

# The Week of March 5, 2012 in Healthcare: CMS National Provider Call on MU Stage 2, 5010 Issue Update, the Blunt Amendment and More

(5010) Important Update Regarding HIPAA Version 5010/D.0 Implementation [\(jump to story\)](#)

(Affordable Care Act) Statement by HHS Secretary Kathleen Sebelius on the Blunt Amendment [\(jump to story\)](#)

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## Important Update – “HIPAA Version 5010/D.0 Implementation” Document has been Updated

Updates have been made to the recently-posted document titled “Important Update Regarding *HIPAA* Version 5010/D.0

Implementation” – specifically, CMS has modified information related to the Diagnosis Related Group (DRG) code. The document can be found at the top of the *HIPAA* Versions 5010 & D.0 Overview webpage, at [http://www.CMS.gov/-versions5010andd0/01\\_overview.asp](http://www.CMS.gov/-versions5010andd0/01_overview.asp).

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## **Statement by HHS Secretary Kathleen Sebelius on the Blunt Amendment**

Earlier this month, the Department of Health and Human Services reported that over 20 million American women in private health insurance plans have already gained access to at least one free preventive service because of the health care law. Without financial barriers like co-pays and deductibles, women are better able to access potentially life-saving services, and cancers are caught earlier, chronic diseases are managed and hospitalizations are prevented.

A proposal being considered in the Senate this week would allow employers that have no religious affiliation to exclude coverage of any health service, no matter how important, in the health plan they offer to their workers. This proposal isn't limited to contraception nor is it limited to any preventive service. Any employer could restrict access to any service they say they object to. This is dangerous and wrong.

The Obama administration believes that decisions about medical care should be made by a woman and her doctor, not a woman and her boss. We encourage the Senate to reject this cynical attempt to roll back decades of progress in women's health.

NOTE: On Thursday, March 1, 2012, the dangerous Blunt Amendment [failed to pass](#) the U.S. Senate. The amendment, which would have enabled employers to pick and choose what services

they would cover under insurance on moral grounds, was defeated.

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## **Were You Sent a Request to Revalidate Your Medicare Enrollment?**

Lists of providers sent notices to revalidate their Medicare enrollment may be found on the CMS website at [http://www.CMS.gov/MedicareProviderSupEnroll/11\\_-Revalidations.asp](http://www.CMS.gov/MedicareProviderSupEnroll/11_-Revalidations.asp) and in the links below. Information on revalidation letters sent in February will be posted in late March.

- [Revalidations Mailed September through October 2011](#)
- [Revalidations Mailed November through December 2011](#)

CMS is working to make this information available in Internet-based PECOS (Provider Enrollment, Chain, and Ownership System) in mid April.

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## **National Provider Call: Overview and Listening Session: Stage 2 Requirements for the Medicare and Medicaid EHR Incentive Programs**

*Mon Mar 12; 12:30-2pm ET*

More than \$3.2 billion in Medicare and Medicaid electronic health record (EHR) incentive payments have been made since the program began last year; more than 191,000 eligible

professionals, eligible hospitals, and critical access hospitals are actively registered. On Thu Feb 23, CMS announced a proposed rule for Stage 2 requirements and other changes to the program, which will be published on Wed Mar 7.

This National Provider Call will provide an overview of the proposed rule, so you can learn what you need to know to receive EHR incentive payments. (CMS plans to hold another National Provider Call on program basics for Eligible Professionals on Tue Mar 27; more information about this call will be available soon.)

The CMS proposed rule can be found at [http://www.OFR.gov/OFRUpload/OFRData/2012-04443\\_PI.pdf](http://www.OFR.gov/OFRUpload/OFRData/2012-04443_PI.pdf). For more information on the EHR Incentive Programs, visit <http://www.CMS.gov/EHRIncentivePrograms>.

*Target Audience:* Hospitals, Critical Access Hospitals (CAHs), and professionals eligible for the Medicare and/or Medicaid EHR Incentive Programs. For more details:

[Eligibility Requirements for Professionals](#)

[Eligibility Requirements for Hospitals](#)

*Agenda:*

- Extension of Stage 1
- Changes to Stage 1 Criteria for Meaningful Use
- Proposed Medicaid policies
- Stage 2 Meaningful Use Overview
- Stage 2 Clinical Quality Measures
- Medicare Payment Adjustments and Exceptions
- Question and Answers about the incentive programs (note that we cannot answer questions on the rule beyond what is proposed)

*Registration Information:* Registration for this call will be available soon at <http://www.eventsvc.com/blhtechnologies>.

