



### 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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#### The e-News for the week of Tue July 5 includes...

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### **New Webinar in Patient Safety Series** [[↑](#)]

Wed July 6, 3pm ET

The HHS [Partnership for Patients](#) has teamed up with the [National Quality Forum](#) to launch a [series of free patient safety webinars](#), the second of which focuses on care transitions. Featured speakers include Mary Naylor (PhD, Professor in Gerontology, University of Pennsylvania School of Nursing) and Eric Coleman (MD, Chief Medical Officer, University of Colorado Health Sciences Center). The session will discuss the goal of decreasing preventable complications during a transition from one care setting to another. Follow-up webinars will include topics on adverse drug events, infections in the intensive care units, surgical site infections, pressure ulcers and injuries from falls, venous thromboembolism, and obstetrical adverse events.

Visit <http://eo2.commpartners.com/users/pfp> to register for this webinar and learn more about future educational opportunities.

### **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 “The ABCs of the Initial Preventive Physical Examination and Annual Wellness Visit”** [\[↑\]](#)

Thu July 21, 1:30-3pm ET

Beginning in 2005, Medicare covers an Initial Preventive Physical Examination (IPPE), commonly known as the "Welcome to Medicare" Visit (WMV); it is provided as a one-time service to newly-enrolled beneficiaries. The IPPE is an introduction to Medicare and covered benefits, with a focus on health promotion and disease detection. Beginning on Sat Jan 1, 2011, the *Affordable Care Act* allows for coverage of critical new benefits for people with Medicare, including the addition of a free Annual Wellness Visit (AWV). This expanded coverage allows physicians to provide Personalized Prevention Plan Services that consider both age-appropriate preventive services available to all Medicare beneficiaries and additional services that may be appropriate to the patient's individual needs.

CMS will host a national provider call on “The ABCs of the Initial Preventive Physical Examination and Annual Wellness Visit.” Subject matter experts will discuss basic information about each benefit, when to perform these services, and coding and billing requirements; a question and answer session will follow the presentations. The target audience for this call includes Physicians, physician assistants, nurse practitioners, clinical nurse specialists, health educators, registered dietitians, nutrition professionals, medical billers and coders, and other interested healthcare professionals.

In order to receive the call-in information, you must register for the call. *Registration will close at 1:30pm on Wed July 20* 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/072111>.

For more information on the IPPE and AWV, as well as other Medicare-covered Preventive Services, visit the following Medicare Learning Network resources:

- Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination – [http://www.CMS.gov/MLNProducts/downloads/MPS\\_QRI\\_IPPE001a.pdf](http://www.CMS.gov/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf)
  - Quick Reference Information: The ABCs of Providing the Annual Wellness Visit – [http://www.CMS.gov/MLNProducts/downloads/AWV\\_Chart\\_ICN905706.pdf](http://www.CMS.gov/MLNProducts/downloads/AWV_Chart_ICN905706.pdf)
  - The Guide to Medicare Preventive Services – [http://www.CMS.gov/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](http://www.CMS.gov/MLNProducts/downloads/mps_guide_web-061305.pdf)
- Additional preventive health-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](http://www.CMS.gov/PQRS/04_CMSSponsoredCalls.asp).

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

### **Deadline Approaching for Comments on COPD Outcomes Measures – Accepted through Fri July 8 [\[↑\]](#)**

CMS has contracted with Yale New Haven Health Services Corporation / Center for Outcomes Research and Evaluation (YNHHSC/CORE) to develop two hospital-level, quality outcomes measures for patients with Chronic Obstructive Pulmonary Disease (COPD). The measures are designed for potential use in public reporting and are complementary measures intended to assess different domains of hospital quality.

This notice serves as a call for public comment on the two measures currently in development:

1. 30-day, all-cause mortality following hospitalization for acute exacerbation of COPD
2. 30 day, all-cause readmission following hospitalization for acute exacerbation of COPD

CMS is requesting stakeholder review and public comment of these two measures currently under development. All measure comments are welcome, but we are particularly interested in feedback regarding:

- Cohort for inclusion in the measures
- Inclusion/exclusion criteria
- Risk adjustment strategy

The measure specifications are outlined in the Measure Information Forms (MIFs) which are available at [http://www.CMS.gov/MMS/17\\_CallforPublicComment.asp](http://www.CMS.gov/MMS/17_CallforPublicComment.asp). We have also convened a technical expert panel (TEP) comprised of a broad range of experts and stakeholders to provide feedback on the measures during the development process. A TEP Summary Report outlining the feedback received from TEP members is also available at the aforementioned website.

All comments on these measures must be received by Fri July 8 at 11:59pm ET; comments received will be posted for approximately four weeks once this public comment period closes.

