



### 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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**CMS Announces National Version 5010 Testing Days** [\[↑\]](#)

Wed June 15 and Wed Aug 24

The Version 5010 compliance date – Sun Jan 1, 2012 – is fast approaching. All *HIPAA*-covered entities should be taking steps now to get ready, including conducting external testing to ensure timely compliance. Are you prepared for the transition? Medicare Fee-for-Service (FFS) trading partners are encouraged to contact their Medicare Administrative Contractors (MACs) now and facilitate testing to gain a better understanding of MAC testing protocols and the transition to Version 5010.

To assist in this effort, CMS, in conjunction with the Medicare FFS Program, announces National 5010 Testing Days to be held Wed June 15 and Wed Aug 24, 2011. The National 5010 Testing Days are an opportunity for trading partners to come together and test compliance efforts that are already underway with the added benefit of real-time help desk support and direct and immediate access to MACs.

CMS encourages all trading partners to participate in the National 5010 Testing Days. This includes:

- Providers;
- Clearinghouses; and
- Vendors.

More details concerning transactions to be tested are forthcoming from your local MAC. Additionally, there are several State Medicaid Agencies that will be participating in the National 5010 testing days; more details will follow from them as well.

Again, CMS National 5010 Testing Days do not preclude trading partners from testing transactions immediately with their MAC. Don't wait. You are encouraged to begin working with your MAC now to ensure timely compliance. Note that successful testing is required before a trading partner may be placed into production.

We hope all trading partners will join us on Wed June 15 and Wed Aug 24 and take advantage of this great opportunity to ensure testing and transition efforts are on track! For more information on *HIPAA* Version 5010, please visit <http://www.CMS.gov/Versions5010andD0>.

### **Sign Up Today for Free ACO Learning Sessions** [[↑](#)]

Mon June 20 through Wed June 22  
Minneapolis, MN

The Center for Medicare and Medicaid Innovation is offering free [Accelerated Development Learning Sessions](#) (ADLS) for providers interested in learning more about how to coordinate patient care through Accountable Care Organizations (ACOs). *Four* ACO Accelerated Development Learning Sessions are being offered in 2011, with the first session scheduled for June 20-22 in Minneapolis, MN. Each session will teach providers interested in becoming ACOs what steps they can take to improve care delivery and how to develop an action plan for moving toward providing better coordinated care.

Registration for the first session is now open for teams of between two and four senior leaders from healthcare delivery organizations interested in forming an ACO or from an existing ACO. In addition, the plenary sessions will be made available via webcast and all materials from the sessions will be publicly available on the [Innovation Center Website](#). Individuals wishing to attend the Mon June 20 through Wed June 22 ADLS in Minneapolis may register for free at <http://ACOResister.rti.org>.

The benefits of attending an Accelerated Development Learning Session include:

- [Access to faculty with ACO experience](#) – Faculty at each ADLS will be senior leadership from organizations that have already developed many of the characteristics of an ACO. These practitioners have first-hand experience with what is working and not working in the field.
- [Deep understanding of ACO core competencies](#) – The ADLS will cover several core competencies and strategies for building ACO capacities. Individual sessions and faculty will help participants complete corresponding sections of a comprehensive ACO implementation plan, including defining ACO goals and an action plan for establishing ACO core competencies.
- **Guided start to developing an implementation plan** – Participants are encouraged to complete a comprehensive implementation plan for establishing the core competencies of an ACO, based on an understanding of their current readiness and gap analysis. Each organization will begin the crucial process of identifying specific goals for care improvement. Resources, toolkits, and faculty support will be provided to help participants complete, update, and prepare to implement a comprehensive implementation plan that includes benchmarks for developing each core competency over the next one to three years.

For more information, please see our [Frequently Asked Questions page](#).

