

Thursday, February 4, 2016

MLN Connects[®] Events

New Audio Recordings and Transcripts Available

Other CMS Events

Medicare Quality Reporting Programs Webinar: What Eligible Providers Need to Know in 2016

Medicare Learning Network[®] Publications and Multimedia

Prohibition on Balance Billing Dually Eligible Individuals Enrolled in the QMB Program MLN Matters[®] Article — Revised

Implementation of Fingerprint-Based Background Checks MLN Matters Article — Revised

The Medicare Home Health Benefit Web-Based Training Course — Revised

Remittance Advice Information: An Overview Fact Sheet — Revised

Medicare Advance Beneficiary Notices Booklet — Revised

How to Use the Searchable Medicare Physician Fee Schedule Booklet — Revised

Announcements

CMS Announces Proposed Improvements to Medicare Shared Savings Program

CMS Releases Home Health Patient Experience of Care Star Ratings

New Proposal to Give Providers and Employers Access to Information to Drive Quality and Patient Care Improvement

Comment Period for IMPACT Act Measures Extended to February 5

Comment Period for RFI on Reporting of Quality Measures Extended to February 16

Hospice, IRF, LTCH, SNF, HHA: QIES System Downtime from March 16 through 21

Register in Open Payments System to Review and Dispute 2015 Data

2015 PQRS Data: Submission Deadlines

Applying for an EHR Hardship Exception: FAQs

Temporary Moratoria Extended on Enrollment of New Home Health Agencies and Part B Ambulance Suppliers

Stop Hepatitis C Virus Transmission in Patients Undergoing Hemodialysis

Flu Season Begins: Severe Influenza Illness Reported

February is American Heart Month

MLN Connects[®] Events

New Audio Recordings and Transcripts Available

Audio recordings and transcripts are available for the following events:

- January 19 — [ESRD QIP: Payment Year 2019 Final Rule](#) Call: [audio recording](#) and [transcript](#). Do you participate in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)?

During this call, CMS subject matter experts discussed the final rule that operationalizes the ESRD QIP for Payment Year 2019.

- January 20 — [Collecting Data on Global Surgery as Required by MACRA](#) Listening Session: [audio recording](#) and [transcript](#). This listening session provided 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).

Other CMS Events

Medicare Quality Reporting Programs Webinar: What Eligible Providers Need to Know in 2016

The CMS Philadelphia Regional Office is hosting webinars on Medicare Quality Reporting Programs: What Eligible Providers Need to Know in 2016. Both sessions will present the same information.

Register for a session:

- [Wednesday, February 10](#) from 11:30 am to 1:00 pm ET
- [Wednesday, February 17](#) from 11:30 am to 1:00 pm ET

Topics include:

- Medicare Access and CHIP Reauthorization Act (MACRA) preview
- 2016 incentive payments and 2018 payment adjustments
- 2016 Physician Quality Reporting System (PQRS) updates
- 2018 Value-based Payment Modifier (VM) policies
- Physician Compare updates for 2016
- Meaningful use of Certified Electronic Health Record Technology (CEHRT) in 2016

Medicare Learning Network® Publications and Multimedia

Prohibition on Balance Billing Dually Eligible Individuals Enrolled in the QMB Program MLN Matters® Article — Revised

An MLN Matters Special Edition Article on [Prohibition on Balance Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary \(QMB\) Program](#) is available. Learn about QMB eligibility and benefits.

Implementation of Fingerprint-Based Background Checks MLN Matters Article — Revised

An MLN Matters Special Edition Article on [Implementation of Fingerprint-Based Background Checks](#) is available. Learn about fingerprint-based background checks as part of the enhanced enrollment screening provisions in Section 6401 of the Affordable Care Act.

