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“Medicare Disproportionate Share Hospital” Fact Sheet — Revised

“Medicare Secondary Payer Provisions” Web-Based Training Course — Revised

“CMS Website Wheel” Educational Tool — Reminder

“The Basics of Medicare Enrollment for Physicians and Other Part B Suppliers” Fact Sheet — Reminder

Medicare Learning Network® Product Available in Electronic Publication Format

MLN Connects™ National Provider Calls

Hospital Appeals Settlement Update 2 — Registration Opening Soon

Tuesday, October 21; 1-2:30pm 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 ([video slideshow](#) and other [call materials](#)) and October 9 call ([call materials](#)). The October 21 call 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.

Overview of the 2013 Quality and Resource Use Reports — Last Chance to Register

Thursday, October 23; 2:30-4pm ET

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

On September 30, CMS made 2013 Quality and Resource Use Reports (QRURs) available to group practices and physician solo practitioners nationwide. This MLN Connects™ National Provider Call will provide an overview of the 2013 QRUR and explain how to interpret and use the information in the report.

The 2013 QRURs contain quality and cost performance data for CY 2013, which is the performance period for the Value-Based Payment Modifier (VM) that will be applied to physician payments for items and services furnished under the Medicare Physician Fee Schedule for groups of 100 or more eligible professionals in 2015. The 2013 QRUR can be used to plan for improving the quality and efficiency of care provided to Medicare beneficiaries, and also to understand and improve performance on quality and cost measures for the 2016 VM. The 2013 QRURs include data assessing a group practice or solo practitioner's performance on cost measures, information about the services, and procedures contributing most to beneficiaries' costs, as well as performance on quality measures including performance on three outcome measures.

The call will be more meaningful if you have your QRUR in front of you to follow along. We strongly encourage authorized representatives to sign up for a new Individuals Authorized Access to the CMS Computer Services (IACS) account or modify an existing account at <https://applications.cms.hhs.gov> as soon as possible in order to be able to access the QRURs prior to the call.

Quick reference guides that provide step-by-step instructions for requesting each Physician Value-Physician Quality Reporting System (PV-PQRS) system role for a new or existing IACS account are available in the "Downloads" section on the [Self Nomination/Registration](#) web page. Visit the [Medicare FFS Physician Feedback Program/Value-Based Payment Modifier](#) web page for more information on the 2013 QRURs.

Agenda:

- Opening Remarks
- Overview of the 2013 QRUR
- How to understand and use the 2013 QRURs
- Question and Answer session

Target Audience: Physicians, practitioners, therapists, medical group practices, practice managers, medical and specialty societies, payers, insurers.

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

CMS 2014 Certified EHR Technology Flexibility Rule — Register Now

Thursday, October 30; 2-3pm 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 2014 Certified Electronic Health Record (EHR) Technology (CEHRT) Flexibility [Rule](#) that went into effect on October 1, 2014. Some eligible professionals and eligible hospitals were unable to fully implement the 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in the 2014 Edition CEHRT availability. This presentation will cover guidance and instructions on how these eligible professionals and eligible hospitals can use the rule's flexibility to report for 2014.

The presentation also provides information about the extension of Stage 2 through 2016. A question and answer session will follow the presentation.

Agenda:

- CMS 2014 CEHRT Flexibility Rule overview
- Stage 2 extension
- 2014 flexibility options
- Attestation System updates
- CMS responses to public comments
- Resources
- Q&A

Target Audience: Physicians and hospitals eligible to participate in the Medicare and Medicaid EHR Incentive Programs, practice managers, medical and specialty societies, and vendors.

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 — Register Now

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.

MLN Connects™ Videos

New Videos on ICD-10: Medicare Testing Plans and Home Health Conversion

These MLN Connects™ videos were recorded from CMS presentations at the ICD-10 Coordination and Maintenance Committee on September 23, 2014.

- [Medicare's Testing Plan for ICD-10 Success](#): Run time: 8 minutes
- [Converting the Home Health Prospective Payment System Grouper to ICD-10-CM](#): Run time: 8 minutes

Visit the [ICD-10 Medicare Fee-For-Service Provider Resources](#) web page for Medicare Learning Network® educational materials, including a complete list of MLN Connects videos on ICD-10.

Did You Miss the Hospital Appeals Settlement Video?

CMS created a [video slideshow](#) from the first MLN Connects™ National Provider Call on September 9 on the hospital appeals settlement, which laid out the background and specifics of the CMS settlement offer. Don't forget to [register](#) for the next call on October 22; registration is opening soon.

Announcements

Proposed Rule on Conditions of Participation for HHAs — Comments due December 8

On October 9, CMS issued a [proposed rule](#) to update the Conditions of Participation (CoPs) for home health agencies (HHAs). The CoPs are the health and safety rules that all Medicare and Medicaid-participating HHAs must meet. The proposed regulation reflects the most current HHA practices by focusing on the care provided to patients and the impact of that care on patient outcomes. This proposed regulation responds to numerous changes in the HHA industry:

- Focuses on assuring the protection and promotion of patient rights
- Enhances the process for care planning, delivery, and coordination of services
- Streamlines regulatory requirements
- Builds a foundation for ongoing, data-driven, agency-wide quality improvement

Public comments are due December 8 and can be submitted [electronically](#).

Get Ready for DMEPOS Competitive Bidding

The Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program Round 2 Recompete and the national mail-order recompete competitions are coming soon. Detailed information is available on the [CMS](#) website.

If you are a supplier interested in bidding, prepare now – don't wait.

