



CMS Medicare FFS Provider e-News *Brought to you by the Medicare Learning Network®*

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

This issue of the e-News will be available in PDF format within 24 hours of its release in the [archive](#) with other past issues.

The e-News for Thursday, October 4, 2012

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National Provider Call: Medicare Provider Enrollment: Updates on Revalidation, Billing for Ordered/Referred Services, and PECOS Enhancements — Register Now [\[↑\]](#)

Wednesday, October 10; 1-2:30pm ET

For almost a year, CMS has been revalidating the enrollment of providers and suppliers enrolled in Medicare prior to March 25, 2011 as required by the Affordable Care Act. This revalidation process is being phased in and scheduled for completion by 2015. Find out the latest information about the revalidation effort, including how improvements to the PECOS system make it easier than ever to submit your revalidated enrollment information electronically. Learn what you can expect and how to prepare for this process.

CMS experts will also explain the requirements for billing for services that were ordered or referred by a physician or other eligible professional. Soon CMS will turn on the automated edits that will deny claims which do not meet these requirements. This call will also provide a question and answer session.

Target audience: All Medicare FFS Providers and Suppliers

Agenda:

- Revalidation Update
- Billing for Ordered/Referred Services
- PECOS Highlights from 2012
- Question and Answer Session

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 prior to the call 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 Notification](#) web page to learn more.

National Provider Call: In-depth Overview of Stage 2 Clinical Quality Measures for the Medicare and Medicaid EHR Incentive Programs for Eligible Professionals — Save the Date [\[↑\]](#)

Wednesday, October 24; 12:30-2pm ET

This call will give eligible professionals an in-depth overview of clinical quality measures (CQMs) included in the final rule for Stage 2 of Meaningful Use for the Electronic Health Record (EHR) Incentive Programs. Details on the measures, the recommended core set for reporting purposes, and the upcoming release of the 2014 electronic specifications for the EHR Incentive Programs will be provided. Participants will be given an opportunity to engage CMS subject matter experts with questions on Stage 2 CQMs.

Target Audience: Professionals Eligible for the Medicare and Medicaid EHR Incentive Programs. More information can be found in the “Eligibility Requirements for Professionals” section of the [Getting Started](#) webpage.

Agenda:

- Review background information on the EHR Incentive Program: Meaningful Use
- Present Stage 2 requirements, focusing on clinical quality measures
- Explain components of eMeasures in Stage 2
- Provide additional resources for more information
- Question and answer session

Registration Information: Registration will be opening soon on the [CMS Upcoming National Provider Calls](#) registration website.

National Provider Call: Preparing Physicians for ICD-10 Implementation — Registration Now Open [\[↑\]](#)

Thursday, October 25; 1:30-3pm ET

HHS has announced the final rule that delays the ICD-10 compliance date from October 1, 2013 to October 1, 2014. Now is the time to prepare.

During this ICD-10 National Provider Call, Dr. Ginger Boyle, a practicing family physician who has developed a coding education program for Spartanburg Regional Healthcare System (SRHS) and its family practice residency program, will share her success and some practical advice about the SRHS transition to ICD-10. CMS subject matter experts will also present the latest information and updates from their areas, followed by a question and answer session.

Agenda:

- Transitioning to ICD-10: practical pointers for providers
- Overview of ICD-10 implementation requirements
- Plans for Local Coverage Determination (LCD) and National Coverage Determination (NCD) ICD-10 conversions
- National implementation issues and plans
- Question and answer session

Target Audience: Medical coders, physicians, physician office staff, nurses and other non-physician practitioners, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare FFS providers

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CMS will post links on the [October 25](#) National Provider Call detail web page to the written transcript, audio recording, and a video slideshow presentation as they become available. A listserv message will be announce the availability of these post call materials.

National Provider Call: Transcript and Audio Now Available From September 13 Call on Stage 2 Requirements for the Medicare and Medicaid EHR Incentive Programs [[↑](#)]

Miss the September 13 call on Stage 2 Requirements for the Medicare and Medicaid EHR Incentive Programs? The slide presentation, complete audio recording, and written transcript are now available on the [September 13](#) call web page. Learn the latest about the incentive programs at your convenience, including:

- Stage 2 Eligibility
- Stage 2 Meaningful Use
- Changes to Stage 1
- Clinical Quality Measures
- Medicare Payment Adjustments and Hardship Exceptions
- Medicaid Changes
- Question and Answer Session

Vaccination is the Best Protection Against the Flu [[↑](#)]

Each office visit is an opportunity to check your patients' seasonal influenza (flu) and pneumonia immunization status and to start protecting your patients as soon as your 2012-2013 seasonal flu vaccine arrives. Ninety percent of flu-related deaths and more than half of flu-related hospitalizations occur in people age 65 and older. Seniors also have an increased risk of getting pneumonia, a complication of the flu. Remind your patients that seasonal flu vaccinations and a pneumococcal vaccination are recommended for optimal protection. Medicare provides coverage for one seasonal influenza virus vaccine per influenza season for all Medicare beneficiaries. Medicare generally provides coverage of 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. Medicare provides coverage for these vaccines and their administration with no co-pay or deductible. And don't forget to immunize yourself and your staff. *Know what to do about the flu.*

Remember – Influenza vaccine plus its administration is a covered Part B benefit. Influenza vaccine is NOT a Part D covered drug. CMS will provide information and a link to the 2012-2013 Influenza Vaccine prices when they are available.

