

**NWX-HRSA OA**

**Moderator: Aaron Fischbach**  
**April 30, 2013**  
**2:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode.

After today's presentation we will conduct a question and answer session. To ask a question please press Star 1.

And today's call is being recorded. If you have any objections you may disconnect at this time. I'll now turn the meeting over to Bill Finerfrock. Sir you may begin.

Bill Finerfrock: Thank you operator. And I want to welcome all of our participants today. My name is Bill Finerfrock. And I'm the Executive Director of the National Association of Rural Health Clinics and I'll be the moderator for today's call.

I want to take a moment to remind everyone to turn off any electronic devices.

Today's topic is getting ready for ICD-10. And we're pleased to have Denesecia Green with the CMS Office of the eHealth Standards and Services

speaking with us today about what you should be doing now to prepare for the advent of the mandatory use of ICD-10 codes effective October 1 of 2014.

Denesecia is a Senior Health Insurance Specialist with CMS. Her 15 years of healthcare experience span a wide variety of CMS programs and policy including Medicare, Medicare advantage, Medicaid program integrity, audit and quality, public and population health, health IT, health insurance and most recently ICD-10 implementation and oversight.

Many have said it's too early to prepare for ICD-10 but the truth is there is many things that you should be doing now and in the coming months to be ready for the October 1 effective date - October 1, 2014 effective date for ICD-10.

When should you begin testing, with whom should you test, what should you be testing, should rely on a practice management vendor to ensure you are compliant, when should you start staff training, what about using an electronic cross walking program?

Denesecia will discuss these and other topics in hopes of making sure you're prepared to go live and not have any disruption in your claims processing.

This series is sponsored by the Health Resources and Services Administration's Federal Office of Rural Health Policy in conjunction with the National Organization of State Offices of Rural Health and the National Association of Rural Health clinics.

The purpose of this series is to provide RHC staff with valuable technical assistance and RHC specific information.

Today's call is the 53rd in our series which began in late 2004. And during that time we've been host to almost 4500 participants on this - I'm sorry 14500 participants as part of this bimonthly series.

As you know there is no charge to participate and we encourage you to refer others who might benefit from this information to sign up to receive our announcements.

Presentations, and speakers, and topics, and recordings are available for download at [www.hrsa.gov/ruralhealth](http://www.hrsa.gov/ruralhealth) that's one word R-U-R-A-L-H-E-A-L-T-H/ policy/confcall/index.html.

During the Q&A period today we will ask that you provide the name, and city, and state you're calling from.

With that I'd like to turn our time over to Denesecia who is going to talk to us about ICD-10 implementation. And at the end we will open it up for questions. Denesecia the time is yours.

Denesecia Green: Thank you so much Bill and I appreciate your leadership and inviting CMS to attend this training for your membership.

So thank you for really stepping up and helping your leadership - helping your membership to achieve compliance.

One of the things that we wanted to talk about today is the great work the Rural Health Communities and the vital role that you all play in ensuring that there is care provided for many in the community.

Secondly we want to let you all know that we are a true partner here at CMS. And we want to let you know that anything that we can do to assist you with your ICD-10 implementation that we're here and ready to do so.

We have a host of resources available. And today I'd like to walk you through some of those things, talk to you about timelines and time frames and where you should be today, and also to let you know some of the upcoming resources that we have available for you.

So I'll start with the first slide ICD-10 compliance state. CMS is on target and ready for the October 1, 2014 compliance date.

In fact, at a recent HIMSS conference CMS Acting Administrator Marilyn Tavenner stated that this is a firm date. She reaffirmed that ICD-10 is moving forward with the compliance date of October 1, 2014.

And so we heard some really positive feedback from that. Many in the industry are ready to move forward and to achieve compliance

All organizations that are HIPAA covered entities are to be ICD-10 compliant by this date.

There are a few exceptions including the auto, and workers compensation, and we can talk about those a little later.

Next slide, so let's discuss the impact of ICD-10. And as you all can see it cuts across everyone - employers, payers, providers, clearinghouses.

And so you have an opportunity here to really make a difference. You'll see that everyone is working together to make this implementation successful. And you can see where you may fit into the larger scheme of things.

Here at CMS we've developed a comprehensive plan to prepare for ICD-10. And we're not only working across CMS but within HHS also.

