



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 the week of Fri Mar 25 includes...

MEETINGS AND CALLS

- [Reminder: National Provider Call on Medicare FFS Implementation of HIPAA Version 5010 and D.O Transactions \[Wed Mar 30\]](#)
- [Special Open-Door Forum on Home Health Payment Revisions to Ensure Access to Care \[Thu Mar 31\]](#)
- [Two Upcoming National Education Calls on Registration for the EHR Incentive Programs \[Fri Apr 1 and Wed Apr 6\]](#)
- [Program Advisory and Oversight Committee Meeting on DMEPOS Competitive Bidding Program \[Tue Apr 5\]](#)

ANNOUNCEMENTS AND REMINDERS

- [Sign Up for the CMS ICD-10 Industry Update Messages](#)
- [Information on the Timely Claims Filing Requirement](#)
- [Electronic Prescribing \(eRx\) Incentive Program Update – Avoiding the Adjustment](#)
- [March Flu Shot Reminder](#)

CODE, PRICER, AND CLAIMS UPDATES

- [Revised April 2011 Part-B Drug Average Sales Price Files Are Now Available](#)

UPDATES FROM THE MEDICARE LEARNING NETWORK®

- [“Implementation of Provider Enrollment Provisions in CMS-6028-FC” Released](#)
- [“Recovery Audit Program Demonstration High-Risk Medical Necessity Vulnerabilities for Inpatient Hospitals” Podcast Released!](#)
- [New Information for Compliance Officers and Billing and Coding Professionals](#)
- [“Summary Information Regarding Medicare's Primary Care Incentive Payment Program” Released](#)
- [“Capped Rental DME: Enforcement of Payment Requirements for Beneficiary-Owned Capped Rental Durable Medical Equipment” Revised](#)

- [“Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of the Affordable Care Act” Revised](#)
- [“Medical Privacy of Protected Health Information” Factsheet Revised](#)

Reminder: National Provider Call on Medicare FFS Implementation of HIPAA Version 5010 and D.O Transactions [\[↑\]](#)

Wed Mar 30, 2-3:30pm EDT

The Centers for Medicare & Medicaid Services’ Provider Communications Group will host its fifteenth national education call regarding Medicare Fee-For-Service’s implementation of HIPAA Version 5010 and D.O transaction standards on Wed Mar 30. This call is primarily intended for vendors, clearinghouses, and providers who need to make Medicare FFS-specific changes in compliance with HIPAA Version 5010 requirements. The presentation will be followed by a Q&A session.

CMS will be making use of a webinar as part of this national conference call (details follow below). This feature will allow participants to follow the presentation online as it is given as well as the opportunity to answer polling questions during the presentation. This will not have any effect on those participants who are only dialing in to the audio portion of the call. Those who are not participating in the webinar should be sure to download the presentation for the call in advance from <http://www.CMS.gov/Versions5010andD0/V50/list.asp>.

In order to receive the call-in information, you must register for the call. (Note that if you are planning to sit in with a group, only one person needs to register to receive the call-in information. Note also that, if you plan to request continuing education credit from your professional organization and proof of registration is required, you will need to personally register so that you receive a confirmatory email.)

Registration will close at 2pm EST on Tue Mar 29 or when available space has been filled; no exceptions will be made, so please register early. To register for the call:

- Visit <http://www.eventsvc.com/palmettogba/033011>.
- Fill in all required information and click “Register.”
- You will be taken to the “Thank you for registering” page and will receive a confirmation email shortly thereafter. Please save this page, in the event that your server blocks the confirmation emails. (If you do not receive the confirmation email, 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 days before the event.

At the time of the call, you will first dial in for the call audio, then (if you are participating in the webinar) direct your browser to <https://webinar.CMS.hhs.gov/MedicareFFS5010> and sign in using your full name (entering as a guest). (No software is necessary to participate in the web-based webinar but, if you have not done so before, please test your computer and connection in advance by visiting https://webinar.CMS.hhs.gov/common/help/en/support/meeting_test.htm.)

