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 29 includes…

NATIONAL PROVIDER CALLS

- Tue Dec 6 – POSTPONED: Hospital Value-Based Purchasing
- Wed Dec 7 – Medicare FFS Implementation of *HIPAA* Version 5010 and D.0 Transaction Standards – Register Now
- Tue Dec 20 – Physician Quality Reporting System & Electronic Prescribing Incentive Program – Register Now

OTHER CALLS AND EVENTS

- Tue Nov 29 – Special Open Door Forum: Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)
- Wed Nov 30 – Medicare Shared Savings Program Electronic Application Process through Health Plan Management System (HPMS)
- Wed Nov 30 and Thu Dec 8 – Special Open Door Forums: CMS Conducting a Part A to Part B Rebilling Demonstration
- Fri Dec 2 – Special Open Door Forum: Medicare's Prepayment Review and Prior Authorization Demonstration Project for Power Mobility Devices for Suppliers
- Mon Dec 5 – Special Open Door Forum: Medicare's Prepayment Review and Prior Authorization Demonstration Project for Power Mobility Devices for Providers
- 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

- The Version 5010 Transition Deadline is Only 33 Days Away
- Advisory Panel on Ambulatory Payment Groups Changes Name; Seeks New Members
- Medicare's Wed Dec 7 Open Enrollment Deadline Nears
- National Influenza Vaccination Week is December 4-10 – Get the flu vaccine, not the flu
- Important Medicare FFS Statement Regarding Versions 5010 and D.0

CODE, PRICER, AND CLAIMS UPDATES

- Holding of Specific Long Term Care Hospital (LTCH) Claims

UPDATES FROM THE MEDICARE LEARNING NETWORK ®

- "Ambulance Fee Schedule" Fact Sheet Revised

***POSTPONED* National Provider Call: Hospital Value-Based Purchasing** [↑]
Originally scheduled: Tue Dec 6; 1:30-3pm ET
New date: TBD

The Hospital Value-Based Purchasing National Provider Call originally scheduled for Tue Dec 6 from 1:30-3pm ET has been postponed.

We apologize for any inconvenience. Registration information for the new call will be announced once the date has been determined. It will also be posted at http://www.CMS.gov/Hospital-Value-Based-Purchasing/.

National Provider Call: Medicare FFS Implementation of *HIPAA* Version 5010 and D.0 Transaction Standards – Register Now [↑]
Wed Dec 7; 1:30-3pm ET

CMS will host its twenty first 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:
- Top 10 problems impacting the 5010 transition
- Status of current Version 5010 Standard System Maintainer fixes
- Top 10 Version 5010 edits
- Medicaid update

Presentation:
There will be a presentation available the week before the call. Please visit the following web page to download the presentation: https://www.CMS.gov/Versions5010andD0/V50/list.asp in the "Downloads" section.
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.

Webinar Information:
CMS will be using a webinar feature as part of this national provider call. This will not have any effect on those participants who are dialing in. This webinar is an added feature that allows participants who have internet access the ability to follow the presentation online as it is given. To access this Adobe Connect Pro Webinar, please use the following url: https://webinar.CMS.hhs.gov/medicareffs5010/. Sign in as a guest when prompted by entering your first and last name. Please note that you must dial in to the call in order to access the audio portion of the presentation.

IMPORTANT NOTE: This webinar's capacity is limited to 1,000 participants and access is on a first-come, first-served basis. In the event that capacity is reached, you may get an error message. In case of this, we have created a second webinar room for up to 500 additional participants which can be accessed using this url:

https://webinar.CMS.hhs.gov/medicareffs5010-2/. The use of this secondary webinar link is no different than the original, and access is also on a first-come, first-served basis. If you get an error message attempting to join this second room as well, capacity has been filled. In this case, simply visit the 5010 National Calls Page, select the 12/07/2011 call from the list, and download the presentation from the bottom of the call information page. You will then be able to follow the presentation manually during the call. You must dial in to the call in order to access the audio portion of the presentation. We thank you for your interest in participating via Adobe Connect Pro.

➢ Additional material related to Versions 5010 & D.0 in today's e-News… [next / previous]

National Provider Call: Physician Quality Reporting System & Electronic Prescribing Incentive Program – Register Now [↑]
Tue Dec 20; 1:30-3pm ET

CMS will host a national provider call on the Physician Quality Reporting System (PQRS) & Electronic Prescribing (eRx) Incentive Program. Subject matter experts will provide an overview on electronic health record (EHR) and registry based reporting options that are available for eligible professionals (EPs) participating or looking to participate in the PQRS and/or eRx 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 electronic health record (EHR) and registry based reporting options; and
- Question & Answer Session

Registration Information: Please visit http://www.eventsvc.com/blhtechnologies/ to register for this informative session. *Registration will close at 12pm ET on Tue Dec 20 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.

