



MLN Connects™

Weekly Provider eNews

Thursday, December 12, 2013

Please take a moment to [give us your feedback](#) about the eNews.

MLN Connects™ National Provider Calls

- 2014 Physician Fee Schedule Final Rule: Quality Reporting in 2014 — Last Chance to Register
- Program Manual Updates to Clarify SNF, IRF, HH, and OPT Coverage Pursuant to *Jimmo v. Sebelius* — Last Chance to Register
- End-Stage Renal Disease Quality Incentive Program Payment Year 2016 Final Rule — Register Now
- Did You Miss This MLN Connects Call?

CMS Events

- ICD-10 Training Webinar Video: Navigating ICD-10, the Provider Perspective

Announcements

- CMS Updates EFT Authorization Agreement: CMS 588
- Physician Compare: 2012 GPRO Measures Preview Period
- Password Reset in the I&A System
- New QIO Program RFPs Posted
- Ordering and Referring Denial Edits Will Be Implemented on January 6
- New Proposed EHR Meaningful Use Timeline
- Important EHR Payment Adjustment Information for Medicare EPs
- EHR Incentive Programs: Learn How to Conduct a Security Risk Analysis for Your Practice

Claims, Pricers, and Codes

- January 2014 Average Sales Price Files Now Available
- FY 2014 Inpatient PPS PC Pricer Provider Data Correction

MLN Educational Products

- Winter 2013 Version of Medicare Learning Network Catalog Now Available
- "Manual Updates to Clarify Skilled Nursing Facility (SNF), Inpatient Rehabilitation Facility (IRF), Home Health (HH), and Outpatient (OPT) Coverage Pursuant to *Jimmo vs. Sebelius*" MLN Matters® Article — Released
- "Further Details on the Revalidation of Provider Enrollment Information" MLN Matters® Article — Revised
- "Items and Services That Are Not Covered Under the Medicare Program" Booklet — Revised
- "The DMEPOS Competitive Bidding Program: Non-Contract Supplier" Fact Sheet — Revised
- "Medicare Fee-For-Service (FFS) Physicians and Non-Physician Practitioners: Protecting Your Privacy – Protecting Your Medicare Enrollment Record" Fact Sheet — Reminder
- "Internet-based Provider Enrollment, Chain and Ownership System (PECOS) Contact Information" Fact Sheet — Reminder

MLN Connects™ National Provider Calls

2014 Physician Fee Schedule Final Rule: Quality Reporting in 2014 — Last Chance to Register

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.

Program Manual Updates to Clarify SNF, IRF, HH, and OPT Coverage Pursuant to *Jimmo v. Sebelius* — Last Chance to Register

Thursday, December 19; 2-3pm ET

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

Target Audience: Skilled Nursing Facilities (SNFs); Inpatient Rehabilitation Facilities (IRFs); Home Health Agencies (HHAs); and providers and suppliers of therapy services under the Outpatient Therapy (OPT) Benefit.

On January 24, 2013, the U. S. District Court for the District of Vermont approved a settlement agreement in the case of *Jimmo v. Sebelius*, involving skilled care for the IRF, SNF, HH, and OPT benefits. “Nothing in this Settlement Agreement modifies, contracts, or expands the existing eligibility requirements for receiving Medicare coverage.”

The goal of this settlement agreement is to ensure that claims are correctly adjudicated in accordance with existing Medicare policy, so that Medicare beneficiaries receive the full coverage to which they are entitled. The settlement agreement sets forth a series of specific steps for CMS to undertake, including issuing clarifications to existing program guidance and new educational material on this subject.

As part of the educational campaign, this MLN Connects™ Call will provide an overview of the clarifications to the Medicare program manuals. These clarifications reflect Medicare’s longstanding policy that when skilled services are required in order to provide reasonable and necessary care to prevent or slow further deterioration, coverage cannot be

denied based on the absence of potential for improvement or restoration. In this context, coverage of skilled nursing and skilled therapy services "...does not turn on the presence or absence of a beneficiary's potential for improvement, but rather on the beneficiary's need for skilled care." Portions of the revised manual provisions also include additional material on the role of appropriate documentation in facilitating accurate coverage determinations for claims involving skilled care.

More information is available in [MLN Matters® Article #MM8458](#), "Manual Updates to Clarify SNF, IRF, HH, and OPT Coverage Pursuant to *Jimmo v. Sebelius*,"

Agenda:

- Clarification of Medicare's longstanding policy on coverage for skilled services
- No "Improvement Standard" is to be applied in determining Medicare coverage for maintenance claims in which skilled care is required
- Enhanced guidance on appropriate documentation

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

End-Stage Renal Disease Quality Incentive Program Payment Year 2016 Final Rule — Register Now

Wednesday, January 15; 2-3:30pm 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, and other interested stakeholders.