And on this chart, you'll see our Medicare programs, our state programs and some of the other things that we're tied into.

Next slide, and so as you're considering your readiness for ICD-10 we want to point you to this timeline for providers.

We also have a timeline for payers and others but they're very much the same and we want everyone to consistently go down this path together.

As we look at the timeline, from April through the end of the year you should begin your internal testing.

This is the time where you should be having those conversations with your vendors to ensure that their products are ICD-10 compliant and that you will be ready.

So you're asking your vendors about whether the software that they are providing to you will also include pre and post training.

This is also a time to ask your vendor what support they have in place post-implementation should you have any issues.

Another key milestone is October 1, 2013 for external testing. This is the time you want to test with your trading partners, business partners, and anyone else that you're working with.

And that extends through October 1, 2014. So there's a one year timeframe to conduct external testing to ensure you're prepared for ICD-10.

The next slide talks about some of the things that we're doing with our state Medicaid agencies.

For example, we are offering technical assistance and training for the State Medicaid Agencies. They have found the training very helpful.

We are hosting quarterly ICD-10 self-assessments for the States. And this gives the States an opportunity to strategically think through implementation issues and develop remediation policies.

We've also developed an ICD-10 implementation handbook that's specific to those groups. We've also established a state ICD-10 collaboration site.

the State collaboration site promotes knowledge exchange to occur between all of the State Medicaid Agencies to discuss best practices, to talk about lessons learned, and also to have a forum of where they can ask questions, or where to go for resources.

We're also conducting onsite trainings. And these trainings cover coding and crosswalking to clinical documentation courses, and they also address ICD-10 implementation in general.

There's also best practices being developed around 30 health category conditions that the State Medicaid agencies have identified as key conditions.

Some examples include; diabetes, cancer, asthma, and other health conditions of interest to the State Medicaid Agencies. And what the States been able to do is to outline some categories that they believe will be helpful to cross walking from ICD-9 to ICD-10. The best practices are in draft and will be shared when final.

The Next slide goes into our ICD-10 Web site. And we would encourage everyone to really go out there and take a look.

It is an interactive Web site. It is constantly updated with new meaningful information that you would find helpful in implementing ICD-10. That link would be [www.cms.gov/icd10](http://www.cms.gov/icd10).

And what I like most about the Web site is that it's structured by by category. For example, there is a provider section, a payer section, a vendor section, and so forth.

I encourage you to go through and get a feel for what resources and materials are available for the ICD-10 implementation.

I also want to highlight on this page that there's an opportunity to sign up for our Listserv. We have about 108,000 people that have already signed up.

There are weekly updates with new and exciting information about ICD-10. So please check it out. I would encourage you to sign up for our email updates today.

The next slide focuses on our ICD-10 modules. CMS has developed ICD-10 modules that offer free CME credits.

It's free training open to everyone. And it's been very popular. In fact, we have about 16000 subscribers that use the training each quarter.

And we're also offering two new modules that are coming soon so stay tuned. But this is a great way to get familiar with ICD-10 and share it with your nursing staff, your office staff, billers and coders. And again we're always updating and reviewing at our materials there.

Next slide, so we've developed provider and payer implementation guides. And it's a really great guide from A to Z on what needs to take place for ICD-10.

It's a really good tool for helping you to navigate the system and how to, align yourself and get right back on track with the ICD-10 timeline.

So perhaps you fallen behind... and your trying to figure out well where am I now compared to the timeline? And I really need to catch up. These are great guides to do just that.

They are somewhat lengthy. However you can go straight guide and look for the area that you're most in need of.

We've also heard some feedback from partners across the US. We've heard that an interactive online guide would be most helpful something that is quick and easy. We may not have the time to skim through 60 some pages.

And so we've heard you. We're listening. We're developing an online tool for you that will have quick links to the information that you need.

And as a matter of fact we're sharing all of our implementation guides and would really welcome the rural health community – your specific input to improving these guides.

There's also some helpful checklists on the Web site. And they're out there for you to walk through in an easy step-by-step guide as well.

And so the next two slides talks about some of our key resources. You may see the GEMs out there. This is a great tool to help you crosswalk from ICD-9 to ICD-10.

And although there is not one full- proof method this is a good starting point for many people that we've spoken with in trying to make that comparison. Keeping in mind that clinical analysis is always required.

