

Thursday, August 21, 2014

## **MLN Connects™ National Provider Calls**

PQRS: How to Avoid 2016 Negative Payment Adjustments for CMS Medicare Quality Reporting Programs — Registration Now Open  
New MLN Connects™ Video Slideshow

## **CMS Events**

Road to 10 Webcast Series  
PQRS Measure-Applicability Validation Course Available Online

## **Announcements**

Open Payments System Reopens, Extends Physician Registration and Review Period  
FY 2015 Hospice Reporting Cycle Data Analysis Available  
EHR Incentive Program: 2014 CQM Electronic Reporting Guides  
Correction to August 7 Article: LTCH Quality Reporting Program FY 2016 Second Quarter Submission Deadline is August 15

## **Claims, Pricers, and Codes**

Update to the CWF Qualifying Stay Edit C7123 for Inpatient SNF and SB Claims  
FY 2014 HH PPS PC Pricer Updated

## **MLN Educational Products**

“Medicaid Compliance and Your Dental Practice” Fact Sheet — Released  
“ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets” Educational Tool — Released  
“ICD-10-CM/PCS The Next Generation of Coding” Fact Sheet — Revised  
MLN Products Available In Electronic Publication Format

## **MLN Connects™ National Provider Calls**

**PQRS: How to Avoid 2016 Negative Payment Adjustments for CMS Medicare Quality Reporting Programs — Registration Now Open**

*Wednesday, September 17; 1:30-3pm ET*

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

This MLN Connects™ National Provider Call provides an overview of the 2016 negative payment adjustment for several Medicare Quality Reporting Programs. This presentation will cover guidance and instructions on

how eligible professionals (EPs) and group practices (GPs) can avoid the 2016 Physician Quality Reporting System (PQRS) negative payment adjustment, satisfy the clinical quality measure (CQM) component of the Electronic Health Records (EHR) Incentive Program, and avoid the automatic CY 2016 Value-Based Modifier (VM) downward payment adjustment.

The presentation will also provide various scenarios to demonstrate how EPs and GPs may be impacted by the 2016 negative payment adjustments under the various CMS Medicare Quality Reporting Programs. A question and answer session will follow the presentation.

*Agenda:*

- Becoming incentive eligible for 2014 PQRS
- Avoiding the 2016 PQRS payment adjustment
- Satisfying the CQM component of the EHR Incentive Program
- Satisfying requirements regarding the 2016 VM adjustment, if applicable
- Looking ahead for reporting 2015 quality measures to avoid the 2017 payment adjustment
- Where to call for help
- Q&A

*Target Audience:* Physicians, physician group practices, practice managers, medical and specialty societies, payers and 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™ Video Slideshow**

A video slideshow is now available for the following call:

- June 4 — More ICD-10 Coding Basics, [video slideshow](#)

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

## **CMS Events**

### **Road to 10 Webcast Series**

The “Road to 10” [webcast series](#) is aimed at helping small practices get ready for ICD-10 by the October 1, 2015, compliance date. Go to the [ICD-10](#) website to get started on the “[Road to 10](#)” today. New webcasts:

- Introducing the “Road to 10”
- Training and Preparation on the “Road to 10”
- Clinical Documentation and Coding on the “Road to 10”

Coming soon:

- Risk Management on the “Road to 10”
- Transitioning onto the ICD-10 On-Ramp
- Testing on the “Road to 10”

## PQRS Measure-Applicability Validation Course Available Online

CMS has announced the launch of the [Measure-Applicability Validation \(MAV\)](#) course, which is now available on the [Physician Quality Reporting System \(PQRS\)](#) 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 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 [qnet support@hcqis.org](mailto:qnet support@hcqis.org).

## Announcements

### Open Payments System Reopens, Extends Physician Registration and Review Period

CMS has re-opened the Open Payments system after taking it offline to resolve a data integrity issue. Physicians and teaching hospitals may now resume registration, review and, as needed, dispute activities, and will have until September 8, 2014 to complete this process. This date accounts for all the days the system was offline to provide physicians and teaching hospitals with 45 days total to review and dispute their payment data. After the close of the 45-day period, industry will have an additional 15 days to resolve remaining disputes directly with the physician and teaching hospital and re-report any data that is changed.

