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# Introduction

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Implementation and testing of Administrative Simplification requirements has been a challenge for the industry for many years. In response, using industry feedback and collaboration, a tool (checklist) has been developed as a re-useable process to enable all industry segments to conduct End-to-End testing and ensure a more effective transition to current and future Administrative Simplification requirements.

The checklists are provided for the following industry segments:

- Small Provider
- Large Provider
- Vendor-to-Provider & Vendor-to-Payer
- Payer

Two types of checklists are provided for each of the industry segments:

**High Level Checklists:** Provides a broadly written overview of tasks that summarize the steps required in End-to-End testing. There are two documents for each industry segment; Administrative Simplification and ICD-10.

**Detailed Checklists:** Provides key check-points and detailed tasks needed to ensure compliance with the current and future mandates for both Administrative Simplification. These checklists contain tasks/actions, lessons learned, and links as guidance in developing a roadmap for End-to-End testing. The information within the checklists is not meant to replace your practice/organization's existing implementation and/or testing plans.

## Disclaimers

All external links in this document have been provided for additional guidance, where applicable. Links to non-federal sites do not constitute an endorsement by the Department of Health and Human Services (HHS), the Centers for Medicare & Medicaid Services (CMS), or the contractor, National Government Services, Inc. (NGS). We cannot attest to the accuracy of information provided by these links. Beyond the development and publication of this document, the sponsor, The Centers for Medicare & Medicaid Services (CMS), and the contractor, National Government Services, Inc. (NGS), are not liable for any outcomes that may result from use of this document.

**Note:** Throughout our Final Phase III Report the ICD-10 implementation date appeared as October 1, 2014. However, as of "April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services expects to release an interim final rule in the near future that will

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# Instructions

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The Detailed Checklist is an Excel Document that contains a set of tabs that include an **Introduction and Instructions, Definitions, Pre & Post Assessment, Administrative Simplification Act** (including Affordable Care Act tasks), **ICD-10**, and **Testing Guidance**.

**Recommendation:** We recommend you keep local, dated, backed-up electronic copies of this document to avoid losing or having to recreate any of the information/tasks you

## Introduction and Instructions Tab

Please review all of the material in our Introduction and Instruction Tab, next review the Pre and Post Assessment tab and complete the Pre Assessment before moving to either the Administrative Simplification or ICD-10 tab.

## Definitions Tab

The Definitions tab is divided into two sections. Below is a description of each section:

### Organization/Associations:

Nationally recognized organizations and associations that offer information regarding Regulations and other services. This list is not all-inclusive.

### Terms:

Terms and definitions created for the Pilot for End-to-End Testing of Compliance with Administrative Simplification and approved by CMS.

## Pre and Post Assessment Tab

The Pre and Post Assessment tab is a collection of general information that applies to both the Administrative Simplification and ICD-10 checklist tabs. This tab is divided into two sections that ask specific questions to help in the preparation for testing and Regulation implementation.

**Pre Assessment section:** This section is specifically for completion prior to beginning any of the Administrative Simplification Checklist tab or ICD-10 Checklist tab tasks.

**Post Assessment section:** This section is for completion during Level 2 activities to verify and document the number and percent of practice-critical Trading Partners that have been identified for testing.

## Column Descriptions for the Pre & Post Assessment Checklist tab

**Task:** Pre-assessment tasks are numbered sequentially for each row and begin with the letter “I” for “Initial”. Post-assessment tasks are numbered sequentially for each row and begin with the letter “P” for “Post”.

**Task Description:** This contains the description of the task to be performed and/or the question to be answered.

**Transactions and Acknowledgements:** This group of columns includes:

**Yes, No, or N/A:** You may choose from any of these to provide an answer to the question asked in the Task Description.

**Number and percent (%):** Are to be used to enter your answer to Tasks in the Post Assessment section.

**Transaction and Acknowledgement types:** Mark the types of transactions and

**Lessons Learned/Notes:** May contain pre-populated, in-depth information to assist with the End-to-End testing process and/or additional information can be added and kept as part of the checklist/task record.

**Links:** May contain hyperlinks to additional information, related documents, or websites, as needed.

## Administrative Simplification and ICD-10 Checklists Tab

The Administrative Simplification (including Affordable Care Act , Operating Rules, and any future ASC X12 HIPAA Regulation changes) and ICD-10 Tabs contain Levels, Elements, and Tasks as guidance in developing a roadmap for End-to-End testing.

## Column Descriptions for the Checklist tabs

**Readiness Summary:** The Administrative Simplification and ICD-10 detailed checklists begin with a Readiness Summary which shows the total percent complete. for each Level and the Checklist, overall. The percentages are automatically calculated based upon the % entered in the Status % Completed column for each task. The Tasks were weighted according to the Level, complexity, and projected time needed to complete.

**Levels:** Levels provide a breakdown of the testing periods and include Elements and Tasks as a guide to complete End-to-End testing. Each Checklist is divided into three Levels.

**Elements:** An Element is a category that contains a list of similar Tasks that need to be completed within each Level. The Elements are numbered sequentially within each Level. Not all Elements apply to each Level. The Elements within the checklists are: Planning, Assessment, Design, Development, Testing, and Transition.

Definitions for each of the elements can be found in the Definitions Tab.

**Level/Task:** The Tasks are numbered sequentially beginning with the number assigned to the Element in which they appear and follow a logical flow of activities.

**Task Description:** Task is a series of activities or action items that ultimately combine to complete Elements within the checklist(s).

**Lessons Learned/Notes:** The **Lessons Learned/Notes** column may contain pre-populated, in-depth information to assist with the End-to-End testing process. Some of the information was received as Best Practices, shared by our Industry Collaborative Partners, and other feedback as shared by industry participants. Additional information can be added and kept as part of the checklist/Task record.

**Links:** May contain hyperlinks to additional information, related documents, or websites, as needed.

**Outcomes (Explanation):** May be used to enter your own personal notes, ideas, project activities, explanations of variances, or why the task is not applicable to your practice/organization.

**Status/% Complete:** The Status/% Complete is the place where you enter an estimated percentage complete for each task. As entries are made in the Status/% Complete column, a percent complete calculation will appear at each Element, Level, and the Readiness summary section.

Other than the tasks that are grayed out, no % Complete should remain empty. If the task is not applicable, enter the value of 100% in the % Complete Column and provide an explanation in the Outcomes (Explanation) column.

## Recommendations:

Make copies periodically of the Checklists and documentation. These copies will allow your practice/organization to begin tracking trends for reference in future Regulation implementations.

You may add Tasks as necessary to the Checklists. Inserting additional rows (Tasks) will impact the % Complete Calculations. Please refer to the Maintenance section of the Instructions for information on adding Rows and Columns.

There are hidden columns that extend beyond the Status/%Complete column that allow

## Testing Guidance Tab

The **Testing Guidance** tab is intended to provide End-to-End testing guidance by transaction type. The information is not intended to be all-inclusive or a complete testing plan. The industry has a number of resources available that provides test data that an entity may elect to use.

The testing guidance tab represents a logical transaction flow as data moves from **Provider** to **Clearinghouse** to **Payer** and back to the **Provider**.

### Column Descriptions for the Testing Guidance tab

**Transaction:** The Transaction column includes a listing of some of the electronic transactions you may consider in End-to-End testing.

**Industry Segments:** There are four columns that follow a logical transaction flow between **Provider, Clearinghouse, Payer, and Provider**. These columns provide general and transaction specific guidance and include examples of Positive and Negative testing scenarios.

**Lessons Learned/Notes:** The Lessons Learned column may contain pre-populated, in-depth information to assist with the End-to-End testing process. Some of the information was received as Best Practices, shared by our Industry Collaborative Partners, and other feedback as shared by industry participants.

## Maintenance

**Adding a Row:** Highlight the Row below where the new Row is to be entered. Right click and select Insert. A Row will be added above the highlighted Row. To add several Rows (lines), highlight the number of Rows to be added, right click and select Insert.

Please note, additional Rows may be added for informational purposes. This will not alter task weighting and % Complete calculations for Element, Level, and Readiness

**Adding a Column:** Highlight the Column to the right of where the new Column is to be added. Right click and select Insert. A Column will be added to the right of the highlighted Column. To add several Columns, highlight the number of Columns to be added, right click and select Insert. Adding a Column should not alter calculations.

**Deleting a Row or Column:** Highlight the Row or Column to be deleted, right click and select Delete. Removing a Row or Column will alter task weighting and % Complete calculations for Element, Level, and Readiness Summary.

Please note, refrain from deleting Rows or Columns. Instead, mark them with "N/A" and provide an explanation in the Outcomes (Explanation) column of the spreadsheet.

**Printing:** Adding a Column(s) and/or Row(s) requires working with the Page Layout feature in Excel to make sure the printout of the spreadsheet will be correct and include the new Column(s) and or Row(s).

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## Organizations

For additional guidance on terms, acronyms, or task definitions, begin by accessing the following national organizations, government, or government-sponsored websites to review their glossaries, dictionaries, or list of terms available. This list is not all inclusive. There are many other sites that contain the same information.

Organization	Link
American Academy of Family Physicians (AAFP)	<a href="http://www.aafp.org/home.html">http://www.aafp.org/home.html</a>
American Academy of Professional Coders (AAPC)	<a href="http://www.aapc.com/searchresults.aspx?cx=013123128296090130124:39ivq3vg7nk&amp;cof=FORID:11&amp;q=glossary&amp;sa=Search">http://www.aapc.com/searchresults.aspx?cx=013123128296090130124:39ivq3vg7nk&amp;cof=FORID:11&amp;q=glossary&amp;sa=Search</a>
Accredited Standards Committee (ASC)	<a href="http://www.x12.org/">http://www.x12.org/</a>
American Hospital Association (AHA)	<a href="http://www.aha.org/search?q=glossary&amp;site=redesign_aha.org">http://www.aha.org/search?q=glossary&amp;site=redesign_aha.org</a>
American Medical Association (AMA)	<a href="http://search0.ama-assn.org/main/jsp/templates/primaryJSP/fullview.jsp?keyword=glossary&amp;FilterList=&amp;advancedSearch=&amp;sort=&amp;pagination=">http://search0.ama-assn.org/main/jsp/templates/primaryJSP/fullview.jsp?keyword=glossary&amp;FilterList=&amp;advancedSearch=&amp;sort=&amp;pagination=</a>
Center for Medicare & Medicaid Services (CMS)	<a href="http://www.cms.gov/site-search/search-results.html?q=glossary%20cms">http://www.cms.gov/site-search/search-results.html?q=glossary%20cms</a>
Centers for Disease Control and Prevention (CDC)	<a href="http://www.cdc.gov/search.do?queryText=glossary&amp;action=search">http://www.cdc.gov/search.do?queryText=glossary&amp;action=search</a>
Council for Affordable Quality Healthcare (CAQH)/Committee on Operating Rules for Information Exchange	<a href="http://www.caqh.org/search.php?query=dictionary">http://www.caqh.org/search.php?query=dictionary</a>
Department of Health and Human Services (HHS)	<a href="http://search.hhs.gov/search?q=glossary&amp;site=HHSgov&amp;entgr=3&amp;ud=1&amp;sort=date%3AD%3AL%3Ad1&amp;output=xml_no_dtd&amp;ie=UTF-8&amp;oe=UTF-8&amp;lr=lang_en&amp;client=HHS&amp;proxystylesheet=HHS">http://search.hhs.gov/search?q=glossary&amp;site=HHSgov&amp;entgr=3&amp;ud=1&amp;sort=date%3AD%3AL%3Ad1&amp;output=xml_no_dtd&amp;ie=UTF-8&amp;oe=UTF-8&amp;lr=lang_en&amp;client=HHS&amp;proxystylesheet=HHS</a>
Healthcare Information and Management Systems Society (HIMSS)	<a href="http://www.himss.org/Search/SearchResults.aspx?keywords=glossary">http://www.himss.org/Search/SearchResults.aspx?keywords=glossary</a>

<b>Medical Group Management Association (MGMA)</b>	<a href="http://www.mgma.com/search/default.aspx?q=glossary">http://www.mgma.com/search/default.aspx?q=glossary</a>
<b>Office of eHealth Center for Medicare and Medicaid Services (OECS)</b>	<a href="http://www.cms.gov/eHealth/downloads/Admin_Simplification_FactSheet.pdf">http://www.cms.gov/eHealth/downloads/Admin_Simplification_FactSheet.pdf</a>
<b>Workgroup for Electronic Data Interchange (WEDI)</b>	<a href="http://www.wedi.org/search-results?zoom_query=glossary">http://www.wedi.org/search-results?zoom_query=glossary</a>
<b>World Health Organization (WHO)</b>	<a href="http://search.who.int/search?q=glossary&amp;ie=utf8&amp;site=default_collection&amp;client=en&amp;proxystylesheet=en&amp;output=xml_no_dtd&amp;oe=utf8">http://search.who.int/search?q=glossary&amp;ie=utf8&amp;site=default_collection&amp;client=en&amp;proxystylesheet=en&amp;output=xml_no_dtd&amp;oe=utf8</a>

## Terms

The terms below have been defined and approved in collaboration with the Industry Collaborative Partners and CMS. The terms are used throughout the End-to-End Testing checklists.

<b>Term</b>	<b>Definition</b>
<b>Affordable Care Act</b>	The full name of the statute is Patient Protection and Affordable Care Act (PPACA or ACA). ACA Section 1104 mandates that all HIPAA covered entities comply with healthcare operating rules.
<b>Administrative Simplification</b>	The full name of this statute is the Health Insurance portability and Accountability Act of 1996 (HIPAA), Administrative Simplification Rules. HIPAA Administrative Simplification standards, requirements, and implementation specifications apply to Healthcare Providers, Health Plans, and Health Care Clearinghouses
<b>Assessment</b>	Assessment is an Element. Assessment is the process of obtaining a deep understanding of the Regulation or Regulation change and performing a systematic review of current business processes and policies, software systems, and Trading Partner(s) in order to determine necessary changes and/or enhancements needed to comply with the Regulation.
<b>Compliance</b>	Demonstrated adherence to those policies, procedures, guidelines, laws, and regulations to which the business process is subject in advance of, by or after the Regulatory implementation date.

