



MLN Connects™

Weekly Provider eNews

Thursday, June 5, 2014

MLN Connects™ National Provider Calls

Medicare Shared Savings Program ACO: Application Review — Last Chance to Register
Open Payments (the Sunshine Act): CMS Registration Overview — Last Chance to Register
PQRS: 2014 Qualified Clinical Data Registry — Register Now
New Medicare PPS for Federally Qualified Health Centers: Operational Requirements — Registration Now Open
New MLN Connects™ National Provider Call Transcripts and Audio Recordings

CMS Events

PERM Cycle 3 Provider Education Webinar/Conference Call Sessions
ICD-10 Documentation and Coding Concepts Webcast: Orthopedics

Announcements

Successful Results from CMS ICD-10 Acknowledgement Testing Week
Men's Health is not Just a Man's Issue
HHS Releases New Data and Tools to Increase Transparency on Hospital Utilization and Other Trends
2015 Medicare Shared Savings Program Application Now Available: Form CMS-20037 Due by June 9
Hospices: Begin Collecting HIS Data July 1 to Avoid Reduction in FY 2016 Annual Payment Update
CMS is Accepting Suggestions for PQRS Measures
Medicare EHR Incentive Program: Eligible Professionals Must Submit Hardship Exception Applications by July 1
CMS Posts 2014 Eligible Professional Electronic Clinical Quality Measure Update

Claims, Pricers, and Codes

Updated ESRD PPS Consolidated Billing List Now Available
2015 ICD-10-CM, ICD-10-PCS, and ICD-9-CM Files Available

MLN Educational Products

"What Is Medicare?" Video — Released
"Proper Use of Modifier 59" MLN Matters® Article — Revised
"Medicare-Covered Part A and Part B Services Furnished Outside the United States" Fact Sheet — Revised
"Items and Services That Are Not Covered Under the Medicare Program" Booklet — Revised
"Quick Reference Information: Preventive Services" Educational Tool — Reminder
"Quick Reference Information: Medicare Immunization Billing" Educational Tool — Reminder
MLN Products Available In Electronic Publication Format

MLN Connects™ National Provider Calls

Medicare Shared Savings Program ACO: Application Review — Last Chance to Register

Tuesday, June 10; 2:30 -4PM 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 an overview and update to the Medicare Shared Savings Program application process for the January 1, 2015 start date. 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 materials prior to the call.

Agenda:

- Medicare Shared Savings Program application process
- Differences between previous applications and the 2015 application
- Required templates
- Narratives and uploads
- Lessons learned
- Question & Answer

Target Audience: Potential 2015 Accountable Care Organization (ACO) applicants who submitted a Notice of Intent to Apply

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

Open Payments (the Sunshine Act): CMS Registration Overview — Last Chance to Register

Thursday, June 12; 1:30pm-3pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Registration will be opening soon.

As a physician or teaching hospital, are you aware of Open Payments (the Sunshine Act)? Do you know the differences between Phase 1 and Phase 2 registration for this first Open Payments reporting year? Did you know that registration in the CMS Enterprise Portal is the required first step to be able to review and dispute any of the data reported about you by industry prior to public posting? Do you understand the process for disputing information with industry that you believe to be inaccurate or incomplete? Are you aware that you have a defined number of days to initiate a dispute with industry?

As part of Open Payments, physicians and teaching hospitals should register with CMS to review information about payments or other transfers of value given to them by industry prior to public posting of the data. Physicians and teaching hospitals that choose to participate will initially need to register in the CMS Enterprise Portal (the gateway to the CMS Enterprise Management system) in order to access and review the information submitted about them by industry. As a part of this overall process, registered users will be able to dispute information with industry that they believe to be inaccurate or incomplete.

During this MLN Connects™ National Provider Call, CMS experts will give a brief introductory presentation about Open Payments, providing a concise overview of physician and teaching hospital CMS registration phases and the upcoming review and dispute process. 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.

Agenda:

- Open Payments overview
- Overview of physician and teaching hospital CMS registration phases

- Upcoming review and dispute process
- Answers to submitted questions
- Live Q&A session

Target Audience: Physicians, teaching hospitals, professional organizations, physician staff and other interested parties. Additional information is available on the [June 12](#) call web page.

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

PQRS: 2014 Qualified Clinical Data Registry — Register Now

Tuesday, June 17; 1:30-3pm ET

To Register: Visit [MLN Connects™ Upcoming Calls](#). Space may be limited, register early.

