MLN Connects®
Provider eNews

Medicare Learning Network®
Official Information Health Care Professionals Can Trust

Thursday, August 6, 2015

Countdown to ICD-10

- Clarifying Questions and Answers Related to CMS/AMA Joint Announcement and Guidance Regarding ICD-10 Flexibilities — Update
- MLN Connects National Provider Call: Countdown to ICD-10
- Prepare for ICD-10 with MLN Connects Videos

MLN Connects® National Provider Calls and Events

- Proposed Reform of Requirements for Long-Term Care Facilities Call — Last Chance to Register
- Hospital Compare Overall Star Ratings Methodology Call — Last Chance to Register
- National Partnership to Improve Dementia Care and QAPI Call — Registration Now Open
- New MLN Connects National Provider Event Audio Recording and Transcript

MLN Connects Videos

- New Videos on HIS Manual for Hospice Quality Reporting Program

Announcements

- Inpatient and Long-term Care Hospital PPS: Final FY 2016 Payment and Policy Changes
- Skilled Nursing Facilities: Final FY 2016 Payment and Policy Changes
- Inpatient Rehabilitation Facilities: Final FY 2016 Payment and Policy Changes
- Inpatient Psychiatric Facilities: Final FY 2016 Payment and Policy Changes
- Hospice: Final FY 2016 Payment Rates
- Immunizations – Not Just for Kids
- Technical Correction to ESRD PPS Proposed Rule
- Decision Memorandum and Revised Scope of Benefit NCD for Speech Generating Devices
- Hospice Providers: Review HIS Reports to Confirm Successful Submission
- PEPPERs Available for SNFs, HHAs, Hospices, CAHs, LTCHs, IPFs, IRFs, and PHPs
- Antipsychotic Drug use in Nursing Homes: Trend Update
- EHR Incentive Programs: Determine Broadband Speed in Your Area

Claims, Pricers, and Codes

- FY 2015 Inpatient PPS PC Pricer Update Available

Medicare Learning Network® Educational Products

- Upgraded Learning Management and Product Ordering System — Going Live August 12
- “HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules” Fact Sheet — Released
- “Extension of Provider Enrollment Moratoria for Home Health Agencies and Part B Ambulance Suppliers” MLN Matters® Article — Revised

Countdown to ICD-10

Clarifying Questions and Answers Related to CMS/AMA Joint Announcement and Guidance Regarding ICD-10 Flexibilities — Update

On July 6, 2015, CMS and the American Medical Association (AMA) released a joint statement about their efforts to help the provider community get ready for ICD-10. This statement included guidance from CMS that allows for flexibility in the claims auditing and quality reporting processes.

In response to questions from the health care community, CMS released Clarifying Questions and Answers Related to the CMS/AMA Joint Announcement and Guidance Regarding ICD-10 Flexibilities, which provides answers to the most commonly asked questions. On July 31, CMS updated these Questions and Answers with revisions to questions 3 and 5.

Visit the CMS ICD-10 website and Roadto10.org for the latest news and resources to help you prepare.

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. CMS Acting Administrator Andy Slavitt will be opening the call 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, CMS Acting Administrator Andy Slavitt
- 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.

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 and Events

Proposed Reform of Requirements for Long-Term Care Facilities Call — Last Chance to Register

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 will follow 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 — Last Chance to Register

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.

National Partnership to Improve Dementia Care and QAPI Call — Registration Now Open

Thursday, September 3; 1:30-3pm ET

To Register: Visit MLN Connects Event Registration. Space may be limited, register early.

During this MLN Connects National Provider Call, two nursing homes will share how they successfully implemented person-centered care approaches and overcame the barriers of cost and staff. Additionally, CMS subject matter experts will update you on the progress of the National Partnership and Quality Assurance and Performance Improvement (QAPI). 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.

Discussion Topics:

- Person-Centered Care Implementation Success - Hillcrest Health Services and Washington Rehabilitation & Nursing
- QAPI
- National Partnership

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.