<b>Covered entity</b>	A covered entity refers to a health plan, a health care clearinghouse, or a covered health care provider.
<b>Design</b>	Design is an Element. Design is to create a plan as to how all internal and external operations and systems will work together to achieve the planned goals and to create new best practices. Also included in this element will be creating new training manuals, standard operating procedures (SOPs), business requirement and new or revised monitoring plans.
<b>Development</b>	Development is an Element. Development is the period of time when your practice/organization is finalizing system and technical requirements, building code for necessary system changes, and conducting unit testing of updated system logic.
<b>Element</b>	An Element is a category that contains a list of similar Tasks that need to be completed within each Level.
<b>End-to-End Testing</b>	End-to-End testing is a focused process within a defined area, using new or revised applicable products, operating rules or transactions, throughout the entire business and/or clinical exchange cycle, for the purpose of measuring operational predictability and readiness. The End-to-End testing process should be performed in an environment which mirrors actual production as closely as possible, confirming the validation of performance metrics and analytics (reporting).
<b>ICD-10</b>	The full name of this statute is the International Classification of Diseases, Tenth Edition (diagnosis and procedure codes).
<b>Level</b>	Levels provide a breakdown of the testing periods and include Elements and Tasks as a guide to complete End-to-End testing.
<b>Level 1</b>	The Level 1 Testing is the period during which entities perform all of their internal readiness activities in preparation for testing the new versions of the standards with their Trading Partner(s). When an entity has attained Level 1 compliance, it has completed all internal readiness activities and is fully prepared to initiate testing of the new versions in a test or production environment, pursuant to its standard protocols for testing and implementing new software or data exchanges.

<b>Level 2</b>	The Level 2 Testing is the period during which entities are preparing to reach full production readiness with Trading Partner(s). When an entity is in compliance with Level 2, it has completed some End-to-End testing with external Trading Partner(s).
<b>Level 3</b>	The Level 3 Testing is the period during which End-to-End testing is performed with external Trading Partner(s) and the Trading Partner is able to operate in production/production-like mode with the new versions of the standards by the end of that period.
<b>Operating Rules</b>	Section 1104(1) of the Patient Protection and Affordable Care Act (ACA) defines operating rules "the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications."
<b>Planning</b>	Planning is an Element. The planning process determines the goals to be attained/obtained, creates the approach to complete these goals, constructs a budgeting plan and carries out/oversees the scheduled process to meet Regulatory requirements.
<b>Readiness</b>	Readiness is a state of preparedness in which an Entity has completed verification and validation of applicable policies, procedures, guidelines, laws, regulations, and contractual arrangements with expected results. Additionally, entities will demonstrate readiness by completing internal documentation, establishing communication mechanisms and validation with external Trading Partner(s), training of appropriate personnel, scheduled deployments, and software migration for each Regulatory requirement.
<b>Task</b>	Task is a series of activities or action items that ultimately combine to complete Elements within the checklist(s).
<b>Testing</b>	Testing is an Element. Testing is finding out how well something works. It is a procedure for critical evaluation; a means of determining the presence, quality, or truth of how something works. It is a quality control means used to test the capability of a software(s) and/or process(es) to meet its specified requirements that has been determined and documented. Testing subjects the item(s) to a set of operating conditions.

<b>Transition</b>	Transition is an Element. Transition is the period of time when you are preparing your internal process(es) and software migration to production and identifying the tasks and activities that need to take place to efficiently move a process(es) and/or software product(s) from the development or pilot environment to the production, operations and maintenance environment. During this time you should also monitor the impact to your operations, revenue, and productivity and make necessary corrections.
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**Pilot for Administrative Simplification Transaction Testing Checklist  
Pre & Post Assessment**

Task	Task Description	Acknowledgement													Lessons Learned/Notes	Links						
		Yes	No	N/A	Number	%	820	834	270	271	278	837	NCPDP	TA1			999	277CA	824	Proprietary	276	277
<b>Pre Assessment: Administrative Simplification Compliance</b>																						
I.1	Do you develop your own software internally?  If yes, continue to use the Large Provider Detailed Checklist.  If you use an external software or Practice Management vendor, please use the Small Provider Detailed Checklist.																				Software vendors may or may not be covered entities and may not be responsible for compliance. However, vendors are critical to provider and payer compliance and any interruption in vendor implementation of compliant products will delay end-to-end testing.	
I.2	Determine if your organization is a covered entity under HIPAA.  If <b>Yes</b> , continue with the checklist.  If <b>No</b> , you may not need to complete the checklist.*  *However, regardless of whether your practice/organization is a covered entity under HIPAA, we <b>highly recommend</b> all healthcare entities use this checklist as a guide.																				CMS provides guidance on how an entity can determine whether it is a covered entity under the Administrative Simplification provisions of HIPAA. See <b>Links Column</b> .	<a href="http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/AreYouaCoveredEntity.html">http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/AreYouaCoveredEntity.html</a>
I.3	Has your practice/organization completed implementation of the ASC X12 Version XXXX for HIPAA transactions?																				ASC X12 is the development organization responsible for maintenance and support of current and future standards. For further guidance, see <b>Links Column</b> .	<a href="http://www.X12.org">http://www.X12.org</a>
I.4	Has your practice/organization completed implementation of the ACA-mandated HIPAA CAQH CORE Operating Rules Version X.X.X for HIPAA Transactions?																				HIPAA covered entities may choose to obtain a CAQH CORE Operating Rules Certification. For further guidance, see <b>Links Column</b> .	<a href="http://www.caqh.org">http://www.caqh.org</a>  <a href="http://www.caqh.org/CORE_step_by_step.php">http://www.caqh.org/CORE_step_by_step.php</a>
I.5	Has your practice/organization completed implementation of the NCPDP Version X.X for HIPAA transactions?																				The National Council for Prescription Drug Programs is the development organization responsible for maintenance and support of current and future standards. For further guidance, see <b>Links Column</b> .	<a href="http://www.ncpdp.org/">http://www.ncpdp.org/</a>



**Pilot for Administrative Simplification Transaction Testing Checklist  
Administrative Simplification**

<b>Readiness Summary</b>		<b>Level 1</b>	<b>0%</b>		
As you enter the status/% complete per task, level and overall completion will be calculated.		<b>Level 2</b>	<b>0%</b>		
		<b>Level 3</b>	<b>0%</b>		
		<b>Overall</b>	<b>0%</b>		
<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
<b>LEVEL 1 – The period during which entities perform all of their internal readiness activities in preparation for testing the new versions of the standards with their Trading Partner(s). When an entity has attained Level 1 compliance, it has completed all internal readiness activities and is fully prepared to initiate testing of the new versions in a test or production environment, pursuant to its standard protocols for testing and implementing new software or data exchanges.</b> <b>~TIMEFRAME: 12 - 18 MONTHS PRIOR TO REGULATION IMPLEMENTATION DATE.</b>					
<b>1</b>	<b>Element 1: Planning</b>				<b>0%</b>
1.1	Develop a Project Plan to meet your practice/organization needs: <ul style="list-style-type: none"> <li>• identify project lead/champion</li> <li>• identify team members as applicable</li> <li>• identify/assign tasks</li> <li>• determine completion dates for assigned tasks that allow for a successful implementation meeting the Regulatory deadline(s).</li> </ul>	Ensure everyone understands the Regulation changes/Operating Rules and impact to your practice/organization.  Continue to refine and update Project Plan throughout all levels.			0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
Administrative Simplification**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
1.2	Review Regulation and become educated on the changes/requirements. Obtain updated information on Regulation changes, including Operating Rules.	<p>During Regulation review, look to professional associations, including Payers and Medicare Administrative Contractors (MAC), for information and resources to help your practice/organization understand the impact of the Regulation change(s) and how to prepare for implementation.</p> <p>Independent of software vendor, become educated on the Regulation and the requirements, including implementation deadlines.</p> <p>There are many resources available in the industry to provide collaborative guidance and information for the implementation of Administrative Simplification, the Affordable Care Act, Health Plan Identifier (HPID), including CORE Operating Rules.</p> <p>See Lists below with the links available in the <b>Links Column</b>.</p>	<p>ADA: American Dental Association <a href="http://www.ada.org">www.ada.org</a></p> <p>American Electronic Health Record (requires free registration) <a href="http://www.americanehr.com/ratings/ehr_ratings.aspx">http://www.americanehr.com/ratings/ehr_ratings.aspx</a></p> <p>AHA: American Hospital Association <a href="http://www.ahacentraloffice.org/">http://www.ahacentraloffice.org/</a></p> <p>AHIMA: American Health Information Management Association <a href="http://www.ahima.org/">http://www.ahima.org/</a></p> <p>AMA: American Medical Association <a href="http://www.ama-assn.org/">http://www.ama-assn.org/</a></p> <p>CAQH/CORE: Committee on Operating Rules (previously recorded educational sessions on Operating Rules are available on website) <a href="http://www.caqh.org/benefits.php">http://www.caqh.org/benefits.php</a></p> <p>CAQH/CORE Certification <a href="http://www.caqh.org/CORE_step_by_step.php">http://www.caqh.org/CORE_step_by_step.php</a></p> <p>CMS: Centers for Medicare &amp; Medicaid Services <a href="http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html">http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html</a></p> <p>HBMA: Healthcare Billing &amp; Management Association <a href="http://www.hbma.org/">http://www.hbma.org/</a></p>		0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
Administrative Simplification**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
		HIMSS: The Healthcare Information and Management Systems Society	<a href="http://www.himss.org/ASP/index.asp">http://www.himss.org/ASP/index.asp</a>		
		HPID: Health Plan Identifier	<a href="http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html">http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html</a>		
		MGMA: Medical Group Management Association	<a href="http://www.mgma.com/">http://www.mgma.com/</a>		
		NCPDP: National Council for Prescription Drug Programs	<a href="http://www.ncdp.org/">http://www.ncdp.org/</a>		
		PHIA: Professional Healthcare Institute of America	<a href="http://www.phia.com/">http://www.phia.com/</a>		
		WEDI: Workgroup for Electronic Data Interchange	<a href="http://wedi.org/">http://wedi.org/</a>		
1.3	Obtain updated EDI publications and tools, such as the Technical Report Type TR3 (also known as Implementation Guides), and CAQH CORE Operating Rules Gap Analysis and Planning Tool as needed.	To obtain the TR3 Original Guides, see Links Column for access to the Accredited Standards Committee (ASC X12) website  For additional information on CAQH Core Operating Rules, see <b>Links Column</b> .	<a href="http://store.x12.org/store/healthcare-5010-original-guides">http://store.x12.org/store/healthcare-5010-original-guides</a>  <a href="http://www.caqh.org/ORMandate_index.php">http://www.caqh.org/ORMandate_index.php</a>		0%
1.4	Create a project timeline or calendar marked with updated deadline dates and project activities from Trading Partner(s) for the duration of the implementation project.  Update and communicate timeline or calendar changes as necessary.	Trading Partners <i>could</i> be direct submit payers, clearinghouses, software vendors, billing services, or other entities with whom you exchange data.  It is helpful to identify, evaluate, and make adjustments, as needed, of all competing projects/events that may conflict with the implementation of the Regulation.  CAQH Core offers a timeline of activities and resources related to Operating Rules required by the Patient Protection and Affordable Care Act (ACA). See <b>Links Column</b> .	<a href="http://www.caqh.org/ORMandate_timeline.php">http://www.caqh.org/ORMandate_timeline.php</a>		0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
Administrative Simplification**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
1.5	<p>Establish risk management, documentation, and mitigation strategies of Regulation implementation.</p> <p>Your list may include:</p> <ul style="list-style-type: none"> <li>• inadequate or untimely training</li> <li>• loss of key personnel</li> <li>• loss of key vendor(s)</li> <li>• vendor product delays (may result in a ripple effect across several units)</li> <li>• lack of Trading Partner(s) readiness</li> <li>• budget and financial planning</li> <li>• coding discrepancies and incorrect coding (use of unspecified codes)</li> <li>• new pricing and reimbursement structures</li> <li>• competing industry mandates</li> </ul>	<p>Risks should include anything that could negatively affect this implementation, as well as other projects, that may be occurring in your practice/organization or competing for resources.</p> <p>Costs and tight timeframes are two major implementation challenges to consider.</p>			0%
1.6	<p>Create and implement an issue tracking document.</p> <p>Update and communicate throughout implementation.</p>	<p>Issue tracking can be used for recording issues that need to be addressed by team members. Document decisions made and actions taken.</p>			0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
Administrative Simplification**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
1.7	Develop a Communication Plan with your staff and Trading Partner(s) to discuss: <ul style="list-style-type: none"> <li>• testing plans and schedule</li> <li>• software availability and implementation schedule</li> <li>• reimbursement schedules/changes</li> </ul>				0%
1.8	Create a folder, electronic or hard copy, which everyone can access to maintain and retain project documentation.	Team members should determine what project documents need to be created, maintained, and retained.  A version control process should be in place to easily recognize the most current version of all project documents.			0%
1.9	Create a comprehensive Project Budget and secure funding for your Regulation implementation that could include: <ul style="list-style-type: none"> <li>• hardware and software upgrades</li> <li>• software development and modifications</li> <li>• staffing, new or temporary, due to productivity loss</li> <li>• education and training</li> <li>• resource material(s)</li> <li>• testing and/or certification costs</li> <li>• misc. costs</li> </ul>				0%
					0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<b>1</b>	<b>Element 2: Assessment</b>				<b>0%</b>
2.1	<p>Identify potential impact of the Regulation change(s) to your practice/organization by conducting a complete inventory of:</p> <ul style="list-style-type: none"> <li>• business process(es)</li> <li>• existing ICD coding tools and sources</li> <li>• policies</li> <li>• vendor(s)</li> <li>• all systems and portals</li> <li>• front desk procedures</li> <li>• new patient forms and superbills</li> <li>• patient records</li> <li>• staffing needs</li> <li>• all reports and data extracts</li> </ul>	<p>Remember to involve all affected areas in your assessment process early on as implementation of a Regulation may have potentially far reaching implications that could impact numerous aspects of your practice/organization.</p> <p>The AMA has put together toolkits on the benefits of implementing Operating Rules (EFT and ERA). See <b>Links column</b>.</p> <p>For additional information on current and future CAQH CORE mandated Operating Rules, refer to the CAQH link in Lessons Learned on the Testing Guidance tab within this checklist.</p>	<p><a href="http://www.ama-assn.org/ama/pub/advocacy/topics/administrative-simplification-initiatives/electronic-transactions-toolkit/eft-toolkit.page">http://www.ama-assn.org/ama/pub/advocacy/topics/administrative-simplification-initiatives/electronic-transactions-toolkit/eft-toolkit.page</a></p>		0%
			<p><a href="http://www.ama-assn.org/ama/pub/advocacy/topics/administrative-simplification-initiatives/electronic-transactions-toolkit/remittance-advice.page">http://www.ama-assn.org/ama/pub/advocacy/topics/administrative-simplification-initiatives/electronic-transactions-toolkit/remittance-advice.page</a></p>		

