

Thursday, May 12, 2016

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2015 Mid-Year QRURs Webcast — Last Chance to Register

Medicare Learning Network[®] Publications and Multimedia

Limiting the Scope of Review on Redeterminations and Reconsiderations of Certain Claims

MLN Matters[®] Article — Revised

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MLN Connects[®] Events

2015 Mid-Year QRURs Webcast — Last Chance to Register

Thursday, May 19 from 1:30 to 3 pm ET

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

This event gives an overview of the 2015 Mid-Year Quality and Resource Use Reports (MYQRURs) and explains how to interpret and use the information. A question and answer session will follow the presentation.

The 2015 MYQRURs were recently released to groups and solo practitioners nationwide. These reports are for informational purposes only and contain interim information on a subset of the quality and cost measures used to calculate the 2017 Value Modifier (VM).

- Learn more on the [2015 QRUR and 2017 VM](#) webpage

- Visit the [How to Obtain a QRUR](#) webpage and access your report prior to the event, so you can follow along.

CMS will use webcast technology for this event with audio streamed through your computer. Please note: if you are unable to stream audio through your computer, phone lines are available.

Target Audience: Physicians, practitioners, medical group practices, practice managers, medical and specialty societies, payers, and insurers.

This MLN Connects Event is being evaluated by CMS for CME and CEU continuing education credit (CE). Refer to the [event detail page](#) for more information.

Medicare Learning Network® Publications and Multimedia

Limiting the Scope of Review on Redeterminations and Reconsiderations of Certain Claims MLN Matters® Article — Revised

An MLN Matters Special Edition Article on [Limiting the Scope of Review on Redeterminations and Reconsiderations of Certain Claims](#) is available. Learn about the scope of review for redetermination requests received by a Medicare Administrative Contractor or reconsideration requests received by the Qualified Independent Contractor on or after April 18, 2016.

Transitional Care Management Services Fact Sheet — Revised

A revised [Transitional Care Management Services](#) Fact Sheet is available. Learn about:

- Who can provide the service and supervision
- Settings, components, and billing

Section 1011: Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens Fact Sheet — Revised

A revised [Section 1011: Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens](#) Fact Sheet is available. Learn about:

- Available funding
- Eligibility and program enrollment for undocumented aliens
- States that have exhausted payment and reimbursable services

DMEPOS Competitive Bidding Program Fact Sheets — Revised

Revised fact sheets are available for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program:

- [A Better Way for Medicare to Pay for Medical Equipment](#)
- [Referral Agents](#)
- [Billing Procedures for Upgrades](#)
- [Repairs and Replacements](#)
- [Enteral Nutrition](#)
- [Traveling Beneficiary](#)

- [Physicians and Other Treating Practitioners Who Are Enrolled Medicare DMEPOS Suppliers](#)
- [Hospitals That Are Not Contract Suppliers](#)
- [Grandfathering Requirements for Non-Contract Suppliers](#)
- [Non-Contract Supplier](#)
- [Mail Order Diabetes Supplies](#)

Announcements

Updates to Data Initiatives Increase Transparency of the Medicare Program

Data Serves as a Rich Resource on Part B Costs, Services, and Trends

On May 5, CMS posted the third annual release of the [Physician and Other Supplier Utilization and Payment public use data](#). The data contains summarized information on Part B services and procedures provided to Medicare beneficiaries by physicians and other healthcare professionals. The data includes payment and submitted charges, or bills, for services and procedures provided by each physician or supplier. It allows for comparisons by physician, specialty, location, types of medical services and procedures delivered, Medicare payment, and submitted charges.

The updated 2014 dataset has information for over 986,000 distinct health care providers who collectively received \$91 billion in Medicare payments. New in the 2014 data is the Medicare standardized payment amount, which removes geographic differences in payment rates for individual services and makes Medicare payments across geographic areas comparable.

CMS is also making more timely extracts of Medicare claims data available to researchers who access this data via Limited Data Sets (LDS). With the changes, researchers will be able to request updates to their LDS claims files as frequently as quarterly, making it easier to do the important research that will continue to result in better quality and lower costs in the health care system.

See the full text of this excerpted [CMS press release](#) (issued May 5).

