MLN Connects

Weekly Provider eNews

Thursday, May 1, 2014

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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.

During this MLN Connects™ National Provider Call, speakers will share their success stories 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. CMS subject matter experts will provide National Partnership updates, discuss efforts to monitor enforcement rates, and share information about future initiative goals. A question and answer session will follow the presentation.

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.

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.

Review of the New Medicare PPS for Federally Qualified Health Centers — Registration Now Open
Wednesday, May 21; 12:30-2:00pm ET

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

As required by Section 10501 of the Affordable Care Act, Federally Qualified Health Centers (FQHCs) will transition to a prospective payment system (PPS) beginning on October 1, 2014. This MLN Connects™ National Provider Call will describe the final policies for the new Medicare PPS for FQHCs, including the encounter-based per diem payment rate, adjustments, coinsurance, and the transition to the new payment system.

Agenda:
- Review of the requirements of the Affordable Care Act for a new Medicare PPS for FQHCs
- Proposed policies, comments, and final provisions of the new FQHC PPS
- Resources for more information
- Question & Answer

Target Audience: FQHCs 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 Now Open
Thursday, May 29; 1:30-3pm ET

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

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 Transcript and Audio Recording

Call materials for MLN Connects™ Calls are located on the Calls and Events web page. An Audio recording and written transcript are now available for the following call:
- April 17 — Standardized Readmission Ratio for Dialysis Facilities: National Dry Run, audio, and transcript

CMS Events

Inpatient Rehabilitation Facility Quality Reporting Program Training
Monday, May 12; 9am-4pm ET

This training supports the implementation of the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program's (QRP) new quality measures and Version 1.2 of the IRF-Patient Assessment Instrument (IRF-PAI), effective October 1, 2014. The training is open to all IRF providers, associations, and organizations.

Goals of Training
- Provide an overview of IRF QRP, including the quality measures and data submission timelines
- Review the pressure ulcer items on the IRF - PAI Version 1.2
- Discuss assessment procedures and coding for the pressure ulcer quality measure
- Introduce the new patient influenza vaccination items
- Review the new Health Care Worker Influenza Vaccination quality measure, and the use of the National Health Safety Network (NHSN) for submitting data associated with this quality measure
- Discuss the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities quality measure

Three Ways to Attend:
- Attend In-Person: In-person on-site attendance is available for a limited number of participants in the auditorium at the CMS Central Office, 7500 Security Boulevard, Baltimore, MD. Registration is required for in-person attendance only and will be open until 11:59pm ET on Monday, May 5. If you plan to attend in-person, we ask that you carefully review all information discussed on the EventBrite registration page.
- Attend by Live Web Stream: Participation is also available by live web stream via your computer. Web stream participation does not require registration. The following YouTube links can also be used to view the training during and after the event: morning sessions and afternoon session.
- Download and View at Your Own Convenience: The training will be available at the following YouTube links: morning sessions and afternoon session. It will also be recorded and posted on the IRF QRP website.

Training Materials
A PDF version of the PowerPoint slide presentation and the quality indicator section of the IRF PAI Manual (Chapter 4) will be available prior to the training on the IRF QRP website. The agenda for the IRF provider training is available now under the "Downloads" section of the Training web page. In-person training participants are encouraged to print a copy of the quality indicators section of the IRF PAI Manual and the slide presentation before the training, as *printed materials will not be provided at the training.*

Announcements

CMS Finalizes a Medicare Prospective Payment System for Federally Qualified Health Centers

On April 29, CMS issued a final rule that establishes methodology and payment rates for a prospective payment system (PPS) for Federally Qualified Health Center (FQHC) services under Medicare Part B beginning on October 1, 2014, in compliance with the statutory requirements of the Affordable Care Act. Medicare will pay FQHCs a single encounter-based rate per beneficiary per day, with some adjustments. Payment will be 80 percent of either the PPS rate of $158.85, or the total charges for services furnished, whichever is less. FQHCs will be able to bill for separate visits when a mental health visit occurs on the same day as a medical visit. The FQHC PPS rate will be adjusted for geographic differences in the cost of services by using an adaptation of the Geographic Practice Cost Indices used to adjust payment under the physician fee schedule. In addition, the rate will be increased by 34 percent to account for greater intensity and resource use when an FQHC furnishes care to a patient that is new to the FQHC or to a beneficiary receiving a comprehensive initial Medicare visit or an annual wellness visit. FQHCs will transition into the PPS beginning October 1, 2014, based on their cost reporting periods.

