

Thursday, August 28, 2014

MLN Connects™ National Provider Calls

PQRS: How to Avoid 2016 Negative Payment Adjustments for CMS Medicare Quality Reporting Programs — Register Now

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MLN Educational Products

“International Classification of Diseases, 10th Revision (ICD-10) Testing - Acknowledgement Testing with Providers” MLN Matters® Article — Released

“ICD-10-CM/PCS Billing and Payment Frequently Asked Questions” Fact Sheet — Revised

“ICD-10-CM/PCS Myths and Facts” Fact Sheet — Revised

“ICD-10-CM Classification Enhancements” Fact Sheet — Revised

“General Equivalence Mappings Frequently Asked Questions” Booklet — Revised

“New Physician Specialty Code for Interventional Cardiology” MLN Matters® Article — Released

“Scenarios and Coding Instructions for Submitting Requests to Reopen Claims that are Beyond the Claim Filing Timeframes – Companion Information to MM8581: Automation of the Request for Reopening Claims Process” MLN Matters® Article — Released

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“Comprehensive Error Rate Testing (CERT): Skilled Nursing Facility (SNF) Certifications and Recertifications” MLN Matters® Article — Released

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

New MLN Educational Web Guides Fast Fact

MLN Products Available in Electronic Publication Format

MLN Connects™ National Provider Calls

PQRS: How to Avoid 2016 Negative Payment Adjustments for CMS Medicare Quality Reporting Programs — Register Now

Wednesday, September 17; 1:30-3pm ET

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

This MLN Connects™ National Provider Call provides an overview of the 2016 negative payment adjustment for several Medicare Quality Reporting Programs. This presentation will cover guidance and instructions on how eligible professionals (EPs) and group practices (GPs) can avoid the 2016 Physician Quality Reporting System (PQRS) negative payment adjustment, satisfy the clinical quality measure (CQM) component of the Electronic Health Records (EHR) Incentive Program, and avoid the automatic CY 2016 Value-Based Modifier (VM) downward payment adjustment.

The presentation will also provide various scenarios to demonstrate how EPs and GPs may be impacted by the 2016 negative payment adjustments under the various CMS Medicare Quality Reporting Programs. A question and answer session will follow the presentation.

Agenda:

- Becoming incentive eligible for 2014 PQRS
- Avoiding the 2016 PQRS payment adjustment
- Satisfying the CQM component of the EHR Incentive Program
- Satisfying requirements regarding the 2016 VM adjustment, if applicable
- Looking ahead for reporting 2015 quality measures to avoid the 2017 payment adjustment
- Where to call for help
- Q&A

Target Audience: Physicians, physician group practices, 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. Refer to the [call detail page](#) for more information.

Overview of the 2013 Quality and Resource Use Reports — Registration Opening Soon

Date will be announced soon

To Register: Visit [MLN Connects™ Upcoming Calls](#). Registration will be opening soon.

In September, the 2013 Quality and Resource Use Reports (QRURs) will be available for group practices and physician solo practitioners nationwide. This MLN Connects™ National Provider Call will provide an overview of the 2013 QRUR and explain how to interpret and use the information in the report. The data in the report can be used to better understand the care that patients receive from clinicians inside and outside of the group, improve quality and effectiveness of care, and to identify opportunities for improvement.

The 2013 QRURs also contain quality and cost performance data for CY 2013, which is the performance period for the Value-Based Payment Modifier (VM) that will be applied to physician payments for items and services furnished under the Medicare Physician Fee Schedule for groups of 100 or more eligible professionals in 2015. The 2013 QRUR can be used to plan for maintaining or improving performance on quality and cost measures for the 2016 VM.

The call will be more meaningful if you have your QRUR in front of you to follow along. We strongly encourage authorized representatives to sign up for a new Individuals Authorized Access to the CMS Computer Services (IACS) account or modify an existing account at <https://applications.cms.hhs.gov> as soon as possible in order to be able to access the QRURs prior to the call. Quick reference guides that provide step-by-step instructions for requesting each PV-PQRS System role for a new or existing IACS account are available in the “Downloads” section on the [Self Nomination/Registration](#) web page. Additional information about obtaining QRURs and supplemental exhibits using an IACS account will be available in the upcoming weeks in the How to Obtain the 2013 QRUR section of the [Physician Feedback Program/Value-Based Payment Modifier](#) web page.

Agenda:

- Opening Remarks
- Overview of the 2013 QRUR
- How to understand and use the 2013 QRURs
- Question and Answer session

Target Audience: Physicians, practitioners, therapists, medical group practices, practice managers, medical and specialty societies, payers, insurers.

This MLN Connects Call is being evaluated by CMS for CME and CEU continuing education credit.

New MLN Connects™ National Provider Call Video Slideshow, Audio Recording, and Transcript

A video slideshow, audio recording, and transcript are now available for the following calls:

- June 25 — New Medicare PPS for Federally Qualified Health Centers: Operational Requirements, [video slideshow](#)
- August 13 — How to Interpret Your 2012 Supplemental Quality and Resource Use Report, [audio](#) and [transcript](#)

Call materials for MLN Connects™ Calls are located on the [Calls and Events](#) web page.