Next page, we also have some Medicare learning network articles out there that talks about how Medicare claims should be submitted.

We also have an ICD-10 national provider call. As a matter of fact we had a recent call with about 12,000 participants.

There's also some information about national coverage determinations that may be of interest to you. And you'll see that at the bottom of this resource page.

And I'll stop there to see if there are any questions. So Bill, I'll turn it back over to you. Thank you everyone for an opportunity to speak with you.

Bill Finerfrock: Yes just real quickly. I think that you referenced some slides that we may not have had in the deck that we got particularly at the very end there.

Denesecia Green: So those are our additional resources, and we'll be sure to share those with you.

Bill Finerfrock: Okay. Anything that you mentioned that may not have been in the slides or whatever if you can send those we can get those out to folks.

Before we open it up to questions I have a couple of things if you could perhaps go and expand a little bit.

You mentioned early on the idea of internal testing and the folk should be doing internal testing up until about October. And in October they should begin their internal testing.

Could you elaborate on what you mean by internal testing and what kinds of activities folk should be engaging in now that you would classify as an internal testing process?

Denesecia Green: Sure. So let me just step back a minute and talk about where people should be in terms of their ICD-10 implementation.

So many of you probably have conducted some sort of assessment to figure out - okay where do I currently receive ICD-9 codes? And those will be the same places that you would look for your ICD-10 codes.

For example, if I'm a provider and I have a patient or a beneficiary coming into the office, you might see an ICD-10 code in terms of the eligibility.

You also might see it when you're compiling the problem list for the patient and then identifying their diagnosis. You may also see it in your claim submission.

And so those are places you want to look to see if there's an opportunity to update your systems and points of contact with ICD-10.

And also providers are also responsible to report public health issues to their local health departments. That may be another area that you haven't considered for ICD-10.

So I just wanted to stop their first to give you some background on where you might see those codes.

Bill Finerfrock: Okay.

Denesecia Green: The next set of things you might want to think about is where else might I need to update my systems to accommodate the new code structure? And so that's when you start to talk about your vendor, you need to have those conversations with that vendor to ensure that they can hold the ICD-10 code sets.

And that your internal staff - maybe just one or two people - that are coders or billers within your organization that will need to have training to understand the new ICD-10 code set.

There's also some internal testing and training the needs to take place. So for example if you are implementing a new system or updating an existing system, your staff will need to know how to use that system going forward especially on October 1, 2014.

So here's the time to be proactive and prepare. And then ask your vendors the right questions so that they understand that any products or software that you

are receiving should be compliant with ICD-10 going forward. So now's the time to ensure that your systems can hold those new codes.

Bill Finerfrock: I think that's really helpful. One of the areas too -- and I don't know whether you want to talk about this at all -- but I think sometimes it's overlooked that the providers themselves need to undergo a certain amount of education in that ICD-10 will be in order to properly code in ICD-10 you're going to be asking or in need of additional information that may not have been necessary in the past.

And so if you have a coder and they're looking at the medical record in order to properly code it at an ICD-10 level they're going to be looking for information and may have to go back to the provider to get information if they didn't put it into the record initially.

So for example somebody was pointing out to me abdominal pain is an ICD-9 code. Under ICD-10 the code would be upper left quadrant, upper right quadrant, lower left quadrant, lower right quadrant to properly do an ICD-10 code.

If that information isn't in the medical record the biller, the coder, whom ever is going to have to go back and try and elicit from the provider.

So how much education do you think needs to go on at the provider level to make sure they're putting enough information into the medical record in order to properly code it in ICD-10 level?

Denesecia Green: Well you make a really good point Bill. And the truth is everyone needs training. This isn't just a transition, it really is a new way of thinking.

And so the ICD-10 code set offers some specificity that the ICD-9 codes had not in the past but it provides a number of great benefits to having that specificity there.

So one of the things that we're encouraging providers to do is absolutely have, the training, visit our web site to check out the free CME training as a good start.

But also look at some other options for training that really talks about how code structure has changed so that you are familiar with it.

You know, it has new things like laterality that wasn't there before. For example, if you have a broken leg, the code identifies whether is it the left leg or the right leg.