The original timeframe was as follows:

- Review and dispute (45 days): 7/14/2014 - 8/27/2014
- Correction period (15 days): 8/28/2014 - 9/11/2014
- Public website launch: 9/30/2014

The revised timeframe is as follows:

- Review and dispute (45 days): 7/14/2014-8/2/2014 (20 days), 8/15/2014-9/8/2014 (25 days)

- Correction period (15 days): 9/9/14 – 9/23/14
- Public website launch: 9/30/2014

CMS took swift action to close the system and fully investigate issues that indicated possible data matching errors within the Open Payments system. Applicable manufacturers and group purchasing organizations (GPOs) submitted intermingled data, such as the wrong state license number or national provider identifier (NPI) for physicians with the same last and first names; this erroneously linked physician data in the Open Payments system. After careful review, CMS implemented a system modification that included more enhanced algorithms and validation checks to resolve the issues, and verified that the physician identifiers used by the applicable manufacturer or GPO are accurate and that all payment records are attributed to a single physician. Incorrect payment transactions have been removed from the current review and dispute process and these data will not be published this year.

Data accuracy is critical to the success of this transparency program, and CMS is committed to ensuring the integrity of data made available to the public. Physicians and teaching hospitals can now register in [Open Payments](#) to review their payments.

For more information, see the [press release](#).

### **FY 2015 Hospice Reporting Cycle Data Analysis Available**

The [FY 2015 Reporting Cycle Data Analysis](#) report contains an analysis of the National Quality Forum (NQF) #0209 pain measure and the structural measure data that hospices submitted by April 1, 2014 to meet the Hospice Quality Reporting Program requirements for the FY 2015 annual payment update. This report is available on the [FY 2014 and FY 2015 Data Submission](#) website.

### **EHR Incentive Program: 2014 CQM Electronic Reporting Guides**

Are you an eligible professional or eligible hospital participating in the Medicare Electronic Health Record (EHR) Incentive Program? If so, CMS has posted new two materials to help you report clinical quality measures (CQMs) in 2014, including:

- [An Introduction to EHR Incentive Programs for Eligible Professionals: 2014 Clinical Quality Measure Electronic Reporting Guide](#)
- [An Introduction to EHR Incentive Programs for Eligible Hospitals: 2014 Clinical Quality Measure Electronic Reporting Guide](#)

The guides are interactive. Users can click on the chapters of the Table of Contents for CQM information relevant to their needs, including:

- CQM Overview Information
- Changes to CQMs in 2014
- List of 2014 CQMs
- Submitting CQM Data for the 2014 Reporting Year
- Resources

#### *Reporting CQMs for 2014*

As explained in Chapter 2, beginning in 2014, the number of CQMs you report differs from previous years:

- Eligible professionals must select and report 9 CQMs from a list of 64 approved measures.
- Eligible hospitals must select and report 16 CQMs from a list of 29 approved measures.

In 2014 only, you need to submit CQM data for a three-month or 90-day reporting period, regardless if you are demonstrating Stage 1 or Stage 2 of meaningful use.

### *Reporting Once*

Chapter 4 of each guide provides information on how to submit measures in order to satisfy requirements both for meaningful use and other quality reporting programs, such as the [Hospital Inpatient Quality Reporting \(IQR\)](#) program for eligible hospitals and the [Physician Quality Reporting System \(PQRS\)](#) program for eligible professionals.

### *Want to learn more?*

To learn more about CQMs, visit the [Clinical Quality Measures](#) web page and the [eCOM Library](#) web page. Make sure to visit the [Medicare and Medicaid EHR Incentive Programs](#) website for the latest news and updates on the EHR Incentive Programs.

## **Correction to August 7 Article: LTCH Quality Reporting Program FY 2016 Second Quarter Submission Deadline is August 15**

In the August 7 *eNews*, the “Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)” should have been the only measure listed from the long term care hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set submission. The [August 7 eNews](#) has been updated accordingly. The LTCHs are not required to begin reporting the measure “Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)” until October 1, 2014. This measure will be reported using the LTCH CARE Data Set v2.01, and will be submitted via the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system.

