

MOA MEMBERS

FROM SUE A. WEINGARTNER, EXECUTIVE DIRECTOR

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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!

Robin Fritter, Director
Division of Provider
Relations & Outreach
Provider Communications
Group
Center for Medicare
Centers for Medicare &
Medicaid Services

robin.fritter@cms.hhs.gov
410-786-7485

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CMS Listening Session: Developing Add'l Imaging Efficiency Measures for Hospital Outpatient Quality Data Reporting Program [\[↑\]](#)

Mon Jan 31, 1-5pm, EST

The Centers for Medicare & Medicaid Services is holding a Listening Session to solicit input on additional imaging efficiency measures that should be considered for use in the Hospital Outpatient Quality Data Reporting Program (HOP QDRP). Potential topics for consideration will include:

- Are there other imaging procedures that would be appropriate candidates for imaging efficiency measures?
- What data sources and methods are appropriate for imaging efficiency measures (eg. claims data, chart abstracted data, EHRs, use of registries, etc). CMS has focused on the use of claims data. Are there other data sources that CMS should be considering in order to develop additional imaging efficiency measures that cannot be calculated based on claims data?
- What are examples of possible areas of imaging efficiency measurement that could be explored if other data sources were used?

Registration for the meeting is required, whether attending in-person or via teleconference. Registration information, text of the full announcement, and a link to the *Federal Register Notice* can be found in the relevant document listed in the “Downloads” section at http://www.cms.gov/OpenDoorForums/18_ODF_Hospitals.asp.

DME MAC National CERT Education Task Force presents Oxygen “Ask the Contractor” Teleconference [\[↑\]](#)

Thu Feb 3, 2-3:30pm, EST

In a unique approach to reducing common Comprehensive Error Rate Testing (CERT) errors, DME MAC Jurisdictions A, B, C, and D have collaborated to form the DME MAC CERT Education Task Force. The task force has identified common national errors and has developed consistent educational messages, which are used by all four DME MAC jurisdictions in support of reducing errors.

On Thu Feb 3, the task force will host a national “Ask the Contractors” Teleconference specific to oxygen policies, aimed at DMEPOS Suppliers. Members of the DME MAC CERT Education Task Force and knowledgeable CMS policy experts will be available to answer your questions on oxygen and oxygen equipment for the following categories (questions can be submitted in advance through the registration webpage):

- Coverage Criteria
- Testing Requirements
- Certificate of Medical Necessity
- Documentation
- All Other

In order to receive the call-in information, you must register for the teleconference. (Note that if you are planning to sit in with a group, only one person needs to register to receive the call-in information.) *Registration will close at 2pm EST on Wed Feb 2*, or when available space has been filled; no exceptions will be made, so please register early. In order to register for the call:

- Visit <http://www.eventsvc.com/palmettogba/020311>.
- Fill in all required information and click “Register.”
- You will be taken to the “Thank you for registering” page and will receive a confirmation email shortly thereafter. Please save this page, in the event that your server blocks the confirmation emails. (If you do not

- receive the confirmation email, please check your spam/junk mail filter as it may have been directed there.)
- If assistance for hearing impaired services is needed the request must be sent to medicare.ttt@palmettogba.com no later than 3 business day before the event.

Physician Quality Reporting System Town Hall Meeting [[↑](#)]

Wed Feb 9, 10am-4pm EST

The Centers for Medicare & Medicaid Services (CMS) will host a Town Hall Meeting to discuss the Physician Quality Reporting System (formerly known as the Physician Quality Reporting Initiative, or PQRI). The purpose of the Town Hall Meeting is to solicit input from participating stakeholders on individual quality measures and measures groups being considered for possible inclusion in the proposed set of quality measures for use in the 2012 Physician Quality Reporting System and key components of the design of the Physician Quality Reporting System. The opinions and alternatives provided during this meeting will assist CMS in developing the Physician Quality Reporting System for 2012.

Interested parties are invited to participate, either onsite at CMS headquarters (Central Building, 7500 Security Boulevard, Baltimore, Maryland 21244) or via teleconference. The meeting is open to the public; however, attendance is limited to space and teleconference lines available. CMS anticipates posting an audio download and/or transcript of the Town Hall meeting at <http://www.cms.hhs.gov/PQRI> and <http://www.USQualityMeasures.org> following the meeting.

Additional Details:

- For security reasons, registration and requests for special accommodations must be completed no later than 5pm EST on Fri Jan 28, 2011.
- Anyone interested in attending the meeting or participating by teleconference must register online at <http://www.USQualityMeasures.org>.
- For more information, please see the Federal Register meeting notice posted at <http://edocket.access.gpo.gov/2010/pdf/2010-31301.pdf>.
- To learn more about the 2012 Physician Quality Reporting System Call for Measures, please visit http://www.cms.gov/MMS/13_CallForMeasures.asp.

