

The CMS Medicare FFS Provider e-News contains important news, announcements, and updates for Medicare FFS providers. Please share it with anyone who would benefit from this information.



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

Tuesday, November 20; 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 will provide an overview of the PQRS and eRx provisions in the 2013 Medicare Physician Fee Schedule Final Rule.

Agenda:

- Announcements
- 2013 Medicare Physician Fee Schedule Final Rule
- Resources & Who to Contact for Help
- Question and Answer Session

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.

Diabetes and the Seasonal Flu [\[↑\]](#)

November is National Diabetes Awareness Month. Diabetes can weaken the immune system, which can put seniors and others with diabetes at greater risk for flu-related complications like pneumonia. Medicare provides coverage for one seasonal influenza virus vaccine per influenza season for all Medicare beneficiaries. Medicare generally provides coverage of pneumococcal vaccination and its administration once in a lifetime for all Medicare beneficiaries. Medicare may provide coverage of additional pneumococcal vaccinations based on risk or uncertainty of beneficiary pneumococcal vaccination status. Medicare provides coverage for the seasonal flu and pneumococcal vaccines and their administration for seniors and others with Medicare with no co-pay or deductible. And remember, seasonal flu vaccine is particularly important for health care workers, who may spread the flu to their patients. Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. *Know what to do about the flu.*

Remember – Influenza vaccine plus its administration and pneumococcal vaccine plus its administration are covered Part B benefits. Influenza vaccine and pneumococcal vaccine are NOT Part D-covered drugs. CMS has posted the 2012-2013 [Seasonal Influenza Vaccines Pricing](#). You may also refer to the [MLN Matters® Article #MM8047](#), "Influenza Vaccine Payment Allowances - Annual Update for 2012-2013 Season."

For more information on coverage and billing of the flu vaccine and its administration, 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.

November is National Diabetes Month, Diabetic Eye Disease Month, and World Diabetes Day on November 14 [\[↑\]](#)

Please join CMS this November in raising awareness about diabetes and diabetic eye disease by encouraging appropriate use of the preventive health services covered by Medicare for early disease detection and disease management.

Diabetes

Diabetes can lead to severe complications such as heart disease, stroke, vision loss, kidney disease, nerve damage, development of glaucoma and amputation. However, detection and treatment of diabetes may prevent or delay many of these complications.

What can you do?

Help protect the health of your patients by educating them about their risk factors and encouraging them to take advantage of diabetes-related preventive services covered by Medicare such as:

- diabetes screening tests
- diabetes self-management training
- medical nutrition therapy
- diabetes supplies
- glaucoma screenings
- vaccinations for pneumonia and influenza

For More Information

- The “[Diabetes-Related Services](#)” Fact Sheet provides information for health care professionals on the range of diabetes-related services covered by Medicare.
- For a quick reference to preventive services now covered by Medicare, please refer to the [Medicare Preventive Services Quick Reference Chart](#).
- For general information for health care professionals about preventive services covered by Medicare, visit the [CMS General Prevention Information](#) website.
- For educational resources developed specifically for the Medicare FFS community, visit the [Medicare Learning Network® Preventive Services](#) web page.
- The [National Diabetes Education Program](#) provides information and educational resources for health care professionals, community organizations, people living with diabetes, and others.

Important Update on 2013 Electronic Prescribing Payment Adjustment Hardship Exemptions [\[↑\]](#)

On November 1, CMS finalized two new electronic prescribing (eRx) significant hardship exemption categories pertaining to the EHR Medicare and Medicaid Incentive Program in the 2013 Medicare Physician Fee Schedule Rule.

Specifically, these hardship exemptions categories are:

- Eligible professionals who achieve meaningful use during certain eRx timeframes. For the 2013 eRx payment adjustment, this will include any eligible professional who achieved meaningful use during January 1, 2011 through June 30, 2012 and has attested to this by January 31, 2013.
- Eligible professionals who demonstrate intent to participate in the EHR Incentive Program and adoption of Certified EHR Technology by registering for the EHR Incentive Program by January 31, 2013. *Please note: EHR Incentive Program participants must provide their entire EHR Certification Number in the CMS EHR Certification ID field during registration to receive this hardship.*

Eligible professionals do not need to apply for these 2 EHR-related hardship exemptions through the Quality Reporting Communication Support web page (Communication Support Page). They only need to register or attest for the EHR Incentive Program by January 31, 2013. However, if an eligible professional previously registered for the EHR Incentive Program but did not supply the EHR Certification Number for their EHR product at that time, and has not since achieved meaningful use, they need to go back and add that piece of information to their registration before January 31, 2013.

