



MLN Connects™ Provider eNews

Part of the Medicare Learning Network®

Thursday, October 17, 2013

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MLN Connects™ National Provider Calls

Streamlined Access to PECOS, EHR, and NPPES — Save the Date

Friday, November 15; 2-3:30 ET

Registration Information: Coming soon to [MLN Connects™ Upcoming Calls](#).

Target Audience: All Medicare FFS providers, as well as [Professionals](#) and [Hospitals](#) eligible for the Medicaid Electronic Health Record (EHR) Incentive Program

Changes have been made to simplify the way providers and suppliers access the Provider Enrollment Chain and Ownership System (PECOS), the EHR Incentive Program, and the National Plan and Provider Enumeration System (NPPES). These updates, available since October 7, 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). This MLN Connects Call will provide detailed instructions on these changes.

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.

Agenda:

- Opening remarks
- Access Changes for PECOS, EHR, NPPES
- Question and Answer Session

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

Announcements

Prevent and Control Seasonal Influenza with Vaccination

Do you know if your patients are protected against influenza and pneumonia? Last flu season, people 65 years and older accounted for approximately 50% of reported hospitalizations resulting from influenza and related complications. The Centers for Disease Control and Prevention states that influenza vaccination is especially important for protecting those at highest risk for severe flu-related complications, such as adults 65 years and older and people with certain chronic health conditions. Use every patient visit as an opportunity to encourage influenza and pneumococcal vaccinations. Vaccinate your patients before flu activity picks up and continue to vaccinate patients throughout the flu season, which can last as late as May.

Generally, Medicare Part B covers one influenza vaccination and its administration per influenza season for Medicare beneficiaries without co-pay or deductible. Medicare generally covers the pneumococcal vaccination and its administration once in a lifetime for all Medicare beneficiaries. Medicare may provide coverage of additional pneumococcal vaccinations based on risk or uncertainty of beneficiary pneumococcal vaccination status.

Note: The influenza and pneumococcal vaccines and their administrations are covered under Medicare Part B. Influenza and pneumococcal vaccines are *not* Part D-covered drugs.

For more information on coverage and billing of the influenza virus vaccine and its administration, please visit:

- [CMS Medicare Learning Network® Preventive Services Educational Products](#) and [CMS Immunizations](#) web pages (Check back for CMS 2013-2014 influenza season updates — coming soon to these web pages).
- [MLN Matters® Article #MM8433](#), “Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season.”

- 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.

2013 PQRS Interim Feedback Dashboard Data is Now Available

Looking for 2013 PQRS Interim Claims Feedback?

Individual eligible professionals (EPs) who reported at least one 2013 Physician Quality Reporting System (PQRS) quality data code (QDC) via *claims* can now access the Dashboard online tool to view 2013 quarter 1 (January through March) data regarding their submissions. The Dashboard is available through the [Physician and Other Health Care Professionals Quality Reporting Portal](#) (Portal), with Individuals Authorized Access to the CMS Computer Services (IACS) sign-in.

The Dashboard allows end users to immediately view current interim data through the website. This online tool will analyze data for those EPs who reported individual measures or measures group(s) and can be viewed as a Taxpayer Identification Number (TIN) summary or as individual National Provider Identifier (NPI) detail. EPs can access their 2013 PQRS data in order to monitor the status of claims-based individual measures and measures group reporting to determine whether they will meet requirements to earn the 2013 PQRS incentive payment and/or avoid the 2015 PQRS payment adjustment. *Please note:* The Dashboard will *not* email data to the requestor. See the Dashboard [User Guide](#) for additional information on the types of data available.

Need More Information?

The following CMS resources are available to help EPs and group practices access and interpret their 2013 PQRS interim feedback dashboard data:

- The [User Guide: 2013 Interim Feedback Dashboard](#) provides detailed information about accessing and interpreting the data provided in the feedback report.
- [IACS Quick Reference Guides](#) are available on the Portal and provide step-by-step instructions on how to request an IACS account in order to access the Portal, if you do not already have one.

Questions?

For all other questions related to PQRS, please contact the QualityNet Help Desk at 866-288-8912 (TTY 1-877-715-6222) or via qnet-support@sdps.org. They are available Monday through Friday from 7am-7pm CT.

Program Year 2012 QRURs for Group Practices Are Here

Program Year 2012 Quality and Resource Use Reports (QRURs) are available for group practices with 25 or more eligible professionals (EPs). 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

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. A [Quick Reference Guide](#) that provides instructions on how to obtain your 2012 QRUR is available in the “Downloads” section of the [How to Obtain the 2012 QRUR](#) web page.

