



MLN Connects™

Weekly Provider eNews

Thursday, June 26, 2014

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“Top Ten Frequently Asked Questions About Remittance Advice” Fact Sheet — Released
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“Quick Reference Information: The ABCs of Providing the Annual Wellness Visit” Educational Tool — Revised
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“Contractor Entities At A Glance: Who May Contact You About Specific CMS Activities” Educational Tool — Reminder
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New MLN Educational Web Guides Fast Fact
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MLN Connects™ National Provider Calls

Dialysis Facility Compare: Rollout of Five Star Rating — Registration Now Open

Thursday, July 10; 2:30-4pm ET

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

This MLN Connects™ National Provider Call will provide stakeholders with the following:

- Information about the implementation of a Five Star Rating on Dialysis Facility Compare (DFC) in October, 2014
- The methodology used to calculate the rating
- Directions on how to access and preview the rating in the July, 2014 DFC Preview Period reports

Background:

CMS is adopting Five Star Ratings across all Medicare.gov Compare websites to help consumers understand the information and make more informed decisions about where to get healthcare. The CMS Center for Clinical Standards and Quality has contracted with the University of Michigan Kidney Epidemiology and Cost Center to develop and implement a Five Star Rating program for dialysis facilities. In October, 2014, CMS will introduce a Five Star Rating on DFC that reflects the overall quality of each dialysis facility. Providers will be able to see their facility's Five Star Rating during the July, 2014 DFC Preview Period.

Agenda:

- Introduction and roles
- Importance of Five Star Compare Systems
- Description of rating methodology
- Report details
- Maintenance and updates of Five Star Ratings
- Resources
- Q&A Session

Target Audience: Dialysis clinics and organizations, nephrologists, End-Stage Renal Disease (ESRD) Networks, hospitals with dialysis units, billers/coders, 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.

ESRD Quality Incentive Program: Reviewing Your Facility's PY 2015 Performance Data — Register Now

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 — Register Now

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.

Proposals for Quality Reporting Programs under the 2015 Medicare PFS — Registration Opening Soon

Thursday, July 24; 1:30-3pm ET

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

This MLN Connects™ National Provider Call provides an overview of the 2015 Physician Fee Schedule (PFS) Proposed Rule. This presentation will cover potential program updates to the Physician Quality Reporting System (PQRS). The topics covered include changes to reporting mechanisms, individual measures, measures groups for inclusion in 2015, criteria for satisfactorily reporting for incentive, criteria for avoiding future payment adjustments, requirements for Medicare incentive program alignment, and satisfactory participation under the qualified clinical data registry option.

The presentation also provides an overview of the proposals for the value-based payment modifier, including how CMS proposes to continue to phase in and expand application of the value-based payment modifier in 2017 based on performance in 2015. The presentation also describes how the value-based payment modifier is aligned with the

reporting requirements under the PQRS. This presentation further provides updates to Physician Compare and the EHR Incentive Program.

Target Audience: Physicians, practitioners, therapists, medical group practices, practice managers, medical and specialty societies, payers, insurers.

This MLN Connects Call is being evaluated by CMS for CME and CEU continuing education credit (CE). Refer to the [call detail page](#) for more information.

New MLN Connects™ National Provider Call Audio Recordings and Transcripts

Audio recordings and transcripts are now available for the following calls:

- June 10 — Medicare Shared Savings Program ACO: Application Review, [audio](#) and [transcript](#)
- June 12 — Open Payments (the Sunshine Act): CMS Registration Overview, [audio](#) and [transcript](#)

Call materials for MLN Connects™ Calls are located on the [Calls and Events](#) web page.

