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CMS Medicare FFS Provider e-News

CMS Information for the Medicare Fee-For-Service Provider Community

CMS asks that you share the following important information with all of your association members and state and local chapters. Thank you!

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NATIONAL PROVIDER CALLS

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National Provider Call: Medicare FFS Implementation of HIPAA Version 5010 and D.0 Transaction Standards – Clearinghouses and Vendors – Register Now [[↑](#)]

Thu Feb 16; 1:30-3pm ET

CMS will host a National Provider Call regarding Medicare FFS implementation of HIPAA Version 5010 and D.0 transaction standards, focusing on addressing

recommendations made by the industry as well as outstanding fixes impacting the Part A and Part B Version 5010 transition.

Target Audience: This call will focus on Vendors and Clearinghouses that may be experiencing difficulties with the Version 5010 transition

Agenda (there will be no slide presentation for this call):

- General Version 5010 Update: Where are we currently?
- General Industry Feedback
- Outstanding Common Edits and Enhancement Module (CEM) Fixes
- Open Discussion

Registration Information: In order to receive the call-in information, you must register for the call. *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.* For more details, including instructions on registering for the call, please visit <http://www.eventsvc.com/blhtechnologies>.

If you would like to submit a question related to this topic in advance of, during, or following the call, please email your inquiry to the 5010 FFS Information resource mailbox at 5010FFSinfo@CMS.hhs.gov. Note that this resource box will only accept emails the day before, the day of, and the day after this call; your emailed questions will be answered as soon as possible, and may not be answered during the call.

National Provider Call: Claims-Based Reporting for the Physician Quality Reporting System & Electronic Prescribing Incentive Program – Registration Now Open [↑](#)

Tue Feb 21; 1:30-3pm ET

CMS will host a National Provider Call on the Physician Quality Reporting System & Electronic Prescribing (eRx) Incentive Program. Subject matter experts will provide an overview on claims-based reporting for both programs, followed by a question and answer session.

Target Audience: All Medicare Fee-For-Service Providers, Medical Coders, Physician Office Staff, Provider Billing Staff, Electronic Health Records Staff, and Vendors

Agenda:

- Opening Remarks
- Program Announcements
- Overview of claims-based reporting for the Physician Quality Reporting System
- Overview of claims-based reporting for the eRx Incentive Program
- Question & Answer Session

Registration Information: In order to receive the call-in information, you must register for the call. *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.* For more details, including instructions on registering for the call, please visit <http://www.eventsvc.com/blhtechnologies>.

Presentation: The presentation for this call will be posted at least one day in advance at http://www.CMS.gov/PQRS/04_CMSSponsoredCalls.asp, in the “Downloads” section of the page.

National Provider Call: Hospital Value-Based Purchasing Program – Registration Now Open [↑]

Tue Feb 28; 1:30-3pm ET

CMS will be creating hospital-specific performance reports that simulate the FY2013 Hospital Value-Based Purchasing Program for each hospital to review; the simulated reports will employ hospital data from prior years to construct each hospital’s baseline period and performance period scores. To prepare providers for interpreting the simulated report, this National Provider Call will discuss a sample report that shows what hospitals can expect when they receive their own reports.

Target Audience: Hospitals, Quality Improvement Organizations, medical coders, physician office staff, provider billing staff, health records staff, vendors, and all Medicare Fee-For-Service providers

Agenda:

- Opening Remarks
- Program Announcements
- Overview of the Hospital Value-Based Purchasing Program
- Presentation and Walkthrough of the Hospital-Specific Report
- Question & Answer Session

Registration Information: In order to receive the call-in information, you must register for the call. *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. For more details, including instructions on registering for the call, please visit <http://www.eventsvc.com/blhtechnologies>.

Presentation: The presentation for this call will be posted at least one day in advance at <http://www.CMS.gov/Hospital-Value-Based-Purchasing>, in the “Downloads” section of the page.

LAST DAY to Register for the Round 2 and National Mail-Order Competitions of the DMEPOS Competitive Bidding Program [↑]

Reminder: If you are a supplier interested in participating in Round 2 and/or the national mail-order competition of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program, you must register TODAY, *Thu Feb 9, 2012, before 9pm prevailing Eastern Time*. Suppliers that do not register cannot bid and are not eligible for contracts. Don’t wait – go to the Competitive Bidding Implementation Contractor (CBIC) website at www.DMECompetitiveBid.com and register NOW!

