



CMS Medicare FFS Provider e-News

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National Provider Call: CMS National Partnership to Improve Dementia Care in Nursing Homes — Last Chance to Register [\[↑\]](#)

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: January 8 DSH Written Transcript and Audio Recording Now Available [[↑](#)]

CMS has released the written transcript and audio recording from the January 8 National Provider Call on “Implementation of Section 3133 of the Affordable Care Act: Improvement to Medicare Disproportionate Share Hospital (DSH) Payments.” This presentation provides a review of Medicare DSH payment methodology under Section 3133 of the Affordable Care Act, which is effective in fiscal year 2014. CMS commissioned Dobson DaVanzo & Associates, LLC and KNG Health Consulting, LLC to provide technical assistance. They present findings of their analyses identifying possible data sources and definitions for measuring the change in uninsured and uncompensated care. Please visit the [MLN FFS National Provider Calls](#) web page to download the written transcript, audio recording, and slide presentation.

CMS to Host Elder Maltreatment & Care Symposium — Register Now [\[↑\]](#)

Friday, March 8; 9am-1pm ET

CMS is hosting an Elder Maltreatment Symposium. The purpose of this symposium is to solicit input from stakeholders to assist CMS in further development of Measure #181: Elder Maltreatment Screen and Follow-Up Plan, as part of the Physician Quality Reporting System.

Interested parties are invited to participate, either on-site at CMS headquarters in Baltimore or via Webinar. The meeting is open to the public; however attendance is limited for both on site and Webinar participation. *Please register for this event early as registration will close when attendance capacity has been met.*

The symposium will be held on March 8 from 9am until 1pm ET in the main auditorium of CMS, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Meeting Registration and Request for Special Accommodations Deadline:

Registration is now open. Anyone interested in attending the meeting or participating by Webinar must register by completing the [online registration](#). For security reasons, registration and requests for special accommodations must be completed no later than 5pm ET on Friday, February 22.

CMS will post an audio download and/or transcript of the symposium on the [CMS](#) website and the [US Quality Measures](#) website following the meeting.

Note: in the event of inclement weather, this symposium is subject to cancellation. Should the need arise for event cancellation, registrants will be notified via e-mail as soon as possible.

Don't Miss DMEPOS Competitive Bidding Webinars for All Provider Types Next Week [\[↑\]](#)

CMS will host several webinars for referral agents and other providers on the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. The DMEPOS Competitive Bidding Program is a change to the Medicare program that is scheduled to go into effect for Medicare beneficiaries with Original Medicare in [91 competitive bidding areas](#) (CBAs) across the country starting on July 1, 2013. Under this program, CMS will be awarding contracts to suppliers for certain categories of DMEPOS in the CBAs. It is important that physicians, social workers, discharge planners, and anyone else who refers beneficiaries for DMEPOS supplies understand this new program so that they can help Medicare patients get covered medical equipment and supplies.

For information about these free webinars, and for further information about the DMEPOS competitive bidding program, sign up for the new [CMS DME Referral Agent Electronic Mailing List](#).

January 31 Deadline for Attestation and Submission of Structural Measure Data for the Hospice Quality Reporting Program [\[↑\]](#)

The deadline for attestation and submission of structural measure data for the Hospice Quality Reporting Program (HQRP) is 11:59pm ET, Thursday January 31, 2013. Hospice providers that have not already created a user account and begun structural measure data entry should do so immediately.

The link to the data entry site is available on the [Data Submission](#) portion of the CMS HQRP website at

the bottom of the webpage under “Related Links.” For step-by-step guidance on account creation, account activation, data entry and data submission, please refer to the [Technical User’s Guide for Hospice Quality Reporting Data Entry and Submission Version 1.5](#) in the “Downloads” section of the web page. You may contact the QTSO Helpdesk by phone at 1-877-201-4721 or email at help@qtso.com if you have questions about using the Hospice Quality Reporting Data Entry and Submission Site. Technical Help Desk hours are 7am through 7pm CT.

EHR Incentive Programs: Several Changes to Stage 1 Meaningful Use Measures Begin This Year [\[↑\]](#)

The Stage 2 rule for the Electronic Health Record (EHR) Incentive Programs included changes to the Stage 1 meaningful use objectives, measures, and exclusions for eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs). Some of these Stage 1 changes took effect on October 1, 2012, for eligible hospitals and CAHs, or January 1, 2013, for EPs. Several are optional, but others are required.

