

CMS Never Sleeps! Version 5010, ICD-10, an Education Call, Twitter and YouTube

I am fortunate to be serving on the North Carolina MGMA Medicare Committee this year. When we met yesterday, the members were asked why we wanted to be on the committee. I said I couldn't believe any practice manager wouldn't want to be on the Medicare Committee! I want to be on the front lines, asking questions and trying to understand the massive changes hitting our practices daily. Don't you? If you're not a member of your local or state manager's group and you're not volunteering on one or more committees, why not?

Important Information and Reminders About the Upcoming Version 5010 and ICD-10 Transitions

CMS has resources for providers, vendors, and payers to prepare for the transition. Fact sheets available for educating staff and others about the transition include:

[The ICD-10 Transition: An Introduction](#)

[Talking to Your Vendors About ICD-10 and Version 5010: Tips for Medical Practices](#)

[Talking to Your Customers About ICD-10 and Version 5010: Tips for Software Vendors](#)

[Compliance timelines, materials from CMS-sponsored calls and conferences, links to resources and sign up for email updates here](#)

Medicare FFS 5010 Program: Taking EDI to the Next Level- Ninth National Education Call on Medicare Fee-For-Service (FFS) Implementation of HIPAA Version 5010 and D.0 Transactions

August 25, 2010

2:00pm To 3:30pm EST

The Centers for Medicare & Medicaid Services (CMS) will host its ninth national education call regarding Medicare FFS's implementation of HIPAA Version 5010 and D.0 transaction standards on August 25, 2010. This session will focus on the 835 Electronic Remittance Advice transaction. Subject matter experts will review Medicare FFS specific changes as well as general information to help the audience prepare for the transition; the presentation will be followed by a Q&A session.

Registration will close at 2:00 p.m. EST on August 24, 2010, or when available space has been filled.

Target Audience: Vendors, clearinghouses, and providers who will need to make Medicare FFS specific changes in compliance with HIPAA version 5010 requirements.

Subject: Medicare Fee-For-Service (FFS) Implementation of HIPAA Version 5010 835 Electronic Remittance Advice Transaction

Agenda:

- * General Overview
- * Medicare Specific Changes
- * Timelines and Deadlines

- * What you need to do to prepare
- * Transaction Specific Issues
- * Q & A

Conference call details:

Date: August 25, 2010

Conference Title: Ninth National Education Call on Medicare Fee-For-Service (FFS) Implementation of HIPAA Version 5010 and D.0 Transactions

Time: 2:00 p.m. – 3:30 p.m. ET

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 August 24, 2010, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

1. To register for the call participants click [here](#).
2. Fill in all required data.
3. Verify your time zone is displayed correctly the drop down box.
4. Click "Register".
5. You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter.
Note: Please print and save this page, in the event that your server blocks the confirmation emails. If you do not receive the confirmation email, please check your spam/junk mail filter as it may have been directed there.

6. 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.

Social Media

The Centers for Medicare & Medicaid Services (CMS) continues to break new ground and to enhance their outreach efforts to the public. CMS is now using social media outlets to get information out to their audience as fast as possible.

Twitter: For CMS & Medicare Learning Network updates, [click here](#). You'll need a Twitter account first if you don't already have one – here are instructions:

- Go to www.twitter.com and sign up for FREE (choose a name and a password)
- You can use Twitter on the web or on your phone "" you can look at it once a day (you don't have to look at it and respond to it instantly.)
- Once you're signed up, you can start "following" people and they can "follow" you. I am following people who have interesting things to say about healthcare, and also people who are writing blogs like me.
- Start by following me (@mpwhaley) and I'll be glad to follow you.

YouTube: Log on to the official [CMS YouTube channel](#) to view several videos currently available and more to come in the upcoming months. See an example of a CMS video below.

CMS Releases Record Retention Guidelines

A updated post on record retention with a simple record retention schedule can be found [here](#).

State laws generally govern how long medical records are to be retained.

However, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 administrative simplification rules require a covered entity, such as a physician billing Medicare, to retain **required documentation for six years from the date of its creation or the date when it last was in effect, whichever is later.** HIPAA requirements preempt State laws if they require shorter periods. Your State may require a longer retention period.

While the HIPAA **Privacy** Rule does not include medical record retention requirements, it does require that covered entities apply appropriate administrative, technical, and physical safeguards to protect the privacy of medical records and other protected health information (PHI) for whatever period such information is maintained by a covered entity, including through disposal.

The Centers for Medicare & Medicaid Services (CMS) requires records of **providers submitting cost reports to be retained in their original or legally reproduced form for a period of at least 5 years after the closure of the cost report.**

CMS requires Medicare managed care program providers to retain records for 10 years.



Image via Wikipedia

Additional information:

1. Providers/suppliers should maintain a medical record for each Medicare beneficiary that is their patient.
2. Medical records must be accurately written, promptly completed, accessible, properly filed and retained.
3. Using a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries is a good practice.
4. The Medicare program **does not have requirements for the media formats for medical records**. However, the medical record needs to be in its original form or in a legally reproduced form, which may be electronic, so that medical records may be reviewed and audited by authorized entities.
5. Providers must have a medical record system that ensures that the record may be accessed and retrieved promptly.
6. Providers may want to obtain legal advice concerning record retention after CMS-required time periods.



