MLN Connects®
Provider eNews

Medicare Learning Network®
Official Information Health Care Professionals Can Trust

Thursday, September 29, 2016

Editor's Note:
The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to remove Social Security Numbers from all Medicare cards by April 2019. In this issue, learn about the new Medicare Beneficiary Identifier, and find out how to prepare.

News & Announcements

Provider Compliance

Claims, Pricers & Codes

Upcoming Events

Medicare Learning Network® Publications & Multimedia

News & Announcements

Social Security Number Removal Initiative

What do you need to do to get ready?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new randomly generated Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number on new Medicare cards for transactions like billing, eligibility status, and claim status. Prepare for this change by visiting the new overview and provider webpages, which include:

- Transition period
- Characteristics of the MBI
- How to obtain the MBI

It's time to look at your practice management systems and business processes and determine what changes you need to make to use the new MBI.

2015 PQRS Feedback Reports and 2015 Annual QRURs Available

2015 Physician Quality Reporting System (PQRS) Feedback Reports and 2015 Annual Quality and Resource Use Reports (QRURs) are available.

- The PQRS Feedback Reports show your program year 2015 PQRS reporting results, including payment adjustment assessment for calendar year 2017
- The 2015 Annual QRURs show how physician groups and physician solo practitioners performed in 2015 on the quality and cost measures used to calculate the 2017 Value Modifier, as well as their 2017 Value Modifier payment adjustment

How to Access the Reports:

- An Enterprise Identity Management (EIDM) account with the appropriate role is required
- For PQRS Feedback Reports, view the User Guide and the PQRS Analysis and Payment webpage
- For Annual QRURs: visit the How to Obtain a QRUR webpage

Informal Review Process:

- Request an informal review of your 2015 PQRS results and/or 2017 Value Modifier calculation during the informal review period of September 26 through November 30, 2016
- 2015 PQRS: 2017 Negative Payment Adjustment - Informal Review Made Simple
- 2017 Value Modifier Informal Review Request Quick Reference

Helpdesk Information:

- For assistance with EIDM or PQRS Feedback Report content/data, contact the QualityNet Help Desk at qnetsupport@hcqis.org or 866-288-8912 (TTY 1-877-715- 6222) or from 7 am to 7 pm CT, Monday through Friday
- For assistance with QRURs, Value Modifier, or if you are having trouble accessing the PQRS Feedback Reports, contact the Physician Value Help Desk at pvhelpdesk@cms.hhs.gov or 888-734-6433 (select option 3)

For more information, see the announcements for Access 2015 PQRS Feedback Reports and 2015 Annual QRURs Now and 2017 PQRS Negative Payment Adjustment Notification.

IMPACT Act Cross-Setting Quality Measure on Major Falls: Comments due October 14

Public comments are due October 14 on a cross-setting post-acute care measure under the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) to meet the domain of incidence of major falls for application in home health. CMS seeks feedback on the importance, feasibility, usability, and potential impact of adding falls with major injury data elements for quality measurement as new items to the OASIS item set. Visit the Public Comment webpage for more information.

New CERT Documentation Contractor Effective October 14

AdvanceMed, the current Comprehensive Error Rate Testing (CERT) Review Contactor, will also be operating the CERT Documentation Center, effective October 14, 2016. Beginning October 7, all CERT inquires and medical records should be sent to AdvanceMed. Visit the CERT website for more information.

Medicare EHR Requirements for 2016 Participation

To learn how to participate successfully in the Electronic Health Record (EHR) Incentive Programs in 2016, check out the 2016 Program Requirements webpage for resources, including:

- Specification sheets for Eligible Professionals (EPs) and eligible hospitals and Critical Access Hospitals (CAHs)
- Alternate exclusions available for certain objectives and measures
- Presentations for EPs and eligible hospitals and CAHs

EHR Incentive Programs: 2016 Exclusions and Alternate Exclusions

To participate successfully in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in 2016, providers must meet the thresholds of all required objectives and measures, or qualify for an exclusion and/or alternate exclusion. Providers who meet the qualifications for an exclusion and/or alternate exclusion will not need to report on that specific objective or measure.

