



MLN Connects™ Provider eNews

Part of the Medicare Learning Network®

Thursday, July 25, 2013

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MLN Connects™ National Provider Calls

How to Register to Select Your PQRS Group Reporting Option for 2013 — Last Chance to Register

Wednesday, July 31; 2:30-3:30pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Physicians, physician group practices, practice managers, medical and specialty societies, payers, insurers.

This MLN Connects Call will walk through the Physician Value (PV) - Physician Quality Reporting System (PQRS) Registration System. The PV-PQRS Registration System is a new application to serve the Physician Value Modifier and PQRS programs. The PV-PQRS Registration system will allow: (1) physician group practices to select their CY 2013 PQRS Group Reporting Mechanism, and if the group has 100 or more eligible professionals, elect quality tiering to calculate their CY 2015 Value-based Payment Modifier; and (2) individual eligible professionals to select the CMS-calculated Administrative Claims reporting mechanism for CY 2013 in order to avoid the PQRS negative payment adjustment in CY 2015. A question and answer session will follow the presentation. The PV-PQRS Registration System will be open from July 15, 2013 to October 15, 2013.

Please note that while this call is scheduled for 60 minutes. CMS experts will be available to stay on the line for an additional 30 minutes to take outstanding questions, should they exist, at the end of the scheduled call time. Participants can remain on the line until the conclusion of the call or refer to the call transcript and audio recording (to be posted 7-10 business days after the call) if they are unable to participate beyond the 60 minute scheduled duration.

Agenda:

- Introduction/opening remarks
- PV-PQRS registration walkthrough
- Question and answer session

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

ESRD Quality Incentive Program: Reviewing Your Facility's Payment Year 2014 Performance Data — Register Now

Wednesday, August 7; 3-4pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders and quality improvement experts.

CMS will host an MLN Connects Call on the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). The ESRD QIP is a pay-for-performance initiative that ties a facility's quality scores to a payment percentage reduction over the course of a payment year (PY). This call will focus on the steps dialysis facilities need to take to review the data CMS will use to evaluate performance as part of the PY 2014 program.

On July 29, 2013, CMS will make available to each facility a preliminary PY 2014 Performance Score Report (PSR) that "previews" how well it scored on the quality measures CMS will use for determining any payment reductions. CMS encourages every dialysis facility to carefully review its PSR before CMS makes the information available publicly at the end of 2013. Facilities will have from July 29 through August 29, 2013 to complete this important review. Also during this period, facilities will have an opportunity to ask questions about how their scores were calculated, and also have the ability to submit *one* formal inquiry if they find or suspect an error in the score calculations.

Agenda:

- How to access and review facility's PSR;

- How CMS calculated a facility's ESRD QIP performance score using quality data;
- What the performance score means to a facility's PY 2014 payment rates;
- When and where to ask questions regarding a PSR, including how to submit *one* formal inquiry;
- Duties and responsibilities to make ESRD QIP performance data transparent to patients;
- Where to access help and get additional information

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OPEN PAYMENTS: Policy Updates on Payments and the Physician Resource Toolkit — Register Now

Thursday, August 8; 1:30-3pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Physicians, teaching hospitals, and other interested stakeholders.

OPEN PAYMENTS (Physician Payment Sunshine Act) requires manufacturers of pharmaceuticals or medical devices to publicly report payments made to physicians and teaching hospitals creating greater transparency around the financial relationships that occur among them. It is important to know that data collection will begin on August 1, 2013. This MLN Connects Call for physicians and teaching hospitals will give an update on program policy, with a focus on third party payments and indirect payments as well as the Physician Resource Toolkit. There will be a question and answer session following the presentation. Don't miss this opportunity to learn from the experts.

Agenda:

- Update on program policy, with a focus on Third Party Payments & Indirect Payments
- Physician Resource Toolkit
- Question and answer session

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ESRD Quality Incentive Program Notice of Proposed Rulemaking: Payment Year 2016 — Register Now

Wednesday, August 14; 3-4:30pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders and quality improvement experts.

