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Official CMS news from the Medicare Learning Network

Thursday, February 2, 2017

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News & Announcements

Clinical Laboratories: Prepare Now to Report Lab Data through March 31

If you are a reporting entity that has one or more applicable labs for which you are to report pricing data:

- Identify who will submit and certify your Clinical Lab Fee Schedule (CLFS) data. These two individuals must register in the Enterprise Identity Management (EIDM) system and request a CLFS submitter or certifier role in the Fee-For-Service Data Collection System.
- The CLFS submitter must be certified in the Provider Enrollment, Chain and Ownership System (PECOS) as a User or Authorized User on the PECOS Medicare Enrollment forms (CLFS submitters must have their name appear within one of the following 855 application forms: A,B,C,I,R).

New: A reporting entity that has multiple Taxpayer Identification Numbers (TINs) and multiple applicable labs (NPIs) may now register its TINs and NPIs under one user.

The updated [PAMA](#) webpage includes the following:

- MLN Matters® Special Edition Articles [SE1619](#) and [SE17002](#)
- [CLFS Data Collection System User Guide](#)
- Materials from the November 2 [MLN Connects Call](#) on data reporting
- [Frequently Asked Questions](#): Section 2 deals with applicable laboratories

Updated Clinical Laboratory Fee Schedule Website

CMS added new content to the [Clinical Laboratory Fee Schedule](#) website and refreshed existing content, including:

- [Update on Clinical Diagnostic Laboratory Test Payment System Data Requirement](#)
- [2017 Clinical Laboratory Fee Schedule](#)

- [Annual Laboratory Public Meetings Information](#)

Bookmark the website and check back often for new content.

Teaching Hospitals Receiving FTE Resident Caps Due to Hospital Closures

On January 31, CMS announced which teaching hospitals are receiving increases to their Direct Graduate Medical Education (DGME) and Indirect Medical Education (IME) Full-Time Equivalent (FTE) resident caps under Section 5506 of the Affordable Care Act due to the closure of the following three teaching hospitals:

- Round 8 — Pacific Hospital of Long Beach, CA
- Round 9 — Huey P. Long Medical Center in Pineville, LA
- Round 10 — St. Joseph's Hospital in Philadelphia, PA

Section 5506 directs CMS to develop a process to permanently preserve and redistribute the Medicare funded residency slots from teaching hospitals that close. Priority is given to hospitals located in the same or contiguous core-based statistical areas as a closed hospital and meet other criteria. For more information, see the list of applicants for slots under Rounds 8, 9, and 10 on the [DGME](#) webpage in the Downloads section.

February is American Heart Month

Heart disease is the leading cause of death for men and women in the United States, but it can often be prevented by identifying risk factors and making healthy lifestyle choices. Help your Medicare patients reduce their risk for heart disease and stroke:

- Recommend appropriate [preventive services](#), including [cardiovascular disease screening tests](#) and [intensive behavioral therapy for cardiovascular disease](#)
- Get tools and resources through HHS [Million Hearts®](#), a national initiative to prevent a million heart attacks and strokes by 2017

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

Provider Compliance

Hospital Discharge Day Management Services

Avoid delays. Bill it right the first time. The [CMS Provider Minute: Hospital Discharge Day Management Services](#) video includes helpful pointers to properly bill for these services. Learn about:

- Appropriate Healthcare Common Procedure Coding System (HCPCS) codes
- Who can submit a bill

This video is part of a [series](#) to help providers of all types improve in areas identified with a high degree of noncompliance.

Upcoming Events

Understanding and Promoting the Value of Chronic Care Management Services Call — February 21

Tuesday, February 21 from 1:30 to 3 pm ET

To register or for more information, visit [MLN Connects® Event Registration](#).

During this call, CMS experts discuss the benefits of providing Chronic Care Management (CCM) services and changes for CCM in the Physician Fee Schedule [final rule](#). A new outreach and education campaign from the

CMS Office of Minority Health increases awareness about the value of CCM, encourages adoption, and provides an opportunity for health care professionals to ask questions.

Agenda:

- Value of CCM services
- 2017 Physician Fee Schedule final rule changes
- CCM resources to support you
- Question and answer session
- Next Steps

Target Audience: Health care professionals who are interested in or currently billing CCM services to Medicare, as well as practice managers, health care administrators, billing specialists, medical coders, and other interested stakeholders.

Looking Ahead: The IMPACT Act in 2017 Call — February 23

Thursday, February 23 from 1:30 to 3 pm ET

To register or for more information, visit [MLN Connects Event Registration](#).

The Improving Medicare Post-Acute Care Transformation of 2014 ([IMPACT Act](#)) requires the reporting of standardized patient assessment data by Post-Acute Care (PAC) providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals. During this call, CMS experts discuss goals, requirements, progress to date, and key milestones for 2017. A question and answer session follows the presentation.

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

Medicare Learning Network Publications & Multimedia

Telehealth Services Fact Sheet — Revised

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

- Originating sites
- Distant site practitioners
- Telehealth services
- Billing and payment for professional services furnished via telehealth and the originating site facility fee

Inpatient Rehabilitation Facility Prospective Payment System Fact Sheet — Revised

A revised [Inpatient Rehabilitation Facility Prospective Payment System](#) Fact Sheet is available. It provides an update to the Inpatient Rehabilitation Facility Quality Reporting Program section.

Home Oxygen Therapy Booklet — Revised

A revised [Home Oxygen Therapy](#) Booklet is available. Learn about:

- Covered oxygen items and equipment for home use
- Coverage requirements
- Criteria you must meet to furnish oxygen items and equipment for home use
- Advance Beneficiary Notice of Noncoverage
- Oxygen equipment, items, and services that are not covered

- Payments for oxygen items and equipment and billing and coding guidelines

MLN Suite of Products & Resources for Rural Health Providers Educational Tool — Revised

A revised [MLN Suite of Products & Resources for Rural Health Providers](#) is available. Learn about publications and resources available for the unique information needs of the rural health community.

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