



CMS Medicare FFS Provider e-News

CMS Information for the Medicare Fee-For-Service Provider Community

CMS asks that you share the following important information with all of your association members and state and local chapters. Thank you!

Robin Fritter, Director
Division of Provider
Relations & Outreach
Provider Communications
Group
Center for Medicare
Centers for Medicare &
Medicaid Services

robin.fritter@cms.hhs.gov
410-786-7485

The e-News for the week of Tue Nov 1 includes...

NATIONAL PROVIDER CALLS

- Thu Nov 3 – [Skilled Nursing Facility Prospective Payment System Minimum Data Set 3.0 and Resource Utilization Group-Version 4 Policies and Clarifications – Space is Limited, Register Today](#)
- Tue Nov 8 – [Physician Quality Reporting System & Electronic Prescribing Incentive Program— Space is Limited, Register Today](#)
- Wed Nov 9 – [Time is running out: Medicare FFS Implementation of HIPAA Version 5010 and D.0 Transaction Standards – Register Now](#)
- Thu Nov 17 – [ICD-10 Implementation Strategies and Planning – Register Now](#)
- [Podcasts from the Thu Jul 21 National Provider Call “The ABCs of the Initial Preventive Physical Examination and Annual Wellness Visit” Now Available](#)

OTHER CALLS, MEETINGS, AND EVENTS

- Wed Nov 16 – [Vendor/Provider Call on Long Term Care Hospitals \(LTCH\) Continuity Assessment Record & Evaluation \(CARE\) Data Set](#)
- Thu Nov 17 and Fri Nov 18 – [Register Now for the Third and Final ACO Accelerated Development Learning Session](#)

ANNOUNCEMENTS AND REMINDERS

- [Make Sure you are Prepared for Version 5010: Risk Mitigation Strategies](#)
- [Get Ready for DMEPOS Competitive Bidding](#)
- [Take a Look at the New Medicare and Medicaid EHR Incentive Programs FAQs](#)
- [Each Office Visit is an Opportunity: Get the Flu Vaccine—Not the Flu](#)
- [Important Information on the Revalidation of Medicare Provider Enrollment](#)
- [Innovation Advisors Program – Apply Today](#)

CODE, PRICER, AND CLAIMS UPDATES

- [CY 2011 Outpatient Prospective Payment System \(OPPS\) Pricer File Update](#)

UPDATES FROM THE MEDICARE LEARNING NETWORK®

- [“Medicare Podiatry Services” Fact Sheet Revised](#)
- [“Medicare Quarterly Provider Compliance Newsletter \[Volume 2, Issue 1\]” Released](#)
- [“Medicare Preventive Services Series Part 3 Web-Based Training Course” Revised](#)

National Provider Call: Skilled Nursing Facility Prospective Payment System Minimum Data Set 3.0 and Resource Utilization Group-Version 4 Policies and Clarifications —Space is Limited, Register Today! [↑]

Thu Nov 3; 1:30-3pm ET

The Centers for Medicare & Medicaid Services (CMS) will host a National Provider Call on "Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Minimum Data Set (MDS) 3.0 and Resource Utilization Group-Version 4 (RUG-IV) Policies and Clarifications." CMS subject matter experts will provide a brief overview of the policies, along with clarifications on the SNF PPS FY2012 policies related to the MDS 3.0. A question and answer session will follow the presentations.

Agenda:

- Allocation of group therapy
- Changes to the MDS Assessment Schedule
- End of Therapy (EOT) Other Medicare Required Assessment (OMRA) Clarifications
- End Of Therapy with Resumption (EOT-R)
- Change of Therapy (COT) OMRA

Target Audience: SNF providers, facility Resident Assessment Instrument (RAI) coordinators, state RAI coordinators, rehabilitation therapists, Recovery Audit Contractors, and Medicare Administrative Contractors

Registration: In order to receive the call-in information, you must register for the call. Registration will close at 12pm on Thu Nov 3, or when available space has been filled. No exceptions will be made. Please register early. For more details, including instructions on registering for the call, please visit <http://www.eventsvc.com/blhtechnologies>.