And in certain cases, the code speaks to your medical history. So it's something to think about. And absolutely a clinical decision is required so understanding the codes will help in choosing the right one.

Bill Finerfrock: Yes I just I've sat in or listened to a lot of different discussions and most of it seems to be when they talk about training and education focused at a coder level.

And almost as though the providers themselves don't have to undertake or think any differently. And I just - I really think that that's something that needs to be part of the conversation because you can, you know, it's the - output is only as good as the input.

And if the input is missing it's going to reduce the quality of the output and slow down the process. And I just think that's a message that needs to be reinforced.

Denesecia Green: Oh absolutely. And we're in full agreement here.

Bill Finerfrock: Okay. One of the - we've heard some disconcerting reports with regard to the - some of the state Medicaid programs being ready.

You mentioned that you've been working with the states to get their Medicaid programs up and running on an ICD-9 platform.

Are you confident - I'm confident that Medicare will be there? I have to admit I'm not as confident that the Medicaid programs are going to be there What is your sense of where the Medicaid programs are today?

Denesecia Green: Well I can say that in terms of CMS we have been offering a full suite of technical resources, and education, and training, onsite training with our state Medicaid agencies.

And as you all know the State Medicaid Agencies are payers too. We view the States as a health plan and they are also responsible to become compliant.

And so we're making every effort to make sure that they have the resources they need, just like we're reaching out to you today

We are also conducting self-assessments of the States. And so we're going out to the States to report their readiness.

And our last assessment was done in January. And we actually got a 98% response rate stating that they're planning to be on target for October 1, 2014.

And so if there are any issues in terms of States that perhaps lag behind or fall behind we have a full program in place to ensure that the States have the resources that they need.

Bill Finerfrock: Okay. I hope that you're right. And we'll have to keep a close tab on that. If the past is prologue I think we need to monitor that very closely.

Denesecia Green: Understood. And we're conducting some regular monitoring of the states. So we'll continue to do that and again, you know, we're moving forward with the State training. The date is set. And so the States are aware that they will have to be ICD-10 compliant.

Bill Finerfrock: Okay. All right. That's all I have for now in terms of questions I want to ask. Why don't operator we go ahead and open the phone lines up and I may have some additional questions I want to throw in. But let's open the lines up and see if our audience has questions?

Coordinator: All right. And if you do have a question please make sure your phone is unmuted and press Star 1. When prompted please record your name and location.

Again, it is Star 1 to ask a question, and unmute your phone and record your name and location.

Bill Finerfrock: We'll just give a minute to people an opportunity to do that. And then operator as soon as you're ready go ahead and take our first question.

Coordinator: And we do have one coming in. One moment.

Ms. (Campbell) from sterling, Kansas your line is open.

(Shirley Campbell): Yes. I wanted to ask if you - which of the implementation guides you would recommend if you're a rural health clinic that's provider based as a

critical access hospital would you use the small and medium practices or for the small hospitals?

Denesecia Green: Well you referring to the critical access hospitals?

(Shirley Campbell): Yes but we are the rural health clinics associated with that.

Denesecia Green: Yes so I would definitely - I would try the small and medium practice.

And, you know, we try to have some consistency across those handbooks. So I would start with that one and go from there because it does provide a lot of good information.

And I'll also say one of the things that we've been talking to people about especially from critical access hospitals are the, the public health aspect of ICD-10. And so that might be something that is not currently in the book but perhaps something we can think about adding down the line.

We know that those hospitals serve a great number of people, especially those in need. And so that might be something great to add in. But we'd be open to any suggestions that you have as well.

(Shirley Campbell): Does the guide have a list of questions to ask the vendor?

Denesecia Green: We have an actual list of questions for vendors that we can send to you after this call.

There are some questions in there but we have a specific list that we just developed. And so I'd like to share the most current with you.

((Crosstalk))

(Shirley Campbell): That would be appreciated.

Denesecia Green: And if you sign up at our listserv those questions will be coming to you regularly and especially as we update them with new information.

So we'll send out the ones that we have as part of our recent...

Bill Finerfrock: Yes. If you just send those to me we'll make sure that they get out onto our listserv to all the folks.

Denesecia Green: Sure. No problem.

Bill Finerfrock: And that is actually that's a great question because it was one I happened to think of as you were talking.

