



# CMS Medicare FFS Provider e-News

*Brought to you by the Medicare Learning Network®*

## Table of Contents for Thursday, January 17, 2013

### National Provider Calls

- [2012 PQRS and eRx Incentive Program Data Submission — Registration Now Open](#)
- [CMS National Partnership to Improve Dementia Care in Nursing Homes — Register Now](#)
- [Video Slideshow Presentation from October 25 Call on Preparing Physicians for ICD-10 Implementation Now Available](#)

### Announcements and Reminders

- [Flu Season is Here](#)
- [More Doctors, Hospitals Partner to Coordinate Care for People with Medicare](#)
- [Reminder: Hospice Quality Reporting Program Structural Measure Data Submission Deadline is January 31](#)
- [2013 Medicare Occupational Mix Survey — Proposed Collection](#)
- [2013 Self-Nomination/Registration for PQRS Group Practice Reporting Option — Updated](#)
- [CMS Created a New Tipsheet to Help Specialists Meet Meaningful Use](#)
- [ICD-10: Listening Sessions for End-to-End Testing](#)
- [Planning Your ICD-10 Transition Activities for 2013](#)

### MLN Educational Products Update

- [“Medicare Fee-For-Service \(FFS\) Physicians and Non-Physician Practitioners: Protecting Your Privacy - Protecting Your Medicare Enrollment Record” Fact Sheet — Reminder](#)
- [“Internet-based Provider Enrollment, Chain and Ownership System \(PECOS\) Contact Information” Fact Sheet — Reminder](#)
- [“How to Protect Your Identity Using the Provider Enrollment, Chain and Ownership System \(PECOS\)” Fact Sheet — Reminder](#)
- [“Intensive Behavioral Therapy \(IBT\) for Obesity” Booklet — Reminder](#)
- [New MLN Provider Compliance Fast Fact](#)
- [Updated MLN Matters® Search Indices](#)

**National Provider Call: 2012 PQRS and eRx Incentive Program Data Submission — Registration Now Open** [↑]

*Tuesday, January 22; 1:30-3pm ET*

This National Provider Call will discuss 2012 program year data submission for the Physician Quality

Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program. Specifically, data submission through Registry, Electronic Health Record (EHR), and the Group Practice Reporting Option (GPRO) Web Interface will be discussed.

*Agenda:*

- Welcome and Announcements
- 2012 PQRS Data Submission
  - Individual Eligible Professional Registry, EHR Direct and EHR Data Submission Vendor
  - GPRO Web Interface
- 2012 eRx Incentive Program Data Submission
  - Individual Eligible Professional Registry, EHR Direct and EHR Data Submission Vendor
- PQRS Maintenance of Certification Program
- Resources and Where to Call 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 National Partnership to Improve Dementia Care in Nursing Homes — Register Now [\[↑\]](#)**

*Thursday, January 31; 1:30-3pm ET*

CMS has developed a national partnership to improve the quality of care provided to individuals with dementia living in nursing homes. This partnership is focused on delivering health care that is person-centered, comprehensive and interdisciplinary. By improving dementia care through the use of individualized, person-centered care approaches, CMS hopes to reduce the use of unnecessary antipsychotic medications in nursing homes and eventually other care settings as well. The partnership promotes a systematic process to evaluate each person and identify approaches that are most likely to benefit that individual. While antipsychotic medications are the initial focus of the partnership, CMS recognizes that attention to other potentially harmful medications is also an important part of this initiative.

During this National Provider Call, CMS subject matter experts will discuss the mission of the national partnership, its goals, quality measures, and ongoing outreach efforts. A question and answer session will follow the presentation.

