

*The NPI is here. The NPI is now. Are you using it?*

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**CMS to Host NPI Roundtable on May 14, 2008**

CMS will host a national NPI Roundtable to address additional questions from the Medicare provider community regarding Medicare's NPI implementation. The Roundtable will be on May 14th from 2-3:30PM EDT. Providers will be able to submit questions through the online registration system at the time of sign up for the call. For registration details, visit

[http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/listserv\\_wording\\_5-14-08\\_call.pdf](http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/listserv_wording_5-14-08_call.pdf) on the CMS NPI web page.

**Need More Information?**

Still not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found through the CMS NPI page [www.cms.hhs.gov/NationalProvIdentStand](http://www.cms.hhs.gov/NationalProvIdentStand) on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 800.465.3203. Having trouble viewing any of the URLs in this message? If so, try to cut and paste any URL in this message into your web browser to view the intended information.

Note: All current and past CMS NPI communications are available by clicking "CMS Communications" in the left column of the [www.cms.hhs.gov/NationalProvIdentStand](http://www.cms.hhs.gov/NationalProvIdentStand) CMS webpage.

### **CMS to Host National Education Call on May 13, 2008**

The Centers for Medicare & Medicaid Services (CMS) will host a national education conference call to address the implementation of the new Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding program scheduled to begin on July 1, 2008. This call is being conducted for Medicare fee-for-service DMEPOS suppliers, physicians, and other providers – all of which may be affected by the program. The call will give a general overview of the new program and address some of the exceptions and situations you may encounter as the program is implemented. A presentation will be made by the Competitive Bidding Implementation Contractor (CBIC) and CMS Subject Matter Experts will be available to answer questions. A PowerPoint presentation will be posted on the CMS Website prior to the call.

#### Conference call details:

Date: May 13, 2008  
Conference Title: Overview of the DMEPOS Competitive Bidding Program  
Time: 12:30-2:00 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. If you cannot attend the call, replay information is available below.

Registration will close at 12:30 p.m. EDT on May 12, 2008, 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://www2.eventsvc.com/palmettogba/051308>
2. Fill in all required data.
3. Verify your time zone is displayed correctly 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 they may have gotten caught in that.

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 2:30 p.m. EDT 5/13/2008 until 11:59 p.m. EDT 5/17/2008. The call in data for the replay is (800) 642-1687 and the passcode is 45744159.

### Educational Resources

CMS recommends the review of three MLN Matters articles prior to the call. There is a substantial amount of program information and how it will impact DMEPOS suppliers, physicians and other providers.

These Special Edition *MLN Matters* articles are:

**MLN Matters Special Edition # SE0805** entitled ~ **“Overview of New Medicare Competitive Bidding Program for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) – The first in a series of articles on the implementation of this program.”** ~ This article is posted on the CMS Web site at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0805.pdf>.

**MLN Matters Special Edition Article # SE0806** entitled ~ **“Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Grandfathering, Repair and Replacement, Mail Order Diabetic Supplies and Advanced Beneficiary Notices (ABNs) – the second in a series of articles on the new DMEPOS Competitive Bidding Program.”** ~ This article is posted on the CMS Web site at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0806.pdf>.

**CMS Announces Proposed Wage Index Changes For The Medicare Hospice Benefit**  
The Centers for Medicare & Medicaid Services (CMS) recently issued a proposed rule to update and revise the Medicare hospice wage index (WI) for fiscal year (FY) 2009. CMS proposes to phase out an outdated adjustment to the hospice wage index that was put into place over 10 years ago. Elimination of this adjustment will save Medicare \$2.29 billion over five years. While hospice payment rates are projected to increase in 2009, it is estimated that the increase will be approximately 1.1 percent lower for FY 2009, the first year of the three-year phase-out of the adjustment.

