

Thursday, February 26, 2015

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“Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) – A Re-Issue of MM7492” MLN Matters® Article — Revised
“The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program - A Better Way for Medicare to Pay for Medical Equipment” Fact Sheet — Revised
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MLN Connects™ National Provider Calls

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.

Physician Quality Reporting Programs: Reporting Once in 2015 — Registration Now Open

Wednesday, March 18; 1:30-3pm ET

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

This MLN Connects™ National Provider Call provides an overview of how to report once across various 2015 Medicare Quality Reporting Programs, including the Physician Quality Reporting System (PQRS), Medicare Electronic Health Record (EHR) Incentive Program, Value-Based Modifier (VM), and Medicare Shared Savings Program.

This presentation will help guide providers wishing to report quality measures one time during the 2015 program year and maximize their participation in the various Medicare quality reporting programs. Satisfactory reporters will avoid the 2017 PQRS negative payment adjustment, satisfy the Clinical Quality Measure (CQM) component of the Medicare EHR Incentive Program, and satisfy requirements for the VM, avoiding the VM payment adjustment. Eligible professionals (EPs) participating in these programs are strongly encouraged to participate in this call. A Question and Answer session will follow the presentation.

Agenda:

How to report once for 2015 Medicare Quality Reporting Programs for:

- Individual EPs
- PQRS group practices
- Medicare Shared Savings Program Accountable Care Organizations (ACOs)
- Pioneer ACOs

Target Audience: Physicians, Medicare EPs, 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.

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)
- 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"

Announcements

It's Still Flu Season

The Centers for Disease Control and Prevention (CDC) is recommending that all hospitalized patients and all outpatients at high risk for serious complications be treated as soon as possible with one of three available influenza antiviral medications if influenza is suspected, regardless of a patient's vaccination status and without waiting for confirmatory testing. Further, health care providers should advise patients at high risk to call promptly if they get symptoms of influenza.

To improve the appropriate use of antivirals during this influenza season, CDC released [Medical Office Telephone Evaluation of Patients with Possible Influenza](#). This new tool was developed for medical office staff as they conduct telephone triage for patients who call with flu-like symptoms to help them identify when it might be appropriate to initiate antiviral treatment before an office visit.

For More Information

- CDC [Influenza \(Flu\)](#) web page for the latest information on flu, including the CDC 2014-2015 recommendations for the prevention and control of influenza, antiviral information, CDC flu mobile app, Q&As, toolkit for long term care employers, and other free resources
- CDC [Antiviral Drugs](#) website for information about how antiviral medications can be used to prevent or treat influenza when influenza activity is present in your community, and view the updated [Influenza Antiviral Medications: Summary for Clinicians](#)
- A CDC [Health Update](#), reminding clinicians about the importance of flu antiviral medications, was distributed via the CDC Health Alert Network on January 9, 2015
- [MLN Matters® Article #MM8890](#), "Influenza Vaccine Payment Allowances - Annual Update for 2014-2015 Season."
- [MLN Matters Article #SE1431](#), "2014-2015 Influenza (Flu) Resources for Health Care Professionals."

CMS Strengthens Five Star Quality Rating System for Nursing Homes

On February 20, CMS strengthened the Five Star Quality Rating System for Nursing Homes on the Nursing Home Compare website to give families more precise and meaningful information on quality when they consider facilities for themselves or a loved one. Star ratings allow users to see important differences in quality among nursing homes to help them make better care decisions. CMS rates nursing homes on three categories: results from onsite inspections by trained surveyors, performance on certain quality measures, and levels of staffing. CMS uses these three categories to offer an overall star rating, but consumers can see and focus on any of the three individual categories.

Beginning February 20, nursing home star ratings will:

- Include use of antipsychotics in calculation of the star ratings. These medications are often used for diagnoses that do not warrant them. The two existing quality measures – for short stay and long stay patients – will now be part of the calculation for the quality measures star rating.
- Have improved calculations for staffing levels. Research indicates that staffing is important to overall quality in a nursing home.
- Reflect higher standards for nursing homes to achieve a high rating on the quality measure dimension on the website.

Since CMS standards for performance on quality measures are increasing, many nursing homes will see a decline in their quality measures star rating. By making this change, Nursing Home Compare will include more meaningful distinctions in performance for consumers and focus nursing homes on continuously improving care focused on residents, families, and their caregivers. About two thirds of nursing homes will see a decline in

their quality measures rating and about one third of nursing homes will experience a decline in their overall Five Star Rating.