CMS will host a MLN Connects Call on the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). The ESRD QIP is a pay-for-performance quality initiative that ties a facility's performance to a payment reduction over the course of a payment year (PY).

This call will focus on the [proposed rule](#) for operationalizing the ESRD QIP in PY 2016. This proposed rule was published in the Federal Register on July 8. The public will have until August 30, 2013, to submit their comments about the content of the rule. CMS encourages every dialysis facility and ESRD stakeholder to carefully review the proposed rule and participate in the comment period.

After the presentation, participants will have an opportunity to ask questions.

Agenda:

- ESRD QIP legislative framework
- Proposed measures, standards, scoring methodology, and payment reduction scale for PY 2016
- Methods for reviewing and commenting on the proposed rule
- Question and answer session

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

Payment Adjustments and Hardship Exceptions for the Medicare EHR Incentive Program — Registration Now Open

Thursday, August 15; 1:30-3

To Register: Visit [MLN Connects Upcoming Calls](#). Registration will open soon.

Target Audience: [Eligible hospitals](#) and [eligible professionals](#).

Beginning in 2015, Medicare eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) that do not successfully demonstrate meaningful use will be subject to a payment adjustment. The payment adjustments for EPs start at 1% and increase each year up to 5% if the provider does not demonstrate meaningful use of Electronic Health Record (EHR) technology. Join the CMS experts on an MLN Connects Call to learn who will be affected, how to apply for an exception if you are eligible, and how the payment adjustment will be applied. *Note: Providers which are not eligible for the Medicare EHR incentive program, or who successfully attest to the Medicaid EHR incentive program, will not be subject to payment adjustments.*

Agenda:

- Who is subject to payment adjustments
- Who can request an exception
- Adjustments for professionals
- Adjustments for hospitals and CAHs

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ICD-10 Basics — Register Now

Thursday, August 22; 1:30-3pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Medical coders, physicians, physician office staff, nurses and other non-physician practitioners, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare providers

Are you ready to transition to ICD-10 on October 1, 2014? Join us for a keynote presentation on ICD-10 basics by Sue Bowman from the American Health Information Management Association (AHIMA), along with an implementation update by CMS. A question and answer session will follow the presentation.

Agenda:

- Benefits of ICD-10
- Similarities and differences from ICD-9
- Coding
 - Basics of finding a diagnosis code
 - Placeholder "x"

- Unspecified codes
- External cause of injury codes
- Type of encounter
- Training needs and timelines
- Resources for coding and training
- National implementation issues

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

Other Calls, Meetings, & Events

Special Open Door Forum: Suggested Electronic Clinical Template for Lower Limb Prosthesis

Wednesday, July 31; 1-2 pm ET

Conference Call Only

CMS will host multiple Special Open Door Forum (ODF) calls to allow physicians, prosthetists, and other interested parties to give feedback on clinical elements for the [Suggested Electronic Clinical Template for Lower Limb Prosthesis](#) for possible Medicare use nationwide. Comments on the document can be sent to eclinicaltemplate@cms.hhs.gov.

In order to enhance physician understanding of medical documentation requirements to support orders for Lower Limb Prosthesis, CMS is exploring the development of an electronic clinical template that will assist providers with data collection and medical documentation. These templates may also facilitate the electronic submission of medical documentation. While not intended to be a data entry form per se, the template will describe the clinical elements that CMS believes would be useful in supporting the documentation requirements for coverage of Lower Limb Prosthesis. CMS will work in collaboration with the HHS Office of the National Coordinator for Health IT (ONC) and the electronic Determination of Coverage (eDoC) workgroup which is focused on developing the standards necessary for an electronic clinical template.

Special Open Door Participation Instructions:

- Operator Assisted Toll-Free Dial-In Number: (800) 603-1774; Conference ID # 14359495
- Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 800-855-2880. A Relay Communications Assistant will help.

A transcript and audio recording of this Special ODF will be posted to the [Special Open Door Forum](#) website for downloading. For automatic emails of Open Door Forum schedule updates (E-Mailing list subscriptions) and to view Frequently Asked Questions please visit the [Open Door Forum](#) website.

