



# MLN Connects™

## Weekly Provider eNews

Thursday, January 16, 2014

Thanks again to all those who responded to our request for [feedback](#) about the eNews. Unfortunately it's not possible for us to answer questions submitted as part of anonymous feedback. Please direct your questions to the Medicare Administrative Contractor (MAC) that serves your state. You can find their toll free number in the [Provider Compliance Interactive Map](#).

### MLN Connects™ National Provider Calls

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

Providers and Suppliers — Browse the MLN Connects™ Call Program Collection of Resources

### MLN Connects™ Videos

ICD-10 Coding Basics

### CMS Events

Hospice Open Door Forum

### Announcements

Connections in the I&A System

CMS to Release a Comparative Billing Report on PAP Devices and Accessories in January

CMS Quality Strategy — Response Period Extended to January 24

Review the 2014 PQRS Measures Codes Resources for Claims and Registry-Based Reporting

Medicare EPs Must Attest by February 28 to Receive 2013 Incentive for EHR Incentive Program

### Claims, Pricers, and Codes

Processing Repair Claims for Capped Rental DME Furnished by the Scooter Store Related Suppliers

Temporary Hold of Home Health LUPA Claims

Quarterly Provider Specific Files for the Prospective Payment System Now Available

January 2014 Outpatient Prospective Payment System Pricer File Update

### MLN Educational Products

“Documentation Requirements for Home Health Prospective Payment System (HH PPS) Face-to-Face Encounter” MLN Matters® Article — Released

MLN Products Now Available in Hard Copy Format

Medicare Learning Network® Pilot Testers and Product Reviewers Needed

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

## MLN Connects™ National Provider Calls

---

### 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.

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

### Providers and Suppliers — Browse the MLN Connects™ Call Program Collection of Resources

In 2013, CMS hosted MLN Connects™ Calls on a variety of topics, including enrollment, EHR, ICD-10, PQRS, value-based payment modifier, and dementia — just to name a few. Check our [Calls and Events](#) web page for slide presentations, audio recordings, written transcripts, and a list of upcoming calls, or search our [videos](#) by topic. Become more informed about the Medicare Program by reading, listening, or viewing these information packed programs at your convenience. Visit [www.cms.gov/npc](http://www.cms.gov/npc) for more information on the MLN Connects Call Program.

## MLN Connects™ Videos

---

### ICD-10 Coding Basics

Are you ready to transition to ICD-10 on October 1, 2014? In this MLN Connects™ video on [ICD-10 Coding Basics](#), Sue Bowman from the American Health Information Management Association (AHIMA) provides a basic introduction to ICD-10 coding, including:

- Similarities and differences from ICD-9

- ICD-10 code structure
- Coding process and examples
  - 7<sup>th</sup> Character
  - Placeholder "x"
  - Excludes notes
  - Unspecified codes
  - External cause codes

Visit the [MLN Connects Videos](#) web page for more videos on ICD-10.

## CMS Events

---

### Hospice Open Door Forum

*Wednesday, January 22; 2-3pm ET*

On January 22, there will be an Open Door Forum (ODF) focused on the Hospice Quality Reporting Program (HQRP). During this call, both the FY 2015 and FY 2016 reporting cycles will be discussed. In addition, the call will provide information about the upcoming patient/family survey requirements for hospices that will begin on January 1, 2015.

The FY 2015 cycle consists of reporting on two measures: the structural measure and the National Quality Forum (NQF) #0209 pain measure. The [HQRP Data Entry and Submission Site](#) is now available for data submission. Data for each measure must be submitted to CMS by 11:59pm ET on April 1, 2014 for FY 2015 payment determination. The [Technical User's Guide](#), posted on the [Data Submission](#) web page is the primary reference for the HQRP Data Entry and Submission Site for the FY2015 reporting cycle.

As part of the FY 2016 cycle, the Hospice Item Set (HIS) will be implemented on July 1, 2014. The HIS is a set of patient-level data items that can be used to calculate 6 NQF-endorsed measures and one modified NQF measure. Training on data collection for the HIS will be offered on February 4 and 5 in Baltimore. [Registration](#) for the training is now open. Hospices may also live-stream the event if they are unable to attend in person. Instructions for live video-streaming access will be provided on the [HIS](#) web page; no registration is required. This training will also be recorded and posted on the HIS web page for on-demand viewing.

A question and answer session will follow the presentations. Additional information about the ODF, including the agenda, call-in information and conference ID, will be posted on the [Home Health, Hospice & Durable Medical Equipment ODF](#) web page.

