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MLN Connects™

Weekly Provider eNews

Thursday, April 24, 2014

MLN Connects™ National Provider Calls

Individualized Quality Control Plan for CLIA Laboratory Non-Waived Testing — Register Now

Monday, May 19; 2-3:30pm ET

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

How will the new Individualized Quality Control Plan (IQCP) affect my laboratory? This MLN Connects™ National Provider Call will educate laboratories on IQCP, the new quality control option for Clinical Laboratory Improvement Amendments (CLIA) laboratories performing non-waived testing. IQCP will provide laboratories with flexibility in customizing Quality Control (QC) policies and procedures, based on the test systems in use and the unique aspects of each laboratory.

IQCP is voluntary. Laboratories will continue to have the option of achieving compliance by following all CLIA QC regulations as written. The IQCP Education and Transition Period began on January 1, 2014 and will conclude on January 1, 2016. This education and transition period gives laboratories the opportunity to learn about IQCP and implement their chosen QC policies and procedures. Prior to the call, providers are encouraged to review IQCP: A New QC Option and other IQCP educational materials on the CLIA website.

Agenda:

- IQCP Presentation
- Resources
- Q&A Session

Target Audience: Laboratories, professional organizations, 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.

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

Tuesday, May 20; 1:30-3:00pm 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™ National Provider Call, a CMS subject matter expert will provide National Partnership updates, discuss efforts to monitor enforcement rates, and track surveyor training completion. Additional speakers will be presenting on the critical role that activity professionals play in the mission to improve dementia care and the reduction of antipsychotic medications through person-centered, nonpharmacologic care approaches. A question and answer session will follow the presentation.

Agenda:

- Partnership updates
- Role of activity professionals
- Nonpharmacologic approaches to care
- 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.

Stage 2 Meaningful Use Requirements, Reporting Options, and Data Submission Processes for Eligible Professionals — Registration Opening Soon

Thursday, May29; 1:30-3pm ET

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

As an eligible professional, are you aware of the differences between Stage 1 and Stage 2 criteria? Did you know that you can report quality measures once and meet multiple reporting requirements? Do you understand the processes for submitting your data? Eligible professionals who have completed at least two program years under Stage 1 of Meaningful Use in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs are required to meet Stage 2 criteria starting in 2014, the first year of Stage 2 implementation. On May 29, 2014, CMS will be hosting an "office hours" session for eligible professionals participating in these programs to answer your questions.

During this MLN Connects™ National Provider Call, conducted in an office hours format, CMS experts give a brief introductory presentation, providing a concise overview of Stage 2 requirements, reporting options, and data submission processes. This overview will be followed by answers to questions submitted prior to the call and an opportunity for participants to interact with our subject matter experts during a live question and answer session. You are encouraged to email questions to e-measures@mathematica-mpr.com no later than May 21 to be considered for inclusion in the office hours session, then join the call to learn more about Stage 2 implementation.

Agenda:

- Overview of Stage 2 of Meaningful Use
- Reporting
- Data Submission
- Answers to Submitted Questions
- Live Q&A Session

Target Audience: Eligible professionals participating in Stage 2 of Meaningful Use and their staff as well as EHR vendors supporting data submission for Stage 2 of Meaningful Use.

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

New MLN Connects™ National Provider Call Transcripts and Audio Recordings

Call materials for MLN Connects™ Calls are located on the Calls and Events web page. Audio recordings and written transcripts are now available for the following calls:

- April 8 — Medicare Shared Savings Program ACO: Preparing to Apply for 2015, audio, and transcript
- April 10 — How to Register for the PQRS Group Practice Reporting Option in 2014, audio and transcript

CMS Events

Webinar for Comparative Billing Report on Diabetic Testing Supplies

Wednesday, May 7; 3-4pm ET

Join us for an informative discussion of the comparative billing report on diabetic testing supplies (CBR201404). The presentation will be provided by CMS contractor eGlobalTech and its partner, Palmetto GBA. CBR201404 is an educational tool designed to assist suppliers of Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) billing diabetic testing supplies.

Agenda:

- Opening Remarks
- Overview of Comparative Billing Report (CBR201404)
- Coverage Policy for Diabetic Testing Supplies
- Methodology Report
- Resources
- Question & Answer Session

Presenter Information:

- Speakers: Cheryl Bolchoz, Melissa Parker, Jonathan Savoy, Mark Scogin, Molly Wesley
- Organizations: eGlobalTech and Palmetto GBA

How to Register

- Register online and join the live event.
- Test your connection: This event is being streamed. Please test your connection prior to joining at the CBR Connection Test Link.

