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MLN Connects™ National Provider Calls

CMS 2014 Certified EHR Technology Flexibility Rule — Last Chance to Register

Thursday, October 30; 2-3pm ET

To Register: Visit [MLN Connects Event Registration](#). 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 Event Registration](#). 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 Recordings and Transcripts

Audio recordings and transcripts are now available for the following calls:

- October 8 — Hospital Compare Star Ratings: Overview of HCAHPS Star Ratings, [audio](#) and [transcript](#). More information is available on the [call detail](#) web page.
- October 9 — Hospital Appeals Settlement Update, [audio](#) and [transcript](#). More information is available on the [call detail](#) web page.

CMS Events

Webinar for Comparative Billing Report on Podiatry: Debridement of Ulcers and Wounds

Wednesday, October 29; 3-4pm ET

Join us for an informative discussion of the comparative billing report on podiatry: debridement of ulcers and wounds (CBR201408). The presentation will be provided by CMS contractor eGlobalTech and its partner, Palmetto GBA. CBR201408 is an educational tool designed to assist providers with a specialty of podiatry billing debridement services.

Agenda:

- Opening Remarks
- Overview of Comparative Billing Report (CBR201408)
- Coverage Policy for Podiatry Debridement Services
- Methodology Report
- Resources
- Question & Answer Session

Presenter Information:

- Speakers: Craig DeFelice, Cyndi Wellborn, Molly Wesley
- Organizations: eGlobalTech and Palmetto GBA

How to Register and Event Replay

- [Register](#) online
- You may [access a recording](#) of the webinar five days following the event

Announcements

Protect Your Patients Against Influenza and Pneumonia

Do you know if your patients are protected against influenza and pneumonia? Vaccination is the best protection against both of these serious illnesses. Flu is unpredictable and even healthy individuals can get the flu and

suffer from related complications, like pneumonia. The Centers for Disease Control and Prevention (CDC) recommends everyone 6 months and older get a flu vaccine every year to reduce the risk of flu illness, hospitalization, and even death. Flu activity is currently low across the U.S., but it usually begins to increase in October. Now is a great time to vaccinate – to protect your patients, yourself, and your staff before flu viruses begin to circulate, causing illness in your community. [Read more.](#)

Updated CDC Resource Available on Ebola

The [Centers for Disease Control and Prevention](#) (CDC) website has the latest information on Ebola Virus Disease (Ebola). New guidance has been added about the [use of personal protective equipment in hospitals](#). Review and bookmark the CDC [resources for health workers](#), and check back often for the latest updates.

New Affordable Care Act Initiative to Support Care Coordination Nationwide

On October 15, CMS announced the availability of a new initiative for Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program. Made possible by the Affordable Care Act, ACOs encourage quality improvement and care coordination through the use of health information technology, helping to move our health care system to one that values quality over quantity and preventing illness over treating people after they get sick.

The new ACO Investment Model is designed to bring these efforts to better coordinate care to rural and underserved areas by providing up to \$114 million in upfront investments to up to 75 ACOs across the country. Through the CMS Innovation Center, this initiative will provide up front investments in infrastructure and redesigned care process to help eligible ACOs continue to provide higher quality care. This will help increase the number of beneficiaries – regardless of geographic location – that can benefit from lower costs and improved health care through Medicare ACOs. CMS will recover these payments through an offset of an ACO's earned shared savings.

Eligibility is targeted to ACOs who joined the Shared Savings Program in 2012, 2013, 2014, and to new ACOs joining the Shared Savings Program in 2016. The application deadline for organizations that started in the Shared Savings Program in 2012 or 2013 will be December 1, 2014. Applications will be available in the Summer of 2015 for ACOs that started in the Shared Savings Program in 2014 or will start in 2016.

For more information, visit the [ACO Investment Model](#) web page.

Full text of this excerpted [CMS press release](#) (issued October 15).

