Thursday, October 24, 2013

MLN Connects™ National Provider Calls

Streamlined Access to PECOS, EHR, and NPPES — Registration Now Open

Friday, November 15; 2-3:30 ET

To Register: Visit MLN Connects™ Upcoming Calls. Space may be limited, register early.

Target Audience: All Medicare Fee-For-Service providers, as well as Professionals and Hospitals eligible for the Medicaid Electronic Health Record (EHR) Incentive Program.

Changes have been made to simplify the way providers and suppliers access the Provider Enrollment Chain and Ownership System (PECOS), the Electronic Health Records (EHR) Incentive Program, and the National Plan and Provider Enumeration System (NPPES). These updates, available since October 7, improve the user experience when registering as an individual practitioner, authorized or delegated official of an organization, or someone working within PECOS on behalf of a provider or supplier (also known as a surrogate). This MLN Connects Call will provide detailed instructions on these changes.

The new process will:

- Allow registered users to manage and reset their user ID and password online without calling a CMS Help Desk.
- Provide a simple and secure way for providers and suppliers to authorize individuals or groups of individuals to act on their behalf in PECOS and EHR.
- Allow designated authorized officials already on file with Medicare to be quickly approved to access PECOS without the need to submit documentation to CMS for verification prior to submitting the application.
- Allow organizations with potentially large numbers of credentialing or support staff to manage staff access to the various functions.
- Increase security to reduce the risk of provider identity theft and unauthorized access to systems.

Important Note: If you already have a user ID and password from NPPES, or currently access PECOS, NPPES, and/or EHR, your accounts will not be affected by this change. You can continue to use your established user ID and password to access the systems.

Agenda:

- Opening remarks
- Access Changes for PECOS, EHR, NPPES
- 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.

Did You Miss This MLN Connects Call?

Call materials for MLN Connects™ Calls are located on the Calls and Events web page. New materials are now available for the following call:

- September 24 — Program Year 2012 Quality and Resource Use Reports: Mapping a Route to Success for the 2015 Value-Based Payment Modifier , audio and transcript with post-call clarification

Announcements

New Option for Laboratories to Meet CLIA Quality Control Requirements: Individualized Quality Control Plan

Two year Education and Transition period begins January 1, 2014

CMS has approved a new quality control option for laboratories to meet the Quality Control (QC) requirements of the Clinical Laboratory Improvement Amendments (CLIA), the Individualized Quality Control Plan (IQCP). This plan uses a risk management approach. Laboratories may begin using IQCP on January 1, 2014.

Currently, laboratories have the option of following the CLIA QC regulations or using Equivalent Quality Control (EQC). Laboratories may continue to use these options during the Education and Transition period of January 1, 2014 through December 31, 2015.

IQCP will give laboratories the opportunity to tailor a QC plan that is customized to their unique testing environment, while giving them the ability to adapt to new and future technologies. Laboratories can use the retrospective data and information gathered during routine operations to meet portions of the IQCP requirement.

EQC will no longer be an acceptable QC option as of January 1, 2016. After the Education and Transition Period, any laboratory using a QC plan less stringent than the CLIA QC regulations must perform an IQCP, or the laboratory will be cited for non-compliance. Regardless of the option chosen, the instructions and recommendations in the manufacturer's test package insert must continue to be followed.

Beginning January 1, 2016, laboratories must use one of the following to be in compliance with CLIA:

- Follow the CLIA QC regulations; or
- IQCP

More information regarding IQCP is available on the CLIA website, including an IQCP brochure. Questions may be sent to IQCP@cms.hhs.gov. *Note: The information in this announcement does not apply to laboratories holding a CLIA Certificate of Waiver.*

Hospice Quality Reporting Program: Hospice Item Set Fact Sheet Now Available

A Hospice Item Set (HIS) fact sheet is now available for providers on the Hospice Quality Reporting Program HIS web page in the "Downloads" section. This fact sheet is intended to provide a general overview of the HIS. Topics covered in the fact sheet include HIS background information, possible steps for implementing the HIS in your hospice, HIS completion and submission timeframes, and additional HIS resources.

Open Payments: 2014 Teaching Hospital List Now Available

As required in the final rule for 2014 Open Payments data collection (from January 1, 2014 through December 31, 2014), the 2014 Teaching Hospital List was released on October 1. *Note: this list should only be used for 2014 data collection and should not be used for any other program year.*

The format of the 2014 Teaching Hospital List has been enhanced since the release of the 2013 Teaching Hospital List. On the 2014 list, CMS is now including an entity's *common* business name in addition to its *legal* business name. This change has been made in response to inquiries from institutions governed by a single body that were not listed separately in the 2013 list. The data should be submitted separately for each common business name and TIN combination appearing on the list. This will help to make the data more easily understood by users, as well as easier to collect for applicable manufacturers and applicable Group Purchasing Organizations (GPOs), who will no longer have to determine whether a hospital is owned or operated by a legal entity on the teaching hospital list.

Other Updates for the 2014 Program Year

- *2014 Submission File Specifications:* For 2014, there are no changes to the submission file specifications.
- *Key Reporting Thresholds:* In accordance with §403.904 (h)(2)(i)(2)(ii), the Open Payments reporting thresholds specified in §403.904 (h)(2)(i)(2)(i) have been adjusted based on the consumer price index. This means that for 2014 (January 1 through December 31), if a payment or other transfer of value is less than $10.18 ($10.00 for 2013), unless the aggregate amount transferred to, requested by, or designated on behalf of a covered recipient exceeds $101.75 in a calendar year ($100.00 for 2013), it is excluded from the reporting requirements under Open Payments.

