



### 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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Colleagues—

With the month of May getting underway, I wanted to take this opportunity to call your attention to a few special events coming up.

Below, you'll find a health observance message about [National Women's Health Week and National Women's Checkup Day](#), including important reminders about the importance of preventative health measures, Medicare's coverage of various services, and the resources available to you to help improve quality of health and life for your patients.

Let's all work to make a difference for the women in our lives. And happy Mothers Day!

Robin

#### The e-News for the week of Tue May 3 includes...

##### MEETINGS, CALLS, AND EVENTS

- [National Provider Call for Eligible Professionals on Attestation for the Medicare EHR Incentive Program \[Thu May 5\]](#)
- [Special Open-Door Forum: \*Partnership for Patients: The Community-Based Care Transitions Program\* \[Thu May 5\]](#)
- [Physician Quality Reporting System & eRx Incentive Program National Provider Call \[Tue May 17\]](#)
- [Agendas for Upcoming Healthcare Common Procedure Coding System Public Meetings \[Tue May 17 and Wed May 18; Tue May 24 and Wed May 25\]](#)
- [Have You Registered for National Provider Call on CMS ICD-10 Conversion Activities? \[Wed May 18\]](#)
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#### ANNOUNCEMENTS, REMINDERS, AND REGULATIONS

- [CMS Proposes To Expand Access To Seasonal Influenza Immunization](#)
- [Administration Implements Affordable Care Act Provision to Improve Care, Lower Costs; Value-Based Purchasing Will Reward Hospitals Based on Quality of Care for Patients](#)
- [How to Get Paid for the EHR Incentive Programs](#)
- [New FAQs on CMS EHR Incentive Programs](#)
- [Electronic Prescribing \(eRx\) Incentive Program Update – Avoiding the Adjustment](#)
- [Final Rule CMS-1346-F: Inpatient Psychiatric Facilities Prospective Payment System – Update for RY2012](#)
- [National Women’s Health Week and National Women’s Checkup Day](#)

#### CODE, PRICER, AND CLAIMS UPDATES

- [Home Health Prospective Payment System CY2011 PC Pricer Update](#)
- [Inpatient Prospective Payment System FY2011 PC Pricer Update](#)
- [Inpatient Psychiatric Facility Prospective Payment System RY2011 PC Pricer Update](#)
- [Inpatient Rehabilitation Facility Prospective Payment System FY2010 and FY2011 PC Pricer Updates](#)
- [Medicare Part B Average Sales Price – Payments for Wilate and Flulaval](#)

#### UPDATES FROM THE MEDICARE LEARNING NETWORK®

- [“Power Mobility Device Face-to-Face Examination Checklist” Released](#)
- [“Fast Facts” Now Available on MLN Provider Compliance Webpage](#)
- [April 2011 Issue of Quarterly Provider Compliance Newsletter Released](#)
- [“Telehealth Services” Fact Sheet Revised](#)
- [“Hospital Outpatient Prospective Payment System” Fact Sheet Revised](#)
- [“Medicare EHR Incentive Payments for Eligible Professionals” Fact Sheet Now Available in Spanish](#)
- [“Medicaid EHR Incentive Payments for Eligible Professionals” Fact Sheet Now Available in Spanish](#)

### **National Provider Call for Eligible Professionals on Attestation for the Medicare EHR Incentive Program** [\[↑\]](#)

Thu May 5, 1:30-3pm ET

CMS is holding a conference call for eligible professionals (EPs) participating in the Medicare Electronic Health Record (EHR) Incentive Program to provide information on the attestation process. *Registration closes at 1:30pm on Wed May 4*, or when available space has been filled, so please register early.

#### What the Call Will Cover:

- Path to Payment – Highlighting the steps you need to take to receive your incentive payment
- Walkthrough of the Attestation Process – Guiding you through CMS’s web-based attestation system
- Troubleshooting – Helping you successfully attest through CMS’s system
- Helpful Resources – Reviewing CMS’s resources available on the EHR website
- Q&A – Answering your questions about the attestation process

#### Registration Instructions:

1. Visit <http://www.eventsvc.com/palmettogba/050511>.
2. Fill in all required information and click “Register.”

3. You will be taken to the “Thank you for registering” page and will receive a confirmation email shortly thereafter. Please save this page in case your server blocks the confirmation emails. (If you do not receive the confirmation email, check your spam/junk mail filter as it may have been directed there.)
4. If assistance for hearing impaired services is needed, please email [medicare.ttt@palmettogba.com](mailto:medicare.ttt@palmettogba.com) no later than 3 business days before the call.

Prior to the call, presentation materials will be available in the “Upcoming Events” section of the [Spotlight Page](#) on the CMS [EHR website](#).

Want more information about the EHR Incentive Programs? Visit the [CMS EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs; also sign up for the [EHR Incentive Programs email update listserv](#).

