you will notice on slide 13, we have listed there our upcoming educational events for 5010. We have next week on the 8th, we have a 5010 Testing Trends and Issues webcast. The other one is slated for November 4th. The second section there is for our provider outreach and education events. We have webcasts that are scheduled for August 12th and September 9th.

And then for our Medifest events, which are in Jacksonville on September 12th through the 15th and then again in Puerto Rico during October, that will be the week of the 17th through the 19th. The September 12th session will actually be face-to-face, one-on-one 5010 technical training. We have two sessions, one in the morning, one in the afternoon. Those are free and separate from Medifest, but we've encountered – incorporated them with Medifest because everyone is going to be there anyway. So, if you'd like to register for either of the Medifest events, you can go to our website under our education section and go ahead and enroll and be a participant. Again, the 5010 sessions are free and separate from Medifest events. In October we will be in Puerto Rico. We'll be going to St. Thomas, San Juan, and Ponce. So, if anyone is over in that region you're welcome to join us there as well.

At the bottom we have our bi-monthly all-contractor calls that are with our First Coast J9 providers. There's one slotted for Part A for September 20th and

Part B in the afternoon, I believe for also Part B. And if you have not signed up for our listserv, I would recommend that you go out there and sign up so that you get all of the latest information from whether it's EDI or from all of our sections.

And if you go to slide 14, we do request that you schedule your test with us prior to sending only because of the number of Trading Partners we have. It's easier if we know that you're testing, so we know to look for your file so that if you have any problems getting into the gateway or past the translator, we can assist you with that. So, the number is there to call and schedule. It's Option 5. And anything that has been scheduled, we'll review. If you haven't scheduled with us, there's a good chance that we may not be able to review it based on the volume of testing for that day.

Again, on the Medicare.fcso.com website, it contains tips and helpful hints—that's under our HIPAA 5010 link. There's great information out there. We have the latest news. We have tips, which is great if you haven't started in your testing yet. The tips out there will show you what other people have encountered when they start testing, so that you can go ahead and correct those prior to submissions. We have tutorials. We have our resources which has vast information, one of which being our approved vendor list. If you – if you could take a look at that you'll see that it hasn't grown much, so we're encouraging anybody out there to test with us and start early.

And we have our GetReady 5010 sections. I recommend that you go to all of these, if you have not begun testing. We only have about 28 percent of our Trading Partner universe that's been approved for production. So, we're ready and waiting for your tests. We are doing proactive calls. We're calling our customers to see what their state of readiness is, when we can schedule them, and what we can do to help assist them. Once we go through our Trading Partners, then we'll begin calling- if you're not a direct biller, you go through a billing service or clearinghouse, then we'll start contacting the provider directly to say, "Did you know that your provider, or your billing service clearinghouse is not yet tested?" So, we are doing as much proactive outreach

as possible, along with sending letters to our top 100 Trading Partners based on volume that are not tested with us.

So, please as everyone else has said, test early. Test as soon as you can so that you can move into production and not impact your cash flow. So, with that said, I'll turn it over to Lisa Cuocci from Cahaba J10. I'm sorry, Lisa that was you. I'm sorry, I'm going to Paula Reed now.

Jurisdiction 10: Cahaba GBA

Paula Reed: Thank you, Shelly. Again, this is Paula Reed. I'm with Cahaba GBA representing Jurisdiction 10. Today I just want to give you some of the overview of Cahaba's testing requirements for you to move into the 5010 environment. Once you are ready to start testing, we ask that you complete a HIPAA 5010 testing form. You will need to contact the EDI Help Desk at 866-582-3253 for more information. After contacting the EDI Help Desk and the testing form is complete, you will be assigned an EDI representative that will work directly with you through the testing process. Test files can be sent 24 hours a day, and you are not required to contact us when you are ready to send your test files. You may send test files at any time that you are ready. We recommend that you submit a test file of at least 25 claims that provides a good representation of your typical file submission. If your typical claim file is less than 25 claims, please send a test file that is comparable to your normal average claims submission, comprising the types of claims that you normally submit. We do ask that you review all of your reportings, the 999 and the 277CA. And make any necessary corrections as needed, and continue to submit test files until you have a clean pass through of your – of your testing.

Also, if you would like to test the 835 transaction, please contact the EDI Help Desk to speak with an EDI representative. Please note that the 835 will be a parallel of the 4010A1 production file. Also, if you are using Medicare's free billing software, PC-ACE Pro32, testing is not required. There will be more information coming out about the PC-ACE Pro32 and the 5010 migration, so please monitor our website for that information.

Moving on now to slide 16 – wanted to let you know the processing times for receiving your 999 and your 277CA, as these are a little bit different than what you're accustomed to with our current 4010 process. The current 997 is usually available within two hours after a file has been transmitted. With 5010, you will now receive a 999 for any submission of an 837 or a 276 file. It will generate a 999 on the hour from 8:00 a.m. to 4:00 p.m. Central Time. Please be aware that any file received after 4:00 p.m. Central Time, the report will be generated the next day.

Now, let's discuss the 277CA, which will replace the current EDI audit trail reports you are accustomed to receiving from Cahaba. Currently the audit trail report is generated the next day if your file is received before 3:30 p.m. Central Time. This will be replaced by the 277CA. With 5010, the 277CA will be available for retrieval once daily at 5:00 p.m. Central. Just as today, no matter how many transmissions are received on a particular day, only one 277CA report will be generated. A single file will be created and placed in your directory on the FTP server daily, and that is, again, the 277CA.

Now I would like to turn the presentation over to Rodney Stone, who is representing Highmark with Jurisdiction 12. Rodney.

