



MLN Connects™

Weekly Provider eNews

Thursday, November 21, 2013

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MLN Connects™ National Provider Calls

National Partnership to Improve Dementia Care in Nursing Homes — Last Chance to Register

Monday, November 25; 2-3:30pm ET

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

Target Audience: Consumer and advocacy groups, nursing home providers, surveyor community, prescribers, professional associations, and other interested stakeholders.

CMS has developed a national partnership to improve the quality of care provided to individuals with dementia living in nursing homes. This partnership is focused on delivering health care that is person-centered, comprehensive, and interdisciplinary. By improving dementia care through the use of individualized, person-centered care approaches, CMS hopes to continue to reduce the use of unnecessary antipsychotic medications in nursing homes and eventually other care settings as well. The partnership promotes a systematic process to evaluate each person and identify approaches that are most likely to benefit that individual. While antipsychotic medications are the initial focus of the partnership, CMS recognizes that attention to other potentially harmful medications is also an important part of this initiative.

During this MLN Connects Call, CMS subject matter experts will provide a brief overview of the progress that has been made so far during the implementation of this national partnership. Additional speakers will be presenting on the CMS Hand in Hand training series. A question and answer session will follow the presentation.

Agenda:

- National partnership overview
- Using Hand in Hand to improve dementia care
- Closing and next steps
- 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.

CMS Finalized Policies for the Physician Value-Based Payment Modifier under the Medicare Physician Fee Schedule 2014 Final Rule — Registration Now Open

Tuesday, December 3; 1:30-3pm 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 provides an overview of the finalized policies for the value-based payment modifier (VM) under the 2014 Physician Fee Schedule (PFS) Final Rule. This presentation will discuss how CMS plans to continue to phase in and expand application of the VM in 2016 based on performance in 2014. The presentation will also describe how the VM is aligned with the reporting requirements under the Physician Quality Reporting System (PQRS). A question and answer session will follow the presentation. Continuing education (CE) credit will be available for this call. Please refer to the [December 3](#) call web page for specific CE information.

Agenda:

- Introduction
- Review of the finalized Value-Based Payment Modifier policies under the 2014 PFS Final Rule
- Question and answer session

2014 Physician Fee Schedule Final Rule: Quality Reporting in 2014 — Register Now

Tuesday, December 17; 1:30-3pm

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, and other healthcare professionals.

The December 17 MLN Connects Call provides an overview of the 2014 Physician Fee Schedule (PFS) Final Rule. This presentation covers program updates to the Physician Quality Reporting System (PQRS). In particular, this call includes details on how an eligible professional (EP) or group practice can meet the criteria for satisfactory reporting for the 2014 PQRS incentive and 2016 PQRS payment adjustment. In lieu of satisfactory reporting, the call also covers how to meet the criteria for satisfactory participation under the new qualified clinical data registry option, which will be implemented in 2014 as a result of the American Taxpayer Relief Act of 2012. In addition to the PQRS, this presentation contains additional program updates to the Electronic Health Record (EHR) Incentive Program and Physician Compare. A question and answer session follows the presentation.

Agenda:

- Program updates for PQRS
- How an EP or Group Practice can meet the criteria for satisfactory reporting for the 2014 PQRS incentive and 2016 PQRS payment adjustment
- Criteria for satisfactory participation under the new qualified clinical data registry option
- Program updates for EHR Incentive Program and Physician Compare
- 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.

Clarification from November 15 Call on the I&A System

Password Reset Requirements in the Identify & Access Management (I&A) System

CMS acknowledges concerns expressed during the I&A MLN Connects™ Call held on November 15 regarding password resets in the I&A system and is providing further clarification.

Passwords in the I&A system, which control access to the following systems: National Plan and Provider Enumeration System (NPPES), Provider Enrollment Chain and Ownership System (PECOS), and Electronic Health Record (EHR) Incentive Programs, will expire every 60 days. *Important Note:* If your password expires it will *not* impact your National Provider Identifier (NPI), Medicare enrollment, claims payments, or EHR incentive payments; and will *not* remove the ability for any Surrogates to attest or work on behalf of their providers if they had previously been authorized in the system. It will only prevent logging in to those systems.