New MLN Connects National Provider Event Audio Recording and Transcript

The audio recording and transcript are now available for the July 15 webcast — *IQCP for CLIA Laboratory Nonwaived Testing: Workbook Tool.* More information is available on the call detail web page. Learn how to customize an Individual Quality Control Plan (IQCP) for your laboratory. This event introduced participants to “Developing an IQCP, a Step-by-Step Guide,” a new workbook developed by CMS and the Centers for Disease Control and Prevention.

MLN Connects Videos

New Videos on HIS Manual for Hospice Quality Reporting Program

These four MLN Connects video slideshow presentations discuss updates to the Hospice Item Set (HIS) Manual for the Hospice Quality Reporting Program (HQRP):

- Module 1: Changes to the HIS Manual from V1.01 to V1.02. Run time: 18 mins. 41 sec.
- Module 2: Chapter 1, including background and overview. Run time: 21 mins. 30 sec.
- Module 3: Chapter 2, including Section A (Administrative Information) and Section Z (Record Administration). Run time: 17 mins. 25 sec.
- Module 4: Chapter 2, including Section F (Preferences), Section J (Pain/Respiratory Status), and Section N (Medications). Run time: 38 mins. 59 sec.

For a list of videos on HQRP, as well as videos on a variety of other Medicare topics, visit MLN Connects Videos. For more information, visit the Hospice Quality Reporting website.

Announcements

Inpatient and Long-term Care Hospital PPS: Final FY 2016 Payment and Policy Changes

On July 31, CMS issued a final rule [CMS-1632-F] to update FY 2016 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS). The final rule, which will apply to approximately 3,400 acute care hospitals and approximately 435 LTCHs, will affect discharges occurring on or after October 1, 2015.

The increase in operating payment rates for general acute care hospitals paid under the IPPS that successfully participate in the Hospital Inpatient Quality Reporting (IQR) Program and demonstrate meaningful use of certified Electronic Health Record (EHR) technology is 0.9 percent. This reflects the hospital market basket update of 2.4 percent adjusted by -0.5 percentage points for multi-factor productivity and an additional adjustment of -0.2 percentage points in accordance with the Affordable Care Act; like last year, the rate is further decreased by 0.8 percentage points for a documentation and coding recoupment adjustment required by the American Taxpayer Relief Act of 2012.

Hospitals that do not successfully participate in the Hospital IQR Program and do not submit the required quality data will be subject to a one-fourth reduction of the market basket update. Also, the law requires that the update for any hospital that is not a meaningful user of EHR will be reduced by one-half of the market basket update in FY 2016. Other payment adjustments will include continued penalties for readmissions, a continued -1 percent penalty for hospitals in the worst performing quartile under the Hospital Acquired Condition (HAC) Reduction Program, and continued bonuses and penalties for hospital-valued based purchasing.

Final Rule Payment and Policy Changes Include:

- Potential expansion of Bundled Payments for Care Improvement Initiative
- Documentation and coding adjustment
- LTCH PPS changes
- Medicare Disproportionate Share Hospital (DSH) payments
- EHR Incentive Programs and quality reporting
- Hospital IQR Program

- Hospital Value-Based Purchasing (VBP) Program
- HAC Reduction Program
- Hospital Readmissions Reduction Program
- LTCH Quality Reporting Program (QRP)
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

For More information:
- Final Rule
- IPPS website

See the full text of this excerpted CMS fact sheet (issued July 31).

Skilled Nursing Facilities: Final FY 2016 Payment and Policy Changes

On July 30, CMS issued a final rule [CMS-1622-F], outlining FY 2016 Medicare payment rates for Skilled Nursing Facilities (SNFs). Based on final changes contained within this rule, CMS projects that aggregate payments in FY 2016 to SNFs will increase by $430 million, or 1.2 percent, from payments in FY 2015. This estimated increase is attributable to a 2.3 percent market basket increase, reduced by a 0.6 percentage point forecast error adjustment and further reduced by 0.5 percentage point, in accordance with the multifactor productivity adjustment required by law.

