



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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Colleagues—

If you've been on CMS.gov since yesterday, you noticed a new, more user-friendly look to our website. See the [CMS Online Information Just Got Better](#) message below to learn more about the changes to [CMS.gov](#) and the new site dedicated to the Medicaid program, [Medicaid.gov](#). You'll also find a link where you can provide feedback.

Hope your holiday preparations are well underway!

—Robin

The e-News for the week of Tue Dec 6 includes...

NATIONAL PROVIDER CALLS

- 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

- Thu Dec 8 – [Special Open Door Forums: CMS Conducting a Part A to Part B Rebilling Demonstration](#)
- Tue Mar 6 to Wed Mar 7, and Thu Mar 8 to Fri Mar 9 – [2012 Minimum Data Set \(MDS\) 3.0 National Conference](#)

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- [RY2012 Inpatient Psychiatric Facility \(IPF\) PPS PC Pricer Updates](#)
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- [Inpatient Rehabilitation Facility \(IRF\) Prospective Payment System \(PPS\) Personal Computer \(PC\) Pricer Updates](#)

UPDATES FROM THE MEDICARE LEARNING NETWORK®

- [“Sole Community Hospital” Fact Sheet \(ICN 006399\) Revised](#)
- [“Medicare Dependent Hospital” Fact Sheet \(ICN 901683\) Revised](#)
- [“Mass Immunizers and Roster Billing Fact Sheet Available – New](#)
- [“Hospital-Acquired Conditions \(HAC\) in Acute Inpatient Prospective Payment System \(IPPA\) Hospitals” Fact Sheet Available](#)
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- [“Medicare Shared Savings Program: Notice of Proposed Rulemaking Fact Sheets” Booklet \(ICN 907663\) Available – New](#)
- [“How to Use the Searchable Medicare Physician Fee Schedule” Booklet \(ICN 901344\) Available – New](#)
- [“Additional HIPAA 837 5010 Transitional Changes and Further Modifications to COBA National Crossover Process” MLN Matters® Article Released](#)

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 webpage to download the presentation:

<http://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... [\[next\]](#)

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: CMS Conducting a Part A to Part B Rebilling Demonstration [[↑](#)]

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 this Special Open Door Forum to introduce the demonstration and provide instructions on how to request participation. The Open Door Forum will be held on Thu Dec 8 from 2-3:30pm ET. This is a repeat of the ODF call on Wed Nov 30.

For more information on the demonstration or the upcoming Open Door Forum, 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*.

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.

How the Version 5010 Changes Modify Your Transition [[↑](#)]

90-Day Period of Enforcement Discretion for Compliance with Version 5010 Deadline

CMS recently announced a 90-day enforcement discretion period for all *HIPAA* covered entities regarding the Version 5010 (ASC X12 Version 5010) transition.

The compliance deadline for the implementation of Version 5010 is still Sun Jan 1, 2012; however, CMS will not initiate enforcement action until Sun Mar 31, 2012. CMS made this decision based on industry feedback that many organizations and their trading partners were not yet ready to finalize system upgrades for this transition.

CMS encourages you to continue internal testing and external testing of Version 5010 transactions with trading partners to ensure compliance for Version 5010. Although enforcement action will not be taken prior to March 31, 2012, it is important that you continue to move forward to meet Version 5010 requirements as soon as possible.

During the 90-day enforcement discretion period, the Office of E-Health Standards and Services (OESS) will continue to accept complaints associated with compliance with Version 5010, NCPDP D.0 and NCPDP 3.0 transaction standards beginning January 1, 2012. *HIPAA* covered entities that are subject to these complaints must produce evidence of either compliance or an established plan to become compliant within the enforcement discretion period. In addition to testing, if you have not yet created a transition plan for Version 5010, you should do so in order to meet these compliance deadlines.

Please visit the CMS ICD-10 website's [Latest News](#) page for additional resources and more information on this [enforcement discretion period](#).

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... [\[next / previous\]](#)

Get Accredited Now for Advanced Diagnostic Imaging [\[↑\]](#)

As a reminder, beginning Sun Jan 1, 2012, suppliers who furnish the technical component of Advanced Diagnostic Imaging (ADI) *must be accredited in order to bill Medicare for these services*. ADI procedures include MRI, CT, nuclear medicine imaging, and positron emission tomography. X-ray, ultrasound, fluoroscopy, and Hospital Outpatient procedures are excluded. The technical component of ADI services includes the performance of the imaging procedures, not the physician interpretation.

