Dateline: August 19, 2011

PA OMHSAS 2011-2012 Budget Updated

The most recent statement of the FY 2011-2012 budget for the PA Office of Mental Health and Substance Abuse Services (OMHSAS) is now online. OMHSAS has posted to the website www.parecovery.org the budget documents that PA Department of Welfare Acting (DPW) Deputy Secretary of Mental Health and Substance Abuse Services Sherry Snyder presented at a stakeholder’s budget briefing on August 10. At the briefing Acting Deputy Secretary Snyder announced that the FY2012 allocations to county mental health agencies were to be based on the budget adopted by the Legislature. She also reported that the drug and alcohol funding allocations from OMHSAS have already been sent to counties. Acting Deputy Secretary Snyder emphasized that the FY2012 OMHSAS budget does not reflect any additional cuts in funding or other policy changes authorized under Act 22, the Public Welfare Code Amendments that provide the DPW Secretary with authority to implement regulatory changes without prior review in order to keep the DPW FY 2011-2012 budget in balance. The Deputy Secretary did stress, however, that, consistent with the policy direction provided by Secretary Alexander, OMHSAS will be looking for additional budgetary savings through streamlining and expediting the delivery of mental health services, saying that OMHSAS managers will need to “…rethink and redo how we do the business that we do.” In response to questions at the budget briefing, Acting Deputy Secretary Snyder said that OMHSAS will continue its efforts to replace partial hospitalization services with psychiatric rehabilitation and other evidence-based services. For a copy of the update, see http://www.parecovery.org/documents/Budget_Fact_Sheet_081011.pdf. For more information on the MH budget see http://www.parecovery.org/omhsas_budget.shtml.

Steve Suroviec Selected OVR Executive Director

On August 16 the Board of the PA Labor and Industry (L&I) Office of Vocational Rehabilitation (OVR) unanimously approved the Secretary of Labor and Industry’s nomination of Steve Suroviec as the next Director of OVR. Suroviec will assume the position at OVR on Tuesday, September 6. Suroviec is currently the Executive Director of the Arc of PA. Prior to his service at The Arc of PA he served as Human Services Director of Erie County in Erie, Pennsylvania. During the administration of Governor Tom Ridge, he worked in various leadership roles in the departments of Public Welfare and Health. Prior to his work in state government, Suroviec worked as a Legislative Assistant with then-Congressman Tom Ridge. Suroviec served honorably in the U.S. Air Force. He earned a Master’s Degree from the University of Pittsburgh.

FMI: Contact PARF at parfmail@parf.org.
DPW Requests Information on Options for Shared Living Services

In July the PA Department of Public Welfare (DPW) issued a Request for Information (RFI) to solicit information concerning potential options for improving Pennsylvania's Home and Community Based Services (HCBS) through implementation and expanded marketing of the existing Shared Living Program (SLP) for targeted Medical Assistance (MA) program participants. The solicitation end date for the Shared Living Services RFI has been extended to September 30, 2011. Respondents must submit RFI responses no later than September 30. See [http://gallery.mailchimp.com/19e8ee8c57999492d1f109d2b/files/Shared_Living_RFI8_15.PDF](http://gallery.mailchimp.com/19e8ee8c57999492d1f109d2b/files/Shared_Living_RFI8_15.PDF). See cover letter from the Secretary of Public Welfare at [http://gallery.mailchimp.com/19e8ee8c57999492d1f109d2b/files/Shared_Living_RFI_Cover_Letter8_15.pdf](http://gallery.mailchimp.com/19e8ee8c57999492d1f109d2b/files/Shared_Living_RFI_Cover_Letter8_15.pdf). Please submit responses to Pam Kuhno at sharedliving@state.pa.us. FMI: Contact Pam Kuhno at sharedliving@state.pa.us

