



### 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

Colleagues—

If you've been on CMS.gov since yesterday, you noticed a new, more user-friendly look to our website. See the [CMS Online Information Just Got Better](#) message below to learn more about the changes to [CMS.gov](#) and the new site dedicated to the Medicaid program, [Medicaid.gov](#). You'll also find a link where you can provide feedback.

Hope your holiday preparations are well underway!

—Robin

### The e-News for the week of Tue Dec 6 includes...

#### NATIONAL PROVIDER CALLS

- Wed Dec 7 – [Medicare FFS Implementation of HIPAA Version 5010 and D.0 Transaction Standards – Register Now](#)
- Tue Dec 20 – [Physician Quality Reporting System & Electronic Prescribing Incentive Program – Register Now](#)

#### ANNOUNCEMENTS AND REMINDERS

- [How the Version 5010 Changes Modify Your Transition](#)
- [Get Accredited Now for Advanced Diagnostic Imaging](#)
- [Medicare Gives Employers, Consumers Information to Make Better Healthcare Choices](#)
- [All Medicare Provider and Supplier Payments to be made by Electronic Funds Transfer](#)

- [New Webpage Provides Medicare and Medicaid Electronic Health Record \(EHR\) Incentive Programs Payment and Registration Data](#)
- [Multi-Stakeholder Group Input on Quality Measures for 2012](#)
- [Medicare Covers Screening and Counseling for Obesity](#)
- [CMS Online Information Just Got Better](#)

UPDATES FROM THE MEDICARE LEARNING NETWORK<sup>®</sup>

- [“Medicare Shared Savings Program: Notice of Proposed Rulemaking Fact Sheets” Booklet \(ICN 907663\) Available – New](#)
- [“How to Use the Searchable Medicare Physician Fee Schedule” Booklet \(ICN 901344\) Available – New](#)
- [“Additional HIPAA 837 5010 Transitional Changes and Further Modifications to COBA National Crossover Process” MLN Matters<sup>®</sup> Article Released](#)

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

*Wed Dec 7; 1:30-3pm ET*

CMS will host its twenty first 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:*

- Top 10 problems impacting the 5010 transition
- Status of current Version 5010 Standard System Maintainer fixes
- Top 10 Version 5010 edits
- Medicaid update

*Presentation:*

There will be a presentation available the week before the call. Please visit the following webpage to download the presentation: <http://www.CMS.gov/Versions5010andD0/V50/list.asp> in the "Downloads" section.

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](mailto: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>.

*Webinar Information:*

CMS will be using a webinar feature as part of this national provider call. This will not have any effect on those participants who are dialing in. This webinar is an added feature that allows participants who have internet access the ability to follow the presentation online as it is given. To access this Adobe Connect Pro Webinar, please use the following url: <https://webinar.CMS.hhs.gov/medicareffs5010/>. Sign in as a guest when prompted by entering your first and last name. Please note that you must dial in to the call in order to access the audio portion of the presentation.

**IMPORTANT NOTE:** This webinar's capacity is limited to 1,000 participants and access is on a first-come, first-served basis. In the event that capacity is reached, you may get an error message. In case of this, we have created a second webinar room for up to 500 additional participants which can be accessed using this url:

<https://webinar.CMS.hhs.gov/medicareffs5010-2/>. The use of this secondary webinar link is no different than the original, and access is also on a first-come, first-served basis. If you get an error message attempting to join this second room as well, capacity has been filled. In this case, simply visit the 5010 National Calls Page, select the 12/07/2011 call from the list, and download the presentation from the bottom of the call information page. You will then be able to follow the presentation manually during the call. You must dial in to the call in order to access the audio portion of the presentation. We thank you for your interest in participating via Adobe Connect Pro.

- Additional material related to Versions 5010 & D.0 in today's e-News... [\[next\]](#)

### **National Provider Call: Physician Quality Reporting System & Electronic Prescribing Incentive Program – Register Now** [\[↑\]](#)

*Tue Dec 20; 1:30-3pm ET*

CMS will host a national provider call on the Physician Quality Reporting System (PQRS) & Electronic Prescribing (eRx) Incentive Program. Subject matter experts will provide an overview on electronic health record (EHR) and registry based reporting options that are available for eligible professionals (EPs) participating or looking to participate in the PQRS and/or eRx Incentive Program. A question and answer session will follow the presentation.

