Updates from the Medicare Learning Network

CMS asks that you share the following important information with all of your association members and State and local chapters. Thanks!

Another Edition of the News, including information on:

- ***CMS Seeks Public Comments on Stroke Outcomes Measures***
- ***MDS National Train-the-Trainer August Conference Update***
- ***Special Open Door Forum: Developing Outpatient Therapy Payment Alternatives (DOTPA)***
- ***CMS to Host Listening Session Regarding Confidential Feedback Reports and the Implementation of a Value-Based Payment Modifier for Physicians – September 24, 2010***
- ***2010 Physician Quality Reporting Initiative National Provider Call to be held on August 17, 2010***
- ***August is National Immunization Awareness Month***
- ***Updates from the Medicare Learning Network***

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CMS Seeks Public Comments on Stroke Outcomes Measures

Comments Accepted through Wednesday, August 18

The Centers for Medicare & Medicaid Services (CMS) has contracted with Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE) to develop two hospital-level, risk-standardized outcomes measures:

1. 30-day, all-cause mortality following an ischemic stroke hospitalization; and
2. 30-day all-cause readmission following an ischemic stroke hospitalization.

These measures will serve as indicators of quality of care for Medicare beneficiaries. They are complementary measures intended to assess different domains of hospital quality.

To date, CMS and YNHHSC/CORE has convened a Technical Expert Panel (TEP) and developed draft documents that define specifications for each measure. More information about the TEP as well as the measure specifications is available online at the web address below.

CMS now requests stakeholder review and public comment on the measure. Comments must be **received by Wednesday, August 18, 2010 at 11:59 pm EST**. All measure comments are welcome, but we are particularly interested in feedback in the following areas:

- Cohort definitions
- Inclusion/exclusion criteria
- Risk-adjustment strategy

To be considered, comments must be forwarded electronically via the website below or via email to **strokemeasures@yale.edu**. Please include your name, credentials, and email address in your message, and indicate whether you are commenting as an individual or as a representative on behalf of an organization. We also ask that you indicate whether your measure is general to all measures or specific to either measure.

To review the measure in more detail, please visit CMS' Measures Management System online at: **https://www.cms.gov/MMS/17_CallforPublicComment.asp**.

A summary of all the comments received will be posted on CMS' Measures Management System website about four weeks after the public comment period closes.

Thank you for your support and participation.

MDS National Train-the-Trainer August Conference Update:

New – For Attendees at the August 9-13 MDS 3.0 Train the Trainer Conference Only.

MDS National Train-the-Trainer Conference Materials- CMS will provide a conference packet with all handouts necessary to complete conference activities during on-site sign-in.CMS will not be providing a print copy Participant Manual at the August conference. This link, http://www.cms.gov/NursingHomeQualityInits/40_NHQIMDS30TrainingConferenceInformation.asp is where the file labeled "*MDS 3.0 August Conference Participants Manual*" is, and it contains all of the PowerPoint presentations, with a note-taking area, for each conference presentation and other supporting course materials. Please download and print this document before departing for the conference. Please check the conference web site at http://MDSNationalConference.com regularly for conference updates. Please submit any questions to info@mdsnationalconference.com.

Special Open Door Forum: Developing Outpatient Therapy Payment Alternatives (DOTPA)

Special Open Door Forum: Developing Outpatient Therapy Payment Alternatives (DOTPA)

Data Collection Update is scheduled for Thursday, August 19, 2010 from 2pm-3:30pmET. This call is Conference Call Only. CMS invites all providers of Medicare Part B outpatient rehabilitation therapy to participate in this Special ODF about the research project known as DOTPA, for "Developing Outpatient Therapy Payment Alternatives." CMS and its data collection contractor, RTI International, will explain the critical role of providers in this research. Medicare is now actively seeking providers to participate as data collection sites. This Special

ODF is intended for all institutional and noninstitutional providers of outpatient physical therapy (PT), occupational therapy (OT), and speech language pathology (SLP) who are reimbursed under Medicare Part B. It may also be of interest to physicians who refer beneficiaries for outpatient therapy. More information about the project can be found at http://optherapy.rti.org. If you wish to participant, dial: 1-800-837-1935 Conference ID 92977603.

To view the full participation announcement, please access the download located at http://www.cms.gov/OpenDoorForums/Downloads/DOTPA081910.pdf

CMS to Host Listening Session Regarding Confidential Feedback Reports and the Implementation of a Value-Based Payment Modifier for Physicians
September 24, 2010
CMS Headquarters

CMS will host a listening session on September 24th as part of the transition to a value-based purchasing program for services of physicians and certain other professionals, as well as other related provisions under the Patient Protection and Affordable Care Act (known as the Affordable Care Act (ACA)). The ACA contains provisions that continue and expand the Physician Feedback Program. Beginning in 2015, ACA also requires implementation of a value-based payment modifier to the Fee-For-Service physician fee schedule. The purpose of the listening session is to solicit comments on approaches being considered as we implement these provisions.