New DPW Requirement to Check Exclusion Lists Monthly

On August 15, 2011, the Pennsylvania Department of Public Welfare (DPW) issued Medical Assistance bulletin MA Bulletin 99-11-05 entitled Provider Screening of Employees and Contractors for Exclusion from Participation in Federal Health Care Programs and the Effect of Exclusion on Participation. The purpose of the bulletin is to remind providers who participate in the Medical Assistance (MA) Program to screen their employees and contractors, both individuals and entities, to determine if they have been excluded from participation in Medicare, Medicaid or any other federal health care program. The bulletin now requires all Medicaid providers (fee-for-service as well as managed care) to do monthly exclusion checks against at least three different databases: the List of Excluded Individuals/Entities (LEIE), the Pennsylvania Medicheck List, and the federal GSA Excluded Parties List System (EPLS). The MA bulletin reminds providers of the consequences for failure to prevent payments for items or services furnished or ordered by excluded individuals or entities. DPW is advising providers to conduct self-audits to determine compliance with this requirement and report any discovered exclusion of an employee or contractor, either an individual or entity, to the DPW Bureau of Program Integrity (BPI). The bulletin applies to all providers enrolled in the Medical Assistance program’s fee-for-service (FFS) and the managed care delivery systems. FMI: For a copy of the bulletin see [http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4718](http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4718).

DRN Seeks Comment on Advocacy Plan

The Pennsylvania Disability Rights Network (DRN) is seeking comments from persons with disabilities, family members, and other interested persons regarding the DRN proposed FY 2012 advocacy priorities. DRN says that the priorities will guide its advocacy work from October 1, 2011 through September 30, 2012. All comments received by September 9 will be considered. Comments may be submitted via email to priorities@drnpa.org. In addition, comments may be submitted via regular mail to Disability Rights Network of Pennsylvania, Attention: Priorities, 1315 Walnut Street, Suite 500, Philadelphia, PA 19107-4705. For a copy of the announcement and listing of priorities see [http://www.drnpa.org/alerts/id/930](http://www.drnpa.org/alerts/id/930). Once approved by the DRN Board of Directors, the final version of the priorities will be posted on the DRN web site at www.drnpa.org by October 1, 2011. FMI: See [www.drnpa.org](http://www.drnpa.org).
HHS OIG Finds Medicare Payments by HMS Exceed Charges for Outpatient Services

On August 12 the U.S. Department of Health and Human Services Office of Inspector General (HHS OIG) published its Review of Medicare Payments Exceeding Charges for Outpatient Services Processed by Highmark Medicare Services in Jurisdiction 12 for the Period January 1, 2006, Through June 30, 2009 (A-03-10-00004). HHS OIG found that that 1,027 of the 1,507 selected line items for which Highmark Medicare Services (Highmark) made Medicare payments to providers for outpatient services for the period January 1, 2006, through June 30, 2009, were incorrect. The line items included overpayments totaling approximately $6.8 million that the providers had not refunded by the beginning of the HHS OIG audit. Providers refunded overpayments on 71 line items totaling approximately $2.0 million before the HHS OIG fieldwork. The remaining 409 line items were correct. The deficiencies in the 1,027 incorrect line items included: (1) Incorrect units of service, (2) packaged services billed separately, (3) healthcare common procedure coding system (HCPCS) codes that did not reflect the procedures performed, (4) unallowable services, (5) unlabeled use of a drug/biological, (6) a lack of supporting documentation, (7) a combination of incorrect units of service and incorrect HCPCS codes, and (8) incorrectly calculated payments. HHS OIG recommended that Highmark (1) recover the approximately $6.8 million in identified overpayments, (2) implement system edits that identify line item payments that exceed billed charges by a prescribed amount, and (3) use the results of the HHS OIG audit in its provider education activities. HHS OIG said that Highmark generally concurred with the recommendations. FMI: See http://go.usa.gov/kCN and http://oig.hhs.gov/oas/reports/region3/31000004.pdf. On August 12 U.S. Department of Health and Human Services Office of Inspector General (HHS OIG) also released an audit on Highmark Medicare Services entitled Review of Medicare Payments Exceeding Charges By $500 to $1,000 for Outpatient Services Processed by Highmark Medicare Services in Jurisdiction 12 for the Period January 1, 2006, Through June 30, 2009 (A-03-11-00004). HHS OIG found that 418 of the 739 selected line items for which Highmark Medicare Services (Highmark) made Medicare payments to providers for outpatient services for the period January 1, 2006, through June 30, 2009, were incorrect. The line items included overpayments totaling approximately $532,000 that the providers had not refunded by the beginning of the audit. Providers refunded overpayments on 41 line items totaling approximately $31,000 before the HHS OIG fieldwork. The remaining 280 line items were correct. FMI: See http://oig.hhs.gov/oas/reports/region3/31100004.pdf

