



MLN Connects™

Weekly Provider eNews

Thursday, May 8, 2014

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“The Basics of Medicare Enrollment for Institutional Providers” Fact Sheet — Revised

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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 — Register Now

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 — Register Now

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 22 — Medicare Shared Savings Program ACO Application Process, [audio](#) and [transcript](#)

CMS Events

Recorded Hospice Item Set Technical Training Modules Available

Hospice Item Set (HIS) technical training is now available on the [QIES Technical Support Office](#) website. This training is for Medicare-certified hospices required to submit Hospice Item Set (HIS) records for the Hospice Quality Reporting Program. The Hospice technical training consists of a series of short recorded WebEx modules that will demonstrate the registration and submission process to hospice users. Information covered in these training modules include, registration of two separate user IDs; installation of the Juniper communication software; submission of HIS record files to the QIES ASAP system and accessing the CASPER Reporting system to retrieve the Hospice Final Validation Reports. More information is available in the [training announcement](#).

Announcements

CMS Proposes Updates to the Wage Index and Payment Rates for the Medicare Hospice Benefit

On May 2, 2014, CMS issued a [proposed rule](#) to update the Medicare hospice wage index and Medicare hospice payment rates for FY 2015. Hospices serving Medicare beneficiaries would see an estimated 1.3 percent increase in their payments for FY 2015, or \$230 million. The rule also includes a number of proposals, updates, and solicitations of comments. More information is available on the [Hospice Center](#) page and in the [fact sheet](#). Comments on the proposed rule will be accepted until July 1, 2014.

Proposed FY 2015 Payment and Policy Changes for Medicare Skilled Nursing Facilities

On May 1, CMS issued a proposed rule outlining proposed FY 2015 Medicare payment rates for skilled nursing facilities (SNFs). Based on proposed changes contained within this rule, CMS projects that aggregate payments to SNFs will increase by \$750 million, or 2.0 percent, from payments in FY 2014, which represents a higher update factor than the 1.3 percent update finalized for SNFs last year. This estimated increase is attributable to 2.4 percent market basket increase, reduced by the 0.4 percentage point multifactor productivity adjustment required by law. The rule includes:

- Changes to payment rates under the SNF Prospective Payment System (PPS)
- Wage index update
- Change of therapy assessment policy update
- Civil monetary penalties

Public comments on the proposal will be accepted until June 30, 2014.

- [Proposed Rule](#)
- [SNF PPS website](#)
- [Fact Sheet](#)

Proposed FY 2015 Medicare Payment and Policy Changes for Inpatient Psychiatric Facilities

On May 1, CMS issued the Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) proposed rule for FY 2015. The IPF PPS applies to inpatient psychiatric facilities across the United States, including both freestanding psychiatric hospitals and psychiatric units of acute care hospitals or critical access hospitals. The updated rates would generally be effective for discharges occurring on or after October 1, 2014. In this proposed rule, estimated payments to IPFs are projected to increase by 2.1 percent compared to FY 2014. The proposed rule also updates the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR), which requires participating facilities to report on quality measures or incur a reduction in their annual payment update. This rule would expand the measure sets in future FYs and discusses CMS's plans to better collect data to help target future measures. The proposed rule includes:

- Payment updates and changes to the IPF PPS
 - Routine annual updates
 - ICD-10-CM/PCS conversion
 - Impact analysis
- Quality measures updates and other changes To the IPFQR Program
 - Measurement proposals for FY 2016 payment determination
 - Measurement proposals for FY 2017 payment determination
 - Other changes

CMS will accept comments on the proposed rule until June 30, 2014.

- [Proposed Rule](#)
- [Fact Sheet](#)

Proposed FY 2015 Payment and Policy Changes for Medicare Inpatient Rehabilitation Facilities

On May 1, CMS issued a proposed rule outlining proposed FY 2015 Medicare payment policies and rates for inpatient rehabilitation facilities (IRFs) and the IRF Quality Reporting Program (IRF QRP). CMS is proposing to update the IRF PPS payments for FY 2015 to reflect an estimated 2.1 percent increase factor (reflecting a 2.7 percent market basket, reduced by a 0.4 percent multi-factor productivity adjustment and a 0.2 percentage point reduction mandated by the Affordable Care Act). An additional 0.1 percent increase to aggregate payments due to updating the outlier threshold results in an overall update of 2.2 percent (or \$160 million), relative to payments in FY 2014. The rule includes:

- Proposed changes To IRF payment policies and rates
 - Changes to the payment rates under the IRF Prospective Payment System (PPS)
 - Facility-level adjustment updates

- ICD-10-CM conversion
- Further refinements to the presumptive methodology
- Therapy data collection
- New IRF-PAI item for arthritis diagnosis codes
- Proposed changes to the IRF Quality Reporting Program (QRP)
 - New measure proposals
 - New policy proposals

CMS will accept comments on the proposed rule until June 30, 2014.