Announcements

NIST EHR Randomizer Tool: Provider User Guide Available

Are you a provider in [Stage 2 of meaningful use](#) who needs help meeting measure #3 of the Transitions of Care core objective? If so, CMS and the Office of the National Coordinator for Health Information Technology (ONC) encourage you to use a new provider [user guide](#) that outlines instructions on how to use the National Institute of Standards and Technology (NIST) Electronic Health Record (EHR) [Randomizer](#), including:

- Required information
- Steps to register
- Guidance on how to perform the test

The guide walks providers through every step of the Randomizer—from registration to completion of the test.

About the NIST EHR Randomizer

The [Randomizer](#) tool enables providers to exchange data with a Test EHR in order to meet measure #3 of the Stage 2 Transitions of Care objective. Once [registered](#), the tool pairs a provider’s EHR technology with a different test EHR from the list of authorized systems. The provider must then send a [Consolidated Clinical](#)

[Document Architecture](#) summary of care record to the Test EHR. Providers will receive an email with notification of success or failure that can be used as proof of meeting the measure.

Transitions of Care Objective in Stage 2

The Stage 2 Transitions of Care objective for [eligible professionals](#) and [eligible hospitals](#) includes three measures. Measure #3 is outlined below:

- Conduct one or more successful electronic exchanges of a summary of care document, as part of which is counted in “measure 2” with a recipient who has EHR technology that was developed by a different EHR technology developer than the sender’s, or
- Conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period.

More Information

For more information about the Stage 2 Transitions of Care objective and other Stage 2 requirements, visit the [CMS Stage 2 of Meaningful Use](#) web page.

Review New FAQs for the EHR Incentive Programs

To keep you updated with information on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, CMS has recently added three new FAQs to the [CMS FAQ system](#). We encourage you to stay informed by taking a few minutes to review the new information below.

- For the certification criteria that providers must have in place to meet the Clinical Decision Support (CDS) objective, what type of interventions must the EHR technology trigger to meet the criteria? For this and for the Eligible Provider and Eligible Hospital Core Measures related to the Objective “use clinical decision support to improve performance on high-priority health conditions,” are “pop-up” alerts the only type of intervention that a provider can use to meet the CDS objective? [Read the answer.](#)
- I am an eligible professional. What should I do if my patients don’t have broadband access? [Read the answer.](#)
- In the inpatient setting, when providing patient data to satisfy the Summary of Care and View Online, Download, and Transmit objectives, does a hospital have to provide two different documents for patients and providers? [Read the answer.](#)

Want more information about the EHR Incentive Programs?

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

Claims, Pricers, and Codes

Update to Preventive Services Paid Based on the RHC or FQHC All-inclusive Rate

In response to several recent inquiries, CMS has determined that the screening pelvic and clinical breast examination, Healthcare Common Procedure Coding System (HCPCS) code G0101, is a billable visit when furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) practitioner to a RHC or FQHC patient. To avoid any delays in payment until the system is updated, providers should follow the guidance in the Preventive Services Chart on the [RHC](#) or [FQHC](#) center pages. Submit adjustments for any claims with G0101, rejected on or after January 1, 2014 to your Medicare Administrative Contractor, using this billing guidance.

Adjustment of Some Home Health Claims

Certain Home Health claims for episodes beginning October 1, 2013 and after, which were subject to the payment shift between the Part A and Part B trust funds, have not been paid correctly. There was no payment going to the provider, and the entire payment was being reported under Value Code 17. The system problem has been corrected, and the affected claims will be adjusted. No provider action is needed.

FY 2014 HH PPS PC Pricer Updated

The FY 2014 Home Health Prospective Payment System (HH PPS) PC Pricer has been updated to correct low utilization payment adjustment (LUPA) date logic on the [HH PPS](#) web page in the “Downloads” section.

MLN Educational Products

“International Classification of Diseases, 10th Revision (ICD-10) Testing - Acknowledgement Testing with Providers” MLN Matters[®] Article — Released

[MLN Matters[®] Special Edition Article #MM8858](#), “International Classification of Diseases, 10th Revision (ICD-10) Testing - Acknowledgement Testing with Providers,” was released and is now available in downloadable format. This article is designed to provide education on ICD-10 Acknowledgement Testing, as outlined in Change Request 8858. It includes key points and milestones for this testing.

“ICD-10-CM/PCS Billing and Payment Frequently Asked Questions” Fact Sheet — Revised

The “[ICD-10-CM/PCS Billing and Payment Frequently Asked Questions](#)” Fact Sheet (ICN 908974) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes the following information: ICD-10-CM/PCS billing and payment Frequently Asked Questions and resources.