PDDC Multi-Cultural Outreach Grants Available

The Pennsylvania Developmental Disabilities Council Multi-Cultural Outreach Grants Program funds minority-led groups to conduct activities that directly and positively affect minority group members with developmental disabilities in Pennsylvania. The Council invites groups and organization to submit an application for funding through this program. The deadline for this grant is September 27, 2011. For more information and a copy of the application form see http://gallery.mailchimp.com/19e8ee8c57999492d1f109d2b/files/Multi_Cultural_Outreach_Program.pdf or http://drnpa.org/alerts/id/928. For more information about the program, completing the application or if you would like the application in an alternate format, please call Dana Thompson at the Pennsylvania Developmental Disabilities Council. Phone 717-214-8103 or email dadathomps@pa.gov.
Year 4 Cost Report Training Dates for Waiver Direct Service Provider Staff

On August 18 the PA Department of Public Welfare (DPW) Office of Developmental Programs (ODP) issued an announcement on Year 4 Cost Report Training Dates for Waiver Direct Service Provider Staff (ODP Communication Number: Announcement 109-11). ODP announced that the Office of Developmental Programs (ODP) will be holding three web-based training sessions related to the Year 4 Cost Report process (i.e., Cost Reports based on Fiscal Year 2010/2011 historical data). See www.odpconsulting.net.

ODP Year 4 Cost Report Instructions and Template for FY 2012-2013 Due

On August 9 the PA Department of Public Welfare (DPW) Office of Developmental Programs (ODP) issued an announcement to alert providers that the Year 4 Cost Report instructions and template for FY 2012-2013 are targeted for release within two weeks. ODP does not anticipate major changes from the Year 3, FY 2011-2012, cost report template or the instructions. ODP Announcement 106-11 indicates that web-based training will be offered to providers. ODP regional Fiscal Officers will continue to serve as a resource during the Year 4 Cost Report process. Providers will upload their Year 4 Cost Reports through the cost reporting website. The Year 4 Cost Report website location will be included in a separate communication. The Year 4 Cost Report submissions will undergo desk review by the AE. The due date for cost report submission will be November 3, 2011. See www.odpconsulting.net.

ODP Memo on ISP Review and Approval

On August 5 the PA Department of Public Welfare (DPW) Office of Developmental Programs (ODP) issued an informational memo on responses to questions and a minor change to the checklist for review and approval of ISPs. The communication provides responses to AE questions and commonly identified issues associated with the Checklist for AE Review and Approval of ISPs. In addition, the communication describes a minor change made to the checklist. ODP says that if an AE has other questions that are not addressed in this informational memo, please contact the ODP Regional Office. See www.odpconsulting.net.

ODP Issues Memo on Enhancements

On August 4 the PA Department of Public Welfare (DPW) Office of Developmental Programs (ODP) issued an informational memo ODP Informational Memo #104-11 that informs interested parties that several enhancements, including a new web page for the OCS Help Desk, are available as of Wednesday, August 3, 2011. ODP says that the enhancements are in response to user feedback and will give users more options for requesting help when using the websites for ODP Consulting System the ODP Information Centers for AEs, Providers, SCO Administrators and the SC Curriculum.
Comments Due on PA Community Mental Health Services Block Grant Application

Comments are now being accepted on the draft of Pennsylvania’s FY 2012-2013 Community Mental Health Services Block Grant application. The document is available at http://www.parecovery.org/adult_news.shtml. The grant provides funding for services targeting adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED). The grant is administered by SAMHSA. This year, SAMHSA issued new guidelines for the block grant as a result of the Affordable Care Act (health care reform) centered on accountability of funds and service outcomes. In the new guidelines for FY 2012-2013, SAMHSA allows each state to develop a set of state-specific priorities and corresponding goals, strategies, and performance indicators. Eight priority areas were identified by a stakeholder workgroup, convened by OMHSAS in July. They are: Peer support services; housing; services for older adults; integrated treatment services for individuals with co-occurring disorders; expansion of high fidelity wraparound; reduced residential treatment facility (RTF) placement; prevention; and, youth and family involvement. Any comments or recommendations on the draft application should be emailed to Jennifer Parker at jenparker@pa.gov no later than Thursday August 25th, 2011. FMI: See http://www.parecovery.org/documents/2012-13_Block_Grant_App_Draft.pdf.

