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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MEETINGS AND CALLS

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- DME MAC National CERT Education Task Force presents Oxygen “Ask the Contractor” Teleconference [Thu Feb 3]
- Physician Quality Reporting System Town Hall Meeting [Wed Feb 9]

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- Information for Institutional Providers Regarding the Billing of CPT Code 90662 for Roster Billing
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- Inpatient Psychiatric Facility Prospective Payment System PC Pricer Corrected
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UPDATES FROM THE MEDICARE LEARNING NETWORK

- “Acute Care Hospital Inpatient PPS” Fact Sheet Now Available in Print

RESCHEDULED: National Provider Call on 2011 Physician Quality Reporting System & eRx Incentive Program [↑]

Rescheduled for Thu Jan 27, 1:30-3pm EST (*Originally scheduled for* Tue Jan 18, 1:30-3pm EST)

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 beginning with the 2010 Physician Quality Reporting System, group practices who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part-B Fee-For-Service (FFS) beneficiaries. The 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.

Agenda:

- Electronic Prescribing (eRx) Incentive Program Payment Adjustment
- Centers for Medicare & Medicaid (CMS) Incentive Program Differences
- Electronic Health Record (EHR) Submission
- Q & A with CMS Physician Quality Reporting System and eRx subject matter experts

Educational products are available on the Physician Quality Reporting System and the eRx Incentive Program at http://www.CMS.gov/PQRI 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.

CMS will be adding a webinar as part of this national conference call (details follow below). This feature will allow participants who are on the internet the ability to follow the presentation online as it is given as well as the opportunity to answer polling questions during the presentation. This will not have any effect on those participants who are only dialing in to the audio portion of the call. Participants who are not participating in the webinar should be sure to download the presentation for the call in advance from the CMS website at http://www.CMS.gov/PQRI/04_CMSSponsoredCalls.asp.

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.) *Registration will close at 1:30pm EST on Wed Jan 26*, 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/012711.

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 no later than 3 business days before the event.

At the time of the call, you will first dial in for the call audio, then (if you are participating in the webinar) direct your browser to https://webinar.CMS.hhs.gov/PQRSandERX and sign in as a guest (using your first and last name).

For those of who will be unable to attend, a written and audio transcript of the call will be available at least one week after the call at http://www.CMS.gov/PQRI.

DME MAC National CERT Education Task Force presents Oxygen "Ask the Contractor" Teleconference [↑]

Thu Feb 3, 2-3:30pm, EST

In a unique approach to reducing common Comprehensive Error Rate Testing (CERT) errors, DME MAC Jurisdictions A, B, C, and D have collaborated to form the DME MAC CERT Education Task Force. The task force has identified common national errors and has developed consistent educational messages, which are used by all four DME MAC jurisdictions in support of reducing errors.

On Thu Feb 3, the task force will host a national "Ask the Contractors" Teleconference specific to oxygen policies, aimed at DMEPOS Suppliers. Members of the DME MAC CERT Education Task Force and knowledgeable CMS policy experts will be available to answer your questions on oxygen and oxygen equipment for the following categories (questions can be submitted in advance through the registration webpage):

- Coverage Criteria
- Testing Requirements
- Certificate of Medical Necessity
- Documentation
- All Other

In order to receive the call-in information, you must register for the teleconference. (Note that if you are planning to sit in with a group, only one person needs to register to receive the call-in information.) *Registration will close at 2pm EST on Wed Feb 2*, or when available space has been filled; no exceptions will be made, so please register early. In order to register for the call:

- Visit http://www.eventsvc.com/palmettogba/020311.
- 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 no later than 3 business day before the event.

Physician Quality Reporting System Town Hall Meeting [↑]

Wed Feb 9, 10am-4pm EST

The Centers for Medicare & Medicaid Services (CMS) will host a Town Hall Meeting to discuss the Physician Quality Reporting System (formerly known as the Physician Quality Reporting Initiative, or PQRI). The purpose of the Town Hall Meeting is to solicit input from participating stakeholders on individual quality measures and measures groups being considered for possible inclusion in the proposed set of quality measures for use in the 2012 Physician Quality Reporting System and key components of the design of the Physician Quality Reporting System. The opinions and alternatives provided during this meeting will assist CMS in developing the Physician Quality Reporting System for 2012.

Interested parties are invited to participate, either onsite at CMS headquarters (Central Building, 7500 Security Boulevard, Baltimore, Maryland 21244) or via teleconference. The meeting is open to the public; however, attendance is limited to space and teleconference lines available. CMS anticipates posting an audio download and/or transcript of the Town Hall meeting at http://www.cms.hhs.gov/PQRI and http://www.USQualityMeasures.org following the meeting.