“ICD-10-CM/PCS Myths and Facts” Fact Sheet — Revised

The “[ICD-10-CM/PCS Myths and Facts](#)” Fact Sheet (ICN 902143) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes the following information: ICD-10-CM/PCS compliance date, use of external cause and unspecified codes in ICD-10-CM, responses to myths on ICD-10-CM/PCS, and resources.

“ICD-10-CM Classification Enhancements” Fact Sheet — Revised

The “[ICD-10-CM Classification Enhancements](#)” Fact Sheet (ICN 903187) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes the following information: ICD-10-CM/PCS compliance date, use of external cause and unspecified codes in ICD-10-CM; benefits of ICD-10-CM, similarities and differences between International Classification of Diseases,

9th Edition, Clinical Modification and ICD-10-CM, new features in ICD-10-CM, additional changes in ICD-10-CM, and resources.

“General Equivalence Mappings Frequently Asked Questions” Booklet — Revised

The “[General Equivalence Mappings Frequently Asked Questions](#)” Booklet (ICN 901743) was revised and is now available in downloadable format. This booklet is designed to provide education on the conversion of International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) codes to International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) and the conversion of ICD-10-CM/PCS codes back to ICD-9-CM. It includes the following information: use of external cause and unspecified codes in ICD-10-CM, background, Frequently Asked Questions, and resources.

“New Physician Specialty Code for Interventional Cardiology” MLN Matters® Article — Released

[MLN Matters® Special Edition Article #MM8812](#), “New Physician Specialty Code for Interventional Cardiology,” was released and is now available in downloadable format. This article is designed to provide education on description changes to specialty codes 62, 88, and 95, as outlined in Change Request 8812. It includes updated information on how these codes should be used.

“Scenarios and Coding Instructions for Submitting Requests to Reopen Claims that are Beyond the Claim Filing Timeframes – Companion Information to MM8581: Automation of the Request for Reopening Claims Process” MLN Matters® Article — Released

[MLN Matters® Article #SE1426](#), “Scenarios and Coding Instructions for Submitting Requests to Reopen Claims that are Beyond the Claim Filing Timeframes – Companion Information to MM8581: Automation of the Request for Reopening Claims Process” was released and is now available in downloadable format. This article is designed to provide education on additional information, coding instructions, and scenarios for requesting a reopening of a claim that is beyond the filing timeframe. It includes background information.

“Fingerprint-based Background Check Begins August 6, 2014” MLN Matters® Article — Released

[MLN Matters® Special Edition Article #SE1427](#), “Fingerprint-based Background Check Begins August 6, 2014” was released and is now available in downloadable format. This article is designed to provide education on the CMS implementation of the fingerprint-based background requirement on August 6, 2014. It includes detailed background information.

“Comprehensive Error Rate Testing (CERT): Skilled Nursing Facility (SNF) Certifications and Recertifications” MLN Matters® Article — Released

[MLN Matters® Special Edition Article #SE1428](#), “Comprehensive Error Rate Testing (CERT): Skilled Nursing Facility (SNF) Certifications and Recertifications” was released and is now available in downloadable format. This article is designed to provide education on the importance of obtaining certification and recertification statements from physicians or non-physician practitioners (NPPs) by SNFs. It includes background information and examples of CERT findings.

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

The “[Medicare Learning Network® \(MLN\) Suite of Products & Resources for Rural Health Providers](#)” Educational Tool (908465) was revised and is now available in downloadable format. This educational tool is designed to provide education on the publications and resources for the unique information needs of the rural health community. It includes links to MLN rural health publications, including several in text-only format and lists of helpful websites and Regional Office Rural Health Coordinators.

New MLN Educational Web Guides Fast Fact

A new fast fact is now available on the [MLN Educational Web Guides](#) web page. This web page provides information on Evaluation and Management services, Guided Pathways that contain resources and topics of interest, lists of health care management products, and easy-to-understand billing and coding educational products. It is designed to provide educational and informational resources related to certain Medicare Fee-For-Service initiatives. Please bookmark this page and check back often as a new fast fact is added each month.

MLN Products Available in Electronic Publication Format

The following products are now available as an electronic publication (EPUB) and through a QR code. Instructions for downloading EPUBs and how to scan a QR code are available at “[How To Download a Medicare Learning Network® \(MLN\) Electronic Publication](#).”

- “[The Basics of Internet-based Provider Enrollment, Chain and Ownership System \(PECOS\) for Physicians and Non-Physician Practitioners](#)” Fact Sheet (ICN 903764) is designed to provide education on how physician and non-physician practitioners should enroll in the Medicare Program and maintain their enrollment information using Internet-based PECOS. It includes information on how to complete an enrollment application using Internet-based PECOS and a list of frequently asked questions and resources.
- “[Internet-based Provider Enrollment, Chain and Ownership System \(PECOS\) Contact Information](#)” Fact Sheet (ICN 903766) is designed to provide contact information for technical assistance with Internet-based PECOS. It includes a list of contacts and other resources.

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