To view the entire Fact Sheet: [http://www.cms.hhs.gov/apps/media/fact\\_sheets.asp](http://www.cms.hhs.gov/apps/media/fact_sheets.asp)  
Additional information can be found on the CMS Hospice Page at:  
<http://www.cms.hhs.gov/center/hospice.asp>

**Rate Year 2009 Payment` And Policy Changes For Long-Term Care Hospitals**  
The Centers for Medicare & Medicaid Services (CMS) recently published the final regulation establishing rate year (RY) 2009 Federal payment rates and policies for long-

term care hospitals (LTCHs), a step that ensures that some of the most vulnerable Medicare beneficiaries continue to receive high quality care from their long-term care hospitals (LTCHs), while helping to ensure the solvency of the Medicare Trust Fund. The nearly 400 LTCHs across the nation are acute care hospitals that treat some of Medicare's most severely ill or medically complex patients.

The final rule (CMS-1393-F) and supporting documents are posted on the CMS Web site at:

<http://www.cms.hhs.gov/LongTermCareHospitalPPS/LTCHPPSRN/itemdetail.asp?itemID=CMS1210314>).

The Press Release is available at: [http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

### **Rate Year 2009 Payment Update for Inpatient Psychiatric Facilities**

CMS-1401-N updates the prospective payment rates for Medicare inpatient psychiatric hospital services provided by inpatient psychiatric facilities (IPFs). These changes are applicable to IPF discharges occurring during the rate year beginning July 1, 2008 through June 30, 2009.

**EFFECTIVE DATE:** The updated IPF prospective payment rates are effective for discharges occurring on or after July 1, 2008 through June 30, 2009.

To view the display copy of the notice, go to

<http://www.cms.hhs.gov/InpatientPsychFacilPPS/Downloads/CMS-1401-Ndisplay.pdf> on the CMS website.

### **CMS Proposes More Accurate Payment Rates For Medicare Skilled Nursing Facilities In Fiscal Year 2009 Recalibration Of Case-Mix Adjustment**

The Centers for Medicare & Medicaid Services recently announced its proposal for new, more accurate fiscal year (FY) 2009 payment rates for Medicare skilled nursing facilities that more closely reflect differences in patient care needs.

“CMS is committed to providing high quality care to those in skilled nursing facilities and to paying those facilities properly for that care,” said Acting Administrator Kerry Weems. “The proposed adjustments to the payment rates for next year reflect that policy.”

To view the entire Press Release: [http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

To view the SNF PPS Page: <http://www.cms.hhs.gov/SNFPPS/>

## **Interim Final Rule With Comment Implementing Medicare, Medicaid, And SCHIP Extension Act Of 2007 Changes To Long Term Care Hospital Prospective Payment System**

On May 1, 2008, the Centers for Medicare & Medicaid Services (CMS) issued an interim final rule with comment (IFC) implementing changes to the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) that were mandated by the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). The LTCH provisions in the law, signed by the President on December 29, 2007, affect, among others, several policies that were adopted in the LTCH PPS final rule for the Rate Year (RY) 2008, which was published in the May 11, 2007 Federal Register. In this IFC, CMS is incorporating the MMSEA changes into its existing LTCH PPS regulations.

This IFC includes changes other than the proposed changes that were included in the LTCH PPS proposed rule for RY 2009, which was published in the January 29, 2008 Federal Register and for which the deadline for submission of comments was March 24, 2008.

### Website Resources:

Long Term Care Hospital Main Page: [www.cms.hhs.gov/LongTermCareHospitalPPS/](http://www.cms.hhs.gov/LongTermCareHospitalPPS/)

Long Term Care Hospital Regulation List:

[www.cms.hhs.gov/LongTermCareHospitalPPS/LTCHPPSRN/list.asp](http://www.cms.hhs.gov/LongTermCareHospitalPPS/LTCHPPSRN/list.asp)

Press Release: [http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

### **Payment-Related Updates**

CMS has processed the April 2008 quarterly *Provider Specific Files (PSF)* and has made them available on the Provider Specific Data for Public Use Web page at [http://www.cms.hhs.gov/ProspMedicareFeeSvcPmtGen/03\\_psf.asp](http://www.cms.hhs.gov/ProspMedicareFeeSvcPmtGen/03_psf.asp) on the CMS website.

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Due to receiving updated quarterly provider data, the *SNF PC Pricer file* (file name: FY2008.2 SNF PC Pricer) has been updated on the web page:

[http://www.cms.hhs.gov/PCPricer/04\\_SNF.asp](http://www.cms.hhs.gov/PCPricer/04_SNF.asp).