For dates of service on or after Jan 1, Medicare Administrative Contractors (MACs) *will begin denying claims* for the technical component of ADI that are submitted under the Physician Fee Schedule by suppliers who have not yet been accredited. Once a supplier becomes accredited, they can begin billing Medicare for these services again.

For more information about ADI Accreditation, including a list of accrediting organizations and details of the accreditation process, please visit http://www.CMS.gov/MedicareProviderSupEnroll/03_AdvancedDiagnosticImagingAccreditation.asp. An MLN Special Edition Article on this subject – “Important Reminders about Advanced Diagnostic Imaging Accreditation Requirements” (MLN SE1122) – is also available at <http://www.CMS.gov/MLNMattersArticles/Downloads/SE1122.pdf>.

Medicare Gives Employers, Consumers Information to Make Better Healthcare Choices [\[↑\]](#)

Healthcare law will allow patients to compare options, find best value

Consumers and employers will have the healthcare information they need to make more informed choices about their care, thanks to the *Affordable Care Act*, CMS announced in a final rule today.

The rule gives qualified organizations, like employers and consumer groups, access to data that can help them identify high quality healthcare providers or create online tools to help consumers make educated healthcare choices. Information that could identify specific patients, however, will not be publicly released and strong penalties will be in place for any misuse of data.

The final rule makes a number of important changes from the original proposed rule. The final rule makes this data less costly for qualified entities, gives qualified organizations more flexibility in their use of Medicare data to create performance reports for consumers, and extends the time period for healthcare providers to confidentially review and appeal performance reports before they become public. The rule also includes strict privacy and security requirements to protect patients, healthcare providers, and suppliers as well as stringent penalties for any misuse of Medicare data.

For more information on the final rule, visit <http://www.CMS.gov/apps/media/press/factsheet.asp?Counter=4205>.

The final rule on Availability of Medicare Data for Performance Measurement is on display at the Office of the *Federal Register* at http://www.ofr.gov/OFRUpload/OFRData/2011-31232_PI.pdf or <http://www.archives.gov/federal-register/public-inspection>.

To read the entire CMS Press Release, visit http://www.CMS.gov/apps/media/press_releases.asp.

All Medicare Provider and Supplier Payments to be made by Electronic Funds Transfer [\[↑\]](#)

Existing regulations at 42 CFR 424.510(e)(1)(2) require that at the time of enrollment, enrollment change request or revalidation, providers and suppliers that expect to receive payment from Medicare for services provided must also agree to receive Medicare payments through electronic funds transfer (EFT). Section 1104 of the ACA further expands Section 1862 (a) of the *Social Security Act* by mandating federal payments to providers and suppliers only by electronic means. As part of CMS's revalidation efforts, all suppliers and providers who are not currently receiving EFT payments *will be identified, and required to submit the CMS 588 EFT form with the Provider Enrollment Revalidation application*.

For more information about provider enrollment revalidation, review the Medicare Learning Network's [Special Edition Article #SE1126](#), titled "Further Details on the Revalidation of Provider Enrollment Information."

New Webpage Provides Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs Payment and Registration Data [\[↑\]](#)

CMS has created a [new webpage](#) where you can find Medicare and Medicaid EHR Incentive Program payment and registration data. The page includes up-to-date information about the programs through October 2011. The new webpage will be your resource for updates regarding the programs' registration,

payment, and state Medicaid launches.

The Data and Reports Page includes the following information:

- A map that illustrates a State breakdown of payments to Medicare and Medicaid Providers
- A map that illustrates a State breakdown of registration by Medicaid and Medicare Providers
- A map that illustrates a State breakdown of registration by Medicare Providers
- A Map that Illustrates a State Breakdown of registration by Medicaid Providers
- Individual State report of registrants and payments
- Updates on State launches of Medicaid EHR program
- List of recipients of Medicare EHR Incentive Program payments

You can use the maps to see how your state compares to others in [registration](#) and [payment](#) totals for the EHR Incentive Programs.

October Highlights:

Below are some highlights about the EHR Incentive Programs from data through October 2011 that are now featured on the new page:

- Over 135,000 Medicare and Medicaid providers have registered for the programs
- Over \$525 million in Medicare payments have been provided to eligible professionals and eligible hospitals
- Over \$710 million in Medicaid payment have been provided to eligible professionals and eligible hospitals

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.