This final rule also:
- Implements a policy that allows Rural Health Clinics to contract with non-physician practitioners when statutory requirements for employment of Nurse Practitioners and Physician Assistants are met
- Amends the Clinical Laboratory Improvement Amendments (CLIA) of 1988 to be in alignment with the Taking Essential Steps for Testing (TEST) Act of 2012, proposing the regulatory changes needed to implement the TEST Act, and outlines the framework for the application of sanctions in proficiency testing (PT) referral cases

The final rule will be published in the May 2 Federal Register. See the press release and fact sheet.

Interactive Tool Allows Easier Access to Physician Data

On April 23, CMS released a new interactive search tool that can help consumers and other stakeholders navigate information about the types of medical services and procedures delivered by physicians and other healthcare professionals. Users can search for a provider by name, address, or National Provider Identifier (NPI). Once a user selects a provider, the tool returns information about the services the provider furnished to Medicare beneficiaries, including the number of services provided, the number of beneficiaries treated, and the average payment and charges for such services.

This new look-up tool makes it easier to use the large data set about physician information that CMS released on April 9, 2014 to look up specific providers. The information in the look-up tool only reflects the services provided to Medicare Fee-For-Service beneficiaries and does not include measurements of the quality of care provided by a provider.

The release of this data set provides unprecedented access to information on the types of services physicians and other healthcare professionals deliver under the Medicare program. Within the first week of posting the data, more than 150,000 users downloaded the data, and the CMS website where the data is posted had nearly 250,000 page views.

Full text of this excerpted blog (issued April 23).

Notices of Intent to Apply for the Medicare Shared Savings Program 2015 Program Start Date Due by May 30

If you are interested in applying for participation in the Medicare Shared Savings Program for the January 1, 2015 program start date, you must submit a Notice of Intent to Apply by Friday, May 30, 2014, 8pm ET. For more information about the application process and to register for upcoming calls, visit the Shared Savings Program Application web page.

Ordering and Referring Denial Edits Will Apply to Certifying Physicians for HHAs Beginning July 7

Effective July 7, 2014, CMS will apply Phase 2 ordering and referring denial edits to certifying physicians of Part A Home Health Agencies (HHAs). Currently the edits only apply to the attending physician of an HHA. The edits will ensure that in addition to the attending physician, the certifying physician meets the following requirements:

- Valid individual National Provider Identifier (NPI),
- Specialty type eligible to order and refer HHA items and services, and
- Enrolled in Medicare in an approved or opt out status.

For more information:

- MLN Matters® Article #SE1413, "Certifying Physicians and the Phase 2 Ordering and Referring Denial Edits for Home Health Agencies (HHAs)"
- MLN Matters® Article #MM8441, "Home Health Agency Reporting Requirements for the Certifying Physician and the Physician Who Signs the Plan of Care"

New DOTPA Reports Available

On April 28, CMS made three Developing Outpatient Therapy Payment Alternatives (DOTPA) reports available on the CMS website—the DOTPA Measurement Report, DOTPA Payment Alternatives Report, and DOTPA Final Report. The Measurement Report describes analyses evaluating the performance of assessment items as measures of patient functional impairment .The Payment Alternatives Report details results of the exploration of payment alternatives for Medicare outpatient therapy services. The Final Report summarizes the overall results, lessons learned from the DOTPA project, and possible directions for future research. The DOTPA CARE-C and CARE-F Assessment Forms used to collect items of information on the DOTPA patient sample are also available. Find these reports and additional information on the DOTPA web page.

CMS is Accepting Suggestions for PQRS Measures

CMS is 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. Unlike previous years, where the annual Call for Measures closed after a specified period of time, starting in 2014, the Call for Measures will remain open indefinitely. The month that a measure is submitted for consideration will determine when it can be included on the Measures Under Consideration (MUC) list. Measures submitted from May 1, 2014 to June 30, 2014 may be considered for inclusion on the 2014 MUC list for implementation in PQRS as early as 2016.