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The provider data distributed with the *Inpatient Rehabilitation Facility (IRF) PPS PC Pricer* has been updated as of April 2008. The FY2007 AND FY2008 IRF PC Pricers on the web page, [http://www.cms.hhs.gov/PCPricer/06\\_IRF.asp](http://www.cms.hhs.gov/PCPricer/06_IRF.asp), have been updated with the latest provider data. If you use the IRF PC Pricer, please go to the web page above and download the latest version of the IRF PC Pricers posted 04/25/2008.

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The provider data distributed with the *IPF PPS PC Pricer* has been updated as of April 2008. The IPF PPS PC Pricer on the web page, [http://www.cms.hhs.gov/PCPricer/09\\_inppsy.asp](http://www.cms.hhs.gov/PCPricer/09_inppsy.asp), has been updated with the latest provider data. If you use the IPF PPS PC Pricer, please go to the web page above and download the latest version of the PC Pricer posted 04/23/2008.

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Due to updated provider data that is distributed with the *HH PPS PC Pricer*, the “Home Health Prospective Payment System (HH PPS) PC Pricer” web page, [http://www.cms.hhs.gov/PCPricer/05\\_HH.asp](http://www.cms.hhs.gov/PCPricer/05_HH.asp), has been updated with April 2008 provider data.

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The provider data distributed with the *Inpatient PPS PC Pricer* has been updated as of April 2008. The web page, [http://www.cms.hhs.gov/PCPricer/03\\_inpatient.asp](http://www.cms.hhs.gov/PCPricer/03_inpatient.asp), has been updated with the latest provider data. Please go to the web page above and download the latest version of the PC Pricer posted 04/22/2008.

### **Medicare Expands Coverage For Artificial Heart Devices**

The Centers for Medicare & Medicaid Services (CMS) recently issued a final National Coverage Determination (NCD) expanding Medicare coverage of artificial hearts when they are implanted as part of a study that is approved by the Food and Drug Administration (FDA) and that meets CMS’ Coverage with Evidence Development (CED) clinical research criteria.

“Our decision revises a long-standing non-coverage policy and allows beneficiary access to this advanced technology,” said CMS Acting Administrator Kerry Weems. “Our decision also encourages the completion of FDA post-approval studies.”

To view the entire Press Release:

[http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

To view the National Coverage

Decision: <http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=211>

### **Revised Advance Beneficiary Notice (ABN)**

A revised Advance Beneficiary Notice (ABN) of Noncoverage (CMS-R-131) was released on March 3, 2008, and providers are authorized to begin using the notice immediately. Beginning September 3, 2008, all providers, practitioners, and suppliers paid under Part B, as well as hospice providers and religious non-medical health care institutions (RNHCIs) paid exclusively under Part A, must use the revised ABN in place of the ABN-G (CMS-R-131-G) and ABN-L (CMS-R-131-L). Revised manual instructions in Chapter 30 of the Claims Processing Manual (Pub.

100-04) will be published within the next few weeks and a MLN Matters article will also be released at that time. The revised ABN and form instructions can be accessed at [www.cms.hhs.gov/bni](http://www.cms.hhs.gov/bni) ..

### **New from the Medicare Learning Network**

The following Medicare Learning Network (MLN) products have been updated and are now available to download from the CMS website or may be ordered, free of charge, from the MLN Product Ordering Page, at [http://cms.meridianksi.com/kc/main/kc\\_frame.asp?kc\\_ident=kc0001&loc=5](http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5) on the Web.

