



MLN Connects™

Weekly Provider eNews

Thursday, March 27, 2014

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MLN Educational Products

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“Psychiatry and Psychotherapy Services” MLN Matters® Article — Re-Issued
“Intensive Behavioral Therapy (IBT)” Booklet — Revised
“Communicating With Your Medicare Patients” Fact Sheet — Revised

MLN Connects™ National Provider Calls

Medicare Shared Savings Program ACO: Preparing to Apply for 2015 — Register Now

Tuesday, April 8; 1:30-3pm ET

To Register: Visit [MLN Connects™ Upcoming Calls](#). Space may be limited, register early.

During this MLN Connects™ National Provider Call, CMS subject matter experts provide information on what you can do to prepare for the Medicare Shared Savings Program (Shared Savings Program) application process for the January 1, 2015 start date. This MLN Connects Call includes information on Accountable Care Organizations (ACOs), ACO organizational structure and governance, application key dates, the Notice of Intent to Apply (NOI) submission, and the first steps in submitting an application. A question and answer session will follow the presentation.

The [Shared Savings Program Application](#) web page has important information, dates, and materials on the application process. Call participants are encouraged to review the application and other materials found on this web page prior to the call.

Target Audience: Potential 2015 ACO Applicants

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

How to Register for the PQRS Group Practice Reporting Option in 2014 — Registration Now Open

Thursday, April 10; 2:30-4pm ET

To Register: Visit [MLN Connects™ Upcoming Calls](#). Space may be limited, register early.

This MLN Connects™ National Provider Call gives a walkthrough of the Physician Value (PV) - Physician Quality Reporting System (PQRS) Registration System. The PV-PQRS Registration System is an application that serves the Physician Value Modifier and PQRS programs. The PV-PQRS Registration system will allow physician group practices to select/change their CY 2014 PQRS Group Practice Reporting Option (GPRO) reporting mechanism and if applicable, supplement the groups' reporting mechanism with the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey in 2014. GPROs can begin registering via the PV-PQRS Registration System beginning April 1, 2014 through September 30, 2014.

In 2016, physicians in groups with 10 or more Eligible Professionals (EPs) will be subject to the Value Modifier based upon satisfactory participation in PQRS in 2014. To avoid the -2% automatic Value Modifier downward adjustment and the -2% PQRS payment adjustment in 2016, groups with 10 or more EPs will need to register for one of the reporting options available to groups in 2014 and meet the criteria to avoid the PQRS payment adjustment in 2016. Or, ensure that at least 50 percent of the EPs in the group report PQRS individually and meet the criteria to avoid the PQRS payment adjustment in 2016.

Agenda:

- Introduction/Opening Remarks
- PV-PQRS Registration Walkthrough
- Question and Answer Session

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

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

Standardized Readmission Ratio for Dialysis Facilities: National Dry Run — Registration Now Open

Thursday, April 17; 2:30-4pm ET

To Register: Visit [MLN Connects™ Upcoming Calls](#). Space may be limited, register early.

On March 31, 2014, CMS will begin conducting a national dry run of the Standardized Readmission Ratio (SRR) for dialysis facilities. The CMS Center for Clinical Standards and Quality has contracted with the University of Michigan Kidney Epidemiology and Cost Center to develop and implement the dry run. CMS is using this dry run to test the implementation of SRR reporting and to educate dialysis facilities about the measure.

This MLN Connects™ National Provider Call is the second of two calls that provides stakeholders with information about the measure and the dry run report, as well as provides answers to questions that facilities may have about their results. Dialysis facilities will be able to access their SRR report for the dry run by a secure login, at www.DialysisData.org, starting March 31. Each facility should have received a master account password by now. You are encouraged to access your reports and review your results prior to participating in this national provider call. The dry run comment period will run from March 31 – May 2. Facilities will not be able to access their reports after May 2.

If your facility has not received a master account password, or if the master account holder for your facility has changed, please contact the dry run help desk at 855-764-2885.

Agenda:

- Introductions and Roles
- SRR Measure Description
- Report Details
- Resources
- Q&A Session

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

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

CMS Events

Hospice Item Set Data Collection Training Video Now Available

The recording of the Hospice Item Set (HIS) Data Collection Training, originally presented on February 4 and 5, is now available on the [HIS](#) web page. This training covers HIS data collection processes, including item-specific instructions for each item in the HIS, along with tips and examples for HIS items.

The HIS Training follows closely along with the [HIS Manual](#) and covers these [HIS Training Slides](#). The Manual is an essential tool in understanding how to complete the HIS. CMS recommends that you review the manual before viewing the training.

Medicare-certified hospices will submit a HIS-Admission and HIS-Discharge record for each patient admission on or after July 1, 2014. Please also remember that the HIS Technical Training covering technical submission processes and data submission software will be provided online in May. Additional information about that training will be announced at a later date.