- Additional EHR-related material in today’s e-News... [\[next\]](#)

**Special Open-Door Forum: *Partnership for Patients: The Community-Based Care Transitions Program*** [\[↑\]](#)  
Thu May 5, 1-2:30pm ET

CMS invites you to participate in a 90 minute national forum for individuals and organizations that wish to learn more about the CMS Community-Based Care Transitions Program (CCTP).

The CCTP, mandated by Section 3026 of the *Affordable Care Act*, is specifically designed to encourage the development of strong partnerships between hospitals with high readmission rates and community based organizations (CBOs). These partners are encouraged to implement evidence-based interventions targeting high-risk beneficiaries from their communities who would most benefit from the proposed interventions. The specific goals of the CCTP are to:

- Improve transitions of beneficiaries from the inpatient hospital setting to other care settings;
- Improve quality of care for Medicare beneficiaries;
- Reduce avoidable hospital readmissions for high-risk beneficiaries; and
- Document measureable savings to the Medicare program.

This Open Door Forum will provide an overview of the program, answers to many previously-received inquiries, and the opportunity for questions. Speakers will include:

- James Hester, Senior Advisor, Innovation Center, CMS
- Joe McCannon, Senior Advisor to the Administrator and Group Director, Learning and Diffusion, Innovation Center, CMS
- Juliana Tionson, Social Science Research Analyst, Innovation Center, CMS

Moderators: Bill McQueeney (CMS Office of External Affairs and Beneficiary Services Forum Leader) and Linda Magno (Director of the Medicare Demonstrations Program Group in the CMS Innovation Center).

Agenda (Subject to change):

- 1-1:10pm – Joe McCannon will outline the *Partnerships for Patients* initiative and the opportunities available for all to participate
- 1:10-1:20pm – James Hester will provide background information on the role of care transitions in improving patient safety
- 1:20-1:30pm – Juliana Tionson will give an overview of the program and the resources available, and

- answer many frequently asked questions
- 1:30-2:30pm – Question and Answer session

Presentation slides will be posted before the call at

<http://www.CMS.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1239313>. You may ask questions on the call, or submit questions in advance to [CareTransitions@cms.hhs.gov](mailto:CareTransitions@cms.hhs.gov).

Participation Instructions:

- To register for this audio-only streaming webcast, visit <http://www.CMS.gov/apps/events/event.asp?id=637>.
- To ask a question during this Forum, call 800-837-1935 and use Conference ID #62519672. A limited number of lines are also available for people who have technical problems with the streaming audio.
- For TTY Communications Relay Services, dial 711 or 800-855-2880 for help.
- Live captioning and a transcript of the captioning will be available at <http://www.FEDRCC.us//Enter.aspx?EventID=1744782&CustomerID=321>.
- Mobile phone apps are commercially available to use the Ustream player.

If You Miss the Forum:

- An Encore recording of this Forum will be available Mon May 9 through Wed May 11. To hear this recording, call 800-642-1487 (Conference ID #62519672).
- An archived stream of this forum will be available for 90 days at <http://www.Ustream.tv/channel/cms-public-events>.
- An mp3 recording and official transcript will also be available on Fri May 13 at [http://www.CMS.gov/OpenDoorForums/05\\_ODF\\_SpecialODF.asp](http://www.CMS.gov/OpenDoorForums/05_ODF_SpecialODF.asp).

### **Physician Quality Reporting System & eRx Incentive Program National Provider Call** [[↑](#)]

Tue May 17, 1:30-3pm ET

The Centers for Medicare & Medicaid Services' Provider Communications Group will host a national provider conference call on the 2011 Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Program. The Physician Quality Reporting System is voluntary quality reporting program that provides an incentive payment to identified individual eligible professionals (EPs) and group practices that satisfactorily report data on quality measures for covered Physician Fee Schedule services furnished to Medicare Part B Fee-For-Service beneficiaries; the Physician Quality Reporting System (formerly known as 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 *MIPPA*; the eRx Incentive Program promotes the adoption and use of eRx systems by individual eligible professionals and group practices.

Agenda:

- Highlights of the 2009 Physician Quality Reporting System and Electronic Prescribing Experience Report;
- Measures vs Measures Groups;
- Understanding Measure Numerator and Measure Denominator; and
- Q & A with CMS Physician Quality Reporting System and eRx subject matter experts

A PowerPoint slide presentation will be posted to the Physician Quality Reporting System webpage at [http://www.CMS.gov/PQRS/04\\_CMSSponsoredCalls.asp](http://www.CMS.gov/PQRS/04_CMSSponsoredCalls.asp) for you to download prior to the call so that you can follow along with the presenter. Educational products are available on the Physician Quality Reporting System and the eRx Incentive Program at <http://www.CMS.gov/PQRS> and <http://www.CMS.gov/eRxIncentive>, respectively; 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. Note that if you are planning to sit in with a group, only one person needs to register to receive the call-in information. Also note that, if you plan to request continuing education credit from your professional organization and if this organization requires proof of registration, you will need to personally register so that you receive a confirmatory email.