This MLN Connects™ National Provider Call will provide an overview of Qualified Clinical Data Registry (QCDR) Reporting. New for 2014, the QCDR reporting method provides a new method to satisfy Physician Quality Reporting System (PQRS) requirements.

A QCDR is a CMS-approved entity (such as a specialty society, certification board, or regional health collaborative) that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. The data submitted to CMS via a QCDR covers quality measures across multiple payers and is not limited to Medicare. This presentation will introduce eligible professionals to this new reporting option and provide steps for successful participation.

Agenda:

- Learn the Difference Between a QCDR and a Qualified Registry
- How to Use A QCDR to Qualify for a 2014 PQRS Incentive Payment
- How to Avoid the 2016 PQRS Payment Adjustment

Target Audience: Physicians and other health care professionals, medical group practices, practice managers, medical and specialty societies, payers, and insurers

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 Medicare PPS for Federally Qualified Health Centers: Operational Requirements — Registration Now Open

Wednesday, June 25; 1:30-3pm 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 provide information on operational requirements of the new payment system.

Agenda:

- Review of the new Medicare PPS methodology
- Billing and claims processing, including:
 - Specific payment codes (FQHC visit “G codes”)
 - Detailed HCPCS billing
 - Revenue codes

- Cost Reporting
- 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.

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:

- May 19 — Individualized Quality Control Plan for CLIA Laboratory Non-Waived Testing, [audio](#) and [transcript](#)
- May 20 — National Partnership to Improve Dementia Care in Nursing Homes, [audio](#) and [transcript](#)

CMS Events

PERM Cycle 3 Provider Education Webinar/Conference Call Sessions

CMS is hosting Payment Error Rate Measurement (PERM) provider education webinar/conference calls for Medicare providers who also provide Medicaid and CHIP services. Complete details are available in the [webinar announcement](#).

Presentations will include:

- The PERM process and provider responsibilities during a PERM review
- Frequent mistakes and best practices
- The Electronic Submission of Medical Documentation (esMD) program

To join the meeting:

- Registration is not required, however, space is limited
- All webinars are from 3-4pm ET
- Audio: 877-267-1577
 - [Tuesday, June 10](#)
 - [Thursday, June 26](#)
 - [Wednesday, July 16](#)
 - [Wednesday, July 30](#)

ICD-10 Documentation and Coding Concepts Webcast: Orthopedics

CMS invites you to view a newly released webcast on ICD-10 documentation and coding concepts for orthopedics. This webcast is the first in the CMS “Road to 10” series designed to help you with ICD-10 clinical documentation specific to your medical specialty. To view the webcast please visit the [ICD-10](#) website for a link to “[Road to 10](#),” then click on the “Webcast” tab located in the left-hand navigation bar.

An AHIMA-certified coder presents on the webcast, which focuses on unique ICD-10 clinical documentation needs and hot topics for orthopedics:

- Physician perspective/clinical impact of ICD-10
- Documentation requirements for certain conditions
- Documentation changes and new concepts
- Use of "unspecified" codes in ICD-10

CMS will also offer other webinars in the “Road to 10” series that will follow the same outline and objectives for other specialties, including cardiology, pediatrics, obstetrics and gynecology, and family practice and internal medicine.

Keep Up to Date on ICD-10

Visit the [ICD-10](#) website for the latest news and resources to help you prepare. Sign up for [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.

Announcements

Successful Results from CMS ICD-10 Acknowledgement Testing Week

Additional testing scheduled for next year

This past March, CMS conducted a successful ICD-10 testing week. Testers submitted more than 127,000 claims with ICD-10 codes to the Medicare Fee-For-Service (FFS) claims systems and received electronic acknowledgements confirming that their claims were accepted.

Approximately 2,600 participating providers, suppliers, billing companies and clearinghouses participated in the testing week, representing about five percent of all submitters. Clearinghouses, which submit claims on behalf of providers, were the largest group of testers, submitting 50 percent of all test claims. Other testers included large and small physician practices, small and large hospitals, labs, ambulatory surgical centers, dialysis facilities, home health providers, and ambulance providers.

Nationally, CMS accepted 89 percent of the test claims, with some regions reporting acceptance rates as high as 99 percent. The normal FFS Medicare claims acceptance rates average 95-98 percent. Testing did not identify any issues with the Medicare FFS claims systems.

