

Wednesday, November 25, 2015

MLN Connects[®] Events

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MLN Connects[®] Events

National Partnership to Improve Dementia Care and QAPI Call — Last Chance to Register

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.

ESRD QIP: Payment Year 2019 Final Rule Call — Registration Now Open

Tuesday, January 19 from 2-3:30pm 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, CMS subject matter experts will discuss the [final rule](#) that operationalizes the ESRD QIP for Payment Year (PY) 2019. The performance period for PY 2019 will begin on January 1, 2017. Facilities and other stakeholders should take steps now to understand the changes to the program.

A question and answer session will follow the presentation. Visit the [ESRD QIP](#) website for more information.

Agenda:

- ESRD QIP legislative framework and how it fits in with CMS strategies to improve quality
- Changes reflected in the final rule based on public comments
- Final measures, standards, scoring methodology, and payment reduction scale that are applied to the PY 2019 programs
- How the PY 2019 program compares to PY 2018
- Where to find additional information about the program.

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.

New MLN Connects National Provider Call Audio Recording and Transcript

An [audio recording](#) and [transcript](#) are available from the November 10 call — [Clinical Diagnostic Laboratory Test Payment System Proposed Rule](#). During this call, subject matter experts discussed

proposed policy changes in the proposed rule, which would significantly revise the Medicare payment system for clinical diagnostic laboratory tests and implement a related data collection system.

Announcements

Release of the 2016 DMEPOS Fee Schedules

On November 23, 2015, CMS announced the release of the 2016 Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule amounts that include adjusted fees based on DMEPOS Competitive Bidding Program information. For more information on the DMEPOS and Parenteral and Enteral Nutrition (PEN) public use files, visit the [Durable Medical Equipment Center](#) webpage.

December 1 is World AIDS Day: The Time to Act is Now

December 1 is World AIDS Day, raising awareness of the global impact of HIV and AIDS. This year's theme, [The Time to Act is Now](#), focuses on the potential to achieve sustainable epidemic control and end AIDS as a public health threat.

People aged 50 and older have many of the same HIV risk factors as younger people but may be less aware of their risk. Use this opportunity to talk to your patients about the importance of HIV prevention and recommend screening if appropriate. Medicare provides coverage, under Part B, of both standard and Food and Drug Administration approved rapid HIV screening tests for Medicare beneficiaries that meet certain requirements.

For More Information:

- Medicare [Preventive Services](#) Educational Tool
- [Centers for Disease Control and Prevention](#) website
- [National Institute on Aging](#) website
- [AIDS.gov](#)

Comments on Tobacco Treatment Measures due December 4

CMS is [requesting comment](#) from hospital stakeholders and organizations on [specifications](#) for draft electronic versions of three tobacco treatment measures through December 4. Email Hospital-MDM@mathematica-mpr.com for questions related to the measures and the call for public comment.

2016 Value Modifier Informal Review Deadline Extended to December 16

The informal review period for the 2016 Value Modifier has been extended. All requests must be submitted by 11:59pm ET on December 16, 2015. The informal review process allows groups (as identified by their taxpayer identification number) with ten or more eligible professionals that are subject to the 2016 Value Modifier to request a correction of a perceived error in their Value Modifier calculations. Additional information about the 2014 QRURs and how to request an informal review is available on the [2014 QRUR](#) website and through the QRUR Help Desk a pvhelpdesk@cms.hhs.gov or 888-734-6433 (select option 3).

2016 PQRS Payment Adjustment: Informal Review Deadline Extended to December 16

CMS is extending the 2014 Informal Review period. Individual eligible professionals, Comprehensive Primary Care practice sites, Physician Quality Reporting System (PQRS) group practices, and Accountable Care Organizations that believe they have been incorrectly assessed the 2016 PQRS negative payment adjustment have until 11:59pm ET on December 16, 2015, to submit an informal review, requesting CMS investigate incentive eligibility and/or payment adjustment determination.

- Informal review requestors will be contacted via email of a final decision by CMS within 90 days of the original request for an informal review.
- All Decisions are final and there will be no further review.
- Requests must be submitted electronically via the [Quality Reporting Communication Support Page \(CSP\)](#).
- Informal review will experience downtime from December 3 through December 7, 2015. If you plan to file an informal review request, please do so outside of this window.
- See the [fact sheet](#) and [Analysis and Payment](#) web page for more information.

For additional questions, contact the QualityNet Help Desk at 866-288-8912 (TTY 1-877-715-6222) or via gnetsupport@hcqis.org from 7am to 7pm CT Monday through Friday.

Claims, Pricers, and Codes

Smoking Cessation Claims Editing Incorrectly

A system error caused claims for smoking cessation with dates of service on or after October 1, 2015, to edit incorrectly. Your Medicare Administrative Contractor (MAC) will correct all affected claims. No provider action is required.

Home Health Billing Codes Changing January 1

Beginning January 1, 2016, HCPCS code G0154 for reporting skilled nursing visits on home health claims will be retired and replaced by two codes:

- G0299: Services of a registered nurse
- G0300: Services of licensed practical nurse

Many home health claims will span the January 1 date:

- Use G0154 for skilled nursing visits through December 31
- Use G0299 or G0300 for skilled nursing visits on or after January 1

Medicare Learning Network® Publications

Clarification of Patient Discharge Status Codes and Hospital Transfer Policies MLN Matters® Article — Revised

An MLN Matters Special Edition Article on [Clarification of Patient Discharge Status Codes and Hospital Transfer Policies](#) is available. Learn how to code the discharge/transfer status of patients to reflect the level of post-discharge care.

Verify Your Profile Information in the Learning Management/Product Ordering System

If you are an existing user of the Learning Management/Product Ordering System (LMPOS), please verify the accuracy of your profile information including your email address and password and make any necessary updates. To access your profile:

1. Log in to the [LMPOS](#)
2. Hover over your name in the upper right-hand corner and click “My Account”
3. Click “Edit Password” to change your password or the “Edit” button in the User Information section to update your email address

For assistance, email MLN@cms.hhs.gov.

New Educational Web Guides Fast Fact

A new fast fact is available on the [Educational Web Guides](#) webpage. Visit the webpage for resources on CMS initiatives, including:

- Evaluation and Management services
- Guided Pathways resource booklets
- Health care management, billing, and coding products

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