Also Available from CMS:

Did you miss the August 23 National Provider Call on SNF PPS FY2012 Policy Changes Relating to the MDS 3.0? The entire narrated presentation is now available on the CMS YouTube Channel as a video slideshow that includes the call audio and captioning. To access the video slideshow, select the link in the “Related Links Outside CMS” section on the FY2012 RUG IV Training & Education webpage at http://www.cms.gov/SNFPPS/03_RUGIVedu12.asp.

National Provider Call: Physician Quality Reporting System & Electronic Prescribing Incentive Program—Space is Limited, Register

Today [↑]

Tue Nov 8; 1:30-3pm ET

The Centers for Medicare & Medicaid Services (CMS) will host a national provider call on the Physician Quality Reporting System & Electronic Prescribing Incentive Program. A question and answer session will follow the presentation.

Target Audience: Medicare fee-for-service (FFS) providers, Medical coders, physician office staff, provider billing staff and vendors

Agenda:

- Opening Remarks
- Program Announcements
- Overview of the Medicare Physician Fee Schedule to Address the 2012 Physician Quality Reporting System & Electronic Prescribing Incentive Program
- Question & Answer Session

Registration Information: Please visit <http://www.eventsvc.com/blhtechnologies/> to register for this informative session. Registration will close at 12:00 p.m. ET on November 8, 2011, or when available space has been filled. No exceptions will be made. Please register early.

Presentation: The presentation will be posted at least one day before the call at: http://www.cms.gov/PQRS/04_CMSSponsoredCalls.asp in the “Downloads” section on the CMS website.

National Provider Call: Time is running out: Medicare FFS Implementation of HIPAA Version 5010 and D.0 Transaction Standards – Register Now [↑]

Wed Nov 9; 1:30-3pm ET

CMS will host its twentieth *National Provider Call* regarding Medicare Fee-For-Service (FFS) implementation of *HIPAA* Version 5010 and D.0 transaction standards.

Target Audience: Vendors, clearinghouses, and providers who need to make Medicare FFS-specific changes in compliance with *HIPAA* Version 5010 requirements.

Agenda (there will be no slide presentation for this call):

- Medicare FFS would like to address: What is preventing you or your customers from transitioning to *HIPAA* 5010 or D.0?
- Open Discussion

If you would like to submit a question related to this topic in advance of, during, or following the call, please email your inquiry to the 5010 FFS Information resource mailbox at 5010FFSinfo@cms.hhs.gov. Note that this resource will only accept emails the day before, the day of, and the day after this call; your emailed questions will be answered as soon as possible, and may not be answered during

the call.

Registration Information: In order to receive the call-in information, you must register for the call. *Registration will close at 12pm on the day of the call* or when available space has been filled; no exceptions will be made, so please register early. For more details, including instructions on registering for the call, please visit <http://www.eventsvc.com/blhtechnologies>.

National Provider Call: ICD-10 Implementation Strategies and Planning – Register Now [[↑](#)]

Thu, Nov 17; 1:30-3pm ET

The Centers for Medicare & Medicaid Services (CMS) will host a National Provider Call on "ICD-10 Implementation Strategies and Planning." This call will feature presentations by representatives from the ICD-9-CM and ICD-10 Cooperating Parties: CMS, the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), and the Centers for Disease Control and Prevention (CDC). CMS subject matter experts will also discuss the Medicare Fee-For-Service (FFS) claims processing guidance issued in August, 2011, including claims that span the implementation date. A question and answer session will follow the presentations.

