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“Medicare Basics Commonly Used Acronyms” Educational Tool — Reminder
Medicare Learning Network Product Available In Electronic Publication Format
Upgraded Learning Management System — Coming Soon

Countdown to ICD-10

Results From June 2015 ICD-10 Acknowledgement Testing Week

CMS and volunteer health professionals conducted another successful acknowledgement testing week in June 2015. Acknowledgement testing gives providers and others the opportunity to submit claims with ICD-10 codes to the Medicare Fee-For-Service (FFS) claims systems and receive electronic acknowledgements, confirming that their claims were accepted. Volunteers were not required to register, and there was no limit on the number of claims that could be submitted. Providers, suppliers, billing companies, and clearinghouses can conduct acknowledgement testing with CMS at any time, and many have already participated in previous acknowledgement testing weeks.

The June acknowledgement testing week once again demonstrated that CMS systems are ready for ICD-10. In June, 1,238 submitters participated, submitting over 13,100 claims. [View the results.](#)

No Medicare FFS claims systems issues were identified during this testing week or the previous acknowledgement testing weeks in [March 2015](#), [November 2014](#), and [March 2014](#). Most rejects were the result of provider submission errors in the testing environment that would not occur when actual claims are submitted for processing. CMS will continue to conduct extensive outreach to testers on setup of test claims to avoid these issues for providers who plan to acknowledgement test.

Although this was the last special CMS acknowledgement testing week, providers are welcome to submit acknowledgement test claims anytime up to the October 1, 2015, implementation date. See [MLN Matters® Article MM8858](#) and [MLN Matters Article SE1501](#) or contact your [Medicare Administrative Contractor](#) for more information.

Prepare Now for ICD-10 Implementation

Medicare claims with a date of service on or after October 1, 2015, will be rejected on and after October 1 if they do not contain a valid ICD-10 code. The Medicare claims processing systems do not have the capability to accept ICD-9 codes for dates of service after September 30, 2015, or accept claims that contain both ICD-9 and ICD-10 codes.

There is still time to get ready!

Even though the October 1, 2015, mandatory implementation date is quickly approaching, providers still have time to prepare for ICD-10; and CMS has created a number of tools and resources to help you succeed. One tool is the "[Road to 10](#)," aimed specifically at smaller physician practices with primers for clinical documentation, clinical scenarios, and other specialty-specific resources to help you with implementation.

"ICD-10-CM/PCS Billing and Payment Frequently Asked Questions" Fact Sheet — Revised

The "[ICD-10-CM/PCS Billing and Payment Frequently Asked Questions](#)" Fact Sheet (ICN 908974) 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 billing and payment Frequently Asked Questions and resources.

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.

MLN Connects® National Provider Calls

ESRD QIP System Training — Last Chance to Register

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

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

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 — Last Chance to Register

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 — Register Now

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 Recordings and Transcripts

Audio recordings and transcripts are now available for the following calls:

- June 16 — *National Partnership to Improve Dementia Care and QAPI*: [audio recording](#) and [transcript](#). More information is available on the [call detail](#) web page. During this call, a nursing home discussed steps taken to achieve antipsychotic medication reduction in their facility, and Indiana University presented information about evidence-based dementia care training.
- June 17 — *Hospice Quality and Hospice Item Set Manual V1.02*: [audio recording](#) and [transcript](#). More information is available on the [call detail](#) web page. This call focused on updates that were made to the Hospice Item Set (HIS) Manual from V1.01 to V1.02 and provide clarifications of HIS definitions and expectations for use.
- June 18 — *ICD-10: Preparing for Implementation and New ICD-10-PCS Section X*: [audio recording](#), [transcript](#), and [post-call clarification](#). More information is available on the [call detail](#) web page. During this call, subject matter experts presented strategies, resources, and information on ICD-10-PCS Section X for new technologies.

MLN Connects Events

IQCP for CLIA Laboratory Nonwaived Testing: Workbook Tool — Webcast

Wednesday, July 15; 1:30-3:30pm ET

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

Individual Quality Control Plan (IQCP) is a Quality Control (QC) option for Clinical Laboratory Improvement Amendments ([CLIA](#)) laboratories performing non-waived testing. IQCP will provide

laboratories with flexibility in customizing QC policies and procedures. The IQCP Education and Transition Period will conclude on December 31, 2015.

