This issue of the e-News will be made available in PDF format no later than 24 hours after its release, and can be found in the archive with other past issues.

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!

Robin Fritter, Director
Division of Provider Relations & Outreach
Provider Communications Group
Center for Medicare
Centers for Medicare & Medicaid Services

robin.fritter@cms.hhs.gov
410-786-7485

The e-News for the week of Tue Jan 31 includes…

National Provider Calls

- Thu Feb 9 – Medicare Spending Per Beneficiary Measure – Registration Now Open

Other Calls, Meetings, and Events

- Thu Feb 2 – Special Open Door Forum: End-Stage Renal Disease Quality Incentive Program, Payment Years 2013/2014 Final Rule and Benchmark Data Overview

Announcements and Reminders

- Care Innovation Summit Builds on *Affordable Care Act*; Highlights Private and Public Innovations to Improve Healthcare Quality and Lower Costs
- *Affordable Care Act* Will Save States and Taxpayers $17.7 Billion on Prescription Drugs; Proposed Rule Cuts Costs and Increases Transparency in Medicaid Prescription Drug Pricing
- One Year Milestone for the Medicare and Medicaid EHR Incentive Programs Marked on Tue Jan 3
- CMS Has Updated the EHR Information Center with Enhanced Functionality
- Preservation of Resident Cap Positions from Closed Hospitals
- Flu Season is Here! Get the Flu Vaccine – Not the Flu

Claims, Pricer, and Code Updates

- Only One Electronic Remittance Advice Recipient per NPI / Legacy ID beginning Sun Apr 1

- Envelope Control / Reference Number Matching for Version 5010 Claim Transitions

UPDATES FROM THE MEDICARE LEARNING NETWORK ®

- "The Guide to Medicare Preventive Services: Errata Sheet to the Fourth Edition" Fact Sheet Released
- "Guidelines for Teaching Physicians, Interns, and Residents" Fact Sheet Revised
- "Swing Bed Services" Fact Sheet Revised
- "Additional Provider and Supplier Enrollment Requirements for Fixed-Wing and Helicopter Air Ambulance Operators" MLN Matters Article Revised
- Medicare Learning Network is Looking for Physician Volunteers to Pilot Test Continuing Education Activities

National Provider Call: Medicare Spending Per Beneficiary Measure – Registration Now Open [↑]
Thu Feb 9; 1:30-3pm ET

CMS will host a National Provider Call on the Medicare Spending Per Beneficiary (MSPB) Measure, featuring CMS subject matter experts and a question & answer session.

Target Audience: Hospitals, Quality Improvement Organizations (QIOs), and Hospital Associations

Agenda:

- Opening Remarks
- Background of the MSPB measure
- Overview on how the measure is calculated, including the approach to risk adjustment and payment standardization
- Question & Answer Session

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 before the call at http://www.CMS.gov/NPC/Calls.

Special Open Door Forum: End-Stage Renal Disease Quality Incentive Program, Payment Years 2013/2014 Final Rule and Benchmark Data Overview [↑]
Thu Feb 2; 2-3:30pm ET

CMS will hold a Special Open Door Forum (ODF) to discuss the final rule for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Years (PY) 2013 and 2014 and the related baseline data for PY2014. The ODF will provide an overview of quality measures, scoring methodologies, and payment reductions.

This Special ODF is designed specifically for dialysis facilities, providers, beneficiaries and their families, and advocates in an effort to increase awareness and understanding of the PY2013/2014 final rule. Most importantly, this forum provides CMS with the opportunity to engage and listen to the needs and concerns of the clinical, beneficiary, and advocate community.

The final rule went on display at the *Federal Register* on Thu Nov 10, 2011, and can be found at http://www.GPO.gov/fdsys/pkg/FR-2011-11-10/pdf/2011-28606.pdf.

Agenda:

- Overall design of the ESRD QIP to improve quality
- PY2013 program
- PY2014 program
- Discussion of both payment years, including:
  - Performance Measures
  - Applicability of measures to specific patient or facility types
  - Performance Standards
  - Performance Period
  - Scoring Methodology
- Question & Answer session

Participation Instructions: Full instructions on participating in this conference call, as well as details on the availability of Encore audio recordings afterward, are available at http://www.CMS.gov/OpenDoorForums/Downloads/SODFPY20132014ESRDQIP020212.pdf.

Discussion materials for this Special ODF will be available at http://www.CMS.gov/ESRDQualityImproveInit by Tue Jan 31.

