

Thursday, November 13, 2014

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"Medicaid Program Integrity: Understanding and Preventing Provider Medical Identity Theft" Booklet — Revised
"Medicaid Program Integrity: Preventing Provider Medical Identity Theft" Fact Sheet — Revised
"Medicaid Program Integrity: Safeguarding Your Medical Identity Using Continuing Medical Education (CME)" Educational Tool — Revised

MLN Connects™ National Provider Calls

2015 Physician Fee Schedule Final Rule: Changes to Physician Quality Reporting Programs — Registration Now Open

Tuesday, December 2; 1:30-3pm ET

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

This MLN Connects™ National Provider Call provides an overview of changes to the Physician Quality Reporting Programs in the 2015 Physician Fee Schedule (PFS) [final rule](#), including the Physician Quality Reporting System (PQRS), Value-based Payment Modifier, Physician Compare, Electronic Health Record (EHR) Incentive Program, Comprehensive Primary Care Initiative (CPC), and Medicare Shared Savings Program. A question and answer session will follow the presentations.

PQRS: Topics covered include changes to reporting mechanisms, individual measures and measures groups for inclusion in 2015, criteria for satisfactory reporting under claims-based reporting, qualified registry-based reporting, and EHR-based reporting options. Additionally, this presentation will cover satisfactory participation under the qualified clinical data registry option to avoid future payment adjustments and requirements for eligible professionals wanting to report one time across several Medicare quality reporting programs.

Value-based Payment Modifier: Learn how CMS continues to phase in and expand the application of the Value-based Payment Modifier in 2017, based on performance in 2015. CMS will also describe how the Value-based Payment Modifier aligns with the reporting requirements under the PQRS.

Agenda:

- Final rule changes to PQRS individual reporting requirements and PQRS Group Practice Reporting Option
- Final Rule Updates to Physician Compare, the EHR Incentive Program, and Value-based Payment Modifier policies
- Where to call for help
- Question and Answer Session

Target Audience: Physicians, eligible professionals, therapists, medical 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 (CE). Refer to the [call detail page](#) for more information.

National Partnership to Improve Dementia Care in Nursing Homes — Register Now

Tuesday, December 9; 1:30-3pm ET

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

During this MLN Connects™ National Provider Call, speakers will discuss innovative efforts from State-based Alzheimer's Association Chapters related to train-the-trainer programs, as well as the implementation of the Comfort First Approach in nursing homes. CMS subject matter experts will provide National Partnership updates and discuss next steps for the initiative. A question and answer session will follow the presentations.

The CMS National Partnership to Improve Dementia Care in Nursing homes was developed to improve dementia care through the use of individualized, comprehensive care approaches. The partnership promotes a systematic process to evaluate each person and identify approaches that are most likely to benefit that individual. The goal of the partnership is to continue to reduce the use of unnecessary antipsychotic medications, as well as other potentially harmful medications in nursing homes and eventually other care settings.

Agenda:

- Partnership updates
- Innovation through the Alzheimer's Association - Train the Trainer, Habilitation Therapy, and the Comfort First Approach
- Next steps

Target Audience: Consumer and advocacy groups, nursing home providers, surveyor community, prescribers, professional associations, and other interested stakeholders.

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

Certifying Patients for the Medicare Home Health Benefit — Registration Now Open

Tuesday, December 16; 1:30-3pm ET

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

The CY 2015 Home Health Prospective Payment System [final rule](#) finalized a new patient certification requirement for home health agencies beginning January 1, 2015. During this MLN Connects™ National Provider Call, CMS subject matter experts will discuss the changes to the Medicare home health benefit, followed by a question and answer session.

Agenda:

- Benefit overview
- Patient eligibility
- Certification requirements, including the required face-to-face encounter
- Recertification requirements
- Resources
- Q&A session

Target Audience: Physicians who certify patients for the Medicare home health benefit, hospital/Skilled Nursing Facility discharge planners, non-physician practitioners who are allowed to perform Medicare home health face-to-face encounters, and home health agencies.

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 23 — Overview of the 2013 Quality and Resource Use Reports, [audio](#) and [transcript](#). More information is available on the [call detail](#) web page.
- October 30 — CMS 2014 Certified EHR Technology Flexibility Rule, [audio](#) and [transcript](#). More information is available on the [call detail](#) web page.

CMS Events

Participate in ICD-10 Acknowledgement Testing Week: November 17 through 21, 2014

To help you prepare for the transition to ICD-10, CMS offers acknowledgement testing for current direct submitters (providers and clearinghouses) to test with the Medicare Administrative Contractors (MACs) and Common Electronic Data Interchange (CEDI) anytime up to the October 1, 2015 implementation date.