Register for the Live Webcast of the August 2nd 2013 eHealth Summit

Friday, August 2; 9am-3:30pm ET

CMS invites you to [join a live webcast](#) of the 2013 eHealth Summit.

As the CMS eHealth initiative continues to advance our nation's health care, CMS wants to hear from key industry thought leaders on specific eHealth issues, challenges, and successful models. Panelists will also reflect on the present and potential future utilization of health IT.

Participating in the webcast gives you the opportunity to listen to these leaders in the health care industry discuss important eHealth topics with CMS, such as:

- Administrative Simplification
- Privacy and Security

- Health Information Exchange
- Interoperability

For More Information about eHealth

To learn more about eHealth, visit cms.gov/ehealth.

Announcements and Reminders

Don't Miss Your Opportunity to Rate Your MAC

Have you registered to participate in the Medicare Administrative Contractor (MAC) Satisfaction Indicator (MSI) yet? If not then you are missing a great opportunity to *Let Your Voice Be heard!* This is your opportunity to share your satisfaction with specific services your MAC provides including:

- Claims processing
- Medicare enrollment
- Educational opportunities
- Responsiveness to inquiries

CMS needs your participation. If you are a Medicare Fee-For-Service (FFS) provider, or work on behalf of a Medicare FFS provider (such as a billing agency), and would like the chance to share your thoughts with CMS, complete the [MSI Participant Registration form](#). Don't miss your opportunity to provide feedback on your MAC.



CMS Seeks Comments on Proposals to Update QIO Regulations

Proposed Rule Open for Comment until September 6

CMS is pleased to offer an opportunity to provide feedback on a proposed rule that makes revisions to the Medicare Quality Improvement Organization (QIO) program.

What proposals did CMS make?

In the CY 2014 proposed rule for the Outpatient Prospective Payment System (OPPS), displayed at the Federal Register on July 8, CMS proposed changes to the QIO regulations, including:

- Expanding the eligibility criteria for QIO contracts.
- Emphasizing the value of multi-disciplinary care teams in the composition of QIO staffs, as well as the role of patients and families in informing QIO operations.
- Modernizing the structure of the program to allow flexibility in the geographic areas that could be served by QIOs and organizing QIOs by function.

How can you access the proposed rule?

The full [CY 2014 OPPS notice of proposed rulemaking](#) is available online. In particular, QIO stakeholders may find detail about the QIO-specific regulations in section XVII of the preamble, titled, "Proposed Revisions to the Quality Improvement Organization (QIO) Regulations." Supporting regulation text is featured towards the end of the rule, and is listed as applicable to 42 CFR 475 and 476.

How can you comment?

Commenters may respond [online](#) through Thursday, September 6. We look forward to your feedback about this critical program in the CMS clinical quality improvement portfolio.

Data Show Electronic Health Records Empower Patients and Equip Doctors

More patients and doctors are using health information technology to communicate data and reduce errors

On July 17, CMS released new data that demonstrate that doctors and hospitals are using electronic health records (EHRs) to provide more information securely to patients and are using that information to help manage their patients' care. Doctors, hospitals, and other eligible health care providers that have adopted or meaningfully used certified EHRs can receive incentive payments through the [Medicare and Medicaid EHR Incentive Programs](#). Already, approximately 80 percent of eligible hospitals and more than 50 percent of eligible professionals have adopted EHRs and received incentive payments from Medicare or Medicaid.

By meaningfully using EHRs, doctors and other health care providers prove they have been able to increase efficiency while safeguarding privacy and improving care for millions of patients nationwide. Since the EHR Incentive Programs began in 2011:

- More than 190 million electronic prescriptions have been sent by doctors, physician's assistants and other health care providers using EHRs, reducing the chances of medication errors.
- Health care professionals sent 4.6 million patients an electronic copy of their health information from their EHRs.
- More than 13 million reminders about appointments, required tests, or check-ups were sent to patients using EHRs.
- Providers have checked drug and medication interactions to ensure patient safety more than 40 million times through the use of EHRs.
- Providers shared more than 4.3 million care summaries with other providers when patients moved between care settings resulting in better outcomes for their patients.

