

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](#))

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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.

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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 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. 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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76 Ways to Use the Cloud in Your Medical Practice (or Any Business)

I've had a lot of questions since last week when I offered to help readers "get on the cloud." Most people want to know – what exactly does getting on the cloud mean?

The term cloud comes from both the look of technical drawings which depict the relationship between cloud services and consumers, and is also a metaphor for the fact that cloud service providers exist out of sight in some distant location. My favorite definition of the cloud is "Using the Internet to store, manipulate and deliver data." Here are 76 ways to do just that!

SECURITY & RISK MANAGEMENT

1. Decide user by user which files and folders each employee or stakeholder may have access to. Decide if the user may view information, upload information, download information, invite other collaborators or edit documents. Change the user's permission instantly, or eliminate their access to everything on the spot.
2. Store critical documents: letter of incorporation, Tax ID assignment, Medicare letters, shareholder agreements, by-laws, etc.
3. Scan in any and all documentation of lawsuits and or legal correspondence about patients.
4. Collate logon information for important sites: CAQH, NPPES, PECOS, state board, specialty board, etc.
5. Collect all information needed for credentialing and

privileges for all providers in one easy place: CV, photo, license, board credentials, DEA, state registration, malpractice, references, etc. Keep copies of all credentialing applications in the same file.

6. Keep a licensing and privileges spreadsheet for all professionals so deadlines don't take you by surprise. Include CPR, ALSC, DEA, state licenses, and board certification and recertification.
7. Never worry if you've locked your office, your file cabinet or your desk again. Your information is safe in the cloud.
8. Store important logons and passwords on the cloud along with instructions and know that if something happens to you, the business will recover quickly.
9. Have employees watch for health fairs and special events that your practice can participate in. Develop a calendar for community events that you can prepare for annually.

INFORMATION SHARING

1. Share files up to 2GB (images, video, audio, text)
2. Turn a folder into a public web page.
3. Start a secure referrers' area and give access to those practices that refer to you. Stock it with FAQs, referral forms, maps and directions to your practice, and phone numbers and emails for communication. Keep a referrer satisfaction survey on their pod at all times.
4. Push the patient schedule into the cloud so any provider can check their schedule at any time from anywhere.
5. Store building or suite blueprints.
6. Develop a practice glossary to document all abbreviations and specialty-specific terminology – very helpful for new employees and transcriptionists.
7. Make a secure education area for your patients which they can access from your website or in your waiting area on iPads. Include websites, blogs, patient

satisfaction and other surveys, health tracking programs, etc.

8. For those providers on productivity bonuses, push a productivity report to the cloud for them to review privately.
9. Put staff education programs on the cloud for new employee orientation and annual training on compliance, OSHA, HIPAA, fire safety and disaster communication plans.
10. Post photos of the office picnic or Christmas party, or the new baby, or the bride and groom.
11. Use the cloud as a digital scrapbook of events, new employees, new services, accolades, advertising or publicity.
12. Pass around a digital birthday greeting card to all staff except the one having the birthday!
13. Post a job on craigslist. Once you have a group of candidates you want to consider, give them a link to a folder with the position job description, benefits schedule and in-depth information about the hiring time line.
14. Post lunch menus for restaurants and take-outs within several miles of the practice so employees can get lunch efficiently and quickly.
15. Post the office schedule for the year showing which dates the office will be closed for holidays.
16. Post the call schedule and let your answering service and the hospitals view it.
17. Publish your weekly practice newsletter on the cloud – it becomes an instant record of when and how things were communicated.

BUSINESS MANAGEMENT

1. Scan invoices to the cloud for storage once you've paid them.
2. Scan invoices to the cloud for an external bookkeeper to

- access and pay them.
3. Scan invoices to the cloud for a physician to approve them for payment.
 4. Scan the daily accounts receivable work (EOBs, checks, deposit slips, denials, reconciliations) to the cloud and shred the originals at the interval of your choice.
 5. Scan documents to the cloud when you are notified that employees are having monies withheld from their paychecks for child support or garnishment, or when they change their deposit information or retirement plan contribution.
 6. Track the history of files and folders – when did we change this policy? When did we go to this compensation system? What was the original wording of this contract?
 7. Generate reports on employee productivity, looking for patterns of collaboration and innovation.
 8. Scan RAC, CERT, ZPIC and other audit letters when they come and keep a spreadsheet of dates records and appeals are due.

