

Thursday, March 24, 2016

## **MLN Connects<sup>®</sup> Events**

Medicare Shared Savings Program ACO: Preparing to Apply for 2017 Call — Register Now  
Open Payments 2016: Prepare to Review Reported Data Call — Register Now  
IMPACT Act: Data Element Library Call — Register Now  
Medicare Shared Savings Program ACO Application Process Call — Register Now  
New Audio Recording and Transcript Available

## **Other CMS Events**

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## **Medicare Learning Network<sup>®</sup> Publications and Multimedia**

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## **Announcements**

CMS Releases Interactive Mapping Medicare Disparities Tool  
Delivery System Reform: Making Health Care Work Better  
CMS to Release a CBR on Subsequent Nursing Facility E/M Services in April  
Next Generation ACO Model Second Application Cycle: LOI due May 2  
2016 PQRS Educational Materials Available  
DMEPOS Suppliers: List of HCPCS Codes Affected by Section 2 of PAMPA

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

Update to the RHC Qualifying Visit List

## **MLN Connects<sup>®</sup> Events**

### **Medicare Shared Savings Program ACO: Preparing to Apply for 2017 Call — Register Now**

Tuesday, April 5 from 1:30 to 3 pm ET

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

During this 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, 2017, program start date. A question and answer session will follow the presentation.

We encourage call participants to review important information, dates, and materials on the [Shared Savings Program Application](#) webpage prior to the call.

Agenda:

- Introduction to the Shared Savings Program
- What is an Accountable Care Organization (ACO)?
- ACO organizational structure and governance
- ACO governing body template
- Skilled Nursing Facility (SNF) 3-day waiver application information
- Antitrust and ACOs
- Application process for January 2017 starters

Target Audience: Potential 2017 Shared Savings Program initial applicants.

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

**Open Payments 2016: Prepare to Review Reported Data Call — Register Now**

Tuesday, April 12 from 2:30-3:30

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

Industry is currently submitting data to the Open Payments System on payments or transfers of value made to physicians and teaching hospitals during 2015. When data submission ends, physicians and teaching hospitals are given 45 days to review and dispute records attributed to them. In order to review the data, physicians and teaching hospitals need to register in the Open Payments system. The system is available for physician and teaching hospital registration. The review and dispute period will begin in April 2016 and last for 45 days. CMS will publish the 2015 payment data and updates to the 2013 and 2014 data on June 30, 2016.

Physicians and teaching hospitals, find out how to access the Open Payments system to review the accuracy of the data submitted about you before it is published on the CMS website. A question and answer session will follow the presentation.

Agenda:

- Overview of the Open Payments national transparency program
- Program timeline
- Critical deadlines for physicians and teaching hospitals to review and dispute data

Target Audience: Physicians, teaching hospitals and physician office staff.

This MLN Connects Call is being evaluated by CMS for CME and CEU continuing education credit (CE). Refer to the [call detail page](#) for more information.

**IMPACT Act: Data Element Library Call — Register Now**

Thursday, April 14 from 2 to 3 pm ET

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

During this call, CMS subject matter experts discuss the development of the Data Element Library. A question and answer session will follow the presentation, including an opportunity for registrants to provide feedback on the Library.

The [Improving Medicare Post-Acute Care Transformation](#) (IMPACT) Act 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 certain data elements must be standardized and interoperable to allow for the exchange and use of data among these PAC and other providers to facilitate coordinated care and improved beneficiary outcomes.

Agenda:

- Data Element Library: details, purpose, and overview of content
- Type of Library information that could be publicly available
- Value of reusing standardized data elements
- Updates on upcoming stakeholder engagement activities

Target Audience: PAC providers, health IT vendors, healthcare industry professionals, and other interested stakeholders.

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

### **Medicare Shared Savings Program ACO Application Process Call — Register Now**

Tuesday, April 19 from 1:30 to 3 pm ET

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

During this call, CMS subject matter experts cover helpful tips to complete a successful application for the Medicare Shared Savings Program (Shared Savings Program). A question and answer session will follow the presentation.

We encourage call participants to review important information, dates, and materials on the [Shared Savings Program Application](#) webpage prior to the call.

Agenda:

- Accountable Care Organization (ACO) participant list and participant agreements
- ACO Skilled Nursing Facility (SNF) affiliate list and SNF affiliate agreements (Track 3 ACOs only)
- Beneficiary assignment

Target Audience: Potential 2017 Shared Savings Program initial applicants.

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

**New Audio Recording and Transcript Available**

An [audio recording](#) and [transcript](#) are available for the March 3 listening session on [Medicare Shared Savings Program: Proposed Rule on Revised Benchmark Rebasing Methodology](#). This listening session was an opportunity for CMS to receive early feedback from stakeholders on [proposed policy changes](#) to the Medicare Shared Savings Program.

## Other CMS Events

### March ICD-10 Coordination and Maintenance Committee: Comments on Proposals due April 8

[Videos](#) are available from the ICD-10 Coordination and Maintenance Committee, which took place on March 9 through 10, 2016. Comments on proposals are due April 8:

- Send comments on [ICD-10-PCS](#) to [ICDProcedureCodeRequest@cms.hhs.gov](mailto:ICDProcedureCodeRequest@cms.hhs.gov)
- Send comments on [ICD-10-CM](#) to [nchsicd10@cdc.gov](mailto:nchsicd10@cdc.gov)

The next ICD-10 Coordination and Maintenance Committee meeting is September 13 through 14, 2016. To request code updates to be considered at this meeting, email [ICDProcedureCodeRequests@cms.hhs.gov](mailto:ICDProcedureCodeRequests@cms.hhs.gov) for ICD-10-PCS or [nchsicd9@cdc.gov](mailto:nchsicd9@cdc.gov) for ICD-10-CM by July 15.

