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!

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The e-News for the week of Tue Nov 15 includes…

NATIONAL PROVIDER CALLS

- Wed Dec 7 – CMS to Host its Twenty-first HIPAA Version 5010 and D.0 National Provider Call - Save the Date

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
- Tue Mar 6 to Wed Mar 7, and Thu Mar 8 to Fri Mar 9 – 2012 Minimum Data Set (MDS) 3.0 National Conference

ANNOUNCEMENTS AND REMINDERS

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- Medicare Shared Savings Program Application Webpage Updated with Notice of Intent to Apply and Complete Application Package
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- Bundled Payment for Care Improvement Initiative – Model 1 Applications Due Fri Nov 18
- Cost Report Filing Extensions, Independent Renal Dialysis Facilities, Form CMS 265-11
- Get Ready for DMEPOS Competitive Bidding
- Arkansas, Delaware, Montana, New Jersey, New York, North Dakota Launched Their Medicaid EHR Programs This Month
- Join CMS in Observing the Great American Smokeout

CODE, CLAIM, AND PRICER UPDATES

- Wage Index Corrections for Calendar Year (CY) 2012 Home Health Prospective Payment System Final Rule
- Important Billing Information for Critical Access Hospitals Paid under the Optional Method Regarding Primary Care Incentive Payment Program (PCIP)

UPDATES FROM THE MEDICARE LEARNING NETWORK ®

- "Medicare Secondary Payer" Fact Sheet Revised

- "Medicare Remit Easy Print" Brochure Revised
- "Outpatient Rehabilitation Services: Complying with Documentation Requirements" Fact Sheet Revised
- "Misinformed on Chiropractic Services" Fact Sheet Revised
- "CMS Electronic Mailing Lists" Fact Sheet Revised
- "Correct Provider Billing of Admission Date and Statement Covers Period" MLN Matters® Article Revised
- "Important Reminders about Advanced Diagnostic Imaging (ADI) Accreditation Requirements" MLN Matters® Article Revised
- "Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer" MLN Matters® Article Revised

National Provider Call: CMS to Host its Twenty-first *HIPAA* Version 5010 and D.0 – Save the Date [↑]
Wed Dec 7; 1:30-3pm ET

Please save the date for the twenty-first National Provider Call on Medicare FFS' implementation of *HIPAA* Version 5010 and D.0 transaction standards on Wed Dec 7. The agenda and registration information will be provided soon. For more information on *HIPAA* 5010 and D.0 implementation, visit http://www.CMS.gov/Versions5010andD0/.

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.

2012 Minimum Data Set (MDS) 3.0 National Conference [↑]

The CMS 2012 MDS National Conference is a two-day conference that will be held twice. A conference will be held on March 6-7, 2012 and repeated on March 8-9, 2012, at the Hyatt Regency St. Louis at the Arch in St. Louis, Missouri.

Conference registration began Mon Nov 14 and will close on Fri Dec 30. Please visit the CMS MDS 3.0 Training Conference Information webpage for additional information.

CMS to Release a Comparative Billing Report on Nerve Conduction Studies [↑]

On Tue Dec 6, CMS will release a national provider Comparative Billing Report (CBR) addressing Nerve Conduction Studies.

CBRs produced by Safeguard Services under contract with CMS, contain actual data-driven tables and graphs with an explanation of findings that compare provider's billing and payment patterns to those of their peers located in their state and across the nation.

These reports are not available to anyone except the providers who receive them. To ensure privacy, CMS presents only summary billing information. No patient or case-specific data is included. These reports are an example of a tool that helps providers conform with Medicare billing rules and improve the level of care they furnish to their Medicare patients. CMS has received feedback from a number of providers that this kind of data is very helpful to them and encouraged us to produce more CBRs and make them available to providers.

For more information and to review a sample of the CBR on Nerve Conduction Studies, please visit the CBR Services website, located at www.cbrservices.com, or call the SafeGuard Services' Provider Help Desk, CBR Support Team at 530-896-7080.