PA Agencies Join to Help Offenders Re-enter Communities

On August 19 PA state government officials and community service agency representatives announced a training effort aimed at helping offenders successfully return to their communities after their release. The effort focuses primarily on helping former offenders find employment. The aim is to lower recidivism, increase rates of employment, produce savings to taxpayers and a reduce costs of incarceration. Held at the Department of Corrections' Elizabethtown Training Academy, more than 30 participants are undergoing 180-hours of training, offered once a week for three months. After completing the program, the participants will be able to better connect offenders with services in their communities and will work to train others in the area of offender re-entry. Participants include individuals from the DOC, Pennsylvania Board of Probation and Parole, the Department of Labor & Industry's PA CareerLink® network and Office of Vocational Rehabilitation, Penn State University, county prison officials and community service organizations. The Offender Workforce Development Specialist training is a national initiative that promotes skill development and collaboration to improve employment outcomes, including job retention, for those re-entering the community from jails and prisons. The training in Pennsylvania was designed by the National Institute of Corrections and is funded by a $25,000 grant, of which the DOC is the primary recipient. FMI: See www.state.pa.us.
Members Selected for Congressional Joint Select Committee on Deficit Reduction

House and Senate leaders have announced their selections for the Joint Select Committee that is to recommend $1.5 trillion in savings to the Congress by a November 23, 2011 deadline. In the Senate, Senate Majority Leader Harry Reid (D-NV) selected Senators Patty Murray (D-WA), who will also serve as the Democratic co-chair, Senator Max Baucus (D-MT), Chairman of the Senate Finance Committee, and Senator John Kerry (D-MA), Chairman of the Senate Foreign Relations Committee. Senate Minority Leader Mitch McConnell (R-KY) appointed Senators Jon Kyl (R-AZ), Senate Minority Whip, Pat Toomey (R-PA), and Rob Portman (R-OH), former Director of the Office of Management and Budget. In the House, Speaker of the House John Boehner (R-OH) appointed Representatives Dave Camp (R-MI), Chairman of the House Ways and Means Committee, Fred Upton (R-MI), Chairman of the House Energy and Commerce Committee, and Jeb Hensarling (R-TX), who will serve as the Republican co-chair. House Minority Leader Nancy Pelosi (D-CA) appointed Representatives Jim Clyburn (D-SC), Assistant Minority Leader, Xavier Becerra (D-CA), Vice-Chairman of the House Democratic Caucus, and Chris Van Hollen (D-MD), Ranking Member of the House Budget Committee. The Joint Select Committee was created by Budget Control Act and is charged with finding an additional $1.5 trillion in savings over nine (9) years. The panel must report its recommendations to both House and Senate no later than November 23. Prior to the winter recess each chamber will hold an up-or-down vote without amendment or filibuster. In the event that Congress fails to enact at least a $1.2 trillion deficit reduction package, a sequestration budget process would be triggered to reduce spending in order to bring the total deficit reduction amount to $1.2 trillion. Cuts would be made equally to defense and non-defense accounts. The trigger would cut from discretionary spending, Medicare, farm subsidies, mandatory housing subsidies, and a few smaller mandatory spending programs. However, Medicaid, Social Security, veterans’ benefits, civilian and military retirement, and food stamps would be exempt from the trigger. While Medicaid may be exempt from the trigger, the joint select committee may approve cuts to Medicaid funding. The committee is also allowed to increase revenues. See the text of S.365 at http://thomas.loc.gov/cgi-bin/query/z?q112:S.365. See also http://www.whitehouse.gov/fact-sheet-victory-bipartisan-compromise-economy-american-people?wpisrc=nl_wonk.