*Registration will close at 1:30pm ET on Mon May 16 or when available space has been filled; no exceptions will be made, so please register early. To register for the call:*

- Visit <http://www.eventsvc.com/palmettogba/051711>.
- 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](mailto:medicare.ttt@palmettogba.com) no later than 3 business days before the event.

### **Agendas for Upcoming Healthcare Common Procedure Coding System Public Meetings** [[↑](#)]

Tue May 17 and Wed May 18 (*for Drugs, Biologicals, and Radiopharmaceuticals*)

Tue May 24 and Wed May 25 (*for Supply and Other*)

CMS is pleased to announce the scheduled release of the agendas for the Healthcare Common Procedure Coding System (HCPCS) Public Meeting for Drugs, Biologicals, and Radiopharmaceuticals (Tue May 17 and Wed May 18) and the agendas for the HCPCS Public Meetings for Supply and Other (Tue May 24 and Wed May 25).

The documents and the link for the corresponding public meeting registrations for these meetings are located on the HCPCS website at [http://www.CMS.gov/MedHCPCSGenInfo/08\\_HCPCSPublicMeetings.asp](http://www.CMS.gov/MedHCPCSGenInfo/08_HCPCSPublicMeetings.asp).

### **Have You Registered for National Provider Call on CMS ICD-10 Conversion Activities?** [[↑](#)]

Wed May 18, 1-2:30pm ET

CMS will host a national provider call on CMS ICD-10 conversion activities. Subject matter experts will discuss the ICD-10 conversion process currently taking place within CMS, including a case study from the CMS Coverage and Analysis Group on their transition to ICD-10 for the lab national coverage determinations (NCDs). The target audience for this call includes medical coders, physician office staff, provider billing staff, health records staff, vendors, educators, system maintainers, and all Medicare fee-for-service providers.

The agenda will include:

- ICD-10 overview
- Lab NCDs conversion process from ICD-9-CM to ICD-10-CM
- Home health conversion
- OASIS and procedure code reporting
- Update on claims spanning the implementation date
- National ICD-10 implementation issues
- A Q&A session

To register for this informative session, please visit

<http://www.CMS.gov/ICD10/Tel10/itemdetail.asp?itemID=CMS1246998>. Registration will close at 1pm ET on Tue May 17 or when available space has been filled; no exceptions will be made, so please register early.

**Save the Date: Medicare and Medicaid EHR Incentive Programs: Understanding Meaningful Use** [[↑](#)]

Thu May 19, 2:30-4pm ET

Wish you knew more about how to use Electronic Health Records (EHRs) to earn incentive payments from CMS? CMS will hold a national provider education call about Meaningful Use on Thu May 19 that will help.

The agenda for this call will include:

- Defining “Meaningful Use”;
- The requirements for Stage 1 of Meaningful Use (2011 and 2012);
- Attestation for Meaningful Use
- Goals of the Meaningful Use Objectives Specification Sheets
- Q&A

Registration information will be made available soon, and will be shared via listserv announcement and the [Spotlight and Upcoming Events Page](#) of the EHR Incentive Programs website.

- Additional EHR-related material in today’s e-News... [[previous](#) / [next](#)]

**Save the Date: National Provider Call on Medicare FFS Implementation of HIPAA Version 5010 and D.0 Transactions** [[↑](#)]

Wed May 25, 2-3:30pm ET

CMS will host its sixteenth national education call regarding Medicare FFS's implementation of HIPAA Version 5010 and D.0 transaction standards on Wed May 25. This session will focus on a HIPAA 5010 status update for Medicare Fee-For-Service, HETS Eligibility Transaction, Coordination of Benefits Contractor, and Medicaid. In addition, resources and guidance will be provided for 5010 testing and to help the audience through the transition to implementation.

The target audience for this call includes vendors, clearinghouses, and providers who need to make Medicare FFS-specific changes in compliance with HIPAA Version 5010 requirements. The agenda will include:

- General Overview
- Provider testing and readiness
- What you need to do
- Q & A

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 our new 5010 FFS Information resource mailbox at [5010FFSinfo@cms.hhs.gov](mailto:5010FFSinfo@cms.hhs.gov). Please note that this new resource 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.

CMS will be making use of a webinar as part of this national conference call (details follow below). This feature will allow participants to follow the presentation online as it is given, though will not have any effect on those participants who are only dialing in to the audio portion of the call. Those who are not participating in the webinar should be sure to download the presentation for the call in advance from <http://www.CMS.gov/Versions5010andD0/V50/itemdetail.asp?itemID=CMS1247188>.

Registration information and instructions for accessing the webinar and audio portions of this call will be made available shortly.

### **CMS Announces National Version 5010 Testing Day** [[↑](#)]

Wed June 15

The Version 5010 compliance date – Sun Jan 1, 2012 – is fast approaching. All *HIPAA*-covered entities should be taking steps now to get ready, including conducting external testing to ensure timely compliance. Are you prepared for the transition? Medicare Fee-for-Service (FFS) trading partners are encouraged to contact their Medicare Administrative Contractors (MACs) now and facilitate testing to gain a better understanding of MAC testing protocols and the transition to Version 5010.