[Register and attest](#) for the EHR Incentive Program. For questions relating to participation in the Medicare and Medicaid EHR Incentive Program, please contact EHR Incentive Program Information Center at 888-734-6433 (TTY 888-734-6563.)

As a reminder, CMS re-opened the [Communication Support Page](#) to allow individual eligible professionals and CMS-selected group practices the opportunity to request a significant hardship exemption for the 2013 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. The following eRx hardship exemption categories are available for request on the Communication Support Page:

- Inability to electronically prescribe due to state, or federal law, or local law or regulation;
- The eligible professional prescribes fewer than 100 prescriptions during a 6-month payment adjustment reporting period;
- The eligible professional practices in a rural area without sufficient high-speed Internet access (G8642); and
- The eligible professional practices in an area without sufficient available pharmacies for electronic prescribing (G8643).

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](#)

To be assured that we receive your hardship exemption request, it must be summated through the [Communication Support Page](#) by 11:59pm ET on January 31, 2013.

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.

Eligible professionals who experience difficulties accessing the Communication Support Page or have questions about the eRx Incentive Program should contact the QualityNet Help Desk at 866-288-8912 or qnetsupport@sdps.org. The help desk is available Monday through Friday from 7am through 7pm CT.

2011 PQRS Feedback Reports and Informal Review Now Available [[↑](#)]

Looking for your 2011 Physician Quality Reporting System (PQRS) Feedback Reports?

Taxpayer Identification Number (TIN)-level reports are available for download on the Physician and Other Health Care Professionals Quality Reporting Portal (the Portal) available via [QualityNet](#). TIN-level reports on the Portal require an Individuals Authorized Access to CMS Computer Services (IACS) account.

Eligible professionals can also request their National Provider Identifier (NPI)-level reports through the [Communication Support Page](#) by creating a NPI-level feedback report request. The report will be sent electronically to the email address provided in the request within 2-4 weeks.

CMS has implemented an informal review process for the 2011 PQRS Program Year. This means that eligible professionals can request their PQRS reporting performance be reviewed if their feedback report reveals that they were not found eligible for a 2011 PQRS incentive payment but they believe that an incentive payment was earned. Please review the [2011 PQRS Informal Review Made Simple](#) educational document for additional information on how to request a 2011 PQRS Informal Review.

What about PQRS incentive payments for 2011 reporting?

Distribution of the 2011 PQRS incentive payment for eligible professionals who met the criteria for satisfactory reporting has begun, and is scheduled to be completed by November 10, 2012. Eligible professionals will see LE on the electronic remittance advice to indicate an incentive payment, along with PQ11 to identify that payment as the 2011 PQRS incentive payment. Additionally, the paper remittance advice will read, "This is a PQRS incentive payment." Please note: Incentive payments for 2011 PQRS and the 2011 Electronic Prescribing (eRx) Incentive Program are distributed separately.

Need More Information?

The following CMS resources are available to help eligible professionals with their 2011 PQRS feedback reports:

- [Interpreting the 2011 PQRS feedback reports](#)
- [Understanding the 2011 PQRS Incentive Payments](#)

Who to Contact for Questions?

If you have questions about the status of your PQRS incentive payment (during the distribution timeframe), please contact your Medicare Administrative Contractor (MAC). [MAC Contact Information](#) is available on the CMS website.

For all other PQRS program related questions, contact The QualityNet Help Desk at 866-288-8912 or qnetsupport@sdps.org. The help desk is available Monday through Friday from 7am through 7pm CT.

WebEx Training on Hospice Quality Reporting Program Data Entry and Submission Available November 12 [\[↑\]](#)

CMS has posted information about upcoming WebEx training for hospices, which will be available the week of November 12. The training will help hospices prepare for web-based data entry and submission of quality data affecting the FY 2014 payment determination. Hospices can access additional details about the WebEx on the [Spotlight & Announcement](#) web page of the Hospice Quality Reporting website.

CMS Medical Identity Theft Web-Based Training Course for Providers Available [\[↑\]](#)

In April 2012, CMS produced a medical identity theft web-based training course that is currently available on the [Medicare Learning Network®](#) website. The *Safeguarding Your Medical Identity* course is designed to educate Medicare providers on how to recognize the risks of medical identity theft and the resources available to protect their medical identity.

The training course features Dr. Shantanu Agrawal, Medical Director of the Center for Program Integrity. It discusses the scope and definition of medical identity theft, common schemes using stolen identities, consequences for victims, mitigation strategies, and appropriate actions for potential victims of medical identity theft.

Continuing education credits are available to learners who successfully complete this course. See course description for more information. [Instructions for registration](#) are available on the Medicare Learning Network® website.

ICD-10: Working with Your Software Vendor [\[↑\]](#)

As you begin planning for 2013, set up a budget and timeline for upcoming ICD-10 transition activities. You will want to be sure you continue to plan to ensure a smooth transition to meet the October 1, 2014, deadline.

