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 Apr 3, 2012 includes…

NATIONAL PROVIDER CALLS
- Tue Apr 17 – Physician Quality Reporting System & eRx 2011 10-Month Feedback Report – Register Now
- Wed Apr 25 – Current Status of Medicare FFS Implementation of *HIPAA* Version 5010 and D.0 – Register Now

ANNOUNCEMENTS AND REMINDERS
- HHS Secretary Sebelius's Statement on National Minority Health Month
- CMS Reports Results of 2010 Physician Quality Reporting System and eRx Incentive Program – Data Show Gains In Reporting Quality Measures and Program Participation Rates
- ICD-10: It's Closer Than It Seems – Guidance on Troubleshooting Claims Submissions for Version 5010
- CMS to Release a Comparative Billing Report on Cardiology Services – Target Release Date of Mon Apr 23
- CMS.gov Website Upgrade

CLAIMS, PRICER, AND CODE UPDATES
- April 2012 Outpatient Prospective Payment System Pricer File Update

UPDATES FROM THE MEDICARE LEARNING NETWORK ®
- "DMEPOS Quality Standards" Booklet Revised
- "Hospital Outpatient Prospective Payment System" Fact Sheet Revised
- "Medicare Coverage of Radiology and Other Diagnostic Services" Fact Sheet Now Available
- "Medicare Vision Services" Fact Sheet Now Available

National Provider Call: Physician Quality Reporting System & eRx 2011 10-Month Feedback Report – Register Now [↑]
Tue Apr 17; 1:30-3pm ET

CMS will host a National Provider Call with question and answer session. CMS subject matter experts will provide an overview of the Electronic

Prescribing 10-Month Feedback Report.

Target Audience: All Medicare Fee-For-Service Providers, Medical Coders, Physician Office Staff, Provider Billing Staff, Electronic Health Records Staff, and Vendors

Agenda:
- Opening Remarks
- Program Announcements
- Overview of the Electronic Prescribing 10-Month Feedback Report
- Question & 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 in advance at http://www.CMS.gov/PQRS/04_CMSSponsoredCalls.asp. In addition, the presentation will be emailed to all registrants on the day of the call.

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 the Physician Quality Reporting System and eRx in today's e-News… [next]

National Provider Call: Current Status of Medicare FFS Implementation of *HIPAA* Version 5010 and D.0 – Register Now [↑]
Wed Apr 25; 2-3:30pm ET

CMS is hosting a National Provider Call regarding the current status of Medicare FFS implementation of *HIPAA* Version 5010 and D.0. This National Provider Call focuses on addressing the current 5010/D.0 metrics, addressing recommendations made by Medicare FFS, as well possible outstanding fixes impacting the Part A and Part B Version 5010 transition.

Target Audience: Vendors, clearinghouses, and providers who need to make Medicare FFS-specific changes in compliance with *HIPAA* Version 5010 requirements

Agenda:
- Current 5010/D.0 metrics
- Addressing recommendations made by Medicare FFS
- Possible outstanding fixes impacting the Part A and Part B Version 5010 transition
- Q&A 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 and Webinar: The presentation for this call will be posted at least one day in advance 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. CMS will be using an optional webinar feature as part of this National Provider Call. Complete details on this feature are available on the call registration page.

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➢ Additional material related to Version 5010 in today's e-News… [next]

HHS Secretary Sebelius's Statement on National Minority Health Month [↑]

In April, we commemorate National Minority Health Month to raise awareness of the health disparities that continue to affect racial and ethnic minorities, as well as celebrate the opportunities of the *Affordable Care Act*'s groundbreaking policies to reduce those health disparities.

Despite the progress our nation has made over the past 50 years, racial and ethnic minorities still lag behind the general population on many health fronts. Minorities are less likely to get the preventive care they need to stay healthy; more likely to suffer from serious illnesses, such as diabetes, heart disease and colon cancer; and are less likely to have access to quality healthcare.

