Thursday, October 30, 2014

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MLN Connects™ National Provider Calls

Transitioning to ICD-10 — Last Chance to Register
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.

Announcements

**HHS Secretary Announces $840 Million Initiative to Improve Patient Care and Lower Costs**

*New initiative will support networks that help doctors access information and improve health outcomes*

On October 23, HHS Secretary, Sylvia M. Burwell announced an initiative that will fund successful applicants who work directly with medical providers to rethink and redesign their practices, moving from systems driven by quantity of care to ones focused on patients’ health outcomes and coordinated health care systems. These applicants could include group practices, health care systems, medical provider associations, and others. This effort will help clinicians develop strategies to share, adapt, and further improve the quality of care they provide, while holding down costs.

Through the Transforming Clinical Practice Initiative, HHS will invest $840 million over the next four years to support 150,000 clinicians. With a combination of incentives, tools, and information, the initiative will encourage doctors to team with their peers and others to move from volume-driven systems to value-based, patient-centered, and coordinated health care services. Successful applicants will demonstrate the ability to achieve progress toward measurable goals, such as improving clinical outcomes, reducing unnecessary testing, achieving cost savings, and avoiding unnecessary hospitalizations. The initiative is one part of a strategy advanced by the Affordable Care Act to strengthen the quality of patient care and spend health care dollars more wisely.

Building upon successful models and programs, such as the Quality Improvement Organization Program, Partnership for Patients with Hospital Engagement Networks, and Accountable Care Organizations, the initiative provides opportunities for participating clinicians to collaborate and disseminate information. Through a multi-pronged approach to technical assistance, it will identify existing health care delivery models that work and rapidly spread these models to other health care providers and clinicians.

*Practice Transformation Networks*

CMS will award cooperative agreements to group practices, health care systems, and others that join together to serve as trusted partners in providing clinician practices with quality improvement expertise, best practices, coaching, and assistance. These practices have successfully achieved measurable improvements in care by implementing electronic health records, coordinating among patients and their families, and performing timely monitoring and interventions of high-risk patients to prevent unnecessary hospitalization and readmissions.
Practice Transformation Networks will work with a diverse range of practices, including those in rural communities and those that provide care for the medically underserved.

Support and Alignment Networks
CMS will award cooperative agreements to networks formed by medical professional associations and others who would align their memberships, communication channels, continuing medical education credits, and other work to support the Practice Transformation Networks and clinician practices. These Support and Alignment Networks would create an infrastructure to help identify evidence-based practices and policies and disseminate them nationwide, in a scalable, sustainable approach to improved care delivery.

By participating in the initiative, practices will be able to receive the technical assistance and peer-level support they need to deliver care in a patient-centric and efficient manner, which is increasingly being demanded by health care payers and purchasers as part of a transformed care delivery system. Participating clinicians will thus be better positioned for success in the health care market of the future, one that rewards value and outcomes rather than volume.

HHS encourages all interested clinicians to participate in this initiative. Visit the Transforming Clinical Practice Initiative website for more information.

Full text of this excerpted HHS press release (issued October 23).

Hospital Appeals Settlement: Act by October 31

October 31, 2014 is the deadline for submission of your documents for participation in the hospital appeals settlement. If you are unable to prepare your list of appeals for resolution, you may request a Potentials list (potentially eligible claims at Level 2 appeals and above). Submit the request no later than October 31, 2014 to MedicareAppealsSettlement@cms.hhs.gov. For more information, see the Inpatient Hospital Reviews webpage.

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.

SNF PPS Payment Reform Research Project

In an effort to establish a comprehensive approach to Medicare Part A Skilled Nursing Facility (SNF) payment reform, CMS is expanding the scope of the SNF Therapy Payment Research project to examine potential improvements and refinements to the overall SNF Prospective Payment System (PPS). This expansion will allow for improvements in Medicare’s ability to pay adequately and appropriately for all services provided during a Medicare Part A SNF stay.

In the first phase of the project, the contractor reviewed past research studies and policy issues related to SNF PPS therapy payment and options for improving or replacing the current system of paying for SNF therapy services. See SNF Therapy Payment Models – Base Year Final Summary Report, April 2014.

