



CMS Certification Number for EHR Systems

Once again, we want to remind you that in order to attest for the EHR Incentive Payment, you

- **MUST** have a certified EHR system and/or modules,
- **MUST** have the CMS Certification Number for your certified system and/or modules, **AND**
- It **MUST** be included in your CMS EHR Registration.

The vendor from which you get your certified EHR is obviously up to you. However, unlike some who have thought otherwise, you must have a system when you get ready to attest to having a system and your qualifying patient volume. You cannot get the money first and then buy a system.

We have emphasized many times that the CMS Certification Number required for attestation **IS NOT** the number given to the vendor's product by the ONC-ATCB (Drummond, InfoGard, or CCHIT) contractor. If you do not have your CMS Certification Number, you must go to the CHPL (pronounced Chapel) web site - <http://onc-chpl.force.com/ehrcert> - and follow the instructions. If you are having problems understanding what to do, email us at TennCare.EHRIncentive@tn.gov. Tell us your name, phone number (+ extension if appropriate), and the best time (CDT) to contact you. We'll be happy to walk you through the process.

Although having a certified system and CMS Certification Number was not initially required when you registered on the CMS Registration and Attestation web site - <https://ehrincentives.cms.gov/hitech/login.action> - you must update your registration to include your system. If you have not done so yet, return to the CMS web site and modify your registration. You will need the registration number CMS gave you when you registered previously. After making the change, be sure to go all the way through until you get to the "submit" button. Failure to click on that button may result in your change not being accepted and forwarded to us. If you have lost your registration number, call CMS at 1-888-734-6433 and they will help you.

CMS-Related Information

CMS has requested that we forward the following CMS-related information to you. If you have any questions about the information provided below, please contact CMS.

It may seem these days like there are more and more outreach calls and events being scheduled by CMS to educate the provider community; the Agency sure is a busy place with health reform and initiatives like the ICD-10 conversion!

We try not to schedule provider education calls at the same time but sometimes it can't be helped. If you're interested in two CMS calls that are taking place at the same time, don't worry - many calls are recorded and/or transcribed, so there's an opportunity to catch up afterwards. Listen to one call live and catch the recording or transcript of the other in a week or two. (Instructions for finding information on past calls can usually be found in the announcement for the call or on the CMS website for that topic.)

The e-News for the week of Tue Apr 26 includes...

Meetings and Calls

§ National Provider Calls on Attestation for the Medicare EHR Incentive Program [Tue May 3 and Thu May 5]

§ Special Open-Door Forum: Partnership for Patients: The Community-Based Care Transitions Program [Thu May 5]

§ Agendas for Upcoming Healthcare Common Procedure Coding System Public Meetings [Tue May 17 and Wed May 18; Tue May 24 and Wed May 25]

§ Registration Now Open for National Provider Call on CMS ICD-10 Conversion Activities, Including a Lab Case Study [Wed May 18]

Announcements and Reminders

§ CMS Data Show Gains in Key Quality Indicators through Physician Quality Reporting System and eRx Incentive Program

§ CMS Seeks Expert Input on New Medication Measures

§ Try the Medicare EHR Meaningful Use Attestation Calculator Code, Pricer, and Claims Updates

§ April 2011 Quarterly Provider Specific File Update

Updates from the Medicare Learning Network®

§ New "Signature Requirements" Fact Sheet

§ New "Inpatient Rehabilitation Services" Fact Sheet

§ "Medicare Physician Fee Schedule" Fact Sheet Now Available in Print

§ "Medicare Electronic Health Record Incentive Payment Process" MLN Matters Article Released

§ Three New Fact Sheets Related to the Medicare Shared Savings Program NPRM

§ New "Interactive Guide to the Medicare Learning Network" CD-ROM

National Provider Calls on Attestation for the Medicare EHR Incentive Program

Tue May 3, 2-3:30pm ET (for Eligible Hospitals and Critical Access Hospitals)

Thu May 5, 1:30-3pm ET (for Eligible Professionals)

CMS is holding conference calls for eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) participating in the Medicare Electronic Health Record (EHR) Incentive Program to provide information on the attestation process. Mark your calendars for one of the two calls, depending on their particular audience.

