

Thursday, November 12, 2015

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MLN Connects[®] Events

National Partnership to Improve Dementia Care and QAPI Call — Register Now

Tuesday, December 1 from 1:30-3pm ET

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

This call will focus on nursing home providers, as well as transitions of care between acute and long-term settings. A physician will share approaches to effectively manage high-risk medications, and a pharmacist will discuss the importance of drug regimen reviews and medication reconciliation. 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:

- Discussion from Washington Post ([Popular blood thinner causing deaths, injuries in nursing homes](#))
- Medication Management
- Drug Regimen Review & Medication Reconciliation
- 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](#) webpage to learn more.

Medicare Quality Reporting Programs: 2016 Physician Fee Schedule Call — Register Now

Tuesday, December 8 from 1:30-3pm ET

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

During this call, find out how the 2016 Medicare Physician Fee Schedule [final rule](#) impacts Medicare Quality Reporting Programs. A question and answer session will follow the presentation.

Agenda:

- Program changes to the Physician Quality Reporting System (PQRS), Electronic Health Record Incentive Program, Comprehensive Primary Care initiative, Value-Based Payment Modifier (Value Modifier), Medicare Shared Savings Program (Shared Savings Program) and Physician Compare
- Final changes to PQRS and Value Modifier reporting criteria for 2016
- Criteria for satisfactorily reporting to avoid a PQRS negative payment adjustment and an automatic Value Modifier downward payment adjustment in 2018
- Moving toward 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, Accountable Care Organizations, 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](#) webpage for more information.

ESRD QIP: Access PY 2016 Performance Score Report and Certificates Call — Register Now

Wednesday, December 9 from 2:30-3:30pm ET

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

Do you participate in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)? During this call, learn how to access a final Payment Year (PY) 2016 Performance Score Report (PSR) and Performance Score Certificates (PSCs). A question and answer session will follow the presentation. Visit the [ESRD QIP](#) website for more information.

Agenda:

- How to access and review your final PSR and PSCs starting in December
- What the performance score means to your PY 2016 payment rates
- Where to access ESRD QIP resources and information on facility responsibilities

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](#) webpage to learn more.

Other CMS Events

LTCH Quality Reporting Program: In-Person Provider Training in Baltimore, MD

November 19 and 20; 8:45am to 5pm ET

[Register](#) for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) provider training on the implementation of new LTCH QRP quality measures and LTCH Continuity Assessment Record and Evaluation (CARE) Data Set Version 3.00. The training is open to all LTCH providers, associations, and organizations. Note: This event is an in-person event and will not be web streamed.

Visit the [LTCH QRP Spotlight and Announcements](#) webpage for additional information.

Announcements

Three DMEPOS Competitive Bidding Reminders for Round 1 2017

CMS has three important reminders for suppliers who are planning to participate in Round 1 2017 of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program:

- The Covered Document Review Date (CDRD) is Monday, November 16, 2015 — The Competitive Bidding Implementation Contractor must receive your hardcopy financial documents on or before this date for the documents to be eligible for a covered document review and for you to be notified of any missing financial documents.
- Registration closes on Friday, November 20, 2015 — In order to submit a bid, you must obtain a user ID and password to access the online DMEPOS bidding system (DBidS). First, you must [register](#) in the Enterprise Identity Management system and then add the DBidS application to your profile.

- Update and maintain your enrollment data — To be awarded a contract, you must meet the applicable enrollment requirements by the close of the bid window – December 16, 2015.

See the [announcement](#) for more information.

EHR Incentive Programs Stage 3 Final Rule: Submit Comments by December 15

CMS published the [final rule](#) with comment period for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs, which provides new criteria that eligible professionals, eligible hospitals, and critical access hospitals must meet in order to successfully participate. We encourage the public to submit comments on the Stage 3 provisions by December 15.

New FAQs on Participation in EHR Incentive Programs

On October 6, CMS released the [final rule](#) with comment for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. CMS also released three new FAQs, providing clarification on how to attest to certain measures for health information exchange, patient electronic access, and other objectives that require patient action.