To assist in this effort, CMS, in conjunction with the Medicare FFS Program, announces a National 5010 Testing Day to be held Wed June 15, 2011. National 5010 Testing Day is an opportunity for trading partners to come together and test compliance efforts that are already underway with the added benefit of real-time help desk support and direct and immediate access to MACs.

CMS encourages all trading partners to participate in the National 5010 Testing Day. This includes:

- Providers;
- Clearinghouses; and
- Vendors

More details concerning transactions to be tested are forthcoming from your local **MAC**. Additionally, there are several State Medicaid Agencies **that** will be participating in the National 5010 testing day; **more** details will follow from them as well.

Again, CMS National 5010 Testing Day does not preclude trading partners from testing transactions immediately with their MAC. Don't wait. **You are** encouraged **to** begin working with your MAC now to ensure timely compliance. Note that successful testing is required before a trading partner may be placed into production.

We hope all trading partners **will** join us on Wed June 15 and take advantage of this great opportunity to ensure testing and transition efforts are on track! For more information on *HIPAA* Version 5010, please visit <http://www.CMS.gov/Versions5010andD0>.

## **CMS Proposes To Expand Access To Seasonal Influenza Immunization** [[↑](#)]

Proposed requirement would make flu shots available to patients at most commonly visited Medicare-certified healthcare facilities.

On Fri Apr 29, CMS proposed new requirements for Medicare-certified providers that are designed to expand access to seasonal influenza vaccination. The notice of proposed rulemaking would update the conditions of participation and conditions for coverage for a number of provider types, in an effort to increase access to the vaccine, to increase the number of patients receiving annual vaccination against seasonal influenza, and to decrease flu-linked morbidity and mortality.

“Today’s proposed rule will expand Medicare beneficiaries’ options for where to receive a flu shot during flu season,” said CMS Administrator, Donald M Berwick, MD. “The new requirements would make flu shots available in more of the healthcare facilities that Medicare beneficiaries are most likely to visit, including hospitals and rural health clinics.”

This proposed rule would require many Medicare providers and suppliers to offer all patients an annual influenza vaccination during flu season, unless medically contraindicated. As always, any patient would retain the right to decline any vaccination. This proposed requirement would extend to Medicare-certified:

- Hospitals, including short-term acute care, psychiatric, rehabilitation, long-term care, children’s, and cancer;
- Critical Access Hospitals (CAHs);
- Rural Health Clinics (RHCs);
- Federally Qualified Health Centers (FQHCs) and;
- End-Stage Renal Disease (ESRD) facilities that offer dialysis services.

*The full text of this excerpted press release can be found on the CMS website at <http://www.CMS.gov/apps/media/press/release.asp?Counter=3949>.*

CMS will accept public comments on the proposed rule until Tue July 5, and will respond to comments in a final rule to be published in the coming months. The proposed rule is available online from the *Federal Register* at [http://www.OFR.gov/OFRUpload/OFRData/2011-10646\\_PI.pdf](http://www.OFR.gov/OFRUpload/OFRData/2011-10646_PI.pdf). To submit comments, please visit <http://www.Regulations.gov> and search for rule “CMS-3213-P.”

## **Administration Implements *Affordable Care Act* Provision to Improve Care, Lower Costs; Value-Based Purchasing Will Reward Hospitals Based on Quality of Care for Patients** [[↑](#)]

The Department of Health and Human Services (HHS) has launched a new initiative which will reward hospitals for the quality of care they provide to people with Medicare and help reduce healthcare costs. Authorized by the *Affordable Care Act*, the Hospital Value-Based Purchasing program marks the beginning of an historic change in how Medicare pays healthcare providers and facilities – for the first time, 3500 hospitals across the country will be paid for inpatient acute care services based on care quality, not just the quantity of the services they provide.

This initiative helps support the goals of the [Partnership for Patients](#), a new public-private partnership that will help improve the quality, safety and affordability of healthcare for all Americans. The *Partnership for Patients*

has the potential over the next three years to save 60,000 lives and save up to \$35 billion in US healthcare costs, including up to \$10 billion for Medicare. Over the next ten years, the *Partnership for Patients* could reduce costs to Medicare by about \$50 billion and result in billions more in Medicaid savings.

In FY2013, an estimated \$850 million will be allocated to hospitals based on their overall performance on a set of quality measures that have been shown to improve clinical processes of care and patient satisfaction. This funding will be taken from what Medicare otherwise would have spent, and the size of the fund will gradually increase over time, resulting in a shift from payments based on volume to payments based on performance.

“Medicare is in a unique position to reward hospitals for improving the quality of care they provide,” said CMS Administrator Donald Berwick, MD. “Under this new initiative, we will reward hospitals for delivering high-quality care, treating their patients with respect and compassion, and ensuring they have the opportunity to participate in decisions about their treatment.”