Additional Details:

Registration opens on Mon Dec 20, 2010. For security reasons, registration and requests for special accommodations must be completed no later than 5pm EST on Fri Jan 28, 2011.

Anyone interested in attending the meeting or participating by teleconference must register online at http://www.USQualityMeasures.org.

For more information, please see the Federal Register meeting notice posted at http://edocket.access.gpo.gov/2010/pdf/2010-31301.pdf.

To learn more about the 2012 Physician Quality Reporting System Call for Measures, please visit http://www.cms.gov/MMS/13_CallForMeasures.asp.

The CMS Measures Management System website link in the Federal Register meeting notice has been updated. The correct link is http://www.cms.gov/MMS/13_CallForMeasures.asp.

Update: Hospital Inpatient Value-Based Purchasing Program: Notice of Proposed Rulemaking [↑]

The Centers for Medicare & Medicaid Services issued a notice of proposed rulemaking (CMS-3239-P) to the *Federal Register* on Thu Jan 13, 2011.

The hospital value-based purchasing program, which would apply beginning in FY2013 to payments for discharges occurring on or after Mon Oct 1, 2012, would make value-based incentive payments to acute care hospitals, based either on how well the hospitals perform on certain quality measures or how much the hospitals' performance improves on certain quality measures from their performance during a baseline period. The higher a hospital's performance or improvement during the performance period for a fiscal year, the higher the hospital's value-based incentive payment for the fiscal year would be.

CMS is accepting public comments on the proposed rule (CMS-3239-P) through Tue Mar 8, 2011. To review a copy of the proposed rule ("Hospital Inpatient Value-Based Purchasing Program," CMS-3239-P), including instructions on how to submit comments, visit http://www.gpo.gov/fdsys/pkg/FR-2011-01-13/pdf/2011-454.pdf.

New Tools Available to Help with Registration for Electronic Health Record (EHR) Incentive Programs [↑]

Did you know?

Since registration opened January 3rd:

14,455 providers have initiated registration for the Medicare & Medicaid EHR Incentive Programs.

Kentucky issued the first Medicaid EHR Incentive Program (ARRA) payment to the University of Kentucky Healthcare hospital for $2.86 million on January 5. For more information go to Kentucky's website.

Oklahoma issued payments to two physicians at the Gastorf Family Clinic of Durant, OK for $21,250 each,

for having adopted certified EHRs. Learn more at Oklahoma's website.

New Tools for Providers:

Interactive Eligibility Tool for Eligible Professionals – Are you eligible to participate in the Medicare or Medicaid EHR Incentive Programs? Use the tool found at the bottom of the Eligibility page on the CMs website.

- Registration Webinar for Eligible Professionals – How do I register? CMS created a video containing step-by-step instructions to help ensure the registration process is a success. Watch the video found on the Registration and Attestation page of the CMS website.
- Medicaid State Launch Dates and Websites – When will your State offer an EHR Incentive Program? Information on when registration will be available for Medicaid EHR Incentive Programs in specific states is posted at Medicaid State Information. Click on the map for information about your State: State EHR Incentive Program Launch Times and HIT Websites.

Medscape Participant Self Assessment, Medicare and Medicaid EHR Incentives: What Do You Know and Do You Know Enough? - Earn CME credit while you learn! Take the Medscape EHR Self Assessment. Participation may require the user to log in to Medscape; however registration is free and does not require any commitment.

For more information about the EHR Incentive Programs and to register go to www.cms.gov/EHRIncentivePrograms.

January is National Glaucoma Awareness Month [↑]

The month of January has been designated as National Glaucoma Awareness Month. As we approach the end of this month, we ask you to please join with the Centers for Medicare & Medicaid Services (CMS) in promoting increased awareness of glaucoma and the glaucoma screening service covered by Medicare. Glaucoma is the second most common cause of blindness in the U.S. and affects nearly 4 million Americans, half of whom do not even know that they have this disease. Through early detection and treatment, we can prevent blindness.

What Can You Do?

As a health care professional who provides care to seniors, as well as Medicare patients, you can help protect the vision of your patients who may be at high risk for glaucoma. Please educate them about their risk factors

and remind them of the importance of getting an annual glaucoma screening exam covered by Medicare.