*Agenda:*

- Welcome and Opening Comments
- National Partnership Mission

- Goals for 2012 and Beyond
- The Three R's: Rethink, Reconnect, Restore
- Multidimensional Approach: public reporting; partnership and state-based coalitions; research; training for providers and surveyors; revised surveyor guidance
- Next Steps:
  - Ongoing Outreach
  - Measurement
- Questions and Answers

*Target Audience:* Consumer and advocacy groups, nursing home providers, surveyor community, prescribers, professional associations, and other interested stakeholders

*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: Video Slideshow Presentation from October 25 Call on Preparing Physicians for ICD-10 Implementation Now Available [\[↑\]](#)**

CMS has released a YouTube video slideshow presentation from the October 25 National Provider Call on Preparing Physicians for ICD-10 Implementation. The call presentation is now available on the [CMS YouTube Channel](#) as a video slideshow that includes the call audio. Visit the [October 25](#) call web page for access to all of the related call materials, including the slide presentation, complete audio recording, and written transcript.

### **Flu Season is Here [\[↑\]](#)**

Flu season is here but it is not too late to protect your patients against the flu. The [Centers for Disease Control and Prevention](#) (CDC) recommends that everyone 6 months of age and older get a yearly flu vaccine. As the occurrence of the flu continues to be reported around the country, remember, every office visit is an opportunity to check your patients' vaccination status and encourage a yearly flu vaccine for those that have not yet taken action to protect themselves and their loved ones from the flu. Vaccination is especially important for those at high risk for flu-related complications (please refer to the [People at High Risk](#) web page). Additionally, research shows that a strong provider recommendation for yearly flu vaccination increases a patient's willingness to get vaccinated themselves.

Getting vaccinated is just as important for health care personnel, like you, for many reasons. You can get sick with the flu and spread it to your family, colleagues and patients without knowing or having symptoms. Be an example by getting your flu vaccine and know that you're helping to reduce the spread of flu in your community.

Note: – the influenza and pneumococcal vaccines and their administration fees are covered Part B

benefits. Influenza and pneumococcal vaccines are NOT Part D-covered drugs.

*For More Information:*

- CMS has posted the 2012-2013 [Seasonal Influenza Vaccines Pricing](#) list. You may also refer to the [MLN Matters® Article #MM8047](#), “Influenza Vaccine Payment Allowances - Annual Update for 2012-2013 Season.”
- Please visit the [CMS Medicare Learning Network® 2012-2013 Seasonal Influenza Virus Educational Products and Resources](#) and [CMS Immunizations](#) web pages for more information on coverage and billing of the flu and pneumococcal vaccines and their administration fees.
- While some providers may offer the flu vaccine, those who don’t can help their patients locate a vaccine provider within their local community. The [HealthMap Vaccine Finder](#) is a free, online service where users can find nearby locations offering flu vaccines.
- The [CDC](#) website offers a variety of provider resources for the 2012-2013 flu season.

### **More Doctors, Hospitals Partner to Coordinate Care for People with Medicare [↑]**

*Providers Form 106 New Accountable Care Organizations*

Doctors and health care providers have formed 106 new Accountable Care Organizations (ACOs) in Medicare, ensuring as many as 4 million Medicare beneficiaries now have access to high-quality, coordinated care across the United States, HHS Secretary Kathleen Sebelius announced on January 10.

Doctors and health care providers can establish ACOs in order to work together to provide higher-quality care to their patients. Since passage of the Affordable Care Act, more than 250 Accountable Care Organizations have been established. Beneficiaries using ACOs always have the freedom to choose doctors inside or outside of the ACO. ACOs share with Medicare any savings generated from lowering the growth in health care costs, while meeting standards for quality of care.

ACOs must meet quality standards to ensure that savings are achieved through improving care coordination and providing care that is appropriate, safe, and timely. CMS has established 33 quality measures on care coordination and patient safety, appropriate use of preventive health services, improved care for at-risk populations, and patient and caregiver experience of care. Federal savings from this initiative could be up to \$940 million over four years.