What the Calls Will Cover:

- * Path to Payment - Highlighting the steps you need to take to receive your incentive payment
- * Walkthrough of the Attestation Process - Guiding you through CMS's web-based attestation system
- * Troubleshooting - Helping you successfully attest through CMS's system
- * Helpful Resources - Reviewing CMS's resources available on the EHR website
- * Q&A - Answering your questions about the attestation process

Instructions on Registering for a Call:

1. Visit either:
 - * The registration site <<http://www.eventsvc.com/palmettogba/050311>> for the Tue M2, or when available space has been filled.
 - * The registration site <<http://www.eventsvc.com/palmettogba/050511>> for the Thu May 5 call for eligible professionals. Registration closes at 1:30pm on Wed May 4, or when available space has been filled.
2. Fill in all required information and click "Register."
3. You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter. Please save this page in case your server blocks the confirmation emails. (If you do not receive the confirmation email, check your spam/junk mail filter as it may have been directed there.)
4. If assistance for hearing impaired services is needed, please email medicare.ttt@palmettogba.com<<mailto:medicare.ttt@palmettogba.com>> no later than 3 business days before the call.

Prior to each call, presentation materials will be available in the "Upcoming Events" section of the Spotlight Page <http://www.cms.gov/EHRIncentivePrograms/50_Spotlight.asp> on the CMS EHR website <<http://www.cms.gov/EHRIncentivePrograms/>>.

Want more information about the EHR Incentive Programs?

Visit the CMS EHR Incentive Programs website<<http://www.cms.gov/EHRIncentivePrograms/>> for the latest news and updates on the EHR Incentive Programs; also, sign up for the EHR Incentive Programs email update listserv <http://www.cms.gov/EHRIncentivePrograms/65_CMS_EHR_Listserv.asp>.

Special Open-Door Forum: Partnership for Patients: The Community-Based Care Transitions Program

Thu May 5, 1-2:30pm ET

CMS invites you to participate in a 90-minute national forum for individuals and organizations that wish to learn more about the CMS Community-Based Care Transitions Program (CCTP).

The CCTP, mandated by Section 3026 of the Affordable Care Act, is specifically designed to encourage the development of strong partnerships between hospitals with high readmission rates and community based organizations (CBOs). These partners are encouraged to implement evidence-based interventions targeting high-risk beneficiaries from their communities who would most benefit from the proposed interventions. The specific goals of the CCTP are to:

- § Improve transitions of beneficiaries from the inpatient hospital setting to other care settings;
- § Improve quality of care for Medicare beneficiaries;
- § Reduce avoidable hospital readmissions for high-risk beneficiaries; and
- § Document measureable savings to the Medicare program.

This Open Door Forum will provide an overview of the program, answers to many previously received inquiries, and the opportunity for questions.

Speakers will include:

- § James Hester, Senior Advisor, Innovation Center, CMS
- § Joe McCannon, Senior Advisor to the Administrator and Group Director, Learning and Diffusion, Innovation Center, CMS
- § Juliana Tiongson, Social Science Research Analyst, Innovation Center, CMS

Moderators: Bill McQueeney (CMS Office of External Affairs and Beneficiary Services Forum Leader) and Linda Magno (Director of the Medicare Demonstrations Program Group in the CMS Innovation Center)

Agenda (Subject to change):

- § 1-1:10pm - Joe McCannon will outline the Partnerships for Patients initiative and the opportunities available for all to participate
- § 1:10-1:20pm - James Hester will provide background information on the role of care transitions in improving patient safety
- § 1:20-1:30pm - Juliana Tiongson will give an overview of the program and the resources available, and answer many frequently asked questions
- § 1:30-2:30pm - Question and Answer session

Presentation slides will be posted before the call at

<http://www.CMS.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1239313>.

You may ask questions on the call, or submit questions in advance to CareTransitions@cms.hhs.gov<<mailto:CareTransitions@cms.hhs.gov>>.

Participation Instructions:

- § To register for this audio-only streaming webcast, visit <http://www.CMS.gov/apps/events/event.asp?id=637>.

§ To ask a question during this Forum, call 800-837-1935 and use Conference ID #62519672. A limited number of lines are also available for people who have technical problems with the streaming audio.

§ For TTY Communications Relay Services, dial 711 or 800-855-2880 for help.

§ Live captioning and a transcript of the captioning will be available at <http://www.FEDRCC.us/Enter.aspx?EventID=1744782&CustomerID=321><<http://www.FEDRCC.us/Enter.aspx?EventID=1744782&CustomerID=321>>.

§ Mobile phone apps are commercially available to use the Ustream player.

If You Miss the Forum:

§ An Encore recording of this Forum will be available Mon May 9 through Wed May 11. To hear this recording, call 800-642-1487 (Conference ID #62519672).

