



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—

As you may have noticed, there were a large number of e-News issues that went out last week; in addition to the normal Tuesday message compiling all the news for the week, a series of shorter messages were released throughout the week with late-breaking information primarily focused on the release of regulations.

Over the last several months, we've been making an intentional effort to limit e-News issues to roughly once a week, responding to the suggestion that recipients preferred this to receiving numerous individual messages each week. Delivering *accurate, timely, and* – perhaps most importantly – *useful information* to the Medicare FFS community has been, and continues to be, our goal.

On occasion, news and announcements are made by the Agency throughout the week that we think are important enough to share with you as quickly as possible – which is why we wound up releasing so many standalone messages last week. It was an unusually busy week, though, so things should return to the normal schedule for a little while now.

Hope all is well—

Robin

The e-News for the week of Tue July 12 includes...

MEETINGS, CALLS, AND EVENTS

- [National Provider Call on Medicare & Medicaid EHR Incentive Program Basics for Eligible Professionals \[Thu July 14\]](#)
- [National Provider Call on Physician Quality Reporting System & Electronic Prescribing Incentive Program \[Tue July 26\]](#)
- [CMS Announces National Version 5010 Testing Week! \[Mon Aug 22 through Fri Aug 26\]](#)
- [Video Slideshow Presentation, Podcasts, and Written Transcripts Now Available from Wed May 18](#)
- [National Provider Call on "CMS ICD-10 Conversion Activities, Including Lab Case Study"](#)

ANNOUNCEMENTS, REMINDERS, AND REGULATIONS

- [Electronic Prescribing Incentive Program Update: 2012 Payment Adjustment](#)

CODE, PRICER, AND CLAIMS UPDATES

- [Outpatient Prospective Payment System Pricer Update](#)

UPDATES FROM THE MEDICARE LEARNING NETWORK®

- [Medicare Learning Network Provider Exhibit Program](#)
- [Preventive Services Resources Updated](#)
- [Physician Quality Reporting System and eRx Incentive Program Fact Sheets Available for Download](#)

National Provider Call on Medicare & Medicaid EHR Incentive Program Basics for Eligible Professionals [\[↑\]](#) *Thu July 14; 1:30-3pm ET*

Did you know that providers have received over \$190 million in Medicare and Medicaid EHR incentive payments through May? Don't be left behind. Learn what you need to do to be eligible for an incentive. Join CMS for a national call for eligible professionals on Medicare & Medicaid EHR Incentive Program Basics.

The target audience for this call includes Doctors of Medicine or Osteopathy, Doctors of Dental Surgery or Dental Medicine, Doctors of Podiatric Medicine, Doctors of Optometry, Chiropractors, Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants (PA) who practice at an FQHC/RHC led by a PA. (Note that Hospital-based EP's may not participate; an EP is considered hospital-based if 90% or more of the EP's services are performed in a hospital inpatient or emergency room setting. Medicaid-eligible professionals must meet patient volume criteria, providing services to those attributable to Medicaid or, in some cases, needy individuals.)

The agenda for this call will include:

- Who is eligible?
- How much are the incentives and how are they calculated?
- How does one get started?
- What are major milestones regarding participation and payment?
- How does one report on meaningful use?
- Where can helpful resources be found?
- A question and answer session.

In order to receive the call-in information, you must register for the call. *Registration will close at 1:30pm on*

Wed July 13 or when available space has been filled; no exceptions will be made, so please register early. For more details, including *instructions on registering for the call*, please visit <http://www.eventsvc.com/palmettogba/071411>.

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

National Provider Call on Physician Quality Reporting System & Electronic Prescribing Incentive Program

[\[↑\]](#)

Tue July 26; 1:30-3pm ET

CMS will host a national provider call on the Physician Quality Reporting System & Electronic Prescribing Incentive Program. Subject matter experts will provide an overview of the proposed Medicare Physician Fee Schedule Rule relating to the 2012 Physician Quality Reporting System & Electronic Prescribing Incentive Program year; a question and answer session will follow the presentation. The target audience for this call includes eligible professionals, medical coders, physician office staff, provider billing staff, health records staff, vendors, and all other Medicare fee-for-service providers.

In order to receive the call-in information, you must register for the call. *Registration will close at 1:30pm on Mon July 25* or when available space has been filled; no exceptions will be made, so please register early. For more details, including *instructions on registering for the call*, please visit <http://www.eventsvc.com/palmettogba/072611>.

A slideshow presentation will be made available in advance of the call at http://www.CMS.gov/PQRS/04_CMSSponsoredCalls.asp.