Medicare Shared Savings Program Application Webpage Updated with Notice of Intent to Apply and Complete Application Package [↑]

The Shared Savings Program Application webpage located at http://www.CMS.gov/sharedsavingsprogram/37_Application.asp is now updated with the Notice of Intent to Apply (NOI) and the complete Shared Savings Program application package. You will find links to the NOI and application in the Downloads section of the webpage. The complete application includes the following documents:

- Medicare Shared Savings Program Application 2012
- Appendix A-Electronic Funds Transfer (EFT) Authorization Agreement (CMS Form 588)
- Appendix B-Participant List
- Appendix C-Data Use Agreement (DUA)
- Appendix D-Application Reference Guide

Submitting the NOI is the *first step* in the application process. The *second step* is submitting the application and the accompanying required documents.

Primary Care Incentive Payment Program FAQs Posted to the CMS Website [↑]

Per Section 5501(a) of the *Affordable Care Act,* the Primary Care Incentive Payment (PCIP) program authorizes an incentive payment of 10 percent of Medicare's

program payments to be paid to qualifying primary care physicians and non-physician practitioners for services rendered from Sun Jan 1, 2011 to Thu Dec 31, 2015.

CMS has published 22 FAQ items related to the PCIP program. These new FAQs can be found here. Alternatively, these FAQ items can be found by visiting http://questions.CMS.hhs.gov/ and searching for "PCIP" or "Primary Care Incentive Payment."

Innovation Advisors Program -- Applications Due 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.

The deadline to submit applications is today, 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.

More information is available on the Innovation Center website.

➢ Additional material related to CMM Innovation in today's e-News… [next / previous]

Comprehensive Primary Care Initiative – Letters of Intent Due Today [↑]

The Comprehensive Primary Care initiative, a CMS-led multi-payer approach to strengthening our primary care system, has received a tremendous amount of interest and enthusiasm. It is clear that employers, commercial and public payers, and others all share our vision for improved care and decreased costs through comprehensive primary care.

This initiative uses an enhanced payment, levering multiple-payers including Medicare and Medicaid, to give primary care practices the tools they need to improve the quality of care for their patients while reducing costs through better coordination, access, and quality. The non binding Letters of Intent for healthcare payers who are interested in partnering with CMS are due today, Tue Nov 15. For more information, please visit the Innovation Center website, or email the Comprehensive Primary Care team at CPCi@cms.hhs.gov.

➢ Additional material related to CMM Innovation in today's e-News… [next / previous]

Bundled Payment for Care Improvement Initiative – Model 1 Applications Due Fri Nov 18 [↑]

The Bundled Payment for Care Improvement initiative Model 1 final applications are due Fri Nov 18. This initiative seeks to improve patient care through payment innovation that fosters improved coordination and quality through a patient-centered approach. Through the Bundled Payments initiative, providers have great flexibility in selecting conditions to bundle, developing the healthcare delivery structure, and determining how payments will be allocated among participating providers.

Model 1 applicants must have already submitted a Letter of Intent by Thu Oct 6. For more information please visit the Innovation Center website, or email

BundledPayments@cms.hhs.gov.

- Additional material related to CMM Innovation in today's e-News… [next / previous]

Cost Report Filing Extensions, Independent Renal Dialysis Facilities, Form CMS 265-11 [↑]

Form CMS 265-11 is effective for cost reporting periods that overlap or begin on or after Sat Jan 1, 2011, and are subject to the following filing extension schedule. The due date for cost reports ending Mon Jan 31, 2011 through Thu Jun 30, 2011 is extended until Tue Jan 31, 2012. The due date for cost reports ending Sun Jul 31, 2011 and Wed Aug 31, 2011 is extended until Wed Feb 29, 2012.

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.

Arkansas, Delaware, Montana, New Jersey, New York, North Dakota Launched Their Medicaid EHR Programs This Month [↑]

On Mon Nov 7, the Medicaid Electronic Health Record (EHR) Incentive Program launched in Arkansas, Delaware, Montana, New Jersey, New York, and North Dakota. This means that eligible professionals (EPs) and eligible hospitals in these six states will be able to complete their incentive program registration. More information about the Medicaid EHR Incentive Program can be found on the Medicare and Medicaid EHR Incentive Program Basics page of the CMS EHR website.