This past March, CMS conducted a [successful acknowledgement testing week](#). These acknowledgement testing weeks give submitters access to real-time help desk support and allows CMS to analyze testing data.

Registration is not required for these virtual events. Mark your calendar:

- November 17 through 21, 2014
- March 2 through 6, 2015
- June 1 through 5, 2015

How to participate:

Information is available on your [MAC](#) website or through your clearinghouse (if you use a clearinghouse to submit claims to Medicare). Any provider who submits claims electronically can participate in acknowledgement testing.

What you can expect during testing:

- Test claims with ICD-10 codes must be submitted with current dates of service (i.e. October 1, 2014 through November 17, 2014), since testing does not support future dated claims.
- Test claims will receive the 277CA or 999 acknowledgement as appropriate, to confirm that the claim was accepted or rejected in the system.
- Testing will not confirm claim payment or produce a remittance advice.
- MACs and CEDI will be staffed to handle increased call volume during this week.

Information on acknowledgement testing and how to participate is available in [MLN Matters[®] Article MM8858](#), "ICD-10 Testing - Acknowledgement Testing with Providers."

Announcements

Recognizing Lung Cancer Awareness Month and the Great American Smokeout

November is Lung Cancer Awareness Month and November 20 is the Great American Smokeout. Lung cancer is the leading cause of cancer death in the United States for both men and women. Cigarette smoking is the number one cause of lung cancer. Almost 1 in 5 Americans smokes cigarettes, and tens of thousands more smoke pipes or cigars, which also cause lung cancer. Tobacco use is the leading cause of preventable illness and death in the United States. Many smokers who want to quit have great difficulty succeeding, often making multiple attempts before quitting for good. As a provider of health care services to people with Medicare, you can provide support to seniors who want to quit tobacco use, and Medicare can help. [Learn More](#).

Dialysis Facility Compare Star Ratings and Data Release for January 2015

CMS has finalized the methodology for its Dialysis Facility Compare (DFC) Star Rating program and is releasing previews of ratings to individual Medicare-participating dialysis facilities. Facilities will have 15 days to review their ratings. CMS expects to post ratings to Dialysis Facility Compare in January 2015. CMS presented the DFC Star Rating methodology earlier this year, and provided a 30-day preview period during which dialysis facilities had the opportunity to review their ratings. In response to stakeholder concerns, CMS delayed rollout of the Star Ratings on DFC from October 2014 until January 2015. This allowed CMS to receive comments, consider modification of the methodology, and respond to the dialysis community's comments.

Upon careful consideration of comments provided to us from the community, including dialysis facilities, consumer advocates, patients, and interested professional societies, CMS has decided to continue with the Star Ratings methodology presented previously. The posted star ratings will use the same data previewed by facilities during the July 2014 preview period, and this data will be updated on an annual basis beginning in October 2015.

CMS is providing all Medicare-participating dialysis facilities a 15 day preview period to review their data and star rating before they are posted on Dialysis Facility Compare in January 2015. Facilities will have the opportunity to submit questions about their ratings if they believe their ratings are inaccurate. In addition to the star ratings, updated data on individual DFC measures will be posted simultaneously in January 2015 as part of the ongoing quarterly refresh schedule.

Questions or comments about the quarterly Dialysis Facility Compare preview reports and the DFC Star Ratings can be submitted to dialysisdata@med.umich.edu. The deadline for comments during the preview period is November 24, 2014.

Full text of this excerpted [CMS fact sheet](#) (issued November 7).

Coverage of Speech Generating Devices

On February 27, 2014, the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) posted a Coverage Reminder outlining the coding requirements for consideration as a "dedicated" speech generating device under the National Coverage Determination (NCD) for Speech Generating Devices (IOM 100-02 §50.1). The coverage reminder also referenced a requirement for a written coding verification for speech generating devices that would be effective for dates of service on or after December 1, 2014. CMS has issued instructions to contractors to rescind the coverage reminder and coding verification for speech generating devices. We expect beneficiaries to continue to have access to this critical technology.

Since the current NCD took effect on January 1, 2001, the technology for devices that generate speech and the ways in which the devices are used by patients to meet their medical needs has changed significantly. As a result, CMS intends to internally generate a reconsideration of the benefit category NCD addressing Medicare coverage of augmentative and alternative communication devices (IOM 100-02 §50.1). Additional information about this matter will be made available in the near future.

