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**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](mailto:robin.fritter@cms.hhs.gov)  
410-786-7485

**The e-News for Thu Dec 29 includes...**

- [CMS Announces Delay to the Prepayment Review and Prior Authorization for Power Mobility Devices \(PMDs\) Demonstration and the Recovery Audit Prepayment Review Demonstration](#)
- Tue and Wed Mar 6-7; Thu and Fri Mar 8-9 – [2012 Minimum Data Set \(MDS\) 3.0 National Conference – Registration Ends Fri Dec 30](#)
- [Attention Health Professionals: 2012 Annual Participation Enrollment Program Extension](#)
- [Reminder: Technical component of Advanced Diagnostic Imaging Accreditation Requirements Effective Sun Jan 1, 2012](#)
- Thu Jan 5, 2012 – [Special Open Door Forum: Review of the Advance Payment Accountable Care Organizations \(ACO\) Model](#)
- [2012 Electronic Prescribing \(eRx\) Incentive Program Payment Adjustment Feedback Report Update](#)

**CMS Announces Delay to the Prepayment Review and Prior Authorization for Power Mobility Devices (PMDs) Demonstration and the Recovery Audit Prepayment Review Demonstration. [[↑](#)]**

On November 15, 2011, the Centers for Medicare & Medicaid Services (CMS) announced the Prepayment Review and Prior Authorization for Power Mobility Devices (PMD) demonstration and the Recovery Audit Prepayment Review demonstration. These demonstrations were scheduled to begin on January 1, 2012. However, the CMS received many comments/suggestions regarding these demonstrations and the CMS is carefully considering these comments. Therefore, CMS will delay implementation of these demonstrations. CMS will provide at least 30 days notice before the demonstrations begin.

The Part A to Part B rebilling demonstration remains on schedule and will begin on January 1, 2012.

Please continue to check <http://go.cms.gov/cert-demos> for updated information.

**2012 Minimum Data Set (MDS) 3.0 National Conference – Registration Ends Fri Dec 30** [[↑](#)]

*Tue and Wed Mar 6-7; Thu and Fri Mar 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.

**Reminder: Technical component of Advanced Diagnostic Imaging Accreditation Requirements Effective Sun Jan 1, 2012** [[↑](#)]

Suppliers of the technical component of Advanced Diagnostic Imaging that are billing with a service date on or after Sun Jan 1, 2012 must evidence an active accreditation date for diagnostic imaging of CPT codes attached to an MRI, CT, and Nuclear Medicine claim. The professional component claims are not affected by the accreditation requirements and must be processed as usual. Refer to Transmittal #380, <http://www.cms.gov/transmittals/downloads/R380PI.pdf> or MLN Matters 7177, <http://www.cms.gov/MLN MattersArticles/downloads/MM7177.pdf> for further information on claims processing.

**Special Open Door Forum: Review of the Advance Payment Accountable Care Organizations (ACO) Model** [[↑](#)]

*Thu, Jan 5, 2012; 2:30-4pm ET*

*Conference call only*

This fall, CMS announced a new Advance Payment Model (<http://www.innovations.cms.gov/initiatives/aco/advance-payment/index.html>) for physician-based and rural Accountable Care Organizations (ACOs) participating in the Shared Savings Program. ACOs selected to participate in the Advanced Payment Model will receive up-front payments that will be recouped from the shared savings they earn.

CMS will host a Special Open Door Forum to review the Advance Payment ACO Model and the application template. On or before the morning of this Special Open Door Forum, a slideshow presentation will be posted to the Advance Payment Model ACO Application Information webpage, <http://www.innovations.cms.gov/initiatives/aco/advance-payment/application-info.html>.

A template of the application for the Advance Payment ACO Model is also now available on a new Advance Payment Model Application Information webpage, <http://www.innovations.cms.gov/initiatives/aco/advance-payment/application-info.html>).

The updated information on the webpage explains the application process, including how to obtain login credentials for the web tool. The template released is *not* an application form that should be filled out. The Innovation Center will accept applications through a web tool.

*Deadlines for the Advance Payment Model application are as follows:*

- April 1, 2012 start date: Applications accepted between Tue Jan 3 and Wed Feb 1, 2012
- July 1, 2012 start date: Applications accepted between Thu Mar 1 and Fri March 30, 2012 (consistent with Shared Savings Program)

*Special Open Door Participation Instructions:*

- Dial: 1-800-837-1935
- Conference ID: 39623933
- 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 the Special Open Door Forum website, [http://www.CMS.gov/OpenDoorForums/05\\_ODF\\_SpecialODF.asp](http://www.CMS.gov/OpenDoorForums/05_ODF_SpecialODF.asp), and will be accessible for downloading beginning on or around Fri Jan 13, 2012.

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

Thank you for your interest in CMS Open Door Forums.

#### **Attention Health Professionals: 2012 Annual Participation Enrollment Program Extension** [\[↑\]](#)

CMS is anticipating Congressional action to avert the negative update for the 2012 Medicare Physician Fee Schedule. Therefore, CMS is extending the 2012 Annual Participation Enrollment Period through Tue Feb 14, 2012. The enrollment period now runs Mon Nov 14 through Tue Feb 14, 2012.

The effective date for any participation status change during the extension, however, remains Sun Jan 1, 2012, and will be in force for the entire year.

Contractors will accept and process any participation elections or withdrawals made during the extended enrollment period that are post-marked on or before Tue Feb 14, 2012.

#### **2012 Electronic Prescribing (eRx) Incentive Program Payment Adjustment Feedback Report Update** [\[↑\]](#)

CMS would like to advise providers, due to the high volume of significant hardship exemption requests received it is no longer technically feasible for CMS to provide a 2012 Electronic Prescribing (eRx) Incentive Program payment adjustment feedback report as originally intended.

As CMS continues to explore alternative means to notify eligible professionals that they are subject to the 2012 eRx payment adjustment, we urge you to review your remittance advices for claims submitted for dates of services on or after Sun Jan 1, 2012.

Eligible professionals and group practices (GPRO) participating in the eRx GPRO that receive the 2012 eRx payment adjustment will see the term "LE" on their remittance advice for all Medicare Part B services rendered Sun Jan 1 through Mon Dec 31, 2012.

The remittance advice will also contain the following Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC):

- *CARC 237* – Legislated/Regulatory Penalty. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).
- *RARC N545* – Payment reduced based on status as an unsuccessful e-prescriber per the Electronic Prescribing (eRx) Incentive Program.

If an eligible professional or group practice that participated in the eRx GPRO receives the payment adjustment in error (e.g., the eligible professional or group practice submitted a hardship exemption request that is ultimately approved by CMS), the claim will be reprocessed to return the 1.0% and the remittance advice for the reprocessed claim will include the following codes and messages:

- *CARC 237* – Legislated/Regulatory Penalty. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).
- *RARC N546* – Payment represents a previous reduction based on the Electronic Prescribing (eRx) Incentive Program.

For more information on how the 2012 eRx payment adjustment will be assessed and applied, please refer to [MLN Matters Article SE1141](#) for additional information, or visit the eRx Incentive Program webpage at <http://www.cms.gov/erxincentive>.

#### More Helpful Links...

Check out CMS on



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

The Medicare Learning Network

[www.CMS.gov/MLNGenInfo](http://www.CMS.gov/MLNGenInfo)

Archive of Provider e-News Messages

[www.CMS.gov/FFSProvPartProg/EmailArchive](http://www.CMS.gov/FFSProvPartProg/EmailArchive)