Centers for Medicare & Medicaid Services
HIPAA Version 5010: Thirteenth National Provider Call –
Provider Outreach and Education –Transition Year Activities
Moderator: Aryeh Langer
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Contents

Operator: Welcome to the 13th National Education Call on Medicare Fee-For-Service Implementation of HIPAA Version 5010 and D.0 Transactions Conference Call. All line 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. I will now turn the conference call over to Aryeh Langer. Sir, you may begin.

Welcome

Aryeh Langer: Thank you, Melissa. Hello, everyone. This is Aryeh Langer from the Provider Communications Group here at CMS and I'd like to welcome you to the 13th National Provider Conference Call on HIPAA Version 5010. Today's presentation will focus on provider outreach and education activities and transition-specific testing protocols.

For anyone who may not have a chance to download today's presentation, please go to the 5010 website now. The web address is www.cms.gov/versions5010andd0. Again, www.cms.gov/versions5010andd0. You can click on the 5010 National Calls link on the left-hand side of the screen and then scroll down and access today's presentation from the list.

Please note that following this presentation, there will be a question and answer session giving you the opportunity to ask questions of our Medicare Fee-For-Service subject matter experts. In addition, as mentioned, this call is being recorded and transcribed.

I would also like to mention that here in the Provider Communications Group, we are using a new webinar feature as part of today's call. This is the first time that we are using this Internet-based webinar program. The program is called Adobe Connect Pro. All registered participants received an e-mail yesterday with instructions how to log on.

This webinar is a program that will allow participants who have an Internet connection the ability to follow the presentation online as it is given, as well as the opportunity to answer polling questions during the presentation.

The polling results will help CMS determine Medicare Fee-For-Service provider readiness for 5010 implementation. There are additional features that this type of webinar program offers and the Provider Communications Group may use them in the future.

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

If you have not yet logged into Adobe Connect Pro and would like to access the webinar for today's call, please use the following URL: https://webinar.cms.hhs.gov/medicareffs5010. I'll repeat that one more time, https://webinar.cms.hhs.gov/medicareffs – as in Fee-For-Service – 5010. Please sign in as a guest when prompted and enter your first and last name.

The Provider Communications Group thanks those of you who are able to participate in today's call via the Adobe Connect Pro webinar program as it will help make future national provider calls more interactive, user-friendly and most importantly, productive.

If you have any technical issues with logging in to webinar, please just listen in as you normally would by telephone. You can then send an e-mail to me, Aryeh Langer – that's A-R-Y-E-H, dot, L-A-N-G-E-R, again, A-R-Y-E-H, dot, L-A-N-G-E-R – @cms.hhs.gov.

Please state in the e-mail what technical issues you've encountered while trying to access the webinar feature. As this is a trial, we will not address connectivity issues in the question and answer session of the call. I'm also happy to take any positive feedback as well via my e-mail address.

With that said, I'd now like to introduce our speaker, Amisha Pandya. Amisha is the lead for communication and education within DTAS, the Division of Transaction, Applications, and Standards, in the Office of Information Services or OIS here at the CMS. Amisha?

Amisha Pandya: Thank you, Aryeh. Good afternoon, everyone. As Aryeh stated, my name is Amisha Pandya and I serve as the Lead for Communication, Outreach, and Education within the Division of Transaction, Applications, and Standards. It's a new name, we were formerly known as the Division of Medicare Billing Procedures.

I want to thank everyone here today for taking the time out of your very busy schedules to talk about how we're going to coordinate activities throughout the 2011 transition year, especially around testing because that's what the transition year is really all about.

Some of you have joined us in today's presentation on the line as well as via teleconference. If you didn't get a chance prior to the meeting to download the presentation, you'll be able to do that at the end of today's presentation. I'll keep that option open throughout the question session and, of course, the presentation is available on the website as Aryeh mentioned.

Slides 1-10

OK. Slide two. The purpose of today's discussion is to communicate Medicare Fee-For-Service's outreach and education activity as well as expectations around testing for the 2011 transition to Versions 5010 and D.0.

This presentation is focused on the 5010 implementation activities related to transactions utilized by Medicare Fee-For-Service providers. This presentation does not address Medicare Advantage or Medicare Part D insurers or plans.

Having said that, if you're not affiliated with Medicare Fee-For-Service either as a provider or other Trading Partner and have joined this call, you're welcome to listen in but please be aware that the information provided here is specific to Medicare Fee-For-Service and its implementation of 5010 and D.0.

So, please be sure to follow up with your respective payers to inquire about their processes next year.

For those of you following along online, I'll flash up a few polling questions at relative points in the presentation to assess your readiness to transition to versions 5010 and D.0.

Please use your mouse to click on a response. You'll have about 25 seconds to respond before the question will be closed and will disappear from your screen. If you're following along with us on the phone, unfortunately, you will not be able to participate in the polling.

Before we move on, let's try the first one. How many of you online are Medicare Fee-For-Service providers or Trading Partners? Please click on a response.

Aryeh Langer: I just want to remind everybody on the line that this is the first time we're using this feature, so if you could just stay patient with us, we appreciate it.

Amisha Pandya: OK. All right. We will begin today's discussion with a general review – overview of Medicare Fee-For-Service's 5010 and D.0 communications. This section is intended to provide you with some basic resources provided by Medicare Fee-For-Service and to emphasize the point that – point of contact for all things 5010 and D.0 should be your respective Medicare Contractors.

We provided on previous 5010 and D.0 calls a more extensive list of resources provided by the industry, so please check out the links provided in this and past presentations for more information.

For those of you following on line, the links in this presentation will be active and you will be able to click on them while you're listening.

Second, we will move into transition protocols for testing. This section will set some expectations for what Medicare Fee-For-Service will provide as well as what you in your particular role are recommended to do to successfully complete 5010 and D.0 testing requirements.

Third, we will share our plans for outreach and education activities throughout 2011 and provide you with some important dates to remember. If you are subscribed to the Medicare Fee-For-Service All Providers listserv, you should start receiving periodic e-mails with these activities with interactive links to take you to more information, so that you can always be in the know regarding what Medicare Fee-For-Service is doing for you in 2011.

Fourth, we will wrap up with some suggestions for what you may wish to do to engage and successfully transition to 5010 and/or D.0. Finally, we'll open the lines for lines up for questions and further discussion.

OK. Let's begin.

All right. Who needs to know about Medicare Fee-For-Service implementations of 5010 and D.0? If you are a covered entity under the Health Insurance Portability and Accountability Act, HIPAA, your mandate is to comply with the transition to version 5010 and D.0 for electronic administrative transaction.

There are a number of electronic transactions supported by Medicare Fee-For-Service, all of which you've heard about this year if you've been tuning in to our previous national calls. Quickly, they are the Institutional and Professional claims, the 837 I and P; the Eligibility Inquiry and Response, the 270/271; the Claims Status Inquiry, the 276/277; Remittance Advice, 835; and Acknowledgement Transactions, the TA1, 999, and 277CA.

