



MLN Connects™

Weekly Provider eNews

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“Critical Access Hospital” Fact Sheet — Revised

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“Guidance on Hospital Inpatient Admission Decisions” Podcast — Rescinded

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.

2-Midnight Benchmark: Discussion of the Hospital Inpatient Admission Order and Certification — Registration Now Open

Thursday, February 27; 2:30-4pm ET

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

On August 2, 2013, CMS issued a final rule, [CMS-1599-F](#), updating FY 2014 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital Prospective Payment System (LTCH PPS). The final rule, commonly known as the “2-Midnight Rule,” modifies and clarifies the longstanding policy on Medicare Administrative Contractor review of inpatient hospital and critical access hospital (CAH) admissions for payment purposes. Under this final rule, surgical procedures, diagnostic tests and other treatments (in addition to services designated as inpatient-only), are generally appropriate for inpatient hospital admission and payment under Medicare Part A when the physician expects the beneficiary to require a stay that crosses at least two midnights and admits the beneficiary to the hospital based upon that expectation. This policy responds to both hospital calls for more guidance about when a beneficiary is appropriately treated—and paid by Medicare—as an inpatient and beneficiaries’ concerns about increasingly long stays as outpatients due to hospital uncertainties about payment.

CMS has released [additional clarification](#) on the provisions of the final rule regarding the physician order and physician certification of hospital inpatient services. Additional information on the 2-Midnight Rule can be found on the [Inpatient Hospital Reviews](#) web page.

This MLN Connects Call will provide an overview of the inpatient hospital admission and medical review criteria that were released on August 2, 2013. We will address frequently asked questions received to date and answer questions from the public.

Agenda:

- Order and certification guidance
- Case examples
- Transfers
- 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.

CMS Events

Physician Compare Town Hall Meeting

Monday, February 24; 1-5pm ET

Main Auditorium of CMS Headquarters, 7500 Security Blvd, Baltimore, MD 21244

CMS is hosting a Town Hall meeting to solicit input on the future of the [Physician Compare](#) website. The Town Hall will give stakeholders the opportunity to provide feedback and suggestions regarding the future of public reporting on Physician Compare.

Registration

Register for the Town Hall by sending an e-mail to PhysicianCompare@Westat.com. Please use the subject line “Physician Compare Town Hall Registration” and include your name, address, telephone number, and email address. Please indicate if you wish to make a statement and whether you plan to participate in person or via telephone. The meeting is open to the public; however, space is limited for those who want to attend in person. *All participants must register by 5pm ET on Monday, February 17*

For more information about the Town Hall meeting, please visit the [Federal Register Call to Meeting](#) or the [Physician Compare Initiative](#) website. For more information about the PQRS program, please visit the [PQRS](#) website or the [Help Desk](#).

Announcements

Increasing Transparency in Health Care with Open Payments

On February 7, CMS announced the next steps in the implementation of Open Payments (commonly referred to as the Physician Payments Sunshine Act). This program is one of many Affordable Care Act elements designed to create greater transparency in the health care market. The program’s goal is to increase public awareness of financial relationships between drug and device manufacturers and certain health care providers. The new reporting requirement applies to applicable manufacturers and applicable group purchasing organizations (GPOs). For more information, read the CMS [blog](#), contact the Help Desk at openpayments@cms.hhs.gov, or visit the [Open Payments](#) website.

Teaching Hospital Closures: Rounds 4 and 5 of Section 5506 of the Affordable Care Act

On Thursday, January 30, CMS released the results of its decisions regarding which teaching hospitals are receiving increases to their Direct Graduate Medical Education (DGME) and Indirect Medical Education (IME) full-time equivalent

(FTE) resident caps under Rounds 4 and 5 of section 5506 of the Affordable Care Act. Section 5506 directed CMS to develop a process to permanently preserve and redistribute the Medicare funded residency slots from teaching hospitals that close. Priority is given to hospitals located in the same or contiguous Core Based Statistical Areas (CBSAs) as the closed hospital, and that met other criteria.

Round 4 redistributes the residency slots of Peninsula Hospital Center in Far Rockaway, NY. A list of hospitals reviewed under Round 4 of section 5506 will be available on the [Direct Graduate Medical Education](#) web page. Select the “Section 5506 Cap Increases Round 4 – Applications due July 25, 2013” link in the “Downloads” section.

Round 5 redistributes the residency slots of Infirmary West Hospital in Mobile, AL and Montgomery Hospital in Norristown, PA. A list of hospitals reviewed under Round 5 of section 5506 will be available on the [Direct Graduate Medical Education](#) web page. Select the “Section 5506 Cap Increases Round 5 – Applications due August 29, 2013” link in the “Downloads” section.

Extension of Expiring Passwords in the I&A System

CMS recently made a temporary change to extend the expiration date of passwords. To help ease the transition to the new system and to coincide with the Electronic Health Record (EHR) Incentive Program attestation extension, we extended the password expiration to 180 days. This means that Identity & Access Management (I&A) System passwords will now expire on April 7, 2014. Please note that this is only a temporary change and at the end of the 180 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, Provider Enrollment, Chain and Ownership System (PECOS), and EHR.