For more information:

- [Fact Sheet](#): Nursing Home Compare 3.0: Revisions to the Nursing Home Compare 5-Star Quality Rating System
- [Nursing Home Compare](#)
- [Interim Report](#): CMS National Partnership to Improve Dementia Care in Nursing Homes: Q4 2011 – Q1 2014
- [Advancing Excellence](#)

Full text of this excerpted [CMS press release](#) (issued February 20).

EHR Incentive Program: Deadline to Register Intent for a Public Health Measure is March 1

If you are an eligible professional participating in the Medicare or Medicaid Electronic Health Record (EHR) Incentive Program and are planning to meet one of the Stage 2 public health measures, the deadline to register your intent to initiate ongoing submission with your Public Health Agency (PHA), program, or other body to whom the information will be submitted is within 60 days of the start of your EHR reporting period. For 2015, this deadline for eligible professionals is *March 1, 2015*. Please refer to the CMS [Stage 2 Eligible Professional Specification Sheets](#) for more information on the public health objectives.

Satisfying public health measure requirements:

- Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period
- Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved
- Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission
- Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation

Hospital Engagement Network Solicitation: Responses due March 30

CMS is launching a second round of Hospital Engagement Network contracts to continue reducing preventable hospital-acquired conditions and readmissions. Hospital Engagement Network funding will be available to award contracts to national, regional, or state hospital associations; large health care organizations that hold corporate ownership and operational control of at least 25 hospitals; or national affinity organizations that will support hospitals in the efforts to reduce preventable hospital acquired conditions and readmissions.

More information about the Hospital Engagement Network solicitation is available at [FedBizOpps.gov](#). Responses are due by March 30 at 1pm ET. CMS encourages competition from all qualified entities.

Additional information:

- [Blog: Continuing to improve patient safety in hospitals](#)
- [Partnership for Patients](#)
- [Innovation Center](#)

Medicare Geographic Reclassification under the IPPS Wage Index for FY 2016

The Medicare Geographic Classification Review Board (MGCRB) has begun sending out their decisions concerning geographic reclassification under the Inpatient Prospective Payment System (IPPS) wage index for FY 2016. CMS encourages hospitals to *carefully review* the decision issued by the MGCRB. If you believe the data in your decision is incorrect, you may appeal the decision to the Administrator within 15 days after the date the MGCRB issues its decision; please refer to 42 CFR 412.278 for information regarding appeals of MGCRB decisions to the Administrator.

Please note:

- The Three Year MGCRB Reclassification Data for FY 2016 Applications file is available for download on the [Wage Index](#) website and corresponds to tables 3A-2 and 3B-2 in the FY 2016 IPPS final rule wage index tables
- Tables 3A-2 and 3B-2 are available for download on the [Acute IPPS](#) website

New FAQs on CY 2015 DMEPOS Medicare Payment Final Rule

New [Frequently Asked Questions and Answers](#) (FAQs) are available on the CY 2015 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) 2015 Medicare payment final rule, [CMS-1614-F](#):

- The methodology for adjusting DMEPOS fee schedule payment amounts using information from the Medicare DMEPOS Competitive Bidding Programs (CBPs)
- The payment rules for standard power wheelchairs and Continuous Positive Airway Pressure (CPAP) devices under certain Medicare DMEPOS CBPs

CMS to Release Comparative Billing Report in March on Modifier 25: Nurse Practitioners

CMS will be issuing a national provider Comparative Billing Report (CBR) on nurse practitioners' use of Modifier 25 in March 2015. The CBR, produced by CMS contractor eGlobalTech, will focus on nurse practitioners and will contain data-driven tables and graphs with an explanation of findings that compare these providers' billing and payment patterns to those of their peers in their state and across the nation. The goal of these reports is to offer a tool that helps providers better understand applicable Medicare billing rules. These reports are only accessible to the providers who receive them; they are not publicly available.

Providers are advised to update their fax numbers in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) because faxing is the default method for disseminating CBRs. Providers should contact the CBR Support Help Desk at 800-771-4430 or CBRsupport@eglobaltech.com if they prefer to receive CBRs through the U.S. Postal Service. For more information, please contact the CBR Support Help Desk or visit the [CBR](#) website.

