

**MOA MEMBERS
FROM SUE A. WEINGARTNER, EXECUTIVE DIRECTOR
OCTOBER 15, 2010**

A MEDICARE UPDATE FROM REGION VIII

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**Updates from the Medicare Learning Network**

**Medicare Quarterly Provider Compliance Newsletter - First Edition Released!**

Just a reminder that the Medicare Learning Network® (MLN) has developed a new educational tool, the *Medicare Quarterly Provider Compliance Newsletter*, to advise physicians, suppliers, and other FFS providers about how to avoid common billing errors and other erroneous activities when dealing with the Medicare Program. The newsletter will be updated and issued on a quarterly basis to highlight the “top” issues of that particular quarter. In this first edition, a number of issues that impact a variety of provider types are presented in order to introduce the newsletter to a wide audience of providers. For more information, please read the first edition of the newsletter at [http://www.cms.hhs.gov/MLNProducts/downloads/MedQtrlyComp\\_Newsletter\\_ICN904943.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/MedQtrlyComp_Newsletter_ICN904943.pdf) on the CMS website. Stay tuned for the second edition, which will be released in January 2011!

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**Eleventh National Education Call on Medicare Fee-For-Service (FFS) Implementation of HIPAA Version 5010 and D.0: NCPDP Version D.0**

**Medicare FFS 5010 Program: Taking EDI to the Next Level**

**October 27, 2010  
2:00pm To 3:30pm EST**

The Centers for Medicare & Medicaid Services (CMS) will host its eleventh national education call regarding Medicare FFS’s implementation of HIPAA Version 5010 and D.0 transaction standards on October 27, 2010. This session will focus on the National Council for Prescription Drug Programs (NCPDP) Version D.0 transaction. Subject matter experts will review Medicare FFS specific changes as well as general information to help the audience prepare for the transition; the presentation will be followed by a Q&A session. The presentation will be available on the CMS website by clicking on the following link: <http://www.cms.gov/Versions5010andD0/V50/list.asp> - **Please bookmark this new “5010 National Calls” web page.**

**Registration will close at 2:00 p.m. EST on October 26, 2010, or when available space has been filled.**

**Target Audience:** Vendors, clearinghouses, and providers who will need to make Medicare FFS specific changes in compliance with HIPAA version 5010 requirements.

**Subject:** Medicare Fee-For-Service (FFS) Implementation of HIPAA Version 5010: NCPDP Version D.0

**Agenda:**

- General Overview
- Medicare Specific Changes
- Timelines and Deadlines
- What you need to do to prepare
- Q & A

Conference call details:

Date: October 27, 2010

Conference Title: Eleventh National Education Call on Medicare Fee-For Service (FFS) Implementation of HIPAA Version 5010 and D.0: NCPDP Version D.0

Time: 2:00 p.m. ET

In order to receive the call-in information, you must register for the call. It is important to note that if you are planning to sit in with a group, only one person needs to register to receive the call-in data. This registration is solely to reserve a phone line, NOT to allow participation.

Registration will close at 2:00 p.m. ET on October 26, 2010, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

1. To register for the call participants need to go to:  
<http://www.eventsvc.com/palmettogba/102710>
2. Fill in all required data.
3. Verify that your time zone is displayed correctly in the drop down box.
4. Click "Register."
5. You will be taken to the "Thank you for registering" page and will receive a confirmation e-mail shortly thereafter. **Note:** Please print and save this page, in the event that your server blocks the confirmation e-mails. If you do not receive the confirmation e-mail, 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](mailto:medicare.ttt@palmettogba.com) no later than 3 business day before the event.

