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MLN Connects™

Weekly Provider eNews

Thursday, March 20, 2014

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MLN Connects™ National Provider Calls

Medicare Shared Savings Program ACO: Preparing to Apply for 2015 — Registration Now Open

Tuesday, April 8; 1:30-3pm ET

To Register: Visit MLN Connects™ Upcoming Calls. Space may be limited, register early.

During this MLN Connects™ National Provider Call, CMS subject matter experts provide information on what you can do to prepare for the Medicare Shared Savings Program (Shared Savings Program) application process for the January 1, 2015 start date. This MLN Connects Call includes information on Accountable Care Organizations (ACOs), ACO organizational structure and governance, application key dates, the Notice of Intent to Apply (NOI) submission, and the first steps in submitting an application. A question and answer session will follow the presentation.

The Shared Savings Program Application web page has important information, dates, and materials on the application process. Call participants are encouraged to review the application and other materials found on this web page prior to the call.

Target Audience: Potential 2015 ACO Applicants

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

Standardized Readmission Ratio for Dialysis Facilities: National Dry Run — Registration Opening Soon
Thursday, April 17; 2:30-4pm ET

To Register: Visit MLN Connects Upcoming Calls. Registration will be opening soon.

CMS is conducting a national dry run of the Standardized Readmission Ratio (SRR) for dialysis facilities. The CMS Center for Clinical Standards and Quality has contracted with the University of Michigan Kidney Epidemiology and Cost Center to develop and implement the dry run. CMS is using this dry run to test the implementation of SRR reporting and to educate dialysis facilities about the measure. This MLN Connects™ National Provider Call focuses on providing stakeholders with information about the measure and the dry run report, as well as providing answers to questions that facilities may have about their results. For more information about the SRR measure specifications and the dry run process for dialysis facilities, visit the Dialysisdata.org website.

Agenda:
- Introductions and Roles
- SRR Measure Description
- Report Details
- Resources
- Q&A Session

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

CMS Events

Volunteers Sought for ICD-10 End-to-End Testing: July 21-25
Deadline to submit volunteer forms is March 24

During the week of July 21 through 25, a sample group of providers will have the opportunity to participate in end-to-end testing with Medicare Administrative Contractors (MACs) and the Common Electronic Data Interchange (CEDI) contractor to demonstrate that CMS and provider systems are ready for ICD-10 implementation on October 1, 2014. The goal of this testing is to demonstrate that:
- Providers and submitters are able to successfully submit claims containing ICD-10 codes to the Medicare Fee-For Service (FFS) claims systems
- CMS software changes made to support ICD-10 result in appropriately adjudicated claims
- Accurate Remittance Advices are produced using 2014 payment rates

Over 500 volunteer submitters will be selected to participate in end-to-end testing. This statistically meaningful, nationwide sample will represent a broad cross-section of provider, claim, and submitter types, including claims clearinghouses, which represent large numbers of providers.

To volunteer as a testing submitter:

- Volunteer forms are available on your MAC website
- Completed volunteer forms are due March 24
- CMS will review applications and select the group of testing submitters
- By April 14, the MACs and CEDI will notify the volunteers selected to test and provide them with the information needed for the testing

Any issues identified during end-to-end testing will be addressed prior to ICD-10 implementation. Additional educational materials will be developed for providers and submitters based on the testing results.

For more information:

- MLN Matters® Article MM8602, "ICD-10 Limited End-to-End Testing with Submitters"
- MLN Matters® Special Edition Article #SE1409, "Medicare FFS ICD-10 Testing Approach"

Announcements

The Flu Season Is Not Over: It's Not Too Late to Get a Flu Vaccine

While influenza activity continues to decline nationally, it remains elevated in certain parts of the country. The predominant virus so far this season continues to be influenza A (H1N1). All flu vaccines offered for the 2013-2014 flu season are designed to protect against influenza A (H1N1). The Centers for Disease Control and Prevention (CDC) recently released interim estimates of 2013-2014 vaccine effectiveness data indicating that flu vaccination offered solid protection against the flu. Specifically, the findings indicate that vaccination with the 2013-2014 influenza season vaccine reduced the risk of outpatient medical visits due to influenza by approximately 60 percent for children and adults. CDC recommends that everyone 6 months and older get an annual flu vaccine and urges people who still have not been vaccinated to get vaccinated now. As long as flu viruses are circulating, vaccination still offers the best protection against influenza infection.

If you have patients who haven't yet been vaccinated, discuss the importance of flu vaccination. Offer to vaccinate or refer them to a vaccine provider. People seeking vaccination may need to call more than one provider to locate vaccine at this time. The Healthmap Vaccine Finder may be helpful 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. You can also order free print materials using the new CDC order form. Under "Programs", select "Immunizations and Vaccines (Influenza/Flu)" for a list of flu-related resources.

12 Days Remaining for Hospice Providers to Submit FY 2015 Reporting Cycle HQRP data

Deadline for data submission is 11:59pm ET on Tuesday, April 1, 2014

Hospice providers must submit their Hospice Quality Reporting Program (HQRP) FY 2015 Reporting Cycle data no later than 11:59pm ET on April 1, 2014 in order to avoid a 2 percentage point reduction in their FY 2015 Annual Payment

Update. The FY 2015 Reporting Cycle consists of reporting on two measures: the structural measure and the National Quality Forum (NQF) #0209 pain measure collected during CY 2013. Providers should visit the HQRP Data Entry and Submission Site now to create an account and submit their data. Providers may reference the Technical User's Guide and Data Collection User Guide for guidance on account creation and data submission processes.

