

Thursday, May 21, 2015

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“Power Mobility Pearls for the Practicing Physician” Web-Based Training Course — Released

“Clarification of the Use of Modifiers When Billing Wrong Surgery on a Patient” Podcast — Released

“Co-Surgery Not Billed with Modifier 62” Podcast — Released

“Chronic Care Management Services” Fact Sheet — Reminder

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## **MLN Connects<sup>®</sup> 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 — Register Now**

*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 — Registration Now Open**

*Wednesday, June 17; 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 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 Video on PQRS and the Value-Based Payment Modifier

CMS has released the following MLN Connects® video: [The Physician Quality Reporting System & the Value-based Payment Modifier: What Medicare Eligible Professionals Need to Know in 2015](#). This MLN Connects video presentation provides an overview of the Physician Quality Reporting System (PQRS) and how your participation in 2015 will determine how the Value-Based Payment Modifier will be applied to your reimbursement in 2017. Run time: 45 minutes: 10 seconds.

For a list of videos on PQRS and the Value-based Payment Modifier, as well as videos on a variety of other Medicare topics, visit [MLN Connects Videos](#). For more information, visit the [PQRS](#) and [Medicare FFS Physician Feedback Program/Value-Based Payment Modifier](#) web pages.

## 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"

## Announcements

### 2014 Mid-Year QRURs Available

CMS has released the 2014 Mid-Year Quality and Resource Use Reports (MYQRURs) to physician solo practitioners and groups of physicians nationwide, including those 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 only* and contain information on a subset of the measures used to calculate the 2016 Value Modifier. The MYQRUR provides interim information about performance on the six cost and three quality outcomes measures that CMS calculates from Medicare claims. These are some of the measures used in the calculation of the Value Modifier. The information in the MYQRUR is based on care provided from July 1, 2013, through June 30, 2014, a period that precedes the actual 2014 performance period for the 2016 Value Modifier. More information is available on the [2014 MYQRUR](#) web page.

The 2014 MYQRUR can be accessed on the [CMS Enterprise Portal](#), using a valid Individuals Authorized Access to the CMS Computer Services (IACS) account. For more information, visit [How to Obtain a QRUR](#).

### EHR Proposed Rules Available for Comment: Stage 3 Comments Due by 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 proposed rules. The public can submit comments in several ways, including via electronic submission at [www.regulations.gov](http://www.regulations.gov).

#### Due May 29:

- [Stage 3 of Meaningful Use](#) – Specifies the Stage 3 requirements for eligible professionals, eligible hospitals, and critical access hospitals in the Electronic Health Record (EHR) Incentive Programs

- [EHR Technology Certified to the 2015 Edition](#) – Outlines the certification and standards to help providers meet the proposed Stage 3 requirements with EHR technology certified to the 2015 Edition

Due June 15:

- [Modifications to Meaningful Use in 2015-2017](#) – Proposes revised requirements for eligible professionals, eligible hospitals, and critical access hospitals participating in the EHR Incentive Programs in years 2015 through 2017

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

### **Call for TEP Nominations: Closing Date June 1**

CMS has contracted with RTI International and Abt Associates to develop potentially preventable readmission measures, in alignment with the Improving Post-Acute Care Transformation Act of 2014 (known as the IMPACT Act). As part of its measure development process, CMS asks contractors to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure contractor during measure development and maintenance. Additional details about this project and the nomination materials are available on the [Technical Expert Panel \(TEP\)](#) website. If you wish to nominate yourself or other individuals for consideration, please email materials to: [nchong@rti.org](mailto:nchong@rti.org) by the closing date June 1.

### **CMS to Release Comparative Billing Report on CT Scans of the Abdomen and Pelvis in June**

CMS will be issuing a national provider Comparative Billing Report (CBR) on Computer Tomography (CT) scans of the abdomen and pelvis in June 2015. The CBR, produced by CMS contractor eGlobalTech, will focus on rendering providers with a specialty of radiology. The CBR will contain data-driven tables with an explanation of findings that compare 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](mailto: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.

### **EHR Incentive Program: Deadline for Eligible Professional Hardship Exception is July 1**

Payment adjustments for eligible professionals who did not successfully participate in the Medicare Electronic Health Record (EHR) Incentive Program in 2014 will begin on January 1, 2016. Medicare eligible professionals can avoid the 2016 payment adjustment by applying for a 2016 hardship exception by July 1. The hardship exception applications and [instructions](#) for an [individual](#) and for [multiple](#) Medicare eligible professionals are available on the [EHR Incentive Programs](#) website. They outline the specific types of circumstances that CMS considers to be barriers to achieving meaningful use and how to apply.

