

Thursday, April 9, 2015

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“Partial Hospitalization Program (PHP) Claims Coding & CY2015 per Diem Payment Rates” MLN Matters<sup>®</sup> Article — Released  
“Medicare Information for Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants” Booklet — Revised  
“The ABCs of the Initial Preventive Physical Examination (IPPE)” Educational Tool — Revised  
“The ABCs of the Annual Wellness Visit (AWV)” Educational Tool — Revised

## **MLN Connects<sup>®</sup> National Provider Calls**

**Open Payments (Sunshine Act) 2015: Prepare to Review Reported Data — Last Chance to Register**  
*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 — Last Chance to Register**

*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 on how 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.

## 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”

## **Webinar for Comparative Billing Report on Ophthalmology**

*Wednesday, April 29; 3-4:30pm ET*

Join us for an informative discussion of the comparative billing report on ophthalmology (CBR201504). The presentation will be provided by CMS contractor eGlobalTech and its partner, Palmetto GBA. CBR201504 is an educational tool designed to assist ophthalmologists who submitted claims for any of the following services: extracapsular cataract removals, general ophthalmological services, and/or evaluation and management (E/M) services.

*Agenda:*

- Opening remarks
- Overview of comparative billing report (CBR201504)
- Coverage policy
- Methods and results
- References and resources
- Question and answer Session

*Presenter Information:*

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

*How to Register and Event Replay:*

- [Register](#)
- [Access a recording](#) of the webinar five business days following the event

## **Announcements**

### **Results From March 2015 ICD-10 Acknowledgement Testing Week**

CMS and volunteer health professionals conducted another successful acknowledgement testing week in March 2015. Acknowledgement testing gives providers and others the opportunity to submit claims with ICD-10 codes to the Medicare Fee-For-Service (FFS) claims systems and receive electronic acknowledgements, confirming that their claims were accepted. Volunteers were not required to register and there was no limit on the number of claims that could be submitted.

Providers, suppliers, billing companies, and clearinghouses can conduct acknowledgement testing with CMS at any time, and many have already participated in previous acknowledgement testing weeks. For the March acknowledgement testing, 775 submitters participated, submitting almost 9,000 claims. Nationally, CMS

accepted 91.8 percent of test claims. This is a higher acceptance rate than the previous two testing weeks. No Medicare FFS claims systems issues were identified during this testing week or the previous acknowledgement testing weeks in [November 2014](#) and [March 2014](#).

(Excluded from these statistics are 8.2 percent of claims that were rejected because testers used future dates, which cannot be accepted during acknowledgement testing.)

In the March test, as in previous acknowledgement testing weeks, CMS found most rejects resulted from improperly developed test claims unrelated to ICD-10.

- Many rejects were related to an invalid National Provider Identifier (NPI) or an NPI that was not on the NPI crosswalk.
- On professional claims, common errors included invalid Healthcare Common Procedure Coding System (HCPCS) codes and invalid postal ZIP codes.
- Other claims were rejected for future dating. While this is an issue in the testing environment, it should not be a factor after implementation on October 1, 2015.

CMS will continue to conduct extensive outreach to testers on setup of test claims to avoid these issues for future acknowledgement testing.

Testing demonstrated that CMS is ready for ICD-10 and shows the tremendous progress of health professionals to be ready for the transition. Mark your calendar for the next acknowledgement testing week on June 1 through 5, 2015. In addition to the special testing week, providers are welcome to submit acknowledgement test claims anytime up to the October 1, 2015, implementation date. Contact your [Medicare Administrative Contractor](#) for more information.

### **Prepare for a Successful Transition to ICD-10 with Medicare Testing Resources**

Take advantage of upcoming ICD-10 testing opportunities with Medicare Fee-For-Service (FFS), including an acknowledgement testing week June 1 through 5, 2015, and a final end-to-end testing week July 20 through 24, 2015. Registration is not required for acknowledgement testing; volunteer forms for the July end-to-end testing are due April 17 - see [article](#) in the CMS Events section for complete details.

The [Medicare FFS Provider Resources](#) web page has testing resources to help you prepare, along with results from previous testing weeks:

- [MLN Matters® Special Edition Article SE1409](#), “Medicare FFS ICD-10 Testing Approach”
- [MLN Matters Article MM8858](#), “ICD-10 Testing - Acknowledgement Testing with Providers”
- [MLN Matters Article MM8867](#), “ICD-10 Limited End-to-End Testing with Submitters for 2015”
- [MLN Matters Special Edition Article SE1501](#), “FAQs – ICD-10 Acknowledgement Testing and End-to-End Testing”
- [MLN Matters Special Edition Article SE1435](#), “FAQs – ICD-10 End-to-End Testing”
- [Results from March 2014 ICD-10 Acknowledgement Testing Week](#)
- [Results from November 2014 ICD-10 Acknowledgement Testing Week](#)
- [Results from January 2015 ICD-10 End-to-End Testing Week](#)