COLLABORATION

1. Have online meetings centered around documents in the cloud.
2. Post job protocols and empower employees to change protocols regularly as information and routines change.
3. Start a CME log for each provider that the providers can easily add to.
4. Have your employees collect stories, links and other items in the cloud to push to your Facebook page or website blog.
5. Keep minutes from physician meetings and request all physicians review, ask for changes and sign off.
6. Keep attendance and minutes from staff meetings and ask all staff to electronically sign the minutes.
7. Have each employee keep a continuing education log for face-to-face and online education.

8. Assign tasks. Place something on the cloud and assign staff to respond to it, change it, develop it or implement it.

INCREASE EFFICIENCY

1. Develop a "How Do I?" document for quick information new employees need to know and established employees may not remember. Some examples: How do I reach the inclement weather information line? What do I do if there is a blood spill in the practice?
2. For the manager – develop a staff roster with dates of hire, dates of birth, social security numbers, phone numbers, hourly wage and termination dates. One document will answer 25% of questions you have or others ask you every day.
3. Standardize protocols and information when you have multiple sites or divisions.
4. Show each employee how to keep their most-used files on their digital desktop to access without a logon and password.
5. Sync desktop folders to cloud folders automatically – documents are updated to the latest version without thinking about it.
6. Restructure your files and folders as many times as you want or need to. Rename files, move and copy files, and delete files if they are not serving the purpose you thought they would.
7. Expand the number of users instantly for special projects.
8. Put every form on the cloud, have employees complete them on the cloud, sign them electronically, then share them with you for your electronic signature.
9. Put new templates or forms on the cloud for everyone to draw from – eliminate old letterheads, logos, addresses, etc. instantly.

IMPROVE MOBILITY

1. Fax documents from the cloud to a fax machine.
2. Email files from anywhere.
3. Search for anything in your cloud by words or phrases. Never lose anything again!
4. Access the cloud from anywhere and from any device – smartphone, PC, iPad...
5. Put the patient schedule information into the cloud so if inclement weather hits, staff can access the schedule at home and contact patients about their appointments.
6. Access your business 24/7/365.

DAY-TO-DAY MANAGEMENT

1. Assign a folder for your CPA to be notified when financials are available for download, or for you and the physicians to be notified when s/he finishes the financials or taxes.
2. Assign a folder for your benefits broker to be notified when new employee applications for medical and dental benefits are available for download.
3. Assign a folder for your banker to be notified when quarterly financials are available for download.
4. Assign a folder for your physicians/owners to be notified when monthly or quarterly financials are available for their review.
5. Post practice calendars for paid time off requested and approved.
6. Develop a physician referral resource tool if your PMS does not organize that information well. Create your own spreadsheet with all the fields of information that are important to your practice and have all employees add to it and correct it routinely. Have someone in the practice or a temp or prn person call every practice/group on the list twice a year and confirm all the pertinent information.

7. Post a "Who Covers Whom" list that spells out who covers primary responsibilities in the practice when someone is out of the office. Building your team 3 deep (for every primary task, there are at least 3 people that can perform that task) is crucial for reducing vulnerability.
8. Video new employees answering a few questions about themselves and post it on the cloud for all staff to view.
9. Put video of all staff introducing themselves and telling what they do on the cloud for new employees to view.
10. Video benefit providers discussing benefits so employees can watch at any time – medical insurance, dental insurance, vision insurance, short and long-term disability, life insurance and retirement benefits. Employees will get more out of and become more aware of what their benefits are.
11. Make an easy-reference spreadsheet with the payer contracts listed and images of the plan cards for staff to be able to identify the contracts and plans in force at any given time.
12. Keep personnel files on the cloud. You may choose to have a file of documents the employee may see and get a copy of, and a file of documents they may not see or get copies of. Both can be a part of the same folder.
13. Store scripts for your messages on hold, your after-hours message and your scripting for employees.

SAVE MONEY

1. Increase storage space without buying any hardware or software.
2. Scan charts into the cloud as a preliminary repository before implementing EMR, or scan charts of inactive patients in so you don't have to pay to store them offsite.

