Medicare Learning Network®
Official Information Health Care Professionals Can Trust

MLN Connects™

Weekly Provider eNews

Thursday, June 19, 2014

MLN Connects™ National Provider Calls

New Medicare PPS for FQHCs: Operational Requirements — Last Chance to Register

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, and 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.

ESRD Quality Incentive Program: Reviewing Your Facility's PY 2015 Performance Data — Registration Now Open
Wednesday, July 16; 2-3pm ET

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

During this MLN Connects™ National Provider Call, CMS experts will give a presentation on the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). The ESRD QIP is a pay-for-performance initiative that ties a facility's quality scores to a payment percentage reduction over the course of a payment year (PY). On July 15, 2014, each dialysis facility will have access to a preliminary PY 2015 Performance Score Report (PSR) that "previews" how well it scored on the quality measures that CMS will use for determining any payment reductions.

This MLN Connects Call will focus on the steps dialysis facilities need to take to review the data CMS will use to evaluate performance as part of the PY 2015 program. After the presentation, participants will have an opportunity to ask questions of subject matter experts.

Agenda:
- How to access and review a dialysis facility PSR
- How CMS calculates facility ESRD QIP performance score using quality data
- What a performance score means to a facility PY 2015 payment rates
- When and where to ask questions regarding PSR, including how to submit one formal inquiry
- Duty and responsibility to make ESRD QIP performance data transparent to patients
- Where to access help and additional information

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.

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

ESRD Quality Incentive Program: Notice of Proposed Rulemaking for PY 2017 and 2018 — Registration Now Open
Wednesday, July 23; 2-3:30pm ET

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

During this MLN Connects™ National Provider Call, CMS experts will give a presentation on the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). The ESRD QIP is a pay-for-performance quality initiative that ties a facility's performance to a payment reduction over the course of a payment year (PY). This MLN Connects Call will focus on the upcoming ESRD Prospective Payment System (PPS) proposed rule with 30 day comment period, which includes rules for operationalizing the ESRD QIP in PY 2017 and PY 2018. A question and answer session will follow the presentation giving participants an opportunity to ask questions of subject matter experts.

Agenda:

- ESRD QIP legislative framework;
- Proposed measures, standards, scoring methodology, and payment reduction scale for PY 2017 and PY 2018
- Methods for reviewing and commenting on the proposed rule
- Question and answer session

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.

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 Video Slideshow, Transcript, and Audio Recording

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

- January 14 —2-Midnight Benchmark for Inpatient Hospital Admissions, video slideshow
- June 4 — More ICD-10 Coding Basics, audio and transcript

CMS Events

ICD-10 Documentation and Coding Concepts Webcast: Obstetrics and Gynecology

CMS invites you to view a newly released webcast on ICD-10 documentation and coding concepts for obstetrics and gynecology. 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 obstetrics and gynecology:

- 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 another webinar in the "Road to 10" series on family practice and internal medicine that will follow the same outline and objectives. Webcasts for orthopedics, cardiology, 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.

Announcements

Has Your Hospice Registered for the User IDs Required to Submit HIS Data?

In order to submit the Hospice Item Set (HIS) admission records and HIS discharge records, hospice providers must register for a CMSNet User ID and a QIES User ID. The CMSNet User ID and the QIES User IDs are essential for the successful submission of HIS data beginning July 1, 2014.

The online self-registration application for the CMSNet User ID is available on the CMSNet Information web page. If you have questions while registering for the CMSNet User ID, contact the CMSNet Help Desk at 888-238-2122 or mdcn.mco@palmettogba.com.

Once successfully logged into the CMS network, providers will access the CMS QIES Systems for Providers - Hospice Welcome web page and the Hospice User Registration application link. By selecting the Hospice User Registration link, users will self-register for a QIES User ID. If you have questions while registering for the QIES User ID, contact the QTSO Help Desk at 877-201-4721 or help@qtso.com.