Clinical Laboratory Improvement Amendments Proposed Rule

On November 7, CMS along with the Centers for Disease Control and Prevention announced a [proposed rule](#) that would amend the Clinical Laboratory Improvement Amendments (CLIA) regulations to clarify that the

waived test categorization applies only to non-automated fecal occult blood tests. In addition, the proposed rule would remove the hemoglobin by copper sulfate method from the list of waived tests if commenters confirm that the method is no longer used. The objective of the CLIA program is to ensure accurate and reliable laboratory testing. Since the implementation of the CLIA program in 1992, the types of tests waived under CLIA have increased from 8 to 119 tests.

PQRS Negative Payment Adjustment

On Monday, November 10, CMS began sending letters to eligible professionals (EPs), including group practices, subject to the 2015 Physician Quality Reporting System (PQRS) negative payment adjustment. Beginning on January 1, 2015, CMS will apply a negative PQRS payment adjustment of 1.5 percent to payments under the Medicare Physician Fee Schedule for individual EPs and group practices who did not meet the criteria for satisfactory reporting in the PQRS for the applicable reporting period.

The PQRS is part of the effort to transform the health care delivery system by linking Medicare reimbursements to the quality of care delivered to Medicare beneficiaries. In order to do this, individual EPs and group practices are required to participate in reporting quality metrics in order to help CMS evaluate the quality of care they deliver. Those that do not participate in one of the quality reporting initiatives will see a negative payment adjustment beginning in 2015.

FY 2016 IRF Quality Reporting Program Submission Deadline: November 15

To meet the reporting requirements of the FY 2016 Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP), data collected during quarter 2 (Q2) 2014 (April 1 through June 30, 2014) on the following measures must be submitted no later than 11:59 p.m. Pacific Time on November 15, 2014:

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (NQF #0678) – Collected using the Quality Indicator section of the IRF-Patient Assessment Instrument (PAI)
- National Health Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) – Collected via Centers for Disease Control and Prevention's (CDC's) NHSN

CMS also extended the deadline for measures data collected during quarter 1 (Q1) 2014 (January 1, 2014 through March 31, 2014) for quality measure data submitted via the CDC's NHSN to November 15, 2014: CAUTI Outcome measure (NQF #0138).

Final Submission Deadlines:

- Q1: 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
- Q2: April 1 through June 30, 2014: Final submission deadline November 15, 2014 (All quality data collected during Q2 2014, including data collected and 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.

Helpful Links:

- [Quality Improvement Evaluation System](#)
- [CDC NHSN](#)
- [IRF QRP](#)

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.

FY 2016 LTCH Quality Reporting Program Submission Deadline: November 15

To meet the reporting requirements of the FY 2016 Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP), data collected during quarter 3 (Q3) 2014 (July 1 through September 30, 2014) on the following measures must be submitted no later than 11:59 p.m. Pacific Time on November 15, 2014:

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (NQF #0678) – Collected using the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set
- National Health Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) – Collected via Centers for Disease Control and Prevention’s (CDC’s) NHSN
- National Health Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139) – Collected via the CDC’s NHSN

CMS also extended the deadline for measures data collected during quarter 1 (Q1) 2014 (January 1, 2014 through March 31, 2014) and quarter 2 (Q2) 2014 (April 1 through June 30, 2014) for quality measure data submitted via the CDC’s NHSN to November 15, 2014: CAUTI Outcome measure (NQF #0138) and the CLABSI Outcome measure (NQF #0139).

Final Submission Deadlines:

- Q1: 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
- Q2: 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
- Q3: July 1 through September 30, 2014: Final submission deadline November 15, 2014 (All quality data collected during Q3 2014, including data submitted using the LTCH CARE Data Set, as well as data collected and 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.

Helpful Links:

- [Quality Improvement Evaluation System](#)
- [CDC NHSN](#)
- [LTCH QRP](#)

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

OASIS Updates for Home Health Agencies

The Outcome and Assessment Information Set (OASIS)-C1/ICD-9 has been approved by the Office of Management and Budget (OMB) and will become effective on January 1, 2015. The final, OMB-approved version will be posted on the CMS website soon. The re-hospitalization measures will not be reported in January 2015; they are scheduled for inclusion in the July 2015 refresh to consolidate planned Home Health Compare enhancements.

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.

EHR Incentive Program: Deadlines for 2014 Hospital Reporting on November 30

November 30, 2014 is an important date for the 2014 Medicare Electronic Health Record (EHR) Incentive Program for eligible hospitals and Critical Access Hospitals (CAHs). Eligible hospitals and CAHs must successfully attest to demonstrating meaningful use by November 30 to receive a 2014 incentive payment. *Reminder:* Medicare eligible hospitals must attest to demonstrating meaningful use *every year* to receive an incentive and avoid a payment adjustment. Hospitals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation.

