MLN Connects®
Provider eNews

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Countdown to ICD-10

ICD-10 Is Less than 70 Days Away: Get Ready

After several years of unparalleled cooperation across the health care community, we are nearing the ICD-10 finish line. Less than 70 days remain until our nation makes the transition to ICD-10 for coding medical diagnoses and inpatient hospital procedures on October 1, 2015. CMS is committed to helping the health care community get ready. CMS Acting Administrator Andy Slavitt recently sent a letter to all Medicare providers urging them to prepare for ICD-10.

There is still time to get ready. To jumpstart your efforts, begin with the Quick Start Guide. Providers can also go to the Road to 10 tool to create customized action plans. Links to Road to 10 and other resources are available at cms.gov/ICD10. CMS continues to work with industry groups to support their ICD-10 progress. Many of these organizations offer free and low-cost ICD-10 resources on their websites. Vendors, health plans, and hospitals are also good sources for ICD-10 information and training.

Are Non-HIPAA Covered Entities Required to Transition to ICD-10?

The HIPAA transaction and code set standards only apply to electronic transactions conducted by covered entities. Other entities, such as employers or casualty insurance plans, may decide to use them voluntarily but are not required to do so. However, CMS will not maintain ICD-9-CM after ICD-10 is implemented. For Medicare billing purposes, ICD-10 is required on all claims for dates of service on or after the implementation date. There is not an exemption.

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. The call will open with a national implementation update. Then, 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, AHA and AHIMA
- 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, skilled nursing facilities, home health agencies, 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.

Video: 10 Facts about ICD-10

To respond to myths and common misperceptions about ICD-10, CMS has developed a new video. The animated short features a countdown with 10 facts about the new code set and transition.

MLN Connects® National Provider Calls and Events

ESRD QIP: Proposed Rule for Payment Year 2019 Call — Last Chance to Register
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 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.

Proposed Reform of Requirements for Long-Term Care Facilities Call — Registration Now Open
Tuesday, August 11; 2:30-4pm 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 proposed rule to reform the requirements for long-term care facilities. These requirements are the federal health and safety

standards that long-term care facilities must meet in order to participate in the Medicare or Medicaid programs. This presentation provides background for updating these requirements and briefly walks through many of the changes included in the proposal. A question and answer session follows the presentation.

Agenda:
- Highlights of the proposed rule
- Overarching themes of the proposed rule
- Methods for reviewing and commenting on the proposed rule

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.

Hospital Compare Overall Star Ratings Methodology Call — Register Now
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.

New MLN Connects National Provider Call Audio Recordings and Transcripts

Audio recordings and transcripts are now available for the following calls:
- July 8 — *ESRD QIP System Training:* audio recording and transcript. More information is available on the call detail web page. This call trained 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.
- July 9 — *ESRD QIP: Reviewing Your Facility's PY 2016 Performance Data:* audio recording and transcript. More information is available on the call detail web page. A preliminary PY 2016 Performance Score Report is available for ESRD facilities. Find out how to access, review, and submit a formal inquiry by the August 15 deadline.

Associations and Organizations Providing Credit for MLN Connects Events

Many professional associations and organizations award continuing education credit for participation in MLN Connects National Provider Calls and Events. We now have 18 professional associations and organizations that award credit. A list of these entities can be found on our Continuing Education Credit Information web page. The latest entity to be added to the growing list is Practice Managers Resource & Networking Community (PMRNC). PMRNC will award 1 CEU per 60 minutes of participation in an MLN Connects Call. If you are a professional licensing or certifying organization that awards continuing education credit for participation in MLN Connects Calls and Events and would like your organization's name added to our web page, please have an official representative email us at MLNConnectsCalls@cms.hhs.gov.

Announcements

CMS Releases First Round of Home Health Compare Quality of Patient Care Star Ratings
Ratings to Help Consumers Compare and Choose Among Home Health Agencies

On July 16, CMS for the first time published star ratings on Home Health Compare, a CMS public information website for Home Health Agencies (HHAs). Star ratings can help consumers more quickly identify differences in quality and make use of the information when selecting a health care provider. In addition to summarizing certain data about HHA performance for consumers, star ratings can also help the agencies identify areas for improvement.

