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

Colleagues—

This October, new rules were finalized under the *Affordable Care Act* to help doctors, hospitals, and other healthcare providers better coordinate care for Medicare patients through voluntary Accountable Care Organizations (ACOs). By creating incentives for providers to work together to care for individuals across care settings, the Medicare Shared Savings Program (MSSP) rewards ACOs that lower the growth in healthcare expenditures while meeting quality standards by putting patients first.

I would like to draw your attention to details in today's e-News on an upcoming National Provider Call and recently released educational materials related to the Medicare Shared Savings Program (MSSP). The National Provider Call details and the corresponding Medicare Learning Network® (MLN) articles are available below.

Kind regards—

Robin

The e-News for the week of Tue Nov 8 includes…

NATIONAL PROVIDER CALLS

- Wed Nov 9 – Time is running out: Medicare FFS Implementation of *HIPAA* Version 5010 and D.0 Transaction Standards – Register Now
- Tue Nov 15 – Medicare Shared Savings Program National Provider Call: Application Process and Overview of the Advance Payment Model Application - Register Now
- Thu Nov 17 – ICD-10 Implementation Strategies and Planning – Register Now

OTHER CALLS, MEETINGS, AND EVENTS

- Wed Nov 16 – Vendor/Provider Call on Long Term Care Hospitals (LTCH) Continuity Assessment Record & Evaluation (CARE) Data Set
- Thu Nov 17 and Fri Nov 18 – Register Now for the Third and Final ACO Accelerated Development Learning Session

ANNOUNCEMENTS AND REMINDERS

- All Medicare Provider and Supplier Payments to be made by Electronic Funds Transfer
- CMS Has Created Implementation Handbooks to Help you Transition to ICD-10
- Wed Nov 30 is the Last Day for Eligible Hospitals and Critical Access Hospitals (CAHs) to Register and Attest for an Electronic Health Record (EHR) Incentive Payment for FY 2011
- Comment period for 2012 Medicare Physician Fee Schedule Rule Ends Tue Jan 3
- Change to Medicare Overpayment Notification Process
- Now Available Online: List of Providers sent a Revalidation Request
- Get Ready for DMEPOS Competitive Bidding
- November is National Diabetes Month and Diabetic Eye Disease Month

CODE, PRICER, AND CLAIMS UPDATES

- Minor End Stage Renal Disease (ESRD) Facility Billing Change after Sun Jan 1, 2012
- Fiscal Year (FY) 2012 Inpatient Prospective Payment System (PPS) PC Pricer Updates

UPDATES FROM THE MEDICARE LEARNING NETWORK ®

- "Skilled Nursing Facility Prospective Payment System" Fact Sheet Revised
- The "Medicare Information for Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants" Booklet Revised
- "The 2010 Physician Quality Reporting Initiative (PQRI)" Booklet Now Available
- "Medicare Payments for Diagnostic Radiology Services in Emergency Departments" MLN Matters® Special Edition Article (#SE1134) Released
- "2011-2012 Seasonal Influenza (Flu) Resources for Healthcare Professionals" MLN Matters® Special Edition Article (#SE1136) Released
- "Further Details on the Revalidation of Provider Enrollment Information" MLN Matters® Special Edition Article (#SE1126) Revised
- "Implementation of Provider Enrollment Provisions in CMS-6028-FC" MLN Matters® Article (#MM7350) Revised
- Reminder: MLN Provider Exhibit Program

National Provider Call: Time is running out: Medicare FFS Implementation of *HIPAA* Version 5010 and D.0 Transaction Standards – Register Now [↑]
Wed Nov 9; 1:30-3pm ET

CMS will host its twentieth *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 (there will be no slide presentation for this call):

- Medicare FFS would like to address: What is preventing you or your customers from transitioning to *HIPAA* 5010 or D.0?
- Open Discussion

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.