Open-Door Forum: Hospital Inpatient Value-Based Purchasing Program – FY2013 Proposed Rule Overview [[↑](#)]

Thu Feb 10, 1:30-3:30pm, EST

The Centers for Medicare & Medicaid Services will hold a Special Open-Door Forum to discuss the proposed rule for the Hospital Inpatient Value-Based Purchasing (VBP) Program that will go into effect Mon Oct 1, 2012 (for Fiscal Year 2013). This Special ODF is designed specifically for hospitals and hospital quality experts, Medicare beneficiaries, their families, and advocates in an effort to increase awareness and understanding of the proposed rule.

The rule was designed to implement section 3001 of the *Affordable Care Act*, which requires CMS to establish a new Hospital VBP Program that rewards hospitals for providing high-quality, safe care to patients. Under the FY2013 Hospital VBP Program, hospitals that perform well on quality measures relating both to clinical process of care and to patient experience of care, or those making improvements in their performance on those measures, would receive higher payments.

During this ODF, CMS staff will highlight the key features of the proposed Hospital VBP Program for FY2013, including

but not limited to:

- Brief overview of the program and its provisions under Section 3001 of the *Affordable Care Act*;
- Proposals for the performance period, quality measures, and performance standards;
- Proposed scoring and incentive payment calculation methodology;
- Proposed hospital notification and review processes; and
- Transparency of quality measure performance as part of the Hospital VBP Program framework.

After CMS's presentation, participants will have an opportunity to ask questions. (Because CMS is in formal rulemaking, we will not be able to respond to questions beyond the scope of the proposed rule; we will be in "listen-only" mode for clarifying questions or comments related to proposals that are not already stated within our proposal.) All participants are strongly encouraged to submit comments through the formal rulemaking process.

The proposed rule, which was published in the *Federal Register* on Thu Jan 13, 2011, as well as instruction on submitting comments, can be found online at <http://www.GPO.gov/fdsys/pkg/FR-2011-01-13/pdf/2011-454.pdf>. Discussion materials for this Special ODF will be available to download at <http://www.CMS.gov/hospitalqualityinits> by Thu Feb 3.

Special Open-Door Forum participation instructions:

- Dial 800-837-1935 and use conference ID #39100886.
- For the hearing-impaired, TTY communications relay services are available by dialing 7-1-1 or 800-855-2880.
- An audio recording and transcript of the ODF will be posted on our around Thu Mar 10 (and will be available for 30 days) at http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp.

New Affordable Care Act Rules to Fight Healthcare Fraud [[↑](#)]

On Mon Jan 24, HHS announced new rules authorized by the *Affordable Care Act* which will help stop healthcare fraud. "Thanks to the new law, CMS now has additional resources to help detect fraud and stop criminals from getting into the system in the first place," CMS Administrator Donald Berwick, MD, said. "The *Affordable Care Act's* new authorities allow us to develop sophisticated, new systems of monitoring and oversight to not only help us crack down on fraudulent activity scamming these programs, but also help us to prevent the loss of taxpayer dollars across the board for millions of American healthcare consumers."

Specifically, the final rule:

- *Creates a rigorous screening process* for providers and suppliers enrolling Medicare, Medicaid, and CHIP to keep fraudulent providers out of those programs. Types of providers and suppliers that have been identified in the past as posing a higher risk of fraud (for example, durable medical equipment suppliers) will be subject to a more thorough screening process.
- *Requires new enrollment process for Medicaid and CHIP providers.* Under the *Affordable Care Act*, states will have to screen providers who order and refer to Medicaid beneficiaries to determine if they have a history of defrauding the government. Providers that have been kicked out of Medicare or another state's Medicaid or CHIP will be barred from all Medicaid and CHIP programs.
- *Temporarily stops enrollment of new providers and suppliers.* Medicare and state agencies will be on the lookout for trends that may indicate healthcare fraud – including using advanced predictive modeling software, such as that used to detect credit-card fraud. If a trend is identified in a category of providers or geographic area, the program can temporarily stop enrollment as long as that will not impact access to care for patients.
- *Temporarily stops payments* to providers and suppliers in cases of suspected fraud. Under the new rules, if

there has been a credible fraud allegation, payments can be suspended while an action or investigation is underway.

For more information:

- The full text of the press release issued on Mon Jan 24 is available at <http://www.HHS.gov/news/press/2011pres/01/20110124a.html>.
- A copy of the regulation is available in the *Federal Register* at www.OFR.gov/inspection.aspx or www.archives.gov/federal-register/news.html.
- A factsheet on the new rules can be found at www.HealthCare.gov/news/factsheets.

