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## **MLN Connects™ National Provider Calls**

**Payment of Chronic Care Management Services under CY 2015 Medicare PFS — Last Chance to Register**

*Wednesday, February 18; 1:30-3pm ET*

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

On January 1, 2015, CMS began making separate payment under the Medicare Physician Fee Schedule (PFS) for Chronic Care Management (CCM) services under Current Procedure Terminology (CPT) code 99490. CCM services are non-face-to-face care management/coordination services for certain Medicare beneficiaries having multiple (two or more) chronic conditions. During this MLN Connects™ National Provider Call, CMS will review the requirements for physicians and other practitioners to bill the new CPT code to the PFS. A question and answer session will follow the presentation.

Call participants are encouraged to review the following rules prior to the call: The 2014 PFS final rule (CMS-1600-FC) pages 74414-74427 and the 2015 PFS final rule (CMS-1612-FC) pages 67715-67730, which are available on the [PFS](#) web page.

*Note: CPT codes, descriptions, and other data only are copyright 2014 American Medical Association. All rights reserved.*

*Agenda:*

- Overview
- Eligible population
- Scope of service
- Question and answer session

*Target Audience:* Practitioners and providers interested in billing chronic care management services to Medicare, as well as coders, practice managers, 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.

## **ICD-10 Implementation and Medicare Testing — Register Now**

*Thursday, February 26; 1:30-3pm ET*

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

CMS is offering acknowledgement testing and end-to-end testing to help the Medicare Fee-For-Service (FFS) provider community get ready for the October 1, 2015 implementation date. During this MLN Connects™ National Provider Call, CMS subject matter experts will discuss opportunities for testing and results from previous testing weeks, along with implementation issues and resources for providers. A question and answer session will follow the presentations.

Participants are encouraged to review the testing resources on the [Medicare FFS Provider Resources](#) web page prior to the call, including MLN Matters® Articles and testing results.

*Agenda:*

- Participating in acknowledgement and end-to-end testing
- Results from previous acknowledgement and end-to-end testing weeks
- National implementation update
- Provider resources

*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.

## **National Partnership to Improve Dementia Care in Nursing Homes and QAPI — Registration Now Open**

*Tuesday, March 10; 1:30-3pm ET*

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

During this MLN Connects™ National Provider Call, CMS subject matter experts will provide National Partnership updates and an overview of Quality Assurance and Performance Improvement (QAPI), as well as a presentation on Adverse Events in nursing homes. Additionally, Advancing Excellence will discuss their campaign for quality in America's nursing homes. A question and answer session will follow the presentations.

The [National Partnership to Improve Dementia Care in Nursing Homes](#) and [QAPI](#) are partnering on MLN Connects Calls to broaden discussions related to quality of life, quality of care, and safety issues. The National Partnership was developed to improve dementia care in nursing homes through the use of individualized, comprehensive care approaches to reduce the use of unnecessary antipsychotic medications. QAPI standards expand the level and scope of quality activities to ensure that facilities continuously identify and correct quality deficiencies and sustain performance improvement.

### *Agenda:*

- National Partnership updates
- QAPI overview
- Adverse Events in nursing homes
- Advancing Excellence – Campaign for quality

*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.

## **CMS Events**

### **Physician Compare Benchmark Discussion Webinars**

*February 18 and 19*

CMS is currently evaluating options for a publicly reported benchmark for the [Physician Compare](#) website. Per the 2015 Physician Fee Schedule Final Rule, the Physician Compare Support Team is facilitating outreach to discuss more thoroughly potential benchmarking methodologies with stakeholders prior to finalizing a future proposal. The purpose of these webinars is to discuss considerations, answer questions, and to allow stakeholders to contribute to the conversation regarding a publicly reported benchmark on Physician Compare. The six sessions will be conducted via WebEx at the following times:

- February 18: 11am, 2pm, and 5pm ET

- February 19: 10am, 12pm, and 4pm ET

To register for a session, send an email to the Physician Compare support team at [PhysicianCompare@westat.com](mailto:PhysicianCompare@westat.com).

## Announcements

### **DMEPOS Competitive Bidding: Register by Tuesday in Order to Bid**

*Registration closes February 17*

Suppliers interested in participating in the Round 2 Recompete and/or the national mail-order recompete of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program *must register before Tuesday, February 17, 2015, at 9pm prevailing ET*. You must register even if you registered during a previous round of competition (Round 1 Recompete, Round 2, or the national mail-order competition). Only suppliers who have a user ID and password will be able to access the online DMEPOS Bidding System (DBidS); suppliers that do not register cannot bid and are not eligible for contracts. Don't wait – register *today*. [More information](#).

