



CMS Education Resource Messages Received February 16, 2012

- [HHS Announces Intent to Delay ICD-10 Compliance Date.](#)
- [Important Update Regarding HIPAA Version 5010/D.0 Implementation.](#)
- [Major Improvements to Medicare Online Enrollment System.](#)
- [CMS Seeks Experts for Panel on Measuring Outcomes in Coronary Artery Bypass Graft Procedures - Response Requested by Friday, February 24.](#)
- [HHS Releases Reports on Improved Access to Preventive Services Under the Affordable Care Act.](#)

★ Message 201202-45

HHS Announces Intent to Delay ICD-10 Compliance Date.

As part of President Obama's commitment to reducing regulatory burden, Health and Human Services Secretary Kathleen G. Sebelius today announced that HHS will initiate a process to postpone the date by which certain health care entities have to comply with International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10).

The final rule adopting ICD-10 as a standard was published in January 2009 and set a compliance date of October 1, 2013 – a delay of two years from the compliance date initially specified in the 2008 proposed rule. HHS will announce a new compliance date moving forward.

"ICD-10 codes are important to many positive improvements in our health care system," said HHS Secretary Kathleen Sebelius. "We have heard from many in the provider community who have concerns about the administrative burdens they face in the years ahead. We are committing to work with the provider community to reexamine the pace at which HHS and the nation implement these important improvements to our health care system."

ICD-10 codes provide more robust and specific data that will help improve patient care and enable the exchange of our health care data with that of the rest of the world that has long been using ICD-10. Entities covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will be required to use the ICD-10 diagnostic and procedure codes.

★ Message 201202-46

Important Update Regarding HIPAA Version 5010/D.0 Implementation.

CMS has posted to the Versions 5010 & D.0 webpage a new document titled *Important Update Regarding HIPAA Version 5010/D.0 Implementation*, which includes descriptions used for interpreting the 277CA responses, and can be found at http://www.CMS.gov/versions5010andd0/01_overview.asp. This document also includes links to the Common Edits and Enhancement Module (CEM) Error Description documents.

★ Message 201202-47

Major Improvements to Medicare Online Enrollment System.

Over the last year, we have listened to your feedback about the Medicare online enrollment system, PECOS ("Provider Enrollment, Chain, and Ownership System"). As a result, we've made upgrades in order to reduce data entry time and increase access to information.

Providers and staff using internet-based PECOS will now see the following improvements:

- *Electronic Signature* – You now have the ability to digitally sign and certify the application.
- *Access to More Information* – Now you can see if a request for revalidation has been sent by your MAC.
- *Multiple Views of Your Information* – Switch between Topic View and Fast Track View:
 - The Fast Track View allows you to quickly review all enrollment information on a single screen.
- *Overall Usability* – We are making the system easier to use:
 - You can access previously-used address information when completing an application.
 - You can quickly update and resubmit an application returned for correction via internet-based PECOS as part of any application submission.
 - You will have fewer screens and steps to navigate when you are changing information or revalidating your application(s).

Learn more about PECOS at <https://PECOS.CMS.hhs.gov>, and be on the look-out for more enhancements in the coming months!

★ Message 201202-48

CMS Seeks Experts for Panel on Measuring Outcomes in Coronary Artery Bypass Graft Procedures - Response Requested by Friday, February 24.

CMS has contracted for the development of three individual measures that reflect quality of care for patients undergoing Coronary Artery Bypass Graft (CABG):

- a hospital-level all-cause risk-adjusted readmission measure for CABG developed using clinical registry data [measure developer: Society of Thoracic Surgeons (STS)].
- a hospital-level all-cause risk-adjusted readmission measure for CABG developed using Medicare administrative claims data [measure developer: YNHHS/CORE].
- a hospital-level all-cause risk-adjusted mortality measure for CABG developed using administrative data [measure developer: YNHHS/CORE].

STS and YNHHS/CORE are seeking members for a Technical Expert Panel (TEP) to provide expert opinion and input on this measure. Given the expertise and mission of your organization, STS and YNHHS/CORE would like you to identify individuals who could represent your organization in this process. The goal is to have broad representation on the TEP including experts in CABG surgery, cardiology, and quality improvement / performance measurement, as well as purchaser and consumer perspectives. STS and YNHHS/CORE will hold 5 or 6, 1- to 2-hour teleconference meetings from February to September 2012.

If you or someone you know with relevant expertise would be willing to represent your organization, *please complete the [Nomination/Disclosure/Agreement \(NDA\) form](#) and submit it*

along with your curriculum vitae and a statement of interest no later than 5 pm ET on Fri Feb 24. (Please note that the due date has been extended from Wed Feb 15 to Fri Feb 24)

Please note that in order for the nomination package to be complete, a signature (electronic or handwritten) is required on the NDA form. The documents may be faxed (203-764-5653) or emailed (CABG@yale.edu). Once the nomination process is complete, STS and YNHHSC/CORE will select a TEP composed of 8-15 members based on the areas of expertise and the specific requirements of the measure.

Please contact Lisa Suter (at CABG@yale.edu or 203-764-5700) should you have any questions.

★ Message 201202-49

HHS Releases Reports on Improved Access to Preventive Services Under the Affordable Care Act.

Affordable Care Act extended free preventive services to 54 million Americans with private health insurance in 2011; free preventive care also provided to 32.5 million in Medicare.

HHS Secretary Kathleen Sebelius announced on Wed Feb 15 that the *Affordable Care Act* provided approximately 54 million Americans with at least one new free preventive service in 2011 through their private health insurance plans, and that an estimated 32.5 million people with Medicare received at least one free preventive benefit, including the new Annual Wellness Visit. Together, this means an estimated 86 million Americans were helped by health reform's prevention coverage improvements. The new data were released in two new reports from HHS.

The *Affordable Care Act* requires many insurance plans to provide coverage without cost-sharing to enrollees for a variety of preventive health services, such as colonoscopy screening for colon cancer, Pap smears and mammograms for women, well-child visits, and flu shots for all children and adults. The law also makes proven preventive services free for most people on Medicare.

The report on private health insurance coverage also examined the expansion of free preventive services in minority populations. The results showed that an estimated 6.1 million Latinos, 5.5 million Blacks, 2.7 million Asian Americans, and 300,000 Native Americans with private insurance received expanded preventive benefits coverage in 2011 as a result of the new healthcare law.

The report discussing Medicare preventive services found that more than 25.7 million Americans in traditional Medicare received free preventive services in 2011. The report also looked at Medicare Advantage plans and found that 9.3 million Americans – 97 percent of those in individual Medicare Advantage plans – were enrolled in a plan that offered free preventive services. Assuming that people in Medicare Advantage plans utilized preventive services at the same rate as those with traditional Medicare, an estimated 32.5 million people benefited from Medicare's coverage of prevention with no cost-sharing.

The full report on expanded preventive benefits in private health insurance is available at <http://aspe.HHS.gov/health/reports/2012/PreventiveServices/ib.shtml>. The report on expanded preventive benefits in Medicare and other ways that the *Affordable Care Act* strengthens Medicare is available at <http://www.CMS.gov/newsroom>.

The full text of this excerpted HHS press release (issued Wed Feb 15) can be found at <http://www.HHS.gov/news/press/2012pres/02/20120215a.html>.