**HHS Publishes X12 Version 5010 and NCPDP Version D.0 Errata Notification**

**HHS Publishes X12 Version 5010 and NCPDP Version D.0 Errata Notification**

On Wednesday, October 13, 2010, the Department of Health and Human Services (HHS) published in the **Federal Register** a notification announcing maintenance changes to the standards adopted in our regulation entitled “Health Insurance Reform; Modifications to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards,” published in the **Federal Register** on January 16, 2009. These standards include the ASC X12 5010 (Version 5010) HIPAA electronic health care transactions; and the National Council of Prescription Drug Programs (NCPDP) Telecommunications Version D.0 standard. This notice also instructs interested persons on how to obtain the corrections, and advises HIPAA covered entities to be sure to use the HIPAA compliant version of each respective standard that includes these error corrections.

For the complete Federal Register notice, please go to <http://edocket.access.gpo.gov/2010/pdf/2010-25684.pdf>

**Medicare FFS Implementation of HIPAA 5010/D.0 - Errata Impacts**

The purpose of this message is to clearly communicate the approach that Medicare Fee-For-Service (FFS) is taking to ensure compliance with the **Health Insurance Portability and Accountability Act’s (HIPAA’s)** new versions of the Accredited Standards Committee (ASC) X12 and the National Council for Prescription Drug Programs (NCPDP) Electronic Data Interchange (EDI) transactions.

The Standards Development Organizations have made corrections to the 5010 and D.0 versions of certain transactions. The Errata versions replace the Base versions for HIPAA compliance. Per the Federal Register (Vol. 75, No. 197, October 13, 2010, 62684–62686 [2010–25684] found at [http://www.access.gpo.gov/su\\_docs/aces/fr-cont.html](http://www.access.gpo.gov/su_docs/aces/fr-cont.html)), HIPAA compliance will require the implementation of the Errata versions and the Base versions for those transactions not affected by the Errata, as listed below. Compliance with the Errata must be achieved by the original regulation compliance date of January, 2012.

**Table 1. Transactions Affected by the Errata - list of Base and Errata versions for 5010 and D.0.**

| <b>Transactions Affected by the Errata Version</b> | <b>Base Version</b> | <b>Errata Version</b> |
|----------------------------------------------------|---------------------|-----------------------|
| 270/ 271 Health Care Eligibility                   | 005010X279          | 005010X279A1          |

|                                                                                             |            |                |
|---------------------------------------------------------------------------------------------|------------|----------------|
| Benefit Inquiry and Response                                                                |            |                |
| 837 Health Care Claim: Professional                                                         | 005010X222 | 005010X222A1   |
| 837 Health Care Claim: Institutional                                                        | 005010X223 | 005010X223A2   |
| 999 Implementation Acknowledgment For Health Care Insurance                                 | 005010X231 | 005010X231A1   |
| 835 Health Care Claim Payment/Advice                                                        | 005010X221 | 005010X221A1   |
| 276/277 Status Inquiry and Response                                                         | 005010X212 | N/A            |
| 277CA Claim Acknowledgement                                                                 | 005010X214 | N/A            |
| National Council for Prescription Drug Programs (NCPDP) Version D.0 of the Telecom Standard | D.0        | D.0 April 2009 |

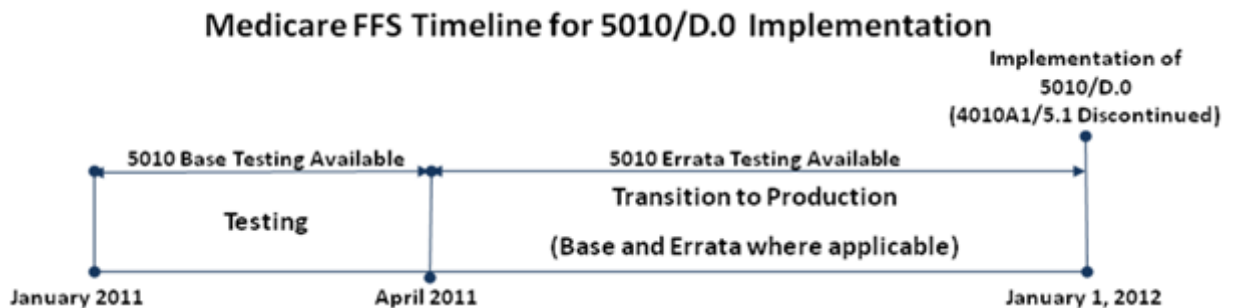
Medicare FFS will implement the Errata versions to meet HIPAA compliance requirements. Also in compliance with the published regulation (RIN 0938-AM50 of 45 CFR Part 162), Medicare FFS testing with external trading partners must begin in January of 2011.