National Provider Call: Medicare Shared Savings Program: Application Process and Overview of the Advance Payment Model Application - Register Now [↑]
Tue Nov 15; 1:30-3 pm ET

On Thu Oct 20, CMS issued a final rule under the *Affordable Care Act* to establish the Medicare Shared Savings Program (Shared Savings Program), along with a notice for the Advance Payment Model that will provide additional support to physician-owned and rural providers. These two initiatives will help providers participate in Medicare Accountable Care Organizations to improve quality of care for Medicare patients.

During this National Provider Call, CMS subject matter experts will discuss the application process for the Shared Savings Program and the Advance Payment Model. A question and answer session will follow the presentation.

A Notice of Intent to Apply (NOI) memo is currently available on the Shared Savings Program Application page at http://www.CMS.gov/sharedsavingsprogram/37_Application.asp in the "Downloads" section. Submitting the NOI is the first step in the application process. A copy of the Shared Savings Program application will be posted to this website prior to the National Provider Call. CMS will send out an announcement when the application is available on the website. Call participants are encouraged to review the application prior to the call.

Target Audience:
Medicare Fee-For-Service (FFS) providers

Registration:
In order to receive the call-in information, you must register for the call. Registration will close at 12pm on Tue Nov 15 or when available space has been filled. No exceptions will be made. Please register early. For more details, including instructions on registering for this National Provider Call, please visit http://www.eventsvc.com/blhtechnologies.

For more information on the Shared Savings Program see the following MLN articles:

- Accountable Care Organizations: What Providers Need to Know
- Improving Quality of Care for Medicare Patients: Accountable Care Organizations
- Advance Payment Accountable Care Organization (ACO) Model
- Medicare Shared Savings Program and Rural Providers
- Summary of Final Rule Provisions for Accountable Care Organizations under the Medicare Shared Savings Program
- Methodology for Determining Shared Savings and Losses under the Medicare Shared Savings Program

National Provider Call: ICD-10 Implementation Strategies and Planning – Register Now [↑]
Thu, Nov 17; 1:30-3pm ET

CMS will host a National Provider Call on "ICD-10 Implementation Strategies and Planning." This call will feature presentations by representatives from the ICD-9-CM and ICD-10 Cooperating Parties: CMS, the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), and the Centers for Disease Control and Prevention (CDC). CMS subject matter experts will also discuss the Medicare Fee-For-Service (FFS) claims processing guidance issued in

August, 2011, including claims that span the implementation date. A question and answer session will follow the presentations.

Agenda:

- General ICD-10 requirements and CMS implementation planning – Pat Brooks, CMS
- General implementation planning and strategies – Sue Bowman, AHIMA and Nelly Leon-Chisen, AHA
- Coding Clinic for ICD-10, AHA's implementation plans – Nelly Leon-Chisen, AHA
- National Committee on Vital and Health Statistics meeting on provider and vendor readiness – Donna Pickett, CDC
- Public health reporting issues – Donna Pickett, CDC
- Medicare FFS Claims Processing Guidance for Implementing ICD-10 – MLN Matters Article 7492 – Sarah Shirey-Losso, Antoinette Johnson, CMS

Target Audience: Medical coders, physicians, physician office staff, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare fee-for-service (FFS) providers.

Registration: In order to receive the call-in information, you must register for the call. Registration will close at 12:00 pm on Thursday, November 17 or when available space has been filled. No exceptions will be made. Please register early. For more details, including instructions on registering for this National Provider Call, please visit http://www.eventsvc.com/blhtechnologies.

Vendor/Provider Call on Long Term Care Hospital (LTCH) Continuity Assessment Record & Evaluation (CARE) Data Set [↑]
Wed Nov 16; 1-2:30 pm ET

A Vendor Call to support technical specification information and data submission, related to the LTCH CARE Data Set, is scheduled for Wed Nov 16 from 1-2:30pm ET.

To facilitate this call, we are requesting that vendor and provider software developers review the draft technical specifications prior to this call. Please submit comments and questions to: LTCHTechIssues@CMS.hhs.gov by Wed Nov 9.

The technical specifications and information regarding the Vendor Call are posted at http://www.CMS.gov/LTCH-IRF-Hospice-Quality-Reporting/20_LTCHTechnicalInformation.asp.