Learn how to customize an IQCP for your laboratory. This MLN Connects Event will introduce participants to “Developing an IQCP, a Step-by-Step Guide,” a new workbook developed by CMS and the Centers for Disease Control and Prevention (CDC). A question and answer session will follow the presentation.

CMS will use webcast technology for this event with audio streamed through your computer. Please note, if you are unable to stream audio through your computer, phone lines are available.

Agenda:

- IQCP Workbook
- Example scenario and forms for performing a Risk Assessment
- Creating a QC Plan
- Identifying Quality Assessment monitors

Target Audience: Laboratorians, professional organizations, quality improvement experts, and other interested stakeholders.

This MLN Connects Event is being evaluated by CMS for CME and CEU continuing education credit (CE). Refer to the [call detail page](#) for more information.

Announcements

Open Payments Posts Full Year of 2014 Financial Data

Financial transactions between doctors and medical manufacturers total \$6.49 billion

On June 30, CMS published 2014 [Open Payments data](#) about transfers of value by drug and medical device makers to health care providers. The data includes information about 11.4 million financial transactions, attributed to over 600,000 physicians and more than 1,100 teaching hospitals, totaling \$6.49 billion.

For all 2014 and 2013 data, CMS was able to validate that 98.8% of all records submitted in the Open Payments system contained accurate identifying information about the associated covered recipient. Records that could not be verified to align to an individual covered recipient were rejected and were not processed by the system. CMS will continue to update the Open Payments website annually with data collected from the previous year.

CMS will update the Open Payments data at least annually to include updates to data disputes and other data corrections made since the initial publication. The financial data available through Open Payments was submitted by applicable drug and device manufacturers and applicable Group Purchasing Organizations (GPOs). The accuracy of all data included in Open Payments reporting is attested to by the submitting manufacturer or GPO.

Prior to publication of any Open Payments data, physicians and teaching hospitals are given the opportunity to register with the Open Payments system to review and dispute data submitted about them by applicable manufacturers and applicable GPOs. With this data release, both the 2014 and 2013 financial records are now available as part of the Open Payments dataset.

CMS will refresh and publish an update to the full calendar year of 2014 financial data in early 2016. For more information, please visit the [Open Payments](#) website.

Full text of this excerpted [CMS press release](#) (issued June 30).

Proposed CY 2016 Updates to Policies and Payment Rates for ESRD Facilities

On June 26, CMS issued a [proposed rule](#) that will update payment policies and rates under the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) for renal dialysis services furnished to beneficiaries on or after January 1, 2016. CMS projects that the updates for CY 2016 will increase the total payments to all ESRD facilities by 0.3 percent compared with CY 2015. For hospital-based ESRD facilities, CMS projects an increase in total payments of 0.5 percent, while for freestanding facilities, the projected increase in total payments will be 0.2 percent.

Payment Changes

- ESRD PPS refinement
- Updated payment rates
- Drug designation process
- Annual update to the wage index and wage index floor
- Update to the outlier policy
- Low-volume payment adjustment
- Payment for oral-only drugs

ESRD Quality Incentive Program (QIP)

This proposed rule also includes changes to the ESRD QIP for Payment Years (PYs) 2017 through 2019 under which payment incentives are applied to dialysis facilities to improve the quality of dialysis care. CMS is proposing to add three new measures to the program for PY 2019, which includes the replacement of four existing measures of dialysis adequacy with a single, more broadly applicable dialysis adequacy measure, CMS is also proposing changes to certain administrative requirements and programmatic policies.

Full text of this excerpted [CMS fact sheet](#) (issued June 26).