Teaching Hospital Closures and Round 6 of Section 5506 of the Affordable Care Act — Applications due October 31

Applications to receive residency cap slots under Round 6 of section 5506 of the Affordable Care Act are due to the CMS Central Office *no later than October 31, 2013*. On August 2, as part of the FY 2014 IPPS/LTCH final rule, CMS announced Round 6 of Section 5506 of the Affordable Care Act. Section 5506 authorizes CMS to redistribute residency cap slots after a hospital that trained residents in an approved medical residency program(s) closes. Under Round 6, the resident cap slots of Cooper Green Mercy Hospital, in Birmingham, AL, and Sacred Heart Hospital, in Chicago, IL, are to be redistributed. First priority in redistributing the slots is given to hospitals located in the same or contiguous Core Based Statistical Areas (CBSAs) as the respective closed hospitals. Hard copy applications from hospitals to receive indirect medical education (IME) and direct graduate medical education (GME) full-time equivalent (FTE) resident slots from these two closed teaching hospitals must be *received* by CMS Central Office, not postmarked, by 5pm ET on October 31, 2013.

The "Section 5506 Application Form" and "Guidelines for Submitting Applications Under Section 5506" are located on the CMS Direct Graduate Medical Education web page, along with links to other rules that contain policy guidance on submitting section 5506 applications, including the CY 2011 OPPS final rule (75 FR 72212) and the FY 2013 IPPS/LTCH PPS final rule (77 FR 53434 through 53447).

Hospitals Must Attest by November 30 to Receive Payment for 2013 EHR Incentive Program Participation

The last day that eligible hospitals and critical access hospitals (CAHs) can register and submit attestation in for the FY 2013 Medicare EHR Incentive Program is November 30, 2013. Eligible hospitals and CAHs must successfully attest to demonstrating meaningful use by November 30 to receive a 2013 incentive payment. Hospitals must attest to demonstrating meaningful use *every year* to receive an incentive and avoid a payment adjustment.

Medicaid Eligible Hospitals
Hospitals participating in the Medicaid EHR Incentive Program need to refer to their state deadlines for attestation.

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.

Resources

- Meaningful Use Attestation Calculator
- Attestation Worksheet for Eligible Hospitals and CAHs
- Attestation Guide for Eligible Hospitals
- 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.

Are you Eligible to Participate in PQRS?

How do you report quality information?
CMS Physician Quality Reporting System (PQRS) program encourages the reporting of quality information through incentive payments (through 2014) and payment adjustments (beginning in 2015). PQRS provides an incentive payment to practices with eligible professionals (EPs) who satisfactorily report data on quality measures for covered professional services. EPs who do not satisfactorily report data on quality measures in 2013 will be subject to a payment adjustment in 2015. The first step to participate in the PQRS program is to determine if you are eligible to participate.

Are you an eligible professional?
PQRS EPs provide services which are paid under or are based on the Medicare Physician Fee Schedule (PFS); those services are eligible for PQRS incentive payments for satisfactory 2013 participation.

Are you eligible, but not able to participate?
Due to some billing methods, not every professional on the list of eligible physicians, practitioners, and therapists is able to participate in PQRS. You may not be able to participate in PQRS if any of these scenarios apply to you:

- You provide Part B services, but bill Medicare at a facility or institutional (Part A) level.
- You do not bill Medicare at an individual National Provider Identifier (NPI) level, where the rendering provider's individual NPI is entered on CMS-1500 type paper or electronic claims billing, associated with specific line-item services.
- You reassign benefits to a Critical Access Hospital (CAH) that bills outpatient services at a facility level, such as CAH Method II billing.

Are you eligible, but not sure how to get started?
Once you have determined that you are eligible and able to participate in PQRS, you should meet with your staff to determine which PQRS reporting method is most appropriate for your practice. Visit the How to Get Started page on the PQRS website for step-by-step instructions on how to participate.

Additional questions?
The QualityNet Help Desk is available Monday through Friday from 7am until 7pm CT to answer your questions about PQRS. Contact the Help Desk by calling 866-288-8912 (TTY: 877-715-6222) or emailing Qnetsupport@sdps.org.

Claims, Pricers, and Codes

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.

MLN Educational Products

MLN Products Available In Electronic Publication Format

The "Medicare Enrollment and Claim Submission Guidelines" Booklet (ICN 906764) was revised and is now available as an electronic publication (EPUB) and through a QR code. This booklet is designed to provide education on applying for enrollment and submitting claims to Medicare. It includes the following information: enrolling in the Medicare Program; private contracts with Medicare beneficiaries; Medicare claims; deductibles, coinsurance, and copayments; Beneficiary Notices of Noncoverage; and billing requirements.

The "Transitional Care Management Services" Fact Sheet (ICN 908628) was released and is now available as an EPUB and through a QR code. This fact sheet is designed to provide education on Transitional Care Management (TCM) services. It includes the requirements for TCM services, health care professionals who may furnish TCM services, TCM services settings, components included in TCM, billing TCM services, and Frequently Asked Questions. The EPUB format and QR code are available on the publication's detail page.

Instructions for downloading EPUBs and how to scan a QR code are available at "How To Download a Medicare Learning Network® (MLN) Electronic Publication" on the CMS website.

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.

"Medicare Quarterly Provider Compliance Newsletter [Volume 4, Issue 1]" Educational Tool — Released

The "Medicare Quarterly Provider Compliance Newsletter [Volume 4, Issue 1]" Educational Tool (ICN 908950) 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.

"The Basics of Internet-based PECOS for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers" Fact Sheet — Reminder

"The Basics of Internet-based PECOS for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers" Fact Sheet (ICN 904283) is available in downloadable format. This fact sheet is designed to provide education on how DMEPOS suppliers should enroll in the Medicare Program and maintain their enrollment information on Internet-based PECOS. It includes information on how to complete an enrollment application using Internet-based PECOS and a list of frequently asked questions and resources.

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