So, who needs to know about 5010 and D.0? Well, you need to know about 5010 and D.0 if you transmit administrative health care data electronically using these and other transaction standards, if you have or worked in a health care facility that relies on payment through submissions otherwise electronically, if you serve as the health care provider in the transmission of electronic claims or claims-related transactions, and if you use International Classification of Disease, ICD, codes and its data for administrative transactions.

So, let's see how many of you online know about 5010 and D.0. Please click on a response.

OK. Moving on to slide number five, what has Medicare Fee-For-Service developed in terms of communication resources to date?

Medicare Fee-For-Service has established a central web page on the CMS website where you can find a wealth of information and it's growing every day. You'll find resources such as Fact Sheets, Readiness Checklists, a Resource Card which has the previously mentioned Medicare and industry resources that have been communicated in the past national calls, FAQs, these are still in progress, but again, it's growing every day, technical resources such as 4010A1 and 5010 side by sides – note, these are pre-errata –5010 and D.0 MLN articles, and all of our previous national calls. There are the presentations, audio recordings, and transcripts.

We also post other communications such as listserv messages and announcements for these calls. The links on this slide will take you to all of those resources. And again, for those of you online, your links are active so click away.

All right. Moving on to slide six, to let you know how serious we are about this upcoming transition year, we even developed our own logo. Keep an eye out for our logo on all of our upcoming communications and promotional products. Yes, I said promotional products- more to come on that.

Slide seven. OK. What's the purpose of the transition year? What is it all about? Well, Medicare Fee-For-Service like all other payers in the country need to ensure that its providers and other Trading Partners are ready to transition to 5010 and D.0. It's mandated by legislation.

To do this, we want to make sure we have communicated the information that you need to make this transition effectively and by the deadline – that is by December 31, 2011. We also want to engage any of you that may have been late to begin your preparations so that you don't get left behind.

Let's try this question for those of you online. Please click a response.

OK. Now, as I've mentioned before, next year is about testing so we need to make sure you understand what to expect from Medicare Fee-For-Service and in particular, your Medicare Contractor because they're the ones that you will be testing with.

Finally, we will not be able to stress enough that your main point of contact throughout this transition is your Medicare Contractor. So we want to make sure you know how – to contact them.

All right. Slide number eight, Medicare Administrative Contractors are the administrative arm of Medicare Fee-For-Service, and that means that any claims or other transactions you submit to Medicare Fee-For-Service goes through them.

Currently, our administrative contractors are being consolidated by jurisdictions. Most of these consolidations have already occurred, but some of you maybe in states where that consolidation has not yet been completed.

So, if you send you transactions to a fiscal intermediary for Part A or a carrier for Part B, you know, you have yet to be transitioned to a Medicare Administrative Contractor jurisdiction.

No matter. The links on this page will help you find the Electronic Data Interchange, EDI, help desk in your state. This is where you will want to go first for information on 5010 and D.0.

Now, just for a visual, the map here shows each MAC jurisdiction. I want to note that the jurisdictions are not quite done with that reconfiguration I mentioned are 2, 6, 7, 8, and 15. These are all in progress. But I can tell you that 15 has been awarded, so they should be operational in the coming month.

Now, slide number 10, this is some additional information on how to contact your MAC, if your MAC is currently operational. Remember, if you're in a state without an operational MAC, just go back to that EDI help desk list by state that is provided on slide eight.

The information on this slide is also in that state list provided on slide eight. You should keep this information handy so that you can work with your local MAC through the transition. But first, you need your system software update for 5010 and D.0. How many of you online have that system software update?

I need to note a change on this slide for those of you who are following along with the version of the presentation that is available on the website right now. The contact information for J13 has been corrected on this slide. A corrected version of this presentation will be posted following this call.

Slides 11- 20

OK. Moving on to slide 11. OK, now that you know who to contact, let's talk about what you can expect to see regarding testing protocols next year.

As I mentioned earlier, Medicare Fee-For-Service is mandated to begin external Trading Partner testing by January 2011. As the MACs are the administrative arm of Medicare Fee-For-Service, they will propose testing in a consistent manner. However, because they serve unique geographic areas and Trading Partners with specific needs, they have the latitude to develop their own protocols and processes to support their Medicare Fee-For-Service providers and other Trading Partners.

What I will cover here is what they will do in common. What I encourage all of you to do is to contact your Medicare Contractor directly to inquire about the specifics of how they will be implementing each of the following items as of January 2011.

First, for the 837 I and P, you'll be able to test 5010 base version transactions, that is non-errata 5010 transactions, as of January 2011. Errata 5010 transactions will not be able to be tested until April of 2011.

Second, for the 835, you'll be able to test your ability to receive a 5010-compliant 835. The 835 outbound test files, however, will not be linked to incoming 5010 837 claims. They are just provided to test your ability to receive the compliant 835 format, syntax, and structure.

Now, for Part A and Part B lines of business, they will be doing this a little differently – doing 835 testing a little differently. For Part A, you will need to be set up to receive 5010 835 test files, but once you're set up, you'll receive continued test files that will match up with your submitted 4010A1 production claims. In other words, for Part A, your 5010 835 will be based on your 4010A1 837-I production claims.

For Part B, actually, CEDI will follow that same logic and will set you up for testing one time and then send you continuous files also with the 5010 835 files that match your 4010A1 production 835 file.

All right. Moving on to slide 12. Third, for the 276/277, you'll receive a MAC-generated 5010-compliant 277, again, to test your ability to receive the new formatted transaction, but it will not be linked to an inbound 276 Claims Status Inquiry just yet.

This transaction will be able to be more completely tested once you are in production. Let me make a note. Because the 835 and 277 are outbound transactions, they have little ability to be evaluated by the MACs for compliance in terms of how well they are received by providers and other Trading Partners.

Also, these transactions do not have errata changes that impact the transaction. Therefore, Medicare will allow these transactions to move into production sooner than other transactions, namely the 837 I and P, 270/271, and the Acknowledgements TA1, 999, and 277CA.

As of April 2011, all transactions can move into production once all testing requirements have been met. For the 270/271 transaction, HETS will provide a 5010-compliant 271 transaction in response to a 5010-compliant 270 transactions in a test environment starting in January.

OK. Moving on to slide 13. Now, here are some things you can expect by your line of business as of January 2011. If you are a Part A or B provider or

Trading Partner, you can expect to test your 837 I or P at the translator level and receive a 5010-compliant TA1 or 999 error response.

If you are Part B provider or Trading Partner, you'll be a new supplier using the NCPDP D.0 transaction, you can expect to not only test, but to move into production as of January 2011. And if you submit your – will conduct your eligibility inquiries using the 270/271 transaction, you can expect to test full transaction functionality as of January 2011.