The Obama administration has encouraged the adoption of health information technology starting with the passage of the Recovery Act in 2009. The Act has been a critical factor in improving the quality of health care and lowering costs, and ultimately transforming our health care delivery system.

Full text of this excerpted [CMS press release](#) (issued July 17).

CMS Announces New "OPEN PAYMENTS" Mobile Applications to Assist Physicians and Industry in Tracking Financial Relationships

Use of app technology helps to bring greater transparency to payments and other financial interactions between doctors and health care industry

On July 17, CMS introduced two free mobile device applications (apps) to help physicians and health care industry users to track their payments and other financial transfers the industry will report under the OPEN PAYMENTS program (Physician Payments Sunshine Act). Created by a provision of the Affordable Care Act, OPEN PAYMENTS creates greater public transparency about the financial transactions between doctors, teaching hospitals, drug and device manufacturers, and other health care businesses.

CMS has made these apps available to facilitate accurate reporting of required information, which will be available to the public and will be published annually on the [OPEN PAYMENTS](#) website. To support the "OPEN PAYMENTS" program, CMS designed the mobile applications (one each for physicians and health care industry users) merging this proven and efficient format with real-time 24-hour tracking technology. The apps offer on-the-go convenience for users to track financial data. Both apps are compatible with the iOS (Apple™) and Android platforms; they are available free through the iOS Apple™ Store and Google Play™ Store.

Full text of this excerpted [CMS press release](#) (issued July 17).

Major Improvements to the Internet-based PECOS System:

Over the last year, CMS has listened to your feedback about Internet-based [PECOS](#) and made improvements to increase access to more information. PECOS is easier to use than ever with the following upgrades that are now available:

- Providers/suppliers can now manage the collection of required signatures for electronic documents (i.e., certification statements, electronic funds transfer (EFT) agreements) or documents requiring their signature prior to submission.

Provider/Supplier or End User of the Organization

From the PECOS Welcome page, the provider/supplier or end user clicks the “My Enrollments” button. All unsigned documents will display with a status of “Pending E-Signatures.” Clicking the “Manage Signatures” button will navigate the provider/supplier or end user to a new screen where they can identify the required signer’s for the application submission and detect who has or has not e-signed.

Documents pending a signature will display with a status of “Pending” and include identifying information about the enrollment application and the individual required to sign each document. All pending signatures are editable.

Providers/suppliers or end users have the ability to:

- Resend emails to required signers
- Update email addresses for required signers
- Regenerate signature PINs for required signers
- Update a pending signature from paper to electronic or vice versa for required signers

Once the application is signed electronically by the signer, the status will be marked as “Complete” and noted with a date and timestamp. At that time, no updates can be made to the signature record. If the provider/supplier is the individual required to sign the application, a “Sign Now” button will display beneath their name on the Manage Signatures page. Clicking the “Sign Now” button will allow the provider/supplier to electronically sign the document.

Signers with an Existing PECOS account

An individual signer (i.e., Authorized/Delegated official, individual practitioner) with an existing PECOS account can log into PECOS to view applications pending their signature. This information will display in the Manage Signatures section of the PECOS Welcome page. The list will display up to five pending signatures. If the individual signer has more than five pending signatures, the five oldest are displayed. The remaining pending signatures can be accessed via the ‘View All Signatures’ button at the bottom of the page.

Documents pending signature will include identifying information about the enrollment application and the date the application was submitted. Clicking the “View and Sign” button will direct the signer to the existing Review and Sign Your Certification Statement page where they can electronically sign the document.

Previous signed documents will display under the ‘Documents Signed in the Last 30 Days’ section. Any signed documents will include the date and timestamp that the signature was provided.