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
2.2	<p>Identify and create a list of all Trading Partner(s). Include:</p> <ul style="list-style-type: none"> <li>• the type(s) of transactions traded with each</li> <li>• the points of contact and contact information for each</li> </ul> <p>This listing will be needed in future tasks to assess Trading Partner(s) readiness and should be maintained in your project documentation.</p> <p>Enter the total number of Trading Partner(s) in Pre &amp; Post Assessment Tab, Task P.1, column F</p>	<p>Trading Partners could be direct submit payers, clearinghouses, software vendors, billing services, or other entities with whom you exchange data.</p>			0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
2.3	<p>Work with each of your Trading Partner(s) to determine if current Business Associate and/or Trading Partner Agreements will need to be updated or if new agreements are required.</p> <p><b>Note:</b> Review agreements of all practice-critical Trading Partners to be used in testing as identified in Pre &amp; Post Assessment Tab, Task P.2.a, and update as necessary.</p>	<p>For new or changed Agreements, allow enough time in schedule for the payer(s) or vendor(s) to approve and complete the enrollment process to prevent delay in transmitting data.</p> <p>For clarification on what a Trading Partner Agreement means refer to Code of Federal Regulations - Title 45: Public Welfare, 160.103 - Definitions, in Links Column</p> <p>Note: Once at website, scroll down the page to "Text". The Trading Partner Agreement section appears towards the bottom of the page.</p> <p>CORE Operating Rules will surely increase incoming electronic enrollment to sign up for ERA and EFT. Payers may have to add staff and train staff to handle the increase in volume.</p>	<p><a href="http://cfr.vlex.com/vid/160-103-definitions-19933565">http://cfr.vlex.com/vid/160-103-definitions-19933565</a></p>		0%
2.4	<p>Contact and determine if each of your software vendor(s), including billing software, print image, and EHR/EMR vendor(s), are planning to meet the new Regulation and deadline.</p>	<p>Print image software vendors may need to make changes to patient billing claim/entry screens to accommodate new features, including new fields and changes to field size, to meet the requirements.</p> <p><u>Please note:</u> Not all software vendors may be ready or choose to meet new Regulation deadlines. It may be necessary to consider a new software vendor.</p>			0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
2.5	<p>If applicable, work with each software vendor(s) to:</p> <ul style="list-style-type: none"> <li>• understand the upgrade/installation requirements for hardware and file conversions to ensure they support the required upgrades</li> <li>• determine if there is a cost and/or anticipated pricing change for Regulation software and hardware upgrade(s). Update budget as necessary</li> <li>• ask legal expert to review vendor service agreements/contractual commitments.</li> <li>• determine who will complete the upgrade(s)/installation(s)</li> </ul>	<p>Confirm software will be installed and completed before the compliance date, allowing sufficient lead time for testing.</p> <p>Update project timeline/calendar with important dates for vendor upgrade(s) and installation(s).</p>			0%



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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
2.7	<p>Begin developing a back-up plan if any of the following could experience a delay once the Regulation has been implemented (including but not limited to):</p> <ul style="list-style-type: none"> <li>• submission of claims</li> <li>• claim reimbursements</li> <li>• eligibility verifications</li> <li>• case management</li> <li>• pre-authorizations</li> <li>• other transactions</li> <li>• new software implementation</li> </ul>	<p>Some items to consider if potential delays are identified are:</p> <ul style="list-style-type: none"> <li>• evaluate practice/organization cash flow</li> <li>• back-up plan to allow for manual transactions</li> <li>• additional staff and/or training time needed to resolve issues</li> <li>• establish a primary, clinically knowledgeable resource(s) to resolve coding issues.</li> </ul>			0%
2.8	<p>Identify all Business Contracts that need to be modified to comply with changes.</p> <p>Contracts to consider for review may include:</p> <ul style="list-style-type: none"> <li>• Product(s), provider(s), and vendor(s)</li> </ul> <p>Determine who will be making changes and the date the modifications need to be completed.</p>	<p>Update project timeline/calendar with important dates for completion of contracts.</p>			0%
2.9	<p>Evaluate and determine if additional staffing resources are required to provide customer support throughout entire project implementation.</p>	<p>Identify staffing constraints with:</p> <ul style="list-style-type: none"> <li>• other commitments/projects</li> <li>• help desk coverage to accommodate heavy call volumes due to implementation</li> </ul>			0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
2.10	<p>Identify and determine staff that will need to have training on the changes, including CAQH Core Operating Rules, to meet practice needs.</p> <p>Consider offering the following types of training:</p> <ul style="list-style-type: none"> <li>• face-to-face/classroom</li> <li>• online/web based</li> <li>• self-paced</li> <li>• peer-to-peer</li> <li>• physician-to-physician</li> <li>• vendor provided product training</li> </ul>	<p>Your professional organization(s) may provide training on the Regulation changes. Refer to links in Level 1, Element 1, Task 1.2 for additional training opportunities.</p> <p>Studies have shown that an increase in the amount of vendor provided product training (3 to 5 days) dramatically improves your organizations chances for a successful implementation.</p>			0%
2.11	<p>Determine if new resource material will need to be obtained/purchased and if procedure/training manuals or workflows will need to be created or updated.</p> <p>Update Project Budget as necessary.</p>				0%
2.12	<p>Determine if your system(s) will need to be unavailable during normal business hours for software or system upgrade(s)/installation(s)</p>	<p>Communicate, in advance, to internal departments and external Trading Partners, if you expect delays/closures via:</p> <ul style="list-style-type: none"> <li>• websites</li> <li>• phone messages</li> <li>• written communications</li> </ul>			0%

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<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
2.13	Consider creating and maintaining a Frequently Asked Question (FAQ) document to communicate Test Plan expectations and information.	Continue to update and maintain the FAQ document throughout entire testing process and implementation using all communication outlets available to your practice/organization.  Consider websites, front-end phone messages, social media, e-mail/listserves, etc..			0%
					0%
<b>1</b>	<b>Element 3: Design</b>				<b>0%</b>
3.1	Review this entire Element whether your practice develops your own software, or uses a mix of internally and externally developed software.				
3.2	If your practice/organization develops your own software internally, review all system design and development functions to determine: <ul style="list-style-type: none"> <li>• if changes are necessary</li> <li>• if new edit/audits need to be added</li> <li>• if edit mappings and system translators need to be updated</li> </ul>				0%
3.3	Design programming and database changes, including data mapping, that address Regulation change(s).	Remember to create or update system/technical requirements, if applicable.			0%
3.3.a	Develop plan for claims received in current HIPAA Version XXXX and for claims received with new HIPAA Version XXXX which may need to run concurrently.				0%

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<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
3.4	Review/update current or develop new business requirements for all affected systems and processes.  Identify changes to screens, reports, data extracts, or web-based applications or portals.	Review business requirements in detail with project team, end users, and development staff for understanding. Identify and implement additional changes as needed.			0%
3.5	Create or update Technical Specifications and User Guides as applicable.				0%
3.6	Review/update current or develop new Standard Operating Procedures (SOPs) as necessary.				0%
					0%
<b>1</b>	<b>Element 4: Development</b>				<b>0%</b>
4.1	Review this entire Element whether your practice develops your own software, or uses a mix of internally and externally developed software.				
4.2	Perform necessary functions to complete needed database changes for all affected systems and processes.				0%
4.3	Perform necessary functions to complete required software development for all affected systems and processes.				0%
4.4	Perform unit testing to confirm that data structures support the changes with the Regulation requirements and verify that new edits/audits and business rules perform correctly.				0%
					0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<b>1</b>	<b>Element 5: Testing</b>				<b>0%</b>
5.1	<p>Create a Quality Assurance Plan that tracks:</p> <ul style="list-style-type: none"> <li>• internal testing</li> <li>• testing transactions based on current, real medical records as test cases that should be created and submitted to multiple Trading Partner(s)</li> <li>• testing schedule</li> <li>• testing results</li> <li>• Trading Partner communication</li> </ul>	<p>Project team members should work together to create a Quality Assurance Plan, including documentation to record processes and procedures that assures quality throughout the Regulation implementation project.</p> <p>Based on reports from multiple industry segments, the recommendation of using de-identified, real medical records as medical test cases provides a more realistic outcome for test results. For further guidance, refer to "General" comments at the beginning of the Testing Guidance tab</p>			0%
5.2	<p>From the list of Trading Partner(s) created in Assessment, Task 2.2, identify those that are practice-critical.</p> <p>Enter the <b>total number of practice-critical Trading Partner(s)</b> in Pre &amp; Post Assessment Tab, Task P.2, column F.</p>	<p>Practice-critical Trading Partners <i>could</i> be those payers, clearinghouses, and software vendors that represent your high volume claims and can have a significant financial impact to your practice/organization.</p>			0%
5.3	<p>From the list of practice-critical Trading Partner(s) identified above in Testing, Task 5.2, contact each to determine readiness and availability for testing.</p> <p>Based on their readiness and availability response, identify the practice-critical Trading Partner(s) that will be <b>used in testing</b> and enter the total number in Pre &amp; Post Assessment Tab, Task P.2.a, column F.</p>				0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
5.4	<p>In preparation for End-to-End testing in Level 2, work with each practice-critical Trading Partner(s) to be used in testing to:</p> <ul style="list-style-type: none"> <li>• determine if your practice/organization will conduct testing or if your software vendor(s) will be testing on your behalf</li> <li>• determine how test files will be created and sent as well as how test results will be communicated to you</li> <li>• confirm whether identifiable data or de-identified test data must be used for End-to-End testing</li> <li>• determine how internal and external testing will be conducted</li> <li>• plan and schedule testing</li> </ul>	<p>End-to-End testing for Regulation change(s) involves testing of the system(s) and process(es) that create, send, and receive transactions to verify that the Regulation change(s) can be processed correctly and reimbursements are being received as expected.</p> <p>Care should be taken concerning privacy for test data usage with each practice-critical Trading Partner. Identifiable data may contain PHI and PII, where as de-identified has PHI and PII removed.</p> <p>Internal testing should be conducted by working with your vendor(s) to test within your practice/organization to make sure your new software or systems for the Regulation are working properly.</p>			0%
5.4.a	<p>Work with your practice-critical Trading Partner(s) to be used in testing to determine the types of transactions and data that your practice/organization requires to be tested.</p> <p>Once the identified transactions for testing have been determined, document the same transactions in Pre &amp; Post Assessment Tab, Task P.3.</p>	<p>The Testing Guidance tab within this checklist provides additional End-to-End testing guidance by transaction type.</p>			0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
5.5	<p>Create a Test Plan that can be used for each level of testing:</p> <p><b>Level I:</b></p> <ul style="list-style-type: none"> <li>• System Testing</li> <li>• Regression Testing</li> <li>• Performance/Stress Testing</li> <li>• Privacy and Security Testing</li> <li>• User Acceptance Testing (UAT)</li> </ul> <p><b>Level II:</b></p> <ul style="list-style-type: none"> <li>• start of End-to-End testing for each identified practice-critical Trading Partner(s) to be used in testing</li> <li>• system integration testing</li> </ul> <p><b>Level III:</b></p> <ul style="list-style-type: none"> <li>• finalize/complete End-to-End testing</li> </ul>	<p>Test Plans should track a summary of test results including which items passed and which items failed, where failures occurred, and actions taken to remediate testing failures.</p> <p>For information about the Categories of Testing see the CMS Testing Framework Overview, refer to pages 8 and 9. Other testing definitions can be located on pages 16 and 17. See <b>Links Column</b>.</p> <p><b>Note:</b> Follow PHI/PII and identified/de-identified privacy and security policies to prevent potential breaches during testing phase.</p>	<p><a href="http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Downloads/TestingFramework.pdf">http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Downloads/TestingFramework.pdf</a></p>		0%
5.6	<p>Determine if End-to-End testing will be completed in a production-like or production environment.</p>	<p>If production-like environment, verify that this environment is a complete replica of production with up-to-date information such as providers, enrollment, workflows, medical policies, and error messages based on new code.</p>			0%
5.7	<p>Determine if there is an adopted Errata/Addenda.</p> <p>If yes, confirm with each Trading Partner(s) you will be testing with:</p> <ul style="list-style-type: none"> <li>• if the Errata/Addenda will be included for testing</li> <li>• if not, whether retesting will be required once implemented</li> </ul>	<p>For information concerning Errata/Addenda, see <b>Links Column</b>.</p>	<p><a href="http://store.x12.org/store/healthcare-5010-original-guides">http://store.x12.org/store/healthcare-5010-original-guides</a></p>		0%

