

Thursday, January 22, 2015

MLN Connects™ National Provider Calls

National Partnership to Improve Dementia Care in Nursing Homes and QAPI — Upcoming 2015 Calls

CMS Events

eHealth Webinar: QRDA I Submission for Eligible Hospitals

Announcements

Bidding Open for the Round 2 Recompete/National Mail-Order Recompete of the DMEPOS Competitive Bidding Program
Cervical Health Awareness Month
Major Improvements to the Internet-based PECOS System
Submission Timeframes for 2014 PQRS Data
Hospitals Must Start Medicare EHR Participation in 2015 to Earn Incentives
Updated Information on Reporting Menu Objectives for the EHR Incentive Programs
January ICD-10 End-to-End Testing Participants Are Pre-Registered For April Testing
Share Your ICD-10 Story

Claims, Pricers, and Codes

January 2015 PPS Provider Data Available
FY 2015 Inpatient PPS PC Pricer Update Available
FY 2015 Inpatient PPS 2015.3 Mainframe Pricer Update Available
January 2015 Outpatient Prospective Payment System Pricer File Update
Part A Claims Hold for Select Preventive and Screening Services — Updated

Medicare Learning Network® Educational Products

"Medicare Quarterly Provider Compliance Newsletter [Volume 5, Issue 2]" Educational Tool — Released
"2015 Medicare Part C and Part D Reporting Requirements and Data Validation" Web-Based Training Course — Released
"Opting out of Medicare and/or Electing to Order and Certify Items and Services to Medicare Beneficiaries" MLN Matters® Article — Revised
New Medicare Learning Network® Educational Web Guides Fast Fact
Medicare Learning Network® Product Available In Electronic Publication Format

MLN Connects™ National Provider Calls

National Partnership to Improve Dementia Care in Nursing Homes and QAPI — Upcoming 2015 Calls

The [National Partnership to Improve Dementia Care in Nursing Homes](#) and [Quality Assurance and Performance Improvement](#) (QAPI) are partnering on future MLN Connects™ National Provider Calls to broaden discussions related to quality of life, quality of care, and safety issues. [Register](#) for the first call on March 10. Save the dates for upcoming calls in 2015:

- Tuesday, March 10 from 1:30-3pm ET
- Tuesday, June 16 from 1:30-3pm ET
- Thursday, September 3 from 1:30-3pm ET
- Tuesday, December 1 from 1:30-3pm ET

CMS Events

eHealth Webinar: QRDA I Submission for Eligible Hospitals

Thursday, January 29; 12-1:30pm ET

Hospitals are encouraged to join the next eHealth Provider Webinar for guidance on submitting 2015 quality measures using [Quality Reporting Document Architecture \(QRDA\) Category I report](#). During this webinar CMS and Lantana Consulting Group experts will discuss the following topics, followed by Q&A:

- Submission of 2015 quality measures using QRDA Category I report
- Electronic Clinical Quality Measure (eCQM) hospital test file submissions
- eCQM hospital data validation pilot

Registration:

Space is limited. [Register](#) now to secure your spot. Once your registration is complete, you will receive a follow-up email with step-by-step instructions on how to log-in to the webinar. Previous webinar presentations and recordings can be accessed on the [Events](#) web page.

Want more information about eHealth? Visit the [eHealth](#) website for the latest news and updates.

Announcements

Bidding Open for the Round 2 Recompete/National Mail-Order Recompete of the DMEPOS Competitive Bidding Program

Bids due before 9pm ET March 25

CMS is now soliciting bids for the Round 2 Recompete and the national mail-order recompete of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. All bids must be submitted in DBidS, the online bidding system, *before 9pm prevailing ET on March 25, 2015*. All required hard copy documents that must be included as part of the bid package must be *received* by the Competitive Bidding Implementation Contractor (CBIC) on or before March 25, 2015. More [information](#).

Cervical Health Awareness Month

January is Cervical Health Awareness Month – a time to draw attention to cervical cancer, cervical cancer screening, prevention, and treatment. Cervical cancer is a mostly preventable disease; with early detection treatment is very favorable. Medicare provides coverage of screening services for cervical and vaginal cancers.

Medicare Coverage

Medicare provides coverage of the Pap smear screening test and the screening pelvic examination (which includes a clinical breast exam) for all female Medicare beneficiaries:

- Annually if at high risk for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past 3 years or
- Every 2 years for women at normal risk

The copayment, coinsurance, and deductible are waived. The screening Pap test and the screening pelvic examination are each standalone billable preventive services.