- Additional material related to the Physician Quality Reporting System and eRx in today's e-News... [\[next\]](#)

CMS Announces National Version 5010 Testing Week! [\[↑\]](#)

Mon Aug 22 through Fri Aug 26

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, the Centers for Medicare & Medicaid Services (CMS), in conjunction with the Medicare FFS Program, announce a National 5010 Testing Week to be held Mon Aug 22 through Fri Aug 26. National 5010 Testing Week 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 Week, including:

- Providers;
- Clearinghouses; and
- Vendors.

More details concerning transactions to be tested are forthcoming from your local MAC. There are several State Medicaid Agencies who will also be participating in the National 5010 Testing Week; more details on Medicaid testing will become available soon.

Again, CMS National 5010 Testing Week does not preclude trading partners from testing transactions immediately with their MAC. *Don't wait until August!* CMS encourages you 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 during the week of Mon Aug 22 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 the CMS dedicated 5010 website at <http://www.CMS.gov/Versions5010andDO>.

Video Slideshow Presentation, Podcasts, and Written Transcripts Now Available from Wed May 18 National Provider Call on “CMS ICD-10 Conversion Activities, Including Lab Case Study” [\[↑\]](#)

Did you miss the Wed May 18 ICD-10 National Provider Call? The entire presentation is now available on the [CMS YouTube Channel](#) as a video slideshow that includes the call audio and captioning.

Limited on time? Podcasts are perfect for the office, the car, or anywhere you carry a portable media player or smartphone. CMS has also released 4 podcasts of this call:

1. Welcome and ICD-10 Overview
2. Case Study on Translating the Lab NCDs
3. ICD-10 Updates from CMS Subject Matter Experts
4. Question and Answer Session

The podcasts, video slideshow presentation, and written transcripts are now available at <http://www.CMS.gov/ICD10/Tel10/itemdetail.asp?itemID=CMS1246998>, in the ‘Downloads’ and ‘Related Links Outside CMS’ sections of the page.

Electronic Prescribing Incentive Program Update: 2012 Payment Adjustment [\[↑\]](#)

In 2009, CMS implemented the Electronic Prescribing (eRx) Incentive Program, which is a program that uses incentive payments and payment adjustments to encourage the use of electronic prescribing systems.

From CY2012 through 2014, a payment adjustment that increases each CY will be applied to an eligible professional's Medicare Part B Physician Fee Schedule (PFS) covered professional services for not becoming a successful electronic prescriber. The payment adjustment of 1% in 2012, 1.5% in 2013, and 2% in 2014 will result in an eligible professional or group practice receiving 99%, 98.5%, and 98% respectively of their

Medicare Part B PFS covered professional services.

The 2012 eRx Payment Adjustment:

The reporting period for reporting the electronic prescribing measure for purposes of the 2012 payment adjustment ended on Thu June 30, 2011. All applicable claims for dates of service between Sat Jan 1 and Thu June 30, 2011 must be processed by Fri July 29, 2011.

However, on Thu May 26, CMS released a proposed rule entitled “Proposed Changes to the 2011 Electronic Prescribing Incentive Program” to address concerns stakeholders have expressed regarding the implementation of the 2012 eRx payment adjustment.

The proposed rule proposes to do the following:

1. Modify the existing electronic prescribing measure to allow for the use of certified Electronic Health Record (EHR) technology as defined at 45 CFR 170.102.
2. Provide the following additional significant hardship exemptions to the 2012 eRx payment adjustment:
 - a. Eligible professionals who register to participate in the Medicare or Medicaid EHR Incentive Program and adopt certified EHR technology;
 - b. Inability to electronically prescribe due to local, state, or federal law or regulation;
 - c. Limited prescribing activity; or
 - d. Insufficient opportunities to report the electronic prescribing measure due to limitations in the measure’s denominator.
3. Allow eligible professionals until Sat Oct 1, 2011 to submit a request for a significant hardship exemption.

Please note that CMS is *not* currently accepting exemption requests based on the proposed significant hardship exemptions stated above. If finalized, CMS will provide instructions for submitting significant hardship requests in a final rule.

The proposed rule (CMS-3248-P) may be viewed at <http://www.GPO.gov/fdsys/pkg/FR-2011-06-01/pdf/2011-13463.pdf>. The public has until Mon July 25 to provide comments on the proposed rule. Upon consideration of the public comments received, CMS will publish a final rule before these proposed changes would go into effect.

- Additional material related to the Physician Quality Reporting System and eRx in today’s e-News... [\[next / previous\]](#)

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

The Outpatient Prospective Payment System (OPPS) Pricer webpage has been updated with new payment files for the 2011 Update to the OPPS, as specified in Change Request #7443. If you use OPPS Pricer files, please visit <http://www.CMS.gov/PCPricer/OutPPS/itemdetail.asp?itemID=CMS1249211> and download the latest version.