### **February is American Heart Month**

February is American Heart Month – a time to raise awareness about heart disease and heart disease management and prevention strategies. As a health care professional, you play a key role in helping patients reduce their risk for heart disease and stroke and lead longer, healthier lives. Initiatives such as [Million Hearts<sup>®</sup>](#), a national initiative to prevent a million heart attacks and strokes by 2017, provide health care professionals and other partners with resources that you can use to help enhance your prevention efforts. Medicare provides coverage for a variety of preventive services that can help identify risk factors and provide information and tools that can assist your Medicare patients in making informed decisions about heart-healthy lifestyle choices. Encourage your Medicare patients to take full advantage of their covered services.

Medicare-covered preventive services include the following, subject to certain eligibility criteria:

- Initial Preventive Physical Exam (IPPE), also known as the “Welcome to Medicare” Preventive Visit)
- Annual Wellness Visit, providing Personalized Prevention Plan Services
- Cardiovascular Disease Screening Blood Tests (total cholesterol, high-density lipoproteins, and triglycerides)
- Diabetes Screening
- Intensive Behavioral Therapy for Cardiovascular Disease
- Intensive Behavioral Therapy for Obesity
- Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse
- Tobacco-use Cessation Counseling Services

For a full list of preventive services covered by Medicare, refer to the Medicare Learning Network<sup>®</sup> “[Quick Reference Information: Preventive Services](#)” Educational Tool.

*For More Information:*

- Medicare Learning Network “[Quick Reference Information: The ABCs of Providing the Annual Wellness Visit](#)” Educational Tool.
- Medicare Learning Network “[Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination](#)” Educational Tool.
- Medicare Learning Network “[Cardiovascular Disease Services](#)” Booklet.

- [Initial Preventive Physical Exam and Annual Wellness Visit](#) National Provider Call Video Slideshow. For the slide presentation, written transcript, audio recording, and related FAQs, go to the [call detail](#) web page.
- [Medicare.gov](#) Website – Information that you can share with your Medicare patients.
- [Million Hearts](#) – HHS national initiative to help prevent 1 million heart attacks and strokes by 2017.
- [Million Hearts](#) – Evidence-based Treatment Protocols for Improving Blood Pressure Control.
- [Healthfinder.gov](#) – National Health Observances February: American Heart Month Toolkit.

### **IRF Quality Reporting Program: Data Submission Deadline February 15**

The Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) deadline for the submission of third quarter 2014 quality data is February 15, 2015 no later than 11:59pm ET. This deadline applies to all IRF Patient Assessment Instrument (IRF-PAI) quality data submitted for the third quarter of 2014 (quality data collected between the dates of July 1, 2014 and September 30, 2014), and should be submitted to CMS via the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. IRF quality data collected and submitted for CY 2014 will affect the FY 2016 Annual Increase Factor determination.

*For more information:*

- To check the status of your submissions, please check your submission reports. For assistance running your reports, or for additional information about the IRF QRP, see [Additional Reconsideration Information for IRFs](#).
- For questions about IRF-PAI data coding or IRF-PAI data submission, call 800-339-9313 or email [help@qtso.com](mailto:help@qtso.com).
- For questions about IRF quality data submitted to CMS via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) or NHSN Registration, email [NHSN@cdc.gov](mailto:NHSN@cdc.gov).
- For questions about quality measure calculation, data submission deadlines, or data items in the Quality Indicator section of the IRF-PAI, email [IRF.questions@cms.hhs.gov](mailto:IRF.questions@cms.hhs.gov).
- For additional information, including specific IRF QRP requirements related to the February 15 submission deadline, visit the [IRF QRP](#) website.

### **LTCH Quality Reporting Program: Data Submission Deadline February 15**

The Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) deadline for the submission of fourth quarter 2014 quality data is February 15, 2015 no later than 11:59pm ET. This upcoming deadline applies to all LTCH QRP fourth quarter 2014 quality data (LTCH quality data collected between the dates of October 1, 2014 and December 31, 2014), and should be submitted to CMS via the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. LTCH quality data collected and submitted for CY 2014 will affect the FY 2016 Annual Payment Update (APU) determination.

*For more information:*

- To check the status of your data submissions, please check your data submission reports. For assistance running your reports, or for additional information about the LTCH QRP, see [Additional Reconsideration Information for LTCHs](#).
- For questions about LTCH Continuity Assessment Record and Evaluation (CARE) Data Set coding or LTCH CARE Data Set submissions, call 800-339-9313 or email [help@qtso.com](mailto:help@qtso.com).

