



News Flash – The Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program is scheduled to begin in nine competitive bidding areas (CBAs) on January 1, 2011. Referral agents located in CBAs who prescribe DMEPOS for beneficiaries or refer beneficiaries to specific suppliers will need to be aware of which suppliers in the area are contract suppliers as well as other important referring information. Referral agents include such entities as Medicare enrolled providers, physicians, treating practitioners, discharge planners, social workers, and pharmacists who refer beneficiaries for services in a CBA. More information for referral agents can be found in the new Medicare Learning Network® (MLN) fact sheet “The DMEPOS Competitive Bidding Program: Fact Sheet for Referral Agents” located at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid/index.html> on the CMS website. This fact sheet is also available to order in hardcopy, free of charge. To order your copy, please visit the MLN homepage at <http://www.cms.gov/mlngeninfo> on the CMS website.

MLN Matters® Number: MM7172

Related Change Request (CR) #: 7172

Related CR Release Date: October 15, 2010

Effective Date: October 1, 2010

Related CR Transmittal #: R2066CP

Implementation Date: January 3, 2011

Note: This article was updated on December 11, 2012, to reflect current Web addresses. All other information remains unchanged.

Submission of Informational Only Claims by Maryland Waiver Hospitals and Critical Access Hospitals (CAHs) for Electronic Health Records (EHR) Purposes

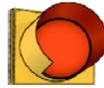
Provider Types Affected

This article is for Maryland Waiver Hospitals and Critical Access Hospitals (CAHs) submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and/or A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

Disclaimer

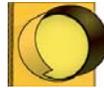
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Provider Action Needed



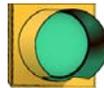
STOP – Impact to You

This article is based on Change Request (CR) 7172 which instructs Maryland waiver hospitals and CAHs to submit informational only claims to their Medicare contractor for the Medicare Advantage (MA) Plan beneficiaries they treat effective for discharges on or after October 1, 2010.



CAUTION – What You Need to Know

Informational only claims are claims billed for patients enrolled in an MA Plan and contain the following elements: covered 11X TOB (not 110); Condition Code 04; Medicare listed as the primary payer; Medicare Secondary Payers not listed; the MA beneficiary's Medicare Health Insurance Claim Number (HICN); and all other required claim elements.



GO – What You Need to Do

See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

The American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111-5) provides incentive payments for acute care hospitals (subsection (d) hospitals) and Critical Access Hospitals (CAHs) who are meaningful users of certified Electronic Health Records (EHR) technology. You can review the ARRA at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.txt.pdf on the Internet.

Acute care hospitals already submit informational only bills for purposes of including Part C or MA days in Disproportionate Share (DSH) calculations. However, Maryland waiver hospitals and CAHs do not currently submit informational only bills.

Therefore, in order for The Centers for Medicare & Medicaid Services (CMS) to capture Part C days for purposes of calculating EHR payments, CR 7172 instructs Maryland waiver hospitals and CAHs to submit informational only claims to their Medicare contractor for the MA beneficiaries they treat effective for discharges October 1, 2010.

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Note: In April 2011, informational only claims will begin to accumulate on the Provider Statistics & Reimbursement (PS&R) report type 118 retroactive to October 1, 2010, in order for these hospitals to view their claim submissions.

Additional Information

The official instruction, CR 7172, issued to your FI or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2066CP.pdf> on The Centers for Medicare & Medicaid Services (CMS) website.

For more information on the EHR Incentive programs under ARRA, visit <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html> on the CMS website.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

News Flash – Vaccination is the Best Protection Against the Flu. This year, the Centers for Disease Control and Prevention (CDC) is encouraging everyone 6 months of age and older to get vaccinated against the seasonal flu. The risks for complications, hospitalizations and deaths from the flu are higher among individuals aged 65 years and older. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. And remember, vaccination is particularly important for health care workers, who may spread the flu to high risk patients. Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. **Get Your Flu Vaccine - Not the Flu.** Remember – Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for health care professionals and their staff, please visit <http://www.cms.gov/Medicare/Prevention/Immunizations/index.html> on the CMS website.

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