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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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The e-News for Tue Mar 6 includes...

NATIONAL PROVIDER CALLS

- Mon Mar 12 – [Overview and Listening Session: Stage 2 Requirements for the Medicare and Medicaid EHR Incentive Programs – Register Now](#)
- Wed Mar 14 – [Physician Value-Based Payment Modifier Program: Experience from Private Sector Physician Pay-for-Performance Programs – Register Now](#)

OTHER CALLS, MEETINGS, AND EVENTS

- Wed May 2 – [“Inpatient Rehabilitation Facility Patient Assessment Instrument New Quality Indicators Section” Train-the-Trainer Conference – Register by Fri Mar 16](#)

ANNOUNCEMENTS AND REMINDERS

- [March is National Colorectal Cancer Awareness Month](#)
- [New FAQs Available for Hospital Value-Based Purchasing Program](#)
- [2013 eRx Payment Adjustment Update](#)

National Provider Call: Overview and Listening Session: Stage 2 Requirements for the Medicare and Medicaid EHR Incentive Programs – Register Now [\[↑\]](#)

Mon Mar 12; 12:30-2pm ET

More than \$3.2 billion in Medicare and Medicaid electronic health record (EHR) incentive payments have been made since the program began last year; more than 191,000 eligible professionals, eligible hospitals, and critical access hospitals are actively registered. On Thu Feb 23, CMS announced a proposed rule for Stage 2 requirements and other changes to the program, which will be published on Wed Mar 7.

This National Provider Call will provide an overview of the proposed rule, so you can learn what you need to know to receive EHR incentive payments. (CMS plans to hold another National Provider Call on program basics for Eligible Professionals on Tue Mar 27; more information about this call will be available soon.)

The CMS proposed rule can be found at http://www.OFR.gov/OFRUpload/OFRData/2012-04443_PI.pdf. For more information on the EHR Incentive Programs, visit <http://www.CMS.gov/EHRIncentivePrograms>.

Target Audience: Hospitals, Critical Access Hospitals (CAHs), and professionals eligible for the Medicare and/or Medicaid EHR Incentive Programs. For more details:

- [Eligibility Requirements for Professionals](#)
- [Eligibility Requirements for Hospitals](#)

Agenda:

- Extension of Stage 1
- Changes to Stage 1 Criteria for Meaningful Use
- Proposed Medicaid policies
- Stage 2 Meaningful Use Overview
- Stage 2 Clinical Quality Measures
- Medicare Payment Adjustments and Exceptions
- Question and Answers about the incentive programs (note that we cannot answer questions on the rule beyond what is proposed)

Registration Information: In order to receive the call-in information, you must register for the call. *Registration will close at 12pm on the day of the call* 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/blhtechnologies>.

Presentation: The presentation for this call will be posted at least one day beforehand at <http://www.CMS.gov/NPC/Calls/list.asp>. In addition, the presentation will be emailed to all registrants on the day of the call.

Special National Provider Call Series: Physician Value-Based Payment Modifier Program: Experience from Private Sector Physician Pay-for-Performance

Programs – Register Now [[↑](#)]

Wed Mar 14; 1:30-3pm ET

Section 3007 of the *Affordable Care Act* requires CMS to apply a Value Modifier, which compares the quality of care furnished to the cost of that care, to physician payment rates under the Medicare Physician Fee Schedule starting with specific physicians and physician groups in 2015 and expanding to all physicians by 2017.

This National Provider Call is in support of the efforts of CMS to implement the Medicare Physician Feedback and Physician Value-Based Payment Modifier Programs. This call is last in a series of calls CMS will hold to engage the public in dialogue about physician level value-based purchasing and obtain stakeholder input on how best to implement the physician value modifier.

This National Provider Call will include presentations from a panel of three private sector experts who have had experiences in implementing physician-level pay-for-performance programs.

Target Audience: Medicare Fee-For-Service physicians, specialty medical societies, and other interested parties.

Agenda:

- Opening Comments and Background
 - Background on the Value-Based Payment Modifier
 - Introduction of Speakers
- Private Sector Presentations
- General Question and Answer Session
- CMS Comments & Closing

Registration Information: In order to receive the call-in information, you must register for the call. *Registration will close at 12pm on the day of the call 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/blhtechnologies>.

Presentation: The presentation for this call will be posted at least one day beforehand at <http://www.CMS.gov/PhysicianFeedbackProgram/PFP/list.asp>. In addition, the presentation will be emailed to all registrants on the day of the call.

“Inpatient Rehabilitation Facility Patient Assessment Instrument New Quality Indicators Section” Train-the-Trainer Conference – Register by Fri Mar 16 [[↑](#)]

Wed May 2

Sheraton Baltimore City Center Hotel; 101 West Fayette Street, Baltimore, MD 21201

To support the implementation of the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP), for which data collection begins Mon Oct 1, 2012, CMS will host an “IRF Patient Assessment Instrument (PAI) New Quality Indicators” Train-the-Trainer Conference on Wed May 2 (at the Sheraton Baltimore City Center Hotel, 410-742-1100).

