

Thursday, December 17, 2015

## MLN Connects<sup>®</sup> Events

ESRD QIP: Payment Year 2019 Final Rule Call — Register Now  
Collecting Data on Global Surgery as Required by MACRA Listening Session — Registration Now Open  
IMPACT Act: Connecting Post-Acute Care across the Care Continuum Call — Registration Opening Soon  
New Audio Recording and Transcript Available

## Announcements

CMS Expands Quality Data on Physician Compare and Hospital Compare  
CMS Hospital-Acquired Conditions Reduction Program: FY 2016 Results  
Corrections Made to 2016 DMEPOS Fee Schedules

## Claims, Pricers, and Codes

January 2016 Average Sales Price Files Available  
FY 2016 Inpatient PPS PC Pricer Update Available  
Claims Processing Issue for Reference Laboratory and Anti-markup Payment Limitation Services Resolved

## Medicare Learning Network<sup>®</sup> Videos

CMS Provider Minute: Hospital Discharge Day Management Services Video — New  
What is the HIPAA Privacy Rule? Tips to Protect Your Patients' Privacy Video — New

## Medicare Learning Network Publications

Reading a Professional Remittance Advice Booklet — Revised  
New MLN Provider Compliance Fast Fact

## MLN Connects<sup>®</sup> Events

### ESRD QIP: Payment Year 2019 Final Rule Call — Register Now

Tuesday, January 19 from 2 to 3:30pm ET

To Register: Visit [MLN Connects Event Registration](#). Space may be limited, register early.

Do you participate in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)? During this call, CMS subject matter experts will discuss the [final rule](#) that operationalizes the ESRD QIP for Payment Year (PY) 2019. The performance period for PY 2019 will begin on January 1, 2017. Facilities and other stakeholders should take steps now to understand the changes to the program.

A question and answer session will follow the presentation. Visit the [ESRD QIP](#) website for more information.

Agenda:

- ESRD QIP legislative framework and how it fits in with CMS strategies to improve quality
- Changes reflected in the final rule based on public comments
- Final measures, standards, scoring methodology, and payment reduction scale that are applied to the PY 2019 programs
- How the PY 2019 program compares to PY 2018
- Where to find additional information about the program

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

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### **Collecting Data on Global Surgery as Required by MACRA Listening Session — Registration Now Open**

Wednesday, January 20 from 2:30 to 4:00pm ET

To Register: Visit [MLN Connects Event Registration](#). Space may be limited, register early.

This listening session provides an opportunity for CMS to learn from stakeholders about how to conduct the data collection required under Section 523 of the Medicare Access and CHIP Reauthorization Act of 2015 ([MACRA](#)). CMS is developing a proposal for implementing these new data collection requirements, including the definition of global periods, sampling approach, mechanisms for data collection, and definition of services furnished within the global period. Stakeholders are encouraged to review Section 523 prior to the session in order to provide input to CMS about how to implement its requirements.

Agenda:

- Mechanisms for capturing the types of services typically furnished during the global period
- Determining the representative sample for the claims-based data collection
- Determining whether CMS should collect data on all surgical services or which services should be sampled
- Potential for designing data collection elements to interface with existing infrastructure used to track follow-up visits within the global period
- Consideration of use of 5% withhold until required information is furnished

Target Audience: Practitioners who furnish surgical services to Medicare beneficiaries, state and national associations that represent these practitioners, integrated delivery systems representatives, coding professionals, and practice managers.

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## **IMPACT Act: Connecting Post-Acute Care across the Care Continuum Call — Registration Opening Soon**

Thursday, February 4 from 1:30 to 3pm ET

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

The Improving Medicare Post-Acute Care Transformation ([IMPACT](#)) Act of 2014 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. It specifies that data elements must be standardized and interoperable to allow for the exchange and use of data among these PAC and other providers, including common standards and definitions to facilitate coordinated care and improved beneficiary outcomes. During this call, CMS subject matter experts and the Office of the National Coordinator for Health IT discuss the implications of the IMPACT Act for health information exchange across the care continuum.

### Agenda:

- Requirements to standardize and make interoperable post-acute care assessment data elements
- Using and exchanging clinically relevant assessment data for multiple purposes
- Health Information Technology Standards - A Primer
- CMS Data Element Library
- Electronic health information exchange

Target Audience: Providers across the care continuum, including long-term/post-acute care and home and community-based service providers, acute and primary care providers, integrated delivery systems and representatives from other payment models, health IT vendors, and other interested stakeholders.