The Medicare Home Health Benefit Web-Based Training Course — Revised

With Continuing Education Credit

A revised Medicare Home Health Benefit Web-Based Training (WBT) course is available through the [MLN Learning Management and Product Ordering System](#). Learn about:

- Qualifying for home health services

- Consolidated billing
- Therapy services
- Billing and payment

Remittance Advice Information: An Overview Fact Sheet — Revised

A revised [Remittance Advice Information: An Overview](#) Fact Sheet is available. Learn about:

- What types of Remittance Advice (RA) are available
- What information is included in an RA
- How to view an RA

Medicare Advance Beneficiary Notices Booklet — Revised

A revised [Medicare Advance Beneficiary Notices](#) Booklet is available. Learn about:

- Types of Advance Beneficiary Notices (ABNs)
- Prohibitions and frequency limits
- Completing the ABN
- Collecting payment from the beneficiary
- Financial liability and the ABN
- Claim reporting modifiers

How to Use the Searchable Medicare Physician Fee Schedule Booklet — Revised

A revised [How to Use the Searchable Medicare Physician Fee Schedule](#) Booklet is available. Learn about:

- Payment information
- Pricing
- Relative value units
- Payment policies

Announcements

CMS Announces Proposed Improvements to Medicare Shared Savings Program

Plan Strengthens Incentives for ACOs to Improve Performance

On January 28, CMS released a proposed rule to update the methodology used to measure the performance of Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program. Key proposals include:

- Recognizing that health cost trends vary in communities across the country by using regional, rather than national, spending growth trends when establishing and updating an ACO's rebased benchmark.
- Adjusting an ACO's rebased benchmark when it enters a second or subsequent agreement period by a percentage (increased over time) of the difference between Fee-For-Service spending in the ACO's regional service area and the ACO's historical spending, which will provide a greater incentive for continued ACO participation and improvement.

- Giving ACOs time to prepare for benchmarks that incorporate regional expenditures by using a phased-in approach to implementation.

Other changes would include:

- Adding a participation option to facilitate an ACO's transition to performance-based risk arrangements by allowing eligible ACOs to elect a fourth year under their existing first agreement and defer by one year entering a second agreement period under a performance-based risk track.
- Streamlining the methodology for adjusting an ACO's benchmark when its composition changes.
- Clarifying the timeline and other criteria for reopening determinations of ACO shared savings and shared losses for good cause or fraud or similar fault.

For More Information:

- [Proposed Rule](#) – Submit comments until March 28, 2016
- [Fact Sheet](#)

See the full text of this excerpted [CMS press release](#) (issued January 28).

CMS Releases Home Health Patient Experience of Care Star Ratings

Comparison Ratings that Help Patients Compare and Choose Among Home Health Agencies

On January 28, CMS introduced the first patient experience of care star ratings on [Home Health Compare](#). The Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) Survey star ratings report patients' experiences of care ranging from one star to five stars using data from patients (or the family or friends of patients) that have been treated by the agency. Five stars is the highest rating and reflects the best patient experience. There are over 11,000 agencies with data on Home Health Compare, and more than 6,000 of them now have patient care experience star ratings. The five HHCAHPS Survey star ratings are:

- Care of Patients
- Communication Between Providers and Patients
- Specific Care Issues
- Overall Rating of Care Provided by the Home Health Agency
- Survey Summary star rating

Some home health agencies do not have enough data right now to calculate and display star ratings. However, CMS continually updates Home Health Compare, and all of its Compare websites, so those home health agencies that do not currently have patient experience star ratings may have star ratings in the future.

For More Information:

- [Fact Sheet](#)
- [HHCAHPS](#) website

See the full text of this excerpted [CMS press release](#) (issued January 28).

New Proposal to Give Providers and Employers Access to Information to Drive Quality and Patient Care Improvement

MACRA Provides Expanded Opportunity for the use of Medicare and Private Sector Claims Data to Drive Higher Quality, Lower Cost Care

On January 29, CMS proposed rules that will expand access to analyses and data to help providers, employers, and others make more informed decisions about care delivery. The new rules, as required by the Medicare Access and CHIP Reauthorization Act (MACRA), will allow organizations approved as qualified entities to confidentially share or sell analyses of Medicare and private sector claims data to providers, employers, and other groups who can use the data to support improved care. In addition, qualified entities will be allowed to provide or sell claims data to providers. The rule also includes strict privacy and security requirements for all entities receiving Medicare analyses or data, as well as new annual reporting requirements.