Final Rule Payment and Policy Changes Include:
- SNF Quality Reporting Program
- SNF Value-Based Purchasing Program
- Staffing data collection

For More information:
- Final Rule
- SNF PPS website

See the full text of this excerpted CMS fact sheet (issued July 30).

Inpatient Rehabilitation Facilities: Final FY 2016 Payment and Policy Changes

On July 31, CMS issued a final rule [CMS-1624-F], outlining FY 2016 Medicare payment policies and rates for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) and the IRF Quality Reporting Program (QRP). CMS is updating the IRF PPS payments for FY 2016 to reflect an estimated 1.7 percent increase factor (reflecting a new IRF-specific market basket estimate of 2.4 percent, reduced by a 0.5 percentage point multi-factor productivity adjustment and a 0.2 percentage point reduction required by law). An additional 0.1 percent increase to aggregate payments due to updating the outlier threshold results in an overall update of 1.8 percent (or $135 million), relative to payments in FY 2015.

Final Rule Payment and Policy Changes Include:
- No changes to the facility-level adjustments
- ICD-10-CM conversion
- IRF-specific market basket
- Changes to the wage index
- IRF QRP

For More information:

- Final Rule

See full text of this excerpted CMS fact sheet (issued July 31).

Inpatient Psychiatric Facilities: Final FY 2016 Payment and Policy Changes

On July 31, CMS issued a final rule [CMS-1627-F] outlining FY 2016 Medicare payment policies and rates for the Inpatient Psychiatric Facilities (IPF) Prospective Payment System (PPS). CMS is updating the estimated payments to IPFs in FY 2016 relative to estimated payments in FY 2015 by 1.5 percent (or $75 million). This amount reflects a 2.4 percent IPF market basket update less the productivity adjustment of 0.5 percentage point and less the 0.2 percentage point reduction required by law, for a net update of 1.7 percent. Estimated payments to IPFs are reduced by 0.2 percentage point due to updating the outlier fixed-dollar loss threshold amount.

Final Rule Payment and Policy Changes Include:

- Stand-alone IPF market basket and labor related share
- Wage index
- Quality measure updates and other IPF Quality Reporting Program changes

For More information:

- Final Rule

See the full text of this excerpted CMS fact sheet (issued July 31).

Hospice: Final FY 2016 Payment Rates

On July 31, CMS issued a final rule [CMS-1629-F] that updates FY 2016 Medicare payment rates and the wage index for hospices serving Medicare beneficiaries. Hospices will see an estimated 1.1 percent ($160 million) increase in their payments for FY 2016. The $160 million increase in estimated payments for FY 2016 reflects the distributional effects of the 1.6 percent FY 2016 hospice payment update percentage ($250 million increase), the use of updated wage index data and the phase-out of the wage index budget neutrality adjustment factor (-0.7 percent/$120 million decrease), and the implementation of the new Office of Management and Budget (OMB) Core Based Statistical Areas (CBSA) delineations for the FY 2016 hospice wage index with a one-year transition (0.2 percent/$30 million increase). The elimination of the wage index Budget Neutrality Adjustment Factor (BNAF) was part of a 7-year phase-out that was finalized in the “Medicare Program; Hospice Wage Index for Fiscal Year 2010” final rule (74 FR 39384, Aug. 6, 2009), and is not a policy change.

Final Rule Payment Changes Include:

- Alignment of cap year
- Proposed routine home care rates
- Service intensity add-on
- Clarification regarding diagnoses on claim form

For More Information:

- Final Rule
- Hospice Center

See the full text of this excerpted CMS fact sheet (issued July 31).