Healthcare Fatigue – Are You, Your Staff and Your Physicians Unusually Stressed?

Note: I am republishing this to my email subscribers because none of the links worked the first time around. I've fixed everything now – so sorry for the error – must have been

healthcare fatigue!

I've noticed that a lot of people in healthcare seem unusually tired and even, if I dare say so, somewhat cranky. This includes me. I've decided we're all suffering from healthcare fatigue – fatigue from dealing on a daily basis with so much change, uncertainty, and financial stress. Here's my top ten list of healthcare management stressors accompanied by posts I've written that discuss the topic or suggest resources for the challenge.

10. Red Flags Rules – on again, off again, patients don't want to have their pictures taken or let you copy their driver's licenses.

- [Red Flags Rules \(RFR\) Delayed for the Fifth Time "" This Time Until December 31, 2010](#)
- [Red Flags Rule and Identity Theft Prevention: You Don't Have To, But You Should!](#)



Image by purpleslog via
Flickr

9. HIPAA – don't be fooled, HIPAA is not something we handled years ago and it's taken care of; there are new requirements and penalties associated with HIPAA breaches. HIPAA is a biggie and something that now infiltrates almost every facet of healthcare.

- [ARRA Changes Rules for HIPAA "" Did You Miss These Three February Deadlines?](#)

8. Employment Uncertainty – both for you and your staff – the

aftermath of layoffs can be even more demoralizing to those who didn't lose their jobs. Also, many healthcare entities are still freezing raises. If I hear one more time "we'll just have to do more with less" I might just scream.

- [My Take on "10 Ways to Keep Employees Happy" in Medical Practices](#)
- [Dear Mary Pat: Should Staff Be Allowed to Use The Internet on Their Smart Phones at Work?](#)



Image by
jcoterhals via
Flickr

7. Unrealistic Workloads – directly related to #9, most staff and managers have much more work to do than they did just two years ago. Couple that with the ability for managers to be available and work by computer, phone, text message, email or Skype 24/7 and you have fatigue that you understand only when you truly, truly stop and wind down for more than three days at a time.

- [Long Vacations are Good for Employees, the Company and Me!](#)

6. Hospitals Buying Practices – this could be a good thing or a bad thing, but as you and I know, change is completely unnerving to most people. Hospitals have very different cultures than private practices and trying to marry the two takes skill, patience and excellent leadership.

- [Change in the Group Medical Practice: Customers, Consequences, Control, and Culture](#)



5. Stimulus Money for Using EMRs – it's a big decision and many practices are very nervous about purchasing an EMR. Many think that meaningful use components are unrealistic and even more are fearful of the inevitable productivity drop when the EMR is implemented and for months afterwards.

- [ARRA Eligible Providers: Who Is Eligible to Receive Stimulus Money and How Much is Available Per Provider?](#)
- [FAQ on HITECH, Meaningful Use, Eligible Providers, and the Stimulus Money](#)
- [Ten Reasons Why \(Some\) Physicians Aren't Rushing to Adopt EMRs](#)
- [Electronic Medical Record Guru Rosemarie Nelson Reveals Best EMR Product on the Market Today](#)

4. Unhappy Patients – lots of patients are also trying to do more with less (argghhh!) and are avoiding coming to the doctor whenever possible. The front desk staff and the phone staff in particular are getting a lot more heat when they inform patients they'll have to make an appointment.

- [50 Customer Service Ideas to Treat Your Patients to Friendly, Easy and Unexpected Service](#)
- [How To Be A Billing Advocate for Your Patients](#)
- [How to Apologize to a Patient](#)
- [A Memo to the Staff: The Preciousness of Patients](#)

3. PECOS – be glad if you don't know what PECOS stands for, or be very, very afraid.

- [Providers Without a PECOS Record Will Receive a Letter From Their Medicare Administrative Contractor \(MAC\)](#)
- [My Notes from the CMS Open Door Forum on May 19, 2010: PECOS, DMEPOS and Blue Ink on Paper Forms](#)
- [Is Your Practice Ready for the 60-Day PECOS Countdown?](#)

2. Medicare Reimbursement – this year has been as exhausting as watching a single point of ping pong played for hours – there will be cuts, there won't be cuts, there will be cuts, there won't be cuts. Gird your loins as the November 30 deadline looms for the next potential cuts.



Image by longhorndave
via Flickr

- [Deja Vu All Over Again: The Medicare Fee Cut is Pushed Back to November 30, 2010](#)
- [Attention Medical Practice Staff: Medicare Changes the Rules for Credentialing and Retro-Billing](#)
- [91 Physician Organizations Sign Statement Naming Congress in "Mismanagement of the Medicare Program" and Imploring it to "Honor its Obligation"](#)

1. The Bottom Line – we have RAC audits, more pre-certification and pre-authorization and pre-notification requirements, more denials, high deductible plans, formularies and 50 other things that are making it difficult to know which hoop to jump through to get paid. Expenses continue to go up, reimbursement continues to go down, and the healthcare world spins faster and harder, making us all wonder when it will, or if it ever will slow down.

- [There is No Such Thing as a 10-Minute Office Visit](#)
- [The ABN: The Most Misunderstood and Underutilized Document in Healthcare](#)
- [101 Ideas for Increasing Revenue and Decreasing Expenses in Your Medical Practice](#)
- [How to Develop a New Financial Policy For Your Practice: A Short Course](#)