For more information on coverage and billing of the flu vaccine and its administration, please visit the [CMS Medicare Learning Network® Preventive Services Educational Products](#) and [CMS Immunizations](#) web pages. 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 vaccines.

New Program to Increase Quality in Nursing Facilities [[↑](#)]

Seven Organizations Partnering with 145 Nursing Facilities Selected to Implement the Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents

On September 27, CMS announced seven cooperative agreement awards partnering with 145 nursing facilities to implement the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents. The initiative will test models to improve the quality of care and help reduce avoidable hospitalizations among nursing facility residents by funding organizations that provide enhanced on-site services and supports to nursing facility residents.

Nearly two-thirds of nursing facility residents are enrolled in Medicaid, and most are also enrolled in Medicare. These Medicare-Medicaid enrollees are among the most fragile and chronically ill individuals served by the programs. Research found that approximately 45 percent of hospitalizations among Medicare-Medicaid enrollees receiving either Medicare skilled nursing facility services or Medicaid nursing facility services could have been avoided. Total costs for these potentially avoidable hospitalizations for Medicare-Medicaid enrollees for 2011 were estimated to be between \$7 and 8 billion.

Through the Initiative, CMS will partner with seven organizations to improve care for long-stay nursing facility residents. These organizations will collaborate with nursing facilities and State Medicaid programs to provide better quality of care in nursing facilities.

Implementation of the initiative will begin later this year at 145 nursing facilities in seven states in partnership with the following organizations:

- Alabama Quality Assurance Foundation (Alabama)
- Alegent Health (Nebraska)
- The Curators of the University of Missouri (Missouri)
- Greater New York Hospital Foundation, Inc. (New York)
- HealthInsight of Nevada (Nevada)
- Indiana University (Indiana)
- UPMC Community Provider Services (Pennsylvania)

All selected organizations will have on-site staff to partner with the existing nursing facility staff to provide preventive services as well as improve assessments and management of medical conditions. Participants will also work toward more seamless beneficiary transitions of care, and leverage use of emerging technologies, among many other activities. Each model will be subject to a rigorous external evaluation.

The Initiative will be run collaboratively by the CMS Medicare-Medicaid Coordination Office and the Center for Medicare and Medicaid Innovation, both created by the Affordable Care Act to improve health care quality and reduce costs in the Medicare and Medicaid programs. CMS issued a Request for Applications on March 15, 2012. More information about this initiative is available on the [Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents](#) web page.

Full text of this excerpted [CMS press release](#) (issued September 27).

2011 Electronic Prescribing (eRx) Incentive Program Feedback Reports are Now Available [\[↑\]](#)

Taxpayer Identification Number (TIN)-level reports are available for download on the Physician and Other Health Care Professionals Quality Reporting Portal (the Portal) available via [QualityNet](#). TIN-level reports on the Portal require an Individuals Authorized Access to CMS Computer Services (IACS) account.

Eligible professionals can request their National Provider Identifier (NPI)-level reports through the [Communication Support Page](#) by creating a NPI-level feedback report request. The report will be emailed to the address provided in the request within 2-4 weeks.

The following CMS resource is available to help eligible professionals understand their 2011 eRx Feedback Report: [2011 eRx Feedback Report User Guide](#).

Distribution of the 2011 eRx incentive payment for eligible professionals who met the criteria for successful reporting has begun, and is scheduled to be completed by October 9, 2012. Eligible professionals will see LE on the electronic remittance advice to indicate an incentive payment, along with RX11 to identify that payment as the 2011 eRx incentive payment. Additionally, the paper remittance advice will read, "This is an eRx incentive payment."

The following CMS resource is available to help eligible professionals understand the 2011 eRx Incentive Payments: [Guide to Understanding the 2011 eRx Incentive Payment](#).

Who to Contact for Questions?

If you have questions about the status of your eRx incentive payment (during the distribution timeframe), please contact your Medicare Administrative Contractor (MAC). [MAC Contact Information](#) is available on the CMS website.

For all other eRx program related questions, contact The QualityNet Help Desk at 866-288-8912 or via qnetsupport@sdps.org. The help desk is available Monday through Friday from 7am through 7pm CT.

Preliminary Decisions on the Recommendations of the Hospital Outpatient Payment Panel — Comments Due October 24 [\[↑\]](#)

CMS has posted its [Preliminary Decisions on the Recommendations of the Hospital Outpatient Payment Panel](#) on Supervision Levels for Individual Services. These preliminary decisions are open for public comment through October 24, 2012, and the posting provides instructions for submitting a comment. Additional information is available on the [Hospital Outpatient PPS](#) web page.