This testing week allowed an opportunity for testers and CMS alike to learn valuable lessons about ICD-10 claims processing. In many cases, testers intentionally included such errors in their claims to make sure that the claim would be rejected, a process often referred to as negative testing. To be processed correctly, all claims must have a valid diagnosis code that matches the date of service and a valid national provider identifier. Additionally, the claims using ICD-10 had to have an ICD-10 companion qualifier code and the claims using ICD-9 had to use the ICD-9 qualifier code. Claims that did not meet these requirements were rejected.

HHS expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015. Providers, suppliers, billing companies, and clearinghouses are welcome to submit acknowledgement test claims anytime up to the anticipated October 1, 2015 implementation date. Submitters should contact their local [Medicare Administrative Contractor](#) (MAC) for more information about acknowledgment testing. However, those who submit claims may want to delay acknowledgement testing until after October 6, 2014, when Medicare updates its systems.

CMS will be conducting end-to-end testing in 2015. Details about this testing will be released soon.

Full text of this excerpted CMS [blog](#) (issued May31).

Men’s Health is not Just a Man’s Issue

June is Men’s Health Month and the week leading up to and including Father’s Day is Men’s Health Week, June 9 – 15. These national health observances serve to heighten the awareness of preventable health problems and encourage early detection and treatment of disease among men and boys. Recognizing and preventing men’s health problems is

not just a man's issue. Because of its impact on wives, mothers, daughters, and sisters, men's health is truly a family issue.

As a provider of health care to people with Medicare, you can help your patients make the most of their benefits by talking with them about their risk factors for disease and the importance of prevention and early detection. Encourage them to take advantage of the preventive services that are most appropriate for them. [Read more.](#)

HHS Releases New Data and Tools to Increase Transparency on Hospital Utilization and Other Trends

Data can help improve care coordination and health outcomes for Medicare beneficiaries

With more than 2,000 entrepreneurs, investors, data scientists, researchers, policy experts, government employees and more in attendance, HHS released new data and launched new initiatives at the annual Health Datapalooza conference on June 2 in Washington, D.C.

2012 Inpatient and Outpatient Hospital Charge Data

The data posted on the [CMS](#) website provide the first annual update of the hospital inpatient and outpatient data released by the agency last spring. The data include information comparing the average charges for services that may be provided in connection with the 100 most common Medicare inpatient stays at over 3,000 hospitals in all 50 states and Washington, D.C. Hospitals determine what they will charge for items and services provided to patients and these "charges" are the amount the hospital generally bills for those items or services.

Chronic Conditions Warehouse and Dashboard

CMS [recently released](#) new and updated information on chronic conditions among Medicare Fee-For-Service beneficiaries, including:

- Geographic data summarized to national, state, county, and hospital referral regions levels for the years 2008-2012;
- Data for examining disparities among specific Medicare populations, such as beneficiaries with disabilities, dual-eligible beneficiaries, and race/ethnic groups;
- Data on prevalence, utilization of select Medicare services, and Medicare spending;
- Interactive dashboards that provide customizable information about Medicare beneficiaries with chronic conditions at state, county, and hospital referral regions levels for 2012; and
- Chartbooks and maps.

Geographic Variation Dashboard

The [Geographic Variation Dashboards](#) present Medicare Fee-For-Service per-capita spending at the state and county levels in interactive formats. CMS calculated the spending figures in these dashboards using standardized dollars that remove the effects of the geographic adjustments that Medicare makes for many of its payment rates. The dashboards include total standardized per capita spending, as well as standardized per capita spending by type of service. Users can select the indicator and year they want to display. Users can also compare data for a given state or county to the national average. All of the information presented in the dashboards is also available for download from the Geographic Variation Public Use File.

Research Cohort Estimate Tool

CMS also released a [new tool](#) that will help researchers and other stakeholders estimate the number of Medicare beneficiaries with certain demographic profiles or health conditions. This tool can assist a variety of stakeholders interested in specific figures on Medicare enrollment. Researchers can also use this tool to estimate the size of their proposed research cohort and the cost of requesting CMS data to support their study.

Digital Privacy Notice Challenge

The National Coordinator for Health Information Technology (ONC), with the HHS Office of Civil Rights, will be awarding the winner of the Digital Privacy Notice Challenge during the conference. The winning products will help consumers get

notices of privacy practices from their health care providers or health plans directly in their personal health records or from their providers' patient portals.