Extension of Shared Savings Program Fraud and Abuse Waivers Interim Final Rule

On October 17, 2014 HHS issued an extension notice announcing the continuation of effectiveness of the Waiver Interim Final Rule (76 FR 67992; November 2, 2011) concerning fraud and abuse waivers in connection with the Medicare Shared Saving Program. The [Final Waivers in Connection with the Shared Savings Program; Continuation of Effectiveness and Extension of Timeline for Publication of Final Rule](#) extends for one year—through November 2, 2015—the timeline for publication of a final rule concerning Shared Savings Program waivers promulgated in the Waiver Interim Final Rule, which was set to expire on November 2, 2014.

IRF Quality Reporting Program: NHSN Quality Data Submission Deadline Extended to November 15

FY 2016 Payment Update Determination: Data Submissions Extension

The CMS Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) has extended the deadline for first quarter 2014 quality measure data submitted via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) to November 15, 2014. Please note that this new deadline pertains to NHSN data only, and aligns with the previously established second quarter 2014 quality measure data submission deadline, effectively requiring the submission of both first quarter NHSN data and all second quarter 2014 quality data no later than 11:59:59 pm on November 15. This deadline extension for IRFs is only for quality measure data submitted via the CDC's NHSN. CMS strongly encourages all facilities to submit data several days prior to the deadline to allow time to address any submission issues and to provide opportunity to review submissions to ensure data is complete.

For the FY 2016 payment update determination, only data submitted for the National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) are affected by the first quarter 2014 data submission deadline extension.

Data collection timeframe:

- First Quarter, January 1 through March 31, 2014: Final submission deadline originally August 15, 2014. Extended to November 15, 2014 for quality data submitted to CMS via CDC's NHSN
- Second Quarter, April 1 through June 30, 2014: Final submission deadline November 15, 2014 (All quality data collected during second quarter 2014, including data collected using the quality indicator section of the IRF-PAI, as well as data collected and submitted via the CDC's NHSN)

For questions about quality measure calculation, data submission deadlines, and data items in the Quality Indicator section of the IRF-PAI please email IRF.questions@cms.hhs.gov.

LTCH Quality Reporting Program: NHSN Quality Data Submission Deadline Extended to November 15

FY 2016 Payment Update Determination: Data Submissions Extension

The CMS Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) has extended the deadlines for first quarter 2014 and second quarter 2014 quality data submitted to CMS via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) to November 15, 2014. Please note that this new deadline pertains to NHSN data only, and aligns with the previously established third quarter 2014 LTCH QRP quality measure data submission deadline, effectively requiring the submission of the first quarter 2014 NHSN data, second quarter 2014 NHSN data, and all third quarter 2014 quality data no later than 11:59:59 p.m. on November 15. This deadline extension is only for LTCH QRP quality measure data submitted via the CDC's NHSN. CMS strongly encourages all facilities to submit data several days prior to the deadline to allow time to address any submission issues and to provide opportunity to review submissions to ensure data is complete.

For the FY 2016 payment update determination, only data submitted for the following quality measures are affected by the first and second quarter 2014 data submission deadline extension:

- National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
- NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)

Data collection timeframe:

- First Quarter, January 1 through March 31, 2014: Final submission deadline originally May 15, 2014. Extended to November 15, 2014, for quality data submitted to CMS via CDC's NHSN

- Second Quarter, April 1 through June 30, 2014: Final submission deadline originally August 15, 2014. Extended to November 15, 2014, for quality data submitted to CMS via CDC's NHSN
- Third Quarter, July 1 through September 30, 2014: Final submission deadline originally November 15, 2014. All quality data collected during third quarter 2014, including data submitted using the LTCH CARE Data Set, as well as data collected and submitted via the CDC's NHSN)

For questions about quality measure calculation, data submission deadlines, and the LTCH CARE data set please email LTCHQualityQuestions@cms.hhs.gov.

Open Payments Search Tool Now Available

To make it easier to search the recently published Open Payments data, CMS launched a beta version of the [Open Payments search tool](#). CMS is providing a simple to use search tool and asking for your [feedback](#) on ways to improve it. This new tool provides the ability to search [identified data](#) for physicians, teaching hospitals, or companies making payments by name, city, state, and specialty. Upon performing a search, the returned results will include all three payment types (general payments, research payments, and ownership in companies) on one screen.