In the second phase of the project, which is now in process, the contractor is using the findings from this Base Year Final Summary Report as a guide to identify potential therapy models suitable for further analysis. CMS is considering stakeholder comments and concerns as we continue to investigate alternative therapy payment approaches. Comments and feedback on the SNF PPS payment methodology may be submitted to SNFTherapyPayments@cms.hhs.gov.

Antipsychotic Drug Use in Nursing Homes: Trend Update

The National Partnership to Improve Dementia Care in Nursing Homes is committed to improving the quality of care for individuals with dementia living in nursing homes. The Partnership has a mission to deliver health care that is person-centered, comprehensive, and interdisciplinary, with a specific focus on protecting residents from being prescribed antipsychotic medications, unless there is a valid, clinical indication and a systematic process to evaluate each individual’s need.

CMS is tracking the progress of the Partnership by reviewing publicly reported measures. The official measure of the Partnership is the percent of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's Disease, or Tourette’s Syndrome. In the fourth quarter of 2011, 23.9% of long-stay nursing home residents were receiving an antipsychotic medication. Since then, there has been a decrease of 18.8% to a national prevalence of 19.4% in the second quarter of 2014. Success has varied by state and CMS region, with some states and regions having seen a reduction of greater than 20%. For more information on the Partnership, please send correspondence to dnh_behavioralhealth@cms.hhs.gov.

Third Quarter Hospice Item Set Question and Answer Document Available

A new Question and Answer (Q+A) document is now available on the Hospice Item Set (HIS) website in the “Downloads” section. The Q+A document reflects frequently asked HIS-related questions that were received by the Quality Help Desk during the third quarter (July through September) of 2014.
EHR Incentive Program: Hardship Exception Applications Due November 30

CMS reopened the submission period for hardship exception applications for eligible professionals and eligible hospitals to avoid the 2015 Medicare payment adjustments for not demonstrating meaningful use of Certified Electronic Health Record Technology (CEHRT). The new deadline is 11:59pm ET November 30, 2014. Eligible professionals and eligible hospitals that have never met meaningful use before may apply during this reopened hardship exception application submission period if they meet both of the following:

- The provider was unable to attest by July 1, 2014 (for eligible hospitals) or October 1, 2014 (for eligible professionals); and
- The provider has been unable to fully implement 2014 Edition CEHRT by the dates above due to delays in 2014 Edition CEHRT availability.

These are the only circumstances that will be considered for this reopened hardship exception application submission period.

Applications Details

Providers who would like to submit an application should review the following guidance:

- The application is available on the Payment Adjustments and Hardship Exceptions web page.
- The completed application must be attached to an email and sent to ehrhardship@provider-resources.com.
- For eligible professionals without Internet connectivity, submit this application and all supporting documentation via fax to 814-464-0147.

PQRS: Submission Engine Validation Tool is Now Available for Testing

The Submission Engine Validation Tool (SEVT) located on the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) is available for Physician Quality Reporting System (PQRS) Program Year 2014 testing. The SEVT will now accept the following 2014 file formats:

- Registry XML
- Quality Reporting Data Architecture (QRDA) Category I
- QRDA Category III

Please note that the SEVT is not currently able to validate the 2014 QCDR XML files. The SEVT will be updated in December 2014 to allow for testing of the 2014 QCDR XML files.

The PQRS SEVT User Guide provides the information necessary to effectively use the SEVT to validate the format of data files. The files are validated against the most current published data submission specifications. To access the SEVT, you must have an Individuals Authorized to Access CMS Computer Services (IACS) account. To request an IACS account, please see the IACS Quick Reference Guide.

Want more information about PQRS? Visit the PQRS website for the latest news and updates on PQRS. You can also contact the QualityNet Help Desk at 866-288-8912 or via qnetsupport@hcqis.org. They are available from 7am to 7pm CT Monday through Friday.