Materials from the ICD-9-CM Coordination and Maintenance Committee Now Available [\[↑\]](#)

The following files for the September 19 ICD-9-CM Coordination and Maintenance Committee meeting have been posted on the [ICD-9-CM](#) website.

- Meeting agenda and handouts
- Slides for Procedures on thoracic aorta presentation
- Written and audio transcript of the ICD-10 and Procedure code part of the committee meeting

Information on the diagnosis part of the meeting is available on the [CDC](#) website.

Now Available: New Email Updates for Those Who Refer Medicare Beneficiaries for DMEPOS [\[↑\]](#)

The Round 1 Rebid of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (The Program) was successfully implemented in nine areas on January 1, 2011. Round 2 of The Program is targeted to go into effect in 91 metropolitan statistical areas (MSAs) on July 1, 2013. See the [Locations](#) and [Products](#) that will be affected by the second round of competitive bidding. CMS will also be implementing a national mail-order program for diabetic testing supplies at the same time as Round 2. The national mail-order program will include all parts of the United States, including the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa.

When a round of The Program becomes effective, beneficiaries with Original Medicare who obtain competitively bid items in competitive bidding areas (CBAs) must obtain these items from a contract supplier for Medicare to pay, unless an exception applies. Referral agents located in CBAs who prescribe DMEPOS for Medicare beneficiaries or refer beneficiaries to specific suppliers should be aware of which suppliers in the area are contract suppliers. CMS plans to announce the contract suppliers in the spring of 2013.

For purposes of The Program, referral agents include such entities as Medicare enrolled providers, physicians, treating practitioners, discharge planners, social workers, and pharmacists who refer beneficiaries for services in a CBA.

Referral agents play a critical role in helping beneficiaries select DMEPOS suppliers that can meet the beneficiaries' needs and meet the requirements of the program. A beneficiary's *first* contact with the program may be at the point when he or she receives a prescription for a competitively bid item. If the beneficiary resides in a CBA or is visiting a CBA in which he or she needs to obtain a competitively bid item, he or she may need to be directed to a contract supplier.

Email Updates for Referral Agents:

In the coming months leading up to the start of The Program, CMS will send out more information that will be helpful for referral agents and guide them through the changes that the new program brings.

In light of the important role that referral agents serve, CMS has adopted the use of a new email update to better communicate the various aspects of The Program and to ensure that official information is released and received by referral agents as quickly as possible. CMS encourages all referral agents to sign up for this new email update to ensure they receive the most accurate and timely information regarding The Program.

To ensure you give Medicare patients correct DMEPOS information, sign up for the [email updates for referral agents](#).

October 2012 Outpatient Prospective Payment System Pricer File Update [\[↑\]](#)

The Outpatient Prospective Payment System (OPPS) Pricer web page has been updated with new payment files for October 2012. The payment files are available for use and may be downloaded from the [OPPS Pricer](#) web page under “4th Quarter 2012 Files.”

From the MLN: “Screening and Diagnostic Mammography” Booklet — New [\[↑\]](#)

The [“Screening and Diagnostic Mammography”](#) Booklet (ICN 907790) has been released and is now available in downloadable format. This booklet is designed to provide education on early diagnosis and treatment of breast cancer. It includes information on screening mammography, diagnostic mammography as well as other provider and beneficiary resources.

From the MLN: “Complying with Medicare Signature Requirements” Fact Sheet — Revised [\[↑\]](#)

[“Complying with Medicare Signature Requirements”](#) Fact Sheet (ICN 905364) was revised and is now available in downloadable format. This fact sheet is designed to provide education on Comprehensive Error Rate Testing program errors related to signature requirements. It includes information on the documentation needed to support a claim submitted to Medicare for medical services.

“Updated ICD-10 Implementation Information” MLN Matters® Article Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1239](#), “Updated ICD-10 Implementation Information” was released and is now available in downloadable format. This article is designed to provide education on the implementation of the International Classification of Diseases, 10th Edition, Clinical Modification and Procedure Coding System (ICD-10-CM/ICD-10-PCS) code sets. It includes updated information based on the final rule CMS-0040-F, which CMS issued on August 24, 2012. This article reissues MLN Matters® Special Edition Article #SE1019.

“Partial Code Freeze Prior to ICD-10 Implementation” MLN Matters® Article Released [\[↑\]](#)

[MLN Matters® Special Edition Article #SE1240](#), “Partial Code Freeze Prior to ICD-10 Implementation” was released and is now available in downloadable format. This article is designed to provide education on a partial freeze of the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) codes. It includes updated information based on the final rule CMS-0040-F, which CMS issued on August 24, 2012. This article reissues MLN Matters® Special Edition Article #SE1033.

Submit Feedback on MLN Educational Products [[↑](#)]

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 improve and develop MLN products that meet your educational needs.

More helpful links...

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