Testing

Medicare FFS contractors will be ready to test the Base versions of all transactions in January 2011, and the 5010/D.0 Errata versions in April 2011. Trading Partners should contact their local Medicare FFS contractor for specific testing schedules. See <http://www.cms.gov/ElectronicBillingEDITrans/> under downloads, to find a Medicare FFS contractor in your state.

Production

The Errata versions will be available for Medicare FFS production in April 2011. The Errata transactions must be tested before using them for production. As a result, Medicare FFS 5010/D.0 test-to-production transition will begin in April 2011.



**Figure 1. Medicare FFS Timeline for 5010/D.0 Implementation: 1) Testing on Base Versions to begin in January 2011, 2) Testing and transition to production on Errata version to begin in April 2011, and 3) Implementation of 5010/D.0 on January 1, 2012.**

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**Want to earn Medicare Electronic Health Record (EHR) incentive payments? Act now!!**

Eligible professionals must have an enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS) in order to receive a Medicare EHR incentive payment. Did you know?

You can bill and receive payments from Medicare and not be in the PECOS system. Don't wait!

1. Act now to verify that you have an enrollment record in PECOS.
2. If you do not have an enrollment record in PECOS, establish your enrollment record now. **If you have submitted a Medicare enrollment application within the last 90 days**, and your enrollment application has been accepted for processing by the carrier or A/B MAC, you need not take any additional actions based on this listserv message. (You will be contacted by your carrier or A/B MAC if additional information is needed.)

**How can I find out if I have an enrollment record in PECOS?** Choose one of the following:

1. Use Internet-based PECOS to look for your PECOS enrollment record. (You will need to first set up your access to Internet-based PECOS.) Go to [Verify PECOS Record](#) for more information. If no record is displayed, you do not have an enrollment record in PECOS.
2. Check the Ordering Referring Report on the CMS website. If you are of a specialty permitted to order and refer and you are on that report, you have a current enrollment record in PECOS. Go to [Ordering and Referring Report](#).
3. Contact your designated Medicare enrollment contractor and ask if you have an enrollment record in PECOS. Go to [Contractor List](#) for contact information.

**I don't have an enrollment record. What should I do?**

Internet-based PECOS is the fastest and most efficient way to submit your enrollment application. For instructions, see [Basics of Internet-based PECOS for Physicians and Non-Physician Practitioners](#). If you encounter problems or have questions as you navigate the system, there is [help available](#).

*Electronic Health Record Incentives – Get the Facts from CMS*  
[www.cms.gov/EHRincentiveprograms](http://www.cms.gov/EHRincentiveprograms)

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**Special Open-Door Forum: Physician Quality Reporting Initiative (PQRI) and Electronic Prescribing (eRx) Incentive Program Updates (Tue Oct 19)**

The Centers for Medicare & Medicaid Services (CMS) will host a Special Open-Door Forum on the 2010 PQRI and Electronic Prescribing eRx Incentive Program updates. This Special Open-Door Forum will focus on:

- 2009 PQRI and eRx Incentive Program payment distribution and provide instructions for understanding these payments;
- Providing an overview for the use of the 2009 Feedback Report User Guides for PQRI and the eRx Incentive Program;
- Discussing the changes to the electronic Remittance Advice for eligible professionals receiving PQRI and eRx incentive payments in 2010; and
- Participation in the 2010 eRx Incentive Program.

Following the presentation, the telephone lines will be opened to allow participants to ask questions of the CMS subject matter experts.