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## **New Audio Recording and Transcript Available**

An [audio recording](#) and [transcript](#) are available from the December 1 call — [National Partnership to Improve Dementia Care and QAPI](#). During this call, a physician shared approaches to effectively manage high-risk medications, and a pharmacist discussed the importance of drug regimen reviews and medication reconciliation. CMS subject matter experts also gave updates on the progress of the National Partnership and Quality Assurance and Performance Improvement (QAPI).

## **Announcements**

### **CMS Expands Quality Data on Physician Compare and Hospital Compare**

Updates provide more quality metrics for health care professionals and group practices

On December 10, data was refreshed on both the [Physician Compare](#) and [Hospital Compare](#) websites to improve these consumer online tools:

- New quality measures have been added to [Physician Compare](#) for group practices and Accountable Care Organizations (ACOs) and, for the first time, individual health care

professionals. These measures focus on the quality of care provided by Medicare physicians and other health care professionals.

- [Hospital Compare](#) includes information on more than 100 quality measures and over 4,000 hospitals. The website has been refreshed and updated to include new data and several new measures.

For more information: See the [Public Reporting of 2014 Quality Measures on the Physician Compare and Hospital Compare Websites](#) fact sheet.

See the full text of this excerpted [CMS press release](#) (issued December 10).

## **CMS Hospital-Acquired Conditions Reduction Program: FY 2016 Results**

In FY 2016, 758 out of 3,308 hospitals subject to the Hospital-Acquired Condition (HAC) Reduction Program are in the worst performing quartile and will have a one percent payment reduction applied to all Medicare discharges occurring between October 1, 2015, and September 30, 2016. In FY 2015, 724 hospitals were subject to a payment reduction. CMS estimates that the total savings in FY 2016 will be \$364 million.

The fact sheet includes information on:

- Public reporting
- Measure selection and calculation
- Scoring methodology

Additional information about the HAC Reduction Program is available on [QualityNet](#).

See the full text of this excerpted [CMS fact sheet](#) (issued December 10).

## **Corrections Made to 2016 DMEPOS Fee Schedules**

On December 8, CMS released revised 2016 Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule amounts that include adjusted fees based on DMEPOS Competitive Bidding Program information. CMS identified format errors in the January 2016 PEN text public use fee schedule file and released a revised file on December 14. Check the [DME Center Page](#) for more information.

## **Claims, Pricers, and Codes**

### **January 2016 Average Sales Price Files Available**

CMS posted the January 2016 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks. All are available for download on the [2016 ASP Drug Pricing Files](#) webpage.

### **FY 2016 Inpatient PPS PC Pricer Update Available**

The FY 2016.1 Inpatient Prospective Payment System (PPS) PC Pricer has been updated and is now available with October 2015 provider data on the [Inpatient PPS PC Pricer](#) webpage in the “Downloads” section.

### **Claims Processing Issue for Reference Laboratory and Anti-markup Payment Limitation Services Resolved**

A claims processing issue affecting claims for reference lab services and services subject to the anti-markup payment limitation, which were billed on or after October 1, 2015, has been resolved. Medicare Administrative Contractors (MACs) are reprocessing these claims. No further action is needed by providers/suppliers. If you are holding claims pending a resolution to this issue, please submit the claims to your MAC for processing.

Reminder: For all claims received on or after October 1, 2015, billing physicians/suppliers must submit the National Provider Identifiers (NPIs) of performing physicians/suppliers that furnish reference lab tests or services subject to the anti-markup payment limitation, even if the performing physician/suppliers are located outside of the biller’s jurisdiction. The NPI should be included in Item 32a of the CMS-1500 claim form (or the electronic equivalent).

## **Medicare Learning Network® Videos**

### **CMS Provider Minute: Hospital Discharge Day Management Services Video — New**

This [video](#) includes helpful pointers to properly bill for hospital discharge day management services. This is the first in a series of Medicare Compliance Videos.

### **What is the HIPAA Privacy Rule? Tips to Protect Your Patients' Privacy Video — New**

This [video](#) includes basic information about the HIPAA Privacy Rule. It discusses ways in which health care professionals can protect their patients’ privacy.

## **Medicare Learning Network Publications**

### **Reading a Professional Remittance Advice Booklet — Revised**

A revised [Reading a Professional Remittance Advice](#) Booklet is available. Learn about:

- Reading a professional Electronic Remittance Advice (ERA)
- Reading a Standard Paper Remittance Advice (SPR)
- Balancing the ERA or SPR so provider records are consistent with Medicare’s records

### **New MLN Provider Compliance Fast Fact**

A new fast fact is available on the [Medicare Learning Network Provider Compliance](#) webpage. Bookmark this webpage for the latest [Medicare Learning Network Educational Products](#) and [MLN Matters® Articles](#) to help you understand common billing errors and avoid improper payments.

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