Medicare Learning Network®
Official Information Health Care Professionals Can Trust

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

MLN Connects™ Provider eNews

Part of the Medicare Learning Network®

Thursday, September 12, 2013

MLN Connects™ National Provider Calls

Program Year 2012 Quality and Resource Use Reports — Mapping a Route to Success for the 2015 Value-Based Payment Modifier — Register Now

Tuesday, September 24; 3-4:30pm ET

To Register: Visit MLN Connects Upcoming Calls. Space may be limited, register early.

Target Audience: Groups with 25 or more eligible professionals.

On September 16, 2013, CMS will make available the 2012 Quality Resource Use Reports (QRURs) to group practices with 25 or more eligible professionals (EPs). These reports show how a group would fare under the policies CMS has

finalized for the Physician Value-Based Payment Modifier. This MLN Connects™ National Provider Call will provide an overview of the QRUR and how to interpret and use the data in the report.

Authorized representatives of groups can access the QRURs at https://portal.cms.gov using an Individuals Authorized Access to the CMS Computer Services (IACS) account with one of the following group-specific Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System roles:

- Primary PV-PQRS Group Security Official
- Backup PV-PQRS Group Security Official
- PV-PQRS Group Representative

If a group has already registered and selected its 2013 PQRS group reporting mechanism in the PV-PQRS Registration System, then that same person who registered the group can access the group's QRUR using their IACS User ID and password. If a group does not yet have an authorized representative with an IACS account, then one person representing the group must sign up for an IACS account with the primary Group Security Official role. If a group has a representative with an existing IACS account, but not one of the three group-specific Registration System roles listed above, then ensure that the account is still active and then add a group-specific Registration System role to that person's existing IACs account.

We *strongly encourage* representatives of groups to sign up for a new IACS account or modify an existing account at https://applications.cms.hhs.gov as soon as possible in order to be able to access the QRURs prior to the call. Quick Reference Guides that provide step-by-step instructions for requesting each PV-PQRS Registration System role for a new or existing IACS account are available in the "Downloads section" of the Self Nomination/Registration web page.

The call will be more meaningful if you have your QRUR in front of you to follow along. A Quick Reference Guide that provides instructions on how to obtain your 2012 QRUR will be available soon in the "Downloads" section of the QRUR Templates and Methodologies web page.

Agenda:

- Opening Remarks
- How to Understand and Use the 2012 QRUR
- Question & Answer Session
- Closing

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the Continuing Education Credit Information web page to learn more.

Did You Miss This MLN Connects Call?

Call materials for MLN Connects™ Calls are located on the Calls and Events web page. New materials are now available for the following call:

- August 22 — ICD-10 Basics , audio and transcript

MLN Educational Products Update

"Medicare Enrollment Guidelines for Ordering/Referring Providers" Fact Sheet — Reminder

The "Medicare Enrollment Guidelines for Ordering/Referring Providers" Fact Sheet is available in downloadable and hard copy format. This fact sheet is designed to provide education on the Medicare enrollment requirements for eligible ordering/referring providers. It includes information on the three basic requirements for ordering and referring and who may order and refer for Medicare Part A Home Health Agency, Part B, and DMEPOS beneficiary services.

"Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services" Fact Sheet — Reminder

The "Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services" Fact Sheet is available in downloadable and hard copy format. This fact sheet is designed to provide education on SBIRT services. It includes an early intervention approach that targets those with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment.

To access a *hard copy* format, go to MLN Products and scroll down to the bottom of the web page to the "Related Links" section and click on the "MLN Product Ordering Page."

Four MLN Publications Now Available in Electronic Publication Format

The "Medicare Physician Fee Schedule" Fact Sheet (ICN 006814) is now available as an electronic publication (e-pub) and through a QR code. This fact sheet is designed to provide education on the Medicare Physician Fee Schedule (PFS). It includes the following information: physician services, Medicare PFS payment rates, and Medicare PFS payment rates formula.

The "Acute Care Hospital Inpatient Prospective Payment System" Fact Sheet (ICN 006815) is now available as an e-pub and through a QR code. 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.

The "Ambulance Fee Schedule" Fact Sheet (ICN 006835) is now available as an e-pub and through a QR code. 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.

The "Medicare Ambulance Transports" Booklet (ICN 903194) is now available as an e-pub and through a QR code. This booklet is designed to provide education on Medicare ambulance transports. It includes the following information: the ambulance transport benefit, ambulance transports, ground and air ambulance providers and suppliers, ground and air ambulance vehicles and personnel requirements, covered destinations, ambulance transport coverage requirements, and payments for ambulance transports.

The e-pub format is available under the "Related Links" section of the publication's detail page. The QR code is also located on the detail page. Instructions for downloading the e-publication and how to scan a QR code are available at "How To Download a Medicare Learning Network® (MLN) Electronic Publication" on the CMS website.

