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Countdown to ICD-10

MLN Connects National Provider Call: Countdown to ICD-10

Thursday, August 27; 2:30-4pm ET

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

Don't miss the August 27 MLN Connects Call — five weeks before ICD-10 implementation on October 1, 2015. Sue Bowman from the American Health Information Management Association

(AHIMA) and Nelly Leon-Chisen from the American Hospital Association (AHA) will be joining us with coding guidance and tips, along with updates from CMS.

Agenda:

- National implementation update
- Coding guidance
- How to get answers to coding questions
- Claims that span the implementation date
- Results from acknowledgement and end-to-end testing weeks
- 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.

Claims that Span the ICD-10 Implementation Date

Do you have claims that will span the ICD-10 implementation date of October 1, 2015? CMS has guidance for providers:

- [MLN Matters® Special Edition Article SE1408](#), “Medicare FFS Claims Processing Guidance for Implementing ICD-10 – A Re-Issue of MM7492”
- [MLN Matters Special Edition Article SE1325](#), “Institutional Services Split Claims Billing Instructions for Medicare FFS Claims that Span the ICD-10 Implementation Date”
- [MLN Matters Special Edition Article SE1410](#), “Special Instructions for ICD-10 Coding on Home Health Episodes that Span October 1, 2015”

MLN Connects® National Provider Calls and Events

ESRD QIP: Proposed Rule for Payment Year 2019 Call — 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.

Hospital Compare Overall Star Ratings Methodology Call — Registration Now Open

Thursday, August 13; 1:30-3pm ET

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

The Hospital Compare Overall Star Rating encompasses a wide range of 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.

CMS Events

PERM Cycle 1 Provider Education Session

Wednesday; July 22; 3-4pm ET

CMS is hosting a Payment Error Rate Measurement (PERM) provider education session 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

To join the meeting:

- Registration is not required; however, space is limited
- [Join](#) the webinar
- Audio: 877-267-1577

Announcements

World Hepatitis Day — Medicare Coverage for Viral Hepatitis

July 28 is World Hepatitis Day. This health observance aims to increase awareness and understanding of viral hepatitis as a major global health threat. The World Health Organization estimates that nearly 400 million people have chronic viral hepatitis worldwide and most of them do not know they are infected.

Medicare Part B provides payment for the following viral hepatitis immunization and screening services, subject to certain beneficiary eligibility and coverage criteria:

- Hepatitis B vaccine and its administration
- Hepatitis C screening
- Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to prevent STIs

Eligible beneficiaries may receive these services with no out-of-pocket costs to them. The copay/coinsurance and deductible are waived for these services.

For More Information:

- Medicare Learning Network “[Preventive Services](#)” Educational Tool
- Medicare Learning Network “[Medicare Part B Immunization Billing](#)” Educational Tool
- [Medicare National Coverage Determinations Manual Chapter 1, Part 4](#), Section 210.13 - Screening for Hepatitis C Virus (HCV) in Adults
- [Medicare National Coverage Determinations Manual Chapter 1, Part 4](#), Section 210.10 - Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs
- Centers for Disease Control and Prevention related websites, [World Hepatitis Day](#), [Viral Hepatitis](#), and [Hepatitis Risk Assessment](#)
- [National Viral Hepatitis Action Plan Updated 2014-2016](#)
- [World Health Organization](#) World Hepatitis Day content
- [World Hepatitis Alliance](#), observance sponsor toolkit

CMS Cutting-Edge Technology Identifies and Prevents \$820 Million in Improper Medicare Payments in First Three Years

The Fraud Prevention System is one part of the administration’s effort to protect the Medicare Trust Fund

On July 14, after three years of operations, CMS reported that the agency’s advanced analytics system, called the Fraud Prevention System, identified or prevented \$820 million in inappropriate payments in the program’s first three years. The Fraud Prevention System uses predictive analytics to identify troublesome billing patterns and outlier claims for action, similar to systems used by credit card companies. The Fraud Prevention System identified or prevented \$454 million in CY 2014 alone, a 10 to 1 return on investment.

