CMS Medicare FFS Provider e-News
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The e-News for Wednesday, September 19, 2012

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- "Recovery Auditors Findings Resulting from Medical Necessity Reviews of Renal and Urinary Tract Disorders" Podcast Released
- "Documenting Medical Necessity for Major Joint Replacement (Hip and Knee)" MLN Matters® Article Released
- "Important Information Concerning the Medicare Crossover Process and State Medicaid Agency Requirements for National Drug Codes (NDCs) Associated with Physician-Administered Part B Drugs" MLN Matters® Article Released

National Provider Call: Physician Quality Reporting System and Electronic Prescribing Incentive Program — Register Now [↑]
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.

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: Hospital Value-Based Purchasing: FY 2013 Actual Percentage Payment Summary Report — Register Now [↑]
Thursday, October 4, 2012; 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 in this message. 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: qnetsupport@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.

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National Provider Call: Video Slideshow Presentation and Podcasts from July 31 National Provider Call on the Medicare Shared Savings Program and Advance Payment Model Application Process Now Available [↑]

CMS has released a YouTube video slideshow presentation and podcasts from the July 31 Medicare Shared Savings Program and Advance Payment Model Application Process National Provider Call.

YouTube Video Slideshow Presentation:
The call presentation is now available on the CMS YouTube Channel as a video slideshow that includes the call audio.

Podcasts:
Limited on time? Podcasts are perfect for the office, in the car, or anywhere you carry a portable media player or smartphone. The following podcasts are now available on the July 31 call web page.
- Podcast 1 of 4: Medicare Shared Savings Program Application Process
- Podcast 2 of 4: Advance Payment Model Application Process
- Podcast 3 of 4: Question and Answer Session
- Podcast 4 of 4: Question and Answer Session Continued

Select the links above to view the video slideshow presentation and listen to the podcasts, or visit the July 31 call web page for access to all of the related call materials, including the slide presentation, complete audio recording, and written transcripts.

Influenza Season is Around the Corner [↑]

As your patients age, their immune systems may weaken. This weakening can make seniors more susceptible to complications from seasonal influenza (flu). Now is the perfect time to remind your patients that seasonal influenza vaccination is the best defense against the flu. Medicare provides coverage for one flu vaccine and its administration per influenza season for seniors and other Medicare beneficiaries with no co-pay or deductible. Talk with your Medicare patients about their risk for getting the flu and start protecting your patients as soon as your 2012-2013 seasonal flu vaccine arrives. And, don't forget to immunize yourself and your staff. *Know what to do about the flu*.

Remember – Influenza vaccine plus its administration is a covered Part B benefit. Influenza vaccine is NOT a Part D covered drug. CMS will provide information and a link to the 2012-2013 Influenza Vaccine prices when they are available.

For more information on coverage and billing of the flu vaccine and its administration, as well as related educational resources for health care professionals and their staff, please visit the CMS Medicare Learning Network Preventive Services Educational Products and CMS Immunizations web pages. And, while some providers may offer the flu vaccine, others can help their patients locate a vaccine provider within their local community. HealthMap Vaccine Finder is a free, online service where users can search for locations offering flu vaccines.

Quality Reporting Program Announcements for ASCs [↑]

Sign up for the Ambulatory Surgical Centers (ASCs) listserv on the QualityNet webpage to receive the latest information about the quality

reporting program. Only this listserv provides all essential CMS updates about quality reporting for ASCs.

A webinar, titled "Introduction to Medicare's Quality Reporting Program for Ambulatory Surgical Centers," is scheduled for September 26, and features Dr. Anita Bhatia, the Coordinating Officer's Representative for the ASCQR Program at CMS. The presentation includes a question and answer session open to all attendees. Preregistration is required. The presentation will be offered at 10am and 2pm ET, and a recording will be available after the presentation at the above link.

Long-Term Care Hospital Announcements and Updates [↑]

CMS would like to share several important Long-Term Care Hospital (LTCH) related items of note.