The PQRI is voluntary quality reporting program that provides an incentive payment to identified individual eligible professionals, and beginning with the 2010 PQRI, group practices who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-For-Service (FFS) beneficiaries. The PQRI was first implemented in 2007 as a result of section 101 of the Tax Relief and Health Care Act of 2006 (TRHCA), and further expanded as a result of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA), and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

The eRx Incentive Program is an incentive program for eligible professionals initially implemented in 2009 as a result of section 132(b) of the MIPPA. The eRx Incentive Program promotes the adoption and use of eRx systems by individual eligible professionals (and beginning with the 2010 eRx Incentive Program, group practices).

Special Open-Door Forum Participation Instructions:

- Dial: 1-800-837-1935
- Conference ID 16269773
- Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

An audio recording and transcript of this Special Forum will be posted to the Special Open-Door Forum website at,

[http://www.cms.gov/OpenDoorForums/05\\_ODF\\_SpecialODF.asp](http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp) and will be accessible for downloading beginning on or around Mon Nov 1.

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**2010 Physician Quality Reporting Initiative & Electronic Prescribing Incentive Program National Provider Call with Question & Answer Session (Wed Nov 10)**

The PQRI is voluntary quality reporting program that provides an incentive payment to identified individual eligible professionals (EPs), and beginning with the 2010 PQRI,

group practices who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-For-Service (FFS) beneficiaries. The PQRI was first implemented in 2007 as a result of section 101 of the Tax Relief and Health Care Act of 2006 (TRHCA), and further expanded as a result of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA), and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

The eRx Incentive Program is an incentive program for eligible professionals initially implemented in 2009 as a result of section 132(b) of the MIPPA. The eRx Incentive Program promotes the adoption and use of eRx systems by individual eligible professionals and beginning with the 2010 eRx Incentive Program, group practices.

The formal presentation will cover the following:

- Overview of the 2011 rule and comments;
- 2009 PQRI and eRx Incentive Program payment distribution and instructions for understanding these payments;
- An overview for the use of the 2009 Feedback Report User Guides for PQRI and the eRx Incentive Program;
- Discussion on the changes to the electronic remittance advice for eligible professionals receiving PQRI and eRx incentive payments in 2010; and
- Participation in the 2010 eRx Incentive Program.

The lines will be opened to allow participants to ask questions of CMS PQRI and eRx subject matter experts. A PowerPoint slide presentation will be posted to the PQRI webpage (at [http://www.cms.gov/PQRI/04\\_CMSSponsoredCalls.asp](http://www.cms.gov/PQRI/04_CMSSponsoredCalls.asp)) on the CMS website for you to download prior to the call so that you can follow along with the presenter.

Educational products are available on the PQRI-dedicated webpage (<http://www.cms.hhs.gov/PQRI>) in the Educational Resources section and on the **eRx-dedicated webpage** (<http://www.cms.hhs.gov/ERxIncentive>) on the CMS website. Feel free to download the resources prior to the call so that you may ask questions of the CMS presenters.

In order to receive the call-in information, you must register for the call. It is important to note that if you are planning to sit in with a group, only one person needs to register to receive the call-in data. This registration is solely to reserve a phone line, NOT to allow participation. Registration will close at 1:30pm EST on Tue Nov 9 or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time. To register for the call:

- Visit <http://www.eventsvc.com/palmettogba/111010>.
- Fill in all required data.
- Verify that your time zone is displayed correctly in the drop down box.
- Click “Register.”
- You will be taken to the “Thank you for registering” page and will receive a confirmation email shortly thereafter. Note: 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](mailto:medicare.ttt@palmettogba.com) no later than 3 business day before the event. For those of who will be unable to attend, a transcript and MP3 file of the call will be available at least one week after the call at <http://www.cms.hhs.gov/PQRI> on the CMS website.