OpenFDA

The [FDA's new initiative](#), openFDA, is designed to facilitate easier access to large, important public health datasets collected by the agency. OpenFDA will make FDA's publicly available data accessible in a structured, computer readable format that will make it possible for technology specialists, such as mobile application creators, web developers, data visualization artists and researchers to quickly search, query, or pull massive amounts of information on an as needed basis. The initiative is the result of extensive research to identify FDA's publicly available datasets that are often in demand, but traditionally difficult to use. Based on this research, openFDA is beginning with a pilot program involving millions of reports of drug adverse events and medication errors submitted to the FDA from 2004 to 2013. The pilot will later be expanded to include the FDA's databases on product recalls and product labeling.

Full text of this excerpted HSS [press release](#) (issued June 2). For more information about CMS data products, visit the [CMS](#) website.

2015 Medicare Shared Savings Program Application Now Available: Form CMS-20037 Due by June 9

The 2015 Medicare Shared Savings Program [Application](#) and [Toolkit](#) are now available on the [Shared Savings Program Application](#) web page.

Potential applicants who submitted a Notice of Intent (NOI) to Apply for the 2015 Shared Savings Program need to submit form CMS-20037 "Application For Access to CMS Computer Systems" to obtain your CMS User ID no later than Monday, June 9, 2014. Please do not wait until the deadline. Submit form CMS-20037 as soon as possible by using the link and instructions provided in your NOI acknowledgement email. Mail your completed form to CMS via tracked mail (FedEx, UPS, etc.) to: Attention: Adam Foltz, Centers for Medicare & Medicaid Services, 7500 Security Blvd, Mailstop C4-18-13, Baltimore, MD 21244.

Visit the [Shared Savings Program Application](#) web page for deadline dates for the 2015 Application cycle. [Register](#) to attend the June 10 MLN Connects™ National Provider Call on the application process.

Hospices: Begin Collecting HIS Data July 1 to Avoid Reduction in FY 2016 Annual Payment Update

All Medicare-certified hospices will be required to complete and submit a Hospice Item Set (HIS) Admission record and a HIS-Discharge record for patient admissions on or after July 1, 2014. Hospices failing to report quality data via the HIS in 2014 will have their market basket update reduced by 2 percentage points in FY 2016. The HIS is being implemented as part of the Hospice Quality Reporting Program (HQRP). Hospices should visit the [HIS](#) website in order to access the Guidance Manual, training videos, and other resources. You may also wish to review the [HIS Technical](#) website for the final HIS data specifications and for additional technical-related material.

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. Questions about this Call for Measures or the required documentation may be submitted to C4M@wvmi.org.

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.

Medicare EHR Incentive Program: Eligible Professionals Must Submit Hardship Exception Applications by July 1

Are you a Medicare provider who was unable to successfully demonstrate meaningful use for 2013? CMS is accepting applications for hardship exceptions to avoid the upcoming Medicare payment adjustment for the 2015 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.

CMS Posts 2014 Eligible Professional Electronic Clinical Quality Measure Update

The annual update of the [2014 electronic clinical quality measures](#) (eCQMs) for eligible professionals and corresponding specifications for electronic reporting is now available. CMS updates the specifications annually to ensure that the measure representation and recent code system versions reflect the best understanding of standards and logic, and remain relevant and actionable within the clinical care setting. In addition, some of the non-substantive changes to the measures were made based on input from the provider and vendor communities.

The eCQM specifications are used for multiple programs, such as the Physician Quality Reporting System (PQRS), to align with the Electronic Health Record (EHR) Incentive Programs and reduce the burden on providers to report quality measures. CMS strongly encourages the implementation and use of the updated electronic specifications of the CQMs since they include updated terminologies, logic corrections, and intent clarifications. However, CMS will accept all versions of the CQMs for the EHR Incentive Programs, beginning with those finalized in the December 4, 2012 CMS-ONC Interim Final Rule. Please note, the 2014 updated specifications cannot be used prior to the 2015 EHR Reporting Period.

Updated 2014 CQM Resources

To help eligible professionals navigate the updated eCQMs, several resources are available on the [eCQM Library](#) web page. Additional eCQM file formats and access to past versions for side by side comparisons are available on the Meaningful Use tab of the [United States Health Information Knowledgebase](#) (USHIK).

EHR CQM Certification

To participate in the EHR Incentive Programs for 2014, a system must at least be certified to the specifications published in the December 2012 Interim Final Rule.

Claims, Pricers, and Codes

Updated ESRD PPS Consolidated Billing List Now Available

The End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) [Consolidated Billing List](#) has been updated for July, 2014, and is now available on the [ESRD Consolidated Billing](#) web page.

