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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
410-786-7485

The e-News for Thu Mar 29 includes...

ANNOUNCEMENTS AND REMINDERS

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- [Sign Your Medicare Enrollment Application Electronically](#)
- [Latest Success Data on Provider Participation in EHR Incentive Programs](#)
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CLAIMS, PRICER, AND CODE UPDATES

- [Reminder of How Reasonable Cost Principles Apply to Provider Taxes on Medicare Cost Reports](#)

UPDATES FROM THE MEDICARE LEARNING NETWORK®

- [“Questionable Billing By Suppliers of Lower Limb Prostheses” MLN Matters Article Released](#)

New CME Module on CMS Healthcare Delivery Reform Available on Medscape [↑]

On Thu Mar 22, a new CME module was posted on Medscape. This module provides information and continuing medical education (CME) about CMS's healthcare delivery system reform efforts and can be accessed on Medscape (with a free registration) at <http://www.Medscape.org/viewarticle/760133>.

Sign Your Medicare Enrollment Application Electronically [\[↑\]](#)

Internet-based PECOS (Provider Enrollment, Chain, and Ownership System) now allows providers to sign Medicare enrollment applications electronically. Save time and expedite review of your application by using internet-based PECOS. *This feature does not change who is required to sign the application.*

Any *Organizational Provider applications* that are submitted via internet-based PECOS will require the user completing the application to provide an email address for the authorized signer of the application as part of the submission process. The authorized signer can then follow the instructions in the email and electronically sign the application. This applies to applications using the following forms:

- 855-A for Institutional Providers
- 855-B for Clinics, Group Practices, and Certain Other Suppliers, and
- 855-S for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers

In internet-based PECOS, all *Individual Provider applications* submitted by the individual provider that do not include new reassignments may be e-signed as part of the submission process. This applies to applications using the following forms:

- 855-I for Physicians and Non-Physician Practitioners, and
- 855-O for Eligible Ordering and Referring Physicians and Non-physician Practitioners

Any Individual Provider application (855-I) containing new reassignments (855-R) can be electronically signed as part of the submission process; however, you must select the Authorized Official / Delegated Official (AO/DO) for the Organization that is accepting the reassignment and enter that official's email address. The official then will be required to follow the instruction in the email and electronically sign the application.

If an individual provider or AO/DO does not want to make use of the e-signature process, they can simply follow the current process of printing and signing the certification statement (which then needs to be mailed to the appropriate contractor).

Questions concerning a system issue regarding PECOS should be referred to the CMS EUS Help Desk at 866-484-8049 or EUSupport@cgi.com.

Latest Success Data on Provider Participation in EHR Incentive Programs [\[↑\]](#)

CMS has released February 2012 data that highlights program-to-date (since January 2011) participation and payment totals under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. The February report documents continued growth in registrations and payments, including:

- More than 211,500 eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) have registered for the Medicare and/or Medicaid EHR Incentive Programs since January 2011
 - More than 20,000 registered for the Medicare and/or Medicaid EHR Incentive Programs in the month of February
- More than 62,000 EPs, eligible hospitals, and CAHs have been paid for successfully participating in the Medicare and/or Medicaid EHR Incentive Programs
- More than \$3.8 billion has been paid in Medicare and Medicaid EHR Incentive Program payments to EPs, eligible hospitals, and CAHs across the country
 - More than \$738 million was paid in the month of February

Visit the [Data and Reports page](#) on the EHR website to review more of more data on continued acceleration in registration and payment data.

Helpful Resources

CMS has created several resources to help participants navigate the Medicare and Medicaid EHR Incentive Programs. A few key resources include:

- [An Introduction to the Medicare EHR Incentive Program for Eligible Professionals](#) – This interactive guide helps EPs navigate every aspect of the Medicare program and provides helpful resources and tips along the way. *A Medicaid guide will be available later this spring.*
- Updated User Guides – CMS has updated the registration and attestation user guides, which walk EPs and eligible hospitals through the CMS registration and attestation system. There are five guides in total, all of which can be downloaded from the [Educational Materials](#) page of the EHR website.
- Provider Testimonial Videos – These videos, which can be found on the [CMS YouTube](#) channel, highlight providers' experiences participating in the EHR Incentive Programs.

If you are considering registering for the programs, but have not done so yet, take a look at the CMS EHR website and use our [eligibility tool](#) to find out if you can participate.

Remember: 2012 is the last year in which EPs can receive a full incentive payment in the Medicare EHR Incentive Program. Beginning in 2013, EPs will receive a smaller overall total payment. Remember to register early.

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.

CMS.gov Website Upgrade [[↑](#)]

CMS is in the process of making upgrades to the [www.CMS.gov](#) website. If you encounter problems accessing information while on the site, please refresh the page or check back later. We appreciate your understanding and apologize for any inconvenience.

Reminder of How Reasonable Cost Principles Apply to Provider Taxes on Medicare Cost Reports [[↑](#)]

Providers are reminded to comply with the longstanding Medicare reasonable cost principles when reporting allowable healthcare-related taxes (commonly referred to as a provider taxes) on their Medicare cost reports. Use the reasonable cost principles set forth in the Medicare statute, regulations and CMS Pub. 15-1 Provider Reimbursement Manual (PRM-1), when determining how much, if any, of a provider tax is an allowable Medicare cost.

Although a particular provider tax may be an allowable Medicare cost, when payments associated with the assessed tax are made to the provider, Medicare will recognize only the net tax expense incurred by the provider. The net tax expense consists of taxes deemed reasonable, that have been actually incurred and paid by a provider, reduced by payments the provider received that are associated with the tax.

Pursuant to 42 CFR §§413.20, 413.24 and the PRM, providers are required to maintain financial records and statistical data for proper determination of costs

payable under the program. Should the provider be unable to produce documentation to support the net tax expense incurred, contractors must disallow the entire tax claimed on the provider's Medicare cost report.

From the MLN: "Questionable Billing By Suppliers of Lower Limb Prostheses" MLN Matters Article Released [\[↑\]](#)

MLN Matters Special Edition Article #SE1213, "[Questionable Billing By Suppliers of Lower Limb Prostheses](#)," has been released and is now available in downloadable format. This article is designed to provide education on major findings cited in the August 2011 Department of Health and Human Services, Office of Inspector General (OIG) report titled "Questionable Billing By Suppliers of Lower Limb Prostheses." It includes an overview of the study and major OIG findings, and recommendations related to Medicare requirements for lower limb prostheses.

More Helpful Links...

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The Medicare Learning Network

www.CMS.gov/MLNGenInfo

Archive of Provider e-News Messages

www.CMS.gov/FFSProvPartProg/EmailArchive