The Fraud Prevention System helps to identify questionable billing patterns in real time and can review past patterns that may indicate fraud. In future years, CMS plans to expand the Fraud Prevention System and its algorithms to identify lower levels of non-compliant health care providers who would be better served by education or data transparency interventions.

For more information, see the Report under “Guidance and Reports” on the [Center for Program Integrity](#) website.

See the full text of this excerpted [CMS press release](#) (issued July 14).

Comprehensive Care for Joint Replacement

The new proposed Comprehensive Care for Joint Replacement model aims to improve the care experience for the many and growing numbers of Medicare beneficiaries who receive joint replacements. It places the patient's successful surgery and recovery as the top priority of the health care system. This initiative builds on successful demonstration programs already underway in Medicare and among leading employers and health care providers.

The deadline to submit comments on the proposal is September 8.

For More Information:

- [Proposal](#)
- [Comprehensive Care for Joint Replacement](#) web page

See the full text of this excerpted [CMS fact sheet](#) (issued July 9).

PV-PQRS Users: Set up Your EIDM Account

CMS transitioned Individuals Authorized Access to CMS Computer Services (IACS) accounts to the Enterprise Identity Management System (EIDM). Beginning on July 13, 2015, an IACS account can no longer be used to access a group or solo practitioner's Quality and Resource Use Reports (QRURs); instead, an EIDM account will be required to access QRURs at <https://portal.cms.gov>.

Take the following actions as soon as possible to set up your EIDM account:

- If you *do not* have an IACS or EIDM account, follow the [instructions](#) to sign up for an EIDM account with the correct role.
- If you have an IACS account that you previously used to access QRURs, follow the [instructions](#) to sign up for an EIDM account. You will be allowed to perform the same tasks using your EIDM account that you were able to perform with your IACS account.
- If you already have an EIDM account, follow the [instructions](#) to sign up for the correct role in EIDM.

For questions about setting up an EIDM account, contact the QualityNet Help Desk Monday through Friday from 8am to 8pm ET by phone at 866-288-8912 (TTY 877-715-6222), fax at 888-329-7377, or qnetsupport@hcqis.org. Additional information on accessing QRURs is available on the [How to Obtain a QRUR](#) web page.

Home Health Agencies to Receive PEPPER

Provider-specific comparative data reports for Home Health Agencies (HHAs) will be available from CMS starting July 20, 2015. The Program for Evaluating Payment Patterns Electronic Report (PEPPER) summarizes HHA claims data statistics for areas that may be at risk for improper Medicare payments. PEPPER is a free report comparing an HHA's Medicare billing practices with other HHAs in the nation, Medicare Administrative Contractor (MAC) jurisdiction, and state. HHAs can use the

data to support internal auditing and monitoring activities. The HHA PEPPER contains claims data statistics for:

- Average case mix
- Average number of episodes
- Episodes with 5 or 6 visits
- Non- Low Utilization Payment. Adjustment (LUPA) payments
- High therapy utilization episodes
- Outlier payments

CMS has contracted with TMF® Health Quality Institute to develop and distribute the reports. The HHA PEPPER will be available for access electronically on July 20, 2015, via the [PEPPER Resources Portal](#); review the [HHA PEPPER User's Guide](#) for details on accessing the report.

For more information on the HHA PEPPER, including a sample HHA PEPPER, please visit [PEPPERresources.org](#). A WebEx training session introducing and reviewing the PEPPER is scheduled for July 30; for more information, visit the [Training and Resources](#) web page. Questions about PEPPER may be submitted through the [Help Desk](#).

CMS to Release a Comparative Billing Report on CT of the Abdomen and Pelvis in August

CMS will issue a national provider Comparative Billing Report (CBR) on computed tomography (CT) of the abdomen and pelvis in August 2015. The CBR, produced by CMS contractor eGlobalTech, will focus on referring providers and will contain data-driven tables with an explanation of findings that compare providers' billing and payment patterns to those of their peers in their state and across the nation. The goal of these reports is to offer a tool that helps providers better understand applicable Medicare billing rules. These reports are only accessible to the providers who receive them; they are not publicly available.