Special Open Door Forum: Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) [↑]
Tue Nov 29; 2-4pm ET

This call will give an overview of the IRF QRP (http://www.CMS.gov/LTCH-IRF-Hospice-Quality-Reporting), a review of the *Affordable Care Act Section 3004 (b)* and the Quality Reporting Program for IRFs, and quality measures for the IRF QRP. Questions and comments can be sent to LTCH-IRF-Hospice-Quality-ReportingComments@cms.hhs.gov.

If you wish to participate, dial: 1-800-837-1935 and use Conference ID: 21834666. An audio recording and transcript of this Special Open Door Forum will be posted to the Special Open Door Forum website and will be accessible for downloading on or around Fri Dec 9, and will be available for 30 days.

Please see the Downloads section at the following URL for the full participation announcement: http://www.CMS.gov/OpenDoorForums/18_ODF_Hospitals.asp.

Thank you for your continued interest in the CMS Open Door Forums.

Conference Call: Medicare Shared Savings Program Electronic Application Process through Health Plan Management System (HPMS) [↑]
Wed Nov 30; 3:30-5pm ET

On Thu Oct 20, CMS issued a final rule under the *Affordable Care Act* to establish the Medicare Shared Savings Program (MSSP). On Wed Nov 30, CMS will host a call to discuss how to submit your electronic application for the MSSP through the Health Plan Management System (HPMS).

Information about the application process is available on the Shared Savings Program website at http://www.CMS.gov/sharedsavingsprogram/37_Application.asp. Call participants are encouraged to review the site prior to the call.

Target Audience:
Medicare Fee-For-Service (FFS) providers interested in participating in the MSSP.

Presentation:
We will post the presentation before the call at: http://www.CMS.gov/sharedsavingsprogram/37_Application.asp

Registration:
To participate in this call, please use the following dial in information. *The conference line will be open 15 minutes prior to the call.*
Call-in: 877-267-1577
Meeting ID: 5076

Special Open Door Forums: CMS Conducting a Part A to Part B Rebilling Demonstration [↑]
Wed Nov 30; 2-3:30pm ET
Thu Dec 8; 2-3:30pm ET

CMS is conducting a 3-year demonstration (from January 2012 through December 2014) to allow 380 providers nationwide to resubmit denied Part A inpatient short stay claims for 90% of the payment for Part B services. Hospital participation will be voluntary and enrollment will be on a first-come, first-serve basis. The 380 participants will be stratified into 3 categories, based on facility size (number of beds), to ensure accurate representation among hospitals. For the purposes of this demonstration, small participants are those with fewer than 100 beds, moderate have 100-299 beds and large participants have 300 beds or greater. This demonstration may include hospitals paid under the Medicare Inpatient Prospective Payment System (IPPS), but excludes facilities receiving periodic interim payments from CMS, psychiatric hospitals paid under the Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS), Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), cancer hospitals, Critical Access Hospitals (CAHs), and children's hospitals. Hospitals in this demonstration must agree to several beneficiary and Trust Fund protections when rebilling claims.

CMS has scheduled two (2) Special Open Door Forums to introduce the demonstration and provide instructions on how to request participation. These Open Door Forums will be held on Wed Nov 30 and Thu Dec 8 from 2-3:30pm ET.

For more information on the demonstration or the upcoming Open Door Forums, please visit http://go.CMS.gov/cert-demos. For any additional questions, please contact CMS at ABRebillingDemo@CMS.hhs.gov. Interested providers may also track demonstration updates on twitter at *#rebillingdemonstration*.

Special Open Door Forum: Medicare's Prepayment Review and Prior Authorization Demonstration Project for Power Mobility Devices for Suppliers [↑]
Fri Dec 2; 2-3:30pm ET

The purpose of this Special Open Door Forum (ODF) is to provide an opportunity for suppliers to ask questions about the Demonstration.

CMS will conduct a demonstration that will implement a prior authorization process for certain medical equipment for all people with Medicare who reside in seven states with high populations of fraud-and error-prone providers (California, Florida, Illinois, Michigan, New York, North Carolina, and Texas). This is an important step toward paying appropriately for certain medical equipment that has a high error rate. This demonstration will help ensure that a beneficiary's medical condition warrants their medical equipment under existing coverage guidelines. Moreover, the program will assist in preserving a Medicare beneficiary's right to receive quality products from accredited suppliers.

The Prior Authorization demonstration will be implemented in two phases. During the first phase (the first three to nine months), the Medicare Administrative Contractors will conduct prepayment reviews on certain medical equipment claims. The second phase, for the remainder of this three-year demonstration, will implement prior authorization, a tool utilized by private-sector health care payers to prevent improper payments and deter fraud.