Jurisdiction 12: Highmark Medicare Services

Rodney Stone: Thank you very much. Again, my name is Rodney Stone from Highmark Medicare Services representing Jurisdiction 12. Our information starts on slide 17. We've been accepting test files for version 5010 since the beginning of January of this year. We did start receiving our first Medicare Part B claims in a production mode on April the 29th. We followed that up with the production 837-I files starting on July the 25th. We require that Trading Partners that are actually using their own software- they're required to submit test files. The providers and billing services using an approved vendor or clearinghouse are not required to test.

I'll show you some links on the next page, but one thing I want to point out here is there is an approved vendor list for our 5010 business on our website.

So, if you're not sure if your vendor has been approved, feel free to check out our approved vendor list. It will show you specifically the vendors that have already been certified to submit production files with their software. The test files must include 25 claims, again, that represent a variety of your provider services. Testing is encouraged to be completed using our Mpower Provider Portal, which is an Internet-based testing portal. The Internet access – if Internet access is not available we also support manual testing via Async dial-up or Secure File Transfer Protocol, the SFTP, via third party network service vendor.

The response reports, such as the 999 and the 277CA, are provided within several minutes of the receipt of your 837 file. And those are the files that provide the details of accepted claims and rejected claims. Trading Partners using the Mpower Provider Portal, which is the web-based testing tool, that pass 100 percent of syntax and 95 percent of the data testing are going to be moved to production within three business days. The nice feature there is that it automatically detects who's been approved, and your status to move to production happens automatically. If you don't have access to the Internet, and you're not using Mpower, it takes a little bit longer for us to process your test file and move you to production, but that will typically happen within 10 business days of the receipt of a good file.

On slide 18, we have listed here some contact information to help you get started in testing or to support current testing roles. We have, of course, our EDI Help Desk technical support at 1-866-488-0546. We provide timely feedback in response to the test files in the form of Electronic Data Interchange reports, which are the TRNACK, the PA1, the 999, and the 277CA. The next few lines have important information that links to specific places on our website where you can gather 5010 testing information and transition information. The first one is the 5010 testing tips document on our website. There's some – what we've done is we've compiled tips based on feedback from our – from our testers and from our previous experience. So, that should be useful for you.

Again, there's the testing portal, which is called Mpower, and that's where you can go in and login, and complete the testing certification automatically. We have our 5010 Companion Guides on our website, that's the 5010 guide, again, those – the URL is listed there. We – on a regular basis provide information via our 5010 transition newsletter. We include the most up-to-date information based on our transition status in those newsletters. We have a listing of frequently asked questions for those common questions and solutions. We have also listserv messages that we send out for very high priority issues or concerns, or to answer questions. And the link here is a link so that you can, if you haven't already, I encourage you to click on this link, and join the 5010 or the EDI Highmark Medicare Services listserv mail groups. We also provide a link here to the upcoming 5010 transition webinars that are going to happen throughout the remainder of this year.

We are in the process of reaching out to our large volume submitters, our vendors that have not started to test yet. Again, if you have any issues or concerns, please give us a call or check out our website. We encourage you to test now as opposed to waiting until the end of the year, so that we can get your tests through timely and get you set up for 5010 production. I want to encourage you again to look at the vendor- the approved vendor list and to just start testing as early as possible. That's all I have at this point in time. I'd like to turn it over to Jim Bavoso from Jurisdiction 13.

Jurisdiction 13: National Government Services

Jim Bavoso: Thank you, Rodney. Good afternoon, everyone. Again, as Rodney said, I am representing Jurisdiction 13, Part A and B for Connecticut and New York. And just to reiterate what has been said by my colleagues, we are all asking everyone who is attending this to begin to get into us; start that testing process to move to production sooner rather than later. And I hope that is the biggest takeaway that you take from this.

National Government Services, we have been testing the 5010 format since January 1 and the errata version since April, and we have been trying to get as many people as possible to test with us and move into production. We have

been conducting at least monthly teleconferences and webinars and live events to cajole, to bring to the attention of the Trading Partners, the issues that need to be taken care of to help them move along to become – of production in 5010. We've conducted a number of live events over the past few months, very large ones. In fact, we have one going on yesterday and today in Stamford, Connecticut, and we have over 300 people scheduled just to attend the 5010 session, which I'm hoping will get people moving towards the - towards testing with us.

We have seen an influx in testing over the past couple of weeks, which is a good sign. Hopefully people are beginning to realize that they need to get this done sooner rather than later. I'll call your attention to slide number 19. You'll see on slide number 19, we have a dedicated web page at ngsmedicare.com. Just click on the electronic claim submission and you'll see the 5010 web page. We also have, as you can see at the top of this slide, an inquiry mailbox. You can send any questions you may have about 5010 to us, and we'll be happy to answer them for you.

On our web page we have established the implementation and timelines that you need to know, also, testing information- everything you need to know about testing with us. Like our colleagues, we've also created an approved entities list. Those clearing services, billing – clearinghouses, billing services; practice management software vendors who have already approved and are moving towards production. We have issue – information about the front end reports. Also, information about the free software programs that we offer, and what needs to be done with those, and also technical information – and technical guide.

We are beginning a major portion, major outreach program beginning tomorrow. We've actually begun this past week. And notifying and contacting the large Trading Partners and those who have not yet begun to do submissions. And you can see on slide number 20 that is what we will be doing over the course of the next few months. We will be ramping up our educational programs to bring you – to bring to your attention what is taking place with 5010.