You know, because I'm sure every vendor is telling their clients oh we are - we're ready. And I know one of the issues of - that CMS and OESS and (Chris) in particular has been working on is what does it mean to be ready?

Will you be coming out with some guidance on that in the near future? So that when a - when somebody tells a clinic we're ready, a clearinghouse, says we're ready for a plan says we're ready what that means and what they've done?

Denesecia Green: Yes, well CMS is working with our - one of our contractors NGS to develop some helpful checklists and some definition around end- to-end.

So that information will be made available. As a matter of fact all of that information will be shared with HIMSS and WEDIs as they go forward in their testing, the national pilot for ICD-10 testing.

So there is a lot of that good information that was gathered from about 20 or so partners across the country have been included in those checklists.

Bill Finerfrock: And just so folks know can you tell them what HIMS and WEDIs stand for? Some of them may not know which is I think HIMS is Health Information Management Services Association and WEDIs is the Workgroup...

Denesecia Green: Workgroup ..

Bill Finerfrock: ...on Electronic Data Interchange?

Denesecia Green: Yes correct.

Bill Finerfrock: Okay. All right operator we have questions?

Coordinator: Yes. There was one person that did chime in. However they only gave their first name and when I tried to get more information they didn't respond.

Bill Finerfrock: That's okay. They may want to be more anonymous but we'll get it out of them when they - you open up their phone lines.

Coordinator: Absolutely. (Cindy), your line is open. Please make sure your phone is unmuted.

Bill Finerfrock: Go ahead (Cindy).

(Cindy): Can you hear me?

Bill Finerfrock: We can hear you. Where are you from?

(Cindy): We're in Wisconsin and we actually had the same question that was just before. We're a small, a rural clinic and a - (CA). We have 13 providers which is small provider and small hospital.

Bill Finerfrock: Okay, all right.

Coordinator: We have no other questions in queue.

(Cindy): No other questions.

Denesecia Green: Bill there's one thing I wanted to mention. I really want to highlight to all on the call that we've been hearing a lot about clearinghouses.

And if anyone on the call has been through the 5010 upgrade, you know, in many cases if you're submitting a claim that was on the 4010 platform and you had to transition to the 5010 platform many were able to go through a clearinghouse to have that done.

Well, ICD-10 is a little different in the fact that a clearinghouse may not be able to make those changes to upgrade from a 9 to 10.

Now there are some vendors out there that are offering software to help providers make those changes in-house.

But a clearinghouse can't take a 4010 claim and convert it from an ICD- 9 code to an ICD-10.

That's what we've been hearing from some of the major clearinghouses.

So we want people to think about that because 5010 is a prerequisite for ICD-10, meaning that the ICD-10 codes can only be handled by the 5010 platform. And 4010 won't be able to handle ICD-10.

Bill Finerfrock: Well hopefully everyone's vendor there clearinghouse is a 5010 compliant clearinghouse. I can't imagine they'd be in business if they weren't.

But what you are also alluding and I - can you talk a little bit about some of these cross walking products and whether or not - I don't know whether you guys have an opinion on some of the proprietary products whether folks are just simply rely on a cross walking product or where you guys are on some of these?

Do you have opinions on those products where people say don't worry about it, code it as an ICD-9, we'll convert it to an ICD-10 for you?

Denesecia Green: Yes. So as a government agency we're not able to endorse any type of vendor product.

But certainly there are number of resources out there that would help the provider to develop the interface between their claim submission to the clearinghouse.

And you may need to talk to some of the vendors that they're currently working with to see if the products that they have meet your need. And if not, you may need to look for other sources.

Bill Finerfrock: Okay.

Denesecia Green: And I know clearinghouses may be able to direct you to some of the sources as well.

Bill Finerfrock: Sure. I think that this kind of also speaks to an issue. One of the questions I know I've heard a lot is you mentioned that folks should start testing on October 1 of 2013 and, you know, in order to have everything ready by October 1 of 2014.

And some people have expressed skepticism or kind of raised an eyebrow of geez, you know, how much testing needs to be done, a whole year?

You know, we submit a couple claims with ICD-10, they go through, we're good to go.

Can you talk a little bit more about what - why testing -- and I have some thoughts as well -- but from your perspective of why it'll take a year to do testing?