OK. Moving on to slide 14. As mentioned, Medicare Contractors are the administrative arm of Medicare Fee-For-Service. And as such, they are required to provide their customers, Medicare Fee-For-Service providers and other Trading Partners, with the following: testing instructions, technical support and reasonable accommodations for successful and timely testing, publication of lists of approved vendors- those who have successfully completed testing, and access to a Medicare Fee-For-Service Companion Guide.

MACs will each post their testing instructions and other support resources on their respective websites which we reference on slide 20. Note, the HETS 270/271 transaction testing is a separate process. The link on this slide will take you through the needed information to navigate HETS testing.

Moving on to slide 15. Medicare Contractors are not the only ones with things to do in this transition year. All of you have your roles and responsibilities as well. If you are a provider or supplier or a direct submitter, you should identify the sample of transaction scenarios for testing.

This will ensure that all of the business you need to conduct will transition smoothly. You should be active in the testing process. You can do this by understanding the testing requirements, contacting your vendors, and know their status. This includes software vendors, clearinghouses, and billing services.

Consider serving as a test subject for your vendor, should they need that. Contact your MAC and schedule testing with them. Even think about whether

you would like to include accurate, meaningful information in the 1000A loop of the PER segment in the 837 transaction for best interpretation of your test file.

Moving on to slide 16. If you're a software vendor, you should run a test at each MAC that you do business with separately. Make sure you deploy your products to each of your customers with ample testing time and ensure that your customers have the tools they need to read outbound transactions from Medicare such as the 999 and the 277CA.

Also, ensuring you are listed on the MAC's approved vendor list will help your own marketability. Similarly, if you are a clearinghouse, you should plan to test with each MAC that you do business with separately, again, same as the software vendor.

Make sure that you can support 4010A1 and 5010 production format concurrently throughout the transition and ensure that your customers also have the tools they need to read outbound transactions from Medicare such as the 999 and the 277CA. And again, ensuring you are also listed on the MAC approved vendor list will help your own marketability and win-win for everyone.

Moving on to slide 17. Now, if you are a billing service, you should make sure you know the testing status and approval of any vendors you are working with and work closely with your provider customer to ensure your testing goes smoothly.

Now, let me ask those of you online. How ready are you for the transition? There we go. Please click on a response.

All right. Moving on to slide 18. Now, for some time frames. We talked about what to expect as of January 2011.

Now, let me mention that Medicare Fee-For-Service will only consider 5010 errata-compliant transactions for approval in production. And testing on the errata 5010 version is not scheduled to begin until April 2011.

That means that between January 2011 and April 2011, base 5010 testing can occur and is encouraged. Although retesting will be required with the errata version starting in April, early testing with the base version will ensure that most of the kinks will get worked out early and you will be more likely to experience smooth sailing through the errata testing.

For the most part, the errata changes are not major changes. So if you test successfully on the base 5010 version, it will make it easier for your errata testing. Give yourself sufficient time to test. Test early and test often. You've heard that before.

Now, if you wait until October to approach your MAC for testing, they will do their best to accommodate you. That is, they are required to help you transition. However, if too many of you wait until October, you will render it impossible for the MACs to transition all of you in time. So, please, be considerate of your MACs and also ensure your own compliance by getting into the testing process early.

If you enroll with a MAC as a new Trading Partner after April 4, 2011, you'll need to jump right into 5010 and D.0 with no opportunity to submit 4010A1 transactions, so plan for that. So remember, the sooner you start testing, the sooner you're likely to move into production.

Moving on to slide 19. The HETS 270/271 will follow the same timelines for testing based on errata versions and moving providers and other Trading Partners to production- namely January through March for base 5010 testing, and April and beyond for errata testing and production.

Now, let me review a high-level testing requirement to be approved for production. There are two levels. Level 1 requires 100 percent compliance with syntax or translator level edits.

Level 2 requires 95 percent compliance with business level edits. These levels are validated by your MAC, so you'll need to work closely with them to ensure you have met these requirements before you can move to production.

These are pretty strict requirements, so please allow yourself enough time to achieve these levels.

Moving on to slide 20. As I mentioned earlier, MACs will be providing their individualized testing instructions. They'll be consistent in terms of what we have discussed here today. However, they each may execute testing differently. So, please contact your MAC to ensure you know what to do and when.

The links on this slide will take you to where each MAC testing instructions will be posted. That will be likely in January of 2011.

As noted on the bottom of the slide, some of these links may change to make sure you know how to contact your MAC in case you need help navigating their website to find the information that you need.

I need to note a change on this slide as well for those of you who are following along with the version of the presentation that's available on the website right now. The links for J14 have been corrected on this slide. A corrected version will be – of the presentation will be posted following this call.

Slides 21-28

Moving on to slide 21. There are few additional resources that provide more detailed description of what we have covered at a high level here today. They're listed here, namely the Medicare Fee-For-Service Companion Guide will be your primary source of MAC-specific guidance. Be on the lookout for that to be posted on their posted on their websites in January 2011. MAC-specific testing instructions will be provided in this document.

Medicare Fee-For-Service also publishes policy guidance documents called Internet-Only Manuals. They are operating manuals for Medicare. The chapters that are listed here, 24, 31, and 22, provide further information for you regarding how Medicare does EDI and who does what, when, and how.

HETS and NCPDP will have their separate companion documents and the HETS Companion Guide can be found at the link provided on this slide. The

NCPDP Companion document can be found on the CEDI's website. Please refer to slide 20 for that link.

All right. Moving on to slide number 22. Now, let's move from testing to outreach and education. The MACs are the entities primarily responsible for providing outreach and education to their providers and other Trading Partners. As such, they have each developed their own outreach and education plans to help you navigate the 5010 and D.0 transition.

They will be reaching out to you through teleconferences, the web, trainings and conferences, FAQs lists, and listserv messages. So be on the lookout for their communications. Better yet, be proactive and go to their website to find out what they are planning to do so that you can engage appropriately.

Moving on to slide 23. In addition to MAC outreach and education activity, Medicare Fee-For-Service will coordinate MACs to conduct the outreach and education activities at the national levels.

Consistency in the message is what we're aiming for, so with that in mind, you'll see some communications coming directly from Medicare Fee-For-Service. Remember, those links I went over on slide five? Well, don't throw those away. You'll need those to keep up with what's coming and how to get engaged.

Medicare is planning three nationally coordinated outreach and education sessions to be hosted by your MACs simultaneously across the country. That is, each MAC will host their own session, but they will do it all at the same time on the same day with same agenda.

And if you attend one of those sessions, that's where you'll be able to get some of those 5010 and D.0 promotional items I mentioned earlier in the presentation. Remember the logo on slide six? Look out for that.

Additionally, Medicare is planning to coordinate two testing days following the same type of format as the outreach and education events- hosted by the individual MACs, but held at the same time and on the same day. And you

will have the opportunity to pick up more of those awesome promotional items I mentioned!

General time frames are offered here, but I want to note the specific dates will be advertised as they approach.

