



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.

The e-News for Thursday, October 18, 2012

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- [“Correct Provider Billing of Line Item Rendering Physician on the Paper UB-04 Claims Form” MLN Matters® Article — Released](#)
- [“2012-2013 Seasonal Influenza \(flu\) Resources for Health Care Professionals” MLN Matters® Article — Released](#)

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

Tuesday, October 23; 1:30-3pm ET

This call provides an overview of the Physician Quality Reporting System (PQRS) Informal Review, including the background of PQRS reporting and the purpose of the PQRS Informal Review. Information will be shared on how to request an informal review for the 2011 PQRS Program Year. The presentation will be followed by a questions and answers session.

Agenda:

- Announcements
- Overview of PQRS Informal Review
- 2011 PQRS Informal Review
- Resources & Who to Call for Help
- Questions & Answers

Target Audience: Eligible professionals, medical coders, physician office staff, provider billing staff, health records staff, vendors and all other interested Medicare FFS health care professionals

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: In-depth Overview of Stage 2 Clinical Quality Measures for the Medicare and Medicaid EHR Incentive Programs for Eligible Professionals — Register Now [[↑](#)]

Wednesday, October 24; 12:30-2pm ET

This call will give eligible professionals an in-depth overview of clinical quality measures (CQMs) included in the final rule for Stage 2 of Meaningful Use for the Electronic Health Record (EHR) Incentive Programs. Details on the measures, the recommended core set for reporting purposes, and the upcoming release of the 2014 electronic specifications for the EHR Incentive Programs will be provided. Participants will be given an opportunity to engage CMS subject matter experts with questions on Stage 2 CQMs.

Target Audience: Professionals Eligible for the Medicare and Medicaid EHR Incentive Programs. More information can be found in the “Eligibility Requirements for Professionals” section of the [Getting Started](#) webpage.

Agenda:

- Review background information on the EHR Incentive Program: Meaningful Use
- Present Stage 2 requirements, focusing on clinical quality measures
- Explain components of eMeasures in Stage 2
- Provide additional resources for more information
- Question and answer session

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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: Preparing Physicians for ICD-10 Implementation — Register Now [\[↑\]](#)

Thursday, October 25; 1:30-3pm ET

HHS has announced the final rule that delays the ICD-10 compliance date from October 1, 2013 to October 1, 2014. Now is the time to prepare.

During this ICD-10 National Provider Call, Dr. Ginger Boyle, a practicing family physician who has developed a coding education program for Spartanburg Regional Healthcare System (SRHS) and its family practice residency program, will share her success and some practical advice about the SRHS transition to ICD-10. CMS subject matter experts will also present the latest information and updates from their areas, followed by a question and answer session.

Agenda:

- Transitioning to ICD-10: practical pointers for providers
- Overview of ICD-10 implementation requirements
- Plans for Local Coverage Determination (LCD) and National Coverage Determination (NCD) ICD-10 conversions
- National implementation issues and plans
- Question and answer session

Target Audience: Medical coders, physicians, physician office staff, nurses and other non-physician practitioners, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare FFS providers

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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CMS will post links on the [October 25](#) National Provider Call detail web page to the written transcript, audio recording, and a video slideshow presentation as they become available. A listserv message will announce the availability of these post call materials.

Last Day to Register for the Round 1 Recompete of the DMEPOS Competitive Bidding Program is Friday, October 19, 2012 [\[↑\]](#)

Reminder: If you are a supplier interested in participating in the Round 1 Recompete of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program, you must register *before 9pm prevailing Eastern Time on October 19, 2012*. Suppliers that do not register cannot bid and are not eligible for contracts. Don't wait - go to the [Round 1 Recompete](#) homepage on the Competitive Bidding Implementation Contractor (CBIC) website at www.DMECompetitiveBid.com and register *now*.

Registration is typically a quick and easy process if you follow the step-by-step instructions in the [Individuals Authorized Access to CMS Computer Services \(IACS\) Reference Guide](#) posted on the CBIC website. To register, click on "REGISTRATION IS OPEN" above the Registration Clock on the Round 1 Recompete homepage. Please note that suppliers with multiple locations typically must register only one Provider Transaction Access Number (PTAN) that will submit the bid for all locations.

End users (EUs), as well as any AOs and BAOs who have not yet registered, must register before the deadline. Only suppliers that have registered and received a user ID and password will be able to access the online bidding system and submit bids.