You are encouraged to review the Hospice technical training modules 1 (CMSNet User ID Registration Process) through 3 (QIES User ID Registration Process) prior to registering for the CMSNet and QIES User IDs. The recorded training modules are available on the QTSO website.

Open Payments (The Sunshine Act): Reminder to Complete Phase 1 Registration: Enterprise Portal

As a reminder, the voluntary Open Payments registration process for physicians and teaching hospitals (Phase 1) in the CMS Enterprise Portal is currently open. Although registration is a voluntary process, it is required if physicians or teaching hospitals want to access, review, and dispute any of the data reported about them by the industry prior to public posting of the data.

Registration and data submission for physicians and teaching hospitals will be conducted in two phases for this first Open Payments reporting year:

- *Phase 1* (currently underway) includes user registration in the CMS Enterprise Portal.
- *Phase 2* (begins in July and will extend for 45 days) 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.

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 of the Open Payments website. CMS has also developed a brochure about the program to be shared with patients.

An updated 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 and 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."

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: Hardship Exception Application Deadline 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 Electronic Health Record (EHR) Incentive Program will begin on January 1, 2015 for eligible professionals. However, you can avoid the adjustment by completing a hardship exception application and providing supporting documentation that proves demonstrating meaningful use would be a significant hardship for you. CMS will review applications to determine whether or not you are granted a hardship exception. Applications for the 2015 payment adjustments are due *July 1, 2014 for eligible professionals.* If approved, the exception is valid for one year. CMS has posted hardship exception applications on the EHR website for:

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

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

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

EHR Incentive Programs: Updated Eligible Professional QRDA I and III Packages

On June 13, CMS posted updated versions of the Quality Reporting Document Architecture (QRDA) I and III packages for eligible professionals to use to report clinical quality measures (CQMs) this year. The purpose of the updates is to correct *only the sample files* that were part of the download packages. There are not changes to the technical specifications. Each package includes a supplementary implementation guide and a change log that describes the updates. The documents are available for download on the CQM Library web page under Additional Resources. To learn more about clinical quality measures visit the EHR Incentive Programs website.

Claims, Pricers, and Codes

Phase 2 Ordering and Referring Denial Edits for Physicians Certifying HHA Services

Effective July 1, 2014, Phase 2 ordering and referring denial edits will apply to attending physicians, who sign a patient's plan of care, as well as certifying physicians, who certify/re-certify a patient's eligibility to receive services under the Medicare home health benefit, as reported on Home Health Agency (HHA) claims. Currently, these edits are only applicable to the attending physician.

The edits will check to ensure that attending and certifying physicians have valid National Provider Identifiers (NPIs) and are eligible to order and refer the HHA items and services on the claim. *These edits will deny the claim when this information is missing or invalid.*

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

MLN Educational Products

"How to Access Updates to ICD-10 Local Coverage Determinations in the CMS Medicare Coverage Database" MLN Matters® Article — Released

MLN Matters® Special Edition Article #SE1421, "How to Access Updates to ICD-10 Local Coverage Determinations in the CMS Medicare Coverage Database" has been released and is now available in downloadable format. This article is designed to provide education on how to access updates to International Classification of Diseases, 10th Edition (ICD-10) Local Coverage Determinations (LCDs) in the CMS Medicare Coverage Database (MCD). It includes background information, instructions on how to access the MCD and the list of LCDs with ICD-10 codes, and printing directions.

"Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Billing Guide" MLN Matters® Article — Revised

MLN Matters® Special Edition Article #SE1039, "Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Billing Guide" was revised and is now available in downloadable format. This article was designed to provide education on the information FQHCs are required to submit and how RHCs should bill for certain preventive services. It includes background information, basic RHC and FQHC billing requirements, and a summary of differences. The article was revised to refer to some of the key new articles.

Is the eNews Meeting Your Needs? Give Us Your Feedback!

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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