



Medicare In The News



myCGS Web Portal

myCGS is a web-based application developed specifically to serve the needs of health care providers and their staff in Jurisdiction 15. Access to myCGS is available 24/7, and is free of charge to all CGS providers.

Information and features are available through myCGS:

- Claim Submission and information
- Remittance Advices
- Beneficiary Eligibility
- Financial Tools
- Messaging
- Forms
- Redetermination Requests
- Reopening Requests
- Offset Requests

Recent enhancement to myCGS:

- Respond to Medical Review (MR) Additional
- Respond to Additional Documentation Requests (ADRs) received from Medical Review

Visit the [myCGS Web Page](#) to register and for more details

Proposed Policy and Payment Changes to 2016 MPFS

CMS issued the 2016 proposed rule on July 8, 2015. Final rule is effective for MPFS services furnished on or after January 1, 2016

- Implements MIPS (the Merit-Based Incentive Payment System (MACRA repealed the SGR)
- Changes to several quality reporting initiatives – PQRs, VM and EHR
- Additional quality information will be reported on the Physician Compare website located on [Medicare.gov](#)
- View the rule at: <https://federalregister.gov/a/2015-16875>

2016 Physician Quality Reporting System (PQRS) Negative Payment Adjustment and the Informal Review Process

Last month the 2016 PQRS Negative Payment Adjustment notification letters were mailed to those providers that did not satisfactorily report PQRS in 2014. This includes:

- Individual Eligible Professionals (EPS)
- Comprehensive Primary Care (CPC) practice sites
- Group Practices and ACOs using the group practice reporting option (GPRO)

EPs, CPC practice sites, PQRS group practices, and ACOs that believe they have been incorrectly assessed the 2016 PQRS negative payment adjustment may submit an informal review between September 9, 2015 and November 9, 2015 requesting CMS investigate incentive eligibility and/or payment adjustment determination.

All informal review requestors will be contacted via email of a final decision by CMS within 90 days of the original request for an informal review. All decisions will be final and there will be no further review.

All informal review requests must be submitted electronically via the [Quality Reporting Communication Support Page \(CSP\)](#) which will be available **September 9, 2015** through **November 9, 2015** at 11:59 p.m. Eastern Time.

Additional questions regarding the informal review process can be directed to the QualityNet Help Desk at 1-866-288-8912 or Qnetsupport@hcqis.org

Individuals Authorized Access to CMS Computer Services (IACS) accounts transition to the Enterprise Identity Management System (EIDM)

Beginning on July 13, 2015, an IACS account can no longer be used to access Quality and Resource Use Reports (QRURs); instead, an EIDM account will be required to access QRURs at <https://portal.cms.gov>.

2014 Annual Quality and Resource Use Reports (QRURs) Available

On September 9, 2015, CMS made available the 2014 Annual Quality and Resource Use Reports (QRURs) to every group practice and solo practitioner nationwide. Groups and solo practitioners are identified in the QRURs by their Taxpayer Identification Number (TIN).

The QRURs are also available for groups and solo practitioners that participated in the Medicare Shared Savings Program, the Pioneer ACO Model, or the Comprehensive Primary Care initiative in 2014, in addition to those TINs consisting only of non-physician eligible professional (EPs).

The 2014 Annual QRURs show how groups and solo practitioners performed in 2014 on the quality and cost measures used to calculate the 2016 Value Modifier.

For groups with 10 or more EPs that are subject to the 2016 Value Modifier, the QRUR shows how the Value Modifier will apply to physician payments under the Medicare Physician Fee Schedule (PFS) for physicians who bill under the group's TIN in 2016.

For all other groups and solo practitioners, the QRUR is for informational purposes only and will not affect their payments under the Medicare PFS in 2016.

Authorized representatives of group and solo practitioners can access the 2014 Annual QRURs using an Enterprise Identify Data Management (EIDM) account with the correct role at <https://portal.cms.gov>.

For groups with 10 or more EPs that are subject to the 2016 Value Modifier, CMS established a 60-day Informal Review Period that begins after the release of the 2014 Annual QRURs, to request a correction of a perceived error in their 2016 Value Modifier calculation. The informal review period for the 2016 Value Modifier is open from **September 9, 2015** through **November 9, 2015**. Information about how to request an informal review is available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2014-QRUR.html>

ICD-10 Transition

Implementation of ICD-10 began on October 1, 2015. Some brief reminders:

- Only using a subset of the 68,000 ICD-10 codes
- Tools to find ICD-10 codes are available
- CPT and HCPCS codes were not affected by the ICD-10 transition
- Take advantage of ICD-10 resources
- CMS has a HUGE library of resources to help you with ICD-10 at www.cms.hhs.gov/ICD10/
 - Latest ICD-10 News
 - Provider Resources
 - General Equivalence Mappings (GEMs)
- Resources tailored to small providers at <http://www.roadto10.org/>
 - Understanding basics
 - Action plans with Clinical scenarios for certain specialties
 - Checklists on key steps
 - Team training
 - Engaging vendors
 - In-office processes
- ICD-10 information also available on the CGS web site
 - All Local Coverage Determinations ([LCDs](#)) have been translated to ICD-10
 - Check the [Browse by Topic/ICD-10](#) link

Medicare Administrative Contractor (MAC) Award Status

Consolidating the original 15 A/B MACS into 10 contracts

- Eight consolidations have been completed
- Final two have been postponed
 - J8 and J15 to form JI
 - J5 and J6 to form JG
- CGS was awarded the J15 contract in September 2015