Agenda:

- General ICD-10 requirements and CMS implementation planning – Pat Brooks, CMS
- General implementation planning and strategies – Sue Bowman, AHIMA and Nelly Leon-Chisen, AHA
- Coding Clinic for ICD-10, AHA's implementation plans – Nelly Leon-Chisen, AHA
- National Committee on Vital and Health Statistics meeting on provider and vendor readiness – Donna Pickett, CDC
- Public health reporting issues – Donna Pickett, CDC
- Medicare FFS Claims Processing Guidance for Implementing ICD-10 – [MLN Matters Article 7492](#) – Sarah Shirey-Losso, Antoinette Johnson, CMS

Target Audience: Medical coders, physicians, physician office staff, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare fee-for-service (FFS) providers.

Registration: In order to receive the call-in information, you must register for the call. Registration will close at 12:00 pm on Thursday, November 17 or when available space has been filled. No exceptions will be made. Please register early. For more details, including instructions on registering for this National Provider Call, please visit <http://www.eventsvc.com/blhtechnologies>.

Podcasts from the Thu Jul 21 National Provider Call “The ABCs of the Initial Preventive Physical Examination and Annual Wellness Visit” Now Available [[↑](#)]

The Centers for Medicare & Medicaid Services (CMS) has released 2 podcasts from the Thu Jul 21 National Provider Call, “The ABCs of the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV).”

Limited on time? Podcasts are perfect for the office, in the car, or anywhere you carry a portable media player or smartphone. The following podcasts are now available from the Thu Jul 21 National Provider Call on the IPPE and AWW:

- Podcast 1 of 2: *Welcome and IPPE Overview*
- Podcast 2 of 2: *AWV*

The podcasts are now available at <http://www.CMS.gov/MLNProducts/MLM/itemdetail.asp?itemID=CMS1249934>. The 2 audio podcasts with corresponding written transcripts, as well as the full audio and written transcript of the call can be accessed by scrolling to the “Downloads” section at the bottom of the page.

Vendor/Provider Call on Long Term Care Hospital (LTCH) Continuity Assessment Record & Evaluation (CARE) Data Set [↑]

Wed Nov 16; 1-2:30 pm ET

A Vendor Call to support technical specification information and data submission, related to the LTCH CARE Data Set, is scheduled for Wed Nov 16 from 1-2:30pm ET.

To facilitate this call, we are requesting that vendor and provider software developers review the draft technical specifications prior to this call. Please submit comments and questions to: LTCHTechIssues@CMS.hhs.gov by Wed Nov 9.

The technical specifications and information regarding the Vendor Call are posted at http://www.CMS.gov/LTCH-IRF-Hospice-Quality-Reporting/20_LTCHTechnicalInformation.asp.

Register Now for the Third and Final ACO Accelerated Development Learning Session [↑]

Thu Nov 17 and Fri Nov 18 – Baltimore, MD

The third and final Accountable Care Organization (ACO) Accelerated Development Learning Session (ADLS) will be held in Baltimore, MD on November 17-18. Registration is free and open for teams of between two and four senior leaders from healthcare delivery organizations interested in forming an ACO or from an existing ACO.

The ADLS is designed to help existing or emerging ACO understand the steps they can take to improve care delivery and how to develop an action plan for moving toward providing better coordinated care. The content at each ACO Learning Session is repetitive and is not part of an ongoing series.

For more information, to register, or to view the plenary sessions from the first ADLS, please visit <https://acoregister.rti.org>.

Make Sure you are Prepared for Version 5010: Risk Mitigation Strategies [↑]

All entities covered by the *Health Insurance Portability and Accountability Act (HIPAA)* that submit transactions electronically are

required to upgrade from Version 4010/4010A to Version 5010 transaction standards by Sun Jan 1, 2012. It is important to remember that the upcoming Version 5010 transition is not only mandatory, but is also an integral step toward a successful ICD-10 transition.

It is essential to test both internally and externally with business partners prior to the Version 5010 deadline in order to assure that all trading partners are able to send and receive compliant transactions effectively, and in advance of the transition deadline. Take action now to ensure compliance and avoid problems with submitting claims for reimbursement after Sun Jan 1, 2012.