Event Replay

You may access a recording of the webinar two days following the event.

Announcements

Data from Inpatient Psychiatric Facilities Increase Transparency for Consumers Evaluating Facilities

On April 17, CMS announced that quality measures from inpatient psychiatric facilities will be publicly reported on Hospital Compare, a consumer-oriented website that provides information on the quality of care hospitals are providing to their patients. Data reported on Hospital Compare are collected as part of the CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program, as required by the Social Security Act, amended by the Affordable Care Act.

Beginning April 17, 2014, *Hospital Compare* will feature data from 1,753 inpatient psychiatric facilities on patient care for the period of October 1, 2012 through March 31, 2013. Public reporting will allow consumers to directly compare facilities based on data collected for the following measures:

- Hours of physical restraint use
- Hours of seclusion use
- Post-discharge continuing care plan created
- Post-discharge continuing care plan transmitted to next Level of care provider upon discharge

The two measures below are a part of the IPFQR program. However, technical issues caused by unforeseen circumstances impacted the data collection and submission of these two measures and therefore will be suppressed. CMS expects to publicly display data for these measures the same time next year (April 2015).

- Patients discharged on multiple antipsychotic medications
- Patients discharged on multiple antipsychotic medications with appropriate justification

In addition to the IPFQR Program, Hospital Compare also reports quality measure data from the CMS Hospital Inpatient and Outpatient Quality Reporting Programs and Hospital Value-Based Purchasing Program. For more information, visit Hospital Compare.

Full text of this excerpted CMS press release (issued April 17).

CMS National Dry Run of the Standardized Readmission Ratio for Dialysis Facilities Ends May 2

Since March 31, 2014, CMS has been conducting a dry run of the Standardized Readmission Ratio (SRR) for dialysis facilities. The dry run is hosted on the www.dialysisdata.org website. The dry run lasts through May 2, 2014; this is the final day that facility reports for the readmission measure will be available for download on the website. This is also the last day in which users can request the discharge level data files for their facilities. CMS strongly encourages facilities to download their reports, and to provide feedback on the measure, the dry run process, and the dry run website. If you have any questions about the dry run, please contact the helpdesk at 855-764-2885 of dialysisdata@umich.edu.

CMS to Begin Accepting Suggestions for Potential PQRS Measures in May

In May, 2014, CMS will begin accepting quality measure suggestions for potential inclusion in the proposed set of quality measures in the Physician Quality Reporting System (PQRS) for future rule-making years. Quality measures submitted in this Call for Measures also will be considered for use in other quality programs for physicians and other eligible professionals (e.g. Value Based Modifier, Physician Compare, Medicare Shared Savings Program, etc.).

Beginning this year, the Call for Measures will be conducted in an ongoing open format. Measures submitted from May 1, 2014 to June 30, 2014 may be considered for inclusion on the 2014 Measures Under Consideration (MUC) list for implementation in PQRS as early as 2016. Unlike previous years, where the annual Call for Measures closed after a specified period of time, the Call for Measures will remain open indefinitely. Measures submitted after June 30, 2014, may be considered for inclusion on the 2015 MUC list for implementation in PQRS as early as 2017. The month that a measure is submitted for consideration will determine when it can be included on the MUC list. Once submitted under the Call for Measures, measures will need to be included on the MUC list, put forth for Measure Application Partnership (MAP) review and proposed for public comment prior to CMS being able to include the measure in the PQRS measure set.

Each measure submitted for consideration *must* include all required supporting documentation. Documentation requirements and the submission timeline is posted on the Measures Management System Call for Measures web page

When submitting measures for consideration, please ensure that your submission is not duplicative of another existing or proposed measure. Measures submitted for consideration will be assessed to ensure that they meet the needs of the PQRS. As time permits, feedback will be provided to measure submitters upon review of their submission. Additionally, CMS is *not* accepting claims-based only reporting measures in this process. CMS will give priority to measures that are outcome-based, answer a measure gap and address the most up-to-date clinical guidelines.

Note: Suggesting individual measures or measures for a new or existing measures group does not guarantee the measure(s) will be included in the proposed or final sets of measures of any Proposed or Final Rules that address the PQRS. Additionally, measures submitted for consideration are not guaranteed to be put forth on the MUC list for MAP review. CMS will determine which individual measures and measures group(s) to include in the proposed set of quality measures, and after a period of public comment, the agency will make the final determination with regard to the final set of quality measures for the PQRS.