In the event that your password does expire, users will be prompted to reset their password the next time they attempt to login to any of the systems. You may monitor how long until your password expires by viewing the password section on the My Profile tab within I&A, which will tell you how many days until your password expires.

CMS Events

eHealth Summit

Friday, December 6; 9am-3:30pm

CMS will host its second [eHealth](#) Summit with health care industry leaders to discuss issues related to the successful adoption of health information technology. At the [December 6](#) event, industry will discuss topics ranging from Stage 3 of meaningful use, to the future of quality reporting, to health information exchange, and innovations happening at the state level. [Register](#) for this webcast.

Announcements

Recognizing Lung Cancer Awareness Month and the Great American Smokeout

November is Lung Cancer Awareness Month and November 21 is the Great American Smokeout. Lung cancer is the leading cause of cancer death in the United States. Cigarette smoking is the number one cause of lung cancer, but lung cancer can also be caused by using other types of tobacco (such as pipes or cigars). Tobacco use is the leading cause of preventable illness and death in the United States. Many smokers want to quit but find it hard to do, often making repeat attempts before finally quitting. As a provider of health care services to people with Medicare, you can provide support to seniors who want to quit tobacco-use, and Medicare can help.

- Medicare provides coverage of tobacco-use cessation counseling for certain beneficiaries who use tobacco and have been diagnosed with a recognized tobacco-related disease or who exhibit symptoms consistent with tobacco-related disease.
- Medicare also covers tobacco-use cessation counseling services for certain beneficiaries who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease.
- Eligible beneficiaries may receive this benefit with no out of pocket cost to them. There is no co-pay/coinsurance or deductible.

Note: The Medicare prescription drug benefit also covers smoking and tobacco-use cessation agents prescribed by a physician.

Please remember during this flu season cancer patients and survivors are at higher risk for complications from flu, including hospitalization and death. Generally, Medicare Part B covers one flu vaccination and its administration per flu season for Medicare beneficiaries without co-pay or deductible. Note: The flu vaccine is not a Part D-covered drug.

For more information on Medicare's coverage of Tobacco-use Cessation Counseling Services and the influenza vaccine and its administration, please visit:

- [CMS Medicare Learning Network® Tobacco-use Cessation Counseling Services brochure.](#)
- [MLN Matters® Article #MM8433](#), "Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season."
- [MLN Matters® Article #SE1336](#), "2013-2014 Influenza (Flu) Resources for Health Care Professionals."
- While some providers may offer flu vaccines, those that don't can help their patients locate flu vaccines within their local community. The [HealthMap Vaccine Finder](#) is a free, online service where users can search for locations offering flu and other adult vaccines.
- [Smokefree.gov](#) offers resources for health care professionals.

Diabetes and Seasonal Influenza Vaccination

November is National Diabetes Month and also a time when flu activity usually increases. Even if diabetes is well managed, flu illness can cause serious complications for someone with diabetes. The Centers for Disease Control and Prevention (CDC) advises that this is an opportune time to take action to combat the flu. Health care providers are encouraged to get a flu vaccine to help protect themselves from the influenza and to keep from spreading it to their family, co-workers, and patients. In addition, now is the perfect time for providers to vaccinate Medicare beneficiaries, as it can take 2 weeks after vaccination to develop antibodies that protect against seasonal influenza. Influenza vaccination is especially important for Medicare beneficiaries who suffer from diabetes, due to a weakened immune system and increased susceptibility to respiratory infections such as influenza and pneumonia.

As a health care provider, you play an important role in setting an example by getting yourself vaccinated and recommending and promoting influenza vaccination. The CDC recommends that you assess vaccination status with each patient visit, encourage seasonal influenza vaccination, and vaccinate or refer to a vaccine provider when appropriate.

Generally, Medicare Part B covers one influenza vaccination and its administration per influenza season for Medicare beneficiaries without co-pay or deductible. *Note:* The influenza vaccine is *not* a Part D-covered drug.

For more information on coverage and billing of the influenza vaccine and its administration, please visit:

- [MLN Matters® Article #MM8433](#), “Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season.”
- [MLN Matters® Article #SE1336](#), “2013-2014 Influenza (Flu) Resources for Health Care Professionals.”
- While some providers may offer flu vaccines, those that don’t can help their patients locate flu vaccines within their local community. The [HealthMap Vaccine Finder](#) is a free, online service where users can search for locations offering flu and other adult vaccines.
- [Free Resources](#) can be downloaded from the CDC website including [prescription-style tear-pads](#) that will allow you to give a customized flu shot reminder to patients at high-risk for complications from the flu.