LTCH Software Update:
The CMS LASER (LTCH Assessment Submission Entry Reporting) software is now posted on the QIES Technical Support Office website. The LASER software will also be posted on the CMS LTCH Quality Reporting Program (QRP) website soon. Please check the website frequently, and CMS will send notification when it has posted.

LTCH Training Updates:
CMS has posted the last two new recorded training sessions for LTCHs on the Quality Improvement and Evaluation System (QIES) Technical Support Office (QTSO) website:
- *The LTCH Assessment Submission Process* – Provides the necessary instructions for submitting the LTCH CARE Data Set to the QIES ASAP Submission System beginning October 1, 2012.
- *CASPER Reports for LTCHs* – Provides information about accessing and interpreting the ASAP system-generated LTCH Provider Final Validation Report, identifies other reports available to LTCHs, and gives an overview of the basic functionality of the CASPER Reporting application.

With the addition of the above two WebEx training sessions, *all* of the LTCH CARE Data Submission *and* LASER trainings are now posted. CMS wants to ensure that LTCHs are aware of the following WebEx technical trainings related to the LTCH CARE Data Submission and LASER that are available for download on the QIES Technical Support Office (QTSO) website:

Data Submission Trainings available on the QTSO e-University web page:
- CMSNet and QIES User ID Registration Training
- LTCH Assessment Submission Process
- LTCH Assessment and Validation Reports

LASER Trainings available on the QTSO LASER Download web page:
- LASER Login Process
- LASER Patient and Assessment Entry
- LASER Import and Export Process
- LASER Reports

- LASER Demonstration Version of the tool

These recordings can be also 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.

Additional LTCH-related Updates:
- An errata document titled LTCH QRP Manual Errata Sheet was posted in September 2012.

- The presentation slides from the August 30, 2012 LTCH Special Open Door Forum (SODF) where Section M of the LTCH QRP Manual was reviewed and related FAQs are available in .zip file format. The written transcript and audio file from this LTCH SODF are available in PDF document format. It is also accessible on the CMS Special Open Door Forums web page.

- The next LTCH SODF will be held on Thursday, September 20, 2012 from 2:30-4pm. Please continue to check the CMS LTCH Quality Reporting Program (QRP) website and the CMS Special Open Door Forums web page for updates, call-in information, conference materials, and agenda items related to SODF calls.

IRF-PAI Submission System Downtime September 29-30 [↑]

The Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) submission system will be down from September 29 through 30. The system will be available again on October 1. Files submitted on or after October 1, 2012 must be in the new XML format following the v1.10 data specifications. Please insure your software has been updated for this new version of the data specifications. Additional information is available on the IRF-PAI web page.

jIRVEN and Training Announcements for IRFs [↑]

jIRVEN is now available for download on the QIES Technical Support Office website. It is also currently in the process of being posted to the CMS website.

All WebEx technical submission and jIRVEN user tool trainings are posted on the QIES Technical Support Office website.
- jIRVEN WebEx #1 - How to login into the tool & how to add facility and user information
- jIRVEN WebEx #2 - How to create patient and assessment information
- jIRVEN WebEx #3 - How to import and export assessments
- jIRVEN WebEx #4 - Review of the reports available within the jIRVEN tool
- IRF-PAI Assessment Submission Process WebEx
- CASPER Reports for IRFs WebEx
- jIRVEN Demonstration Version of the user tool

ICD-10 Transition Information Providers and Payers Need to Share [↑]

The compliance deadline for ICD-10 is now October 1, 2014. With two years to complete ICD-10 implementation, providers and payers will need to communicate regularly to help ensure a smooth transition. To keep transition activities on track, providers and payers should:

Engage in an Open Dialogue:
Once you have established an ICD-10 Project Team or designated a representative to oversee transition activities, reach out to the organizations you coordinate with to inform them of your implementation plans. Regardless of your organization's size or resources, it is important to make sure you are regularly communicating with external partners about transition plans. If you have not already done so, make sure to:

- Communicate the current status of your organization's ICD-10 implementation efforts. As payers and providers may be at different stages of implementation, it is important to reach out to one another to share your organization's current focus.
- Share contact information for all key personnel at your organization involved in ICD-10 implementation activities. This will help ensure that information and updates are sent to the appropriate person(s) working on ICD-10 implementation, as well as reduce instances of miscommunication between organizations.
- Establish regular check-in meetings. Whether you choose to set up formal conference calls, in-person check-ins, or send updates via email, it is important to establish regular meetings to review transition progress and address challenges.

