MLN Connects™
Weekly Provider eNews

Thursday, June 12, 2014

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Claims, Pricers, and Codes

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MLN Educational Products

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MLN Products Available In Electronic Publication Format

MLN Connects™ National Provider Calls

PQRS: 2014 Qualified Clinical Data Registry — Last Chance to Register

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 FQHCs: Operational Requirements — Register Now
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.

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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 21 — Review of the New Medicare PPS for Federally Qualified Health Centers, audio and transcript
- May 29 — Stage 2 Meaningful Use Requirements, Reporting Options, and Data Submission Processes for Eligible Professionals, audio and transcript

MLN Connects™ Videos

Value-Based Payment Modifier: What Medicare Eligible Professionals Need to Know in 2014

This MLN Connects™ video presentation on The CMS Value-Based Payment Modifier: What Medicare Eligible Professionals Need to Know in 2014 provides an overview of the value-based payment modifier, and how it relates to the Physician Quality Reporting System, or PQRS program, so that all Medicare physicians will understand how the value modifier can effect Medicare reimbursement starting in 2015. This presentation educates healthcare professionals on a variety of topics that are essential to the value-based payment modifier. This presentation also provides a walkthrough of a very detailed decision tree that has been created to help providers ask the necessary questions on determining how the value modifier in 2016 will be affected by their PQRS participation this year. Run time: 50 minutes: 34 seconds. A full description of the video is available on the MLN Connects™ Videos web page. MLN Connects™ Videos are a part of the Medicare Learning Network®.

PQRS Program: What Medicare Eligible Professionals Need to Know in 2014

This MLN Connects™ video presentation on The CMS Physician Quality Reporting System (PQRS) Program: What Medicare Eligible Professionals Need to Know in 2014 gives an overview of the requirements of the Medicare PQRS Program, so that all eligible professionals can participate to earn the incentives that are available in 2014 for successfully participating in the program, as well as to avoid the payment adjustment in 2016 for not reporting this year. This presentation educates healthcare professionals on a variety of topics that are essential to the PQRS. This presentation also provides a walkthrough of a number of decision trees that have been created to help providers ask the necessary questions on determining how best to participate in 2014. Run time: 1 hour: 36 minutes. A full description of the video is available on the MLN Connects™ Videos web page. MLN Connects™ Videos are a part of the Medicare Learning Network®.

Medicare and Medicaid EHR Incentive Programs: What Providers Need to Know in 2014

This MLN Connects™ video presentation on The Medicare and Medicaid EHR Incentive Programs: What Medicare and Medicaid Providers Need to Know in 2014 gives an overview of the requirements of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs so that providers can participate to earn the incentives that are available in 2014 for successfully attesting the meaningful use objectives and clinical quality measures, as well as to avoid the payment adjustment in 2016 for not reporting this year. This presentation educates healthcare professionals on a variety of topics that are essential to the EHR Incentive Programs. Run time: 1 hour: 06 minutes: 23 seconds. A full description of the video is available on the MLN Connects™ Videos web page. MLN Connects™ Videos are a part of the Medicare Learning Network®.

CMS Events

Medicare Learning Network® Webinar: How Effective is Your Compliance Program?
Tuesday, June 17; 11am ET
Thursday, June 26; 2pm ET

Join us for a Medicare Learning Network® (MLN) "Developing a Compliance Plan" Webinar to learn how to establish an effective compliance program, meet the Affordable Care Act requirements, and incorporate best practices. Two dates/times are available for your convenience.

Activity Description: Presented by the MLN, this webinar will assist providers seeking to develop compliance programs as required under the Affordable Care Act. Subject matter experts will explain the policies and procedures, including internal auditing and enforcement stipulated in the Affordable Care Act and a health care professional operating a successful program will offer information on best practices.

Target Audience: This activity is designed for all Medicare providers and interested stakeholders.