If you are a resident of Arkansas, Delaware, Montana, New Jersey, New York, or North Dakota, and are eligible to participate in the Medicaid EHR Incentive Program, visit your State Medicaid Agency website for more information on your state's participation in the Medicaid EHR Incentive Program. Click on a State below to access its website.

- Arkansas
- Delaware
- Montana
- New Jersey
- New York
- North Dakota

As of Mon Nov 7, *39 states* have launched Medicaid EHR Incentive Programs; and through October, *23 states* have issued incentive payments to Medicaid EPs and eligible hospitals who have adopted, implemented, or upgraded certified EHR technology. CMS looks forward to announcing the launches of additional states' programs in the coming months.

For a complete list of states that have already begun participation in the Medicaid EHR Incentive Program, see the Medicaid State Information page on the CMS EHR website.

Want more information about the EHR Incentive Programs?

Make sure to visit the EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

Join CMS in Observing the Great American Smokeout [↑]

CMS would like Medicare providers to join in communicating the message of this year's Great American Smokeout on Thu, Nov 17. The Great American Smokeout spotlights the dangers of tobacco use and the challenges of quitting, and has set the stage for change in social norms related to smoking—the leading cause of preventable disease and death in the United States—since 1977. Quitting smoking is the single most important action smokers can take to protect their own health and their families' health, as it can contribute to and worsen heart disease, stroke, lung disease, cancer, diabetes, hypertension, osteoporosis, macular degeneration, abdominal aortic aneurysms, and cataracts. Smoking harms nearly every organ of the body and generally diminishes the health of smokers.

Quitting tobacco use can be difficult, but Medicare can help through its coverage under Medicare Part B of tobacco-use cessation counseling for beneficiaries:

- who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease
- who are competent and alert at the time that counseling is provided
- whose counseling is furnished by a qualified physician or other Medicare recognized practitioner

Medicare Part B covers two tobacco cessation counseling attempts (4 intermediate or intensive sessions per attempt) per 12-month period. Both the coinsurance and deductible are waived. Medicare's Part D prescription drug benefit also covers smoking and tobacco-use cessation agents prescribed by a physician.

What Can You Do?
Talk with your Medicare patients about the smoking and tobacco-use cessation benefits Medicare makes available to them. Encourage your patients to participate in national health observances such as the Great American Smokeout that for many can be a first step toward quitting tobacco use. It's never too late to quit smoking, and with the cessation benefits provided under Medicare, and your recommendation, you can help your patients become tobacco free and reduce their risk of suffering from smoking-related diseases. Encourage those eligible to take advantage of Medicare-covered smoking and tobacco-use cessation and counseling services.

For More Information:

- The Guide to Medicare Preventive Services for Healthcare Professionals (see Chapter 15)
- Medicare Preventive Services Quick Reference Information Chart
- "Counseling to Prevent Tobacco Use" MLN Matters Article (MM7133)
- Tobacco-Use Cessation Counseling Services brochure
- The MLN Preventive Services Educational Products Webpage
- The Great American Smokeout official webpage

Thank you for joining with CMS to help increase awareness and educate about smoking, smoking and tobacco-use cessation, counseling, the Great American Smokeout, and related preventive health services now covered by Medicare.

Wage Index Corrections for Calendar Year (CY) 2012 Home Health Prospective Payment System Final Rule [↑]

CMS has posted two corrections to the wage index for the Calendar Year (CY) 2012 Home Health Prospective Payment System final rule (CMS-1353-F). We are correcting the wage index values for Core-Based Statistical Area (CBSA) 12060 (Atlanta-Sandy Springs-Marietta, GA) and for CBSA 26980 (Iowa City, IA). For CY 2012,

the wage index for CBSA 12060 should be 0.9575 and the wage index for CBSA 26980 should be 1.0070. The corrected wage index files have been posted in the Spotlights section of the Home Health Agency (HHA) Center webpage, http://www.CMS.gov/center/hha.asp.

Important Billing Information for Critical Access Hospitals (CAHs) Paid under the Optional Method Regarding Primary Care Incentive Payment Program (PCIP) [↑]

CAH providers were instructed to submit their National Provider Identifiers (NPIs) using the 'other provider' field located in loop 2310C on the 4010A1 electronic claim format effective Fri Apr 1.