§ An archived stream of this forum will be available for 90 days at <http://www.Ustream.tv/channel/cms-public-events>.

§ An mp3 recording and official transcript will also be available on Fri May 13 at http://www.CMS.gov/OpenDoorForums/05_ODF_SpecialODF.asp.

Agendas for Upcoming Healthcare Common Procedure Coding System Public Meetings

Tue May 17 and Wed May 18 (for Drugs, Biologicals, and Radiopharmaceuticals)

Tue May 24 and Wed May 25 (for Supply and Other)

CMS is pleased to announce the scheduled release of the agendas for the Healthcare Common Procedure Coding System (HCPCS) Public Meeting for Drugs, Biologicals, and Radiopharmaceuticals (Tue May 17 and Wed May 18) and the agendas for the HCPCS Public Meetings for Supply and Other (Tue May 24 and Wed May 25).

The documents and the link for the corresponding public meeting registrations for these meetings are located on the HCPCS website at

http://www.CMS.gov/MedHCPCSGenInfo/08_HCPCSPublicMeetings.asp.

Registration Now Open for National Provider Call on CMS ICD-10 Conversion Activities, Including a Lab Case Study; Wed May 18, 1-2:30pm ET

CMS will host a national provider call on CMS ICD-10 Conversion Activities. Subject matter experts will discuss the ICD-10 conversion process currently taking place within CMS, including a case study from the CMS Coverage and Analysis Group on their transition to ICD-10 for the lab national coverage determinations (NCDs). The target audience for this call includes Medical coders, physician office staff, provider-billing staff, health records staff, vendors, educators, system maintainers, and all Medicare fee-for-service providers.

The agenda will include:

§ ICD-10 overview

§ Lab NCDs conversion process from ICD-9-CM to ICD-10-CM

- § Home health conversion
- § OASIS and procedure code reporting
- § Update on claims spanning the implementation date
 - * National ICD-10 implementation issues
 - * A Q&A session

To register for this informative session, please visit

<http://www.CMS.gov/ICD10/Tel10/itemdetail.asp?itemID=CMS1246998>. Registration will close at 1pm ET on Tue May 17 or when available space has been filled; no exceptions will be made, so please register early.

CMS Data Show Gains in Key Quality Indicators through Physician Quality Reporting System and eRx Incentive Program

2009 data show increases in how many eligible professionals successfully participate as well as how many instances professionals report delivering evidence-based care that can lead to better patient outcomes.

On Tue Apr 19, CMS issued a report that highlights significant trends in the growth of two important "pay-for-reporting" programs. The report also articulates key areas in which physician-level quality measures appear to show positive results in quality of care delivered to Medicare beneficiaries.

CMS's 2009 Physician Quality Reporting System and ePrescribing Experience Report states that 119,804 physicians and other eligible professionals in 12,647 practices who satisfactorily reported data on quality measures to Medicare received incentive payments under the Physician Quality Reporting System totaling more than \$234 million - well above the \$36 million paid in 2007, the first under the ePrescribing (eRx) Incentive Program, CMS paid \$148 million to 48,354 physicians and other eligible professionals in 2009, the first payment year for the program. Results show that participation in the Physician Quality Reporting System has grown at about 50 percent every year, on average, since the program began.

Along with increases in participation rates and incentive payment amounts, CMS is encouraged by data from the Physician Quality Reporting System that shows growing rates in how often healthcare professionals report that they are complying more often with evidence-based care practices. These increased reporting rates could signal a positive trend in the quality of healthcare Medicare beneficiaries receive from professionals who report data through the Physician Quality Reporting System. One of the Physician Quality Reporting System's main goals is to collect information about care practices that can ultimately help improve the quality and efficiency of care for all Americans, especially Medicare beneficiaries. Accordingly, the System's measures capture evidence-based practices that are shown to improve patient outcomes, such as providing preventive services, taking steps to reduce health care disparities, planning care for patients with chronic conditions to keep them healthy for as long as possible, and integrating health information technology solutions into how providers deliver care. These measures are created by nationally recognized experts from groups such as the American Medical Association, and are endorsed by national quality consensus organizations.

Both programs also serve as part of a broader strategy to encourage healthcare providers to adopt practices that can improve patient care.

In early 2011, CMS launched incentive programs for both Medicare and Medicaid that reward providers financially for becoming meaningful users of certain health information technology solutions this year. Physicians will also see data on how well they perform against their peers on quality measures as CMS's Physician Compare website expands to include quality information by 2013. Also, providers who are able to participate in the ePrescribing Incentive Program and the Physician Quality Reporting System Program, but who choose not to, will receive payment reductions from Medicare beginning in 2012 and 2015, respectively for each program.