ACO Investment Model

The Accountable Care Organization (ACO) Investment Model is an initiative developed by the Center for Medicare & Medicaid Innovation (Innovation Center) for organizations participating as ACOs in the Medicare Shared Savings Program. The ACO Investment Model is a new model of pre-paid shared savings that builds on experience with the Advance Payment Model to encourage new ACOs to form in rural and underserved areas and current Medicare Shared Savings Program ACOs to transition to arrangements with greater financial risk. The ACO Investment Model will be available to:

- New Shared Savings Program ACOs that joined in 2015 or are joining in 2016
- ACOs that joined the Shared Savings Program starting in 2012, 2013, or 2014

The fact sheet includes:

- Structure of payments
- Recovery of ACO Investment Model payments
- Eligibility/selection
- Application process

- Participants

For more information:

- [ACO Investment Model](#) web page
- [Shared Savings Program](#) website.
- Any questions about the program can be directed to AIM@cms.hhs.gov.

Full text of this excerpted [CMS fact sheet](#) (issued June 25).

DMEPOS Competitive Bidding: Common Ownership and Control

Suppliers interested in bidding in the Round 1 2017 competition of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: now is the time to get ready. Review your enrollment record today. Commonly owned or commonly controlled supplier organizations that submit separate bids for the same Competitive Bidding Area (CBA)/product category combination will have their bid for the CBA/product category combination disqualified. CMS encourages you to review your current Medicare enrollment record on the Provider Enrollment, Chain, and Ownership System (PECOS) for ownership interest and/or managing control information. For more information [see this announcement](#).

Physician-Owned Hospital Ownership Reporting: Release of the CMS 855POH

CMS has released the [CMS-855POH](#), a new Office of Management and Budget (OMB) approved application for physician-owned hospitals to report ownership and/or investment interest upon initial enrollment, revalidation, or when requested by CMS. This form has replaced Attachment 1 of the CMS 855A application. For more information, visit the [Physician-Owned Hospital](#) web page.

The A/B Medicare Administrative Contractors (MACs) will continue to accept the CMS 855A with Attachment 1 through December 9, 2015. Beginning December 10, the [CMS-855A](#) (without Attachment 1), as well as the [CMS-855POH](#) must be submitted. Both forms are available on the [CMS Forms List](#).

AHRQ Ambulatory Surgery Center Survey on Patient Safety Culture

The Agency for Healthcare Research and Quality (AHRQ) has released a new measurement tool for improving patient safety culture in [Ambulatory Surgery Centers](#) (ASCs). This new survey is designed for ASC staff to provide opinions about the culture of patient safety in their facility and enables them to assess areas of strength and identify areas for improvement as part of their own quality improvement activities. The [survey](#) includes a toolkit with FAQs, survey form (in English and Spanish), survey user's guide, and results from the 2014 Ambulatory Surgery Center Pilot Study.

For more information:

[Sign up](#) for automatic email updates from AHRQ on this new survey. Enter your email address, and select Ambulatory Surgery Center Survey under the Surveys on Patient Safety Culture. For questions, please contact the Surveys on Patient Safety Culture team at SafetyCultureSurveys@westat.com or 888-324-9749.

EHR Incentive Program: Discontinuation of EHR-Randomizer Application Effective July 1

To keep you updated with information on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, CMS has recently updated an [FAQ](#) about the Stage 2 Summary of Care objective:

- Question: When reporting on the Summary of Care objective in the Medicare and Medicaid Electronic Health Records (EHR) Incentive Program, how can eligible professionals and eligible hospitals meet measure 3 if they are unable to complete a test with the CMS designated test EHR (Randomizer)?
- [Read the answer](#)

PV-PQRS: Transition from IACS to EIDM—Act by July 2

If you use Individuals Authorized Access to the CMS Computer Services (IACS) to obtain a Quality and Resource Use Report on behalf of a group practice or a solo practitioner or register a group practice to participate in the PQRS Group Practice Reporting Option, using a group or individual Physician Value (PV)-PQRS role, act now.

CMS is transitioning all IACS accounts to the Enterprise Identity Management System (EIDM) by July 13, 2015. In preparation for the move, we will not accept any new user registrations or profile modifications after *8pm ET on July 2, 2015*.

Complete the following by 8pm ET on July 2, 2015:

- Make sure you know your IACS User ID and Password. We are moving your current IACS User ID and Password “as is” to EIDM beginning July 3, 2015.
- Make sure you can successfully login to IACS before 8pm ET on July 2, 2015. You can access the IACS application at <https://applications.cms.hhs.gov>.
- Reset your IACS password *before* 8pm ET on July 2, 2015, if you think that your password may expire between July 3, 2015 and July 13, 2015 or your password has already expired.
- Review your IACS user profile before 8pm ET on July 2, 2015 and ensure that all information is correct.
- Work with the QualityNet Help Desk to get any pending request approved or to address any question you have about the actions described above. The QualityNet Help Desk will be open from 8am - 8pm ET on July 2, 2015.