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

Tue June 21, 1:30-3pm ET

CMS will host a national provider call on the Physician Quality Reporting System & Electronic Prescribing Incentive Program. Subject matter experts will provide an overview of the proposed rule (CMS-3248-P, released on Thu May 26, 2011), which addresses the proposed changes to the Medicare Electronic Prescribing (eRx) Incentive Program; a question and answer session will follow the presentation. The target audience for this call includes medical coders, physician office staff, provider billing staff, health records staff, vendors, and all Medicare fee-for-service providers.

In order to receive the call-in information, you must register for the call. *Registration will close at 1:30pm on Mon June 20* 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.CMS.gov/PQRI/04\\_CMSSponsoredCalls.asp](http://www.CMS.gov/PQRI/04_CMSSponsoredCalls.asp).

### **National Provider Call on Accreditation Requirements for Advanced Diagnostic Imaging Technical Suppliers** [\[↑\]](#)

Thu June 23, 2:30-4pm ET

CMS will host a national provider call on the upcoming mandatory accreditation program for all suppliers that furnish the technical component of advanced diagnostic imaging. Subject matter experts will discuss what the requirements are to meet the Sun Jan 1, 2012, deadline; who these requirements effect; and how to become accredited. CMS will update information previously discussed on Open Door Forums that will streamline the requirements.

The target audience for this call includes physician office staff and all Medicare fee-for-service providers; the agenda will include:

- the law;
- deadlines;
- suppliers effected;
- the accreditation process;
- the enrollment process; and
- a question and answer session.

A slideshow presentation will be made available in advance of the call at [http://www.CMS.gov/MedicareProviderSupEnroll/03\\_AdvancedDiagnosticImagingAccreditation.asp](http://www.CMS.gov/MedicareProviderSupEnroll/03_AdvancedDiagnosticImagingAccreditation.asp).

In order to receive the call-in information, you must register for the call. *Registration will close at 2:30pm on Wed June 22* 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/palmettogba/062311>.

### **National Provider Call on Medicare FFS Implementation of HIPAA Version 5010 and D.O Transactions** [[↑](#)] Wed June 29, 1:30-3:00pm ET

CMS will host its seventeenth national education call regarding Medicare FFS's implementation of *HIPAA* Version 5010 and D.O transaction standards on Wed June 29. The target audience for this call includes vendors, clearinghouses, and providers who need to make Medicare FFS-specific changes in compliance with *HIPAA* Version 5010 requirements. The agenda will include:

- *HIPAA* Version 5010 Status Update
- Question and Answer Session

If you would like to submit a question in advance of, during, or following the call, please email your inquiry to our 5010 FFS Information resource mailbox at [5010FFSinfo@cms.hhs.gov](mailto:5010FFSinfo@cms.hhs.gov). Please note that this resource box 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.

In order to receive the call-in information, you must register for the call. *Registration will close at 2:30pm on Wed June 22* 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/palmettogba/062911>.

### **Medicare Now Provides Coverage for an Annual Wellness Visit and the Initial Preventive Physical Examination** [[↑](#)]

#### *The Annual Wellness Visit (AWV) – New for 2011*

Under the *Affordable Care Act*, Medicare beneficiaries may now receive coverage for an Annual Wellness Visit (AWV), which is a yearly office visit that focuses on preventive health. During the AWV, healthcare providers will review a patient's history and risk factors for diseases, ensure that the patient's medication list is up to date, and provide personalized health advice and counseling. The first AWV also allows the provider to establish a written personalized prevention plan. This new benefit will provide an ongoing focus on prevention that can be adapted as a beneficiary's health needs change over time. [Download a complete list of the AWV components](#).

#### *The Initial Preventive Physical Examination (IPPE)*

In addition to the new AWV, Medicare also provides coverage for the Initial Preventive Physical Examination (IPPE), commonly known as the "Welcome to Medicare" Visit (WMV). Medicare has provided coverage for this exam since 2005; it is provided as a one-time service to newly-enrolled beneficiaries. The IPPE is an introduction to Medicare and covered benefits, with a focus on health promotion and disease detection.