Care Innovation Summit Builds on *Affordable Care Act*; Highlights Private and Public Innovations to Improve Healthcare Quality and Lower Costs [↑]

Obama Administration officials and a breadth of representatives from across the healthcare system met in Washington on Thu Jan 26 for a day-long meeting to explore how they can collaborate and improve the quality of healthcare while at the same time lowering costs.

The Obama Administration also released a new report highlighting the success of the Center for Medicare & Medicaid Innovation. Created by the *Affordable Care Act*, the Innovation Center has already worked to test and support innovative new healthcare models that can reduce costs and strengthen the quality of healthcare. The CMS Innovation Center Year-in-Review report is available at http://www.Innovation.CMS.gov/documents/pdf/CMMIreport_508.pdf.

The summit showcased nearly half a dozen announcements of major new initiatives by leading healthcare organizations, including new "challenges" to reverse the trend of diabetes, advance the field of Alzheimer's prevention and treatment, and bolster the battle against HIV/AIDS. For more information on the Care Innovation Summit, visit http://www.Innovation.CMS.gov/summit.

The full text of this excerpted HHS press release (issued Thu Jan 26) can be found at http://www.HHS.gov/news/press/2012pres/01/20120126a.html.

- Additional material related to the *Affordable Care Act* in today's e-News… [next]

***Affordable Care Act* Will Save States and Taxpayers $17.7 Billion on Prescription Drugs; Proposed Rule Cuts Costs and Increases Transparency in Medicaid Prescription Drug Pricing** [↑]

Provisions in the healthcare reform law, the *Affordable Care Act*, will save taxpayers and States an estimated $17.7 billion over five years on prescription drugs bought through Medicaid, according to estimates in a proposed rule issued on Fri Jan 27 CMS.

The announcement, implementing the Medicaid prescription drug provisions of the *Affordable Care Act*, will increase transparency in drug pricing and ensure taxpayers and States are not overpaying for prescription drugs.

The Medicaid Pharmacy Regulation notice of proposed rulemaking can be found in the *Federal Register* at http://www.OFR.gov/OFRUpload/OFRData/2012-02014_PI.pdf. The Proposed Rule will publish in the *Federal Register* on Thu Feb 2, at which time it can be viewed at http://www.GPOaccess.gov/fr; the comment period on the proposed rule will be open until Mon Apr 2. CMS plans to issue a final rule in 2013.

The full text of this excerpted press release can be found on the CMS website at http://www.CMS.gov/apps/media/press/release.asp?Counter=4251.

- Additional material related to the *Affordable Care Act* in today's e-News… [previous]

One Year Milestone for the Medicare and Medicaid EHR Incentive Programs Marked on Tue Jan 3 [↑]

Tue Jan 3 was the one-year anniversary of the start of registration for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Over the

past year, there has been a tremendous amount of interest in the incentive programs as providers across the country have implemented EHRs. Year-one highlights include:

- 43 states have started their Medicaid EHR Incentive Programs
- More than 176,000 people have registered for the Medicare and/or Medicaid EHR Incentive Programs
- More $2.5 billion has been paid in incentive payments to eligible professionals (EPs) and eligible hospitals and critical access hospitals (CAHs) across the country

CMS has created useful resources for participants in the Medicare and Medicaid EHR Incentive Programs, including:

1. *An Introduction to the Medicare EHR Incentive Program for Eligible Professionals* – This interactive guide walks EPs through every aspect of the Medicare program, and provides helpful resources and tips along the way.
2. Updated User Guides – CMS has updated the registration and attestation user guides, which direct EPs and eligible hospitals through the CMS registration and attestation system. There are five guides that can be downloaded from the Educational Materials page of the EHR website.
3. Provider Testimonial Videos – These videos, which can be found on the CMS YouTube channel, highlight providers' experiences participating in the EHR Incentive Programs.

A Look Ahead

As we move into 2012 and the second participation year of the Medicare and Medicaid EHR Incentive Programs, CMS is hopeful that providers will begin or continue their participation in the programs, and take advantage of these incentives for meaningful use of EHRs.

If you are considering registering for the programs, but have not done so yet, take a look at the CMS EHR website and use our eligibility tool to find out if you can participate.

Remember that 2012 is the last year in which EPs can receive a full incentive payment in the Medicare EHR Incentive Program; beginning in 2013, EPs will receive a smaller overall total payment.

Want more information about the EHR Incentive Programs? Make sure to visit the EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

➢ Additional material related to EHR in today's e-News… [next]

CMS Has Updated the EHR Information Center with Enhanced Functionality [↑]

CMS is proud to announce that after a review of collected feedback, enhancements and changes have recently been made to the EHR Information Center

Interactive Voice Response (IVR) system.