If you have not yet begun external testing, you should make use of the following risk mitigation strategies:

- *Communicate with vendors and trading partners regularly.* Encourage them to take action now and establish a communication plan.
- *Reach out to a clearinghouse for assistance.* A clearinghouse ensures that claims smoothly transition between practices and payers and can serve as a translator for non-compliant transactions from the Version 4010/4010A to the Version 5010 system. If you are concerned that your internal systems may not be ready by Sun Jan 1, using a clearinghouse that is already ready to process Version 5010 claims can help ensure your reimbursements are not interrupted while you bring your own systems into compliance.
- *Establish a line of credit.* Establishing or increasing a line of credit will help cover potential cash flow disruptions from delayed reimbursement claims.
- *Take advantage of available resources.* There are many different resources offering valuable information to organizations looking to streamline their Version 5010 transition. CMS offers [several tools](#) to help you plan and execute your transitions to Version 5010 and ICD-10. Beyond CMS, many professional societies and organizations offer guidance and resources to help you transition.

Keep Up to Date on Version 5010 and ICD-10

Please visit [the ICD-10 website](#) for the latest news and resources to help you prepare, and to download and share the implementation [widget](#) today!

Get Ready for DMEPOS Competitive Bidding [\[↑\]](#)

The Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program Round 2 and the national mail-order competitions are coming soon!

Fall 2011

- CMS announces bidding schedule
- CMS begins bidder education program
- Bidder registration period to obtain user ID and passwords begins

Winter 2012

- Bidding begins

If you are a supplier interested in bidding, prepare now – don't wait!

Update your contact information: The following contact information in your enrollment file at the National Supplier Clearinghouse (NSC) must be up to date before you register to bid. If your file is not current, you may experience delays and/or be unable to register and bid. DMEPOS suppliers should review and update:

- The name, Social Security number, and date of birth for all authorized official(s) (if you have only one authorized official listed on your enrollment file, consider adding one or more authorized officials to help with registration and bidding)
- The correspondence address

DMEPOS suppliers can update their enrollment via the internet-based Provider Enrollment, Chain, and Ownership System (PECOS) or by using the 2011-07-11 version of the CMS-855S enrollment form. Suppliers not currently using PECOS can learn more about this system at <http://www.CMS.gov/MedicareProviderSupEnroll> or reviewing the PECOS factsheet at http://www.CMS.gov/MLNProducts/downloads/MedEnroll_PECOS_DMEPOS_FactSheet_ICN904283.pdf. Information and instructions on how to submit a change of information via the hardcopy CMS-855S enrollment form may be found on the NSC website at www.PalmettoGBA.com/NSC (follow links for Supplier Enrollment, Change of Information, Change of Information Guide).

- *Get licensed:* Contracts are only awarded to suppliers that have all required state licenses at the time the bid is submitted. Therefore, before you submit a bid for a product category in a CBA, you must have all required state licenses for that product category on file with the NSC. Every location must be licensed in each state in which it provides services. If you have only one location and are bidding in a CBA that includes more than one state, you must have all required licenses for every state in that CBA. If you have more than one location and are bidding in a CBA that includes more than one state, your company must have all required licenses for the product category for every state in that CBA. It is *very important* that you make sure that current versions of all required licenses are in your enrollment file with the NSC *before* you bid. If any required licenses are expired or missing from your enrollment file, we can reject your bid. Suppliers bidding in the national mail-order competition must have the applicable licenses for all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, Guam, and American Samoa.
- *Get accredited:* Suppliers must be accredited for all items in a product category in order to submit a bid for that product category. If you are interested in bidding for a product category and are not currently accredited for that product category, take action *now* to get accredited for that product category. Your accreditation organization will need to report any accreditation updates to the NSC. CMS cannot contract with suppliers that are not accredited by a CMS-approved accreditation organization.

Additional information on the DMEPOS accreditation requirements along with a list of the accreditation organizations and those professionals and other persons exempted from accreditation may be found at http://www.CMS.gov/MedicareProviderSupEnroll/01_Overview.asp.