I am also today representing NHIC Corp. for Medicare Part A in Jurisdiction 14. And then I call your attention to slides 21 and 22. Again, we've seen an increase in testing for the Part A providers over the past couple of weeks – in 5010 files; which is a good sign for us. We are also conducting numerous sessions – teleconference, webinars- and we will also be doing a live session, a live event in early November. And Tom Langstone will talk a little bit more about that when he talks about Part B. Again, we've been – we will be doing a number of outreach calls for those who have not yet gone to test over the next couple of weeks to start to see what their migration plans are and how we can assist them.

If you turn to slide 22, once again we've created a dedicated 5010 web page. They'll be information about getting ready for 5010- what they need to do, how to test with us. You do not have to set up an appointment to test. You can just do it by changing into a test mode. We have questions and answers we've culled from all of the teleconferences that live events inaudible creating. We have an implementation calendar, the timelines, FAQs, and the top 10 submission questions. That's all I have. At this point, I'd like to turn it over to Tom Langstone. Tom.

Jurisdiction 14: NHIC Corp.

Tom Langstone: Thank you, Jim. Good afternoon, everyone. As Jim said, my name is Tom Langstone, and I'm representing an NHIC Corp, Jurisdiction 14 Part B. And as you can see on slide 23, we just want to give you an overview of some of the outreach and education transition year highlights. In terms of teleconferences, we started teleconferences on the topic of 5010 in January of 2011. And up to this point, we've had 300, probably 300 plus participants for teleconferences. We have three more coming up this year, September, October, and November, all on the topic of 5010, and you can register for those at our medicarenhic.com website on the Educational Programs Page.

We also, as many of my colleagues have mentioned, have a dedicated 5010 web page. So, you can access that and you'll see the 5010 banner countdown. Letting you know how many number of days are left before implementation.

And when you look at that number, which is not many over 100 right now, it kind of drives home the point that folks have been making, that it's so important to get ready and start testing now. We also have 5010 updates on our web page, the implementation calendar, a lot of frequently asked questions that we get, and our teleconference questions and answers. And our registration site for all of our 5010 activities is also on that dedicated web page, along with the top 10 submission errors.

In terms of 5010 outreach, as Jim had mentioned, we are starting a particular outreach targeted to our top 100 non-testers as identified by our EDI department. However, our outreach spans all our – all our submitters. And we do have a weekly listserv reminder that is part of the template now on our Part B weekly listserv. And it's just a short blurb that talks about the importance of testing. And so that goes out weekly. We do two special listservs, monthly publications regarding 5010 information and the importance of testing. We started those just this month in August.

We also have done an e-mail blast to physician and hospital associations in the States of Maine, Rhode Island, New Hampshire, Massachusetts, and Vermont. And we actually sent those blasts out in mid-July, and we plan to do it again in September. And we have had some very nice response from the contact folks saying that this was very helpful information for them and they were going to distribute it in their newsletters and on their websites.

We've done a lot of face-to-face education around 5010 as well. At the Mass Rhode Island payer day, there were over 100 providers there who – to whom we gave information on 5010. At the Association of Community Cancer Centers we had 80 plus providers, and again, offered 5010 education. The Rhode Island Medical Group Management Association and the New Hampshire Podiatry Society, about 50 each there, face-to-face with handouts and some of those wonderful gifts that were provided to us by CMS to offer to our face-to-face encounters with providers.

And we're also beginning- starting the first week of September right after the holiday- our invitational specialty testing weeks program. And this is an

attempt to engage specialty groups in the testing process, especially maybe the smaller groups. So, what we're doing, we're promoting these by listserv targeted to, for instance, chiropractic associations in our – in our jurisdiction, just to let them know that we have a special testing week dedicated to them where they can get some personalized service around their testing issues.

And what we're hoping will happen here is that if folks are not ready to test, this kind of invitation will give them a jar to say, boy I had better start talking to my vendor, or my clearinghouse, or my billing service, or whatever. And if they have not been testing yet, but they're in the process of almost being ready, we can help them through that and hopefully get them started testing during these specialty weeks. So, we'll be doing chiropractic followed by occupational therapy and physical therapy, then ambulance, podiatry, and ending up with mental health the first week of October.

On the next slide, number 24, we just wanted to give you a little reporting information from our July statistics around testing in version 5010, and also submitters we have in production. So, as you can see, on the left-hand side as you're looking at the slide, in testing, Massachusetts has right now 30- well, at that point and time- 36 submitters representing 83 providers testing in 5010. And our States of New Hampshire, Rhode Island, and Vermont are really kind of low on that. So, we do ask providers from those States, along with Maine, if you haven't started testing, please, please give our EDI department a call. Again, as everyone else has said, you don't need an appointment at this time. We are ready to test with you.

In terms of production for our July statistics, again, Massachusetts was our leader with 20 submitters representing 28 providers in production in version 5010. And again, the States of New Hampshire, Vermont, Rhode Island, Maine- again, we urge you to get testing, to get cleared, and get it moved into production as soon as you can. Really our overall message to our providers – continue to test. If you haven't started testing, start now. And we have noticed that there's some apprehension about the 835. And we really want folks to know that they can continue to receive 4010 835s while they're testing their 5010 835s, and then transition to 5010 835 production when they're ready to

do so. They just need to tell us when they want – when they want us to flip that switch.

So, again, as everyone else has said, we encourage you. Begin testing now if you haven't begun; if you haven't even begun, to get ready to take those first steps of contacting your vendors, clearinghouses, billing services, and finding out what their plan is for you to submit claims in 5010. And with that I will turn it over to Gloria Lucas from Jurisdiction 15.