Immunizations – Not Just for Kids

August is National Immunization Awareness Month (NIAM). This annual observance provides an opportunity to raise awareness and highlight the importance of immunizations across the lifespan. Vaccines are an important step in protecting against serious and sometimes deadly diseases. Even healthy adults can become seriously ill and can pass certain illnesses on to others. Immunizations are especially important for older adults and for adults with chronic conditions such as asthma, Chronic Obstructive Pulmonary Disease (COPD), diabetes, or heart disease.

The Centers for Disease Control and Prevention (CDC) is asking all health care professionals – whether you provide immunization services or not – to routinely assess the vaccine needs of your patients and make a strong recommendation for needed vaccinations. Medicare provides coverage for vaccines under Medicare Part B and the Medicare prescription drug plans (Part D).

Medicare Part B covers the following vaccines for beneficiaries that meet certain eligibility requirements:

- Hepatitis B vaccine (for patients at high or intermediate risk);
- Influenza virus vaccine;
- Pneumococcal vaccine; and
- Vaccines directly related to the treatment of an injury or direct exposure to a disease or condition.

Medicare Part D covers vaccines not covered by Part B, as long as the vaccine is reasonable and necessary to prevent illness. Read more.

Technical Correction to ESRD PPS Proposed Rule

In the July 1, 2015, End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) proposed rule, there is a technical error that will be addressed in an upcoming Correction Notice. In the second paragraph of the second column on page 37814 of the preamble, CMS incorrectly referred to column 13A instead of column 11A in Worksheet B for the average composite rate cost per treatment. Read more.

Decision Memorandum and Revised Scope of Benefit NCD for Speech Generating Devices

On July 29, CMS posted a final decision memorandum related to coverage of speech generating devices. Speech generating devices are considered to fall within the Medicare Durable Medical Equipment (DME) benefit category. Under the new National Coverage Decision (NCD), devices that generate speech will still be considered DME, even though they can perform other functions, as long as they are used solely by the patient with the severe speech impairment and are used primarily for the generation of speech. In addition, the capability of the device to generate other forms of speech such as phone, email, and text messages would be covered under the DME benefit.

See the full text of this excerpted CMS fact sheet (issued July 29).

Hospice Providers: Review HIS Reports to Confirm Successful Submission

As part of the HIS reporting requirements, hospices must submit required Hospice Item Set (HIS)–Admission and HIS-Discharge records to the CMS Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. Following file upload, providers should review system-generated Final Validation reports in the CASPER Reporting application to verify that all records were successfully processed without error.

- To demonstrate compliance with HIS reporting requirements, providers should print and retain Final Validation reports as evidence of successful submission and processing of HIS records.
- If a Final Validation report demonstrating successful submission and processing is not received following file upload, this indicates that the relevant HIS record was not received by CMS and you may not be in compliance with HIS reporting requirements.

For more details on accessing the CASPER Reporting application and Final Validation reports, visit the HIS web page.

PEPPERs Available for SNFs, HHAs, Hospices, CAHs, LTCHs, IPFs, IRFs, and PHPs

Program for Evaluating Payment Patterns Electronic Reports (PEPPERs) are now available for Skilled Nursing Facilities (SNFs), Home Health Agencies (HHAs), hospices, Critical Access Hospitals (CAHs), Long-Term Care Hospitals (LTCHs), Inpatient Psychiatric Facilities (IPFs), Inpatient Rehabilitation Facilities (IRFs), and Partial Hospitalization Programs (PHPs). CMS has contracted with TMF® Health Quality Institute to produce and distribute the PEPPERs. PEPPER is a comparative billing report that summarizes Medicare claims data in areas identified as at risk for improper Medicare payments to help providers identify and prevent improper Medicare payments.

