

Thursday, June 11, 2015

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"Transcatheter Aortic Valve Replacement (TAVR) Hospital Program Volume Requirements" MLN Matters<sup>®</sup> Special Edition Article — Released  
"Revised and Clarified Place of Service (POS) Coding Instructions" Podcast — Released  
"Medicare Fee-For-Service (FFS) International Classification of Diseases, 10th Edition (ICD-10) Testing Approach" MLN Matters<sup>®</sup> Article — Revised  
"Skilled Nursing Facility (SNF) Billing Reference" Fact Sheet — Reminder  
Medicare Learning Network Product<sup>®</sup> Available In Electronic Publication Format

## MLN Connects® National Provider Calls

### **National Partnership to Improve Dementia Care and QAPI — Last Chance to Register**

*Tuesday, June 16; 1:30-3pm ET*

*To Register:* Visit [MLN Connects® Event Registration](#). 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 — Last Chance to Register**

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

*To Register:* Visit [MLN Connects® Event Registration](#). 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 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 — Last Chance to Register**

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

*To Register:* Visit [MLN Connects® Event Registration](#). 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.

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

*Thursday, July 9; 2-3pm ET*

*To Register:* Visit [MLN Connects® Event Registration](#). 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® Event Registration](#). 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.

## **CMS Events**

### **Medicare Learning Network® Webinar: Medicare Basics for New Providers Part Two: Billing, Reimbursement, and Appeals**

*Tuesday, June 23; 2-3pm ET*

The Medicare Basics Series is designed to assist providers new to the Medicare Program. This webinar is the second offering in the three-part series offered by the Medicare Learning Network® and will provide information regarding Medicare billing, reimbursement, and appeals. This activity is designed for new Medicare providers and healthcare providers interested in becoming Medicare providers.

By the end of this webinar learners should be able to:

- Identify requirements for electronic and paper claims submission
- Recognize where to find Medicare billing and payment information
- Identify where to find and how to search the Medicare Physician Fee Schedule
- Recognize elements of the Medicare Remittance Advice
- Identify the different levels of Medicare Appeals and how to file an appeal

- Recognize elements of the Medicare Overpayment Process.

[Register](#) for this webinar. This webinar will offer both continuing education units (CEU) and continuing medical education (CME) credit.

## PERM Cycle 1 Provider Education Sessions

CMS is hosting Payment Error Rate Measurement (PERM) provider education sessions for Medicare providers who also provide Medicaid and Children's Health Insurance Program (CHIP) services. Complete details are available in the [announcement](#).

*Presentations will include:*

- The PERM process and provider responsibilities during a PERM review
- Recent trends, frequent mistakes and, best practices
- The Electronic Submission of Medical Documentation (esMD) program

*The presentations will be repeated for each session:*

- Wednesday, June 17
- Wednesday, June 24
- Wednesday, July 15
- Wednesday, July 22

*To join the meeting:*

- All webinars are from 3-4pm ET
- Registration is not required; However, space is limited
- [Join](#) the webinar
- Audio: 877-267-1577

## Announcements

### Updated Results for ICD-10 End-to-End Testing Week in April

On June 2, CMS [announced](#) results from the second successful ICD-10 end-to-end testing week in April. The results have been updated to include provider types from both the January and April end-to-end testing weeks. [View the updated results](#).

### Recognizing Men's Health Month and Men's Health Week

June is Men's Health Month, and the week leading up to and including Father's Day is National Men's Health Week (June 15 through 21). These national health observances provide an excellent opportunity for health care providers to talk with seniors and their caregivers about the important role that preventive health care can play in helping to maintain optimal health, prevent disease, and early detection.

As a provider of health care to people with Medicare, you can help your patients make the most of their benefits by talking with them about their risk factors for disease and encouraging them to take

advantage of the preventive services covered by Medicare that are most appropriate for them. [Read more.](#)

## **CMS Finalizes Rules for Medicare Shared Savings Program**

*Continued growth in ACO Program is a core component of delivery system reform*

On June 4, CMS released a [final rule](#) updating the Medicare Shared Savings Program to encourage the delivery of high-quality care for Medicare beneficiaries and build on the early successes of the program and of the Pioneer Accountable Care Organization (ACO) Model. The Medicare Shared Savings Program final rule will both enhance the focus on primary care services and provide additional flexibility in the program, which should grow participation. The final rule improves the program in a number of areas, including:

- Creates a new Track 3, based on some of the successful features of the Pioneer ACO Model, which includes higher rates of shared savings, the prospective assignment of beneficiaries, and the opportunity to use new care coordination tools
- Streamlines the data sharing between CMS and ACOs, helping ACOs more easily access data on their patients in a secure way for quality improvement and care coordination that can drive critical improvements in beneficiaries' care
- Establishes a waiver of the 3-day stay Skilled Nursing Facility rule for beneficiaries that are prospectively assigned to ACOs under Track 3
- Refines the policies for resetting ACO benchmarks to help ensure that the program continues to provide strong incentives for ACOs to improve patient care and generate cost savings

The Medicare Shared Savings Program was created by Section 3022 of the Affordable Care Act to promote better health for Medicare Fee-For-Service beneficiaries by encouraging physicians, hospitals, and other health care providers to improve patient health and experience of care and to reduce growth in costs. The program is voluntary and accepts applications on an annual basis in which organizations agree to participate for three years.

For more information, visit the [Medicare Shared Savings Program](#) website.

Full text of this excerpted [CMS press release](#) (issued June 4).

## **Comprehensive Prevention Program Effectively Reduces Falls among Older People**

*HHS-supported study tests falls intervention program*

Families and physicians have a new tool in the fight against falls- a comprehensive prevention program developed by HHS that reduces both falls and resulting use of long-term care, such as nursing homes. The prevention program, which includes clinical in-home assessments of health, physical functioning, falls history, home environment, and medications to create customized recommendations, was developed by HHS based on the research evidence on risk factors and interventions. Using a randomized control trial, the program was tested among long-term care insurance policy holders age 75 and older to determine whether the intervention was effective and, if so, the impact on long-term care utilization.

The study found that the program led to significantly lower rates of falls over a one-year study period. Those who received the intervention had a 13 percent lower rate of falls, and an 11 percent reduction in risk of falling compared to the control group. Participants also had a significantly lower rate of

injurious falls. Long-term care insurance claims were 33 percent lower over a three-year period. The intervention, which cost \$500 per person to administer, saved \$838 per person.

Falls- which happen to 1 in 3 people age 65 and over every year-- can cause pain, suffering, and death, and cost an estimated \$35 billion in health care spending in 2014. They are a leading risk factor for needing long-term care at home or in a nursing facility. Given the impact of falls, findings from the HHS-funded study give hope for reducing the rate of falls among the growing population of older adults.

For more information: [The Effect of Reducing Falls on Long-Term Care Expenses: Final Design Report](#)

Full text of this excerpted [HHS press release](#) (issued June 8).

### **EHR Incentive Programs: Comments on Meaningful Use Proposed Rule Due June 15**

Remember to submit your comments on the [Modifications to Meaningful Use in 2015-2017 Proposed Rule](#) by June 15 at 5pm ET. The rule proposes revised requirements for eligible professionals, eligible hospitals, and critical access hospitals participating in the Electronic Health Record (EHR) Incentive Programs in the years 2015 through 2017. For information about the proposed rule, review the [fact sheet](#) and webinar [presentation](#) on the [eHealth](#) website.

### **2015 PQRS GPRO: 2 Weeks Left to Register by June 30 Deadline**

Groups have 2 weeks to 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. CMS strongly encourage groups to obtain an IACS account and register by June 26, since registration will close on June 30, 2015. CMS will be transitioning to a new Enterprise Identity Management (EIDM) system in the upcoming months; therefore, all registrations must be received before the deadline. Stay tuned for more information and resources in the coming weeks and months about the EIDM. In the meantime, please ensure that your IACS account is active, current, and you are able to log in. This will help ensure a smoother transition to EIDM. 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](#).

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

Payment adjustments for eligible professionals that 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 11:59pm ET on July 1, 2015.

The hardship exception applications and [instructions](#) for [individual](#) and [multiple](#) Medicare eligible professionals are available on the [Payment Adjustment & Hardship Exceptions](#) web page. They outline the specific types of circumstances that CMS considers to be barriers to achieving meaningful use, and how to apply.

Visit the [EHR Incentive Programs](#) website for the latest news and updates on the programs.