Hospice Item Set Manual: Change Table for V1.00.0 to V1.01 Now Available

The change table from V1.00.0 to V1.01 of the Hospice Item Set (HIS) Manual is now available as a download on the HIS web page of the Hospice Quality Reporting Program (HQRP) website. The change table document denotes edits that were made from V1.00.0 to V1.01 of the HIS Manual. V1.01 of the HIS Manual will be posted on this web page soon. Providers should review both the change table and, once available, V1.01 of the HIS Manual to ensure they have the most up-to-date information on data collection guidance for completing the HIS.

CMS to Release a Comparative Billing Report on Diabetic Testing Supplies in April

CMS will be issuing a national supplier Comparative Billing Report (CBR) on Diabetic Testing Supplies in April 2014. The CBR, produced by CMS contractor eGlobalTech, will contain data-driven tables and graphs with an explanation of findings that compare suppliers' 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 and suppliers better understand applicable Medicare billing rules. These reports are only available to the suppliers who receive them.

Suppliers are advised to update their fax numbers in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) because fax is the default method of CBR dissemination. Suppliers 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.

Learn About the Special EHR Reporting Periods for Eligible Professionals in 2014

If you are an eligible professional, make sure you are aware of the special Electronic Health Record (EHR) reporting periods for submitting meaningful use measures in 2014.

Meaningful Use Reporting for Medicare and Medicaid Eligible Professionals
You only need to demonstrate meaningful use for a three-month, or 90-day, reporting period, regardless if you are demonstrating Stage 1 or Stage 2 of meaningful use.
Choose your reporting period based on your program and participation year:

- Medicare beyond first year of meaningful use: Select a three-month reporting period fixed to the quarter of the calendar year.
- Medicare in first year of meaningful use: Select any 90-day reporting period. To avoid the 2015 payment adjustment, begin your reporting period by July 1 and attest by October 1.
- Medicaid: Select any 90-day reporting period that falls within the 2014 calendar year.

For More Information
Make sure to visit the EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

EHR Incentive Program: Hardship Exception Applications due July 1 for Eligible Professionals

Are you a Medicare provider who was unable to successfully demonstrate meaningful use for 2013 due to circumstances beyond your control? CMS is accepting applications for hardship exceptions to avoid the upcoming Medicare payment adjustment for the 2013 reporting year. Payment adjustments for the Medicare Electronic Health Record (EHR) Incentive Program will begin on January 1, 2015 for eligible professionals.

However, you can avoid the adjustment by completing a hardship exception application and providing supporting documentation that proves demonstrating meaningful use would be a significant hardship for you. CMS will review applications to determine whether or not you are granted a hardship exception. CMS has posted hardship exception applications on the EHR website for:

- Eligible professionals
- Eligible professionals submitting multiple National Provider Identifiers (NPIs)

Applications for the 2015 payment adjustments are due *July 1, 2014 for eligible professionals.* If approved, the exception is valid for one year.

New Hardship Exception Tipsheets
You can also avoid payment adjustments by successfully demonstrating meaningful use prior to the payment adjustment. Tipsheets are available on the CMS website that outline when eligible professionals must demonstrate meaningful use in order to avoid the payment adjustments.

Want more information about the EHR Incentive Programs?
Make sure to visit the Medicare and Medicaid EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

EHR Incentive Programs: Eligible Professionals Should Review Changes in Stage 1 Meaningful Use Criteria

Are you a Medicare eligible professional who is participating or planning to participate in Stage 1 of the Medicare or Medicaid Electronic Health Record (EHR) Incentive Program this year? The Stage 2 rule for meaningful use included changes to Stage 1 requirements that took effect on January 1, 2014. These changes include:

Record and Chart Changes in Vital Signs

- Change: The age limit increased for recording blood pressure in patients from age 2 to age 3; there is no age limit for height and weight.
- 2014 Measure: For more than 50 percent of all unique patients seen by the eligible professional during the EHR reporting period, blood pressure (for patients age 3 and over only) and height and weight (for all ages) should be recorded as structured data.

Patient Electronic Access

- Change: Menu objective "Timely electronic access to health information" and core objective "Electronic copy of health information" are combined to become the new "View online, download, and transmit" core objective.
- 2014 Measure: More than 50 percent of all unique patients seen by the eligible professional during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the eligible professional) online access to their health information.