On January 15, CMS, Center for Clinical Standards and Quality (CCSQ) 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 quality program that ties a facility's performance to a payment reduction over the course of a payment year (PY). This MLN Connects Call will focus on the [final rule](#) for operationalizing the ESRD QIP in PY 2016, which was put on display on November 22, 2013.

The performance period for PY 2016 will begin on January 1, 2014. Facilities and other stakeholders should take steps to understand the contours of the program. After the presentation, participants will have an opportunity to ask questions.

Agenda:

- ESRD QIP legislative framework and how it fits in with CMS strategies to improve quality
- Changes reflected in the final rule based on public comments
- The final measures, standards, scoring methodology, and payment reduction scale that are applied to the PY 2016 program
- How the PY 2016 program compares to PY 2015
- Where to find additional information about the program
- 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:

- November 25 — National Partnership to Improve Dementia Care in Nursing Homes, [audio and transcript](#)

CMS Events

ICD-10 Training Webinar Video: Navigating ICD-10, the Provider Perspective

CMS has released a new recording of an ICD-10 training webinar conducted for the National Association of Community Health Centers. The [video](#) is available on the [ICD-10 Provider Resources](#) web page. This webinar includes information on:

- Changes in ICD code structure, code definitions, and the recurring patterns that help providers to understand the organization and content of ICD-10 codes
- The importance of clinical documentation in order to accurately and thoroughly capture medical concepts to inform ICD-10 coding
- Approaches to assess ICD-10 readiness, identify gaps, prioritize tasks, and monitor progress through continuous quality improvement

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.

Announcements

CMS Updates EFT Authorization Agreement: CMS 588

The Office of Management and Budget recently approved changes to the [CMS 588](#), Electronic Funds Transfer (EFT) Authorization Agreement. The revised EFT agreement is available on the [CMS Forms List](#).

Medicare Administrative Contractors (MACs) will continue to accept the 05/10 version of the CMS 588 through December 31, 2013. After December 31, 2013, the MACs will return any newly submitted 05/10 versions of the CMS 588 applications with a letter explaining the CMS 588 application has been updated and the provider/supplier must submit a current version (09/13) of the CMS 588 application.

Physician Compare: 2012 GPRO Measures Preview Period

As finalized in the [2012 Physician Fee Schedule \(PFS\)](#) rule published in November 2011, CMS will be publically reporting a sub-set of the 2012 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) web interface measures on [Physician Compare](#). Starting December 12, CMS is facilitating a 30-day preview period for these quality measures which will continue through January 16, 2014. In accordance with the PFS final rule, this preview period provides an opportunity for GPROs to review their measures before they are publicly reported on Physician Compare. CMS recently provided materials regarding the preview process to the 66 eligible GPROs that satisfactorily reported 2012 PQRS GPRO measures. GPROs can now preview their measures using the Physician Compare 2012 GPRO Measures Preview Website. For questions regarding the 2012 PQRS GPRO preview process or public reporting on Physician Compare, please contact PhysicianCompare@Westat.com.

Password Reset in the I&A System

In response to provider concerns, CMS recently made a temporary change to the expiration date of passwords. To help ease the transition to the new system we have extended the password expiration to 150 days. This means that Identity & Access Management (I&A) System passwords will now expire 150 days from October 7, 2013. Please note that this is only a temporary change and at the end of the 150 day extension, passwords will resume their usual 60 date expiration. *Reminder:* An expired password simply means that you cannot log in to the I&A, Electronic Health Record (EHR)

Incentive Programs or the Provider Enrollment Chain and Ownership System (PECOS) until you reset your password. An expired password will *not* affect your 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 until the password is reset.

New QIO Program RFPs Posted

CMS issued two Request for Proposal (RFP) solicitations on the government-wide Federal Business Opportunities website - FBO.gov – on December 5. The new RFPs are a full and open competition so organizations - beyond just existing QIOs - are now able to submit proposals. One solicitation is for an [RFP](#) relating to work for the Beneficiary- and Family-Centered Care Quality Improvement Organization (BFCC-QIO) Program, while a second, separate notice informs the public of an [RFP](#) for the Quality Innovation Network Quality Improvement Organization (QIN-QIO) Program. These notices inform the public that CMS intends to award contracts for these two facets of the QIO Program under full-and-open competition.

