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Medicare Shared Savings Program ACO: Application Process — Last Chance to Register

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”

Announcements

April is Sexually Transmitted Infections Month

Medicare provides eligible beneficiaries with the following services for the prevention or early detection of Sexually Transmitted Infections (STIs), subject to certain eligibility and coverage criteria:

- STIs screening and High-Intensity Behavioral Counseling (HIBC) to prevent STIs, including screening for chlamydia, gonorrhea, syphilis, and hepatitis B
- HIV screening
- Hepatitis B immunization

For More Information:

- Medicare Learning Network® “[Preventive Services](#)” Educational Tool
- Medicare Learning Network “[Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B](#)” Educational Tool
- [National Coverage Determination \(NCD\) for Screening for Sexually Transmitted Infections \(STIs\) and High-Intensity Behavioral Counseling \(HIBC\) to Prevent STIs \(210.10\)](#)
- [National Coverage Determination \(NCD\) for Screening for the Human Immunodeficiency Virus \(HIV\) Infection \(210.7\)](#)
- [Centers for Disease Control and Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Website](#)

Is Your National Association an MLN Connects® Partner?

National associations are an important resource for news and updates in your field. CMS [partners with national associations](#) on educational efforts to keep their members informed of the latest CMS news.

Is your association one of our [current partners](#)? If not, please share this information with them or contact us at MLNConnectsPartnerships@cms.hhs.gov.

LTCH Quality Reporting Program Data Submission Deadline: May 15

The Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) deadline for the submission of first quarter (January 1, 2015 and March 31, 2015) CY 2015 data is May 15, 2015, at 11:59pm PT for seven of the eight quality measures.

This upcoming deadline also applies to submission of data for NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel fourth quarter CY 2014 data (October 1, 2014 or when the influenza vaccine becomes available and March 31, 2015) and first quarter of CY 2015.

Data for the following quality measures are collected using the LTCH CARE Data Set and should be submitted to CMS via the Quality Improvement and Evaluation System (QIES) to the Assessment Submission and Processing (ASAP) system:

- NQF #0678 Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened
- NQF #0680 Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
- The data collection timeframe for NQF #0680 is October 1, 2014 (or when the influenza vaccine becomes available) through March 31, 2015

Data for following quality measures should be submitted to the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN):

- NQF #0138 National Healthcare Safety Network Catheter-Associated Urinary Tract Infection Outcome Measure

- NQF #0139 National Healthcare Safety Network Central Line-Associated Bloodstream Infection Outcome Measure
- NQF #1716 National Healthcare Safety Network Facility-Wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* Bacteremia Outcome Measure
- NQF #1717 National Healthcare Safety Network Facility-Wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome Measure

[NQF #2512](#) All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge From Long-Term Care Hospitals is a Medicare Fee-For-Service Claims-based measure. No additional LTCH QRP data collection and submission is required by LTCHs.

CMS strongly encourages all facilities to submit quality measure data several days prior to the quarterly deadline to allow time to address any submission issues and to provide LTCHs an opportunity to review submissions to ensure data are complete. For further information, see the [LTCH QRP](#) website.

- 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, reference [Reviewing Your Reports LTCH](#).
- For questions about LTCH CARE Data Set coding or LTCH CARE Data Set submissions, call 800-339-9313 or email help@qtso.com.
- For questions about LTCH quality data submitted to CMS via CDC's NHSN, or NHSN Registration, email NHSN@cdc.gov.
- For questions about quality measure calculation, data submission deadlines, data items contained within the LTCH CARE Data Set, email LTCHQualityQuestions@cms.hhs.gov.

IRF Quality Reporting Program Data Submission Deadline: May 15

The next Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) deadline for the submission of quality data is May 15, 2015, at 11:59pm PT. IRF quality data collected and submitted for CY 2014 will affect the FY 2016 and FY 2017 Annual Payment Update (APU) determination. IRF quality data collected and submitted for CY 2015 will affect the FY 2017 and FY 2018 APU determination.

Data for quality measures NQF #0678 Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened and NQF #0680 Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) are collected using the IRF Patient Assessment Instrument (IRF-PAI) via the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system, based on the IRF prospective payment system deadlines. Corrections for IRF-PAI data for patients discharged between the dates of October 1, 2014 and December 31, 2014 must be submitted by the May 15 deadline. CMS calculates the quality measure using the IRF-PAI records from each IRF.

Data for quality measures NQF #0138 National Healthcare Safety Network Catheter-Associated Urinary Tract Infection Outcome Measure and NQF 0431 Influenza Vaccination Coverage Among Healthcare Personnel should be submitted to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN).

NQF 2502 All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge From Inpatient Rehabilitation Facilities is a Medicare Fee-For-Service claims-based measure. No additional IRF QRP data collection and submission is required by IRFs.

CMS strongly encourages all facilities to submit quality measure data several days prior to the deadline to allow time to address any submission issues and to provide IRFs an opportunity to review submissions to ensure that data are complete. For further information, see the [IRF QRP Program](#) website.

- 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, reference [Reviewing Your Reports IRF](#).
- For questions about IRF-PAI data coding or IRF-PAI data submission, call 800-339-9313 or email help@qtso.com.
- For questions about IRF quality data submitted to CMS via the CDC's NHSN, or NHSN Registration, email NHSN@cdc.gov.
- For questions about quality measure calculation, data submission deadlines, data items in the Quality Indicator section of the IRF-PAI, email IRF.questions@cms.hhs.gov.

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](#).

Proposed Rule Outlines EHR Requirements for Providers for 2015 through 2017

On April 10, CMS issued a [proposed rule](#) for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs to align Stage 1 and Stage 2 objectives and measures with the long-term proposals for Stage 3. The modifications would allow providers to focus more closely on the advanced use of certified EHR technology to support health information exchange and quality improvement.

Proposed Changes for EHR Incentive Programs:

Together with the [Stage 3 proposed rule](#) issued on March 20, 2015, the proposed rules align and merge the “stages” of meaningful use requirements. The proposed rule changes the programs by:

- Streamlining reporting by removing redundant, duplicative, and topped-out measures
- Modifying patient action measures in Stage 2 objectives related to patient engagement
- Aligning the EHR reporting period for eligible hospitals and Critical Access Hospitals with the full calendar year
- Changing the EHR reporting period in 2015 to a 90-day period to accommodate modifications

For More Information:

- [Fact Sheet](#)
- [EHR Incentive Programs](#) website

Medicare Learning Network® Educational Products

"Medicare Quarterly Provider Compliance Newsletter [Volume 5, Issue 3]" Educational Tool — Released

The “[Medicare Quarterly Provider Compliance Newsletter \[Volume 5, Issue 3\]](#)” Educational Tool (ICN 909208) was released and is now available in downloadable format. This educational tool is designed to provide education on how to avoid common billing errors and other erroneous activities when dealing with the Medicare

Program. It includes guidance to help health care professionals address and avoid the top issues of the particular Quarter.

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 “[Guidelines for Teaching Physicians, Interns, and Residents](#)” Fact Sheet (ICN 006347) is designed to provide education on physician services in teaching settings. It includes information on payment for physician services in teaching settings, general documentation guidelines, evaluation and management (E/M) documentation guidelines, and exception for E/M services furnished in certain primary care centers. It also includes resources and a glossary.

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