



MLN Connects™ Provider eNews

Part of the Medicare Learning Network®

Thursday, September 19, 2013

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MLN Connects™ National Provider Calls

Program Year 2012 Quality and Resource Use Reports — Mapping a Route to Success for the 2015 Value-Based Payment Modifier — Last Chance to Register

Tuesday, September 24; 3-4:30pm ET

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

Target Audience: Groups with 25 or more eligible professionals.

On September 16, CMS made 2012 Quality Resource Use Reports (QRURs) available to group practices with 25 or more eligible professionals (EPs). These reports show how a group would fare under the policies CMS has finalized for the Physician Value-Based Payment Modifier. This MLN Connects™ National Provider Call provides an overview of the QRUR and how to interpret and use the data in the report.

Authorized representatives of groups can access the QRURs at <https://portal.cms.gov> using an Individuals Authorized Access to the CMS Computer Services (IACS) account with one of the following group-specific Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System roles:

- Primary PV-PQRS Group Security Official
- Backup PV-PQRS Group Security Official
- PV-PQRS Group Representative

If a group has already registered and selected its 2013 PQRS group reporting mechanism in the PV-PQRS Registration System, then that same person who registered the group can access the group's QRUR using their IACS User ID and password. If a group does not yet have an authorized representative with an IACS account, then one person representing the group must sign up for an IACS account with the primary Group Security Official role. If a group has a representative with an existing IACS account, but not one of the three group-specific Registration System roles listed above, then ensure that the account is still active and then add a group-specific Registration System role to that person's existing IACS account.

We *strongly encourage* representatives of groups to sign up for a new IACS account or modify an existing account at <https://applications.cms.hhs.gov> as soon as possible in order to be able to access the QRURs prior to the call. Quick Reference Guides that provide step-by-step instructions for requesting each PV-PQRS Registration System role for a new or existing IACS account are available in the “Downloads section” of the [Self Nomination/Registration](#) web page.

The call will be more meaningful if you have your QRUR in front of you to follow along. A Quick Reference Guide that provides instructions on how to obtain your 2012 QRUR is available in the “Downloads” section of the [QRUR Templates and Methodologies](#) web page.

Agenda:

- Opening Remarks
- How to Understand and Use the 2012 QRUR
- Question & Answer Session
- Closing

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

MLN Connects Series on the Medicare and Medicaid EHR Incentive Programs — Audio and Transcripts Available

A series of calls was held this summer on the EHR incentive programs. Learn more about these programs at a time convenient to you by listening to the audio recordings or reading the transcripts.

Call materials for MLN Connects™ Calls on EHR are located on the [Calls and Events](#) web page.

- May30 — Stage 1 of the Medicare & Medicaid EHR Incentive Programs for Eligible Professionals, [audio](#) and [transcript](#)
- June 27 — Medicare and Medicaid EHR Incentive Programs and Certified EHR Technology, [audio](#) and [transcript](#)
- July 23 — Medicare and Medicaid EHR Incentive Programs for Eligible Professionals: In-depth Overview of Clinical Quality Measures for Reporting Beginning in 2014, [audio](#) and [transcript](#)
- July 24 — Stage 1 and Stage 2 of Meaningful Use for the EHR Incentive Programs, [audio](#), [transcript](#), and [post-call clarification](#)

- August 15 — Payment Adjustments and Hardship Exceptions for the Medicare EHR Incentive Program, [audio](#), [transcript](#), and [post-call clarification](#)

MLN Educational Products Update

“Additional Reporting Requirements Concerning Physician Ownership and Investment in Hospitals” MLN Matters® Article — Released

[MLN Matters® Special Edition Article #SE1332](#), “Additional Reporting Requirements Concerning Physician Ownership and Investment in Hospitals,” was released and is now available in downloadable format. This article is designed to provide education on reporting requirements imposed on physician-owned hospitals, as required under Section 6001 of the Affordable Care Act. It includes information about exceptions to the physician self-referral law for ownership and investment.

