

Thursday, September 11, 2014

MLN Connects™ National Provider Calls

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New MLN Topic of the Month

MLN Connects™ National Provider Calls

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

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.

Announcements

Hospitals Appeals Settlement FAQs

CMS has developed an initial set of answers to provider questions related to the settlement of appeals of patient status denials. These “Hospital Settlement FAQs,” along with the latest versions of the Administrative Agreement, Hospital Participant Settlement Instructions, and Eligible Claims Spreadsheet are available at the bottom of the [Inpatient Hospital Reviews](#) web page in the “Downloads” section. Bookmark this page as content will be updated and additional FAQs posted.

More information:

- [September 9 Presentation](#)
- [September 9 Audio and Transcript](#) (available September 17 in “Call Materials” section)

Questions may be submitted to MedicareSettlementFAQs@cms.hhs.gov

National Cholesterol Education Month — Medicare Preventive Services for Cardiovascular Disease

September is National Cholesterol Education Month and September 29th is World Heart Day. These national health observances serve to raise awareness about cardiovascular disease, the role that high cholesterol plays, and the importance of screening. According to the Centers for Disease Control and Prevention, almost 1 in 6

Americans has high blood cholesterol. High cholesterol is proven to increase multiple health risk factors, most notably heart disease and stroke. Of the 800,000 Americans who die each year of cardiovascular disease, three-quarters of them die from heart disease. [Read more.](#)

New Release of PEPPER for Short-term Acute Care Hospitals

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

In late August, TMF Health Quality Institute completed a new release of the short-term (ST) acute care hospital Program for Evaluating Payment Patterns Electronic Report (PEPPER) with statistics through the second quarter of fiscal year 2014. The PEPPER files were distributed electronically through a My QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role.

In April and May of 2014, TMF completed the most recent PEPPER release (version Q4FY13) 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). The following providers can access their PEPPER electronically through the [Secure PEPPER Access](#) web 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

TMF is contracted with CMS to produce and distribute the PEPPER. 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 about PEPPER may be submitted through the [Help Desk](#).

EHR Incentive Programs: Learn More about Patient Electronic Access Requirements

If you are an eligible professional participating in the Electronic Health Record (EHR) Incentive Programs, you will be required to meet Patient Electronic Access measures. Patients' access to their EHRs can help them make more informed decisions about their health care and improve efficiencies in health care delivery.

In order to meet [2014 Stage 1 requirements](#), you must provide more than 50% of your unique patients with timely access to their health information within four business days of the information being available to you. If you are in [Stage 2](#), you must also demonstrate that more than 5% of your unique patients view online, download, or transmit to a third party their health information. New CMS guidance for calculating patient electronic access across multiple providers may help you meet the Patient Electronic Access objective.

Stage 2 Measure #2: Eligible Professionals in the Same Group Practice

Eligible professionals in group practices are able to [share credit to meet the patient electronic access threshold](#) if they each saw the patient during the same EHR reporting period and they are using the same certified EHR technology. The patient can only be counted in the numerator by all of these eligible professionals if the patient views, downloads, or transmits their health information online.

Stage 2 Measure #2: Providers with the Same Patient

If multiple eligible providers see the same patient and contribute information to an online personal health record (PHR) during the same EHR reporting period, all of the eligible providers [can count the patient](#) to meet requirement if the patient accesses *any* of the information in the PHR. A patient does not need to access the specific information an eligible provider contributed, in order for them to count the patient to meet their threshold.

Stage 1 and Stage 2 Measure #1: Providers with Patients who Opt-Out

A patient can choose not to access their health information, or “opt-out.” Patients cannot be removed from the denominator for opting out of receiving access. If a patient opts out, a provider may count them in the numerator if they have been given all the information necessary to opt back in without requiring any follow up action from the provider, including, but not limited to, a user ID and password, information on the patient website, and how to create an account.

More Information

For more information on the Patient Electronic Access objective, review the [2014 Stage 1](#) and [Stage 2](#) specification sheets and the [Patient Electronic Access tipsheet](#).

