

Thursday, February 18, 2016

MLN Connects[®] Events

Provider Enrollment Revalidation Call — Register Now
New Audio Recording and Transcript Available

Other CMS Events

Comparative Billing Report on Electrodiagnostic Testing Webinar

Medicare Learning Network[®] Publications and Multimedia

Medicare Basics Commonly Used Acronyms Educational Tool — Revised
PECOS Technical Assistance Contact Information Fact Sheet – Reminder
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EHR Incentive Programs: Updated FAQs Available

MLN Connects[®] Events

Provider Enrollment Revalidation Call — Register Now

Tuesday, March 1 from 2 to 3:15 pm ET

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

What's ahead for your next Medicare enrollment revalidation? Learn what you need to do and about the new resources available to help you stay on top of the process every step of the way. Join CMS experts as they discuss the timing, improvements, and updates for the second round of revalidations required by the Affordable Care Act and [42 CFR §424.515](#). A question and answer session will follow the presentation.

Target Audience: All Medicare fee-for service providers and suppliers. Note: providers enrolled solely to order and refer items or services to Medicare beneficiaries and practitioners who have opted out of the Medicare program are not required to revalidate.

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) webpage to learn more.

New Audio Recording and Transcript Available

An [audio recording](#) and [transcript](#) are available for the February 4 call on [IMPACT Act: Connecting Post-Acute Care across the Care Continuum](#). The Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 requires the reporting of standardized patient assessment data by post-acute care providers. During this call, CMS subject matter experts and the Office of the National Coordinator for Health IT discuss the implications of the IMPACT Act for health information exchange across the care continuum.

Other CMS Events

Comparative Billing Report on Electrodiagnostic Testing Webinar

Wednesday, March 2 from 3 to 4:30 pm ET

Join CMS for an informative discussion of the Comparative Billing Report on electrodiagnostic testing (CBR201602), an educational tool for providers who perform nerve conduction studies and needle electromyography. During the webinar, providers will interact directly with content specialists and submit questions about the report.

Agenda:

- Overview of CBR201602
- Coverage policy
- Methods and results
- References and resources
- Question and answer session

Presenter Information:

- Speakers: Craig DeFelice, 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 about this webinar or CBR201601, visit the [CBR](#) website or contact the CBR Support Help Desk at CBRSupport@eglobaltech.com or 800-771-4430.

Medicare Learning Network® Publications and Multimedia

Medicare Basics Commonly Used Acronyms Educational Tool — Revised

A revised [Medicare Basics Commonly Used Acronyms](#) Educational Tool is available. Learn about:

- Acronyms frequently used in Medicare publications
- Corresponding webpage references for certain acronyms

PECOS Technical Assistance Contact Information Fact Sheet – Reminder

The [PECOS Technical Assistance Contact Information](#) Fact Sheet is available. Learn about:

- Common problems and who to contact
- PECOS resources

Medicare Enrollment for Physicians and Other Part B Suppliers Fact Sheet – Reminder

The [Medicare Enrollment for Physicians and Other Part B Suppliers](#) Fact Sheet is available. Learn about:

- Who are part B suppliers
- Determine if you want to be a participating provider

Announcements

Medicare Reporting and Returning of Self-Identified Overpayments

CMS published a [final rule](#) that requires Medicare Parts A and B health care providers and suppliers to report and return overpayments by the later of the date that is 60 days after the date an overpayment was identified, or the due date of any corresponding cost report, if applicable. The major provisions of this final rule include clarifications around the meaning of overpayment identification; the required lookback period for overpayment identification; and the methods available for reporting and returning identified overpayments to CMS.

See the full text of this excerpted [CMS fact sheet](#) (issued February 11).

IMPACT Act Technical Expert Panel Call for Nominations through February 26

CMS is accepting nominations for the Improving Medicare Post-Acute Care Transformation (IMPACT) Act Technical Expert Panel (TEP) for the development and maintenance of post-acute care standardized patient assessment data. The TEP posting is open through February 26. CMS encourages interested parties to self-nominate or nominate others for consideration of participation for this TEP. For additional information, visit the [TEP](#) webpage.

Submitting Comments on MACRA Episode Groups: Deadline Extended to March 1

As required by Section 101(f) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), CMS is soliciting comments on episode groups and on specific clinical criteria and patient characteristics to classify patients into care episode and patient condition groups. Submit comments to episodegroups@cms.hhs.gov by 11:59 pm ET on March 1, 2016.