Updated Incarcerated Beneficiary Claim Denial FAQs

CMS has issued an updated list of [Frequently Asked Questions](#) (FAQs) about the claims denials associated with a beneficiary’s incarceration status.

Learn More about PQRS and 2013 Program Participation with the New PQRS Fact Sheet

CMS has released a new [fact sheet](#) on participating in the 2013 Physician Quality Reporting System (PQRS) program. The PQRS Overview fact sheet outlines information on how to participate in PQRS, as well as steps for selecting quality measures and reporting methods. Eligible professionals can also learn more about:

- Incentive payments for satisfactory reporting
- Payment adjustments beginning in 2015
- How to access and view feedback reports

The fact sheet also provides information on the [Maintenance of Certification](#) and [Value Based Payment Modifier \(VBPM\)](#) programs. We encourage providers to review the fact sheet to learn more about PQRS and how they can get started with participation.

PQRS Resources

For more information about participating in PQRS, visit the [PQRS](#) website. For additional support or questions, contact the [QualityNet Help Desk](#). You can also learn about other eHealth initiatives at CMS by visiting the [CMS eHealth](#) website.

ICD-10: Less Than One Year Out

CMS is encouraging the health care industry to take advantage of the numerous ICD-10 resources available for checking progress and any actions that may be needed because October 1, 2014 is quickly approaching.

Intro Guide to ICD-10

The CMS [Intro Guide to ICD-10](#) explains the essential aspects of ICD-10 and offers steps and resources for preparing for October 1, 2014.

Online ICD-10 Guide

The [Online ICD-10 Guide](#) includes an overview of ICD-10 as well as information on how to transition to ICD-10 for small/medium practices, large practices, small hospitals, and payers.

Other ICD-10 Resources

Other helpful tools available on the CMS [ICD-10](#) website:

- [ICD-10 Basics for Small and Rural Practices](#)
- [ICD-10 Resources Flyer](#)
- [Role of Clearinghouses in the ICD-10 Transition](#)
- [The ICD-10 Transition: An Introduction](#)
- [ICD-10 Basics for Medical Practices](#)
- [Talking to Your Vendors About ICD-10: Tips for Medical Practices](#)
- [ICD-10 FAQs](#)
- [National ICD-10 Provider Education Teleconferences](#)

CMS, in collaboration with Medscape, has produced videos and articles that offer tips and advice on ICD-10, along with an opportunity for physicians to earn continuing medical education credits and nurses to earn continuing education credits. CMS has recently released two new Medscape videos:

- [ICD-10: A Roadmap for Small Clinical Practices](#)
- [ICD-10: Small Practice Guide to a Smooth Transition](#)

Trade Association Resources

You can also reference resources from health care trade associations and medical societies. Many of these groups also host ICD-10 webinars and trainings that you can attend to get up to speed on ICD-10. Visit the [ICD-10 Provider Resources](#) web page to find a list of some organizations that offer ICD-10 resources, and check with any organizations to which you belong for members-only resources.

Keep Up to Date on ICD-10

Visit the CMS [ICD-10](#) website for the latest news and resources to help you prepare for the *October 1, 2014*, deadline. Sign up for [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.

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 FY 2013 for the 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](#).

MLN Educational Products

“Skilled Nursing Facility Consolidated Billing As It Relates to Ambulance Services” MLN Matters® Article — Revised

[MLN Matters® Special Edition Article #SE0433](#), “Skilled Nursing Facility Consolidated Billing As It Relates to Ambulance Services” was revised and is now available in downloadable format. This article is designed to provide education on Skilled Nursing Facility (SNF) Consolidated Billing (CB) as it applies to ambulance services for SNF residents. The article was revised to add clarifying language regarding “Transfers between Two SNFs.”

