

**MOA MEMBERS
FROM SUE A. WEINGARTNER, EXECUTIVE DIRECTOR
NOVEMBER 15, 2010**

FRONTIER FOCUS: A MEDICARE UPDATE

Twelfth National Education Call on Medicare Fee-For-Service Implementation of HIPAA Version 5010 and D.0 Transactions: Taking EDI to the Next Level [Wed Nov 17]

Wed Nov 17, 2pm-3:30pm EST

The Centers for Medicare & Medicaid Services (CMS) will host its twelfth national education call regarding Medicare FFS's implementation of HIPAA Version 5010 and D.0 transaction standards on Wed Nov 17, focusing on the Coordination of Benefits (COB). Subject matter experts will review Medicare FFS specific changes, including those arising from the adoption of the HIPAA 5010 Errata, as well as general information to help the audience prepare for the transition; the presentation will be followed by a Q&A session. Target Audience includes vendors, clearinghouses, and providers who will need to make Medicare FFS specific changes in compliance with HIPAA version 5010 requirements. The presentation will be available on the CMS website at <http://www.cms.gov/Versions5010andD0/V50/list.asp>.

Agenda:

- General Overview
- Medicare Specific COB Changes
- Timelines and Deadlines
- What you need to do to prepare
- Q & A

In order to receive the call-in information, you must register for the call. It is important to note that if you are planning to sit in with a group, only one person needs to register to receive the call-in data. This registration is solely to reserve a phone line, NOT to allow participation. Registration will close at 2:00 p.m. ET on November 16, 2010, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time. To register for the call:

- Visit <http://www.eventsvc.com/palmettogba/111710>.
- Fill in all required data.
- Verify that your time zone is displayed correctly in the drop down box.
- Click "Register."
- You will be taken to the "Thank you for registering" page and will receive a confirmation e-mail shortly thereafter. Note: Please save this page, in the event that your server blocks the confirmation e-mails. If you do not receive the confirmation e-mail, please check your spam/junk mail filter as it may have been directed there.

If assistance for hearing impaired services is needed the request must be sent to medicare.ttt@palmettogba.com no later than 3 business day before the event.

New CMS Web Page Available for the Medicare Fee-For-Service Physician Feedback / Value Modifier Program!

CMS uses claims data to create confidential reports measuring the resources and quality of care involved in furnishing care. In 2010, the Physician Feedback Program is limited to physicians and groups that have been notified – and if you have not received notification then you will not receive a report. Feedback reports will be distributed in a multi-year, phased, implementation schedule to medical professionals and medical group practices.

To learn more about these reports and the legislatively-mandated Value Modifier, visit the new web page at <http://www.cms.gov/PhysicianFeedbackProgram> on the CMS website.

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“5010: Taking Electronic Billing and Electronic Data Interchange to the Next Level”

Now available to order in hardcopy! The new Medicare Learning Network® product titled “5010: Taking Electronic Billing and Electronic Data Interchange (EDI) to the Next Level” is now available in both downloadable and hardcopy formats. This educational tool is designed to provide education on the upcoming implementation of Versions 5010 and D.0, which will replace the current version that covered entities must use when conducting electronic HIPPA transactions. It includes a timeline and list of resources related to the implementation and is suggested for all Medicare Fee-For-Service Providers. To order a hardcopy, free of charge, please visit <http://www.cms.gov/MLNGenInfo> and click on “MLN Product Ordering Page” under the “Related Links Inside CMS” section at the bottom of the page. This product is also available in downloadable format at http://www.cms.gov/MLNProducts/downloads/5010EDI_RefCard_ICN904284.pdf.

A new "twist" in the law makes it easier to save on your prescription drug costs.

<http://www.ssa.gov/prescriptionhelp/>

Under a new law, more Medicare beneficiaries could qualify for Extra Help with their Medicare prescription drug plan costs because some things no longer count as income

and resources. The Extra Help is estimated to be worth an average of \$3,900 per year. To qualify for the Extra Help, a person must be on Medicare, have limited income and resources, and reside in one of the 50 states or the District of Columbia.