If the AO for your company has not already registered, CMS cannot guarantee that he or she will be able to complete the registration process before registration closes. If your AO does not register before the deadline, you cannot bid and will not be eligible for a contract.

If you have registered an AO but not a BAO, CMS strongly recommends that a BAO register *now*. The establishment of a BAO is encouraged to avoid any disruption in the bidding process. The individual in the BAO role can assume the AO role if for some reason the AO can no longer fulfill his or her bidding responsibilities. If there is no BAO and the AO leaves the company, all end users associated with the company will lose access to the bidding system.

Suppliers may wish to register multiple EUs to help enter bid data in Form B of DBidS, the online bidding system. You will need to complete a Form B for each product category/competitive bidding area (CBA) on which you are bidding. Multiple users (AO, BAOs, EUs) may be in the Form B section of DBidS at the same time as long as each user is entering information for a different product category/CBA.

No AOs, BAOs, or EUs can register after registration closes on *October 19, 2012 at 9pm prevailing Eastern Time*.

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 “Email Updates” on the home page of the [CBIC](#) website. For information about the Round 1 Recompete, please refer to the bidder education materials on the [CBIC](#) website located under *Round 1 Recompete > Bidding Suppliers*.*

Major Improvements to the Internet-based PECOS System [\[↑\]](#)

Over the last year, we have listened to your feedback about Internet-based PECOS. We have made improvements to increase access to more information. PECOS is easier to use than ever with the following upgrades that are now available:

- The electronic signature emails to the Authorized Officials have been updated. The new emails will include the Provider/Supplier’s name as well as “1 of 2 emails” or “2 of 2 emails” in the subject line. Email 1 of 2 will contain the Web Tracking ID to be entered on the PECOS E-Signature page and email 2 of 2 will contain the PIN for the PECOS E-Signature page. The body of the email also contains additional information about the application, including:
 - LBN or First Name/Last Name
 - Provider/Supplier Specialty
 - State
 - Form Type
 - Practice Location
 - NPI
 - SSN/EIN (Last 4 Digits Unmasked)
- Providers/Suppliers are now able to see all of their Medicare IDs in Internet-based PECOS, including Medicare IDs (Provider Transaction Access Numbers (PTANs)) associated with reassignment of benefits, practice locations, and Other Medicare IDs. Other Medicare IDs are Medicare ID(s) that are associated with the specific enrollment record for claims payment purposes, but are not yet directly linked to a Practice Location or a Reassignment of Benefits within PECOS.

When there are Medicare IDs listed in the enrollment, PECOS will display the “View Medicare ID Report” hyperlink on the “My Enrollments” page. The “View Medicare ID Report” is also available in the Topic View tab within a specific enrollment record.

- Providers will now have access to an Advance Diagnostic Imaging (ADI) Accreditation Report. This report is accessible from the “My Enrollments” page by selecting the “View” button for a specific enrollment. This report will display the modalities that the provider is accredited for, the effective and end dates and the Accrediting Organization. This report is also available if performing a Change of Information (COI) under the Physical Location and Special Payments section.

The ADI Accreditation Report displays up to 50 records on the screen. If more than 50 records exist, the provider will be prompted to download the report

into an Excel spreadsheet by clicking the “Generate Report” button at the bottom of the screen.

- Individual providers that are currently enrolled in Medicare solely to order, but wish to enroll to be reimbursed by Medicare for services furnished can convert their existing CMS 855O enrollment application into a CMS 855I enrollment application. Please refer to the “[Converting Existing CMS 855O enrollment to CMS 855I](#)” on the CMS website.
- Providers and Suppliers completing a CMS 855B enrollment will now be able to designate their practice location type as a Critical Access Hospital (CAH) or a Skilled Nursing Facility (SNF).
- Federally Qualified Health Center (FQHC) applications will now be routed to the correct Medicare Administrative Contractor (MAC). A new question has been added asking if the provider is a Tribal Owned FQHC. Based on the provider’s selection the Internet-based PECOS application will be routed to the correct MAC.

To access internet-based PECOS, go to the [PECOS](#) website.