To read more about the Demonstration visit: http://go.CMS.gov/cert-demos.
Participants may submit questions prior to the Special ODF to pademo@CMS.hhs.gov by Thu Dec 1, 5pm ET.

Special Open Door Participation Instructions:
Dial: 1-866-501-5502 & Conference ID: 29840167
Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

A transcript and audio recording of this Special ODF will be posted to http://www.CMS.gov/OpenDoorForums/05_ODF_SpecialODF.asp and will be accessible for downloading beginning on or around Tue Dec 13.

For automatic emails of Open Door Forum schedule updates (email list subscriptions) and to view Frequently Asked Questions, please visit http://www.CMS.gov/opendoorforums/.

Special Open Door Forum: Medicare's Prepayment Review and Prior Authorization Demonstration Project for Power Mobility Devices for Providers [↑]
Mon Dec 5; 2-3:30pm ET

The purpose of this Special Open Door Forum (ODF) is to provide an opportunity for providers to ask questions about the Demonstration.

CMS will conduct a demonstration that will implement a prior authorization process for certain medical equipment for all people with Medicare who reside in seven states with high populations of fraud-and error-prone providers (California, Florida, Illinois, Michigan, New York, North Carolina, and Texas). This is an important step toward paying appropriately for certain medical equipment that has a high error rate. This demonstration will help ensure that a beneficiary's medical condition warrants their medical equipment under existing coverage guidelines. Moreover, the program will assist in preserving a Medicare beneficiary's right to receive quality products from accredited suppliers.

The Prior Authorization demonstration will be implemented in two phases. During the first phase (the first three to nine months), the Medicare Administrative Contractors will conduct prepayment reviews on certain medical equipment claims. The second phase, for the remainder of this three-year demonstration, will implement prior authorization, a tool utilized by private-sector health care payers to prevent improper payments and deter fraud.

To read more about the Demonstration visit: http://go.CMS.gov/cert-demos.
Participants may submit questions prior to the Special ODF to pademo@CMS.hhs.gov by Fri Dec 2, 5pm ET.

Special Open Door Participation Instructions:
Dial: 1-866-501-5502 & Conference ID: 29845811
Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

A transcript and audio recording of this Special ODF will be posted to http://www.CMS.gov/OpenDoorForums/05_ODF_SpecialODF.asp and will be accessible for downloading beginning on or around Wed Dec 14.

For automatic emails of Open Door Forum schedule updates (email list subscriptions) and to view Frequently Asked Questions, please visit http://www.CMS.gov/opendoorforums/.

2012 Minimum Data Set (MDS) 3.0 National Conference [↑]
March 6-7 & 8-9

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.

The Version 5010 Transition Deadline is Only 33 Days Away [↑]

The transition to Version 5010 is only 33 days away and involves important business and systems changes throughout the healthcare industry. As the Sun Jan 1, 2012 deadline approaches, CMS is committed to helping you better prepare for the Version 5010 transition by providing resources on the CMS ICD-10 website to understand and manage your transition.

Compliance Timelines and Widget:
CMS has created an interactive widget, and corresponding printer-friendly compliance timelines to help you remember important action items and meet milestones for the switches to Version 5010 and ICD-10. The widget and timelines are tailored to help manage the implementation processes for:

- Large Provider Practices
- Small Provider Practices
- Payers

- Vendors

Implementation Handbooks:
CMS has developed four Implementation Handbooks which provide detailed information for planning and executing the Version 5010 and ICD-10 transition processes. These guides and their corresponding customizable templates can help you to clarify staff roles, set deadlines, and assess vendor readiness. Choose the handbook most relevant for you based upon your organization:

- Large Provider Practices
- Payers
- Small Hospitals
- Small/Medium Provider Practices

Version 5010 Testing Readiness Fact Sheet:
CMS has also developed a Version 5010 Testing Readiness Fact Sheet, which explains the Version 5010 transition and necessary Phase I Internal and Phase II External testing. This fact sheet can assist you to determine steps to successfully complete testing phases for Version 5010, and help ensure you are compliant by Sun Jan 1, 2012.

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!

➢ Additional material related to Versions 5010 & D.0 in today's e-News… [next / previous]

Advisory Panel on Ambulatory Payment Groups Changes Name; Seeks New Members [↑]

The Advisory Panel on Ambulatory Payment Groups will now be known as the *Hospital Outpatient Panel* and the work of the panel is changing, too. The scope of work will now include supervision of outpatient hospital services. We have expanded the membership to 19, and we are currently soliciting 6 new members. *We need volunteers from the rural and critical access hospital (CAH) communities.* Nominations for the Panel are due by Tue Dec 27. If you would like to nominate someone, please send a complete application to Paula.Smith@cms.hhs.gov. Federal Register Notice "CMS-1593" includes details on what to include in the application.