### **2015 PV-PQRS GPRO Registration is Now Open**

Groups can now register to participate in the 2015 Physician Quality Reporting System (PQRS) Group Reporting Option (GPRO) via the Physician Value - Physician Quality Reporting System (PV-PQRS) Registration System. PQRS GPRO is an option available to groups with 2 or more eligible professionals (EPs). Groups must meet the satisfactory reporting criteria through the PQRS GPRO in order to avoid the -2.0% CY

2017 PQRS payment adjustment. More information is available on the [PQRS Payment Adjustment Information](#) web page.

Physicians in groups of all sizes and physician solo practitioners are subject to the Value Modifier in 2017, based on performance in 2015. Under the Value Modifier, these physicians and groups must meet the criteria to avoid the downward payment adjustment under PQRS in order to avoid an *additional* automatic downward adjustment under the Value Modifier and qualify for adjustments based on their quality performance. Satisfactorily reporting via a PQRS GPRO is one of the ways groups can avoid automatic downward adjustments and qualify for performance-based payment incentives under the Value Modifier. See [What Physicians Need to Do in 2015 for the 2017 VM](#) on the [Value Modifier](#) web page for more information.

Groups can participate in the PQRS program for the 2015 performance period by selecting one of the GPRO reporting mechanisms between April 1, 2015 and June 30, 2015 (11:59pm ET):

- Qualified PQRS Registry.
- Electronic Health Record (EHR) via Direct EHR using certified EHR technology (CEHRT) or CEHRT via Data Submission Vendor.
- Web Interface (for groups with 25 or more EPs only).
- Consumer Assessment of Health Providers and Systems (CAHPS) for PQRS Survey via a CMS-certified Survey Vendor (as a supplement to another GPRO reporting mechanism). See [CAHPS for PQRS Made Simple](#) for complete details.

Physician groups with 2 or more EPs that choose not to register must ensure that at least 50% of the EPs in the group meet the criteria to avoid the 2017 PQRS payment adjustment as individuals in order for the group to avoid the automatic 2017 Value Modifier downward payment adjustment (-2.0% or -4.0% depending on the group's size).

The [Registration System](#) can be accessed using a valid Individuals Authorized Access to the CMS Computer Services (IACS) account. Instructions for obtaining an IACS account with the correct role are provided on the [PQRS GPRO Registration](#) web page. Instructions for registering to participate in the 2015 PQRS GPRO are provided in the [2015 PQRS GPRO Registration Guide](#).

## **Open Payments Physician and Teaching Hospital Review and Dispute Period Began April 6**

As of April 6, 2015, physicians and teaching hospitals began reviewing payments attributed to them as part of the Open Payments program. Drug and medical device makers are required to report certain payments made to physicians and teaching hospitals on an annual basis. Physician and teaching hospital participation in the program is voluntary but is encouraged so that physicians and teaching hospitals can review and, if necessary, dispute payments before the information is made public on June 30, 2015. After the review and dispute period officially ends, physicians and teaching hospitals can continue to register and initiate disputes, but resolutions will not be publicly displayed until the next reporting cycle.

To review data, physicians and teaching hospitals must [register in both the CMS Enterprise Portal and the Open Payments system](#). This is the second reporting cycle for Open Payments, and it covers payments made in 2014. Last year, CMS published information about 4.45 million payments valued at \$3.7 billion for the last five months of 2013.

Physicians and teaching hospitals who registered last year do not need to register again in the CMS Enterprise Portal or the Open Payments system. Go to the [CMS Enterprise Portal](#), log in using your user ID and password, and navigate to the Open Payments system home page.

The CMS Enterprise Portal locks accounts if there is no activity for 60 days or more, and deactivates accounts if there is no activity for 180 days or more. To unlock an account, [go to the CMS Enterprise Portal](#), enter your user ID and correctly answer all challenge questions; you'll then be prompted to enter a new password. To reinstate an account, contact the [Open Payments Help Desk](#).

Contact the Live Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or 1-855-326-8366 for help with your account or to submit questions. The Help Desk is available Monday through Friday, from 7:30 am to 6:30 pm CT, excluding Federal holidays. Peak Help Desk call time is between 11:00 am and 2:00 pm CT.

### **EHR Stage 3 Proposed Rule: Comment Period Closes May 29**

CMS and the Office of the National Coordinator for Health Information Technology (ONC) invite the public to submit comments on the recently released notices of proposed rulemaking (NPRMs) on Stage 3 requirements and 2015 Edition certification criteria for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Comments must be received by 11:59pm ET on May 29, 2015, to be considered. You may submit electronic comments at [www.regulations.gov](http://www.regulations.gov), by regular mail, by express or overnight mail, or by hand or courier.

