

Thursday, June 18, 2015

MLN Connects[®] National Provider Calls

ESRD QIP System Training — Save the Date
ESRD QIP: Reviewing Your Facility's PY 2016 Performance Data — Register Now
2016 PFS Proposed Rule: Medicare Quality Reporting Programs — Registration Now Open
ESRD QIP: Proposed Rule for Payment Year 2019 — Register Now
New MLN Connects[®] National Provider Call Audio Recording and Transcript

CMS Events

Medicare Learning Network[®] Webinar: Medicare Basics for New Providers Part Two: Billing, Reimbursement, and Appeals
PERM Cycle 1 Provider Education Sessions

Announcements

Medicare Provides Coverage of HIV Screening
Medicare and Medicaid 50th Anniversary Count Down
Use New Interactive Case Studies to Explore ICD-10 Concepts
Corrections to eCQM Measures for 2016 Reporting
2015 PQRS GPRO: 1 Week Left to Register by June 30 Deadline

Claims, Pricers, and Codes

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“ICD-10-CM Classification Enhancements” Fact Sheet — Revised
“ICD-10-CM/PCS The Next Generation of Coding” Fact Sheet — Revised
Medicare Learning Network[®] Product Available In Electronic Publication Format

MLN Connects[®] National Provider Calls

ESRD QIP System Training — Save the Date

Wednesday, July 8; 1:30-3pm ET

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

CMS will host an MLN Connects® National Provider Call to train the dialysis community on a new user system, ESRD QIP 1.0.0, for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) and related programs. CMS will use data to evaluate your performance for the Payment Year (PY) 2016 program. Learn how to participate in the annual Preview Period and review your data in ESRD QIP 1.0.0, which will provide a portal for dialysis-facility staff to access public-reporting documents. A question and answer session will follow the presentation.

ESRD QIP 1.0.0 replaces the DialysisReports.org ESRD QIP interface that was discontinued earlier this year. Users will have accounts automatically established in the new system on their behalf.

Agenda:

- How to establish accounts and appropriate permissions for using the system
- How to access and review your facility's PY 2016 Preview Performance Score Report (PSR)
- When and where to ask questions regarding Preview PSR, including how to submit *one* formal inquiry
- 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: 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.

2016 PFS Proposed Rule: Medicare Quality Reporting Programs — Registration Now Open

Thursday, July 16; 1:30-3pm ET

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

This MLN Connects® National Provider Call provides an overview of the 2016 Medicare Physician Fee Schedule (PFS) Proposed Rule. This presentation will cover proposed updates to the Physician Quality Reporting System (PQRS), Value-Based Payment Modifier (Value Modifier), Electronic Health Record (EHR) Incentive Program, and Comprehensive Primary Care (CPC) Initiative. A question and answer session will follow the presentation.

Agenda:

- Proposed changes to PQRS reporting mechanisms, individual measures, and measures groups for inclusion in 2016
- Proposed PQRS reporting criteria for Payment Year 2016
- Criteria for satisfactorily reporting to avoid a PQRS negative payment adjustment and an automatic Value Modifier downward payment adjustment in 2018
- Certification requirements for reporting electronic clinical quality measures in the Medicare EHR Incentive Program, PQRS, and the CPC Initiative
- A move towards the Merit-based Incentive Payment System and Alternative Payment Models, based on the amendment of the Medicare Access and CHIP Reauthorization Act of 2015

Target Audience: Physicians, Medicare eligible professionals, 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.

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.

New MLN Connects® National Provider Call Audio Recording and Transcript

The [audio recording](#) and [transcript](#) are now available for the June 3 call — *2014 Mid-Year QRURs*. More information is available on the [call detail](#) web page. This call provided an overview of the 2014 Mid-Year Quality and Resource Use Report (MYQRUR) and explained how to interpret and use the information in the report.