OK. Moving on to slide 24. The next two slides provide you with some important dates to keep in mind as we go into 2011. Make sure you mark these down. Even if you don't get the chance, if you're subscribed to the Medicare Fee-For-Service All Providers listserv, you will get periodic listserv messages with these events listed with hyperlinks to more information. Please note, as mentioned, all the TBDs that you see here, the specific dates would be advertised as they approach.

Slide 25- more important dates. Again, TBDs indicate specific dates that will be advertised as they approach.

OK. Slide 26. So, what have we covered today? What do we need to walk away with? Well, I hope you take away the following. You need to understand what you need to do, the importance of contacting your vendors and knowing where they stand, the importance of working closely with your MACs throughout the testing process.

Get involved. Be proactive and take advantage of the support that is available to you. Seek help early rather than later. The support will be there later, but it just may not be in the timeframe you need. So be considerate of yours and your MAC's time. And finally, don't assume someone else will take care of things for you.

OK. Slide 27. I wanted to give you a couple of additional considerations. If you are a provider or supplier, make sure your software works before you go test it with your MAC. There are validation tools that are available in the market that can help you test your product.

Also, as I mentioned earlier, you could volunteer to serve as a test subject for your vendor to help them and you move along the testing path. If you're a

software vendor, clearinghouse, or billing service, recognize that the service you provide to your customer base now will determine how well you are positioned to keep that base beyond the transition to 5010 and D.0. So take steps to move into production upon approval so that you can have 4010A1 to fall back on while it's still available.

That brings us to our last polling question. So, how many of you on the line will meet the December 31st deadline to implement 5010 and D.0?

OK. This concludes today's presentation. Thank you for your attention and your participation.

Slide 28, now it's time to hear from you. Aryeh, please open the lines up for questions.

Question and Answer Session

Aryeh Langer: OK. Thank you, Amisha. We've now concluded the presentation of our call. I'd like to move to the question and answer session.

Before I begin, I'd like to remind you that this call is being recorded and transcribed so please clearly state your name and organization before asking your question. Also, in an effort to hear from as many participants as possible, we ask that you limit your questions to one per person.

At this time, I'd like to open the lines for questions. Melissa, can you handle that, please?

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 on 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 ensure clarity. Please note, your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference. We'll pause for just a moment to compile the Q&A roster.

Aryeh Langer: I'd just like to remind any of the speakers who are on the line also, if you're going to be answering any questions, if you could please state your name for the transcript. Thank you.

Operator: Your first question comes from the line of Patrice Quipe. Your line is now open. Patrice Quipe, your line is now open.

Patrice Quipe: I'm sorry. I was on mute. Patrice Quipe with Alyna.

I'm wondering if you can explain or provide to the industry how it works when you have paired transactions with the timing to new versions. For example, if I send in a 5010 claim, does that mean I get a 5010 remit?

In addition, how does it work for Medicaid auto crossovers? Who decides when Medicaid starts getting the 5010 crossover from Medicare? Thanks.

Mike Cabral: Hi, Patrice. Mike Cabral. How are you doing?

Patrice Quipe: Good, Mike. Nice to talk to you.

Mike Cabral: You, too. Hey, on the transactions are individually managed by the MACs and their Trading Partners. So if you're – you can potentially be submitting 5010 claims and getting 4010A1 but remits and on the – well, the Coordination of Benefits contractors usually take care of the outbound crossover stuff for us. Does that answer your question?

Patrice Quipe: Yes, it does. So we just talk to our individual MAC to see…

Mike Cabral: Correct.

Patrice Quipe: …if I'm sending a 5010 claim. I may or may not get a 5010 or 4010 remit.

Mike Cabral: And you can actually go to the remit first and still be submitting 4010 claims.

Patrice Quipe: Perfect. Thank you.

Sumita Sen: And this is Sumita Sen and I would like to add a comment here. The 5010, 837 and 835, they are not paired transactions. I just wanted to clarify that thing.

Operator: Your next question comes from the line of Cathy Saites. Your line is now open.

Cathy Saites: Hi. This is Cathy Saites from RoMed and I'd like to do really a poll to all the MACs to find out if dual submissions to them means the ability to submit both 4010 and 5010 transactions at the same time from the same submitter ID. Could we kind of poll the MACs to see if they're going to allow that?

Chris Stahlecker: We can ask individual MACs if they would like to respond to that question. We can sequentially go through our MACs that are in our speaker list to see if they would like to respond to that question. It is a general Q&A kind of question so. We have J1 in our call.

Amisha Pandya: Yes, actually Kim…

Kim Campbell: Yes. This is Kim Campbell with J1 and yes, we will have that available.

Amisha Pandya: J3?

Ryan Larsen: This is Ryan Larsen with J3 and we will support the dual submission as well.

Amisha Pandyae: J5?

Lisa Couchu: This is Lisa Couchu with WPS MAC J5 and WPS will be able to support dual submission also.

Amisha Pandya: I'm sorry. I skipped J4.

Pam Kenchenson: This is J4, Pam Kenchenson. We'll allow dual submissions as well.

Amisha Pandya: J9?

Shelley Parks: Yes. This is Shelley Parks with J9. We will accept both 4010 and 5010, however, I'd like to add a caveat that after the errata version is implemented

that once you are approved for production, we will only allow you to use 5010 unless there is a business need that would require you to send both 4010 and 5010.

Amisha Pandya: OK. Thank you. J10?

Paula Reed: This is Paula Reed with J10. We will allow dual submissions also.

Amisha Pandya: J12?

Robbie Stone: Yes, hi. This is Robbie Stone. We'll support dual submissions as well.

Amisha Pandya: J14?

Cathy O'Brian: Hi. This is Cathy O'Brian from J14. On our line of business for Part B, we'll accept both 4010 and 5010 into production. On our Part A line of business, at this time, once you go production, again, it would have to be 5010 production unless you had a business need for both.

Amisha Pandya: Sorry, I skipped J13.

Female: Thank you. I am here. In the production mode, we will support one version only, unless there is a business need to support both versions and we will work individually with those trading partners.

Amisha Pandya: And CEDI?

Stacey McDonald: This is Stacey McDonald with CEDI, and we will also support both versions but only one version in production at one time. Again, as one of the other MACs stated that if you go into production for 5010 and need to go back to the 4010, we will move you back only if there is a critical need.

Amisha Pandya: Thank you everyone for that. Did that answer your question?

Cathy Saites: Well. When you say like the ones that they want one version only, so basically, once you get to the 5010 after the errata testing, you're not going to allow us to submit 4010?

Chris Stahlecker : Once you're production 5010, you're production 5010.

Cathy Saites: OK, OK. Thank you.

Operator: Your next question comes from the line of Elizabeth McBright. Your line is now open.

Elizabeth McBright: Hi. What I was wondering is, any claims that are old claims, once we move into production of 5010, can we send any old claims in the 5010 or do we have to send those in the 4010?

