MLN Connects™
Provider eNews

Medicare Learning Network®
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MLN Connects™ National Provider Calls

CMS Offers Settlement to Acute Care Hospitals and CAHs for Resolving Patient Status Denials — Register Now

Tuesday, September 9; 1-2pm ET

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

This MLN Connects™ National Provider Call will provide details of the administrative agreement for acute care hospitals and critical access hospitals (CAHs) to expediently resolve patient status denials. To more quickly reduce the volume of patient status claim denials currently pending in the appeals process, CMS is

offering an administrative agreement to any acute care hospital or CAH willing to withdraw their pending appeals (or waive their right to request an appeal) in exchange for timely partial payment (68% of the net payable amount). CMS encourages hospitals to make use of this administrative agreement mechanism to alleviate the burden of current appeals on both the hospital and Medicare system. The administrative agreement covers admissions prior to October 1, 2013. Administrative agreement requests are due to CMS by October 31, 2014. For details about the providers and claims eligible for administrative agreement, as well as the documents needed to request such an agreement, visit the Inpatient Hospital Reviews web page.

CMS encourages interested parties to submit questions in advance of the call. Submitted questions may be addressed on the call or may be used to create frequently asked questions (FAQs) that will be posted to the CMS website.

Agenda:

- Background
- Which providers are eligible
- What is the administrative agreement
- How to submit a settlement request
- Next steps
- Answers to pre-submitted questions
- Live Q&A

Target Audience: Acute care hospitals, including those paid via the prospective payment system, periodic interim payments, and the Maryland waiver; and CAHs. A full definition of each of these facility types can be found at §1886(d) or §1820(c) of the Social Security Act.

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

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

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. Refer to the call detail page for more information.

New MLN Connects™ National Provider Call Audio Recording and Transcript

An audio recording and transcript are now available for the following call:

- August 19 — National Partnership to Improve Dementia Care in Nursing Homes: Improved Care Transitions, audio and transcript

Call materials for MLN Connects™ Calls are located on the Calls and Events web page.

Providers and Suppliers — Browse the MLN Connects™ Call Program Collection of Resources

In 2014, the CMS MLN Connects™ National Provider Call Program has hosted many educational conference calls for the health care community on a variety of topics, including ICD-10, PQRS, value-based payment modifier, Open Payments (the Sunshine Act), 2-Midnight Rule, Medicare Shared Saving Program, and dementia care in nursing homes — just to name a few. Check out our Calls and Events web page for links to slide presentations, audio recordings, written transcripts, and a list of upcoming calls, or search our list of YouTube videos by topic. Become more informed about the Medicare Program by reading, listening, or viewing these information packed programs at your convenience. Visit www.cms.gov/npc for more information on the MLN Connects Call Program.

Announcements

Get Ready for DMEPOS Competitive Bidding — Get Accredited

On July 15, 2014, CMS announced plans to recompete the supplier contracts awarded in the Round 2 and national mail-order competitions of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program.

If you are a supplier interested in bidding, prepare now – don't wait. Get accredited.
All Medicare DMEPOS suppliers must be in compliance with the program's supplier quality standards, which includes being accredited by a CMS-approved accrediting organization. To submit a bid, each supplier location must be accredited for the items in a product category. It is important that your location(s) be appropriately accredited early so that your information will be in the Provider Enrollment, Chain and Ownership System (PECOS). CMS cannot contract with suppliers whose location(s) is not accredited by a CMS-approved accrediting organization.

Steps to take *now:*

- If you are planning to bid on a product category for which your location(s) is not currently accredited, then you must take action *now* by contacting one of the CMS-approved accrediting organizations to begin the process.
- If you are planning to bid on a product category for which your location(s) is currently accredited, then you should verify the accreditation information listed for that location in PECOS.

Further information on the DMEPOS accreditation requirements, along with a list of the accrediting organizations and their contact information is available on the CMS DMEPOS Accreditation website. You may also visit the National Supplier Clearinghouse (NSC) website or call the NSC at 866-238-9652 for additional information.

For a listing of the product categories, competitive bidding areas, timeline, and other bidding information, please visit the Competitive Bidding Implementation Contractor (CBIC) website. We also encourage you to register on the website to receive email updates about the program.

As a reminder, the CBIC is the official information source for bidders and bidder education. CMS cautions bidding suppliers about potential inaccurate information concerning the Competitive Bidding Program posted on non-government websites. Suppliers that rely on this information in the preparation or submission of their bids could be at risk of submitting a non-compliant bid.

The CBIC participates in numerous educational events to assist stakeholders in understanding the rules that govern the DMEPOS Competitive Bidding Program. Visit the "Educational Information" tab on the CBIC Round 2 and National Mail-Order Recompete website for a listing and schedule of educational events.

If you have any questions or need assistance, please contact the CBIC customer service center at 877-577-5331 between 9am and 5:30pm ET, Monday through Friday.

Healthy Aging® Month — Discuss Preventive Services with your Patients

September is Healthy Aging® Month, a national health observance designed to focus on the positive aspects of growing older. CMS encourages health care professionals to talk with their patients about adopting a healthy lifestyle, utilizing appropriate Medicare-covered preventive services. Medicare provides payment for many services that support healthy living, and therefore contribute to a higher quality of life that can – in turn – reduce health care costs now and in the future. Read more.

