

Thursday, July 21, 2016

Editor's Note:

Our [Medicare Learning Network](#) (MLN) website is updated to improve your access to education resources and make finding what you need easier. We hope you will take a look and share your thoughts with us. Learn more in this week's eNews.

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Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians Booklet — Revised
How to Use the National Correct Coding Initiative Tools Booklet — Revised

News & Announcements

Improved Medicare Learning Network Website

The Medicare Learning Network (MLN) website has a fresh new look and improved navigation. Now it's easier to access MLN knowledge, resources, and training. [Visit the new MLN homepage.](#)

What's new:

- Enhanced navigation – access the information you want faster
- Improved organization – choose your preferred product type
- Streamlined content – save time

IRF Quality Reporting Program Data Submission Deadline: August 15

Inpatient Rehabilitation Facility (IRF) Quality Reporting Program National Healthcare Safety Network (NHSN) data and IRF- Patient Assessment Instrument (PAI) data for the first quarter of CY 2016 must be submitted by August 15, 2016. For additional information, including a list of quality measure data that is due, visit the [IRF Quality Reporting Data Submissions Deadlines](#) webpage.

LTCH Quality Reporting Program Data Submission Deadline: August 15

Long-Term Care Hospital (LTCH) Quality Reporting Program National Healthcare Safety Network (NHSN) data and LTCH Continuity Assessment Record and Evaluation (CARE) data for the first quarter of CY 2016, including NQF #0680 – Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay), must be submitted by August 15, 2016. For additional information, including a list of quality measure data that is due, visit the [LTCH Quality Reporting Data Submissions Deadlines](#) webpage.

Hospice Quality Reporting: Reconsideration Period Ends Soon

In June, CMS mailed notifications to hospices that are not in compliance with Hospice Quality Reporting requirements for CY 2015, which will affect FY 2017 Annual Payment Updates. If you received a letter of non-compliance, you have thirty days from the date of your letter to submit a request for reconsideration. We will not accept any requests after the deadline. See the instructions in your letter and on the [Reconsideration Requests](#) webpage.

SNF Readmission Measure: Top 10 Things You Should Know

A new [fact sheet](#) is available for the Skilled Nursing Facilities (SNFs) Readmission Measure (SNFRM). The SNF Value-Based Purchasing (VBP) program ties portions of SNF payments to performance on this measure, which is calculated by assessing the risk-standardized rate of all-cause, unplanned hospital readmissions for Medicare Fee-For-Service SNF patients within 30 days of discharge from a prior proximal hospitalization. Visit the [SNF VBP](#) webpage for more information on the program.

Enhanced Administrative Simplification Website

Visit the newly enhanced [Administrative Simplification](#) website. To reduce paperwork and streamline business processes across the health care system, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Patient Protection and Affordable Care Act (ACA) set national standards for:

- [Electronic transactions](#)
- [Code sets](#)
- [Unique identifiers](#)

Provider Compliance

CMS Provider Minute: CT Scans Video

Insufficient documentation continues to be a leading cause of Medicare noncompliance for providers who bill for CT Scans. The [CMS Provider Minute: CT Scans Video](#) includes pointers to help you properly submit claims with sufficient documentation. This is the fourth in a [series](#) of Medicare compliance videos to educate on areas identified with a high degree of noncompliance.

Claims, Pricers & Codes

Billing for Nursing Visits in Home Health Shortage Areas by an RHC or FQHC

Section 1861(aa)(1)(C) of the Social Security Act authorizes Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) located in areas with a shortage of home health agencies to furnish part-time or intermittent nursing care and related medical supplies (other than drugs and biologicals) by a Registered Professional Nurse (RN) or Licensed Practical Nurse (LPN) to a homebound individual under a written plan of treatment. The current evaluation and management codes for home health visits are not billable by RNs or LPNs furnishing RHC or FQHC home health visits. Beginning with dates of service on or after October 1, 2016, RHCs and FQHCs should bill Healthcare Common Procedure Coding System (HCPCS) code G0490 for these visits. HCPCS code G0490 will be paid as a visit:

- Under the RHC all-inclusive rate payment system when reported on a RHC claim with revenue code 052X and modifier 'CG,' or
- Under the FQHC Prospective Payment System when reported on a FQHC claim with revenue code 052X and HCPCS code G0466 or G0467

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.

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.

Medicare Learning Network® Publications & Multimedia

Clinical Labs Call: Audio Recording and Transcript — New

An [audio recording](#), [transcript](#), and [post-call clarification](#) are available for the July 6 call on the [Clinical Diagnostic Laboratory Test Payment System Final Rule](#). CMS experts provide a high level overview of the final policies.

IMPACT Act Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the July 7 call on [Quality Measures and the IMPACT Act](#). CMS experts discuss key quality measures related to the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) and how they will affect you.

Medicare Podiatry Services: Information for FFS Health Care Professionals Fact Sheet — Revised

A revised [Medicare Podiatry Services: Information for Medicare Fee-For-Service Health Care Professionals](#) Fact Sheet is available. Learn about:

- Medicare coverage of podiatry services

- Conditions that might justify coverage
- Foot care for patients with chronic disease

Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians Booklet — Revised

A revised [Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians](#) Booklet is available. Learn about:

- Federal laws that combat fraud and abuse
- "Red Flags" that could lead to potential liability in criminal, civil, and administrative enforcement actions
- Case scenarios of actual fraud and abuse cases

How to Use the National Correct Coding Initiative Tools Booklet — Revised

A revised [How to Use the National Correct Coding Initiative \(NCCI\) Tools](#) Booklet is available. Learn about:

- Navigating the NCCI webpages
- Medicare code pair edits
- Medically unlikely edits
- Avoiding coding and billing errors

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