

Thursday, April 2, 2015

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MLN Connects[®] National Provider Calls

Medicare Shared Savings Program ACO: Preparing to Apply for 2016 — Last Chance to Register
Tuesday, April 7; 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 provide information on what you can do to prepare for the Medicare Shared Savings Program (Shared Savings Program) application process for the January 1, 2016, start date. This MLN Connects Call includes information on Accountable Care Organizations (ACOs), ACO organizational structure and governance, key application dates, the Notice of Intent to Apply (NOI) submission, and the first steps in submitting an application. A question and answer session will follow the presentation.

The [Shared Savings Program Application](#) web page has important information, dates, and materials about the application process. Call participants are encouraged to review the application and materials prior to the call.

Agenda:

- Introduction to the Shared Savings Program
- What is an ACO?
- Organizational structure and governance
- Antitrust and ACOs
- Application process for January 2016 starters

Target Audience: Potential 2016 Shared Savings Program applicants.

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

Open Payments (Sunshine Act) 2015: Prepare to Review Reported Data — Register Now

Wednesday, April 15; 2-3:30pm ET

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

During this MLN Connects National Provider Call, CMS will provide a brief overview of the Open Payments national transparency program and highlight the parts of the program timeline when it is most critical for physicians and teaching hospitals to be aware and get involved. The call aligns with the beginning of the program phase when physicians and teaching hospitals are able to enter the Open Payments system and review the accuracy of data submitted about them, prior to the publication of this data on the CMS website.

The [Open Payments](#) website has important information about the program, including educational materials. CMS encourages all physicians and teaching hospitals, plus physician office staff members to visit this resource and become familiar with the Open Payments program.

Target Audience: Physicians, teaching hospitals, and physician office staff.

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.

How to Register for the PQRS Group Practice Reporting Option in 2015 — Register Now

Thursday, April 16; 1:30-3pm ET

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

This MLN Connects National Provider Call provides a walkthrough of the Physician Value (PV) - Physician Quality Reporting System (PQRS) Registration System, an application that serves the Value Modifier (VM) and PQRS programs. Groups can register via the [PV-PQRS Registration System](#) from April 1 through June 30, 2015, using an Individuals Authorized Access to the CMS Computer Services (IACS) user ID and password. A question and answer session will follow the presentation.

Agenda:

- Learn how to obtain an IACS account
- Learn how to use the secure, web-based PV-PQRS Registration System to register for your 2015 PQRS Group Practice Reporting Option (GPRO) reporting mechanism
- Learn the 2015 reporting criteria for PQRS group practices reporting via GPRO
- Learn how the VM will affect Medicare payments for physician solo practitioners and physicians in groups of 2 or more Eligible Professionals (EPs) in 2017, based on participation in the PQRS
- Physicians in groups of 2 or more will learn how to use the PV-PQRS Registration System to earn incentives and avoid an automatic downward payment adjustment under the VM in 2017 for not reporting PQRS
- Groups of 2 or more participating in PQRS GPRO, if applicable, will learn how to supplement the groups' reporting mechanism with the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey in 2015
- Groups of 2 or more EPs participating in the PQRS GPRO will learn how to avoid the 2017 payment adjustment under PQRS

Target Audience: Physicians, non-physician Medicare EPs, medical group practices, practice managers, and medical and specialty societies.

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.

Medicare Shared Savings Program ACO: Application Process — Register Now

Tuesday, April 21; 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 cover helpful tips to complete a successful application for the Medicare Shared Savings Program (Shared Savings Program), including information on how to submit an acceptable Accountable Care Organization (ACO) participant list, sample ACO participant agreement, executed ACO participant agreements, and governing body template. A question and answer session will follow the presentation.

The [Shared Savings Program Application web page](#) has important information, dates, and materials about the application process. Call participants are encouraged to review the application and materials prior to the call.

Agenda:

- ACO participant agreements
- ACO participant list
- Beneficiary assignment

Target Audience: Potential 2016 Shared Savings Program applicants.

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 Recording and Transcript

The [audio recording](#) and [transcript](#) are now available for the March 18 call —*Physician Quality Reporting Programs: Reporting Once in 2015*. More information is available on the [call detail](#) web page. This presentation helps 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, including the Physician Quality Reporting System, Medicare Electronic Health Record Incentive Program, Value-Based Modifier, and Medicare Shared Savings Program.