Denesecia Green: So let me just clarify that if the idea wasn't to conduct testing from the beginning to the end of that year but rather offer a timeframe by which each group could conduct their own external testing. So that's just the period of time set aside to do that.

You know, some people have more complex systems than others. And so they may require some additional things. They may have more training partners that they have to send their information to and so forth

And so that is a timeframe to give everyone that one full year out from the implementation date to address any systems concerns early that they may run into.

Bill Finerfrock: And the fear would be that everyone's going to wait until the last two weeks prior and then try and do testing and the system will crash because it will be overloaded? Is that a fear...

Denesecia Green: Well we don't really have that concern. We believe that people once they know that the October 1, 2014 date is a go will begin to look at their internal resources and systems and start now.

We don't want people to wait until the last minute. Really now is the time to start looking at any systems impacts because so you have to make a change.

Meaning, that you may have to rework the system that you currently have. But if you have to make a change to a new system or an upgrade it generally takes some time for the planning, design, and development of those systems. And every system should have a testing component to it.

So absolutely, we're encouraging people now to do that internal testing. And then by the time that your systems are in place by October 1, 2013, that will give you some time to begin external testing with your trading partners.

Bill Finerfrock: Okay. And with regard to testing and you referenced the term end now I think most people think of testing on the front end of I submitted a claim with an ICD-10, it got in the front door of the plan. It got through my clearinghouse, got through the front door the plant, I'm good to go and that's all I need to worry about.

Can you talk a little bit about perhaps the back end of the testing process and why that too is important in terms of what you're getting back in terms of your remits advice or do you not have an opinion on that?

Denesecia Green: Well I'll just mention that, end- to- end is a term that is in development and we're gathering industry feedback to develop a definition .

And everyone's going to have a different scenario. So there may be an opportunity to do some testing, but you may not receive a remittance back from that testing. You may not be able to use live data that's going to give you an adjudicated claim. It depends on the testing scenario.

So really what you need to do is take a look at who you're currently working with and talk to them about their testing plans. And this is the time to have those conversations about how you're currently submitting your claims, who you're submitting those to and what changes that need to occur so that on October 1, 2014 you can submit a claim and receive payment.

Bill Finerfrock: And along those lines so I think I know the answer to the question but perhaps for others, I'm ready. I'm good to go. I've got all my staff training, I know what I'm doing. It's September 20 and I want to start submitting claims ICD-10. Can I submit a claim on September 20 of 2014 on ICD-10?

Denesecia Green: No you cannot. We'll start to receive claims on ICD-10 format as of October 1, 2014.

Bill Finerfrock: And that's for date of service correct?

Denesecia Green: That's correct. So it's based on the dates of service. So for example, everyone knows that when you submit a claim, depending on how the claim goes

through the process it may not be processed right away **So there will be instances where ICD-9 claims will continue to come through after October 1, 2014 because the dates of service on the claim was prior to the October 1, 2014 date.**

So if you have ICD-9 claims out there before the October 1, 2014 date we encourage you to submit them early prior to the date if possible. Keeping in mind that the usage of ICD-9 code is based on dates of service. If the dates of service is on or after October 1, 2014, then it must be coded in ICD-10.

Bill Finerfrock: So it's a universal switchover date. It's not a phased. It's not go ahead and start. It's ICD-9 shuts down date of service starts September 30. ICD-10 starts date of service October 1.

Now will that require folks to maintain some level of redundancy in their systems until those pre-October 1 claims wash through the system?

So yes so let me clarify a little bit.

So if I have a claim that has a data service for September 20, 2013 or 2014, excuse me, so it's a date of service, I may not submit the claim right away. So I may submit the claim let's say in November 2014.

That claim would be an ICD-9 code because it's based on the date of service. And the date of service was before this transition to ICD-10. Does that make sense?

Bill Finerfrock: Right. No I just think that point needs to be reinforced because I think there's a lot of confusion on that. So maybe it's just me. But from...

Denesecia Green: What might be helpful is for us to develop a scenario like that and share it with you a claim with a September 2014 date and when that's submitted.

But there's also some great resources on our Web site that we'll be sure to share with you.

Bill Finerfrock: Okay.

Denesecia Green: It really talks about how those claims should be processed.

Bill Finerfrock: Okay.

Denesecia Green: As a matter of fact there are instances especially with anesthesia and other items that are billed differently than your average claim.

