

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 Tue Mar 27 includes...

NATIONAL PROVIDER CALLS

- Wed Mar 28 – [Medicare Preventive Services: Initial Preventive Physical Exam and Annual Wellness Visit – Last Chance to Register](#)
- Thu Mar 29 – [Medicare & Medicaid EHR Incentive Program Basics for Eligible Professionals – Last Chance to Register](#)

OTHER CALLS, MEETINGS, AND EVENTS

- [Video Stream Broadcast: Launch of Initiative to Improve Behavioral Health and Reduce Use of Antipsychotic Medications in Nursing Home Residents](#)

ANNOUNCEMENTS AND REMINDERS

- [Tue Mar 27 is American Diabetes Association Alert Day](#)
- [National Colorectal Cancer Awareness Month is Almost Over – Don't Forget to Follow Up](#)
- [Only Three Days Left to Bid for the Round 2 and National Mail-Order Competitions of the DMEPOS Competitive Bidding Program](#)
- [Reminder: Fri Mar 30 is the Application Deadline for the Medicare Shared Savings Program Sun July 1 Start Date](#)
- [ICD-10: It's Closer Than It Seems – Have You Completed Your 5010 Implementation?](#)
- [2012 eRx Payment Adjustment Update](#)
- [Important Message from the Commissioner of Social Security to Healthcare Providers](#)
- [CMS.gov Website Upgrade](#)

CLAIMS, PRICER, AND CODE UPDATES

- [Home Health Prospective Payment System CY2012 Pricer File Update](#)

National Provider Call: Medicare Preventive Services: Initial Preventive Physical Exam and Annual Wellness Visit – Last Chance to Register [\[↑\]](#)

Wed Mar 28; 2:30-4pm ET

Don't miss this opportunity to get the information you need about the Initial Preventive Physical Exam (IPPE – also known as the “Welcome to Medicare” Preventive Visit) and the Annual Wellness Visit (AWV). This year, the CY2012 Medicare Physician Fee Schedule Final Rule added a Health Risk Assessment to the AWV. CMS experts will be on hand to discuss both the IPPE and AWV, when to perform them, who can perform each service, who is eligible, and how to code and bill for each service, followed by a question and answer session.

Target Audience: Physicians, physician assistants, nurse practitioners, clinical nurse specialists, health educators, registered dietitians, nutrition professionals, medical billers and coders, and other interested healthcare professionals

Registration Information: In order to receive call-in information, you must register for the call at <http://www.eventsvc.com/blhtechnologies>. 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.

Presentation: The presentation for this call will be posted at least one day beforehand at <http://www.CMS.gov/NPC/Calls/itemdetail.asp?itemID=CMS1256439>. In addition, the presentation will be emailed to all registrants on the day of the call.

To learn more about CMS National Provider Calls, visit <http://www.CMS.gov/NPC>. This website includes a list of upcoming and past National Provider Calls and call materials (slide presentations, written transcripts, audio files, podcasts, and video slideshow presentations on the [CMS YouTube Channel](#)). Bookmark this site for newly-listed National Provider Calls and related call materials.

CMS.gov Website Upgrade: Please take note that CMS is in the process of making upgrades to the www.CMS.gov website. If you encounter problems accessing information while on the site, please refresh the page or check back later. We appreciate your understanding and apologize for any inconvenience.

- Additional material related to Preventive Health Services in today's e-News... [\[next\]](#)

National Provider Call: Medicare & Medicaid EHR Incentive Program Basics for Eligible Professionals – Last Chance to Register [\[↑\]](#)

Thu Mar 29; 3-4:30pm ET

As of Wed Feb 29, more than \$3.8 billion in Medicare and Medicaid electronic health record (EHR) incentive payments have been made; more than 211,000 eligible professionals, eligible hospitals, and critical access hospitals are actively registered. Learn if you are eligible and, if so, what you need to do to earn an incentive. This session will inform individual practitioners about the basics of the Medicare & Medicaid EHR Incentive Programs. *Remember: This is the last year that eligible professionals can participate in Medicare and get the maximum incentive payment.*