“Temporary Instructions for Implementation of Final Rule 1599-F for Part A to Part B Billing of Denied Hospital Inpatient Claims” MLN Matters® Article — Released

[MLN Matters® Special Edition Article #SE1333](#), “Temporary Instructions for Implementation of Final Rule 1599-F for Part A to Part B Billing of Denied Hospital Inpatient Claims,” was released and is now available in downloadable format. This article is designed to provide education on temporary instructions used to implement billing for Medicare Part B services provided during a hospital inpatient stay not covered by Medicare, as required under CMS-1599-F. It includes information about appeals, billing, and a list of revenue codes not covered under inpatient Part B medical necessity denials.

“Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season” MLN Matters® Article — Released

[MLN Matters® Special Edition Article #MM8433](#), “Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season,” was released and is now available in downloadable format. This article is designed to provide education on updated payment allowances for seasonal influenza virus vaccines when payment is based on 95 percent of the Average Wholesale Price, as outlined in Change Request 8433. It includes updated information about post-payment limits for influenza vaccines.

“Same Day Billing for Mental Health Services and Primary Care Services” Fact Sheet — Released

The [“Same Day Billing for Mental Health Services and Primary Care Services”](#) Fact Sheet (ICN 908978) was released and is now available in text-only format. This fact sheet is designed to provide education on same day billing for mental health services and primary care services. It includes same day billing guidelines and information about the National Correct Coding Initiative.

“The Basics of Medicare Enrollment for Institutional Providers” Fact Sheet — Reminder

[“The Basics of Medicare Enrollment for Institutional Providers”](#) Fact Sheet (ICN 903783) is available in downloadable format. This fact sheet is designed to provide education on basic Medicare enrollment information and how to ensure institutional providers are qualified and eligible to enroll in the Medicare Program. It includes information on how to enroll in the Medicare Program, how to report changes, and a list of resources.

“The Basics of Medicare Enrollment for Physicians Who Infrequently Receive Medicare Reimbursement” Fact Sheet – Reminder

“[The Basics of Medicare Enrollment for Physicians Who Infrequently Receive Medicare Reimbursement](#)” Fact Sheet (ICN 006881) is available in downloadable and hard copy format. This fact sheet is designed to provide education on general Medicare enrollment information for those physicians who are required to enroll in Medicare for the sole purpose of certifying or ordering services for Medicare beneficiaries. It includes information on frequently asked questions and resources.

To access a product available for order in *hard copy* format, go to [MLN Products](#) and scroll down to the bottom of the web page to the “Related Links” section and click on the “MLN Product Ordering Page.”

Announcements, Events, and Reminders

Help Your Medicare Patients Learn Their Blood Cholesterol Risk Level

September is National Cholesterol Education Month and September 29 is [World Heart Day](#). These initiatives serve to educate and increase awareness of cardiovascular diseases, risk factors like high blood cholesterol, screenings, and strategies for risk-reduction and prevention that can reduce premature death caused by these chronic diseases, along with other initiatives such as:

- HHS’s [Million Hearts®](#), an initiative to prevent 1 million heart attacks and strokes by 2017, and
- National Lung, Heart, Blood Institute’s [National Cholesterol Education Program](#) with educational efforts directed towards health professionals and the public.

CMS reminds health care professionals that Medicare provides coverage for cardiovascular disease screening blood tests. Medicare Part B covers cardiovascular disease screening blood tests once every 5 years (i.e., at least 59 months after the most recent screening tests) for beneficiaries without apparent signs or symptoms of cardiovascular disease.

The cardiovascular disease screening blood tests covered by Medicare include:

- Total Cholesterol Test
- Cholesterol Test for High Density Lipoproteins (HDL)
- Triglycerides Test

Help your Medicare patients learn their cholesterol numbers. All eligible beneficiaries should be encouraged to take advantage of this preventive screening service. There is no co-pay/co-insurance or Part B deductible to receive this screening.