Mike Cabral: I think you need to – this is Mike Cabral. I think we need some clarification. When you say you sent the claim in 4010, is it sitting in our adjudication process or…

Elizabeth McBright: Yes, it's sitting in adjudication or they have to rebill it because somehow, it fell through the cracks some place. If it's something that was originally sent in 4010, do they have to resend it in 4010 or can they send it in the 5010 if they're in production mode?

Chris Stahlecker: Hey, it's Chris Stahlecker. And just to maybe peel the onion here a little bit, if you've already submitted the claim, we're assuming that you're talking about submitting an adjusted claim or something and it would be whatever the date of submission, whatever version you are on in production with that MAC.

Elizabeth McBright: OK. That's all I needed to know. Thank you.

Operator: Your next question comes from the line of Doreen Espinoza. Your line is now open.

Doreen Espinoza: Thank you for taking my question. On slide 11, and I did ask this– and I think this is probably why this slide was created, but I did ask this question before. On slide 11 under 837, it says that errata version will not be tested until April. As recently as last week, we're still hearing from our MAC that they will test the errata version, they just wouldn't go production until April. Can you please clarify for me?

Chris Stahlecker: Hey, it's Chris Stahlecker. And what we're trying to define here during today's presentation and working very, very closely with our MACs, is sort of the floor of what we can expect each of them to support in testing.

If you are engaged in working with a MAC that maybe able to support additional levels of testing, we're not going to present that, but what we wanted to do is move forward methodically and set the floor for expectations.

So, if you have a MAC that is able to support the errata testing, we're not going to prevent them from exchanging those test from you but from an industry perspective, a Medicare Fee-For-Service perspective, we're not requiring that during that timeframe. Does that help?

Doreen Espinoza: It does. I just wanted to note this statement from our providers. We're located such that we get folks from different MACs, if you will. I think a few others, they're within our surrounding states and that could put them at a disadvantage because it's like, you know, they're probably going to test with the one they most often do business with and they just need to know that for planning purposes so that they can test with the other MACs, if you will.when it becomes appropriate or after April. But it just kind of puts the provider at a little bit of the disadvantage if they're not all the same thing. Just a comment. Thank you though.

Chris Stahlecker: Understood.

Operator: Your next question comes from the line of Deborah Wagner. Your line is now open.

Aryeh Langer: Deborah, are you there?

Chris Stahlecker: Might be on mute?

Deborah Wagner: Will there be any changes made to the Direct Data Entry applications?

Chris Stahlecker: Hey. It's Chris Stahlecker. The Direct Data Entry application for Medicare Part A and (inaudible). There are some string enhancements that permit the additional iterations to be entered and that should be coming up…

Matt Klischer: With the January implementation.

Chris Stahlecker: Right,. It's scheduled for the January implementation, January quarterly release. Is that your question?

Deborah Wagner: Yes, that's it. Thank you.

Chris Stahlecker: OK.

Operator: Your next question comes from the line of Sharon Ceede. Your line is now open.

Sharon Ceede: Yes. My question is in regard will CMS post how providers will – like we're receiving even in 4010 files from MACs that do not reconcile the POB plus the claim level to the check. Will there be more enforce – what does provider do when that happens in 5010?

I'm asking for new files and they're saying that's not possible once they generate once and they just tell us what we need to do to reconcile it. But to me, if it's a standard that requires reconciliation, why would we accept that? Why would we not be able to insist on a new file?

Chris Stahlecker: This is Chris, and I think Sumita's going to answer but let me ask a clarifying question of you first. Are you saying that you're receiving an 835 that does not balance within itself, correct?

Sharon Ceede: Correct.

Chris Stahlecker: Is that what you're saying?

Sharon Ceede: That's correct, but even more likely in 5010 when we're, you know, testing and we're trying to set up all these POB scenarios and because even though it's standard, it's used a lot differently across payers.

So, we have to set up ways to process them. And we are finding where some of them do not reconcile, and we have to go back and it's very time consuming to do constantly. We can't automate it because of the way the

payer is sending it, but in 5010, they're stressing, you know, more rigid, you know, instruction in the front end to how take-backs and that should occur.

Chris Stahlecker: We have to say that – let me just kind of jump in here. Right now, we're very optimistic that 5010 is going to balance just fine and your question is a theoretical one. What if it doesn't balance?

Sharon Ceede: Well, they're not in 4010 so…

Chris Stahlecker: I know, I hear you, and we're understanding that that is a situation that does exist today. But as you point out, the TR3s for 835 are requiring that the transactions be balanced. And Sumita's worked very diligently with MACs to address that point. Let me let her take it.

Sumita Sen: And we'll continue monitoring, we'd like to know, We have scheduled calls with MACs and our system maintainers to go over if there are any out of balance situations and we'll continue monitoring that. But, you know, I just think, do you have any issue with that? It make sense, you know, if you get in touch with the MAC then…

Sharon Ceede: And we have. So what I'm asking for is will CMS provide like a place for us to log what the issue is, who the payer is and get some support and getting these issues resolved with the MACs.

Chris Stahlecker: Well, it's Chris again, and just let me point out that 5010 is new and we are revisiting our operational procedures and we will definitely take this into consideration as we do that.

Sharon Ceede: OK. Thank you.

Chris Alacar: Thank you for the recommendation.

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

Ben Johnson: Hello. This is Ben Johnson from InterMountain Health Care. A quick question about slide 13 and maybe this is a question for my MAC. But you

say that when we – as of January 3, 2011, when we send an 837 in, we will receive either a TA1 or a 999. Do you know if there is a date when we would be able to start receiving 277CAs?

Chris Stahlecker: We're – yes, can you identify where you are?

Ben Johnson: I believe I'm in three.

Female: Yes.

Chris Stahlecker: Well, it's Chris Stahlecker again. And we are defining when we will establish the baseline response of the 277 Claims Acknowledgments and we are expecting that to be in the January to March timeframe. Again, we want to establish the floor of what all MACs can do and so there'll be additional information forthcoming on that.

Ben Johnson: OK. Thank you. It sounds like I can work with my MAC and determine when those would be available.

Chris Stahlecker: Yes. And again, we're speaking about the floor. When you approach your MAC, you may find that they are able to do that with you sooner.

Ben Johnson: OK. Thank you.

Operator: Your next question comes from the line of Frank D'Mario. Your line is now open.

Frank D'Mario: Good afternoon. I'm with Hedgeman Health Care Solutions in Florida. We're a J9. My question is this, as we roll out our software, as we test our software then plan to roll it out…

To my understanding, and is it still true that we just have to test one time – well, not one time but we'll test multiple lines of business, but once we're approved as a vendor then we can start rolling out the software to the individual providers? Do we have to notify the MAC that each provider will be, you know, getting the new updates or will they automatically recognize that format is 5010 versus the 4010?

Female: Yes. You're correct about that. Once you have tested and if you've approved, you can roll out your software and you should notify your MAC's regarding which providers will be using this software.

Frank D'Mario: So, on a provider by provider basis, we'd have to notify the MACs?

Female: Submitter.

Frank D'Mario: OK.