The IPPE must be performed within the first 12 months after the beneficiary's effective date of their Medicare Part B coverage. It contains a number of components that focus on prevention, including a complete medical/social/family history, a focused physical examination (ie. body mass index, blood pressure, visual acuity), an assessment of

functional ability, and counseling. [Download a complete list of the IPPE components.](#)

Important Note: Medicare provides coverage of the AWV and the IPPE as Medicare Part B benefits. The beneficiary will pay nothing for the AWV and the IPPE (there is no coinsurance or copayment and no Medicare Part B deductible for these benefits). To learn more about the AWV and the IPPE, please refer to Medicare Learning Network's [Guide to Medicare Preventive Services for Medicare Fee-For-Service Providers and Suppliers.](#)

### **Important Medicare EHR Incentive Program Deadline Approaching [↑]**

Sun July 3 marks an important deadline for eligible hospitals and critical access hospitals (CAHs) – the last day that eligible hospitals and CAHs can begin their 90-day reporting period in FY2011 for the Medicare EHR Incentive Program. For hospitals, this means that they must begin their consecutive 90-day reporting period by Sun July 3 if they still want to successfully demonstrate meaningful use and receive an incentive payment for FY2011.

#### *Resources to Help*

CMS has developed some tools to help providers attest. Eligible hospitals and CAHs who have completed their reporting period can use the CMS [Eligible Hospital and CAH Attestation Worksheet](#) to log their meaningful use measures to use as a reference when attesting for the Medicare EHR Incentive Program in the CMS system.

Additionally, the [Meaningful Use Attestation Calculator](#) allows eligible hospitals and CAHs to test whether or not they will successfully demonstrate meaningful use for the EHR Incentive Programs and the [Attestation User Guide for Eligible Hospitals](#) will walk eligible hospitals and CAHs through the attestation system, helping them to successfully attest to meeting meaningful use.

#### *Looking Ahead*

Fri Sep 30 is the last day of the federal fiscal year, marking the end of the reporting year for eligible hospitals and CAHs. See what other important dates are coming in 2011 by visiting 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?* Visit the [CMS EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs; also sign up for the [EHR Incentive Programs email update listserv](#).

### **Are You Submitting a Handwritten Medicare Enrollment Application? [↑]**

Medicare enrollment application forms are fillable on your computer. This means that you can fill out the information required by typing into the open fields while the form is displayed on your computer monitor. Filling out the forms this way before printing, signing and mailing means more easily-readable information – which means fewer mistakes, questions, and delays when your application is processed. Be sure to make a copy of the signed form for your records before mailing.

You'll find the Medicare provider enrollment application forms available on the [CMS website](#):

- [CMS 855A – Application for Institutional Providers](#)
- [CMS 855B – Application for Clinics, Group Practices, and Certain Other Suppliers](#)
- [CMS 855I – Application for Physicians and Non-Physician Practitioners](#)

- [CMS 855R – Application for Reassignment of Medicare Benefits](#)
- [CMS 855S – Application for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Suppliers](#)

*Signatures are still required to be handwritten. Don't forget to complete this important step prior to mailing your typed form(s).*

Keep in mind that typed forms are easier for Medicare to process, but the most efficient method for submitting your enrollment application is to use the Internet –Based Provider Enrollment, Chain and Ownership System (PECOS). PECOS guides you through the enrollment application so you only supply information relevant to your application. PECOS also reduces the need for follow-up because of incomplete applications. Using Internet-based PECOS results in a more accurate application and saves you time and administrative costs. Visit [Internet-Based PECOS](#) to learn more.

### **Materials from AAPC-CMS ICD-10 Code-a-thon Now Posted to ICD-10 Website** [\[↑\]](#)

If you weren't able to join us for the AAPC-CMS ICD-10 Code-a-thon held on Tue Apr 26, or if you just want a closer look at all the materials from the presentation, they are now available on the CMS ICD-10 website (in the “[Latest News](#)” section).

