

An Exhaustive (and Exhausting) Medicare Roundup for November 18, 2011 Including the Revalidation Call Transcript, 5010 Enforcement Delay, Medicare Sends Less Collection Letters and ICD-10 Handbooks

CMS Announces 90-Day Period of Enforcement Discretion for Compliance with New HIPAA Transaction Standards

Today the Centers for Medicare & Medicaid Services' Office of E-Health Standards and Services (OESS) announced that it would not initiate enforcement action until March 31, 2012, with respect to any HIPAA covered entity that is not in compliance with the ASC X12 Version 5010 (Version 5010), NCPDP Telecom D.0 (NCPDP D.0) and NCPDP Medicaid Subrogation 3.0 (NCPDP 3.0) standards. Notwithstanding OESS' discretionary application of its enforcement authority, the compliance date for use of these new standards remains January 1, 2012 (small health plans have until January 1, 2013 to comply with NCPDP 3.0).

CMS has posted the transcript from the National Provider Call on Thursday, October 27, 2011

Don't miss this opportunity to hear from CMS experts on this important topic. Click on National Provider Call on Revalidation of Medicare Provider Enrollment to view the transcript. This transcript contains a number of post call clarifications – such as where to find the listing of providers which have received a notice to revalidate. The audio file will be posted in the near future.

Now Available Online: List of Providers sent a Revalidation Request

In response to provider requests, CMS has posted a listing of providers who have been sent a request to revalidate their Medicare enrollment information. The listing contains the name and national provider identifier (NPI) of each provider sent a letter, as well as the date the letter was sent. To see the listing, click on “Revalidation Phase 1 Listing” in the Downloads section of the Medicare Provider Supplier Enrollment Revalidation Page. NOTE: You must widen each column in the spreadsheet to view the contents. CMS will be updating this list monthly.

If you are listed, and have not received the request, please contact your Medicare contractor. Their toll free number may be found at Medicare Fee-For-Service Contact Information.

For more information on revalidation of Medicare provider enrollment, see MLN article 1126 Further Details on the

Revalidation of Provider Enrollment Information.

National Provider Call: CMS to Host its Twenty-first HIPAA Version 5010 and D.0 – Save the Date

Wednesday, December 7, 2011; 1:30-3pm ET

Save the date for the twenty-first National Provider Call on Medicare FFS' implementation of *HIPAA* Version 5010 and D.0 transaction standards on Wed Dec 7. The agenda and registration information will be provided soon. For more information on *HIPAA* 5010 and D.0 implementation, visit <http://www.CMS.gov/Versions5010andD0/>.

Changes to Medicare Overpayment Notification Process

CCMS has made changes to the Medicare Overpayment Notification Process. If an outstanding balance has not been resolved, providers previously received three notification letters regarding Medicare Overpayments, an initial Demand Letter (1st Letter), a Follow-up-Letter (2nd Letter), and an intent to Refer letter (3rd Letter). CMS would send the second letter to providers 30 days after the initial notification of an overpayment. Recent review has determined that this is not efficient since the majority of providers respond to the initial demand letter and pay the debt.

Currently recoupment action happens 41 days after the initial letter. The remittance which describes this action serves as another notice to providers of the overpayment. Therefore, effective Tuesday, November 1, 2011, the second demand letters are no longer being sent to providers. Provider appeal rights

will remain unchanged.

If an overpayment is not paid within 90 days of the initial letter, providers will continue to receive a letter explaining CMS' intention to refer the debt for collection.

CMS Has Created Implementation Handbooks to Help you Transition to ICD-10

All entities covered under the Health Insurance Portability and Accountability Act (HIPAA) must transition to the ICD-10 code sets by October 1, 2013. CMS has developed four Implementation Handbooks to assist groups with the transition to ICD-10. These handbooks are step-by-step guides specifically for small and medium provider practices, large provider practices, small hospitals, and payers.

The appendix of each handbook references relevant templates which are available for download in both Excel and PDF files below. The templates are customizable and have been created to help entities clarify staff roles, set internal deadlines/responsibilities and assess vendor readiness.

View the step-by-step plans and relevant templates for each of the following audiences:

- [Small/Medium Provider Practices](#)
- [Relevant templates](#)
- [Large Provider Practices](#)
- [Relevant templates](#)
- [Small Hospitals](#)
- [Relevant templates](#)
- [Payers](#)
- [Relevant templates](#)

The ICD-10 Implementation Handbooks outline suggested steps

and processes to take for a smooth transition to ICD-10. Providers, hospitals, and payers may use the guides to:

- Ensure the appropriate steps and actions are taken throughout the ICD-10 implementation process
- Stay on top of deadlines by viewing the timelines within the handbooks
- Customize your transition plan by filling out the Excel templates listed in the appendices; the templates will assist you with clarifying staff roles, setting internal deadlines and responsibilities, and assessing vendor readiness