For More Information

- Medicare Learning Network® “[Screening Pap Tests](#)” Booklet
- Medicare Learning Network “[Screening Pelvic Examinations](#)” Booklet
- Medicare Learning Network “[Quick Reference Information: Preventive Services](#)” Educational Tool
- [Medicare.gov](http://www.Medicare.gov) Website – Information that you can share with your Medicare patients

Major Improvements to the Internet-based PECOS System

Over the last year, CMS has listened to your feedback about Internet-based [Provider Enrollment, Chain, & Ownership System](#) (PECOS) and made improvements to increase access to more information. PECOS is easier than ever to use with the following report upgrades that are now available:

- The HTML Report, which is a provider’s online view of their Medicare enrollment application, has been updated to identify information that was added, updated, or deleted.
- Providers/suppliers are able to view the HTML Report before they submit their Medicare application. The HTML Report is available in the Topic View tab as well as the Fast Track View tab in the “Reports” section. *Note:* The View Medicare ID Report hyperlink is not available for initial Medicare enrollment applications.
- Multiple sections of the Medicare Enrollment Report are known to occasionally contain more than 50 individual records. When there are more than 50 records for an enrollment, a “Show All” button displays directly under the section to enable display of the remaining data. *Important Note:* For enrollments with large volumes (4,000 records or more) of data in one or more of the sections listed above, it may take up to ten minutes for all data to return after the “Show All” button is selected. HTML Report response times will vary depending on the amount of memory available on your PC/laptop and the internet browser you are using.

For additional information regarding the updated HTML Report, please review the PECOS Medicare Enrollment Report Help available in the top right corner of the HTML Report. Please consider printing your HTML Report to help facilitate potential application development questions from your Medicare Administrative Contractor.

To access internet-based PECOS, go to the [PECOS](#) website.

Submission Timeframes for 2014 PQRS Data

CMS announced the 2014 Physician Quality Reporting System (PQRS) data submission timeframes. The submission period for each reporting method is as follows:

- Electronic Health Record (EHR) direct or data submission vendor that is Certified EHR Technology (CEHRT): January 1, 2015 through February 28, 2015

- Qualified Clinical Data Registries (QCDRs) (using QRDA III format) reporting for PQRS and the Clinical Quality Measure component of meaningful use for the Medicare EHR Incentive Program: January 1, 2015 through February 28, 2015
- Group Practice Reporting Option (GPRO) Web Interface: January 26, 2015 through March 20, 2015
- Qualified registries: January 1, 2015 through March 31, 2015
- QCDRs (using XML format) reporting for PQRS only: January 1, 2015 through March 31, 2015
- Maintenance of Certification Organizations (MOCs): January 1, 2015 through March 31, 2015

The submission deadline time is 8pm ET for all reporting methods.

An Individuals Authorized Access to CMS Computer Services (IACS) account with the “PQRS Submitter Role” is required for these PQRS data submission methods. Please see the [IACS Quick Reference Guides](#) for specifics.

PQRS provides an incentive payment to individual eligible professionals and group practices that satisfactorily participate or satisfactorily report data on quality measures for covered Medicare Physician Fee Schedule (PFS) services. Additionally, those who do not meet the 2014 PQRS reporting requirements will be subject to a negative payment adjustment on all Medicare Part B PFS services rendered in 2016.

For questions, please contact the QualityNet Help Desk at 866-288-8912 or via email at Qnetsupport@hcqis.org from 7am to 7pm CT. Complete information about PQRS is available on the [PQRS](#) website.

Hospitals Must Start Medicare EHR Participation in 2015 to Earn Incentives

Not participating in the Medicare Electronic Health Record (EHR) Incentive Program yet? 2015 is the last year for eligible hospitals to begin and still earn incentive payments. To earn a 2015 incentive payment and avoid a 2016 payment adjustment, first-time participants should:

- Begin their 90-day reporting period no later than April 1, 2015
- Attest by July 1, 2015

Eligible hospitals that miss this deadline can still earn a 2015 incentive payment—and avoid the 2017 payment adjustment—if they begin their reporting period by July 1 and attest by November 30. However, they will be subject to the 2016 payment adjustment unless they apply and qualify for a [hardship exception](#).

Hospitals that successfully attest in 2015 will also be eligible to earn a 2016 incentive if they continue to participate. Eligible hospitals that begin participating after 2015 will *not* be able to earn incentive payments. They will also be subject to payment adjustments in 2016 and 2017.

Additional Resources:

The [EHR Incentive Programs](#) website offers tools and resources to help eligible hospitals to successfully participate:

- [Tip Sheet for Medicare Eligible Hospitals](#)
- [Eligible Hospital 2014 Definition Spec Sheets](#)
- [Stage 1 Eligible Hospital and Critical Access Hospital \(CAH\) Attestation Worksheet \(2014 Definition\)](#)
- [Stage 1 Attestation User Guide for Eligible Hospitals and CAHs](#)
- [Payment Adjustment and Hardship Exception Tip Sheet for Hospitals and CAHs](#)

Updated Information on Reporting Menu Objectives for the EHR Incentive Programs

CMS has released updated guidance on the how eligible professionals should select menu objectives for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Read the [updated FAQ](#). For additional resources, please visit the [EHR Incentive Programs](#) website.