Target Audience: Eligible Professionals (EPs), which include Doctors of Medicine or Osteopathy, Doctors of Dental Surgery or Dental Medicine, Doctors of Podiatric Medicine, Doctors of Optometry, Chiropractors, Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants (PA) who practice at an FQHC/RHC led by a PA. (Note that hospital-based EP's may not participate; an EP is considered hospital-based if 90% or more of the EP's services are performed in a hospital inpatient or emergency room setting.) Medicaid eligible professionals must meet patient-volume criteria, providing services to those attributable to Medicaid or, in some cases, needy individuals.)

Agenda:

- Are you eligible?
- How much are the incentives and how are they calculated?
- How do you get started?
- What are major milestones regarding participation and payment?
- How do you report on meaningful use?
- Where can you find helpful resources?
- Question and Answer Session

Registration Information: In order to receive call-in information, you must register for the call at <http://www.eventsvc.com/blhtechnologies>. 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.

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

For more information about the Medicare and Medicaid EHR Incentive programs, visit <http://www.CMS.gov/EHRIncentivePrograms>.

To learn more about CMS National Provider Calls, visit <http://www.CMS.gov/NPC>. This website includes a list of upcoming and past National Provider Calls and call materials (slide presentations, written transcripts, audio files, podcasts, and video slideshow presentations on the [CMS YouTube Channel](#)). Bookmark this site for newly-listed National Provider Calls and related call materials.

CMS.gov Website Upgrade: Please take note that CMS is in the process of making upgrades to the www.CMS.gov website. If you encounter problems accessing information while on the site, please refresh the page or check back later. We appreciate your understanding and apologize for any inconvenience.

Video Stream Broadcast: Launch of Initiative to Improve Behavioral Health and Reduce Use of Antipsychotic Medications in Nursing Home Residents



premieres Thu Mar 29; 1-2pm ET

On Thu Mar 29, CMS will launch a new initiative aimed at improving behavioral health and safeguarding nursing home residents from unnecessary antipsychotic drug use. As part of the initiative, CMS is developing a national action plan that will use a multidimensional approach including public reporting, raising public awareness, regulatory oversight, technical assistance/training, and research. The action plan will be targeted at enhancing person-centered care for nursing home residents, particularly those with dementia-related behaviors.

Join Patrick Conway (MD, MSc, Chief Medical Officer for CMS and Director of the Office of Clinical Standards and Quality), Shari Ling (MD, CMS, Deputy Chief Medical Officer serving in the Office of Clinical Standards and Quality), and Alice Bonner (PhD, RN, Director for the Division of Nursing Homes in the Office for Clinical Standards and Quality) in the overview of this national initiative and resources for technical assistance, discussion of behavioral health opportunities, and plans for upcoming training sessions. Handouts for the broadcast are available at <http://surveyortraining.CMS.hhs.gov>.

Target Audience: State Survey Agencies, residents and family members, nursing home staff, clinicians, providers, advocates, CMS Regional Offices, and others

Registration and Viewing Instructions: Can be found at <http://surveyortraining.CMS.hhs.gov>. The program will continue to be available for viewing for up to one year following Thu Mar 29.

Tue Mar 27 is American Diabetes Association Alert Day® [[↑](#)]

Please join with CMS during American Diabetes Association Alert Day® to help inform seniors and other people with Medicare about the seriousness of diabetes. Currently, 25.8 million Americans are living with diabetes and an additional 79 million (or one in three American adults) are at risk for developing type 2 diabetes. If left undiagnosed and untreated, diabetes may increase the risk for complications such as heart disease, stroke, blindness, kidney damage, amputations, and death related to pneumonia and flu.