Jurisdiction 15: CGS

Gloria Lucas: Thank you, Tom. My name is Gloria Lucas and I am representing J15. And if you would take a look at slide 25. CGS began 5010 testing after we took over the J15 contract in June. We have successfully tested Trading Partners in both Ohio Part B, and home health and hospice. You do not need to contact CGS before you begin testing. We do ask that you send us a test file which contains 25 claims and that would be representative of the types of things that you would send to Medicare. And you would have a T for test in ISA15. Once you get a clean 277CA, we ask that you contact our CGS EDI Help Desk.

CGS is also providing 835 parallel testing. To schedule the 835 testing, please contact our EDI Help Desk at 866-758-5666. Part A Kentucky and Ohio Trading Partners can begin testing- 5010 testing after they begin transmitting claims to CGS. Please visit our website for a listing of our 5010 Trading Partners directory.

CGS will be hosting the following and providing 5010 education: -we're on slide 26- Ask the Contractor call on September 22nd; 5010 Testing webinar on October 13th; 5010 Troubleshooting webinar and the date is to be announced in October; and a 5010 EDI ACT call on November 11th. Please make sure you are signed up for our listserv to receive the latest announcements and updates about 5010. We are also contacting our top 100 submitters who have not began testing 5010 to inquire about their readiness. We ask that you visit

our website for 5010 information, including Companion Guides and testing information.

Slide 27 contains our website- which is www.cgsmedicare.com and our telephone numbers for EDI Help Desk. We encourage you to begin testing now. Do not wait. This concludes CGS's information. And now I would like to turn this part of the presentation over to Tonya Lewis at CEDI.

Common Electronic Data Interchange

Tonya Lewis: Hello, my name is Tonya Lewis. I'm with the CEDI Help Desk. We have already started contacting our vendors, billing services, clearinghouses, and our Trading Partners about testing. We are contacting the top 100 Trading Partners to see when they'll be moving to production. We're going to be starting to contact our PC-ACE users about migrating to the 5010 production in September. We are also doing daily contact via e-mail with our vendors who are testing, and getting their questions answered so we can get them moved into production as soon as possible.

We are also monitoring the vendors' progress to production, as they don't have to register with us. We're checking their files as they come in and getting them moved to the production. Once they have moved to production, we are putting them on our approved entities list, which is available on the CEDI website. We also are providing a top 10 5010 edits list for the testing and production environments, so that way you'd know what edits to expect and how to get them corrected as quickly as possible.

Our PC-ACE users, they do not need to test. We've already tested their software for them and we will start that migration starting in September. There will be listservs sent out to communicate the process to transition, as well as webinars to assist in changing the software and answer any questions that they have. If you are not a PC-ACE user, you will want to contact your vendor for more information. And you should sign up for the CEDI listserv if you are not already. You can do that on our website at www.ngscedi.com.

Information for All Jurisdictions

Angie Bartlett: I thank all of our MAC presenters for all of their useful information that they've provided us. Now going to move onto slide 29. Slide 29 shows the current map of the MAC jurisdiction. If you're unsure of your MAC, please make note of the jurisdiction number for the slide, and on the next slide we'll provide a snapshot of the contact information related to that MAC.

On slide 30, this is basically all of the information that was contained in the presentation. This is a quick picture to look at the jurisdictions, the name of the jurisdiction, as well as the websites. So, make sure to refer back to slide 30; it should be a very useful slide to you. And if you do not – do not see your MAC listed, please, please pay attention to one of our coming – our next slide. We'll have the MAC EDI Help Desk.

We'll move on to 31. This is – you can use this website. Currently our Medicare Administrative Contractors are being consolidated by jurisdiction. Most of those consolidations have already occurred, but some of you may be in a State where that consolidation has not yet been completed. If so, send your transactions through your Fiscal Intermediaries, Part A, or carrier for Part B if you've not transitioned to Medicare Administrative Contractors who has transitioned yet. The links on this slide will help you find the Electronic Data Interchange Help Desk in your State, and this is where you want to go first to start looking for 5010 and D.0 information.

Next slide, 32. Medicare has been working to develop quite an array of communications. So, you can use this slide to look through. We have FAQ lists. We have all of our national calls listed. We have our listserv messages as well as registration for the national calls. So, please take a look at all of this useful information here, if you haven't already, and see if you can see any useful information that relates to 5010.

On the next slide, 33. This slide highlights many of our important 5010 D.0 events and dates to remember and mark on your calendar. To see a transcript or to listen to the audio portion of previous national calls, please visit the

website at www.cms.gov/versions5010andd0/V50/list.asp. In addition, you may also visit this site to register for future national calls. You'll note our next national call is going to be on September 13th, and that call is just focused on a question and answer session. So, it's going to be an opportunity to address any questions you may have.

OK, again, I want to thank you all for participating in today's call. We hope we provided you with some useful information. You'll note on the bottom of this slide is our Medicare Fee-For-Service resource mailbox. If you don't feel like your question was answered today, we have the next I can say like 40 minutes to answer some questions. Then please go ahead and send your question in. We have about 24 hours. And that's about all we have. I'm sorry, the next national call is actually the 14th not the 13th of September. So, thank you all very much. I'll turn the call back over to Charlie.

Charlie Eleftheriou: All right, thank you very much Angie. I'd like to now turn the call into our Q&A session.

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 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 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 Sharon Decanio. Your line is now open.

Sharon Decanio: Hi, Jim Bavoso, it's Sharon Decanio from Ophthalmic Consultants of Long Island. How are you?

Jim Bavoso: Thank you, how are you Sharon?

Sharon Decanio: Good, quick question. I did get my e-mail today regarding testing, which I was very excited about. And I will begin to do that. But I saw on your – on the

website right now that it says 835 for health care payments are in a test status only. So, if I decide to go into – you know, and I test successful and I become – go production, what's going to happen with my 835s?