Over the coming weeks, the search tool will continue to be developed to include more functionality with the objective of providing added value to users. Additional enhancements already in the works include displays of summary data, charts, graphs, and more detailed data.

Open Payments: Start Preparing for the 2014 Reporting Year

Publication of reported financial data for the 2014 reporting year will occur on June 30, 2015. Included in this publication will be data for the 2014 calendar year reporting period and a complete set of replacement files for the 2013 reporting period—all containing identified data.

In the coming months, CMS will begin to release information on how you can begin preparing for the 2014 Open Payments reporting year. Included in these communications will be key dates for you to remember, announcements about newly added educational resources, and system enhancement information.

To learn more about Open Payments or to explore the current 2013 financial data, please visit the [Open Payments](#) website.

Comparative Billing Report on Podiatry: Debridement of Ulcers and Wounds

CMS will issue a national provider Comparative Billing Report (CBR) on podiatry: debridement of ulcers and wounds, in October 2014. The CBR, produced by CMS contractor eGlobalTech, will focus on providers with the specialty of podiatry and contain data-driven tables with an explanation of findings that compare a provider's billing and payment patterns to those of their peers in their state and across the nation. The goal of these reports is to offer a tool that helps providers better understand applicable Medicare billing rules. These reports are only accessible to the providers who receive them; they are not publicly available.

Providers should update their fax numbers in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) because faxing is the default method for disseminating CBRs. Providers can contact the CBR Support Help Desk at 800-771-4430 or CBRsupport@eglobaltech.com if they prefer to receive CBRs through the U.S. Postal Service. For more information, please contact the CBR Support Help Desk, or visit the [CBR](#) website.

EHR Incentive Programs: Protect Electronic Health Information Core Objective

If you are a provider participating in the Electronic Health Record (EHR) Incentive Programs, conducting or reviewing a security risk analysis is required to meet [Stage 1](#) and [Stage 2](#) of meaningful use. This meaningful use objective complements, but does not impose new or expanded requirements on the [Health Insurance Portability and Accountability Act \(HIPAA\) Security Rule](#).

New CMS Guidance for When to Complete a Security Risk Analysis

A security risk analysis needs to be conducted or reviewed during each program year for Stage 1 and Stage 2. These steps may be completed outside *or* during the EHR reporting period timeframe, but must take place no earlier than the start of the reporting year and no later than the end of the reporting year. For more information, read the [new FAQ](#). *Please note:*

- Conducting a security risk analysis is required when certified EHR technology is adopted in the first reporting year.
- In subsequent reporting years, or when changes to the practice or electronic systems occur, a review must be conducted.

Resources for Security Risk Analysis

To help providers understand what is required to meet this core objective, CMS has a [Security Risk Analysis Tipsheet](#) available on the [Educational Resources](#) web page that includes:

- Steps for conducting a security risk analysis
- How to create an action plan
- Security areas to consider and potential courses of action
- Myths and facts about conducting or reviewing a security risk analysis

Providers in small-to-medium sized offices may also use the Office of the National Coordinator for Health Information Technology (ONC) [Security Risk Assessment \(SRA\) tool](#) to conduct risk assessments of their organizations. The tool also produces a report that can be provided to auditors. A [User Guide](#) and [Tutorial](#) video are available to help providers use the tool.

Want more information about the EHR Incentive Programs? Visit the [EHR Incentive Programs](#) website.

Claims, Pricers, and Codes

FQHC PPS Issue with Claims Containing Both Preventive and Non-Preventive Services

Effective October 1, 2014, approved Federally Qualified Health Centers (FQHCs) began billing under the new FQHC Prospective Payment System (PPS). Due to system implementation issues, FQHCs paid under the PPS are receiving reduced reimbursement on claims that contain a mixture of preventive and non-preventive services.

