

MOA MEMBERS
FROM SUE A. WEINGARTNER, EXECUTIVE DIRECTOR
DECEMBER 10, 2010

National Provider Education Call on the 2010 Physician Quality Reporting System & Electronic Prescribing Incentive Program
Mon Dec 13, 2:30-4pm EST

The Centers for Medicare & Medicaid Services' Provider Communications Group will host a national provider education call on the 2010 Physician Quality Reporting System and Electronic Prescribing Incentive Program (eRx) on Mon Dec 13, 2:30-4pm.

The Physician Quality Reporting System is a 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 beneficiaries. The Physician Quality Reporting System 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 topics, and will then be followed by a Q&A session with subject matter experts.

- E-Prescribing Payment Adjustment
- 2011 Physician Quality Reporting System Measures
- Use of 2011 Measure Specifications
- 2012 Call for Measures Listening Session
- Requirements for participation and self nomination deadline for EHR, Registry, MOC, GPRO I and GPRO II

A PowerPoint slide presentation will be posted to the Physician Quality Reporting System webpage (http://www.cms.gov/PQRI/04_CMSSponsoredCalls.asp) for you to download prior to the call.

Educational products are available on the Physician Quality Reporting System-dedicated webpage, in the Educational Resources section, at <http://www.cms.hhs.gov/PQRI>; educational products are also available on the eRx-dedicated webpage at <http://www.cms.hhs.gov/ERxIncentive>. Feel free to download the resources prior to the call so that you may ask questions of the CMS presenters.

Conference call details:

- Date and time: Mon Dec 13, 2010; 2:30-4pm EST
- Conference Title: Physician Quality Reporting System - National Provider Call
- Participant Dial-In Number: 800-603-1774

- If assistance for hearing-impaired services is needed, the request must be sent to geanelle.herring@cms.hhs.gov no later than 3 business day before the event.
- For participants who will be unable to attend, a transcript will be available shortly after the call at <http://www.cms.hhs.gov/PQRI>. An Encore replay can also be accessed beginning immediately following the call (until 11:59pm EST on Thu Dec 16) by dialing 800-642-1687 or 706-645-9291.

ONC 2010 HITECH Update Webcast [↑]

Tue Dec 14, 8:30am-5pm EST

Wed Dec 15, 9:30am-4pm EST

Registration NOT required

Please join the Office of the National Coordinator for Health Information Technology (ONC) for a live webcast of plenary sessions as part of the 2010 ONC Update on December 14-15, 2010.

Ten sessions, offered over the two-day period, will provide an overview of programs brought about by the Health Information Technology for Economic and Clinical Health (HITECH) Act to help participants gain a better understanding of how these programs will address barriers and support providers in achieving meaningful use.

The sessions will also provide an overview of ONC's vision and strategy for improving health and health care through information technology and will offer a detailed look at key elements of ONC and related HHS programs, including:

- Overview of HITECH programs designed to support providers in achieving meaningful use, including the extension center program and ONC's many workforce development programs
- Update on privacy regulations and activities in the Office of the Chief Privacy Officer
- Overview of the Medicare and Medicaid EHR Incentive Programs
- Strategies for getting to health information exchange
- Promoting patient-centered care delivery by empowering consumers and engaging the public
- Strategies for improving care and population health
- Encouraging innovation, rapid learning and technological advancement

Speakers include:

- Kathleen Sebelius, U.S. Department of Health and Human Services Secretary
- David Blumenthal, MD, MPP, National Coordinator for Health Information Technology, ONC
- Farzad Mostashari, MD, ScM, Deputy National Coordinator for Programs and Policy, ONC
- Joy Pritts, JD, HHS Chief Privacy Officer, ONC
- Don Berwick, MD, Administrator, Centers for Medicare & Medicaid Services
- Thomas R. Frieden, MD, MPH, Director, Centers for Disease Control and Prevention
- Todd Park, Chief Technology Officer, HHS
- Other Health IT leaders and professionals

An agenda of the meeting is available at <http://healthit.hhs.gov/ONCMeeting2010>. Information on how to participate in the webcast will be posted on the [agenda](#) before the meeting.