If you would like to submit a question related to this topic after registration closes, please email your inquiry to our new 5010 FFS Information resource box at 5010FFSinfo@cms.hhs.gov. Note that this resource box will only accept emails from the close of registration through one business day following the call. Your emailed questions will be answered as soon as possible, and may or may not be answered during the call.

Special Open-Door Forum on Home Health Payment Revisions to Ensure Access to Care [\[↑\]](#)

Thu Mar 31, 1pm-2:30pm EDT

CMS needs your help identifying beneficiaries who may have difficulty accessing Medicare home health services. We would like to hear about your experiences serving hard to reach populations, as well as the challenges certain beneficiaries may experience in accessing Medicare home health services. This Special Open-Door Forum will be dedicated to this very important issue and sharing your first-hand experiences. We hope that you will take advantage of this unique and valuable opportunity to help us better define and understand the low-income, underserved, and/or high-severity beneficiaries for whom the home health prospective payment system may not accurately account and serve.

For more information, please review:

- Home Health Study Literature Review – http://www.CMS.gov/HomeHealthPPS/Downloads/HHPPS_LiteratureReview.pdf
- Special Open-Door Forum Informational Slides – http://www.CMS.gov/HomeHealthPPS/Downloads/HHPPS_StudyODF.pdf

Special Open-Door Forum Participation Instructions:

- This forum will be available as a streaming audio webcast over the internet. To register to hear the call over the internet, visit <http://www.CMS.gov/apps/events/event.asp?id=634>.
- A limited number of phone lines are available for people who wish to ask a question during the Forum, or who have technical problems with the internet audio stream. You can call 800-837-1935 any time after 12:45pm EDT and use Conference ID #51381075; you will be able to hear the Forum while you are on hold.

Also note:

- You can see live closed-captioning of the call from the Federal Relay Center at <http://www.FedRCC.us//Enter.aspx?EventID=1733209&CustomerID=321>. (You must open this service in a second browser window.) Participants who use the Federal Relay Center will be able to download a transcript of the closed captioning; visit <http://www.FedRCC.us/FedRcc/Default.aspx> for more information.
- For phone users, TTY Communications Relay Services are available for the Hearing-Impaired. For TTY services, dial 7-1-1 or 800-855-2880 and a Relay Communications Assistant will help.
- An Encore audio recording of this call that can be accessed by dialing 800-642-1687 and using Conference ID #51381075. This recording will be available approximately 2 hours after the call and will be available for 10 days.
- An audio recording and transcript of this call will be posted to the Special Open-Door Forum website at http://www.CMS.gov/OpenDoorForums/05_ODF_SpecialODF.asp and will be accessible for downloading beginning on or around Fri Apr 15.

Two Upcoming National Education Calls on Registration for the EHR Incentive Programs [[↑](#)]

Fri Apr 1, 1:30-3pm EDT – Eligible Professionals, Medicare Incentive Program

Wed Apr 6, 1:30-3pm EDT – Eligible Hospitals, Medicare and Medicaid Incentive Programs

On Fri Apr 1, CMS will host a national provider education call for eligible professionals about registration for the Medicare Electronic Health Records (EHR) Incentive Program, which will cover the following topics:

- Eligibility for Incentives
- Switching between the Medicare and Medicaid Incentive Programs
- Reassigning Payments
- Pre-Registration
- Registration

- Helpful Resources

Then, on Wed Apr 6, CMS will host a second national call for eligible hospitals about registration for the Medicare and Medicaid EHR Incentive Programs, which will cover:

- Eligibility for Incentives
- Dually eligible hospitals
- Pre-Registration
- Registration
- Helpful Resources

In order to receive the call-in information for either of these calls, participants must register. Note that if you are planning to sit in with a group, only one person needs to register to receive the call-in information. Also note that, if you plan to request continuing education credit from your professional organization and if this organization requires proof of registration, you will need to personally register so that you receive a confirmatory email.

Registration will close at 1:30pm EST on the day before each of the calls or when available space has been filled; no exceptions will be made, so please register early. To register for these calls:

- Visit either:
 - The [registration site](#) for the Fri Apr 1 call, or
 - The [registration site](#) for the Wed Apr 6 call.
- Fill in all required information and click “Register.”
- You will be taken to the “Thank you for registering” page and will receive a confirmation email shortly thereafter. Please save this page, in the event that your server blocks the confirmation emails. (If you do not receive the confirmation email, 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 days before the event.