CMS Events

ICD-10 Documentation and Coding Concepts Webcast: Family Practice/Internal Medicine

CMS invites you to view a newly released webcast on ICD-10 documentation and coding concepts for family practice and internal medicine. 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 family practice and internal medicine:

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

Webcasts for orthopedics, cardiology, pediatrics, and obstetrics and gynecology 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

National HIV Testing Day – June 27

National HIV Testing Day (NHTD) is an annual campaign to encourage people of all ages to "Take the Test, Take Control." Medicare provides coverage of both standard and Food and Drug Administration approved rapid HIV screening tests for eligible beneficiaries:

- Once annually for beneficiaries at increased risk for HIV infection, (11 full months must elapse following the month the previous test was performed in order for the subsequent test to be covered),
- A maximum of three times for pregnant Medicare beneficiaries, per pregnancy beginning with the date of the first test when ordered by the woman's clinician, at the following times: First, when the woman is

diagnosed with the pregnancy; Second, during the third trimester; Third, at labor, if ordered by the woman's clinician.

Beneficiaries with any known prior diagnosis of HIV-related illness are not eligible for this screening test. Medicare provides coverage for HIV screening as a Medicare Part B benefit. The beneficiary may receive this screening service with no out-of-pocket cost to them. The coinsurance, copayment and Part B deductible is waived for this benefit.

For more information refer to [MLN Matters® Article MM6786](#), "Screening for the Human Immunodeficiency Virus (HIV) Infection."

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. See [MLN Matters® Special Edition Article SE1421](#), "How to Access Updates to ICD-10 Local Coverage Determinations in the CMS Medicare Coverage Database."

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. To avoid a 2 percentage point reduction in their FY 2016 annual payment update (APU), all Medicare-certified hospice providers shall report HIS data to CMS on all patient admissions on or after July 1, 2014. 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.

PEPPERS Available for SNFs, Hospices, CAHs, LTCHs, IPFs, IRFs and PHPs

In April and May, 2014 TMF Health Quality Institute completed a release of the Program for Evaluating Payment Patterns Electronic Report (PEPPER) for skilled nursing facilities (SNFs), hospices, critical access hospitals (CAHs), long-term acute care hospitals (LTCHs), inpatient psychiatric facilities (IPFs), inpatient rehabilitation facilities (IRFs) and partial hospitalization programs (PHPs).

TMF is contracted with CMS to produce and distribute the PEPPER. The following providers can access their PEPPER electronically through the [Secure PEPPER Access page](#) at [PEPPERresources.org](#):

- LTCHs
- Free-standing IRFs (not a unit of a short-term acute care hospital)
- Hospices
- PHPs not associated with a short-term acute care hospital or with an IPF
- SNFs that are not a swing-bed unit of a short-term acute care hospital

The following providers received their PEPPER in mid-April through a My QualityNet secure file exchange to QualityNet Administrators and user accounts with the PEPPER recipient role:

- CAHs
- IPFs
- IRF distinct part units of a short-term acute care hospital
- PHPs administered by a short-term acute care hospital or an IPF
- SNF swing-bed units of a short-term acute care hospital

Visit PEPPERresources.org for more information on obtaining PEPPER and to access resources for using PEPPER, including PEPPER user's guides and recorded training sessions. Questions or comments about PEPPER may be submitted through the [Help Desk](#).

Eligible Professionals: EHR Hardship Exception Applications Due July 1

Eligible professionals can now use the new CMS [interactive tool](#) to help determine if they will avoid upcoming 2015 and 2016 Medicare Electronic Health Record (EHR) Incentive Program payment adjustments by demonstrating meaningful use, or if they should apply for a [hardship exception](#). If an eligible professional determines that they need to apply for a hardship exception, the application must be submitted by July 1, 2014. CMS will review applications to determine whether or not a hardship exception will be granted. If approved, the exception is valid for one year.

Applying for Hardship Exception

When submitting hardship exception applications, entries must include supporting documentation that proves demonstrating meaningful use presented significant hardship. CMS has posted hardship exception applications on the EHR website for:

- [Eligible professionals](#)
- [Eligible professionals submitting multiple National Provider Identifiers \(NPIs\)](#)

Please read and follow the submission instructions on the application. Note that all required supporting documentation must be included at the time of submission. Completing your application online and submitting it electronically to EHRhardship@provider-resources.com, with all required supporting documentation, will reduce the application processing time. Please *do not* submit hand-written applications.

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.