The CMS public comment system, including links to the documents described above and instructions on comment submission, can be found at [http://www.CMS.gov/MMS/17\\_CallforPublicComment.asp](http://www.CMS.gov/MMS/17_CallforPublicComment.asp). Comments can be submitted to [COPDmeasures@yale.edu](mailto:COPDmeasures@yale.edu).

### **First Quarter Health Outcomes Results for DMEPOS Competitive Bidding [\[↑\]](#)**

On Sat Jan 1, 2011, CMS launched the first phase of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program in nine different areas of the country.

Since program implementation, CMS has been conducting real-time claims analysis for groups of Medicare beneficiaries potentially affected by the program. We have now issued the 2011 first quarter DMEPOS Competitive Bidding Program health outcomes results, which show no significant changes in health outcomes for these groups. To review the results, please visit [http://www.CMS.gov/DMEPOSCompetitiveBid/01A3\\_Monitoring.asp](http://www.CMS.gov/DMEPOSCompetitiveBid/01A3_Monitoring.asp).

### **Medscape Modules Now Available on CMS EHR Incentive Programs [\[↑\]](#)**

CMS is pleased to announce that through Medscape Education, providers now have the opportunity to earn CME credits by learning more about the Electronic Health Records (EHR) Incentive Programs.

On [Medscape's EHR Learning Center website](#), leading physician experts in medical informatics provide information, resources, and tools to help providers determine eligibility for the EHR Incentive Programs, understand the requirements for participating, take steps to participate, and recognize the immediate benefits of participation and future consequences of not participating.

By completing the module "[From Meaningful Use to Meaningful Care](#)," providers can earn CME credit while gaining a better understanding about the purpose of the EHR Incentive Programs, the stages of meaningful use, a timeline of key dates, and, most importantly, how patients will benefit.

Providers can also use the Medscape Learning Center to determine their comprehension of the EHR Incentive Programs by taking the "[Medicare and Medicaid EHR Incentives: What Do You Know and Do You Know Enough?](#)" participant self-assessment. By completing the assessment, providers can help to shape the content of future CME activities to best address the educational and clinical performance gaps identified.

The site also offers interviews, in which physician EHR experts explain why it's important to register for the programs and the significance of EHRs to healthcare overall. Expert interviews include:

- [Registering for the EHR Incentive Program – Ready, Set, Go: An Expert Interview With Jason M Mitchell, MD, and Richard Paula, MD](#)
- [Are You an Eligible Professional Who Hasn't Registered for the EHR Incentive Program? What Are You Waiting For? – An Expert Interview With William F Bria II, MD](#)

In the next few weeks, new CME modules on meaningful use will also be made available; look out for a message to announce these new learning resources. Membership on Medscape is free, but you must register to view content; you do not have to be a health professional.

*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... [\[previous\]](#)

### **New Educational Resources Now Available for the 2011 Physician Quality Reporting System [\[↑\]](#)**

CMS is pleased to announce that three new educational resources on the 2011 Physician Quality Reporting System are now available on our website:

- [Satisfactorily Reporting 2011 Physician Quality Reporting System Measures: Claims and Registry](#) – This fact sheet provides guidance on claims-based and registry-based reporting, and describes steps that eligible professionals/practices should take prior to undertaking Physician Quality Reporting System reporting. This also provides helpful tips for eligible professionals and their billing staff.
- [Physician Quality Reporting System Made Simple for Reporting the Preventive Care Measures Group](#) – This fact sheet provides quick, easy-to-understand instructions for eligible professionals on how to satisfactorily participate in the 2011 Physician Quality Reporting System using the Preventive Care Measures Group.
- [Physician Quality Reporting System \(Physician Quality Reporting, formerly called Physician Quality Reporting](#)

[Initiative or PQRI\) Reporting Periods for 2011](#) – This fact sheet explains the two reporting periods for the 2011 Physician Quality Reporting System: 12 months (Sat Jan 1 through Sat Dec 31, 2011) and 6 months (Fri July 1 through Sat Dec 31, 2011).

To review all available Physician Quality Reporting System educational resources, please visit

[http://www.CMS.gov/PQRS/30\\_EducationalResources.asp](http://www.CMS.gov/PQRS/30_EducationalResources.asp).

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

### **New Educational Resources Now Available for the 2011 Electronic Prescribing Incentive Program** [[↑](#)]

CMS is pleased to announce that two new educational resources on the 2011 Electronic Prescribing Incentive (eRx) Program are now available on our website:

- [eRx Incentive Program Made Simple](#) – This fact sheet provides step-by-step advice for participating in the 2011 Electronic Prescribing Incentive Program.
- [eRx Incentive Program Made Simple Quick Reference Chart](#)

To review all available Electronic Prescribing Incentive Program educational resources, please visit

[http://www.CMS.gov/ERxIncentive/09\\_Educational\\_Resources.asp](http://www.CMS.gov/ERxIncentive/09_Educational_Resources.asp).

