

Thursday, May 14, 2015

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Medicare Learning Network[®] Educational Products

“Overview of the Repetitive Scheduled Non-emergent Ambulance Prior Authorization Model” MLN Matters[®] Article — Released

“Items and Services That Are Not Covered Under the Medicare Program” Booklet — Revised Medicare Learning Network[®] Product Available In Electronic Publication Format

MLN Connects[®] National Provider Calls

2014 Mid-Year QRURs — Register Now

Wednesday, June 3; 1:30-3pm ET

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

CMS released the 2014 Mid-Year Quality and Resource Use Reports (MYQRURs) to physician solo practitioners and groups of physicians nationwide, including solo practitioners and groups with physicians who

participated in the Medicare Shared Savings Program, the Pioneer Accountable Care Organization (ACO) model, or the Comprehensive Primary Care (CPC) initiative in 2014. The 2014 MYQRURs were made available for informational purposes and contain information on a subset of the measures used to calculate the 2016 Value Modifier. This MLN Connects National Provider Call will provide an overview of the 2014 MYQRUR and explain how to interpret and use the information in the report. Learn more about the reports on the [MYQRUR](#) web page.

The call will be more meaningful if you have your MYQRUR in front of you to follow along. Visit the [How to Obtain a QRUR](#) web page and access your report prior to the call.

Agenda:

- Overview of the 2014 MYQRUR
- How to understand and use the 2014 MYQRURs
- Question and answer session

Target Audience: Physicians, practitioners, 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.

Medicare Shared Savings Program ACO: Application Review — Registration Now Open

Tuesday, June 9; 2:30-4pm 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 an overview and update to the Medicare Shared Savings Program Accountable Care Organization (ACO) application process for the performance period beginning January 1, 2016. The [Shared Savings Program Application](#) web page has important information, dates, and materials on the application process, which call participants are encouraged to review prior to the call. A question and answer session will follow the presentation.

Agenda:

- Medicare Shared Savings Program application process
- Required templates
- Participant List
- Narratives and uploads
- Lessons learned

Target Audience: Potential 2016 Shared Savings Program applicants, who submitted a Notice of Intent to Apply.

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 and QAPI — Register Now

Tuesday, June 16; 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 updates for the National Partnership and Quality Assurance and Performance Improvement (QAPI). Additionally, a nursing home will discuss steps taken to achieve antipsychotic medication reduction in their facility, and Indiana University will present information about evidence-based dementia care training. 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 ensure that facilities continuously identify and correct quality deficiencies and sustain performance improvement.

Agenda:

- National Partnership and QAPI updates
- Antipsychotic reduction success – The Cedars, Maine
- Evidence-based dementia care training

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.

Hospice Quality and Hospice Item Set Manual V1.02 — Save the Date

Wednesday, June 17; 1:30-3pm ET

To Register: Visit [MLN Connects® Upcoming Calls](#). Registration will be opening soon.

During this MLN Connects National Provider Call, CMS subject matter experts will discuss the new Hospice Item Set (HIS) Manual (V1.02). This call will focus on updates that were made to the HIS Manual from V1.01 to V1.02 and provide clarifications of HIS definitions and expectations for use. Providers should review V1.02, which will be available on the [HIS](#) web page prior to the call.

Agenda:

- Background and overview of the Hospice Quality Reporting Program (HQRP)
- Updates made to Chapters 1 and 2 of V1.02 of the HIS Manual

Target Audience: Quality staff at Medicare-certified hospice programs, including quality and compliance staff and Quality Assurance and Performance Improvement (QAPI) program coordinators.

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

ICD-10: Preparing for Implementation and New ICD-10-PCS Section X — Register Now

Thursday, June 18; 1:30-3pm ET

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

It's not too late to get ready for ICD-10 implementation on October 1, 2015. During this MLN Connects National Provider Call, CMS subject matter experts will present strategies and resources to help you prepare. Also, learn about ICD-10-PCS Section X for new technologies, which will be used by hospitals. A question and answer session will follow the presentations.

Agenda:

- National implementation update and preparation strategies
- ICD-10-PCS Section X for new technologies
- Testing 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.

MLN Connects[®] Videos

New ICD-10 Videos: Impact on Inpatient Hospital Payment and Medicare Testing Plans

These MLN Connects[®] videos were recorded from presentations at the CMS ICD-10 Coordination and Maintenance Committee on March 18, 2015.

- [Estimating the Impact of the Transition to ICD-10 on Medicare Inpatient Hospital Payments](#): Run time: 29 minutes
- [Medicare's Testing Plan for ICD-10 Success](#): Run time: 7 minutes

Visit the [ICD-10 Medicare Fee-For-Service Provider Resources](#) web page for Medicare Learning Network[®] educational materials, including a complete list of MLN Connects videos on ICD-10.