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<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
5.8	Start performing Level 1 testing activities: <ul style="list-style-type: none"> <li>• review test results</li> <li>• address defects</li> <li>• update Test Plan</li> <li>• communicate test results</li> </ul>	Continue performing Level 1 testing until predictable results have been achieved.			
5.8.a	Prepare test system by assuring new code is migrated and test case data is updated.	If a "production-like" environment exists, plan on conducting a pseudo production move ensuring results are as anticipated.			0%
5.8.b	Complete System Testing				0%
5.8.c	Complete Regression Testing				0%
5.8.d	Complete User Acceptance Testing				0%
5.8.e	Complete non-functional testing, such as Performance and Privacy/Security.	Performance testing is to ensure the changes implemented have not impacted application speed, stability, and scalability.			0%
5.9	Additional internal test cycles may be required until you achieve two (2) consecutive tests with predictable results.				0%
					0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<b>1</b>	<b>Element 6: Transition</b>				<b>0%</b>
6.1	<p>Before moving to Level 2, review Level 1 tasks verifying they are as complete as possible. The following are a few important items to consider:</p> <ul style="list-style-type: none"> <li>• update project plan</li> <li>• update budget as necessary</li> <li>• finalize selection of practice-critical Trading Partner(s) to be used in testing</li> <li>• finalize testing plans with practice-critical Trading Partner(s) to be used in testing. Include who, when, and what will be tested</li> <li>• communicate implementation and testing plans with staff</li> </ul>	Include time to educate staff on Implementation/Migration Event Plan.			0%
6.2	<p>Determine when system/hardware changes will be finalized and evaluate against the established timeline.</p> <p>Make necessary adjustments.</p>				0%
6.3	<p>Determine and document how you will monitor claims and reimbursements, after the Regulation implementation deadline (Post Production Monitoring Plan) to ensure claims are being processed accordingly and reimbursements are being received as expected.</p>	<p>The failure to successfully implement the Regulation could create coding and billing backlogs, cause cash flow delays, increase claim rejections/denials, and lead to unintended shifts in payment.</p> <p>Claims denials or pends are expensive for practices to deal with, and generally are dealt with through a manual process.</p>			0%
6.4	<p>Create a back-up plan in the event there is a problem moving code to production.</p>				0%
					0%
<b>1</b>	<b>Level 1: Overall Completion %</b>				<b>0%</b>

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<p><b>LEVEL 2 – The period during which entities are preparing to reach full production readiness with Trading Partner(s). When an entity is in compliance with Level 2, it has completed some End-to-End testing with external Trading Partner(s).</b></p> <p align="center"><b>-TIMEFRAME: 6 - 12 MONTHS PRIOR TO REGULATION IMPLEMENTATION DATE.</b></p>					
<b>2</b>	<b>Element 1: Assessment</b>				<b>0%</b>
1.1	Verify that all system changes and Level 1 testing have been completed.	If external vendor developed software is used, and software upgrade for the Regulation change has not been implemented, determine the delivery schedule(s) for the upgrade(s).			0%
1.2	<p>Review your Trading Partner(s) list and determine if there are any new practice-critical Trading Partner(s) that need to be used in testing.</p> <p>If changes, update:</p> <ul style="list-style-type: none"> <li>• Testing Plan</li> <li>• total number of practice-critical Trading Partner(s) in Pre &amp; Post Assessment Tab, Task P.2.a, column F.</li> </ul>				0%
1.3	<p>Work with practice-critical Trading Partner(s) to be used in testing to:</p> <ul style="list-style-type: none"> <li>• verify the delivery schedule(s) for the system and/or software upgrade(s)</li> <li>• confirm testing schedule and compare against project calendar</li> <li>• review and refine the Test Plan and Scripts</li> </ul> <p>Update project calendar/folder and make adjustments as necessary.</p>	Current test plan documentation can ensure meeting the Regulation implementation date and be used to communicate testing results with your implementation team and Trading Partner(s).			0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
1.4	<p>Review potential Issues/Risks identified in Level 1, Element 1, Task 1.5 to ensure adequate contingencies are in place.</p> <p>If your practice/organization and/or your Trading Partner(s) will not be ready by the Regulation implementation date, work with each to:</p> <ul style="list-style-type: none"> <li>• document the reasons why you/they will not be ready</li> <li>• document plans to be taken to get ready and an estimated date to be ready</li> <li>• create a back-up plan for all applicable transaction types</li> </ul>				0%
1.5	Finalize training plans for staff on new or changed Regulation requirements.				0%
					0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<b>2</b>	<b>Element 2: Testing</b>				<b>0%</b>
2.1	<p>End-to-End testing should begin after system upgrade(s)/installation(s) have been completed. Confirming the below information will help prevent unnecessary file level rejections in testing or production:</p> <ul style="list-style-type: none"> <li>• verify that software versions are compliant with the Regulation changes</li> <li>• verify test data used to create test files is accurate</li> <li>• run internal testing of test scripts created for Trading Partner(s)</li> <li>• verify that the NPI, TIN, Receiver Code and Interchange ID numbers to be used for testing are accurately set-up</li> <li>• verify connectivity with Trading Partner(s) as applicable</li> </ul>				0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
2.2	<p>Start performing Level 2 testing activities with each identified practice-critical Trading Partner(s):</p> <ul style="list-style-type: none"> <li>• send and receive test files/responses</li> <li>• review, document, and retain test results for each Trading Partner(s)</li> <li>• take corrective action and address defects and/or errors if encountered during testing</li> <li>• retest as necessary</li> <li>• update Test Plan as necessary</li> <li>• obtain and retain documentation for completed and passed testing with each practice-critical Trading Partner(s) in your project folder</li> <li>• communicate test results with staff and Trading Partner(s) and/or software vendors as necessary</li> </ul>	<p>Beginning End-to-End testing as soon as your practice-critical Trading Partner(s) are ready can help you resolve issues in advance and avoid payment interruptions.</p>			0%
2.3	<p>Perform System Testing to ensure your systems exchange data seamlessly.</p>	<p>For additional guidance on System Testing, see page 17 of the CMS Testing Framework Overview. See <b>Links Column</b>.</p>	<p><a href="http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Downloads/TestingFramework.pdf">http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Downloads/TestingFramework.pdf</a></p>		0%
					0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<b>2</b>	<b>Element 3: Transition</b>				<b>0%</b>
3.1	<p>Revisit Post Production Monitoring Plan created in Level 1, Element 6, Task 6.3 to monitor Regulation changes to ensure compliance and impact on:</p> <ul style="list-style-type: none"> <li>• reimbursements/revenue</li> <li>• pendings, suspends, and denials</li> <li>• coding issues and errors</li> <li>• clinical documentation</li> <li>• reporting (internal and external)</li> </ul>				0%
3.2	<p>Establish a plan as to how your practice/organization will implement changes. Ensure staff will be familiar and knowledgeable with all new or changed:</p> <ul style="list-style-type: none"> <li>• workflows</li> <li>• business process(es)</li> <li>• office flow</li> <li>• system upgrade(s) and functionality</li> </ul>	<p>You may want to perform a "mock" run or walk-through of practice/organization changes with your office staff prior to the implementation date.</p> <p>Communicate any major changes that impact the patient encounter with your customers.</p>			0%
3.2.a	Purchase, create, or update training documents and/or manuals as necessary.				0%

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<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
3.3	Determine if your practice/system(s) will need to be closed/unavailable during normal business hours for software or system upgrade(s)/installation(s).	Consider communicating, in advance, if you expect delays/closures via: <ul style="list-style-type: none"> <li>• websites</li> <li>• phone messages</li> <li>• written communications</li> </ul>			0%
3.4	In preparation for Level 3 software/system migration, plan to: <ul style="list-style-type: none"> <li>• verify upgrade(s)/installation(s) will be fully completed by the Regulation implementation deadline. Update project calendar as necessary</li> <li>• identify other competing system changes near the proposed production move and evaluate the impact</li> <li>• finalize back-up plan created in Level 1, Element 2, Task 2.7</li> </ul>	Calculate time for the production move to allow sufficient time to address corrections and unforeseen obstacles prior to implementation deadline.			0%
3.5	Before moving to Level 3, review Level 2 tasks verifying that they are as complete as possible.				0%
					0%
<b>2</b>	<b>Level 2: Overall Completion %</b>				<b>0%</b>

**Pilot for Administrative Simplification Transaction Testing Checklist  
Administrative Simplification**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<p><b>LEVEL 3 – The period during which End-to-End testing is performed with external Trading Partner(s) and the Trading Partner(s) is able to operate in production/production-like mode with the new versions of the standards by the end of that period. By “production/production-like mode,” we mean that entities can successfully exchange (accept and/or send) standard transactions and, as appropriate, be able to process them successfully.</b></p> <p align="center"><b>~TIMEFRAME: 1 - 6 MONTHS PRIOR TO REGULATION IMPLEMENTATION DATE.</b></p>					
<b>3</b>	<b>Element 1: Planning</b>				<b>0%</b>
1.1	Review and finalize potential Issues/Risks identified in Level 1, Element 1, Task 1.5 to ensure adequate contingencies are in place prior to the Regulation implementation date.				0%
1.2	Work with project team and/or software vendor(s) to: <ul style="list-style-type: none"> <li>• finalize production migration after testing is completed</li> <li>• ensure all system upgrade(s)/installation(s) have been or will be implemented by/prior to the Regulation date</li> </ul>				0%
1.3	Verify all project documentation, including budget, is up-to-date in your project folder.	<p>Keeping on-going documentation allows you to review current status of your project plan and budget. Review frequently and make updates as necessary.</p> <p>Maintaining project documentation can be challenging due to:</p> <ul style="list-style-type: none"> <li>• a lack of standard naming conventions</li> <li>• multiple users accessing centralized project folders.</li> </ul>			0%
1.4	Determine if there are any internal and external code updates that need to be included that have not been previously addressed.	Follow normal procedures for obtaining and applying internal and external code updates to your systems.			0%
					0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
Administrative Simplification**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<b>3</b>	<b>Element 2: Testing</b>				<b>0%</b>
2.1	Continue to work with identified practice-critical Trading Partner(s) until End-to-End testing is completed. Perform the following: <ul style="list-style-type: none"> <li>• send and receive test files/responses</li> <li>• review, document, and retain test results for each Trading Partner(s)</li> <li>• take corrective action and address defects and/or errors if encountered during testing</li> <li>• retest as necessary</li> <li>• update Test Plan as necessary</li> <li>• obtain and retain documentation for completed and passed testing with each practice-critical Trading Partner(s) in your project folder</li> <li>• communicate test results with staff, Trading Partner(s) and/or software vendors as necessary</li> </ul>	To demonstrate that you have successfully completed and passed End-to-End testing, it is important to retain documentation for each practice-critical Trading Partner(s) you are testing with.			0%
					0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
Administrative Simplification**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<b>3</b>	<b>Element 3: Transition</b>				<b>0%</b>
3.1	<p>As End-to-End testing is being completed, work with your implementation team and/or software vendor(s) to:</p> <ul style="list-style-type: none"> <li>• schedule and communicate implementation of Regulation upgrade(s)/installation(s) in order to meet the Regulation deadline</li> <li>• perform a final review of software(s) and system(s) to ensure readiness for production move/migration.</li> </ul>	<p>If a "production-like" environment exists, plan on conducting a pseudo production move ensuring results are as anticipated.</p> <p><b>Note:</b> Follow PHI/PII and identified/de-identified privacy and security policies to remove "production like" test data and prevent potential breaches during and after testing.</p> <p>Follow normal check-out processes after any software(s) or system(s) upgrade(s).</p>			0%
3.2	<p>If your practice/organization and/or your Trading Partner(s) will not be ready to implement Regulation changes by the implementation deadline, work with each to</p> <ul style="list-style-type: none"> <li>• document reasons why you/they will not be ready</li> <li>• document plans to be taken to get ready and an estimated date to be ready</li> <li>• implement your back-up plan for submitting and receiving transactions created in Level 2, Element 1, Task 1.4</li> </ul>	<p>Allow sufficient time to obtain or select a new Trading Partner(s) if you determine your current one(s) will be unable to meet the Regulation implementation date.</p>			0%
3.3	<p>Complete upgrade(s)/installation(s) tasks and move into production environment.</p>				0%
3.4	<p>Once upgrade(s)/installation(s) has been completed, test your systems, print functions, etc.</p> <p>Verify the software(s) was installed successfully and your system(s) operates as expected.</p>	<p>If any issues are identified after the upgrade(s)/installation(s), notify and work with project team, Trading Partner(s) and/or software vendor(s) to resolve issues as quickly as possible.</p>			0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
Administrative Simplification**

<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
3.5	Confirm any new workflows, business processes, and office flow changes have been implemented and are functioning as expected.  Make adjustments as necessary.	Monitor system availability and reponse time(s) of new HIPAA Operating Rules to make sure requests are being received and responses are being delivered within the new time requirements. Contact Payer(s) quickly to report issue(s).			0%
3.6	Implement Post Production Monitoring Plan created in Level 1, Element 6, Task 6.3 to monitor Regulation changes to ensure compliance and impact on: <ul style="list-style-type: none"> <li>• reimbursements/revenue</li> <li>• pendings, suspends, and denials</li> <li>• coding issues and errors</li> <li>• future clinical documentation training/education</li> <li>• reporting (internal and external)</li> </ul>	Continue to analyze and identify the impact of this implementation resolving issues as they arise. Take corrective action as quickly as possible to minimize financial impact.			0%
3.7	Review implementation with project team to finalize project documentation, lessons learned, and remove any PHI/PII identifiable data, if applicable.				0%
					0%
<b>3</b>	<b>Level 3: Overall Completion %</b>				<b>0%</b>



**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
1.2	Review ICD-10 Regulation and become educated on the changes/requirements. Obtain updated information on Regulation changes.	<p>During Regulation review, look to professional associations, including Payers and Medicare Administrative Contractors (MAC), for information and resources to help your practice/organization understand the impact of ICD-10 and how to prepare for implementation.</p> <p>Potential areas ICD-10 may impact within your practice/organization can be found in the <b>Links Column to the right.</b></p> <p>There are many resources available in the industry to provide collaborative guidance and information for the implementation of ICD-10.</p> <p>See Lists below with the links available in the <b>Links Column.</b></p>	<p><a href="http://www.aapc.com/ICD-10/office-map/index.aspx">http://www.aapc.com/ICD-10/office-map/index.aspx</a></p>		0%
		AAPC: The American Academy of Professional Coders	<a href="http://www.aapc.com/">http://www.aapc.com/</a>		
		ADA: American Dental Association	<a href="http://www.ada.org">http://www.ada.org</a>		
		AHA: American Hospital Association	<a href="http://www.ahacentraloffice.org/ahacentraloffice/shtml/ICD10overview.shtml">http://www.ahacentraloffice.org/ahacentraloffice/shtml/ICD10overview.shtml</a>		
		AHIMA: American Health Information Management Association	<a href="http://www.ahima.org/">http://www.ahima.org/</a>		
		AMA: American Medical Association	<a href="http://www.ama-assn.org/">http://www.ama-assn.org/</a>		
		CMS: Centers for Medicare & Medicaid Services (Sign up for CMS ICD-10 Industry Email Updates)	<a href="http://www.cms.gov/ICD10">www.cms.gov/ICD10</a>		
		HBMA: Healthcare Billing & Management Association	<a href="http://www.hbma.org/">http://www.hbma.org/</a>		
		HIMSS: The Healthcare Information and Management Systems Society	<a href="http://www.himss.org/ASP/index.asp">http://www.himss.org/ASP/index.asp</a>		
		MGMA: Medical Group Management Association	<a href="http://www.mgma.com/">http://www.mgma.com/</a>		
		NCPDP: National Council for Prescription Drug Programs	<a href="http://ncpdp.org/PDF/NCPDP_ICD10_Implementation_v1.pdf">http://ncpdp.org/PDF/NCPDP_ICD10_Implementation_v1.pdf</a>		
		PHIA: Professional Healthcare Institute of America	<a href="http://www.phia.com/">http://www.phia.com/</a>		

