

Thursday, December 3, 2015

MLN Connects[®] Events

Medicare Quality Reporting Programs: 2016 Physician Fee Schedule Call — Last Chance to Register

ESRD QIP: Access PY 2016 Performance Score Report and Certificates Call — Last Chance to Register

ESRD QIP: Payment Year 2019 Final Rule Call — Register Now

Other CMS Events

Comparative Billing Report on Physical Therapy Webinar

Announcements

CMS Updates Quality Strategy

CMS Awards \$110 Million in ESRD Network Funding

Corrections Being Made to 2016 DMEPOS Fee Schedules

CMS to Release Comparative Billing Report on Home E/M Services in December

Hospital IQR and Medicare EHR Incentive Programs: Data Submission Deadline Extended

PQRS Changes in 2016 Physician Fee Schedule Final Rule

National Influenza Vaccination Week: December 6 through 12

Claims, Pricers, and Codes

Extracorporeal Photophoresis and PTA Claims Editing Incorrectly

Medicare Learning Network[®] Publications

Advance Beneficiary Notice of Noncoverage Interactive Tutorial Educational Tool — New

ICD-10 Website Wheel Educational Tool — Revised

Hospital Reclassifications Fact Sheet — Revised

PECOS for DMEPOS Suppliers Fact Sheet — Revised

Medicare Disproportionate Share Hospital Fact Sheet — Revised

DMEPOS Quality Standards Booklet — Revised

MLN Connects[®] Events

Medicare Quality Reporting Programs: 2016 Physician Fee Schedule Call — Last Chance to Register

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 — Last Chance to Register

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 — Register Now

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.

Other CMS Events

Comparative Billing Report on Physical Therapy Webinar

Wednesday, December 16 from 3-4:30pm ET

Join CMS for an informative discussion of the Comparative Billing Report (CBR) on Physical Therapy (CBR201511), an educational tool designed to assist physical therapists in private practice billing for physical therapy services using Current Procedural Terminology codes 97001, 97035, 97110, 97112, 97140, 97530, and G0283. During the webinar, providers will interact directly with content specialists and submit questions about the report.

Agenda:

- Overview of CBR (CBR201511)
- Coverage policy
- Methods and results
- References and resources
- Question and answer session

Presenter Information:

- Speakers: Cheryl Bolchoz, Cyndi Wellborn, Molly Wesley
- Organizations: eGlobalTech and Palmetto GBA

How to Participate:

- [Register](#)
- [Access a recording](#) of the webinar five business days following the event

Questions:

If you have questions relating to this webinar or CBR201511, please visit the [CBR](#) website or contact the CBR Support Help Desk at CBRSupport@eglobaltech.com or 1-800-771-4430.

Announcements

CMS Updates Quality Strategy

On November 25, CMS shared the updated [2016 CMS Quality Strategy](#), which incorporates progress made in shifting Medicare payments from volume to value, including payment reform initiatives, as well as new requirements from the Improving Medicare Post-Acute Care Transformation Act of 2014 and the Medicare Access and CHIP Reauthorization Act of 2015 legislation. The 2016 CMS Quality Strategy helps to align all of CMS to:

- Drive improvement on specific quality strategy goals and objectives
- Strengthen our relationships within the agency
- Build advocacy across HHS agencies

See the full text of this excerpted [CMS blog](#) (issued November 25).

CMS Awards \$110 Million in ESRD Network Funding

CMS awarded \$110 million in End-Stage Renal Disease (ESRD) Network funding. Seven entities will work over a five year contract period, 2016 through 2020, to continue efforts in improving quality of care and access to care for individuals with irreversible kidney disease who require dialysis or transplantation to sustain life.

See the full text of this excerpted [CMS blog](#) (issued December 1), including a list of entities awarded contracts.

Corrections Being Made to 2016 DMEPOS Fee Schedules

On November 23, 2015, CMS released 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. CMS has identified errors in the fee schedule amounts for some items and will be releasing revised fee schedule files. Check the [DME Center Page](#) for the latest information.

CMS to Release Comparative Billing Report on Home E/M Services in December

CMS will issue a national provider Comparative Billing Report (CBR) on Home Evaluation and Management (E/M) Services in December 2015. The CBR, produced by CMS contractor eGlobalTech, will focus on providers who bill Current Procedural Terminology codes 99347 through 99350 to report E/M services to patients in their private residences. The report will contain data-driven tables with an explanation of findings that compare providers' billing and payment patterns to those of their peers in their state and across the nation. These reports are only accessible to the providers who receive them; they are not publicly available.

Providers are advised to update their fax numbers in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) because faxing is the default method for disseminating CBRs. Providers should contact the CBR Support Help Desk at 800-771-4430 or CBRsupport@eglobaltech.com if they

prefer to receive CBRs through the U.S. Postal Service. For more information, contact the CBR Support Help Desk, or visit the [CBR](#) website.