If you haven't already, please do the following:

- Review and update your enrollment records
- Get licensed
- Get accredited

The Competitive Bidding Implementation Contractor (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. Visit the [CBIC](#) website to:

- Find a listing of the product categories, competitive bidding areas, timeline, and other bidding information
- View a schedule of educational events
- Register to receive email updates

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.

Cutting-edge Colorectal Cancer Screening Now Covered

On October 9, CMS finalized the [National Coverage Decision](#) for Cologuard™, a colorectal screening test. People with Medicare who don't show symptoms of colorectal cancer will have access to the Cologuard multi-target stool DNA test, a first-of-its-kind test. It is being covered by Medicare through a pilot program run jointly by the Food and Drug Administration (FDA) and Medicare.

Colorectal cancer is the second leading cause of cancer-related deaths in the United States among cancers that affect both men and women. More than 90% of cases occur in people who are 50 years old or older. More men than women get colon cancer, and 1 or 2 out of every 100 men who are 60 today will develop colon cancer by age 70. In most cases, colorectal cancer develops from precancerous polyps (abnormal growths) in the colon or rectum. Cologuard™ studies a patient's stool sample to see if there's DNA code that suggests either the presence of precancerous polyps or colorectal cancer.

Medicare Part B covers the Cologuard™ test once every 3 years for people with Medicare who meet *all* of these conditions:

- Between 50 and 85 years old
- Show no signs or symptoms of colorectal disease including, but not limited to, lower gastrointestinal pain, blood in stool, positive guaiac fecal occult blood test or fecal immunochemical test, and
- At average risk of developing colorectal cancer—have no personal history of adenomatous polyps, colorectal cancer, or inflammatory bowel disease, including Crohn's Disease and ulcerative colitis; and have no family history of colorectal cancers or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer

Full text of this excerpted [CMS blog](#) (issued October 9).

Claims, Pricers, and Codes

Hold on Certain CAH Method II Claims for Anesthesiologist and CRNA Services

Critical Access Hospital (CAH) Method II claims for anesthesiologist and certified registered nurse anesthetist (CRNA) services outside of the normal anesthesia code range (00100 – 01999) and billed with revenue code 0963 or 0964 are being held due to inaccurate payments. Claims will be held until a system correction is implemented on November 24, 2014. No action is required by providers.

Hold on FQHC Medicare Advantage PPS Claims

Federally Qualified Health Center (FQHC) Medicare Advantage (MA) claims for providers that are paid under the Prospective Payment System (PPS) will be held by Medicare Administrative Contractors (MACs) for procedure codes G0466, G0467, G0468, G0469 or G0470 (FQHC visit: new patient, established patient, Initial Preventive Physical Examination or Annual Wellness Visit, new patient mental health, or established patient mental health) from October 1, 2014 until a systems correction is implemented on November 10, 2014. No action is required by providers.

Medicare Learning Network® 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 hard copy format. This educational tool 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.

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.”

“Reading a Professional Remittance Advice (RA)” Booklet — Released

The “[Reading a Professional Remittance Advice \(RA\)](#)” Booklet (ICN 908328) was released and is now available in downloadable format. This booklet is designed to provide education on the professional remittance advice (RA). It includes screenshots of the RA with an explanation of how to read it.

“Reading the Institutional Remittance Advice (RA)” Booklet — Released

The “[Reading the Institutional Remittance Advice \(RA\)](#)” Booklet (ICN 908326) was released and is now available in downloadable format. This booklet is designed to provide education on the institutional remittance advice (RA). It includes screen shots of an institutional RA with an explanation of what you will find on each screen.

“Medicare Disproportionate Share Hospital” Fact Sheet — Revised

The “[Medicare Disproportionate Share Hospital](#)” Fact Sheet (ICN 006741) was revised and is now available in downloadable format. This fact sheet is designed to provide education on Medicare Disproportionate Share Hospitals (DSHs). It includes the following information: background; methods to qualify for the Medicare DSH adjustment; Affordable Care Act provision that impacts Medicare DSHs; Medicare Prescription Drug, Improvement, and Modernization Act provisions that impact Medicare DSHs; number of beds in hospital determination; Medicare DSH payment adjustment formulas; resources; and lists of helpful websites and Regional Office Rural Health Coordinators.

“Medicare Secondary Payer Provisions” Web-Based Training Course — Revised

The “Medicare Secondary Payer Provisions” Web-Based Training Course (WBT) was revised and is now available. This WBT is designed to provide education on Medicare Secondary Payer (MSP) provisions. It includes information on identifying the MSP provisions; recognizing when Medicare is a primary or secondary payer; identifying MSP compliance provisions, and identifying CMS MSP resources. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

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

“CMS Website Wheel” Educational Tool — Reminder

The “CMS Website Wheel” Educational Tool (ICN 006212) is available in hard copy format. This educational tool is designed to provide education on a variety of CMS Medicare-related website addresses. It includes URLs listed by topic.

To access a 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.”

“The Basics of Medicare Enrollment for Physicians and Other Part B Suppliers” Fact Sheet — Reminder

“[The Basics of Medicare Enrollment for Physicians and Other Part B Suppliers](#)” Fact Sheet (ICN 903768) is available in downloadable format. This fact sheet is designed to provide education on basic Medicare enrollment information and how to ensure physicians and other Part B suppliers are qualified and eligible to enroll in the Medicare Program. It includes information on how to enroll in the Medicare Program, how to report changes, and a list of resources.

Medicare Learning Network[®] Product Available in Electronic Publication Format

The following product 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[®] Electronic Publication.](#)”

The “[ICD-10-CM/PCS Billing and Payment Frequently Asked Questions](#)” Fact Sheet (ICN 908974) 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 billing and payment Frequently Asked Questions and resources.

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