MLN Connects® Provider eNews

Thursday, July 14, 2016

Editor's Note:
This week's eNews includes a new section on Provider Compliance, highlighting common billing errors. Check out the first message in this series on chiropractic services and learn how to bill Medicare correctly the first time.

News & Announcements
New Hospice Report Available July 17
Clinical Laboratory Fee Schedule Resources
HIPAA Administrative Simplification Enforcement and Testing Tool
2017 QRDA Hospital Quality Reporting Implementation Guide, Schematrons, and Sample File
Upcoming Medicare Learning Network® Website Redesign

Provider Compliance
Chiropractic Services: High Improper Payment Rate within Medicare FFS Part B

Upcoming Events
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IRF Quality Reporting Program Provider Training — August 9 and 10
PQRS Feedback Reports and Informal Review Process for Program Year 2015 Results Call — August 10
LTCH Quality Reporting Program Provider Training — August 11

Medicare Learning Network Publications & Multimedia
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News & Announcements

New Hospice Report Available July 17

The Hospice Timeliness Compliance Threshold Report will be available beginning July 17, 2016. This report will display provider level data on Hospice Item Set (HIS) records submitted successfully to CMS. For more information, visit the Hospice Quality Reporting Spotlight & Announcements webpage.

Clinical Laboratory Fee Schedule Resources

Visit the Protecting Access to Medicare Act of 2014 (PAMA) Regulations webpage for helpful resources. The Downloads section contains answers to frequently asked questions; the Related Links section points you to the rule, fact sheet, press release and slide presentation from the July 6 call. Direct questions to CLFS_Inquiries@cms.hhs.gov.

HIPAA Administrative Simplification Enforcement and Testing Tool

CMS launched an enhanced HIPAA Administrative Simplification Enforcement and Testing Tool (ASETT) with easier navigation, new features, and greater security that allows you to:
- Test transactions
- File complaints
- Track your complaint status

2017 QRDA Hospital Quality Reporting Implementation Guide, Schematrons, and Sample File

CMS published the 2017 Quality Reporting Document Architecture (QRDA) Hospital Quality Reporting Implementation Guide, Schematrons, and sample file.
The 2017 IG provides technical instructions for QRDA Category I reporting for the:
- The Hospital Inpatient Quality Reporting (IQR) Program
- The Medicare Electronic Health Record (EHR) Incentive Program

Current and past QRDA Implementation Guides, Schematrons, and sample files are available in the eCQM Library and the eCQI Resource Center.

Upcoming Medicare Learning Network® Website Redesign

The Medicare Learning Network (MLN) website is getting a fresh new look and improved navigation, making it easier than ever to access MLN knowledge, resources, and training.

Provider Compliance

Chiropractic Services: High Improper Payment Rate within Medicare FFS Part B

CMS continues to deny many chiropractic claims because they do not meet Medicare's requirements. During the 2015 reporting period, the Medicare Fee-For-Service (FFS) improper payment rate for chiropractic services was 51.7 percent, representing approximately $300 million in improper payments and accounting for 0.7 percent of the overall Medicare FFS improper payment rate. (Source)

The most common reason for the improper payments is insufficient documentation to support the billed services. This type of error occurs when the medical records do not contain enough information for the reviewer to make a decision about medical necessity for the item or service furnished. Avoid denied claims and overpayment recovery by understanding Medicare's requirements, especially around documentation requirements and medical necessity.

Resources:
- [Improving the Documentation of Chiropractic Services](#) educational video gives a thorough presentation on medical necessity and proper documentation
- [April 2013 Medicare Quarterly Provider Compliance Newsletter](#) has an article on chiropractic claims

MLN Matters® Articles:
- [Overview of Medicare Policy Regarding Chiropractic Services](#)
- [Medicare Coverage for Chiropractic Services: Medical Record Documentation Requirements for Initial and Subsequent Visits](#)
- [Use of the AT Modifier for Chiropractic Billing](#)
- [Educational Resources to Assist Chiropractors with Medicare Billing](#)

Upcoming Events

ESRD QIP: Reviewing Your Facility's PY 2017 Performance Data Call — August 2
Tuesday, August 2 from 2:30 to 4 pm ET

To register or for more information, 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)? Preliminary Payment Year (PY) Performance Score Reports (PSRs) will be available on August 15. Find out how to access, review, and submit a formal inquiry about your report by the September 16 deadline. A question and answer session will follow the presentation.