**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
		WEDI: Workgroup for Electronic Data Interchange	<a href="http://wedi.org/">http://wedi.org/</a>		
1.3	Obtain updated EDI publications and tools, such as the Technical Report Type TR3 (also known as Implementation Guides) as needed.	To obtain the TR3 Original Guides, see <b>Links Column</b> for access to the Accredited Standards Committee (ASC X12) website	<a href="http://store.x12.org/store/healthcare-5010-original-guides">http://store.x12.org/store/healthcare-5010-original-guides</a>		0%
1.4	Create a project timeline or calendar marked with updated deadline dates and project activities from Trading Partner(s) for the duration of the implementation project.  Update and communicate timeline or calendar changes as necessary.	Trading Partners <i>could</i> be direct submit payers, clearinghouses, software vendors, billing services, or other entities with whom you exchange data.  It is helpful to identify, evaluate, and make adjustments, as needed, of all competing projects/events that may conflict with the implementation of ICD-10.			0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
1.5	<p>Establish risk management, documentation, and mitigation strategies of ICD-10 implementation.</p> <p>Your list may include:</p> <ul style="list-style-type: none"> <li>• inadequate or untimely training</li> <li>• loss of key personnel</li> <li>• loss of key vendor(s)</li> <li>• vendor product delays (may result in a ripple effect across several units)</li> <li>• lack of Trading Partner(s) readiness</li> <li>• budget and financial planning</li> <li>• coding discrepancies and incorrect coding (use of unspecified codes)</li> <li>• new pricing and reimbursement structures</li> <li>• competing industry mandates</li> </ul>	<p>Risks should include anything that could negatively affect this implementation, as well as other projects, that may be occurring in your practice/organization or competing for resources.</p> <p>For additional information on Risk Management for ICD-10, refer to pages 16 through 18 of the CMS ICD-10 Implementation Guide for Large Practices in <b>Links Column.</b></p>	<p><a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a></p>		0%
1.6	<p>Create and implement an issue tracking document.</p> <p>Update and communicate throughout implementation.</p>	<p>Issue tracking can be used for recording issues that need to be addressed by team members. Document decisions made and actions taken.</p>			0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
1.7	Develop a Communication Plan with your staff and Trading Partner(s) to discuss: <ul style="list-style-type: none"> <li>• testing plans and schedule</li> <li>• software availability and implementation schedule</li> <li>• reimbursement schedules/changes</li> </ul>	For additional information on developing an effective Communication Plan for ICD-10, refer to page 18 of the CMS ICD-10 Implementation Guide for Large Practices in <b>Links Column</b> .	<a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a>		0%
1.8	Create a folder, electronic or hard copy, which everyone can access to maintain and retain project documentation.	Team members should determine what project documents need to be created, maintained, and retained.  A version control process should be in place to easily recognize the most current version of all project documents.			0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
1.9	<p>Create a comprehensive Project Budget and secure funding for your ICD-10 implementation that could include:</p> <ul style="list-style-type: none"> <li>• hardware and software upgrades</li> <li>• software development and modifications</li> <li>• staffing, new or temporary, due to productivity loss</li> <li>• education and training</li> <li>• resource material(s)</li> <li>• testing and/or certification costs</li> <li>• misc. costs</li> </ul>	<p>The American Academy of Family Physicians (AAFP) offers a tool to calculate how much it may cost to implement ICD-10 in your practice. See <b>Links Column</b>.</p> <p>A common theme heard in the industry is to consider offering retention bonuses in phases to retain coding staff beyond the 10/1/2015 implementation date</p>	<p><a href="http://www.aafp.org/online/en/home/practice/cemgt/codingresources/icd10cm.html">http://www.aafp.org/online/en/home/practice/cemgt/codingresources/icd10cm.html</a></p>		0%
					0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<b>1</b>	<b>Element 2: Assessment</b>				<b>0%</b>
2.1	<p>Identify potential impact of the ICD-10 Regulation change(s) to your practice/organization by conducting a complete inventory of:</p> <ul style="list-style-type: none"> <li>• business process(es)</li> <li>• existing ICD coding tools and sources</li> <li>• policies</li> <li>• vendor(s)</li> <li>• all systems and portals</li> <li>• front desk procedures</li> <li>• new patient forms and superbills</li> <li>• patient records</li> <li>• staffing needs</li> <li>• all reports and data extracts</li> </ul>	<p>Remember to involve all affected areas in this process early on including reporting, data extracts, data warehousing, and medical records systems.</p> <p>Implementation of ICD-10 codes may have potentially far reaching implications that could impact numerous aspects of your practice/organization. You may want to follow the path of a patient visit, from beginning to end, as there are multiple touch points that use diagnosis coding</p> <p>Some key potential areas ICD-10 may impact can be found in the CMS ICD-10 Implementation Guide for Large Practices, pages 24 through 26. See <b>Links Column</b>.</p>	<p><a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a></p>		0%
		The American Academy of Professional Coders offers an example to view a ICD-10 superbill. See <b>Links Column</b> .	<a href="http://www.aapc.com/ICD-10/crosswalks/pdf-documents.aspx">http://www.aapc.com/ICD-10/crosswalks/pdf-documents.aspx</a>		
		The American Academy of Professional Coders provides a diagram of key areas of potential ICD-10 Provider Office Changes. See <b>Links Column</b> .	<a href="http://www.aapc.com/ICD-10/office-map/index.aspx">http://www.aapc.com/ICD-10/office-map/index.aspx</a>		

**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
2.2	<p>Identify and create a list of all Trading Partner(s). Include:</p> <ul style="list-style-type: none"> <li>• the type(s) of transactions traded with each</li> <li>• the points of contact and contact information for each</li> </ul> <p>This listing will be needed in future tasks to assess Trading Partner(s) readiness and should be maintained in your project documentation.</p> <p>Enter the total number of Trading Partner(s) in Pre &amp; Post Assessment Tab, Task P.1, column F</p>	<p>Trading Partners <i>could</i> be direct submit payers, clearinghouses, software vendors, billing services, or other entities with whom you exchange data.</p> <p>For additional ideas on types of information to gather for each identified Trading Partner, refer to page 31. See <b>Links Column</b>.</p>	<p><a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a></p>		0%
2.3	<p>Work with each of your Trading Partner(s) to determine if current Business Associate and/or Trading Partner Agreements will need to be updated or if new agreements are required.</p> <p><b>Note:</b> Review agreements of all practice-critical Trading Partners to be used in testing as identified in Pre &amp; Post Assessment Tab, Task P.2.a, and update as necessary.</p>	<p>For new or changed Agreements, allow enough time in schedule to approve and complete the enrollment process to prevent delay in transmitting data.</p> <p>For clarification on what a Trading Partner Agreement means refer to Code of Federal Regulations - Title 45: Public Welfare, 160.103 - Definitions, in <b>Links Column</b></p> <p><b>Note:</b> Once at website, scroll down the page to "Text". The Trading Partner Agreement section appears towards the bottom of the page.</p>	<p><a href="http://cfr.vlex.com/vid/160-103-definitions-19933565">http://cfr.vlex.com/vid/160-103-definitions-19933565</a></p>		0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
2.4	<p>Review how your practice/organization currently completes clinical documentation. Physicians may need to change the way they document clinical procedures in order to meet the new requirements involved in ICD-10.</p> <p>Determine if changes are needed for accurately assigning ICD-10 codes.</p> <p>Practices/Organizations that work with a billing service or clearinghouse will need to discuss with them the potential ICD-10 data collection changes that may be needed to create/submit claims or other transactions.</p>	<p>An example is available that offers steps to improve clinical documentation. See <b>Links Column</b>.</p> <p>Understanding how and where ICD codes are assigned will help to assess:</p> <ul style="list-style-type: none"> <li>• future training needs if ICD is coded internally</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• identify if current outsourced coder/entity can support new ICD-10 coding needs</li> </ul> <p><u>Please note:</u> Not all coding entities may be ready or choose to meet new Regulation deadlines. It may be necessary to obtain a new coding entity.</p>	<p><a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/SimpleStepstoImproveClinicalDocumentation.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/SimpleStepstoImproveClinicalDocumentation.pdf</a></p>		0%
		<p>The ICD-10 National Pilot Program Outcome Report on Page 21 states "coders averaged 2 medical reports per hour compared to 4 per hour under ICD-9, which translates to a 50% decline in productivity." See <b>Links Column</b>.</p>	<p><a href="http://www.himss.org/files/HIMSSorg/Content/files/ICD-10_NPP_Outcomes_Report.pdf">http://www.himss.org/files/HIMSSorg/Content/files/ICD-10_NPP_Outcomes_Report.pdf</a></p>		
2.5	<p>Determine if ICD-10 reimbursement crosswalks and mapping tools will be needed.</p> <p><b>Note:</b> Regardless of the map or crosswalk selected, it is merely a tool to aid in identifying possible code choices.</p>	<p>Consider reviewing the bi-directional mappings between ICD-9-CM and ICD-10-CM that are available from CDC and CMS. See <b>Links Column</b>.</p> <p>For back-up purposes, it is suggested to have a copy of the ICD-10 coding manuals available. See <b>Links Column</b>.</p>	<p><a href="http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html">http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html</a></p> <p><a href="http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2014">http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2014</a></p>		0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
2.6	Contact and determine if each of your software vendor(s), including billing software, print image, and EHR/EMR vendor(s), are planning to meet the new Regulation and deadline.	<p>Print image software vendors may need to make changes to patient billing claim/entry screens to accommodate new features, including new fields and changes to field size, to meet the requirements.</p> <p><u>Please note:</u> Not all software vendors may be ready or choose to meet new Regulation deadlines. It may be necessary to consider a new software vendor.</p> <p>For additional guidance on communicating with your software vendor(s), see <b>Links Column.</b></p>	<a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/CommunicatingwithYourSoftwareVendor.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/CommunicatingwithYourSoftwareVendor.pdf</a>		0%
2.7	<p>If applicable, work with each software vendor(s) to:</p> <ul style="list-style-type: none"> <li>• understand the upgrade/installation requirements for hardware and file conversions to ensure they support the required upgrades</li> <li>• determine if there is a cost and/or anticipated pricing change for ICD-10 software and hardware upgrade(s). Update budget as necessary</li> <li>• ask legal expert to review vendor service agreements/contractual commitments.</li> <li>• determine who will complete the upgrade(s)/installation(s)</li> </ul>	<p>Confirm software will be installed and completed before the compliance date, allowing sufficient lead time for testing.</p> <p>Update project timeline/calendar with important dates for vendor upgrade(s) and installation(s).</p>			0%



**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
2.9	<p>Work with each payer(s) and software vendor(s) to determine how Diagnosis and Procedure Codes should be handled, both in test and production modes, for the following situations:</p> <ul style="list-style-type: none"> <li>• referrals and pre-authorizations containing ICD-10 codes accepted prior to 10/1/2015 for dates of service after 10/1/2015.</li> <li>• support both ICD-9 and ICD-10 coding concurrently for claims with dates of service prior to 10/1/2015 and dates of service after 10/1/2015.</li> </ul>	<p>For guidance on claims that span the ICD-10 Implementation date, see <b>Links Column</b>.</p> <p>Practices are encouraged to communicate with their Trading Partner(s) on how submissions with dates of service before, on, or after 10/1/2015 should be submitted.</p> <p><b>Note:</b> For additional information on pre-authorizations, refer to the 278 transaction on the Testing Guidance tab.</p>	<p><a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7492.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7492.pdf</a></p>		0%
2.10	<p>Begin developing a back-up plan if any of the following could experience a delay once ICD-10 has been implemented (including but not limited to):</p> <ul style="list-style-type: none"> <li>• submission of claims</li> <li>• claim reimbursements</li> <li>• eligibility verifications</li> <li>• case management</li> <li>• pre-authorizations</li> <li>• other transactions</li> <li>• new software implementation</li> </ul>	<p>Some items to consider if potential delays are identified:</p> <ul style="list-style-type: none"> <li>• you may need to evaluate your practice/organization cash flow and consider building a cash reserve to cover potential delays in reimbursement.</li> <li>• back-up plan to allow for manual transactions</li> <li>• additional staff time needed to resolve issues</li> <li>• establish a primary, clinically knowledgeable resource(s) to resolve coding issues.</li> </ul> <p>Refer to pages 16 through 18 for additional guidance on Risk and Issue Management. See <b>Links Column</b>.</p>	<p><a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a></p>		0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
2.11	<p>Identify all Business Contracts that need to be modified to comply with changes.</p> <p>Contracts to consider for review may include:</p> <ul style="list-style-type: none"> <li>• Product(s), physician(s), and vendor(s)</li> </ul> <p>Determine who will be making changes and the date the modifications need to be completed.</p>	Update project timeline/calendar with important dates for completion of contracts.			0%
2.12	<p>Identify and contact practice-critical payer(s) to discuss the following and make necessary plans and mitigation strategies:</p> <ul style="list-style-type: none"> <li>• anticipated changes in reimbursements based on ICD-10</li> <li>• modification to contracts to be applied to comply with ICD-10</li> <li>• anticipated modifications to fee schedules</li> </ul>				0%
2.13	Evaluate and determine if additional staffing resources are required to provide customer support during implementation throughout entire project implementation.	<p>Identify staffing constraints with:</p> <ul style="list-style-type: none"> <li>• other commitments/projects</li> <li>• help desk coverage to accommodate heavy call volumes due to implementation</li> </ul>			0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
2.14	<p>Identify and determine staff that will need to have training on the changes to meet practice needs.</p> <p>Consider offering the following types of training:</p> <ul style="list-style-type: none"> <li>• face-to-face/classroom</li> <li>• online/web based</li> <li>• self-paced</li> <li>• peer-to-peer</li> <li>• physician-to-physician</li> <li>• vendor provided product training</li> </ul>	<p>Your professional organization(s) may provide training on the ICD-10 changes. Refer to links in Level 1, Element 1, Task 1.2 for additional training opportunities.</p> <p>See <b>Links Column</b> for information on the 4 levels of training found in the Federal Register.</p> <p>Scroll to Section 7 labeled, <b>Regulatory Impact Analysis (RIA) Statement of Need</b>, then to subset A, <b>Overall Impact</b>, then to <b>Summary Tables</b> listed below:</p> <p><b>3 - Training - Number of Coders</b>  <b>4 - Number of Coder Training Hours/Costs</b>  <b>5 - Physician Training</b>  <b>6 - Training for Auxiliary Staff</b></p> <p>The American Academy of Professional Coders is a good resource for reviewing recommended timelines for training. See <b>Links Column</b>.</p>	<p><a href="https://www.federalregister.gov/articles/2009/01/16/E9-743/hipaa-administrative-simplification-modifications-to-medical-data-code-set-standards-to-adopt#h-24">https://www.federalregister.gov/articles/2009/01/16/E9-743/hipaa-administrative-simplification-modifications-to-medical-data-code-set-standards-to-adopt#h-24</a></p> <p><a href="http://www.aapc.com/ICD-10/training.aspx">http://www.aapc.com/ICD-10/training.aspx</a></p>		0%
2.15	<p>Determine if new resource material will need to be obtained/purchased and if procedure/training manuals or workflows will need to be created or updated.</p> <p>Update Project Budget as necessary.</p>				0%