A system fix has been scheduled for October 27, 2014 to correct this problem. Once implemented, your Medicare Administrative Contractor (MAC) will adjust all affected claims to correct reimbursement. Please contact your MAC for any questions.

Hold on FQHC Medicare Advantage PPS Claims — Update

The following message, which appeared in the [October 16](#) eNews, has been updated with an earlier date for the systems correction -October 27.

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 October 27, 2014. No action is required by providers.

Use of HCPCS X Modifiers for Distinct Procedural Services

CMS has established four new Healthcare Common Procedure Coding System (HCPCS) modifiers to define subsets of the 59 modifier, a modifier used to define a “Distinct Procedural Service.” Beginning on January 1, 2015, providers can use the X modifiers if they are currently using modifier 59 for a reason within the published definition of the X modifiers. Providers also have the option to continue using modifier 59 until CMS issues examples of circumstances in which the X modifiers are or are not appropriate. Additional direction on the use of the specific modifiers will be published in the *eNews*, as it is released. For more information see [MLN Matters® Article #8863](#), “Specific Modifiers for Distinct Procedural Services.”

Mass Adjustment of Selected SNF Inpatient Claims

Since August 25, 2014, the Medicare claims processing system has been incorrectly calculating the expenses subject to deductible for Skilled Nursing Facility (SNF) inpatient claims (Type of Bill (TOB) 22x with Healthcare Common Procedure Code (HCPC) 97116). As a result, these claims have been overpaid. Once the system is fixed on October 27, Medicare Administrative Contractors (MACs) will adjust claims received on or after August 25, 2014, through October 27, 2014.

October 2014 Outpatient Prospective Payment System Pricer File Update

The [Outpatient Prospective Payment System \(OPPS\) Pricer](#) web page has been updated with Pricer file and outpatient provider data for October 2014. The October provider data is available for use and may be downloaded from the OPPS Pricer web page under “4th Quarter 2014 Files.”

Medicare Learning Network® Educational Products

"Medicare Quarterly Provider Compliance Newsletter [Volume 5, Issue 1]" Educational Tool – Released

The “[Medicare Quarterly Provider Compliance Newsletter \[Volume 5, Issue 1\]](#)” Educational Tool (ICN 909051) was released and is now available in downloadable format. This educational tool is designed to provide education on how to avoid common billing errors and other erroneous activities when dealing with the Medicare Program. It includes guidance to help health care professionals address and avoid the top issues of the particular Quarter.

Medicare Learning Network® Web-Based Training Programs

[“The Medicare Billing Certificate Program for Part A Providers”](#) Web-Based Training (WBT) Program was revised and is now available. This program is designed to provide education on Part A of the Medicare program. It includes required WBT courses and readings and a helpful list of resources. Upon successful completion of this program, you will receive a certificate in Medicare billing for Part A providers from CMS.

[“The Medicare Billing Certificate Program for Part B Providers”](#) WBT Program was revised and is now available. This program is designed to provide education on Part B of the Medicare program. It includes required web-based training courses and readings and a helpful list of resources. Upon successful completion of this program, you will receive a certificate in Medicare billing for Part B providers from CMS.

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.

Updated MLN Matters® Search Indices

The MLN Matters® Articles Search Indices were updated and are now available. Each index is organized by year and provides the ability to search by specific keywords and topics. Most indices link directly to the related article(s). For more information and a list of available indices, visit the [MLN Matters Articles](#) web page and scroll down to the “Downloads” section.

The Medicare Learning Network® offers other ways to search and quickly find articles of interest to you:

- MLN Matters Dynamic Lists: an archive of previous and current articles organized by year with the ability to search by keyword, transmittal number, subject, article number, and release date. To view and search articles, select the desired year from the left column on the [MLN Matters Articles](#) web page.
- MLN Matters Electronic Mailing List: a free, electronic notification service that sends an email message when new and revised MLN Matters articles are released. For more information, including how to subscribe to the service, download [“How to Sign Up for MLN Matters.”](#) You can also view and search an [archive](#) of previous messages.

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