CMS Events

Volunteer for ICD-10 End-to-End Testing in July — Forms Due April 17

During the week of July 20 through 24, 2015, a third sample group of providers will have the opportunity to participate in ICD-10 end-to-end testing with Medicare Administrative Contractors (MACs) and the Common Electronic Data Interchange (CEDI) contractor. Approximately 850 volunteer submitters will be selected to participate in the July end-to-end testing. This nationwide sample will yield meaningful results, since CMS intends to select volunteers representing a broad cross-section of provider, claim, and submitter types, including claims clearinghouses that submit claims for large numbers of providers. *Note:* Testers who are participating in the January and April end-to-end testing weeks are able to test again in July without re-applying.

To volunteer as a testing submitter:

- Volunteer forms are available on your [MAC](#) website
- Completed volunteer forms are due April 17
- CMS will review applications and select the group of testing submitters
- By May 8, the MACs and CEDI will notify the volunteers selected to test and provide them with the information needed for the testing

If selected, testers must be able to:

- Submit future-dated claims.
- Provide valid National Provider Identifiers (NPIs), Provider Transaction Access Numbers (PTANs), and beneficiary Health Insurance Claim Numbers (HICNs) that will be used for test claims. This information will be needed by your MAC by May 29 for set-up purposes; testers will be dropped if information is not provided by the deadline.

Any issues identified during testing will be addressed prior to ICD-10 implementation. Educational materials will be developed for providers and submitters based on the testing results.

For more information:

- [MLN Matters® Article #MM8867](#), “ICD-10 Limited End-to-End Testing with Submitters for 2015”
- [MLN Matters Special Edition Article #SE1435](#), “FAQs – ICD-10 End-to-End Testing”
- [MLN Matters Special Edition Article #SE1409](#), “Medicare FFS ICD-10 Testing Approach”

Announcements

Screening and Counseling to Reduce Alcohol Misuse

April is Alcohol Awareness Month and April 9 is National Alcohol Screening Day – People who drink too much alcohol increase their risk of injuries, violence, drowning, liver disease, and even some types of cancer. Seniors and others covered by Medicare can be screened for alcohol misuse under the Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse benefit. This April, during Alcohol Awareness Month and National Alcohol Screening Day, CMS encourages you to talk with your Medicare patients and their care givers about the dangers of drinking too much, and when appropriate, encourage utilization of the Medicare-covered screening and counseling service to reduce alcohol misuse. [Read more](#) to learn about Medicare coverage for this service.

Newly Approved Drugs and Biologicals

The Affordable Care Act amends the Public Health Service Act (PHS Act) to create an abbreviated licensure pathway for biological products that are demonstrated to be “biosimilar” to or “interchangeable” with a Food and Drug Administration (FDA)-licensed biological product. CMS will incorporate biosimilars that are approved under the abbreviated biological approval pathway into the Average Sales Price payment methodology and issue additional guidance as necessary. Questions and answers related to this issue can be found in [MLN Matters[®] Special Edition Article SE1509](#).

Notices of Intent to Apply for Medicare Shared Savings Program January 1, 2016, Start Date Due by May 29

If you are interested in applying for participation in the Medicare Shared Savings Program for the January 1, 2016 program start date, you must submit a Notice of Intent to Apply by Friday, May 29, 2015, 8pm ET. For more information about the application process, visit the [Shared Savings Program Application](#) web page, and register to attend upcoming [MLN Connects[®] National Provider Calls](#).

Register for the Health Care Payment Learning and Action Network

To help achieve better care, smarter spending, and healthier people, HHS is working in concert with our partners in the private, public, and non-profit sectors to transform the nation’s health care system to emphasize value over volume. If you would like more information or wish to participate in the Health Care Payment Learning and Action Network:

- [Register](#): Names of registered organizations will be made public
- [Health Care Payment Learning and Action Network](#) website
- [Fact Sheet](#)

Quarterly Provider Update for April 2015

The [Quarterly Provider Update](#) is a comprehensive resource published by CMS on the first business day of each quarter. It is a listing of all non-regulatory changes to Medicare, including Program Memoranda, manual changes, and any other instructions that could affect providers. Regulations and instructions published in the previous quarter are also included in the Update. The purpose of the Update is to:

- Inform providers about new developments in the Medicare program
- Assist providers in understanding CMS programs and complying with Medicare regulations and instructions

- Ensure that providers have time to react and prepare for new requirements
- Announce new or changing Medicare requirements on a predictable schedule
- Communicate the specific days that CMS business will be published in the Federal Register

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.).

