

Thursday, December 10, 2015

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Inpatient Rehabilitation Facility Prospective Payment System Fact Sheet — Revised

Reading the Institutional Remittance Advice Fact Sheet — Revised

MLN Connects® Events

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.

MLN Connects Videos

ICD-10 Post-Implementation: Coding Basics Revisited

In this [video](#), Sue Bowman from the American Health Information Management Association (AHIMA) and Nelly Leon-Chisen from the American Hospital Association (AHA) discuss the unique characteristics and features of the new coding system. Run time: 33 minutes.

- What is a valid code
- Guidelines for coding and reporting
- Coding process and examples: 7th character, unspecified codes, external cause codes, laterality
- How to submit coding questions
- Resources for coders

Visit the [Medicare Fee-For-Service Provider Resources](#) webpage for a complete list of Medicare Learning Network resources on ICD-10.

Announcements

CMS Releases 2014 National Health Expenditures

Aggregate health expenditures increase as millions gain coverage and prescription drug costs increase; spending growth remains below rates seen prior to the Affordable Care Act

In 2014, per-capita health care spending grew by 4.5 percent and overall health spending grew by 5.3 percent, according to a study by the Office of the Actuary at CMS published in Health Affairs. Those rates are below most years prior to passage of the Affordable Care Act. In addition, consumer out-of-pocket spending grew by only 1.3 percent in 2014, as compared to 2.4 percent growth in 2013, reflecting the increased number of individuals with health coverage.

Overall, health care spending grew 1.2 percentage points faster than the overall economy in 2014, resulting in a 0.2 percentage-point increase in the health spending share of gross domestic product – from 17.3 percent to 17.5 percent. In the decade prior to the Affordable Care Act (2000-2009), health care spending grew by an average of 6.9 percent annually, 2.8 percentage points faster than GDP. In 2014, households and the federal government accounted for the largest shares of spending (28

percent each), followed by private businesses (20 percent), and state and local governments (17 percent).

For More Information:

- Report available on the [National Health Expenditure Data](#) website
- Health Affairs Web First: [National Health Spending Growth Accelerates In 2014](#)
- Health Affairs: [National Health Spending In 2014: Faster Growth Driven By Coverage Expansion And Prescription Drug Spending](#)

See the full text of this excerpted [CMS press release](#) (issued December 2).

ICD-10 Specialty Resources Guide

To help coders as they become more comfortable with ICD-10, CMS developed a new guide with resources for specialties and selected health conditions and services. The [Specialty Resources Guide](#) features coding and documentation information for common conditions and specialties, including:

- Asthma
- Cardiology
- Diabetes
- OB/GYN
- Lab services

The guide also includes links to the CMS [clinical concepts guides](#), [interactive case studies](#), [medical case studies](#), [webcasts](#), and more. Visit the [ICD-10](#) website and [Roadto10.org](#) for the latest news and official resources, including the [ICD-10 Quick Start Guide](#) and a [contact list for provider Medicare and Medicaid questions](#).

EHR Incentive Programs: 2015 Program Requirement Resources

To help eligible professionals, eligible hospitals, and Critical Access Hospitals (CAHs) successfully participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in 2015, CMS posted new resources on the [EHR Incentive Programs](#) website.

- What You Need to Know for 2015: [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#):
- [Overview of the EHR Incentive Programs in 2015-2017](#)
- [What's Changed for the EHR Incentive Programs in 2015-2017](#)
- Attestation Worksheets: [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#)
- [Alternate Exclusions and Specifications Fact Sheet](#)
- Objectives and Measures Tables: [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#)
- Specification Sheets: [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#)

Hospital Compare Website Refresh

On December 10, CMS refreshed the [Hospital Compare](#) website. See the [announcement](#) for information on the updates to measure sets and new measures.

New ST PEPPER Available

The Short-Term (ST) Acute Care Program for Evaluating Payment Patterns Electronic Report (PEPPER), with statistics through the third quarter of FY 2015 is available for short-term acute care hospitals nationwide. PEPPER files were recently distributed through a QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role. New in this release:

- Added a target area on “Defibrillator Implants”
- In the target area graphs, the provider’s percent is displayed in bar graph format instead of line graph format
- Added hyperlinks to related reports to improve navigation within the report.

