



# CMS Medicare FFS Provider e-News

*Brought to you by the Medicare Learning Network®*

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### Materials from the January 24 Special ODF on Quality Improvement Organizations - Comments due February 8 [\[↑\]](#)

We are aware that many people were not able to participate during the January 24 “Future Development of the QIO Program” Special Open Door Forum due to a limited number of phone lines available. We apologize for this inconvenience. The [Presentation for the Call](#) is available for review. The transcript and audio file will be available soon on the [Special Open Door Forum](#) web page. Comments about the future of the QIO program may be sent to the [OCSQBox@cms.hhs.gov](mailto:OCSQBox@cms.hhs.gov) until 5pm ET on Friday, February 8. Thank you for your continued interest in the CMS Open Door Forums. More information about QIOs is available on the [Quality Improvement Organizations](#) website.

## **New Adult Vaccine Finder [\[↑\]](#)**

The [HealthMap Vaccine Finder](#) website, managed by HealthMap, a division of Boston Children's Hospital and Harvard Medical School, lists more than 50,000 locations across the country that offer flu vaccination. Consumers can search for places they can get a flu vaccination within or near their zip code. Over 125,000 consumers have already used the HealthMap Flu Vaccine Finder since August 2012. On January 28, 2013, the website expanded to include 10 adult vaccines. If interested in letting the public know about vaccines offered at your practice or clinic, register your location on the [Flu Vaccine Finder: Sign up](#) web page. Once registered on the site, you can upload information for consumers to access about vaccination locations in your area. Providers can also add other consumer friendly information such as office hours, contact information, and patient age requirements. The use of the website is free to consumers as well as to providers of adult immunization services.

## **2012-2013 Seasonal Flu Update: Seniors Among Groups Hardest Hit By Flu This Season [\[↑\]](#)**

The Centers for Disease Control and Prevention (CDC) has posted the following updates concerning seniors and the 2012-2013 flu season:

- [2012-2013 CDC Influenza Update for Geriatricians and Other Clinicians Caring for People 65 and Older](#)
- An activity update with a focus on seniors: [Flu Season Continues; Seniors Hit Hard](#)
- [Seniors among Groups Hardest Hit by Flu this Season](#) article

Given the severe impact the current influenza season is having on people 65 and older in the United States, the CDC is increasing communications to clinicians caring for seniors as well as people 65 and older. The CDC is particularly concerned that these high risk persons both seek care and receive treatment for influenza infection with antiviral medications promptly. CMS thanks you for sharing this message.

## **Direct GME and IME Slots Awarded Under Round 3 of Section 5506 of the Affordable Care Act [\[↑\]](#)**

On Wednesday, January 30, 2013, CMS released the results of its decisions regarding which teaching hospitals are receiving increases to their Direct Graduate Medical Education (DGME) and Indirect Medical Education (IME) full-time equivalent (FTE) resident caps under Round 3 of section 5506 of the Affordable Care Act. Section 5506 directed CMS to develop a process to permanently preserve and redistribute the Medicare funded residency slots from teaching hospitals that close. Priority is given to hospitals located in the same or contiguous CBSA as the closed hospital, and that met other criteria.

Round 3 of section 5506 redistributes the residency slots of Hawaii Medical Center East in Honolulu, HI, Oak Forest Hospital in Oak Forest, IL, and Huron Hospital in Cleveland, OH. A list of hospitals reviewed under Round 3 of section 5506 is available on the [Direct Graduate Medical Education](#) web page. Select the "Section 5506 Cap Increases Round 3 – Applications due Oct 29, 2012" link in the "Downloads" section.

## **CMS Has Added New and Updated EHR Incentive Programs FAQs to the CMS FAQ Website [\[↑\]](#)**

To keep you updated with information on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, CMS has recently added two new and four updated FAQs to the website.

#### New FAQs:

1. How should an eligible professional (EP), eligible hospital, or critical access hospital (CAH) that sees patients in multiple practice locations attest when locations choose to implement different menu objectives and/or different clinical quality measures? [Read the answer here.](#)
2. Can an appeal be filed if the Medicare EP or eligible hospital disputes the amount of the incentive payment received after successfully demonstrating meaningful use under the EHR Incentive Program? [Read the answer here.](#)

#### Updated FAQs:

1. To meet the third measure of the objective of providing "a summary of care record for each transition of care or referral" for the Medicare and Medicaid EHR Incentive Programs, must the electronic exchange with a recipient using technology designed by a different EHR developer occur for each provider or can there be one exchange per location? What if the provider chooses instead to exchange information with the CMS test EHR? [Read the answer here.](#)
2. I am an EP who has successfully attested for the Medicare EHR Incentive Program, so why haven't I received my incentive payment yet? [Read the answer here.](#)
3. After successfully demonstrating meaningful use for the Medicare and Medicaid EHR Incentive Programs, will incentive payments be paid as a lump sum or in multiple installments? [Read the answer here.](#)
4. How and when will incentive payments for the Medicare Electronic Health Record (EHR) Incentive Programs be made? [Read the answer here.](#)

*Want more information about the EHR Incentive Programs?*

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs](#) website for the latest news and updates on the EHR Incentive Programs.

#### **Providers Should Review the Use of Insulin Pens in Health Care Facilities [\[↑\]](#)**

Patients continue to be placed at risk of bloodborne pathogen exposure through inappropriate use of insulin pens for more than one patient. Olean General Hospital in Buffalo, New York, recently announced that it mailed letters to 1,915 patients after an internal review raised the possibility that some of them may have received an injection from another patient's insulin pen.