## Announcements

---

### Connections in the I&A System

In response to concerns about access to provider information in PECOS and HITECH, CMS is providing clarification on the recommended number of connections in the Identity & Access Management (I&A) system. Group Practices or any other Organization who act on behalf of Providers as Surrogates, and have 1,000 or more Connections to Eligible Professionals (EPs) in the Identity & Access Management (I&A) system may experience an issue when attempting to access records for these providers in PECOS or in HITECH (R&A). A long-term fix for this issue is targeted for later this year. Until the long-term fix can be implemented, you can avoid any issues by reducing the number of EPs that any one Staff End User within your Organization has connections to within I&A. If a user acts on behalf of 1,000 or less EPs they should not have any issues accessing records within PECOS or HITECH(R&A).

## CMS to Release a Comparative Billing Report on PAP Devices and Accessories in January

CMS has contracted with eGlobalTech to provide the Comparative Billing Reports (CBRs) to the provider community. In mid-January 2014, CMS will release a national provider CBR addressing Positive Airway Pressure (PAP) Devices and Accessories. CBRs contain actual data-driven tables and graphs with an explanation of findings that compare providers' billing and payment patterns to those of their peers located in the state and across the nation.

These reports are not available to anyone, except the providers who receive them. To ensure privacy, CMS presents only summary billing information. No patient or case-specific data is included. These reports are an example of a tool that helps providers better understand applicable Medicare billing rules and improve the level of care they furnish to their Medicare patients.

For more information, please call the CBR Support Help Desk at 1-800-771-4430.

## CMS Quality Strategy — Response Period Extended to January 24

CMS has extended the comment period for the [CMS Quality Strategy](#) to January 24, 2014. Driving quality improvement is a core function of CMS. This commitment is particularly evident as CMS enhances its partnerships with a delivery system in which providers are supported in achieving better outcomes in health and healthcare, at lower cost, for the beneficiaries and communities they serve.

The vision for the CMS Quality Strategy is to optimize health outcomes by leading clinical quality improvement and health system transformation. The CMS Quality Strategy is built on the foundation of the [CMS Strategy](#) and the [HHS National Quality Strategy \(NQS\)](#). Like the NQS, the CMS Quality Strategy was developed through a participatory, transparent, and collaborative process that included the input of a wide array of stakeholders. For more than a year, a group of leaders from across CMS met and developed the strategy. This group also sought out advice and input from other HHS agencies, the community, and CMS beneficiaries to inform their efforts.

The CMS Quality Strategy pursues and aligns with the three broad aims of the National Quality Strategy and its six priorities. Each of these priorities has become a goal in the CMS Quality Strategy. Four foundational principles guide the Agency's action toward each of these goals. This document identifies quality-focused objectives that CMS can drive or enable to further these goals. Quality interventions are inherently interrelated, thus many goals include concepts that could be articulated under more than one goal. As we organized and structured objectives, we sought to put them in the place that captures where the primary driver of change occurs.

Comments and feedback can be sent to: [quality\\_strategy@cms.hhs.gov](mailto:quality_strategy@cms.hhs.gov).

## Review the 2014 PQRS Measures Codes Resources for Claims and Registry-Based Reporting

2014 is the last year eligible professionals can earn an incentive for satisfactorily reporting Physician Quality Reporting System (PQRS) quality data to CMS, and 2014 reporting will be used to determine the 2016 PQRS payment adjustment. Are you planning to participate in PQRS using claims or registry-based reporting? Get ready by reviewing the 2014 quality measures for these methods.

### *2014 Measures Now Available*

The [2014 measures codes](#) resources with information about PQRS quality measures for claims and registry-based reporting are now available. These new zip files on the PQRS website include the following 2014 resources:

- [2014 PQRS Implementation Guide](#): Includes 2014 PQRS Measures Implementation Guide and Measures List documents.

- [2014 PQRS Individual Claims Registry Measure Specification Supporting Documents](#): Includes Measure Specifications Manual for Claims and Registry Reporting of Individual Measures, Measure Specification Release Notes, Quality-Data Code (QDC) Categories, and Single Source Code Master documents.
- [2014 PQRS Measure Groups Specifications, Release Notes, Getting Started with 2014 PQRS Measures Groups, 2014 Quality-Data Code Categories, and 2014 PQRS Measures Groups Single Source Code Master](#): Includes Measures Groups Specifications Manual, Measures Groups Release Notes, Getting Started with Measures Groups, QDC Categories, and Measures Groups Single Source Code Master documents.

### *Selecting Measures for 2014 PQRS*

Consider the following when selecting measures for 2014 reporting:

- Clinical conditions you treat most often
- Type(s) of care you typically provide – e.g., preventive, chronic, acute
- Setting(s) where you usually deliver care – e.g., office, emergency department, surgical suite
- Quality improvement goals you have planned for 2014
- Additional quality reporting programs you are using or considering

### *For More Information*

Additional resources on 2014 measures for claims and registry-based reporting can be found on the [PQRS Measures Codes](#) web page. Visit the [PQRS](#) website for more information about the program.