Chris Stahlecker: It's Chris. Again, your business model – the answer is really, it depends. If your business model is such that your provider customers have unique submitter IDs with a MAC then yes, they need to let that MAC know that they're ready to test.

Frank D'Mario: OK.

Chris Alacar: If your business model is centralized one rather than distributed where there's only one submitter ID for all your customers, then you will need to notify the MAC once you've tested with them.

Frank D'Mario: OK. Well, we have software in hundreds of provider offices throughout State of Florida so we would have to notify each provider that we have. Each submitter ID would have to then notify the MAC that they're now going to be on the 5010 versus the 4010. Similar to what we did back in the NSF to ANSI upgrade, I imagine.

Chris Stahlecker: Yes. We believe that to be correct. Once you are approved by that MAC then you'll be on the approved vendor list and it will be an easy transition.

Frank D'Mario: OK.

Chris Stahlecker: And it will be…

Frank D'Mario: OK. And would the same be in reverse when we would request the 5010s in return, would that process be the same? Do you know? What when we were

ready to send 5010s, they would also ask the MAC to provide us with the 5010s in return? Is that the same in reverse?

Male: For the 835?

Frank D'Mario: Yes, yes. I'm sorry, 835, correct, yes.

Male: They would need to set up each individual trading partner that they're exchanging 835 with on a case by case basis.

Frank D'Mario: OK. It's very time consuming. We better not wait to the last minute to start doing this stuff, I'd say.

Female: Yes.

Male: Can we give you the – could you like e-mail it out to all your clients today?

Frank D'Mario: The year is going to be over before you know it, you know. Thank you guys very much.

Female: Thank you.

Question and Answer Session continued

Operator: Your next question comes from the line of Barbara McIntyre. Your line is now open.

Barbara McIntyre: Well, I don't know most of what you all are talking about. It's over my head for what my job is, but could you tell me what a D.0 is and an MAC is?

Female: An MAC is a Medicare Administrative Contractor.

Barbara McIntyre: So, that's not like our clearinghouse?

Female: No. It's where your clearinghouse will send your claims.

Barbara McIntyre: Oh.

Female: It's really Medicare's front end.

Barbara McIntyre: Oh. So it doesn't really have anything to do with me?

Male: It may not.

Chris Stahlecker: It is the actual site that processes your claims.

Barbara McIntyre: OK.

Chris Stahlecker: So…

Female: Thinks of it as the ultimate receiver of claims that you somehow intend to send to Medicare for payment.

Barbara McIntyre: OK. But that really is the responsibility of our clearinghouse, right?

Chris Stahlecker: That's what you hired your clearinghouse to do for you, yes.

Barbara McIntyre: And then what does D.0 mean?

Female: D.0 is a version upgrade to the NCPDP, the National Council for Prescription Drug Program.

Barbara McIntyre: Oh, OK. Thank you.

Aryeh Langer: If I can just make a suggestion, if you want to go to the website that I mentioned at the beginning of my remarks, cms.gov/versions5010andd0. There is a wealth of information over there including fact sheets and checklists and information about previous calls. So it maybe has some benefit to you and others on the call who are new to this.

Barbara McIntyre: OK. I have another quick little question about the slides. I first signed on with the phone and then, you know, I had all the slides, the tiles up which I could print. But now, I went – and I'm on the actual Internet site and, you know, where you can raise your hand and everything. But how would you print a slide out that you want from here? Do you have to go back to the other way of getting the slides? Do you have to go back to the website?

Amisha Pandya: You caught me. I said at the beginning that I was going to open up the file share pod during the question and answer and I didn't, so I will do that now.

Barbara McIntyre: Thank you.

Amisha Pandya: You're welcome. Thank you for bringing that up.

Barbara McIntyre: Sure.

Amisha Pandya: Can you see that screen now?

Barbara McIntyre: Yes. Perfect. Thank you.

Amisha Pandya: Yes.

Operator: Your next question comes from the line of Brenda James. Your line is now open.

Brenda James: Yes, hi. My name is Brenda with Providence Health and Services and we are in the non-MAC, still using an FI. Is there an update on whether when the state of Washington would be going to a MAC? And I guess a follow on question is in regards to whether what you're talking about today in regards to MAC, did that apply to the FIs since we're still using Fiscal Intermediaries?

Amisha Pandya: It does. Everything here applies to you as well. The Fiscal Intermediaries will be working with a MAC that is 5010-ready, so that you can transition to 5010 as well. So, regardless of whether you have a MAC in your state or not– sorry, this is Amisha speaking – regardless of whether or not you have a MAC in your state or not, you will still need to transition to 5010. You will work through your Fiscal Intermediaries who will be working through a 5010-ready MAC.

Brenda James: So, they're going to provide the same amount of service, I guess, in terms of what you've listed today and making sure that they're going to provide assessing instructions and specific specifications for the test files, all of that. They will have the same information and will provide us links and all of that support. Because there's obviously, if you go to the slide 20, there's no

testing support link for the non-MACs that are out there, like for us which is in Region 2.

Amisha Pandya: Right. Where you would want to go is on slide eight and those two links on your state and call that help desk.

Brenda James: So, it's mainly a help desk that we're calling as opposed to like you're saying like going with those other numbers or other websites?

Amisha Pandya: No. What you need to do first is to find out who – you know, where – what website you need to be looking at. So, call – go to your fiscal intermediary website, the one that you have now. There should be some information on that website now. If not, then call the help desk and learn where you need to go to get that information. But, yes, the answer to your question is yes. You should have all that information provided to you.

Brenda James: OK. And when you said that the Fiscal Intermediaries actually will go through a MAC, they will then be testing with another MAC?

Chris Stahlecker: They're going to – it's Chris Stahlecker, if you don't mind me jumping in. When you contact your fiscal intermediary, your current one, and you want to use your 5010 transaction, they have an arrangement for a 5010-ready MAC to process those test transactions and then give the results back to you.

Brenda James: OK.

Chris Stahlecker: So, it's – you're not aware of it but that's what's happening behind the scene.

Brenda James: Right.

Chris Stahlecker: So, it appears to be your intermediary is taking care of your 5010 testing but actually they have an arrangement with the MAC to help them do that.

Brenda James: OK. And do you guys have an update on when Region 2 would go to a MAC?

Chris Stahlecker: Unfortunately, we don't have that information to share with you today.

Brenda James: Because that would be a risk in terms of having to test with our fiscal intermediary and then if some time next year in 2011, they do move to a MAC, we would then have to retest with that MAC. Is that correct or we only need is test with our fiscal intermediary and with that transition, we would be done?

Chris Stahlecker: No. When the workload actually moves to a MAC, you will do some testing with that MAC, but what we want to emphasize now is that because we've gone through the standardization of a front end, your experience with testing 5010 should transfer nearly completely. The only expectation of change would be the contractor ID. Other than that, we would expect to have your experience to be identical with what you would set up initially with your intermediary for 5010 testing.