After 8pm ET July 2, 2015:

- *Do not* register for a new User ID in EIDM. This will complicate moving your IACS User ID to EIDM.
- *Do not* make any changes to your IACS user profile or submit a request of any type that cannot be approved prior to 8pm ET on July 2, 2015.

Direct questions to the QualityNet Help Desk at (866) 288-8912 (TTY 1-877-715-6222), Monday – Friday: 8am – 8pm ET, or via email at qnet-support@hcqis.org.

Further information about action needed after the July 13 transition will be available on the [How to Obtain a QRUR](#) web page soon.

Claims, Pricers, and Codes

Modifications to HCPCS Code Set

The scheduled release of modifications to the Healthcare Common Procedure Coding System (HCPCS) code set are available on the [HCPCS Quarterly Update](#) web page. Changes are effective on the dates indicated on the update.

Medicare Learning Network® Educational Products

“Medicare Costs at a Glance: 2015” Fact Sheet — Released

The “[Medicare Costs at a Glance: 2015](#)” Fact Sheet (ICN 909005) was released and is now available in downloadable format. This fact sheet is designed to provide education on the costs Medicare Fee-For-Service patients may have to pay. It includes information health care professionals can share with their patients on premium costs and co-payments.

“Provider Compliance Tips for Computed Tomography (CT Scans)” Fact Sheet — Revised

The “[Provider Compliance Tips for Computed Tomography \(CT Scans\)](#)” Fact Sheet (ICN 907793) was revised and is now available in downloadable format. This fact sheet is designed to provide education on CT Scans. It includes helpful tips on how to prevent claim denials as well as documentation needed to submit a claim.

“Medicare Remit Easy Print Software” Fact Sheet — Revised

The “[Medicare Remit Easy Print Software](#)” Fact Sheet (ICN 006740) was revised and is now available in downloadable format. This fact sheet is designed to provide education about Medicare Remit Easy Print (MREP) software that enables physicians and suppliers to view and print their remittance information. It includes a basic software overview, the benefits of using electronic remittance information, minimum system requirements, and additional resources available on the Internet.

“Mass Immunizers and Roster Billing” Fact Sheet — Revised

The “[Mass Immunizers and Roster Billing](#)” Fact Sheet (ICN 907275) was revised and is now available in downloadable format. This fact sheet is designed to provide education on mass immunizers and roster billing. It includes information on simplified billing procedures for the influenza and pneumococcal vaccinations.

“Medicare Preventive Services” Educational Tool — Reminder

The “[Medicare Preventive Services](#)” Educational Tool (ICN 006559) is available in downloadable format. This interactive educational tool is designed to provide education on the Medicare-covered preventive services. It includes coverage, coding, and payment information.

“Medicare Basics Commonly Used Acronyms” Educational Tool — Reminder

The “[Medicare Basics Commonly Used Acronyms](#)” Educational Tool (ICN 908999) is available in downloadable format. This interactive educational tool is designed to give you a list of acronyms you commonly see in Medicare publications. It includes a clickable list of alphabetized acronyms, with additional definitions and information on certain acronyms.

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 “[Chronic Care Management Services](#)” Fact Sheet (ICN 909188) 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; a table aligning the CCM Scope of Service Elements and billing requirements with the Certified Electronic Health Record or other electronic technology requirements; along with a table of CCM resources.

Upgraded Learning Management System — Coming Soon

The Medicare Learning Network is upgrading the Learning Management System (LMS). The LMS is the system we use to host and track our educational activities, post-assessments and certificates. This system also provides access to products in downloadable format and allows you to order products we offer in hardcopy. See the [announcement](#) to learn:

- Why we are upgrading the LMS
- How the LMS will be improved
- What you need to do before the upgrade

CMS anticipates releasing the upgraded LMS later this summer. We will provide more information on specific dates in the near future.

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