Any provider or supplier using insulin pens should review the following recommendations of the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) to prevent transmission of bloodborne infections in the patients/residents under their care.

1. Insulin pens containing multiple doses of insulin are meant for single patient/resident use only, and must never be used for more than one person, even when the needle is changed.
2. Insulin pens must be clearly labeled with patient/resident's name or other identifiers to verify that the correct pen is used on the correct patient/resident.
3. Healthcare facilities should review their policies and procedures and educate their staff regarding safe use of insulin pens.

In addition, the CDC recommends that if reuse of insulin pens is identified, exposed persons should be promptly notified and offered appropriate follow-up including bloodborne pathogen testing.

For more information, see the [CMS Survey and Certification Letter about Insulin Pens.](#)

### **From the MLN: “Text-Only Rural Health” Fact Sheets — Released [[↑](#)]**

To assist rural providers who have limited internet access, the following rural health publications are now available in “text-only” format:

- [Telehealth Services Text-Only](#)
- [Swing Bed Services Text-Only](#)
- [Rural Health Clinic Text-Only](#)

### **From the MLN: “Hospital Outpatient Prospective Payment System” Fact Sheet — Revised [[↑](#)]**

The “[Hospital Outpatient Prospective Payment System](#)” Fact Sheet (ICN 006820) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Hospital Outpatient Prospective Payment System. It includes the following information: background, ambulatory payment classifications, how payment rates are set, payment rates, and Hospital Outpatient Quality Reporting Program.

### **From the MLN: “Composite Rate Portion of the End-Stage Renal Disease Prospective Payment System” Fact Sheet — Revised [[↑](#)]**

The “[Composite Rate Portion of the End-Stage Renal Disease Prospective Payment System](#)” Fact Sheet (ICN 006469) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the composite rate portion of the End-Stage Renal Disease Prospective Payment System (ESRD PPS). It includes information on the ESRD PPS transition, basic case-mix adjusted composite rate, separately billable items and services, and End-Stage Renal Disease Quality Incentive Program.

### **From the MLN: “End-Stage Renal Disease Prospective Payment System” Fact Sheet — Reminder [[↑](#)]**

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.

### **From the MLN: “World of Medicare” Web-Based Training Course Series [[↑](#)]**

The Medicare Learning Network® (MLN) offers a three-part series of Web-Based Training (WBT) courses to teach health care professionals and administrative staff the fundamentals of the Medicare Program.

The “[World of Medicare](#)” WBT is the first in the series and features a basic introduction to Medicare, including Parts A, B, C, and D.

After completion of this WBT, it is recommended that you also complete the “[Your Office in the World of Medicare](#)” WBT, which focuses on Medicare knowledge required by health care professionals and their office personnel enrolling in Medicare by completing the Forms CMS-855B, I, O, or S (or their electronic equivalent), or the “[Your Institution in the World of Medicare](#)” WBT, which is designed for

providers enrolling in Medicare by completing the Form CMS-855A (or its electronic equivalent), as applicable.

Continuing education credits are available for each course to learners who successfully complete the course. See course descriptions for more information. To access the WBTs, go to [MLN Products](#) and click on “Web-Based Training Courses” under “Related Links” at the bottom of the web page.

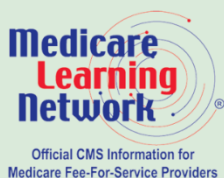
### **From the MLN: “Medicaid Program Integrity: Safeguarding Your Medical Identity” Educational Products — Reminder [\[↑\]](#)**

In an effort to expand and offer national educational products on a variety of topics, the Medicare Learning Network® (MLN) offers the following [educational products designed to educate Medicare and Medicaid providers about medical identity theft and strategies to address it:](#)

- [“Safeguarding Your Medical Identity”](#): This web-based training course (WBT) is designed to provide education on medical identity theft. It includes information on how to recognize risks and resources that Medicare and Medicaid providers can use to protect their medical identity. Continuing education credits are available to learners who successfully complete this course. See the course description for more information. To access the WBT, go to [MLN Products](#), and click on “Web-Based Training (WBT) Courses” under “Related Links” at the bottom of the web page.
- [“Medicaid Program Integrity: Understanding Provider Medical Identity Theft”](#): This booklet is designed to provide education on the scope and definition of medical identity theft. It includes information on cases involving stolen provider medical identities and strategies that Medicare and Medicaid providers can use to protect themselves against medical identity theft.
- [“Medicaid Program Integrity: Preventing Provider Medical Identity Theft”](#): This fact sheet is designed to provide education on how to prevent provider medical identity theft. It includes information on actions Medicare and Medicaid providers can take to mitigate potential risks to their medical identity.
- [“Medicaid Program Integrity: Safeguarding Your Medical Identity Using Continuing Medical Education \(CME\)”](#): This educational tool is designed to provide a list of websites and other resources related to Medicare and Medicaid medical identity theft.

### **From the MLN: “Medicare Fraud & Abuse: Prevention, Detection, and Reporting” Podcast — Reminder [\[↑\]](#)**

The [“Medicare Fraud & Abuse: Prevention, Detection, and Reporting”](#) Podcast (ICN 906509) is available in downloadable format. This podcast is designed to provide education on preventing, detecting and reporting Medicare fraud and abuse. It includes information from the Medicare Learning Network® fact sheet titled “Medicare Fraud & Abuse: Prevention, Detection, and Reporting,” which describes relevant laws, regulations, and partnerships designed to combat fraud and abuse.



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](#).