- ***The Quick Reference Information: Medicare Preventive Services Chart*** - This two-sided laminated reference chart gives Medicare fee-for-service physicians, providers, suppliers, and other health care professionals a quick reference to Medicare's preventive services and screenings. (Feb. 2008)  
[http://www.cms.hhs.gov/MLNProducts/downloads/MPS\\_QuickReferenceChart\\_1.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf)
- ***The Quick Reference Information: Medicare Part B Immunization Billing Chart*** - This two-sided laminated reference chart gives Medicare fee-for-service physicians, providers, suppliers, and other health care professionals quick information to assist with filing claims for the influenza, pneumococcal, and hepatitis B vaccines and their administration. (Feb. 2008)  
[http://www.cms.hhs.gov/MLNProducts/downloads/qr\\_immun\\_bill.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf)
- ***The Outpatient Maintenance Dialysis - End-Stage Renal Disease Fact Sheet*** – This fact sheet provides general information about outpatient maintenance dialysis for End-Stage Renal Disease, the composite payment rate system, and separately billable items and services. (March 2008)  
<http://www.cms.hhs.gov/MLNProducts/downloads/ESRDpaymtfctst08-508.pdf>

### **May is National Osteoporosis Awareness and Prevention Month**

In conjunction with National Osteoporosis Awareness and Prevention Month, the Centers for Medicare & Medicaid Services (CMS) reminds health care professionals that Medicare provides coverage of **bone mass measurements** for beneficiaries at clinical risk for osteoporosis.

Osteoporosis, or porous bone, is a disease characterized by low bone mass and structural deterioration of bone tissue, leading to bone fragility and an increased risk of fractures of the hip, spine, and wrist. Both men and women are affected by osteoporosis. One out of every two women and one in four men over 50 will have an osteoporosis-related fracture in their lifetime. The good news is that osteoporosis is a disease that can be prevented and treated. Medicare's bone mass measurement benefit can aid in the early detection of

osteoporosis before fractures occur, provide a precursor to future fractures, and determine rate of bone loss.

As a health care professional, you play a crucial role in helping your patients maintain strong, healthy bones throughout their life. CMS needs your help to ensure that all eligible Medicare beneficiaries take full advantage of the bone mass measurement benefit. Please join with CMS in spreading the word about prevention and early detection of osteoporosis and the bone mass measurement benefit covered by Medicare.

### **How Can I Help?**

National Osteoporosis Awareness and Prevention Month provides an excellent opportunity for health care professionals to help increase awareness, knowledge and understanding of prevention, early detection, and treatment of osteoporosis as well as strategies for managing the disease. You can help in a number of ways:

- 1) Stay abreast of the latest clinical guidelines for prevention, diagnosis, and treatment;
- 2) Become familiar with Medicare's coverage of bone mass measurements;
- 3) Talk with your patients about their risk factors for osteoporosis, prevention measures they can take to reduce their risk factors, and the importance of utilizing bone mass measurements; and
- 4) Encourage eligible Medicare patients to take full advantage of Medicare's bone mass measurement benefit.

Together we can help Medicare beneficiaries reduce bone fractures and maintain strong healthy bones.

### **For More Information**

- For more information about Medicare's coverage of bone mass measurements, please visit the CMS website <http://www.cms.hhs.gov/BoneMassMeasurement/>
- The Medicare Learning Network (MLN) *Bone Mass Measurements* Brochure – this tri-fold brochure provides fee-for-services health care professionals and their staff with an overview of Medicare's coverage of bone mass measurements. [http://www.cms.hhs.gov/MLNProducts/downloads/Bone\\_Mass.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/Bone_Mass.pdf)
- To learn more about National Osteoporosis Awareness and Prevention Month, please visit The National Osteoporosis Foundation website <http://www.nof.org/>

“Osteoporosis – It's Beatable. It's Treatable.”

Thank you for your support.

### **Hospital-Specific Ask the Contractor Conference Call**

The National Contractor for the Section 1011 program, TrailBlazer Health Enterprises<sup>®</sup>, is hosting the first of three **Ask the Contractor Teleconferences (ACT)** on **Tuesday, May 20, 2008 from 1-2:30 p.m. (CT)**.

This **hospital-specific** ACT is designed for established Section 1011 hospital providers and will examine program recurrences and resolutions.

### **Section 1011 Ask the Contractor Teleconference - HOSPITALS Tuesday, May 20, 2008 1-2:30 p.m. (CT)**

You may register for the event on the calendar of events page of the Section 1011 Web site, [www.trailblazerhealth.com/Section1011/Default.aspx](http://www.trailblazerhealth.com/Section1011/Default.aspx).