Prior to each call, presentation materials will be available in the Upcoming Events section of the [Spotlight Page](#) on the CMS [EHR website](#).

Program Advisory and Oversight Committee Meeting on DMEPOS Competitive Bidding Program [\[↑\]](#)

Tue Apr 5, 8:30am-4pm EDT

The Centers for Medicare & Medicaid Services will host a meeting with the Program Advisory and Oversight Committee (PAOC) on Tue Apr 5 to discuss the status of the Round 1 Rebid and upcoming Rounds of the Medicare DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies) Competitive Bidding program. The meeting will be held at the CMS Central Office at 7500 Security Boulevard, Baltimore, MD 21244.

Registration for this meeting is now open. To register, please visit <http://www.BLSmeetings.net/PAOC2011>. Registrations must be received no later than 5pm on Fri Apr 1.

(Meeting attendees should allow plenty of time to ensure access to the CMS facility. CMS security procedures require that all visitors are subject to a vehicular search and can only gain access through the Central Building Main Lobby. All visitors must also be in possession of a valid, government-issued form of photo identification, such as a driver's license, age of majority card, passport, or visa.)

The agenda for this meeting is now available at <http://www.CMS.gov/DMEPOSCompetitiveBid/PAOCMI/list.asp>. For

more information about the DMEPOS Competitive Bidding Program, including information about the PAOC, please visit <http://www.CMS.gov/DMEPOSCompetitiveBid>.

Sign Up for the CMS ICD-10 Industry Update Messages [\[↑\]](#)

Did you know that the Centers for Medicare & Medicaid Services has an email update specific to ICD-10 that you can sign up for?

The CMS ICD-10 Industry Email Update provides subscribers with timely information about the upcoming Version 5010 and ICD-10 transitions. Each message is delivered directly to your email inbox, supplying helpful reminders, information on new resources, and other ICD-10 and Version 5010 news. Recent messages have covered important topics, such as:

- The partial code freeze prior to ICD-10 implementation,
- External testing of Version 5010 transaction standards, and
- The General Equivalence Mappings (GEMs).

To sign up for the ICD-10 Industry Email Updates, or to view previous email updates, visit http://www.CMS.gov/ICD10/02d_CMS_ICD-10_Industry_Email_Updates.asp. To keep up to date on Version 5010 and ICD-10, and for the latest news and resources, be sure to keep current with <http://www.CMS.gov/ICD10>.

Version 5010 and ICD-10 are coming. Will you be ready?

Information on the Timely Claims Filing Requirement [\[↑\]](#)

CMS would like to remind Medicare Fee-For-Service physicians, providers, and suppliers submitting claims to Medicare for payment that, as a result of the *Patient Protection and Affordable Care Act (PPACA)*, effective immediately, all claims for services furnished on or after Fri Jan 1, 2010, must be filed with your Medicare contractor no later than one calendar year (12 months) from the date of service – or Medicare will deny them.

In general, the start date for determining the 1-year timely filing period is the date of service or “From” date on the claim. For institutional claims that include span dates of service (ie. a “From” and “Through” date on the claim), the “Through” date on the claim is used for determining the date of service for claims filing timeliness. For claims submitted by physicians and other suppliers that include span dates of service, the line item “From” date is used for determining the date of service for claims filing timeliness.

For additional information about the new maximum period for claims submission filing dates, contact your Medicare contractor or review the following MLN Matters articles on the subject:

- “Systems Changes Necessary to Implement the *Patient Protection and Affordable Care Act (PPACA)* Section 6404: Maximum Period for Submission of Medicare Claims Reduced to Not More Than 12 Months” (MM6960) – <http://www.CMS.gov/MLNMattersArticles/downloads/MM6960.pdf>
- “Timely Claims Filing: Additional Instructions” (MM7080) – <http://www.CMS.gov/MLNMattersArticles/downloads/MM7080.pdf>
- “Changes to the Time Limits for Filing Medicare Fee-for-Service Claims” (MM7270) – <http://www.CMS.gov/MLNMattersArticles/downloads/MM7270.pdf>

Electronic Prescribing (eRx) Incentive Program Update – Avoiding the Adjustment [[↑](#)]

In November 2010, the Centers for Medicare & Medicaid Services announced that, beginning in calendar year 2012, eligible professionals who are not successful electronic prescribers based on claims submitted between Sat Jan 1 and Thu June 30, 2011, may be subject to a payment adjustment on their Medicare Part-B Physician Fee Schedule-covered professional services. Section 132 of the *Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)* authorizes CMS to apply this payment adjustment whether or not the eligible professional is planning to participate in the eRx Incentive Program.