The rules seek to enhance the current qualified entity program to allow innovative use of Medicare data for non-public uses while ensuring the privacy and security of beneficiary information. Submit comments on the [proposed rule](#) until March 29, 2016.

See the full text of this excerpted [CMS press release](#) (issued January 29).

Comment Period for IMPACT Act Measures Extended to February 5

The public comment period for “Medicare Spending Per Beneficiary – Post-Acute Care (MSPB-PAC) Resource Use Measures” has been extended to February 5. CMS encourages interested parties to submit comments on these draft measures mandated by the Improving Post-Acute Care Medicare Transformation Act of 2014 (IMPACT Act). We ask that stakeholders provide comments regarding the overall episode construction methodology, exclusions, and the risk adjustment approach. We are also interested in stakeholders’ comments on the treatment of episodes with hospice. Information on this measure is available on the [public comment website](#). Send your comments to mspb-pac-measures-support@acumenllc.com by 11:59pm ET on Friday, February 5, 2016.

Comment Period for RFI on Reporting of Quality Measures Extended to February 16

On December 30, CMS, in partnership with the Office of the National Coordinator for Health Information Technology (ONC), issued a Request for Information (RFI) on [Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs](#). The RFI provides CMS and ONC with an opportunity to assess policy options that could improve the effectiveness of the certification of health IT and specifically the certification and testing of Electronic Health Record products used for the reporting of quality measures. The comment period has been extended to February 16, 2016.

For More Information:

- [Extension of Comment Period](#)
- [Blog](#): Improving the submission of quality data to CMS quality reporting programs

Hospice, IRF, LTCH, SNF, HHA: QIES System Downtime from March 16 through 21

All Quality Improvement and Evaluation System (QIES) systems will be unavailable from Wednesday, March 16 after 8 pm ET through Monday, March 21, 2016. This downtime will affect all QIES

connectivity and systems. The national database, Certification and Survey Provider Enhanced Reporting (CASPER) reports, and quick reference (QW) will not be available during this time. In addition, the following submission systems will be unavailable:

- Hospice Item Set
- [Inpatient Rehabilitation Facility \(IRF\) -Patient Assessment Instrument \(PAI\)](#)
- Long-term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set
- Minimum Data Set (MDS) and Payroll-Based Journal
- Outcome and Assessment Information Set (OASIS)

Affected providers should make contingency plans to accommodate for this downtime.

Register in Open Payments System to Review and Dispute 2015 Data

Physicians and teaching hospitals, you must register in the [Open Payments system](#) to review any payments or transfers of value attributed to you. The review and dispute period is targeted to start in April 2016, following the close of data submission.

If you registered last year, you are not required to recertify your registration. However, if it has been over 180 days since you logged onto the Enterprise Identity Management System, the account has been deactivated for security purposes.

Visit the [Open Payments Resources](#) webpage for more information. For questions, contact the Help Desk at 855-326-8366, Monday through Friday, from 7:30 am to 6:30 pm CT.

2015 PQRS Data: Submission Deadlines

Eligible professionals who do not satisfactorily report quality measure data to meet the 2015 Physician Quality Reporting System (PQRS) requirements will be subject to a negative PQRS payment adjustment on all Medicare Part B Physician Fee Schedule services rendered in 2017. Submission ends at 8 pm ET on the end date listed:

- Electronic Health Record Direct or Data Submission Vendor (QRDA I or III) – February 29
- Qualified Clinical Data Registries (QCDRs) (QRDA III) – February 29
- Group Practice Reporting Option Web Interface – March 11
- Qualified Registries (Registry XML) - March 31
- QCDRs (QCDR XML) – March 31

An Enterprise Identity Management (EIDM) account with the “Submitter Role” is required for these PQRS data submission methods. See the [EIDM System Toolkit](#) for additional information.

