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- “Extension of Provider Enrollment Moratoria for Home Health Agencies and Part B Ambulance Suppliers” MLN Matters® Article – Released
- “DMEPOS Quality Standards” Booklet – Revised
- “The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS): Information for Pharmacies” Fact Sheet – Revised
- “Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services” Fact Sheet – Revised
- “Medicare Fraud & Abuse: Prevention, Detection, and Reporting” Fact Sheet – Revised
- New Continuing Education Association Now Accepting MLN Web-Based Training Courses
- MLN Product Available In Electronic Publication Format

MLN Connects™ National Provider Calls

National Partnership to Improve Dementia Care in Nursing Homes: Improved Care Transitions —Last Chance to Register

Tuesday, August 19; 1:30-3pm ET

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

During this MLN Connects™ National Provider Call, speakers will discuss the role of physician leadership in working with hospitalists to improve care transitions and the importance of open communication between physicians and nurse practitioners across care settings. CMS subject matter experts will provide National Partnership updates, share progress of the Focused Dementia Care Survey Pilot, and discuss next steps. A question and answer session will follow the presentation.

The CMS National Partnership to Improve Dementia Care in Nursing homes was developed to improve dementia care through the use of individualized, comprehensive care approaches. The partnership promotes a systematic process to evaluate each person and identify approaches that are most likely to benefit that individual. The goal of the partnership is to continue to reduce the use of unnecessary antipsychotic medications, as well as other potentially harmful medications in nursing homes and eventually other care settings as well.

Agenda:

- Partnership updates
- Successful care transitions: Role of physician leadership and importance of open communication across care settings
- Next steps

Target Audience: Consumer and advocacy groups, nursing home providers, surveyor community, prescribers, professional associations, and other interested stakeholders.

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

Announcements

PQRS Measure-Applicability Validation (MAV) Course Available Online

CMS has announced the launch of the Measure-Applicability Validation (MAV) course, which is now available on the PQRS website. The self-paced MAV training course is designed for:

- Eligible professionals reporting measures via claims
- Eligible professionals or group practices reporting via a registry vendor

The course presents a high-level overview of the MAV process and how the MAV process will apply for 2014 PQRS reporting purposes. The course includes the following four modules:

- Module 1: MAV Overview
- Module 2: Knowing When MAV Applies
- Module 3: MAV Analysis Process
- Module 4: MAV Scenarios

Participate in this course to learn how to handle real-world MAV scenarios, earn the 2014 PQRS incentive, and avoid the 2016 PQRS payment adjustment.

After Completing the MAV Course

Upon completion of the MAV Course, you will have the option of completing the Knowledge Check and printing a Certificate of Completion for your records.

Visit the [CMS Frequently Asked Questions \(FAQs\)](#) page to find answers to questions about MAV, such as:

- [What is Measure-Applicability Validation \(MAV\)?](#)
- [When does MAV apply?](#)
- [What happens if we report less than nine measures across three domains?](#)
- [How does CMS apply the MAV Clinical Relation Test for PQRS?](#)

For More about MAV

If you have other questions about the MAV process, please contact the QualityNet Help Desk at 1-866-288-8912 or via the new QualityNet email address at qnetssupport@hcqis.org.

Visit the eCQM Library Page to Review the Combined 2015 CMS QRDA Implementation Guide

The [Combined 2015 QRDA Implementation Guide](#) for eligible professionals, eligible hospitals, and critical access hospitals (CAHs) to use for reporting electronic clinical quality measures (eCQMs) starting in the 2015 reporting year is now available on the [CMS website](#). The 2015 Combined Implementation Guide provides technical instructions for QRDA Category I & Category III reporting for the following programs:

- Hospital Quality Reporting including the EHR Incentive Programs and Inpatient Quality Reporting (IQR)
- Ambulatory programs including the Physician Quality Reporting System (PQRS), the Comprehensive Primary Care (CPC) Initiative, and Pioneer ACO

CMS accepted public feedback on the draft guide from June 10, 2014 to July 8, 2014, and has made revisions accordingly for inclusion in this release.

The CMS 2015 QRDA Implementation Guide is updated for the 2015 reporting year, and combines business requirements and information from three previously published CMS QRDA guides:

- [The 2014 CMS QRDA Implementation Guide for Eligible Hospital Clinical Quality Measures](#)
- [The 2014 CMS QRDA I Implementation Guides for Eligible Professionals Clinical Quality Measures \[zip file\]](#)
- [The 2014 CMS QRDA III Implementation Guides for Eligible Professionals Clinical Quality Measures \[zip file\]](#)

About the Combined Guide

Combining the above guides into a single document provides a unified resource for implementers, eliminating the need to locate the individual program guides. More importantly, combining guides harmonizes differences among earlier versions of the CMS QRDA guides, especially between the QRDA-I guides for eligible professionals, eligible hospitals, and CAHs.