Agenda:
- Accessing and reviewing your PSR
- How CMS calculates your performance score using quality data
- What the performance score means for your PY 2017 payment rates
- How to submit one formal inquiry about your PSR
- Making performance data transparent to patients
- Where to access help and additional information

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.

IRF Quality Reporting Program Provider Training — August 9 and 10
Save the Date

CMS is hosting a 2-day, in-person training event on August 9 and 10 for the Inpatient Rehabilitation Facility (IRF) Quality Reporting program (QRP) in Chicago, IL. This training is for IRF providers, associations, and organizations. The objective is to provide IRFs with assessment-based data collection instructions and updates associated with the changes in the October 1, 2016, release of the IRF-Patient Assessment Instrument (PAI) V 1.4 and other reporting requirements of the IRF QRP. IRF preview reports and IRF Compare will also be discussed.

PQRS Feedback Reports and Informal Review Process for Program Year 2015 Results Call — August 10

Wednesday, August 10 from 1:30 to 3 pm ET

To register or for more information, visit MLN Connects Event Registration. Space may be limited, register early.

Learn about Physician Quality Reporting System (PQRS) negative payment adjustments, feedback reports, and the informal review process for program year 2015 results and 2017 payment adjustment determination.

Agenda:
- PQRS negative payment adjustment, feedback reports, and informal review
- How to request an informal review
- Where to call for help and resources
- Question and answer session

Target Audience: Physicians; individual eligible professionals; group practices; Comprehensive Primary Care practice sites; Accountable Care Organizations; therapists; practice managers; medical and specialty societies; payers; and insurers.

This call is being evaluated by CMS for CME and CEU continuing education credit (CE). Refer to the call detail page for more information.

LTCH Quality Reporting Program Provider Training — August 11

Save the Date

CMS is hosting a 1-day, in-person training event on August 11 for the Long-Term Care Hospital (LTCH) Quality Reporting program (QRP) in Chicago, IL. This training is for LTCH providers, associations, and organizations. The objective is provide LTCHs with assessment-based data collection instructions and updates associated with the changes in the April 1, 2016, release of the LTCH CARE Data Set v3.00 and other reporting requirements of the LTCH QRP. Additionally, there will be an informal meet and greet with presenters and CMS staff the evening of August 10.

Medicare Learning Network Publications & Multimedia

Medicare Billing Certificate Program for Part A Providers WBT — Revised

A revised Medicare Billing Certificate Program for Part A Providers Web-Based Training (WBT) is available through the Learning Management and Product Ordering System. Learn about:
- Part A of the Medicare program
- Medicare claims
- Billing requirements

Medicare Billing Certificate Programs for Part B Providers WBT — Revised

A revised Medicare Billing Certificate Program for Part B Providers Web-Based Training (WBT) is available through the Learning Management and Product Ordering System. Learn about:

- Part B of the Medicare program
- Medicare claims
- Billing requirements

Complying With Medicare Signature Requirements Fact Sheet – Revised

A revised Complying With Medicare Signature Requirements Fact Sheet is available. Learn about:
- Comprehensive Error Rate Testing (CERT) Program errors related to signature requirements
- Documentation needed to support a Medicare claim

DMEPOS Accreditation Fact Sheet — Revised

A revised DMEPOS Accreditation Fact Sheet is available. Learn about:
- Accreditation requirement, including the types of exempt providers for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
- Accreditation process
- Resources

Medicare Enrollment Guidelines for Ordering/Referring Providers Fact Sheet — Reminder

The Medicare Enrollment Guidelines for Ordering/Referring Providers Fact Sheet is available. Learn about:
- Three basic requirements for ordering and referring
- How to enroll in Medicare as an ordering/referring provider

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