The new ACOs include a diverse cross-section of physician practices across the country. Roughly half of all ACOs are physician-led organizations that serve fewer than 10,000 beneficiaries. Approximately 20 percent of ACOs include community health centers, rural health centers and critical access hospitals that serve low-income and rural communities.

The group announced today also includes [15 Advance Payment Model ACOs](#), physician-based or rural providers who would benefit from greater access to capital to invest in staff, electronic health record systems, or other infrastructure required to improve care coordination. Medicare will recoup advance payments over time through future shared savings. In addition to these ACOs, last year CMS launched the [Pioneer ACO program](#) for large provider groups able to take greater financial responsibility for the costs and care of their patients over time. In total, Medicare’s ACO partners will serve more than 4 million beneficiaries nationwide.

Also today HHS issued a new report showing Affordable Care Act provisions are already having a substantial effect on reducing the growth rate of Medicare spending. Growth in Medicare spending per beneficiary hit historic lows during the 2010 to 2012 period, according to the report. Projections by both the Office of the Actuary at CMS and by the Congressional Budget Office estimate that Medicare

spending per beneficiary will grow at approximately the rate of growth of the economy for the next decade, breaking a decades-old pattern of spending growth outstripping economic growth.

For more information:

- HHS Issue Brief, "[Growth in Medicare Spending per Beneficiary Continues to Hit Historic Lows](#)"
- [Advance Payment Model](#) website
- [Blog](#) by Jonathan Blum, Acting Principal Deputy Administrator and Director, Center for Medicare

The next application period for organizations that wish to participate in the Shared Savings Program beginning in January 2014 is summer 2013. More information is available on the [Shared Savings Program](#) website. For a list of the 106 new ACOs announced January 10, visit the [Program News and Announcements](#) web page.

Full text of this excerpted [CMS press release](#) (issued January 10).

### **Reminder: Hospice Quality Reporting Program Structural Measure Data Submission Deadline is January 31 [\[↑\]](#)**

#### *Registration and Data Submission Process:*

The link to the data entry site for the Hospice Quality Reporting Program (HQRP) is available on the [Hospice Quality Reporting Data Submission](#) web page under "Related Links." Hospice providers that have not already begun the data entry process should carefully select the individual they wish to perform data entry, visit the data entry site now, create an account, activate the account, and begin entering data for the required measures. Please note, there is only *one* user account per CMS Certification Number (CCN) allowed for the submission of QRP data for both the Structural/Quality Assessment and Performance Improvement (QAPI) measure and the National Quality Forum (NQF) #0209 Pain Measure. Therefore, it is very important that providers plan and think through assigning the task of data entry and submission *prior to* registering for a user account. The person tasked with this responsibility of data entry and submission should be available throughout both submission periods to complete the submission for the structural measure and the NQF #0209 Pain Measure data.

#### *Data Submission Deadlines:*

Data for the structural measure must be attested to and submitted to CMS no later than January 31, 2013. Data for the NQF #0209 Pain Measure must be attested to and submitted to CMS no later than April 1, 2013.

#### *User Account Deactivation Requests for the HQRP:*

If you anticipate needing a deactivation request for your HQRP user account, it is highly recommended that any and all user account deactivation requests be submitted to the Technical Help Desk via fax at 888-477-7871 or email at [help@QTSO.com](mailto:help@QTSO.com) *prior to January 23, 2013*. Any deactivation requests received on or after January 23 put a hospice organization at risk for missing the structural measure deadline, which is January 31. *Please note: all data submitted by a user who is deactivated is permanently deleted.*

### **2013 Medicare Occupational Mix Survey — Proposed Collection [\[↑\]](#)**

On December 7, 2012, CMS published a notice of intent with a request for comments regarding the occupational mix survey ([77 FR 73032](#)). The survey is the 2013 Medicare Occupational Mix Survey (Form CMS-10079 (2013); OMB#: 0938-0907). The 2013 survey provides for the collection of hospital-specific

wages and hours data for a 12-month period, that is, from pay periods ending between January 1, 2013 and December 31, 2013.