From the MLN: Medicare Learning Network Provider Exhibit Program [\[↑\]](#)

Would you like to have CMS present at your next national and/or regional provider association meeting or conference? If so, visit the brand new Medicare Learning Network Provider Exhibit Program webpage to

contact us directly! We can provide your conference attendees with access to relevant MLN educational products and resources that have been developed especially for their use; your members/attendees will also be provided with an opportunity to provide feedback and exchange ideas with CMS on the relevance of our MLN program materials! For more information on the exhibit program selection process and the current schedule, please visit the MLN Provider Exhibit Program webpage at <http://www.CMS.gov/MLN-Provider-Exhibit-Program>.

From the MLN: Preventive Services Resources Updated [[↑](#)]

The Medicare Learning Network has recently updated several educational tools related to Medicare-covered preventive services:

- *“Quick Reference Information: Preventive Services”* offers coverage, coding, and payment information on the wide variety of preventive services Medicare covers. View, download, or print at http://www.CMS.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf.
- *“Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination (IPPE)”* offers a list of the elements included in the IPPE, along with some frequently asked questions. View, download, or print at http://www.CMS.gov/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf.
- *“Quick Reference Information: The ABCs of Providing the Annual Wellness Visit (AWV)”* offers a list of the elements included in the AWV, along with some frequently asked questions. View, download, or print at http://www.CMS.gov/MLNProducts/downloads/AWV_Chart_ICN905706.pdf.
- *“Quick Reference Information: Medicare Immunization Billing”* offers coverage, coding, and payment information for the seasonal influenza, pneumococcal, and hepatitis B vaccines. View, download, or print at http://www.CMS.gov/MLNProducts/downloads/qr_immun_bill.pdf.

The MLN® also offers these charts in a laminated, ring-bound booklet titled *“Quick Reference Information Resources: Medicare Preventive Services.”* This booklet contains all four of the preventive services charts listed above in a single, easy-to-use format. To order your free copy, visit the Preventive Services MLN page at http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp, then scroll to “MLN Product Ordering Page” in the “Related Links Inside CMS” section. (Please note that, aside from the Medicare Immunization Billing chart, these charts are no longer offered individually in hard copy.)

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

From the MLN: Physician Quality Reporting System and eRx Incentive Program Fact Sheets Available for Download [[↑](#)]

A series of fact sheets relating to the Physician Quality Reporting System and the Electronic Prescribing (eRx) Incentive Program are now available in downloadable format from the Medicare Learning Network:

- The *“2011 Physician Quality Reporting System Made Simple for Reporting the Preventive Care Measures Group”* fact sheet is designed to provide information to eligible professionals regarding how to report the preventive care measures group, and includes information on how to start using the measures group, as well as some examples of situations and solutions. Download at http://www.CMS.gov/MLNProducts/downloads/PQRS_fact_sheet.pdf.
- The *“Physician Quality Reporting System Satisfactorily Reporting 2011 Measures: Claims and Registry”* fact sheet is designed to provide information to eligible professionals and their billing staff regarding some preparatory steps that need to be taken prior to reporting, should they choose to participate in Physician Quality Reporting, and includes guidance on getting started, tips for Physician Quality Reporting, Claims-Based Reporting of Individual Measures, and Common Reporting Errors Associated

with Claims-based Reporting. Download at

http://www.CMS.gov/MLNProducts/downloads/PQRS_claimreg_fact_sheet.pdf.

- The “Physician Quality Reporting System (Physician Quality Reporting, formerly called Physician Quality Reporting Initiative or PQRI) Reporting Periods for 2011” fact sheet is designed to provide information to eligible professionals regarding the PQRI 2011 reporting periods, and includes information on Physician Quality Reporting Resources and the Four 6-Month Reporting Period Options. Download at http://www.CMS.gov/MLNProducts/downloads/PQRS_RptPeriod_fact_sheet.pdf.
 - The “2011 Electronic Prescribing (eRx) Incentive Program Made Simple” fact sheet is designed to provide information to eligible professionals regarding the steps necessary to qualify for the 2011 eRx incentive, and includes information on qualifying for a 2011 eRx Incentive by reporting the eRx measure, what is considered a qualified eRx system, and other resources available. Download at http://www.CMS.gov/MLNProducts/downloads/eRx_fact_sheet.pdf.
 - The “2011 Electronic Prescribing (eRx) Incentive Program Made Simple Quick Reference Chart” provides information regarding questions to answer before reporting the eRx measure. Download at http://www.CMS.gov/MLNProducts/downloads/eRx_quick_reference.pdf.
- Additional material related to the Physician Quality Reporting System and eRx in today’s e-News... [\[previous\]](#)
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The Medicare Learning Network

www.CMS.gov/MLNGenInfo

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