A toll-free, dial-in number and participant code will be provided when your registration is approved. A confirmation e-mail with this information will be sent to the e-mail address provided when you register.

A question-and-answer session will conclude the teleconference, but time is limited. E-mail your questions in advance through the close of business Friday, May 2, 2008 to [section.1011@trailblazerhealth.com](mailto:section.1011@trailblazerhealth.com) with **Ask the Contractor** in the subject line.

### **IPPS Evaluation Reports Now Available**

In the FY 2009 IPPS Proposed Rule, issued on April 14, 2008, we stated that we had contracted with RAND to evaluate how the relative weights would change if we were to adopt regression-based cost to charge ratios (CCRs) to address charge compression while simultaneously adopting an HSRV methodology using fully phased-in Medicare Severity-Diagnosis Related Groups (MS-DRGs). Because RAND's analysis was not complete in time for the IPPS proposed rule, we were not able to include a discussion of the report. However, we indicated that we would post the link to the RAND report on our website and we would welcome public comment on the report.

Also in the FY2009 IPPS Proposed Rule, we stated that RTI had been contracted to further analyze charge compression including a reassessment of the regression-based CCR models using both outpatient and inpatient charge data. However, during the development of the IPPS proposed rule, RTI's findings were not available. The IPPS-related chapters of this report are now available, and we have posted the link to the RTI report for public comment.

**The RAND and RTI reports can be found on the CMS website at:**

**<http://www.cms.hhs.gov/AcuteInpatientPPS/FFD/itemdetail.asp?itemID=CMS1209967>** .

Comments on these reports will be accepted for 60 days through June 19, 2008. CMS will respond to comments in a final rule to be issued on or before August 1, 2008.

### **Refinement of Medicare's Home Health Prospective Payment System: Final Report**

On April 30, 2008, CMS posted the Abt Associates Technical report titled, "Refinement of Medicare's Home Health Prospective Payment System: Final Report," describing results of research and analysis conducted to address Medicare's information and program administration needs pertaining to the home health prospective payment system (HH PPS) implemented in October 2000. The reports provide details on the data analysis and simulations used by CMS in the development of the May 4, 2007 Notice of Proposed Rulemaking (CMS-1451-P) and the August 29, 2007 Final Rule with comment (CMS-1541-FC) for the Home Health Prospective Payment System Refinement and Rate Update for Calendar Year 2008. This report comes in two parts: the (Technical report) and the (Appendix containing associated tables) . For more information, go the Home Health Center page at: (<http://www.cms.hhs.gov/center/hha.asp>).

### **Name Change for the CMS PPAC Mailbox**

This is to inform you of the name change for the CMS PPAC mailbox. This is the result of a significant increase in the number of spam emails received. The former PPAC mailbox has been closed and email address made obsolete. The new CMS PPAC mailbox address is PPAC\_hhs@cms.hhs.gov. Physician inquiries can now be sent to the new mailbox.

### **News of Benefit to Beneficiaries**

#### **Critical New Information Added To Nursing Home Compare Web Site**

#### **MULTI-YEAR PLAN FOR IMPROVED NURSING HOME QUALITY ALSO RELEASED**

Medicaid beneficiaries and families searching for top quality long-term care services can find critical new information recently added to the Centers for Medicare & Medicaid Services' (CMS) Web site "Nursing Home Compare."

For the first time, information about nursing homes on the Compare Web site will list whether a home is or has been on CMS' special focus facility (SFF) list. The agency's SFF initiative gives heightened scrutiny to nursing homes that have a history of poor performance or repeated violations of state and federal health and safety rules.

To view the entire Press Release: [http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

To view the Nursing Home Action Plan:

[http://www.cms.hhs.gov/CertificationandCompliance/12\\_NHs.asp#TopOfPage](http://www.cms.hhs.gov/CertificationandCompliance/12_NHs.asp#TopOfPage)

To view the Nursing Home Compare Website: <http://www.medicare.gov>

Link to Wall Street Journal on Nursing Home Compare Article:  
[http://online.wsj.com/article/SB120900078501640265.html?mod=googlenews\\_wsj](http://online.wsj.com/article/SB120900078501640265.html?mod=googlenews_wsj)

## **E-H-R Spells the Future of Medical Care**

Imagine if every doctor you saw had your complete medical history at their fingertips: prescription records, details of past treatments, family history, updated test results, everything. Wouldn't it be nice not to have to remember and repeat this information each time you move or see a new doctor? With Electronic Health Records (EHR), this may soon be your experience.