Quality Reporting Communication Support Page Will Re-open November 1 for Medicare 2013 eRx Payment Adjustment Hardship Exemption Requests [\[↑\]](#)

Beginning November 1, CMS will re-open the [Quality Reporting Communication Support](#) web page (Communication Support Page) to allow individual eligible professionals and CMS-selected group practices the opportunity to request a significant hardship exemption for the 2013 Electronic Prescribing (eRx) payment adjustment. Significant hardship requests should be submitted via the [Communication Support Page](#) on or between November 1, 2012 and January 31, 2013. Please remember that CMS will review these requests on a case-by-case basis. All decisions on significant hardship exemption requests will be final.

Important—please note that this is for the *2013 eRx payment adjustment only*. Hardship exemption requests for the 2014 payment adjustment will be accepted during a separate timeframe later in calendar year 2013.

For more information on how to navigate the [Communication Support Page](#), please reference the following documents:

- [PQRS & eRx Quality Reporting Communication Support Page User Manual](#)
- [Tips for Using the Quality Reporting Communication Support Page](#)

Eligible professionals are encouraged to review [MLN Matters® Article #SE1206](#), “2012 Electronic Prescribing (eRx) Incentive Program: Future Payment Adjustments” for more information, including who may be subject to the eRx payment adjustment and how to avoid the eRx payment adjustment.

For additional information and resources, please visit the [eRx Incentive Program](#) informational webpage.

If you have questions regarding the eRx Incentive Program, eRx payment adjustments, or need assistance submitting a hardship exemption request, please contact the QualityNet Help Desk at 866-288-8912 (TTY 1-877-715-6222), or via qnetsupport@sdps.org. They are available Monday through Friday from 7am-7pm CT.

Latest Version of MREP for Medicare FFS Professional Providers and Suppliers [\[↑\]](#)

The latest Claim Adjustment Reason Codes and Remittance Advice Remark Codes are available in the Codes.ini file for the Medicare Remit Easy Print (MREP) software. You can access this file in the Zipped folder for “Medicare Remit Easy Print - Version 3.3” on the [MREP](#) web page. To see “What’s New,” go to page 7 of the [Medicare Remit Easy Print User Guide](#).

Study from the Journal of General Internal Medicine Finds Higher Care Quality Linked with EHR Use [\[↑\]](#)

Having trouble making up your mind about EHRs? In a new study published by the *Journal of General Internal Medicine* (JGIM), providers' use of EHRs was shown to lead to significantly higher care quality scores for certain health conditions compared to scores from providers using paper records. The study looked at the association between EHRs and ambulatory quality in a community-based setting, finding that EHR use led to:

- Increased appropriate hemoglobin A1c testing for patients with diabetes;
- Greater provider success in meeting quality measures for breast cancer screening;
- More providers meeting quality measures for chlamydia screening; and
- Increased number of providers meeting quality measures for colorectal cancer screening.

The study examined 2008 data, and looked at 262 physicians using paper charts and 204 physicians using EHRs, including information from 74,618 patients.

Register now for the Medicare and Medicaid EHR Incentive Programs so that you can receive an incentive payment. Visit the [Medicare and Medicaid EHR Incentive Programs](#) website for more information.

Meeting with Your ICD-10 Project Team [\[↑\]](#)

To make sure your organization successfully makes the switch from ICD-9 to ICD-10 by the *October 1, 2014*, compliance deadline, it will be important to meet with your [ICD-10 Project Team](#) regularly to discuss transition activities, challenges, and needs.

Preparing for Your ICD-10 Check-in Meeting

As you hold in-person check-in meetings or conference calls, it is helpful to establish a day and time when the meeting will occur each month (e.g., 1 pm on the first Tuesday of the month), so that all team members know that ICD-10 is a priority for your practice. As the transition date approaches, you should switch to more frequent meetings, weekly or bi-weekly.

To make sure the check-in meetings are productive, consider the following tips for holding an effective meeting:

- Create an agenda. Developing and disseminating a brief agenda prior to the meeting will help keep the conversation on track and will allow team members to prepare their updates.
- Reserve time for questions. Remember to set aside time at the end of the meeting for questions from project team members.
- Take notes and draft action items. Following each meeting, distribute key takeaways and action items to the team to keep everyone informed about any important decisions made and individual responsibilities.