This conference is open to all Inpatient Rehabilitation Facility providers, associations, and organizations that support quality care in inpatient rehabilitation facilities. The goals of the conference are to:

- Introduce the Quality Indicator item set that has been added to the IRF-PAI
- Discuss assessment procedures and coding for the 2 quality measures:
 - Catheter Associated Urinary Tract Infections (CAUTI), and
 - Pressure Ulcers
- Discuss data submission specifications, including presentations by the Centers for Disease Control and Prevention on the CAUTI, and the use of the National Health Safety Network for submitting data associated with this measure

Note that this training is specific to the new Quality Indicators Section of the IRF-PAI and the reporting of CAUTI data to the CDC. The training will not cover the IRF-PAI in its entirety.

Registration for the conference ends Fri Mar 16. Hotel reservations will not be accepted until registration has closed, at which time reservations may be made by phone or online; each participant will be limited to one room reservation.

Additional information is available at the conference website at www.totalsolutions-inc.com/natconference, and questions can be submitted to conference2@totalsolutions-inc.com.

March is National Colorectal Cancer Awareness Month [\[↑\]](#)

Of cancers that affect both men and women, colorectal cancer is the second leading cause of cancer-related deaths in the United States and the third most common cancer in men and in women. More than 140,000 Americans are diagnosed and more than 50,000 die from the disease each year. Colorectal cancer affects all racial and ethnic groups, it is most often found in people aged 50 years or older, and the risk for developing this cancer increases with age.

To help combat this disease, Medicare provides coverage for screening and the early detection of colorectal cancer. All Medicare beneficiaries aged 50 and older are covered; however, when a beneficiary is at high risk, there is no minimum age required to receive a screening colonoscopy (or a barium enema rendered as an alternative). Medicare defines high risk of developing colorectal cancer as someone who has one or more of the following risk factors:

- A close relative (sibling, parent, or child) who has had colorectal cancer or an adenomatous polyp

- Family history of familial adenomatous polyposis
- Family history of hereditary nonpolyposis colorectal cancer
- Personal history of adenomatous polyps
- Personal history of colorectal cancer
- Personal history of inflammatory bowel disease, including Crohn's Disease and ulcerative colitis

Medicare pays for the following colorectal cancer screening services:

- Fecal Occult Blood Test
- Flexible Sigmoidoscopy
- Colonoscopy
- Barium Enema (as an alternative to a covered screening flexible sigmoidoscopy or a screening colonoscopy)

What Can You Do?

About nine out of every 10 people whose colorectal cancer is found early and treated are still alive five years later. CMS needs your help to promote the early detection and prevention of colorectal cancer. As a provider of healthcare services to seniors and other people with Medicare, you can help increase their awareness of colorectal cancer. Talk with them about colorectal cancer. Inform them about their risk factors and help them understand the importance of early detection. Encourage seniors to take full advantage of colorectal cancer screenings covered by Medicare, as appropriate. Your recommendation can help save lives! Colorectal cancer is preventable, treatable, and beatable.

More Information for Healthcare Professionals:

- [MLN Guide to Medicare Preventive Services for Healthcare Professionals](#) (see Chapter 11)
- [MLN Preventive Services Educational Products Webpage](#)
- [MLN Cancer Screenings Brochure](#)
- [MLN Quick Reference Information: Medicare Preventive Services](#)
- [National Colorectal Cancer Roundtable](#)
- [National Colorectal Cancer Awareness Month website](#)

New FAQs Available for Hospital Value-Based Purchasing Program [\[↑\]](#)

CMS has compiled frequently-asked-questions from hospitals and hospital stakeholders about the first year of the Hospital Value-Based Purchasing (VBP) Program, slated to begin affecting payments for discharges on or after Mon Oct 1, 2012.

The questions span a wide range of technical details about the Hospital VBP Program, including:

- The program's background
- Hospital eligibility
- Incentive payments
- Performance periods
- Performance assessment
- Performance measures
- Calculating performance scores
- Translating scores into payments
- Public reporting
- Appeals

You can read the FAQs that have been compiled on the [CMS Hospital Value-Based Purchasing webpage](#). As CMS receives more questions from hospitals about the program, we will continue to refine our FAQ listings.

2013 eRx Payment Adjustment Update [\[↑\]](#)

On Thu March 1, CMS reopened the [Quality Reporting Communication Support Page](#) to allow individual eligible professionals and *CMS-selected* group practices the opportunity to request a significant hardship exemption for the 2013 Electronic Prescribing (eRx) payment adjustment. The Communication Support Page will accept hardship exemption requests now *through Sat June 30, 2012*.

The [Quality Support Page User Manual](#) is available to assist individual eligible professionals and CMS-selected group practices in submitting their request for a hardship exemption and can also be accessed from the "Help" icon on the Communication Support Page.

For additional information on the 2013 eRx payment adjustment, including who is subject to the payment adjustment and how to avoid the payment adjustment, visit the eRx Incentive Program website at www.CMS.gov/eRxIncentive. Specifically, eligible professionals should review MLN Matters Article SE1206: "[2012 eRx Incentive Program: Future Payment Adjustments](#)."

More Helpful Links...

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The Medicare Learning Network

www.CMS.gov/MLNGenInfo

Archive of Provider e-News Messages

www.CMS.gov/FFSProvPartProg/EmailArchive