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

### **Delayed Implementation of X12N Version 5010 Paperwork Segment** [[↑](#)]

CMS is delaying the implementation of the PWK (paperwork) segment associated with the X12N Version 5010 837 Professional and Institutional electronic claim transaction originally scheduled for July and October 2011. This means Medicare billers will continue to submit additional documentation which is needed for claims adjudication following the existing process established by their Medicare claims administration contractor.

CMS will give Medicare billers ample notice before implementing change requests (CR) #7041 and #7306, which change how additional documentation for claims adjudication is submitted. For additional information related to CR #7041 and #7306, please refer to the MLN Matters articles associated with these CRs:

- <http://www.CMS.gov/MLNMattersArticles/downloads/MM7041.pdf>
- <http://www.CMS.gov/MLNMattersArticles/downloads/MM7306.pdf>

### **From the MLN: “eRx Incentive Program 2011 Updates” MLN Matters Article Released** [[↑](#)]

MLN Matters® Special Edition Article #SE1120 – titled “Electronic Prescribing (eRx) Incentive Program 2011 Updates” – which provides updated information about changes to the eRx Incentive Program for 2011, is now available at <http://www.CMS.gov/MLNMattersArticles/Downloads/SE1120.pdf>. Eligible professionals may begin reporting the electronic prescribing measure at any time throughout the 2011 program year (Sat Jan 1 through Sat Dec 31, 2011) to be incentive eligible. This article is informational in nature and supports existing policy.

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

**From the MLN: “Important Reminders about Advanced Diagnostic Imaging Accreditation Requirements” MLN Matters Article Released [↑]**

MLN Matters® Special Edition Article #SE1122 – titled “Important Reminders about Advanced Diagnostic Imaging (ADI) Accreditation Requirements” – which provides guidance in meeting the accreditation requirements established in Section 135(a) of the *Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)* for physicians, non-physician practitioners, and Independent Diagnostic Testing Facilities (IDTF) who are suppliers of imaging services and submitting claims for the Technical Component (TC) of Advanced Diagnostic Imaging (ADI) procedures. This accreditation requirement is mandatory as of Sun Jan 1, 2012. The article is now available at <http://www.cms.gov/MLNMattersArticles/Downloads/SE1122.pdf>; it is informational in nature and supports existing policy.

**From the MLN: New Podcasts Released on Avoiding Medicare Billing Errors [↑]**

The Medicare Learning Network® has released the next in a series of podcasts designed to provide education to Fee-For-Service providers on how to avoid common billing errors and other improper activities when dealing with the Medicare Program:

- “[Power Mobility Device Face-to-Face Examination Checklist](#)” discusses the documentation requirements for the face-to-face examination that occurs before ordering a power mobility device for Medicare beneficiaries.
- “[Oxygen Therapy Supplies: Complying with Documentation & Coverage Requirements](#)” discusses the documentation and coverage requirements needed to submit Medicare claims for oxygen therapy supplies.

To download these and other MLN podcasts, please visit the [MLN Multimedia webpage](#) and select the topic of the podcast. Also visit the [MLN Provider Compliance](#) webpage, which contains educational FFS provider materials to help providers understand – and avoid – common billing errors and other improper activities identified through claim review programs.

**From the MLN: “Rehabilitation Therapy Information Resource for Medicare” Fact Sheet Revised [↑]**

The “**Rehabilitation Therapy Information Resource for Medicare**” fact sheet has been revised and is now available in downloadable format from the **Medicare Learning Network**® at [http://www.CMS.gov/MLNProducts/downloads/Rehab\\_Therapy\\_Fact\\_Sheet.pdf](http://www.CMS.gov/MLNProducts/downloads/Rehab_Therapy_Fact_Sheet.pdf). This fact sheet is designed to provide education on rehabilitation therapy services and includes information on coverage requirements, billing and payment information, and a list of contacts and resources.

**More Helpful Links...**

Check out CMS on



[Twitter](#), [LinkedIn](#), [YouTube](#), and [Flickr](#)!

**The Medicare Learning Network**

[www.CMS.gov/MLNGenInfo](http://www.CMS.gov/MLNGenInfo)

**Archive of Provider e-News Messages**

[www.CMS.gov/FFSProvPartProg/EmailArchive](http://www.CMS.gov/FFSProvPartProg/EmailArchive)