The [CMS Attestation System](#) is open and fully operational, and now includes the [2014 Certified EHR Technology \(CEHRT\) Flexibility Rule](#) options. Medicare eligible hospitals can attest any time to 2014 data until 11:59pm ET on November 30, 2014.

eCQM Submission Deadline

Eligible hospitals and CAHs who are electronically submitting Clinical Quality Measures (CQMs) to qualify for that requirement of meaningful use must submit to [Quality Net](#) by November 30 to successfully meet the deadline to be evaluated for a 2014 incentive payment.

2015 Hardship Exception Deadline

CMS reopened the submission period for hardship exception applications for eligible hospitals to avoid the [2015 Medicare payment adjustments](#) for not demonstrating meaningful use of CEHRT. The new deadline is 11:59pm ET November 30, 2014. Eligible hospitals that have never met meaningful use before may apply during this reopened [hardship exception application](#) submission period if they were unable to attest by July 1,

2014 *and* were unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability.

2016 Payment Adjustments

Payment adjustments will be applied at the beginning of FY 2016 (October 1, 2015) for Medicare eligible hospitals that have not successfully demonstrated meaningful use in 2014. Read the eligible hospital [payment adjustment tipsheet](#) to learn more. *Note:* CAHs have a different payment adjustment schedule. Review the [CAH payment adjustment and hardship exception tipsheet](#).

Resources

Attestation resources are available on the [Educational Resources](#) web page.

Changes to Medicare EHR Incentive Program Hardship Exceptions

The [2015 Physician Fee Schedule 2015 Final Rule](#) includes an Interim Final Rule (IFR) with a request for public comment related to the Electronic Health Record (EHR) Incentive Programs. This IFR provisionally adopts changes to the regulatory language about hardship exceptions from the Medicare payment adjustment in the EHR Incentive Programs. Comments are due by December 30, 2014, and more information will be available when the rule is published in the Federal Register on November 13, 2014.

As part of the American Recovery and Reinvestment Act of 2009 (ARRA), Congress mandated payment adjustments under Medicare for eligible hospitals, critical access hospitals, and eligible professionals that are not meaningful users of Certified EHR Technology (CEHRT). ARRA allows the Secretary to consider, on a case-by-case basis, hardship exceptions for eligible hospitals, critical access hospitals, and eligible professionals to avoid the payment adjustments.

Hardship Exception Extension

In October, 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 CEHRT. Eligible professionals and eligible hospitals that have never met meaningful use before may apply if they were unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability *and* could not attest by the early attestation deadline for new participants. The [application deadline](#) is *November 30, 2014*.

Reporting of eCQMs for the Medicare EHR Incentive Program

While CMS is still requiring eligible professionals who report Clinical Quality Measures (CQMs) electronically for the Medicare EHR Incentive Program to use the most recent version of eCQMs, eligible professionals would not be required to ensure that their CEHRT products are recertified to the most recent version of the electronic specifications for the CQMs.

Resources

Review the 2015 Physician Fee Schedule Rule [fact sheet](#) for more information about regulatory changes to the EHR Incentive Programs. For more information about the EHR Incentive Programs, visit the [EHR](#) website.

ICD-10 Resources for Small Physician Practices on Medscape

CMS has released three new resources to help small physician practices prepare for ICD-10. These resources also provide Continuing Medical Education (CME) and Continuing Education (CE) credits to health care professionals who complete the learning modules, and anyone who takes them will earn a certificate of

completion. If you are a first-time visitor to Medscape, you will need to create a free account to access these resources.

- [ICD-10: Getting From Here to There -- Navigating the Road Ahead](#): A video lecture giving providers an overview of ICD-10 and its benefits, the differences between ICD-9 and ICD-10, and the CMS “Road to 10” Tool.
- [ICD-10 and Clinical Documentation](#): A video discussing the role of documentation and coding in health care and examining why documentation is important for ICD-10.
- [Preparing for ICD-10: Now Is the Time](#): An expert column exploring the effect ICD-10 will have on systems, the coding process, documentation, and quality reporting. It also provides steps to prepare for ICD-10 implementation.

Keep Up to Date on ICD-10

Visit the [ICD-10](#) website for the latest news and resources to help you prepare.