*Target Audience:* Medicare fee-for-service (FFS) providers, Medical coders, physician office staff, provider billing staff and vendors

#### *Agenda:*

- Opening Remarks
- Program Announcements
- Overview of electronic health record (EHR) and registry based reporting options; and
- Question & Answer Session

*Registration Information:* Please visit <http://www.eventsvc.com/blhtechnologies/> to register for this informative session. *Registration will close at 12pm ET on Tue Dec 20 or when available space has been filled.* No exceptions will be made. Please register early.

*Presentation:* The presentation will be posted at least one day before the call at: [http://www.CMS.gov/PQRS/04\\_CMSSponsoredCalls.asp](http://www.CMS.gov/PQRS/04_CMSSponsoredCalls.asp) in the "Downloads" section.

### **How the Version 5010 Changes Modify Your Transition** [\[↑\]](#)

*90-Day Period of Enforcement Discretion for Compliance with Version 5010 Deadline*

CMS recently announced a 90-day enforcement discretion period for all HIPAA covered entities regarding the Version 5010 (ASC X12 Version 5010) transition.

The compliance deadline for the implementation of Version 5010 is still Sun Jan 1, 2012; however, CMS will not initiate enforcement action until Sun Mar 31, 2012. CMS made this decision based on industry feedback that many

organizations and their trading partners were not yet ready to finalize system upgrades for this transition.

CMS encourages you to continue internal testing and external testing of Version 5010 transactions with trading partners to ensure compliance for Version 5010. Although enforcement action will not be taken prior to March 31, 2012, it is important that you continue to move forward to meet Version 5010 requirements as soon as possible.

During the 90-day enforcement discretion period, the Office of E-Health Standards and Services (OESS) will continue to accept complaints associated with compliance with Version 5010, NCPDP D.0 and NCPDP 3.0 transaction standards beginning January 1, 2012. *HIPAA* covered entities that are subject to these complaints must produce evidence of either compliance or an established plan to become compliant within the enforcement discretion period. In addition to testing, if you have not yet created a transition plan for Version 5010, you should do so in order to meet these compliance deadlines.

Please visit the CMS ICD-10 website's [Latest News](#) page for additional resources and more information on this [enforcement discretion period](#).

*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!

- Additional material related to Versions 5010 & D.0 in today's e-News... [\[next / previous\]](#)

### **Get Accredited Now for Advanced Diagnostic Imaging [\[↑\]](#)**

As a reminder, beginning Sun Jan 1, 2012, suppliers who furnish the technical component of Advanced Diagnostic Imaging (ADI) *must be accredited in order to bill Medicare for these services*. ADI procedures include MRI, CT, nuclear medicine imaging, and positron emission tomography. X-ray, ultrasound, fluoroscopy, and Hospital Outpatient procedures are excluded. The technical component of ADI services includes the performance of the imaging procedures, not the physician interpretation.

For dates of service on or after Jan 1, Medicare Administrative Contractors (MACs) *will begin denying claims* for the technical component of ADI that are submitted under the Physician Fee Schedule by suppliers who have not yet been accredited. Once a supplier becomes accredited, they can begin billing Medicare for these services again.

For more information about ADI Accreditation, including a list of accrediting organizations and details of the accreditation process, please visit

[http://www.CMS.gov/MedicareProviderSupEnroll/03\\_AdvancedDiagnosticImagingAccreditation.asp](http://www.CMS.gov/MedicareProviderSupEnroll/03_AdvancedDiagnosticImagingAccreditation.asp). An MLN Special Edition Article on this subject – “Important Reminders about Advanced Diagnostic Imaging Accreditation Requirements” (MLN SE1122) – is also available at <http://www.CMS.gov/MLNMattersArticles/Downloads/SE1122.pdf>.

### **Medicare Gives Employers, Consumers Information to Make Better Healthcare Choices [\[↑\]](#)**

*Healthcare law will allow patients to compare options, find best value*

Consumers and employers will have the healthcare information they need to make more informed choices about their care, thanks to the *Affordable Care Act*, CMS announced in a final rule today.

The rule gives qualified organizations, like employers and consumer groups, access to data that can help them identify high quality healthcare providers or create online tools to help consumers make educated healthcare choices. Information that could identify specific patients, however, will not be publicly released and strong penalties will be in place for any misuse of data.

The final rule makes a number of important changes from the original proposed rule. The final rule makes this data less costly for qualified entities, gives qualified organizations more flexibility in their use of Medicare data to create performance reports for consumers, and extends the time period for healthcare providers to confidentially review and appeal performance reports before they become public. The rule also includes strict privacy and security requirements to protect patients, healthcare providers, and suppliers as well as stringent penalties for any misuse of Medicare data.

For more information on the final rule, visit <http://www.CMS.gov/apps/media/press/factsheet.asp?Counter=4205>.