Eligible Professionals: Review the Lists of Qualified Registries and QCDRs for 2014 PQRS Participation

Interested in participating in PQRS this year using a [qualified registry](#) or a [Qualified Clinical Data Registry](#) (QCDR)? You can now review the lists of approved registries and QCDRs for 2014 on the CMS website.

Registry and QCDR Lists Now Available

For individual eligible professionals and group practices that wish to report using the qualified registry method, review the [2014 Qualified Registries](#) list. For individual eligible professionals who wish to report using the new QCDR method, review the [2014 Qualified Clinical Data Registries](#) list. This reporting option is not available to group practices. These lists include detailed information regarding:

- The services each QCDR/registry offers
- The cost incurred by their clients
- The measures they have available

Some of the 2014 QCDRs are in the process of publishing their non-PQRS measures. For these QCDRs, a TBD is displayed in the "Non-PQRS Measures Information" column. The list will be updated and reposted once all of the non-PQRS measure publications are finalized.

More Information on 2014 Registry and QCDR Reporting

For more information about reporting using QCDRs and qualified registries, review the [2014 PQRS: QCDR Participation Made Simple](#) and [2014 Registry Reporting Made Simple](#) documents. To learn more about PQRS, visit the [PQRS](#) website.

New PQRS Frequently Asked Questions Available

To keep you updated with information on the Physician Quality Reporting System (PQRS), CMS has recently added three new FAQs to the website. Review these FAQs to learn more about PQRS Electronic Health Record (EHR) reporting, Adult Treatment Panel clinical guidelines, and Joint National Committee clinical guidelines.

New FAQs:

- If an eligible professional's (EP) or group practice's 2014 EHR system was not ready to report 2014 Physician Quality Reporting System (PQRS) measures as of January 1, 2014, can it still be used to report 2014 PQRS measures via direct EHR product or EHR data submission vendor after January 1, 2014 and what percentage of clinical quality measure (CQM)-eligible Medicare patients must be reported? [Read the answer here.](#)
- How should clinicians continue current practice and report 2014 PQRS measures, which still reflect the old clinical guidelines through the PQRS claims, Registry or GPRO Web Interface reporting option? [Low-density lipid control clinical concepts and Adult Treatment Panel clinical guidelines] [Read the answer here.](#)
- How should clinicians continue current practice and report 2014 PQRS measures, which still reflect the old clinical guidelines through the PQRS claims, Registry or GPRO Web Interface reporting option? [Blood pressure clinical concepts and Joint National Committee clinical guidelines] [Read the answer here.](#)

Want more information about PQRS?

Make sure to visit the [PQRS](#) website for the latest news and updates on PQRS. You can also contact the QualityNet Help Desk at 866-288-8912 or via qnetsupport@hcqis.org. They are available from 7am to 7pm CT Monday through Friday.

Claims, Pricers, and Codes

Learn More about the New Remittance Advice Codes for PQRS Claims-Based Reporting

Are you a PQRS eligible professional participating in claims-based reporting this year? Effective July 1, 2014, you will have to use the updated Remittance Advice Remark Codes (RARCs) for PQRS claims-based reporting that went into effect on April 1, 2014. CMS has released a new [FAQ](#) with information about the updated codes.

What are the New Codes and What Do They Mean?

- Eligible professionals who bill on a \$0.00 Quality-Data Code (QDC) line item will receive the N620 code, which replaces the current N365 code. Also, eligible professionals who bill on a \$0.01 QDC line item will receive the CO 246 N572 code.
- The new RARC code N620 will be your indication that the PQRS codes were received into the CMS National Claims History (NCH) database.
- The new RARC N572 with the Claim Adjustment Reason Code 246 (with Group Code CO or PR) indicates that the procedure is not payable unless non-payable reporting codes and appropriate modifiers are submitted.

Remember: The new codes will be effective on July 1, 2014. The old codes will be deactivated on the same date.

For More Information

If you require further information, please contact the QualityNet Help Desk at 866-288-8912 or via qnetsupport@hcqis.org. They are available from 7am to 7pm CT Monday through Friday. For more information on PQRS, please visit the [PQRS](#) website.