- For the Health Information Exchange objective for meaningful use in 2015 through 2017, may an Eligible Professional (EP), eligible hospital, or critical access hospital count a transition of care or referral in its numerator for the measure if they electronically create and send a summary of care document using their Certified EHR Technology (CEHRT) to a third party organization that plays a role in determining the next provider of care and ultimately delivers the summary of care document? See [FAQ 12817](#).
- If multiple EPs or eligible hospitals contribute information to a shared portal or to a patient's online Personal Health Record (PHR), how is it counted for meaningful use when the patient accesses the information on the portal or PHR? See [FAQ 12821](#).
- In calculating the meaningful use objectives requiring patient action, if a patient sends a message or accesses his/her health information made available by their EP, can the other EPs in the practice get credit for the patient's action in meeting the objectives? See [FAQ 12825](#).

CMS Seeking Comment on MACRA Episode Groups by February 15

As required by Section 101(f) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), CMS is soliciting comment on episode groups. Comments should be sent to episodegroups@cms.hhs.gov by 11:59pm ET on February 15, 2016. See [CMS Episode Groups](#) for more information.

Raising Awareness of Diabetes in November

American Diabetes Month®, Diabetic Eye Disease Month, and World Diabetes Day on November 14 promote diabetes awareness and the impact of diabetes on public health. The theme for American Diabetes Month, [Eat Well, America](#), highlights the link between nutrition and diabetes.

November is a great time to talk to your patients about their risk factors. Recommend appropriate Medicare preventive services for detection and treatment, including Diabetes Screening, Diabetes Self-Management Training, Medical Nutrition Therapy, and Glaucoma Screening.

For More Information:

- [Preventive Services](#) Educational Tool
- [Medicare Vision Services](#) Fact Sheet
- [American Diabetes Month](#) website
- [World Diabetes Day](#) website

Claims, Pricers, and Codes

Pap Smear and PET Scan Claims Editing Incorrectly

CMS discovered systems errors affecting claims with pap smear services and Positron Emission Tomography (PET) scans with dates of service on or after October 1, 2015. No provider action is required.

- Pap smear services are editing incorrectly. Your Medicare Administrative Contractor (MAC) will correct any claims returned to you in error with reason code 32252, 32277, or 32970.
- Certain PET scans for infection and inflammation are processing inappropriately when reported with incorrect diagnosis codes. Your MAC will mass adjust any claims that may be impacted by this issue.

Additional Logic Applied to MDC 14

CMS posted [ICD-10 logic for MDC 14 Pregnancy, Childbirth & the Puerperium: MS-DRG 765 \(Cesarean Section with CC/MCC\)](#) that was not specifically referenced in the ICD-10 Medicare Severity-Diagnosis Related Group (MS-DRG) version 33 Definitions Manual. This guidance explains the additional criteria that were included to preserve the replication from the ICD-9 to ICD-10 MS-DRGs.

Medicare Learning Network® Publications

Selecting Home Health Claims for Probe and Educate Review MLN Matters® Article — Released

An MLN Matters Special Edition article on [Selecting Home Health Claims for Probe and Educate Review: Episodes that Begin on or after August 1, 2015](#) is available. Learn how to conduct reviews in compliance with the policy outlined in CMS-1611-F.

Clinical Laboratory Improvement Amendments Fact Sheet — Revised

A revised [Clinical Laboratory Improvement Amendments \(CLIA\)](#) Fact Sheet is available. Learn about the CLIA program:

- How to enroll
- Types of certificates
- Test categories and proficiency testing
- Coverage of Medicare laboratory services separate from CLIA

Inpatient Psychiatric Facility Prospective Payment System Fact Sheet — Revised

A revised [Inpatient Psychiatric Facility Prospective Payment System](#) Fact Sheet is available. Learn about the Inpatient Psychiatric Facility (IPF) Prospective Payment System (PPS):

- Background and coverage requirements
- How payments are set
- FY 2016 update
- IPF Quality Reporting Program

Products Available in an Electronic Publication Format

Medicare Learning Network products are available as Electronic Publications (EPUBs) and through QR codes. See [instructions](#) for using these electronic formats.

- [Medicare-Required SNF PPS Assessments](#) Educational Tool
- [Medicare Enrollment for Institutional Providers](#) Fact Sheet
- [Medicaid Compliance and Your Dental Practice](#) Fact Sheet
- [Safeguard Your Identity and Privacy Using PECOS](#) Fact Sheet

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