HIPAA Eligibility Transaction System (HETS) [[↑](#)]

On December 4, 2010, a new release of this system was installed. The system had been extensively tested with a number of clearinghouses. Although it performed well in the test environment, the system could not support the production traffic and was backed out on Monday, December 6th.

The system upgrade was designed to address increasing demands (e.g. volume of transactions) and correct connection problems that have been especially problematic during peak hours (9am-2pm EST).

CMS is aware of the impact of the current performance and connection problems on Medicare providers using this system to get needed beneficiary eligibility information. We regret the inconvenience and want to assure the provider and clearinghouse community that correcting HETS problems is a top priority for CMS. Your continued patience is appreciated. HETS status information will be communicated to HETS submitters as information becomes available.

Important Information on the Timely Claims Filing Requirement [[↑](#)]

The Centers for Medicare & Medicaid Services (CMS) would like to remind Medicare Fee-For-Service physicians, providers and suppliers submitting claims to Medicare for payment, as a result of the Patient Protection and Affordable Care Act (PPACA), effective immediately, all claims for services furnished on or after Jan 1, 2010, must be filed with your Medicare contractor no later than one calendar year (12 months) from the date of service – or Medicare will deny them.

If you have Medicare Fee-For-Service claims with service dates from Oct 1, 2009, through Dec 31, 2009, those claims MUST be filed by Dec 31, 2010, or Medicare will deny them. Claims with service dates from Jan 1, 2009, to Oct 1, 2009, keep their original Dec 31, 2010 deadline for filing.

In general, the start date for determining the 1-year timely filing period is the date of service or “From” date on the claim. For institutional claims that include span dates of service (i.e., a “From” and “Through” date on the claim), the “Through” date on the claim is used for determining the date of service for claims filing timeliness. For claims submitted by physicians and other suppliers that include span dates of service, the line item “From” date is used for determining the date of service for claims filing timeliness.

For additional information about the new maximum period for claims submission filing dates, contact your Medicare contractor, or review the MLN Matters articles listed below related to this subject:

- MM6960 – “Systems Changes Necessary to Implement the Patient Protection and Affordable Care Act (PPACA) Section 6404 - Maximum Period for Submission of Medicare Claims Reduced to Not More Than 12 Months” – <http://www.cms.gov/MLNMattersArticles/downloads/MM6960.pdf> on the CMS website.
- MM7080 – “Timely Claims Filing: Additional Instructions” – <http://www.cms.gov/MLNMattersArticles/downloads/MM7080.pdf> on the CMS website.

You can also listen to a podcast on this subject by visiting http://www.cms.gov/CMSFeeds/02_listofpodcasts.asp on the CMS website.

Home Health Face-to-Face Encounter; A New Home Health Certification Requirement [\[↑\]](#)

A new Medicare home health law goes into effect on January 1st that affirms the role of the physician as the person who orders home health care based on personal examination of the patient. Effective in January, a physician who certifies a patient as eligible for Medicare home health services must see the patient. The law also allows the requirement to be satisfied if a non-physician practitioner (NPP) sees the patient, when the NPP is working for or in collaboration with the physician.

As part of the certification form itself, or as an addendum to it, the physician must document that the physician or NPP saw the patient, and document how the patient's clinical condition supports a homebound status and need for skilled services. The face-to-face encounter must occur within the 90 days prior to the start of home health care, or within the 30 days after the start of care. While the long-standing requirement for physicians to order and certify the need for home health remains unchanged, this new requirement assures that the physician's order is based on current knowledge of the patient's condition.

A more detailed announcement on this subject will be available within the next few days, on the home health agency website at: <http://www.cms.gov/center/hha.asp>, under the Spotlight section. Additional guidance will be available next week via a Special Edition article on our Medicare Learning Network website at: <http://www.cms.gov/MLNGenInfo>. Questions and answers regarding this requirement will be available the week of December 13th via Medicare's home health agency website, <http://www.cms.gov/center/hha.asp>. Finally, we expect a video training module describing this new requirement to be released within the next few weeks.