January ICD-10 End-to-End Testing Participants Are Pre-Registered For April Testing

Reminder: If you were selected to participate in the January 2015 ICD-10 end-to-end testing week, you are already registered for the April 2015 testing week. You do not need to complete a new registration form.

Share Your ICD-10 Story

CMS is looking for providers, vendors, clearinghouses, health plans, and others to share ICD-10 success stories and milestone achievements with the health care community. CMS wants to hear how you are preparing your organization for the transition. Some areas of interest are:

- Training and educating staff about the transition
- Clinical documentation improvement
- Coordinating with vendors to update software
- Testing systems within your practice and with clearinghouses and health plans
- Collaborating with other health care organizations on ICD-10

By talking about how your organization is getting ready for ICD-10, you can help others across the country prepare for October 1, 2015. If you are interested in sharing your ICD-10 best practices, [send us your story](#).

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

January 2015 PPS Provider Data Available

The January 2015 Prospective Payment System (PPS) provider data is now available on the [Provider Specific Data for Public Use in Text Format](#) and the [Provider Specific Data for Public Use in SAS Format](#) web pages in the “Downloads” section.

FY 2015 Inpatient PPS PC Pricer Update Available

The FY 2015 Inpatient Prospective Payment System (PPS) PC Pricer is now available with January 2015 provider data on the [Inpatient PPS PC Pricer](#) web page in the “Downloads” section.

FY 2015 Inpatient PPS 2015.3 Mainframe Pricer Update Available

The FY 2015 Inpatient Prospective Payment System (PPS) Mainframe Pricer is now available with January 2015 provider data on the [Pricer COBOL Code Text Files](#) web page.

January 2015 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 January 2015. The January provider data is available for use and may be downloaded from the OPPS Pricer web page under “1st Quarter 2015 Files.”

Part A Claims Hold for Select Preventive and Screening Services — Updated

Intensive Behavioral Therapy for Obesity, Screening Digital Tomosynthesis Mammography, and Anesthesia with Screening Colonoscopy

Part A Claims will be held for the following reason codes: 31784, 31785, 31842, 31843, 31838, 31840, 31841, 31844, and 31839. The computer fix will be installed into production on February 23, 2015. No action needed by providers.

Medicare Learning Network[®] Educational Products

"Medicare Quarterly Provider Compliance Newsletter [Volume 5, Issue 2]" Educational Tool — Released

The "[Medicare Quarterly Provider Compliance Newsletter \[Volume 5, Issue 2\]](#)" Educational Tool (ICN 909177) 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.

"2015 Medicare Part C and Part D Reporting Requirements and Data Validation" Web-Based Training Course — Released

The "2015 Medicare Part C and Part D Reporting Requirements and Data Validation" Web-Based Training Course (WBT) was released and is now available. This WBT is designed to provide education on 2015 requirements for data validation contractors. It includes information regarding planning, performing, and completing data validation activities. 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](#), scroll to the bottom of the web page and under “Related Links,” click on “Web-Based Training Courses.”

"Opting out of Medicare and/or Electing to Order and Certify Items and Services to Medicare Beneficiaries" MLN Matters[®] Article — Revised

[MLN Matters[®] Special Edition Article #SE1311](#), “Opting out of Medicare and/or Electing to Order and Certify Items and Services to Medicare Beneficiaries” was revised and is now available in downloadable format. This article is designed to provide education on the necessity to file an affidavit with Medicare to opt-out of Medicare. It also clarifies the difference between providers who are permitted to opt-out and providers who opt-out and elect to order and refer services. This article was revised to add clarifying language on the opt-out process and requirements, especially with regard to the definition of “opt-out.”

New Medicare Learning Network® Educational Web Guides Fast Fact

A new fast fact is now available on the [Medicare Learning Network® Educational Web Guides](#) web page. This web page provides information on Evaluation and Management services, Guided Pathways that contain resources and topics of interest, lists of health care management products, and easy-to-understand billing and coding educational products. It is designed to provide educational and informational resources related to certain CMS initiatives. Please bookmark this page and check back often as a new fast fact is added each month.

Medicare Learning Network® Product Available In Electronic Publication Format

The following fact sheet 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® \(MLN\) Electronic Publication](#)”.

The “[Complying With Medical Record Documentation Requirements](#)” Fact Sheet (ICN 909160) is designed to provide education on proper medical record documentation requirements. It includes information and resources to help Medicare providers understand how to provide accurate and supportive medical record documentation.

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