Signers without an Existing PECOS Account using the Remote E-Signature Site and PIN Regeneration

If the signer does not have a PECOS account, they can e-sign via the PECOS Remote E-Signature website. When accessing the site, the signer will be directed to the Welcome to PECOS E-Signature Application page, where they will enter identifying information, email address and the PIN provided in the e-signature email. A web tracking ID is no longer

needed. Entering the email address will enable the signer to view all applications pending their signature instead of viewing the signature required for a particular application linked to a web tracking ID.

If the signer has lost their PIN or it has expired, they have the ability to generate a new PIN via a link displayed at the bottom of the page. The signer will be directed to enter the email address where they received the original e-signature PIN. A new PIN will be generated and sent to the email address provided by the signer.

Once logged into the remote site, the signer can locate the document in the “Applications Requiring Signatures” section to view and sign the document.

For a guide on completing e-signatures in PECOS please refer to [How To Guide - E-Signature](#) located on the CMS.gov.

Other updates include:

- Supervising Physicians of an Independent Diagnostic Testing Facility (IDTF) will have the option to sign the Attestation Statement electronically.
- Institutional providers and Ambulance Service Suppliers can now designate any state for which they render healthcare services. The Geographic Location topic now displays all States/Territories in the dropdown field as options for selection when choosing your geographic locations or service areas.
- Providers/suppliers are now able to designate multiple levels of supervision at once when entering a supervising physician for an Independent Diagnostic Testing Facility (IDTF) enrollment.
- The Country and State of Birth is now optional for individual providers. These fields are no longer required to be completed prior to submission of an enrollment application.
- Validation checks have been implemented for Durable Medical Equipment Prosthetics Orthotics Supplies (DMEPOS) applications such as minimum and maximum date ranges and dollar amount values when entering surety bond information. This feature ensures the accuracy of the surety bond information entered.
- The Voluntary Withdrawal status has been changed to Deactivated in PECOS. All existing enrollments with the status of Voluntary Withdrawal will now display in a Deactivated status.

LTCH FY 2015 Payment Update Determination: Data Submission Deadlines

Long-Term Care Hospitals (LTCH) should be *collecting* and *submitting* data for the FY 2015 payment update determination required by the LTCH Quality Reporting (LTCHQR) Program.

Per the [FY 2013 IPPS/LTCH PPS Final Rule](#) (77 FR 53614 through 53637, and 53667 through 53672), data on three measures will be collected from January 1 through December 31, 2013 for FY 2015 Payment Update Determination:

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)
- NHSN CAUTI Outcome Measure (NQF #0138)
- NHSN CLABSI Outcome Measure (NQF #0139)

The deadlines for final data submission for FY 2015 Payment Update Determination are:

- August 15, 2013: January through March 2013 data
- November 15, 2013: April through June 2013 data
- February 15, 2014: July through September 2013 data
- May 15, 2014: October through December 2013 data

Reminder: The submission deadline of May 15, 2013 for October through December 2012 data that will affect the FY 2014 Payment Update Determination has passed.

Basics of PQRS & eRx Educational Videos are Available on the CMS YouTube Channel

Two educational videos for Medicare Fee-For-Service providers interested in the basics of the Physician Quality Reporting System (PQRS) and the Electronic Prescribing (eRx) Incentive Program are available on the [CMS YouTube Channel](#).

These video slideshows can serve as an introduction for those new to PQRS & eRx, as an overview prior to participating in a related [MLN Connects™ National Provider Call](#), or as a review. Each video includes brief background information, a look at the PQRS or eRx websites and documentation, steps to get you started, available resources, and who to contact for help.

PQRS & eRx Educational Video Slideshows:

- [Welcome to the Physician Quality Reporting System \(PQRS\)](#)
- [Welcome to the Electronic Prescribing \(eRx\) Incentive Program](#)

Please visit our [MLN Connects Videos](#) web page for more educational video slideshows on a variety of Medicare related topics.