Registration is typically a quick and easy process if you follow the step-by-step instructions in the “[Individuals Authorized Access to CMS Computer Services \(IACS\) Reference Guide](#)” posted on the CBIC website. To register, visit the CBIC website and click on “REGISTRATION IS OPEN” above the Registration Clock on the homepage. You will also find a registration checklist and Quick Step guides on the CBIC website. Please note that suppliers with multiple locations

typically must register only one Provider Transaction Access Number (PTAN) that will submit the bid for all locations.

The target registration dates have passed for authorized officials (AOs) and backup authorized officials (BAOs). End users (EUs), as well as any AOs and BAOs who have not yet registered, must register before today's 9pm prevailing Eastern Time deadline. Only suppliers that have registered and received a user ID and password will be able to access the online bidding system and submit bids.

If the AO for your company has not already registered, CMS cannot guarantee that he or she will be able to complete the registration process before registration closes. If your AO does not register before today's deadline, you cannot bid and will not be eligible for a contract.

If you have registered an AO but not a BAO, CMS strongly recommends that a BAO register NOW. The establishment of a BAO is encouraged to avoid any disruption in the bidding process. The individual in the BAO role can assume the AO role if for some reason the AO can no longer fulfill his or her bidding responsibilities. If there is no BAO for a company and the AO leaves the company, all end users associated with the company will lose access to the bidding system.

Suppliers may wish to register multiple EUs to help enter bid data in Form B of DBidS, the online bidding system. You will need to complete a Form B for each product category/competitive bidding area (CBA) on which you are bidding. Multiple users (AO, BAOs, EUs) may be in the Form B section of DBidS at the same time as long as each user is entering information for a different product category/CBA.

No AOs, BAOs, or EUs can register after registration closes today (Thu Feb 9, 2012) at 9pm prevailing Eastern Time.

The CBIC is the official information source for bidders. All suppliers interested in bidding are urged to sign up for email updates on the homepage of the [CBIC website](#). If you have any questions about the registration process, please contact the CBIC Customer Service Center at 877-577-5331.

February is American Heart Month [\[↑\]](#)

Cardiovascular disease – including heart disease and stroke – is the leading cause of death in the United States. Every day, 2200 people die from cardiovascular disease – that's 815,000 Americans each year, or 1 in every 3 deaths. The good news is that many risk factors for cardiovascular disease such as hypertension, high cholesterol, and smoking can be prevented and controlled. To help, Medicare provides payment for the following benefits:

- Initial Preventive Physical Exam (also known as the "Welcome to Medicare" Visit)
- Annual Wellness Visit, including Personalized Prevention Plan Service
- Cardiovascular Screening (total cholesterol, high-density lipoproteins, and triglycerides tests)
- Intensive Behavioral Therapy for Cardiovascular Disease
- Tobacco-Use Cessation Counseling Services

What Can You Do?

- Help seniors and others with Medicare better understand and identify their risk factors for heart disease and stroke
- Talk with your patients about what they can do to reduce, eliminate, or control their cardiovascular disease risk factors and encourage appropriate use of the Medicare preventive benefits that can help them reach these goals
- Learn more about and take advantage of information provided by campaigns like American Heart Month and [Million Hearts](#), a national initiative to

prevent 1 million heart attacks and strokes over five years

For More Information:

- [MLN Guide to Medicare Preventive Services for Healthcare Professionals](#)
- [MLN Expanded Benefits brochure](#)
- [MLN Annual Wellness Visit brochure](#)
- [MLN Tobacco-Use Cessation Counseling Services brochure](#)
- [National Coverage Determination \(NCD\) for Intensive Behavioral Therapy for Cardiovascular Disease](#)
- [MLN Preventive Services Educational Products webpage](#)
- [MLN Quick Reference Information: Medicare Preventive Services chart for providers](#)
- [CDC American Heart Month](#) and [CDC Heart Disease Guidelines and Recommendations](#) webpages
- [HHS Million Hearts™ campaign](#)
- [CDC Report – Million Hearts: Strategies to Reduce the Prevalence of Leading Cardiovascular Disease Risk Factors](#)

Thank you for joining with CMS in promoting the increased awareness of cardiovascular disease, its risk factors, and related preventive benefits covered by Medicare.