Some of these measures will assess whether hospitals:

- Ensure that patients who may have had a heart attack receive care within 90 minutes;
- Provide care within a 24-hour window to surgery patients to prevent blood clots;
- Communicate discharge instructions to heart failure patients; and
- Ensure hospital facilities are clean and well maintained.

In the future, CMS plans to add additional measures that focus on improved patient outcomes and prevention of hospital-acquired conditions. Measures that have reached very high compliance scores would likely be replaced, continuing to raise the quality bar.

The Hospital Value-Based Purchasing initiative is just one part of a wide-ranging effort by the Obama Administration to improve the quality of healthcare for all Americans, using important new tools provided by the *Affordable Care Act*. The *Partnership for Patients* is bringing together hospitals, doctors, nurses, pharmacists, employers, unions, and state and federal government committed to keeping patients from getting injured or sicker in the healthcare system and improving transitions between care settings. CMS will invest up to \$1 billion to help drive these changes. In addition, proposed rules allowing Medicare to pay new Accountable Care Organizations to improve coordination of patient care are also expected to result in better care and lower costs.

*The full text of this excerpted press release can be found on the CMS website at <http://www.HHS.gov/news/press/2011pres/04/20110429a.html>.*

To learn more about Hospital Value-based Purchasing, please visit <http://www.CMS.gov/HospitalQualityInits>. An additional fact sheet on the Hospital Value-Based Purchasing program can be found at <http://www.HealthCare.gov/news/factsheets/valuebasedpurchasing04292011a.html>.

The final rule establishing the program has been placed on display at the *Federal Register* and can be found online at <http://www.CMS.gov/HospitalQualityInits>. More technical information about the final rule, including the measures CMS has included in the program, as well as CMS’s scoring methodology, is included in a fact sheet available at <http://www.CMS.gov/apps/media/press/factsheet.asp?Counter=3947>.

**How to Get Paid for the EHR Incentive Programs** [[↑](#)]

Payments for the Medicare and Medicaid EHR Incentive Programs are distributed based on each year of participation, and follow a specific [payment schedule](#). Listed below are payment details on the Medicare and Medicaid EHR Incentive Programs. For an overview, review the Medicare Learning Network Matters Special Edition article #SE1111 – “[Medicare Electronic Health Record \(EHR\) Incentive Payment Process](#).”

#### *Medicare EHR Incentive Program*

- Eligible professionals (EPs): EPs can receive up to \$44,000 over five years under the Medicare EHR Incentive Program. There's an additional incentive for EPs who provide services in a Health Professional Shortage Area (HPSA). To get the maximum incentive payment, Medicare EPs must begin participation by 2012.
- Eligible hospitals and critical access hospitals (CAHs): Incentive payments to eligible hospitals and CAHs may begin as early as 2011, and are based on a number of factors, beginning with a \$2 million base payment.

#### *Medicaid EHR Incentive Program*

- EPs: The Medicaid EHR Incentive Program is voluntarily offered by states and territories. EPs can receive up to \$63,750 over the six years that they choose to participate in the program. Medicaid EPs must initiate the program by 2016.
- Eligible hospitals: Medicaid hospitals that qualify for incentive payments may begin receiving incentive payments as early as FY2011. Hospital payments are based on a number of factors, beginning with a \$2 million base payment. Medicaid hospitals must initiate the payments by 2016.

*Important Note:* Medicare Administration Contractors (MACs), carriers, and Fiscal Intermediaries (FIs) will not be making Medicare EHR incentive payments. CMS has contracted with a Payment File Development Contractor to make these payments. Don't call your MAC/Carrier/FI with questions about your EHR incentive payment. Instead, call the EHR Information Center at 888-734-6433 (or 888-734-6563 for TTY), 7:30am-6:30pm (CT), Monday through Friday (except federal holidays).

Want more information about the EHR Incentive Programs? Visit the [CMS EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs; also sign up for the [EHR Incentive Programs email update listserv](#).

- Additional EHR-related material in today's e-News... [\[previous / next\]](#)

#### **New FAQs on CMS EHR Incentive Programs [\[↑\]](#)**

We want to keep you updated with the latest resources on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. New FAQs have been added to our website this month. Take a minute and review the new FAQs on attestation, meaningful use, certified EHR technology, and the path to payment:

#### *Attestation*

- To what attestation statements must an eligible professional (EP), eligible hospital, or critical access hospital (CAH) agree in order to submit an attestation, successfully demonstrate meaningful use, and receive an incentive payment under the Medicare EHR Incentive Program? [Read the answer](#).
- Can EPs allow another person to register or attest for them? [Read the answer](#).