Register Now for the Third and Final ACO Accelerated Development Learning Session [↑]
Thu Nov 17 and Fri Nov 18 – Baltimore, MD

The third and final Accountable Care Organization (ACO) Accelerated Development Learning Session (ADLS) will be held in Baltimore, MD on November 17-18. Registration is free and open for teams of between two and four senior leaders from healthcare delivery organizations interested in forming an ACO or from an existing ACO.

The ADLS is designed to help existing or emerging ACO understand the steps they can take to improve care delivery and how to develop an action plan for moving toward providing better coordinated care. The content at each ACO Learning Session is repetitive and is not part of an ongoing series.

For more information, to register, or to view the plenary sessions from the first ADLS, please visit https://acoregister.rti.org.

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."

CMS Has Created Implementation Handbooks to Help you Transition to ICD-10 [↑]

All entities covered under the *Health Insurance Portability and Accountability Act (HIPAA)* must transition to the ICD-10 code sets by October 1, 2013. CMS has developed four Implementation Handbooks to assist you with your transition to ICD-10. These handbooks are step-by-step guides specifically for small and medium provider practices, large provider practices, small hospitals, and payers.

The appendix of each handbook references relevant templates which are available for download in both Excel and PDF files below. The templates are customizable and have been created to help entities clarify staff roles, set internal deadlines/responsibilities and assess vendor readiness.

View the step-by-step plans and relevant templates for each of the following audiences:

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

The ICD-10 Implementation Handbooks outline suggested steps and processes to take for a smooth transition to ICD-10. Providers, hospitals, and payers may use the guides to:

- Ensure the appropriate steps and actions are taken throughout the ICD-10 implementation process
- Stay on top of deadlines by viewing the timelines within the handbooks
- Customize your transition plan by filling out the Excel templates listed in the appendices; the templates will assist you with clarifying staff roles, setting internal deadlines and responsibilities, and assessing vendor readiness

Reminder—The Version 5010 compliance deadline is less than 60 days away!
All affected entities must first convert to Version 5010 by Sun Jan 1, 2012 in order for the ICD-10 medical code sets to work. In order to meet this compliance deadline, you need to conduct both Level I Internal Testing, and Level II External Testing of transactions. Once your practice is fully transitioned to Version 5010, take the

necessary steps listed in the ICD-10 Implementation Handbooks to help you prepare for ICD-10.

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!

Wed Nov 30 is the Last Day for Eligible Hospitals and Critical Access Hospitals (CAHs) to Register and Attest for an EHR Incentive Payment for FY 2011 [↑]

Eligible hospitals and CAHs have 60 days after the end of the fiscal year to submit their attestation for the Medicare Electronic Health Record (EHR) Incentive Program. The last day that eligible hospitals and CAHs can register and attest for fiscal year (FY) 2011 is Wed Nov 30. For eligible hospitals and CAHs, this means that they must successfully register and then attest to demonstrating meaningful use by this date in order to receive an incentive payment for FY 2011. *Note, in order to attest, you must have begun your 90-day reporting period on or before Sat Jul 3. Registration will be open after Wed Nov 30 for eligible hospitals and CAHs who wish to register for a 2012 payment.*

CMS encourages eligible hospitals and CAHs not to miss the deadline to attest for an incentive payment for FY 2011.

Registration Resources
To help eligible hospitals and CAHs with registration, CMS has created a Registration User Guide for Eligible Hospitals and CAHs. Additionally, eligible hospitals and CAHs can view the Medicare and Medicaid EHR Incentive Programs Webinar for Eligible Hospitals and CAHs, which walks hospitals through the registration process.

Attestation Resources
CMS has a number of tools available to help eligible hospitals and CAHs prepare for attestation. They can use the CMS Eligible Hospital and CAH Attestation Worksheet to record their meaningful use measures and then use as a reference when attesting for the Medicare EHR Incentive Program in CMS' web-based Registration and Attestation System. The Meaningful Use Attestation Calculator and Attestation User Guide for Eligible Hospitals and CAHs can also help with the attestation process.