The final rule on Availability of Medicare Data for Performance Measurement is on display at the Office of the *Federal Register* at [http://www.ofr.gov/OFRUpload/OFRData/2011-31232\\_PI.pdf](http://www.ofr.gov/OFRUpload/OFRData/2011-31232_PI.pdf) or <http://www.archives.gov/federal-register/public-inspection>.

To read the entire CMS Press Release, visit [http://www.CMS.gov/apps/media/press\\_releases.asp](http://www.CMS.gov/apps/media/press_releases.asp).

### **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."

### **New Webpage Provides Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs Payment and Registration Data [\[↑\]](#)**

CMS has created a [new webpage](#) where you can find Medicare and Medicaid EHR Incentive Program payment and registration data. The page includes up-to-date information about the programs through October 2011. The new webpage will be your resource for updates regarding the programs' registration, payment, and state Medicaid launches.

*The Data and Reports Page includes the following information:*

- A map that illustrates a State breakdown of payments to Medicare and Medicaid Providers
- A map that illustrates a State breakdown of registration by Medicaid and Medicare Providers
- A map that illustrates a State breakdown of registration by Medicare Providers
- A Map that Illustrates a State Breakdown of registration by Medicaid Providers

- Individual State report of registrants and payments
- Updates on State launches of Medicaid EHR program
- List of recipients of Medicare EHR Incentive Program payments

You can use the maps to see how your state compares to others in [registration](#) and [payment](#) totals for the EHR Incentive Programs.

#### *October Highlights:*

Below are some highlights about the EHR Incentive Programs from data through October 2011 that are now featured on the new page:

- Over 135,000 Medicare and Medicaid providers have registered for the programs
- Over \$525 million in Medicare payments have been provided to eligible professionals and eligible hospitals
- Over \$710 million in Medicaid payment have been provided to eligible professionals and eligible hospitals

#### *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.

- Additional material related to EHR today's e-News... [\[next\]](#)

### **Multi-Stakeholder Group Input on Quality Measures for 2012** [\[↑\]](#)

CMS is pleased to announce the availability of a list of quality and efficiency measures being considered for adoption in calendar year 2012.

Per the statutory requirements of Section 3014 of the *Affordable Care Act*, a new federal “pre-rulemaking process” has been established. This process includes, but is not limited to, making by December 1 annually, a list of quality and efficiency measures being considered for adoption available to the public and subject to multi-stakeholder group review and input (as convened by the National Quality Forum (NQF)).

For more information on this process, please visit [www.CMS.gov/QualityMeasures/MultiStakeholderGroupInput](http://www.CMS.gov/QualityMeasures/MultiStakeholderGroupInput).

### **Medicare Covers Screening and Counseling for Obesity** [\[↑\]](#)

*Decision adds a new preventive service for Medicare beneficiaries*

CMS today announced that Medicare is adding coverage for preventive services to reduce obesity. This adds to Medicare's existing portfolio of preventive services that are now available without cost sharing under the *Affordable Care Act*. It complements the *Million Hearts* initiative led jointly by CMS and the Centers for Disease Control and Prevention in partnership with other HHS agencies, communities, health systems, nonprofit organizations, and private sector partners across the country to prevent one million heart attacks and strokes in the next 5 years.

“Obesity is a challenge faced by Americans of all ages, and prevention is crucial for the management and elimination of obesity in our country,” said CMS Administrator Donald M. Berwick, MD. “It’s important for Medicare patients to enjoy access to appropriate screening and preventive services.”

Over 30% of both men and women in the Medicare population are estimated to be obese. Obesity is directly or

indirectly associated with many chronic diseases, including those that disproportionately affect racial and ethnic minorities such as cardiovascular disease and diabetes. Addressing the prevention of obesity related disparities has the potential to reduce obesity prevalence while also closing the gap on health disparities among Medicare beneficiaries.

Screening for obesity and counseling for eligible beneficiaries by primary care providers in settings such as physicians' offices are covered under this new benefit. For a beneficiary who screens positive for obesity with a body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup>, the benefit would include one face-to-face counseling visit each week for one month and one face-to-face counseling visit every other week for an additional five months. The beneficiary may receive one face-to-face counseling visit every month for an additional six months (for a total of 12 months of counseling) if he or she has achieved a weight reduction of at least 6.6 pounds (or 3 kilograms) during the first six months of counseling.

"This decision is an important step in aligning Medicare's portfolio of preventive services with evidence and addressing risk factors for disease," said Patrick Conway, MD, MSc, CMS Chief Medical Officer and Director of the Agency's Office of Clinical Standards and Quality. "We at CMS are carefully and systematically reviewing the best available medical evidence to identify those preventive services that can keep Medicare beneficiaries as healthy as possible for as long as possible."