## Medicare Learning Network® Publications and Multimedia

### Series of MLN Matters® Special Edition Articles for Chiropractors — New

MLN Matters Special Edition Articles on chiropractic services are available:

- [Medicare Coverage for Chiropractic Services – Medical Record Documentation Requirements for Initial and Subsequent Visits](#)
- [Use of the Active Treatment \(AT\) Modifier for Chiropractic Billing](#)
- [Educational Resources to Assist Chiropractors with Medicare Billing](#)

### Medicare Costs at a Glance: 2016 Educational Tool — Revised

A revised [Medicare Costs at a Glance: 2016](#) Educational Tool is available. Learn about the costs beneficiaries pay for Medicare Parts A, B, C, and D in 2016.

### PECOS for Physicians and Non-Physician Practitioners — Reminder

The [PECOS for Physicians and Non-Physician Practitioners](#) Fact Sheet is available. Learn about:

- Medicare enrollment application submission options
- How to complete an enrollment application using the Provider Enrollment, Chain and Ownership System (PECOS)
- PECOS user ID and password helpful hints

### Medicare Enrollment for Institutional Providers Fact Sheet — Reminder

The [Medicare Enrollment for Institutional Providers](#) Fact Sheet is available. Learn about:

- Who are institutional providers
- Who is eligible
- How to enroll

## **New Educational Web Guides Fast Fact**

A new fast fact is available on the [Educational Web Guides](#) webpage. Learn about:

- Evaluation and Management services
- Guided Pathways resource booklets
- Health care management, billing, and coding products

## **Announcements**

### **CMS Releases Interactive Mapping Medicare Disparities Tool**

CMS released a new [interactive map](#) to increase understanding of geographic disparities in chronic disease among Medicare beneficiaries. The Mapping Medicare Disparities Tool identifies disparities in health outcomes, utilization, and spending by race and ethnicity and geographic location.

See the full text of this excerpted [CMS press release](#) (issued March 17).

### **Delivery System Reform: Making Health Care Work Better**

The Affordable Care Act gives us the tools to build a health care system that puts patients at the center. See the [HHS blog](#) for more information.

### **CMS to Release a CBR on Subsequent Nursing Facility E/M Services in April**

CMS will issue a national provider Comparative Billing Report (CBR) on Subsequent Nursing Facility Evaluation and Management (E/M) Services in April 2016. The CBR, produced by CMS contractor eGlobalTech, will focus on providers of all specialties who bill Current Procedural Terminology codes 99307 through 99310 to report subsequent nursing facility E/M services. CBRs contain data-driven tables with an explanation of findings that compare providers' billing and payment patterns to those of their peers in their state and across the nation. The goal of these reports is to help providers better understand applicable Medicare billing rules.

CBRs are only accessible to the providers who receive them; they are not publicly available. Providers should update their fax numbers in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) because faxing is the default method for disseminating the reports. Contact the CBR Support Help Desk at 800-771-4430 or [CBRsupport@eglobaltech.com](mailto:CBRsupport@eglobaltech.com) with questions or to receive CBRs through the U.S. Postal Service. For more information, visit the [CBR](#) website.

### **Next Generation ACO Model Second Application Cycle: LOI due May 2**

CMS announced the second and final round of applications for the Next Generation Accountable Care Organization (ACO) Model. The Model will begin its second performance year on January 1, 2017. Visit the [Next Generation ACO Model](#) webpage for more information, including Model parameters, 2017 application materials, and application instructions. All organizations interested in applying must submit a [Letter of Intent](#) (LOI) by May 2, 2016.

Open Door Forums:

- March 29: [Application Overview](#)
- April 5: [Financial Methodology](#)
- April 12: [Participating Provider List](#)
- April 19: [Benefit Enhancements](#)

## 2016 PQRS Educational Materials Available

2016 Physician Quality Reporting System (PQRS) educational materials are available:

- [Implementation Guide](#) on the [How to Get Started](#) webpage for individual eligible professionals and group practices
- Measures documents on the [Measures Codes](#) webpage for those reporting via the claims and registry reporting mechanism
- Group practice reporting option web interface measures documentation on the [GPRO Web Interface](#) webpage
- The [Spotlight](#) webpage has a list of all recent documents and resources

For questions about 2016 PQRS reporting, contact the QualityNet Help Desk at 866-288-8912 (TTY 877-715-6222) or [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) from 7 am to 7 pm CT Monday through Friday.

## DMEPOS Suppliers: List of HCPCS Codes Affected by Section 2 of PAMPA

Under Section 2 of the Patient Access and Medicare Protection Act (PAMPA), 2016 Medicare fee schedule amounts for Group 3 power wheelchair accessories and cushions cannot be adjusted based on information from Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) competitive bidding programs. A list of the wheelchair accessory codes affected by PAMPA is available on the [Durable Medical Equipment Center](#) webpage.

## Claims, Pricers, and Codes

### Update to the RHC Qualifying Visit List

Beginning April 1, 2016, only Rural Health Clinic (RHC) claims that include one of the billable visits listed on the [RHC Qualifying Visit List](#) will be paid. Billable visits are medically-necessary, face-to-face medical or mental health visits with a RHC practitioner or qualified preventive health visits.

The RHC Qualifying Visit List is updated to include additional medically-necessary billable visits, effective April 1, 2016, but not payable until October 1, 2016. RHCs should hold claims for these additional billable visits recently added to the RHC Qualifying Visit List until October 1, when RHCs can bill these claims for payment. For more information, visit the [RHC Center](#) webpage.

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