Announcements

Medicare Care Choices Model Launched: Hospice Organizations Can Apply Through June 19

CMS recently launched an initiative to develop innovative payment systems to improve care options for beneficiaries by allowing greater beneficiary access to comfort and rehabilitative care in Medicare and Medicaid. The Medicare Care Choices Model provides a new option for Medicare beneficiaries with advanced cancers, chronic obstructive pulmonary disease, congestive heart failure and HIV/AIDS who meet hospice eligibility requirements under the Medicare hospice benefit, to receive palliative care services from certain hospice providers while concurrently receiving services provided by their curative care providers. The Medicare Care Choices Model will test improvements to certain Medicare beneficiaries' quality of life while they are receiving both curative and palliative care.

Eligible hospice organizations interested in participating in this model must submit application materials no later than June 19, 2014. For application materials and additional information, please visit the [Medicare Care Choices Model](#) web page.

ESRD QIP Website Improvements: New Resources for Providers

CMS has revamped the [End-Stage Renal Disease \(ESRD\) Quality Incentive Program \(QIP\)](#) website for the renal community. This reorganized and expanded website includes details about ESRD QIP Payment Years (PY), program results, Frequently Asked Questions documents, archived presentations, and program timelines.

5 Days Remaining for Hospice Providers to Submit FY 2015 Reporting Cycle HQRP Data

Deadline for data submission is 11:59pm ET on Tuesday, April 1

Hospice providers should visit the [HQRP Data Entry and Submission Site](#) now to create an account and submit their Hospice Quality Reporting Program (HQRP) FY 2015 Reporting Cycle data. Data for both the structural measure and the National Quality Forum (NQF) #0209 pain measure must be submitted by no later than 11:59pm ET on April 1, 2014 in order to avoid a 2 percentage point reduction in the FY 2015 Annual Payment Update (APU). Providers may reference the [Technical User's Guide](#) and [Data Collection User Guide](#) for guidance on account creation and data submission processes.

Submit Suggestions for Advanced Diagnostic Imaging Program

CMS is requesting suggestions regarding the future development of regulations to improve the safety and quality of services furnished by Advanced Diagnostic Imaging (ADI) suppliers and would greatly appreciate any insights that you could share with us. CMS has created a public mailbox to receive suggestions related to potential improvements, which could include personnel qualifications, infection control practices, quality improvement programs, image and equipment quality, patient safety, evidence-based research, etc. All suggestions may be sent to ADISuggestions@cms.hhs.gov. You will receive a response confirming that your message has been received. Please feel free to share the mailbox address with any other interested parties. CMS will be accepting submissions to the mailbox until March 31, 2014.

EHR Incentive Program: Medicare EPs Must Attest by March 31 to Receive 2013 Incentive

Due to the large volume of providers attesting, please submit your data as soon as possible and during non-peak hours to avoid system delays. If you are an eligible professional (EP), the last day you can register and attest to demonstrating meaningful use for the 2013 Medicare Electronic Health Record (EHR) Incentive Program is March 31, 2014. You must successfully attest by 11:59pm ET on March 31, to receive an incentive payment for your 2013 participation. CMS extended the deadline for eligible professionals to attest to meaningful use for the Medicare EHR Incentive Program to allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2013 program year.

Medicaid Eligible Professionals

Eligible professionals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation information. If you are only eligible to participate in the Medicaid EHR Incentive Program, you are not subject to payment adjustments.

Payment Adjustments

Payment adjustments for EPs will be applied beginning January 1, 2015, to Medicare participants that have not

successfully demonstrated meaningful use. For more information, visit the [payment adjustment tipsheet for EPs](#). You must attest to demonstrating meaningful use *every year* to receive an incentive and avoid a payment adjustment.

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for Eligible Professionals](#)
- [Attestation Guide for Medicare Eligible Professionals](#)
- [Stage 2 Payment Adjustment Tipsheet for Eligible Professionals](#)

Plan Ahead

Review important dates for the EHR Incentive Programs and all CMS eHealth programs using this [Interactive Timeline](#).

EHR Incentive Program: Medicare Eligible Hospitals Must Take Action by April 1 to Avoid 2015 Payment Adjustment

[Payment adjustments for eligible hospitals](#) that have not successfully participated in the Medicare Electronic Health Record (EHR) Incentive Program will begin on *October 1, 2014*. Hospitals can avoid the payment adjustment by taking action by April 1.

Hospitals that have never participated in the Medicare EHR Incentive Program can:

- Submit a hardship exception application for experiencing circumstances that posted a significant barrier to achieving meaningful use
- Begin 90 days of [meaningful use](#) for the 2014 reporting year by April 1 and attest by July 1

Hospitals that participated in 2011 or 2012, but did not successfully participate in 2013 due to circumstances that created barriers can also submit a hardship exception. *Note: Critical access hospitals are on a different payment adjustment schedule, and have until November 30, 2015 to apply for a 2015 hardship exception.*

About Hardship Exceptions

The [hardship exception application](#) for Medicare eligible hospitals is available on the [EHR Incentive Programs](#) website and outlines the specific types of circumstances that CMS considers to be barriers to achieving meaningful use. Supporting documentation must also be provided. CMS will review applications to determine whether or not a hardship exception should be granted. As a reminder, the application must be submitted electronically or postmarked no later than *11:59pm ET on April 1, 2014* to be considered. If approved, the exception is valid for one year.