Medicare's Wed Dec 7 Open Enrollment Deadline Nears [↑]
Ongoing resources are available for seniors and people with disabilities to compare coverage options

As the Wed Dec 7 deadline grows closer for people with Medicare to change or choose their drug and health plan coverage for next year, CMS and its network of partners and advocates are available to assist with counseling and enrolling beneficiaries on their choices for 2012. With just weeks remaining in the Annual Enrollment Period, Medicare's popular consumer resources – www.medicare.gov and 1-800-MEDICARE – are assisting beneficiaries, their families, partners and trusted representatives.

For more information on resources available to your Medicare patients, read the entire CMS press release issued 11/28.

National Influenza Vaccination Week is December 4-10 – Get the flu vaccine, not the flu [↑]

National Influenza Vaccination Week (NIVW) is a national observance that was established by the Centers for Disease Control and Prevention (CDC) in 2005 to highlight the importance of continuing influenza vaccination—as well as fostering greater use of flu vaccine—after the holiday season into January and beyond. For the 2011-2012 season, NIVW is scheduled for December 4-10 and this year's events will encourage everyone 6 months and older to *"Get the flu vaccine, not the flu."*

Influenza is among the most common respiratory illnesses in the United States, infecting millions of people every flu season. An annual flu vaccination is the best way to prevent the flu and the flu-related complications that could lead to hospitalization and even death. Also, since flu viruses are constantly changing and immunity can decline over time, annual vaccination is needed for optimal protection.

Influenza can cause severe illness and even death for *anyone*, regardless whether or not they have high risk conditions. However, people with certain long-term health conditions are at much greater risk of suffering from serious flu complications, as demonstrated last season when 80 percent of adults hospitalized from flu complications had a long-term health condition (asthma, diabetes, and chronic heart disease were the most common).

What Can You Do?
National Influenza Vaccination Week presents a great opportunity for healthcare providers to educate seniors and others with Medicare that a flu vaccine is the first and best way to prevent influenza, and that it's particularly important in people who are at higher risk of serious flu complications. It is also a great time to inform those with Medicare about other preventive services covered by Medicare that may be appropriate for them.

For More Information:

- The CMS Guide to Medicare Preventive Services
- Medicare Immunizations Billing Quick Reference Chart
- CMS Adult Immunizations Brochure
- Medicare Preventive Services Quick Reference Information Chart
- The CDC Vaccines and Immunizations Web Page

Remember: The flu vaccine plus its administration are covered Part B benefits. The flu vaccine is NOT a Part D-covered drug.

For more information on coverage and billing of the flu vaccine and its administration, and related provider resources, visit 2011-2012 Provider Seasonal Flu Resources and Immunizations. For the 2011-2012 seasonal flu vaccine payment limits, visit http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp.

Important Medicare FFS Statement Regarding Versions 5010 and D.0 [↑]

On Fri Nov 17, the CMS Office of E-Health Standards and Services (OESS) announced that it would not initiate enforcement with respect to any *HIPAA* covered entity that is not in compliance on Sun Jan 1, 2012 with the ASC X12 Version 5010 (Version 5010), NCPDP Telecom D.0 (NCPDP D.0), and NCPDP Medicaid Subrogation 3.0 (NCPDP 3.0) standards until Sat Mar 31, 2012. Notwithstanding OESS' discretionary application of its enforcement authority, the compliance date for use of these new standards remains Sun Jan 1 (small health plans have until Tue Jan 1, 2013 to comply with NCPDP 3.0).

Medicare FFS will soon issue direction to the Medicare Administrative Contractors (MACs) on how these transactions are to be processed on Mon Jan 2. Further

guidance related to Medicare Fee-For-Service will be available via listserv messages and the CMS website.

Links to information on Version 5010, NCPDP D.0, and NCPDP 3.0 are available at www.CMS.gov/Versions5010andD0.

- Additional material related to Versions 5010 & D.0 in today's e-News… [next / previous]

Holding of Specific Long Term Care Hospital (LTCH) Claims [↑]

A payment calculation problem affecting some Long Term Care Hospital (LTCH) claims was discovered in the Fiscal Year (FY) 2012 LTCH Pricer. CMS has corrected the problem and has reissued a revised Pricer. Your claims administration contractor will hold new LTCH claims with a discharge date on or after Sun Oct 1 until the corrected FY2012 LTCH Pricer is successfully installed. This is expected to occur no later than Mon Dec 5. In addition, after the corrected FY2012 LTCH Pricer is installed, your contractor will automatically reprocess any affected FY2012 LTCH claims that were processed before the corrected Pricer was installed.

From the MLN: "Ambulance Fee Schedule" Fact Sheet (ICN 006835) Revised [↑]

The revised "Ambulance Fee Schedule" fact sheet (ICN 006835) includes the following information: background, ambulance providers and suppliers, ambulance services payments, and how payment rates are set.

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