Proposal responses are due on January 15, 2014, for BFCC-QIOs and February 12, 2014, for QIN-QIO. CMS expects to award BFCC in May 2014, with QIN following in July 2014. In the meantime, the CMS Office of Acquisition and Grants Management will accept questions from those parties that intend to bid for QIO work through December 19, 2013 at the email addresses BFCCmailbox@cms.hhs.gov and QINmailbox@cms.hhs.gov, respectively. The agency will post public responses to these questions on the FBO.gov website.

Ordering and Referring Denial Edits Will Be Implemented on January 6

CMS will instruct contractors to turn on Phase 2 denial edits on *January 6, 2014*. These edits will check the following claims for a valid individual National Provider Identifier (NPI) and deny the claim when this information is invalid:

- Claims from clinical laboratories for ordered tests;
- Claims from imaging centers for ordered imaging procedures;
- Claims from suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) for ordered DMEPOS; and
- Claims from Part A Home Health Agencies (HHAs).

For more information:

MLN Matters® Article #SE1305, "[Full Implementation of Edits on the Ordering/Referring Providers in Medicare Part B, DME, and Part A Home Health Agency \(HHA\) Claims \(Change Requests 6417, 6421, 6696, and 6856\)](#)"

New Proposed EHR Meaningful Use Timeline

On December 6, CMS proposed a new timeline for the implementation of meaningful use for the [Medicare and Medicaid EHR Incentive Programs](#) and the Office of the National Coordinator for Health Information Technology (ONC) proposed a more regular approach to update ONC's certification regulations. Under the revised timeline, Stage 2 will be extended through 2016 and Stage 3 will begin in 2017 for those providers that have completed at least two years in Stage 2. [Read the full blog.](#)

Important EHR Payment Adjustment Information for Medicare EPs

Eligible professionals (EPs) participating in the Medicare EHR Incentive Program may be subject to payment adjustments beginning on *January 1, 2015*. CMS will determine the payment adjustment based on meaningful use data submitted prior to the 2015 calendar year. EPs must demonstrate meaningful use prior to 2015 to avoid payment adjustments.

Determine how your EHR Incentive Program participation start year will affect the 2015 payment adjustments:

If you began in 2011 or 2012

If you first demonstrated meaningful use in 2011 or 2012, you must demonstrate meaningful use for a full year in 2013 to avoid the payment adjustment in 2015.

If you began in 2013

If you first demonstrate meaningful use in 2013, you must demonstrate meaningful use for a 90-day reporting period in 2013 to avoid the payment adjustment in 2015.

If you plan to begin in 2014

If you first demonstrate meaningful use in 2014, you must demonstrate meaningful use for a 90-day reporting period in 2014 to avoid the payment adjustment in 2015. This reporting period must occur in the first 9 months of calendar year 2014, and EPs must attest to meaningful use no later than October 1, 2014, to avoid the payment adjustment.

Avoiding Payment Adjustments in the Future

You must continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years. If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you *must* demonstrate meaningful use to avoid the payment adjustments. You may demonstrate meaningful use under either Medicare or Medicaid. If you are only eligible to participate in the Medicaid EHR Incentive Program, you are not subject to these payment adjustments.

Helpful Resources

For more information on EP payment adjustments, view the [Payment Adjustments and Hardship Exceptions Tipsheet](#) for EPs.

Want more information about the EHR Incentive Programs?

Make sure to visit the [EHR Incentive Programs](#) website for the latest news and updates on the EHR Incentive Programs.

EHR Incentive Programs: Learn How to Conduct a Security Risk Analysis for Your Practice

Have you reviewed your practice processes to make sure that your patients' personal health information is protected and secure? Even though there are no changes to the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, if you are participating in [Stage 1](#) or [Stage 2](#) of the EHR Incentive Programs, you need to conduct a security risk analysis of your practice to meet Meaningful Use requirements.

What's required? CMS has a [tipsheet](#) that will help you understand:

- Steps for conducting a security risk analysis
- How to create an action plan
- Security areas to be considered and their corresponding security measures
- Myths and facts about conducting a security risk analysis

Be sure to review the steps and conduct your review for your practice. It is required in both stages of meaningful use to receive your incentive payment.

Additional Resources

The CMS EHR Incentive Programs website offers other [meaningful use resources](#). For a deeper dive, ONC offers a [Guide to Privacy and Security of Health Information](#) that includes a ten-step plan for health information privacy and security.

Want more information about the EHR Incentive Programs?

Make sure to visit the [EHR Incentive Programs](#) website for the latest news and updates on the EHR Incentive Programs.

Claims, Pricers, and Codes

January 2014 Average Sales Price Files Now Available

CMS has posted the January 2014 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks. All are available for download on the [2014 ASP Drug Pricing Files](#) web page.