- [Proposed Rule](#)
- [Fact Sheet](#)

Empowering Women's Health

National Women's Health Week kicks off on Mother's Day, May 11 and continues until May 17, and May 12 is the 12th annual National Women's Check-up Day. The goal of these national health observances, led by the [HHS Office on Women's Health](#), is to empower women to make their health a priority. [Read more.](#)

Open Payments: Physician and Teaching Hospital Registration Begins June 1

As part of Open Payments ("The Sunshine Act"), physicians and teaching hospitals should register with CMS to review information about payments or other transfers of value given to them by the industry prior to public posting of the data. On June 1, physicians and teaching hospital representatives will be able to begin registration in the CMS Enterprise Portal. Although registration is a voluntary process, it is required if the physician or teaching hospital wants to be able to review and dispute any of the data reported about them. Registration for physicians and teaching hospitals will be conducted in two phases for this first Open Payments reporting year:

- Phase 1 (begins June 1) includes user registration in the CMS Enterprise Portal.
- Phase 2 (begins in July) includes physician and teaching hospital registration in the Open Payments system, and allows them to review and dispute data submitted by applicable manufacturers and applicable group purchasing organizations (GPOs) prior to public posting of the data. *Note:* Any data that is disputed, if not corrected by industry, will still be made public but will be marked as disputed. [Learn more about the review and dispute process here.](#)

In the coming weeks, CMS will provide additional guidance about how to complete the CMS registration process, and when Phase 2 registration and the review and dispute process will begin for physicians and teaching hospitals.

Physicians can learn more about Open Payments requirements by reviewing the [Program Overview for Physicians](#). Continuing education materials relating to Open Payments are available on the [Physicians](#) web page. CMS has also developed a [brochure about the program to be shared with patients](#).

The [Open Payments Mobile for Physicians](#) app is available to help physicians track payments and other transfers of value they receive from applicable manufacturers and applicable GPOs throughout the year. The app can also be used by physicians at teaching hospitals. The app is voluntary and free for use, and can be downloaded at the Google Play app store or iOSApple app store. At either store, search for "Open Payments."

New Feature: Online Unlock Account Feature for PECOS, NPPES, and EHR

In response to provider concerns, CMS recently updated the process for unlocking Identity & Access Management (I&A) System accounts. I&A controls access to the Provider Enrollment, Chain and Ownership System (PECOS), the National Plan and Provider Enumeration System (NPPES), and EHR (Electronic Health Record Incentive Programs). After three

unsuccessful attempts at logging in, users will be prompted to reset their password via “Forgot Password” to unlock their account.

“Forgot Password” will allow the user three attempts to correctly enter the user information associated to their account. After three unsuccessful attempts, the user will be directed to call the EUS Helpdesk at 866-484-8049 or via email at EUSsupport@cgi.com.

Not sure of your password? Skip the steps above and select “Forgot Password” before trying to log on. You will be given the option to answer 3 of your security questions *or* enter personal information.

Physician Self-Referral Law: Expansion Exception Request

Lake Pointe Medical Center in Rowlett, Texas has requested an exception to the prohibition on expansion of facility capacity under the hospital ownership and rural provider exceptions to the physician self-referral law. Notification of this request will be published in the Federal Register. Additional information, including the request, will be posted on the [CMS](#) website.

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

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 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.

Register for the Group Practice Reporting Option for 2014 PQRS Participation by September 30

Eligible professionals (EPs) who wish to participate in the 2014 PQRS program as a group practice can *now register* for the [group practice reporting option \(GPRO\)](#). When your group is ready to register, you can access the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System at <https://portal.cms.gov>. You will need to use a valid Individuals Authorized Access to the CMS Computer Services (IACS) User ID and password to choose your group’s reporting mechanism. The registration system will be open from *April 1 to September 30* for the 2014 PQRS program. Additional information about the 2014 GPRO registration is available on the [CMS](#) website.