*Presentation:* The presentation for this call will be posted at least one day before the call at <http://www.CMS.gov/NPC/-Calls>.

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## **MLN Fact Sheets on ESRD, ZPICS and Mass Immunizers/Roster Billing**

**From the MLN: “Mass Immunizers and Roster Billing” Fact Sheet Available in Hardcopy** – The “[Mass Immunizers and Roster Billing](#)” fact sheet (ICN 907664) is now available in hardcopy. This fact sheet is designed to provide education on mass immunizers and roster billing, and includes information on simplified billing procedures for the influenza and pneumococcal vaccinations. To place your order for any of Medicare Learning Network® products available in print, visit <http://www.CMS.gov/MLNProducts> and click on ‘MLN Product Ordering Page’ under ‘Related Links Inside CMS’ at the bottom of the webpage.

**From the MLN: February 2012 Version of Medicare Learning Network Products Catalog Now Available** – The February 2012 version of the MLN Products Catalog is now available. The MLN Products Catalog is a free interactive downloadable document that links you to online versions of MLN products or the product ordering page for hardcopy materials. Once you have opened the catalog, you may either click on the title of an individual product or on “Formats Available.” The catalog can be found at <http://www.CMS.gov/MLNProducts/downloads/-MLNCatalog.pdf>.

**From the MLN: “Recovery Auditors Findings Resulting from Medical Necessity Reviews of Renal and Urinary Tract Disorders” MLN Matters Article Released** – MLN Matters Special

Edition Article #SE1210, "[Recovery Auditors Findings Resulting from Medical Necessity Reviews of Renal and Urinary Tract Disorders](#)," has been released and is available in downloadable format. This article is designed to provide education on Recovery Audit review findings related to renal and urinary tract disorders, and includes a description of the problems found and guidance on how providers can avoid them in the future.

**From the MLN: "The Role of the Zone Program Integrity Contractors, Formerly the Program Safeguard Contractors" MLN Matters Article Revised** – MLN Matters Special Edition Article #SE1204, "[The Role of the Zone Program Integrity Contractors \(ZPICs\), Formerly the Program Safeguard Contractors \(PSCs\)](#)," has been revised is now available in downloadable format. This article is designed to provide education on the roles and responsibilities of Zone Program Integrity Contractors (ZPICs), and includes an overview of the various program integrity functions that ZPICs perform and each of their seven designated zones. The article was revised to change information cited in the table on page 2; all other information remains the same.

**From the MLN: "Substance (Other Than Tobacco) Abuse Structured Assessment and Brief Intervention" Fact Sheet Available in Hardcopy** –

The revised "[Substance \(Other Than Tobacco\) Abuse Structured Assessment and Brief Intervention \(SBIRT\)](#)" fact sheet (ICN 904084) is designed to provide education on Substance (Other Than Tobacco) Abuse Structured Assessment and Brief Intervention (SBIRT), and includes an early intervention approach that targets those with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment. To order hardcopies of this fact sheet, visit <http://www.CMS.gov/MLNProducts> and click on the 'MLN Product Ordering Page' under 'Related Links Inside CMS' at the bottom

of the webpage.

**From the MLN: “Composite Rate Portion of the End-Stage Renal Disease Prospective Payment System” Fact Sheet Revised – The [“Composite Rate Portion of the End-Stage Renal Disease Prospective Payment System”](#) fact sheet (ICN 006469) has been revised and is now available in downloadable format. It includes information about the End-Stage Renal Disease Prospective Payment System (ESRD PPS) transition, the basic case-mix adjusted composite rate, separately billable items and services, and the ESRD Quality Incentive Program.**

**From the MLN: “End-Stage Renal Disease Prospective Payment System” Fact Sheet Revised – The [“End-Stage Renal Disease Prospective Payment System”](#) fact sheet (ICN 905143) has been revised and is now available in downloadable format. It includes background information, as well as information on transition period, payment rates for adult and pediatric patients, outlier adjustments, transition budget neutrality factor, home dialysis, laboratory services and drugs, beneficiary deductible and coinsurance, and the ESRD Quality Incentive Program.**

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## **CMS Has New FAQs on Meaningful Use and Attestation**

CMS has recently added five new FAQs on meaningful use and attestation. Take a minute and review them below:

1. For meaningful use objectives of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs that require a provider to test the transfer of data, such as “capability to exchange key clinical information” and testing submission of data to public

health agencies, can the eligible professional (EP), eligible hospital or critical access hospital (CAH) conduct the test from a test environment or test domain of its certified EHR technology in order to satisfy the measures of these objectives? [Read the answer.](#)