Next PEPPER Release for SNFs, Hospices, LTCHs, Free-Standing IPFs, IRFs, and PHPs to be Available Electronically

TMF Health Quality Institute is developing a secure web portal through which certain providers can access their Program for Evaluating Payment Patterns Electronic Report (PEPPER). TMF is contracted with CMS to produce and distribute the PEPPER for short-term acute care hospitals, long-term acute care hospitals, critical access hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, hospices, partial hospitalization programs and skilled nursing facilities. To date, PEPPERS have been available electronically to some providers through QualityNet and in hard-copy format via mail to providers that did not have access to QualityNet.

TMF’s secure portal will allow access to PEPPER for providers who do not have access to QualityNet, which includes the following:

- Long-term acute care hospitals
- Free-standing inpatient rehabilitation facilities
- Hospices
- Partial hospitalization programs not associated with a short-term acute care hospital
- Skilled nursing facilities not associated with a short-term acute care hospital

TMF anticipates the PEPPERS for these providers will be made available for download in April/May 2014; they will remain accessible for approximately one year. To receive notification when the PEPPER is available and guidance on accessing the PEPPER, join the email list at PEPPERresources.org (see the gray box on the upper right section of the Home page).

For more information, visit the [Secure PEPPER Access](#) page at PEPPERresources.org.

Submit Suggestions for Advanced Diagnostic Imaging Program

CMS is requesting suggestions regarding the future development of regulations to improve the safety and quality of services furnished by Advanced Diagnostic Imaging (ADI) suppliers and would greatly appreciate any insights that you could share with us. CMS has created a public mailbox to receive suggestions related to potential improvements, which could include personnel qualifications, infection control practices, quality improvement programs, image and equipment quality, patient safety, evidence-based research, etc. All suggestions may be sent to ADISuggestions@cms.hhs.gov. You will receive a response confirming that your message has been received. Please feel free to share the mailbox address with any other interested parties. CMS will be accepting submissions to the mailbox until March 31, 2014.

Help Your Patients Navigate the Health Insurance Marketplace

Do your patients need guidance on the Health Insurance Marketplace? The beneficiary fact sheet [Medicare & the Health Insurance Marketplace](#) (11694) has been updated with additional questions and answers related to Medicare and the Marketplace. New topics covered include Medicare and Affordable Care Act health insurance requirements, employer coverage, stand-alone dental plans and how to get help paying for Medicare costs.

New EHR Attestation Deadline for Eligible Professionals: March 31

CMS is extending the deadline for eligible professionals (EPs) to attest to meaningful use for the Medicare Electronic Health Record (EHR) Incentive Program 2013 reporting year from 11:59 pm ET on February 28, 2014 to 11:59 pm ET March 31, 2014. In addition, CMS is offering assistance to eligible hospitals that may have experienced difficulty attesting to submit their attestation retroactively and avoid the 2015 payment adjustment. This extension will allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2013 program year, as well as avoid the 2015 payment adjustment. *This extension does not impact the deadlines for the Medicaid EHR Incentive Program or any other CMS program, including the electronic submission for the [Physician Quality Reporting System EHR Incentive Program Pilot](#).*

EP Instructions:

You may use the [registration and attestation system](#) to submit your attestation for meaningful use for the 2013 reporting year. You must attest prior by 11:59 pm ET on March 31, 2014 to meet the new 2013 program deadline. There are resources available to help you with the registration and attestation process:

- [Stage 1 Meaningful Use Calculator](#)
- [Registration and Attestation User Guides](#)
- [EHR Incentive Program Website](#)
- The EHR Information Center is open Monday through Friday from 7:30am through 6:30pm CT, except federal holidays to assist you with all of your registration and attestation system inquiries at 888-734-6433 (primary number) or 888-734-6563 (TTY number)

Eligible Hospital Instructions:

You may contact CMS for assistance submitting your attestation retroactively at EH2013Extension@Provider-Resources.com.

- You must contact CMS by 11:59pm on March 15, 2014 in order to participate for the 2013 program year
- Send the following information: CCN, hospital name, contact person name, contact person email, contact person phone
- Type "EH 2013 Extension" in the subject line
- Each Hospital must be identified in a separate email
- CMS will contact the person that you designate in your request to provide additional instructions regarding the Eligible Hospital 2013 attestation submission

EHR Incentive Programs: New CMS and ONC Tool Enables Providers to Meet Transitions of Care Measure

Are you a provider who is demonstrating [Stage 2 of meaningful use](#)? If so, a new CMS and Office of the National Coordinator for Health Information Technology (ONC) tool called the [Randomizer](#) will let you exchange data with a Test EHR in order to meet measure #3 of the Stage 2 transitions of care requirement.

The transitions of care requirement for [eligible professionals](#) and [eligible hospitals](#) includes three measures. Measure #3 is outlined below:

- Conduct one or more successful electronic exchanges of a summary of care document with a recipient who has EHR technology that was developed by a different EHR technology developer than yours, or
- Conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period.

