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

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: Audio Recording and Written Transcript from October 25 Preparing Physicians for ICD-10 Implementation Call Now Available [\[↑\]](#)

The audio recording and written transcript from the October 25 Preparing Physicians for ICD-10 Implementation National Provider Call are now available on the [October 25](#) call web page in the “Call Materials” section.

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.

2013 Self-Nominations for Entities Submitting Data for the PQRS and eRx Incentive Program [[↑](#)]

CMS is pleased to announce that program year 2013 self-nominations for entities wishing to submit data for the 2013 Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program will be accepted December 1, 2012 through January 31, 2013 via the [Quality Reporting Communication Support Page](#) (Communication Support Page). Self-nomination during the December 1, 2012 through January 31, 2013 timeframe is required from the following entities:

- Registries that wish to participate in 2013 PQRS and eRx
- Electronic Health Record (EHR) data submission vendors that wish to participate in 2013 PQRS and eRx
- Specialty Boards that wish to participate in the 2013 PQRS Maintenance of Certification Incentive Program

Please note that an Individuals Authorized Access to CMS Computer Services (IACS) account is required to complete self-nominations through the Communication Support Page for all of the above entities. The Communication Support Page, as well as information for assistance with a new or existing IACS account can be found on the [QualityNet](#) website.

For all PQRS/eRx program related questions and/or help with IACS, contact the QualityNet Help Desk at 866-288-8912 or gnetsupport@sdps.org. The help desk is available Monday through Friday from 7am through 7pm CT.

Additional information about PQRS/eRx program self-nomination and requirements for these entities will be posted on or about November 30, 2012 on the [PQRS](#) and [eRx Incentive Program](#) websites.

2013 Self-Nominations for the PQRS Group Practice Reporting Option [[↑](#)]

CMS is pleased to announce that program year 2013 self-nominations from group practices wishing to participate in the 2013 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) will be accepted through the [Quality Reporting Communication Support Page](#) (Communication Support Page) beginning December 1, 2012 and ending January 31, 2013.

During self-nomination, groups will also have the opportunity to select which method they will report their PQRS data to CMS, either through the GPRO Web-interface or a registry. It is important to note that once a group self-nominates to participate in the 2013 PQRS GPRO, they will not be able opt-out of this reporting selection. As an alternative, group practices wishing to participate in the 2013 PQRS GPRO will have a second opportunity to self-nominate later in calendar year 2013 up until October 15, 2013. However we encourage group practices to make their reporting decision early and self-nominate during the December 1, 2012 through January 31, 2013 timeframe. This will allow additional time to become familiar with the reporting requirements under PQRS GPRO. In addition, those groups wishing to participate in the 2013 Electronic Prescribing (eRx) GPRO must self-nominate during the December 1, 2012 through January 31, 2013 timeframe, and groups may find it beneficial to participate in both the PQRS and eRx GPRO simultaneously, although this is not required.

Please note that an Individuals Authorized Access to CMS Computer Services (IACS) account is required to

complete self-nominations through the Communication Support Page. The Communication Support Page, as well as information for assistance with a new or existing IACS account can be on the [QualityNet](#) website.

For all PQRS/eRx program related questions and/or help with IACS, contact the QualityNet Help Desk at 866-288-8912 or qnetssupport@sdps.org. The help desk is available Monday through Friday from 7am through 7pm CT. Additional information about 2013 eRx GPRO self-nominations and requirements will be posted on or about November 30, 2012 on the [Group Practice Reporting Option](#) web page.

2013 Self-Nominations for the eRx Incentive Program Group Practice Reporting Option [[↑](#)]

CMS is pleased to announce that program year 2013 self-nominations from group practices wishing to participate in the 2013 Electronic Prescribing (eRx) Group Practice Reporting Option (GPRO) will be accepted beginning December 1, 2012 and ending January 31, 2013. Self-nomination during the December 1, 2012 through January 31, 2013 timeframe is *required* from all group practices that wish to participate in 2013 eRx GPRO. It is important to note that once a group self-nominates to participate in the 2013 eRx GPRO, they will have until April 1, 2013 to opt-out of this selection.

There are three distinct scenarios for 2013 eRx GPRO self-nominations:

1. If the group practice is self-nominating to participate in the 2013 PQRS GPRO, the group can self-nominate for 2013 eRx GPRO at the same time via the [Quality Reporting Communication Support Page](#) (Communication Support Page).
- or-
2. If the group practice is not also self-nominating for 2013 PQRS GPRO at the same time, the group must send a self-nomination statement via email to PQRS_Vetting@mathematica-mpr.com.
- or-
3. If the group is part of an Accountable Care Organization (ACO), the group must send a self-nomination statement via email to PQRS_Vetting@mathematica-mpr.com. Please note that an ACO cannot self-nominate for 2013 PQRS GPRO, but must self-nominate if they wish to participate in 2013 eRx GPRO.

Please note that an Individuals Authorized Access to CMS Computer Services (IACS) account is required to complete self-nominations through the Communication Support Page. The Communication Support Page, as well as information for assistance with a new or existing IACS account can be found on the [QualityNet](#) website.

For all PQRS/eRx program related questions and/or help with IACS, contact the QualityNet Help Desk at 866-288-8912 or qnetssupport@sdps.org. The help desk is available Monday through Friday from 7am through 7pm CT. Additional information about 2013 eRx GPRO self-nominations and requirements will be posted on or about November 30, 2012 on the [Group Practice Reporting Option](#) web page.

