



MLN Connects™

Weekly Provider eNews

Thursday, February 20, 2014

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MLN Connects™ National Provider Calls

National Partnership to Improve Dementia Care in Nursing Homes — Last Chance to Register

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 — Last Chance to Register

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.

Announcements

Flu Activity is Widespread — Continue to Recommend and Offer Flu Vaccination

As we move further into the influenza season, many people continue to experience severe flu illness, flu-related complications (like pneumonia), hospitalization, and, unfortunately, even death. The Centers for Disease Control and Prevention (CDC) urges people who still have not gotten vaccinated to do so now. The CDC recommends that everyone 6 months and older get an influenza vaccine each season. The predominant virus so far this season is H1N1. This is the H1N1 virus that emerged in 2009 to cause a pandemic. All flu vaccines this season are designed to protect against the H1N1 virus. This virus disproportionately affects young and middle-aged adults, especially those with medical conditions that put them at high risk for flu complications, as well as pregnant women and those who are morbidly obese.

Influenza vaccination is especially important for people at high risk for serious flu complications, including:

- People with chronic medical conditions such as asthma, diabetes, heart disease, or neurological conditions
- Pregnant women
- Those younger than 5 years or older than 65 years of age

A full list of high risk factors is available on the [CDC](#) website.

Influenza can be a serious illness for anyone, including previously healthy adults. If you have patients who haven't yet been vaccinated, discuss the benefits and importance of flu vaccination. Offer to vaccinate or refer them to a vaccine provider. The [Healthmap Vaccine Finder](#) can assist in locating available flu vaccine, when appropriate.

As a reminder, generally, Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries without co-pay or deductible. *Note:* The influenza vaccine is not a Part D-covered drug.

For more information on coverage and billing of the influenza vaccine and its administration, please visit:

- [MLN Matters® Article #MM8433](#), "Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season."
- [MLN Matters® Article #SE1336](#), "2013-2014 Influenza (Flu) Resources for Health Care Professionals."
- While some providers may offer flu vaccines, those that don't can help their patients locate flu vaccines within their local community. The [HealthMap Vaccine Finder](#) is a free online service where users can search for locations offering flu and other adult vaccines.
- [Free Resources](#) can be downloaded from the CDC website including prescription-style tear-pads that will allow you to give a customized flu shot reminder to patients at high-risk for complications from the flu. On the CDC order form, under "Programs", select "Immunizations and Vaccines (Influenza/Flu)" for a list of flu related resources.

CMS to Release a Comparative Billing Report on Nebulizer Drugs in March

CMS will be issuing a national supplier Comparative Billing Report (CBR) on nebulizer drugs in March, 2014. The CBR, produced by CMS contractor eGlobalTech, will contain data-driven tables and graphs with an explanation of findings that compare the prescribing providers' billing and payment patterns to those of their peers in the state and across the nation. The goal of these reports is to offer a tool that helps providers better understand applicable Medicare billing rules. These reports are only available to the providers who receive them.

Providers are advised to update their fax numbers in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) due to fax being the default method of CBR dissemination. Providers should contact the CBR Support Help Desk

at 800-771-4430 or CBRsupport@eglobaltech.com if they prefer to receive CBRs through the U.S. Postal Service. For more information, please contact the CBR Support Help Desk or visit the [CBR](#) website.

Use New PQRS Interactive Timeline to Prepare for Upcoming Milestones

If you are an eligible professional (EP) or group practice participating in the Physician Quality Reporting System (PQRS), CMS wants to make sure you are prepared for the many important program milestones that are approaching. To help you navigate these program deadlines, CMS has released a new [PQRS interactive timeline](#) that will help you identify key program dates for PQRS between 2014 and 2016, and direct you to related resources. Some important dates to remember for this year include:

February 28, 2014

- Last day to submit 2013 PQRS data through the Electronic Health Record ([EHR](#)) reporting methods
- Last day to submit 2013 clinical quality measures (CQMs) for the [PQRS-Medicare EHR Incentive Pilot Reporting Program](#)
- Last day that 2013 claims will be processed to be counted for 2013 PQRS reporting
- Last day that EPs who participated in the 2012 PQRS program can request an [informal review](#) of their 2012 PQRS results

March 21, 2014

- Last day for groups to submit 2013 data through the [GPRO Web Interface](#)

March 31, 2014

- Last day to submit 2013 PQRS data through the [registry reporting](#) method
- Last day for [Maintenance of Certification \(MOC\)](#) Program entities to submit 2013 quality data
- Last day for [Qualified Clinical Data Registries](#) (QCDRs) to submit measure information for 2014 participation

September 30, 2014

- Last day for groups to register to participate in the Group Practice Reporting Option ([GPRO](#)) for the 2014 PQRS program year via Web Interface, registry, EHR reporting, or CAHPS reporting methods

November 1, 2014

- EPs who participated in the 2013 PQRS program can begin requesting an informal review of their 2013 PQRS results

December 31, 2014

- Reporting for the 2014 PQRS program year ends for both group practices and individuals

Want to learn more about PQRS?