With the implementation activities to convert from the Accredited Standards Committee (ASC X12) version 4010A1 to the version 5010A2 format, loop 2310C was redefined to mean 'other operating physician'. For providers using the 837I 5010A2 format, the correct loop is 2310D, 'rendering physician', however, Medicare systems are not updated to assign PCIP bonus payments to the NPI reported in this field. As a result, CMS plans to update system and billing instructions to address this change.

In the meantime, to ensure there is not a delay in the PCIP bonus payments, providers shall continue to submit claims using the 'other provider' field, loop 2310C rather than in loop 2310D until further notice from CMS.

From the MLN: "Medicare Secondary Payer" Fact Sheet Revised [↑]

The "Medicare Secondary Payer" Fact Sheet (ICN 006903) is designed to provide education on the Medicare Secondary Payer (MSP) provisions. It includes information on MSP basics, common situations when Medicare may pay first or second, Medicare conditional payments, and the role of the Coordination of Benefits Contractor.

From the MLN: "Medicare Remit Easy Print" Brochure Revised [↑]

The "Medicare Remit Easy Print" brochure (ICN 006903) is designed to provide education about Medicare Remit Easy Print (MREP) software that enables physicians and suppliers to view and print their remittance information. It includes a basic software overview, the benefits of using electronic remittance information, minimum system requirements, and additional resources available on the Internet.

From the MLN: "Outpatient Rehabilitation Services: Complying with Documentation Requirements" Fact Sheet Revised [↑]

The "Outpatient Rehabilitation Services: Complying With Documentation Requirements" Fact Sheet (ICN 905365) is designed to provide education on Comprehensive Error Rate Testing program errors related to outpatient rehabilitation therapy services. It includes information on the documentation needed to support a claim submitted to Medicare for outpatient rehabilitation therapy services.

From the MLN: "Misinformed on Chiropractic Services" Fact Sheet Revised [↑]

Revised – "Misinformation on Chiropractic Services" Fact Sheet (ICN 006953) is designed to provide education on Medicare regulations and policies on chiropractic

services to Medicare FFS providers. It includes information on the documentation needed to support a claim submitted to Medicare for chiropractic services.

From the MLN: "CMS Electronic Mailing Lists" Fact Sheet Revised [↑]

The "CMS Electronic Mailing Lists: Keeping Medicare Fee-For-Service Providers Informed" Fact Sheet (ICN 006785) is designed to provide education on the various CMS Fee-For-Service (FFS) electronic mailing lists. It includes information about how to register for the service and receive the latest news regarding important FFS initiatives.

From the MLN: "Correct Provider Billing of Admission Date and Statement Covers Period" MLN Matters® Article Revised [↑]

The MLN Matters® Special Edition Article (#SE1117) "Correct Provider Billing of Admission Date and Statement Covers Period" is designed to provide education on the National Uniform Billing Committee's (NUBC) definition for reporting the *admission date* and *statement covers period* elements on claims submitted on or after Sat Oct 1. It includes a summary of guidance and instructions that CMS has issued to modify FISS edits related to these data elements.

From the MLN: "Important Reminders about Advanced Diagnostic Imaging (ADI) Accreditation Requirements" MLN Matters® Article Revised [↑]

The MLN Matters® Special Edition Article (#SE1122) "Important Reminders about Advanced Diagnostic Imaging (ADI) Accreditation Requirements" is designed to provide education on important ADI accreditation requirements. *This article was revised to clarify that providers need not submit their ADI data on their 855 enrollment forms or via the Provider Enrollment, Chain and Ownership System (PECOS).* CMS receives that data from the accrediting organizations. The article also includes a list of Frequently Asked Questions to help providers better understand ADI accreditation requirements.

From the MLN: "Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer" MLN Matters® Article Revised [↑]

The MLN Matters® Article (#MM7431) "Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer" is designed to provide education on the use of autologous cellular immunotherapy treatment for metastatic prostate cancer, as outlined in Change Request (CR) 7431.

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