Medicare Coverage:

Medicare provides coverage of an annual glaucoma screening for beneficiaries in at least one of the following high risk groups:

- Individuals with diabetes mellitus
- Individuals with a family history of glaucoma
- African-Americans age 50 and older
- Hispanic-Americans age 65 and older

A Medicare-covered glaucoma screening includes:

- A dilated eye examination with an intraocular pressure (IOP) measurement
- A direct ophthalmoscopy examination or a slit-lamp biomicroscopic examination

For More Information:

- Glaucoma Screening Brochure – This Medicare Learning Network® (MLN) brochure provides Medicare Fee-For-Service providers with an overview of the Medicare-covered glaucoma screening service. http://www.cms.hhs.gov/MLNProducts/downloads/glaucoma.pdf
- Glaucoma Screening Web Page – This CMS web page provides an overview of the glaucoma screening service covered by Medicare as well as information on educational resources for health care providers.

  http://www.cms.gov/GlaucomaScreening/01_Overview.asp
- The MLN Preventive Services Educational Products Web Page – This web page provides a list of MLN educational products related to Medicare-covered preventive services. These resources are specifically for Medicare Fee-For-Service providers and their staff. http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp

For more information about National Glaucoma Awareness Month, please visit

http://preventblindness.org/news/observe.html.

Thank you for joining CMS in promoting increased awareness of glaucoma and the glaucoma screening benefit covered by Medicare.

2011 Electronic Prescribing (eRx) Incentive Program Reminder-Avoiding the Adjustment [↑]

In November, 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 January 1, 2011 – June 30, 2011, may be subject to a payment adjustment on their Medicare Part B Physician Fee Schedule (PFS) 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 <10% of an eligible professional's (or group practice's) allowed charges for the January 1, 2011 through June 30, 2011 reporting period are comprised of codes in the denominator of the 2011 eRx measure.

Please 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 if (s)he:

- Is not a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of Jun 30, 2011 based on primary taxonomy code in NPPES;

- Does not have prescribing privileges. Note: (S)he must report (G8644) at least one time on an eligible claim prior to 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.

- Depending on the group's size, the group practice must report the eRx measure for 75-2,500 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 on the CMS website for more information; or download the *Medicare's Practical Guide to the Electronic Prescribing (eRx) Incentive Program* under Educational Resources.

January Flu Shot Reminder [↑]

Get Your Flu Vaccine – Not the Flu. Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself.

While seasonal flu outbreaks can happen as early as October, flu activity usually peaks in January. This year's vaccine will protect against three different flu viruses, including the H1N1 virus that caused so much illness last flu season. The risks for complications, hospitalizations, and deaths from the flu are higher among individuals aged 65 years and older. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. Health care workers, who may spread the flu to high-risk patients, should get vaccinated too.

Remember – Influenza vaccine plus its administration are covered Part-B benefits. (Note that influenza vaccine is NOT a Part-D-covered drug.) For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for health care staff, please visit http://www.cms.gov/MLNProducts/Downloads/Flu_Products.pdf and http://www.cms.gov/AdultImmunizations.

Information for Institutional Providers Regarding the Billing of CPT Code 90662 for Roster Billing [↑]

Medicare institutional providers should not submit claims with CPT code 90662 with dates of service on or after Fri Oct 1, 2010, via roster billing; current editing prevents CPT code 90662 to be billed on roster claims. Medicare systems are unable to hold roster claims submitted by institutional providers until system changes are implemented on Tue July 5, 2011. Medicare institutional providers may submit their roster claims on an individual claim basis or hold their roster claims until Tue July 5, 2011, and then submit as a roster bill at that time.

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.

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.

Inpatient Psychiatric Facility Prospective Payment System PC Pricer Corrected [↑]

The Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) PC Pricer needed corrected date edit logic for Rate Year (RY) 2011 and has been updated on the CMS website for claims dates from 2010-10-01 to 2011-06-30. If you use the IPF PPS PC Pricer for RY2011, please visit http://www.cms.gov/PCPricer/09_inppsy.asp and download the latest version, posted Thu Jan 13.

Inpatient Rehabilitation Facility Prospective Payment System PC Pricer Corrected [↑]

The FY2011 Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) PC Pricer has been updated with corrected date edit logic. The updated PC Pricer, dated Fri Jan 14, is ready at http://www.cms.hhs.gov/PCPricer/06_IRF.asp.

From the Medicare Learning Network: "Acute Care Hospital Inpatient PPS" Fact Sheet Now Available in Print [↑]

The revised fact sheet titled "Acute Care Hospital Inpatient Prospective Payment System" (November 2010), which provides information about the basis for Acute Care Hospital Inpatient Prospective Payment System payment, payment rates, and how payment rates are set, is now available in print format from the Medicare Learning Network®. To place your order, visit http://www.cms.gov/MLNGenInfo, scroll down to "Related Links Inside CMS," and select "MLN Product Ordering Page."