CMS Events

Final Opportunity to Volunteer for ICD-10 End-to-End Testing in July — Forms Accepted May 11 through 22

Deadline extended

During the week of July 20 through 24, 2015, a final 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. CMS is accepting additional July volunteers from May 11 through 22, 2015. Don't miss your chance to participate in end-to-end testing with Medicare prior to the October 1, 2015, implementation date.

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 May 22
- CMS will review applications and select additional July testers
- The MACs and CEDI will notify the volunteers selected to test and provide them with the information needed for the testing by June 12

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 for set-up purposes by the deadline on your acceptance notice; 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”

Participate in Final ICD-10 Acknowledgement Testing Week: June 1 through 5

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 three successful acknowledgement testing weeks in [March 2014](#), [November 2014](#), and [March 2015](#). These acknowledgement testing weeks give submitters access to real-time help desk support and allow CMS to analyze testing data. Mark your calendar for the final acknowledgement testing week on June 1 through 5, 2015.

Note: [MLN Matters® Special Edition Article SE1501](#) explains the differences between acknowledgement and end-to-end testing with Medicare. For acknowledgement testing, all electronic submitters are encouraged to participate, even if you submit claims through a clearinghouse.

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 June 1, 2015)
- Do not use future dates of service or your claim will be rejected

For more information:

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

Special Open Door Forum: Home Health Electronic and Paper Clinical Templates

Wednesday, May 20; 2:30-3:30pm ET

To assist physicians/practitioners in documenting patient eligibility for the Medicare home health benefit, CMS is considering the development of a voluntary electronic clinical template and a voluntary paper clinical template. See the [announcement](#) for more information and participation instructions.

Announcements

Depression is Not a Normal Part of Growing Older

May is Mental Health Month. This year’s theme, “B4Stage4: Changing the Way We Think About Mental Health” draws attention to how people can address their mental health early, rather than at “Stage 4,” when symptoms are more severe and recovery a longer process. Older adults are at an increased risk for experiencing depression. Many have at least one chronic health condition and often have two or more. Depression is more common in people who have other illnesses or limited functions. Depression in older adults is often misdiagnosed and undertreated; mistaken as a natural reaction to illness or life changes as adults’ age. Not understanding that they might be suffering from depression and could feel better, older adults often accept how they feel as part of the normal aging process and don’t seek help. Depression is a treatable medical condition, not a normal part of aging. [Continue reading.](#)

Therapy Caps Exceptions Process Extended through CY 2017

When the Medicare Access and CHIP Reauthorization Act was signed into law on April 16, 2015, the therapy caps exceptions process for Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP) services was extended through CY 2017. Additional information is available on the [Therapy Services](#) web page.

Questions About Medicare?

Medicare Administrative Contractors (MACs) do more than just process your claims; they serve as your primary contact for questions about the Medicare Fee-For-Service (FFS) program. Whether you are just starting out and need guidance with enrollment or you need help understanding a complex billing requirement, MACs

are there to educate and assist. In addition to MAC information, the [Interactive Map](#) will help you find contractors handling recovery audits, Comprehensive Error Rate Testing (CERT), and other activities. There is also a [Medicare FFS Provider Enrollment Contact List](#) for your enrollment questions.

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](#) for the MLN Connects® National Provider Call on June 9.

Groups: 6 Weeks Left to Register for 2015 PQRS GRPO

Groups can register to participate in the 2015 Physician Quality Reporting System (PQRS) Group Practice 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, at 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](#).

Medicare Learning Network® Educational Products

“Overview of the Repetitive Scheduled Non-emergent Ambulance Prior Authorization Model” MLN Matters® Article — Released

[MLN Matters® Special Edition Article #SE1514](#), “Overview of the Repetitive Scheduled Non-emergent Ambulance Prior Authorization Model” has been released and is now available in downloadable format. This article is designed to provide education on the importance of compliance with documentation requirements for the repetitive scheduled non-emergent ambulance prior authorization model. It includes background and additional information.

“Items and Services That Are Not Covered Under the Medicare Program” Booklet — Revised

The “[Items and Services That Are Not Covered Under the Medicare Program](#)” Booklet (ICN 906765) was revised and is now available in downloadable format. This booklet is designed to provide education on the four categories of items and services that are not covered under the Medicare Program and applicable exceptions (items and services that may be covered), as well as Beneficiary Notices of Noncoverage. It includes information on services and supplies that are not medically reasonable and necessary; non-covered items and services; services and supplies denied as bundled or included in the basic allowance of another service; and items and services reimbursable by other organizations or furnished without charge.

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 “[Medicare Information for Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants](#)” Booklet (ICN 901623) 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.

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