FY 2014 Inpatient PPS PC Pricer Provider Data Correction

The FY 2014 Inpatient Prospective Payment System (PPS) PC Pricer is now available on the [Inpatient PPS PC Pricer](#) web page in the “Downloads” section with corrected provider data.

MLN Educational Products

Winter 2013 Version of Medicare Learning Network Catalog Now Available

The Winter 2013 version of the [MLN Catalog](#) is now available. The MLN Catalog is part of an ongoing effort to be responsive to the education needs of the health care professional community. The Medicare Learning Network® includes:

- [MLN Educational Publications and Tools](#)
- [MLN Matters® Articles](#)
- [MLN Web-based Training Courses \(Many offer Continuing Education Credits\)](#)
- [MLN Podcasts and Media](#)
- CMS Continuing Education Program (Administered by the MLN)
- [MLN Connects™ National Provider Calls](#)
- [MLN Connects™ Provider Association Partnerships](#)
- [MLN Connects™ Provider eNews](#)

The MLN Catalog contains brief descriptions of each offering. Downloadable items include clickable links that allow you to view products or get more information as you browse. All MLN products and services are available free of charge.

“Manual Updates to Clarify Skilled Nursing Facility (SNF), Inpatient Rehabilitation Facility (IRF), Home Health (HH), and Outpatient (OPT) Coverage Pursuant to *Jimmo vs. Sebelius*” MLN Matters® Article — Released

[MLN Matters® Article #MM8458](#), “Manual Updates to Clarify Skilled Nursing Facility (SNF), Inpatient Rehabilitation Facility (IRF), Home Health (HH), and Outpatient (OPT) Coverage Pursuant to *Jimmo vs. Sebelius*” has been released and is now available in downloadable format. The article was prepared and is being distributed as a result of the settlement agreement in the case of *Jimmo v. Sebelius*. This article is designed to provide education on the updated portions of the “Medicare Benefit Policy Manual” (MBPM). It includes clarification on the coverage requirements of skilled nursing and skilled therapy services to Medicare beneficiaries.

“Further Details on the Revalidation of Provider Enrollment Information” MLN Matters® Article — Revised

[MLN Matters® Article #SE1126](#), “Further Details on the Revalidation of Provider Enrollment Information” was released and is now available in downloadable format. This article is designed to provide education on the revalidation requirements based on Section 6401 (a) of the Affordable Care Act. It includes information on the most efficient way to submit revalidation application. This article was revised to include the 2014 application fee amount of \$542.00.

“Items and Services That Are Not Covered Under the Medicare Program” Booklet — Revised

The “[Items and Services That Are Not Covered Under the Medicare Program](#)” Booklet (ICN 906765) was revised and is now available in downloadable format. This booklet is designed to provide education on non-covered items and services. It includes information about the four categories of items and services that are not covered under the Medicare Program and applicable exceptions (items and services that may be covered) and Beneficiary Notices of Noncoverage.

“The DMEPOS Competitive Bidding Program: Non-Contract Supplier” Fact Sheet — Revised

“[The DMEPOS Competitive Bidding Program: Non Contract Supplier](#)” Fact Sheet (ICN 900925) was revised and is now available in downloadable format. This fact sheet is designed to provide education on requirements for non-contract suppliers. It includes information on rented Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), enteral nutrition, SNFs, and other program requirements for non-contract suppliers.

“Medicare Fee-For-Service (FFS) Physicians and Non-Physician Practitioners: Protecting Your Privacy – Protecting Your Medicare Enrollment Record” Fact Sheet — Reminder

The “[Medicare Fee-For-Service \(FFS\) Physicians and Non-Physician Practitioners: Protecting Your Privacy - Protecting Your Medicare Enrollment Record](#)” Fact Sheet (ICN 903765) is available in downloadable format. This fact sheet is designed to provide education on how to ensure Medicare enrollment records are up-to-date and secure. It includes information on the actions physicians and non-physician practitioners should take to protect their Medicare enrollment information.

“Internet-based Provider Enrollment, Chain and Ownership System (PECOS) Contact Information” Fact Sheet — Reminder

The “[Internet-based Provider Enrollment, Chain and Ownership System \(PECOS\) Contact Information](#)” Fact Sheet (ICN 903766) is available in a downloadable format. This fact sheet is designed to provide contact information for technical assistance with Internet-based PECOS. It includes a list of contacts and other resources.

[Is the eNews Meeting Your Needs? Give Us Your Feedback!](#)



Please share this important information with your colleagues and encourage them to [subscribe](#) to the *MLN Connects Provider eNews*.

Previous issues are available in the [archive](#).

Follow the *MLN Connects Provider eNews* on [YouTube](#) & [Twitter](#) #CMSMLN