For More Information:

- [The MLN Cardiovascular Disease Services Brochure](#)
- [MLN Preventative Services Products for Health Professionals](#)

Program Year 2012 QRURs for Group Practices Are Here

On September 16, Program Year 2012 Quality and Resource Use Reports (QRURs) were made available for group practices with 25 or more eligible professionals (EPs). Authorized representatives of groups can access the QRURs at: <https://portal.cms.gov> using an Individuals Authorized Access to the CMS Computer Services (IACS) account with one of the following group-specific Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System roles:

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We strongly encourage representatives of groups to sign up for a new IACS account or modify an existing account at <https://applications.cms.hhs.gov> as soon as possible in order to be able to access the QRURs. A Quick Reference Guide that provides instructions on how to obtain your 2012 QRUR is available in the “Downloads” section of the [QRUR Templates and Methodologies](#) web page.

EHR Hospital Reporting for 2013 Ends on September 30: Begin Preparing for Attestation

September 30, 2013 is an important deadline for eligible hospitals and critical access hospitals (CAHs) participating in the EHR Incentive Programs. It marks the end of the fiscal year (FY) and the last day of the 2013 meaningful use program year.

Attestation Deadline

Hospitals participating in the Medicare EHR Incentive Program have until November 30, 2013 to attest to demonstrating meaningful use of the data collected during the FY 2013 reporting period. Hospitals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation. Hospitals must attest to demonstrating meaningful use *every year* to receive an incentive and avoid a payment adjustment.

Payment Adjustments

Payment adjustments will be applied beginning FY 2015 (October 1, 2014) to Medicare eligible hospitals that have not successfully demonstrated meaningful use. The adjustment is determined by the hospital’s reporting period in a prior year. Read the eligible hospital [payment adjustment tipsheet](#) to learn more.

Fiscal Year 2014

October 1, 2013 marks the start of FY 2014 and many important milestones for eligible hospitals, including:

- The start of [Stage 2](#) for eligible hospitals that have completed at least two years of Stage 1.
- A reduced EHR [incentive payment](#) for hospitals that begin participation in 2014 and later.
- A 3-month reporting period in 2014, regardless of the stage of meaningful use to allow more time to upgrade to 2014 certified EHR technology.
 - The reporting period must be fixed to the quarter for Medicare eligible hospitals and CAHs.
 - The reporting period can be any 90 days for Medicaid eligible hospitals and CAHs.

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for Eligible Hospitals and CAHs](#)
- [Attestation Guide for Eligible Hospitals](#)
- [Stage 2 Payment Adjustment Tipsheet for Eligible Hospitals](#)

Plan Ahead

Review all of the important dates for the EHR Incentive Programs on the [Health Information Technology Timeline](#).

Claims, Pricer, and Code Updates

Part B Medicare Ophthalmology Code Denial

The latest package of National Correct Coding Initiative (NCCI) edits, Version 19.2, effective July 1, 2013, was updated appropriately to include the ophthalmology Evaluation and Management (E&M) procedure codes 92012 and 92014 based on the policy outlined in the Internet Only Manual (IOM) 100-04, Chapter 12, Section 40.3.B. However, CMS has been made aware that the Multi-Carrier System inadvertently omitted procedure codes 92012 and 92014 from the E&M range of 99201-99499 and is not allowing the use of separately billed modifiers 25, 24, and 57. This is causing claims to deny inappropriately when the modifiers are appended to these procedure codes.

CMS is correcting this issue and A/B Medicare Administrative Contractors (MACs) will reprocess all inappropriately denied claims by November 15, 2013. Providers do not need to take any action in having their claims corrected.

FY 2012 Inpatient PPS PC Pricer Updated

The FY 2012 Inpatient Prospective Payment System (PPS) PC Pricer has had an issue with pricing transfer claims. The corrected version is now available on the [Inpatient PPS Pricer](#) web page in the “Downloads” section.

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



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