Bill Finerfrock: Right.

Denesecia Green: And so those unique circumstances have all been outlined in a CMS Medicare Learning Network article for Fee-for-Service providers. We can certainly share that with you.

All of the information is on our Web site. But as we know it's not always easy to get to everything.

Bill Finerfrock: Correct.

Denesecia Green: But will send you some of the key documents over.

Bill Finerfrock: Well again we'll be happy to transmit that to our community when you get that to us.

Denesecia Green: Sure.

Bill Finerfrock: Operator has anybody come up with any questions? Well we...

Coordinator: Yes. Yes, we do have a couple questions that are in queue.

Bill Finerfrock: Great. So go ahead and open those up.

Coordinator: Yes (Shirley Campbell) from Sterling, Kansas I'll open your line again.

(Shirley Campbell): Yes I was wanting additional information on the types of insurance companies that will not be required to utilize ITN such as work comp companies and auto insurance companies.

Denesecia Green: Yes. So those companies are not HIPAA covered entities. And those will not be required to submit ICD-10 code.

(Shirley Campbell): So well we just need to check with each of those, the major players that we have that are within those venues and see whether not their system can handle the I-10?

Denesecia Green: Yes. So what we've been saying to those groups is to work with their payors to determine how the payors would like to receive that information. And it is truly a business decision.

And so that's the guidance that we've been issuing to those groups.

(Shirley Campbell): So then as a coder you would need to know so that you can submit the right formats for coding?

Denesecia Green: That is correct.

Bill Finerfrock: I believe in there somewhere the work comp are auto, they don't even use ICD-9. They use even more antiquated according system. But okay great. Next question?

Coordinator: (Ardena) from Louisiana your line is open.

(Ardena): Hi. So when we're talking about operating in two distinct systems I see that, you know, sometimes claims adjudication goes on for months if there's any kind of problems.

How long do you think that ICD-9 and ICD-10 are going to coexist before they shut that down and there's, I mean has that been thought of?

Denesecia Green: Yes and there has been some discussion around that.

You know, you have up to a year with the Medicare to submit those claims. And for the States I believe it's a little longer. I believe it can go up to at least about 18 months.

And each, you know, each payer's going to be different. So these are things that you should definitely have conversations with your payers about.

But we will see an ICD9 code and an ICD-10 code for a little while until we transition fully out of that time period.

(Ardena): Thank you.

Bill Finerfrock: Operator any other questions?

Coordinator: No other questions.

Bill Finerfrock: Okay we can go ahead and wrap it up. Denesecia or any of your colleagues there any final comments you want to make?

Denesecia Green: Yes I just want to say that we received great questions from your group. We certainly appreciate your partnership and we'd be willing to do even more of these as you all find it necessary. And if there are other questions that are comeup as you all are implementing your program, please let us know

Bill Finerfrock: Okay.

Denesecia Green: ...thanks again for having us.

Bill Finerfrock: Thank you. And thank you all of our participants. And I want to encourage you to sign up for the listserv that Denesecia referenced in her presentation for those of you who want to get into and ICD-10 specific distribution was and also to visit their Web site to get a material. And then whatever they share with us we will distribute via our listserv.

So there's no need to specifically ask for any of that information that they indicated they would send out. As long as you are a active participant, you have a valid email on our listserv you will get that information either directly as an attachment or we will post it up in our Web site and provide you with a link, just depends on the size of the documents and the technology limitations we may have.

But I want to thank our friends at CMS for taking the time and particularly Denesecia for her information kind of walking through looks folks through this answering their questions.

And we really appreciate it. And we would also like to thank our partners in the National Organization of state offices of Rural Health of the Office of Rural Health policy for supporting this series.

I want to encourage you, those of you are listening to encourage others who may be interested to register for this initiative. In addition if you have suggestions for topics please feel free to email them to me at info I-N-F-O at narh.org and put (RATCA) topic in the email subject line.

As was announced earlier there is a recording that will be made available of this call along with a written transcript.

So if you or someone you know is not able to listen or you want to go back and make sure that you heard something properly we will have both the recording and the transcript made available as soon as possible.

I want to thank everyone and that concludes today's call.

Denesecia Green: Thank you.

Coordinator: And today's call has ended. Please disconnect at this time.

END