The full text of this excerpted press release can be found on the CMS website at <http://www.CMS.gov/apps/media/press/release.asp?Counter=3937>.

The full 2009 PQRS and ePrescribing Experience Report is available at <http://www.CMS.gov/PQRS>.

Additional 2009 program results can be found in a CMS Fact Sheet here: http://www.cms.gov/apps/media/fact_sheets.asp.

To learn more about the Physician Quality Reporting System, including instructions on how to get started, visit <http://www.CMS.gov/PQRS>. Information on the ePrescribing Incentive Program is available at <http://www.CMS.gov/ERxIncentive>.

CMS Seeks Expert Input on New Medication Measures

CMS has contracted with FMQAI to develop and maintain medication-related quality measures. A set of seven new medication measures has been developed using Medicare administrative claims data. These measures are based on the Institute of Medicine domains of safety and effectiveness and specifically focus on improving medication adherence, appropriateness of therapy, and patient outcomes. The medication measures were developed for state and/or plan-level measurement, but are currently under evaluation for use in other settings of care (i.e., physician offices).

The proposed measures are:

§ Process Measures I: Adherence Measures

- o Adherence to Antipsychotics for Individuals with Schizophrenia
- o Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder
- o Adherence to Antiplatelet Treatment after Stent Implantation

§ Process Measures II: Appropriate Therapy Measures

- o Polytherapy with Oral Antipsychotics
- o Avoiding Acetaminoo Short-Acting Opioid Formulation for Breakthrough Pain in Individuals with Cancer

§ Outcome Measure

- o Bleeding Outcomes Related to Oral Anticoagulants

These measures address many clinical issues, including psychiatry/behavioral health, cardiovascular/ischemic heart disease, cancer/pain management, and patient safety. CMS and FMQAI appreciate the time and effort healthcare professionals and organizations invest in providing comments.

The public comment period will be open until 11:59pm ET on Wed May 11, 2011. All feedback submitted within the public comment period will be reviewed and considered. To submit comments on the above-mentioned medication measures and to view the Measure Information Forms, please visit <http://www.surveymonkey.com/s/med-measures-public-comment>.

Should you have any technical difficulties with the submission of your comments, please contact Marie Hall at mhall@flqio.sdps.org.

Try the Medicare EHR Meaningful Use Attestation Calculator

CMS has launched a new attestation resource for the Medicare Electronic Health Record (EHR) Incentive Program.

All eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) participating in the Medicare EHR Incentive Program must attest to having met meaningful use requirements in order to receive their EHR incentive payments.

The Meaningful Use Attestation Calculator<<http://www.cms.gov/apps/ehr/>> helps Medicare EPs, eligible hospitals, and CAHs determine if they have met all of the objectives and their associated measures for meaningful use prior to completing attestation for the Medicare EHR Incentive Program. (Note that the tool does not calculate Clinical Quality Measures <https://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp>).

These measures are reported directly from a certified EHR and will need to be entered in the web-based attestation system in order to receive an incentive payment. This calculator is not the same as the actual attestation; rather it is a tool that allows Medicare EPs to assess their readiness to successfully complete the attestation process.

The Meaningful Use Attestation Calculator will help prepare EPs, eligible hospitals, and CAHs for the attestation system. After entering their core and menu measure meaningful use data, the calculator will display whether a provider has met the necessary criteria for these objectives. The user can then print a copy of the measures they have entered and whether they have passed or failed each specific measure. The calculator will indicate in red those measures for which the input values did not meet the required thresholds and will mark them as “failed.”

You can find the Meaningful Use Attestation Calculator and more information about the attestation process on the Attestation page of the CMS EHR Incentive Programs website at https://www.CMS.gov/EHRIncentivePrograms/32_Attestation.asp.

In order to better understand the meaningful use criteria, EPs, eligible hospitals, and CAHs can also review the Stage 1 Meaningful Use Specification Sheets for EPs <<https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>> and eligible hospitals and CAHs<https://www.cms.gov/EHRIncentivePrograms/Downloads/Hosp_CAH_MU-TOC.pdf>. These specification sheets contain detailed information on each core and menu meaningful use measure.