MLN Educational Products

“Drug Diversion: Do You Know Where the Drugs Are Going?” Web-Based Training Course – Released

The “Drug Diversion: Do You Know Where the Drugs Are Going?” Web-Based Training Course (WBT) was released and is now available. This WBT is designed to provide education on what drugs are being diverted, who is diverting drugs, how to recognize drug seeking behaviors, and how to prevent drug diversion. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

To access the WBT, go to [MLN Products](#) and click on “Web-Based Training Courses” under “Related Links” at the bottom of the web page.

“Top Ten Frequently Asked Questions About Remittance Advice” Fact Sheet — Released

The “[Top Ten Frequently Asked Questions About Remittance Advice](#)” Fact Sheet (ICN 908330) was released and is now available in downloadable format. This fact sheet is designed to provide education on the remittance advice (RA). It includes the top 10 questions health care professionals most frequently ask about the RA.

“Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination” Educational Tool — Revised

The “[Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination](#)” Educational Tool (ICN 006904) was revised and is now available in downloadable and hard copy format. This educational tool is designed to provide education on the Initial Preventive Physical Examination (IPPE). It includes a list of elements that must be included in the IPPE, as well as coverage and coding information.

“Quick Reference Information: The ABCs of Providing the Annual Wellness Visit” Educational Tool — Revised

The “[Quick Reference Information: The ABCs of Providing the Annual Wellness Visit](#)” Educational Tool (ICN 905706) was revised and is now available in downloadable and hard copy format. This educational tool is designed to provide education on the Annual Wellness Visit (AWV). It includes a list of the required elements in the initial and subsequent AWVs, as well as coverage and coding information.

“Rural Referral Center Program” Fact Sheet — Revised

The “[Rural Referral Center Program](#)” Fact Sheet (ICN 006742) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Rural Referral Center (RRC) Program. It includes the following information: background, RRC Program requirements, urban to rural reclassification, and RRC status.

“Swing Bed Services” Fact Sheet — Revised

The “[Swing Bed Services](#)” Fact Sheet (ICN 006951) was revised and is now available in downloadable format. To assist rural providers who have limited internet access, the “[Swing Bed Services Text-Only](#)” Fact Sheet is available in text-only format. This fact sheet is designed to provide education on swing bed services. It includes the following information: background, requirements that apply to hospitals and Critical Access Hospitals, payments, resources, and lists of helpful websites and Regional Office Rural Health Coordinators.

“Contractor Entities At A Glance: Who May Contact You About Specific CMS Activities” Educational Tool — Reminder

The “[Contractor Entities At A Glance: Who May Contact You About Specific Centers for Medicare & Medicaid Services \(CMS\) Activities](#)” Educational Tool (ICN 906983) is available in downloadable format. This educational tool is designed to provide education on the definitions and responsibilities of entities who are involved with claims adjudication activities. It includes a chart that outlines each entity by type, definitions, responsibilities, and reasons for contacting providers, especially Fee-For-Service providers.

“Medicare Parts C and D Fraud, Waste and Abuse Training and Medicare Parts C and D General Compliance Training” Web-Based Training Course — Reminder

The “Medicare Parts C and D Fraud, Waste and Abuse Training and Medicare Parts C and D General Compliance Training” Web-Based Training Course (WBT) is available. This WBT is designed to provide education on fraud, waste, and abuse in the Medicare Parts C and D program and general compliance concepts. It includes two parts and can be used to satisfy general compliance training requirements and fulfill the annual fraud, waste and abuse training requirement for Medicare Parts C and D organizations.

To access the WBT, go to [MLN Products](#) and click on “Web-Based Training Courses” under “Related Links” at the bottom of the web page.

New MLN Educational Web Guides Fast Fact

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

New MLN Provider Compliance Fast Fact

A new fast fact is now available on the [MLN Provider Compliance](#) web page. This web page provides the latest [MLN Educational Products](#) and [MLN Matters® Articles](#) designed to help Medicare health care professionals understand common billing errors and avoid improper payments. Please bookmark this page and check back often as a new fast fact is added each month.

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