Claims, Pricers, and Codes

Physicians, Providers, and Suppliers Must Use Revised CMS 855R Starting May 31

Medicare Administrative Contractors (MACs) will require the use of the revised CMS 855R (Reassignment of Benefits) application as of May 31, 2015. The revised CMS 855R will be available for use on the CMS website as of December 29, 2014. However, MACs may accept both the current and revised versions of the CMS 855R
through May 31, 2015. After May 31, 2015, MACs will return any newly submitted CMS 855R applications on the previous version (07/11) to the provider/supplier with a letter explaining the CMS 855R has been updated and the current version of the CMS 855R (11/12) must be submitted. The revised CMS 855R has been streamlined and some sections have been re-ordered for clarity. It includes an optional section for primary practice location address. This information is shared with other programs, such as Physician Compare to help beneficiaries identify where their physicians are primarily practicing and must be an address affiliated with the group/organization where the benefits are being reassigned.

Demand Letters for Polysomnography Claims

In June, Medicare Administrative Contractors (MACs) began to demand and recover what CMS initially considered to be identified overpayments associated with an Office of Inspector General study on polysomnography claims. In August, this activity was suspended. Providers should not appeal these overpayments, as all claim denials will be reversed. Any recouped money will be refunded, including interest. No action is required by providers.

Medicare Learning Network® Educational Products

“ICD-10-CM/PCS Billing and Payment Frequently Asked Questions” — Revised

The “ICD-10-CM/PCS Billing and Payment Frequently Asked Questions” Fact Sheet (ICN 908974) was revised and is now available in hard copy 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.

“ICD-10-CM/PCS The Next Generation of Coding” — Revised

The “ICD-10-CM/PCS The Next Generation of Coding” Fact Sheet (ICN 901044) was revised and is now available in hard copy 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 compliance date; use of external cause and unspecified codes in ICD-10-CM; continued use of Current Procedural Terminology codes; ICD-10-CM/PCS – an improved classification system; ICD-10-CM/PCS examples; structural differences between International Classification of Diseases, 9th Edition, Clinical Modification and ICD-10-CM/PCS; and resources.

“ICD-10-CM/PCS Myths and Facts” — Revised

The “ICD-10-CM/PCS Myths and Facts” Fact Sheet (ICN 902143) was revised and is now available in hard copy 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 compliance date, use of external cause and unspecified codes in ICD-10-CM, responses to myths on ICD-10-CM/PCS, and resources.
“ICD-10-CM Classification Enhancements” — Revised

The “ICD-10-CM Classification Enhancements” Fact Sheet (ICN 903187) was revised and is now available in hard copy 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 compliance date; use of external cause and unspecified codes in ICD-10-CM; benefits of ICD-10-CM; similarities and differences between International Classification of Diseases, 9th Edition, Clinical Modification and ICD-10-CM; new features in ICD-10-CM; additional changes in ICD-10-CM; and resources.

“General Equivalence Mappings Frequently Asked Questions” — Revised

The “General Equivalence Mappings Frequently Asked Questions” Booklet (ICN 901743) was revised and is now available in hard copy format. This booklet is designed to provide education on the conversion of International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) codes to International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) and the conversion of ICD-10-CM/PCS codes back to ICD-9-CM. It includes the following information: use of external cause and unspecified codes in ICD-10-CM, background, Frequently Asked Questions, and resources.

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.”

Medicare Learning Network® Web-Based Training Course with Continuing Education Credits

The “HIPAA EDI Standards” Web-Based Training (WBT) course is now available. This WBT is designed to provide education on electronic billing, transaction standards, and code sets. It includes an overview of the steps involved in the Medicare electronic data interchange process. 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.

Medicare Learning Network® 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® Electronic Publication.”

- The “Dual Eligible Beneficiaries Under the Medicare and Medicaid Programs” Fact Sheet (ICN 006977) 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; dual eligible beneficiaries; assignment; and prohibited billing.
- The “Rural Health Clinic” Fact Sheet (ICN 006398) is designed to provide education on Rural Health Clinics (RHCs). It includes the following information: background, RHC services, Medicare certification as a RHC, RHC visits, RHC payments, cost reports, annual reconciliation, resources, and lists of helpful websites and Regional Office Rural Health Coordinators.
- The “Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services” Fact Sheet (ICN 904084) is designed to provide education on screening, brief intervention, and referral to treatment
services. It includes an early intervention approach that targets those with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment.

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