Revise and Share Implementation Timelines :
Since the ICD-10 compliance deadline is now October 1, 2014, organizations will need to revisit their existing timelines or develop new ICD-10 implementation timelines. The timelines developed by CMS outline the steps you will need to take moving forward as well as the timing for each activity.

Following the revision of your organization's implementation timeline, share it with the providers or payers you are coordinating with on the ICD-10 transition. Providers and payers will need to work together on testing, so it will be important to make sure your timelines are in sync.

Please note: Current CMS timelines are based on the October 1, 2013, compliance deadline. CMS plans to update all materials to reflect the new October 1, 2014, compliance deadline. Continue to check the CMS website for updated materials.

Keep Up to Date on ICD-10:
Please visit the ICD-10 website for the latest news and resources to help you prepare.

CMS/ONC Blog Post Celebrates Meaningful Use Day of National Health IT Week; Discusses Importance of Meaningful Use [↑]

Last week, September 10 through 14 was the seventh annual National Health Information Technology Week, a collaborative forum where industry leaders came together to discuss health IT and the pivotal role it can play in transforming the nation's health care system. From consumer engagement to privacy and security, each day of Health IT Week focused on a specific theme.

Tuesday, September 11 was designated as *Meaningful Use Day* and highlighted the potential of EHRs—used in a meaningful way—to contribute to more coordinated, efficient, and effective health care.

Robert Tagalicod, Director, Office of E-Health Standards and Services, CMS, Mat Kendall, Director, Office of Provider Adoption Support, ONC, and Dr. Farzad Mostashari, National Coordinator for Health Information Technology, co-authored a blog post, Now is the Time for Meaningful Use, discussing the importance of meaningful use and the successes of the EHR Incentive Programs to date.

On August 23, CMS issued the final rule for Stage 2 of meaningful use for the EHR Incentive Programs, which builds upon the initial progress of the incentive programs, while introducing new criteria that are designed to improve patient safety and quality of care. Some of the most significant changes in Stage 2 focus on patient engagement and health information exchange.

Meaningful use improves patient care, increases care coordination, and empowers patients to become active partners in their health and health care.

Find out more about the changes in the Stage 2 rule on the Stage 2 page of the EHR website.

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

Information about a Medicare Claims Processing Issue Related to Part B Services for Skilled Nursing Facility Patients [↑]

A Medicare Part B claims processing issue has been identified with the 2012 Annual Update of the Healthcare Common Procedure Code System (HCPCS) Codes for Skilled Nursing Facility Consolidated Billing. Medicare Part B Services may have been erroneously denied by Medicare's claims processing system. In other instances, the claims processing system may have paid and then identified a Medicare "overpayment" on these claims in error. The situation has been corrected as of July 30th, 2012 but services meeting the following may have been impacted:

HCPCS for dates of service January 1, 2011 and after, claims processed January 3, 2011 through July 29, 2012:
- 21554 – until March 11, 2012
- 96522 – until July 29, 2012
- 96571 – until July 29, 2012

HCPCS for dates of service January 1, 2012 and after, claims processed January 3, 2012 until July 29, 2012:

0079T	0163T
00790	01630
00792	01632
00794	01634
00796	01636

CMS is working with its Medicare Administrative Contractors (MACs) to identify all claims that were denied in error as well as any overpayments that were identified erroneously and resulted in a demand letter so that appropriate payment adjustments can be made.

Your MAC will advise you through its website and listserv messages when it expects to complete this process so that you can anticipate when

your claims (along with any notifications for payment recovery) will be adjusted. We thank you for your patience and we apologize for any inconvenience.