Among these caller-friendly revisions is a new feature to assist with Hot Topics, including registration and attestation, as well as updated Password Reset menus. These improvements will enable eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) to obtain information about the EHR Incentive Program more easily and efficiently.

Directions for Calling the EHR Information Center

- To contact the IVR, dial 888-734-6433 or 888-734-6563 (TTY number)
- Take advantage of the new options from the main menu:
    - Press 1 for Hot Topics…
        - For information on when registration begins, press 1.
        - For information on attestation, press 2.
        - For information on being a dually-eligible hospital, press 3.
        - For information on registration tips, press 4.
        - For information on payment time frames, press 5.
        - For information on important upcoming dates, press 6.
        - For information on the clinical quality measures (CQM) eReporting pilot, press 7.
        - For information on Health Professional Shortage Area (HPSA) payments, press 8.
    - Press 2 for Information on NPPES (National Plan and Provider Enumeration System) and PECOS (Provider Enrollment, Chain, and Ownership System) password resets
        - For EPs needing NPPES/PECOS password resets, press 1.
        - For eligible hospitals needing PECOS password resets, press 2.
    - Press 0 to speak with an information specialist.
        - For registration questions, press 1.
        - For all other questions, press 2.
    - Press # to repeat the menu

EHR Information Center Hours of Operation: 7:30am-6:30pm (CT), Monday through Friday, except federal holidays. (General information is available on the IVR anytime, except during planned system maintenance.)

Program information can also be found on the FAQs section of the EHR Incentive Programs website, where users can search for any questions they have about the Medicare or Medicaid EHR Incentive Programs.

Want more information about the EHR Incentive Programs? Make sure to visit the EHR Incentive Programs website for the latest news and updates on the EHR

Incentive Programs.

- Additional material related to EHR in today's e-News… [previous]

Preservation of Resident Cap Positions from Closed Hospitals [↑]

On Mon Jan 30, CMS released the results of its decisions regarding which teaching hospitals are receiving increases to their direct Graduate Medical Education (GME) and Indirect Medical Education (IME) full time equivalent (FTE) resident caps under section 5506 of the *Affordable Care Act*. Section 5506 of the *Affordable Care Act* directed CMS to develop a process to permanently preserve the Medicare funded residency slots from teaching hospitals that close.

The provision directed CMS to create a pool based on the number of Medicare cap slots associated with the closed teaching hospital's direct GME and IME caps. This pool of direct GME and IME slots is then to be redistributed, giving priority to hospitals located in the same or contiguous CBSA (Core Based Statistical Area) as the closed hospital, and that met other criteria. Applications requesting slots from the first round of section 5506 – that is, from the 14 teaching hospitals that closed between Sun Mar 23, 2008, and Tue Aug 3, 2010 – were due to CMS by Fri Apr 1, 2011.

To see the list of hospitals reviewed under this first round of section 5506, visit http://www.CMS.gov/AcuteInpatientPPS/06_dgme.asp and look for the "Section 5506 Cap Increases Related to Applications Due April 1, 2011" file in the Downloads section of the page.

Flu Season is Here! Get the Flu Vaccine – Not the Flu [↑]

While seasonal flu outbreaks can happen as early as October, flu activity usually peaks in January. Remind your patients that annual vaccination is recommended for optimal protection. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. Healthcare workers, who may spread the flu to high-risk patients, should get vaccinated too. Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself.

Remember – The flu vaccine plus its administration are covered Part B benefits. CMS has posted the 2011-2012 seasonal flu vaccine payment limits at http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp. Note that the flu vaccine is NOT a Part D-covered drug.

For more information on coverage and billing of the flu vaccine and its administration, as well as related educational provider resources, visit http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp and http://www.CMS.gov/immunizations.

- Additional material related to Preventive Health Services in today's e-News… [next]

Only One Electronic Remittance Advice Recipient per NPI / Legacy ID beginning Sun Apr 1 [↑]

Prior to the implementation of HIGLAS (the Healthcare Integrated General Ledger Accounting System), Medicare's Multi-Carrier System (MCS) created just one check per sender, National Provider Identifier (NPI), or legacy ID. Each sender / NPI / legacy ID was able to have multiple receivers of the electronic remittance; MCS would use the sender ID submitting each claim to aid in determining to whom the remit should be sent. For each check that was created, MCS also created an electronic remittance advice (ERA), which accurately reported the payment amount for that ERA.

When a MAC transitions to HIGLAS, only one check can be produced per NPI/legacy ID. The old MCS system logic, which took the sender information into account when generating the remit, was not changed when MACs began their transition to HIGLAS; in some instances, the result was a remittance advice that did not contain all of the claims processed in a given cycle or a remittance advice containing payments that did not total to the EFT/check amount.

