



CMS Medicare FFS Provider e-News

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National Provider Call: End-Stage Renal Disease Quality Incentive Program - Payment Year 2015 Final Rule — Register Now

Wednesday, March 13; 2-3:30pm ET

This National Provider Call will review the CMS final rule for implementing the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) in Payment Year (PY) 2015. This final rule was published in the [Federal Register](#) on November 9, 2012.

The performance period for PY 2015 began on January 1, 2013. To help dialysis facilities and other stakeholders understand the program and their responsibilities during the performance period, this call will review:

- The ESRD QIP legislative framework and how it fits into the National Quality Strategy;
- Changes reflected in the final rule based on public comments;
- The measures, standards, scoring methodology, and payment reduction scale that will be applied to the PY 2015 program; and
- Where to find additional information about the program.

Agenda:

- Introductions
- Review of ESRD QIP and National Quality Strategy
- Changes in PY 2015 Final Rule
 - Measures
 - Standards
 - Scoring methodology
 - Payment reduction scale
- Sources for more information

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.

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: Hospital Value-Based Purchasing Fiscal Year 2015 Overview — Register Now
Thursday, March 14; 1:30-3pm ET

This National Provider Call provides an overview of the FY 2015 Hospital Value-Based Purchasing (VBP) Program design and a preview of the FY 2015 Baseline Measures Report in order to help demonstrate how hospitals will be evaluated for each of the FY 2015 domains (measures/dimensions).

Agenda:

- Introduction to the Hospital VBP Program
- FY 2015 Hospital VBP Program
- How Hospitals Will Be Evaluated

- Evaluation Example
- FY 2015 Baseline Measures Report

Target Audience: Quality Improvement Organizations (QIOs) and Inpatient Hospital 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.

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National Provider Call: 2013 PQRS and eRx Claims-Based Reporting Made Simple — Save the Date
Tuesday, March 19; 1:30-3pm ET

Please save the date for an upcoming CMS-hosted National Provider Call on the 2013 Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) claims-based reporting. This call is relevant to eligible professionals, medical coders, physician office staff, provider billing staff, health records staff, vendors, and all other interested Medicare FFS healthcare professionals.

The agenda will include:

- Welcome and program announcements
- 2013 PQRS and eRx claims-based reporting made simple
- Question & answer session

Registration information will be available soon on the [CMS Upcoming National Provider Calls](#) registration website.

FDA Alerts Dialysis Centers of Recall of Anemia Drug Omontys

The U.S. Food and Drug Administration (FDA) is alerting health care providers and patients of a voluntary nationwide recall of all lots of Omontys Injection by Affymax, Inc., of Palo Alto, Calif., and Takeda Pharmaceuticals Company Limited, of Deerfield, Ill. The recall is due to reports of anaphylaxis, a serious and life-threatening allergic reaction. Omontys is used to treat anemia in adult dialysis patients. Until further notice, health care providers should stop using Omontys and return the product to [Takeda Pharmaceuticals](#).

According to the companies, serious and fatal hypersensitivity reactions have been reported in some patients receiving their first dose of Omontys, given by intravenous injection. The reactions have occurred within 30 minutes following the dose. There have been no reports of reactions following subsequent dosing, or in patients who have completed their dialysis session.

The FDA has been notified by Affymax of 19 reports of anaphylaxis from dialysis centers in the United States. Three of the anaphylaxis cases resulted in death. Other patients required prompt medical intervention and in some cases hospitalization. Some of the reports included patients who were able to

be resuscitated by doctors. However, anaphylaxis is life-threatening and resuscitation efforts are not always successful.

Affymax and Takeda are investigating these adverse reactions. Customers may call 1-855-466-6689 for additional information.

The FDA asks health care professionals and consumers to report any adverse reactions to the FDA's MedWatch program:

- Complete and submit the report [online](#)
- Download and complete the [form](#), then submit it via fax at 1-800-FDA-0178

Anemia is common in adult patients who have chronic kidney disease (CKD) and who are on dialysis. [Omontys](#), approved by the FDA in March 2012, is an erythropoiesis-stimulating agent (ESA) that aids in the formation of red blood cells. Additional ESA products are available to treat anemia, including Procrit, Epogen, and Aranesp.

Full text of this excerpted [FDA press release](#) (issued February 24).

New Short-Term Acute Care Program for Evaluating Payment Patterns Electronic Report Released

A new release of the Short-Term (ST) Acute Care Program for Evaluating Payment Patterns Electronic Report (PEPPER), with statistics through the fourth quarter of fiscal year 2012, will be available for short-term acute care hospitals (STACHs) nationwide in late February.