#### *Meaningful Use*

- For the meaningful use objective of “generate and transmit prescriptions electronically (eRx)” for the Medicare and Medicaid EHR Incentive Program, how should the numerator and denominator be calculated? Should electronic prescriptions fulfilled by an internal pharmacy be included in the numerator? [Read the answer.](#)
- For the meaningful use objective to “record and chart changes in vital signs” for the Medicare and Medicaid EHR Incentive Programs, can an EP claim an exclusion if the EP regularly records only one or two of the required vital signs but not all three? [Read the answer.](#)
- In order to meet the participation threshold of 50 percent of patient encounters in practice locations equipped with certified EHR technology for the Medicare and Medicaid EHR Incentive Programs, how should patient encounters be calculated? [Read the answer.](#)
- If an eligible hospital or CAH has a rehabilitation unit or a psychiatric unit that is part of the inpatient department and that bills under Place of Service (POS) code 21, but that is excluded from the inpatient prospective payment system (IPPS), should patients from these units be included in the denominator for the measures of meaningful use objectives for the Medicare and Medicaid EHR Incentive Programs? [Read the answer.](#)

#### *Certified EHR Technology*

- If a provider purchases a certified complete EHR or has a combination of certified EHR modules that collectively satisfy the definition of certified EHR technology, but opts to use a different, uncertified EHR technology to meet certain meaningful use core or menu set objectives and measures, will that provider be able to successfully demonstrate meaningful use under the Medicare and Medicaid EHR Incentive Programs? [Read the answer.](#)

#### *Path to Payment*

- For the 2011 payment year, how and when will incentive payments for the Medicare EHR Incentive Programs be made? [Read the answer.](#)

Want more information about the EHR Incentive Programs? Visit the [CMS EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs; also sign up for the [EHR Incentive Programs email update listserv](#).

- Additional EHR-related material in today’s e-News... [[previous](#) / [next](#)]

### **Electronic Prescribing (eRx) Incentive Program Update – Avoiding the Adjustment [\[↑\]](#)**

In November 2010, the Centers for Medicare & Medicaid Services announced that, beginning in calendar year 2012, eligible professionals who are not successful electronic prescribers based on claims submitted between Sat Jan 1 and Thu June 30, 2011, may be subject to a payment adjustment on their Medicare Part-B Physician Fee Schedule-covered professional services. Section 132 of the *Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)* authorizes CMS to apply this payment adjustment whether or not the eligible professional is planning to participate in the eRx Incentive Program.

From 2012 through 2014, the payment adjustment will increase each calendar year. In 2012, the payment adjustment for not being a successful electronic prescriber will result in an eligible professional or group practice receiving 99% of their Medicare Part-B PFS amount that would otherwise apply to such services. In 2013, an eligible professional or group practice will receive 98.5% of their Medicare Part-B PFS-covered professional services for not being a successful electronic prescriber in 2011 or as defined in a future

regulation. In 2014, the payment adjustment for not being a successful electronic prescriber is 2%, resulting in an eligible professional or group practice receiving 98% of their Medicare Part-B PFS-covered professional services. (The payment adjustment does not apply if less than 10% of an eligible professional's or group practice's allowed charges for the Sat Jan 1, 2011 through Thu June 30, 2011, reporting period are comprised of codes in the denominator of the 2011 eRx measure.) Also note that earning an eRx incentive for 2011 will NOT necessarily exempt an eligible professional or group practice from the payment adjustment in 2012.

How to Avoid the 2012 eRx Payment Adjustment:

- Eligible professionals – An eligible professional can avoid the 2012 eRx Payment adjustment if (s)he:
  - Is not a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of Thu June 30, 2011, based on primary taxonomy code in NPPES;
  - Does not have prescribing privileges. Note that (s)he must report G8644 at least one time on an eligible claim prior to Thu June 30, 2011;
  - Does not have at least 100 cases containing an encounter code in the measure denominator;
  - Becomes a successful e-prescriber; and
  - Reports the eRx measure for at least 10 unique eRx events for patients in the denominator of the measure.
- Group Practices – For group practices that are participating in eRx GPRO-I or GPRO-II during 2011, the group practice MUST become a successful e-prescriber.
  1. Depending on the group's size, the group practice must report the eRx measure for 75-2500 unique eRx events for patients in the denominator of the measure.

For additional information, please visit the "Getting Started" webpage at <http://www.CMS.gov/ERXincentive>, or download the "Medicare's Practical Guide to the Electronic Prescribing (eRx) Incentive Program" under "Educational Resources" on the same website.

### **Final Rule CMS-1346-F: Inpatient Psychiatric Facilities Prospective Payment System – Update for RY2012**

[↑]

This final rule updates the prospective payment rates for Medicare inpatient hospital services provided by inpatient psychiatric facilities (IPFs) for discharges occurring during the Rate Year (RY) 2012 (beginning 2011-07-01 through 2012-09-30). The final rule also changes the IPF prospective payment system (PPS) payment rate update period to a rate year that coincides with a fiscal year. In addition, the rule implements policy changes affecting the IPF PPS teaching adjustment. It also rebases and revises the Rehabilitation, Psychiatric, and Long-Term Care (RPL) market basket, and makes some clarifications and corrections to terminology and regulations text. These regulations are effective on Wed July 1, 2011.