3. Never back-up your documents on your computer again.
 4. Put your triage algorithm or flow sheet on the cloud.
Hire nurses to triage from home.
 5. If a manual doesn't come electronically, scan it onto your cloud. Check the manual before you call the repairman.
 6. Preserve your valuable employee knowledge – have each department develop a folder with the important resources for their staff. The billing department may have websites they refer to for coding questions, a primer on evaluation and management coding, a cheat sheet on standard practice fees, and a calendar for the times of the year that different updates and revisions to CPTs, ICDs and NCCI edits.
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Medicare is Auditing You! What To Do Next?

✘ There are a number of different audits that are carried out by Medicare-contracted auditors. It's important to know the differences and have a plan for responding.

CERT stands for Comprehensive Error Rate Testing and CERT audits were initiated in 2000. The program is responsible for measuring improperly paid claims. The CERT Program uses the following OIG-approved methodology:

1. A sample of approximately 120,000 submitted claims is randomly selected;
2. medical records from providers who submitted the claims are requested; and
3. the claims and medical records are reviewed for compliance with Medicare coverage, coding and billing

rules.

RAC stands for Recovery Audit Contractor and began in early 2009. The RACs detect and correct past improper payments so that CMS and Carriers, FIs, and MACs can implement actions to stop future improper payments. RAC is currently focusing on inpatient services and physical therapy services. As of the date this post was published RAC was not focusing on physician services.

ZPIC (Zone Program Integrity Contractors) replaces the Medicare Program Safeguard Contractors (PSCs) and Medicare Drug Integrity Contractors (MEDICs) that are currently in use by CMS. ZPICs are responsible for detection and deterrence of fraud, waste and abuse across all claim types. ZPICs have access to CMS National Claims History data, which can be used to look at the entire history of a patient's treatment no matter where claims were processed. Being able to look at the overall picture will enable them to more readily spot over billing and fraudulent claims. Among other things, ZPICs will look for billing trends or patterns that make a particular provider stand out from the other providers in that community. Once a ZPIC identifies a case of suspected fraud and abuse, the issue is referred to the Office of Inspector General (OIG) for consideration and possible initiation of criminal or civil prosecution. **ZPIC is widely considered to be the greatest threat to physician practices.**

Seven ZPIC zones have been identified. The zones include the following states and/or territories and most have been assigned contractors:

- Zone 1 – CA, NV, American Samoa, Guam, HI and the Mariana Islands
<http://www.safeguard-servicesllc.com/zpic.asp>
- Zone 2 – AK, WA, OR, MT, ID, WY, UT, AZ, ND, SD, NE, KS, IA, MO **AdvanceMed was just purchased by NCI – site**

not current

- Zone 3 – MN, WI, IL, IN, MI, OH and KY – not awarded
- Zone 4 – CO, NM, OK, TX. **HealthIntegrity**
- Zone 5 – AL, AR, GA, LA, MS, NC, SC, TN, VA and WV
AdvanceMed was just purchased by NCI – site not current
- Zone 6 – PA, NY, MD, DC, DE and ME, MA, NJ, CT, RI, NH and VT – not awarded
- Zone 7 – FL, PR and VI
<http://www.safeguard-servicesllc.com/zpic.asp>

How should you respond to a Medicare audit?

1. Log all requests for records from all payers. Time and date all communications received and all communications sent.
2. Scan all records sent and include a cover letter itemizing contents of response.
3. Send records via certified mail.
4. If you get a request for a large amount of records at one time, consider getting advice from a consultant or attorney who specializes in Medicare audits as a large scale record request may cripple the practice operations.

How can you be proactive before you get an audit letter?

1. Check the audit sites monthly to see if your specialty or any services you provide are being targeted for an audit.
 - **CERT** – www.cms.hhs.gov/cert
 - Check the ZPIC site for your zone above
 - **OIG** – www.oig.hhs.gov/reports.html
 - Check your RAC site in my post **here**
2. Conduct an internal assessment to identify if you are in

compliance with Medicare rules or hire a third-party to conduct an audit for you.

3. Identify corrective actions to promote compliance.

4. Appeal when necessary

Excellent

resource

site

<http://www.willyancey.com/sampling-claims.html>