Demonstrate Meaningful Use

CMS has developed resources for hospitals that demonstrate meaningful use of certified EHR technology, including:

- [Stage 1 meaningful use spec sheets](#)
- [Attestation worksheet](#)
- [Meaningful use attestation calculator](#)

Dually eligible hospitals can avoid the Medicare payment adjustment by successfully meeting meaningful use under the Medicaid EHR Incentive Program.

Want more information about the EHR Incentive Programs?

Be sure to visit the [Medicare and Medicaid EHR Incentive Programs](#) website for the latest news and updates on the EHR Incentive Programs.

EHR Incentive Program: Important Payment Adjustment Information for Medicare Eligible Professionals

Eligible professionals participating in the Medicare Electronic Health Record (EHR) Incentive Program may be subject to payment adjustments beginning on *January 1, 2015*. CMS will determine the payment adjustment based on meaningful use data submitted prior to the 2015 calendar year. Eligible professionals must demonstrate meaningful use prior to

2015 to avoid payment adjustments. Determine how your EHR Incentive Program participation start year will affect the 2015 payment adjustments:

- If you began in 2011 or 2012: If you first demonstrated meaningful use in 2011 or 2012, you must demonstrate meaningful use for a full year in 2013 to avoid the payment adjustment in 2015.
- If you began in 2013: If you first demonstrated meaningful use last year, you needed to demonstrate meaningful use for a 90-day reporting period to avoid the payment adjustment in 2015.
- If you plan to begin in 2014: If you first demonstrate meaningful use in 2014, you must demonstrate meaningful use for a 90-day reporting period in 2014 to avoid the payment adjustment in 2015. This reporting period must occur in the first 9 months of calendar year 2014, and eligible professionals must attest to meaningful use no later than October 1, 2014, to avoid the payment adjustment.

Avoiding Payment Adjustments in the Future

You must continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years. If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you *must* demonstrate meaningful use to avoid the payment adjustments. You may demonstrate meaningful use under either Medicare or Medicaid.

If you are only eligible to participate in the Medicaid EHR Incentive Program, you are not subject to these payment adjustments.

Helpful Resources

For more information on payment adjustments, view the [Payment Adjustments and Hardship Exceptions Tipsheet](#) for eligible professionals.

Want more information about the EHR Incentive Programs?

Make sure to visit the [EHR Incentive Programs](#) website for the latest news and updates on the EHR Incentive Programs.

MLN Educational Products

Spring 2014 Version of The Medicare Learning Network® (MLN) Catalog — Now Available

The Spring 2014 version of the [MLN Catalog](#) is now available. The MLN Catalog is part of an ongoing effort to be responsive to the education needs of the health care professional community. The Medicare Learning Network® includes:

- [MLN Educational Publications and Tools](#)
- [MLN Matters® Articles](#)
- [MLN Web-based Training Courses \(Many offer Continuing Education Credits\)](#)
- [MLN Podcasts and Media](#)
- CMS Continuing Education Program (Administered by the MLN)
- [MLN Connects™ National Provider Calls](#)
- [MLN Connects™ Provider Association Partnerships](#)
- [MLN Connects™ Provider eNews](#)

The MLN Catalog contains brief descriptions of each offering. Downloadable items include clickable links that allow you to view products or get more information as you browse. All MLN products and services are available free of charge.

“Psychiatry and Psychotherapy Services” MLN Matters® Article — Re-Issued

[MLN Matters® Special Edition Article #SE1407](#), “Psychiatry and Psychotherapy Services” has been re-issued and is now available in a downloadable format. This article is designed to provide education on billing for psychiatry and

psychotherapy services with Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes. It includes information about improper payments for psychiatry and psychotherapy services that were identified through Comprehensive Error Rate Testing (CERT) review of Medicare Part B claims.

“Intensive Behavioral Therapy (IBT)” Booklet — Revised

The “[Intensive Behavioral Therapy \(IBT\) for Obesity](#)” Booklet (ICN 907800) was revised and is now available in a downloadable format. This booklet is designed to provide education on intensive behavioral therapy for obesity. It includes information about obesity rates, approaches on treating obesity, and other resources on obesity.

“Communicating With Your Medicare Patients” Fact Sheet — Revised

The “[Communicating With Your Medicare Patients](#)” Fact Sheet (ICN 908063) was revised and is now available in hard copy format. This fact sheet is designed to provide education on communicating with your Medicare patients. It includes background information and communication tips that will help you understand and respond to all patients; older patients; and racially, ethnically, and culturally diverse patients.

To access a new or revised product available for order in a *hard copy* format, go to [MLN Products](#) and scroll down to the bottom of the web page to the “Related Links” section and click on the “MLN Product Ordering Page.”

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