Medicare Coverage:

Medicare provides coverage of the following diabetes-related services for certain Medicare beneficiaries:

- Diabetes screening tests
- Diabetes self-management training (DSMT)
- Diabetes supplies
- Dilated eye exam (for diabetic retinopathy)
- Foot care
- Glaucoma screening
- Hemoglobin A1c tests
- Influenza and pneumococcal immunizations
- Medical nutrition therapy (MNT) for certain beneficiaries diagnosed with diabetes and/or renal disease*

What Can You Do?

As a healthcare professional who provides services to seniors and other people with Medicare, CMS needs your help to ensure that all eligible Medicare beneficiaries take advantage of the diabetes screening tests as well as all of the other diabetes-related services they may be eligible to receive.

For More Information:

- [The Guide to Medicare Preventive Services](#) (see Chapter 6)
- [Diabetes-Related Services Brochure](#)
- [Quick Reference Information: Medicare Preventive Services](#)
- [National Diabetes Education Program \(NDEP\) website](#)
- [American Diabetes Association Alert Day website](#)

ote that, for the purpose of this benefit, renal disease means chronic renal insufficiency or the medical condition of a beneficiary who has been discharged from the hospital after a successful renal transplant for up to 36 months post transplant. Chronic renal insufficiency means a reduction in renal function not severe enough to require dialysis or transplantation [Glomerular Filtration Rate (GFR) 13-50 ml/min/1.73m²].

- Additional material related to Preventive Health Services in today's e-News... [[next](#) / [previous](#)]

National Colorectal Cancer Awareness Month is Almost Over – Don't Forget to Follow Up [[↑](#)]

National Colorectal Cancer Awareness Month, the month of March, is almost over – but that doesn't mean that the colorectal cancer awareness messages to your patients should stop until next year. Remind patients who have taken home a fecal occult blood test kit to use it. Follow up with patients on all screening results, even negative ones – everyone likes to hear good news. Remember, the appropriate follow-up for a positive fecal occult blood test result is a colonoscopy, not another fecal occult blood test.

Guidelines to Guide Next Steps When Polyps Are Found:

A recent survey by the National Cancer Institute found that gastroenterologists and surgeons are performing surveillance colonoscopies at more frequent intervals than those recommended by evidence-based guidelines. For example, 24% of gastroenterologists and 54% of surgeons recommended a colonoscopy, either alone or with another procedure, at least every five years after the identification of a small, benign, hyperplastic polyp. Medical guidelines do not recommend any follow-up colonoscopy for hyperplastic polyps because their presence has not been shown to increase the risk of colorectal cancer. Review the [evidence-based Colorectal Cancer Screening and Surveillance Guidelines](#) from the American Cancer Society.

For More Information for Healthcare Providers:

- [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](#)
- [The National Cancer Institute website](#)

Thank you for helping CMS spread the word regarding the importance of colorectal cancer screening.

- Additional material related to Preventive Health Services in today's e-News... [[previous](#)]

Only Three Days Left to Bid for the Round 2 and National Mail-Order Competitions of the DMEPOS Competitive Bidding Program [[↑](#)]

The Centers for Medicare & Medicaid Services (CMS) is currently accepting bids for the Round 2 and national mail-order competitions of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. *All bids must be submitted in DBidS, the online bidding system, by 8:59:59pm prevailing Eastern Time on Fri Mar 30, 2012. All required hardcopy documents that must be included as part of the bid package must be RECEIVED by the Competitive Bidding Implementation Contractor (CBIC) on or before Fri Mar 30, 2012.*

Here are some important reminders:

- The Round 2 and national mail-order competitive bidding areas, product categories, DBidS information, bid preparation worksheets, educational materials, and complete Request for Bids (RFB) instructions can be found on the CBIC website at www.DMECompetitiveBid.com. You should review this information prior to submitting your bid(s).
- You must submit your bid in DBidS using the user ID you received during registration. If you have not already logged in to DBidS, we strongly recommend that you do so NOW to have plenty of time to complete your bid. If you have forgotten your user ID and/or password, you may recover them by using the “Forgot your User ID?” and “Forgot your password?” buttons located on the “Individuals Authorized Access to the CMS Computer Services (IACS)” log-in page.
- Your Authorized Official or Backup Authorized Official must approve your Form A and certify your Form B before the close of bidding. If you modify your bid after it has been approved or certified, it will need to be reapproved or recertified. If Form A is not approved or Form B is not certified, your bid cannot be evaluated, and you will not be considered for a contract. You can verify the status of your forms by logging into DBidS and checking the status screen.
- All bidders must submit certain required hardcopy documents as specified in the RFB instructions. It is very important that you review the hardcopy document section and the sample financial statements of the RFB instructions to ensure your documents include the required information. We also encourage you to use the hardcopy document package checklist, which may be found in Appendix B of the RFB. If you have already submitted your financial documents, you may still amend those documents as long as they are RECEIVED by the CBIC on or before Fri Mar 30, 2012. We cannot accept faxed or emailed documents, so you must mail your documents to the CBIC at the address in the RFB instructions.
- All bidders participating in the national mail-order competition for diabetic testing supplies must complete and submit the National Mail-Order 50 Percent Compliance form on the CBIC website. Only one form should be submitted per bidder number. You must not change the printed form in any way. Please ensure that all pages of the form are included in the hardcopy document package. If the form is not RECEIVED on or before Fri Mar 30, 2012, your bid for the national mail-order competition will be disqualified. Please refer to the instructions on the form or the National Mail-Order for Diabetic Supplies factsheet for additional information.
- If you submitted financial documents by the Covered Document Review Date (CDRD) – Wed Feb 29, 2012 – you will receive an email about your financial documents from the CBIC by Mon May 14, 2012. If you did not submit all of the required financial documents, the email will alert you to expect a letter notifying you of the specific missing financial document(s). This letter will be mailed to your organization’s authorized official. You will be required to submit the indicated missing financial document(s) within 10 business days of the notification. If you submitted all required financial documents, the email will confirm that the CBIC received all required financial documents and that no further action from you is required. If you did not submit any financial documents by the CDRD, you will not receive an email or a letter about your financial documents.
- If you did not submit any hardcopy financial documents by the CDRD, you are still required to submit all required hardcopy documents specified in the RFB instructions on or before Fri Mar 30, 2012.

If you have any questions, please contact the CBIC customer service center at 877-577-5331 between 9am and 9pm Eastern Time.

Reminder: Fri Mar 30 is the Application Deadline for the Medicare Shared Savings Program Sun July 1 Start Date [\[↑\]](#)

If you are interested in applying for participation for the Sun July 1 start date for the Medicare Shared Savings Program, please submit an Application by *Fri Mar 30, 2012*. For more information, visit http://www.CMS.gov/SharedSavingsProgram/37_Application.asp.

ICD-10: It’s Closer Than It Seems – Have You Completed Your 5010 Implementation? [\[↑\]](#)

Recently, CMS announced it will not initiate enforcement action against any *HIPAA*-covered entity for an additional three months, through Sat June 30, for the updated *HIPAA* transaction standards (ASC X12 Version 5010, NCPDP Versions D.0 and 3.0). Although much progress has been made in the successful receipt and processing of claims in the Version 5010 format, CMS is aware that there are still challenges and issues impeding an industry-wide upgrade.

During these additional 90 days during which CMS will not initiate enforcement penalties, you should collaborate more closely with trading partners on appropriate strategies to resolve any remaining problems. Two steps providers can take to ensure a smooth upgrade include:

- Establish a line of credit: To avoid potential cash flow disruptions, providers should consider establishing or increasing a line of credit. By doing so, they can prepare for possible delays and denials in payer claims reimbursements if noncompliant Version 5010 transactions are submitted.
- Check partner readiness: Because a provider's Version 5010 upgrade can be dependent upon his or her vendor, it is important for providers to be aware of their vendor's transition status. If your vendor is behind schedule for Version 5010 adoption, get confirmation of their timeline to be compliant, and encourage them to take action so that your system will be prepared to handle your claims.