- For questions about LTCH quality data submitted to CMS via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) or NHSN Registration, email [NHSN@cdc.gov](mailto:NHSN@cdc.gov).
- For questions about quality measure calculation, data submission deadlines, or data items contained within the LTCH CARE Data Set, email [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov).
- For additional information, including specific LTCH QRP requirements related to the February 15 submission deadline, visit the [LTCH QRP](#) website.

## **EHR Incentive Program: 2014 Attestation Deadline for Eligible Professionals February 28**

If you are an eligible professional participating in the Medicare Electronic Health Record (EHR) Incentive Program, you have until 11:59 pm ET on February 28, 2015 to attest to demonstrating meaningful use of the data collected during your EHR reporting period for CY 2014. The [CMS Attestation System](#) is open and fully operational, and includes the [2014 Certified EHR Technology \(CEHRT\) Flexibility Rule](#) options. *Reminder:* You must attest to demonstrating meaningful use *every year* to receive an incentive and avoid a Medicare payment adjustment. If you are participating in the Medicaid EHR Incentive Program, please refer to your [state's deadlines](#) for attestation information.

### *Payment Adjustments*

Payment adjustments were applied beginning January 1, 2015 for Medicare eligible professionals that did not successfully demonstrate meaningful use in 2013 (or 2014 for first-time participants) and did not receive a 2015 hardship exception. Medicare eligible professionals that did not successfully demonstrate meaningful use in 2014 and do not receive a 2016 hardship exception will have payment adjustments applied beginning January 1, 2016. The application period will open in early January 2015. For more information, please review the [payment adjustment tipsheet](#).

- If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you *must* demonstrate meaningful use to avoid the payment adjustments. You may demonstrate meaningful use under either Medicare or Medicaid.
- If you are only eligible to participate in the Medicaid EHR Incentive Program, you are not subject to these payment adjustments.

### *Attestation Resources:*

- [Stage 1 Eligible Professionals Meaningful Use Table of Contents \(2014 definition\)](#)
- [Stage 2 Eligible Professionals Meaningful Use Table of Contents](#)
- [2014 Stage 1 Attestation User Guide for Eligible Professionals](#)
- [2013 Stage 1 Attestation User Guide for Eligible Professionals](#)
- [Stage 2 Attestation User Guide for Eligible Professionals](#)
- [CEHRT Flexibility Attestation Guide](#)

## **EHR Incentive Programs: Public Health Objectives: Reporting Requirements in Stage 1 and 2**

Public health registry reporting is required for providers participating in the Electronic Health Record (EHR) Incentive Programs. Objectives include submitting data to an immunization registry, submitting data to a syndromic surveillance database, and submitting reportable lab results to a public health agency (for hospitals only).

### *Stage 1 vs Stage 2 Requirements*

In Stage 1, [eligible professionals](#) and [eligible hospitals](#) must complete (or qualify for an exclusion for) at least one public health objective in Stage 1 of meaningful use. In Stage 2 of meaningful use, some of the Stage 1

public health menu objectives become core objectives, and new public health reporting requirements are added to the menu objectives. Eligible professionals must demonstrate (or qualify for an exclusion for) the capability to submit electronic data for immunizations, while eligible hospitals must demonstrate (or qualify for an exclusion for) the capability to submit electronic data for immunizations, reportable laboratory results, and syndromic surveillance. Also in Stage 2, new public health menu objectives for eligible professionals include the capability to identify and report cancer cases to a cancer registry and specific cases to a specialized registry (other than a cancer registry).

### *How to Report Public Health Measures*

For information on how to report public health measures, please visit the [EHR](#) website. For more information about public health objectives and public health registry reporting, download the [Public Health Registry Tip Sheet](#). You may also view a full listing of [FAQs](#) on this topic and others.

## **NCD for Screening for Lung Cancer with Low Dose Computed Tomography**

On February 5, CMS issued a final National Coverage Determination (NCD) that provides for Medicare coverage of screening for lung cancer with Low Dose Computed Tomography (LDCT). The coverage is effective immediately. Medicare will now cover lung cancer screening with LDCT once per year for Medicare beneficiaries who meet all of the following criteria:

- They are age 55-77, and are either current smokers or have quit smoking within the last 15 years;
- They have a tobacco smoking history of at least 30 “pack years” (an average of one pack a day for 30 years); and
- They receive a written order from a physician or qualified non-physician practitioner that meets certain requirements.