The PEPPER provides hospital-specific data statistics for Medicare discharges in areas that may be at risk for improper Medicare payments. Hospitals can use PEPPER to support internal auditing and monitoring activities. PEPPER is a free report comparing a hospital's Medicare billing practices with other hospitals in the state, Medicare Administrative Contractor (MAC) or Fiscal Intermediary (FI) jurisdiction and nation. Access the [ST PEPPER User's Guide](#) for more information. CMS has contracted with TMF® Health Quality Institute to develop and distribute the reports.

PEPPER was distributed electronically to STACHs through a My QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role by February 25, 2013.

Note: Effective with this release, all hospitals that were in the legacy Wisconsin Physician Services 52280 Jurisdiction have been reassigned to other jurisdictions. The majority of these hospitals transitioned to J5 Wisconsin Physician Services, although several jurisdictions will notice an increase in the number of hospitals in their jurisdiction. In addition, effective with this release, all hospitals that submitted claims with service dates during any time of the report period are now included in target area statistics and percentile calculations. These changes will result in slight shifts in the outlier limits for target areas and may result in changes in outlier status for a small number of hospitals.

CMS encourages hospitals to provide feedback on PEPPER through a [feedback form](#) so that the reports can be continually improved.

EPs Can Use New Interactive Resource to Determine Timeline for Participation in the EHR Incentive Programs

CMS recently posted a new web resource for eligible professionals (EPs), [My EHR Participation Timeline](#), to the EHR Incentive Programs website. This interactive tool allows EPs to determine what year you will meet Stage 1, Stage 2, and Stage 3 of meaningful use in the Medicare and Medicaid EHR Incentive Programs. It also provides information on:

- The length of time EPs are required to demonstrate meaningful use at each stage;
- The maximum incentive payment you can receive each year;
- The total incentive payment amount you will receive based on your initial year of participation; and,
- Links to helpful resources from the CMS website.

After choosing between the Medicare and Medicaid EHR Incentive Programs, select your first year of participation and the tool will create a personalized timeline with your results. This timeline can be printed and used as a reference for successful EHR Incentive Programs participation. For more CMS resources, visit the [Educational Resources](#) section of the EHR 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.

CMS Releases ICD-10 Checklists and Timelines

To help you prepare for ICD-10, CMS has released new [checklists and timelines](#) for small and medium provider practices, large provider practices, small hospitals, and payers. These resources are designed to give you a high-level understanding of what the ICD-10 transition requires and how your ICD-10 preparations compare with recommended timeframes.

- **Checklists:** The checklists offer easy-to-understand lists of tasks that CMS recommends completing before the October 1, 2014, ICD-10 deadline. Each task also includes an estimated timeframe, allowing you to plan based on your current progress. Depending on your organization, you may be able perform some of the tasks on a compressed timeline or at the same time as other tasks.
- **Timelines:** The timelines are an at-a-glance resource for getting a sense of how your transition is moving forward. The timelines provide a visual guide to key transition activities by phase.

You can use the checklists and timelines to identify where you need to focus your efforts. Then you can consult the more in-depth ICD-10 resources available 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 the *October 1, 2014*, deadline.

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

Plan to Mitigate Risk for a Smooth ICD-10 Transition

To make your transition to ICD-10 smooth, consider following these steps:

- Establish a transition plan. Outline the steps your practice intends to follow to comply with ICD-10 requirements. Establish milestones to keep your practice on track. Share your transition plan

with your EHR and practice management system vendors and billing services. Talk to them about how you can set up testing before the deadline.

- Communicate with your vendors regularly; encourage them to take action now to avoid reimbursement delays. Talk to your vendors about making sure your practice management systems will be able to handle ICD-10 transactions. Ask them about their schedule for training your practice's staff on the system changes. Make sure you and your vendors allow ample time for testing ICD-10 systems.
- Identify everywhere that your practice uses ICD-9. Any function where you currently use ICD-9 will be affected by the transition to ICD-10. By taking a look at where you use ICD-9, you will see where you need to be prepared to use ICD-10 codes.
- Plan for staff training. Decide who needs training, what type of training they need, and when they need it. Anyone who will test ICD-10 systems before the transition will need training in advance so they can perform meaningful testing. Others who use ICD codes can be trained 6 to 9 months before the October 1, 2014, transition.
- Network with peers. Talking with your peers in other practices can help you to identify best practices and opportunities for sharing resources.
- Set up an emergency fund to cover potential cash-flow disruptions from claims processing. If you think you might have a serious disruption in getting claims processed after the transition, having a cash reserve on hand could be helpful.
- Process ICD-9 transactions before the deadline. Get claims with ICD-9 transactions processed before the deadline to avoid facing a major backlog after the October 1, 2014, ICD-10 transition.