Participating as a Group Practice

Group practices participating in the GPRO that satisfactorily report data on PQRs measures during the 2014 reporting period (January 1 through December 31) are eligible to earn the 0.5% incentive payment and will avoid the -2% 2016 PQRs payment adjustment. To earn an incentive for the 2014 PQRs program year and avoid the 2016 PQRs payment adjustment, group practices with 2 or more eligible professionals may register to participate in GPRO via:

- Qualified PQRs registry
- Directly from Electronic Health Record (EHR) using certified EHR technology (CEHRT)
- CEHRT via data submission vendor

If your group has 25 or more eligible professionals, you can also participate in GPRO via:

- Web interface (reporting CAHPS for PQRs also required for groups of 100+)
- CAHPS for PQRs via CMS-certified survey vendor (supplement to other PQRs reporting mechanisms)

Value Modifier

Groups of physicians with 10 or more EPs that want to participate in the PQRs as a group must register for a PQRs group reporting mechanism in the PV-PQRs Registration System. Please note that in order to avoid the -2% Value Modifier payment adjustment in 2016, the group must meet the criteria to avoid the 2016 PQRs negative payment adjustment.

Additional Resources

For additional information on how to register in the PV- PQRs Registration system, please visit the [Self Nomination/Registration](#) web page on the Physician Feedback/Value Modifier website. For more information about how to participate in the 2014 PQRs program through the GPRO, review the [2014 PQRs GPRO Requirements](#) document. For questions about how to register, contact the Quality Net Help Desk at 866-288-8912 (TTY: 1-877-715-6222), or by email: Qnetsupport@hcqis.org.

Claims, Pricers, and Codes

CY 2014 Home Health PPS PC Pricer Available

The CY 2014 Home Health Prospective Payment System (HH PPS) PC Pricer is now available on the [HH PPS PC Pricer](#) web page in the "Downloads" section.

Adjustments to CMHC Claims Incorrectly Processed

Due to a software issue in the April 2014 Outpatient Prospective Payment System (OPPS) Pricer, Community Mental Health Center (CMHC) claims were not processed correctly. The problem has been corrected for claims received on or after May 12, 2014. Medicare Administrative Contractors (MACs) will be mass adjusting any claims processed in error by June 16, 2014, to issue corrected payments for all impacted CMHC claims. No action is required by providers.

Adjustments to Correct Home Health Claim Payments

Medicare contractors have identified two incorrect payment calculations affecting home health claims. Claims reporting Health Insurance Prospective Payment System (HIPPS) codes beginning with 3AGP are receiving an incorrect case-mix weight that results in underpayment. Also, certain claims that would be eligible to be paid low utilization payment adjustment (LUPA) add-on amounts are not receiving the add-on payment. These errors affect only home health claims with "Through" dates on or after January 1, 2014. CMS expects Medicare systems to be corrected by May 12, 2014. Home health agencies do not need to take any action. Medicare Administrative Contractors will adjust the claims to correct payments.

Mass Adjustments to Inpatient Psychiatric Facility Claims with Teaching Adjustment Amounts Not Displaying Correctly

Due to a software issue in the October 2013 release of the Inpatient Psychiatric Facility (IPF) Pricer, the teaching adjustment amounts on IPF claims have not been displaying in the Value Code 19 field. *Please note:* This has not impacted the total payment amount on the claims, as teaching adjustment amounts were included. Medicare Administrative Contractors (MACs) will complete mass adjustments to all IPF claims with a teaching adjustment, for discharge dates on or after October 1, 2013, by July 28, 2014.

MLN Educational Products

“Medicare Shared Savings Program and Rural Providers” Fact Sheet — Revised

The “[Medicare Shared Savings Program and Rural Providers](#)” Fact Sheet (ICN 907408) was revised and is now available in downloadable format. This fact sheet is designed to provide education on how the Medicare Shared Savings Program impacts rural providers. It includes information on federally qualified health centers, rural health clinics, and critical access hospitals and how this program impacts them.

“Summary of Final Rule Provisions for Accountable Care Organizations under the Medicare Shared Savings Program” Fact Sheet — Revised

The “[Summary of Final Rule Provisions for Accountable Care Organizations under the Medicare Shared Savings Program](#)” Fact Sheet (ICN 907404) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the provisions of the final rule that implements the Medicare Shared Savings Program with Accountable Care Organizations (ACOs). It includes background, information on how ACOs impact beneficiaries, eligibility requirements to form an ACO, and information on monitoring and tying payment to improved care at lower costs.

