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MLN Connects™ National Provider Calls

ICD-10 Implementation and Medicare Testing — Last Chance to Register

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 — Register Now

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 make sure 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.

Video Slideshow and Follow-up Information Available for IRF-PAI MLN Connects™ National Provider Call

January 15 — *New IRF-PAI Items Effective October 1, 2015*: [video slideshow](#) and [follow-up information](#). More information is available on the [call detail](#) web page. This call focused on training providers how to code and complete the new arthritis attestation item and the therapy information section on the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), along with clarification of the signature page requirements.

CMS Events

Participate in ICD-10 Acknowledgement Testing Week: March 2 through 6, 2015

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 the Durable Medical Equipment (DME) MAC Common Electronic Data Interchange (CEDI) contractor anytime up to the October 1, 2015, implementation date.

CMS previously conducted two successful acknowledgement testing weeks in [March 2014](#) and [November 2014](#). These acknowledgement testing weeks give submitters access to real-time help desk support and allow CMS to analyze testing data. Registration is not required for these virtual events. Mark your calendar:

- 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 will receive the 277CA or 999 acknowledgement as appropriate, to confirm that the claim was accepted or rejected in the system.
- Test claims will be subject to all current front-end edits, including edits for valid National Provider Identifiers (NPIs), Provider Transaction Access Numbers (PTANs), and codes, including Healthcare Common Procedure Coding System (HCPCS) and place of service
- Testing will not confirm claim payment or produce a Remittance Advice (RA)
- MACs and CEDI will be staffed to handle increased call volume during this week

Testing tips:

- Make sure test files have the "T" in the ISA15 field to indicate the file is a test file
- Send ICD-10 coded test claims that closely resemble the claims that you currently submit
- Use valid submitter ID, NPI, and PTAN combinations
- Use current dates of service on test claims (i.e. October 1, 2014 through March 1, 2015)
- Use the correct companion qualifier code; use ICD-10 companion qualifier codes when submitting ICD-10 diagnosis codes
- Do not use future dates of service or your claim will be rejected

Not sure what type of testing you are eligible to participate in?

[MLN Matters® Special Edition Article SE1501](#) explains the differences between acknowledgement and end-to-end testing with Medicare. Other resources:

- [MLN Matters Article MM8858](#), “ICD-10 Testing - Acknowledgement Testing with Providers”
- [MLN Matters Special Edition Article SE1409](#), “Medicare FFS ICD-10 Testing Approach”

Webinar for Comparative Billing Report on Modifiers 24 & 25: Specialty Surgeons

Wednesday, March 4; 3-4:30pm ET

Join us for an informative discussion of the comparative billing report on modifiers 24 & 25: specialty surgeons (CBR201502). The presentation will be provided by CMS contractor eGlobalTech and its partner, Palmetto GBA. CBR201502 is an educational tool designed to assist specialty surgeons (excluding general and orthopedic surgeons) who submitted claims for Evaluation and Management (E/M) services appended with modifiers 24 and/or 25.

Agenda:

- Opening remarks
- Overview of comparative billing report (CBR201502)
- Coverage policy for modifiers 24 and 25
- Methods and results
- Resources
- Question and answer session

Presenter Information:

- Speakers: Cheryl Bolchoz, Cyndi Wellborn, and Molly Wesley
- Organizations: eGlobalTech and Palmetto GBA

How to Register and Event Replay:

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

Healthy Aging Summit

July 27 through 29

HHS will be hosting a Healthy Aging Summit this July in Washington, DC to help understand more about aging, including health equity, prevention, social determinants of health, health literacy, demographics, aging in place, and health IT. The Summit will highlight interventions and strategies that optimize health and minimize clinical care. Visit the [Healthy Aging Summit](#) website to register for this free event.

Announcements

New Affordable Care Act Initiative to Encourage Better Oncology Care

On February 12, HHS announced a new multi-payer payment and care delivery model to support better care coordination for cancer care as part of the Department’s ongoing efforts to improve the quality of care patients receive and spend health care dollars more wisely, contributing to healthier communities. The Oncology Care Model encourages participating practices to improve care and lower costs through episode-based, performance-

based payments that financially incentivize high-quality, coordinated care. Participating practices will also receive monthly care management payments for each Medicare Fee-For-Service beneficiary during an episode to support oncology practice transformation, including the provision of comprehensive, coordinated patient care.