### **PQRS: IACS Transitioning to EIDM on July 13**

On July 13, the Individuals Authorized Access to CMS Computer Services (IACS) system will be retired, but current IACS user accounts will transition to an existing CMS system called Enterprise Identity Management (EIDM). The EIDM system provides a way for business partners to apply for, obtain approval for, and receive a single user ID for accessing multiple CMS applications.

Existing PQRS IACS users, their data, and roles will be moved to EIDM and will be accessible from the 'PQRS Portal' portion of the [CMS Enterprise Portal](#). Users will then access the PQRS Portal to submit data, retrieve submission reports, view feedback reports, or conduct various administrative and maintenance activities. New PQRS users will need to register for an EIDM account.

For additional assistance regarding IACS or EIDM, contact the QualityNet Help Desk at 866-288-8912 (TTY 877-715-6222) from 7am to 7pm CT Monday through Friday or via email at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org). To avoid security violations, do not include personal identifying information in email inquiries.

### **CMS is Accepting Suggestions for Potential PQRS Measures**

*Measures submitted prior to June 15 may be considered for inclusion on the 2015 MUC list*

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](mailto:C4M@wvmi.org).

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

**“Chronic Care Management (CCM) Services Frequently Asked Questions (FAQs)” MLN Matters<sup>®</sup> Article — Released**

[MLN Matters<sup>®</sup> Special Edition Article #SE1516](#), “Chronic Care Management (CCM) Services Frequently Asked Questions (FAQs)” has been released and is now available in downloadable format. This article is

designed to provide education on Medicare’s requirement for 24/7 access by individuals furnishing CCM services to the electronic care plan, rather than the entire medical record. It includes FAQs regarding billing CCM services to the Physician Fee Schedule (PFS) and Hospital Outpatient Prospective Payment System (OPPS) under CPT code 99490.

### **“Power Mobility Pearls for the Practicing Physician” Web-Based Training Course — Released**

The “Power Mobility Pearls for the Practicing Physician” Web-Based Training Course (WBT) was released and is now available. This WBT is designed to provide education on the fundamentals of the Power Mobility Devices compliance program. Continuing education credits are available to learners who successfully complete this course. See course description for more information.

To access the WBT, go to [MLN Products](#), scroll to the bottom of the web page and under “Related Links” click on “Web-Based Training Courses.”

### **“Clarification of the Use of Modifiers When Billing Wrong Surgery on a Patient” Podcast — Released**

The “[Clarification of the Use of Modifiers When Billing Wrong Surgery on a Patient](#)” Podcast (ICN 909189) was released and is now available. The podcast, based on MLN Matters® Article SE0927, clarifies the correct use of certain Healthcare Common Procedure Coding System (HCPCS) modifiers, specifically when billing for wrong surgery on a patient.

### **“Co-Surgery Not Billed with Modifier 62” Podcast — Released**

The “[Co-Surgery Not Billed with Modifier 62](#)” Podcast (ICN 909209) was released and is now available. This podcast, based on MLN Matters® Article SE1322, provides clarification on existing policy regarding significant payment errors because of failing to properly apply the co-surgeon modifier when two or more surgeons of different specialties participate in one operative session and each separately submit claims to Medicare.

### **“Chronic Care Management Services” Fact Sheet — Reminder**

The “[Chronic Care Management Services](#)” Fact Sheet (ICN 909188) was released and is available in downloadable format. This fact sheet is designed to provide background on the separately payable Chronic Care Management (CCM) Services for non-face-to-face care coordination services furnished to Medicare beneficiaries with multiple chronic conditions. It includes information on eligible providers and patients; Physician Fee Schedule billing requirements; and a table aligning the CCM Scope of Service Elements and billing requirements with the Certified Electronic Health Record or other electronic technology requirements.

### **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 Product<sup>®</sup> 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<sup>®</sup> Electronic Publication.](#)”

The “[Home Health Prospective Payment System](#)” Fact Sheet (ICN 006816) is designed to provide education on the Home Health Prospective Payment System (HH PPS). It includes the following information: background; consolidated billing requirements; criteria that must be met to qualify for home health services; therapy services; elements of the HH PPS; updates to the HH PPS; billing and payment for home health services; and Home Health Quality Reporting Program.

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