From the Medicare Learning Network: "Physicians and Non-Physician Practitioners Excluded from Deactivation in Medicare Due to Inactivity with Medicare" MLN Matters Article [\[↑\]](#)

The Medicare Learning Network® (MLN) has released MLN Matters Special Edition Article #SE1034 – "Physicians and Non-Physician Practitioners (NPPs) Excluded from Deactivation in Medicare Due to Inactivity with Medicare" – to inform providers that certain physicians and non-physician practitioners employed by the Department of Veterans Affairs (DVA), Department of Defense (DOD), or the Public Health Service (PHS) are excluded from the Medicare enrollment deactivation process. This article is informational in nature and supports existing policy. For more information, please read the article at <http://www.cms.gov/MLNMattersArticles/downloads/SE1034.pdf>.

From the Medicare Learning Network: "Physician Quality Reporting Initiative and Electronic Prescribing and Medicare Advantage Plans" Fact Sheet [\[↑\]](#)

A new Medicare Learning Network® publication titled “Physician Quality Reporting Initiative (PQRI) and Electronic Prescribing (eRx) and Medicare Advantage (MA) Plans” is now available in downloadable format at <http://www.cms.gov/MLNProducts/downloads/wPQRIMAPPlansTS.pdf>. This fact sheet provides PQRI and eRx Incentive Program payment information to eligible professionals (physicians/non-physicians) who provide Medicare services to beneficiaries enrolled in Medicare Advantage (MA) plans.

From the Medicare Learning Network: “Physician Quality Reporting Initiative Reporting periods for 2010” Fact Sheet [↑]

A new Medicare Learning Network® publication titled “**Physician Quality Reporting Initiative (PQRI) Reporting periods for 2010**” is now available in downloadable format at <http://www.cms.gov/MLNProducts/downloads/PQRI904323.pdf>. This fact sheet is designed to provide information for 2010 eligible professionals who satisfactorily report PQRI measures for the two reporting periods. This fact sheet also describes the incentive for eligible professionals who meet the requirements for the 6-month reporting period.

From the Medicare Learning Network: Have a Healthy Holiday Season by Taking Advantage of Medicare-Covered Preventive Services [↑]

The Centers for Medicare & Medicaid Services asks the provider community to help their patients with Medicare have a healthy holiday season by encouraging eligible patients to take advantage of Medicare-covered preventive services. Medicare provides coverage of a variety of preventive services and screenings to help providers detect illnesses early, when treatment works best.

What Can You Do? As a health care professional who provides care to patients with Medicare, you can help protect the health of your patients by encouraging them to take advantage of Medicare-covered preventive services, during the holiday season and into the new year.

For More Information: CMS has developed several educational products related to Medicare-covered preventive services. They are all available, free of charge, from the Medicare Learning Network®:

- **The MLN Preventive Services Educational Products Web Page** – provides descriptions and ordering information for Medicare Learning Network® (MLN) educational products for health care professionals related to Medicare-covered preventive services. Visit http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp.
- **MLN Matters Provider Educational Articles Related to Medicare-covered Preventive Benefits** – provides links to educational articles with the latest information on changes to Medicare-covered preventive services, including the latest coverage and coding information, and changes due to the Affordable Care Act. Visit <http://www.cms.gov/MLNProducts/Downloads/MLNPrevArticles.pdf>.
- **The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals** – provides coverage and coding information on Medicare-covered preventive services and screenings. Available as a downloadable PDF only. Visit http://www.cms.hhs.gov/MLNProducts/downloads/mps_guide_web-061305.pdf.

- **Quick Reference Information: Medicare Immunization Billing** – this newly-updated chart provides coding, coverage, and billing information on the seasonal influenza virus, pneumococcal, and hepatitis B vaccines. Visit http://www.cms.gov/MLNProducts/downloads/gr_immun_bill.pdf.
- **Quick Reference Information: Medicare Preventive Services** – this chart provides coverage and coding information on Medicare-covered preventive services. Visit http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf.

Please visit the [Medicare Learning Network](#) for more information on these and other Medicare fee-for-service educational products.