Announcements, Events, and Reminders

Influenza Season is Almost Here

As the 2013-2014 influenza season quickly approaches, now is an opportune time to send reminders and schedule appointments for patients' flu vaccinations. Seniors and people with chronic health conditions—like asthma, diabetes, and heart disease—are at a higher risk for serious complications from the flu. According to the Centers for Disease Control and Prevention, last season overall deaths attributed to flu and pneumonia were the highest in nearly a decade, and people 65 years and older accounted for half of all flu-related hospitalizations. Recommending and offering flu vaccine to Medicare beneficiaries ahead of the flu season is very crucial, as patients are more likely to get vaccinated when flu vaccination is recommended and offered by a health care professional.

Generally, Medicare Part B covers one influenza vaccination and its administration per influenza season for Medicare beneficiaries without co-pay or deductible.

Note: The influenza vaccine and its administration are covered under Medicare Part B. Influenza vaccine is *not* a Part D-covered drug. For more information on coverage and billing of the influenza virus vaccine and its administration, please visit the CMS Medicare Learning Network® Preventive Services Educational Products and CMS Immunizations web pages (Check back for CMS 2013-2014 influenza season updates — coming soon). 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 and other adult vaccines.

ICD-9-CM Coordination and Maintenance Committee Meeting

September 18-19; 9-5pm ET

The next ICD-9-CM Coordination and Maintenance Committee meeting will be held on September 18 through 19 in the CMS auditorium in Baltimore. Registration to attend the meeting on-site has closed. However, this meeting is being webcast. If participating via the webcast, please join prior to 9am.

Conference lines will also be available for those participants who are unable to view the webcast or attend in person. Toll free dial in access for external participants is as follows: Phone: 877-267-1577; Meeting ID: 997-355-278.

The final procedure agenda will be posted by Monday, September 16 on the CMS website. Proposals for the diagnosis codes will begin following the conclusion of the procedure presentations and will be led by the Centers for Disease Control (CDC). The meeting will begin promptly at 9am each day.

Sign Up for New CMS PQRS Listserv for Program Updates and Helpful Resources

CMS has a new listserv to keep you informed about the Physician Quality Reporting System (PQRS) program. The PQRS listserv includes helpful information like timely updates, how to submit quality measures to CMS, and details about the program's impact on payment. By subscribing to the listserv, you will be informed of upcoming deadlines and get answers to questions gathered from eligible professionals about PQRS.

Program updates like the ones below will be circulated on the listserv to keep you informed of new developments. Participating in the 2013 PQRS program? Below are important dates to guide successful participation in PQRS this year:

- October 15, 2013
  - Last day for groups to register to participate in GPRO for the 2013 PQRS program year via Web Interface or registry reporting
  - Last day for individuals and groups participating in the Group Practice Reporting Option (GPRO) to elect to participate in the administrative claims-based reporting mechanism to avoid a payment adjustment in 2015
- December 31, 2013
  - Reporting period for the 2013 PQRS program year ends for both group practices and individuals
- February 28, 2014
  - Last day to submit 2013 PQRS data through some reporting methods (deadline for submission of PQRS data varies by reporting method, but all methods require data to be submitted by end of first quarter in 2014)
  - Last day to submit CQMs for the PQRS-Medicare EHR Incentive Pilot Reporting Pilot Program

More information about these milestones will be included in upcoming PQRS listserv messages.

We encourage you to let others know about the CMS PQRS listserv, and to share its messages. Click here to join the listserv and learn more.

Want more information about PQRS?
Make sure to visit the PQRS website for the latest news and updates on PQRS.

Streamlined Access to PECOS, EHR, and NPPES — Coming Soon

Changes are being made to simplify the way providers and suppliers access the Provider Enrollment Chain and Ownership System (PECOS), the Electronic Health Records (EHR) Incentive Program, and the National Plan and Provider Enumeration System (NPPES). These updates will improve the user experience when registering as an individual practitioner, authorized or delegated official of an organization, or someone working within PECOS on behalf of a provider or supplier (also known as a surrogate).

The new process will:

- Allow registered users to manage and reset their user ID and password online without calling a CMS Help Desk.
- Provide a simple and secure way for providers and suppliers to authorize individuals or groups of individuals to act on their behalf in PECOS and EHR.
- Allow designated authorized officials already on file with Medicare to be quickly approved to access PECOS without the need to submit documentation to CMS for verification prior to submitting the application.
- Allow organizations with potentially large numbers of credentialing or support staff to manage staff access to the various functions.
- Increase security to reduce the risk of provider identity theft and unauthorized access to systems.

Important Note: If you already have a user ID and password from NPPES, or currently access PECOS, NPPES, and/or EHR, your accounts will not be affected by this change. You can continue to use your established user ID and password to access the systems.

Physician Groups of 100 or More: 4 Weeks Left to Register for PV- PQRS to Avoid a -1.0% Payment Adjustment

The Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System is open for representatives of group practices to select their group's PQRS reporting mechanism for CY 2013, and for groups with 100 or more eligible professionals (EPs), to elect quality tiering to calculate the Value Modifier for CY 2015. Additionally, individual EPs will be able to select the CMS-calculated administrative claims reporting mechanism in CY 2013 in order to avoid the PQRS negative payment adjustment in CY 2015.

The PV-PQRS Registration System will close on October 15, 2013. The PV-PQRS Registration System can be accessed at https://portal.cms.gov using a valid IACS User ID and password. For additional information regarding registration and obtaining or modifying an IACS account please see the Quick Reference Guide on the Self Nomination/Registration web page.