Interested persons are invited to send comments regarding this proposed collection by Tuesday, February 5, 2013. Detailed instructions for submitting comments are included in the notice of intent.

### **2013 Self-Nomination/Registration for PQRS Group Practice Reporting Option — Updated [\[↑\]](#)**

*Please note corrected email address for groups wishing to participate in the 2013 eRx GPRO*

Medical group practices comprised of 2 or more eligible professionals can participate in the 2013 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) to potentially earn an incentive payment of 0.5% and avoid a negative payment adjustment of -1.0% on Medicare Part B Physician Fee Schedule (PFS) services. CMS defines a group as a single taxpayer identification number (TIN). In order to participate in PQRS – at the group level – an authorized group representative must sign the group up and select one of three group reporting mechanisms:

- the GPRO Web Interface (only for groups with 25 or more eligible professionals),
- a qualified registry, or
- CMS-calculated administrative claims (only for avoiding negative payment adjustments).

New federal regulations require that medical practice groups comprised of 100 or more eligible professionals (as of October 15, 2013) will be subject to the value-based payment modifier based on performance in 2013. Groups of this size that fail to self-nominate/register for PQRS – as a group – will see a 1% negative impact on all physician payment under the Medicare PFS in calendar year 2015. Groups meeting the size threshold must sign-up as a group during one of two sign-up periods to participate in the 2013 PQRS. The first opportunity for group practices to sign-up ends on January 31, 2013. There will be a second opportunity to sign-up July 15, 2013 through October 15, 2013.

*First Self-Nomination/Registration Period: (December 1, 2012 – January 31, 2013)*

During the December 1, 2012 through January 31, 2013 timeframe, group practices will be able to self-nominate/register and select the GPRO Web Interface or a registry reporting mechanism *only*. Unlike previous program years, group practices will not be able to opt-out of reporting at the group level once they have self-nominated/registered; but groups will be able to change their group reporting mechanism until October 15, 2013.

Groups wishing to participate in the 2013 Electronic Prescribing (eRx) GPRO must self-nominate/register during the December 1, 2012 through January 31, 2013 timeframe. Groups choosing to participate *only* in eRx cannot self-nominate/register online. These groups should email [PQRS\\_Vetting@mathematica-mpr.com](mailto:PQRS_Vetting@mathematica-mpr.com).

*Steps for 2013 PQRS GPRO Self-Nomination/Registration Period (December 1, 2012 – January 31, 2013):*

1. Sign-in to the [Physician and Other Health Professionals Quality Reporting Portal](#) with an Individuals Authorized Access to CMS Computer Services (IACS) account. If you do not have an IACS account you will be able to register for one from the same page.
2. Once you are signed into the Portal, click the “Create Self Nomination Request” link located on the left side of the web page. This will take you to the self-nomination screens on the Communication Support Page.
3. Select “Group Practice Reporting Option {Group Practice}” as the requestor type and hit “submit.” Fill out the required fields on the screens that follow. See the [user manual](#) for additional information or click the Help icon.

*Resources:*

- For all PQRS/eRx program related questions and/or help with IACS, contact The QualityNet Help Desk at 866-288-8912 or [gnetssupport@sdps.org](mailto:gnetssupport@sdps.org). The help desk is available Monday through Friday from 7am through 7pm CT.
- Additional information about 2013 PQRS GPRO self-nomination/registration and requirements is located on the PQRS [Group Practice Reporting Option](#) web page.
- Additional information about the value-based payment modifier is located on the [Value-Based Payment Modifier](#) web page.

**CMS Created a New Tipsheet to Help Specialists Meet Meaningful Use [↑]**

CMS recognizes that not every meaningful use measure applies to every provider participating in the Electronic Health Record (EHR) Incentive Programs. To help specialty providers successfully meet meaningful use measure requirements and navigate the EHR Incentive Programs, CMS created the [Meaningful Use for Specialists Tipsheet](#).