Looking Ahead
Take a look at all of the other EHR Incentive Program important dates that are coming up by going to our CMS Medicare and Medicaid EHR Incentive Programs Milestone Timeline, or reviewing the "Important Dates" section of the EHR Incentive Programs' Overview page.

Want more information about the EHR Incentive Programs?
Make sure to visit the CMS EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

Comment period for 2012 Medicare Physician Fee Schedule Rule Ends Tue Jan 3 [↑]

Certain press materials and the e-News message relating to the Medicare Physician Fee Schedule final rule with comment period released on Tue Nov 1 incorrectly stated that the comment deadline was Sat Dec 31, rather than *Tue Jan 3, 2012*, which is the correct date. Please note that you have until Tue Jan 3, 2012 to comment on those issues for which comments are solicited. CMS regrets the error.

Changes to Medicare Overpayment Notification Process [↑]

CMS has made changes to the Medicare Overpayment Notification Process. If an outstanding balance has not been resolved, providers previously received three notification letters regarding Medicare Overpayments, an Initial Demand Letter (1st Letter), a Follow-up-Letter (2nd Letter), and an Intent to Refer Letter (3rd Letter). CMS would send the second demand letter to providers 30 days after the initial notification of an overpayment. Recent review has determined that this is not efficient since the majority of providers respond to the initial demand letter and pay the debt.

Currently recoupment action happens 41 days after the initial letter. The remittance advice which describes this action serves as another notice to providers of the overpayment. Therefore, effective November 1, 2011, the second demand letters will no longer be sent to providers. Provider appeal rights will remain unchanged.

If an overpayment is not paid within 90 days of the initial letter, providers will continue to receive a letter explaining CMS' intention to refer the debt for collection.

Now Available Online: List of Providers sent a Revalidation Request [↑]

In response to provider requests, CMS has posted a listing of providers who have been sent a request to revalidate their Medicare enrollment information. The listing contains the name and national provider identifier (NPI) of each provider sent a letter, as well as the date the letter was sent. To see the listing, click on "Revalidation Phase 1 Listing" in the Downloads section of the Medicare Provider Supplier Enrollment Revalidation Page. NOTE: You must widen each column in the spreadsheet to view the contents. CMS will be updating this list monthly.

If you are listed, and have not received the request, please contact your Medicare contractor. Their toll free number may be found at Medicare Fee-For-Service Contact Information.

For more information on revalidation of Medicare provider enrollment, see MLN article 1126 Further Details on the Revalidation of Provider Enrollment Information.

Get Ready for DMEPOS Competitive Bidding [↑]

The Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program Round 2 and the national mail-order competitions are coming soon!

Fall 2011

- CMS announces bidding schedule
- CMS begins bidder education program
- Bidder registration period to obtain user ID and passwords begins

Winter 2012

- Bidding begins

If you are a supplier interested in bidding, prepare now – don't wait!

Update your contact information: The following contact information in your enrollment file at the National Supplier Clearinghouse (NSC) must be up to date before you register to bid. If your file is not current, you may experience delays and/or be unable to register and bid. DMEPOS suppliers should review and update:

- The name, Social Security number, and date of birth for all authorized official(s) (if you have only one authorized official listed on your enrollment file, consider

adding one or more authorized officials to help with registration and bidding)
- The correspondence address

DMEPOS suppliers can update their enrollment via the internet-based Provider Enrollment, Chain, and Ownership System (PECOS) or by using the 2011-07-11 version of the CMS-855S enrollment form. Suppliers not currently using PECOS can learn more about this system at http://www.CMS.gov/MedicareProviderSupEnroll or reviewing the PECOS factsheet at http://www.CMS.gov/MLNProducts/downloads/MedEnroll_PECOS_DMEPOS_FactSheet_ICN904283.pdf. Information and instructions on how to submit a change of information via the hardcopy CMS-855S enrollment form may be found on the NSC website at www.PalmettoGBA.com/NSC (follow links for Supplier Enrollment, Change of Information, Change of Information Guide).

