

Thursday, September 18, 2014

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“Dual Eligible Beneficiaries Under the Medicare and Medicaid Programs” Fact Sheet — Revised  
“Health Professional Shortage Area (HPSA) Physician Bonus, HPSA Surgical Incentive Payment, and Primary Care Incentive Payment Programs” Fact Sheet — Revised  
MLN Products Available In Electronic Publication Format

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

### **Hospital Appeals Settlement Update — Registration Opening Soon**

*Thursday, October 9; 1:30-3pm ET*

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

This MLN Connects™ National Provider Call will provide updates about the administrative agreement for acute care hospitals and critical access hospitals (CAHs) to expediently resolve appeals of patient status denials. This is a follow-up to the [September 9 call](#), and will provide another opportunity for live Q&A before

administrative agreement requests are due to CMS on October 31, 2014. For details about the providers and claims eligible for administrative agreement, as well as updated documents needed to request an agreement, visit the [Inpatient Hospital Reviews](#) web page. *Note: You do not need to wait until after this call to submit your settlement request.*

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:*

- Update on the hospital appeals settlement
- Latest FAQs
- Open 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.

### **Transitioning to ICD-10 — Registration Now Open**

*Wednesday, November 5; 1:30-3pm ET*

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

HHS has issued a [rule](#) finalizing October 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10. During this MLN Connects™ National Provider Call, CMS subject matter experts will discuss ICD-10 implementation issues, opportunities for testing, and resources. A question and answer session will follow the presentations.

*Agenda:*

- Final rule and national implementation
- Medicare Fee-For-Service testing
- Medicare Severity Diagnosis Related Grouper (MS-DRG) Conversion Project
- Partial code freeze and annual code updates
- Plans for National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- Home health conversions
- Claims that span the implementation date

*Target Audience:* Medical coders, physicians, physician office staff, nurses and other non-physician practitioners, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare providers

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

### **New MLN Connects™ National Provider Call Audio Recording and Transcript**

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

- September 9 — CMS Offers Settlement to Acute Care Hospitals and CAHs for Resolving Patient Status Denials, [audio](#) and [transcript](#)

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

## CMS Events

### **ICD-10 Coordination and Maintenance Committee Meeting**

*Tuesday, September 23 and Wednesday, September 24; 9am–5pm ET*

The ICD-10 Coordination and Maintenance Committee Meeting is a public forum to discuss proposed changes to ICD-10. On September 23, Pat Brooks, Senior Technical Advisor with the CMS Hospital and Ambulatory Policy Group, Joan Proctor with the CMS Chronic Care Policy Group, and Stacy Shagena, with the CMS Medicare Contractor Management Group will provide an update on ICD-10.

#### *Webcast and Dial-In Information*

- The meeting will begin promptly at 9am ET and will be [webcast](#).
- Toll-free dial-in access is available for participants who cannot join the webcast: Phone: 877-267-1577; Meeting ID: 993 682 630. Please join early, phone lines are limited.

#### *Meeting Materials:*

- [Agenda](#) for procedure topics on September 23
- [Agenda](#) for diagnosis topics on September 24

More information on the ICD-10 Coordination and Maintenance Committee Meeting is available on the [CMS](#) website and the [Centers for Disease Control and Prevention](#) website.

## Announcements

### **New Affordable Care Act Tools and Payment Models Deliver \$372 Million in Savings, Improve Care**

*Pioneer ACO Model and Medicare Shared Savings Program ACOs part of plan to improve care and lower health costs across the health system*

On September 16, CMS issued quality and financial performance results showing that Medicare Accountable Care Organizations (ACOs) have improved patient care and produced hundreds of millions of dollars in savings for the program. In addition to providing more Americans with access to quality, affordable health care, the Affordable Care Act encourages doctors, hospitals and other health care providers to work together to better coordinate care and keep people healthy rather than treat them when they are sick, which also helps to reduce health care costs.

ACOs are one example of the innovative ways to improve care and reduce costs. In an ACO, providers who join these groups become eligible to share savings with Medicare when they deliver that care more efficiently. ACOs in the Pioneer ACO Model and Medicare Shared Savings Program (Shared Savings Program) generated over \$372 million in total program savings for Medicare ACOs. The encouraging news comes from preliminary quality and financial results from the second year of performance for 23 Pioneer ACOs, and final results from the first year of performance for 220 Shared Savings Program ACOs. Meanwhile, the ACOs outperformed published benchmarks for quality and patient experience last year and improved significantly on almost all measures of quality and patient experience this year.

This news comes as historically slow growth in health care costs is continuing. Health care prices are rising at their lowest rates in nearly 50 years, Medicare spending per beneficiary is currently falling outright, and, according to a major annual survey released last week, employer premiums for family coverage grew just 3.0 percent in 2014, tied with 2010 for the lowest on record back to 1999.

Since passage of the Affordable Care Act, more than 360 Medicare ACOs have been established in 47 states, serving over 5.6 million Americans with Medicare. Medicare ACOs are groups of providers and suppliers of services that work together to coordinate care for the Medicare fee-for-service (FFS) beneficiaries they serve and achieve program goals. ACOs represent one part of a comprehensive series of initiatives and programs in the Affordable Care Act that are designed to lower costs and improve care by advancing three key strategies for improving care while investing dollars more wisely: incentives, tools, and information.

*For more information:*

- [Fact Sheet](#): Medicare ACOs Continue to Succeed in Improving Care, Lowering Cost Growth
- [Fact Sheet](#): Delivering Better Care at Lower Cost

Full text of this excerpted [HHS](#) press release (issued September 16).

