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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!

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 Thu Apr 5, 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

- [April is National Minority Health Month](#)
- [EHR Incentive Programs Eligibility Appeals Deadline Extended to Mon Apr 30](#)
- [HHS and Department of Justice Highlight Health Reform Tools to Combat Medicare Fraud](#)
- [CMS Releases New PEPPER Reports for Long-Term Acute Care Hospitals, Critical Access Hospitals, Inpatient Psychiatric Facilities, and Inpatient Rehabilitation Facilities](#)
- [7 Ways to Protect Yourself from Medical Identity Theft](#)
- [CMS.gov Website Upgrade](#)

UPDATES FROM THE MEDICARE LEARNING NETWORK®

- [MLN Provider Exhibit Program Schedule](#)

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. We appreciate your understanding and apologize for any inconvenience.

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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April is National Minority Health Month [[↑](#)]

April is National Minority Health Month. This year's theme, "*Health Equity Can't Wait. Act Now in Your CommUNITY!*" is a call to action and unity for the regions, the state and local offices of minority health, the health departments, and all the organizations and partners involved and invested in reducing health disparities. In general, low-income Americans and racial and ethnic minorities experience disproportionately higher rates of disease, fewer treatment options, and reduced access to care. Medicare now provides coverage for a range of preventive services and screenings that help our most vulnerable populations stay healthy and avoid getting certain diseases. And thanks to provisions in the *Affordable Care Act of 2010*, more seniors and others with Medicare can now take advantage of many recommended preventive services and screenings from Medicare participating healthcare providers, without paying the Medicare Part B deductible and/or coinsurance.

Medicare now provides payment for the following preventive services and screenings, subject to certain beneficiary eligibility criteria:

- Annual Wellness Visit, providing Personalized Prevention Plan Services
- Bone Mass Measurement
- Cancer Screenings
 - Breast Cancer (mammography and clinical breast exam)
 - Cervical and Vaginal Cancer (pap test and pelvic exam, including the clinical breast exam)
 - Prostate cancer (PSA blood test and Digital Rectal Exam)
 - Colorectal Cancer
 - Fecal Occult Blood Test
 - Flexible Sigmoidoscopy
 - Colonoscopy
 - Barium Enema
- Cardiovascular Disease Screening
- Diabetes Screening
- Diabetes Self-Management Training
- Glaucoma Screening
- Human Immunodeficiency Virus (HIV) Screening
- Immunizations (Seasonal Influenza, Pneumococcal, and Hepatitis B)
- Initial Preventive Physical Examination (IPPE), also known as the "Welcome to Medicare" Preventive Visit (may include a referral, if appropriate, for an ultrasound screening for Abdominal Aortic Aneurysm for eligible beneficiaries)
- Intensive Behavioral Therapy for Cardiovascular Disease – *Effective Tue Nov 8, 2011*
- Intensive Behavioral Therapy for Obesity – *Effective Tue Nov 29, 2011*
- Medical Nutrition Therapy (for beneficiaries with diabetes or renal disease)
- Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse – *Effective Fri Oct 14, 2011*
- Screening for Depression in Adults – *Effective Fri Oct 14, 2011*
- Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to prevent STIs – *Effective Tue Nov 8, 2011*
- Tobacco-Use Cessation Counseling

For More Information:

- [CMS Prevention website](#)
- [Medicare Learning Network® \(MLN\) Preventive Services Educational Products](#)
- [Quick Reference Information: Medicare Preventive Services](#)
- [Medicare Coverage Database](#)
- [CMS National Provider Calls and Events](#)

- [Office of Minority Health website](#)

Together we can help to eliminate health disparities and achieve optimal health for all racial and ethnic groups.

EHR Incentive Programs Eligibility Appeals Deadline Extended to Mon Apr 30 [\[↑\]](#)

CMS is extending the deadline for eligible professionals (EPs) to submit eligibility appeals under the Medicare Electronic Health Record (EHR) Incentive Programs 2011 payment year. The new deadline is Mon Apr 30, giving EPs an extra month to file their appeals.

An eligibility appeal allows a provider to show that all the requirements for the Medicare EHR Incentive Program were met and that he or she should have received a payment but could not because of circumstances outside of the provider's control.

