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## ICD-10

### Get ICD-10 Answers in One Place

The [ICD-10-CM/PCS Frequently Asked Questions](#) web page has answers to your questions about:

- Claims processing and billing
- Coding
- General Equivalence Mappings
- Home Health
- National Coverage Determinations
- Local Coverage Determinations

Visit the [ICD-10 Medicare Fee-For-Service Provider Resources](#) web page for a complete list of Medicare Learning Network educational materials.

## 5 Ways to Check Your Claim Status

You can check your claim status by:

- Interactive Voice Response (IVR): IVR gives providers access to Medicare claims information through a toll-free telephone number. Visit your [Medicare Administrative Contractor \(MAC\)](#) website for information on the Provider Contact Center and IVR user guide.
- Customer Service Representative (CSR): Visit your [MAC](#) website for information on the Provider Contact Center only if you are unable to access claims information via IVR.
- MAC portal: Visit your [MAC](#) website for portal features and access.
- Direct Data Entry (DDE): Providers that bill institutional claims are also permitted to submit claims electronically via DDE screens. Visit your [MAC](#) website for more information.
- ASC X12: The ASC X12 Health Care Claim Status Request and Response (276/277) is a pair of electronic transactions you can use to request the status of claims (via the 276) and receive a response (via the 277). Visit your [MAC](#) website for more information.

## MLN Connects® National Provider Calls and Events

### 2014 Supplemental QRUR Physician Feedback Program Call — Last Chance to Register

*Thursday, October 15; 1:30-3pm ET*

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

This MLN Connects National Provider Call will provide an overview of the 2014 Supplemental Quality and Resource Use Reports (QRURs); confidential feedback reports for medical group practices and solo practices on resource utilization for Fee-For-Service episodes of care. The 2014 Supplemental QRURs report on 26 major episode types and an additional 38 episode subtypes, resulting in 64 total reported episode types. The 2014 Supplemental QRURs are for informational purposes only. Learn more about the reports on the [Supplemental QRURs and Episode-Based Payment Measurement](#) web page.

The call will be more meaningful if you have your 2014 Supplemental QRUR in front of you to follow along. Visit [How to Obtain a QRUR](#) and access your report prior to the call.

#### *Agenda:*

- Introduce the basic model of an episode of care
- Describe how episodes are attributed to medical group practices or solo practices
- Review the exhibits and drill down tables included in the 2014 Supplemental QRURs

#### *Target Audience:*

Physicians, physician group practices, practice managers, medical and specialty societies.

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.

### Improving Medicare Post-Acute Care Transformation Act — Register Now

*Wednesday, October 21; 1:30-3pm ET*

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

During this MLN Connects National Provider Call, CMS subject matter experts will discuss the [Improving Medicare Post-Acute Care Transformation \(IMPACT\) Act](#) of 2014. The IMPACT Act, through transformation and the use of standardized data, will improve the long-term outcomes of beneficiaries receiving post-acute services across the nation. This call includes information on opportunities for provider participation and stakeholder engagement. The call will be more meaningful if you read the entire [Act](#), since there are multiple sections that apply to each setting.

#### Agenda:

- Legislative requirements of the IMPACT Act related to the use of standardized data, quality measures, and resource use and other measures for Skilled Nursing Facilities (SNFs), Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), and Home Health Agencies (HHAs)
- Participation in the quality measure assessment and development process
- Opportunities for stakeholder engagement and input

*Target Audience:* All SNFs, IRFs, LTCHs, HHAs, 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 Call Audio Recordings and Transcripts

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

- September 18 — *Hospital Inpatient and LTCH PPS FY 2016 Final Rule*: [audio recording](#), [transcript](#), and [post-call clarification](#). More information is available on the [call detail](#) web page. This call provided an overview of the major provisions in the Inpatient and Long-Term Care Acute Care Hospital (LTCH) Prospective Payment System (PPS) final rule. The call also provided details on the quality initiatives included in the final rule.
- September 24 — *Medicare Quality Reporting Programs: 2017 Payment Adjustments*: [audio recording](#) and [transcript](#). More information is available on the [call detail](#) web page. This call provided guidance and instructions on how individual Eligible Professionals and group practices can avoid the 2017 Physician Quality Reporting System negative payment adjustment, satisfy the clinical quality measure component of the Medicare Electronic Health Records Incentive Program, earn an incentive based on performance, and avoid the automatic 2017 downward payment adjustment under the Value-Based Payment Modifier.