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Revised 2013 Purchase Diagnostic Test Payment File

CMS has identified a problem with the calculation of payment rates for purchased diagnostic tests. The rate calculation did not include the extension of the 1.0 floor on the physician work geographic practice cost index (GPCI) mandated by the American Taxpayer Relief Act of 2012. This issue has resulted in lower payment amounts than appropriate for claims processed by contractors in certain payment localities for dates of service on and after January 1, 2013.

CMS expects the problem to be resolved within the next 2-3 weeks. No action on the part of providers/suppliers is necessary. Affected claims will be identified and automatically reprocessed by the appropriate Medicare claims administration contractors.

From the MLN: “Quick Reference Information: Home Health Services” Educational Tool – Released

The “[Quick Reference Information: Home Health Services](#)” Educational Tool (ICN 908504) was released and is now available in downloadable format. This educational tool is designed to provide education on Home Health services. It includes the following information: qualifying for Home Health services, patient admission to a Home Health Agency, and payment and billing for Home Health services.

From the MLN: “The Medicare Fee-For-Service Recovery Audit Program Process” Educational Tool – Released

The “[The Medicare Fee-For-Service Recovery Audit Program Process](#)” Educational Tool (ICN 908524) was released and is now available in downloadable format. This educational tool is designed to provide education on the Medicare FFS Recovery Audit Program. It includes the following information: Medicare FFS Recovery Audit Program functions and a chart that shows Program process steps.

From the MLN: “Critical Access Hospital” Fact Sheet – Revised

The “[Critical Access Hospital](#)” Fact Sheet (ICN 006400) was revised and is now available in downloadable format. This fact sheet is designed to provide education on Critical Access Hospitals (CAHs). It includes the following information: background, CAH designation, CAH payments, reasonable cost payment principles that do not apply to CAHs, election of Standard Payment Method or Optional (Elective) Payment Method, Medicare Rural Pass-Through funding for certain anesthesia services, incentive payments, and grants to States under the Medicare Rural Hospital Flexibility Program.

From the MLN: “Ambulatory Surgical Center Fee Schedule” Fact Sheet – Revised

The “[Ambulatory Surgical Center Fee Schedule](#)” Fact Sheet (ICN 006819) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Ambulatory Surgical Center (ASC) Fee Schedule. It includes the following information: the definition of an ASC, ASC payment, how payment rates are determined, and Ambulatory Surgical Center Quality Reporting Program.

From the MLN: “Medicare Parts C and D Fraud, Waste and Abuse Training and Medicare Parts C and D General Compliance Training” Web-Based Training Course — Revised

The “Medicare Parts C and D Fraud, Waste and Abuse Training and Medicare Parts C and D General Compliance Training” Web-Based Training Course (WBT) was revised and is now available. This WBT is designed to provide education on fraud, waste, and abuse in the Medicare Parts C and D program and general compliance concepts. It includes two parts and can be used to satisfy general compliance training requirements and fulfill the annual fraud, waste, and abuse training requirement for Medicare Parts C and D organizations.

To access a new or revised WBT, go to [MLN Products](#) and click on “Web-Based Training Courses” under “Related Links” at the bottom of the web page.

From the MLN: “Providing the Annual Wellness Visit” Booklet — Reminder

The “[Providing the Annual Wellness Visit](#)” Booklet (ICN 907786) has been released and is 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.

From the MLN: “Screening and Diagnostic Mammography” Booklet — Reminder

The “[Screening and Diagnostic Mammography](#)” Booklet (ICN 907790) has been released and is available in downloadable and hard copy format. This booklet is designed to provide education on early diagnosis and treatment of breast cancer. It includes information on screening mammography, diagnostic mammography, as well as other provider and beneficiary resources.

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: "Screening Pelvic Examinations" Booklet — Reminder

The “[Screening Pelvic Examinations](#)” Booklet (ICN 907792) was released and is now available in downloadable format. This booklet is designed to provide education on screening pelvic examinations. It includes coverage, coding, billing, and payment information.

From the MLN: "Preventive Immunizations" Booklet — Reminder

The “[Preventive Immunizations](#)” Booklet (ICN 907787) was released and is now available in downloadable format. This booklet is designed to provide education on the seasonal influenza, pneumococcal, and Hepatitis B vaccines. It includes coverage, coding, billing, and payment information.

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 FFS initiatives. Please bookmark this page and check back often as a new fast fact is added each month.



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