Critical Access Hospitals to Receive Free Comparative Data Reports [[↑](#)]

Beginning in April 2011, the Centers for Medicare & Medicaid Services will make available free hospital-specific comparative data reports for critical access hospitals (CAHs) nationwide. The report – known as PEPPER, or the “Program for Evaluating Payment Patterns Electronic Report” – provides hospital-specific data statistics for Medicare discharges at risk for improper payments. Hospitals can use the data to support internal auditing and monitoring activities. PEPPER is the only free report comparing a CAH’s Medicare billing practices with other CAHs in the state, MAC or FI (Medicare Administrative Contractor or Fiscal Intermediary) jurisdiction, and nation.

CMS has contracted with TMF Health Quality Institute to develop and distribute the reports, which were previously available only for short- and long-term acute care hospitals. The PEPPERS will be distributed via a MyQualityNet secure file exchange on or about Mon Apr 25. (MyQualityNet is a secure site accessible from the www.QualityNet.org; CAHs must have a QualityNet account in order to receive their PEPPER.) The PEPPER files will be sent to the hospital’s QualityNet administrators and to QualityNet user accounts with the PEPPER recipient role. CAHs may work with their Quality Improvement Organization if they do not have a QualityNet administrator account.

For more information, including the PEPPER distribution schedule, a sample of the PEPPER for CAHs, and information about QualityNet accounts, visit www.PEPPERresources.org. CAH staff are also encouraged to join the email list on this website to receive important notifications about upcoming PEPPER distribution and training opportunities.

Now Available: Transcript and Recording of Wed Jan 12 “Preparing for ICD-10 Implementation in 2011” Teleconference [[↑](#)]

The Centers for Medicare & Medicaid Services hosted a national provider teleconference on “Preparing for ICD-10 Implementation in 2011” on Wed Jan 12, 2011. The written transcript and audio recording are now available in at “Downloads” section at <http://www.cms.gov/ICD10/Tel10/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS1242831&intNumPerPage=10>.

January Flu Shot Reminder [[↑](#)]

Get Your Flu Vaccine – Not the Flu. Don’t forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself.

While seasonal flu outbreaks can happen as early as October, flu activity usually peaks in January. This year’s vaccine will protect against three different flu viruses, including the H1N1 virus that caused so much illness last flu season.

The risks for complications, hospitalizations, and deaths from the flu are higher among individuals aged 65 years and older. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. Health care workers, who may spread the flu to high-risk patients, should get vaccinated too.

Remember – Influenza vaccine plus its administration are covered Part-B benefits. (Note that influenza vaccine is NOT a Part-D-covered drug.) For information about Medicare’s coverage of the influenza vaccine and its administration, as well as related educational resources for health care staff, please visit http://www.cms.gov/MLNProducts/Downloads/Flu_Products.pdf and <http://www.cms.gov/AdultImmunizations>.

January 2011 Quarterly Provider-Specific File Update [[↑](#)]

The January 2011 Quarterly Provider-Specific Files (PSF) are now available on the CMS website. The SAS data files are available at http://www.cms.gov/ProspMedicareFeeSvcPmtGen/04_psf_SAS.asp and the text data files are available at http://www.cms.gov/ProspMedicareFeeSvcPmtGen/03_psf_text.asp, both in the “Downloads” section.

From the Medicare Learning Network: “Guidance on Hospital Inpatient Admission Decisions” [[↑](#)]

The Medicare Learning Network® has released MLN Matters Special Edition Article #SE1037, “Guidance on Hospital Inpatient Admission Decisions,” to remind inpatient hospitals that medical documentation they submit must demonstrate the clinical need for the patient to be admitted to the inpatient facility. This documentation must also fully, accurately identify any subsequent care that was provided during the inpatient stay. This article is informational in nature and supports current policy cited in the Medicare Program Integrity and Benefit Policy manuals. The article can be found online at <http://www.cms.gov/MLNMattersArticles/downloads/SE1037.pdf>.

From the Medicare Learning Network: “Swing Bed” Fact Sheet Now Available in Print [[↑](#)]

The revised fact sheet titled “Swing Bed” (December 2010), which provides information about the requirements hospitals and Critical Access Hospitals must meet in order to be granted approval to furnish either acute- or Skilled Nursing Facility-level care via a swing bed agreement, is now available in print format from the Medicare Learning Network®. To place your order, visit <http://www.CMS.gov/MLNGenInfo>, scroll down to “Related Links Inside CMS,” and select “MLN Product Ordering Page.”

From the Medicare Learning Network: “Ambulatory Surgical Center Fee Schedule” Fact Sheet Now Available [[↑](#)]

The revised publication titled “Ambulatory Surgical Center Fee Schedule” (January 2011) is now available in downloadable format at <http://www.CMS.gov/MLNProducts/downloads/AmbSurgCtrFeePymtFctSht508-09.pdf>. This fact sheet is designed to provide education on the Ambulatory Surgical Center (ASC) Fee Schedule and includes information about the definition of an ASC, ASC payment, and how payment rates are determined.

More Helpful Links...

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www.CMS.gov

The Medicare Learning Network

www.CMS.gov/MLNGenInfo

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