



# MLN Connects™

## Provider eNews - Special Edition

Monday, December 30, 2013

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### Announcements

#### Verifying Patient Coverage in a Health Insurance Marketplace Plan

It is the beginning of the New Year and you'll be verifying your patient's insurance status when they show up in your office. With the beginning of the Health Insurance Marketplace, also known as Health Insurance Exchange, over a million people will have a new insurance plan. In many cases, this will be the first time they have had insurance in years. Many of these people will have signed up for their plan within the past few days. They may not have received their card yet or they may be unaware of the need to carry their insurance information. You may find your office needing to verify their coverage.

#### *How do you verify their coverage?*

If the marketplace in your state is run by the Federal government, it is best to call their plan's customer service line, a list of all plans and their customer service numbers can be found in this [data base](#). Here's a [fact sheet](#) for using the data base. If you can't find the number, call the Marketplace Call Center (1-800-318-2596).

If your state has its own health insurance exchange, contact your state. To find the website for your state exchange, select the name of your state in the box at the left hand side of the [healthcare.gov website](#).

#### *How else can you help your patient?*

Remind your patients to keep all of their paperwork and receipts from all of their doctor's appointments and from the pharmacy as well. They may need them for their insurer. Remind them they should carry their card at all times. If they don't have a card, they can contact their plan to get a card.

If the patient is uninsured, they have until March 31<sup>st</sup> to sign up for non-employer based coverage. They can go to [HealthCare.gov](#) to sign up for a plan and apply for financial assistance. The vast majority of uninsured will qualify for financial assistance to reduce their costs. You can also download copies of [fact sheets](#) or educational material for your patients.

## MLN Connects™ National Provider Calls

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### 2-Midnight Benchmark for Inpatient Hospital Admissions — Register Now

Tuesday, January 14; 1:30-3pm ET

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

This MLN Connects Call provides an overview of the inpatient hospital admission and medical review criteria (also known as the 2-Midnight Rule) that was released on August 2, 2013 in the FY 2014 Inpatient Prospective Payment System/Long-Term Care Hospital final rule ([CMS-1599-F](#)). CMS will present case scenarios on the application of the rule to sample medical records. Following the presentation, CMS will address frequently asked questions received from providers.

#### Agenda:

- Summary of the 2-Midnight Rule
- Case example presentation
- Question and answer session

*Target Audience:* Hospitals, physicians and non-physician practitioners, case managers, medical and specialty societies, and other healthcare professionals.

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.

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

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

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## **2012 Quality and Resource Use Reports Overview and December Addendum — CE Credit Available— Register Now**

*Thursday, January 16; 2:30-4pm ET*

*To Register:* Visit [MLN Connects™ Upcoming Calls](#). Space may be limited, register early. This MLN Connects Call has been approved by CMS for CME and CEU continuing education credit (CE). Review [CE Activity Information & Instructions](#) for specific details.

This MLN Connects Call will provide an overview of the 2012 Quality and Resource Use Reports (QRURs), including a review of the December addendum and how to interpret and use the data in the report.

On September 16, CMS released the 2012 QRURs to group practices with 25 or more eligible professionals (EPs). The QRUR previews each group's performance on quality and cost measures that could be used to calculate the group's Value-Based Payment Modifier in 2015. On December 23, CMS released an addendum to the 2012 QRURs to include individual eligible professional (EP) PQRS performance data. The addendum will be available for all group practices with 25 or more EPs for which at least one EP reported PQRS measures as an individual in 2012 and was found to be incentive eligible.

### *Agenda:*

- How to understand and use the QRURs
- Individual EP PQRS performance data addendum
- Question and answer session

*Target Audience:* Groups with 25 or more eligible professionals.

## **National Partnership to Improve Dementia Care in Nursing Homes — Register Now**

*Wednesday, February 26; 2-3:30pm ET*

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

The CMS National Partnership to Improve Dementia Care in Nursing homes was developed to improve dementia care through the use of individualized, comprehensive care approaches. The partnership promotes a systematic process to evaluate each person and identify approaches that are most likely to benefit that individual. The goal of the partnership is to continue to reduce the use of unnecessary antipsychotic medications, as well as other potentially harmful medications in nursing homes and eventually other care settings as well.

During this MLN Connects Call, a CMS subject matter expert will discuss the critical role of both state and federal surveyors in the implementation of the partnership. Additional speakers will be presenting on the importance of leadership, as well as the strong correlation that exists between proper pain assessment and antipsychotic medication use. A question and answer session will follow the presentation.

### *Agenda:*

- Role of surveyors
- Importance of leadership
- Proper pain assessment
- Next steps

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

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