Jim Bavoso: You'll continue to receive your 835s in the 4010A format that you currently get it.

Sharon Decanio: Great.

Jim Bavoso: Until we're ready to move you over. So, you'll continue to get those.

Sharon Decanio: OK, great, that's – that was a big question I had, and I thought that was going to be an issue, but apparently it's not. Also how many tests do you have to go through to – until you're at a certain percentage?

Jim Bavoso: On 835?

Sharon Decanio: No, on – when you submit in your claims.

Jim Bavoso: Would like you to reach 90 – 95 percent acceptance level.

Sharon Decanio: OK, great.

Jim Bavoso: OK, ...

Sharon Decanio: And then, do you have any ... ? I'm sorry.

Jim Bavoso: Once you're – once you and your vendor are comfortable with what you – what you've accomplished, then yes, you can move over.

Sharon Decanio: OK, and is anybody in production in 5010?

Jim Bavoso: Yes, yes there are.

Sharon Decanio: OK, great, thanks again.

Jim Bavoso: Thank you.

Operator: Your next question comes from the line of Ernie Harris. Your line is now open.

Ernie Harris: Hi, this is Ernie at Community Hospital in Monterey. We're J1s. I have a question. We've been testing, but we're not getting a 999 or a 277CA. Is that available?

Kim Campbell: Yes, this is Kim Campbell with J1. And if you are submitting test files to us for 5010, you should be getting your 999 responses. And of course, if those are accepted, then you would be getting a 277CA back. So, if you're submitting files to us and not getting anything, then we would need you to give us a call so we can assist you to see what may be going on with your files.

Ernie Harris: OK, Kim, I'll call you.

Kim Campbell: All right, thank you.

Ernie Harris: Thanks.

Operator: Your next question comes from the line of Patrick McCoy. Your line is now open.

Patrick McCoy: Hello, this is Patrick McCoy from Sharp Healthcare in San Diego. I'm J1. I have two questions. The first is that I've learned that a number of States are not going to be able to be ready for 5010 for their Medicaid programs. What is – what is our stance on how we're going to handle the crossovers for those States? Are they going to just send – stop crossing over to them? Or, are you going to continue to use the 4010 form at the crossover?

Chris Stahlecker: Hi, it's Chris Stahlecker. I'll take that question. If a State is not ready yet to complete their transition to 5010, the continued use of 4010 can be in play for a period of time between now and January 1st. Of course, many States are actively working very diligently to meet that January 1st deadline as well. And CMS is asking for those States to give them, you know, action plans so that they can arrive at that, or arrive at that date to become compliant with the regulation.

Patrick McCoy: So, what happens at January 1st? Are you going to enforce the 5010 only?

Chris Stahlecker: Our intent is that industry will be on board with the January 1st cut over. And that is the expectation at this point- that any entity that may be at risk should be putting together a risk mitigation strategy at this time to permit their – themselves to become compliant with that date.

Patrick McCoy: These are not entities, these are the State Medicaid programs.

Chris Stahlecker: Yes, the covered entity – any covered entity.

Patrick McCoy: OK, I guess my second question is for Kim. If we're not testing 837s with you, can we still get – test 835s back from you?

Kim Campbell: OK, are you actually one of our submitters?

Patrick McCoy: Yes.

Kim Campbell: Currently submitting regular 4010 production to us?

Patrick McCoy: Actually, we submit all of our claims through DDE, but we get 835s back from you.

Kim Campbell: Yes, OK, yes, we can set you up for those.

Patrick McCoy: OK, thank you.

Operator: Your next question comes from the line of Jay Kim. Your line is now open.

Jay Kim: Yes, this is Jay Kim, Boulder Community Hospital. This question is for Pam Kitchens, since I am a J4. How strictly is TrailBlazer going to require a match to the organizational NPES registration in terms of the name and address to what we send for 2010AA billing provider?

Pam Kitchens: Are you referring to the requirement of the Post Office Box not being submitted in the 2010AA?

Jay Kim: Could you repeat that again?

Pam Kitchens: Are you inquiring to the Post Office Box not being able to be submitted in the 2010AA?

Jay Kim: No, for example, if you have a registered- if you're registered under a certain name under the NPPES?

Pam Kitchens: Yes.

Jay Kim: Does that name have to match exactly? Does the name and address have to match exactly to what we put to the claim we submit to you in terms of billing provider and address for the 2010AA loop?

Pam Kitchens: Yes.

Jay Kim: OK.

Operator: Your next question comes from the line of Christian Lawrence. Your line is now open.

Christian Lawrence: Hi, this is Christian Lawrence calling from LifePoint Billing Services. We submit to multiple MACs but I – but any answer will do. It has to do with the PECOS system and how our NPIs are registered with our billing provider address. Our main concern is that when we changed the P.O. Box to the pay to address on our billing provider information, that will affect how our NPIs are going to be affected with our providers due to the address change. Is that a concern we need to be worried about?

Chris Stahlecker: That question – and it's Chris Stahlecker. Is that a question you're directing to a particular MAC?

Christian Lawrence: We submit to Cahaba GBA. We submit to – it's a basic – I mean, it's a Medicare item. So, if anybody knows any information whether we need to just contact PECOS itself, or how the billing address impacts our NPIs- if they're registered under a P.O. Box currently, and that's changing to a street address.

Chris Stahlecker: No, no, Brian, you'd probably want to jump in here.

Brian Reitz: This is Brian Reitz, and the situation with the P.O. Box is that because you credentialed with us up front, we already know where your checks are supposed to go. So, the inbound claim that you're submitting to us simply has to have data that meets the syntax of your – of the transactions. That's all. We're not looking to make sure that it matches anything internally to the P.O. Box file. So, we already know we're to pay you. So, the information really has no value.