Stage 1 Changes and Timing:

- Computerized Physician Order Entry (CPOE)
 - Change: Addition of an alternative measure based on the total number of medication orders created during the EHR reporting period
 - Timing: 2013 and onward
 - Change: Revised the description of who can enter orders into the EHR and have it count as CPOE
 - Timing: 2013 and onward (regardless of what stage of meaningful use the provider is attesting to)
- Electronic Prescribing
 - Change: Additional exclusion to the objective for electronic prescribing for providers who are not within a 10 mile radius of a pharmacy that accepts electronic prescriptions
 - Timing: 2013 and onward
- Record and Chart Changes in Vital Signs
 - Change: Age limit increased for recording blood pressure in patients from ages 2 to ages 3; no age limit for height and weight
 - Timing: Optional in 2013; required starting in 2014
 - Change: Exclusion if the EP sees no patients 3 years or older, if all three vital signs are not relevant to their scope of practice, if height and weight are not relevant to their scope of practice, or if blood pressure is not relevant to their scope of practice
 - Timing: Optional in 2013; required starting in 2014
- Public Health Reporting Objectives
 - Change: Require that providers perform at least one test of their certified EHR technology's capability to send data to public health agencies, except where prohibited
 - Timing: Required in 2013 and onward (for all Stage 1 public health objectives)
- Electronic Exchange of Key Clinical Information
 - Change: Objective for electronic exchange of key clinical information no longer required for Stage 1 for EPs, eligible hospitals, and CAHs
 - Timing: No longer required in 2013 and onward

For more details about each of these changes review the [Stage 1 Changes Tipsheet](#).

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.

Insulin Pen Safety – One Insulin Pen, One Person [\[↑\]](#)

The Centers for Disease Control (CDC) has been working to promote safe use of insulin pens, in light of growing awareness of the risk of reuse. Insulin pens are meant for one patient only, but there have been recent occurrences of insulin pens being used for more than one patient. The CDC's injection safety campaign recently introduced a brochure and poster for clinicians and patients about the safe use of insulin pens. The brochure and poster as well as other resources can be found on the [Insulin Pen Safety](#) web page.

CY 2013 Outpatient Prospective Payment System Pricer File Update [\[↑\]](#)

The Outpatient Prospective Payment System (OPPS) Pricer web page has been updated with outpatient provider data for January 2013. The January provider data is available for use and may be downloaded from the [OPPS Pricer](#) web page under "1st Quarter 2013 Files."

Quarterly Provider Specific Files for the Prospective Payment System are Now Available [\[↑\]](#)

The January 2013 Provider Specific Files (PSF) are now available for download from the CMS website in SAS or Text format. The files contain information about the facts specific to the provider that affect computations for the Prospective Payment System. The SAS data files are available on the [Provider Specific Data for Public Use In SAS Format](#) web page, and the Text data files are available on the [Provider Specific Data for Public Use in Text Format](#) web page. The Text data files are available in two versions. One version contains the provider records that were submitted to CMS. The other version also includes name and address information for providers at the end of the records.

From the MLN: "Hospice Quality Data Reporting Reminders" MLN Matters® Article — Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1301](#), "Hospice Quality Data Reporting Reminders" was released and is now available in downloadable format. This article is designed to provide education on the hospice quality data reporting program, and outlines the requirements for the first and second year of reporting for hospice providers. It also provides information on training materials available on the Hospice Quality Reporting Program website, which include webinars, user guides, as well as a question and answer document.

From the MLN: "End-Stage Renal Disease Prospective Payment System" Fact Sheet — Revised [\[↑\]](#)

The "[End-Stage Renal Disease Prospective Payment System](#)" Fact Sheet (ICN 905143) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the End-Stage Renal Disease Prospective Payment System. It includes the following information: background, transition period, payment rates for adult and pediatric patients, outlier adjustments, transition budget neutrality factor, home dialysis, laboratory services and drugs and biologicals, patient deductible and coinsurance, and End-Stage Renal Disease Quality Incentive Program.

New MLN Educational Web Guides Fast Fact [[↑](#)]

A new fast fact is now available on the [MLN Educational Web Guides](#) web page. This web page provides information on Evaluation and Management services; Guided Pathways that contain resources and topics of interest; lists of health care management products; and easy-to-understand billing and coding educational products. It is designed to provide educational and informational resources related to certain Medicare Fee-For-Service initiatives. Please bookmark this page and check back often as a new fast fact is added each month.



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