Physician group practices and solo practitioners that provide chemotherapy for cancer and are currently enrolled in Medicare may apply to participate. Other payers, including commercial insurers, Medicare Advantage plans, state programs, and Medicaid managed care plans, are also encouraged to apply. To be considered,

- Interested payers must submit a letter of intent through the Oncology Care Model inbox at OncologyCareModel@cms.hhs.gov by 5pm ET on March 19, 2015
- Interested practices must submit letters of intent through the Oncology Care Model inbox at OncologyCareModel@cms.hhs.gov by 5pm, ET on April 23, 2015
- Payers and practices that submit a timely letter of intent will be sent an authenticated web link and password with which to submit an electronic application. Applications must be submitted by 5pm ET on June 18, 2015

For more information:

- [Fact Sheet](#)
- [Oncology Care Model](#) website.

Full text of this excerpted [CMS press release](#) (issued February 12).

Update for Pharmacists Prescribing Part D Drugs

CMS values the role that pharmacists play in our health care system today. CMS is aware that in many states, pharmacists are allowed to write or modify prescriptions in certain circumstances. A CMS [final rule](#) published May 23, 2014, included a requirement that Medicare Part D plan sponsors and their Pharmacy Benefit Managers (PBMs) deny coverage for prescriptions written by prescribers who:

- Are not enrolled in Medicare in an approved status or
- Do not have a valid opt-out affidavit on file

However, the Medicare statute does not include pharmacists among the types of eligible professionals who can enroll in Medicare or opt out. CMS is considering various approaches for addressing pharmacists' concerns with this enrollment requirement. Consistent with the Medicare statute and CMS requirements, pharmacists should not attempt to enroll in or opt out of Medicare. CMS will continue to update the pharmacist community on this issue.

Measles: Information for Healthcare Professionals

The Centers for Disease Control and Prevention (CDC) urges healthcare professionals to consider measles when evaluating patients with febrile rash. More information for healthcare professionals is available on the [CDC](#) 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 Form Hardship Exception Tip Sheet for Hospitals](#)

PQRS: Program Year 2014 QRDA III Submission Errors with Incorrect Program Name

Submission of quality reporting data for Program Year 2014 of the Physician Quality Reporting System (PQRS) began on January 1, 2015. A number of organizations have submitted Program Year 2014 Quality Reporting Document Architecture (QRDA) III files with the incorrect CMS Program Name extension within the “informationRecipient” data element. The “informationRecipient” represents the CMS Eligible Professional program to which the report is being submitted. You must select the Program Name that correctly applies to your submission to ensure that CMS properly analyzes your quality reporting data. Valid CMS Program Names can be found in the [2014 QRDA III Implementation Guides for Eligible Professionals Clinical Quality Measures](#), Volume 2, Section 1.1.4.

For more information, visit the [eCQM Library](#) You may also contact the [QualityNet Help Desk](#) at 866-288-8912 (TTY 1-877-715-6222) or Qnetsupport@hcqis.org from 7am to 7pm CT Monday through Friday.

Medicare Learning Network[®] Educational Products

“Independent Diagnostic Testing Facility (IDTF)” Fact Sheet — Released

“[Independent Diagnostic Testing Facility \(IDTF\)](#)” Fact Sheet (ICN 909060) was released and is now available in downloadable format. This fact sheet is designed to provide education on requirements for the IDTF. It includes information on enrollment; the effective date of billing privileges; billing issues; ordering of tests; place of service issues; and requirements for multi-state IDTFs, physicians, and technicians.

“Chronic Care Management Services” Fact Sheet — Released

“[Chronic Care Management Services](#)” Fact Sheet (ICN 909188) was released and is now available in downloadable format. This fact sheet is designed to provide background on the separately payable Chronic Care Management (CCM) services for non-face-to-face care coordination services furnished to Medicare

beneficiaries with multiple chronic conditions. It includes information on eligible providers and patients, Physician Fee Schedule billing requirements, and a table aligning the CCM Scope of Service Elements and billing requirements with the Certified Electronic Health Record or other electronic technology requirements.