Claims, Pricers, and Codes

ICD-10 MS-DRG v32 Definitions Manual and Medicare Code Editor Files Available

The ICD-10 Medicare Severity Diagnosis Related Grouper (MS-DRG) v32 Definitions Manual and Medicare Code Editor (MCE) files have been posted on the [MS-DRG Conversion Project](#) web page. These files represent the ICD-10 version of the MS-DRGs v32, which are based on ICD-9-CM codes.

- An HTML version of the ICD-10 MS-DRGs v32 files will be posted soon.
- Mainframe and PC ICD-10 MS-DRG v32 software will be available from the National Technical Information Service. Ordering information will be posted on the [MS-DRG Conversion Project](#) web page.
- The ICD-10 MS-DRGs v33, which will be implemented on October 1, 2015, will be subject to formal rulemaking as part of the Inpatient Prospective Payment System proposed rule.

2015 HCPCS Annual Update

The scheduled release of modifications to the Healthcare Common Procedure Coding System (HCPCS) code set is posted on the [Alpha-Numeric HCPCS](#) web page. Final decisions for individual HCPCS code applications will be published soon on the [HCPCS - General Information](#) web page.

Acute Inpatient PPS FY 2015.2 Software Release Available

The acute inpatient Prospective Payment System (PPS) FY 2015.2 software release with revised provider data and logic is now available on the [Acute Inpatient PPS](#) website in the “Downloads” section.

FDG PET for Solid Tumors: Claims Hold Extension

Claims for Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for solid tumors submitted between October 6 and November 30, 2014 will be held to ensure that Medicare systems can accurately calculate payments. Specifically, these are claims containing Healthcare Common Procedure Coding System (HCPCS) A9552 for all oncologic conditions. See [MLN Matters® Article MM8739](#). No provider action is required.

Medicare Learning Network® Educational Products

"Safeguarding Your Medical Identity" Web-Based Training Course — Revised

The "Safeguarding Your Medical Identity" Web-Based Training Course (WBT) was revised and is now available. This WBT is designed to provide education on medical identity theft. It includes information on how to recognize risks and resources you can use to protect your medical identity.

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 Enrollment and Claim Submission Guidelines" Booklet — Revised

The "[Medicare Enrollment and Claim Submission Guidelines](#)" Booklet (ICN 906764) was revised and is now available in hard copy format. This booklet is designed to provide education on applying for enrollment and submitting claims to Medicare. It includes the following information: enrolling in the Medicare Program; private contracts with Medicare beneficiaries; Medicare claims; deductibles, coinsurance, and copayments; Beneficiary Notices of Noncoverage; and billing requirements.

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."

"Medicaid Program Integrity: Understanding and Preventing Provider Medical Identity Theft" Booklet — Revised

The "[Medicaid Program Integrity: Understanding and Preventing Provider Medical Identity Theft](#)" Booklet (ICN 908264) was revised and is now available in downloadable format. This booklet is designed to provide education on the scope and definition of medical identity theft. It includes information on cases involving stolen provider medical identities and strategies that Medicare and Medicaid providers can use to protect themselves against medical identity theft.

"Medicaid Program Integrity: Preventing Provider Medical Identity Theft" Fact Sheet — Revised

The "[Medicaid Program Integrity: Preventing Provider Medical Identity Theft](#)" Fact Sheet (ICN 908265) was revised and is now available in downloadable format. This fact sheet is designed to provide education on how to prevent provider medical identity theft. It includes information on actions Medicare and Medicaid providers can take to mitigate potential risks to their medical identity.

"Medicaid Program Integrity: Safeguarding Your Medical Identity Using Continuing Medical Education (CME)" Educational Tool — Revised

The "[Medicaid Program Integrity: Safeguarding Your Medical Identity Using Continuing Medical Education \(CME\)](#)" Educational Tool (ICN 908266) was revised and is now available in downloadable format. This educational tool is designed to provide a list of websites and other resources related to Medicare and Medicaid medical identity theft.

Medicare Learning Network® Products Available in Electronic Publication Format

The following fact sheets are now available as electronic publications (EPUBs) and through QR codes. Instructions for downloading EPUBs and how to scan a QR code are available at “[How To Download a Medicare Learning Network® \(MLN\) Electronic Publication](#)” on the CMS website.

- The “[Reading the Institutional Remittance Advice](#)” Booklet (ICN 908326) 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.
- The “[Reading a Professional Remittance Advice](#)” Booklet (ICN 908328) is designed to provide education on the RA. It includes screenshots of the RA with an explanation of how to read it.
- The “[DMEPOS Quality Standards](#)” Booklet (ICN 905709) is designed to provide education on Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). It includes DMEPOS quality standards as well as information on Medicare deemed Accreditation Organizations (AOs) for DMEPOS suppliers.

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