- Exclusions exempt you from having to meet specific objectives. If you meet the qualifications for an exclusion, then you will not have to report on that objective and will avoid a payment adjustment in future years.
- The final rule included additional exclusions known as “alternate exclusions” for certain objectives and measures in 2015 and 2016.

For More Information:

- 2016 Program Requirements webpage
- Specification sheets for Eligible Professionals and eligible hospitals and critical access hospitals
- 2016 Alternate Exclusions fact sheet

eCQM: Review and Comment on Proposed Specification Changes

For 2016, stakeholders have the opportunity to review and comment on proposed changes to the Electronic Clinical Quality Measures (eCQM) specifications. To participate in the Change Review Process (CRP), users must have a JIRA account. Visit the CQM Issue Tracker webpage for a list of current CRP issues. Email CRP@mathematica-mpr.com if you are interested in receiving updates.

Updated ICD-10 Flexibility FAQs and 2017 Codes

2017 ICD-10 codes become effective October 1, 2016. Visit the ICD-10 website for official resources, including:

- Updates to the Clarifying Questions and Answers related to the July 6, 2015, CMS/AMA Joint Announcement and Guidance Regarding ICD-10 Flexibilities
- Step-by-step resource list to help you quickly locate contacts
- 2017 ICD-10-CM diagnosis code set and guidelines
- 2017 ICD-10-PCS inpatient procedure code set and guidelines

Medscape Article for CME Credit: Transforming Clinical Practice to Provide Patient-Centered Quality Care

Gain credits from a Continuing Medical Education (CME) article on Transforming Clinical Practice to Provide Patient-Centered Quality Care. This expert column reviews the Transforming Clinical Practice Initiative of the CMS Innovation Center, a large-scale health transformation project that supports clinicians/practices in sharing, adapting, and developing comprehensive quality improvement strategies.

All articles are available on Medscape.edu. To view the articles, you must be a registered Medscape user. There is no cost to join. Links to Medscape continuing education are also available through the CMS Earn Credit webpage.

National Cholesterol Education Month and World Heart Day

September is National Cholesterol Education Month and September 29 is World Heart Day. These observances raise awareness about cardiovascular disease, cholesterol, and stroke. Talk to your patients about appropriate Medicare-covered services and screenings.

For More Information:

- Medicare Preventive Services Educational Tool
- Centers for Disease Control and Prevention National Cholesterol Education Month website
- World Heart Day website
- Million Hearts® – a national initiative to prevent 1 million heart attacks and strokes by 2017

Visit the Preventive Services website to learn more about Medicare-covered services.

Provider Compliance

Evaluation and Management: Billing the Correct Level of Service

In a 2012 study report, the Office of the Inspector General (OIG) noted that a number of physicians increased their billing of higher level, more complex and expensive Evaluation and Management (E/M) codes. Many providers submit claims coded at a higher or lower level than the medical record documentation supports. Use the following resources to bill correctly for E/M services:

- OIG Report: Coding Trends of Medicare E/M Services
- Medicare Claims Processing Manual: Chapter 12, Section 30.6
- E/M Services Guide
- 1995 Documentation Guidelines for E/M Services
- 1997 Documentation Guidelines for E/M Services
- Frequently Asked Question on Use of 1995 and 1997 Guidelines

Claims, Pricers & Codes

Hospices: Hold on Claim Adjustments for Miscounted Routine Home Care Days

On August 18, 2016, CMS notified hospices that Medicare Administrative Contractors (MACs) would adjust claims to correct miscounting of routine home care days. Due to incorrect payments, MACs will stop adjustments until a solution is implemented.

Upcoming Events

Emergency Preparedness Requirements Call — October 5

Wednesday, October 5 from 1:30 to 3 pm ET

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

The Emergency Preparedness Requirements final rule established national requirements for Medicare and Medicaid providers. During this call, we will discuss the new requirements and revisions in the final rule, as well as how to plan for both natural and man-made disasters, while coordinating with other emergency preparedness systems. A question and answer session will follow the presentation.