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<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
2.16	Determine if your system(s) will need to be unavailable during normal business hours for software or system upgrade(s)/installation(s)	<p>Communicate, in advance, to internal departments and external Trading Partners, if you expect delays/closures via:</p> <ul style="list-style-type: none"> <li>• websites</li> <li>• phone messages</li> <li>• written communications</li> </ul>			0%
2.17	Consider creating and maintaining a Frequently Asked Question (FAQ) document to communicate Test Plan expectations and information.	<p>Continue to update and maintain the FAQ document throughout entire testing process and implementation using all communication outlets available to your practice/organization.</p> <p>Consider websites, front-end phone messages, social media, e-mail/listserves, etc..</p>			0%
					0%
<b>1</b>	<b>Element 3: Design</b>				<b>0%</b>
3.1	Review this entire Element whether your practice develops your own software, or uses a mix of internally and externally developed software.				

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<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
3.2	<p>If your practice/organization develops your own software internally, review all system design and development functions to determine:</p> <ul style="list-style-type: none"> <li>• if changes are necessary</li> <li>• if new edit/audits need to be added</li> <li>• if edit mappings and system translators need to be updated</li> </ul>				0%
3.3	Design programming and database changes, including data mapping, that address ICD-10 Regulation change(s).	Although the number of diagnosis fields and field sizes should have been increased in ASC X12 V 5010 to accommodate ICD-10 codes, take the time to verify all system(s) fields and documentation that holds ICD codes are now at the proper length and type.			0%
3.4	Ensure all software(s) can support claims incurred with dates of service before 10/1/2015, which will be coded with ICD-9 codes, and for claims incurred with dates of service on or after 10/1/2015, which will need to be coded with ICD-10 codes, and run concurrently.	Make sure ICD-10 implementation is considered in all future software application purchases			0%
3.5	<p>Review/update current or develop new business requirements for all affected systems and processes.</p> <p>Identify changes to screens, reports, data extracts, or web-based applications or portals.</p>	Review business requirements in detail with project team, end users, and development staff for understanding. Identify and implement additional changes as needed.			0%
3.6	Create or update Technical Specifications and User Guides as applicable.				0%

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<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
3.7	Review/update current or develop new Standard Operating Procedures (SOPs) as necessary.				0%
					0%
<b>1</b>	<b>Element 4: Development</b>				<b>0%</b>
4.1	Review this entire Element whether your practice develops your own software, or uses a mix of internally and externally developed software.				
4.2	Perform necessary functions to complete needed database changes for all affected systems and processes.				0%
4.3	Perform necessary functions to complete required software development for all affected systems and processes.				0%
4.4	Perform unit testing to confirm that data structures support the expanded length for ICD-10 codes and qualifiers as well as new edits/audits and business rules perform correctly.	Additional information on unit testing is located on page 40 in the CMS ICD-10 Implementation Guide for Large Practices in <b>Links Column.</b>	<a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a>		0%
					0%
<b>1</b>	<b>Element 5: Testing</b>				<b>0%</b>

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
5.1	<p>Create a Quality Assurance Plan that tracks:</p> <ul style="list-style-type: none"> <li>• internal testing</li> <li>• testing transactions based on current, real medical records as test cases that should be created and submitted to multiple Trading Partner(s)</li> <li>• testing schedule</li> <li>• testing results</li> <li>• Trading Partner communication</li> </ul>	<p>Project team members should work together to create a Quality Assurance Plan, including documentation to record processes and procedures that assures quality throughout the ICD-10 implementation project.</p> <p>Based on reports from multiple industry segments, the recommendation of using de-identified, real medical records as medical test cases provides a more realistic outcome for test results. For further guidance, refer to "General" comments at the beginning of the Testing Guidance tab</p>			0%
5.2	<p>From the list of Trading Partner(s) created in Assessment, Task 2.2, identify those that are practice-critical.</p> <p>Enter the <b>total number of practice-critical Trading Partner(s)</b> in Pre &amp; Post Assessment Tab, Task P.2, column F.</p>	<p>Practice-critical Trading Partners <i>could</i> be those payers, clearinghouses, and software vendors that represent your high volume claims and can have a significant financial impact to your practice/organization.</p>			0%
5.3	<p>From the list of practice-critical Trading Partner(s) identified above in Testing, Task 5.2, contact each to determine readiness and availability for testing.</p> <p>Based on their readiness and availability response, identify the practice-critical Trading Partner(s) that will be <b>used in testing</b> and enter the total number in Pre &amp; Post Assessment Tab, Task P.2.a, column F.</p>				0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
5.4	<p>In preparation for End-to-End testing in Level 2, work with each practice-critical Trading Partner(s) to be used in testing to:</p> <ul style="list-style-type: none"> <li>• determine if your practice/organization will conduct testing or if your software vendor(s) will be testing on your behalf</li> <li>• determine how test files will be created and sent as well as how test results will be communicated to you</li> <li>• confirm whether identifiable data or de-identified test data must be used for End-to-End testing</li> <li>• determine how internal and external testing will be conducted</li> <li>• plan and schedule testing</li> </ul>	<p>End-to-End testing for ICD-10 involves testing of the system(s) and process(es) that create, send, and receive diagnosis and procedure codes to verify that ICD-10 codes can be processed correctly and reimbursements are being received as expected.</p> <p>Care should be taken concerning privacy for test data usage with each practice-critical Trading Partner. Identifiable data may contain PHI and PII, where as de-identified has PHI and PII removed.</p> <p>Internal testing should be conducted by working with your vendor(s) to test within your practice/organization to make sure your new software or systems for ICD-10 are working properly.</p> <p>For additional guidance on ICD-10 internal and external testing, refer to pages 42 through 43 in <b>Links Column</b>.</p>	<p><a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a></p>		0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
5.4.a	<p>Work with your practice-critical Trading Partner(s) to be used in testing to determine the types of transactions and data that your practice/organization requires to be tested.</p> <p>A few items to consider are:</p> <ul style="list-style-type: none"> <li>• create a simple document for easy reference of the most frequently used or high volume ICD-9 codes currently used by your practice/organization that will be captured in the ICD-10 testing</li> <li>• testing of transactions that may be impacted by diagnosis codes, including dates of service before, on, or after 10/1/2015</li> </ul> <p>Once the identified transactions for testing have been determined, document the same transactions in Pre &amp; Post Assessment Tab, Task P.3</p>	<p>Guidance for diagnosis coding for dates of service before, on, or after 10/1/2015 is available from various websites. A link to the CMS MLN Matters article, MM7492, is provided as an example. See <b>Links Column</b>.</p> <p>It may be helpful to assign ICD-10 codes to existing patient(s) in order to begin the transition from ICD-9 to ICD-10.</p> <p>The Testing Guidance tab within this checklist provides additional End-to-End testing guidance by transaction type.</p>	<p><a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7492.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7492.pdf</a></p>		0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
5.5	<p>Create a Test Plan that can be used for each level of testing:</p> <p><b>Level I:</b></p> <ul style="list-style-type: none"> <li>• System Testing</li> <li>• Regression Testing</li> <li>• Performance/Stress Testing</li> <li>• Privacy and Security Testing</li> <li>• User Acceptance Testing (UAT)</li> </ul> <p><b>Level II:</b></p> <ul style="list-style-type: none"> <li>• start of End-to-End testing for each identified practice-critical Trading Partner(s) to be used in testing</li> <li>• system integration testing</li> </ul> <p><b>Level III:</b></p> <ul style="list-style-type: none"> <li>• finalize/complete End-to-End testing</li> </ul>	<p>Test Plans should track a summary of test results including which items passed and which items failed, where failures occurred, and actions taken to remediate testing failures.</p> <p>For additional information on Testing, refer to Testing Phase located on pages 39 through 43 of the CMS ICD-10 Implementation Guide for Large Practices in <b>Links Column</b>.</p> <p><b>Note:</b> Follow PHI/PII and identified/de-identified privacy and security policies to prevent potential breaches during testing phase.</p>	<p><a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a></p>		0%
5.6	<p>Determine if End-to-End testing will be completed in a production-like or production environment.</p>	<p>If production-like environment, verify that this environment is a complete replica of production with up-to-date information such as providers, enrollment, workflows, medical policies, and error messages based on new code.</p>			0%
5.7	<p>Start performing Level 1 testing activities:</p> <ul style="list-style-type: none"> <li>• review test results</li> <li>• address defects</li> <li>• update Test Plan</li> <li>• communicate test results</li> </ul>	<p>Continue performing Level 1 testing until predictable results have been achieved.</p> <p>For additional descriptions and key ICD-10 considerations on testing, refer to Testing Phase located on pages 39 through 43 of the CMS ICD-10 Implementation Guide for Large Practices in <b>Links Column</b>.</p>	<p><a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a></p>		

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<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
5.7.a	Prepare test system by assuring new code is migrated and test case data is updated.	If a "production-like" environment exists, plan on conducting a pseudo production move ensuring results are as anticipated.			0%
5.7.b	Complete System Testing				0%
5.7.c	Complete Regression Testing				0%
5.7.d	Complete User Acceptance Testing				0%
5.7.e	Complete non-functional testing, such as Performance and Privacy/Security.	Performance testing is to ensure the changes implemented have not impacted application speed, stability, and scalability.			0%
5.8	Additional internal test cycles may be required until you achieve two (2) consecutive tests with predictable results.				0%
					0%
<b>1</b>	<b>Element 6: Transition</b>				<b>0%</b>
6.1	<p>Before moving to Level 2, review Level 1 tasks verifying they are as complete as possible. The following are a few important items to consider:</p> <ul style="list-style-type: none"> <li>• update project plan</li> <li>• update budget as necessary</li> <li>• finalize selection of practice-critical Trading Partner(s) to be used in testing</li> <li>• finalize testing plans with practice-critical Trading Partner(s) to be used in testing. Include who, when, and what will be tested</li> <li>• communicate implementation and testing plans with staff</li> </ul>	Include time to educate staff on Implementation/Migration Event Plan.			0%