“Advance Payment Accountable Care Organization” Fact Sheet — Revised

The “[Advance Payment Accountable Care Organization](#)” Fact Sheet (ICN 907403) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the advance payment model for ACOs. It includes a summary of the Advance Payment ACO Model, background, and information on the structure of payments, recoupment of advance payments, eligibility, and the application process.

“Power Mobility Devices (PMDs): Complying with Documentation & Coverage Requirements” Fact Sheet — Revised

The “[Power Mobility Devices \(PMDs\): Complying with Documentation & Coverage Requirements](#)” Fact Sheet (ICN 905063) was revised and is now available in a downloadable format. This fact sheet is designed to provide education on Medicare coverage and billing requirements for power mobility devices (PMDs). It includes information concerning basic coverage criteria and documentation requirements as well as, detailed coverage guidelines for the specific type of PMD provided.

“Methodology for Determining Shared Savings and Losses under the Medicare Shared Savings Program” Fact Sheet — Revised

The “[Methodology for Determining Shared Savings and Losses under the Medicare Shared Savings Program](#)” Fact Sheet (ICN 907405) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the methodology for determining shared savings and losses under the Medicare Shared Savings

Program. It includes an overview of the program, a description of the two tracks providers can choose, and a description of how Medicare determines the shared savings or loss.

“The Basics of Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for Provider and Supplier Organizations” Fact Sheet — Revised

[“The Basics of Internet-based Provider Enrollment, Chain and Ownership System \(PECOS\) for Provider and Supplier Organizations”](#) Fact Sheet (ICN 903767) was revised and is now available in downloadable format. This fact sheet is designed to provide education on how provider and supplier organizations should enroll in the Medicare Program and maintain their enrollment information using Internet-based PECOS. It includes information on how to complete an enrollment application using Internet-based PECOS and a list of frequently asked questions and resources.

“The Basics of Medicare Enrollment for Institutional Providers” Fact Sheet — Revised

[“The Basics of Medicare Enrollment for Institutional Providers”](#) Fact Sheet (ICN 903783) was revised and is now available in downloadable format. This fact sheet is designed to provide education on basic Medicare enrollment information and how to ensure institutional providers 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.

“Accountable Care Organizations: What Providers Need to Know” Fact Sheet — Revised

The [“Accountable Care Organizations: What Providers Need to Know”](#) Fact Sheet (ICN 907406) was revised and is now available in downloadable format. This fact sheet is designed to provide education on Accountable Care Organizations (ACOs) under the Medicare Shared Savings Program. It includes a definition of an ACO, and information on how to participate in an ACO, how shared savings will work, how this program is aligned with other quality initiatives, and how ACOs help doctors coordinate care.

“Improving Quality of Care for Medicare Patients: Accountable Care Organizations” Fact Sheet — Revised

The [“Improving Quality of Care for Medicare Patients: Accountable Care Organizations”](#) Fact Sheet (ICN 907406) was revised and is now available in downloadable format. This fact sheet is designed to provide education on improving quality of care under ACOs. It includes a table of quality measures under the program.

“Medical Privacy of Protected Health Information” Fact Sheet — Reminder

The [“Medical Privacy of Protected Health Information”](#) Fact Sheet (ICN 006942) is available in downloadable format. This fact sheet is designed to provide education on resources and information regarding the HIPAA Privacy Rule and how this applies to customary health care practices. It includes information on accessing the HHS HIPAA web page resources. It is also the featured [Product of the Month](#) for May.

MLN Publications Now Available in Hard Copy Format

To access a new or revised product available for order in a *hard copy* format, go to [“MLN Products”](#) and scroll down to the bottom of the web page to the “Related Links” section and click on the “MLN Product Ordering Page.”

- The [“Quick Reference Information: Preventive Services”](#) Educational Tool (ICN 006559) was revised and is now available in a downloadable and hard copy format. This educational tool is designed to provide

education on the Medicare-covered preventive services. It includes coverage, coding, and payment information.

- The “[Quick Reference Information: Medicare Immunization Billing](#)” Educational Tool (ICN 006799) is now available in a downloadable and hard copy format. This educational tool 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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