“The DMEPOS Competitive Bidding Program: Grandfathering Requirements for Non-Contract Suppliers” Fact Sheet— Revised

The “[DMEPOS Competitive Bidding Program: Grandfathering Requirements for Non-Contract Suppliers](#)” Fact Sheet (ICN 900923) was revised and is now available in downloadable format. This fact sheet is designed to provide education on grandfathering requirements under the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) competitive bidding program. It includes a definition of grandfathered suppliers, notification requirements, and rules and policies related to grandfathering.

“Hospital Reclassifications” Fact Sheet — Revised

The “[Hospital Reclassifications](#)” Fact Sheet (ICN 907243) was revised and is now available in downloadable format. This fact sheet is designed to provide education on hospital reclassifications. It includes information about urban to rural reclassification, geographic reclassification, Rural Referral Center status, and Sole Community Hospital status.

“Quick Reference Information: Medicare Immunization Billing” Educational Tool — Revised

The “[Quick Reference Information: Medicare Immunization Billing](#)” Fact Sheet (ICN 006799) was revised and is now available in downloadable format. This educational tool is designed to provide education on Medicare-covered preventive immunizations. It includes coverage, coding and billing information on the influenza, pneumococcal and Hepatitis B vaccines and their administration.

Updated MLN Matters® Search Indices

The MLN Matters® Articles Search indices were updated and are now available. Each index is organized by year and provides the ability to search by specific keywords and topics. Most indices link directly to the related article(s). For more information and a list of available indices, visit the [MLN Matters® Articles](#) web page and scroll down to the “Downloads” section.

The Medicare Learning Network® offers other ways to search and quickly find articles of interest to you:

- MLN Matters® Dynamic Lists: an archive of previous and current articles organized by year with the ability to search by keyword, transmittal number, subject, article number, and release date. To view and search articles, select the desired year from the left column on the [MLN Matters® Articles](#) web page
- MLN Matters® Electronic Mailing List: a free, electronic notification service that sends an email message when new and revised MLN Matters® articles are released. For more information, including how to subscribe to the service, download [How to Sign Up for MLN Matters®](#). You can also view and search an [archive](#) of previous messages.

Subscribe to the MLN Educational Products and MLN Matters® Electronic Mailing Lists

The [Medicare Learning Network®](#) (MLN) is the home for education, information, and resources for health care professionals. Sign up for both of the electronic mailing lists below to stay informed about the latest MLN Educational Products and MLN Matters® Articles. You will receive an email when new and revised products and articles are released.

- [MLN Educational Products Electronic Mailing List](#): MLN Products are designed to provide education on a variety of CMS programs, including provider supplier enrollment, preventive services, provider compliance, and Medicare payment policies. All products are free of charge and offered in a variety of formats to meet your educational needs.
- [MLN Matters® Articles Electronic Mailing List](#): MLN Matters® are national articles that educate health care professionals about important changes to CMS programs. Articles explain complex policy information in plain language to help health care professionals reduce the time it takes to incorporate these changes into their CMS-related activities.

Submit Feedback on MLN Educational Products

The Medicare Learning Network® (MLN) is interested in what you have to say. Visit the [MLN Opinion](#) web page to submit an anonymous evaluation about specific MLN educational products. Your feedback is important and helps us develop quality MLN products that meet your educational needs.

MLN Products Available In Electronic Publication Format

The following fact sheets are now available as electronic publications (EPUBs) and through QR codes. 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

- "[Section 1011: Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens](#)" (ICN 900863) Fact Sheet is designed to provide education on available funding, eligibility, and program enrollment requirements for undocumented aliens, as detailed in Section 1011 of the Medicare Modernization Act (MMA). It includes information on the states that have exhausted payment and reimbursable services under this program.
- "[Hospital Value-Based Purchasing Program](#)" (ICN 907664) Fact Sheet is designed to provide education on the Hospital Value-Based Purchasing Program. It includes information on how Medicare will make incentive payments to hospitals in Fiscal Year (FY) 2013 based on performance and scoring of Clinical Process of Care Measures and Patient Experience of Care Dimensions.
- The "[Centers for Medicare & Medicaid Services \(CMS\) Electronic Mailing Lists: Keeping Health Care Professionals Informed](#)" (ICN 006785) Fact Sheet is designed to provide education on the various CMS electronic mailing lists available to health care professionals. It includes information about how to register for the service and receive the latest news regarding important initiatives in the Medicare program.



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