SAMHSA Invites Public Comment on Recovery Definition by August 26

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) is inviting public comment on a working definition and guiding principles of recovery. SAMHSA says that it is building on past efforts and is aiming to develop a definition to identify the essential, common elements that comprise and support recovery. SAMHSA says that this definition can help policy makers, providers, funders, peers/consumers, and others design, deliver, and measure integrated and holistic services and supports to more effectively meet the needs of individuals served by behavioral health systems. SAMHSA is encouraging the public to visit the SAMHSA Stakeholder Feedback Forum to provide comments and suggestions. The feedback period begins on August 12 and ends at midnight Eastern Time on August 26. FMI: See the SAMHSA blog and read the latest post: Recovery Defined – Give Us Your Feedback. See http://www.recoverymonth.gov/Press-Room/News/2011/Aug15-Help-SAMHSA-Define-Recovery.aspx and http://blog.samhsa.gov/2011/08/12/recovery-defined-%E2%80%93-give-us-your-feedback/.
DOL Announces $1.6 million for Add-Us-In Employment Initiative

The U.S. Department of Labor has announced the availability of approximately $1.6 million in funding for the Add Us In initiative. To increase the ability of companies to employ individuals with disabilities, it will fund up to three cooperative agreements with allotments ranging from $500,000 to $550,000 each. Targeted businesses are those owned and operated by African-Americans; Asian-Americans and Pacific Islanders; Latinos; members of federally recognized tribes and Native Americans; lesbian, gay, bisexual and transgender individuals; and women. Eligible applicants are consortia having representation from each of the following four organization types: 1) An association of targeted businesses, a business association located in a target population community, or other similar entity; 2) a disability-serving organization; 3) a local workforce investment board or other organization with demonstrated experience in providing training and employment-related support services, such as a One-Stop Career Center; 4) and a youth-serving organization. In addition to developing models, strategies and policies to improve employment opportunities for people with disabilities, a consortium must also form and strengthen connections among the four organization types by building a network of disability and diversity experts. Applications will be accepted until September 2. The full announcement for this grant opportunity can be found at http://www.dol.gov/odep/Addusin.

RSA Circular on Non-Federal Share for the Vocational Rehabilitation Program

The Rehabilitation Services Administration (RSA) has issued a Technical Assistance Circular (TAC) 11-02, dated August 16, 2011, titled "Sources of Non-Federal Share for the Vocational Rehabilitation Program." Versions of the TAC in PDF and Word formats also can be found on the RSA Web site at http://www.ed.gov/policy/speced/guid/rsa/tac/2011/index.html or http://rsa.ed.gov/policy.cfm - then click TAC, then 2011. The Technical Assistance Circular (TAC) describes the federal requirements related to the most common sources of match for the VR program, including state appropriations, third-party cooperative arrangements, establishment projects, and interagency transfers, discussing the advantages and disadvantages of each. In its circular RSA explained that it had recently received several inquiries regarding options available to vocational rehabilitation (VR) agencies to obtain nonfederal matching funds for the VR program as required by the Rehabilitation Act of 1973, as amended (Rehabilitation Act), and implementing regulations. Although the specifics of these inquiries differ, they all describe an existing or potential decrease in non-federal funding from state appropriations for the program and not only seek guidance pertaining to federal requirements governing the use of other allowable sources of state match but also the relative advantages and disadvantages of each. Therefore, RSA is providing guidance through this technical assistance circular regarding the various sources of non-federal match for use in the VR program, which includes a description of the benefits to, as well as the potential consequences for, the VR program if agencies engage in these options. If you have question, please contact Carol Dobak, Chief of the Vocational Rehabilitation Program Unit, at (202) 245-7325, or at carol.dobak@ed.gov.
HHS Proposes Rules on Affordable Insurance Exchanges

On August 12, the U.S. Departments of Health and Human Services (HHS) and Treasury released three proposed rules on Affordable Insurance Exchanges. The proposed rules address access to coverage, health insurance premium tax credits, and Medicaid eligibility. The new rules will make it easy for consumers to enroll in high-quality health plans and obtain help in paying for health coverage through premium tax credits and cost sharing reductions. Small employers participating in the Small Business Health Options Program will be able to offer their employees a choice of health plans and use new tax credits. Individuals and families will receive premium tax credits to help defray insurance costs, thereby increasing access to health coverage. HHS says that under its proposed rule on Medicaid eligibility, coordinating the exchange with Medicaid and Children’s Health Insurance Program eligibility will make enrollment seamless for qualified individuals and reduce the administrative burden on states. HHS also sent a letter to governors laying out options and resources available to states to set up their exchanges. For more information about the proposed rules, visit www.HealthCare.gov/news/factsheets/exchanges08122011a.html.