Each HHA will receive a single summary Quality of Patient Care Star Rating encompassing that agency's relative performance on 9 of the 29 quality measures already posted on Home Health Compare. The measures are calculated using information from patient assessments performed by the HHA and from Medicare claims submitted by the HHA. When calculating patient outcomes, statistical models are used to adjust for differences in the types of patients served by different agencies.

The new Home Health Compare Quality of Patient Care Star Ratings will be updated each quarter as more recent data become available. In addition, CMS plans to introduce additional star ratings based on a patient experience of care survey (the Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) instrument) in January 2016.

For More Information:
- Fact Sheet
- Home Health Star Ratings web page

See the full text of this excerpted CMS press release (issued July 16).

CMS Announces Medicare Care Choices Model Awards
Model aims to increase choice and quality by enabling individuals to receive palliative and curative care concurrently

Many seniors, disabled Americans, and family members of individuals who suffer from life limiting illnesses must choose between the support services provided through hospice care or curative treatment. Fewer than half of eligible Medicare beneficiaries use hospice care and most only for a short period of time. Under current Medicare payment rules, individuals are not able to receive both palliative and curative treatment concurrently.

On July 20, CMS announced the hospices that have been selected to participate in the Medicare Care Choices Model. The model provides Medicare beneficiaries who qualify for coverage under the Medicare hospice benefit and dually eligible beneficiaries who qualify for the Medicaid hospice benefit the option to elect to receive supportive care services typically provided by hospice while continuing to receive curative services.

Due to robust interest, CMS expanded the model from an originally anticipated 30 Medicare-certified hospices to over 140 Medicare-certified hospices and extended the duration of the model from 3 to 5 years. This is expected to enable as many as 150,000 eligible Medicare beneficiaries with advanced cancers, chronic obstructive pulmonary disease, congestive heart failure, and human immunodeficiency virus/acquired immunodeficiency syndrome who receive services from participating hospices to experience this new option and flexibility.

Under the model, participating hospices will provide services that are currently available under the Medicare hospice benefit for routine home care and respite levels of care, but cannot be separately billed under Medicare Parts A, B, and D. Services will be available around the clock, 365 calendar days per year, and CMS will pay a per beneficiary per month fee ranging from $200 to $400 to participating hospices when delivering these services under the model. Services will begin starting January 1, 2016 for the first phase of participating hospices and in January 2018 for the remaining participating hospices.

For More Information:
- Medicare Care Choices Model web page
- Fact Sheet, including a list of participants

See the full text of this excerpted HHS press release (issued July 20).

LTCH QRP Data Submission Deadline: August 15

The Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) second quarter CY 2015 quality data must be submitted no later than 11:59 pm PT on August 15, 2015. For additional information on the upcoming LTCH QRP data submission deadline, including a list of quality measure data that is due, visit the LTCH QRP Spotlights and Announcements web page.

IRF QRP Data Submission Deadline: August 15

The Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) first quarter CY 2015 quality data must be submitted no later than 11:59 pm PT on August 15, 2015. For additional information on the upcoming IRF QRP data submission deadline, including a list of quality measure data that is due, visit the IRF QRP Spotlights and Announcements web page.

Updated Open Payments CME Guidance

CMS updated the Open Payments Law and Policy web page with information about the new reporting requirements for Continuing Medical Education (CME) in the 2015 Medicare Physician Fee Schedule final rule. See the FAQ for more information.

The Help Desk is now available by calling 855-326-8366 or openpayments@cms.hhs.gov; Monday through Friday from 9am to 5pm ET, excluding Federal holidays.

eCQM: 2016 QRDA Implementation Guide Now Available

The 2016 CMS Quality Reporting Document Architecture (QRDA) Implementation Guide (IG) for eligible professionals, eligible hospitals, and Critical Access Hospitals (CAHs) to use for reporting Electronic Clinical Quality Measures (eCQMs) and associated Schematrons and sample files is now available on the eCQM Library web page. For questions about each specific program's reporting requirements using the 2016 CMS QRDA IG, please refer to the specific program's help desk or information center.