The CMS 2015 QRDA Implementation Guide incorporates applicable technical corrections made in the new 2014 HL7 errata updates to the HL7 Implementation Guides for QRDA I and III. The new guide contains two main parts:

- Part A is the harmonized QRDA-I implementation guide for both eligible professionals and eligible hospitals/CAHs.
- Part B is the QRDA-III implementation guide for eligible professionals.

It also includes appendices that annotate the changes between the HL7 QRDA-I and QRDA-III standards and the CMS QRDA specific constraints. Changes between the CMS 2014 QRDA guides and the new combined guide are provided as well.

Additional Resources

The 2015 CMS QRDA Implementation Guide is available for download on the [eCOM Library Page](#) in the Additional Resources section. To learn more about CQMs, visit the [Clinical Quality Measures webpage](#). For questions about reporting requirements using the 2015 QRDA Implementation Guide, please refer to the specific program's help desk or information center.

PV-PQRS Registration Open Until September 30

The Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System is open for authorized representatives of group practices to register to participate in the PQRS Group Practice Reporting Option (GPRO) for CY 2014 via Qualified PQRS Registry, Electronic Health Record Incentive Program (EHR) or Web Interface (limited to groups with 25 or more eligible professionals (EPs) only). In general, if a group practice has 25 or more EPs, then the group can elect to supplement its PQRS reporting mechanism with the Consumer Assessment of Health Providers and Systems (CAHPS) for PQRS survey. However, if the group practice has 100 or more EPs and has selected the Web Interface reporting mechanism for 2014, then the group is required to report the CAHPS for PQRS survey. Group practices that have elected or are required to report the CAHPS for PQRS survey may choose to include their performance on the 2014 CAHPS for PQRS survey in the calculation of the group's 2016 Value-Based Payment Modifier (VM). If a group does not register to participate through the PQRS GPRO, CMS will calculate a group quality score for the 2016 VM if at least 50 percent of the eligible professionals within the group report measures individually and meet the criteria to avoid the 2016 PQRS payment adjustment. The group does not have to register for this 50% threshold option.

Group practices of 10 or more EPs who don't participate in PQRS in 2014, either as a group or by having at least 50% EPs reporting as individuals, will be subject to a -2% VM downward payment adjustment in 2016.

The PV-PQRS Registration System will close on September 30, 2014. Access the PV-PQRS Registration System at <https://portal.cms.gov> using a valid Individuals Authorized Access to the CMS Computer Services (IACS) User ID and password. For additional information regarding registration and obtaining or modifying an IACS account, please see the Quick Reference Guides in the "Downloads" section of the [Self-Nomination/Registration](#) page on the [Physician Feedback/Value Modifier website](#).

Claims, Pricers, and Codes

FY 2014 Inpatient PPS Pricer Updated

The FY 2014 Inpatient Prospective Payment System (PPS) Pricer has been updated with the July provider data. The latest version is now available on the [Acute Inpatient PPS](#) web page in the "Downloads" section.

FY 2014 Inpatient PPS PC Pricer Updated

The FY 2014 Inpatient Prospective Payment System (PPS) PC Pricer has been updated with the July provider data. The latest version is now available on the [Inpatient PPS PC Pricer](#) web page in the "Downloads" section.

MLN Educational Products

MLN Suites of Products & Resources for Selected Audiences: Educators and Students, Billers and Coders, Inpatient Hospitals, Compliance Officers

The "[Medicare Learning Network® \(MLN\) Suite of Products & Resources for Educators and Students](#)" Educational Tool (903763) was revised and is now available in downloadable format. This educational tool is

designed to provide education on products that supplement the health care educational curriculum at technical schools and community colleges. It includes information on Medicare Program basics, business requirements and federal initiatives and incentives, as well as suggested web-based training courses to challenge students.

The “[Medicare Learning Network® \(MLN\) Suite of Products & Resources for Billers and Coders](#)” Educational Tool (904183) was revised and is now available in downloadable format. This educational tool is designed to provide education on Medicare Program policies and procedures, accurate claims review and submission, business requirements and federal initiatives and incentives. It includes information and direct links to billing and coding products designed to equip office professionals with a better understanding of the Medicare Program basics and accurate billing procedures.

The “[Medicare Learning Network® \(MLN\) Suite of Products & Resources for Inpatient Hospitals](#)” Educational Tool (905704) was revised and is now available in downloadable format. This educational tool is designed to provide Medicare Part A providers and business management professionals with an understanding of payment systems, fee schedules and reimbursement assistance resources. It includes information and direct links to Medicare payment policies and procedures, provider enrollment, streamlining claims review and submission requirements, and payment rates and classification criterion for reimbursement.

