

### **Important News for Ohio Part B EDI Submitters**

CIGNA Government Services (CGS) was awarded the Part A/ Part B Medicare Administrative Contractor (A/B MAC) for Jurisdiction 15, which includes the Ohio Part B workload, scheduled to transition to CGS on June 18, 2011. CGS is committed to facilitating a seamless transition with no disruption of claims processing for existing Electronic Data Interchange (EDI) submitters.

CGS will utilize a process called early boarding which allows a provider to submit claims to CGS prior to the cutover to avoid tight timeframes for transitioning during cutover weekend. Early boarding helps to mitigate any disruption in EDI services during the J15 Ohio Part B workload transition. During early boarding, Palmetto GBA will continue to process your Medicare claims will continue to be processed by Palmetto GBA. As a provider, you will submit your EDI transactions to CGS. As the A/B MAC, CGS will translate these EDI transactions and return your TA1 or 997. We will forward syntactically correct claims to Palmetto GBA for processing. If you are currently receiving electronic remittance notices (835s) with Palmetto GBA, you will be set up to continue to receive them during early boarding.

<http://cignagovernmentservices.com/j15/news/cope14181b.html>

### **MedPAC Report: 1 Percent Increase Recommended for Physicians, but Imaging/Testing Reductions Loom**

Modest increases for physicians, hospitals and ASCs were recommended in the 2011 report to Congress recently released by the Medicare Payment Advisory Commission (MedPAC). MedPAC is recommending that all but ASCs receive a 1 percent increase in their rates for 2012. For ASCs, MedPAC is recommending a smaller, 0.5 percent increase next year, although at a Tuesday hearing on the report, U.S. Reps. Sam Johnson, R-Texas, and Diana Black, R-Tenn., pressed MedPAC on the variation. The lower increase for ASCs versus hospital outpatient departments exacerbates the current payment discrepancies between these two settings. MedPAC recommendations in its follow-up June report are expected to include reductions for in-office testing/imaging services.

### **Join in the Call for Permanent Medicare Physician Pay Fix**

With the CMS announcement of a predicted 30 percent pay cut on Jan. 1, 130 organizations and the MGMA joined to urge Republicans and Democrats in Congress to work together to enact permanent Medicare physician-pay reform this year. In letters to leaders of the House and Senate, the organizations noted that the cycle of scheduled cuts and frequent, short-term delays cause disruptions for patients and physicians. In 2010 alone, Congress acted five times to pass short-term measures to stop scheduled payment cuts.

### **House Committee Targets Funding of School-Based Health Centers**

Republicans on the House Energy and Commerce Committee have cited school-based health centers as one of five targeted areas for defunding in the health care reform law. Rep. Michael Burgess, R-Texas, said the law establishes \$200 million for grants to build the centers, but the president's budget does not even include funding to actually provide services. Regardless of whether new federal funds are available, ophthalmologists across the country continue to provide leadership roles in vision services in school-based health centers.

## **CMS to Hold PQRS/E-Prescribing Open-Door Forum March 22**

CMS will hold an open-door forum about the Physician Quality Reporting System (PQRS; formerly Physician Quality Reporting Initiative) and E-Prescribing Incentive Program on **March 22 from noon to 1:30 p.m. EDT**. To attend, call 800.837.1935 and enter conference ID 51772165. The forum will focus on:

- 2011 PQRS for the beginner
  - Reporting options
  - Choosing measures to report
- Common PQRS pitfalls
  - Missing eligible population
  - Reporting incorrect information

PQRS educational materials are on the PQRS website in the "Educational Resources" section, as well as on the e-prescribing website.

An audio recording and transcript of the call will be posted on the CMS website on or around April 22. If you require services for the hearing impaired, TTY communications relay services are available by calling 711 or 800.855.2880.

## **Congressman Sam Johnson (R-TX) Reintroduces Private Contracting Legislation**

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On March 11, Representatives Sam Johnson (R-TX-3), along with Pete Sessions (R-TX-32), Ron Paul (R-TX-14), Diane Black (R-TN-6), and Michael T. McCaul (R-TX-10), introduced H.R. 1051, the Medicare Beneficiary Freedom to Choose Act of 2011. He was a sponsor of the same legislation in the last Congress. Specifically, the legislation clarifies use of private contracts by Medicare beneficiaries and allows individuals to opt out of Medicare Part A.

## **Patient-Centered Primary Care Collaborative Forms Center for Accountable Care**

The Patient-Centered Primary Care Collaborative, a coalition comprised of employers, consumer groups, and primary care organizations, recently formed the Center for Accountable Care. The Center will identify and share best practices related to medical home-based Accountable Care Organizations (ACOs) and educate federal and state government officials, media members, and consumer organizations about the Center's policy recommendations and advocate for those policies. Federal draft regulations for ACOs are expected to be released within the next few weeks.

## **Centers for Medicare & Medicaid Services (CMS) Announce Launch of Physician Compare Initiative Webpage**

The Centers for Medicare & Medicaid Services (CMS) announced on Thursday that the Physician Compare Initiative Webpage, a resource related to the Physician Compare Website, is now available. The webpage will contain information that is deemed of interest to the healthcare professional community, including CMS sponsored forums and links to other applicable resources.

The Physician Compare Website was launched December 30, 2010, to meet requirements set forth by Section 10331 of the Patient Protection and Affordable Care Act of 2010.

**Reminder—CMS to Implement Application Fees for Medicare DMEPOS Supplier Enrollment; PECOS Enrollment Critical**

Effective Friday, March 25, 2011, Medicare Administrative Contractors (MACs) will begin collecting application fees for new applications and revalidating provider/supplier enrollment applications (paper and online applications). The application fee is currently \$505 for CY2011.

**Special Open-Door Forum: Transparency Reports and Reporting of Physician Ownership or Investment Interests - Thursday March 24, 2:00 PM-4:00 PM EST**

The Centers for Medicare & Medicaid Services (CMS) is currently in the process of identifying and analyzing key processes and requirements for the implementation of a provision within the Affordable Care Act that requires the public reporting of payments or other value transfers made to physicians and teaching hospitals by manufacturers and group purchasing organizations of drugs, devices, biologicals, and medical supplies that are covered by Medicare, Medicaid, or the Children's Health Insurance Program.

CMS is seeking stakeholder input on a number of topics defined in the statute, including:

- Accessibility to and usability of the reported data by consumers;
- Mechanisms for accurate, efficient, and cost-effective reporting of data; and
- Comments on additional forms and natures of payment and transfer of value to be considered by HHS, including:
  - Should CMS consider additional forms of payment or transfers of value, and
  - If so, what additional forms should CMS consider and what additive value do they bring?

To participate: dial 800-837-1935 and use conference ID #51513526.

**Conference Call - Medicare Fee-For-Service Implementation of HIPAA Version 5010 and D.0 Transactions Wednesday, March 30, 2:00 PM-3:30 PM EST**

CMS will host its 15th national education call regarding Medicare Fee-For-Service's implementation of HIPAA Version 5010 and D.0 transaction standards. This call is primarily intended for vendors, clearinghouses, and providers who need to make Medicare FFS-specific changes in compliance with HIPAA Version 5010 requirements. The presentation will be followed by a Q&A session.

In order to receive the call-in information, you must register for the call.

Registration will close at 2 PM EST on Tuesday, March 29 or when available space has been filled; no exceptions will be made, so please register early.