Other steps to prepare for the Version 5010 upgrade can be found in the "[Version 5010: Ensuring a Smooth Transition](#)" factsheet, which provides an overview of several actions providers can take to maintain continuity of operations for their practices as they prepare to complete Version 5010 testing.

Keep Up to Date on Version 5010 and ICD-10. Please visit the [ICD-10 website](#) for the latest news and resources to help you prepare, and to download and share the [implementation widget](#) today!

2012 eRx Payment Adjustment Update [\[↑\]](#)

CMS continues to receive inquiries about the Medicare Electronic Prescribing (eRx) Incentive Program and the 2012 eRx payment adjustment. This message seeks to clarify the issues CMS has heard from physicians and other healthcare professionals.

Statutory Authority/Background

CMS is required to adjust the payments of eligible professionals who are not successful electronic prescribers beginning in 2012. This requirement is outlined in Section 132 of the *Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)*.

CMS listed the requirements for being a successful e-prescriber for purposes of avoiding the 2012 payment adjustment in the 2011 Physician Fee Schedule final rule. In February 2012, all eligible professionals who did not meet these requirements were sent a letter notifying them of this fact.

Significant Hardship Exemption Requests

In response to stakeholder feedback, CMS also published a standalone eRx rule on Tue Sep 6, 2011, to provide additional circumstances under which eligible professionals would qualify for hardship exemptions. Eligible professionals initially had until Tue Nov 1, 2011, to submit a request for a hardship exemption for the 2012 eRx payment adjustment via the newly-created Quality Reporting Communication Support Page; this deadline was later extended to Tue Nov 8, 2011. CMS finished its review of these requests in February 2012 and continues to notify requestors via email whether their request was approved or denied.

Questions and Concerns

Although there is no appeal or review process established for the eRx Incentive Program and payment adjustment, CMS encourages eligible professionals with questions or concerns about the eRx payment adjustment and hardship exemption requests to contact the QualityNet Help Desk. Through the QualityNet Help Desk, CMS is working with eligible professionals and CMS-selected group practices that have questions about eRx payment adjustments and/or hardship exemption decisions. CMS is handling all hardship exemption requests and any questions or concerns on a case-by-case basis. Contact the QualityNet Help Desk if you have issues relating to the eRx payment adjustment and/or the rationale for denial of your hardship exemption request.

The QualityNet Help Desk can be reached Mon – Fri, 7am-7pm CMT, at 866-288-8912 or QNetSupport@sdps.org.

2013 & 2014 eRx Payment Adjustment

Please note that payment adjustments under the eRx Incentive Program run until 2014. For information on how to avoid the 2013 and 2014 eRx payment adjustments, please visit the [Electronic Prescribing Incentive Program webpage](#) and review [MLN Matters Article #SE1206](#).

Important Message from the Commissioner of Social Security to Healthcare Providers [[↑](#)]

We are forwarding this message on behalf of the Social Security Administration.

On Thu Mar 22, Commissioner Astrue signed an Open Letter to Healthcare Providers, Health Information Managers, and Medical Records Administrators about Social Security's new electronic signature process for Form SSA-827, "Authorization to Disclose Information to the Social Security Administration." To see this important message, visit <http://go.usa.gov/EUu>. To learn about Social Security's new electronic signature process, visit <http://go.usa.gov/P7V>.

CMS.gov Website Upgrade [[↑](#)]

CMS is in the process of making upgrades to the www.CMS.gov website. If you encounter problems accessing information while on the site, please refresh the page or check back later. We appreciate your understanding and apologize for any inconvenience.

Home Health Prospective Payment System CY2012 Pricer File Update [[↑](#)]

The CY2011 Home Health Prospective Payment System (HH PPS) PC Pricer has been updated with current provider data, and is now available on the CMS website at http://www.CMS.gov/PCPricer/05_HH.asp. This Pricer is for claims dated from 01/01/2011 to 12/31/2011, and is dated 03/20/2012.

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