New CMS Rule Allows Flexibility in Certified EHR Technology for 2014

Rule will help more providers use electronic health record technology

On August 29, HHS published a final rule that allows health care providers more flexibility in how they use certified electronic health record (EHR) technology (CEHRT) to meet meaningful use for an EHR Incentive Program reporting period for 2014. By providing this flexibility, more providers will be able to participate and meet important meaningful use objectives like drug interaction and drug allergy checks, providing clinical summaries to patients, electronic prescribing, reporting on key public health data, and reporting on quality measures.

Based on public comments and feedback from stakeholders, CMS identified ways to help eligible professionals, eligible hospitals, and critical access hospitals (CAHs) implement and meaningfully use Certified EHR Technology. Specifically, eligible providers can use the 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT for an EHR reporting period in 2014 for the Medicare and Medicaid EHR Incentive

Programs; All eligible professionals, eligible hospitals, and CAHs are required to use the 2014 Edition CEHRT in 2015.

The rule also finalizes the extension of Stage 2 through 2016 for certain providers and announces the Stage 3 timeline, which will begin in 2017 for providers who first became meaningful EHR users in 2011 or 2012.An updated meaningful use timeline and a chart with 2011 and 2014 CEHRT Edition options are available in the press release.

For more information about the EHR Incentive Program, visit the EHR Incentive Programs website. For more information about CEHRT, please visit the HealthIT.gov website.

Full text of this excerpted CMS press release (issued August 29).

Open Payments System Outages

The Open Payments system will be inaccessible during a series of scheduled maintenance upgrades at the CMS data center in the coming weeks. Please plan accordingly and we apologize for any inconvenience. CMS will alert you of each outage, as they are scheduled, with as much notification as possible.

- The first outage was: Saturday, August 30, 2014
- The next outage will be: Saturday, September 5, 2014

For questions please contact the Open Payments helpdesk. You can submit an email to the Help Desk at openpayments@cms.hhs.gov. Live Help Desk support is available by calling 855-326-8366, Monday through Friday, from 7:30am to 6:30pm CT, excluding Federal holidays.

MLN Educational Products

"Quick Reference Information: Coverage and Billing Requirements for Medicare Ambulance Transports" Educational Tool — Released

The "Quick Reference Information: Coverage and Billing Requirements for Medicare Ambulance Transports" Educational Tool (ICN 909008) was released and is now available in downloadable format. This product is designed to provide education on ground and air ambulance coverage and billing requirements that apply to destinations covered under the Medicare ambulance transport benefit. It includes the following information: the ambulance transport benefit; ambulance providers and suppliers; documentation requirements; coverage and billing requirements; and Advance Beneficiary Notice of Noncoverage.

"Intravenous Immune Globulin (IVIG) Demonstration - Implementation" MLN Matters® Article — Revised

MLN Matters® Special Edition Article #SE1424, "Intravenous Immune Globulin (IVIG) Demonstration - Implementation" was revised and is now available in downloadable format. This article is designed to provide education on a three year demonstration that CMS is conducting to evaluate the benefits of providing payment for the in-home administration of IVIG regarding the treatment of Primary Immune Deficiency Disease (PIDD). It includes background information, beneficiary eligibility requirements and billing details. The article was revised to amend some of the billing instructions, particularly with regard to date of service on the Q2052 claim line and also to add additional questions and answers about supplier eligibility.

"Medicare Enrollment and Claim Submission Guidelines" Booklet — Revised

The "Medicare Enrollment and Claim Submission Guidelines" Booklet (ICN 906764) was revised and is now available in downloadable format. This booklet is designed to provide education on applying for enrollment and submitting claims to Medicare. It includes the following information: enrolling in the Medicare Program; private contracts with Medicare beneficiaries; Medicare claims; deductibles, coinsurance, and copayments; Beneficiary Notices of Noncoverage; and billing requirements.

"Medicare Vision Services" Fact Sheet — Revised

The "Medicare Vision Services" Fact Sheet (ICN 907165) was revised and is now available in downloadable format. This fact sheet is designed to provide education on Medicare coverage and billing information for vision services. It includes specific information concerning coding requirements and an overview of coverage guidelines and exclusions.

"Medicare Enrollment Guidelines for Ordering/Referring Providers" Fact Sheet — Revised

The "Medicare Enrollment Guidelines for Ordering/Referring Providers" Fact Sheet (ICN 906223) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Medicare enrollment requirements for eligible ordering/referring providers. It includes information on the three basic requirements for ordering and referring and who may order and refer for Medicare Part A home health agency, Part B, and Durable Medical Equipment, Prosthetic, Orthotics and Supplies (DMEPOS) beneficiary services.

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.

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 "Medicare Physician Fee Schedule" Fact Sheet (ICN 006814) is designed to provide education on the Medicare Physician Fee Schedule (MPFS). It includes the following information: physician services, MPFS payment rates, and MPFS payment rates formula.
- The "Medicare Ambulance Transports" Booklet (ICN 903194) is designed to provide education on Medicare ambulance transports. It includes the following information: the ambulance transport benefit; ambulance transports; ground and air ambulance providers and suppliers, vehicles, and personnel requirements; covered destinations; ambulance transport coverage requirements; Advance Beneficiary Notice of Noncoverage; and payments for ambulance transports.

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