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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!

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The e-News for Thu Apr 12, 2012 includes...

NATIONAL PROVIDER CALLS

- Tue Apr 17 – [Physician Quality Reporting System & eRx 2011 10-Month Feedback Report – Last Chance to Register](#)
- Wed Apr 25 – [Current Status of Medicare FFS Implementation of HIPAA Version 5010 and D.0 – Register Now](#)

OTHER CALLS, MEETINGS, AND EVENTS

- [Special Open Door Forum: ACA Section 3004: Quality Reporting Program for Long Term Care Hospitals](#)
- [Agendas for Upcoming HCPCS Public Meetings Now Available](#)

ANNOUNCEMENTS AND REMINDERS

- [All Medicare Provider and Supplier Payments to be Made by Electronic Funds Transfer](#)
- [CMS.gov Website Upgrade Completed — Check your Bookmarks](#)

UPDATES FROM THE MEDICARE LEARNING NETWORK®

- [“Information on the CMS Fraud Prevention: Automated Provider Screening and National Site Visit Initiatives” MLN Matters® Article Released](#)
- [“Information for Medicare Fee-For-Service Providers About the Middle Class Tax Relief and Job Creation Act of 2012” MLN Matters® Article Released](#)
- [“Redesigned Medicare Summary Notices” MLN Matters® Article Released](#)

National Provider Call: Physician Quality Reporting System & eRx 2011 10-Month Feedback Report – Last Chance to Register [[↑](#)]

Tue Apr 17; 1:30-3pm ET

CMS will host a National Provider Call with question and answer session. CMS subject matter experts will provide an overview of the Electronic Prescribing 10-Month Feedback Report.

Target Audience: All Medicare Fee-For-Service Providers, Medical Coders, Physician Office Staff, Provider Billing Staff, Electronic Health Records Staff, and Vendors

Agenda:

- Opening Remarks
- Program Announcements
- Overview of the Electronic Prescribing 10-Month Feedback Report
- Question & Answer Session

Registration Information: In order to receive call-in information, you must register for the call on the [CMS Upcoming National Provider Calls webpage](#). 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.

Presentation: The presentation for this call will be posted at least one day in advance on the [Physician Quality Reporting System CMS Sponsored Calls webpage](#). In addition, the presentation will be emailed to all registrants on the day of the call.

National Provider Call: Current Status of Medicare FFS Implementation of HIPAA Version 5010 and D.0 – Register Now [\[↑\]](#)

Wed Apr 25; 2-3:30pm ET

CMS is hosting a National Provider Call regarding the current status of Medicare FFS implementation of *HIPAA* Version 5010 and D.0. This National Provider Call focuses on addressing the current 5010/D.0 metrics, addressing recommendations made by Medicare FFS, as well as possible outstanding fixes impacting the Part A and Part B Version 5010 transition.

Target Audience: Vendors, clearinghouses, and providers who need to make Medicare FFS-specific changes in compliance with *HIPAA* Version 5010 requirements

Agenda:

- Current 5010/D.0 metrics
- Addressing recommendations made by Medicare FFS
- Possible outstanding fixes impacting the Part A and Part B Version 5010 transition
- Q&A session

Registration Information: In order to receive call-in information, you must register for the call on the [CMS Upcoming National Provider Calls webpage](#). 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.

Presentation and Webinar: The presentation for this call will be posted at least one day in advance on the [FFS National Provider Calls webpage](#). In addition, the presentation will be emailed to all registrants on the day of the call. CMS will be using an optional webinar feature as part of this National Provider Call. Complete details on this feature are available on the [CMS Upcoming National Provider Calls webpage](#).

Special Open Door Forum: ACA Section 3004: Quality Reporting Program for Long Term Care Hospitals [\[↑\]](#)

Fri Apr 13; 2:30-4pm ET

The purpose of this Special Open Door Forum (ODF) is to provide information about the various types of training opportunities that will be offered to Long Term Care Hospital (LTCH) providers between Sat May 5 and Mon Oct 1, 2012, when the new LTCH Quality Reporting Program mandated by Section 3004 of the *Affordable Care Act* goes live.

A [Final Rule](#) announcing the LTCH Quality Reporting Program was published in the Federal Register on August 18, 2011 (Vol. 76, No. 160). The LTCH Quality Reporting Program requires that beginning Mon Oct 1; LTCHs will begin to submit quality measure data to CMS for three measures. These measures include:

1. Urinary catheter-associated urinary tract (CAUTI) infection measure;
2. Central Line Associated Blood Stream Infection (CLABSI) measure; and
3. A measure for new or worsening pressure ulcers.

Data for the CAUTI and CLABSI measures will be submitted to CMS via the Center for Disease Control's National Healthcare Safety Network (NHSN). Data for the pressure ulcer measure will be collected using the new LTCH CARE Data Set.