If you are already talking to software vendors about installing a certified electronic health record (EHR) system to qualify for the [EHR Incentive Programs](#), make sure your system will accommodate ICD-10 codes, too. If you have not yet selected an EHR system, be sure to discuss the ICD-10 transition with your vendor.

Here are some questions to ask your vendor:

- Will the system be able to accommodate ICD-10-CM and/or ICD-10-PCS code sets?
- What customer support and training for ICD-10 will be offered, and will it be included in the contract?
- Will the software application be able to accommodate both ICD-9 and ICD-10 codes?

If you already have a certified EHR system, check your contract to find out if the ICD-10 upgrade is covered. If your contract does not cover the upgrade, talk to your vendor about options and pricing.

You may want to ask:

- Will there be additional costs to accommodate ICD-10 codes?
- Will my contract need to be modified to include ICD-10 codes? If so, what are the terms?

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- Will my system be ICD-10 ready by 2013 so I can begin ICD-10 testing?
 - What level of customer support and training is offered? Are those costs included in the contract?

Keep Up to Date on ICD-10

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

Read Our Two New FAQs Providing Information on the Stage 2 Meaningful Use Transitions of Care Measure [\[↑\]](#)

CMS and ONC have jointly released two new FAQs that help explain requirements for the transitions of care measure for Stage 2 meaningful use. The measure's objective is: The eligible professional (EP), eligible hospital, or critical access hospital (CAH) who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.

New FAQs

The FAQs focus on the certification criteria for this measure, as well as more detailed information about the objective. The questions are:

- What certification approaches would satisfy the 2014 Edition transitions of care certification criteria adopted at 45 CFR 170.314(b)(1) and (b)(2) as well as permit an eligible provider to have EHR technology that meets the Certified EHR Technology (CEHRT) definition? Please emphasize how the adopted transport standards fit in. [Read the answer here.](#)
- For meaningful use Stage 2's transitions of care and referrals objective, in what ways can I meet the second measure that requires more than 10% of the summary care records I provide for transitions of care and referrals to be electronically transmitted? [Read the answer here.](#)

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.

Acute Inpatient PPS FY 2013 Mainframe Software Available [\[↑\]](#)

The CMS website has been updated with the Acute Inpatient Prospective Payment System (PPS) FY 2013 mainframe software. The software is available for download on the [Acute Inpatient – Files for Download](#) web page. Click on the “Fiscal Year” Column heading, then select “Files for FY 2013 Software Release.”

CY 2012 Outpatient Prospective Payment System Pricer File Update [\[↑\]](#)

The October, 2012 update for outpatient provider data is now available on the [Outpatient PPS Pricer Code](#) web page. To access this data, select “2012” next to “4th Quarter 2012 Files.”

From the MLN: “Quick Reference Information Resources: Medicare Preventive Services”— Revised [\[↑\]](#)

The "Quick Reference Information Resources: Medicare Preventive Services" (ICN 905707) was revised

and is now available in hard copy format. This product is designed to provide education on Medicare-covered preventive services. It includes the following four previously published charts: Quick Reference Information Preventive Services, Quick Reference Information Medicare Immunization Billing, Quick Reference Information The ABCs of the IPPE, and Quick Reference Information The ABCs of the AWW.

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: "Centers for Medicare & Medicaid Services (CMS) Electronic Mailing Lists: Keeping Medicare Fee-For-Service (FFS) Providers Informed" Fact Sheet — Revised [\[↑\]](#)

The "[Centers for Medicare & Medicaid Services \(CMS\) Electronic Mailing Lists: Keeping Medicare Fee-For-Service \(FFS\) Providers Informed](#)" (ICN 006785) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the various CMS FFS electronic mailing lists. It includes information about how to register for the service and receive the latest news regarding important FFS initiatives.

“Phase 2 of Ordering/Referring Requirement” MLN Matters® Article — Revised [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1221](#), “Phase 2 of Ordering/Referring Requirement” was revised and is now available in downloadable format. This article is designed to provide education on phase 2 of the requirement by which CMS will deny Part B, DME, and Part A HHA claims that fail ordering/referring provider edits, as outlined in final rule CMS-6010-F, which CMS published on April 24, 2012. It includes resources and information about phases 1 and 2 of the requirement and which types of providers are eligible to order or refer items or services to Medicare beneficiaries. The article was revised to add a reference to the Affordable Care Act and clarify the type of providers who may order/refer Portable X-Ray services. All other information remains the same.



CMS asks that you share this important information with interested colleagues and recommends that they [subscribe](#) to receive the e-News directly.

Previous issues are available in the [archive](#).