## Other CMS Events

### MACRA Request for Information Webinars

CMS will be hosting a series of webinars about the [Request for Information](#) for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). During these webinars, MACRA Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) will also be discussed.

MACRA, MIPS and APMs - Learn about the Request for Information

- [Thursday, October 8](#) from 3-4pm ET: Part 1
- [Thursday, October 15](#) from 2-3pm ET: Part 2

For more information, visit the [MACRA](#) web page.

## Announcements

### DMEPOS Competitive Bidding Round 1 2017 Bidding Starts October 15

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Round 1 2017 is here — follow these three steps to prepare for bidding on October 15, 2015:

1. [Review and update your enrollment records](#): Validate contact information, get licensed, and get accredited
2. [Register for the DMEPOS Bidding System \(DBidS\)](#) in the CMS Enterprise Identity Management (EIDM) system
3. [Prepare your hardcopy financial documents](#)

The Competitive Bidding Implementation Contractor (CBIC) is the official information source for bidders and bidder education. CMS cautions bidding suppliers about potential inaccurate information concerning the Competitive Bidding Program posted on websites other than the CBIC website. Suppliers that rely on this information in the preparation or submission of their bids could be at risk of submitting a non-compliant bid. Visit the [CBIC](#) website to:

- Review the [Request for Bids instructions](#), [bid preparation worksheets](#), the [DBidS checklist and user guide](#), and many of our helpful [fact sheets](#)
- Register to receive [email updates](#)

For questions, call the CBIC customer service center toll-free at 877-577-5331 between 9am and 7pm prevailing ET, Monday through Friday. Hours are extended to 9pm prevailing ET during the last two weeks of the registration and bidding windows.

### HHS Issues Rules to Advance Electronic Health Records with Added Simplicity and Flexibility

*Public comment period offers forum to gather additional feedback and inform future policies*

On October 6, CMS and Office of the National Coordinator for Health Information Technology (ONC) released final rules that simplify requirements and add new flexibilities for providers to make electronic health information available when and where it matters most and for health care providers and consumers to be able to readily, safely, and securely exchange that information. The final rule for 2015 Edition Health IT Certification Criteria (2015 Edition) and final rule with comment period for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs will help continue to move the health care industry away from a paper-based system, where a doctor's handwriting needed to be interpreted and patient files could be misplaced.

HHS heard from physicians and other providers about the challenges they face making this technology work well for their individual practices and for their patients. In recognition of these concerns, the regulations announced today make significant changes in current requirements. They will ease the reporting burden for providers, support interoperability, and improve patient outcomes. Providers can choose the measures of progress that are most meaningful to their practice and have more time to implement changes to program requirements. Providers are encouraged to apply for hardship exceptions if they need to switch or have other technology difficulties with their EHR vendor. Additionally, the new rules give developers more time to create user-friendly technologies that give individuals easier access to their information so they can be engaged and empowered in their care. CMS announced a 60-day public comment period to gather additional feedback about the EHR Incentive Programs going forward.

The final rule for the 2015 Edition Health IT Certification Criteria focuses on increasing interoperability – a secure but seamless flow of electronic health information – and improving transparency and competition in the health IT marketplace.

For More Information:

- [Final Rule](#): EHR Incentive Program -- Stage 3 and Modifications to Meaningful Use in 2015 through 2017
- [Final Rule](#): 2015 Edition Health IT Certification Criteria, 2015 Edition Base EHR Definition, and ONC Health IT Certification Program Modifications
- [Fact Sheet](#): EHR Incentive Program and Health IT Certification Program Final Rule
- [Fact Sheet](#): EHR Incentive Programs in 2015 and Beyond
- [Fact Sheet](#): 2015 Edition Health IT Certification Criteria, 2015 Edition Base EHR Definition, and ONC Health IT Certification Program Modifications Final Rule

See full text of this excerpted [HHS press release](#) (issued October 6).

### Physician Compare Preview Period Open through November 6

On October 5, CMS opened the 30-day preview period for the 2014 quality measures that will be reported on [Physician Compare](#) later this year. You can access the secured measures preview site through the Provider Quality Information Portal. To learn more about which [measures will be publicly reported](#) and [how to preview your measures](#), visit the [Quality Data and Physician Compare](#) web page.

If you have any questions about Physician Compare, public reporting, or the 2014 quality measure preview period, please contact [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com).