Through the end of October, 22.6 million people with Original Medicare have received one or more of the free covered preventive services this year.

To read the final decision on the new national coverage determination, visit the CMS website at: <http://www.CMS.gov/medicare-coverage-database/details/nca-decision-memo.aspx?&NcaName=Intensive%20Behavioral%20Therapy%20for%20Obesity&bc=ACAAAAAIAAA&NCAid=253&>.

For more information about *Million Hearts*, please visit [millionhearts.hhs.gov](http://millionhearts.hhs.gov).

## CMS Online Information Just Got Better [\[↑\]](#)

We're always looking for ways to make your experience with the Medicare, Medicaid, Children's Health Insurance, and other healthcare programs better. On Mon Dec 5, we expanded and enhanced our online presence at CMS: we're debuting a new look and feel for [CMS.gov](http://www.CMS.gov), and launching a brand-new site for the Medicaid program, [Medicaid.gov](http://www.Medicaid.gov).

These changes reflect what we've heard from you – our users – and respond to what you've said you want to be able to do on our site. Here's what you'll find on the new CMS and Medicaid sites:

- A significantly improved search engine that gets you to the information you're looking for, fast.
- More in-depth information about what we're doing to implement the *Affordable Care Act* and other new initiatives, and details about how you can apply for new programs.
- Up-to-date, real-time updates that reflect important developments and initiatives happening with CMS programs.
- Medicaid program information that's readily available, easy to find, and easy to use— and we'll be continually looking for ways to enhance your experience on this site.
- Easy-to-access links to [Healthcare.gov](http://www.Healthcare.gov), which will continue to be the primary site for consumer information.

While we've moved content around to make it easier to find, don't worry that you'll lose access to any of the current Medicare and Medicaid information you rely on now. We're launching an archive version of each of our websites too,

so that historic information can remain online without adding clutter to our primary sites.

We think these changes are a good first step to improving our online presence and making information more accessible for all the patients, partners, providers, States, advocates and others who interact with our programs. However, this is just the first step — we have plans for continuous, ongoing improvements.

Take a look around at our [www.CMS.gov](http://www.CMS.gov) and [www.Medicaid.gov](http://www.Medicaid.gov), and [let us know what you think](#). We'd like to use your feedback to help drive the direction of future website improvements.

**From the MLN: “Medicare Shared Savings Program: Notice of Proposed Rulemaking Fact Sheets” Booklet (ICN 907663) Available – New [\[↑\]](#)**

The new “[Medicare Shared Savings Program: Notice of Proposed Rulemaking Fact Sheets](#)” booklet (ICN 907663) is designed to provide education on the Medicare Shared Savings Program (MSSP) as proposed in the Notice of Proposed Rulemaking. It includes the following previously published fact sheets: Summary of Proposed Rule Provisions for Accountable Care Organizations Under the Medicare Shared Savings Program; What Providers Need to Know: Accountable Care Organizations; Improving Quality Of Care for Medicare Patients: Accountable Care Organizations; Medicare Shared Savings Program and Rural Providers; and Federal Agencies Address Legal Issues Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program.

**From the MLN: “How to Use the Searchable Medicare Physician Fee Schedule” Booklet (ICN 901344) Available – New [\[↑\]](#)**

The new “[How to Use the Searchable Medicare Physician Fee Schedule](#)” booklet (ICN 901344) is designed to provide education on how to use the Medicare Physician Fee Schedule (MPFS). It includes steps to search for payment information, pricing, Relative Value Units (RVUs), and payment policies. If you like this booklet, check out [How to Use the Medicare Coverage Database](#) and [How to Use the National Correct Coding Initiative \(NCCI\) Tools](#) from the Medicare Learning Network®.

**From the MLN: “Additional HIPAA 837 5010 Transitional Changes and Further Modifications to COBA National Crossover Process” MLN Matters® Article Released [\[↑\]](#)**

The new, “[Additional Health Insurance Portability and Accountability Act \(HIPAA\) 837 5010 Transitional Changes and Further Modifications to the Coordination of Benefits Agreement \(COBA\) National Crossover Process](#)” MLN Matters® Special Edition Article (#SE1137) is designed to provide education on the HIPAA 5010 COBA National Crossover Process for supplemental payers. It includes important information and examples to assist providers with the transition.

- Additional material related to Versions 5010 & D.0 in today's e-News... [\[previous\]](#)

**More Helpful Links...**

Check out CMS on



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)

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