## **Medicare EPs Must Attest by February 28 to Receive 2013 Incentive for EHR Incentive Program**

If you are an eligible professional (EP), the last day you can register and attest to demonstrating meaningful use for the 2013 Medicare EHR Incentive Program is February 28, 2014. You must successfully *attest by 11:59pm ET on February 28* to receive an incentive payment for your 2013 participation. You must attest to demonstrating meaningful use *every year* to receive an incentive and avoid a payment adjustment.

### *Medicaid Eligible Professionals*

EPs participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation information.

### *Payment Adjustments*

Payment adjustments for EPs will be applied beginning January 1, 2015 to Medicare participants that have not successfully demonstrated meaningful use. The adjustment is determined by your reporting period in a prior year. For more information, visit the [payment adjustment tipsheet for EPs](#). If you are only eligible to participate in the Medicaid EHR Incentive Program, you are not subject to these payment adjustments.

### *Resources*

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for EPs](#)
- [Attestation Guide for Medicare EPs](#)
- [Stage 2 Payment Adjustment Tipsheet for EPs](#)

### *Plan Ahead*

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

## **Claims, Pricers, and Codes**

---

## **Processing Repair Claims for Capped Rental DME Furnished by the Scooter Store Related Suppliers**

Effective October 24, 2013, The Scooter Store (TSS) transferred titles to capped durable medical equipment (DME) rented to Medicare beneficiaries. Medicare beneficiaries now own this equipment. Medicare can pay for repairs to this equipment performed on or after October 24, 2013 if the contractor determines that the repairs are reasonable and necessary in accordance with Medicare regulations and program instructions.

### **Temporary Hold of Home Health LUPA Claims**

Medicare contractors have identified an incorrect payment calculation affecting home health claims that would be paid low utilization payment adjustments (LUPAs). To prevent these claims from paying incorrectly, Medicare contractors will hold all home health LUPA claims with "Through" dates on or after January 1, 2014 until Medicare systems are corrected. This correction should occur in early February, 2014.

Home health agencies do not need to take any action. Medicare contractors will release the claims as soon as the correction is complete.

### **Quarterly Provider Specific Files for the Prospective Payment System Now Available**

The January 2014 Provider Specific Files (PSF) are now available for download from the CMS website in SAS and Text format. The files contain information about the facts specific to the provider that affect computations for the Prospective Payment System. The SAS data files are available on the [Provider Specific Data for Public Use In SAS Format](#) web page, and the Text data files are available on the [Provider Specific Data for Public Use in Text Format](#) web page. The Text data files are available in two versions. One version contains the provider records that were submitted to CMS. The other version also includes name and address information for providers at the end of the records.

### **January 2014 Outpatient Prospective Payment System Pricer File Update**

The Outpatient Prospective Payment System (OPPS) Pricer web page has been updated with Pricer file and outpatient provider data for January 2014. The January provider data is available for use and may be downloaded from the [OPPS Pricer](#) web page under "1st Quarter 2014 Files."

### **MLN Educational Products**

---

#### **"Documentation Requirements for Home Health Prospective Payment System (HH PPS) Face-to-Face Encounter" MLN Matters® Article — Released**

[MLN Matters® Special Edition Article #SE1405](#), "Documentation Requirements for Home Health Prospective Payment System (HH PPS) Face-to-Face Encounter" was released and is now available in a downloadable format. This article is designed to provide education on elements of the required brief narrative for documenting the Home Health face-to-face encounter. It includes information and examples to help health care professionals avoid insufficient documentation errors and HH PPS improper payments.

### **MLN Products Now Available in Hard Copy Format**

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

- The "[ICD-10-CM/PCS Myths and Facts](#)" Fact Sheet (ICN 902143) was revised and is now available in both downloadable and hard copy format. This fact sheet is designed to provide education on the International

Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes responses to myths about ICD-10-CM/PCS and resource information.

- The “[September 2013 ICD-10-CM/PCS Billing and Payment Frequently Asked Questions](#)” Fact Sheet (ICN 908974) was released and is available in both downloadable and hard copy format. This fact sheet is designed to provide education on ICD-10-CM/PCS. It includes the following information: ICD-10-CM/PCS compliance date and billing and payment Frequently Asked Questions.
- The “[Vaccine Payments Under Medicare Part D](#)” Fact Sheet (ICN 908764) was released and is available in both downloadable and hard copy format. This fact sheet is designed to provide education on Vaccine Payments under Medicare Part D. It includes information on the difference between Part B and Part D vaccine coverage, what Part D covers, and additional information on vaccine coverage under Part D plans.

### Medicare Learning Network® Pilot Testers and Product Reviewers Needed

Are you interested in pilot testing MLN web-based trainings and/or reviewing MLN products? We are looking for pilot testers/product reviewers from all areas of health care professionals. Please email [CMSCE@cms.hhs.gov](mailto:CMSCE@cms.hhs.gov) with your full name and email address if you would like to participate.

### 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.

### [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