### DMEPOS Fee Schedule PUF Formats and Rural Zip Code File

CMS released revised Public Use File (PUF) formats for the CY 2016 Durable Medical Equipment Prosthetics Orthotics Supplies (DMEPOS) and Parenteral and Enteral Nutrition (PEN) fee schedules. A preliminary DMEPOS rural ZIP Code file containing Quarter 4 2015 rural ZIP codes was also released. More information on these files is available on the [Durable Medical Equipment Center](#) web page.

### October Quarterly Provider Update Available

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 Quarterly Provider 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; and
- Communicate the specific days that CMS business will be published in the Federal Register.

### Technical Correction to FY 2015 IPF Final Rule

A [Correction Notice](#) is available for the Inpatient Psychiatric Facility (IPF) final rule, published on August 6, 2014, to correct eight typographical errors in ICD-10 codes shown in Table 7: FY 2015 Diagnosis Codes and Adjustment Factors for Comorbidity Categories. CMS has also listed the ICD-10 codes without ranges to make the table easier to use.

## Participation in EHR Incentive Programs: Updated FAQs

CMS recently updated three FAQs providing clarification on how to attest to certain objectives and measures for the Electronic Health Record (EHR) Incentive Programs:

- When reporting on the Summary of Care objective in the EHR Incentive Program, which transitions would count toward the numerator of the measures? See [FAQ 9690](#).
- If an Eligible Professional (EP) in the EHR Incentive Programs is part of a group practice that has achieved ongoing submission to a public health agency, but the EP himself/herself did not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry during their EHR reporting period, can he/she attest to meeting the measure since they are part of the group practice that is submitting data to the registry? See [FAQ 11984](#).
- While the denominator for measures used to calculate meaningful use in the EHR Incentive Programs is restricted to patients seen during the EHR reporting period, is the numerator also restricted to activity during the EHR reporting period or can actions for certain meaningful use measures be counted in the numerator if they took place after the EHR reporting period has ended? See [FAQ 8231](#).

*For More Information:*

CMS has also removed several outdated FAQs. Visit the CMS website to review all EHR [FAQs](#). For more information, visit the [EHR Incentive Programs](#) website.

## Claims, Pricers, and Codes

### October 2015 OPPS Pricer File Available

The [Outpatient Prospective Payment System \(OPPS\) Pricer](#) web page has been updated with Pricer file and outpatient provider data for October 2015 under “4th Quarter 2015 Files.”

## Medicare Learning Network® Educational Products

### “How to Access and Use the Medicare Learning Network Learning Management and Product Ordering System (LM/POS)” Fact Sheet — Released

The [“How to Access and Use the Medicare Learning Network Learning Management and Product Ordering System \(LM/POS\)”](#) Fact Sheet (ICN 909190) was released and is now available in downloadable format. This fact sheet is designed to provide education on how to use LM/POS. It includes step-by-step instructions on how to create an account, log on to the system, and perform other common LM/POS functions.

### “Safeguard Your Identity and Privacy Using PECOS” Fact Sheet — Revised

“[Safeguard Your Identity and Privacy Using PECOS](#)” Fact Sheet (ICN 909017) was revised and is now available in downloadable format. This fact sheet is designed to provide education on how to ensure

Medicare enrollment records are up-to-date and secure. It includes step-by-step instructions on how providers can protect their identity while using the Provider Enrollment, Chain and Ownership System (PECOS).

## **“DMEPOS Information for Pharmacies” Fact sheet — Revised**

The “[DMEPOS Information for Pharmacies](#)” Fact Sheet (ICN 905711) was revised and is now available in downloadable format. This fact sheet is designed to provide education for pharmacies on Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). It includes information on accreditation by a CMS-approved independent national Accreditation Organization (AO), as well as information if a pharmacy wants to be considered for an exemption from the accreditation requirements.

## **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.](#)”

- “[Mass Immunizers and Roster Billing](#)” Fact Sheet (ICN 907275) is designed to provide education on mass immunizers and roster billing. It includes information on simplified billing procedures for the influenza and pneumococcal vaccinations.
- “[Power Mobility Devices: Complying with Documentation & Coverage Requirements](#)” Fact Sheet (ICN 905063) is designed to provide education on Medicare coverage and billing requirements for Power Mobility Devices (PMDs). It includes information concerning basic coverage criteria and documentation requirements, as well as detailed coverage guidelines for the specific type of PMD provided.

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