For More Information:

- [Episode groups summary](#)
- [MACRA](#)
- [Merit-Based Incentive Payment System and Alternative Payment Models](#) webpage

2015 PQRS EHR Submission Deadline Extended to March 11

CMS extended the submission date for 2015 Quality Reporting Document Architecture (QRDA) data submission for the Electronic Health Record (EHR) reporting mechanism to March 11, 2016, for individual Eligible Professionals (EPs), Physician Quality Reporting System (PQRS) group practices, Qualified Clinical Data Registries (QCDRs) and qualified EHR data submission vendors. EPs who do not satisfactorily report quality measure data to meet the 2015 PQRS requirements will be subject to a negative PQRS payment adjustment on all Medicare Part B Physician Fee Schedule services rendered in 2017. Submission ends at 8 pm ET on the end date listed:

- Electronic Health Record Direct or Data Submission Vendor (QRDA I or III) – March 11
- Qualified Clinical Data Registries (QCDRs) (QRDA III) – March 11
- Group Practice Reporting Option Web Interface – March 11
- Qualified Registries (Registry XML) - March 31
- QCDRs (QCDR XML) – March 31

An Enterprise Identity Management (EIDM) account with the “Submitter Role” is required for these PQRS data submission methods. See the [EIDM System Toolkit](#) for additional information.

The Physician and Other Health Care Professionals Quality Reporting Portal may be unavailable due to maintenance during these times:

- February 26 at 8 pm through February 29 at 6 am ET
- March 11 at 8 pm through March 14 at 6 am ET
- March 16 at 8 pm through March 21 at 6 am ET

For questions, contact the QualityNet Help Desk at 866-288-8912 or Qnetsupport@hcqis.org from 7 am to 7 pm CT. For complete information, visit the [PQRS](#) website.

EHR Incentive Programs Attestation Deadline Extended to March 11

CMS extended the attestation deadline for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs to Friday, March 11, 2016, at 11:59 pm ET. Eligible professionals, eligible hospitals, and Critical Access Hospitals (CAHs) participating in the Medicare EHR Incentive Program can attest through the CMS [Registration and Attestation System](#). Providers participating in the Medicaid EHR Incentive Program should refer to their respective [states](#) for attestation information and deadlines.

To attest to the EHR Incentive Programs in 2015:

- Eligible Professionals may select an EHR reporting period of any continuous 90 days from January 1, 2015 (the start of the 2015 calendar year) through December 31, 2015
- Eligible Hospitals/CAHs may select an EHR reporting period of any continuous 90 days from October 1, 2014 (the start of the federal fiscal year) through December 31, 2015

Attestation Resources:

- [Preparing to Participate in the EHR Incentive Programs Fact Sheet](#)
- [Attestation Worksheet](#) and [User Guide](#) for Eligible Professionals
- [Attestation Worksheet](#) and [User Guide](#) for Eligible Hospitals and CAHs
- [Broadband Access Exclusions Tip Sheet](#)
- [Health Information Exchange Fact Sheet](#)
- [Public Health Reporting in 2015 for Eligible Professionals](#)

- [Public Health Reporting in 2015 for Eligible Hospitals/CAHs](#)

For More Information:

Visit the [Registration and Attestation](#) and [2015 Program Requirements](#) webpages. For attestation questions, contact the EHR Information Center Help Desk at 888-734-6433/ TTY: 888-734-6563, Monday through Friday from 7:30 am and 6:30 pm ET.

Hospice, IRF, LTCH, SNF, HHA: QIES System Downtime from March 16 through 21

All Quality Improvement and Evaluation System (QIES) systems will be unavailable from Wednesday, March 16 after 8 pm ET through Monday, March 21, 2016. This downtime will affect all QIES connectivity and systems. The national database, Certification and Survey Provider Enhanced Reporting (CASPER) reports, and quick reference (QW) will not be available during this time. In addition, the following submission systems will be unavailable:

- Hospice Item Set
- [Inpatient Rehabilitation Facility \(IRF\) -Patient Assessment Instrument \(PAI\)](#)
- Long-term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set
- Minimum Data Set (MDS) and Payroll-Based Journal
- Outcome and Assessment Information Set (OASIS)

Affected providers should make contingency plans to accommodate for this downtime.

EHR Incentive Programs: Updated FAQs Available

CMS updated two FAQs for the Electronic Health Record (EHR) Incentive Programs:

- Are physicians who practice in hospital-based ambulatory clinics eligible to receive Medicare or Medicaid EHR incentive payments? See [FAQ #2639](#).
- What steps do eligible hospitals need to take to meet the specialized registry objective? Is it different from eligible professionals? See [FAQ #14117](#).

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