Brenda James: Great. Thank you.

Chris Stahlecker: OK.

Operator: Your next question comes from the line of Sarah Willis. Your line is now open.

Sarah Willis: Yes. Hi. This is more of just information comment more than a question. I just wanted to let you guys know because this was the first time you'd used your online Adobe webinar software, that after – I think it was the last three questions, the "Option 2 Answer a Question" did not appear at all. I answered the first few questions and then after that, they never came up.

Amisha Pandyae: OK. Thank you for that comment.

Sarah Willis: All right. Thank you very much.

Operator: Your next question or comment comes from the line of Sara House. Your line is now open.

Sherry Nacorado: Hi. This is Sherry Nacorado from Northeast Washington Health Programs. And our questions have really been answered by Brenda's questions that have already been stated. Thank you.

Amisha Pandya: OK. We like those!

Operator: Your next question or comment comes from the line of Mary Johnson. Your line is now open.

Mary Johnson: Hello. This is Mary Johnson from Lake County Health Department Illinois. And what we were wondering is how are the states going to be mandated for coming up to this new format, because that's when 837 were being introduced, the state was not on the 837 format and we had to bill thereafter the old format of NSF versus sending to Medicare with the new 837. So, how – does anyone know how the states are going to implement this new version?

Chris Stahlecker: Hi. It's Chris Stahlecker. How cold is it in Chicago?

Mary Johnson: Oh, 19 degrees, 15 degrees.

Chris Stahlecker: Well, I'm afraid that we can't add any heat to that.

On the Medicaid side, unfortunately, we don't have that information to share with you about their state of readiness. It is another area here at CMS that is giving oversight to the states as they transition to 5010 as well.

So, you know, we were trying to engage crossover recipients and that's moving along, but we really don't have a summary status to share with you regarding all of the states. That maybe something that we can pass internally if that's something that they would have interest at the future audio cast and we'll take that forward. But right now, we don't have anything like that planned.

Mary Johnson: OK. And then when this becomes mandated, would it rely on the application, the software, the EHR or would it be the responsibility of the clearinghouse to convert that to the payer?

Chris Stahlecker: Well, it's Chris again. There are several options to put into place. Any of those or all of those could combine to make covered entities HIPAA ready or 5010 ready rather.

Mary Johnson:OK.

Chris Stahlecker: You know, the clearinghouses can play a part. They can take a 4010 format and deliver a 5010 when a payer is ready to receive it. Or they can take a 5010 format from a provider who is ready and convert it over and deliver it as necessary-and hopefully they wouldn't be necessary- to a payer that's not ready for 5010 – in a 4010 format.

Mary Johnson: OK. Thank you.

Chris Stahlecker: OK. Hope that helps some.

Operator: Your next question comes from the line of Trisha Campbell. Your line is now open.

Trisha Campbell: Since the J15 MAC was just announced, the transition from our original home health hospice intermediary to CIGNA is going to impact the 5010 testing. Do you have any idea of when that transition will likely occur?

Chris Stahlecker : It's Chris again. We're working closely with them internally to understand when they would be able to take that on. Again, from a legacy perspective, there is an arrangement with a MAC to do that support work for 5010, right, at the get go in January. But we understand that workload – production workload needs to complete a transition and using the 4010 format.

So, we're working closely to learn where the interim and intermediate workload transition dates will be and trying to align the 5010 startup for test to production to follow the transition of the 4010 format workload. Hope that helps.

Trisha Campbell: OK.

Chris Stahlecker: More to come.

Operator: Your next question comes from the line of Stacey Sanchez. Your line is now open.

Stacey Sanchez: Hi. I was just making a note that when you're using the online version, when you go to full screen, the questions don't come up but when you leave it as a minimized screen, the questions do come up. So, the option that's there to change to full screen doesn't show the pop-up questions.

Amisha Pandya: I was noticing the same thing. Thank you.

Stacey Sanchez: You're welcome.

Chris Stahlecker: Lessons learned.

Operator: Your next question comes from the line of Kimberly Rochen. Your line is now open.

Kimberly Rochen: Hi. This is Kimberly Rochen from Dr. Guttmann's office and I – right now, I'm in Zone 6. When I click on that, it also says that Zone 8 will be Illinois. So, I'm kind of confused and obviously, I don't have a MAC yet. So, I'm kind of concerned if all these testing dates are coming up and, you know, who should I be contacting?

Chris Stahlecker: You're in an area that has not have a MAC yet. But if you're still dealing with the fiscal intermediary and a Carrier, that's who you should contact.

Kimberly Rochen: OK. And then quickly, I just wanted to let you know with the seminar here today, I actually had to dial back in twice. I was hung up on. I'm not sure why I'm not on the line that would be interrupted but I wanted to give you that information.

Aryeh Langer: Thank you for that feedback. We'll check on that for you.

Kimberly Rochen: All right. Thank you.

Operator: Your next question comes from the line of Joe Wolfgang. Your line is now open.

Joe Wolfgang: Hello. This is Joe Wolfgang with TSI Healthcare. I've got two questions. Specifically, I see that in that in one of the slides that there'll be an upcoming call about errata data and Companion Guides. Is that correct?

Amisha Pandya: Yes, that's correct, right.

Joe Wolfgang: OK. So, there still are going to be Companion Guides that are going to be produced by each payer to cover information that is – allows them to put in certain data the way the Companion Guides are currently setup now to tell you, you know, like what values they'll accept and like CLMO53 or…

Amisha Pandya: Yes, yes.

Joe Wolfgang: OK.

Amisha Pandya: For 5010 and beyond, Medicare Fee-For-Service will have a standard Companion Guide that all the MACs will use and they will populate that template with their information, with their MAC-specific information, but it will be a consistent format and consistent context.

Joe Wolfgang: So, they will provide it but basically it's going to be all the same just with certain tweaks for their systems?

Amisha Pandya: Yes, for their processes. As I mentioned on one of my slides that each of the MAC has their own process…

Joe Wolfgang: Correct.

Amisha Pandya: …in testing. And so they will put their process loads and all of their requirements in that document for you. If you're working directly with that MAC, you should look at their specific Companion Guide.

Joe Wolfgang: OK.

Amisha Pandya: It's the Medicare Fee-For-Service Companion Guide, but each MAC will put their own specific information.

Joe Wolfgang: OK. So, there is still a possibility I ran into this just recently, where the fiscal intermediary for North Carolina, CIGNA Government Services, will take a CLM value, a CLM claim, total claim amount that is, you know, I want to say eight digits. Even though the field allows 18, but Highmark Medicare, which is for Pennsylvania, the intermediary, they're only allowing a claim amount up to $99,999.99, a seven digit. Is that going to be consistent across all MACs when 5010 comes out?

Chris Stahlecker: Hey, it's Chris Stahlecker. Yes, we expect that level of information to be consistent across all MACs. We expect a lot of the information to be consistent. When we say that there are MAC-specific aspects of a Companion Guide, you know, please understand some of these changes about help desk and phone numbers and websites and things, that's all MAC-specific.