About PEPPER:

PEPPER summarizes hospital-specific data statistics for Medicare severity diagnosis-related groups and discharges at risk for improper payments. It is distributed by TMF® Health Quality Institute under contract with CMS. For more information and to access resources, including the user’s guide, recorded training sessions, information about QualityNet accounts, [frequently asked questions](#), and examples of how other hospitals are using PEPPER, visit PEPPERresources.org.

If you have questions or need help obtaining your report, visit the [Help Desk](#). Send us your [feedback or suggestions](#).

Hospice Item Set Record Submissions: CASPER Reports Available

All Medicare-certified hospice providers are required to submit Hospice Item Set (HIS) data to CMS electronically via the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. Certification And Survey Provider Enhanced Reports (CASPER) reports are available to help monitor the status of HIS records, allowing providers to connect electronically to the National Reporting Database. Current CASPER reports allow providers to track HIS record status and determine when correction of errors is needed. For more information on CASPER reports:

- Updates to the Hospice Item Set Manual V1.02- Module 3: [MLN Connects video](#) and [presentation](#)
- [CASPER Reporting Hospice Provider User’s Guide](#)

For questions about access to CASPER or specific provider reports, contact the QTSO Help Desk at help@qtso.com or 888-477-7886.

Long-Term Care Facilities: Mandatory Electronic Staffing Data Submission Begins in 2016

Electronic submission of staffing data through the Payroll-Based Journal (PBJ) is required for Long-Term Care Facilities beginning July 1, 2016. To prepare, nursing homes should register to submit data to meet this requirement and maintain compliance.

- Obtain a [CMSNet](#) User ID for PBJ if you do not already have one for other Quality Improvement and Evaluation System (QIES) applications
- Obtain a PBJ [QIES](#) Provider ID for Certification And Survey Provider Enhanced Reports (CASPER) reporting and PBJ system access

An introduction to the PBJ system and step-by-step registration instruction are available on [QTSO e-University](#), select the PBJ option. More information is available on the [Staffing Data Submission PBJ](#) webpage.

2016 Value Modifier Informal Review Deadline December 16

The informal review period for the 2016 Value Modifier ends next week. 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 at pvhelpdesk@cms.hhs.gov or 888-734-6433 (select option 3).

2016 PQRS Payment Adjustment: Informal Review Deadline December 16

The informal review period for the 2016 Physician Quality Reporting System (PQRS) payment adjustment (based on 2014 PQRS reporting) ends next week. Individual eligible professionals, Comprehensive Primary Care practice sites, 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](#).
- See the [fact sheet](#) and [Analysis and Payment](#) webpage 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.

Corrections Made to 2016 DMEPOS Fee Schedules

On November 23, 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 identified errors in the fee schedule amounts for some items and released revised DMEPOS and PEN 2016 public use fee schedule files on December 8. Check the [DME Center Page](#) for more information.

Medicare Learning Network® Publications

Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course — Revised

With Continuing Education Credit

A revised Diagnosis Coding: Using the ICD-10-CM Web-Based Training (WBT) course is available through the [Learning Management and Product Ordering System](#). Learn about:

- Implementing and using the new classification system
- Determining a correct code

Health Care Professional Frequently Used Web Pages Educational Tool — Revised

A revised [Health Care Professional Frequently Used Web Pages](#) Educational Tool is available. Learn how to navigate the CMS website and find information on key topics, including:

- Coverage
- Billing and payment
- Contracting

Inpatient Rehabilitation Facility Prospective Payment System Fact Sheet — Revised

A revised [Inpatient Rehabilitation Facility Prospective Payment System](#) Fact Sheet is available. Learn about the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS), including:

- Elements of the IRF PPS
- Payment updates
- IRF Quality Reporting Program

Reading the Institutional Remittance Advice Fact Sheet — Revised

A revised [Reading the Institutional Remittance Advice](#) Fact Sheet is available. Learn about:

- Reading an Institutional Electronic Remittance Advice (ERA)
- Reading a Standard Paper Remittance Advice (SPR)
- Balancing the ERA or SPR so provider records are consistent with Medicare's records

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