The *Affordable Care Act*, in conjunction with the "Action Plan to Reduce Racial and Ethnic Health Disparities" and the "National Stakeholder Strategy for Achieving Health Equity" that HHS released one year ago, addresses the needs of minority populations and other underserved groups, by bringing down healthcare costs, investing in prevention, and supporting improvements in primary care and Medicare. As a result of the healthcare law, we are making strides in giving every American regardless of race or ethnicity a fair shot at quality, affordable health coverage.

The theme for National Minority Health Month this year is "Health Equity Can't Wait. Act Now in Your CommUNITY." We are a nation of communities and we depend on each other. By recommitting ourselves to eliminating the serious and substantial health disparities faced by racial and ethnic minority Americans, we are investing in our entire nation's physical and economic wellbeing.
To learn more about National Minority Health Month and what the Department of Health and Human Services is doing to reduce minority health disparities and achieve health equity, visit http://www.MinorityHealth.HHS.gov/ActNow.

The full text of this excerpted HHS press release (issued Mon Apr 2) can be found at http://www.HHS.gov/news/press/2012pres/04/20120402c.html.

CMS Reports Results of 2010 Physician Quality Reporting System and eRx Incentive Program – Data Show Gains In Reporting Quality Measures and Program Participation Rates [↑]

Results for the 2010 Physician Quality Reporting System and the 2010 Electronic Prescribing (eRx) Incentive Program show significant gains in participation and incentives paid to eligible healthcare professionals. The report, "2010 Physician Quality Reporting System and eRx Experience Report," identifies key areas in which physician-level quality measures point toward future measurable results in improved quality of care delivered to Medicare beneficiaries. The full report can be found at http://www.CMS.gov/PQRS.

The Physician Quality Reporting System and the eRx Incentive Program, combined, paid $662,531,035 in incentives in 2010 across all participation options, a 72-percent increase from 2009 ($384,704,248). The average incentive amount for individual professionals who satisfactorily reported was nearly $2000 in the Physician Quality Reporting System for 2010 and more than $3000 for successful electronic prescribers in the eRx Incentive Program.

While Physician Quality Reporting and the eRx Incentive Program were designed to promote reporting of quality data, this information can be useful for future evaluations of the quality of care furnished to Medicare beneficiaries. The 2010 eRx Incentive Program revealed that more than 130,000 eligible professionals and 27,000 practices implemented and used qualified electronic prescribing systems. Each patient who received electronic prescriptions has the potential to reap the demonstrated benefits of electronic prescribing such as improving prescription accuracy and reducing preventable adverse drug interactions.

More information about the Physician Quality Reporting System, including how eligible professionals can participate and the criteria for reporting to qualify for an incentive payment, is available at http://www.CMS.gov/PQRS. More information on how to participate in the eRx Incentive Program as well as more information about the 2012 eRx payment adjustment can be found at http://www.CMS.gov/ERXincentive.

The full text of this excerpted CMS media factsheet (issued Fri Mar 30) can be found at
http://www.CMS.gov/apps/media/press/factsheet.asp?Counter=4320.

> ➢ Additional material related to the Physician Quality Reporting System and eRx in today's e-News… [previous]

ICD-10: It's Closer Than It Seems – Guidance on Troubleshooting Claims Submissions for Version 5010 [↑]

Although the Version 5010 upgrade deadline was Sun Jan 1, 2012, CMS recently extended their enforcement discretion period for the Version 5010 upgrade for all *HIPAA*-covered entities for an additional three months, through Sat June 30. It's important that all *HIPAA*-covered entities continue to take the necessary steps to complete the upgrade to Version 5010 as soon as possible.