Learn How Your Eligible Hospital’s EHR Participation Affects Upcoming Payment Adjustments

Subsection (d) hospitals that are eligible to participate in the Medicare EHR Incentive Program must meet meaningful use requirements to avoid the federally-mandated payment adjustments that begin in FY 2015. The adjustment is determined by the hospital's reporting period in a prior year. Find out how your hospital's participation start year will affect its 2015 payment adjustments:

For Hospitals that Began Participation in 2011 or 2012:

Eligible hospitals that first demonstrated meaningful use in FY 2011 or 2012 must demonstrate meaningful use for a full year in FY 2013 to avoid payment adjustments in 2015. This data must be submitted via attestation by *November 30, 2013*.

For Hospitals that Begin Participation in 2013:

Eligible hospitals that first demonstrate meaningful use in FY 2013 must demonstrate meaningful use for a 90-day reporting period in 2013 to avoid payment adjustments in 2015. This data must be submitted via attestation by *November 30, 2013*.

For Hospitals that will Begin Participation in 2014:

Eligible hospitals that first demonstrate meaningful use in FY 2014 must demonstrate meaningful use for a 90-day reporting period in 2014 to avoid payment adjustments in 2015. This reporting period must occur in the first nine months of FY 2014 (i.e. they must begin the 90-day reporting period by April 1), and hospitals must attest to meaningful use no later than July 1, 2014, in order to avoid the payment adjustments.

Avoiding Payment Adjustments in the Future

Once hospitals begin participation in the Medicare EHR Incentive Program, they must continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years.

For more information on timing and how to avoid payment adjustments, view the [Payment Adjustment and Hardship Exemptions Tipsheet for Eligible Hospitals and Critical Access Hospitals](#).

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.

Check Out New Tools and Resources from Health IT Week

To mark the third-annual National Health IT Week held September 16-20, CMS released new eHealth resources and blogs, and conducted a series of webinars to help providers participate in eHealth programs.

The new resources released include:

- An [interactive eHealth timeline](#) that highlights key 2013 and 2014 milestones to guide participation in the eHealth programs.
- An [eHealth eligibility chart](#) that will help health care professionals determine eligibility for eHealth programs.
- An [interactive eHealth Payment Adjustment tool](#) to help eligible professionals (EPs) determine if they will incur payment adjustments for the [Medicare and Medicaid Electronic Health Record \(EHR\) Incentive Programs](#), [Electronic Prescribing \(eRx\) Incentive Program](#), and the [Physician Quality Reporting System](#).

CMS also posted a [white paper](#) with 2011 data of the [EHR Incentive Programs](#). Highlights from the data include:

- 10% of all Medicare EPs and 17 % of eligible hospitals met and successfully attested to demonstrating meaningful use for Stage 1.
- No eligible hospitals were unsuccessful in attesting to meaningful use.

Webinars

The PowerPoint presentations from the two webinars that CMS hosted are posted on the [Resources](#) page of the [eHealth](#) website.

Want more information about CMS eHealth?
Make sure to visit the [eHealth](#) website for the latest news and updates.

Claims, Pricers, and Codes

Delay in 2013 ESRD PC Pricer for Claims Effective October 1, 2012 and/or January 1, 2013

Please be advised that CMS anticipates a delay for the FY 2013 ESRD PC Pricer release. CMS is in the process of transitioning to new software products to support the back-end development of all of the PC Pricers. This transition is expected to increase the initial development time. Executable files will be made available once the transition is complete, sometime between July 1 and October 31, 2013.

October 2013 CCI Edits for Physicians, Version 19.3 — Corrected File Posted

The Correct Coding Initiative (CCI) edit files for physicians have 2 parts. The correct Part 2 file for October 1, 2013 is now available on the [NCCI Coding Edits](#) web page.

MLN Educational Products

“Expanded Coverage Under the Affordable Care Act: Information for Health Care Professionals” Fact Sheet — Released

The “[Expanded Coverage Under the Affordable Care Act: Information for Health Care Professionals](#)” Fact Sheet (ICN 908826) was released and is now available in downloadable format. This fact sheet is designed to provide education on the Health Insurance Marketplace under the Affordable Care Act. It includes information health care professionals need to know about the Marketplace, an explanation of how the Affordable Care Act expands access to health coverage, and an explanation of the Marketplace, how it affects health care professionals and their patients, and resources.

“Medicare Enrollment and Claim Submission Guidelines” Booklet — Revised

The “[Medicare Enrollment and Claim Submission Guidelines](#)” Booklet (ICN 906764) was revised and is now available in hard copy format. This booklet is designed to provide education on applying for enrollment and submitting claims to Medicare. It includes the following information: enrolling in the Medicare Program; private contracts with Medicare beneficiaries; Medicare claims; deductibles, coinsurance, and copayments; Beneficiary Notices of Noncoverage; and billing requirements. 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.



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