LTCHs that do not comply with the new LTCH quality reporting program will see their yearly Federal update payments reduced by two percentage points beginning in FY 2014. CMS anticipates adding quality measures to the reporting program in future years through rulemaking.

Many LTCH providers are unsure of what they need to do to be ready for the start of the new LTCH Quality Reporting Program. During this Special Open Door Forum, we will provide LTCH providers with information that will help find them informational resources and training that they need in order to be well-prepared by Mon Oct 1, 2012.

To read more about the LTCH Quality Reporting Program and to view presentation materials, visit the [LTCH Quality Reporting webpage](#). We look forward to your participation.

Participation Instructions:

Dial: 1-800-837-1935 & Conference ID: 70666459

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 made available on the [CMS Open Door Forum website](#) and will be accessible for downloading.

Subscriptions to automatic emails of Open Door Forum schedule updates and Frequently Asked Questions are also available on the [CMS Open Door Forum website](#).

Thank you for your interest in CMS Open Door Forums.

Agendas for Upcoming HCPCS Public Meetings Now Available [\[↑\]](#)

Tues May 8 and Wed May 9

Agendas for the Tue May 8 Healthcare Common Procedure Coding System (HCPCS) Public Meeting for Drugs/Biologicals/Radiopharmaceuticals and the Wed May 9 HCPCS Public Meeting for Supply & Other have been posted to the [HCPCS Public Meetings webpage](#). Please feel free to review the preliminary decisions as published in the public meeting agendas. Guidelines for participation in the CMS HCPCS Public Meetings are posted on the same website. Anyone planning to attend the public meeting must register online for entry to the CMS facility. Applicants may designate themselves or another person to provide comments at the public meeting in response to the preliminary decision by CMS. In addition to registering online to enter the facility, all primary speakers, as defined in the guidelines, must also contact the Public Meeting Coordinator, Jennifer Carver, to register as a primary speaker. If the primary speaker is going to be someone other than the applicant, the applicant must send an email to Jennifer Carver at Jennifer.Carver@cms.hhs.gov making such designation.

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 *Affordable Care Act* 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 *are required to submit the CMS-588 EFT form with the Provider Enrollment Revalidation application, or at the time any change is being made to the provider enrollment record by the provider or supplier, or delegated official*. For more information about provider enrollment revalidation, review the [MLN Matters® Special Edition Article #SE1126](#), "Further Details on the Revalidation of Provider Enrollment Information."

CMS.gov Website Upgrade Completed—Check your Bookmarks [\[↑\]](#)

CMS has completed the upgrades to the www.CMS.gov website. Bookmarked links to items posted in the "Downloads" sections on the CMS website have not been affected, but other bookmarked URLs are redirected to the index webpage for that topic. For example, if you bookmarked the page containing National Provider Calls and Events, you will be taken to the index page for National Provider Calls. On the index page, select the webpage you'd like to view from the left-hand side. Once you open the correct page, you can create a new bookmark. We appreciate your understanding and apologize for any inconvenience during this process.

From the MLN: "Information on the CMS Fraud Prevention: Automated Provider Screening and National Site Visit Initiatives" MLN Matters® Article Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1211](#), "Information on the Centers for Medicare & Medicaid Services (CMS) Fraud Prevention: Automated Provider Screening and National Site Visit Initiatives" has been released and is now available in downloadable format.

This article is designed to provide education on the CMS National Fraud Prevention Program (NFPP) and processes used to prevent Medicare fraud and abuse. It includes information about two new initiatives that CMS uses as part of the provider enrollment process – automated provider screenings and national site visit contractors that conduct site visits for certain providers and suppliers.

From the MLN: “Information for Medicare Fee-For-Service Providers About the Middle Class Tax Relief and Job Creation Act of 2012” MLN Matters® Article Released [[↑](#)]

[MLN Matters® Special Edition Article #SE1215](#), “Information for Medicare Fee-For-Service Providers About the Middle Class Tax Relief and Job Creation Act of 2012” has been released and is now available in downloadable format.

This article includes an overview of the provisions that impact Medicare Fee-For-Service providers, including Section 3003, which extends the current zero percent update for claims with dates of service on or after Thu Mar 1, 2012 through Mon Dec 31, 2012.

From the MLN: “Redesigned Medicare Summary Notices” MLN Matters® Article Released [[↑](#)]

[MLN Matters® Special Edition Article #SE1218](#), “Redesigned Medicare Summary Notices” has been released and is now available in downloadable format.

This article is designed to provide education on the redesigned Medicare Summary Notice (MSN), which is part of the “Your Medicare Information: Clearer, Simpler, At Your Fingerprints” initiative. It includes information about key features and enhancements to the redesigned MSN and steps CMS will take to make benefits, provider, and claims information clearer and more accessible.

More Helpful Links...

Check out CMS on



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The Medicare Learning Network

www.CMS.gov/MLNGenInfo

Archive of Provider e-News Messages

www.CMS.gov/FFSProvPartProg/EmailArchive