During meetings, team members should plan to discuss:

- Progress on ICD-10 transition activities. This will help to keep the team up to date on each individual's assigned tasks. It may also be helpful to use this time to set deadlines and goals for completing task activities.
- Upcoming education opportunities. Share information about local events or online trainings on ICD-10 that may benefit the team. Also, feel free to distribute ICD-10-related articles to keep the team informed about the latest ICD-10 news.
- Best practices. Have you done or did you hear about a novel way to address part of your transition to ICD-10? Take this time to share that information, and discuss how it can be applied in your group's implementation plan.
- Challenges encountered. Use this time to discuss any challenges the team has encountered, and brainstorm ways to successfully overcome these obstacles.

Keep Up to Date on ICD-10.

Please visit the [ICD-10](#) website for the latest news and resources to help you prepare.

From the MLN: “Preventive Immunizations” Booklet — New [\[↑\]](#)

The “[Preventive Immunizations](#)” Booklet (ICN 907787) was released and is now available in downloadable format. This booklet is designed to provide education on the seasonal influenza, pneumococcal, and Hepatitis B vaccines. It includes coverage, coding, billing, and payment information.

From the MLN: “Hospital-Acquired Conditions (HAC) in Acute Inpatient Prospective Payment System (IPPS) Hospitals” Fact Sheet — Revised [\[↑\]](#)

The “[Hospital-Acquired Conditions in Acute Inpatient Prospective Payment System Hospitals](#)” Fact Sheet (ICN 901045) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Deficit Reduction Act of 2005 (DRA) which requires a quality adjustment in Medicare Severity Diagnosis Related Group payment for certain Hospital Acquired Conditions. It includes the lists of all 10 categories of HAC to help providers learn more about the HAC program, as well as providing an overview of DRA and types of affected and exempted hospitals, and a table of HACs and codes.

From the MLN: “Medicare Quarterly Provider Compliance Newsletter [Volume 3, Issue 1]” Educational Tool — Released [\[↑\]](#)

The “[Medicare Quarterly Provider Compliance Newsletter \[Volume 3, Issue 1\]](#)” Educational Tool (ICN 908065) was released and is now available in downloadable format. This educational tool is designed to provide education on how to avoid common billing errors and other erroneous activities when dealing with the Medicare Program. It highlights the top issues of the particular Quarter.

A newly-enhanced index of Recovery Audit and Comprehensive Error Rate Testing (CERT) findings from current and previous newsletters is now available. This index is customized and sorted by provider types to help providers quickly identify those findings that impact them directly. Visit the [Medicare Quarterly Provider Compliance Newsletter Archive](#) page to download the index and view an archive of previous newsletters.

New MLN Provider Compliance Fast Fact [\[↑\]](#)

A new fast fact is now available on the [MLN Provider Compliance](#) web page. This web page provides the latest [MLN Educational Products](#) and [MLN Matters® Articles](#) designed to help Medicare FFS providers understand common billing errors and avoid improper payments. Please bookmark this page and check back often as a new fast fact is added each month.

“A Physician’s Guide to Medicare Part D Medication Therapy Management (MTM) Programs” MLN Matters® Article — Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1229](#), “A Physician’s Guide to Medicare Part D Medication Therapy Management (MTM) Programs” was released and is now available in downloadable format. This article is designed to provide education on the Medicare Part D Medication Therapy Management (MTM) programs. It includes guidance to help physicians and other Medicare Part D providers understand how changes to the MTM programs will affect their patients.

“Correct Provider Billing of Line Item Rendering Physician on the Paper UB-04 Claims Form” MLN Matters® Article — Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1241](#), “Correct Provider Billing of Line Item Rendering Physician on the Paper UB-04 Claims Form” was released and is now available in downloadable format. This article is designed to provide education on how to report line item Rendering Physician element on paper claims when it is required. It includes information about the correct process for paper claims received on or after January 1, 2012.

“2012-2013 Seasonal Influenza (flu) Resources for Health Care Professionals” MLN Matters® Article — Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1242](#), “2012-2013 Seasonal Influenza (flu) Resources for Health Care Professionals” was released and is now available in downloadable format. This article is designed to highlight MLN products and other educational resources health care professionals can use to understand coverage, billing, and reimbursement guidelines for seasonal flu vaccines. It includes a list of resources and information to remind health professionals about the importance of administering the vaccine to protect their patients, staff, and themselves against the flu.

More helpful links...

Check out CMS on:



[The Medicare Learning Network](#)
[Archive of Provider e-News Messages](#)