HHS Awards Funding for 67 Community Health Centers

On August 9, the U.S. Department of Health and Human Services (HHS) announced awards of $28.8 million to 67 community health center programs across the country. These funds, made available by the Patient Protection and Affordable Care Act (ACA), will help to establish new health service delivery sites to care for an additional 286,000 patients. The grants will support new access points which are new full-time service delivery sites that provide comprehensive primary and preventive health care services. HHS says that these sites will play a critical role in improving the health care status of medically underserved and vulnerable populations and decreasing health disparities throughout the United States. FMI: See www.hhs.gov

Next Steps for Expansion of DMEPOS Competitive Bidding Program

On August 19 the Centers for Medicare & Medicaid Services (CMS) announced next steps for the expansion of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) competitive bidding program to include the Round 2 and the national mail-order competitions. The Round 2 product categories are: Oxygen, oxygen equipment, and supplies; standard (power and manual) wheelchairs, scooters, and related accessories; enteral nutrients, equipment, and supplies; continuous positive airway pressure (CPAP) devices and respiratory assist devices (RAD) and related supplies and accessories; hospital beds and related accessories; walkers and related accessories; negative pressure wound therapy pumps and related supplies and accessories; and support surfaces (Group 2 mattresses and overlays). A list of the specific items in each product category is available on the Competitive Bidding Implementation Contractor (CBIC) website, www.dmecompetitivebid.com. The specific ZIP codes in each Round 2 competitive bidding area (CBA) are also available on the CBIC website. Visit the CMS web site at www.cms.gov/DMEPOSCompetitiveBid for the latest information on the DMEPOS competitive bidding program. To view the Press Release, see www.cms.gov/apps/media/press_releases.asp. To view the Fact Sheet, see www.cms.gov/apps/media/fact_sheets.asp.
New Rules Proposed on Consumer Information on Health Insurance

On August 17 the U.S. Departments of Health and Human Services (HHS), Labor (DOL) and the Treasury proposed new rules under the Patient Protection and Affordable Care Act (ACA) on health care information and health insurance options for themselves and their families. Under the proposed rules, health insurers and group health plans are required to provide consumers with clear, consistent and comparable information about their health plan benefits and coverage. The new forms are scheduled to be available in 2012. The proposed regulations would provide consumers access to two forms to be sued to understand and evaluate a consumer’s health insurance choices, including: An easy-to-understand Summary of Benefits and Coverage and a uniform glossary of terms commonly used in health insurance coverage. FMI: See http://www.dol.gov/opa/media/press/ebsa/EBSA201111232.htm. More information about the proposed regulations is available at http://www.healthcare.gov/news/factsheets/labels08172011a.html. To view the proposed template for the summary of benefits and coverage, visit http://www.healthcare.gov/news/factsheets/labels08172011b.pdf. To view the notice of proposed rulemaking or learn how to submit public comment, visit http://www.gpoaccess.gov/fr. Other technical information is available at http://cciio.cms.gov.

CMS Issues Advisory on Revalidation of Provider Enrollment Information

All providers and suppliers who enrolled in the Medicare program prior to Friday, March 25, 2011, will be required to submit their enrollment information so they can be revalidated under new risk screening criteria required by the Affordable Care Act (section 6401a). Providers/suppliers who enrolled on or after Friday, March 25, 2011 have already been subject to this screening, and need not revalidate at this time. Providers are instructed that they should not submit their revalidation until they are notified to do so by their MAC. Providers will receive a notice to revalidate between now and March 2013. CMS says that this will allow MACs to process revalidations in a timely fashion and allow providers to take advantage of innovative technologies and streamlined enrollment processes now under development. Updates will be shared with the provider community as these efforts progress. For more information about provider revalidation, review the Medicare Learning Network’s Special Edition Article #SE1126, titled “Further Details on the Revalidation of Provider Enrollment Information.” See http://www.cms.gov/MLNMattersArticles/downloads/SE1126.pdf

CMS Hospital & Hospital Quality Open Door Forum on August 24

The Centers for Medicare and Medicaid Services will host a CMS Hospital & Hospital Quality Open Door Forum on August 24, 2011 from 2:00 pm to 3:00 pm Eastern Standard Time (EST) Please dial in at least 15 minutes prior to call start time. To participate by phone-Dial: 1-800-837-1935 & Reference Conference ID: 83512247. Persons participating by phone are not required to RSVP. TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.