



# MLN Connects™

## Weekly Provider eNews

Thursday, January 30, 2014

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### 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.

### **Previous MLN Connects™ Calls on the National Partnership to Improve Dementia Care in Nursing Homes**

In 2013, CMS held three MLN Connects™ Calls to educate and inform nursing home providers, the surveyor community, prescribers, professional associations, consumer and advocacy groups, and other interested stakeholders on the National Partnership to Improve Dementia Care in Nursing Homes. Topics covered during these educational conference calls included goals, quality measures, the Hand in Hand training program, and ongoing outreach efforts. If you missed any of these informative calls, you can review the slide presentation, written transcript, and audio recording for each call by clicking on the call dates below:

[January 31, 2013](#) – Speakers

Dr. Shari Ling, CMS  
Alice Bonner, CMS

[July 10, 2013](#) – Speakers

Dr. Shari Ling, CMS  
Alice Bonner, CMS  
Daniel Andersen, CMS  
Joseph Rodrigues, California State Ombudsman Program  
Nancy Felder, Alliance GMCF  
Margie Donegan, The Glen at Willow Valley in PA  
Laura Gitlin, Johns Hopkins University

[November 25, 2013](#) – Speakers

Michele Laughman, CMS  
Alice Bonner, CMS  
Sonya Barsness, Gerontologist and Private Consultant  
Karen Stobbe, Family Caregiver

*For More Information*

[Register](#) for the February 26 MLN Connects Call on this topic. For more information on the National Partnership to Improve Dementia Care in Nursing Homes, visit the following websites: [Advancing Excellence](#) and [Hand in Hand](#).

### **Did You Miss These MLN Connects™ Calls?**

Call materials for MLN Connects™ Calls are located on the [Calls and Events](#) web page. New materials are now available for the following calls:

- January 14 — 2-Midnight Benchmark for Inpatient Hospital Admissions, [audio](#) and [transcript](#)
- January 15 — End-Stage Renal Disease Quality Incentive Program Payment Year 2016 Final Rule, [audio](#) and [transcript](#)
- January 16 — 2012 Quality and Resource Use Reports Overview and December Addendum, [audio](#) and [transcript](#)

## CMS Events

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### Special Open Door Forum: Final Rule CMS-1599-F

*Discussion of the Hospital Inpatient Admission Order and Certification; 2 Midnight Benchmark for Inpatient Hospital Admissions*

*Tuesday, February 4; 1-2pm ET*

CMS will host a follow-up Special Open Door Forum (ODF) call to allow hospitals, practitioners, and other interested parties to ask questions on the physician order and physician certification, inpatient hospital admission and medical review criteria that were released on August 2, 2013 in the FY 2014 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) final rule ([CMS-1599-F](#)). Additional information on the inpatient hospital admissions policy is available on the [Inpatient Hospital Reviews](#) web page. Additional information relating to the order and certification provisions is located on the [Hospital Center](#) web page. Feedback and questions on the two midnight provision for admission and medical review can be sent to [IPPSAdmissions@cms.hhs.gov](mailto:IPPSAdmissions@cms.hhs.gov). This topic was recently discussed, and training materials provided, during an [MLN Connects™ National Provider Call](#) on January 14, 2014.

*Special Open Door Participation Instructions:*

- Conference call only
- Participant Dial-In Number(s): (877) 251-0301; Conference ID # 47736519

For more information about ODF calls, see the [Special Open Door Forums](#) website.

### Hospice Item Set Manual and Data Collection Training Slides Now Available

*February 4 and 5; 12:30-4:30pm ET*

As part of the Hospice Quality Reporting Program (HQRP), the Hospice Item Set (HIS) Manual and training slides are now available on the [HIS](#) web page under “Downloads.” The Manual is an essential tool in understanding how to implement the HIS. The training slides and manual will be used for the HIS Data Collection Training that will be held in Baltimore on February 4 and 5. On-site and live-streaming participants of the training are strongly encouraged to print out the manual prior to the training. Hard copies of the manual will not be provided at the on-site training.

Additional information about the HIS Data Collection Training is available on the [HIS](#) web page.

- Instructions for live streaming access; no registration is required.
- This training will also be recorded and posted for on-demand viewing. An announcement will be sent out when the video is available.

## Announcements

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### QCDR Self-Nominations for 2014 PQRS Program Year Accepted Through January 31

Is your organization interested in becoming a CMS [Qualified Clinical Data Registry \(QCDR\)](#)? Beginning in the 2014 program year, a new reporting mechanism is available for the Physician Quality Reporting System (PQRS). Eligible professionals now have the option to participate in PQRS using the new QCDR reporting mechanism for the submission and completion of their quality measures.

To apply to be a 2014 CMS-designated QCDR, submit a self-nomination statement indicating your intent by 5pm ET on January 31, 2014. The [PQRS: QCDR Data Submission Criteria](#) fact sheet provides guidance on what information must be included in the self-nomination statement. Self-nomination statements should be sent via email to the QualityNet Help Desk at [Qnetsupport@sdps.org](mailto:Qnetsupport@sdps.org). The email subject line should read "PY2014 PQRS QCDR Self-Nomination."

#### *Learn More about QCDRs*

Learn more about the new QCDR reporting mechanism by visiting the [QCDR](#) web page on the [PQRS](#) website.