Medicare EHR Incentive Program: Eligible Professionals Must Attest by March 31 to Receive 2013 Incentive

Due to the large volume of providers attesting, please submit your data as soon as possible and during non-peak hours to avoid system delays. If you are an eligible professional, the last day you can register and attest to demonstrating meaningful use for the 2013 Medicare Electronic Health Record (EHR) Incentive Program is March 31, 2014. You must successfully attest by 11:59pm ET on March 31 to receive an incentive payment for your 2013 participation. CMS extended the deadline for eligible professionals to attest to meaningful use for the Medicare EHR Incentive Program to allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2013 program year.

Medicaid Eligible Professionals
Eligible professionals participating in the Medicaid EHR Incentive Program need to refer to their state deadlines for attestation information. If you are only eligible to participate in the Medicaid EHR Incentive Program, you are not subject to payment adjustments.

Payment Adjustments
Payment adjustments for eligible professionals will be applied beginning January 1, 2015, to Medicare participants that have not successfully demonstrated meaningful use. For more information, visit the payment adjustment tipsheet for eligible professionals. You must attest to demonstrating meaningful use every year to receive an incentive and avoid a payment adjustment.

Resources
- Meaningful Use Attestation Calculator
- Attestation Worksheet for Eligible Professionals
- Attestation Guide for Medicare Eligible Professionals
- Stage 2 Payment Adjustment Tipsheet for Eligible Professionals

Plan Ahead
Review important dates for the EHR Incentive Programs and all CMS eHealth program using this Interactive Timeline.

Claims, Pricers, and Codes

Medicare Only Accepting Revised CMS 1500 Claim Form (02/12) Starting April 1

Starting with claims received on April 1, 2014, Medicare will only accept professional and supplier paper claims on the revised CMS 1500 claim form (02/12). You may purchase the revised CMS 1500 paper claim form (02/12) from the United States Government Printing Office , as well as private printers. For information regarding private printers selling the revised CMS 1500 claim form (02/12), please contact the National Uniform Claim Committee.

Medicare began receiving claims on the revised CMS 1500 claim form (02/12) on January 6, 2014. The CMS 1500 claim form is the required format for submitting professional and supplier claims to Medicare on paper, when submitting paper claims is permissible. The dual-use period during which Medicare also accepted the old CMS 1500 claim form began on January 6, 2014, and will end on March 31, 2014. On and after April 1, 2014, Medicare will no longer accept claims on the old CMS 1500 claim form (08/05).

Features of the Revised Form

The revised form, among other changes, notably adds the following functionality:

- Indicators for differentiating between ICD-9-CM and ICD-10-CM diagnosis codes.
- Expansion of the number of possible diagnosis codes to 12.
- Qualifiers to identify the following provider roles (on item 17):
    - Ordering
    - Referring
    - Supervising

Note: although the revised CMS 1500 claim form has functionality for accepting ICD-10 codes, do not submit ICD-10 codes on claims for dates of service prior to October 1, 2014.

Instructions for Completing the Revised Form
Instructions for completing the revised CMS 1500 claim form (02/12) are provided in the Medicare Claims Processing Manual (Pub. 100-04).

Note: The Administrative Simplification Compliance Act (ASCA) requires that Medicare claims be sent electronically unless certain exceptions are met. Some Medicare providers qualify for these exceptions and send their claims to Medicare on paper. For more information about ASCA exceptions, please contact the Medicare Administrative Contractor who processes your claims. Claims sent electronically must abide by the standards adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The current standard adopted under HIPAA for electronically submitting professional health care claims is the 5010 version of the ASC X12 837 Professional Health Care Claim standard and its implementation specification, Technical Report 3 (TR3). More information about the ASC X12 and TR3 is available on the ASC X12 website.

Part A Provider Coordination of Benefits Error Code 000000

CMS has learned that Part A providers (such as hospitals, skilled nursing facilities, home health agencies and hospices) may be receiving paper notices (114 Reports) from their Medicare Administrative Contractor (MAC) that contain error code "000000," with no further information as to why their patients' claims cannot be crossed over to supplemental insurers. This sometimes happens when the CMS Benefits Coordination & Recovery Center (BCRC) makes an exception to its H25407 compliance edit ("Admitting diagnosis must be used because this claim is for inpatient services.") for HIPAA 837 version 5010A2 claims. This exception is made for 21x type of bills, for example, in accordance with current CMS claims processing policy.

Providers that bill 11x and 18x type of bills to Medicare should include an admitting diagnosis code on their incoming claims. Providers that receive letters from MACs that contain error code "000000" will need to balance bill their patients' supplemental insurers.

MLN Educational Products

"Screening and Diagnostic Mammography" Booklet — Revised

The Screening and Diagnostic Mammography Booklet (ICN 907790) was revised and is now available in a downloadable format. This booklet is designed to provide education on early diagnosis and treatment of breast cancer. It includes information on screening mammography, diagnostic mammography as well as other provider and beneficiary resources.

"Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse" Booklet — Revised

The "Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse" Booklet (ICN 907798) was revised and is now available in a downloadable format. This booklet is designed to provide education

on screening and behavioral counseling interventions in primary care to reduce alcohol abuse. It includes information about risky/hazardous and harmful drinking.

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