Clinical Quality Measure (CQM) Reporting

- Change: Reporting CQMs is still required, but it has been removed as a separate objective.

Stage 1 Resources: Resources to help you understand changes to Stage 1 of meaningful use are available on the EHR Incentive Programs website, including:

- Stage 1 Changes Tipsheet
- 2014 Stage 1 Changes Tipsheet

Visit the Medicare and Medicaid EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

Claims, Pricers, and Codes

April 2014 Outpatient Prospective Payment System Pricer File Update

The Outpatient Prospective Payment System (OPPS) Pricer web page has been updated with a Pricer file and outpatient provider data for April 2014. The April provider data is available for use and may be downloaded from the OPPS Pricer web page under "2nd Quarter 2014 Files."

MLN Educational Products

"Provider Compliance Tips for Computed Tomography (CT Scans)" Fact Sheet — Released

The "Provider Compliance Tips for Computed Tomography (CT Scans) Fact Sheet" (ICN 907793) was released and is now available in a downloadable format. This fact sheet is designed to provide education on Computed

Tomography (CT) Scans. It includes helpful tips on how to prevent claim denials as well as documentation needed to submit a claim.

"Part C Appeals: Organization Determinations, Appeals & Grievances" Web-Based Training Course — Released

The "Part C Appeals: Organization Determinations, Appeals & Grievances" Web-Based Training Course (WBT) was released and is now available. This WBT is designed to provide designed to provide education on Medicare Part C Appeals for health care and plan professionals. It includes information on basic definitions of terms related to Part C organization determinations, appeals & grievances; requirements for organization determinations; and common problems encountered by plans. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

To access the WBTs, go to MLN Products and click on "Web-Based Training Courses" under "Related Links" at the bottom of the web page.

"Part D Coverage Determinations, Appeals & Grievances" Web-Based Training Course — Released

The "Part D Organization Determinations, Appeals & Grievances" Web-Based Training Course (WBT) was released and is now available. This WBT is designed to provide designed to provide education on Medicare Part D Appeals for health care and plan professionals. It includes information on basic definitions of terms related to Part D coverage determinations, appeals & grievances as well as, requirements for appeals, effectuation and grievances. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

To access the WBTs, go to MLN Products and click on "Web-Based Training Courses" under "Related Links" at the bottom of the web page.

"Duplicate Claims – Outpatient" Podcast — Released

The Duplicate Claims – Outpatient Podcast has been released. This podcast is designed to provide education on automated claim reviews conducted to identify duplicate services billed and reimbursed under Medicare. It includes a discussion on specific codes related to this topic.

"The Basics of Medicare Enrollment for Physicians and Other Part B Suppliers" Fact Sheet — Revised

"The Basics of Medicare Enrollment for Physicians and Other Part B Suppliers" Fact Sheet (ICN 903768) was revised and is now available in a downloadable format. This fact sheet is designed to provide education on basic Medicare enrollment information and how to ensure physicians and other Part B suppliers are qualified and eligible to enroll in the Medicare Program. It includes information on how to enroll in the Medicare Program, how to report changes, and a list of resources.

MLN Products Available in Electronic Publication Format

The following publications 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 "Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination" Educational Tool (ICN 006904) is designed to provide education on the Initial Preventive Physical

Examination (IPPE). It includes a list of elements that must be included in the IPPE, as well as coverage and coding information.

- The "Quick Reference Information: The ABCs of Providing the Annual Wellness Visit" (ICN 905706) is designed to provide education on the Annual Wellness Visit (AWV). It includes a list of the required elements in the initial and subsequent AWVs, as well as coverage and coding information.
- The "Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse" Booklet (ICN 907798) 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.
- The "Ambulance Fee Schedule" Fact Sheet (ICN 006835) is designed to provide education on the Ambulance Fee Schedule. It includes the following information: background, ambulance providers and suppliers, payments, and how payment rates are set.
- The "Inpatient Psychiatric Facility Prospective Payment System" Fact Sheet (ICN 006839) is designed to provide education on the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS). It includes the following information: background, coverage requirements, how payment rates are set, fiscal year 2014 update to the IPF PPS, and quality reporting.
- The "Quick Reference Information: Medicare Immunization Billing" Educational Tool (ICN 006799) is designed to provide education on Medicare-covered preventive immunizations. It includes coverage, coding and billing information on the influenza, pneumococcal and Hepatitis B vaccines and their administration.

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