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### **Incentive Payment Update for 2009 Physician Quality Reporting Initiative (PQRI)**

Incentive payments for the 2009 Physician Quality Reporting Initiative (PQRI) are available this fall for eligible professionals who met the criteria for successful reporting. Carriers and Medicare Administrative Contractors (MACs) will begin processing and distributing 2009 PQRI incentive payments on October 25, 2010. Distribution of 2009 PQRI incentive payments is scheduled to be completed by November 12, 2010.

Remember that PQRI incentives earned by individual participating physicians and other eligible professionals are paid as a lump-sum to the Taxpayer Identification Number (TIN) under which the professional's claims were submitted. It is then up to the TIN to decide how to distribute the incentive within the practice.

Effective January 2010, CMS revised the manner in which incentive payment information is communicated to eligible professionals receiving electronic remittance advices. CMS has instructed Medicare contractors to use a new indicator of **LE** to indicate incentive payments instead of LS. **LE** will appear on the electronic remit. In an effort to further clarify the type of incentive payment issued (either PQRI or eRx incentive), CMS created a 4-digit code to indicate the type of incentive and reporting year. For the 2009 PQRI incentive payments, the 4-digit code is **PQ09**. This code will be displayed on the electronic remittance advice along with the LE indicator. For example, eligible professionals will see **LE** to indicate an incentive payment, along with **PQ09** to identify that payment as the 2009 PQRI incentive payment. Additionally, the paper remittance advice will read, "This is a PQRI incentive payment." The year will not be included in the paper remittance.

2009 PQRI feedback reports will be available on the Physician and Other Health Care Professionals Quality Reporting Portal (<http://www.qualitynet.org/pqri>) starting the second week of November. TIN-level reports on the Portal require an Individuals Authorized Access to CMS Computer Services (IACS) account. Participants may also contact their Carrier/MAC to request individual NPI-level reports via an alternate feedback report fulfillment process (see

<http://www.cms.gov/MLN MattersArticles/downloads/SE0922.pdf>). Watch for additional feedback report information from CMS.

### **Who to Contact for Questions?**

If you have questions about the status of your PQRI incentive payment (during the distribution timeframe), please contact your **Provider Contact Center**. The *Contact Center Directory* is available on the CMS website at

<http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>.

Contact the **QualityNet Help Desk** with any of the following:

- PQRI Portal password issues
- PQRI/eRx feedback report availability and access
- PQRI-IACS registration questions
- PQRI-IACS login issues

The QualityNet Help Desk is available Monday through Friday from 7:00 a.m. – 7:00 p.m. CST at **1-866-288-8912** or via [qnetssupport@sdps.org](mailto:qnetssupport@sdps.org). They can also assist with program and measure-specific questions.

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2010 Physician Quality Reporting Initiative (PQRI) Program Reminder

It is not too late to start participating in the 2010 Physician Quality Reporting Initiative (PQRI) and potentially qualify to receive incentive payments. A new six month reporting period began on July 1, 2010.

The 2010 Physician Quality Reporting Initiative (PQRI) has two reporting periods: 12-months (January 1-December 31, 2010) and 6-months (July 1-December 31, 2010). For 2010, eligible professionals (EPs) who satisfactorily report PQRI measures for the 6-month reporting period will become eligible to receive a PQRI incentive equal to 2.0% of their total Medicare Part B allowed charges for services performed during the reporting period.

If you have not participated in the PQRI program, you can begin by reporting PQRI data for July 1-December 31, 2010 using any of the following four options:

- Claims-based reporting of individual measures for 80% or more of applicable patients on at least 3 individual measures or on each measure if less than 3 measures apply
- Claims-based reporting of one measures group for 80% or more of applicable Medicare Part B FFS patients of each EP (with a *minimum of 8 patients*)
- Registry-based reporting of at least 3 individual PQRI measures for 80% or more of applicable Medicare Part B FFS patients of each EP
- Registry-based reporting of one measures group for 80% or more of applicable Medicare Part B FFS patients of each EP (with a *minimum of 8 patients*)

PQRI claims-based reporting involves the addition of quality-data codes (QDC) to claims submitted for services when billing Medicare Part B. EPs also have the option of using a qualified registry to assist in collecting PQRI measure data. The registry will submit this quality data directly to Medicare, eliminating the need for adding QDCs to the Medicare Part B claim.