Christian Lawrence: OK, I appreciate it.

Brian Reitz: Sure.

Operator: Your next question comes from the line of Cynthia Martin. Your line is now open.

Cynthia Martin: Yes, I was calling because I'd like to find out when exactly is the date that we have to start using the ICD-10 codes? And are they just for hospital, or is it – will the physicians need to use those codes also?

Chris Stahlecker: Yes, it's Chris Stahlecker. The ICD-10 effective date is October 1st of 2013, and yes it does apply for use of diagnosis codes, so physicians billing would be affected as well. Yes.

Cynthia Martin: OK, and so, if we're looking to purchase new CPT books for 2012, should we look at- will there be something available with the ICD-10 codes in them? Or will that be something we'll just have to purchase in 2013?

Chris Stahlecker: I honestly can't answer the question of when that organization makes their publications available.

Cynthia Martin: OK, but the required – requirement – we won't be using ICD-10 codes in 2012?

Chris Stahlecker: That's correct.

Cynthia Martin: OK, just 2013, October of 2013.

Chris Stahlecker: Well, let me just say the Fiscal Year starts on October 1st.

Cynthia Martin: OK.

Chris Stahlecker: So, it is the start of Fiscal Year '13. And October 1st of -

Cynthia Martin: OK.

Chris Stahlecker: I'm sorry – that Fiscal Year '14. That's Fiscal Year '14 – and October 1st of 2013.

Cynthia Martin: OK, thank you.

Chris Stahlecker: 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 as you guys know, we're a national clearinghouse. So, this is technically to every MAC, this question, and it's about dual submission. Will it vary by contractor? Who will accept dual submissions from Trading Partners until the deadline? Or, is there a blanket statement that can be made that all or none of the MACs will accept dual? And by dual, I mean, like whether we'll have the ability to submit 4010s and 5010 in separate files. So, they won't be co-mingled. There will be separate files to the MAC contractors.

Chris Stahlecker: So...could... you want to poll the MACs?

Angie Bartlett: OK, why don't we run down through the jurisdictions real quick and find out who can accept dual processing and who will not be. So, we can start with J1, J11.

Kim Campbell: J1, J11 will accept dual.

Angie Bartlett: OK, J3?

Jeremy Swanson: J3 will accept dual.

Angie Bartlett: OK, J4.

Pam Kitchens: We'll accept duals as well.

Angie Bartlett: OK, J5?

Lisa Cuocci: J5 will accept dual, but we will be expecting that submitters will be moving towards full migration.

Angie Bartlett: OK, J9.

Shelly March: Yes, we will accept dual. However, we will work on a case-by-case basis and we would expect a plan as to when all the Trading Partners will be migrated for that one entity.

Angie Bartlett: OK, J10.

Paula Reed: Yes, we will accept dual submissions. We do want to emphasize the need to send the 4010 and the 5010 files separately. Those files should not be combined if you're going to do dual submission.

Angie Bartlett: OK, great – J12.

Rodney Stone: Hi, again, we will accept dual, but we encourage that we only – once you start submitting 5010, you transition everybody as soon as possible. And only submit 5010s.

Angie Bartlett: J13.

James Bavoso: We will accept dual.

Angie Bartlett: J14.

Female: We'll accept dual.

Angie Bartlett: J15.

Female: We will accept duals.

Angie Bartlett: And CEDI.

Tonya Lewis: We do not accept dual except for exceptions, and they need to contact the help desk for that.

Angie Bartlett: OK, so dual only on exceptions.

Tonya Lewis: Yes.

Angela Robinson: OK, will that be under the same submitter? I appreciate everyone's response. So, do we have to apply for a separate submitter ID if we want to send duals? Or can we just use our production, whatever production submitter ID that we're using currently?

Tonya Lewis: It shouldn't be necessary. You can use your current production ID.

Angela Robinson: OK.

Kathy O'Brien: Angela, this is Kathy from J14. On Part A, we do need you to contact us so we can work with you on that.

Angela Robinson: OK.

Jeremy Swanson: Angela, this is Jeremy with J3. You would be able to use the same submitter IDs.

Angela Robinson: OK, thank you.

Angie Bartlett: Does any of the other MACs have any ... Are there any other MACs other than J14 A that are going to require them to contact them, or give you different submitter numbers? IDs? If you could just speak up now. OK.

Shelly March: This is Shelly from J9. Hi, Angela.

Angela Robinson: Hi.

Shelly March: Have you considered what you're going to do for the 835? Because, you know, that's different than the inbound 837 to where you could possibly send in a couple of senders codes. However, for your remittance, what are your plan of actions for that?

Angela Robinson: I'm sorry, Shelly, could you repeat that question?

Shelly March: Well, if you do have dual submitters- I mean, with J9 we would prefer you not to have a dual submitter for 4010, 5010. However, what is your plan of action for the 835? Because, you know, that goes back to whoever the receiver is tagged to be.

So, if you have separate clients sending under 4010, 5010, are you going to wait to do the 835 until the very end? Or what is your plan on moving your customers to the 835?

Angela Robinson: I – we haven't- as you know- we haven't started testing 835s yet, and getting the parallels. But I would imagine soon after we do claims, if not at the same time, we would implement the 835s. But that would be a question I have to take back to my ICD-10 testing teams. And I can – I can let you know, Shelly.

Shelly March: OK, thank you.

Angie Bartlett: Angela, if this is the question, you could ask that in the resource mailbox. But you have anything else with that?

Angela Robinson: I think that's it. Thank you so much.

