CMS Medicare FFS Provider e-News
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National Provider Call: Medicare and Medicaid EHR Incentive Programs and Certified EHR Technology — Register Now
Thursday, June 27; 2:30-3:45pm ET

CMS and the Office of the National Coordinator for Health Information Technology (ONC) will provide an overview of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, including the use of certified EHR technology to meet meaningful use. Learn about the different types of certification and what certification actually tests.

Agenda:
- Overview of the EHR Incentive Programs
- ONC Health Information Technology (HIT) Certification Program
- 2014 Edition Testing and Certification
- Resources
- Question and answer with CMS and ONC experts

Target Audience: [Eligible Professionals and Eligible Hospitals](#) as defined by the Medicare and Medicaid EHR Incentive Programs.

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 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 Information](#) web page to learn more.

National Provider Call: CMS National Partnership to Improve Dementia Care in Nursing Homes — Register Now
Wednesday, July 10; 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 continue 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 progress that has been made during the implementation of this national partnership, its successes, and next steps. Additional

speakers will share some personal success stories from the field. A question and answer session will follow the presentation.

Agenda:
- National partnership overview: Success through data
- Stories from the field: State coalitions, providers, clinicians
- Next Steps
  - Provider feedback
  - What outreach strategies have been successfully implemented and have led to meaningful change in nursing homes?
- Question and answer session

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

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National Provider Call: Medicare Shared Savings Program Application Process Question and Answer Session — Register Now
Thursday, July 18; 1-2:30pm ET

On October 20, 2011, CMS issued a final rule under the Affordable Care Act to establish the Medicare Shared Savings Program (Shared Savings Program). This initiative will help providers participate in Accountable Care Organizations (ACOs) to improve quality of care for Medicare patients. During this National Provider Call, CMS subject matter experts will be available to answer questions about the Shared Savings Program and application process for the January 1, 2014 start date.

The [Shared Savings Program Application](#) web page has important information, dates, and materials on the application process. Call participants are encouraged to review the application and materials prior to the call.

Target Audience: Medicare FFS providers

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Presentation: The presentation for this call will be posted 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.

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National Provider Call: Choosing Your PQRS Group Reporting Mechanism and Implications for the Value-based Payment Modifier — Register Now
Wednesday, July 31; 2:30-3:30pm ET

This National Provider Call will walk through the Physician Value (PV) - Physician Quality Reporting System (PQRS) Registration System. The PV-PQRS Registration System is a new application to serve the Physician Value Modifier and PQRS programs. The PV-PQRS Registration system will allow: (1) physician group practices to select their CY 2013 PQRS Group Reporting Mechanism, and if the group has 100 or more eligible professionals, elect quality tiering to calculate their CY 2015 Value-based Payment Modifier; and (2) individual eligible professionals to select the CMS-calculated Administrative Claims reporting mechanism for CY 2013 in order to avoid the PQRS negative payment adjustment in CY 2015. A question and answer session will follow the presentation. The PV-PQRS Registration System will be open from July 15, 2013 to October 15, 2013.

Please note that while this call is scheduled for 60 minutes. CMS experts will be available to stay on the line for an additional 30 minutes to take outstanding questions, should they exist, at the end of the scheduled call time. Participants can remain on the line until the conclusion of the call or refer to the call transcript and audio recording (to be posted 7-10 business days after the call) if they are unable to participate beyond the 60 minute scheduled duration.

Agenda:
- Introduction/opening remarks
- PV-PQRS registration walkthrough
- 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 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.

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National Provider Call: Medicare and Medicaid EHR Incentive Programs National Provider Call Series — Save the Dates

The Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs paid out over $13.7 billion in incentives through March of this year. Don't be left out. CMS will be holding a series of National Provider Calls (NPCs) about different aspects of the EHR incentive programs. Don't miss these opportunities to learn from the experts.

Register now for the June 27 Certification call for *Medicare and Medicaid* eligible professionals.