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<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
6.2	Determine when system/hardware changes will be finalized and evaluate against the established timeline.  Make necessary adjustments.				0%
6.3	Determine and document how you will monitor claims and reimbursements, after the ICD-10 implementation deadline (Post Production Monitoring Plan) to ensure claims are being processed accordingly and reimbursements are being received as expected.	The failure to successfully implement ICD-10 could create coding and billing backlogs, cause cash flow delays, increase claim rejections/denials, and lead to unintended shifts in payment.  Claims denials or pends are expensive for practices to deal with, and generally are dealt with through a manual process.			0%
6.4	Create a back-up plan in the event there is a problem moving code to production.				0%
					0%
<b>1</b>	<b>Level 1: Overall Completion %</b>				<b>0.0%</b>
<b>LEVEL 2 – The period during which entities are preparing to reach full production readiness with Trading Partner(s). When an entity is in compliance with Level 2, it has completed some End-to-End testing with external Trading Partner(s).</b>					
<b>~TIMEFRAME: 6 - 12 MONTHS PRIOR TO REGULATION IMPLEMENTATION DATE.</b>					
<b>2</b>	<b>Element 1: Assessment</b>				<b>0%</b>
1.1	Verify that all system changes and Level 1 testing have been completed.				0%
1.2	Review your Trading Partner(s) list and determine if there are any new practice-critical Trading Partner(s) that need to be used in testing.  If changes, update:  • Testing Plan  • total number of practice-critical Trading Partner(s) in Pre & Post Assessment Tab, Task P.2.a, column F.				0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
1.3	<p>Work with practice-critical Trading Partner(s) to be used in testing to:</p> <ul style="list-style-type: none"> <li>• verify the delivery schedule(s) for the system and/or software upgrade(s)</li> <li>• confirm testing schedule and compare against project calendar</li> <li>• review and refine the Test Plan and Scripts</li> </ul> <p>Update project calendar/folder and make adjustments as necessary.</p>	<p>Current test plan documentation can ensure meeting the ICD-10 implementation date and be used to communicate testing results with your implementation team and Trading Partner(s).</p>			0%
1.4	<p>Review potential Issues/Risks identified in Level 1, Element 1, Task 1.5 to ensure adequate contingencies are in place.</p> <p>If your practice/organization and/or your Trading Partner(s) will not be ready by the ICD-10 implementation date, work with each to:</p> <ul style="list-style-type: none"> <li>• document reasons why you/they will not be ready</li> <li>• document plans to be taken to get ready and an estimated date to be ready</li> <li>• create a back-up plan for all applicable transaction types</li> </ul>	<p>For additional information on Risk Management for ICD-10, refer to pages 16 through 18 of the CMS ICD-10 Implementation Guide for Large Practices in <b>Links Column</b>.</p>	<p><a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a></p>		0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
1.5	Finalize training plans for clinical, coding, and physician staff.	<p>AHIMA and AAPC recommend that intensive coding training begin no more than 6 to 9 months before the October 1, 2015 compliance date.</p> <p>Only 24% of ICD-9 codes have a direct correlation with ICD-10, meaning coders and physicians will need to absorb new knowledge to use the system effectively.</p> <p>For additional information on Training for ICD-10, refer to pages 20 through 23 of the CMS ICD-10 Implementation Guide for Large Practices in <b>Links Column</b>.</p>	<a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a>		0%
					0%
<b>2</b>	<b>Element 2: Testing</b>				<b>0%</b>
2.1	<p>End-to-End testing should begin after system upgrade(s)/installation(s) have been completed. Confirming the below information will help prevent unnecessary file level rejections in testing or production:</p> <ul style="list-style-type: none"> <li>• verify that software versions are ICD-10 compliant</li> <li>• verify test data used to create test files is accurate</li> <li>• run internal testing of test scripts created for Trading Partner(s)</li> <li>• verify that the NPI, TIN, Receiver Code and Interchange ID numbers to be used for testing are accurately set-up</li> <li>• verify connectivity with Trading Partner(s) as applicable</li> </ul>				0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
2.2	<p>Start performing Level 2 testing activities with each identified practice-critical Trading Partner(s):</p> <ul style="list-style-type: none"> <li>• send and receive test files/responses</li> <li>• review, document, and retain test results for each Trading Partner(s)</li> <li>• take corrective action and address defects and/or errors if encountered during testing</li> <li>• retest as necessary</li> <li>• update Test Plan as necessary</li> <li>• obtain and retain documentation for completed and passed testing with each practice-critical Trading Partner(s) in your project folder</li> <li>• communicate test results with staff and Trading Partner(s) and/or software vendors as necessary</li> </ul>	<p>Beginning End-to-End testing as soon as your practice-critical Trading Partner(s) are ready can help you resolve issues in advance and avoid payment interruptions.</p>			0%
2.3	<p>Perform System Testing to ensure your systems exchange data seamlessly.</p>	<p>For additional information on System Testing, refer to pages 39 through 43 of the CMS ICD-10 Implementation Guide for Large Practices in <b>Links Column</b>.</p>	<p><a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a></p>		0%
					0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<b>2</b>	<b>Element 3: Transition</b>				<b>0%</b>
3.1	<p>Revisit Post Production Monitoring Plan created in Level 1, Element 6, Task 6.3 to monitor ICD-10 Regulation changes to ensure compliance and impact on:</p> <ul style="list-style-type: none"> <li>• reimbursements/revenue</li> <li>• pendings, suspends, and denials</li> <li>• coding issues and errors</li> <li>• clinical documentation</li> <li>• reporting (internal and external)</li> </ul>	<p>For additional guidance on Risks to reimbursement, revenue, and cash flow, refer to pages 29 through 30 of the CMS ICD-10 Implementation Guide for Large Practices in <b>Links Column</b>.</p> <p>A national study noted that physicians may choose to not increase their patient encounter time but simply see fewer patients. This could result in a loss of income due to an increase in provider work time for documentation changes.</p> <p><b>Note:</b> that this is a permanent cost increase.</p>	<p><a href="http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf">http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesGuide.pdf</a></p>		0%
3.2	<p>Establish a plan as to how your practice/organization will implement changes. Ensure staff will be familiar and knowledgeable with all new or changed:</p> <ul style="list-style-type: none"> <li>• workflows</li> <li>• business process(es)</li> <li>• office flow</li> <li>• system upgrade(s) and functionality</li> </ul>	<p>You may want to perform a "mock" run or walk-through of practice/organization changes with your office staff prior to the implementation date.</p> <p>Communicate any major changes that impact the patient encounter with your customers.</p>			0%
3.2.a	<p>Purchase, create, or update training documents and/or manuals as necessary.</p>				0%

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<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
3.3	Determine if your practice/system(s) will need to be closed/unavailable during normal business hours for software or system upgrade(s)/installation(s).	Consider communicating, in advance, if you expect delays/closures via: <ul style="list-style-type: none"> <li>• websites</li> <li>• phone messages</li> <li>• written communications</li> </ul>			0%
3.4	In preparation for Level 3 software/system migration, plan to: <ul style="list-style-type: none"> <li>• verify upgrade(s)/installation(s) will be fully completed by the ICD-10 implementation deadline. Update project calendar as necessary</li> <li>• identify other competing system changes near the proposed production move and evaluate the impact</li> <li>• finalize back-up plan created in Level 1, Element 2, Task 2.8</li> </ul>	Calculate time for the production move to allow sufficient time to address corrections and unforeseen obstacles prior to implementation deadline.			0%
3.5	Before moving to Level 3, review Level 2 tasks verifying that they are as complete as possible.				0%
					0%
<b>2</b>	<b>Level 2: Overall Completion %</b>				<b>0.0%</b>

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<p><b>LEVEL 3 – The period during which End-to-End testing is performed with external Trading Partner(s) and the Trading Partner(s) is able to operate in production/production-like mode with the new versions of the standards by the end of that period. By “production/production-like mode,” we mean that entities can successfully exchange (accept and/or send) standard transactions and, as appropriate, be able to process them successfully.</b></p> <p align="center"><b>~TIMEFRAME: 1 - 6 MONTHS PRIOR TO REGULATION IMPLEMENTATION DATE.</b></p>					
<b>3</b>	<b>Element 1: Planning</b>				<b>0%</b>
1.1	Review and finalize potential Issues/Risks identified in Level 1, Element 1, Task 1.5 to ensure adequate contingencies are in place prior to the ICD-10 implementation date.				0%
1.2	Work with project team and/or software vendor(s) to: <ul style="list-style-type: none"> <li>• finalize production migration after testing is completed</li> <li>• ensure all system upgrade(s)/installation(s) have been or will be implemented by/prior to the ICD-10 Regulation date</li> </ul>				0%
1.3	Verify all project documentation, including budget, is up-to-date in your project folder.	<p>Keeping on-going documentation allows you to review current status of your project plan and budget. Review frequently and make updates as necessary.</p> <p>Maintaining project documentation can be challenging due to:</p> <ul style="list-style-type: none"> <li>• a lack of standard naming conventions</li> <li>• multiple users accessing centralized project folders.</li> </ul>			0%
1.4	Determine if there are any yearly ICD-10 updates that need to be included that have not been previously addressed.	Follow normal procedures for obtaining and applying ICD-10 updates to your systems.			0%
					0%

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Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<b>3</b>	<b>Element 2: Testing</b>				<b>0%</b>
2.1	<p>Continue to work with identified practice-critical Trading Partner(s) until End-to-End testing is completed. Perform the following:</p> <ul style="list-style-type: none"> <li>• send and receive test files/responses</li> <li>• review, document, and retain test results for each Trading Partner(s)</li> <li>• take corrective action and address defects and/or errors if encountered during testing</li> <li>• retest as necessary</li> <li>• update Test Plan as necessary</li> <li>• obtain and retain documentation for completed and passed testing with each practice-critical Trading Partner(s) in your project folder</li> <li>• communicate test results with staff, Trading Partner(s) and/or software vendors as necessary</li> </ul>	<p>To demonstrate that you have successfully completed and passed End-to-End testing, it is important to retain documentation for each practice-critical Trading Partner(s) you are testing with.</p>	<ul style="list-style-type: none"> <li>• a lack of standard naming conventions</li> </ul>		0%
					0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

Level/ Task	Task Description	Lessons Learned/Notes	Links	Outcomes (Explanation)	Status/ % Complete
<b>3</b>	<b>Element 3: Transition</b>		<b>• multiple users accessing centralized project folders.</b>		<b>0%</b>
3.1	<p>As End-to-End testing is being completed, work with your implementation team and/or software vendor(s) to:</p> <ul style="list-style-type: none"> <li>• schedule and communicate implementation of ICD-10 upgrade(s)/installation(s) in order to meet the ICD-10 Regulation deadline</li> <li>• perform a final review of software(s) and system(s) to ensure readiness for production move/migration.</li> </ul>	<p>If a "production-like" environment exists, plan on conducting a pseudo production move ensuring results are as anticipated.</p> <p><b>Note:</b> Follow PHI/PII and identified/de-identified privacy and security policies to remove "production like" test data and prevent potential breaches during and after testing.</p> <p>Follow normal check-out processes after any software(s) or system(s) upgrade(s).</p>			0%
3.2	<p>If your practice/organization and/or your Trading Partner(s) will not be ready to implement ICD-10 by the Regulation deadline, work with each to:</p> <ul style="list-style-type: none"> <li>• document reasons why you/they will not be ready</li> <li>• document plans to be taken to get ready and an estimated date to be ready</li> <li>• implement your back-up plan for submitting and receiving transactions created in Level 2, Element 1, Task 1.4</li> </ul>	<p>Allow sufficient time to obtain or select a new Trading Partner(s) if you determine your current one(s) will be unable to meet the ICD-10 implementation date.</p>			0%
3.3	<p>Complete upgrade(s)/installation(s) tasks and move into production environment.</p>				0%

**Pilot for Administrative Simplification Transaction Testing Checklist  
ICD-10**

<b>Level/ Task</b>	<b>Task Description</b>	<b>Lessons Learned/Notes</b>	<b>Links</b>	<b>Outcomes (Explanation)</b>	<b>Status/ % Complete</b>
3.4	Once upgrade(s)/installation(s) has been completed, test your systems, print functions, etc.  Verify the software(s) was installed successfully and your system(s) operates as expected	If any issues are identified after the upgrade(s)/installation(s), notify and work with project team, Trading Partner(s) and/or software vendor(s) to resolve issues as quickly as possible.			0%
3.5	Confirm any new workflows, business processes, and office flow changes have been implemented and are functioning as expected.  Make adjustments as necessary.				0%
3.6	Implement Post Production Monitoring Plan created in Level 1, Element 6, Task 6.3 to monitor ICD-10 Regulation changes to ensure compliance and impact on:  <ul style="list-style-type: none"> <li>• reimbursements/revenue</li> <li>• pendings, suspends, and denials</li> <li>• coding issues and errors</li> <li>• future clinical documentation training/education</li> <li>• reporting (internal and external)</li> </ul>	Continue to analyze and identify the impact of this implementation resolving issues as they arise. Take corrective action as quickly as possible to minimize financial impact.			0%
3.7	Review implementation with project team to finalize project documentation, lessons learned, and remove any PHI/PII identifiable data, if applicable.				0%
					0%
<b>3</b>	<b>Level 3: Overall Completion %</b>				<b>0%</b>

Pilot for Administrative Simplification Transaction Testing Checklist  
Testing Guidance

**DISCLAIMER**  
This document is intended to provide End-to-End testing guidance by transaction type. The industry has a number of resources available that provide test scripts, test scenarios, and/or test data that an entity may elect to use.  
The testing guidance that follows is not intended to be all-inclusive or a complete testing plan. Each organization should work with their practice-critical Trading Partner(s) to determine the amount and type of testing that meets their acceptable risk tolerance.

The testing guidance tab represents a logical transaction flow as data moves from Provider to Clearinghouse to Payer and back to the Provider.

Transaction	Provider	Clearinghouse	Payer	Provider	Lessons Learned
<b>General</b>	<p>It is recommended to create a wide range of re-useable test scenarios keeping in mind that not all scenarios below need be constructed for all transactions.</p> <p>The industry has a number of resources available that provide re-useable test scripts, test scenarios, and/or test data that an entity may elect to use. <b>See link</b> in Lessons Learned column.</p>				<a href="http://www.himss.org">http://www.himss.org</a>
<b>General</b>	<p>Various testing methods being used within the healthcare industry are:</p> <ul style="list-style-type: none"> <li>~ natively coded ICD-10 claims</li> <li>~ purchased test data from professional vendors</li> <li>~ historical ICD-9 data obtained from payers to which you can assign an ICD-10 code</li> <li>~ utilize ICD-9 medical scenarios and select the appropriate ICD-10 code from a list of possible codes provided by a payer</li> </ul>				
<b>General</b>	<p>Prior error reports and reject files are a good source of data to determine the type of test files that an organization may create for testing.</p>				
<b>General</b>	<p>The below testing guidance by transaction provides information for both positive and negative testing. Please note, not all systems are capable of performing negative testing.</p> <p>The type of testing to be performed will require communication with your Software Vendor(s) and/or practice-critical Trading Partner(s).</p>				<p><b>Positive testing</b> is the process of testing by inputting <b>valid</b> data that produces expected test results and verifies that a function/method performs according to the requirements.</p> <p><b>Negative Testing</b> is the process of testing by inputting <b>invalid</b> data that produces expected test results and verifies that a function/method performs according to the requirements.</p> <p><i>Example: placing an alpha character in a numeric field</i></p>
<b>ASC X12</b>	<p>Submit test files to validate the compliance with the specifications of the ANSI ASC X12 Implementation Guides and CAQH CORE Operating Rules.</p>				

Pilot for Administrative Simplification Transaction Testing Checklist  
Testing Guidance