The Physician and Other Health Care Professionals Quality Reporting Portal may be unavailable due to maintenance during these times:

- February 26 at 8 pm through February 29 at 6 am ET
- March 11 at 8 pm through March 14 at 6 am ET
- March 16 at 8 pm through March 21 at 6 am ET

For questions, contact the QualityNet Help Desk at 866-288-8912 or Qnetsupport@hcqis.org from 7 am to 7 pm CT. For complete information, visit the [PQRS](#) website.

Applying for an EHR Hardship Exception: FAQs

CMS launched important changes to the Medicare Electronic Health Record (EHR) Incentive Program hardship exception process that will reduce burdens on clinicians, hospitals, and Critical Access Hospitals (CAHs).

- New FAQ: On the new hardship application form for the 2017 payment adjustment, there is nothing which says documentation is required to be submitted with the application form. Does this mean that CMS will only require the selection of a hardship category and the completion of the provider's identifying information in order to approve a hardship exception? Or will CMS be reviewing the application and documentation on a case-by-case basis for each provider? See [FAQ #14113](#).
- Updated FAQ: If an eligible professional, eligible hospital or CAH is unable to effectively plan for a reporting period in 2015 due to the timing of the publication of the 2015 through 2017 Modifications final rule, can they apply for a hardship exception? See [FAQ #12845](#).

To review the hardship exception application and instructions, visit the [Payment Adjustments and Hardship Information](#) webpage.

Temporary Moratoria Extended on Enrollment of New Home Health Agencies and Part B Ambulance Suppliers

On January 29, CMS announced that the temporary moratoria on the enrollment of new home health agencies, home health agency sub-units, and Part B ground ambulance suppliers is being extended for an additional 6 months in certain geographic areas in Florida, Illinois, Michigan, Texas, Pennsylvania, and New Jersey to prevent and combat fraud, waste, and abuse. For more information, see the [Federal Register Notice](#) and MLN Matters Article [#SE1425](#).

Stop Hepatitis C Virus Transmission in Patients Undergoing Hemodialysis

On January 27, the Centers for Disease Control and Prevention (CDC) issued a [Health Advisory](#) due to an increase in newly acquired hepatitis C virus infections among hemodialysis patients. Dialysis providers, health departments, and patients all play crucial roles to ensure that infection control practices in hemodialysis clinics are followed. The CDC has [checklists and audit tools](#) that you can use to assess your practices and improve infection control practices to protect patients.

For more information, visit the CDC website:

- [Dialysis Safety](#)
- [Infection Control Guidelines](#)
- [Clinician Education Resources](#)
- [Patient Information](#)

Flu Season Begins: Severe Influenza Illness Reported

On February 1, the Centers for Disease Control and Prevention (CDC) issued a [Health Advisory](#), urging rapid antiviral treatment of very ill and high risk suspect influenza patients without waiting for testing. Clinicians are reminded to treat suspected influenza in high-risk outpatients, those with progressive disease, and all hospitalized patients with antiviral medications as soon as possible,

regardless of negative Rapid Influenza Diagnostic Test (RIDT) results and without waiting for RT-PCR testing results. Early antiviral treatment works best, but treatment may offer benefit when started up to four to five days after symptom onset in hospitalized patients. Early antiviral treatment can reduce influenza morbidity and mortality.

Influenza activity is increasing across the country and the CDC has received reports of severe influenza illness. The CDC recommends an influenza vaccine each year for everyone 6 months of age and older. Clinicians should encourage patients to get vaccinated against influenza this season.

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.

[Like the eNews? Have suggestions? Please let us know!](#)

[Subscribe](#) to the eNews. Previous issues are available in the [archive](#).

Follow the MLN on [Twitter](#) #CMSMLN, and visit us on [YouTube](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).