How to Use the Tool

To use the tool to meet this measure, you must [register](#) with EHR Randomizer. Once registered, it will pair your EHR technology with a different test EHR from the list of authorized systems. You must then send a [Consolidated Clinical Document Architecture](#) (CCDA) summary of care record to the Test EHR. CMS and ONC recommend that you send a test CCDA document that *does not* contain actual patient information. Test EHRs will be required to email you within one day of the test, with notification of success or failure. A notification of a successful test can be used as proof of meeting the transitions of care measure.

Refer to the Randomizer [Test Instructions](#) and [FAQs](#) for more information.

ICD-10 in 2014

With less than one year to go until the October 1, 2014, ICD-10 compliance date, now is the time to assess your progress. CMS continues to work with health care organizations to develop and distribute a variety of resources to help you with your ICD-10 planning and preparation.

No matter where you are in your transition, there are ICD-10 resources available to you. Check the [provider resources](#) page on the CMS website frequently for news and information to help you prepare, and visit your professional organization's website for resources tailored specifically to your needs. These resources can help you:

- Plan your journey: Look at the codes you use, prepare a budget, and build a team
- Train your team: Many options and resources are available
- Engage your partners: Talk to your software vendors, clearinghouses, and billing services
- Test your systems and processes: Test within your practice and with your partners

2014 is the year of ICD-10

The ICD-10 transition will affect every part of your practice, from software upgrades, to patient registration and referrals, to clinical documentation and billing. With everyone in health care working toward a successful transition, now is the time to make sure you are ready too.

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*, compliance date. Sign up for [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.

Claims, Pricers, and Codes

Hold for Hospice Claims Containing a Service Facility NPI

On January 6, 2014, Medicare Administrative Contractors (MACs) began holding all hospice claims that had a service facility national provider identifier (NPI). A computer fix was recently implemented and claims are now being processed. No action is required by hospices.

Reprocessing of Air Ambulance Claims

Section 604(b) of the American Taxpayer Relief Act of 2012 extended the add-on provision related to air ambulance services that continued to treat as rural any area that was designated as rural on December 31, 2006, for purposes of payment under the ambulance fee schedule. This provision expired on June 30, 2013, but was erroneously applied to claims with dates of service on or after July 1, 2013. The Medicare claims system has been updated with revised 2013 and 2014 ZIP code files. Air ambulance claims for dates of service July 1, 2013 to present will be reprocessed. If you have any questions, please contact your local [Medicare Administrative Contractor](#).

CY 2014 HH PPS Mainframe Pricer Software Now Available

The CY 2014 mainframe pricer software for the Home Health Prospective Payment System (HH PPS) is now available for download on the [HH PPS PC Pricer](#) web page.

MLN Educational Products

Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) – A Re-Issue of MM7492” MLN Matters® Article — Released

[MLN Matters® Article #SE1408](#), “Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) – A Re-Issue of MM7492” has been released and is now available in downloadable format. This article is designed to provide education on the required use of the ICD-10 code sets for dates of service on and after October 1, 2014. It includes tables for providers regarding claims that span the periods where ICD-9 and ICD-10 codes may both be applicable. This article updates MLN Matters® Article #MM7492 to reflect the October 1, 2014, implementation date.

“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)” MLN Matters® Article — Revised

[MLN Matters® Special Edition 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)” has been revised and is now available in downloadable format. This article is designed to provide education on the implementation of the Phase 2 denial edits and the urgency of ordering/referring providers to submit their Medicare enrollment application. It includes background information, a list of frequently asked questions (FAQS) about the edits and their impact on providers, and additional resources about the Medicare enrollment process. The article was revised to modify the answer to question J on page 10.

“Critical Access Hospital” Fact Sheet — Revised

The “[Critical Access Hospital](#)” Fact Sheet (ICN 006400) was revised and is now available in downloadable format. This fact sheet is designed to provide education on Critical Access Hospitals (CAH). It includes the following information: background, CAH designation, CAH payments, additional Medicare payments, grants to States under the Medicare Rural Hospital Flexibility Program, resources, and lists of helpful websites and Regional Office Rural Health Coordinators.

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The Medicare Learning Network® (MLN) strives to provide you with quick, easy access to educational products, most of which are available in a downloadable format. You can now both order and download hard copy and electronic versions of MLN products from the MLN Product Ordering System (POS). To access the MLN POS, visit the [MLN Products](#) website. Under “Related Links,” click on “Product Ordering Page.” From this page, you can access a complete inventory of MLN products and search for products by keywords, topic, and product format. All MLN products, whether available in hard copy or downloadable format, are free of charge.

“Guidance on Hospital Inpatient Admission Decisions” Podcast — Rescinded

The “Guidance on Hospital Inpatient Admission Decisions” Podcast that was announced in last week’s *eNews* has been rescinded in order to be revised. It will be posted again when revisions are completed. We apologize for the inconvenience.

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