Posted materials include:

- Presentations from [AAPC](#) and [CMS](#) on ICD-10 and Version 5010
- A [transcript](#) and [audio](#) of the presentations given during the webinar

These materials should be helpful in getting informed and learning about the transitions to Version 5010 and ICD-10. Feel free to share this information with colleagues, staff, or anyone interested in learning more about these important transitions.

Keep up to date on Version 5010 and ICD-10 by visiting <http://www.CMS.gov/ICD10> for the latest news and resources to help you prepare!

### **CMS Seeks Comments on COPD Outcomes Measures – Comments Accepted through Fri July 8** [\[↑\]](#)

CMS has contracted with Yale New Haven Health Services Corporation / Center for Outcomes Research and Evaluation (YNHHSC/CORE) to develop two hospital-level, quality outcomes measures for patients with Chronic Obstructive Pulmonary Disease (COPD). The measures are designed for potential use in public reporting and are complementary measures intended to assess different domains of hospital quality.

This notice serves as a call for public comment on the two measures currently in development:

1. 30-day, all-cause mortality following hospitalization for acute exacerbation of COPD
2. 30-day, all-cause readmission following hospitalization for acute exacerbation of COPD

CMS is requesting stakeholder review and public comment of these two measures currently under development. All measure comments are welcome, but we are particularly interested in feedback regarding:

- Cohort for inclusion in the measures
- Inclusion/exclusion criteria
- Risk adjustment strategy

The measure specifications are outlined in the Measure Information Forms (MIFs) which are available at [http://www.CMS.gov/MMS/17\\_CallforPublicComment.asp](http://www.CMS.gov/MMS/17_CallforPublicComment.asp). We have also convened a technical expert panel (TEP) comprised of a broad range of experts and stakeholders to provide feedback on the measures during the development process. A TEP Summary Report outlining the feedback received from TEP members is also available at the aforementioned website.

All comments on these measures must be received by Fri July 8 at 11:59pm ET; comments received will be posted for approximately four weeks once this public comment period closes.

The CMS public comment system, including links to the documents described above and instructions on comment submission, can be found at [http://www.CMS.gov/MMS/17\\_CallforPublicComment.asp](http://www.CMS.gov/MMS/17_CallforPublicComment.asp). Comments can be submitted to [COPDmeasures@yale.edu](mailto:COPDmeasures@yale.edu).

### **New Electronic Method for Submitting Medicare Graduate Medical Education Affiliation Agreements** [\[↑\]](#)

Under the regulations at section 413.79(f) for direct GME and section 412.105(f)(1)(vi) for indirect medical education (IME), hospitals that cross-train residents in approved medical residency training programs may enter into Medicare GME Affiliation Agreements to elect to apply their direct GME and/or IME FTE resident caps on an aggregate basis, and may adjust their FTE resident caps to reflect the rotation of residents among affiliated hospitals during an academic year. The regulations previously required hospitals that wished to affiliate to mail their signed Medicare GME Affiliation Agreements to their Medicare contractor and send a copy in the mail to the CMS Central Office no later than July 1 of the residency program year during which the Medicare GME Affiliation Agreement would be in effect.

In the Mon Aug 16, 2010, Inpatient PPS final rule (75 FR 50299), CMS finalized a policy to allow hospitals to submit Medicare GME Affiliation Agreements to CMS electronically. CMS has developed an electronic submission system for hospitals to submit their Medicare GME Affiliation Agreements for the academic year beginning Fri July 1. Hospitals wishing to affiliate beginning with the Fri July 1, 2011, through Sat June 30, 2012, academic year should submit their Medicare GME Affiliation Agreements to the CMS Central Office by emailing them to [Medicare\\_GME\\_Affiliation\\_Agreement@cms.hhs.gov](mailto:Medicare_GME_Affiliation_Agreement@cms.hhs.gov). Medicare GME Affiliation Agreements for the 2011-2012 academic year must be received at the email address above by 11:59pm ET on Fri July 1. If received by this time, you should receive an automatic reply indicating that your affiliation agreement submission was received timely for the academic year.