Registration: To register, select the link for your desired webinar date and fill in the required information. When your registration is complete, you'll receive a confirmation email with instructions for accessing the webinar. Registration will close when available space has been filled. *Please note- the same webinar content is being offered on two different dates for learner convenience. Please register for just one offering.*

- June 17 Webinar
- June 26 Webinar

Continuing Education Credit Available: CMS is evaluating this activity for continuing education (CE) credit. The number of credits awarded will be calculated following the activity based on the actual learning time and will be reflected on the post activity continuing education announcement. Final CE information on the amount of credit and post activity assessment and evaluation instructions will be forwarded to participants after completion of the activity. The activity must be at least 60 minutes of learning time to be approved for continuing education units.

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
  - Thursday, June 26
  - Wednesday, July 16
  - Wednesday, July 30

ICD-10 Documentation and Coding Concepts Webcast: Cardiology

CMS invites you to view a newly released webcast on ICD-10 documentation and coding concepts for cardiology. 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 cardiology:
- 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 obstetrics and gynecology and family practice and internal medicine. Webcast for orthopedics and pediatrics are already available.

Keep Up to Date on ICD-10
Visit the CMS 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.

ICD-10 Documentation and Coding Concepts Webcast: Pediatrics

CMS invites you to view a newly released webcast on ICD-10 documentation and coding concepts for pediatrics. 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 pediatrics:
- Physician perspective/clinical impact of ICD-10
- Documentation requirements for certain conditions
- Documentation changes and new concepts
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Keep Up to Date on ICD-10
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Announcements

Looking for LCDs Converted to ICD-10?

A list of Local Coverage Determinations (LCDs) converted to ICD-10 is available on the LCDs by Contractor Index. Use the scroll box on the index to select your Medicare Administrative Contractor (MAC) and select the "Submit" button to view a list of states that the specified MAC services. You can then select your MAC name from the table to view the future translated LCDs.

Open Payments (the Sunshine Act) CMS Registration Underway: Instructions Available

The CMS Enterprise Portal is now available for physicians and teaching hospital representatives to begin the registration process (Phase 1). *Note that registration in the Enterprise Portal is a separate process from registration in the Open Payments system*. Enterprise Portal registration is a required first step to allow for registration in the Open Payments system when it becomes available in Phase 2.

Although registration in the Enterprise Portal and the Open Payments system 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 by applicable manufacturers and applicable group purchasing organizations (GPOs). Registration for physicians and teaching hospitals will be conducted in two phases for this first Open Payments reporting year:

Phase 1 (available now): Includes user registration in the CMS Enterprise Portal. Use the [Phase 1 Step-by-Step CMS Enterprise Portal Registration for Physicians and Teaching Hospitals presentation](#) for guidance on how to complete this portion of the registration; this resource is also posted on the Physicians and Teaching Hospitals pages of the [Open Payments](#) website.

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 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](#).

Physician and teaching hospital registration in the CMS Enterprise Portal is complete once you receive acknowledgement that your request for Open Payments system access has been received. *You will not be able to access the Open Payments system before Phase 2 begins in July*, so if you attempt to access Open Payments through the Enterprise Portal, the radio buttons and functions that you will see on the "Welcome to Open Payments" main screen will not be operational until the system opens for Phase 2 in July.

Open Payments (the Sunshine Act) User Guide and Help Desk

The [Open Payments User Guide](#) has been extensively updated and is now available as a one-stop-shop resource for providing industry, physicians, and teaching hospitals with a comprehensive understanding of Open Payments requirements and the Open Payments system. The User Guide includes definitions, screenshots, tools, and tips to provide users with a better understanding of how to operationalize the collection, reporting, and review of Open Payments data. The contents are conveniently organized by user group (industry, physician, or teaching hospital), making it easy to identify what is most applicable for you. The [Open Payments User Guide](#) can be accessed on the Open Payments [Program Fact Sheets and User Guides](#) web page, other Open Payments website pages, and in the Open Payments system.