Physicians, physician associations, and all others interested in the use of confidential feedback reports as one means of enhancing quality and efficiency are invited to participate, in person or by calling in to the teleconference. The meeting is open to the public, but attendance is limited to space and teleconference lines available.

For the complete Federal Register notice, which includes registration information, visit http://edocket.access.gpo.gov/2010/pdf/2010-19128.pdf on the web.

2010 Physician Quality Reporting Initiative & Electronic Prescribing Incentive Program
National Provider Call with Question & Answer Session

The Centers for Medicare & Medicaid Services' (CMS) Provider Communications Group will host a national provider conference call on the 2010 Physician Quality Reporting Initiative (PQRI) and Electronic Prescribing Incentive Program (eRx). This toll-free call will take place from 3:00 p.m. – 4:30 p.m., EDT, on Tuesday, August 17, 2010.

The PQRI is voluntary quality reporting program that provides an incentive payment to identified individual eligible professionals (EPs), and beginning with the 2010 PQRI, group practices who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-For-Service (FFS) beneficiaries.

The 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 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).

Following the formal presentation that will provide a step by step review of how to start participating in the 2010 PQRI program, a few program announcements and updates, the lines will be opened to allow participants to ask questions of CMS PQRI and eRx subject matter experts.

A PowerPoint slide presentation will be posted to the PQRI webpage at, http://www.cms.gov/PQRI/04_CMSSponsoredCalls.asp#TopOfPage, on the CMS website for you to download prior to the call so that you can follow along with the presenter.

Educational products are available on the PQRI dedicated web page located at, http://www.cms.gov/PQRI , on the CMS website, in the Educational Resources section, *as well as educational products are available on the eRx dedicated web page located at* http://www.cms.gov/ERxIncentive, on the CMS website. Feel free to download the resources prior to the call so that you may ask questions of the CMS presenters.

Conference call details:

Date: August 17, 2010

Conference Title: Physician Quality Reporting Initiative (PQRI) - National Provider Call

Time: 3:00 p.m. EDT

In order to receive the call-in information, you must register for the call. It is important to note that if you are planning to sit in with a group, only one person needs to register to receive the call-in data. This registration is solely to reserve a phone line, NOT to allow participation. **Registration will close at 3:00 p.m. EDT on August 16, 2010**, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

1. To register for the call participants need to go to: http://www.eventsvc.com/palmettogba/081710

2. Fill in all required data.

3. Verify that your time zone is displayed correctly in the drop down box.

4. Click "Register".

5. You will be taken to the “Thank you for registering” page and will receive a confirmation email shortly thereafter. **Note:** Please print and 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.

6. 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.

For those of who will be unable to attend, a transcript and MP3 file of the call will be available at least one week after the call at http://www.cms. gov/pqri on the CMS website.

August is National Immunization Awareness Month

August is National Immunization Awareness Month. This annual health observance is a great opportunity to educate seniors and other people with Medicare about the importance of disease control and prevention through immunization. Vaccine-preventable disease levels are at or near record lows. Yet, many adults remain under-immunized, missing opportunities to protect themselves against diseases such as hepatitis B, seasonal influenza, and pneumococcal disease. The Centers for Medicare & Medicaid Services (CMS) ask all health care providers who provide care to Medicare patients to join us during National Immunization Awareness Month to help protect your Medicare patients from vaccine-preventable diseases by checking to make sure their immunizations are up-to-date and encouraging utilization of Medicare-covered immunizations that are appropriate for them.

Medicare Part B Immunization Benefits
Medicare provides coverage for seasonal influenza, pneumococcal, and hepatitis B vaccines and their administration, under Medicare Part B, for qualified beneficiaries as preventive immunizations. Providers who accept the Medicare-approved payment amount for these services are reimbursed under Medicare Part B.

- **Seasonal Influenza Immunization**
  Medicare provides payment for the seasonal influenza vaccine and its administration for all people with Medicare, once per influenza season, in the fall or winter. Medicare may cover additional influenza vaccinations, if medically necessary. *(Note: According to the Centers for Disease Control and Prevention, the 2010 – 2011 influenza vaccine will protect against the 2009 H1N1, and two other influenza viruses http://www.cdc.gov/flu/about/disease/.)*
- **Pneumococcal Immunization**
  Medicare provides payment for the pneumococcal vaccine and its administration for all beneficiaries, generally once in a lifetime. Medicare may cover additional vaccinations based on risk.
- **Hepatitis B Immunization**
  Medicare provides payment for the hepatitis B vaccine and its administration for beneficiaries at medium to high risk of contracting hepatitis B.