Sterilization of Ophthalmologic Surgical Instruments

The S&C: 14-44-Hospital/CAH/ASC "Change in Terminology and Update of Survey and Certification (S&C) Memorandum 09-55 Regarding Immediate Use Steam Sterilization (IUSS) in Surgical Settings," was released in August of 2014. IUSS is the term currently accepted to describe the process for steam sterilizing an instrument that is needed immediately, not intended to be stored for later use, and which allows for minimal or no drying after the sterilization cycle. IUSS is not acceptable for use as a routine method of sterilization. Concerns about routine use of IUSS are based on a lack of time to accomplish adequate pre-cleaning, increased

risk of inadvertent contamination during transfer to the sterile field, damage to the instruments, risks related to wet instruments, and the potential for burns. Therefore use of IUSS, even when all steps are performed properly, should be limited to situations in which there is an urgent need and insufficient time to process an instrument by using terminal sterilization.

The term IUSS is of relatively recent origin and results from a consensus statement, *Immediate Use Steam Sterilization*, of multiple organizations coordinated by the Association for the Advancement of Medical Instrumentation. It replaces the much less precise and outdated term “flash sterilization.”

See https://www.aami.org/publications/standards/ST79_Immediate_Use_Statement.pdf.

The S&C 14-44 also made clear that IUSS is not the same thing as “short cycle” sterilization, which is a form of terminal sterilization that is acceptable for routine use for a wrapped/contained load where pre-cleaning of instruments is performed according to the manufacturers’ instructions, and the load meets the device manufacturer’s instructions for use (IFU), includes use of a complete dry time and is packaged in a wrap or rigid sterilization container validated for later use. Use of short cycle sterilization is particularly common in facilities that perform eye surgery and is acceptable when all IFU (i.e. sterilizer, device, and container manufacturer’s) are followed. However, there appears to be confusion in the field about the differences between IUSS and short cycle sterilization, and misuse of the term IUSS to refer to what is in fact short cycle sterilization. Facilities performing surgery should understand the differences between IUSS and short cycle sterilization in order to ensure that they comply with Medicare infection prevention and control requirements.

Two New ICD-10 Videos

CMS has released two animated shorts that explain key ICD-10 concepts. The videos are less than 4 minutes each and available on the [Provider Resources](#) web page:

- [Introduction to ICD-10 Coding](#) gives an overview of ICD-10’s features and explains the benefits of the new code set to patients and to the health care community
- [ICD-10 Coding and Diabetes](#) uses diabetes as an example to show how the code set captures important clinical details

Keep Up to Date on ICD-10

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

Medicare Learning Network® Educational Products

“Medicare Basics Commonly Used Acronyms” Educational Tool — Released

The “[Medicare Basics Commonly Used Acronyms](#)” Educational Tool (ICN 908999) was released and is now available in downloadable format. This interactive educational tool is designed to give you a list of acronyms you commonly see in Medicare publications. It includes a clickable list of alphabetized acronyms, with additional definitions and information on certain acronyms.

“Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) – A Re-Issue of MM7492” MLN Matters® Article — Revised

[MLN Matters® Article #SE1408](#), “Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) – A Re-Issue of MM7492” was

revised and is now available in downloadable format. This article is designed to provide education on the required use of the ICD-10 code sets for dates of service on and after October 1, 2015. It includes tables for providers regarding claims that span the periods where ICD-9 and ICD-10 codes may both be applicable. This article updates MLN Matters® Article #MM7492 to reflect the October 1, 2015, implementation date. This article was revised to add a question and answer at the bottom of page 2 regarding dual processing of ICD-9 and ICD-10 codes.

“The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program - A Better Way for Medicare to Pay for Medical Equipment” Fact Sheet — Revised

[“The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Competitive Bidding Program – A Better Way for Medicare to Pay for Medical Equipment”](#) Fact Sheet (ICN 903624) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the DMEPOS Competitive Bidding Program. It includes an overview of the program, how the program benefits beneficiaries, and lists of product categories and competitive bidding areas affected by those two rounds of the program.

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® 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.”](#)

- [“Provider Compliance Tips for Spinal Orthoses”](#) Fact Sheet (ICN 909187) 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 (ICN 909186) 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 (ICN 909185) 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.

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