2015 ICD-10-CM, ICD-10-PCS, and ICD-9-CM Files Available

The 2015 ICD-10-CM and ICD-10-PCS files are now posted on the [2015 ICD-10-CM and GEMs](#) web page and [2015 ICD-10-PCS and GEMs](#) web page. There are no new, revised, or deleted ICD-10-CM or ICD-10-PCS codes. The 2015 General Equivalence Mappings (GEMs) and Reimbursement Mappings are also available on these web pages.

The 2015 ICD-9-CM files are now available on the [ICD-9-CM Diagnosis and Procedure Codes: Abbreviated and Full Code Titles](#) web page. Since there will be no ICD-9-CM updates, there is no FY 2015 addendum. There are no new, revised, or deleted ICD-9-CM codes.

MLN Educational Products

“What Is Medicare?” Video — Released

The “[What Is Medicare](#)” Video (ICN 908653) was released and is available to view on the CMS YouTube Channel. This video will provide health care professionals with a high-level overview of the Medicare Program. It includes basic information for providers about Medicare's various parts and who it covers. If you're looking for more detailed information beyond this introductory-level video, please visit the CMS website at www.cms.gov and search for “Medicare Learning Network.”

“Proper Use of Modifier 59” MLN Matters® Article — Revised

[MLN Matters® Special Edition Article #SE1418](#), “Proper Use of Modifier 59” was revised and is now available in downloadable format. This article is designed to provide education on how to properly use Modifier 59. It includes background information to help clarify the existing policy and some examples to help guide physicians and

providers on the proper use of Modifier 59. The article was revised to correct a code in Example 8 on page 7 and to make an editorial change to Example 11 on page 8. All other information remains the same.

“Medicare-Covered Part A and Part B Services Furnished Outside the United States” Fact Sheet — Revised

The “[Medicare-Covered Part A and Part B Services Furnished Outside the United States](#)” Fact Sheet (ICN 908605) was revised and is now available in downloadable format. This fact sheet is designed to provide education on Medicare-covered services furnished outside the United States (U.S.). It includes information on non-covered services furnished or delivered outside the U.S., jurisdictions within the U.S., Medicare-covered Part A and Part B services furnished outside the U.S., and billing and payment.

“Items and Services That Are Not Covered Under the Medicare Program” Booklet — Revised

The “[Items and Services That Are Not Covered Under the Medicare Program](#)” Booklet (ICN 906765) was revised and is now available in downloadable and hard copy format. This booklet is designed to provide education on non-covered items and services. It includes information about the four categories of items and services that are not covered under the Medicare Program and applicable exceptions (items and services that may be covered) and Beneficiary Notices of Noncoverage.

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.”

“Quick Reference Information: Preventive Services” Educational Tool — Reminder

The “[Quick Reference Information: Preventive Services](#)” Educational Tool (ICN 006559) was revised and is now available in 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.

“Quick Reference Information: Medicare Immunization Billing” Educational Tool — Reminder

The “[Quick Reference Information: Medicare Immunization Billing](#)” Educational Tool (ICN 006799) was revised and is now available in 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.

MLN Products Available In Electronic Publication Format

The following products 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 “[End-Stage Renal Disease Prospective Payment System](#)” Fact Sheet (ICN 905143) is designed to provide education on the End-Stage Renal Disease Prospective Payment System. It includes the following information: background, transition period, payment rates for adult and pediatric patients, outlier adjustments, home dialysis, laboratory services and drugs and biologicals, patient deductible and coinsurance, and End-Stage Renal Disease Quality Incentive Program.
- The “[Composite Rate Portion of the End-Stage Renal Disease Prospective Payment System](#)” Fact Sheet (ICN 006469) is designed to provide education on the composite rate portion of the End-Stage Renal Disease Prospective Payment System (ESRD PPS). It includes the following information: transition period, basic case-

mix adjusted composite rate, separately billable items and services, and End-Stage Renal Disease Quality Incentive Program.

- The “[Screening and Diagnostic Mammography](#)” Booklet (ICN 907790) 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.

[Is the eNews Meeting Your Needs? Give Us Your Feedback!](#)



Please share this important information with your colleagues and encourage them to [subscribe](#) to the *MLN Connects Provider eNews*.

Previous issues are available in the [archive](#).

Follow the *MLN Connects Provider eNews* on [You Tube](#) & [Twitter](#) #CMSMLN