Mark your calendars for these upcoming NPCs. Registration will be announced soon:

Medicare and Medicaid Eligible Professionals, Eligible Hospitals, and Critical Access Hospitals:
- July 23; 1:30-3 —Clinical Quality Measures
- July 24; 1:30-3 —Stage 2

Medicare Eligible Professionals, Eligible Hospitals, and Critical Access Hospitals
- August 13; 1:30-3 —Hardship Exceptions
- August 15; 1:30-3 —Payment Adjustments

National Provider Call: Video Slideshow Presentation from April 18 "Begin Transitioning to ICD-10 in 2013" Call Now Available

Are you ready to transition to ICD-10? Now is the time to prepare. CMS has released a video slideshow presentation from the April 18 call on "Begin Transitioning to ICD-10 in 2013." The presentation is now available on the CMS YouTube Channel as a video slideshow that includes the call audio. Visit the April 18 call detail web page for access to all of the related call materials, including the slide presentation, audio recording, and written transcript.

National Provider Call: Audio Recording and Written Transcript from May 22 "National Physician Payment Transparency Program (OPEN PAYMENTS) - What You Need To Know" Call Now Available

The audio recording and written transcript from the May 22 "National Physician Payment Transparency Program (OPEN PAYMENTS)" call are now available on the May 22 call detail web page under the "Call Materials" section.

National Provider Call: Audio Recording and Written Transcript from May 30 "Stage 1 of the Medicare & Medicaid EHR Incentive Programs for Eligible Professionals" Call Now Available

The audio recording and written transcript from the May 30 "Stage 1 of the Medicare & Medicaid EHR Incentive Programs for Eligible Professionals"call are now available on the May 30 call detail web page under the "Call Materials" section. Learn if you are eligible, and if so, what you need to do to earn an incentive.

National Provider Call: Audio Recording and Written Transcript from June 5 "Getting Started with PQRS Reporting: Implications for the Value-based Payment Modifier" Call Now Available

The audio recording and written transcript from the June 5 "Getting Started with PQRS Reporting: Implications for the Value-based Payment Modifier" call are now available on the June 5 call detail web page under the "Call Materials" section.

National HIV Testing Day – an Annual Observance to Promote HIV Testing

June 27 is National HIV Testing Day. Healthcare professionals, this is a great time to encourage Medicare beneficiaries to get tested. Did you know? In 2011, according to the Centers for Disease Control and Prevention there were over 2,000 newly reported cases of HIV among individuals aged 60 and over.

There may even be more cases unreported. One reason may be that doctors do not always test older people for HIV/AIDS and so may miss some cases during routine check-ups. However, under the Affordable Care Act, Medicare now covers preventative services such as screenings for HIV and sexually transmitted infections (STIs), and high intensity behavioral counseling to prevent STIs. Talk with your patients to ensure they understand risk does not diminish with age and encourage utilization of these important preventive benefits as appropriate.

For More Information:
- [The MLN Human Immunodeficiency Virus Screening Brochure](#)
- [MLN Preventative Services Products for Health Professionals](#)
- [CMS Prevention General Information](#) website
- [National HIV Testing Day (NHTD)](#) website

PV-PQRS: IACS Modified to Accept PTANs Less Than Ten Characters Long

During the June 5 National Provider Call "Getting Started with PQRS Reporting: Implications for the Value-based Payment Modifier and the PQRS Payment Adjustment", CMS indicated that physicians in group practices and individual eligible professionals (EPs) whose Provider Transaction Access Numbers (PTANs) are *not* 10 characters long should wait to request an Individuals Authorized Access to the CMS Computer Services (IACS) account with a Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System role or modify an existing account to add a PV-PQRS Registration System role until further notice from CMS.

The purpose of this message is to notify all physician group practices and EPs that IACS has been modified to accept PTANs that are less than 10 characters long. We urge representatives of group practices and EPs to request a new IACS account or modify an existing account on the [CMS Applications Portal](#) as soon as possible.

For additional information about getting an IACS account with a PV-PQRS Registration System role, please visit the Physician Feedback Program/Value-Based Payment Modifier [Self Nomination/Registration](#) web page.

For More Information:
Visit the [Physician Feedback Program](#) website for more information on the Value-based Payment Modifier.

CMS Posts 2014 Eligible Professional Clinical Quality Measure Update

The updated 2014 clinical quality measures (CQMs) for eligible professionals (EPs) are now [available](#), as well as corresponding specifications for electronic reporting. CMS updates the specifications annually in order to ensure that specifications maintain alignment with current clinical guidelines, and remain relevant and actionable within the clinical care setting.Beginning in 2014, the CQM specifications will be used for multiple programs, such as the Physician Quality Reporting System, to align the EHR Incentive Programs and reduce the burden on providers to report quality measures.