Want more information about the EHR Incentive Programs? Visit the CMS EHR Incentive Programs website<<http://www.cms.gov/EHRIncentivePrograms/>> for the latest news and updates on the EHR

Incentive Programs; also sign up for the EHR Incentive Programs email update listserv<http://www.cms.gov/EHRIncentivePrograms/65_CMS_EHR_Listserv.asp>.

April 2011 Quarterly Provider Specific File Update

The April 2011 Quarterly Provider-Specific Files (PSF) are now available on the CMS website. The SAS data files are available at http://www.CMS.gov/ProspMedicareFeeSvcPmtGen/04_psf_SAS.asp and the text data files are available at <http://www.CMS.gov/ProspMedicareFeeSvcPboth> in the “Downloads” section.

From the MLN: New “Signature Requirements” Fact Sheet

A new publication titled “Signature Requirements” is now available in downloadable format from the Medicare Learning Network® at http://www.CMS.gov/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf. This fact sheet is designed to provide education on Signature Requirements to healthcare providers, and includes information on the documentation needed to support a claim submitted to Medicare for medical services.

From the MLN: New “Inpatient Rehabilitation Services” Fact Sheet

A new publication titled “Inpatient Rehabilitation Services” is now available in downloadable format from the Medicare Learning Network(r) at http://www.CMS.gov/MLNProducts/downloads/Inpatient_Rehab_Fact_Sheet_ICN905643.pdf. This fact sheet is designed to provide education on Inpatient Rehabilitation Services to healthcare providers, and includes information on the documentation needed to support a claim submitted to Medicare for inpatient rehabilitation services.

From the MLN: “Medicare Physician Fee Schedule” Fact Sheet Now Available in Print

The publication titled “Medicare Physician Fee Schedule” is now available in print format from the Medicare Learning Network®. This fact sheet is designed to provide education on the Medicare Physician Fee Schedule (PFS) including physician services, therapy services, Medicare PFS payment rates, and the Medicare PFS rates formula. To place your order, visit <http://www.CMS.gov/MLNGenInfo>, scroll to “Related Links Inside CMS,” and select “MLN Product Ordering Page.”

From the MLN: “Medicare Electronic Health Record Incentive Payment Process” MLN Matters Article Released

MLN Matters® Special Edition Article #SE1111 - titled “Medicare Electronic Health Record (EHR) Incentive Payment Process” - which describes the payment process for the Medicare EHR Incentive Program, is now available at <http://www.CMS.gov/MLNMattersArticles/downloads/SE1111.pdf>. This article is based on the American Recovery and Reinvestment Act of 2009, which provides for incentive payments beginning in 2011 for Medicare eligible professionals, eligible hospitals (including Medicare Advantage affiliated hospitals), and critical access hospitals that are meaningful users of certified EHR technology.

From the MLN: Three New Fact Sheets Related to the Medicare Shared Savings Program NPRM

The Medicare Learning Network® has released three new fact sheets related to the recently released Notice of Proposed Rulemaking (NPRM) for the Medicare Shared Savings Program. All are available to view, download, and print, free of charge, from the MLN.

§ “Summary of Proposed Rule Provisions for Accountable Care Organizations Under the Medicare Shared Savings Program” provides an overview of the NPRM. To access the fact sheet, please visit http://www.CMS.gov/MLNProducts/downloads/ACO_NPRM_Summary_Factsheet_ICN906224.pdf.

§ “What Providers Need to Know: Accountable Care Organizations” provides information important to Medicare fee-for-service providers who may participate in the program. To access the fact sheet, please visit http://www.CMS.gov/MLNProducts/downloads/ACO_Providers_Factsheet_ICN903693.pdf.

§ “Federal Agencies Address Legal Issues Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program” provides information about CMS’s coordination with the Office of Inspector General, the Federal Trade Commission, and Department of Justice, and the Internal Revenue Service regarding issues related to the Shared Savings Program. To access the fact sheet, please visit http://www.CMS.gov/MLNProducts/downloads/ACO_Federal_Agencies_Factsheet_ICN906225.pdf.

From the MLN: New “Interactive Guide to the Medicare Learning Network” CD-ROM

The Medicare Learning Network® has released a new CD-ROM titled “Interactive Guide to the Medicare Learning Network.” This CD-ROM allows for a two-way flow of information between FFS providers and the MLN.

Providers and other healthcare professionals can link directly from the products described on the CD-ROM to the MLN web pages and the MLN Catalog of Products. Once there, users can then confidently download and print copies of the most up-to-date and accurate MLN products. To order the CD-ROM through the MLN Product Ordering System, visit <http://www.CMS.gov/MLNProducts>.