Skilled Nursing Facilities to Receive PEPPER

CMS will make available free provider-specific comparative data reports for skilled nursing facilities (SNFs) nationwide. The Program for Evaluating Payment Patterns Electronic Report (PEPPER) provides SNF-specific data statistics for Medicare services that may be at risk for improper Medicare payments. SNFs can use the data to support internal auditing and monitoring activities. PEPPER is a free report comparing a SNF's Medicare billing practices with other SNFs in the state, Medicare Administrative Contractor (MAC) or Fiscal Intermediary (FI) jurisdiction, and nation. CMS has contracted with TMF® Health Quality Institute to develop and distribute the reports.

SNFs administered through short-term acute care hospitals received their SNF PEPPER electronically starting in late August, 2013. The SNF PEPPER file will be uploaded to the File Exchange inbox of hospital QualityNet Administrators and user accounts with the PEPPER recipient role. Free-standing SNFs and SNFs administered through long-term acute care hospitals and inpatient rehabilitation facilities received their PEPPER in hard copy format via USPS first-class mail,

shipped on August 30, 2013. The envelope containing the PEPPER will be addressed generically to the Chief Executive Officer/Administrator. SNFs should be on the look-out for this envelope and ensure it is appropriately routed internally.

For more information on the SNF PEPPER, including training and resources for SNFs and the SNF PEPPER User's Guide, please visit PEPPERresources.org. Questions may be submitted through the Help Desk. CMS encourages SNFs to provide feedback on PEPPER through a feedback form so that the reports can be continually improved.

Spotlight on the Electronic Prescribing Measure for Stage 1 Meaningful Use

Eligible professionals have sent more than 190 million electronic prescriptions for Stage 1 of meaningful use for the EHR Incentive Programs since the programs began in 2011. Learn more about the requirements for the Electronic Prescribing (eRx) core measure, and join these providers who are advancing our health care system through the meaningful use of certified EHR technology.

Criteria for eRx
Under Stage 1 of the EHR Incentive Programs, eligible professionals must send more than 40 percent of all prescriptions electronically through a certified EHR system to qualify for meaningful use. To make it easier for providers to meet the eRx requirement, CMS has outlined the details of the measure and included additional guidance below.

- Objective: Generate and transmit permissible prescriptions electronically
- Measure: More than 40 percent of all permissible prescriptions written by the eligible professional are transmitted electronically using certified EHR technology
- Exclusion: Any eligible professional who writes fewer than 100 prescriptions during the EHR reporting period *or* any eligible professional who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the eligible professional's practice location at the start of his/her EHR reporting period

Stage 2
In Stage 2 of Meaningful Use, the threshold for electronic prescriptions will increase to 50 percent. Stage 2 begins in 2014 for eligible professionals who have completed at least two years of Stage 1.

Additional Guidance on this Measure

- Eligible professionals can transmit prescriptions electronically to either a pharmacy or an intermediary network. The prescription must be filled without the need for the provider to communicate the prescription in an alternative manner. FAQ ID#2857
- Controlled substances that qualify as permissible prescriptions can be submitted electronically. The Department of Justice outlined guidelines and restrictions for permissible prescriptions. FAQ ID#2763
- The eRx denominator consists of the number of prescriptions written for drugs requiring a prescription to be dispensed, other than controlled substances, during the EHR reporting period. The eRx numerator consists of the number of prescriptions in the denominator generated and transmitted electronically using certified EHR technology. FAQ ID#2939

Stage 1 Meaningful Use Objectives
For more information on Stage 1 meaningful use, view the Stage 1 Meaningful Use Specification Sheets for eligible professionals and eligible hospitals.

Want more information about the EHR Incentive Programs?
Make sure to visit the CMS EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

Claims, Pricer, and Code Updates

CMS-1500 Claim Form Updates: Medicare to Accept Revised Form Starting January 2014

The CMS-1500 Claim Form has been recently revised with changes including those to more adequately support the use of the ICD-10 diagnosis code set. The revised CMS-1500 form (version 02/12) will replace version 08/05. The revised form will give providers the ability to indicate whether they are using ICD-9 or ICD-10 diagnosis codes, which is important as the October 1, 2014, transition approaches. ICD-9 codes must be used for services provided before October 1, 2014, while ICD-10 codes should be used for services provided on or after October 1, 2014. The revised form also allows for additional diagnosis codes, expanding from 4 possible codes to 12.

Only providers who qualify for exemptions from electronic submission may submit the CMS-1500 Claim Form to Medicare. For those providers who use service vendors, CMS encourages them to check with their service vendors to determine when they will switch to the new form.

Medicare will begin accepting the revised form on January 6, 2014. Starting April 1, 2014, Medicare will accept only the revised version of the form.

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.

Register for an opportunity to rate your Medicare Administrative contractor. Learn more

MLN Connects™

Please share this important information with your colleagues and encourage them to subscribe to the MLN Connects Provider eNews.

Previous issues are available in the archive.

Follow the MLN Connects Provider eNews on YouTube & #CMSMLN