Each measure submitted for consideration must include all required supporting documentation. Documentation requirements and the submission timeline are 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. 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. 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.

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.

New Fact Sheet Available on How to Avoid the 2016 PQRS Payment Adjustment

Are you an eligible professional or part of a group practice participating in Physician Quality Reporting System (PQRS) this year? If so, you must satisfactorily report data on quality measures during 2014 to avoid the 2016 payment adjustment. Review the new fact sheet for guidance on how to avoid the 2016 PQRS Payment Adjustment.

Avoid the 2016 Payment Adjustment
You can avoid the 2016 payment adjustment by meeting *one* of the following criteria during the one-year 2014 reporting period (January 1–December 31):
- If Participating as an Individual Eligible Professional: Meet the criteria for satisfactory reporting adopted for the 2014 PQRS incentive. Or, participate in PQRS via qualified clinical data registry, qualified registry, or claims reporting *and* report at least three measures covering one National Quality Strategy (NQS) domain for at least 50 percent of your Medicare Part B Fee-For-Service (FFS) patients.
- If Participating as a Group Practice: Meet the Group Practice Reporting Option (GPRO) requirements for satisfactory reporting. Or, participate in PQRS via qualified registry reporting *and* report at least three measures covering one NQS domain for at least 50 percent of your group practice's Medicare Part B FFS patients.

Want more information about PQRS? Visit the PQRS website.

PQRS Participants: New Email Address for QualityNet Help Desk

Do you have questions about participating in the Physician Quality Reporting System (PQRS)? The QualityNet Help Desk is available to assist you with your PQRS inquiries. The QualityNet Help Desk can provide guidance on:
- General PQRS program information
- Portal password issues
- Feedback report availability and access
- PQRS-IACS registration questions
- PQRS-IACS login issues

Contact the Help Desk
- Hours: 7am through 7pt CT; Monday-Friday
- Phone: 866-288-8912; TTY: 1-877-715-6222
- Email: Qnetsupport@hcqis.org

Other PQRS Resources
Additional resources are available on the Educational Resources web page to help you satisfactorily report your 2014 PQRS data.

Claims, Pricers, and Codes

Preventive Services Payable to RHCs and FQHCs

CMS has created a listing of preventive services that are payable when furnished in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs). These preventive services are paid based on the all-inclusive rate (AIR) per covered visit. The preventive services listed are eligible to receive the provider's AIR when billed *without* another covered visit. RHCs and FQHCs can bill these services on the claim alone and receive an AIR payment. Other preventive

services may be performed by RHCs and FQHCs, however, these services must be billed *with* another eligible visit. The listing for these services is available on the FQHC and RHC Center pages.

MLN Educational Products

"HIPAA EDI Standards" Web-Based Training Course — Revised

The "HIPAA EDI Standards" Web-Based Training (WBT) course was revised and is now available. This WBT is designed to provide education on electronic billing, transaction standards, and code sets. It includes an overview of the steps involved in the Medicare electronic data interchange process. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

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

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: Preventive Services" Educational Tool (ICN 006559) is designed to provide education on the Medicare-covered preventive services. It includes coverage, coding, and payment information.
- The "Resources for Medicare Beneficiaries" Fact Sheet (ICN 905180) is designed to provide education on the variety of beneficiary-related publications available to assist providers in answering patients' questions. It includes a list of products with information you can print out and provide to your Medicare beneficiaries.
- The "Provider Compliance Tips for Computed Tomography (CT Scans)" Fact Sheet (ICN 907793) 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.
- The "DMEPOS Competitive Bidding Program Enteral Nutrition" Fact Sheet (ICN 901005) is designed to provide education on requirements for providing enteral nutrition therapy under the DMEPOS competitive bidding program. It includes rules for enteral nutrition payment.

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 health care professionals 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.

New MLN Educational Web Guides Fast Fact

A new fast fact is now available on the MLN Educational Web Guides web page. This web page provides information on Evaluation and Management services; Guided Pathways that contain resources and topics of interest; lists of health care management products; and easy-to-understand billing and coding educational products. It is designed to provide educational and informational resources related to certain Medicare Fee-For-Service initiatives. Please bookmark this page and check back often as a new fast fact is added each month.