You can find the interactive timeline, along with other helpful information, on the [Resources](#) web page of the [PQRS](#) website.

Claims, Pricers, and Codes

Hospitals Should Hold Certain A/B Rebilling Outpatient Claims

Due to a systems problem affecting the processing of A/B rebilling outpatient claims, hospitals should wait until March 10, 2014 to submit claims that meet all of the following criteria:

- 12x or 13x Type of Bills
- Treatment Authorization Field: A/B Rebilling
- Condition Code: W2

- Discharge Date: After the rebilling termination date
- Overlaps processed inpatient claims that contain:
 - Claim Status: R
 - Occurrence Span Code: 77 or M1

MLN Educational Products

“Medicare Fee-For-Service (FFS) International Classification of Diseases, 10th Edition (ICD-10) Testing Approach” MLN Matters® Article — Released

[MLN Matters® Special Edition Article #SE1409](#), “Medicare Fee-For-Service (FFS) International Classification of Diseases, 10th Edition (ICD-10) Testing Approach” has been released and is now available in downloadable format. This article is designed to provide education on the testing approach that CMS is taking for the ICD-10 implementation. It includes information about the comprehensive four-pronged approach to preparedness and testing.

“HIPAA Eligibility Transaction System (HETS) to Replace Common Working File (CWF) Medicare Beneficiary Health Insurance Eligibility Queries” MLN Matters® Article — Revised

[MLN Matters® Special Edition Article #SE1249](#), “HIPAA Eligibility Transaction System (HETS) to Replace Common Working File (CWF) Medicare Beneficiary Health Insurance Eligibility Queries” was revised and is now available in downloadable format. This article is designed to provide education on the transition of CWF Medicare beneficiary eligibility queries to HIPAA HETS. It includes important information and frequently asked questions providers can use to prepare for the transition. The article was revised to update certain language to reflect the current status (see bolded language on page 2).

“Hospice Payment System” Fact Sheet — Revised

The “[Hospice Payment System](#)” Fact Sheet (ICN 006817) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Medicare Hospice Payment System. It includes the following information: background, coverage of hospice services, certification requirements, election periods and election statements, how payment rates are set, patient coinsurance payments, caps on hospice payments, hospice option for Medicare Advantage enrollees, and quality reporting.

“Medicare Coverage of Items and Services Furnished to Beneficiaries in Custody Under a Penal Authority” Fact Sheet — Revised

The “[Medicare Coverage of Items and Services Furnished to Beneficiaries in Custody Under a Penal Authority](#)” Fact Sheet (ICD 908084) was revised and is now available in downloadable format, as an electronic publication (EPUB), and through a QR code. This fact sheet is designed to provide education on Medicare’s policy to generally not pay for medical items and services furnished to beneficiaries who are incarcerated or in custody at the time the items and services are furnished. It includes the following information: policy background, including the definition of individuals who are in custody (or incarcerated) under a penal statute or rule; determining whether a beneficiary is in custody under a penal statute or rule; Medicare claims processing for items and services for incarcerated beneficiaries; exception to Medicare policy; and Informational Unsolicited Response.

The EPUB format and QR code are available on the publication’s detail page. Instructions for downloading the EPUB and how to scan a QR code are available at “[How To Download a Medicare Learning Network® \(MLN\) Electronic Publication](#)” on the CMS website.

“Sole Community Hospital” Fact Sheet — Revised

The “[Sole Community Hospital](#)” Fact Sheet (ICN 006399) was revised and is now available in downloadable format. This fact sheet is designed to provide education on Sole Community Hospitals (SCH). It includes the following information: SCH classification criteria, SCH payments, urban to rural hospital reclassifications, resources, and lists of helpful websites and Regional Office Rural Health Coordinators.

Updated MLN Matters® Search Indices

The MLN Matters® Articles Search indices were updated and now available. Each index is organized by year and provides the ability to search by specific keywords and topics. Most indices link directly to the related article(s). For more information and a list of available indices, visit the [MLN Matters® Articles](#) web page and scroll down to the “Downloads” section.

The Medicare Learning Network® offers other ways to search and quickly find articles of interest to you:

- MLN Matters® Dynamic Lists: an archive of previous and current articles organized by year with the ability to search by keyword, transmittal number, subject, article number, and release date. To view and search articles, select the desired year from the left column on the [MLN Matters® Articles](#) web page.
- MLN Matters® Electronic Mailing List: a free, electronic notification service that sends an email message when new and revised MLN Matters® articles are released. For more information, including how to subscribe to the service, download [How to Sign Up for MLN Matters®](#). You can also view and search an [archive](#) of previous messages.

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