## **Claims, Pricers, and Codes**

### **Update to the CWF Qualifying Stay Edit C7123 for Inpatient SNF and SB Claims**

CMS recently resolved an issue concerning the Common Working File (CWF) qualifying stay edit C7123 to allow Skilled Nursing Facility (SNF) and Swing Bed (SB) claims that contain a valid qualifying hospital stay to bypass edit C7123. SNF and SB providers that have received this edit in error may adjust their affected claims or contact their Medicare Administrative Contractor (MAC) in order to have their claims adjusted. CMS is currently working on a permanent coding fix for CWF edit C7123 that will address all possible bypass scenarios for the edit. SNF and SB providers should contact their MAC with any questions or concerns.

### **FY 2014 HH PPS PC Pricer Updated**

The FY 2014 Home Health Prospective Payment System (HH PPS) PC Pricer has been updated with July provider data on the [HH PPS](#) web page in the “Downloads” section.

## **MLN Educational Products**

### **“Medicaid Compliance and Your Dental Practice” Fact Sheet — Released**

The “[Medicaid Compliance and Your Dental Practice](#)” Fact Sheet (ICN 908668) was released and is now available in downloadable format. This fact sheet is designed to provide education on internal compliance

programs for dental practices that submit Medicaid claims. It includes information on the value and core elements of a compliance program, steps to establish a compliance program, and other resources.

### **“ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets” Educational Tool — Released**

The “[ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets](#)” Educational Tool (ICN 900943) was released and is now available in hard copy format. This educational tool is designed to provide education on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM); International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM); International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS); Current Procedural Terminology (CPT); and Healthcare Common Procedure Coding System (HCPCS) code sets. It includes a definition and payment information for each code set.

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.”

### **“ICD-10-CM/PCS The Next Generation of Coding” Fact Sheet — Revised**

The “[ICD-10-CM/PCS The Next Generation of Coding](#)” Fact Sheet (ICN 901044) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes the following information: ICD-10-CM/PCS compliance date; use of external cause and unspecified codes in ICD-10-CM; continued use of Current Procedural Terminology codes; ICD-10-CM/PCS – an improved classification system; ICD-10-CM/PCS examples; structural differences between International Classification of Diseases, 9th Edition, Clinical Modification and ICD-10-CM/PCS; and resources.

### **MLN Products Available In Electronic Publication Format**

The following products are 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 “[Rural Referral Center Program](#)” Fact Sheet (ICN 006742) 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.
- The “[Basics of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Accreditation](#)” Fact Sheet (ICN 905710) is designed to provide education on DMEPOS. It includes information so suppliers can meet DMEPOS Quality Standards established by CMS and become accredited by a CMS-approved independent national Accreditation Organization (AO). There is also information on the types of providers who are exempt.
- The “[ICD-10-CM/PCS The Next Generation of Coding](#)” Fact Sheet (ICN 901044) is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes the following information: ICD-10-CM/PCS compliance date; use of external cause and unspecified codes in ICD-10-CM; continued use of Current Procedural Terminology codes; ICD-10-CM/PCS – an improved classification system; ICD-

10-CM/PCS examples; structural differences between International Classification of Diseases, 9th Edition, Clinical Modification and ICD-10-CM/PCS; and resources.

- The “[ICD-10-CM/PCS Myths and Facts](#)” Fact Sheet (ICN 902143) is designed to provide education on the ICD-10-CM/PCS. It includes the following information: ICD-10-CM/PCS compliance date, use of external cause and unspecified codes in ICD-10-CM, responses to myths on ICD-10-CM/PCS, and resources.
- The “[ICD-10-CM Classification Enhancements](#)” Fact Sheet (ICN 903187) is designed to provide education on the ICD-10-CM/PCS. It includes the following information: ICD-10-CM/PCS compliance date; use of external cause and unspecified codes in ICD-10-CM; benefits of ICD-10-CM; similarities and differences between International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) and ICD-10-CM; new features in ICD-10-CM; additional changes in ICD-10-CM; and resources.
- The “[General Equivalence Mappings Frequently Asked Questions](#)” Booklet (ICN 901743) is designed to provide education on the conversion of ICD-9-CM codes to ICD-10-CM/PCS and the conversion of ICD-10-CM/PCS codes back to ICD-9-CM. It includes the following information: use of external cause and unspecified codes in ICD-10-CM, background, Frequently Asked Questions, and resources.

**[Is the eNews meeting your needs? Give us your feedback!](#)**

**[Subscribe](#)** to the *eNews*. Previous issues are available in the [archive](#).

**Follow the MLN on [Twitter](#) #CMSMLN, and visit us on [YouTube](#).**