Eligible professionals do not need to sign up or pre-register to participate in the 2010 PQRI. Submission of QDCs for individual PQRI measures to CMS through a qualified registry or for a measures group through claims or a qualified registry will indicate intent to participate. Although there is no requirement to register prior to submitting the data, there are some preparatory steps that EPs should take prior to undertaking PQRI reporting. CMS has created many educational products that provide information about how to get started with PQRI reporting. To access all available educational resources on PQRI please visit, <http://www.cms.hhs.gov/PQRI> on the CMS website. Eligible professionals are encouraged to visit the PQRI webpage often for the latest information and downloads on PQRI.

Additional PQRI resources:

- 2010 PQRI Implementation Guide at http://www.cms.gov/PQRI/Downloads/2010_PQRI_ImplementationGuide_02-10-2010_FINAL.pdf.
- Qualified Registries for 2010 PQRI Reporting at http://www.cms.gov/PQRI/20_AlternativeReportingMechanisms.asp.

2010 Electronic Prescribing (eRx) Incentive Program Participation Reminder

It's not too late to start participating in the 2010 Electronic Prescribing (eRx) Incentive Program and potentially qualify to receive a full-year incentive payment. Eligible professionals (EPs) may begin reporting eRx at any time throughout the 2010 program year of January 1-December 31, 2010 to be incentive-eligible.

The Electronic Prescribing Incentive Program is a separate incentive program from the Physician Quality Reporting Initiative (PQRI), with different reporting requirements. To successfully meet reporting criteria and be considered incentive eligible, individual EPs must report the eRx measure at least 25 times (for eligible patient encounters) and the Medicare Part B Physician Fee Schedule (PFS) allowed charges for services in the eRx measure's denominator should be comprised of 10% or more of the EP's total 2010 estimated allowed charges.

For 2010, eligible professionals who successfully report the eRx measure will become eligible to receive an eRx incentive equal to 2.0% of their total Medicare Part B Physician Fee Schedule (PFS) allowed charges for services performed during the reporting period. Eligible professionals must have adopted a "qualified" eRx system. There are two types of systems: a system for eRx only (stand-alone) or an electronic

health record (EHR system) with eRx functionality. Regardless of the type of system used, to be considered “qualified” it must be based on ALL of the following capabilities:

- Generating a complete active medication list incorporating electronic data received from applicable pharmacies and pharmacy benefit managers (PBMs) if available
- Selecting medications, printing prescriptions, electronically transmitting prescriptions, and conducting all alerts
- Providing information related to lower cost, therapeutically appropriate alternatives (if any). (The availability of an eRx system to receive tiered formulary information, if available, would meet this requirement for 2010)
- Providing information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient’s drug plan, if available.

If you have not yet participated in the eRx program, you can begin by reporting eRx data for January 1-December 31, 2010 using any of the following three options:

- Claims-based reporting of the eRx measure. Report only one G-code (G8553) for 2010
- Registry-based reporting using a CMS-selected *registry, submitting 2010 data to CMS during the first quarter of 2011
- EHR-based reporting using a CMS-selected *electronic health record product, submitting 2010 data to CMS during the first quarter of 2011

Note: Only registries and EHR vendors who have been selected by CMS for the 2010 PQRI/eRx and are on the posted list of registries/EHR vendors are eligible to be considered “qualified” for purposes of the 2010 Electronic Prescribing Incentive Program (visit http://www.cms.gov/ERxIncentive/08_AlternativeReportingMechanism.asp on the CMS website).

Claims-based reporting involves the addition of a quality-data code (QDC) to claims submitted for services (occurring during the reporting period) when billing Medicare Part B. EPs also have the option of using a qualified registry to assist in collecting eRx measure data. The registry will submit this quality data directly to Medicare, eliminating the need for adding the QDC to the Medicare Part B claim.

