

Thursday, June 4, 2015

MLN Connects[®] National Provider Calls

Medicare Shared Savings Program ACO: Application Review — Last Chance to Register
National Partnership to Improve Dementia Care and QAPI — Register Now
Hospice Quality and Hospice Item Set Manual V1.02 — Register Now
ICD-10: Preparing for Implementation and New ICD-10-PCS Section X — Register Now
Hospital Compare Overall Star Ratings Methodology — Save the Date
ESRD QIP: Reviewing Your Facility's PY 2016 Performance Data — Register Now
ESRD QIP: Proposed Rule for Payment Year 2019 — Register Now

MLN Connects[®] Videos

Prepare for ICD-10 with MLN Connects[®] Videos

CMS Events

Participate in Final ICD-10 Acknowledgement Testing Week through June 5
Webinar for Comparative Billing Report on CT of the Abdomen and Pelvis

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New Medicare Data Available to Increase Transparency on Hospital and Physician Utilization
Entrepreneurs and Innovators to Access Medicare Data
DMEPOS Competitive Bidding Round 1 2017 — Get Licensed
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Medicare Learning Network[®] Educational Products

“Home Health Change of Care Notice (HHCCN) and Advance Beneficiary Notice of Noncoverage (ABN)” Web-Based Training Course — Released
“Anesthesiologist Services with a Modifier GC in a Method II Critical Access Hospital (CAH)” Podcast — Released
“ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets” Educational Tool — Revised
“Medicare Secondary Payer for Providers, Physicians, Other Suppliers, and Billing Staff” Fact Sheet — Revised

MLN Connects[®] National Provider Calls

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

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 — Register Now

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.

Hospital Compare Overall Star Ratings Methodology — Save the Date

Wednesday, June 24; 1:30-3pm ET

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

The Hospital Compare Overall Star Rating encompasses a wide range of publicly reported quality measures publicly reported on [Hospital Compare](#). This MLN Connects National Provider Call will help you understand the proposed methodology for determining your Hospital Compare Overall Star Rating. A question and answer session will follow the presentation.

Agenda:

- Star ratings methodology
- Hospital Specific Reports
- Lessons learned from the Dry Run

Target Audience: Hospitals, consumers, researchers, reporters, and hospital associations.

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

ESRD QIP: Reviewing Your Facility's PY 2016 Performance Data — Register Now

Thursday, July 9; 2-3pm ET

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

CMS will host an MLN Connects National Provider Call on the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP), a pay-for-performance initiative that ties a facility's quality scores to a payment percentage reduction over the course of a Payment Year (PY). On July 15, a preliminary PY 2016 Performance Score Report (PSR) will be available for ESRD facilities. Find out how to access, review, and submit a formal inquiry about your report by the August 15 deadline. A question and answer session will follow the presentation.

Agenda:

- How to access and review your facility PSR
- How CMS calculated ESRD QIP performance scores using quality data
- What the performance scores means for PY 2016 payment rates
- When and where to ask questions regarding PSR, including how to submit *one* formal inquiry
- Duty and responsibility to make ESRD QIP performance data transparent to patients
- Where to access help and additional information

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.

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

ESRD QIP: Proposed Rule for Payment Year 2019 — Register Now

Wednesday, July 29; 2-3:30pm ET

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

CMS will host an MLN Connects National Provider Call on the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP), a pay-for-performance quality initiative that ties a facility's quality scores to a payment percentage reduction over the course of a Payment Year (PY). This call will

focus on the upcoming ESRD Prospective Payment System (PPS) proposed rule, which would operationalize the ESRD QIP in PY 2019. A question and answer session will follow the presentation.

Agenda:

- ESRD QIP legislative framework
- Proposed measures, standards, scoring methodology, and payment reduction scale for PY 2019
- Methods for reviewing and commenting on the proposed rule.

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.

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

Prepare for ICD-10 with MLN Connects® Videos

Prepare for the transition to ICD-10 on October 1, 2015. MLN Connects® videos are available on coding basics, testing, home health, and more:

- [ICD-10 Coding Basics](#)
- [Coding for ICD-10-CM: More of the Basics](#)
- [Estimating the Impact of the Transition to ICD-10 on Medicare Inpatient Hospital Payments](#)
- [Medicare's Testing Plan for ICD-10 Success](#)
- [Converting the Home Health Prospective Payment System Grouper to ICD-10-CM](#)
- [ICD-10: Implementation for Physicians, Partial Code Freeze, and MS-DRG Conversion Project](#)

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

CMS Events

Participate in Final ICD-10 Acknowledgement Testing Week through June 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"

Webinar for Comparative Billing Report on CT of the Abdomen and Pelvis

Wednesday, June 24; 3-4pm ET

Join us for an informative discussion of the comparative billing report on Computed Tomography (CT) of the abdomen and pelvis for rendering providers (CBR201506). The presentation will be provided by CMS contractor eGlobalTech and its partner, Palmetto GBA. CBR201506 is an educational tool designed to assist physicians with a specialty of diagnostic radiology who submitted claims for CT of the abdomen and pelvis using Current Procedural Terminology (CPT®) codes 74176, 74177, and 74178.