From 2012 through 2014, the payment adjustment will increase each calendar year. In 2012, the payment adjustment for not being a successful electronic prescriber will result in an eligible professional or group practice receiving 99% of their Medicare Part-B PFS amount that would otherwise apply to such services. In 2013, an eligible professional or group practice will receive 98.5% of their Medicare Part-B PFS-covered professional services for not being a successful electronic prescriber in 2011 or as defined in a future regulation. In 2014, the payment adjustment for not being a successful electronic prescriber is 2%, resulting in an eligible professional or group practice receiving 98% of their Medicare Part-B PFS-covered professional services. (The payment adjustment does not apply if less than 10% of an eligible professional's or group practice's allowed charges for the Sat Jan 1, 2011 through Thu June 30, 2011, reporting period are comprised of codes in the denominator of the 2011 eRx measure.) Also note that earning an eRx incentive for 2011 will NOT necessarily exempt an eligible professional or group practice from the payment adjustment in 2012.

How to Avoid the 2012 eRx Payment Adjustment:

- Eligible professionals – An eligible professional can avoid the 2012 eRx Payment adjustment if (s)he:
 - Is not a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of Thu June 30, 2011, based on primary taxonomy code in NPPES;
 - Does not have prescribing privileges. Note that (s)he must report G8644 at least one time on an eligible claim prior to Thu June 30, 2011;
 - Does not have at least 100 cases containing an encounter code in the measure denominator;
 - Becomes a successful e-prescriber; and
 - Reports the eRx measure for at least 10 unique eRx events for patients in the denominator of the measure.
- Group Practices – For group practices that are participating in eRx GPRO-I or GPRO-II during 2011, the group practice MUST become a successful e-prescriber.
 - Depending on the group's size, the group practice must report the eRx measure for 75-2500 unique eRx events for patients in the denominator of the measure.

For additional information, please visit the "Getting Started" webpage at <http://www.CMS.gov/ERXincentive>, or download the "Medicare's Practical Guide to the Electronic Prescribing (eRx) Incentive Program" under "Educational Resources" on the same website.

March Flu Shot Reminder [[↑](#)]

It's Not too Late to Give and Get the Flu Vaccine. Take advantage of each office visit and continue to protect your patients against the seasonal flu; Medicare will continue to pay for the seasonal flu vaccine and its administration for all Medicare beneficiaries through the entire flu season. The Centers for Disease Control and Prevention recommends that patients, healthcare workers, and caregivers be vaccinated against the seasonal flu. Protect your patients. Protect your family. Protect yourself. Get Your flu vaccine – not the flu.

Remember: influenza vaccine plus its administration are covered Part-B benefits. Note that influenza vaccine is NOT a Part-D-covered drug. For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for healthcare professionals and their staff, please visit <http://www.CMS.gov/AdultImmunizations> and http://www.CMS.gov/MLNProducts/Downloads/Flu_Products.pdf.

Revised April 2011 Part-B Drug Average Sales Price Files Are Now Available [[↑](#)]

Please note that CMS has posted revised the Part-B Drug Average Sales Price (ASP) files for April 2011 and restated files for prior quarters. All are available for download at http://www.CMS.gov/McrPartBDrugAvgSalesPrice/01a18_2011ASPFiles.asp.

From the MLN: "Implementation of Provider Enrollment Provisions in CMS-6028-FC" Released [[↑](#)]

MLN Matters® Article #MM7350 – titled "Implementation of Provider Enrollment Provisions in CMS-6028-FC" – which explains how Medicare will implement certain provisions cited in CMS-6028-FC, as outlined in Change Request #7350, is now available at <http://www.CMS.gov/MLNMattersArticles/downloads/MM7350.pdf>. These provisions, effective *Fri Mar 25, 2011*, 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.