- Additional material related to Preventive Health Services in today's e-News... [\[next\]](#)

Physician Feedback Program and Quality and Resource Use Reports: New Website Updates, Important Information, and Call/Event Materials Now Available [\[↑\]](#)

Website Updates: The Physician Feedback Program and Quality and Resource Use Reports (QRURs) [section of the CMS website](#) has been updated. A more detailed [Overview page](#), a new program [Background page](#), details from recent National Provider Calls and events, downloadable documents, and new program information and updates have been added.

Important Information on QRURs for Program Year 2010 Added: In September 2011, CMS sent QRURs to 35 Medical Group Practices which participated in the Group Practice Option of the Physician Quality Reporting System. A group report template, description of methodology, and additional information about these reports are available [on this site](#). In March 2012, CMS will distribute QRURs to more than 20,000 individual physicians practicing in Medicare Administrative Contractor Jurisdiction 5, which includes Kansas, Iowa, Missouri and Nebraska; an individual physician report template, description of methodology, and additional information about these reports are also available [on this site](#).

National Provider Call / Event Materials:

- *Materials from the Wed Dec 21 National Provider Call Now Posted:* The complete audio recording and written transcript from the Wed Dec 21 National Provider Call titled "Payment Standardization and Risk Adjustment" are now available. To view these materials, visit <http://www.CMS.gov/PhysicianFeedbackProgram/PFP/itemdetail.asp?itemID=CMS1254988>.
- *New Educational Presentation Available:* This educational presentation, recorded on Mon Dec 19, provides information on the Physician Feedback Program and the QRURs for program year 2010, as well as links to additional information. To view all materials for this event – including slide presentation, audio recording, written transcript, and YouTube video slideshow presentation – visit

<http://www.CMS.gov/PhysicianFeedbackProgram/PFP/itemdetail.asp?itemID=CMS1255707>.

Given the scope of the Physician Feedback Program and the recent updates to content, CMS urges you to visit the Program's website at <http://www.CMS.gov/PhysicianFeedbackProgram>.

It's Not Too Late to Give and Get the Flu Vaccine [\[↑\]](#)

Take advantage of each office visit and protect your patients against the seasonal flu. Medicare will continue to pay for the seasonal flu vaccine and its administration for all Medicare beneficiaries through the entire flu season. The Centers for Disease Control and Prevention also recommends that patients, healthcare workers, and caregivers be vaccinated against the seasonal flu. Protect your patients. Protect your family. Protect yourself. Get the Flu Vaccine – Not the Flu.

Remember – The flu vaccine plus its administration are covered Part B benefits. CMS has posted the 2011-2012 seasonal flu vaccine payment limits at http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp. Note that the flu vaccine is NOT a Part D-covered drug.

For more information on coverage and billing of the flu vaccine and its administration, as well as related educational provider resources, visit http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp and <http://www.CMS.gov/immunizations>.

➤ Additional material related to Preventive Health Services in today's e-News... [\[previous\]](#)

Inpatient Prospective Payment System FY2012 Pricer File Update [\[↑\]](#)

The FY2012 Inpatient Prospective Payment System (INP PPS) PC Pricer has been updated with newer provider data, and is now available on the CMS website at http://www.CMS.gov/PCPricer/03_inpatient.asp. This Pricer is for claims dated from 10/01/2011 to 09/30/2012, and the update is dated 02/07/2012

From the MLN: "Oxygen Therapy Supplies: Complying with Documentation & Coverage Requirements" Fact Sheet Revised [\[↑\]](#)

The "[Oxygen Therapy Supplies: Complying with Documentation & Coverage Requirements](#)" fact sheet (ICN 904883) has been revised and is now available in downloadable format. This fact sheet is designed to provide education on common Comprehensive Error Rate Testing (CERT) Program errors related to oxygen therapy, and includes a checklist of the documentation needed to support a claim submitted to Medicare for oxygen therapy supplies.

More Helpful Links...

Check out CMS on



[Twitter](#), [LinkedIn](#), [YouTube](#), and [Flickr](#)!

The Medicare Learning Network

www.CMS.gov/MLNGenInfo

Archive of Provider e-News Messages

www.CMS.gov/FFSProvPartProg/EmailArchive