CMS strongly encourages the implementation and use of the updated 2014 CQMs for EPs since they include new codes, logic corrections, and clarifications. However, CMS will accept all versions of the CQMs for meaningful use, beginning with those finalized in the December 4, 2012 CMS-ONC Interim Final Rule, until the next phase of the EHR Incentive Programs.

Updated 2014 CQM Resources
To help EPs navigate the updated CQMs, several resources are available on the [eCQM Library](#) page:
- [Table of 2014 EP Measure Versions](#)
- [2014 eCQM Specifications for EP Release June 2013](#)
- [Technical Release Notes 2014 eCQM for EP Release June 2013](#)
- [2014 eCQM Measure Logic Guidance v1.4 Release June 2013](#)
- [Value Set Authority Center [National Library of Medicine]](#)
- [eSpec Navigator 2014 eCQMs Release June 2013](#)

In addition, CMS also posted a [Guide to the Quality Reporting Data Architecture, QRDA, for 2014 eCQMs](#). *Note:* The annual update for eligible hospital specifications was released in April 2013. Related resources are also available on the [eCQM Library](#) page.

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.

New FAQs for ICD-10 Billing

CMS has released three new FAQs about submitting ICD-10 claims around the October 1, 2014, deadline. These FAQs update previous information about submitting claims and explain how to split claims for services that span the October 1, 2014, transition date. The three new FAQs on ICD-10 billing discuss these topics:
- [How do I report ICD-10 codes on claims when the dates of service span from prior to 10/1/2014 to on or after 10/1/2014? (#8246)](#)
- [If I submit or process a transaction with an ICD-9 code for a date of service after October 1, 2014, am I HIPAA compliant? (#8248)](#)
- [How long after the October 1, 2014 ICD-10 compliance date must I continue to report and/or process ICD-9 codes? (#8252)](#)

You can find these questions and many other FAQs about ICD-10 at https://questions.cms.gov/.

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. Sign up for CMS ICD-10 Industry Email Updates and follow us on Twitter.

Recovery Auditor Adjustments for Periodic Interim Payment Providers

Periodic Interim Payment (PIP) providers may have been previously notified by a Recovery Auditor that their claim was reviewed and an improper payment identified. Providers may also be aware that a claim adjustment issue delayed recoupments. This issue has been addressed, and Recovery Auditor adjustments will begin to occur on a controlled basis. Recovery Auditors will work with Medicare Administrative Contractors (MACs) and Fiscal Intermediaries (FIs) to adjust previously identified improper payments in the upcoming months.

From the MLN: "Acute Care Hospital Inpatient Prospective Payment System" Fact Sheet — Revised

The "[Acute Care Hospital Inpatient Prospective Payment System](#)" Fact Sheet (ICN 006815) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the

Acute Care Hospital Inpatient Prospective Payment System (IPPS). It includes the following information: background, basis for IPPS payment, payment rates, how payment rates are set, and payment updates.

From the MLN: "Ambulance Fee Schedule" Fact Sheet — Revised

The "Ambulance Fee Schedule" Fact Sheet (ICN 006835) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Ambulance Fee Schedule. It includes the following information: background, ambulance providers and suppliers, payments, and how payment rates are set.

From the MLN: "Clinical Laboratory Fee Schedule" Fact Sheet — Revised

The "Clinical Laboratory Fee Schedule" Fact Sheet (ICN 006818) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Clinical Laboratory Fee Schedule. It includes the following information: background, coverage of clinical laboratory services, and how payment rates are set.

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.

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 website 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 website.
- 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.

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- MLN Matters® Articles Electronic Mailing List – MLN Matters® are national articles that educate health care professionals about important changes to CMS programs. Articles explain complex policy information in plain language to help health care professionals reduce the time it takes to incorporate these changes into their CMS-related activities.

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The Medicare Learning Network® (MLN) is interested in what you have to say. Visit the MLN Opinion web page to submit an anonymous evaluation about specific MLN educational products. Your feedback is important and helps us develop quality MLN products that meet your educational needs.

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.

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