### **What is an Electronic Health Record?**

An EHR is an individual patient medical file that your doctor accesses via computer. Your electronic records can contain a variety of different medical information, including vaccination records, test results, treatment history, progress reports, and x-ray images. EHRs can create a complete, organized patient history that lets your health care providers easily access – and even share – your health data and provide the most effective treatment.

The government already has strict rules about protecting the privacy and security of this type of electronic information when the information is maintained by entities covered by the Privacy Rule. Under this rule, you generally have a right to see and get a copy of your medical records even when your information is in an EHR.

### **EHRs Help Doctors and Patients**

Electronic Health Records make it much easier for doctors to manage your care, and can improve both your treatment experience and your health outcome. Doctors like EHRs because they are always legible, take up zero office space, and can help coordinate treatment for patients who see multiple specialists in different locations. Easy access to comprehensive records helps doctors make more accurate diagnoses and treatment decisions. And because EHRs can contain a complete record of past tests and procedures, it's less likely you'll have unnecessary or redundant tests and x-rays. Most importantly, EHRs help reduce the many medical errors and adverse drug interactions caused by incomplete or illegible paper records.

As a patient, EHRs let you spend less time rehashing your medical history, and more time face-to-face with your doctors. You'll benefit from better care coordination, faster treatment decisions, and the peace of mind that comes from knowing your medical records are accurate and up-to-date.

### **Better Patient Care with EHRs**

David, a veteran in his 70s, has multiple chronic conditions, including severe gout and congestive heart failure. He needs several medications and is a wheelchair user. His

doctor described how EHRs help David's care: "David is a very complex patient, and his conditions are a lot to manage. Without the benefit of his Electronic Health Record, at best his care would be slow or delayed."

David recently moved from California to Texas, and his EHR easily went with him. His new doctor immediately had access to his health history from California, and with the click of a button was able to review David's records the first day they met.

David's EHR also helps his doctor coordinate care with David's other specialists. Without it, "He might actually be harmed by some conflicting medications and certainly we wouldn't be able to coordinate care," said his doctor.

### **When Are EHRs Coming?**

There is no question that EHRs will be a key part of future medical care. More and more doctors are adopting this new technology, and patients are benefiting. A new five-year Medicare demonstration project designed to help primary care doctors and providers implement EHRs in their offices was just launched this year. Your doctor might not be carrying a paper folder or clipboard at your next visit – he or she might be consulting your electronic records instead.

For more information about Medicare's EHR demonstration project, visit [http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008\\_Electronic\\_Health\\_Records\\_Demonstration.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf).

### **2008 Physician Quality Reporting Initiative (PQRI) National Provider Call PowerPoint Presentation-April 30<sup>th</sup>, 2008 is now available**

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the PowerPoint presentation which will be used during the April 30, 2008 PQRI National Provider call is now available on the CMS website.

This presentation will provide an overview of the establishment of alternative reporting periods and alternative criteria for satisfactorily reporting quality measures for the 2008 Physician Quality Reporting Initiative (PQRI) as authorized by the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173) which was enacted on December 29, 2007.

To access the presentation, go to, <http://www.cms.hhs.gov/PQRI>, and select the CMS Sponsored Calls tab on the left side of the page; next, scroll down to the Downloads section under the heading PowerPoint Presentations and select "PQRI PowerPoint Presentation – April 30<sup>th</sup> National Provider Call.

### **Note:**

Due to changes in the criteria in awarding Continuing Education Units (CEUs), CMS is unable to award CEUs for a conference training call. We are sorry for any inconvenience this may have caused you. We will try to offer CEUs for future 2008 Physician Quality Reporting Initiative Calls. We are thankful for your feedback which is being used as the initial needs assessment data to determine what part of the eligible professional population is interested in obtaining CEUs