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

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.

National Provider Call: CMS Plans for the Initial Implementation in 2015 of the Physician Value-Based Payment Modifier under the Medicare Physician Fee Schedule — Registration Now Open [\[↑\]](#)

Wednesday, November 28, 2012; 3-4:30 pm ET

CMS will provide an overview of its final plans for the physician value-based payment modifier as described in the final Physician Fee Schedule Rule published on November 16, 2012.

Agenda:

- Overview of Plans for the CMS Value Modifier in 2015
- Question and Answer Session

Target Audience: Physicians, physician group practices, practice managers, medical and specialty societies, payers, insurers.

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: Transcript and Audio Now Available From October 24 Call on In-depth Overview of Stage 2 Clinical Quality Measures for the Medicare and Medicaid EHR Incentive Programs for Eligible Professionals [[↑](#)]

Want to learn more about Stage 2 clinical quality measures for the EHR incentive programs? The slide presentation, complete audio recording, and written transcript are now available on the [October 24 call](#) web page. Topics include:

- Background on Meaningful Use requirements for the EHR Incentive Program
- Stage 2 requirements for clinical quality measures
- Recommended core set for reporting purposes
- Components of eMeasures in Stage 2
- Additional resources for more information
- Question and answer session

November is Lung Cancer Awareness Month and November 15 is the Great American Smokeout [[↑](#)]

Please join CMS in raising awareness about lung cancer while helping patients with Medicare quit using tobacco...[to read more](#).

Seasonal Influenza Educational Resources for Providers [[↑](#)]

It's influenza season again and CMS needs your help to promote awareness regarding the vaccination of Medicare and Medicaid beneficiaries and you and your staff against the influenza virus. Annually, there are over 200,000 hospitalizations for influenza and 36,000 deaths related to influenza and its complications. Most affected are people 65 years of age and over. Medicare and Medicaid pay for the influenza vaccine and its administration.

CMS has developed educational materials such as the CMS Immunization Guide (a Question and Answer guide on administration and billing for influenza and pneumonia) and documents to promote the benefits of vaccination for your educational outreach efforts. The materials are also available in Spanish. These CMS influenza educational materials are available for download on the [CMS Immunizations](#) web page. It's important that each of us (and our families) get vaccinated annually. Not only does it help keep us healthy, it helps prevent the spread of the influenza virus to others.

CMS Celebrates One-Year Anniversary of Electronic Submission of Medical Documentation System [[↑](#)]

CMS celebrates the one year anniversary of its Electronic Submission of Medical Documentation (esMD)

system. This system gives providers a new mechanism for submitting medical documentation to requesting Medicare Review Contractors. As of September 2012, the esMD program is being used by:

- 1,778 providers
- 16 Health Information Handlers (HIHs), and
- 21 Medicare Review Contractors

In its first year of operation, providers submitted over 85,000 medical records to Review Contractors. More information is available in the [esMD Annual Report](#).

Data Collection Period for the Hospice Quality Reporting Program to Transition to Calendar Year Beginning January 2013 [[↑](#)]

CMS has posted information about the transition of the Hospice Quality Reporting Program (HQRP) data collection period for the FY 2015 Annual Payment Update. Beginning January 2013, the data collection period for the HQRP will move to a calendar year. This means that in January 2013, hospices will be doing two things: submitting data collected for the FY2014 payment determination *and* collecting data for FY2015 payment determination. Hospices will continue to collect data for both the Structural/QAPI measure and the NQF #0209 measure. Hospices can access additional details about this transition on the [Spotlight & Announcement](#) web page of the Hospice Quality Reporting website.

CMS to Release New ST PEPPER in November [[↑](#)]

A new release of the Short-Term (ST) Acute Care Program for Evaluating Payment Patterns Electronic Report (PEPPER) with statistics through the third quarter of fiscal year 2011 is available for short-term acute care hospitals nationwide open as of June 30, 2011. PEPPER files were distributed in late November 2011 through a My QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role. This release of PEPPER includes a new report, the “National High Outlier Ranking Report,” which ranks hospitals by the total number of high outliers as compared to all other hospitals in the nation. A new training session reviewing the new report is available at [PEPPERresources.org](#).