Tipsheet topics include:

- Reporting measure exclusions;
- Using other providers' data;
- Determining office visits for applicable measures; and
- Applying for a hardship exemption.

The tipsheet also includes links to resources that can help specialists successfully participate in the EHR Incentive Programs. For helpful materials you can also visit the [Educational Resources](#) page on the EHR Incentive Programs website.

*Want more information about the EHR Incentive Programs?*

Make sure to visit the [EHR Incentive Programs](#) website for the latest news and updates on the EHR Incentive Programs.

**ICD-10: Listening Sessions for End-to-End Testing [↑]**

CMS is pleased to announce additional [industry listening sessions](#) hosted by National Government Services (NGS) to develop common definitions and best practices for testing of the Administrative Simplification Requirements. NGS will then use ICD-10 as a business case to validate a defined universal testing process that can be used throughout the health care industry.

CMS and NGS look forward to receiving insights from:

- Small Providers on January 24
- Large Providers on January 15 and 29
- Vendors on January 17 and 31
- Payers on January 23 and February 5

The small provider sessions are geared toward organizations with fewer than 100 employees; large provider sessions are for those with 100 or more employees.

Based on feedback received from industry so far, CMS and NGS have revised proposed definitions of key terms as follows:

- End-to-End testing. A focused process within a defined area, using new or revised applicable products, operating rules or transactions, throughout the entire business and/or clinical exchange cycle, for the purpose of measuring operational predictability and readiness. The End-to-End testing process should be performed in an environment which mirrors actual production as closely as possible, confirming the validation of performance metrics and analytics (reporting).
- Readiness. A state of preparedness in which an Entity has completed verification and validation of applicable policies, procedures, guidelines, laws, regulations, and contractual arrangements with expected results. Additionally, entities will demonstrate readiness by completing internal documentation, establishing communication mechanisms and validation with external trading partners, training of appropriate personnel, scheduled deployments, and software migration for each regulatory requirement.
- Compliance. A demonstrated adherence to those policies, procedures, guidelines, laws, and regulations to which the business process is subject in advance of, by, and continued support after, the regulatory implementation date.

To learn more, please visit the [end-to-end testing](#) page on the CMS website.

#### *Keep Up to Date on ICD-10*

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

For practical transition tips:

- Read [recent ICD-10 email update messages](#)
- Access the [ICD-10 continuing medical education modules](#) developed by CMS in partnership with Medscape

#### **Planning Your ICD-10 Transition Activities for 2013 [\[↑\]](#)**

The year 2013 brings two crucial ICD-10 transition milestones for providers:

- April 1, 2013: Testing ICD-10 with colleagues/staff within your practice
- October 1, 2013: Testing ICD-10 with business trading partners like payers, clearinghouses, and billing services

Review your ICD-10 timeline and make sure you are on track to meet these milestones.

#### *Jump-starting Your Transition*

To prepare for testing, be sure you have completed the following activities:

- Review [ICD-10 resources](#) from CMS, trade associations, payers, and vendors
- Inform your staff/colleagues of upcoming changes
- [Create an ICD-10 project management team](#)
- Identify how ICD-10 will affect your practice
- Develop and complete an ICD-10 project plan for your organization
  - Identify each task, including deadline and who is responsible
  - Develop plan for communicating with staff and business partners about ICD-10
- Estimate and secure budget (potential costs include updates to practice management systems, new coding guides and superbills, staff training)
- Ask your [payers](#) and vendors—[software/systems](#), [clearinghouses](#), [billing services](#)—about ICD-10 readiness; review contracts/proposals
  - Ask about systems changes, a timeline, costs, and testing plans
  - Ask when they will start testing, how long they will need, and how you and other clients will be involved

- Select/retain vendor(s)
- Review changes in clinical documentation requirements and educate staff by [reviewing frequently used ICD-9 codes and new ICD-10 codes](#)

Depending on your organization, some tasks above may be performed on a compressed timeline or performed at the same time as other tasks.