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 learn 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 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

Medicare Provides Coverage of HIV Screening

June 27 is National HIV Testing Day, an annual campaign to encourage people of all ages to "Take the Test. Take Control." More than 1.2 million people in the United States are living with HIV infection, and almost 1 in 7 (14%) are unaware of their infection.

The [United States Preventive Services Task Force](#) recommends screening for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened, as well as all pregnant women. Medicare provides coverage of both standard and Food and Drug Administration approved rapid HIV screening tests for eligible beneficiaries:

- Once annually for beneficiaries at increased risk for HIV infection. (11 full months must elapse following the month the previous test was performed in order for the subsequent test to be covered).
- A maximum of three times for pregnant Medicare beneficiaries per pregnancy, beginning with the date of the first test when ordered by the woman's clinician, at the following times: (First), when the woman is diagnosed with the pregnancy; (Second), during the third trimester; (Third), at labor, if ordered by the woman's clinician.

Beneficiaries with any known prior diagnosis of HIV-related illness are not eligible for this screening test. Medicare provides coverage for HIV screening as a Medicare Part B benefit. The beneficiary may receive this screening service with no out-of-pocket cost to them. The coinsurance, copayment, and Part B deductible are waived for this benefit.

For more information:

- MLN Matters® article [MM6786 Screening for the Human Immunodeficiency Virus \(HIV\) Infection](#)
- [AIDS.gov](#): Read the National HIV/AIDS Strategy (NHAS) and update outlining some of the major accomplishments and progress made towards achieving the NHAS goals
- [National HIV Testing Day](#) resources

Medicare and Medicaid 50th Anniversary Count Down

This summer will mark the 50th anniversary of the enactment of Amendments to the Social Security Act that established the Medicare and Medicaid programs. Over the next 50 days, CMS will recognize the impact these two programs have had in transforming our nation's health care system. By sharing daily facts and posts on Twitter ([@cmsgov](#)) and [Medicaid.gov](#), CMS will highlight people, places, and progress that represent the Medicare and Medicaid programs as we know today.

On July 30, 1965, President Johnson signed legislation to establish Medicare for the elderly and Medicaid for low-income adults, children, pregnant women, and people with disabilities. Though Medicare and Medicaid started as basic health coverage programs for Americans, the programs have evolved over the years to provide more Americans with improved access to quality and affordable health care coverage. These programs have transformed the delivery of health care in the United States.

To commemorate this anniversary, CMS will engage in conversations with beneficiaries, providers, and health experts. We invite the public to participate in this celebration by [sharing stories](#) of how Medicare and Medicaid have made a difference. In late July, regional CMS offices will host public events in addition to a national event in Washington, D.C.

Full text of this excerpted [CMS press release](#) (issued June 10).

Use New Interactive Case Studies to Explore ICD-10 Concepts

CMS has released interactive case studies that can help you understand key ICD-10 documentation concepts. Available on the [Road to 10](#) tool, the [case studies](#) present:

- Clinical scenarios
- Short quizzes on related coding concepts
- Documentation tips

Visit the [ICD-10](#) website for the latest news and resources to help you prepare.

Corrections to eCQM Measures for 2016 Reporting

CMS is updating select Electronic Clinical Quality Measures (eCQMs) that eligible professionals and eligible hospitals will electronically report in 2016. These versions of the measures were posted on the CMS website on May 1, 2015, for the annual update of the 2014 measure set. Errors have been found in the XML renderings of 12 eligible professional eCQMs and 4 eligible hospital eCQMs. Corrections for these measures should affect only those who are electronically consuming the Healthcare Quality Measures Format (HQMF). CMS is currently working on corrections and will be re-posting these measures on the [eCQM Library Page](#) on or before July 1, 2015.

2015 PQRS GPRO: 1 Week Left to Register by June 30 Deadline

Groups have 1 week 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](#).