Angie Bartlett: No problem.

Question and Answer Session continued

Operator: Your next question comes from the line of Catherine Santos. Your line is now open.

Jennifer Evares: Hi, this is Jennifer Evares, and Catherine Santos is here next to me. I just have a question for J1. Are there any tips or feedback for the 5010 testing? Because I know that J9 has tips on the website.

Kim Campbell: You're talking about tips as to what you do if you get certain types of error messages or things like that?

Jennifer Evares: Yes, that's correct.

Kim Campbell: Yes, we have the top 10 error messages tested out on our website, and we'll keep those updated regularly.

Jennifer Evares: OK, so I just have to find that out.

Kim Campbell: Yes, if you'll go to the ANSI 5010 section under J1- I believe you said you were J1?

Jennifer Evares: Yes.

Kim Campbell: Yes, you will find that information out there.

Jennifer Evares: OK, and my next question is we're doing testing right now, and sometimes I speak to representative from level two. Sometimes if they can't answer they would say that they will call us back. If that happens, can we go – can I be transferred to level three – level three directly or no?

Kim Campbell: No, level two will be the group that you are speaking with.

Jennifer Evares: OK, that's...

Kim Campbell: They will – and if it's a case where they do have to call you back, then they'll do the research and give you a call back.

Jennifer Evares: OK, thank you so much. Bye.

Operator: Your next question comes from the line of Yolanda Coin. Your line is now open.

Yolanda Coin: Yes, I have a question for J9. We're having a kind of an issue with what address you guys want us to start populating for the bill, or the provider address versus the pay to address. Because for Medicaid of Florida, we have to match to what we're enrolled. But you guys aren't – you know, right now it doesn't matter- but Medicaid went NPI only and their match is on the actual physical – the address that we enrolled with, which would be our primary address that we're rendering services for that Tax ID, or NPI. So, I'm just questioning what are you guys doing any cross to your enrollment for address? So, when we make the switch – you know, and then how is that going to affect cross over? Because right now our Medicaid crossovers aren't going because the address match.

Shelly March: Yes, if you're talking about how the claim will pay once it's in the system, that's going to be based on whatever the address is in the standard system. We not going to – we're not going to take the X12 transactions and map it to what we have on file for the pay to address.

Yolanda Coin: OK, but are you looking for the physical street address location where the services are rendered? Or are you looking for- we can basically put any- like our primary address location? And then what about what happens with homes- like if we- you know, home addresses? We do some home health services, assisted living, SNF? So...

Shelly March: Well, home health I couldn't address, because for J9 we don't process home health claims.

Yolanda Coin: OK

Shelly March: But for your- if you're doing your billing address- then actually it should be where the services are rendered. Because the payment is based off of what is in the standard system.

Yolanda Coin: OK But then...we're having an issue. We haven't made our switch on anybody but Medicaid right now. And the problem that we're having is Medicaid has a specific address per NPI that's matching- it matches on the taxonomy and the address zip + four. So, for us to change to the physical address location for the services, we're having a problem with the crossovers

are not going. But then if we switch to the actual physical address, you know, all our secondaries should pay fine. We're trying to pull what- you know, is there any cross to the actual physical address. And if there isn't, then we'll have to address it that way. But that's what we're basically needing.

Shelly March: Yes, I don't believe there is a cross to that. However, I'm not- I'm the EM Manager, so when it comes to the actual payment side of it and to what crosses and what maps, I'm not the best resource. But I would love to take your question and you know if... - I believe that, Angie, there is an address where they can send their questions?

| Mike Cabralale: Yes, have them submit to the fifty- to the- to the resource mailbox.

Angie Bartlett: 5010 Fee-For-Service Info at cms.hhs.gov and just identify your question for J1 and I'll make sure to get it to them.

Yolanda Coin: What did you say? Attention what? J1?

Shelly March: I think your question was for J9, wasn't it?

Yolanda Coin: Yes, it was for J9.

Shelly March: Yes, just put it to the attention J9 and then I'll get with our billing staff and my 5010 lead and make sure I get the appropriate answer for you.

Yolanda Coin: I appreciate it because it's definitely been fuzzy across the board, so...

Shelly March: I understand

Yolanda Coin: Thank you.

Shelly March: Thank you.

| Charlie Eleftheriou Male: I'm going to go ahead and repeat that address one more time for questions. It's 5010ffsinfo@cms.hhs.gov.

- Operator: Your next question comes from the line of David Sims. Your line is now open.
- David Sims: Yes, this is David Sims with MDI Achieve and I have a question about dual submission. I know all the jurisdictions said that they will allow dual submissions; however we've been told by two intermediaries that once a client or a submitter starts submitting 5010 production, that they're not allowed to switch back to 4010. So, I wanted to get some clarification on what the actual dual submission means?
- Mike Cabral: This is Mike Cabral from CMS. And I think the question came from a clearinghouse who has a lot of clients to migrate over. If you're a single-site submitter, I think that's where you're getting your information about not switching back to 4010. So, in other words, if you're a single-practice doc, your group switched over to 5010, there shouldn't be any reason to flip back to 4010. But on a clearinghouse situation, they may have hundreds or thousands of sites and it's going to take them time to migrate those clients that are submitting claims- to any payer, for that matter, but just for- we'll talk to the Medicare Fee-For-Service program in this particular situation. The Emdeon folks may take, let's say, a region, the Northeast region, and convert them over in the month of September. And they may take the Southeast and they may put them over in the month of October, etc. And then they'll try and get everybody- all their clients converted by the current compliance date. Does that make sense?
- David Sims: Yes, yes it does.
- Mike Cabral: OK.
- David Sims: OK, thank you.
- Operator: Your next question comes from the line of Lena Seraphina. Your line is now open.
- Lena Seraphina: Yes, hi, my name is Lena Seraphina. I'm representing Tenet Health Care. We've been testing parallel 5010 835s - and my question is directed to Kim Campbell and Pam Kitchens. We've been testing parallel 5010 835s from

TrailBlazer and Palmetto specifically for the last two weeks, and have run into some issues that are element-specific data issues. What is the best way to have these issues resolved? I have been contacting TrailBlazer and Palmetto for the last two weeks or so and really haven't received any responses. Is there anything we can do to expedite these?