HHS Awards over \$260 Million to Health Centers Nationwide to Build and Renovate Facilities to Serve More Patients

On May 4, HHS Secretary Sylvia M. Burwell announced over \$260 million in funding to 290 health centers in 45 states, the District of Columbia, and Puerto Rico for facility renovation, expansion, or construction. Health centers will use this funding to increase their patient capacity and to provide additional comprehensive primary and preventive health services to medically underserved populations.

For More Information:

- [List of award winners](#)
- [Health Resources & Services Administration \(HRSA\) Health Center Program](#) website

See the full text of this excerpted [HHS press release](#) (issued May 4).

Open Payments: Physician and Teaching Hospital Review and Dispute Period Ends May 15

Physicians and teaching hospitals have until May 15 to voluntarily review data reported by drug and medical device makers about them for CY 2015, and, if necessary, dispute payments, before the data is made public on June 30, 2016. If you have never registered in the Open Payments system, initial registration is a two-step process and should only take 30 minutes. See the [Open Payments Registration](#) webpage for more information.

If you registered last year in the [CMS Enterprise Portal](#), you do not need to reregister:

- If you accessed your account within the last 60 days, log in using your user ID and password, and navigate to the Open Payments system home page
- If you have not accessed your account within the last 60 days, enter your user ID and correctly answer all challenge questions; you will then be prompted to enter a new password
- If you have not accessed the system in over 180 days, contact the help desk to reinstate your account

For more information, Contact the Help Desk at openpayments@cms.hhs.gov or 855-326-8366, Monday through Friday, from 8:30 am to 7:30 pm ET.

2016 Electronic Clinical Quality Measures: Updated Files Available

CMS posted the updated 2016 Quality Reporting Data Architecture (QRDA) I and QRDA III schematrons and sample files for Eligible Professional (EP) programs on the [Electronic Clinical Quality Measure \(eCQM\) Library](#) and [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#) webpages. This update replaces previous versions of the schematrons and sample files; refer to the change log within the schematron files for CMS program specific changes.

- [2016 QRDA I Schematrons and Sample Files version 2.2 for EP Programs](#)
- [2016 QRDA III Schematrons and Sample Files version 2.2 for EP Programs](#)
- [2016 QRDA I Schematrons and Sample Files version 2.1 for Hospital Quality Reporting](#) - Posted April 2016

For More Information:

- [QRDA Pre-Submission Validation Tools Interactive Guide](#)
- [eCQM Tools and Key Resources](#) webpage

Teaching Hospitals: Submitting Medicare GME Affiliation Agreements

Teaching hospitals renewing or entering into new Medicare Graduate Medical Education (GME) affiliation agreements for the July 1, 2016, through June 30, 2017, academic year should send the signed/dated agreements to CMS at Medicare_GME_Affiliation_Agreement@cms.hhs.gov:

- Submit new agreements no later than July 1 with subject line, "Medicare GME Affiliation Agreement – new for July 1, 2016—June 30, 2017"
- Submit amendments by June 30 with subject line, "Medicare GME Affiliation Agreement – amendment for July 1, 2015—June 30, 2016"
- Submit the "contractor copy" of your agreement to your [Medicare Administrative Contractor \(MAC\)](#) using the procedures specified by your MAC

May is National Osteoporosis Month

“Break Free from Osteoporosis.” The chance of having osteoporosis increases with age, but making lifestyle changes can build strong bones for life. Talk to your Medicare patients about their risk factors and recommend bone mass measurement if appropriate.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Centers for Disease Control and Prevention Osteoporosis](#) webpage
- [National Osteoporosis Foundation](#) website

Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

Claims, Pricers, and Codes

Coinsurance Correction for Certain RHC Claims

Effective April 1, 2016, Rural Health Clinics (RHCs) began reporting Healthcare Common Procedure Coding System (HCPCS) codes for all services furnished during the visit. CMS is aware that coinsurance may not be calculated correctly when RHC claims are submitted with multiple revenue lines for medical services. A system fix was implemented on May 9, 2016, to correct this issue. Your Medicare Administrative Contractor will adjust any claim processed incorrectly. No provider action is required.

Billing Requirements for RHCs

CMS understands that some Rural Health Clinics (RHCs) are unable to implement the billing requirements described in [MLN Matters Article #9269](#) due to internal systems constraints. Contact your [Medicare Administrative Contractor](#) to find out if a temporary option is available while your system is updated.

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