The “[Medicare Learning Network® \(MLN\) Suite of Products & Resources for Compliance Officers](#)” Educational Tool (908525) was revised and is now available in downloadable format. This educational tool is designed to provide education on many compliance issues facing health care professionals today. It includes direct links to information arrayed by specialty to address the detailed compliance issues distinctive to that provider type to assist in accurate claims review and submission.

“Medicare Demonstration Allows for Prior Authorization for Certain Power Mobility Devices (PMDs)” MLN Matters® Article – Revised

[MLN Matters® Article #SE1231](#), “Medicare Demonstration Allows for Prior Authorization for Certain Power Mobility Devices (PMDs)” was revised and is now available in downloadable format. This article is designed to provide education on a 3-year demonstration project that CMS is conducting to ensure that Medicare only pays for PMDs that are medically necessary under existing coverage guidelines for orders written on or after September 1, 2012. It includes information on the prior authorization process and key points. This article was revised to add information regarding the addition of 12 states to the demonstration.

“Intravenous Immune Globulin (IVIG) Demonstration - Implementation” MLN Matters® Article – Released

[MLN Matters® Special Edition Article #SE1424](#), “Intravenous Immune Globulin (IVIG) Demonstration - Implementation” has been released and is now available in downloadable format. This article is designed to provide education on a 3-year demonstration that CMS is conducting to evaluate the benefits of providing payment for the in-home administration of IVIG for the treatment of Primary Immune Deficiency Disease (PIDD). It includes background information, beneficiary eligibility requirements and billing details.

“Extension of Provider Enrollment Moratoria for Home Health Agencies and Part B Ambulance Suppliers” MLN Matters® Article – Released

[MLN Matters® Special Edition Article #SE1425](#), “Extension of Provider Enrollment Moratoria for Home Health Agencies and Part B Ambulance Suppliers” has been released and is now available in downloadable

format. This article is designed to provide education on the extension of the temporary moratoria for an additional 6 months in certain geographic locations. It includes background information and tables.

“DMEPOS Quality Standards” Booklet – Revised

The “[DMEPOS Quality Standards](#)” Booklet (ICN 905709) was revised and is now available in downloadable format. This booklet is designed to provide education on durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). It includes DMEPOS quality standards as well as information on Medicare deemed Accreditation Organizations for DMEPOS suppliers.

“The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS): Information for Pharmacies” Fact Sheet – Revised

“[The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\): Information for Pharmacies](#)” Fact Sheet (ICN 905711) was revised and is now available in downloadable format. This fact sheet is designed to provide education for pharmacies on DMEPOS. It includes information on accreditation by a CMS – approved independent national Accreditation Organization, as well as information if a pharmacy wants to be considered for an exemption from the accreditation requirements.

“Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services” Fact Sheet – Revised

The “[Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) Services](#)” Fact Sheet (ICN 904084) was revised and is now available in downloadable format. This fact sheet is designed to provide education on screening, brief intervention, and referral to treatment services. It includes an early intervention approach that targets those with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment.

"Medicare Fraud & Abuse: Prevention, Detection, and Reporting" Fact Sheet – Revised

The “[Medicare Fraud & Abuse: Prevention, Detection, and Reporting](#)” fact sheet (ICN 006827) was revised and is now available in a downloadable format. This fact sheet is designed to provide education on preventing, detecting, and reporting Medicare fraud and abuse. It includes fraud and abuse definitions, as well as an overview of the laws used to fight fraud and abuse, descriptions of the government partnerships engaged in preventing, detecting, and fighting fraud and abuse, and resources on how providers can report suspected fraud and abuse.

New Continuing Education Association Now Accepting MLN Web-Based Training Courses

The latest continuing education association to accept MLN web-based training (WBT) courses is the American Institute of Healthcare Compliance, Inc. (AIHC). AIHC joins the AAPC, American Association of Medical Assistants (AAMA), the American Association of Medical Audit Specialists (AAMAS), the American Medical Billing Association (AMBA), the California Certifying Board for Medical Assistants (CCBMA), the Healthcare Billing & Management Association (HBMA), the Medical Association of Billers (MAB), the National Academy of Ambulance Coding (NAAC), the National Center for Competency Testing (NCCT), and the Practice Management Institute (PMI).

For more information about continuing education associations that accept MLN WBT courses, visit the [Association Approvals for WBT Credits](#) web page. If the association you belong to accepts outside credit

sources and is not on the list, you should contact them to see if they are interested in working with the MLN. If they are interested, the association should email CMSCE@cms.hhs.gov.

MLN Product Available In Electronic Publication Format

The following fact sheet is now available as an electronic publication (EPUB) and through a QR code. Instructions for downloading EPUBs and how to scan a QR code are available at “[How To Download a Medicare Learning Network® \(MLN\) Electronic Publication.](#)”

The “[Swing Bed Services](#)” Fact Sheet (ICN 006951) 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.

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