Eligible professionals do not need to sign up or pre-register to participate in the 2010 eRx. Reporting one QDC (G8553) for the eRx measure to CMS through claims, or submission via a qualified registry or a qualified EHR will indicate intent to participate.

Although there is no requirement to register prior to submitting the data, EPs should review the educational products CMS has created on how to get started with eRx reporting. To access all available educational resources on eRx please visit <http://www.cms.gov/eRxIncentive/on> the CMS website. Eligible professionals are encouraged to check the eRx webpage often for the latest information and downloads.

Additional Resources:

- 2010 eRx Measure Specification and Release Notes (EPs should the eRx measure specification documents for the current program year. Refer to the specification for the reporting method applicable to your practice):
- Claims- and registry-based at
http://www.cms.gov/ERxIncentive/Downloads/2010_eRx_MeasureSpecificationsandReleaseNotes_121709.zip
- EHR-based at
<http://www.cms.gov/ERxIncentive/Downloads/2010EHRMeasureSpecificationforeRxandReleaseNotes.zip>
- Claims-Based Reporting Principles for Electronic Prescribing (eRx) Incentive Program at
<http://www.cms.gov/ERxIncentive/Downloads/Claims-BasedReportingPrinciplesforeRx122209.pdf>
- 2010 eRx Incentive Program Made Simple Fact Sheet at
<http://www.cms.gov/ERxIncentive/Downloads/2010eRxMadeSimpleFS032310f.pdf>
- 2010 eRx Incentive Program Fact Sheet: What's New for 2010 eRx Incentive Program at
<http://www.cms.gov/ERxIncentive/Downloads/WhatsNew2010eRxFS032310f.pdf>

Questions? If you have questions on how to get started with eRx, please contact the QualityNet Help Desk at 866-288-8912 (from 7am-7pm CST) or via e-mail at qnetsupport@sdps.org.

October Flu Shot Reminder

Vaccination is the Best Protection Against the Flu. This year, the Centers for Disease Control and Prevention (CDC) is encouraging everyone 6 months of age and older to get vaccinated against the seasonal flu. 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. And remember, vaccination is particularly important for health care workers, who may spread the flu to high risk patients. Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. Get Your Flu Vaccine - Not the Flu.

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 professionals and their staff, please visit <http://www.cms.gov/AdultImmunizations>.

H1N1 & Seasonal Influenza Resources: Seasonal Flu Information for Businesses & Employees

The single best way to prevent seasonal flu is to get a yearly flu vaccine, but good health habits and antiviral medications are other measures that can help protect against the flu. To help businesses, employers, and their employees learn about these strategies for

preventing flu, CDC provides the following Toolkit, flyers, posters, and other materials to post and distribute in the workplace. Learn more <http://www.cdc.gov/flu/business>.

H1N1 & Seasonal Influenza Resources: Global Flu Activity Update

The following summary of key influenza-related updates was created from regional World Health Organization (WHO) reports, country reports, CDC field staff updates, and other sources. Updates are listed by region and include data collected during epidemiologic weeks 36 through 38 (September 5-25, 2010). Read at <http://www.cdc.gov/flu/international/activity.htm>.

H1N1 & Seasonal Influenza Resources: Importance of Influenza Vaccination for Health Care Personnel

As the flu season approaches, FDA is urging healthcare facilities to ensure that influenza vaccination programs are available for their personnel. Vaccinating healthcare workers will decrease the likelihood that they will contract influenza, and also decrease the chance that they will infect others. This is especially important because these personnel often provide care to patients at high risk of serious and even fatal complications if they contract influenza. Of course another benefit of vaccinating staff is that it also protects their families from getting the disease.

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/psn/transcript.cfm?show=103#1>.

H1N1 & Seasonal Influenza Resources: Questions & Answers

Vaccine Selection for the 2010–2011 Influenza Season:

http://www.cdc.gov/flu/about/qa/1011_vac_selection.htm.