About PEPPER

PEPPER provides hospital-specific data statistics for Medicare severity diagnosis-related groups and discharges at risk for improper payments. It is distributed by TMF[®] Health Quality Institute under contract with the CMS. Visit [PEPPERresources.org](#) to access resources for using PEPPER, including [user’s guides](#), recorded training sessions, information about QualityNet accounts, [frequently asked questions](#), and examples of how other hospitals are using PEPPER.

Do you have questions or comments about PEPPER or need help obtaining your report? Visit our [Help Desk](#), or provide your feedback or suggestions regarding PEPPER through our [feedback form](#).

CMS Releases Stage 2 Meaningful Use Specification Sheets with Details on Each Measure [[↑](#)]

CMS has added Stage 2 meaningful use specification sheets for both eligible professionals (EPs) and for

eligible hospitals and critical access hospitals (CAHs) to help them participate in Stage 2 of meaningful use in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.

The new specification sheets can be found on the [Stage 2](#) page of the EHR website. Each specification sheet includes the objective, measure, and exclusion for each core and menu objective, as well as a definition of terms, attestation requirements, additional information, and the corresponding standards and certification criteria.

You can view the specification sheets in two ways:

- Use the Stage 2 Specification Sheet Table of Contents — The Table of Contents lists all the core and menu objectives, with direct links to each individual measure specification sheet. The page contains a Table of Contents for both [EPs](#) and for [eligible hospitals and CAHs](#).
- Download ALL Stage 2 Specification Sheets — Zip files containing PDFs of all of the core and menu objectives for [EPs](#) and for [eligible hospitals and CAHs](#) are available for download on the page.

Reminder: The earliest that the Stage 2 criteria will be effective is in fiscal year 2014 for eligible hospitals and CAHs or calendar year 2014 for EPs. All providers must achieve meaningful use under the Stage 1 criteria before moving to Stage 2.

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.

Look at the CMS 2014 CQM Page and New CQM Resources [\[↑\]](#)

CMS announced the release of the 2014 clinical quality measures (CQMs) for providers in the Electronic Health Record (EHR) Incentive Programs.

Along with posting the specific measures on the [2014 CQMs](#) web page, CMS has created additional resources to help providers understand the 2014 CQMs, as well as the specifications for electronic reporting.

Resources include:

- [Recommended Core Set](#) web page— provides recommended core sets of 2014 CQMs, including PDFs for [adults](#) and [children](#) with details on each core measure
- [eSpecifications for 2014 eCQMs for Eligible Professionals](#)— .zip file contains the electronic specifications in a machine readable (xml) and human readable (html) format for the 2014 eCQMs for eligible professionals
- [eSpecifications Navigator 2014 eCQMs for Eligible Hospitals](#)— provides access to the electronic specifications in a machine readable (xml) and human readable (html) format for the 2014 eCQMs for eligible hospitals
- [Clinical Quality Measures through 2013](#) web page— explains CQM reporting requirements before 2014

A full list of all of the available CQM web pages and resources is available in the [2014 Clinical Quality Measures \(CQMS\) & eCQM Resources](#) document.

Questions about CQMs?

The CMS FAQ system provides helpful questions and answers on many topics in the EHR Incentive Programs. There are several existing [CQM FAQs](#) that may help answer your questions.

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.

Communicating with Your Payers About ICD-10 [\[↑\]](#)

As you prepare for ICD-10, check with your payers to be sure they are moving forward with ICD-10 planning. You will want to work together to ensure you meet the ICD-10 deadline – October 1, 2014.

Here are some questions to ask your payers:

- Are you prepared to meet the ICD-10 deadline of October 1, 2014? Where is your organization in the transition process?
- Who will be my primary contact at your organization for the ICD-10 transition?
- Can we set up regular check-in meetings to keep our progress on track?
- When will you be ready to accept test transactions from my practice?
- What will we need to test with you?
- Do you anticipate any changes in policies or delays in payments to result from the switch to ICD-10?