The testing guidance tab represents a logical transaction flow as data moves from Provider to Clearinghouse to Payer and back to the Provider.					
<p>ASC X12 270 Eligibility Request</p> <p>ASC X12 271 Eligibility Response</p>	<p>Organizations should work with each identified practice-critical Trading Partner(s) to determine the minimum number of test scenarios and test cycles needed to achieve expected test results according to their risk tolerance.</p> <p>Organizations should consider the following test guidance for Eligibility Requests (270) transactions.</p>				<p>Practice-critical Trading Partners <i>could</i> be those payers, clearinghouses, and software vendors that represent your high volume claims and can have a significant financial impact to your practice/organization.</p> <p>Determine and document what percentage (%) of practice-critical external Trading Partner(s) to be used in testing.</p> <p>In the End-to-End checklists, practice-critical Trading Partner(s) tasks are located in the Element: Testing in all phases.</p>
<p>ASC X12 270/271</p>	<p>CAQH CORE has Mandated Operating Rules for Eligibility transactions that have been in effect since 1/1/2013.</p> <p>270 transactions are sent via Batch or Real-time. Each testing guidance applies to either method.</p> <p>If Batch submission, submit batches of various number of requests.</p>				<p>CAQH CORE Mandated Operating Rules: <a href="http://www.caqh.org/ORMandate_index.php">http://www.caqh.org/ORMandate_index.php</a></p> <p>Eligibility and Benefits Batch Response Time rule: <a href="http://www.caqh.org/pdf/CLEAN5010/155-v5010.pdf">http://www.caqh.org/pdf/CLEAN5010/155-v5010.pdf</a></p> <p>Eligibility and Benefits Real Time Response Time Rule: <a href="http://www.caqh.org/pdf/CLEAN5010/156-v5010.pdf">http://www.caqh.org/pdf/CLEAN5010/156-v5010.pdf</a></p>
<p>ASC X12 270/271</p>	<p>Entities should perform <b>Positive Testing</b>.</p> <p>Organizations should consider the following few suggested <b>examples</b> when performing Positive Testing for Eligibility Requests (270) transactions.</p> <p>~ <b>Valid Eligibility request</b> (All information is correct, use a valid members/dependent).</p> <p>~ Test submitting members only and dependent requests as it applies to the plan.</p>	<p>Performs file and format validation and forwards to Payer(s) or other Clearinghouse(s).</p>	<p>Validates, processes and returns appropriate acknowledgement of 271 Eligibility Response.</p>	<p>Receives acknowledgment and/or 271 response transaction and handles according to response.</p> <p>~ Response should be received in appropriate time frame depending on method of submission.</p> <p>~ Verify response data is as expected and appears appropriately.</p> <p>~ If results are not as expected, review test file data. Work with Trading Partner(s) to identify and resolve testing issue. Retest as necessary.</p>	

**Pilot for Administrative Simplification Transaction Testing Checklist  
Testing Guidance**

The testing guidance tab represents a logical transaction flow as data moves from Provider to Clearinghouse to Payer and back to the Provider.					
<p><b>ASC X12 270/271</b></p>	<p>Entities should perform <b>Negative Testing</b>.</p> <p>Negative Testing could include:</p> <ul style="list-style-type: none"> <li>~ <b>Invalid</b> Eligibility Request (<b>invalid</b> member or patient information that will prompt a denial)</li> <li>~ <b>Incorrect</b> Date of birth</li> <li>~ <b>Incorrect</b> Last name (This could be a misspelling to validate matching criteria is working)</li> <li>~ <b>Incorrect</b> Identification Number and/or number without Prefix</li> </ul>	<p>Performs file and format validation and forwards to Payer(s) or other Clearinghouse(s).</p> <p>If non HIPAA compliant, transaction will be rejected.</p>	<p>Validates, processes and returns appropriate acknowledgement of 271 Eligibility Response.</p>	<p>Receives acknowledgment and/or 271 response transaction and handles according to response.</p> <ul style="list-style-type: none"> <li>~ Response should be received in appropriate time frame depending on method of submission.</li> <li>~ Verifies response data is as expected and appears appropriately.</li> <li>~ If results are not as expected, review test file data. Work with Trading Partner(s) to identify and resolve testing issue. Retest as necessary.</li> </ul>	
<p><b>ASC X12 276 Healthcare Claim Status Request</b></p> <p><b>ASC X12 277 Healthcare Claim Status Response</b></p>	<p>Organizations should work with each of their identified practice-critical Trading Partner(s) to determine the minimum number of testing scenarios and test cycles needed to achieve expected test results according to risk tolerance.</p> <p>Organizations should consider the following test guidance for Healthcare Claim Status Requests (276) transactions.</p>				
<p><b>ASC X12 276/277</b></p>	<p>CAQH CORE has mandated Operating Rules for Claim Status transactions that have been in effect since 1/1/2013.</p> <p>276 transactions are sent via Batch or Real-time. Each testing guidance applies to either method.</p> <p>If Batch submission, submit batches of various number of requests.</p>				<p>CAQH CORE Mandated Operating Rules: <a href="http://www.cagh.org/ORMandate_index.php">http://www.cagh.org/ORMandate_index.php</a></p> <p>Claim Status Request and Response (Batch and Real Time) rule: <a href="http://www.cagh.org/pdf/CLEAN5010/250-v5010.pdf">http://www.cagh.org/pdf/CLEAN5010/250-v5010.pdf</a></p>
<p><b>ASC X12 276/277</b></p>	<p>Select previously adjudicated claims from the past 6 to 12 months that represent a range of claim types.</p>				

**Pilot for Administrative Simplification Transaction Testing Checklist  
Testing Guidance**

The testing guidance tab represents a logical transaction flow as data moves from Provider to Clearinghouse to Payer and back to the Provider.					
<p><b>ASC X12 276/277</b></p>	<p>Entities should perform <b>Positive Testing</b>.</p> <p>Organizations should consider the following few suggested <b>examples</b> when performing Positive Testing for Claim Status transactions.</p> <ul style="list-style-type: none"> <li>~ <b>Valid</b> Claim Status request (All information is correct, use a valid patient name, patient ID, date of service, patient date of birth)</li> <li>~ All information correct including the Provider number and Provider tax ID</li> </ul>	<p>Performs file and format validation and forwards to Payer(s) or other Clearinghouse(s).</p>	<p>Validates, processes and returns appropriate acknowledgement of 277 Claim Status Response.</p>	<p>Receives acknowledgment and/or 277 transaction and handles according to response.</p> <ul style="list-style-type: none"> <li>~ Response should be received in appropriate time frame depending on method of submission.</li> <li>~ Verifies response data is as expected and appears appropriately.</li> <li>~ If results are not as expected, review test file data. Work with Trading Partner(s) to identify and resolve testing issue. Retest as necessary.</li> </ul>	
<p><b>ASC X12 276/277</b></p>	<p>Entities should perform <b>Negative Testing</b>.</p> <p>Negative Testing could include:</p> <ul style="list-style-type: none"> <li>~ <b>Invalid</b> Claim Status request (<b>invalid</b> member or patient information that will prompt a denial)</li> <li>~ <b>Incorrect</b> Date of Service, or Charge Amount</li> <li>~ <b>Incorrect</b> Identification Number and/or number without Prefix</li> </ul>	<p>Performs file and format validation and forwards to Payer(s) or other Clearinghouse(s).</p> <p>If non HIPAA compliant, transaction will be rejected.</p>	<p>Validates, processes and returns appropriate acknowledgement of 277 Claim Status Response.</p>	<p>Receives acknowledgment and/or 277 transaction and handles according to response.</p> <ul style="list-style-type: none"> <li>~ Response should be received in appropriate time frame depending on method of submission.</li> <li>~ Verifies response data is as expected and appears appropriately.</li> <li>~ If results are not as expected, review test file data. Work with Trading Partner(s) to identify and resolve testing issue. Retest as necessary.</li> </ul>	

**Pilot for Administrative Simplification Transaction Testing Checklist  
Testing Guidance**

The testing guidance tab represents a logical transaction flow as data moves from Provider to Clearinghouse to Payer and back to the Provider.					
<p><b>ASC X12 278 Referral Certification and Authorization request and response</b></p>	<p>Organizations should work with each of their identified practice-critical Trading Partner(s) to determine the minimum number of testing scenarios and test cycles needed to achieve expected test results according to risk tolerance.</p> <p>Organizations should consider the following testing guidance for Referral Certification and Authorization request (278) transactions.</p>				<p>Trading Partner(s) can use the 278 transaction to request an Admission Review, Outpatient Review, or Specialty Care Review. When constructing test scenarios please include tests as it applies to the practice/organization.</p>
<p><b>ASC X12 278</b></p>	<p>For future CAQH CORE mandated Operating Rules for Referral Certification and Authorization request and response transactions, please refer to CAQH link in lessons learned.</p>				<p><a href="http://www.cagh.org/benefits.php">http://www.cagh.org/benefits.php</a></p>
<p><b>ASC X12 278</b></p>	<p>A 278 transaction can include the following listed transaction types:</p> <ul style="list-style-type: none"> <li>~ admission certification review request and associated response</li> <li>~ referral review request and associated response</li> <li>~ health care services certification review request and associated response</li> <li>~ extend certification review request and associated response</li> </ul>				<p>Verify with all Payers to see if transaction(s) will be accepted and processed for pre-authorization requests containing ICD-10 codes prior to the October 1, 2015.</p> <p><b>Note:</b> This is only for services scheduled on or after October 1, 2015. ICD-9 codes must be used to pre-authorize services scheduled through September 30, 2015.</p>
<p><b>ASC X12 278</b></p>	<p>Entities should perform <b>Positive Testing</b>.</p> <p>Organizations should consider the following few suggested <b>examples</b> when performing Positive Testing for Referral Certification and Authorization request and response transactions.</p> <ul style="list-style-type: none"> <li>~ <b>Valid</b> Certification requests (All information is correct, use a valid patient name, patient ID, date of service, patient date of birth, Provider number)</li> <li>~ Test submitting members only and dependent requests as it applies to the plan</li> </ul>	<p>Validates file and forwards to Payer(s) or other Clearinghouse(s).</p>	<p>Validates, processes and returns appropriate acknowledgement of 278 Authorization Request Response.</p>	<p>Receives acknowledgment and/or 278 transaction and handles according to response.</p>	

**Pilot for Administrative Simplification Transaction Testing Checklist  
Testing Guidance**

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<p><b>ASC X12 278</b></p>	<p>Entities should perform <b>Negative Testing</b>.</p> <p>Negative Testing could include:</p> <p>~ Invalid Certification requests (All information is incorrect, use an invalid patient name, patient ID, date of service, patient date of birth, Provider number)</p>	<p>Validates file and forwards to Payer(s) or other Clearinghouse(s).</p>	<p>Validates, processes and returns appropriate acknowledgement of 278 Authorization Request Response.</p>	<p>Receives acknowledgment and/or 278 transaction and handles according to response.</p>	
<p><b>ASC X12 837 (Institutional, Professional, Dental) Healthcare Claim Submission</b></p> <p><b>ASC X12 835 Electronic Remittance Advice</b></p>	<p><b>Organizations should work with each of their identified practice-critical Trading Partner(s) to determine the minimum number of testing scenarios and test cycles needed to achieve expected test results according to risk tolerance.</b></p> <p><b>Organizations should consider the following testing guidance for Healthcare Claim Submission (837) transactions.</b></p> <p><b>CAQH CORE has Mandated Operating Rules for Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) transactions that will be implemented 1/1/2015.</b></p>				<p>For each test scenario, confirm that the response from Trading Partner(s) was as expected.</p> <p>If not as expected, troubleshoot to determine what caused the unexpected result and resubmit test.</p>
	<p>For future CAQH CORE mandated Operating Rules for ERA and EFT transactions, please refer to CAQH link in Lessons Learned.</p>				<p><a href="http://www.caqh.org/CORE_phase3.php">http://www.caqh.org/CORE_phase3.php</a></p>
	<p>For further information on EFT standards, please refer to NACHA link in Lessons Learned.</p>				<p><a href="https://healthcare.nacha.org/">https://healthcare.nacha.org/</a></p>
<p><b>ASC X12 837/835</b></p>	<p>Entities should perform <b>Positive Testing</b>.</p> <p>Organizations should consider the following few suggested <b>examples</b> when performing Positive Testing for Healthcare Claim Submission (837) transactions.</p> <p>~ <b>Valid</b> Claim Submission (All information is correct, use a valid Submitter ID, Payer ID, Provider/NPI number, codes, patient name, patient ID, date of service and patient date of birth)</p> <p>~ Test for COB secondary and tertiary Payer(s)</p> <p>~ <b>Valid</b>/compliant file format</p>	<p>Validates file and forwards to Payer(s) or other Clearinghouse(s).</p>	<p>Validates, processes and returns appropriate acknowledgement and/or 277CA.</p> <p>Adjudicates and returns 835 Electronic Remittance Advice (ERA), or request for additional information.</p> <p>CORE Operating Rule for EFT and ERA(835) should be tested.</p>	<p>Receives acknowledgment and/or 277CA, 835 transaction and handles according to response.</p> <p>Verifies that appropriate data from Electronic Remittance Advise is populated in systems as expected.</p>	

**Pilot for Administrative Simplification Transaction Testing Checklist  
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<b>ASC X12 837/835</b>	<p>Entities should perform <b>Negative Testing</b>.</p> <p>Negative Testing could include:</p> <p>~<b>Invalid</b> Claim Submission (All information is incorrect, use an invalid Submitter ID, Payer ID, Provider/NPI number, codes, patient name, patient ID, date of service and patient date of birth)</p>	<p>Validates file and forwards to Payer(s) or other Clearinghouse(s).</p>	<p>Validates, processes and returns appropriate acknowledgement and/or 277CA.</p> <p>Adjudicates and returns 835 Electronic Remittance Advice (ERA), or request for additional information.</p>	<p>Receives acknowledgment and/or 277CA, 835 transaction and handles according to response.</p>	
<b>NCPDP NCPDP X.X and/or NCPDP X.X (batch)</b>	<p><b>Organizations should work with each of their identified practice-critical Trading Partner(s) to determine the minimum number of testing scenarios and test cycles needed to achieve expected test results according to risk tolerance.</b></p> <p><b>Organizations should consider the following testing guidance for Pharmacy Claim Submission (NCPDP) transactions.</b></p>				
<b>General</b>	<p>There are two ways to transmit NCPDP transactions, Batch and Real-time. Work with Trading Partner(s) to determine demographic data for test scenarios and testing requirements.</p> <p>Depending on your organization and/or claim types; Commercial, Part D, Home Infusion, Long Term Care your Trading Partner(s) may have multiple payers sheets to work with.</p>	<p>Performs proper edits on claims.</p> <p>Checks for valid/compliant file format on claims.</p> <p>Forwards claim to Payer(s).</p>	<p>Payer(s) will return a Header Response Status of "A" and a Transaction Responses Status of "P" with appropriate payment and/or message Information</p> <p>Response Status of "D" when appropriate.</p> <p>Reverses claims when requested and responds with appropriate messaging</p>		