- Additional material related to EHR today's e-News... [\[next\]](#)

Updated Information on CQM: NQF #0084: Heart Failure: Warfarin Therapy Patients with Atrial Fibrillation [\[↑\]](#)

CMS suggests eligible professionals participating in the Medicare and Medicaid EHR Incentive Programs *not select* "NQF 0084: Heart Failure: Warfarin Therapy Patients with Atrial Fibrillation" as one of their additional clinical quality measures (CQMs) for meaningful use. As there are other FDA-approved medications available for use as an anticoagulant, CMS suggests this measure not be selected as one of the measures reported for the CQM objective.

CMS does not expect eligible professionals to change their certified EHR systems or purchase another system to replace this measure. Eligible professionals may continue to report NQF 0084 for the 2011-2012 program years if their certified EHR system uses a module that is only certified for nine CQMs with this measure included as one of the nine.

To view all 44 clinical quality measure specifications, please download the [EP Measure Specifications .zip file](#).

Additionally, the [Guide to Clinical Quality Measures](#) provides an overview of CQMs, how to choose the appropriate CQMs for meaningful use, and how CQMs are reported during attestation.

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.

- Additional material related to EHR in today's e-News... [\[previous\]](#)

\$523 CY 2012 Enrollment Application Fee for Institutional Providers [\[↑\]](#)

Institutional providers (i.e., all providers except physicians, non-physicians practitioners, physician group practices and non-physician practitioner group practices) must submit an application fee or hardship exception when initially enrolling, revalidating their enrollment; or adding a new Medicare practice location. The CY2012 fee of \$523.00 is required with any Medicare enrollment application submitted on or after Sun Jan 1, 2012 and on or before Mon Dec 31, 2012.

For more information about how the fee was calculated, see the [Federal Register Notice](#). See [MLN Article SE1130](#) to learn how to pay the fee for Medicare enrollment actions.

It's a Busy Time of Year – Get the Flu Vaccine, Not the Flu [\[↑\]](#)

Make each office visit an opportunity to talk with your patients about the importance of getting the seasonal flu vaccination and a one-time pneumococcal vaccination. Remember, Medicare pays for these vaccinations for all beneficiaries with no co-pay or deductible. The seasonal flu and invasive pneumococcal disease kill thousands of people in the United States each year, most of them 65 years of age and older. The Centers for Disease Control and Prevention (CDC) also recommends that healthcare workers and caregivers be vaccinated against the seasonal flu. 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>.

Multi-Stakeholder Group Input on Quality Measures for 2012 [\[↑\]](#)

CMS is pleased to announce the availability of a list of quality and efficiency measures being considered for adoption in calendar year 2012.

Per the statutory requirements of Section 3014 of the *Affordable Care Act*, a new federal “pre-rulemaking process” has been established. This process includes, but is not limited to, making by December 1 annually, a list of quality and efficiency measures being considered for adoption available to the public and subject to multi-stakeholder group review and input (as convened by the National Quality Forum (NQF)).

For more information on this process, please visit www.CMS.gov/QualityMeasures/MultiStakeholderGroupInput.

Medicare Covers Screening and Counseling for Obesity [\[↑\]](#)

Decision adds a new preventive service for Medicare beneficiaries

CMS today announced that Medicare is adding coverage for preventive services to reduce obesity. This adds to Medicare's existing portfolio of preventive services that are now available without cost sharing under the *Affordable Care Act*. It complements the *Million Hearts* initiative led jointly by CMS and the Centers for Disease Control and Prevention in partnership with other HHS agencies, communities, health systems, nonprofit organizations, and private sector partners across the country to prevent one million heart attacks and strokes in the next 5 years.

"Obesity is a challenge faced by Americans of all ages, and prevention is crucial for the management and elimination of obesity in our country," said CMS Administrator Donald M. Berwick, MD. "It's important for Medicare patients to enjoy access to appropriate screening and preventive services."

Over 30% of both men and women in the Medicare population are estimated to be obese. Obesity is directly or indirectly associated with many chronic diseases, including those that disproportionately affect racial and ethnic minorities such as cardiovascular disease and diabetes. Addressing the prevention of obesity related disparities has the potential to reduce obesity prevalence while also closing the gap on health disparities among Medicare beneficiaries.