Comparative Billing Report on Cardiology Services Targeted for Release December 13 [[↑](#)]

On December 13, 2012, CMS will release a national provider Comparative Billing Report (CBR) addressing Cardiology Services.

CBRs produced by SafeGuard Services under contract with CMS, contain actual data-driven tables and

graphs with an explanation of findings that compare provider's billing and payment patterns to those of their peers located in the state and across the nation.

These reports are not available to anyone except the providers who receive them. To ensure privacy, CMS presents only summary billing information. No patient or case-specific data is included. These reports are an example of a tool that helps providers better understand applicable Medicare billing rules and improve the level of care they furnish to their Medicare patients. CMS has received feedback from a number of providers that this kind of data is very helpful to them and encouraged us to produce more CBRs and make them available to providers.

For more information and to review a sample of the Cardiology Services CBR, please visit the [CBR Services](#) website or call the SafeGuard Services' Provider Help Desk, CBR Support Team at 530-896-7080.

CMS Asking for Public Comment on Potential Stage 3 CQMs for the EHR Incentive Programs [\[↑\]](#)

CMS has contracted with Mathematica Policy Research to develop new measures for potential use by eligible professionals (EPs) in the Electronic Health Record (EHR) Incentive Programs. Mathematica, along with its subcontractor, the National Committee for Quality Assurance (NCQA), invites the public's input on the proposed measure specifications.

The proposed measures assess key components of the [annual wellness visit \(AWV\) benefit](#) created through the Patient Protection and Affordable Care Act for Medicare beneficiaries. It is anticipated that these will be composite measures that use both components from existing measures and new components; the compositing methodology is under consideration. Measure testing, expert feedback, and public comment will inform which compositing methodology is applied.

Participating in Public Comment

Mathematica and NCQA are requesting that stakeholders review and provide feedback on these measures. All comments are welcome, but there is particular interest in feedback in the following areas:

- Relevance of the measures to the mission of public reporting under the EHR Incentive Programs for EPs
- Usefulness of the measures to improve quality of care for Medicare patients
- Feasibility of data collection via electronic health records for the purposes of public reporting under the EHR Incentive Program for EPs

You can read and comment on the proposed specifications on the [NCQA](#) website. The Mathematica and NCQA team will review input from public comment and potentially revise the measure specifications to reflect that input.

Deadline: Comments are now being accepted, and must be received by 5pm ET on Monday, December 17, 2012 to be considered.

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.

Vendors: Sign Up for New Community for Updates on the EHR Incentive Programs [[↑](#)]

Do you work for a vendor that provides Certified Electronic Health Record Technology (CEHRT) for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs? Are you interested in receiving program updates from CMS and the Office of the National Coordinator for Health Information Technology (ONC) and taking part in regular Q&A calls with CMS and ONC EHR Incentive Programs experts? Do you want to know more about ICD-10, administrative simplification rules, and quality measurement requirements that could affect your company and its products?

Sign up now to be a part of our EHR Vendor Community. CMS and ONC will be holding regular calls and webinars for the EHR vendor community to answer questions about meaningful use requirements, certification requirements, and more. Send an email to RegisterEHR@cms.hhs.gov with the following information:

- Name
- EHR Vendor with which you are employed
- Position/Title
- Email Address
- Mailing Address
- Phone Number
- Certified EHR Products or other health IT products offered by your company

This community is open to participation by EHR vendors. If you are interested in general information about the EHR Incentive Programs or want to join one of the CMS National Provider Calls, please visit our [EHR Incentive Programs](#) 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.

Where to Find ICD-10 Information [[↑](#)]

To keep on track with planning and preparation for tasks that need to be completed by the transition deadline—October 1, 2014—take advantage of ICD-10 educational events, like online webinars and presentations in your area.

CMS – Official ICD-10 Resources

As the source for official ICD-10 information, CMS regularly updates a dedicated [ICD-10](#) webpage. The ICD-10 webpage offers:

- [The latest ICD-10 news](#)
- [Recent Email Update messages](#)
- Information for [providers](#), [vendors](#), and [payers](#), including links to helpful resources from CMS ICD-10 partners and other organizations
- [ICD-10 National Provider Teleconference Call information and transcripts](#)

To provide practical transition tips, CMS recently partnered with Medscape to develop [ICD-10 continuing medical education modules](#).

Check with Other Practices, Payers, and Vendors for Resources

To help you with your planning, you may want to work with other health care providers in your area to share resources. By working together you can reduce time spent gathering information as well as identify best practices for making the ICD-10 transition. For in-person events, suggest taking turns attending presentations or rotate sending staff to events. Arrange to share a recap and updates with each other after each event.

Also check with your payers and vendors for ICD-10 resources that can help you with your transition.

Keep Up to Date on ICD-10

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

“Special Report for Ambulatory Surgical Center (ASC) Quality Reporting” MLN Matters® Article — Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1248](#), “Special Report for Ambulatory Surgical Center (ASC) Quality Reporting” was released and is now available in downloadable format. This article is designed to provide education on the ASC Quality Reporting Program. It includes information on the requirements and guidelines ASCs must follow to receive full annual payments under the program for Calendar Year (CY) 2014 and CY 2015.

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.

From the MLN: “Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse” Booklet — Reminder [\[↑\]](#)

The “[Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse](#)” Booklet (ICN 907798) has been released and is now available in downloadable and hard copy format. This booklet is designed to provide education on screening and behavioral counseling interventions in primary care to reduce alcohol abuse. It includes information about risky/hazardous and harmful drinking.

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.



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](#).