Medicare coverage includes a visit for counseling and shared decision-making on the benefits and risks of lung cancer screening. The NCD also includes required data collection and specific coverage eligibility criteria for radiologists and radiology imaging centers, consistent with the National Lung Screening Trial protocol, U.S. Preventive Services Task Force recommendation, and multi-society multi-disciplinary stakeholder evidence-based guidelines.

Full text of this excerpted [CMS press release](#) (issued February 5).

## **Background Fingerprints: Check Your Status Online**

Accurate Biometrics, CMS contractor responsible for processing fingerprints for CMS, has upgraded their website: [www.CMSfingerprinting.com](http://www.CMSfingerprinting.com). You can now authenticate and check the status of your fingerprint submission online.

## **Antipsychotic Drug use in Nursing Homes: Trend Update**

CMS is tracking the progress of the National Partnership to Improve Dementia Care in Nursing Homes by reviewing publicly reported measures. The official measure of the Partnership is the percentage 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 19.4% to a national prevalence of 19.2% in the third quarter of 2014. Success has varied by state and CMS region, with some states and regions having seen a reduction of greater than 20%.

The National 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 promotes a multidimensional approach that includes research, partnerships and state-based coalitions, revised surveyor guidance, training for providers and surveyors and public reporting.

*For more information:*

- [Register](#) for the March 10 MLN Connects™ National Provider Call
- Visit the [National Partnership](#) web page
- Send correspondence to [dnh\\_behavioralhealth@cms.hhs.gov](mailto:dnh_behavioralhealth@cms.hhs.gov)

## **CMS is Accepting Suggestions for Potential PQRS Measures**

CMS is accepting quality measure suggestions for potential inclusion in the proposed set of quality measures in the Physician Quality Reporting System (PQRS) for future rule-making years. Quality measures submitted in this Call for Measures may also be considered for use in other quality programs for physicians and other eligible professionals (e.g. Value Based Modifier, Physician Compare, Medicare Shared Savings Program, etc.).

The PQRS Call for Measures is now conducted in an ongoing open format, remaining open indefinitely. The month that a measure is submitted for consideration will determine when it may be included on the Measures Under Consideration (MUC) list. Measures submitted prior to June 15, 2015 may be considered for inclusion on the 2015 MUC list for implementation in PQRS as early as 2017.

CMS will give priority to measures that are outcome-based, answer a measure gap and address the most up-to-date clinical guidelines. Measures submitted for consideration will be assessed to ensure that they meet the needs of the PQRS. As time permits, feedback will be provided to measure submitters upon review of their submission. When submitting measures for consideration, please ensure that your submission is not duplicative of another existing or proposed measure. Additionally, CMS is *not* accepting claims-based only reporting measures in this process. Note that measures already included in previous PQRS MUC lists may only be re-submitted for consideration if the measure has undergone substantive changes.

Each measure submitted for consideration *must* include all required supporting documentation. Documentation requirements and the submission timeline are posted on the [Measures Management System Call for Measures](#) web page. Questions about this Call for Measures or the required documentation may be submitted to [C4M@wvmi.org](mailto:C4M@wvmi.org).

## **Claims, Pricers, and Codes**

### **CY 2015 HH PPS PC Pricer and PPS Main Frame Pricer Updates Available**

The CY 2015.1 Home Health (HH) Prospective Payment System (PPS) PC Pricer and the HH PPS Main Frame Pricer are now available on the [HH PPS PC Pricer](#) web page in the “Downloads” section.

## **Medicare Learning Network® Educational Products**

### **“Hospital Outpatient Prospective Payment System” Fact Sheet — Revised**

The “[Hospital Outpatient Prospective Payment System](#)” Fact Sheet (ICN 006820) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Hospital Outpatient Prospective Payment System. It includes the following information: background, ambulatory payment classifications, how payment rates are set, payment rates, and Hospital Outpatient Quality Reporting Program.

#### **“DMEPOS Quality Standards” Booklet — Reminder**

The “[DMEPOS Quality Standards](#)” Booklet (ICN 905709) is available in downloadable format. This booklet 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.

#### **“Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Information for Pharmacies” Fact Sheet — Reminder**

The “[Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Information for Pharmacies](#)” Fact Sheet (ICN 905711) is available in downloadable format. This fact sheet is designed to provide education for pharmacies on DMEPOS. It includes information on accreditation by a CMS-approved independent national Accreditation Organization (AO) as well as information if a pharmacy wants to be considered for an exemption from the accreditation requirements.

#### **“Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services” Fact Sheet — Reminder**

The “[Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) Services](#)” Fact Sheet (ICN 904084) is available in downloadable format. This fact sheet is designed to provide education on SBIRT 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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