Kim Campbell: This is Kim Campbell with Palmetto in J1. Have you recently talked to us or has it been several weeks or some time back?

Lena Seraphina: No, actually I have been contacting either TrailBlazer or Palmetto pretty much every other day. My latest contact with someone at Palmetto was this morning.

Kim Campbell: OK. If you would, send an e-mail to our - to the Palmetto e-mail address at Medicare.HIPAA and reference your ticket number and also that you were on the call this afternoon with me. And I'll take a look at it and see where we stand with that infor- getting that information checked out for you.

Lena Seraphina: OK, my call initially began with TrailBlazer, but the issues that I'm having with my files are exactly the same, so I don't believe I have a ticket number with Palmetto at this point. But I can forward you a copy of the e-mail trail with Trail- that started with TrailBlazer.

Pam Kitchens: This is Pam Kitchens with TrailBlazer EDI. It's actually another department that handles the 835 than mine, so, you have been contacted by them?

Lena Seraphina: Yes, I have been contacted by TrailBlazer as well. I was told there was another group that specifically dealt with the 5010 835. So, I have had a contact with them as well.

Pam Kitchens: OK.

Operator: Your next question comes from the line of Michelle Luftin. Your line is now Luftin.

Michelle Luftin: Hi, this is Michelle Luftin. I'm calling from Hospice of the Valleys in California. And we're actually Jurisdiction 13 and we're a hospice. Is any of

this- does this pertain to us? Nobody's talked about California or hospice or...
And we're actually Jurisdiction 13, National Government Services.

James Bavoso: Yes, everything that goes along the lines (inaudible). It affects you too.

Michelle Luftin: OK. So, we haven't- like everybody's getting all these e-mails and we haven't been getting much of anything about it. Like, our- we have AllScripts and we've contacted them and it seems like we haven't, on our end, had to do anything. Is that who you guys are contacting, is AllScripts?

James Bavoso: AllScripts is your billing service? Your clearinghouse?

Michelle Luftin: Well, yeah, we don't do- we don't do batch billing yet. We're- we have just been submitting- you know manually entering in our claims and we're getting- we just went on AllScripts and are trying to do batch billing, but we haven't quite started it yet.

James Bavoso: But do they submit- do they submit on your behalf?

Michelle Luftin: AllScripts?

James Bavoso: Yes.

Michelle Luftin: No, not as of yet. We go actually into the NGS and submit our claims.

James Bavoso: Ok, so...

Michelle Luftin: When we do batch billing, then yes. We don't want to have to... We're doing a lot of extra work and we don't want to have to do that. We want to do batch billing.

James Bavoso: Any idea when you will be ready to start that?

Michelle Luftin: Hopefully... well, no, I don't have an idea.

James Bavoso: Once you move to the batch billing, that's when you don't have to worry about becoming 5010 compliant.

Michelle Luftin: OK, so if we started it in like February of next year, then we would need to worry about it?

James Bavoso: That is correct.

Michelle Luftin: OK.

Charlie Eleftheriou: Melissa, this is Charlie at CMS. We have five minutes left on our call. We'll take one more question.

Operator: Your last question comes from the line of Luma Linksy. Your line is now open.

Luma Linsky: Hi, this is Luma Linsky from Grandview Hospital in Pennsylvania. We have a question. We tried to submit our first test file through the Mpower web portal. We got a rejection because it was saying that our software vendor was not approved, and that is MediCheck. However, we see that MediCheck is approved on the Massachusetts- for the Massachusetts MAC. So, the question is, if it's approved by one MAC, can it be approved automatically to- for another MAC?

Rodney Stone: Hi, this is- this is Rodney from J12. We handle- we're the MAC for Pennsylvania. To my knowledge, the answer is no, at least from MAC J12's perspective. We have to receive- we understand that there are a lot of vendors who do business across the country, but we need to approve and certify with each vendor that does business with MAC J12. We don't look at the approved lists for other MACs to make a decision on whether or not that vendor is certified. We're requiring the vendors to send us a test file specifically to J12 MAC so that we can certify that their software is working with our system.

Luma Linsky: OK, so if we are ready to test though, as a direct- we are a direct- we bill our claims directly to Medicare. Is there a way to test without having the MediCheck vendor approved? We're ready to send you a file.

Rodney Stone: Yes, you can go ahead and send us a file. It has to be a test file with the ISA15 equal to T. Once we get that information and we could approve you from that

perspective, but if you're using MediCheck and they're not approved yet, there's a possibility that you may not get approved right away.

Luma Linsky: OK, but you could still take a look at our file and see if it's....?

Rodney Stone: Absolutely.

Luma Linsky: OK. And that was our question- I wanted to clarify when we got rejected because it said MediCheck wasn't an approved vendor. So, we're ok. OK, that answers our question.

Charlie Eleftheriou: All right. Thank you everyone for joining us today. Our next 5010 call is scheduled for Wednesday, September 14th and it will be a question and answer session. So be on the lookout for a message announcing more call details on that. Have a great day and a great holiday weekend. Thanks again.

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

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