Claims, Pricer, and Code Updates

Update on Demand Letters and Claim Cancellations Associated with an Item or Service Provided to Incarcerated Beneficiaries

Recently, CMS initiated recoveries from providers and suppliers based on data that indicated a beneficiary was incarcerated on the date of service. Medicare will generally not pay for medical items and services furnished to a beneficiary who was incarcerated when the items and services were furnished. A beneficiary may be “incarcerated” even when the individual is not confined within a penal facility, such as a beneficiary who is on a supervised release, on medical furlough, residing in a halfway house, or other similar situation.

Medicare identified previously paid claims that contain a date of service partially or fully overlapping a period when a beneficiary was apparently incarcerated based on information CMS receives from the Social Security Administration (SSA). As a result, a large number of overpayments were identified, demand letters released, and, in many cases, automatic recoupment of overpayments made. CMS has since learned that the information related to these periods of incarcerations was, in some cases, incomplete for CMS purposes.

CMS is actively reviewing these data and will be taking action to improve the process used to identify periods of incarceration. As part of this effort, CMS is working to quickly identify claims that resulted in our recent recovery actions and take steps, as appropriate, to correct any inappropriate overpayment recoveries.

CMS will continue to issue messages about this topic, including timeframes for resolution, to keep the provider and supplier community informed. Information will also be posted on the [All-Fee-For-Service-Providers](#) page on the CMS website.

In the interim, providers and suppliers should no longer encourage beneficiaries to contact their local Social Security office in order to have their records updated as a result of this recent issue. Providers also should no longer fax information to their local CMS Regional Offices as CMS is currently working to develop processes to resolve this issue.

October 2013 Outpatient Prospective Payment System Pricer File Update

The Outpatient Prospective Payment System (OPPS) Pricer web page has been updated with revised payment files for October 2013. The payment files are available for use and may be downloaded from the [OPPS Pricer](#) web page under “3rd Quarter 2013 Files.”

MLN Education Products Update

“Medicare Quarterly Provider Compliance Newsletter [Volume 3, Issue 4]” Educational Tool — Released

The “[Medicare Quarterly Provider Compliance Newsletter \[Volume 3, Issue 4\]](#)” Educational Tool (ICN 908787) was released and is now available in downloadable format. This educational tool is designed to provide education on how to avoid common billing errors and other erroneous activities when dealing with the Medicare Program. It includes information on corrective actions that health care professionals can use to address and avoid the top issues of the particular Quarter.

An index of Recovery Audit and Comprehensive Error Rate Testing (CERT) findings from current and previous newsletters is available. This index is customized by provider type to identify those findings that impact specific providers. Visit the [Medicare Quarterly Provider Compliance Newsletter Archive page](#) to download the index and view an archive of previous newsletters.

“Medicare Ambulance Transports” Booklet — Revised

The “[Medicare Ambulance Transports](#)” Booklet (ICN 903194) was revised and is now available in downloadable format. This booklet is designed to provide education on Medicare ambulance transports. It includes the following information: the ambulance transport benefit, ambulance transports, ground and air ambulance providers and suppliers, ground and air ambulance vehicles and personnel requirements, covered destinations, ambulance transport coverage requirements, and payments for ambulance transports.

“Opting out of Medicare and/or Electing to Order and Refer Services” MLN Matters® Article — Released

[MLN Matters® Special Edition Article #SE1311](#), “Opting out of Medicare and/or Electing to Order and Refer Services” has been released and is now available in downloadable format. This article is designed to provide education on the necessity to file an affidavit with Medicare to opt-out of Medicare. It also clarifies the difference between providers who are permitted to opt-out and providers who opt-out and elect to order and refer services.

New MLN Educational Web Guides Fast Fact

A new fast fact is now available on the [MLN Educational Web Guides](#) web page. This web page provides information on Evaluation and Management services; Guided Pathways that contain resources and topics of interest; lists of health care management products; and easy-to-understand billing and coding educational products. It is designed to provide educational and informational resources related to certain CMS initiatives. Please bookmark this page and check back often as a new fast fact is added each month.

[Register](#) for an opportunity to rate your Medicare Administrative contractor. [Learn more](#)



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