- *Get licensed:* Contracts are only awarded to suppliers that have all required state licenses at the time the bid is submitted. Therefore, before you submit a bid for a product category in a CBA, you must have all required state licenses for that product category on file with the NSC. Every location must be licensed in each state in which it provides services. If you have only one location and are bidding in a CBA that includes more than one state, you must have all required licenses for every state in that CBA. If you have more than one location and are bidding in a CBA that includes more than one state, your company must have all required licenses for the product category for every state in that CBA. It is *very important* that you make sure that current versions of all required licenses are in your enrollment file with the NSC *before* you bid. If any required licenses are expired or missing from your enrollment file, we can reject your bid. Suppliers bidding in the national mail-order competition must have the applicable licenses for all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, Guam, and American Samoa.

- *Get accredited:* Suppliers must be accredited for all items in a product category in order to submit a bid for that product category. If you are interested in bidding for a product category and are not currently accredited for that product category, take action *now* to get accredited for that product category. Your accreditation organization will need to report any accreditation updates to the NSC. CMS cannot contract with suppliers that are not accredited by a CMS-approved accreditation organization.

Additional information on the DMEPOS accreditation requirements along with a list of the accreditation organizations and those professionals and other persons exempted from accreditation may be found at http://www.CMS.gov/MedicareProviderSupEnroll/01_Overview.asp.

The Competitive Bidding Implementation Contractor (CBIC) is the official information source for bidders. Stay informed – visit the CBIC website at www.DMECompetitiveBid.com to subscribe to email updates and for the latest information on the DMEPOS Competitive Bidding program.

November is National Diabetes Month and Diabetic Eye Disease Month [↑]

Please join the Centers for Medicare & Medicaid Services (CMS) this November during National Diabetes Month and Diabetic Eye Disease Month in raising awareness about diabetes, diabetic eye disease, the importance of early disease detection, and the related preventive health services covered by Medicare.

Diabetes can lead to severe complications such as heart disease, stroke, vision loss, kidney disease, nerve damage, and amputation among others, and it's a significant risk factor for developing glaucoma. People with diabetes are more susceptible to many other illnesses such as pneumonia and influenza and are more likely to die from these than people who do not have diabetes. Among U.S. residents aged 65 years and older, 10.9 million (or 26.9%) had diabetes in 2010. Currently, 3.6 million Americans age 40 and older suffer from diabetic eye disease. Education and early detection are major components to combating this disease.

What Can You Do?
Help protect the health of your Medicare-covered patients by informing them that Medicare covers several diabetes-related preventive services for eligible

beneficiaries including diabetes screening tests, diabetes self-management training, medical nutrition therapy, diabetes supplies, glaucoma screening, and vaccinations for pneumonia and influenza. Advise them that the early detection and treatment of diabetes can prevent or delay many associated illnesses and complications. Encourage utilization of these important preventive services as appropriate. And remember, many of these services require an order or referral for coverage by Medicare. Please ensure that you provide your Medicare patients with the appropriate documentation so they can receive the services needed to help prevent, treat, and manage the disease.

For More Information:

- The Guide to Medicare Preventive Services (see Chapter 6)
- Medicare Preventive Services Quick Reference Information Chart
- The Diabetes-Related Services Fact Sheet
- The Glaucoma Screening Brochure
- Medicare.gov – Diabetes Screening, Supplies and Self Management Training Website
- National Diabetes Fact Sheet, 2011
- National Diabetes Education Program (NDEP) Healthcare Professionals Website

Thank you for joining with CMS to help increase awareness and educate about diabetes and diabetic eye disease, and the diabetes-related preventive health services now covered by Medicare.

Minor ESRD Facility Billing Change after Sun Jan 1, 2012 [↑]

ESRD facilities will no longer be required to report the modifiers V8 and V9 to indicate the presence or lack of presence of an infection for claims submitted on or after Sun Jan 1, 2012. CMS will be obtaining this information through means other than the claim record. Contractors have been notified of the change in this reporting requirement.