“Provider Compliance Tips for Spinal Orthoses” Fact Sheet — Released

[“Provider Compliance Tips for Spinal Orthoses”](#) Fact Sheet (ICN 909187) was released and is now available in downloadable format. This fact sheet is designed to provide education on spinal orthoses. It includes helpful tips on how to prevent claim denials, as well as documentation needed to submit a claim for spinal orthoses.

“Provider Compliance Tips for Enteral Nutrition Pumps” Fact Sheet — Released

[“Provider Compliance Tips for Enteral Nutrition Pumps”](#) Fact Sheet (ICN 909186) was released and is now available in downloadable format. This fact sheet is designed to provide education on enteral nutrition pumps. It includes helpful tips on how to prevent claim denials, as well as documentation needed to submit a claim for enteral nutrition pumps.

“Provider Compliance Tips for Diabetic Test Strips” Fact Sheet — Released

[“Provider Compliance Tips for Diabetic Test Strips”](#) Fact Sheet (ICN 909185) was released and is now available in downloadable format. This fact sheet is designed to provide education on diabetic test strips. It includes helpful tips on how to prevent claim denials, as well as documentation needed to submit a claim for diabetic testing supplies.

“Medicare Learning Network® Suite of Products & Resources for Educators and Students” Educational Tool — Reminder

[“Medicare Learning Network® Suite of Products & Resources for Educators and Students”](#) Educational Tool (ICN 903763) is available in a downloadable format. This educational tool is designed to provide education on products that supplement the health care educational curriculum at technical schools and community colleges. It includes information on Medicare Program basics, business requirements, and federal initiatives, as well as suggested web-based training courses to challenge students.

“Medicare Learning Network® Suite of Products & Resources for Billers and Coders” Educational Tool — Reminder

[“Medicare Learning Network® Suite of Products & Resources for Billers and Coders”](#) Educational Tool (ICN 904183) is available in a downloadable format. This educational tool is designed to provide education on Medicare Program policies and procedures, accurate claims review and submission, business requirements, and federal initiatives. It includes information and direct links to billing and coding products, designed to equip office professionals with a better understanding of the Medicare Program basics and accurate billing procedures.

“Medicare Learning Network® Suite of Products & Resources for Inpatient Hospitals” Educational Tool — Reminder

[“Medicare Learning Network® Suite of Products & Resources for Inpatient Hospitals”](#) Educational Tool (ICN 905704) is available in a downloadable format. This educational tool is designed to provide Medicare Part A providers and business management professionals with an understanding of payment systems, fee schedules, and reimbursement assistance resources. It includes information and direct links to Medicare payment policies and procedures, provider enrollment, streamlining claims review and submission requirements, and payment rates and classification criterion for reimbursement.

“Medicare Learning Network® Suite of Products & Resources for Compliance Officers” Educational Tool — Reminder

[“Medicare Learning Network® Suite of Products & Resources for Compliance Officers”](#) Educational Tool (ICN 908525) is available in a downloadable format. This educational tool is designed to provide education on many compliance issues facing health care professionals today. It includes direct links to information arrayed by specialty to address the detailed compliance issues distinctive to that provider type to assist in accurate claims review and submission.

Medicare Learning Network® Products Available In Electronic Publication Format

The following products 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® Electronic Publication.”](#)

- [“Discharge Planning”](#) Booklet (ICN 908184) is designed to provide education on Medicare discharge planning. It includes discharge planning information for Acute Care Hospitals, Inpatient Rehabilitation Facilities, and Long Term Care Hospitals; Home Health Agencies; Hospices; Inpatient Psychiatric Facilities; Long Term Care Facilities; and Swing Beds.
- [“Ambulatory Surgical Center Fee Schedule”](#) Fact Sheet (ICN 006819) is designed to provide education on the Ambulatory Surgical Center Fee Schedule (ASCFS). It includes the following information: the definition of an ASC, ASC payment, payment rates, updates to the ASCFS, and Ambulatory Surgical Center Quality Reporting Program.

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