Recently, some providers have experienced issues with Version 5010 claims processing or payment. CMS has created a factsheet that provides guidance to help providers troubleshoot some of the difficulties they are experiencing with claims submissions. The factsheet contains information on:
- How to handle claims that have failed edits during the delivery process
- What providers can do if they have difficulty receiving information from clearinghouses and/or billing vendors
- Links to each of the Medicare Administrative Contractor (MAC) websites, which include lists of their top 10 edits for Version 5010 claims
- Additional reasons why some providers may receive claims rejections

The MACs will continue to work closely with clearinghouses, billing vendors, and healthcare providers requiring assistance in submitting and receiving Version 5010 compliant transactions. If any entity is experiencing difficulty reaching a MAC, they should send a message describing their issue to

ProviderFeedback@cms.hhs.gov with "5010 Extension" in the subject line.

Make sure to take a look at the Version 5010 section of the ICD-10 website to find helpful factsheets on the upgrade to Version 5010 and previous listserv messages discussing the Version 5010 upgrade.

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!

➢ Additional material related to Version 5010 in today's e-News… [previous]

CMS to Release a Comparative Billing Report on Cardiology Services – Target Release Date of Mon Apr 23 [↑]

On Mon Apr 23, CMS will release a national provider Comparative Billing Report (CBR) addressing Cardiology Services.

CBRs, produced by SafeGuard Services under contract with CMS, contain actual data-driven tables and graphs with an explanation of findings that compare provider's billing and payment patterns to those of their peers located in the state and across the nation.

These reports are not available to anyone except the providers who receive them. To ensure privacy, CMS presents only summary billing information. No patient or case-specific data is included. These reports are an example of a tool that helps providers better understand applicable Medicare billing rules and improve the level of care they furnish to their Medicare patients. CMS has received feedback from a number of providers that this type of data is very helpful, and encouraging us to produce and make available additional CBRs.

For more information and to review a sample of the Cardiology Services CBR, please visit the CBR Services website located at www.CBRservices.com or call the SafeGuard Services' Provider Help Desk, CBR Support Team at 530-896-7080.

CMS.gov Website Upgrade [↑]

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April 2012 Outpatient Prospective Payment System Pricer File Update [↑]

The Outpatient Prospective Payment System (OPPS) Pricer webpage has been updated with new payment files for April 2012, as specified in Change Request (CR) 7748. These files are now available on the CMS website at http://www.CMS.gov/PCPricer/OutPPS/itemdetail.asp?itemID=CMS1257083.

From the MLN: "DMEPOS Quality Standards" Booklet Revised [↑]

The "DMEPOS Quality Standards" booklet (ICN 905709) has been revised and is now available in downloadable format. It is designed to provide education on durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), and includes DMEPOS quality standards as well as information on Medicare-deemed Accreditation Organizations for DMEPOS suppliers.

From the MLN: "Hospital Outpatient Prospective Payment System" Fact Sheet Revised [↑]

The "Hospital Outpatient Prospective Payment System" fact sheet (ICN 006820) has been revised and is now available in downloadable format. It includes background information as well as information on ambulatory payment classifications, how payment rates are set, and payment rates.

From the MLN: "Medicare Coverage of Radiology and Other Diagnostic Services" Fact Sheet Now Available [↑]

The "Medicare Coverage of Radiology and Other Diagnostic Services" fact sheet (ICN 907164) has been released and is now available in both downloadable and hardcopy formats. This fact sheet is designed to provide education on Medicare coverage and billing information for radiology and other diagnostic services, and includes specific information concerning coding requirements and an overview of coverage guidelines. To order hardcopies of this fact sheet, visit http://www.CMS.gov/MLNProducts and click on 'MLN Product Ordering Page' under 'Related Links Inside CMS' at the bottom of the webpage.

From the MLN: "Medicare Vision Services" Fact Sheet Now Available [↑]

The "Medicare Vision Services" fact sheet (ICN 907165) has been released and is now available in both downloadable and hardcopy formats. This fact sheet is designed to provide education on Medicare coverage and billing information for vision services, and includes specific information concerning coding requirements and an overview of coverage guidelines and exclusions. To order hardcopies of this fact sheet, visit http://www.CMS.gov/MLNProducts and click on 'MLN Product Ordering Page' under 'Related Links Inside CMS' at the bottom of the webpage.