Fiscal Year (FY) 2012 Inpatient Prospective Payment System (PPS) PC Pricer Updates [↑]

The Fiscal Year (FY) 2012 INP PPS PC Pricer has been updated on the CMS website. If you use the FY 2012 INP PPS PC Pricer, please go to http://www.CMS.hhs.gov/PCPricer/03_inpatient.asp, and download the latest version of the FY2012 PC Pricer. This PC Pricer is for claims dated from Fri Oct 1, 2010 to Sun Sep 30, 2012. The update is dated Mon Nov 8, 2010.

From the MLN: "Skilled Nursing Facility Prospective Payment System" Fact Sheet Revised [↑]

The "Skilled Nursing Facility Prospective Payment System" Fact Sheet (ICN 006821) has been revised. It includes the following information: background and elements of the Skilled Nursing Facility Prospective Payment System.

From the MLN: The "Medicare Information for Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants" Booklet Revised [↑]

The "Medicare Information for Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants" booklet (ICN 901623) has been revised. This publication is designed to provide education on services furnished by advanced practice registered nurses, anesthesiologist assistants, and physician assistants. It includes the following information about Medicare requirements for these provider types: required qualifications, coverage criteria, billing, and payment.

From the MLN: "The 2010 Physician Quality Reporting Initiative (PQRI)" Booklet Now Available [↑]

"The 2010 Physician Quality Reporting Initiative (PQRI)" Booklet (ICN 907207) is now available in downloadable format from the Medicare Learning Network®. This booklet is a compilation of CMS' various educational resources relevant to the 2010 Physician Quality Reporting Initiative (PQRI).

From the MLN: "Medicare Payments for Diagnostic Radiology Services in Emergency Departments" MLN Matters® Special Edition Article (#SE1134) Released [↑]

The new MLN Matters® Special Edition Article (#SE1134) "Medicare Payments for Diagnostic Radiology Services in Emergency Departments" is based on a report from the Office of Inspector General (OIG) related to Medicare payments and policy for coverage of radiology services. It includes information about the key elements of the OIG study and a summary of its findings.

From the MLN: "2011-2012 Seasonal Influenza (Flu) Resources for Healthcare Professionals" MLN Matters® Special Edition Article (#SE1136) Released [↑]

The new MLN Matters® Special Edition Article (#SE1136) "2011-2012 Seasonal Influenza (Flu) Resources for Healthcare Professionals" is designed to provide education on educational resources designed to help Fee-For-Service Providers understand coverage, billing, and reimbursement guidelines for seasonal flu vaccines. It includes a list of relevant Medicare Learning Network® (MLN) educational products and MLN Matters® articles.

From the MLN: "Further Details on the Revalidation of Provider Enrollment Information" MLN Matters® Special Edition Article (#SE1126) Revised [↑]

The MLN Matters® Special Edition Article (#SE1126) "Further Details on the Revalidation of Provider Enrollment Information" has been revised. This article is designed to provide education on the Medicare provider enrollment revalidation process. It includes information on what providers and suppliers must do when they receive notice from their Medicare Administrative Contractor (MAC) to revalidate their enrollment.

From the MLN: "Implementation of Provider Enrollment Provisions in CMS-6028-FC" MLN Matters® Article (#MM7350) Revised [↑]

The MLN Matters® Article (#MM7350) "Implementation of Provider Enrollment Provisions in CMS-6028-FC" has been revised. This article is designed to provide education on how Medicare will implement certain provisions cited in CMS-6028-FC, as outlined in Change Request (CR) 7350. It includes an overview of the effective provisions, which include: (1) establishment of provider enrollment screening categories; (2) submission of application fees; (3) suspensions of payment based on credible allegations of fraud; and (4) authority to impose a temporary moratorium on the enrollment of new Medicare providers and suppliers of a particular type in a geographic area.

Reminder: MLN Provider Exhibit Program [↑]

The Medicare Learning Network® (MLN) will be exhibiting at the *Gerontological Society of America's 64th Annual Scientific Meeting* Fri Nov 18 through Tue Nov 22 at the John B. Hayes Memorial Convention Center in Boston, MA, in booth #221. Please make a note of the dates and location and add them to your calendar!

If you are interested in having a CMS MLN® exhibit at your event, contact us at MLNExhibits@CMS.hhs.gov.

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