To view CMS-1346-F, visit

<http://www.CMS.gov/InpatientPsychFacilPPS/IPFPPSRN/itemdetail.asp?itemID=CMS1247139>.

### **National Women's Health Week and National Women's Checkup Day [↑]**

Sun May 8 is Mothers Day and also kicks off the 12th annual National Women's Health Week and National Women's Checkup Day, Mon May 9. "It's Your Time!" is the theme for the 2011 National Women's Health Week. This week-long national health observance empowers women to make their health a top priority. It also encourages them to take steps to improve their physical and mental health and lower their risks of

certain diseases. Although Medicare is now helping to pay for more preventive services and screenings, many women with Medicare are not taking full advantage of them, leaving significant gaps in prevention. With your help, we can begin to close the prevention gap. Please join with the Centers for Medicare & Medicaid Services in helping women learn how they can live longer healthier lives through disease prevention, early detection, and lifestyle modifications.

#### *Medicare Coverage:*

Medicare provides coverage of many preventive services and screenings that are especially meaningful to women, including but not limited to:

- Bone Mass Measurements
- Cancer Screenings
  - Breast (Mammogram and Clinical Breast Exam)
  - Cervical and Vaginal (Pap Test and Pelvic Exam)
  - Colorectal
- Cardiovascular Disease Screenings
- Diabetes Screening
- HIV Screening
- Immunizations
  - Hepatitis B
  - Influenza
  - Pneumococcal
- Tobacco Use Cessation Counseling
- Yearly Wellness Exam (New for 2011)

Note: While coverage by Medicare is subject to certain eligibility criteria, many preventive services and screenings can now be received with no out-of-pocket costs to the beneficiary.

#### *What Can You Do?*

As a provider of health care services to people with Medicare, CMS needs your help to ensure that women with Medicare are informed about the preventive services and screenings for which they may be eligible, they understand the importance of utilizing these services, and they are encouraged to use the services that are appropriate for them. Please remember to provide referrals for services when required.

#### *For More Information:*

- [CMS Preventive Services Website](#)
- [Quick Reference Information: Medicare Preventive Services](#)
- [Medicare Learning Network® \(MLN\) Preventive Services Educational Products](#)
- [National Women's Health Week](#)
- [National Women's Checkup Day](#)

This Mothers Day, we can make a positive difference in the health of the women in our lives. Thank you!

#### **Home Health Prospective Payment System CY2011 PC Pricer Update [\[↑\]](#)**

The CY2011 Home Health Prospective Payment System (HH PPS) PC Pricer provider data has been updated with April 2011 data and is now available for download at [http://www.CMS.gov/PCPricer/05\\_HH.asp](http://www.CMS.gov/PCPricer/05_HH.asp) (most recently dated 2011-04-28).

### **Inpatient Prospective Payment System FY2011 PC Pricer Update** [[↑](#)]

The latest April 2011 provider data has been updated in the FY2011 Inpatient Prospective Payment System (INP PPS) PC Pricers. If you use the FY2011 INP PPS PC Pricers, please visit [http://www.CMS.gov/PCPricer/03\\_inpatient.asp](http://www.CMS.gov/PCPricer/03_inpatient.asp) and download the latest version, dated 2011-04-27 (for claims dated 2010-10-01 through 2011-09-30).

### **Inpatient Psychiatric Facility Prospective Payment System RY2011 PC Pricer Update** [[↑](#)]

The Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) PC Pricer has been updated with the April 2011 provider data, and has been updated on the CMS website for claims dated 2010-10-01 through 2011-06-30. If you use the RY2011 IPF PPS PC Pricer, please visit [http://www.CMS.gov/PCPricer/09\\_inpsy.asp](http://www.CMS.gov/PCPricer/09_inpsy.asp) and download the latest version, dated 2011-04-28.

### **Inpatient Rehabilitation Facility Prospective Payment System FY2010 and FY2011 PC Pricer Updates** [[↑](#)]

The FY2010 and FY2011 Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) PC Pricers have been updated with the latest provider data, and are ready for download from [http://www.CMS.gov/PCPricer/06\\_IRF.asp](http://www.CMS.gov/PCPricer/06_IRF.asp) (most recently dated 2011-04-29).

### **Medicare Part B Average Sales Price – Payments for Wilate and Flulaval** [[↑](#)]

For the April 2011 Average Sales Price quarterly update, CMS is not publishing a payment limit for HCPCS code J7184 [Injection, Von Willebrand Factor Complex (Human), Wilate, Per 100 iu VWF:RCO] for claims with dates of service between Fri Apr 1 and Thu June 30, 2011. A price for Wilate can be found on the “April 2011 ASP Not Otherwise Classified (NOC)” pricing file available on the CMS website. Additionally, as per updated CR #7234, CMS has updated the price for Q2036 (Flulaval vacc, 3 yrs & >, im) to \$8.784 for the April 2011 ASP quarterly update. This updated price is effective for claims with dates of service on or after Fri Oct 1, 2010. The revised price has been added to the October 2010 and January 2011 ASP pricing files.