#### *About the NPRMs*

The CMS [proposed rule](#) specifies the Stage 3 requirements for eligible professionals, eligible hospitals, and critical access hospitals in the EHR Incentive Programs. ONC's [proposed rule](#) outlines the certification and standards to help providers meet the proposed Stage 3 requirements with a 2015 Edition Certified EHR Technology (CEHRT). If finalized, the rules would allow providers more flexibility for reporting by:

- Establishing a single, aligned reporting period for providers based on the calendar year
- Aligning quality data for reporting via a single submission method for multiple CMS programs
- Simplifying meaningful use reporting requirements to eight objectives that focus on advanced use of EHR technology and quality improvement

#### *For More Information:*

For more information on the Stage 3 and 2015 Edition certification criteria proposed rules, review the [press release](#) and [fact sheet](#).

### **Medscape Article for CME Credit: Public Reporting on Quality and Payments**

Gain credits from a CME article on [Provider Data and Patients: Public Reporting on Quality and Payments](#) that focuses on how CMS collects data from health care providers, how the data is analyzed, and how the data is used. The article also covers data collected for public use and provider data impact on payments.

All articles are available on [Medscape.edu](http://Medscape.edu). CMEs are also nursing accredited. To view the articles, you must be a registered Medscape user. There is no cost to join. Links to CMEs are also available through the CMS [Earn Credit](#) web page.

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

### **Mass Adjustment of OPPS Claims with APC 1448**

For Outpatient Prospective Payment System (OPPS) claims with Ambulatory Payment Classification (APC) 1448 (ophthalmic mitomycin), the national unadjusted copayment was erroneously set to 20% instead of \$0 for

claims with dates of service of January 1, 2014, through claims received prior to the installation of the April 2015 OPPS Pricer. The error has been corrected in the April 2015 OPPS Addendums A and B, as well as in the release of the April 2015 OPPS Pricer.

Medicare Administrative Contractors will be mass adjusting affected claims to issue corrected payments. Providers must reimburse beneficiaries for any overpayment of copayment caused by this error.

### **April 2015 Outpatient Prospective Payment System Pricer File Update**

The [Outpatient Prospective Payment System \(OPPS\) Pricer](#) web page has been updated with Pricer file for April 2015. The April Pricer file is available for use and may be downloaded from the OPSS Pricer web page under “2nd Quarter 2015 Files.”

### **January 2015 PPS Provider Data Available — Revised**

January 2015 Prospective Payment System (PPS) Provider Data was revised and 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.

## **Medicare Learning Network<sup>®</sup> Educational Products**

### **“Food and Drug Administration Approval of First Biosimilar Product” MLN Matters<sup>®</sup> Article — Released**

[MLN Matters<sup>®</sup> Special Edition Article #SE1509](#), “Food and Drug Administration Approval of First Biosimilar Product” has been released and is now available in downloadable format. This article is designed to provide education on CMS policies regarding FDA approved new product. It includes questions and answers for biosimilar products.

### **“Discontinued Coverage of Vacuum Erection Systems (VES) Prosthetic Devices in Accordance with the Achieving a Better Life Experience Act of 2014” MLN Matters<sup>®</sup> Article — Released**

[MLN Matters<sup>®</sup> Special Edition Article #SE1511](#), “Discontinued Coverage of Vacuum Erection Systems (VES) Prosthetic Devices in Accordance with the Achieving a Better Life Experience Act of 2014” has been released and is now available in downloadable format. This article is designed to provide education on the changes made to the July Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule related to VES devices and prohibits payment on claims for VES prosthetic devices for dates of service on or after July 1, 2015. It includes background information.

### **“Partial Hospitalization Program (PHP) Claims Coding & CY2015 per Diem Payment Rates” MLN Matters<sup>®</sup> Article — Released**

[MLN Matters<sup>®</sup> Special Edition Article #SE1512](#), “Partial Hospitalization Program (PHP) Claims Coding & CY2015 per Diem Payment Rates” has been released and is now available in downloadable format. This article is designed to provide education on the issuance of the CY 2015 final corrected per diem payment rates for PHP services. It includes background information with tables.

## **“Medicare Information for Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants” Booklet — Revised**

The “[Medicare Information for Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants](#)” Booklet (ICN 901623) was revised and is now available in downloadable format. This booklet is designed to provide education on Medicare services furnished by certified registered nurse anesthetists, anesthesiologist assistants, nurse practitioners, certified nurse-midwives, clinical nurse specialists, and physician assistants. It includes the required qualifications, coverage criteria, billing, and payment for these provider types.

## **“The ABCs of the Initial Preventive Physical Examination (IPPE)” Educational Tool — Revised**

“[The ABCs of the Initial Preventive Physical Examination \(IPPE\)](#)” Educational Tool (ICN 006904) was revised and is now available in downloadable format. This educational tool is designed to provide education on IPPE. It includes a list of elements that must be included in the IPPE, as well as coverage and coding information.

## **“The ABCs of the Annual Wellness Visit (AWV)” Educational Tool — Revised**

“[The ABCs of the Annual Wellness Visit \(AWV\)](#)” Educational Tool (ICN 905706) was revised and is now available in downloadable format. This educational tool is designed to provide education on the AWV. It includes a list of the required elements in the initial and subsequent AWVs, as well as coverage and coding information.

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