The following providers can access their PEPPER electronically through the Secure PEPPER Access page at PEPPERresources.org:

- LTCHs
- Free-standing IRFs (not a unit of a short-term acute care hospital)
- Hospices
- PHPs not associated with a short-term acute care hospital or with an IPF
- SNFs that are not a swing-bed unit of a short-term acute care hospital
- HHAs

The following providers received their PEPPER in mid-April through a QualityNet secure file exchange to QualityNet Administrators and user accounts with the PEPPER recipient role:

- CAHs
- IPFs
- IRF distinct part units of a short-term acute care hospital
- PHPs administered by a short-term acute care hospital or an IPF
- SNF swing-bed units of a short-term acute care hospital

For more information on obtaining PEPPER and to access resources for using PEPPER, including user's guides and recorded training sessions, visit PEPPERresources.org. Questions or comments may be submitted through the Help Desk.

Antipsychotic Drug use in Nursing Homes: Trend Update

CMS is tracking the progress of the National Partnership to Improve Dementia Care in Nursing Homes by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's disease, or Tourette's syndrome. In the fourth quarter of 2011, 23.9% of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 21.7% to a national prevalence of 18.7% in the first quarter of 2015. Success has varied by state and CMS region, with some states and regions having seen a reduction of greater than 20%.

For more information:

- Register for the next MLN Connects National Provider Call on September 3
- Visit the National Partnership web page
- Send correspondence to dnh_behavioralhealth@cms.hhs.gov

EHR Incentive Programs: Determine Broadband Speed in Your Area

The National Broadband Map (NBM) is a searchable and interactive tool that allows users to view broadband availability across every neighborhood in the United States. The NBM is particularly helpful for providers in the Electronic Health Record (EHR) Incentive Programs that need to determine their broadband download speed for exclusion criteria. Providers can use the NBM to search, analyze, and map broadband availability in their area to determine if these exclusions apply.

If you have any questions about how to use the data or to tell the National Telecommunications and Information Administration (NTIA) how you are using it, send an email to SBDD@ntia.doc.gov, and visit the NTIA website for more information. For more information about the EHR Incentive Programs, visit the EHR Incentive Programs website.

Claims, Pricers, and Codes

FY 2015 Inpatient PPS PC Pricer Update Available

The FY 2015.4 Inpatient Prospective Payment System (PPS) PC Pricer has been updated and is now available with July 2015 provider data on the Inpatient PPS PC Pricer web page in the "Downloads" section.

Medicare Learning Network® Educational Products

Upgraded Learning Management and Product Ordering System — Going Live August 12

The Medicare Learning Network is going live with our upgraded Learning Management and Product Ordering System (LM/POS) on Wednesday, August 12. Please see the LM/POS Announcement for the latest information about the upgrade.

The LM/POS 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.

Please note that the LM/POS will not be available until the upgraded version goes live.

"HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules" Fact Sheet — Released

The "HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules" Fact Sheet (ICN 909001) was released and is now available in downloadable format. This fact sheet is designed to provide education on HIPAA basics for providers. It includes information on the following: privacy, security, breach notification rules, covered entities, business associates, as well as the disposal of private health information.

"Extension of Provider Enrollment Moratoria for Home Health Agencies and Part B Ambulance Suppliers" MLN Matters® Article — Revised

MLN Matters Special Edition Article #SE1425, "Extension of Provider Enrollment Moratoria for Home Health Agencies and Part B Ambulance Suppliers" was revised and is now available in downloadable format. This article is designed to provide education on the extension of the temporary moratoria in certain geographic locations. It includes background information and tables. This article was revised to reflect an extension of the temporary moratoria for an additional 6 months.

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 Secondary Payer for Providers, Physicians, Other Suppliers, and Billing Staff" Fact Sheet (ICN 006903) is designed to provide education on the Medicare Secondary Payer (MSP) provisions. It includes information on MSP basics, common situations when Medicare may pay first or second, Medicare conditional payments, the Coordination of Benefits rules, and the role of the Benefits Coordination & Recovery Center.
- "Electronic Prescribing (eRx) Incentive Program - A Compilation of 2013 Educational Resources" Booklet (ICN 909068) is designed to provide in-depth education on the eRx program. It includes information on the following: 2014 payment adjustments, participation for the incentive payment, updates for 2013, and much more.

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