### **HHS Provides Additional Flexibility for Certification of Electronic Health Record Technology**

Health information technology (IT) developers, providers, and consumers will get more flexibility through a [final rule](#) issued on September 10 by the Office of the National Coordinator for Health IT (ONC) at HHS. The final rule adds flexibility as well as clarity and improvements to the current 2014 Edition electronic health record (EHR) certification criteria and the ONC Health IT Certification Program through a new “release” of optional and revised criteria (“2014 Edition Release 2”).

The certification criteria and program updates included in the 2014 Edition Release 2 final rule were proposed earlier this year. In consideration of public comment received on the proposed rule, the 2014 Edition Release 2 final rule provides alternative certification criteria and approaches for the voluntary certification of health IT.

Full text of this excerpted [HHS](#) press release (issued September 10).

### **Medicare EHR Incentive Program: October 3 Last Day for 1st-year EPs to Begin 2014 Reporting Period**

Don't miss an opportunity to receive incentive payments for the Medicare Electronic Health Record (EHR) Incentive Program. The last day to begin a 2014 reporting period for first-year Medicare eligible professionals (EPs) is October 3. Medicare EPs must attest to demonstrating meaningful use *every year* to receive an incentive and avoid a payment adjustment. A few key points for EPs who have not yet started participation in the Medicare EHR Incentive Program:

#### *Earning Incentives*

- October 3 is the last day to start the 90-day reporting period in 2014 for the Medicare EHR Incentive Program.
- If you start participation by October 3, you will have the opportunity to receive an incentive for 2014, and if you continue to achieve meaningful use, can earn incentive payments for 2015 and 2016 participation.
- If you wait and start participation in 2015, you will not be eligible to receive incentive payments, but can avoid payment adjustments.

### *Avoiding Adjustments*

- You will not avoid the [payment adjustment in 2015](#), as you will not be able to attest to 90 days of data by October 1, 2014.
- If you applied for a 2015 hardship exception by July 1, 2014, you may avoid the payment adjustment.
- If you attest to 2014 data by February 28, 2015, you will avoid the 2016 payment adjustment.

*For more information:* Visit the [EHR](#) website.

## Claims, Pricers, and Codes

### **Mass Adjustments to IPF Claims with Teaching Adjustment Amounts Being Duplicated**

Due to a software issue in the second release of the FY 2014 Inpatient Psychiatric Facility (IPF) Pricer, the teaching adjustment amounts on IPF claims have been duplicated. Medicare Administrative Contractors (MACs) will complete mass adjustments to all IPF claims with a teaching adjustment, for discharge dates in FY 2014 by December 1, 2014.

## MLN Educational Products

### **“2014-2015 Influenza (Flu) Resources for Health Care Professionals” MLN Matters® Article — Released**

[MLN Matters® Special Edition Article #SE1431](#), “2014-2015 Influenza (Flu) Resources for Health Care Professionals” was released and is now available in downloadable format. This article is designed to provide education on resources and quick tips that health care professionals can use to help prevent the spread of the flu. It includes a list of educational resources designed to help health care professionals understand Medicare guidelines for seasonal flu vaccines and their administration.

### **“Internet-based PECOS FAQs” Fact Sheet — Released**

“[Internet-based PECOS FAQs](#)” Fact Sheet (ICN 909015) was released and is now available in downloadable format. This fact sheet is designed to provide education on Internet-based Provider Enrollment, Chain and Ownership System (PECOS). It includes information on many frequently asked questions related to enrollment applications, application fees, revalidations, and much more.

### **“Safeguard Your Identity and Privacy Using PECOS” Fact Sheet — Released**

“[Safeguard Your Identity and Privacy Using PECOS](#)” Fact Sheet (ICN 909017) was released and is now available in downloadable format. This fact sheet is designed to provide education on how to ensure Medicare enrollment records are up-to-date and secure. It includes step-by-step instructions on how providers can protect their identity while using Internet-based Provider Enrollment, Chain and Ownership System (PECOS).

### **“Dual Eligible Beneficiaries Under the Medicare and Medicaid Programs” Fact Sheet — Revised**

The “[Dual Eligible Beneficiaries Under the Medicare and Medicaid Programs](#)” Fact Sheet, previously titled Medicaid Coverage of Medicare Beneficiaries (Dual Eligibles) At a Glance (ICN 006977), was revised and is

now available in downloadable format. This fact sheet is designed to provide education on dual eligible beneficiaries under the Medicare and Medicaid Programs. It includes the following information: the Medicare and Medicaid Programs; deductibles, coinsurance, and copayments; dual eligible beneficiaries; assignment; and prohibited billing.

### **“Health Professional Shortage Area (HPSA) Physician Bonus, HPSA Surgical Incentive Payment, and Primary Care Incentive Payment Programs” Fact Sheet — Revised**

The “[Health Professional Shortage Area \(HPSA\) Physician Bonus, HPSA Surgical Incentive Payment, and Primary Care Incentive Payment Programs](#)” Fact Sheet (ICN 903196) was revised and is now available in downloadable format. This fact sheet is designed to provide education on three Medicare programs. It includes an overview of the Health Professional Shortage Area (HPSA) Physician Bonus, HPSA Surgical Incentive Payment, and Primary Care Incentive Payment Programs.

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

The following products are now available as electronic publications (EPUBs) 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](#)”

- “[Medicare Vision Services](#)” Fact Sheet (ICN 907165) 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.
- The “[Health Care Professional Frequently Used Web Pages](#)” Educational Tool (ICN 908466) is designed to provide education on the most frequently used web pages on the CMS website. It includes information on coverage, billing and payment, and Medicare contracting.

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