Agenda:

- Opening remarks
- Overview of comparative billing report (CBR201506)
- 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

New Affordable Care Act Payment Model Seeks to Reduce Cardiovascular Disease

Speaking at the White House Conference on Aging regional forum in Boston on May 28, HHS Secretary Sylvia M. Burwell announced a unique opportunity for health care providers to decrease cardiovascular disease risk for tens of thousands of Medicare beneficiaries by assessing an individual patient's risks for heart attack or stroke and working with them to reduce those risks.

Heart attacks and strokes are a leading cause of death and disability. According to the Centers for Disease Control and Prevention, about 610,000 people die of heart disease in the United States every year – accounting for one in every four deaths and costing an estimated \$315.4 billion annually. The Million Hearts® Cardiovascular Disease (CVD) Risk Reduction model proposes an innovative way of lowering those risks. Currently, providers are paid to meet specific blood pressure, cholesterol or other targets for their patients as a group. In a new approach, the Million Hearts model will use a data-driven, widely accepted predictive modelling approach to generate personalized risk scores and modification plans for patients.

CMS is accepting applications for the Million Hearts CVD Risk Reduction model. Health care providers who participate in the model will work with Medicare beneficiaries to determine their individual risk for a heart attack or stroke in the next ten years. Then, providers will work with patients to identify the best approach to reduce their individual risk and show them the benefits of each approach. Each patient will get a personalized risk modification plan that will target their specific risk factors. Providers will be paid for reducing the absolute risk for heart disease or stroke among their high-risk patients.

The Million Hearts CVD Risk Reduction model will operate for five years and aims to enroll over 300,000 Medicare beneficiaries and 720 diverse practices, varying in size and patient case mix; and including providers in general/family practice, general internal medicine, geriatric medicine, multi-specialty care, or cardiovascular care.

For additional information:

- [Fact Sheet](#)
- [FAQs](#)
- [Million Hearts](#)

Full text of this excerpted [HHS press release](#) (issued May 28).

New Medicare Data Available to Increase Transparency on Hospital and Physician Utilization

Data serves as a rich resource to clearer look into Parts A and B costs, services, and trends

On June 1, CMS posted the third annual release of the Medicare hospital utilization and payment data (both [inpatient](#) and [outpatient](#)) and the second annual release of the [physician and other supplier utilization and payment data](#).

The Medicare hospital utilization and payment data consists of information for 2013 about the average amount a hospital bills for services that may be provided in an inpatient stay or outpatient visit. The hospital data includes payment and utilization information for services that may be provided in connection with the 100 most common Medicare inpatient stays and 30 selected outpatient procedures at over 3,000 hospitals in all 50 states and the District of Columbia. The top 100 inpatient stays represented in the hospital inpatient data are associated with approximately \$62 billion in Medicare payments and over 7 million hospital discharges.

The Medicare Part B physician, practitioner, and other supplier utilization and payment data consists of information on services and procedures provided to Medicare beneficiaries by physicians and other healthcare professionals. The data also shows payment and submitted charges, or bills, for those services and procedures by provider. It allows for comparisons by physician; specialty; location; types of medical services and procedures delivered; Medicare payment; and submitted charges. The new 2013 dataset has information for over 950,000 distinct health care providers who collectively received \$90 billion in Medicare payments. Hospitals, physicians, and other health care providers determine what they will charge for services and procedures provided to patients and these “charges” are the amount the hospital or provider generally bills for the service or procedure, but the amount paid is determined by Medicare’s physician fee schedule or other payment methodologies. CMS protects beneficiaries’ personal information in all its data releases.

For more information:

- [Fact Sheet](#): New Medicare data available to increase transparency on hospital utilization
- [Fact Sheet](#): New Medicare data available to increase transparency on physician utilization

Full text of this excerpted [CMS press release](#) (issued June 1).