2. For meaningful use objectives of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs that require a provider to test the transfer of data, such as “capability to exchange key clinical information” and testing submission of data to public health agencies, if multiple eligible professionals (EPs) are using the same certified EHR technology across several physical locations, can a single test serve to meet the measures of these objectives? [Read the answer.](#)
3. For the meaningful use objective of “provide summary care record for each transition of care or referral ” for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, should transitions of care between eligible professionals (EPs) within the same practice who share certified EHR technology be included in the numerator or denominator of the measure? [Read the answer.](#)
4. For the “Incorporate clinical lab-test results” menu objective of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, how should a provider attest if the numerator displayed by their certified EHR technology is larger than the denominator? [Read the answer.](#)
5. How can I change my attestation information after I have attested and/or received an incentive payment under the Medicare Electronic Health Record (EHR) Incentive Program? [Read the answer.](#)

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# New HITECH Resource for Eligible Providers and Hospitals at the Virtual Extension Center

*Note: I get great pleasure in finding resources for my readers, and today I have a showstopper! Carol Flagg is co-owner of HITECH Answers and is visiting Manage My Practice to announce a free resource for eligible providers and hospitals.*

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For the past two years [HITECH Answers](#) has been a vendor neutral resource for education on details of the HITECH Act. In that time, we've amassed a significant library of recorded webinars for viewing, along with a body of exclusive white papers and research.

But the time for analyzing the HITECH Act has ended. Similar to the purpose served by the 62 Regional Extension Centers (RECs) , our goal is to support as much as we can the process of adoption of a certified EHR system that meets meaningful use criteria. Given the sheer number of health care providers needing significant help and guidance through this process, we have transitioned our existing web-based subscription model to function as a **Virtual Extension Center**.

This Virtual Extension Center, or VEC, supports health care providers and hospitals looking for education and analysis throughout the HITECH life cycle in a 100% virtual environment. In a nutshell, our VEC widens the education

circle and opportunity for all Eligible Professionals and Eligible Hospitals. We've also made membership to our VEC **completely free for EPs and EHs** for the entire life cycle of the HITECH Act.

## **So what, exactly, is the VEC? And how does it function?**

First and foremost, this newly created VEC houses all of the existing recorded training material and research accumulated over the past two years. This information is readily accessible upon members logging on to HITECH Answers. Here's what has been added to round out VEC membership:

- Meaningful Use for EPs and EHs "" Live webinar events hosted twice a month that focus specifically on the details for achieving Stage 1 meaningful use for EPs and EHs.
- Upcoming live web casts on tax implications for incentives for EPs and EHs, workflow, ICD-10 migration, HIPAA security assessment, the pros and cons of SaaS, EHR contract negotiation and more.
- Live web cast for our VEC members who are vendors and HIT consultants that address pressing topics and needs in conducting business in this industry.
- Attendance to live webcast interviews and presentations from leading national experts.
- Access to exclusive white papers and research found only in our VEC.
- Direct access to independent experts to help answers your specific questions.

An obvious large part of the VEC will be our **live events**. We debut our event offerings with these two important topics "" *Meaningful Use for Specialists* and *EHR Contract Negotiations*.

**Meaningful Use for Specialists "" Qualifying for CMS EHR**

## Incentives

**January 18, 2011, 7 pm EST**

**Event summary:** A first glance at the Stage 1 Core and Menu Set objectives makes sense for primary care, but what about specialists? How can Psychiatrists, Oncologists, Radiologists, Urologists, and other specialists meet the requirements and objectives outlined in CMS EHR Incentive Program? EPs that are specialists can still achieve the CMS incentives based on the flexibility that is incorporated into two primary areas: Menu Exclusions and Quality Measures.

## EHR Contract Negotiations: Q & A with William O'Toole, O'Toole Law Group

**January 25, 2011, 7 pm EST**

**Event summary:** The HITECH Act of the American Recovery and Reinvestment Act of 2009 is driving new technology acquisitions unlike anything seen in the healthcare information technology (HIT) sector since Y2K. Specific terms and warranties in Electronic Health Record (EHR) agreements are absolutely essential for the protection of provider customers. Competent and experienced legal advice is extremely important. Get your questions answered in this special Q & A session.



You can visit our [Events Page](#) to learn more about these sessions.

And you can learn more about qualifying for a free membership at [Become A Member](#) or you can contact me at: [carol@hitechanswers.com](mailto:carol@hitechanswers.com).

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**Disclosure from Mary Pat: HITECH Answers sells my book on**

**their site, and I am a Consulting Expert to HITECH Answers.**