### **ICD-10 Resources for Medicare Providers**

CMS has [Medicare Fee-For-Service Provider Resources](#) to help you prepare for the transition to ICD-10 on October 1, 2015:

- Testing resources
- MLN Matters® Articles on billing, claims processing, the partial code freeze, Local Coverage Determinations (LCDs), and National Coverage Determinations (NCDs)
- Medicare Learning Network® Web Based Training Course on diagnosis coding using ICD-10-CM
- Medicare Learning Network products on billing, payment, coding, and General Equivalence Mappings
- MLN Connects® videos on coding basics, home health, testing, and the partial code freeze
- Resources, including links to calls, product ordering, and NCD conversion

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

## **2016 ICD-10-CM Files, ICD-10-PCS Files, and GEMs Available**

The 2016 ICD-10-CM and ICD-10-PCS files are now available, along with the General Equivalence Mappings (GEMs) on the [2016 ICD-10-CM and GEMs](#) web page and [2016 ICD-10-PCS and GEMs](#) web page. The posted files contain the complete versions of both ICD-10-CM (diagnoses) and ICD-10-PCS (procedures), which will be implemented on October 1, 2015. The 2016 Reimbursement Mappings will be available in August 2015.

CMS also posted an [article](#) on using the ICD-10-PCS New Technology Section Codes. The article provides detail about the new ICD-10-PCS section X New Technology, as well as specific coding instruction for the new section.

## **FY 2015 Inpatient PPS PC Pricer Update Available**

The FY 2015.4 Inpatient Prospective Payment System (PPS) PC Pricer has been updated with logic corrections and is now available with April 2015 provider data on the [Inpatient PPS PC Pricer](#) web page in the “Downloads” section.

## **Medicare Learning Network® Educational Products**

### **Information and Resources for Submitting Correct ICD-10 Codes to Medicare” MLN Matters® Article — Released**

[MLN Matters® Special Edition Article #SE1518](#), “Information and Resources for Submitting Correct ICD-10 Codes to Medicare,” was released and is now available in downloadable format. This article is designed to provide education on submitting correct International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) codes to Medicare. It includes information on using external cause and unspecified codes in ICD-10-CM.

### **“Transcatheter Aortic Valve Replacement (TAVR) Hospital Program Volume Requirements” MLN Matters® Special Edition Article — Released**

[MLN Matters® Special Edition Article #SE1515](#), “Transcatheter Aortic Valve Replacement (TAVR) Hospital Program Volume Requirements” has been released and is now available in downloadable format. This article is designed to provide education on the hospital volume requirements specified in the TAVR National Coverage Determination (NCD). It includes background information.

### **“Revised and Clarified Place of Service (POS) Coding Instructions” Podcast — Released**

The [Revised and Clarified Place of Service \(POS\) Coding Instructions](#) Podcast (ICN 909207) was released and is now available in downloadable format. This podcast, based on MLN Matters® Article MM7631, is designed to provide education about revised and clarified national policy for POS code assignment.

## **“Medicare Fee-For-Service (FFS) International Classification of Diseases, 10th Edition (ICD-10) Testing Approach” MLN Matters® Article — Revised**

[MLN Matters® Special Edition Article #SE1409](#), “Medicare Fee-For-Service (FFS) International Classification of Diseases, 10th Edition (ICD-10) Testing Approach” was revised and is now available in downloadable format. This article is designed to provide education on the testing approach that CMS is taking for the ICD-10 implementation. It includes information about the comprehensive four-pronged approach to preparedness and testing. The article was revised to show that the April Integrated Outpatient Code Editor (IOCE) is available and that it contains ICD-9 and ICD-10 codes.

## **“Skilled Nursing Facility (SNF) Billing Reference” Fact Sheet — Reminder**

The “[Skilled Nursing Facility \(SNF\) Billing Reference](#)” Fact Sheet (ICN 006846) is available in downloadable format. This fact sheet is designed to provide education on Medicare Part A, which covers skilled nursing and rehabilitation care in a SNF under certain conditions for a limited time. It includes the following information for SNF providers: coverage, payment, and billing.

## **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 “[The ABCs of the Annual Wellness Visit](#)” Educational Tool (ICN 905706) is designed to provide education on the Annual Wellness Visit (AWV). It includes a list of the required elements in the initial and subsequent AWVs, as well as coverage and coding information.

## **Subscribe to the Medicare Learning Network® Educational Products and MLN Matters® Electronic Mailing Lists**

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