Claims, Pricers, and Codes

CY 2015 Home Health PPS Mainframe Pricer Software Available

The CY 2015 Home Health (HH) Prospective Payment System (PPS) Mainframe Pricer software is now available for download on the [HH PPS PC Pricer](#) web page.

Medicare Learning Network® Educational Products

“Using the ICD-10-PCS New Technology Section X Codes” MLN Matters® Article — Released

[MLN Matters® Special Edition Article #SE1519](#), “Using the ICD-10-PCS New Technology Section X Codes,” was released and is now available in downloadable format. This article is designed to provide education on details of the new International Classification of Diseases, Tenth Edition, Procedure Coding System (ICD-10-PCS) Section X New Technology, as well as specific coding instruction for the new section.

“Reminder to Billing Procedures Related to the Department of Veterans Affairs (VA) – Companion Information to CR8198” MLN Matters® Article — Released

[MLN Matters® Special Edition Article #SE1517](#), “Reminder to Billing Procedures Related to the Department of Veterans Affairs (VA) – Companion Information to CR8198: “Updating the Shared Systems and Common Working File (CWF) to no Longer Create Veteran Affairs (VA) “I” records in the Medicare Secondary Payer (MSP) Auxiliary File” has been released and is now available in downloadable format. This article is designed to provide education on coding for billing Medicare when the VA is involved for a portion of the services. It includes background information.

“FAQs – International Classification of Diseases, 10th Edition (ICD-10) End-to-End Testing” MLN Matters® Article — Revised

[MLN Matters® Special Edition Article #SE1435](#), “FAQs – International Classification of Diseases, 10th Edition (ICD-10) End-to-End Testing,” was revised and is now available in downloadable format. This article is designed to provide education on updated information for physicians, providers, suppliers, clearinghouses, and billing agencies selected to participate in Medicare ICD-10 end-to-end testing.

“General Equivalence Mappings Frequently Asked Questions” Booklet — Revised

The [“General Equivalence Mappings Frequently Asked Questions”](#) Booklet (ICN 901743) was revised and is now available in downloadable format. This booklet is designed to provide education on the conversion of International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) codes to International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) and the conversion of ICD-10-CM/PCS codes back to ICD-9-CM. It includes the following information: use of external cause and unspecified codes in ICD-10-CM; background; Frequently Asked Questions; and resources.

“ICD-10-CM/PCS Myths and Facts” Fact Sheet — Revised

The [“ICD-10-CM/PCS Myths and Facts”](#) Fact Sheet (ICN 902143) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes the following information: ICD-10-CM/PCS compliance date; use of external cause and unspecified codes in ICD-10-CM; responses to myths on ICD-10-CM/PCS, and resources.

“ICD-10-CM Classification Enhancements” Fact Sheet — Revised

The [“ICD-10-CM Classification Enhancements”](#) Fact Sheet (ICN 903187) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes the following information: ICD-10-CM/PCS compliance date; use of external cause and unspecified codes in ICD-10-CM; benefits of ICD-10-CM; similarities and differences between International Classification of Diseases, 9th Edition, Clinical Modification and ICD-10-CM; new features in ICD-10-CM; additional changes in ICD-10-CM; and resources.

“ICD-10-CM/PCS The Next Generation of Coding” Fact Sheet — Revised

The “[ICD-10-CM/PCS The Next Generation of Coding](#)” Fact Sheet (ICN 901044) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes the following information: ICD-10-CM/PCS compliance date; use of external cause and unspecified codes in ICD-10-CM; Current Procedural Terminology and Healthcare Common Procedure Coding System codes; ICD-10-CM/PCS – an improved classification system; ICD-10-CM/PCS examples; structural differences between International Classification of Diseases, 9th Edition, Clinical Modification and ICD-10-CM/PCS; and resources.

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 “[ABCs of the IPPE](#)” Educational Tool (ICN 006904) is designed to provide education on the Initial Preventive Physical Examination (IPPE). It includes a list of elements that must be included in the IPPE, as well as coverage and coding information.

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