Live Help Desk
For more information about Open Payments, please visit the [Open Payments](#) website. If you have any questions, you can submit an email to the Help Desk at openpayments@cms.hhs.gov; or call 855-326-8366 for live Help Desk support Monday through Friday, from 7:30am to 6:30pm CT, excluding Federal holidays.

New and Updated HIS Content Available

There are several new and updated Hospice Item Set (HIS) - related materials available for download on the [HIS](#) website. Providers should review the updated version of the [HIS Manual (V1.01) and associated Change Table](#) as well as the new [Question and Answer](#) document. A new [Fact Sheet](#) regarding HIS completion timing guidelines is also available. This Fact Sheet replaces previous CMS guidance about "updating" the HIS and provides important new information. Please review the materials in preparation for HIS implementation on July 1, 2014.

CMS to Release a Comparative Billing Report on Electrodiagnostic Testing in June

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

Providers 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. Providers 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.

CMS Announces Teaching Hospital Closures and Round 7 of Section 5506 of the Affordable Care Act

In a Federal Register notice published on June 4, 2014, CMS announced Round 7 of Section 5506 of the Affordable Care Act. Section 5506 authorizes CMS to redistribute residency cap slots after a hospital that trained residents in an approved medical residency program(s) closes. Under Round 7, the resident cap slots of Long Beach Medical Center in Long Beach, NY, are to be redistributed. First priority in redistributing the slots is given to hospitals located in the same or contiguous Core Based Statistical Area (CBSA) as the closed hospital. Hard copy applications from hospitals looking to receive indirect medical education (IME) and direct graduate medical education (GME) full-time equivalent (FTE) resident slots from this closed teaching hospital must be received by CMS Central Office, not postmarked, by 5pm ET on September 2, 2014.

The Section 5506 Application Form and Guidelines for Submitting Applications Under Section 5506 are located on the CMS Direct Graduate Medical Education web page, along with links to other rules that contain policy guidance on submitting section 5506 applications, including the CY 2011 OPPS final rule and the FY 2013 IPPS/LTCH PPS final rule.

EHR Incentive Programs: Provide Feedback on Draft Combined 2015 QRDA Implementation Guide by June 27

CMS has posted a draft combined QRDA implementation guide for eligible professionals and eligible hospitals to use for 2015 clinical quality measures (CQMs). In an effort to be collaborative and transparent, CMS is accepting feedback from the health care industry on the draft guide until June 27, 2014.

The draft 2015 implementation guide includes information for both eligible hospitals and eligible professionals, and CMS encourages vendors, providers, and others in the health care industry to submit comments on this new format, as well as other aspects of the guide, including:
- 2015 QRDA submission methods
- Addition of the Program Name requirement
- Location of the CMS Certification Number (CCN)
- Handling of the Tax Identification Number (TIN) and National Provider Identification (NPI)

Commenters may also submit feedback on the overall usefulness of the guide and areas that need improvement. CMS will review and consider all feedback submitted through JIRA by June 27 before finalizing the guide.

For More Information
To learn more about CQMs, visit the Clinical Quality Measures web page and the eCQM Library web page.

EHR Incentive Programs: NPRM Comment Period Now Open: Submit by July 21

CMS and Office of the National Coordinator for Health Information Technology (ONC) invite the public to submit comments on the recently released notice of proposed rulemaking (NPRM) that would allow providers participating in the Electronic Health Record (EHR) Incentive Programs to use the 2011 Edition or 2014 Edition of certified electronic health record technology (CEHRT) for the 2014 reporting year. Comments must be received by July 21, 2014 to be considered. Visit the CMS Newsroom to read the press release,

About the NPRM
If finalized, the proposal would allow providers to meet Stage 1 or Stage 2 of meaningful use with EHRs certified to the 2011 or 2014 Edition criteria or a combination of both Editions. Beginning in 2015, all eligible providers would be

required to report using 2014 Edition CEHRT. If finalized, this proposal will provide participation options that vary by a provider's stage of meaningful use and by their CEHRT Edition selection.