Claims, Pricers, and Codes

July 2015 OPPS Pricer File Update

The Outpatient Prospective Payment System (OPPS) Pricer Code web page has been updated with Pricer file and outpatient provider data for July 2015, under "3rd Quarter 2015 Files."

Medicare Learning Network® Educational Products

"Medicare Quarterly Provider Compliance Newsletter [Volume 5, Issue 4]" Educational Tool — Released

The "Medicare Quarterly Provider Compliance Newsletter [Volume 5, Issue 4]" Educational Tool (ICN 909220) was released and is now available in downloadable format. This educational tool is designed to provide education on how to avoid common billing errors and other erroneous activities when dealing with the Medicare Program. It includes guidance to help health care professionals address and avoid the top issues of the particular Quarter.

"Home Oxygen Therapy" Booklet — Released

The "Home Oxygen Therapy" Booklet (ICN 908804) was released and is now available in downloadable format. This booklet is designed to provide education on the coverage of home oxygen therapy under the Medicare Program. It includes the following information: covered oxygen items and equipment for home use; coverage requirements; criteria you must meet to furnish oxygen items and equipment for home use; Advance Beneficiary Notice of Noncoverage; oxygen equipment, items, and services that are not covered; payments for oxygen items and equipment; billing and coding guidelines; and resources.

"The Basics of DMEPOS Accreditation" Fact Sheet — Revised

"The Basics of DMEPOS Accreditation" Fact Sheet (ICN 905710) was revised and is now available in downloadable format. This fact sheet is designed to provide education on Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). It includes information so suppliers can meet DMEPOS Quality Standards established by CMS, and become accredited by a CMS-approved

independent national Accreditation Organization (AO). Also available is information on the types of providers who are exempt.

"Medical Privacy of Protected Health Information" Fact Sheet — Reminder

The "Medical Privacy of Protected Health Information" Fact Sheet (ICN 006942) is available in downloadable format. This fact sheet is designed to provide education on resources and information regarding the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and how this rule applies to customary health care practices. It includes information on accessing HHS web page resources.

"Avoiding Medicare Fraud and Abuse: A Roadmap for Physicians" Web-Based Training Course — Reminder

The "Avoiding Medicare Fraud and Abuse: A Roadmap for Physicians" Web-Based Training (WBT) course is available. This WBT is designed to provide education on the federal laws that combat fraud and abuse. It includes information on the identification of "red flags" that could lead to potential legal liability; compliance recommendations for physicians; real-life fraud and abuse case examples; and helpful online resources about fraud and abuse. 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."

Medicare Learning Network Products Available In Electronic Publication Format

The following products are now available as Electronic Publications (EPUBs) and through QR codes. Instructions for downloading EPUBs and how to scan a QR code are available at "How To Download a Medicare Learning Network Electronic Publication."
- The "ICD-10 Website Wheel " Educational Tool (ICN 909222) is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes links to the ICD-10; Implementation Planning; Statute and Regulations; Medicare Fee-For-Service Provider Resources; and Medicare Learning Network Products web pages.
- The "Medicare Quarterly Provider Compliance Newsletter [Volume 5, Issue 4]" Educational Tool (ICN 909220) is designed to provide education on how to avoid common billing errors and other erroneous activities when dealing with the Medicare Program. It includes guidance to help health care professionals address and avoid the top issues of the particular Quarter.

New Continuing Education Organization Now Accepting Medicare Learning Network Web-Based Training Courses

The latest continuing education organization to accept Medicare Learning Network Web-Based Training (WBT) courses is the Practice Managers Resource and Networking Community (PMRNC). For more information about continuing education associations and organizations that accept Medicare Learning Network WBT courses, visit the Association Approvals for WBT Credits web page. If the association you belong to accepts outside credit sources and is not on the list, you should contact them to see if they are interested in working with the Medicare Learning Network. If they are interested, the association should email CMSCE@cms.hhs.gov .