EHR Incentive Programs: Exclusions and Hardship Exceptions for Broadband Access

CMS offers exclusions and hardship exceptions for eligible professionals who face challenges in meeting meaningful use objectives that require that they and their patients have broadband access and Internet connectivity.

Patients' Access to Broadband

The [Secure Electronic Messaging](#) measure for eligible professionals and the second measure for the [Patient Electronic Access](#) objective for eligible professionals and eligible hospitals/CAHs require that patients access health information electronically. CMS recognizes that some patient populations face greater challenges in getting online access to health information. To address these barriers, CMS included exclusions for these two requirements. Eligible professionals who conduct 50 percent or more of their patient encounters in a county in which 50 percent or more of its housing units do not have availability to 3Mbps broadband (according to the latest information available from the Federal Communications Commission (FCC)) on the first day of the Electronic Health Record (EHR) reporting period may exclude these measures. Eligible professionals can use the [FCC's National Broadband Map](#) to search, analyze, and map broadband availability in their area to determine if these exclusions apply. For more information, read the [new FAQ](#).

Hardship Exceptions for Insufficient Internet Connectivity

Many meaningful use objectives, such as [Summary of Care](#) and [Electronic Prescribing](#), require Internet connectivity to send health information to patients, pharmacies, registries, and laboratories. CMS has determined that lack of sufficient Internet connectivity renders compliance with these meaningful use requirements a hardship. If eligible professionals can demonstrate insufficient Internet connectivity, they can apply for a hardship exception for future payment adjustments. To qualify for the exception, they must demonstrate that the Internet connectivity is insufficient to comply with the meaningful use objectives, and that there are significant barriers—like high cost—to obtaining a sufficient infrastructure.

For More Information

Learn more about hardship exceptions on the [Payment Adjustments and Hardship Exceptions](#) web page. For more information about meaningful use objectives, exclusions, and hardship exceptions, visit the [EHR](#) website.

Claims, Pricers, and Codes

Incarcerated Beneficiary Update

In 2013, CMS initiated recoveries from providers and suppliers based on data that indicated a beneficiary was incarcerated on the date of service. CMS subsequently discovered that some of the data used was incomplete. Since some of these recoveries might have been erroneous, CMS initiated refunds. Most of the incarcerated beneficiary erroneous overpayment refunds were issued before the end of December 2013, with some subsequent refunds on situations that had been appealed. The process CMS used to expedite the refunds precluded the issuance of a detailed remittance advice (RA). However, CMS mailed a spreadsheet to each impacted provider, which listed each claim that was being refunded.

Some of the overpayments for incarcerated beneficiaries were valid and were not refunded. If you believe that an incarcerated beneficiary related claim was erroneously designated as an overpayment, with funds recovered and not subsequently refunded, you may request that your [Medicare Administrative Contractor](#) (MAC) reopen the claim.

If you have received an RA from your MAC indicating a Temporary Allowance (TA) but no other documentation (such as a separate letter), you may contact your MAC and request an explanation.

For more information:

- [MLN Matters® Article MM8488](#), “Revised Beneficiary Liability and Messages Associated with Denials for Claims for Services Furnished to Incarcerated Beneficiaries
- [“Medicare Coverage of Items and Services Furnished to Beneficiaries in Custody Under a Penal Authority”](#) Fact Sheet

Updated Information on Preventive Services Paid Based on the RHC or FQHC All-Inclusive Rate

CMS has updated information on preventive health services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHCs) to provide additional guidance on how to submit charges when billing for screening pelvic and clinical breast examination (HCPCS code G0101). Please continue to follow these billing guidelines on the [RHC](#) or [FQHC](#) center pages to avoid any delays in payment until the claims processing system is updated.

October 2014 Average Sales Price Files Now Available

CMS has posted the October 2014 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks. All are available for download on the [2014 ASP Drug Pricing Files](#) web page.