As the PQRS Call for Measures is conducted in an ongoing open format, 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 at 5pm ET 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 resubmitted for consideration if the measure has undergone substantive changes. Resubmission of measures with no significant changes made from the last submission will be automatically eliminated from the review process.

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.

Claims, Pricers, and Codes

Modifications to HCPCS Code Set

The scheduled release of modifications to the Healthcare Common Procedure Coding System (HCPCS) code set are available on the [HCPCS Quarterly Update](#) web page. Changes are effective on the dates indicated on the update.

Partial Hospitalization Program Claims Coding and Payment Rates for CY 2015

CMS has issued the CY 2015 final corrected per diem payment rates for Partial Hospitalization Program (PHP) services. Hospitals and Community Mental Health Centers (CMHCs) that provide PHP services should follow existing claims coding requirements given in the [Medicare Claims Processing Manual](#), chapter 4, section 260. See [MLN Matters® Special Edition Article SE1512](#) for:

- Acceptable revenue codes for hospitals and CMHCs providing PHP services
- Healthcare Common Procedure Coding System (HCPCS) codes for services paid in the PHP per diem rate

- CY 2015 PHP final corrected per diem payment rates

New RARC Alerts Providers about Upcoming Transition to ICD-10

By mid-April, providers will begin seeing a new Remittance Advice Remark Code (RARC) N742 on their Remittance Advices (RAs), “Alert: This claim was processed based on one or more ICD-9 codes. The transition to ICD-10 is required by October 1, 2015, for health care providers, health plans, and clearinghouses. More information can be found at <http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>.” Medicare Administrative Contractors will start using the new RARC in April. Since RARCs are an industry standard, the new RARC has been available for other health plans to use since March 1, 2015.

This is another example of the unprecedented level of outreach by CMS to prepare the health care community for ICD-10. CMS has a very mature and rigorous testing program for its Medicare Fee-For-Service claims processing systems and has completed extensive testing in preparation for ICD-10. CMS is ready for ICD-10 and encourages medical practices and hospitals that bill Medicare to complete their preparations for the October 1, 2015, implementation date.

Medicare Learning Network[®] Educational Products

“Preventive Services” Educational Tool — Revised

The “[Preventive Services](#)” Educational Tool (ICN 006559) was revised and is now available in an interactive format. This educational tool is designed to provide education on Medicare-covered preventive services. It includes coverage, coding, and payment information.

“Long Term Care Hospital Prospective Payment System” Fact Sheet — Revised

The “[Long Term Care Hospital Prospective Payment System](#)” Fact Sheet (ICN 006956) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Long Term Care Hospital (LTCH) Prospective Payment System. It includes the following information: LTCH certification, Medicare Severity Long Term Care Diagnosis-Related Groups patient classification, payment policy adjustments, payment updates, and LTCH Quality Reporting Program.

“Clinical Laboratory Fee Schedule” Fact Sheet — Revised

The “[Clinical Laboratory Fee Schedule](#)” Fact Sheet (ICN 006818) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Clinical Laboratory Fee Schedule (CLFS). It includes the following information: background, coverage of clinical laboratory services, how payment rates are set, and updates to the CLFS.

"Medicare Appeals Process" Fact Sheet — Reminder

The “[Medicare Appeals Process](#)” Fact Sheet (ICN 006562) is available in downloadable format. This fact sheet is designed to provide education on the five levels of claim appeals in Original Medicare (Medicare Part A and Part B). It includes details explaining how the Medicare appeals process applies to providers, participating

physicians, and participating suppliers in addition to including information on available appeals-related resources.

“Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians” Fact Sheet — Reminder

The “[Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians](#)” Fact Sheet (ICN 905645) is available in downloadable format. This fact sheet is designed to provide education for physicians on understanding how to comply with Federal laws that combat fraud and abuse and ensure appropriate quality medical care. It includes information on identifying "red flags" that could lead to potential liability in law enforcement and administrative actions.

Medicare Learning Network[®] Product Available In Electronic Publication Format

The following product 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[®] Electronic Publication.](#)”

The “[Mental Health Services](#)” Booklet (ICN 903195) is designed to provide education on mental health services. It includes the following information: covered and non-covered mental health services, eligible professionals, supplier charts, assignment, outpatient and inpatient psychiatric hospital services, same day billing guidelines, and National Correct Coding Initiative.

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