CMS affords providers with a two-level appeal process: an informal review and a request for reconsideration. Within the two-level appeal process, there are three types of appeals that can be filed in the Medicare EHR Incentive Program: eligibility, meaningful use, and incentive payment appeals.

Detailed guidance on the appeals process and additional information on all of the appeal types are available on the CMS [Office of Clinical Standards and Quality website](#).

HHS and Department of Justice Highlight Health Reform Tools to Combat Medicare Fraud [\[↑\]](#)

HHS Secretary and the Attorney General hosted the Seventh Regional Health Care Fraud Prevention Summit on Wed Apr 4. At this Chicago summit highlighting a new high-tech war against healthcare fraud, HHS Secretary Kathleen Sebelius and Attorney General Eric Holder discussed how the *Affordable Care Act* and the Obama Administration's Health Care Fraud Prevention and Enforcement Action Team (HEAT) are helping fight Medicare fraud.

The regional summits bring together a wide array of public and private partners, and are part of the HEAT partnership between HHS and the Department of Justice to prevent and combat healthcare fraud. The Obama Administration's HEAT efforts have resulted in record-breaking healthcare fraud recoveries. In FY2011, for the second year in a row, the departments' anti-fraud activities resulted in more than \$4 billion in recoveries, an all-time high.

New tools provided by the *Affordable Care Act* are strengthening the Obama Administration's efforts to fight healthcare fraud. As a result of *Affordable Care Act* provisions:

- Criminals face tougher sentences for healthcare fraud, 20-50 percent longer for crimes that involve more than \$1 million in losses
- Contractors that police the Medicare program for waste, fraud, and abuse will expand their work to Medicaid, Medicare Advantage, and Medicare Part D programs
- Government entities, including states, CMS, and law enforcement partners at the Office of the Inspector General (OIG) and DOJ, have greater abilities to work together and share information so that CMS can prevent money from going to bad actors by using its authority to suspend payments to providers and suppliers engaged in suspected fraudulent activity

On Wed Apr 4, the Obama Administration also announced more progress from its anti-fraud efforts, beyond the nearly \$4.1 billion recovered last year:

- In the early phase of revalidating the enrollment of providers in Medicare, 234 providers were removed from the program because they were deceased, debarred, or excluded by other federal agencies, or were found to be in false storefronts or otherwise invalid business locations

- In 2011, HHS revoked 4850 Medicaid providers and suppliers and deactivated 56,733 Medicare providers and suppliers as HHS took steps to close vulnerabilities in the Medicare program
- In 2011, HHS saved \$208 million through pre-payment edits that stop implausible claims before they're paid
- Prosecutions are up: the number of individuals charged with fraud increased from 797 in FY2008 to 1430 in FY2011 – nearly a 75 percent increase
- In the first few weeks of enhanced site visits required under the *Affordable Care Act* screening requirements, HHS found 15 providers and suppliers whose business locations were non-operational and terminated their billing privileges
- Through outreach and engagement efforts, more than 49,000 complaints of fraud from seniors and people with disabilities reported to 1-800-MEDICARE were referred for further evaluation
- A recent redesign of the quarterly Medicare Summary Notices received by Medicare beneficiaries makes it easier to spot and report fraud

The full text of this excerpted HHS press release (issued Wed Apr 4) can be found at <http://www.HHS.gov/news/press/2012pres/04/20120404a.html>.

➤ Additional material related to fraud in today's e-News... [\[next\]](#)

CMS Releases New PEPPER Reports for Long-Term Acute Care Hospitals, Critical Access Hospitals, Inpatient Psychiatric Facilities, and Inpatient Rehabilitation Facilities [\[↑\]](#)

New releases of the Program for Evaluating Payment Patterns Electronic Report (PEPPER), with statistics through the fourth quarter of FY2011, will soon be available for long-term acute care hospitals (LTCHs), critical access hospitals (CAHs), inpatient psychiatric facilities (IPFs), and inpatient rehabilitation facilities (IRFs) nationwide.