### **2014 is the Last Year EPs Can Earn a PQRS Incentive Payment**

This is the last year eligible professionals (EPs) can earn an incentive payment for satisfactorily reporting PQRS quality data to CMS, and this year's participation in PQRS will also determine the 2016 PQRS payment adjustment. If you satisfactorily submit PQRS quality measures to CMS using one of the approved reporting options for services provided during the 2014 reporting period, you will qualify to earn an incentive payment. If you qualify, you will receive an incentive payment equal to 0.5% of your total estimated Medicare Part B Physician Fee Service (PFS) allowed charges for covered professional services supplied during that same reporting period, and ensure that you will also avoid the 2016 payment adjustment. *Steps to participate and earn an incentive:*

#### *Step 1:*

Determine if you are [eligible](#) to participate.

#### *Step 2:*

Determine which PQRS reporting method best fits your practice.

An individual EP may choose from the following methods to submit data to CMS:

- Medicare Part B claims
- [Qualified PQRS registry](#)
- Qualified electronic health record (EHR) product
- Qualified PQRS data submission vendor
- [Qualified Clinical Data Registry \(QCDR\)](#)

A group practice may choose from the following methods to submit data to CMS:

- [Qualified PQRS Registry](#)
- GPRO Web Interface (for groups of 25+ only)
- Qualified EHR product
- Qualified PQRS data submission vendor
- CG CAHPS CMS-certified survey vendor (for groups of 25+ only)

#### *Step 3:*

Determine which [measures](#) to report, and review the specific criteria for the chosen reporting option in order to satisfactorily report. Download the [PQRS Implementation Guide zip file](#) for helpful resources.

#### *Step 4:*

Report your quality measures. The number of measures you will have to report varies by reporting method. Be sure to pay attention to requirements for National Quality Strategy domains.

#### *For More Information*

For more information or support on the 2014 PQRS program, please visit the [PQRS Incentive Program](#) website or the [Help Desk](#).

### **MLN Educational Products**

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## **“Probe & Educate Medical Review Strategy: Probe Reviews of Inpatient Hospital Claims and Corresponding Provider Outreach and Education” MLN Matters® Article — Released**

[MLN Matters® Special Edition Article #SE1403](#), “Probe & Educate Medical Review Strategy: Probe Reviews of Inpatient Hospital Claims and Corresponding Provider Outreach and Education” was released and is now available in a downloadable format. This article is designed to provide education on a focused pre-payment medical review strategy for MACs to conduct prepayment review of inpatient hospital claims with dates of admission from October 1, 2013, through March 31, 2014. It includes information and guidance on how to conduct probe sample medical reviews, as specified in Chapter 3 of the “CMS Program Integrity Manual.”

## **“Registration of Entities Using the Indirect Payment Procedure (IPP)” MLN Matters® Article — Released**

[MLN Matters® Special Edition Article #SE1406](#), “Registration of Entities Using the Indirect Payment Procedure (IPP)” was released and is now available in a downloadable format. This article is designed to provide education on the indirect payment procedure (IPP) of Medicare Part B payments for certain entities. It includes information on IPP enrollment requirements and how to register as an IPP entity.

## **“Mass Immunizers and Roster Billing” Fact Sheet — Revised**

The “[Mass Immunizers and Roster Billing](#)” Fact Sheet (ICN 907275) was revised and is now available in a downloadable format. This fact sheet is designed to provide education on mass immunizers and roster billing. It includes information on simplified billing procedures for the influenza and pneumococcal vaccinations.

## **New MLN Provider Compliance Fast Fact**

A new fast fact is now available on the [MLN Provider Compliance](#) web page. This web page provides the latest [MLN Educational Products](#) and [MLN Matters® Articles](#) designed to help Medicare FFS providers understand common billing errors and avoid improper payments. Please bookmark this page and check back often as a new fast fact is added each month.

## **MLN Products Available in Electronic Publication Format**

The following MLN products 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.

- The “[DMEPOS Competitive Bidding Program: Traveling Beneficiary](#)” Fact Sheet (ICN 904484) is designed to provide education on DMEPOS suppliers that provide items to Medicare beneficiaries who reside in or travel to areas impacted by the DMEPOS Competitive Bidding Program. It includes information on how to determine whether a beneficiary is in a traveling status, how to properly bill Medicare for the item, and how Medicare will determine the payment amount.
- The “[Hospital Reclassifications](#)” Fact Sheet (ICN 907243) 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.
- The “[Communicating With Your Medicare Patients](#)” Fact Sheet (ICN 908063) is designed to provide education on communicating with your Medicare patients. It includes background information and communication tips that will help you understand and respond to all patients; older patients; and racially, ethnically, and culturally diverse patients.
- The “[Mental Health Services](#)” Booklet (ICN 903195) is designed to provide education on mental health services. It includes the following information: covered and non-covered mental health services, eligible professionals,

outpatient and inpatient psychiatric hospital services, same day billing guidelines, and National Correct Coding Initiative.

- The “[Skilled Nursing Facility Prospective Payment System](#)” Fact Sheet (ICN 006821) is designed to provide education on the Skilled Nursing Facility Prospective Payment System (SNF PPS). It includes the following information: background and elements of the SNF PPS.

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