But we've worked very hard. Our MACs have worked very hard along the way here to help us arrive at consistency.

Question and Answer Session continued

Joe Wolfgang: All right. So, basically, Highmark Medicare system, even though their current Companion Guides says they will not accept the claim amount in excess of $99,000. Even though you may have a claim for over $100,000 which forces you to break up the claim, in 5010 they will have to take it or they will be able to take it?

Chris Stahlecker: Let me just say that the limitations that exists will be across the board and in some cases, there are processing limitations due to our claims adjudication systems that really don't have anything to do with the individual MAC. So, with 5010, however, we have arrived at some consistency so we shouldn't have the variability that you're pointing out right now.

Joe Wolfgang: OK.

Chris Stahlecker: They should beusing the same Medicare A systems, the same Medicare B systems, et cetera. So we were trying to standardize the interface from the MAC's front end so your experience with MAC should be fairly consistent.

Joe Wolfgang: OK. And I just wanted to verify that the lady who brought up the point before where if they test currently now with the fiscal intermediary, like I was saying, CIGNA Government Services, currently, the fiscal intermediary for North Carolina Medicare Part B.

But technically, that's going to be transitioned over to Palmetto GBA as a MAC at some point in the future when Jurisdiction 11 is awarded. My understanding is they will still have to submit test claims in 5010 format to that new MAC even though they've already been approved for production by the fiscal intermediary.

Chris Stahlecker: The amount of testing – again, this is Chris – that will be required should be very minimal.

Joe Wolfgang: They'll submit test file basically.

Chris Stahlecker: Yes.

Joe Wolfgang: If you're already approved by the fiscal intermediary and your files are good, basically, they should be good for almost any MAC.

Chris Stahlecker: That's correct.

Joe Wolfgang: OK.

Chris Stahlecker: But because we don't have the same what we call Trading Partner Management System…

Joe Wolfgang: Sure.

Chris Stahlecker: There's individual submitter ID that they're assigned and their individual MAC contractor ID numbers that are assigned. So, there is a minimal amount of testing that has to happen.

Joe Wolfgang: I understand.

Chris Stahlecker: But, you know, the reporting, the responses you've got, that should all be very consistent so it should be very minimized impact to that test.

Joe Wolfgang: OK. Thank you very much. I appreciate it.

Chris Stahlecker: You're welcome.

Operator: Your next question comes from the line of Cindy Ford. Your line is now open.

Cindy Ford: Hi. This is Cindy Ford. I'm calling from KeenCare. We're a software vendor. And I just wanted to clarify one thing, please. We will – our providers – our clients who are the providers with individual submitter IDs will be submitting the test files. At what point will we become an approved vendor?

Chris Stahlecker: This is Chris. And when you are engaged in your first test with one of the MACs, when you are approved…

Cindy Ford: One of our providers gets approved with…

Chris Stahlecker: Right. You would need…

Cindy Ford: …and we are on the approved vendor list for that MAC.

Chris Stahlecker: Right. As Amisha has said, one of your provider customers would need to be a subject for you to test with that MAC.

Cindy Ford: And then do the rest of our providers for that MAC need to submit test files or do they just move into production because we are an approved vendor?

Chris Stahlecker: If there are different submitter IDs involved for all of your provider customers…

Cindy Ford: Yes.

Chris Stahlecker: …they will all need to request to be set up for test and production.

Cindy Ford: So, they will have to test.

Chris Stahlecker: Right. Because the MAC only understands that they have a submitter ID and they're authorized to submit production transactions in 4010A1 format. So, that same provider needs to be flipped over to testing and production for the 5010 format. That's a different action.

Cindy Ford: And are the providers switched to production mode at their request so they might have passed but they don't have to submit to production mode until they requested to do so?

Chris Stahlecker: Yes, that is true.

Cindy Ford: OK. Thank you.

Chris Stahlecker: Now, for very specific information, we would really like you to talk to your MAC.

Cindy Ford: Well, that would be all the MACs for us.

Chris Stahlecker: OK.

Cindy Ford: We're a vendor…

Chris Stahlecker: You would need to be engaged with testing with each of the MACs to get on each of the MAC's independent vendor approved lists.

Cindy Ford: Then we would have to be a Trading Partner?

Chris Stahlecker: You need to have a subject provider across each of your MACs.

Cindy Ford: And we do.

Chris Stahlecker: Yes.

Cindy Ford: Yes, OK.

Chris Stahlecker: So that's an individual MAC…

Cindy Ford: Great. Thank you very much.

Cindy Ford: OK.

Aryeh Langer: Melissa, we have time for one more question, please.

Operator: Your last question comes from the line of Michael Stevens. Your line is now open.

Michael Stevens: My question was just answered by the – by the way, this is Michael Stevens. I work with Security Software. My question was answered by the caller previous to this call, this question.

Aryeh Langer: OK. Thank you. Can we take one more, Melissa?

Operator: We do have the line of Cathy Saites. Your line is now open.

Cathy Saites: Hi. This is Cathy Saites at RoMed. And is it possible to publish each MAC protocols so that we all have the same info? There's a lot of times when we call the MACs and they're referring us to the CMS website which, you know, we have the general information but when we try to get detailed information for that MAC. It just would be easier to have that information provided instead of us – everybody having to call the MAC and them being inundated with calls. Is that possible?

Chris Stahlecker: First, I want to appreciate your question, your recommendation. I think you're saying, you'd like CMS to ask MACs to make their telecommunication protocols more easily accessible… or their testing protocols? Not quite sure what you're saying.

Cathy Saites: The testing protocol is we're looking for- the testing and Companion Guides and any 5010 questions. And then that way, we all don't have to call the MACs and bombard their call centers.

Amisha Pandya: Well, their Companion Guides will be posted in January. That document will have all of that information in it for you. The only thing is you will have to go to each individual MAC's website to get each individual MAC's specific information, the Companion Guide. So, they'll all look the same and have the

same content and they're all organized the same but they'll have their specific information.

Chris Stahlecker: But we appreciate your recommendation and I think you're just saying, can we standardize a little bit more, and we'll take that into consideration as we go forward. It's a good suggestion. Thank you.

Aryeh Langer: Well, Melissa, that ends the question and answer session. So, at this time, I'd like to thank everybody on the lines for joining us for today's call and for your patience with the new Adobe Connect Pro that we were using today.

I'd also like to thank our Medicare subject matter experts here at CMS, as well as specifically Amisha for working on this new tool that we used today, and we look forward to hopefully using this in the future.

Please remember to send me any feedback on the webinar to A-R-Y-E-H dot L-A-N-G-E-R @cms.hhs.gov. Our next call is scheduled for January 19th, and the topic will be the Companion Guides. So, be on the lookout for our listserv message announcing the call details. We wish you all happy holidays, happy new year and we'll speak to you in January of 2011. Have a great day.

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

END