Extending Stage 2
The proposed rule also includes a provision that would formalize CMS and ONC's recommended timeline to extend Stage 2 through 2016. If finalized, the earliest a provider would participate in Stage 3 of meaningful use would be 2017.

Groups: Remember to Register for 2014 PQRS GPRO Participation by September 30

Eligible professionals (EPs) who wish to participate in the 2014 Physician Quality Reporting System (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-PQRS (PV-PQRS) Registration System. 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 is open until 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. 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.

PQRS Resources Posted to CMS eHealth University

Are you eligible to participate in the 2014 Physician Quality Reporting System (PQRS)? CMS has added several new intermediate-level materials to eHealth University to help you successfully participate in PQRS and receive an incentive payment. These include:
- Electronic Health Record (EHR) Reporting Made Simple – Outlines EHR-based reporting for 2014 PQRS participation for both individual eligible professionals and group practices.
- Claims Reporting Made Simple – Describes claims-based reporting and outlines steps that individual eligible professionals should take prior to participating.

- [Qualified Clinical Data Registry (QCDR) Reporting Made Simple](#) – Explains QCDR participation and steps individual eligible professionals should take when selecting a QCDR for the 2014 PQRS program year.
- [Registry Reporting Made Simple](#) – Describes registry-based reporting and outlines steps that individual eligible professionals or group practices should take in selecting a registry to work with for the 2014 PQRS program year.

About PQRS
This is the last year eligible professionals can earn an incentive payment for satisfactorily reporting PQRS quality data to CMS, and this year's participation in PQRS will also determine the 2016 PQRS payment adjustment. If you satisfactorily submit PQRS quality measures to CMS using one of the approved reporting options for services provided during the 2014 reporting period, you will qualify to earn an incentive payment.

About eHealth University
[eHealth University](#) is a tool to help providers find information and materials on each of the CMS [eHealth programs](#) in one location. To learn more about eHealth and eHealth University, watch this [introductory video.](#)

Claims, Pricers, and Codes

July 2014 Average Sales Price Files Now Available

CMS has posted the July 2014 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks. All are available for download on the [2014 ASP Drug Pricing Files](#) web page.

MLN Educational Products

"The Basics of Internet-based PECOS for DMEPOS Suppliers" Fact Sheet — Revised

"[The Basics of Internet-based PECOS for DMEPOS Suppliers](#)" Fact Sheet (ICN 904283) was revised and is now available in downloadable format. This fact sheet is designed to provide education on how DMEPOS suppliers should enroll in the Medicare Program and maintain their enrollment information on 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.

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 "[Medicare Disproportionate Share Hospital](#)" Fact Sheet (ICN 006741) is designed to provide education on Medicare Disproportionate Share Hospitals (DSH). It includes the following information: background; methods to qualify for the Medicare DSH adjustment; Affordable Care Act provision that impacts Medicare DSHs; Medicare Prescription Drug, Improvement, and Modernization Act provisions that impact Medicare DSHs; number of beds in hospital determination; Medicare DSH payment adjustment formulas; resources; and lists of helpful websites and Regional Office Rural Health Coordinators.
- The "[Advance Beneficiary Notice of Noncoverage](#)" Booklet (006066) is designed to provide education on the Advanced Beneficiary Notice (ABN). It includes information on when an ABN should be used and how it should be completed.
- The "[Critical Access Hospital](#)" Fact Sheet (ICN 006400) is designed to provide education on Critical Access Hospitals (CAHs). It includes the following information: background, CAH designation, CAH payments, additional Medicare payments, grants to States under the Medicare Rural Hospital Flexibility Program, resources, and lists of helpful websites and Regional Office Rural Health Coordinators.

- The "Intensive Behavioral Therapy (IBT) for Obesity" Booklet (ICN 907800) is designed to provide education on intensive behavioral therapy for obesity. It includes information about obesity rates, approaches on treating obesity, and other resources on obesity.

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.