For More Information:

CMS Adult Immunizations Web Page http://www.cms.gov/AdultImmunizations/ (Please Note: The "Immunizers' Question & Answer Guide to Medicare Coverage of Seasonal Influenza and Pneumococcal Vaccinations", which provides administration and flu vaccine payment rates for use by mass immunizers and physician practices, will be updated and posted to this site sometime in early October, 2010.)

CMS Medicare Learning Network (MLN) Preventive Services Educational Products Web Page
http://www.cms.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage – This site provides access to MLN educational resources developed by CMS for fee-for-service providers related to Medicare-covered preventive services, including adult immunizations.

For information about National Immunization Awareness Month, please visit the Centers for Disease Control and Prevention website at http://www.cdc.gov/vaccines/events/niam/default.htm

Updates from the Medicare Learning Network

Did you know that the **Medicare Preventive Services Series Part 2 web-based training course** (WBT) is currently available free of charge, on the CMS website?

This course includes coverage, coding, and billing information for Medicare coverage of the following preventive services:

- The initial preventive physical exam (IPPE),
- Ultrasound screening for abdominal aortic aneurysms (AAA),
- Colorectal cancer screening,
- Cardiovascular screening blood tests,
- Diabetes screening tests,
- Supplies and other services for beneficiaries with diabetes,
- Diabetes self-management training and medical nutritional therapy, and
- Smoking and tobacco-use cessation counseling services.

Taking this online course will help you and your staff understand Medicare rules surrounding these important benefits. Not only that, but if you pass this course, you can earn continuing education credit.

You can take access this course, free of charge, at any time, by visiting the Preventive Services Educational products page at http://www.cms.gov/MLNProducts/35_PreventiveServices.asp on the CMS website. Scroll down to the "Related Links Inside CMS" section and click on "Web Based Training Modules" to take the course.

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JUST RELEASED! The Medicare Learning Network is now podcasting! Our premier production – "New Maximum Period for the Submission of Medicare Claims", which reminds Medicare Fee-for-Service providers of the current claims submission deadline, is now available. To access the podcast, go to http://www.cms.gov/CMSFeeds/02_listofpodcasts.asp on the CMS website.

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Revised! The ***Medicare Remit Easy Print Brochure*** (revised May 2010), which provides information about free software that enables professional providers and suppliers to view and print remittance information, 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."

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The **revised** ***National Provider Identifier Tip Sheet: Guidance for Organization Health Care Providers Who Apply for National Provider Identifiers (NPIs) for Their Health Care Provider Employees*** (June 2010) is now available on the CMS website. This resource details the steps an organization that is a health care provider should take when applying for an employee's NPI, on an individual record-by-record basis. Available in PDF format, the fact sheet may be downloaded or printed from the "Education Resources" section of the NPI web pages, located at http://www.cms.gov/NationalProvIdentStand/04_education.asp on the CMS website.

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Recently Released *MLN Matters* Articles of Particular Interest

- **MLN Matters Article #MM7014 - Home Health Agencies (HHAs) Providing Durable Medical Equipment (DME) in Competitive Bidding Areas**

The Centers for Medicare & Medicaid Services (CMS) has released ***MLN Matters Article #MM7014*** to alert Home Health Agencies (HHAs) that edits will be in place, effective for services on or after January 1, 2011, to prevent them from billing competitively-bid DME items in competitive bidding areas and consequently, preventing the inappropriate payment of competitively-bid DME items to HHAs. For more details, please read the article at http://www.cms.gov/MLNMattersArticles/downloads/MM7014.pdf on the CMS website.

- **MLN Matters Article #MM7080 - Timely Claims Filing: Additional Instructions**

The Centers for Medicare & Medicaid Services (CMS) has released ***MLN Matters Article #MM7080*** to expand the Medicare Fee-For-Service (FFS) reimbursement instructions outlined in Change Request 6960 that specified the basic timely filing standards established for FFS

reimbursement. Those basic standards are a result of Section 6404 of the Patient Protection and Affordable Care Act of 2010 (ACA), which states that claims with dates of service on or after January 1, 2010, received later than one calendar year beyond the date of service will be denied by Medicare. For more details, please read the article at http://www.cms.gov/MLNMattersArticles/downloads/MM7080.pdf on the CMS website.

- **MLN Matters Article #MM6934 - Durable Medical Equipment National Competitive Bidding Implementation -- 10G: Paying for Oxygen Equipment when Grandfathered**

The Centers for Medicare & Medicaid Services (CMS) has released ***MLN Matters Article #MM6934*** to alert suppliers that a non-contract supplier who chose to be a grandfathered supplier for oxygen and oxygen equipment should also furnish additional oxygen equipment when medically necessary after the start of a Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program to beneficiaries residing in a Competitive Bidding Area (CBA) who are already receiving oxygen equipment from the grandfathered supplier, as described in Change Request 6934. For more details, please read the article at http://www.cms.gov/MLNMattersArticles/downloads/MM6934.pdf on the CMS website.

Visit the Medicare Learning Network ~ it's free!