Providers are advised to update their fax numbers in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) because faxing is the default method for disseminating CBRs. Providers should contact the CBR Support Help Desk at 800-771-4430 or CBRsupport@eglobaltech.com if they prefer to receive CBRs through the U.S. Postal Service. For more information, please contact the CBR Support Help Desk, or visit the [CBR](#) website.

eCQM: 2015 QRDA Implementation Guide Addendum Available

The 2015 CMS Quality Reporting Document Architecture (QRDA) Implementation Guide (IG) Addendum for eligible professionals, eligible hospitals, and critical access hospitals to use for reporting Electronic Clinical Quality Measures (eCQMs) is now available on the [eCQM Library](#) web page. The [2015 QRDA IG Addendum](#) contains updates and clarifications to the [QRDA IG Version 1.0](#), which was published on July 29, 2014, for eCQM reporting for the current 2015 reporting year.

The 2015 QRDA IG Addendum includes:

- Technical corrections to some of the templates in Part A (QRDA-I) and Part B (QRDA-III) of the 2015 QRDA IG.
- Clarifications and additional guidance for QRDA-I file submission to Physician Quality Reporting System (PQRS) and Hospital Quality Reporting programs.
- Clarifications and additional guidance for QRDA-III file submissions.

- A complete list of the Universally Unique Identifiers referenced by the 2014 eligible professional eCQMs. This impacts QRDA-III file submissions for the following programs: Comprehensive Primary Care Initiative, Electronic Health Record Incentive Program, and PQRS.

For questions about each specific program's reporting requirements using the 2015 QRDA IG Addendum, please refer to the specific program's help desk or information center.

Quarterly Provider Update for July 2015

The [Quarterly Provider Update](#) is a comprehensive resource published by CMS on the first business day of each quarter. It is a listing of all non-regulatory changes to Medicare, including Program Memoranda, manual changes, and any other instructions that could affect providers. Regulations and instructions published in the previous quarter are also included in the Update. The purpose of the Update is to:

- Inform providers about new developments in the Medicare program
- Assist providers in understanding CMS programs and complying with Medicare regulations and instructions
- Ensure that providers have time to react and prepare for new requirements
- Announce new or changing Medicare requirements on a predictable schedule
- Communicate the specific days that CMS business will be published in the Federal Register

Medicare Learning Network® Educational Products

Medicare Learning Network Products Available in Electronic Publication Format

The following products are now available as Electronic Publications (EPUBs) 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 [“Medicare Learning Network Electronic Mailing Lists: Keeping Health Care Professionals Informed”](#) Fact Sheet is designed to provide education on the various CMS electronic mailing lists available to health care professionals. It includes information about how to register for the service and receive the latest news regarding important initiatives in the Medicare program.
- The [“National Provider Identifier \(NPI \): What You Need to Know”](#) Booklet is designed to provide education on NPI. It includes information on NPI basics; the National Plan and Provider Enumeration System; health care provider categories; and how to apply for an NPI.
- The [“NPI: Guidance for Organization Health Care Providers Who Apply for National Provider Identifiers \(NPIs\) for Their Health Care Provider Employees”](#) Fact Sheet is designed to provide education on NPIs for health care providers who apply for their health care employees. It includes the steps a health care provider should take when applying for an employee's NPI on an individual record-by-record basis.

Upgraded Learning Management and Product Ordering System — Important Updates

The Medicare Learning Network will upgrade the Learning Management and product ordering System (LMS) on Wednesday, August 12. This system is used to house and track Medicare Learning Network educational activities, post-assessments, and certificates. It also provides access to

downloadable Medicare Learning Network products and allows you to order products that are available in hardcopy. See the [announcement](#) for the latest information about the upgrade.

The current system will be unavailable beginning on Tuesday, July 28; therefore, it is very important that current users take the following actions as soon as possible prior to this date:

- Log into the system;
- Print and save any training certificates;
- Complete any training that is in progress; and
- Confirm that your account information is accurate.

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