Screening for obesity and counseling for eligible beneficiaries by primary care providers in settings such as physicians' offices are covered under this new benefit. For a beneficiary who screens positive for obesity with a body mass index (BMI) ≥ 30 kg/m², the benefit would include one face-to-face counseling visit each week for one month and one face-to-face counseling visit every other week for an additional five months. The beneficiary may receive one face-to-face counseling visit every month for an additional six months (for a total of 12 months of counseling) if he or she has achieved a weight reduction of at least 6.6 pounds (or 3 kilograms) during the first six months of counseling.

"This decision is an important step in aligning Medicare's portfolio of preventive services with evidence and addressing risk factors for disease," said Patrick Conway, MD, MSc, CMS Chief Medical Officer and Director of the Agency's Office of Clinical Standards and Quality. "We at CMS are carefully and systematically reviewing the best available medical evidence to identify those preventive services that can keep Medicare beneficiaries as healthy as possible for as long as possible."

Through the end of October, 22.6 million people with Original Medicare have received one or more of the free covered preventive services this year.

To read the final decision on the new national coverage determination, visit the CMS website at: <http://www.CMS.gov/medicare-coverage-database/details/nca-decision-memo.aspx?&NcaName=Intensive%20Behavioral%20Therapy%20for%20Obesity&bc=ACAAAAAIAAA&NCAId=253&>.

For more information about *Million Hearts*, please visit millionhearts.hhs.gov.

CMS Online Information Just Got Better [\[↑\]](#)

We're always looking for ways to make your experience with the Medicare, Medicaid, Children's Health Insurance, and other healthcare programs better. On Mon Dec 5, we expanded and enhanced our online presence at CMS: we're debuting a new look and feel for CMS.gov, and launching a brand-new site for the Medicaid program, Medicaid.gov.

These changes reflect what we've heard from you – our users – and respond to what you've said you want to be able to do on our site. Here's what you'll find on the new CMS and Medicaid sites:

- A significantly improved search engine that gets you to the information you're looking for, fast.
- More in-depth information about what we're doing to implement the *Affordable Care Act* and other new initiatives, and details about how you can apply for new programs.
- Up-to-date, real-time updates that reflect important developments and initiatives happening with CMS programs.
- Medicaid program information that's readily available, easy to find, and easy to use— and we'll be continually looking for ways to enhance your experience on this site.
- Easy-to-access links to Healthcare.gov, which will continue to be the primary site for consumer information.

While we've moved content around to make it easier to find, don't worry that you'll lose access to any of the current Medicare and Medicaid information you rely on now. We're launching an archive version of each of our websites too, so that historic information can remain online without adding clutter to our primary sites.

We think these changes are a good first step to improving our online presence and making information more accessible for all the patients, partners, providers, States, advocates and others who interact with our programs. However, this is just the first step — we have plans for continuous, ongoing improvements.

Take a look around at our www.CMS.gov and www.Medicaid.gov, and [let us know what you think](#). We'd like to use your feedback to help drive the direction of future website improvements.

RY2012 Inpatient Psychiatric Facility (IPF) PPS PC Pricer Updates [[↑](#)]

The Inpatient Psychiatric Facility (IPF) PPS PC Pricers for RY2012 for claims dates from Fri Jul 1 to Fri Sep 30, and for claims dates from Sat Oct 1 to Sep 30, 2012, have been posted to the CMS website with October 2011 provider data. If you use the IPF PPS PC Pricer for RY2012, please go to the page, http://www.CMS.hhs.gov/PCPricer/09_inppsy.asp, under the "Downloads" section, and download the latest versions of the IPF PPS PC Pricers, posted Thu Dec 1.

FY2012 SNF PC Pricer Updates [[↑](#)]

The FY 2012 SNF PC Pricer has been posted to the CMS website on the page/URL http://www.CMS.hhs.gov/PCPricer/04_SNF.asp, under the "Skilled Nursing Facilities (SNF PPS) PC Pricer". If you use the FY2012 SNF PC Pricer please go to the page above and down load the FY 2012 SNF PC Pricer.

Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) Personal Computer (PC) Pricer Updates [[↑](#)]

The FY 2011 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) PC Pricer has been updated with October provider data. The FY2012 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) PC Pricer has also been added. The PC Pricers are ready for download from the CMS webpage at http://www.CMS.gov/PCPricer/06_IRF.asp.

If you use the IRF PPS PC Pricers, please go to the page above and download the latest version of the FY 2011 (updated Sat Dec 3) and FY2012 IRF PC Pricers (posted Mon Dec 5), in the “Downloads” section.