The Competitive Bidding Implementation Contractor (CBIC) is the official information source for bidders. Stay informed – visit the CBIC website at www.DMECompetitiveBid.com to subscribe to email updates and for the latest information on the DMEPOS

Competitive Bidding program.

Take a Look at the New Medicare and Medicaid EHR Incentive Programs FAQs [\[↑\]](#)

We want to keep you updated with the latest information about the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. These new [FAQs](#) include information about clinical quality measures (CQMs), meaningful use, attestation, and other Medicare and Medicaid EHR Incentive Programs topics.

1. Does a provider have to record all clinical data in their certified EHR technology in order to accurately report complete CQM data for the Medicare and Medicaid EHR Incentive Programs? [Read the answer.](#)
2. Do providers have to contribute a minimum dollar amount toward their certified EHR technology for the Medicare and Medicaid EHR Incentive Programs? [Read the answer.](#)
3. Where can I find a list of public health agencies and immunization registries to submit my data as required by the public health objectives for the EHR Incentive Programs? [Read the answer.](#)
4. Can two separate practices with two different TINs purchase a single certified EHR system and share it in order to participate in the Medicare and Medicaid EHR Incentive Programs? [Read the answer.](#)
5. For the Medicare and Medicaid EHR Incentive Programs, how should an eligible professional (EP), eligible hospital, or critical access hospital (CAH) that sees patients in multiple practice locations equipped with certified EHR technology calculate numerators and denominators for the meaningful use objectives and measures? [Read the answer.](#)
6. For the EHR Incentive Programs, how should an eligible hospital or CAH with multiple certified EHR systems report their CQMs? [Read the answer.](#)
7. Does the person who completes the registration for the EHR Incentive Programs need to be the same person who completes the attestation? [Read the answer.](#)
8. For the meaningful use objective “Capability to submit electronic syndromic surveillance data to public health agencies,” what is the definition of “syndromic surveillance”? [Read the answer.](#)

Want more information about the EHR Incentive Programs?

Make sure to visit the [CMS EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.

Each Office Visit is an Opportunity: Get the Flu Vaccine—Not the Flu [\[↑\]](#)

Medicare patients give many reasons for not getting their annual flu vaccination, but the fact is that flu seasons are unpredictable and can be severe. Each year, it is estimated that 90 percent of seasonal flu-related deaths and more than 60 percent of seasonal flu-related hospitalizations occur in people 65 years and older. Please talk with your Medicare patients about the importance of getting their annual flu vaccination. And remember, vaccination is important for healthcare workers too, 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 the Flu Vaccine—Not the Flu.*

Remember – The flu vaccine plus its administration are covered Part B benefits. CMS has posted the 2011-2012 seasonal flu vaccine payment limits at http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp. Note that the flu vaccine is NOT a Part D-covered drug.

For more information on coverage and billing of the flu vaccine and its administration, as well as related educational provider resources, visit http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp and <http://www.CMS.gov/immunizations>.

Important Information on the Revalidation of Medicare Provider Enrollment [\[↑\]](#)

The Centers for Medicare & Medicaid Services (CMS) has reevaluated the revalidation requirement in the *Affordable Care Act*, and believe it affords the flexibility to extend the revalidation period for another 2 years. This will allow for a smoother process for provider and contractors. Revalidation notices will now be sent through March of 2015. IMPORTANT: This does not affect those providers which have already received a revalidation notice. *If you have received a revalidation notice from your contractor*, respond to the request by completing the application either through internet-based PECOS or completing the appropriate 855 application form.

The first set of revalidation notices went to providers who are billing, but are not currently in the Provider Enrollment, Chain and Ownership System (PECOS). To identify these providers, contractors searched their local systems and if a Provider Transaction Access Number (PTAN) for a physician was not in PECOS, a revalidation request for that physician was sent. We ask all providers who receive a request for revalidation to respond to that request.