From the MLN: "Hospital Reclassifications" Fact Sheet — Revised [↑]

The Hospital Reclassifications Fact Sheet (ICN 907243) has been revised and is now available in downloadable format. This fact sheet is designed to provide education on hospital reclassifications. It includes information about urban to rural reclassification, geographic reclassification, and Rural Referral Center status.

From the MLN: "Medicare Enrollment Guidelines for Ordering/Referring Providers" Fact Sheet — Revised [↑]

The Medicare Enrollment Guidelines for Ordering/Referring Providers Fact Sheet (ICN 906223) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Medicare enrollment requirements for eligible ordering/referring providers. It includes information on the three basic requirements for ordering and referring and who may order and refer for Medicare Part A Home Health Agency, Part B, and DMEPOS beneficiary services.

From the MLN: "Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Quality Standards" Booklet — Reminder [↑]

The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Quality Standards Booklet (ICN 905709) has been revised and is available in downloadable and hard copy format. This booklet is designed to provide education on durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). It includes DMEPOS quality standards as well as information on Medicare deemed Accreditation Organizations (AOs) for DMEPOS suppliers.

From the MLN: "The Basics of DMEPOS Accreditation" Fact Sheet — Reminder [↑]

The Basics of DMEPOS Accreditation Fact Sheet (ICN 905710) has been revised and is available in downloadable and hard copy format. This fact sheet is designed to provide education on durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). It includes information so suppliers can meet DMEPOS Quality Standards established by CMS and become accredited by a CMS-approved independent national Accreditation Organization (AO). There is also information on the types of providers who are exempt.

From the MLN: "Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Information for Pharmacies" Fact Sheet — Reminder [↑]

The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Information for Pharmacies Fact Sheet (ICN 905711) has been revised and is available in downloadable and hard copy format. This fact sheet is designed to provide education for pharmacies on durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). It includes information on accreditation by CMS-approved independent national Accreditation Organization (AO) as well as information if a pharmacy wants to be considered for an exemption from the accreditation requirements.

To access a new or revised product available for order in *hard copy* format, go to MLN Products and click on "MLN Product Ordering Page" under "Related Links" at the bottom of the web page.

From the MLN: "Recovery Auditors Findings Resulting from Medical Necessity Reviews of Renal and Urinary Tract Disorders" Podcast Released [↑]

The Recovery Auditors Findings Resulting from Medical Necessity Reviews of Renal and Urinary Tract Disorders Podcast (ICN 906985) was released and is now available in downloadable format. This podcast is designed to provide education on CMS Recovery Audit findings from medical necessity reviews of renal and urinary tract disorders. It includes information from MLN Matters® Article #SE1210 titled "Recovery Auditors Findings Resulting from Medical Necessity Reviews of Renal and Urinary Tract Disorders".

From the MLN: "Documenting Medical Necessity for Major Joint Replacement (Hip and Knee)" MLN Matters® Article Released [↑]

MLN Matters® Special Edition Article #SE1236, "Documenting Medical Necessity for Major Joint Replacement (Hip and Knee)" was released and is now available in downloadable format. This article is designed to provide education on documentation requirements for major joint replacement surgery. It includes information on how to correctly document medical necessity for major joint replacement surgery and avoid denial of claims.

From the MLN: "Important Information Concerning the Medicare Crossover Process and State Medicaid Agency Requirements for National Drug Codes (NDCs) Associated with Physician-Administered Part B Drugs" MLN Matters® Article Released [↑]

MLN Matters® Special Edition Article #SE1234, "Important Information Concerning the Medicare Crossover Process and State Medicaid Agency Requirements for National Drug Codes (NDCs) Associated with Physician-Administered Part B Drugs" was released and is now available in downloadable format. This article is designed to provide education on Medicare Crossover Process and State Medicaid Agency requirements for National Drug Codes (NDCs) related to physician-administered Part B drugs. It includes information to help promote the effectiveness of the Medicare claims crossover process and reduce the amount of claims denied or not accepted by State Medicaid Agencies.

More helpful links…

Check out CMS on:

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The Medicare Learning Network

Archive of Provider e-News Messages