



CMS Medicare FFS Provider e-News *Brought to you by the Medicare Learning Network®*

CMS asks that you share the following important information with all of your association members and state and local chapters.

This issue of the e-News will be available in PDF format within 24 hours of its release in the [archive](#) with other past issues.

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

Thursday; September 13; 2-3:30pm ET

On August 23, CMS announced the final rule for Stage 2 requirements and other changes to the EHR Incentive Programs. This National Provider Call will provide an overview of the final rule, so you can learn what you need to know to receive EHR incentive payments.

The final rule can be found at [CMS Stage 2 Final Rule](#). For more information on the EHR Incentive Programs, visit the CMS [EHR Incentive Programs](#) website.

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

Registration Information: In order to receive call-in information, you must register for the call on the [CMS Upcoming National Provider Calls](#) registration website. 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 prior to the call on the [FFS National Provider Calls](#) web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

Continuing education credit may be awarded for participation in certain CMS National Provider Calls. Visit the [Continuing Education Credit Notification](#) web page to learn more.

National Provider Call: Physician Quality Reporting System and Electronic Prescribing Incentive Program — Registration Now Open

Tuesday, September 25; 1:30-3pm ET

CMS will host a National Provider Call on the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program. This National Provider Call provides an overview of the 2011 PQRS and eRx Incentive Payments and Feedback Reports.

Target Audience: Eligible Professionals, Medical coders, physician office staff, provider billing staff, health records staff, vendors and all other interested Medicare Fee-For-Service (FFS) health care professionals.

Agenda:

- Announcements
- 2011 PQRS & eRx Incentive Program - Incentive Payments
Overview of Feedback Reports for 2011 PQRS/eRx Incentive Program
- Still Time to Participate in the 2012 PQRS
- Still Time to Participate in the 2012 eRx incentive Program
- Resources & Who to Contact for Help

Registration Information: In order to receive call-in information, you must register for the call on the [CMS Upcoming National Provider Calls](#) registration website. 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 prior to the call on the [FFS National Provider Calls](#) web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

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National Provider Call: Hospital Value-Based Purchasing: FY 2013 Actual Percentage Payment Summary Report — Registration Now Open

Thursday, October 4; 1:30-3pm ET

CMS will host a National Provider Call (NPC) with a question and answer session on the FY 2013 Actual Percentage Payment Summary Report. The purpose of this call is to discuss the Actual Percentage Payment Summary Report as well as important operational details for FY 2013—the first year in which value-based incentive payments will be made under the Hospital Value-based Purchasing Program. Additionally, CMS will discuss a review and corrections process and an appeals process for the program.

Hospitals can submit questions prior to the NPC as part of the registration process described on this page. Participants will also have the opportunity to ask questions at the end of the presentation on October 4. Before you submit questions, CMS encourages you to review the Frequently Asked Questions in the [Hospital-Inpatient Questions and Answers tool](#) available on the [QualityNet](#) website.

If you have not viewed your hospital's FY 2013 *Estimated* Percentage Payment Summary Report, please go to the [QualityNet](#) website. Hospital users with an active My QualityNet account and granted the Hospital Reporting Feedback - Inpatient role can access the reports in their My QualityNet file exchange inbox. For technical questions or issues related to accessing the report, contact the QualityNet Help Desk at the following email address: gnetsupport@sdps.org or call 866-288-8912.

Target Audience: This National Provider Call is intended for hospitals, Quality Improvement Organizations, medical coders, physician office staff, provider billing staff, health records staff, vendors, and all Medicare FFS providers.

Agenda:

- Opening Remarks
- Overview of the FY 2013 Actual Percentage Payment Summary Report
- Discuss the Review and Corrections/Appeals Processes
- Review the Methodology to Convert a Total Performance Score to a Value-Based Multiplier
- Question & Answer Session

Registration Information: In order to receive call-in information, you must register for the call on the [CMS Upcoming National Provider Calls](#) registration website. 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 prior to the call on the [FFS National Provider Calls](#) web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

Continuing education credit may be awarded for participation in certain CMS National Provider Calls. Visit the [Continuing Education Credit Notification](#) web page to learn more.

National Provider Call: Audio Recording and Written Transcript from August 23 Medicare Shared Savings Program Application Process Question and Answer Session Call Now Available [\[↑\]](#)

The audio recording and written transcript from the August 23 Medicare Shared Savings Program Application Process Question and Answer Session National Provider Call are now available on the [August 23](#) call web page in the “Presentation” section.

IRF Quality Reporting Program Special Open Door Forum Series [\[↑\]](#)

Thursday, September 20; 1-2:30pm ET

Please join us for the 3rd in the 4 part series of Inpatient Rehabilitation Facility (IRF) Quality Reporting Program Special Open Door Forums.