These pricer pricing files can be found on the CMS website at <http://www.CMS.gov/McrPartBDrugAvgSalesPrice>.

### **From the MLN: “Power Mobility Device Face-to-Face Examination Checklist” Released** [[↑](#)]

MLN Matters® Special Edition Article #SE1112 – titled “Power Mobility Device Face-to-Face Examination Checklist” – which provides a checklist and helpful tips providers may wish to use for the face-to-face examination that occurs prior to ordering a power mobility device (PMD) for their Medicare patients, is now available at <http://www.CMS.gov/MLNMattersArticles/downloads/SE1112.pdf>. This article supports existing policy and is being issued solely as an educational guide to improve compliance with documentation requirements for the face-to-face examination and help providers and suppliers avoid denial of their PMD claims.

**From the MLN: “Fast Facts” Now Available on MLN Provider Compliance Webpage [↑]**

As part of ongoing efforts by CMS to keep Medicare Fee-For-Service providers aware of new and improved educational products, CMS encourages you to visit the [MLN Provider Compliance](#) webpage, containing educational FFS provider materials to help you understand – and avoid – common billing errors and other improper activities identified through claim review programs. You can now review quick tips on relevant provider compliance issues and corrective actions directly from this webpage. Be sure to bookmark this page and check back often as a new “fast fact” will be added each month!

**From the MLN: April 2011 Issue of Quarterly Provider Compliance Newsletter Released [↑]**

Just released! The next issue of the “Medicare Quarterly Provider Compliance Newsletter” is now available in downloadable format from the Medicare Learning Network® at [http://www.CMS.gov/MLNProducts/downloads/MedQtrlyComp\\_Newsletter\\_ICN903696.pdf](http://www.CMS.gov/MLNProducts/downloads/MedQtrlyComp_Newsletter_ICN903696.pdf). This educational tool is designed to provide education on how to avoid common billing errors and other erroneous activities when dealing with the Medicare Program and is released on a quarterly basis. In this issue, a number of Recovery Audit findings that affect inpatient rehabilitation facilities, inpatient hospitals, physicians, non-physician practitioners, and outpatient hospitals are presented. The newsletter now features a series of tips and suggestions on relevant topics and an interactive index of previously-issued newsletters, which can be found at [http://www.CMS.gov/MLNProducts/downloads/MedQtrlyCompNL\\_Archive.pdf](http://www.CMS.gov/MLNProducts/downloads/MedQtrlyCompNL_Archive.pdf).

**From the MLN: “Telehealth Services” Fact Sheet Revised [↑]**

The revised publication titled “Telehealth Services” (revised March 2011) is now available in downloadable format from the Medicare Learning Network® at <http://www.CMS.gov/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>. This fact sheet is designed to provide education on services furnished to eligible Medicare beneficiaries via a telecommunications system, including originating sites, distant site practitioners, telehealth services, billing and payment for professional services furnished via telehealth, and billing and payment for the originating site facility fee.

**From the MLN: “Hospital Outpatient Prospective Payment System” Fact Sheet Revised [↑]**

The revised publication titled “Hospital Outpatient Prospective Payment System” (revised March 2011) is now available in downloadable format from the Medicare Learning Network® at <http://www.CMS.gov/MLNProducts/downloads/HospitalOutpaysysfctsht.pdf>. This fact sheet is designed to provide education on the Hospital Outpatient Prospective Payment System (OPPS) including background, ambulatory payment classifications, how payment rates are set, and payment rates under the OPPS.

**From the MLN: “Medicare EHR Incentive Payments for Eligible Professionals” Fact Sheet Now Available in Spanish [↑]**

The “Medicare Electronic Health Record Incentive Payments for Eligible Professionals” fact sheet is now available in a Spanish version (ICN 906386). This fact sheet is designed to provide education on the Medicaid EHR Incentive Program for eligible professional, and can be accessed on the Medicare Learning Network at

[http://www.CMS.gov/MLNProducts/downloads/Medicaid\\_EHRIncentivePayments\\_ICN906386-Sp.pdf](http://www.CMS.gov/MLNProducts/downloads/Medicaid_EHRIncentivePayments_ICN906386-Sp.pdf)

- Additional EHR-related material in today’s e-News... [[previous](#) / [next](#)]

**From the MLN: “Medicaid EHR Incentive Payments for Eligible Professionals” Fact Sheet Now Available in Spanish** [[↑](#)]

The “Medicaid Electronic Health Record Incentive Payments for Eligible Professionals” fact sheet is now available in a Spanish version (ICN 906388). This fact sheet is designed to provide education on EHR Incentive Payments for Eligible Professionals, and can be accessed on the Medicare Learning Network at

<http://www.CMS.gov/MLNProducts/downloads/MedicareEHRProgForEPs-ICN906388-sp.pdf>.

- Additional EHR-related material in today’s e-News... [[previous](#)]

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