From the MLN: "Recovery Audit Program Demonstration High-Risk Medical Necessity Vulnerabilities for Inpatient Hospitals" Podcast Released! [[↑](#)]

The Medicare Learning Network® has released the first in a series of podcasts designed to educate Fee-For-Service providers about how to avoid common billing errors and other improper activities when dealing with the Medicare Program. This podcast – titled "Recovery Audit Program (RAP) Demonstration High-Risk Medical Necessity Vulnerabilities for Inpatient Hospitals" – is based on MLN Matters Article #SE1027 and discusses some of the 17 findings identified by the RAP in an effort to prevent future improper payment issues. To download this podcast, visit the MLN Multimedia webpage at <http://www.CMS.gov/MLNProducts/MLM/list.asp> and click on 'Provider Compliance' from the list of topics. Stay tuned for future podcasts from the MLN!

From the MLN: New Information for Compliance Officers and Billing and Coding Professionals [[↑](#)]

As part of ongoing efforts by CMS to keep Medicare Fee-For-Service providers aware of new and improved products, CMS encourages you to visit the [Provider Compliance](#) MLN web page, where you will find FFS provider materials to help you understand – and avoid – common billing errors and other improper activities identified through claim review programs. Be sure to pay particular attention to the listing of [Provider Compliance National Educational Products](#), from which you can quickly link to each available product. Also take a moment to review the first two issues of the Medicare Quarterly Provider Compliance Newsletter ([Volume 1, Issue 1](#) and [Volume 1, Issue 2](#)). And like all MLN products, our downloadable compliance materials are available at no cost.

From the MLN: "Summary Information Regarding Medicare's Primary Care Incentive Payment Program" Released [[↑](#)]

MLN Matters® Special Edition Article #SE1109 – titled “Summary Information Regarding Medicare’s Primary Care Incentive Payment Program (PCIP)” – has been released to clarify Medicare’s primary care incentive program. This article is based on Section 5501(a) of the *Affordable Care Act*, which provides for an incentive payment for primary care services furnished on or after Sat Jan 1, 2011, and before Fri Jan 1, 2016, by a primary care physician or non-physician practitioner. For more information, please read the article at <http://www.CMS.gov/MLNMattersArticles/downloads/SE1109.pdf>.

From the MLN: “Capped Rental DME: Enforcement of Payment Requirements for Beneficiary-Owned Capped Rental Durable Medical Equipment” Revised [↑]

MLN Matters® Special Edition Article #SE1103 – titled “Capped Rental DME: Enforcement of Payment Requirements for Beneficiary-Owned Capped Rental Durable Medical Equipment (DME)” – has been revised to show that oxygen equipment requirements were significantly changed on Thu Jan 1, 2009, as a result of Change Request #6297. For more information, please read the article at <http://www.CMS.gov/MLNMattersArticles/downloads/SE1103.pdf>.

From the MLN: “Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of the *Affordable Care Act*” Revised [↑]

MLN Matters® Article #MM7012 – titled “Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of the *Affordable Care Act*, Removal of Barriers to Preventive Services in Medicare” – has been revised to reflect recent changes to Change Request #7012, which announces that effective for dates of service on or after Sat Jan 1, 2011, Medicare will provide 100-percent payment for the Initial Preventive Physical Examination (IPPE), the Annual Wellness Visit (AWV), and certain preventive services. For more information, please read the article at <http://www.CMS.gov/MLNMattersArticles/downloads/MM7012.pdf>.

From the MLN: “Medical Privacy of Protected Health Information” Factsheet Revised [↑]

The revised publication titled “Medical Privacy of Protected Health Information” (revised January 2011) is now available from the Medicare Learning Network® at <http://www.CMS.gov/MLNproducts/downloads/SE0726FactSheet.pdf>. This factsheet contains resources and information regarding the *HIPAA* Privacy Rule and how this applies to customary healthcare practices and other information on the HHS *HIPAA* webpage.

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