- Public dial-in number: 800-837-1935
- Conf. ID Number: 25074257

The main focus of this Special Open Door Forum will be issues related to the reporting of pressure ulcer data (i.e. - staging of pressure ulcers, documentation of pressures in the Quality Indicator section of the IRF-PAI, etc.). However, other topics may be discussed as well. Also, at the

conclusion of this Open Door Forum, we will offer a Question and Answer session, in which we invite any questions that are related to the IRF Quality Reporting Program.

Please let us know the topics that you would like us address at the September 20 and October 18 Special Open Door Forums. Please e-mail your ideas to: IRF.questions@CMS.hhs.gov

The 4th and final Special Open Door Forum in this series will be held on Thursday, October 18 from 1-2:30pm ET. Call in information will be provided approximately 1-2 weeks prior to the date of the Special Open Door Forum.

September is Prostate Cancer Awareness Month [[↑](#)]

Please join CMS during Prostate Cancer Awareness Month to increase awareness of prostate cancer and the importance of early detection. In 2012, about 242,000 American men will be diagnosed with this disease. Medicare provides coverage of two screening tools for the early detection of prostate cancer for eligible beneficiaries.

Medicare Coverage:

Medicare provides coverage for Digital Rectal Exams (DREs) and Prostate Specific Antigen (PSA) blood tests once every 12 months for all male beneficiaries aged 50 and older. The PSA blood test must be ordered by the patient's physician or qualified non-physician practitioner. The DRE must be performed by a physician or non-physician practitioner who is authorized under state law to perform the examination. Both screenings are covered under Medicare as a Part B benefit.

How Can You Help?

As a provider of healthcare to men with Medicare you can help your patients make an informed decision about prostate cancer screening:

- Talk with your patients about the nature and risk of prostate cancer
- Share current information about prostate cancer screenings with them
- Share the risks, benefits, and alternatives to prostate cancer screening
- Inform them about the prostate screenings covered by Medicare that may be appropriate for them

For More Information:

Resources from the MLN:

- [The Guide to Medicare Preventive Services](#), Chapter 12
- [Medicare Preventive Services Quick Reference Information Chart](#)
- [Cancer Screenings Brochure for Physicians, Providers, Suppliers, and Other Health Care Professional](#)

Other Resources for Healthcare Professionals:

- [Center for Disease Control and Prevention Prostate Cancer Website](#)
- [National Cancer Institute- Prostate Cancer](#)

DMEPOS Suppliers Must Use Individual Practitioner NPIs to Bill for Ordered/Referred Services [[↑](#)]

Durable Medical Equipment Medicare Administrative Contractors (DME MACS) will be contacting Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers that submitted claims using both a group name and national provider identifier (NPI) as the ordering NPI for ordered or referred services. The physician's name and NPI, not a group name and NPI, must be used as the ordering name and NPI on the claim. Once CMS turns on the edits for ordering/referring services, claims using a group NPI will be denied.

Physicians may verify their individual NPI using the [NPI Registry](#) on the CMS website.

Recorded Training Sessions Available for IRFs [[↑](#)]

CMS has made available two new recorded training sessions for Inpatient Rehabilitation Facilities (IRFs) on the QIES Technical Support Office (QTSO) website. The sessions are as follows:

- IRF-PAI Assessment Submission Process – provides the necessary instructions for submitting IRF-PAI assessment data to the ASAP IRF-PAI Submission System beginning October 1, 2012.
- CASPER Reports for IRFs – provides information about accessing and interpreting the ASAP system-generated IRF-PAI Facility Final Validation Report, identifies other reports available to IRFs and gives an overview of the basic functionality of the CASPER Reporting application.
 - The recordings can be accessed via the e-University page on the [QTSO](#) website.
 - Please contact the QTSO Help Desk at 800-339-9313 or help@qtso.com if you have questions regarding this training session.

FY 2013 ICD-10-PCS Reference Manual and Coding Guidelines Now Available [[↑](#)]

An updated 2013 ICD-10-PCS Reference Manual incorporating 2013 updates has been posted on the [2013 ICD-10 PCS and GEMs](#) web page. In addition, the FY 2013 ICD-10-CM Coding Guidelines are now available on [Centers for Disease Control and Prevention](#) website.

5010 Remittance Advice (835) Companion Guide Update [[↑](#)]

CMS has posted an updated [Medicare FFS Version 5010 835 Health Care Claim Payment/Advice Companion Guide](#) to the [Medicare FFS Companion Guides](#) web page.