Agenda:

- Provisions of the final rule
- Enforcement process
- Overview of available technical assistance

Target Audience: The final rule applies to 17 categories of providers and suppliers. See the Event Registration webpage for the complete list.

IMPACT Act: Data Elements and Measure Development Call — October 13

Thursday, October 13 from 1:30 to 3 pm ET

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

During this call, CMS experts discuss how data elements are used in measure development. Find out how information from assessment instruments is used to calculate quality measures. The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) requires the reporting of standardized patient assessment data on quality measures, resource use, and other measures by Post-Acute Care (PAC) providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals.

Agenda:

- Overview of National Quality Strategy and CMS Quality Strategy
- Why do we have quality measures?
- How do data elements fit within measure development?
- How is provider data used in the development process?
- Example: pressure ulcer measure
- Question and answer/discussion session

Target Audience: PAC providers, healthcare industry professionals, clinicians, researchers, health IT vendors, and other interested stakeholders.

How to Report Across 2016 Medicare Quality Programs Call — November 1

Tuesday, November 1 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 how to report quality measures during the 2016 program year to maximize your participation in Medicare quality programs, including the Physician Quality Reporting System (PQRS), Medicare Electronic Health Record (EHR) Incentive Program, Value-Based Payment Modifier (Value Modifier), and the Medicare Shared Savings Program. Satisfactory reporters will avoid the 2018 PQRS negative payment adjustment, satisfy the clinical quality measure component of the EHR Incentive Program, and satisfy requirements for the Value Modifier to avoid the downward payment adjustment. A question and answer session will follow the presentation.

Agenda:
How to Report Across 2016 Medicare Quality Programs for:

- Individual Eligible Professionals (EPs)
- PQRS group practices
- Medicare Shared Savings Program Accountable Care Organizations (ACOs)
- Pioneer and Next Generation ACOs

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

This MLN Connects 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

SNF Quality Reporting Program Webcast: Audio Recording and Transcript — New

An audio recording and transcript are available for the September 14 webcast on the Skilled Nursing Facility (SNF) Quality Reporting Program. Learn about the reporting requirements for this new program, effective October 1, 2016.

Dementia Care and QAPI Call: Audio Recording and Transcript — New

An audio recording and transcript are available for the September 15 call on the National Partnership to Improve Dementia Care and Quality Assurance and Performance Improvement (QAPI). This call focused on effective care transitions between long-term and acute care settings, highlighting transitions that involve residents with dementia.

PQRS Call Addendum — New

An addendum with additional resources is available for the August 10 call on PQRS Feedback Reports and Informal Review Process for Program Year 2015 Results. This call focused on 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.

Inpatient Psychiatric Facility Prospective Payment System Fact Sheet — Revised

A revised Inpatient Psychiatric Facility Prospective Payment System Fact Sheet is available. Learn about:

- Coverage requirements
- How payment rates are set and FY 2017 updates to the Inpatient Psychiatric Facility (IPF) Prospective Payment System
- IPF Quality Reporting Program

Medicare Enrollment for Physicians and Other Part B Suppliers Fact Sheet — Revised

A revised Medicare Enrollment for Physicians and Other Part B Suppliers Fact Sheet is available. Learn about:

- Part B suppliers
- Enrolling in the Medicare Program
- Determining if you want to be a participating provider

Medicare Enrollment for Institutional Providers Fact Sheet — Revised

A revised Medicare Enrollment for Institutional Providers Fact Sheet is available. Learn about:

- Institutional providers
- Enrolling in the Medicare program
- Medicare resources

Safeguard Your Identity and Privacy Using PECOS Fact Sheet — Revised

A revised Safeguard Your Identity and Privacy Using PECOS Fact Sheet is available. Learn about:

- Keeping your enrollment information up to date in the Provider Enrollment, Chain and Ownership System (PECOS)
- Protecting your enrollment information
- Privacy tips

Revised "How to" Products Available in Hard Copy Format

Revised "How to" Products are available in a hard copy format. To order a hard copy, visit the Learning Management and Product Ordering System:

- How to Use The Medicare Coverage Database
- How to Use The Medicare National Correct Coding Initiative Tools
- How to Use The Searchable Medicare Physician Fee Schedule

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