Keep Up to Date on ICD-10

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

“Frequently Asked Questions (FAQs) on the 3-Day Payment Window for Services Provided to Outpatients Who Later Are Admitted as Inpatients” MLN Matters® Article — Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1232](#), “Frequently Asked Questions (FAQs) on the 3-Day Payment Window for Services Provided to Outpatients Who Later Are Admitted as Inpatients” was released and is now available in downloadable format. This article is designed to provide education on the 3-day payment window, as outlined in the CY2012 Medicare Physician Fee Schedule (MPFS) Final Rule. It includes a list of frequently asked questions (FAQs) about the 3-day window period and how physicians and hospitals that provide MPFS services will be impacted.

“Alert Concerning Impacts Arising from Having Non-Compliant Physical or Practice Address Information on File with Medicare” MLN Matters® Article — Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1245](#), “Alert Concerning Impacts Arising from Having Non-Compliant Physical or Practice Address Information on File with Medicare” was released and is now available in downloadable format. This article is designed to provide education on the ASC X12 EDI Standards that prohibit a P.O. Box or Lock Box Address for any claims submitted electronically between or among HIPAA-covered entities. It includes information about how institutional providers, physicians, suppliers, and clearinghouses will be affected.

“Hurricane Sandy and Medicare Disaster Related Claims” MLN Matters® Article — Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1247](#), “Hurricane Sandy and Medicare Disaster Related Claims,” was released and is now available in downloadable format. This article is designed to provide education on waivers approved under Section 1135 and 1812 of the Social Security Act that may be used for disaster-related claims in a public health emergency. It includes information about special disaster assistance and resources providers can use to submit claims for services provided to Medicare beneficiaries in New York and New Jersey who were affected by Hurricane Sandy.

From the MLN: “Inpatient Rehabilitation Facility Prospective Payment System” Fact Sheet — Revised [\[↑\]](#)

The “[Inpatient Rehabilitation Facility Prospective Payment System](#)” Fact Sheet (ICN 006847) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS). It includes the following information: background, elements of the IRF PPS, and quality reporting.

From the MLN: “Medicare Disproportionate Share Hospital” Fact Sheet — Revised [\[↑\]](#)

The “[Medicare Disproportionate Share Hospital](#)” Fact Sheet (ICN 006741) was revised and is now available in downloadable format. This fact sheet is designed to provide education on Medicare Disproportionate Share Hospitals (DSH). It includes the following information: background; methods to qualify for the Medicare DSH adjustment; Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and Deficit Reduction Act of 2005 provisions that impact Medicare DSHs; number of beds in hospital determination; and Medicare DSH payment adjustment formulas.

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

The “[Cardiovascular Disease Services](#)” Booklet (ICN 907784) was released and is now available in downloadable and hard copy 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” Booklet — Released [\[↑\]](#)

The “[Screening Pap Tests](#)” Booklet (ICN 907791) was released and is now available in downloadable and hard copy format. This booklet is designed to provide education on screening pap tests. It includes coverage, coding, billing, and payment information.

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

The “[Providing the Annual Wellness Visit](#)” Booklet (ICN 907786) was released and is now available in downloadable and hard copy 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.

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: “Basic Medicare Information for Providers and Suppliers” Guide (previously titled “Medicare Physician Guide”) — Revised [\[↑\]](#)

The “[Basic Medicare Information for Providers and Suppliers](#)” Guide (previously titled “Medicare Physician Guide”) (ICN 005933) was revised and is now available in downloadable format. This guide is designed to provide education on the Medicare Program. It includes the following information: an introduction to the Medicare Program, becoming a Medicare provider or supplier, Medicare reimbursement, Medicare services, protecting the Medicare Trust Fund, Medicare overpayments and Fee-For-Service appeals, and provider outreach and education.



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](#).