Updates to IRIS Software [[↑](#)]

CMS updated three files (medical school codes, residency type codes, and August 2012 IRISV3 Operating Instructions) in the Intern and Resident Information System (IRIS) software programs (IRISV3 and IRISEDV3). IRIS is used for collecting and reporting information on resident training in hospital and non-hospital settings. The following items were updated:

- CMS added seven new IRIS residency type codes to the IRIS Residency Code Table.
- CMS also added two new IRIS medical school codes to the IRIS Medical School Code Table.
- Providers may begin using the new medical school and residency type codes in the IRIS programs for cost reporting periods ending on or

after Mon, Apr 30, 2012.

The IRIS programs are available for downloading on the [IRIS](#) website.

Updated Physician Payment Information for Value-Driven Health Care Now Available [\[↑\]](#)

CMS updated the Physician payment information for Value-Driven Health Care on September 6. The zipped Excel files are now available in the “Related Links” section of the [Physician](#) web page.

Time is Running Out for Authorized Officials to Register for DMEPOS Competitive Bidding [\[↑\]](#)

The target deadline for authorized officials (AOs) to register for the Round 1 Recompete of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program was *September 7, 2012*. All suppliers interested in bidding must designate one AO from those listed on the CMS-855S enrollment form to act as their AO for registration purposes. *If you are a supplier interested in bidding and your designated AO has not yet registered, he or she should register now.* Suppliers whose AOs do not register will not be able to bid when bidding opens. AOs who do not register now may not have time to designate other employees to assist with bidding.

Remember, the AO must be listed on the CMS-855S enrollment form. After an AO successfully registers, the AO may designate other employees to serve as backup authorized officials (BAOs) and/or end users (EUs). BAOs and EUs must also register for a user ID and password to be able to access the online bidding system. The legal name and Social Security number (SSN) of the AO and BAOs must match exactly with what is on file with the National Supplier Clearinghouse in order to register successfully.

We recommend that BAOs register no later than *September 28, 2012*, so that they will be able to assist AOs with approving EU registration. Registration will close on *Friday, October 19, 2012, at 9pm* prevailing Eastern Time – *no AOs, BAOs, or EUs can register after registration closes.*

To register, go to the homepage of this website, click on *Round 1 Recompete*, and then click on “REGISTRATION IS OPEN” above the Registration clock. Before you register, we strongly recommend that you review the [IACS Reference Guide](#) with step-by-step instructions and the [Getting Started Registration Checklist](#).

If you have any questions about the registration process, please contact the CBIC customer service center at 877-577-5331 between 9am and 9pm prevailing Eastern Time, Monday through Friday.

The CBIC is the official information source for bidders. All suppliers interested in bidding are urged to sign up for “E-mail Updates” on the home page of the [CBIC](#) website. For information about the Round 1 Recompete, please refer to the bidder education materials on this website located under *Round 1 Recompete > Bidding Suppliers*.

October 2012 Average Sales Price Files Now Available [\[↑\]](#)

CMS has posted the October 2012 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks and updated files for

July 2012 and April 2012. All are available for download on the [2012 ASP Drug Pricing Files](#) web page.

Correct Coding Initiative Edit Files Configuration Change [\[↑\]](#)

Effective October 1, 2012, the number of files available for download from the [NCCI Coding Edits](#) web page will be changing. Due to an increase in the number of records, the Physician CCI edits file and the Hospital CCI edits file will be subdivided into two files each. Please be sure to download both files for each edit in order to get a complete set of edits.

“Clarification of the Quality Standards and Accreditation Requirements for Ultra Lightweight Manual Wheelchairs” MLN Matters® Article — Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1233](#), “Clarification of the Quality Standards and Accreditation Requirements for Ultra Lightweight Manual Wheelchairs,” was released and is now available in downloadable format. This article is designed to provide education on the quality standards and accreditation requirements for ultra lightweight manual wheelchairs. It includes guidance on what Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers should do to comply with the requirements, which are effective for claims with dates of service on or after March 1, 2013.

From the MLN: “Providing the Annual Wellness Visit (AWV)” Booklet — Released [\[↑\]](#)

[Providing the Annual Wellness Visit \(AWV\)](#) Booklet (ICN 907786) has been released and is now available in downloadable format. This booklet is designed to provide education on an annual wellness visit (AWV) which provides personalized preventive plan services (PPPS). It includes information on initial and subsequent AWVs as well as health risk assessment information.

From the MLN: “Cardiovascular Disease Services” Booklet — Released [\[↑\]](#)

The [Cardiovascular Disease Services](#) Booklet (ICN 907784) was released and is now available in downloadable format. This booklet is designed to provide education on cardiovascular disease services. It includes coverage, coding, billing, and payment information.

From the MLN: “Screening Pap Tests Services” Booklet — Released [\[↑\]](#)

The [Screening Pap Tests](#) Booklet (ICN 907784) was released and is now available in downloadable format. This booklet is designed to provide education on screening pap tests. It includes coverage, coding, billing, and payment information.

More helpful links...

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