MLN Educational Products

“HIPAA Privacy and Security Basics for Providers” Fact Sheet — Released

The [“HIPAA Privacy and Security Basics for Providers”](#) Fact Sheet (ICN 909001) was released and is now available in downloadable format. This fact sheet is designed to provide education on basic HIPAA privacy and

basic HIPAA security information for providers. It includes information on covered entities, business associates, and the disposal of private health information.

"The CMS Physician Quality Reporting System (PQRS) Program: What Medicare Eligible Professionals Need to Know in 2014" Web-Based Training Course — Released

The "[The CMS Physician Quality Reporting System \(PQRS\) Program: What Medicare Eligible Professionals Need to Know in 2014](#)" Web-Based Training (WBT) Course was released and is now available. This WBT is designed to provide an overview of the requirements of the Medicare PQRS program, so that all eligible professionals can participate to earn the incentives that are available in 2014 for successfully participating in the program, as well as to avoid the payment adjustment in 2016 for not reporting this year. This presentation educates healthcare professionals on a variety of topics that are essential to the CMS PQRS program. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

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

"The CMS Value-Based Payment Modifier: What Medicare Eligible Professionals Need to Know in 2014" Web-Based Training Course — Released

The "[The CMS Value-Based Payment Modifier: What Medicare Eligible Professionals Need to Know in 2014](#)" Web-Based Training (WBT) Course was released and is now available. This WBT is designed to provide an overview of the value-based payment modifier, and how it relates to the Physician Quality Reporting System (PQRS) program, so that all Medicare physicians will understand how the value modifier can effect Medicare reimbursement starting in 2015. This presentation educates healthcare professionals on a variety of topics that are essential to the value-based payment modifier. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

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

"The Medicare and Medicaid EHR Incentive Programs: What Medicare and Medicaid Providers Need to Know in 2014" Web-Based Training Course — Released

The "[The Medicare and Medicaid EHR Incentive Programs: What Medicare and Medicaid Providers Need to Know in 2014](#)" Web-Based Training (WBT) Course was released and is now available. This WBT is designed to provide an overview of the requirements of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, so that providers can participate to earn the incentives that are available in 2014 for successfully attesting the meaningful use objectives and clinical quality measures, as well as to avoid the payment adjustment in 2016 for not reporting this year. This presentation educates healthcare professionals on a variety of topics that are essential to the EHR Incentive Programs. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

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

“Examining the Difference between a National Provider Identifier (NPI) and a Provider Transaction Access Number (PTAN)” MLN Matters® Article — Revised

[MLN Matters® Special Edition Article #SE1216](#), “Examining the Difference between a National Provider Identifier (NPI) and a Provider Transaction Access Number (PTAN)” was revised and is now available in downloadable format. This article is designed to provide education on the differences between an NPI and a PTAN. It includes information about new enrollees, revalidation, the relationship between the NPI and PTAN, and how providers can protect their identity in the Provider Enrollment Chain & Ownership System (PECOS). The article was revised to add the "Where Can I Find My PTAN?" section on page 3.

“Scenarios and Coding Instructions for Submitting Requests to Reopen Claims that are Beyond the Claim Filing Timeframes – Companion Information to MM8581: Automation of the Request for Reopening Claims Process” MLN Matters® Article — Revised

[MLN Matters® Article #SE1426](#), “Scenarios and Coding Instructions for Submitting Requests to Reopen Claims that are Beyond the Claim Filing Timeframes – Companion Information to MM8581: Automation of the Request for Reopening Claims Process” was revised and is now available in downloadable format. This article is designed to provide education on additional information, coding instructions and scenarios for requesting a reopening of a claim that is beyond the filing timeframe. It includes background information. This article was revised to reflect a new Change Request (CR) that corrected the effective date to “Claims received on or after April 1, 2015” and spread the implementation across four quarterly releases.

New MLN Topic of the Month

The [September MLN Topic of the Month](#) is Fraud and Abuse. Learn more about the MLN Fraud and Abuse products by viewing the Prezi on the MLN Products page. You can also click the link listed on the page, just below the Prezi, to view a 508-compliant PDF version.

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