From the MLN: “Sole Community Hospital” Fact Sheet (ICN 006399) Revised [\[↑\]](#)

The revised “[Sole Community Hospital](#)” fact sheet (ICN 006399) includes the following information: Sole Community Hospital (SCH) classification criteria, SCH payments, and hospital reclassifications.

From the MLN: “Medicare Dependent Hospital” Fact Sheet (ICN 901683) Revised [\[↑\]](#)

The revised “[Medicare Dependent Hospital](#)” fact sheet (ICN 901683) includes the following information: Medicare Dependent Hospital (MDH) classification criteria and MDH payments.

From the MLN: “Mass Immunizers and Roster Billing Fact Sheet Available – New [\[↑\]](#)

The new “[Mass Immunizers and Roster Billing](#)” fact sheet (ICN 907275) is designed to provide education on mass immunizers and roster billing. It includes information on simplified billing procedures for the influenza and pneumococcal vaccinations.

From the MLN: “Hospital-Acquired Conditions (HAC) in Acute Inpatient Prospective Payment System (IPPA) Hospitals” Fact Sheet Revised [\[↑\]](#)

The revised “Hospital-Acquired Conditions (HAC) in Acute Inpatient Prospective Payment System (IPPA) Hospitals” fact sheet (ICN 901045) is designed to provide education on the *Deficit Reduction Act* of 2005 which requires a quality adjustment in Medicare Severity Diagnosis Related Group payment for certain Hospital Acquired Conditions (HAC). This Fact Sheet lists all 10 categories of HAC to help providers learn more about the HAC program. This fact sheet also provides an overview of *DRA* and types of affected and exempted hospitals and provides a table of HACs and codes.

From the MLN: “Present on Admission (POA) Indicator Reporting by Acute Inpatient Prospective Payment System (IPPS) Hospitals” Fact Sheet Available [\[↑\]](#)

The “Present on Admission (POA) Indicator Reporting by Acute Inpatient Prospective Payment System (IPPS) Hospitals” fact sheet (ICN 901046) is designed to provide clarity for providers on how to apply the Present on Admission(POA) indicator to the final set of diagnosis codes that have been assigned in accordance with sections I, II, and III of the official coding guidelines. Subsequent to the assignment of the ICD-9-CM codes, the POA indicator should then be assigned to those conditions that have been added.

From the MLN: “Medicare Shared Savings Program: Notice of Proposed Rulemaking Fact Sheets” Booklet (ICN 907663) Available – New [\[↑\]](#)

The new “[Medicare Shared Savings Program: Notice of Proposed Rulemaking Fact Sheets](#)” booklet (ICN 907663) is designed to provide education on the Medicare Shared Savings Program (MSSP) as proposed in the Notice of Proposed Rulemaking. It includes the following previously published fact sheets: Summary of Proposed Rule Provisions for Accountable Care Organizations Under the Medicare Shared Savings Program; What Providers Need to Know: Accountable Care Organizations; Improving Quality Of Care for Medicare Patients: Accountable Care Organizations; Medicare Shared Savings Program and Rural Providers; and Federal Agencies Address Legal Issues Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program.

From the MLN: “How to Use the Searchable Medicare Physician Fee Schedule” Booklet (ICN 901344) Available – New [\[↑\]](#)

The new “[How to Use the Searchable Medicare Physician Fee Schedule](#)” booklet (ICN 901344) is designed to provide education on how to use the Medicare Physician Fee Schedule (MPFS). It includes steps to search for payment information, pricing, Relative Value Units (RVUs), and payment policies. If you like this booklet, check out [How to Use the Medicare Coverage Database](#) and [How to Use the National Correct Coding Initiative \(NCCI\) Tools](#) from the Medicare Learning Network®.

From the MLN: “Additional HIPAA 837 5010 Transitional Changes and Further Modifications to COBA National Crossover Process” MLN Matters® Article Released [\[↑\]](#)

The new, “[Additional Health Insurance Portability and Accountability Act \(HIPAA\) 837 5010 Transitional Changes and Further Modifications to the Coordination of Benefits Agreement \(COBA\) National Crossover Process](#)” MLN Matters® Special Edition Article (#SE1137) is designed to provide education on the HIPAA 5010 COBA National Crossover Process for supplemental payers. It includes important information and examples to assist providers with the transition.

➤ Additional material related to Versions 5010 & D.0 in today’s e-News... [\[previous\]](#)

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