Hospital IQR and Medicare EHR Incentive Programs: Data Submission Deadline Extended

CMS extended the deadline to submit Electronic Clinical Quality Measure (eCQM) data for eligible hospitals participating in the hospital Inpatient Quality Reporting (IQR) or Medicare Electronic Health Record (EHR) Incentive Programs to Thursday, December 31 at 11:59pm PT. This extension only applies to the eCQM voluntary submission option for the IQR Program and the e-Reporting option of clinical quality measure data for the Medicare EHR Incentive Program.

For More Information:

Questions can be submitted through the [Hospital Inpatient Questions and Answers](#) tool. You can also call 844-472-4477 or 866-800-8765 weekdays from 8am to 8pm ET.

PQRS Changes in 2016 Physician Fee Schedule Final Rule

On October 30, CMS issued the [final rule](#) that updates the payment policies and payment rates for services furnished under the Medicare Physician Fee Schedule (MPFS) on or after January 1, 2016. The rule changes several of the quality reporting initiatives associated with MPFS payments, including the Physician Quality Reporting System (PQRS).

Major highlights include:

- Individual eligible professionals and group practices that meet the criteria for 2016 PQRS satisfactory reporting/participation will avoid the PQRS negative payment adjustment in 2018
- PQRS group practices can participate in 2016 PQRS via the Qualified Clinical Data Registry mechanism in 2016
- There are 281 measures in the PQRS measure set and 18 measures in the group practice reporting option web interface for 2016

The 2018 PQRS payment adjustment is the last adjustment that will be issued under the PQRS. For more information about participating in PQRS in 2016, visit the [PQRS](#) website.

National Influenza Vaccination Week: December 6 through 12

National Influenza Vaccination Week (NIVW) is a national observance that highlights the importance of continuing influenza vaccination through the holiday season and beyond. The Centers for Disease Control and Prevention (CDC) recommends an annual influenza vaccine for everyone 6 months of age and older to reduce the risk of illness and hospitalization. Now is a great time to vaccinate – to protect your patients, your staff, and yourself.

Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. If medically necessary, Medicare may cover additional seasonal influenza vaccinations.

For More Information:

- Medicare [Preventive Services](#) Educational Tool
- [Influenza Vaccine Payment Allowances](#) MLN Matters® Article

- [Influenza Resources for Health Care Professionals](#) MLN Matters Article
- CDC: [Influenza](#) and [NIVW](#) websites
- Use [HealthMap Vaccine Finder](#) to help your patients locate the influenza vaccine in their community

Claims, Pricers, and Codes

Extracorporeal Photophoresis and PTA Claims Editing Incorrectly

A system error caused claims related to extracorporeal photophoresis for the treatment of Bronchiolitis Obliterans Syndrome (BOS) and Percutaneous Transluminal Angioplasty (PTA), 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.

Medicare Learning Network® Publications

Advance Beneficiary Notice of Noncoverage Interactive Tutorial Educational Tool — New

A new [Advance Beneficiary Notice of Noncoverage Interactive Tutorial](#) Educational Tool is available. Learn how to properly complete a Fee-For-Service Advance Beneficiary Notice of Noncoverage (ABN), including:

- Who must use the ABN when Medicare may deny payment for an item or service
- Detailed, interactive instructions for each field of the form

ICD-10 Website Wheel Educational Tool — Revised

A revised [ICD-10 Website Wheel](#) Educational Tool is available. Learn about ICD-10 through links to CMS web pages, including:

- ICD-10-CM/PCS Frequently Asked Questions
- Statute and Regulations
- Medicare Fee-For-Service Provider Resources

Hospital Reclassifications Fact Sheet — Revised

A revised [Hospital Reclassifications](#) Fact Sheet is available. Learn about hospital reclassifications, including:

- Urban to rural reclassification
- Geographic reclassification
- Rural Referral Center status
- Sole Community Hospital status
- Critical Access Hospital status

PECOS for DMEPOS Suppliers Fact Sheet – Revised

A revised [PECOS for DMEPOS Suppliers](#) Fact Sheet is available. Learn how Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers enroll in the Medicare Program, including:

- How to complete an enrollment application using the Provider Enrollment, Chain and Ownership System (PECOS)
- How to maintain enrollment information
- Frequently asked questions

Medicare Disproportionate Share Hospital Fact Sheet — Revised

A revised [Medicare Disproportionate Share Hospital](#) Fact Sheet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about Disproportionate Share Hospitals (DSHs) and adjustments, including:

- Methods to qualify for the adjustment and payment adjustment formulas
- Counting the number of beds and patient days in hospital

DMEPOS Quality Standards Booklet — Revised

A revised [DMEPOS Quality Standards](#) Booklet is available. Learn about Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) quality standards for suppliers, including:

- Accreditation organizations
- Business services requirements
- Product-specific service requirements

[Like the eNews? Have suggestions? Please let us know!](#)

[Subscribe](#) to the eNews. Previous issues are available in the [archive](#).

Follow the MLN on [Twitter](#) #CMSMLN, and visit us on [YouTube](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).