For providers NOT in PECOS – the revalidation letter will be sent to the special payments or primary practice address because we don't have a correspondence address. For providers in PECOS – the revalidation letter will be sent to the special payments and correspondence addresses simultaneously; if these are the same it will also be mailed to the primary practice address. If you believe you are not in PECOS and have not yet received a revalidation letter, contact your Medicare contractor. Contact information may be found at http://www.CMS.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf.

Institutional providers (i.e., all providers except physicians, non-physicians practitioners, physician group practices and non-physician practitioner group practices) must submit the application fee with their revalidation. In mid-September, CMS revised the revalidation letter that contractors sent to providers to clarify who must pay the fee.

CMS plans to post a list of providers who were sent requests to revalidate. We will make an announcement via CMS listservs when this information is posted. If you are signed up for your Medicare contractor's listserv you will get a notice that way. You may also sign up for a national listserv for your provider type by going to: http://www.CMS.gov/prospmedicarefeesvcpmtgen/downloads/Provider_Listservs.pdf.

Innovation Advisors Program – Apply Today [\[↑\]](#)

Want a front row seat for exciting work going on at the Center for Medicare and Medicaid Innovation (CMMI)? Interested in expanding your skills around system improvement? Applications are now available for the Innovation Advisors Program which aims to help professionals deepen skills that will drive improvements to patient care and reduce costs.

More information and the program background can be found at: <http://innovations.CMS.gov/innovation-advisors-program>.

The deadline to submit applications is Tue Nov 15. Applications for the Innovation Advisors Program can be accessed at <http://orise.orau.gov/IAP>. Interested parties may obtain answers to questions by emailing IAP@orau.org.

For more information about the CMS Innovation Center, please visit: <http://www.innovations.cms.gov>.

CY 2011 Outpatient Prospective Payment System (OPPS) Pricer File Update [↑]

The Outpatient PPS Pricer webpage was recently updated to include the October 2011 update for outpatient provider data. Users may now access the October provider data update at <http://www.CMS.gov/PCPricer/OutPPS/list.asp> by selecting “2011,” and then downloading “4th Quarter 2011 Files” from the OPPS Pricer webpage.

From the MLN: “Medicare Podiatry Services” Fact Sheet Revised [↑]

The “[Medicare Podiatry Services: Information for Medicare Fee-For-Service Healthcare Professionals](#),” Fact Sheet (ICN 6948) has been revised. This fact sheet is designed to provide education on Medicare-covered podiatry services. It includes a list of services that are not covered by Medicare, billing guidelines, and a list of resources.

From the MLN: “Medicare Quarterly Provider Compliance Newsletter [Volume 2, Issue 1]” Released [↑]

The “[Medicare Quarterly Provider Compliance Newsletter \[Volume 2, Issue 1\]](#),” (ICN 907163) has been released. This educational tool is designed to provide education on how to avoid common billing errors and other erroneous activities when dealing with the Medicare program. It highlights the top issues of the particular Quarter. Please visit http://www.CMS.gov/MLNProducts/downloads/MedQtrlyCompNL_Archive.pdf to download, print, and search newsletters from previous quarters.

From the MLN: “Medicare Preventive Services Series Part 3 Web-Based Training Course” Revised [↑]

The “Medicare Preventive Services Series Part 3 Web-Based Training Course” (WBT) is designed to provide education on Medicare-covered preventive services. It includes information on Medicare coverage of screening mammographies, screening pap tests, and pelvic examinations, colorectal cancer screening, prostate cancer screening, bone mass measurements, and glaucoma screening. To access the WBT, please visit the MLN® overview page at <http://www.CMS.gov/MLNGenInfo>, then click on “Web-Based Training (WBT)

Courses” in the “Related Links Inside CMS” section.

More Helpful Links...

Check out CMS on



[Twitter](#), [LinkedIn](#), [YouTube](#), and [Flickr](#)!

The Medicare Learning Network

www.CMS.gov/MLNGenInfo

Archive of Provider e-News Messages

www.CMS.gov/FFSProvPartProg/EmailArchive