In order to accurately produce electronic remittance advices to match the EFT/check amount, MCS will be changing their logic effective Sun Apr 1, 2012 – and will no longer consider the sender information when creating the ERA files. MACs will allow only one receiver of an electronic remittance per NPI/legacy ID regardless of whether the provider submits their inbound files under different sender IDs. Your respective MAC will be contacting you if you are set up on their files for multiple receivers of the ERA, in which case you will need to select one receiver for your electronic remittance.

Envelope Control / Reference Number Matching for Version 5010 Claim Transitions [↑]

With the implementation of Accredited Standards Committee (ASC) X12 Version 5010 transactions for acknowledgements (TA1, 999, and 277CA), Medicare Fee-for-Service is recommending the use of unique numbering for several enveloping control / reference numbers built into the Version 5010 claims transitions. Using unique numbering for the IAS13, ST02, and BHT03 data elements on the inbound 837 Institutional and Professional claims will allow Medicare trading partners to easily match submitted claims with the acknowledgement transactions.

Examples of those pairing include:

- 837 ISA13 is mapped to the TA1 response transaction and located in the TA101 data element
  - The implementation guide for the TA1 (ASC X12 TA1 TR3) states for TA101: "This is the value in ISA13 from the interchange to which this TA1 is responding."
- 837 ST02 is mapped to the 999 response in the 2000.AK202 data element
  - The implementation guide for the 999 (ASC X12 999 TR3) states for AK202: "Use the value in ST02 from the transaction set to which this 999 transaction set is responding."
- 837 BHT03 is mapped to the 277CA response in the 2200B.TRN02 data element

- The implementation guide for the 277CA (ASC X12 277CA TR3) states for TRN02: "This element contains the value submitted in the BHT03 data element from the 837."

From the MLN: "The Guide to Medicare Preventive Services: Errata Sheet to the Fourth Edition" Fact Sheet Released [↑]

"The Guide to Medicare Preventive Services: Errata Sheet to the Fourth Edition" Fact Sheet (ICN 907802) has been released and is available in downloadable format. This errata sheet reflects the changes to "The Guide to Medicare Preventive Services," and includes updates such as information on newly-covered benefits, updated codes, and resources.

- Additional material related to Preventive Health Services in today's e-News… [previous]

From the MLN: "Guidelines for Teaching Physicians, Interns, and Residents" Fact Sheet Revised [↑]

The "Guidelines for Teaching Physicians, Interns, and Residents" fact sheet (ICN 006347) has been revised and is now available in downloadable format. It includes information about payment for physician services in teaching settings, general documentation guidelines, and evaluation and management documentation guidelines.

From the MLN: "Swing Bed Services" Fact Sheet Revised [↑]

The "Swing Bed Services" fact sheet (ICN 006951) has been revised and is now available in downloadable format. It includes information on background, requirements that apply to hospitals and Critical Access Hospitals, and swing bed services payments.

From the MLN: "Additional Provider and Supplier Enrollment Requirements for Fixed-Wing and Helicopter Air Ambulance Operators" MLN Matters Article Revised [↑]

MLN Matters Article #MM7363, "Additional Provider and Supplier Enrollment Requirements for Fixed-Wing and Helicopter Air Ambulance Operators," has been revised is now available in downloadable format. This article is designed to provide education on the enrollment requirements for fixed-wing and helicopter air ambulance operators, as outlined in Change Request (CR) 7363. It includes information from the final rule that was published on Mon Nov 29, 2010. The article was revised to provide additional clarification on the licensure and certification requirements contained on the CMS-855B enrollment application.

From the MLN: Medicare Learning Network is Looking for Physician Volunteers to Pilot Test Continuing Education Activities [↑]

The Medicare Learning Network offers official CMS information for Medicare Fee-For-Service providers, designed to help increase understanding of the Medicare program and stay current on program policy changes, and to provide the information needed to bill correctly. MLN pilot testers are unpaid volunteers whose feedback and comments help us to evaluate our activities and determine the average learning time for credit calculations.

We appreciate the help of all our volunteers, as it helps us *improve the educational materials we create to make Medicare easier to navigate for the provider community*. To volunteer, email CE_Issues@cms.hhs.gov with "Pilot Test" in the subject line.

More Helpful Links…

Check out CMS on

Twitter, LinkedIn, YouTube, and Flickr!

The Medicare Learning Network
www.CMS.gov/MLNGenInfo
Archive of Provider e-News Messages
www.CMS.gov/FFSProvPartProg/EmailArchive