All teaching hospitals that wish to submit Medicare GME Affiliation Agreements to CMS are encouraged to do so using this email address; they are also encouraged to submit the affiliation agreements in PDF format. However, because this is the first year using this electronic submission system, hard copies of affiliation agreements that are submitted to the CMS Central Office no later than Fri July 1 will also be accepted (faxes are not allowed). In addition, CMS will continue to accept modifications to Medicare GME Affiliation Agreements for the 2010-2011 academic year in hard copy format as well. (Please do not submit amendments to the 2010-2011 affiliation agreements to the email address. Only new affiliation agreements for the 2011-2012 academic year should be sent to submitted by email; modifications of the 2011-2012 affiliation agreements may also be submitted to this email address by Sat June 30, 2012.)

With regard to Medicare GME Affiliation Agreements that you may already have in place that are set to automatically renew on Fri July 1, you may, but are not required to, submit by Fri July 1 an electronic copy of the applicable

Medicare GME Affiliation Agreement to [Medicare\\_GME\\_Affiliation\\_Agreement@cms.hhs.gov](mailto:Medicare_GME_Affiliation_Agreement@cms.hhs.gov).

(In addition, please note that you are to continue to submit the “contractor copy” of your Medicare GME Affiliation Agreements to your Medicare contractor using the procedures your Medicare contractor has specified, either in hard copy mail or by email as applicable. [Medicare\\_GME\\_Affiliation\\_Agreement@cms.hhs.gov](mailto:Medicare_GME_Affiliation_Agreement@cms.hhs.gov) is a CMS email address only, and is not linked to the Medicare contractors.)

#### **From the MLN: Join the MLN Education Products Listserv [[↑](#)]**

Want to be among the first to know about new and updated Medicare Learning Network® (MLN) products and resources? The MLN Education Products listserv is for you!

By joining this listserv, you will receive the latest news about new and revised MLN products, including information on Medicare-related topics such as provider enrollment, preventive services, claims processing, provider compliance, payment policies, and the MLN Provider Exhibit Program. MLN products are created in a variety of formats, such as fact sheets, brochures, quick reference charts, podcasts, and web-based training courses, to meet your preferred learning style.

To sign up, visit <http://list.NIH.gov/search/sv.html> and search for “MLN.” Select “[MLN EDUCATION PRODUCTS-L](#),” then follow the prompts to obtain a password. Once you create a password, you will be able to subscribe to a list and change your subscription options.

We look forward to you joining the Medicare Learning Network® family. If you have any questions, please contact [MLN@cms.hhs.gov](mailto:MLN@cms.hhs.gov).

#### **From the MLN: New “Introduction to the Medicare Program” Publication [[↑](#)]**

A new booklet titled “Introduction to the Medicare Program” is now available from the Medicare Learning Network® at [http://www.CMS.gov/MLNProducts/downloads/Introduction\\_to\\_Medicare\\_ICN906285.pdf](http://www.CMS.gov/MLNProducts/downloads/Introduction_to_Medicare_ICN906285.pdf). This publication is designed to provide education on the Medicare Program, other health insurance plans, and organizations of interest to providers and beneficiaries.

#### **From the MLN: “Telehealth Services” Fact Sheet Now Available in Hard Copy [[↑](#)]**

The publication titled “Telehealth Services” (March 2011) is now available in print format from the Medicare Learning Network®. This fact sheet is designed to provide education on services furnished to eligible Medicare beneficiaries via a telecommunications system including originating sites, distant site practitioners, telehealth services, billing and payment for professional services furnished via telehealth, and billing and payment for the originating site facility fee. To place your order, visit <http://www.CMS.gov/MLNGenInfo>, scroll to “Related Links Inside CMS,” and select “MLN Product Ordering Page.”

#### **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**



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