#### *Testing*

- April 1, 2013: Start testing ICD-10 codes and systems with your practice's coding, billing, and clinical staff
  - Use ICD-10 codes for diagnoses your practice sees most often
  - Test data and reports for accuracy
- October 1, 2013: Begin testing transactions from start to finish using ICD-10 codes with payers and other business partners

Expect to continue testing transactions and fine-tuning your transition up until the ICD-10 compliance date of *October 1, 2014*.

#### *Keep Up to Date on ICD-10*

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

For practical transition tips:

- Read [recent ICD-10 email update messages](#)
- Access the [ICD-10 continuing medical education modules](#) developed by CMS in partnership with Medscape

#### **From the MLN: “Medicare Fee-For-Service (FFS) Physicians and Non-Physician Practitioners: Protecting Your Privacy - Protecting Your Medicare Enrollment Record” Fact Sheet — Reminder [[↑](#)]**

The “[Medicare Fee-For-Service \(FFS\) Physicians and Non-Physician Practitioners: Protecting Your Privacy - Protecting Your Medicare Enrollment Record](#)” Fact Sheet (ICN 903765) is available in downloadable format. This fact sheet is designed to provide education on how to ensure Medicare enrollment records are up-to-date and secure. It includes information on the actions physicians and non-physician practitioners should take to protect their Medicare enrollment information.

#### **From the MLN: “Internet-based Provider Enrollment, Chain and Ownership System (PECOS) Contact Information” Fact Sheet — Reminder [[↑](#)]**

The “[Internet-based Provider Enrollment, Chain and Ownership System \(PECOS\) Contact Information](#)” Fact Sheet (ICN 903766) is available in downloadable format. This fact sheet is designed to provide contact information for technical assistance with Internet-based PECOS. It includes a list of contacts and other resources.

#### **From the MLN: “How to Protect Your Identity Using the Provider Enrollment, Chain and Ownership System (PECOS)” Fact Sheet — Reminder [[↑](#)]**

The “[How to Protect Your Identity Using the Provider Enrollment, Chain and Ownership System \(PECOS\)](#)” Fact Sheet (ICN 905103) is available in downloadable format. This fact sheet is designed to provide education on identity protection when using Internet-based PECOS. It includes step-by-step instructions

on how providers can protect their identity while using Internet-based PECOS.

### **From the MLN: “Intensive Behavioral Therapy (IBT) for Obesity” Booklet — Reminder [\[↑\]](#)**

The “[Intensive Behavioral Therapy \(IBT\) for Obesity](#)” Booklet (ICN 907800) is available in downloadable and hard copy format. This booklet is designed to provide education on intensive behavioral therapy for obesity. It includes information about obesity rates, approaches on treating obesity, and other resources on obesity.

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

### **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.

### **Updated MLN Matters® Search Indices [\[↑\]](#)**

The MLN Matters® Articles Search indices were updated and are now available. Each index is organized by year and provides the ability to search by specific keywords and topics. Most indices link directly to the related article(s). For more information and a list of available indices, visit the [MLN Matters® Articles](#) web page and scroll down to the “Downloads” section.

The Medicare Learning Network® offers other ways to search and quickly find articles of interest to you:

- MLN Matters® Dynamic Lists: an archive of previous and current articles organized by year with the ability to search by keyword, transmittal number, subject, article number, and release date. To view and search articles, select the desired year from the left column on the [MLN Matters® Articles](#) web page.
- MLN Matters® Electronic Mailing List: a free electronic notification service that sends an email message when new and revised MLN Matters® articles are released. For more information, including how to subscribe to the service, download [How to Sign Up for MLN Matters®](#). You can also view and search an archive of previous messages [here](#).



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

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