The PEPPER provides hospital/facility-specific data statistics for Medicare discharges in areas that may be at risk for improper Medicare payments. Hospitals and facilities can use PEPPER to support internal auditing and monitoring activities. PEPPER is a free report comparing a hospital/facility's Medicare billing practices with other hospitals/facilities in the state, Medicare Administrative Contractor (MAC) or Fiscal Intermediary (FI) jurisdiction, and nation. CMS has contracted with TMF Health Quality Institute to develop and distribute these reports.

In late March, the PEPPER began to be distributed electronically to CAHs, IPF, and IRF distinct part units of short-term acute care hospitals and to LTCHs that have My QualityNet accounts through a My QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role. Freestanding IPFs and IRFs will receive their PEPPER in hardcopy format via FedEx addressed to the CEO/Administrator, beginning on Fri Mar 30. LTCHs that do not have My QualityNet accounts may request their PEPPER through the PEPPER [Help Desk](#) at PEPPERresources.org.

New for this release in the IRF PEPPERs are two "Top Case Mix Group (CMG)" reports, one listing the top CMGs for the IRF and the other listing the top CMGs in the MAC/FI jurisdiction. New for this release in the LTCH PEPPERs are reports for two new target areas: "Outlier Payments" and "30-day Readmissions to Same Hospital or Elsewhere."

Visit PEPPERresources.org to access additional resources for using PEPPER, including recorded web-based training sessions, sample PEPPERs, and PEPPER User's Guides, which are available on the applicable "Training and Resources" pages. Questions and requests for assistance may be submitted through the PEPPER [Help Desk](#).

CMS encourages hospitals to provide feedback on PEPPER through a [feedback form](#) so that the reports can be continually improved.

7 Ways to Protect Yourself from Medical Identity Theft [\[↑\]](#)

Medicare fraud affects everyone – not just people with Medicare. Did you know that physicians are also vulnerable to a type of fraud called “medical identity theft?” Medical identity theft happens when a fraudster uses your unique medical identifiers to bill insurance for items or services that you never provided or prescribed.

- Keep your medical information up-to-date
- Review billing notices
- Protect your medical information
- Train your staff
- Educate your patients
- Report any suspected medical identity theft
- Protect your prescription pads

Learn more about it and how to protect yourself in the latest Medicare blog, “[7 Ways to Protect Yourself from Medical Identity Theft.](#)”

- Additional material related to fraud in today’s e-News... [\[previous\]](#)

CMS.gov Website Upgrade [\[↑\]](#)

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From the MLN: MLN Provider Exhibit Program Schedule [\[↑\]](#)

Just a reminder to mark your calendars. The Medicare Learning Network will be exhibiting at the following healthcare provider conferences in the coming weeks:

- [National Rural Health Association](#)
Tue Apr 17 through Fri April 20
Denver, Colorado
Booth #406
- [HealthCare Billing & Management Association](#)
Wed Apr 18 through Sat April 21
New Orleans, Louisiana
Booth #211
- [American College of Physicians](#)
Thu Apr 19 through Sat April 21
New Orleans, Louisiana
Booth #1316
- [Medical Society of the State of New York](#)
Fri Apr 20 through Sun April 22
Sarasota Springs, New York

- [Pennsylvania Osteopathic Medical Association](#)
Wed May 2 through Sat May 5
King of Prussia, PA
Booth #47
- [Visiting Nurses Associations of America](#)
Wed May 2 through Thu May 4
Phoenix, Arizona
Booth #205
- [American Geriatrics Society](#)
Thu May 3 through Sat May 5
Seattle, Washington
Booth #303
- Idaho Health Care Association
 - Tue May 8 – ISU, Idaho Falls
 - Wed May 9 – Clarion Inn, Pocatello
 - Thu May 10 – Best Western Inn & Convention Center, Burley
 - Tue May 22 – Red Lion, Lewiston
 - Wed May 23 – Best Western Conference Center, Coeur D’Alene
 - Thu May 31 – Doubletree Riverside, Boise
- [Michigan Medical Billers Association](#)
Tue May 15 through Fri May 18
Flint, Michigan
- [Texas Medical Association](#)
Fri May 18 through Sat May 19
Dallas, Texas
Booth #402

Please make note of these dates and locations and add them to your calendar! If you are interested in having a Medicare Learning Network Exhibit at your event, please contact us at MLNexhibits@CMS.hhs.gov.

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