Entrepreneurs and Innovators to Access Medicare Data

On April 2 at Health Datapalooza, the acting CMS Administrator, Andy Slavitt, announced a new policy that for the first time will allow innovators and entrepreneurs to access CMS data, such as Medicare claims. As part of the Administration’s commitment to use of data and information to drive transformation of the healthcare delivery system, CMS will allow innovators and entrepreneurs to conduct approved research that will ultimately improve care and provide better tools that should benefit health care consumers through a greater understanding of what the data says works best in health care. The data will not allow the patient’s identity to be determined, but will provide the identity of the providers of care. CMS will begin accepting innovator research requests in September 2015.

Innovators and entrepreneurs will access data via the CMS Virtual Research Data Center (VRDC), which provides access to granular CMS program data, including Medicare Fee-For-Service claims data, in an efficient and cost effective manner. Researchers working in the CMS VRDC have direct access to approved, privacy-protected data files and are able to conduct their analysis within a secure CMS environment.

CMS also announced that all researchers will be allowed to request data on a quarterly basis, rather than the annual updates that were available in the past.

Full text of this excerpted [CMS press release](#) (issued June 2).

DMEPOS Competitive Bidding Round 1 2017 — Get Licensed

On April 21, CMS announced plans to recompete the supplier contracts awarded in the Round 1 Re compete of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. Medicare DMEPOS supplier standards require every supplier location to be licensed. Contracts are only awarded to suppliers that meet all applicable state licensing requirements by the close of the bid window. If you are a supplier intending to bid in Round 1 2017, prepare now. [Learn more](#).

Quality Reporting Programs: 2014 eCQM Updates for 2016 Reporting

Updates for the 2014 Electronic Clinical Quality Measures (eCQMs) are available on the HealthIT.gov website. The updated measure specifications include:

- 29 updated measures for [eligible hospitals](#)
- 64 updated measures for [eligible professionals](#)

Providers will use these updated measures to electronically report 2016 quality data for CMS quality reporting programs, including the Physician Quality Reporting System (PQRS), Inpatient Quality Reporting Program (IQR), and the Electronic Health Record (EHR) Incentive Programs. CMS will maintain previously published specifications for the 2014 eCQMs on the [eCQM Library](#) web page.

Claims, Pricers, and Codes

July 2015 Average Sales Price Files Now Available

CMS has posted the July 2015 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks. All are available for download on the [2015 ASP Drug Pricing Files](#) web page.

Medicare Learning Network® Educational Products

“Home Health Change of Care Notice (HHCCN) and Advance Beneficiary Notice of Noncoverage (ABN)” Web-Based Training Course — Released

The “Home Health Change of Care Notice (HHCCN) and Advance Beneficiary Notice of Noncoverage (ABN)” Web-Based Training (WBT) Course was released and is now available. It is a recording of the December 2014 webinar. It is designed to assist Home Health Agencies (HHAs) seeking guidance on the issuance of the beneficiary protection notice to beneficiaries receiving home health care. Subject-matter experts explain the legal basis governing the HHCCN and ABN, as well as home health care situations that require issuance of these notices. 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.”

“Anesthesiologist Services with a Modifier GC in a Method II Critical Access Hospital (CAH)” Podcast — Released

The “[Anesthesiologist Services with a Modifier GC in a Method II Critical Access Hospital \(CAH\)](#)” Podcast (ICN 909212) was released and is now available. This podcast, based on MLN Matters® Article MM7764, provides key information about a revised payment methodology for anesthesiology claims submitted with Modifier GC (Resident/teaching physician service) for CAH Method II providers.

“ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets” Educational Tool — Revised

The “[ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets](#)” Educational Tool (ICN 900943) was revised and is now available in downloadable format. This educational tool is designed

to provide education on the International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9-CM); International Classification of Diseases, Tenth Edition, Clinical Modification (ICD-10-CM); International Classification of Diseases, Tenth Edition, Procedure Coding System (ICD-10-PCS); Current Procedural Terminology (CPT); and Healthcare Common Procedure Coding System (HCPCS) code sets. It includes a definition and payment information for each code set.

“Medicare Secondary Payer for Providers, Physicians, Other Suppliers, and Billing Staff” Fact Sheet — Revised

The “[Medicare Secondary Payer for Providers, Physicians, Other Suppliers, and Billing Staff](#)” Fact Sheet (ICN 006903) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the Medicare Secondary Payer (MSP) provisions. It includes information on MSP basics, common situations when Medicare may pay first or second, Medicare conditional payments, the Coordination of Benefits rules, and the role of the Benefits Coordination & Recovery Center.

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