

Thursday, March 31, 2016

MLN Connects[®] Events

Medicare Shared Savings Program ACO: Preparing to Apply for 2017 Call — Last Chance to Register

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

2016 PQRS Reporting: Avoiding 2018 Negative Payment Adjustments Call — Registration Now Open

National Partnership to Improve Dementia Care and QAPI Call — Registration Now Open
New Video Slideshow Available

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MLN Connects[®] Events

Medicare Shared Savings Program ACO: Preparing to Apply for 2017 Call — Last Chance to Register

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.

2016 PQRS Reporting: Avoiding 2018 Negative Payment Adjustments Call — Registration Now Open

Thursday, April 21 from 3 to 4:30 pm ET

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

This call gives an overview of the 2016 Physician Quality Reporting System (PQRS) and related resources. The presentation will cover guidance and instructions on how individual eligible professionals and PQRS group practices can get started, satisfactorily report/participate, and avoid the 2018 PQRS negative payment adjustment. A question and answer session will follow the presentation. For a PQRS overview prior to the call, watch the [2016 Updates](#) video.

Agenda:

- CMS initiatives and quality measurement
- PQRS getting started
- 2016 PQRS reporting
- 2016 reporting mechanisms, including claims reporting, qualified registry reporting, qualified clinical data registry, electronic reporting using electronic health record, group practice reporting option web interface, and consumer assessment of healthcare providers and systems

Target Audience: Physicians, Medicare individual eligible professionals and group practices, 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 (CE). Refer to the [call detail page](#) for more information.

National Partnership to Improve Dementia Care and QAPI Call — Registration Now Open

Thursday, April 28 from 1:30 to 3 pm ET

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

This call focuses on infection control, highlighting Antibiotic Stewardship and community-wide efforts, including a presentation from a nursing home administrator. Common concerns related to the clash between individualized, person-centered care and the medical model of controlling infections will also be addressed. This is critical for residents with dementia, who often struggle to complete complex tasks and may have issues with continence. Additionally, CMS subject matter experts will share information about the upcoming Infection Control Pilot Project, as well as updates on the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#) and [Quality Assurance and Performance Improvement](#) (QAPI). A question and answer session will follow the presentations.

Target Audience: Consumer and advocacy groups, nursing home providers, surveyor community, prescribers, professional associations, 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.

New Video Slideshow Available

A [video slideshow](#) is available for the March 1 call on [Provider Enrollment Revalidation](#). What's ahead for your next Medicare enrollment revalidation? Learn what you need to do and about the new resources available to help you stay on top of the process every step of the way.

Medicare Learning Network® Publications and Multimedia

Basics of Medicare Series of Web-Based Training Courses — New

With Continuing Education Credit

A new Basics of Medicare series of Web-Based Training (WBT) courses are available through the [Learning Management and Product Ordering System](#):

- Part One: Purpose and history of the Medicare Program. Guidance on enrollment processes. Resources on compliance with laws, regulations, and Medicare policy.
- Part Two: Medicare billing, reimbursement, and appeals.
- Part Three: Medicare Claim Review Programs. Protecting the Medicare Trust Fund. Review of laws related to Medicare fraud and abuse. What providers can do to protect themselves and their identities.

Long-Term Care Hospital Prospective Payment System Booklet — Revised

A revised [Long-Term Care Hospital Prospective Payment System](#) Booklet is available. Learn about:

- Long-Term Care Hospital (LTCH) certification
- Medicare Severity Long-Term Care Diagnosis-Related Groups patient classification
- Site neutral payment rate, payment policy adjustments, and payment updates
- LTCH Quality Reporting Program

Medicare Ambulance Transports Booklet — Revised

A revised [Medicare Ambulance Transports](#) Booklet is available. Learn about:

- The ambulance transport benefit
- Ground and air ambulance providers and suppliers; vehicles; and personnel requirements
- Documentation requirements
- Coverage, billing, and payments
- Advance Beneficiary Notice of Noncoverage

Clinical Laboratory Fee Schedule Fact Sheet — Revised

A revised [Clinical Laboratory Fee Schedule](#) Fact Sheet is available. Learn about:

- Coverage of clinical laboratory services
- How payment rates are set
- Updates to the Clinical Laboratory Fee Schedule

Hospital Outpatient Prospective Payment System Fact Sheet — Revised

A revised [Hospital Outpatient Prospective Payment System](#) Fact Sheet is available. Learn about:

- Ambulatory payment classifications
- How payment rates are set and payment rates
- Hospital Outpatient Quality Reporting Program

Announcements

CMS Launches New Effort to Improve Care for Nursing Facility Residents

On March 24, CMS announced it will test whether a new payment model for nursing facilities and practitioners will further reduce avoidable hospitalizations, lower combined Medicare and Medicaid spending, and improve the quality of care received by nursing facility residents. This next phase of the [Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents](#) seeks to reduce avoidable hospitalizations among beneficiaries eligible for Medicare and/or Medicaid by providing new payments to practitioners for engagement in multidisciplinary care planning activities. In addition, the participating skilled nursing facilities will receive payment to provide additional treatment for common medical conditions that often lead to avoidable hospitalizations. This new four-year payment phase of the Initiative, slated to begin fall 2016, will be implemented through cooperative agreements with six Enhanced Care and Coordination Providers.

See full text of this excerpted [CMS press release](#) (issued March 24).

Advance Care Planning: New FAQs

CMS posted [Frequently Asked Questions](#) (FAQs) on billing Advance Care Planning (ACP) services beginning January 1, 2016. The FAQs are based on policies outlined in the [CY 2016 Physician Fee Schedule](#) final rule. For information on billing ACP services as an optional element of an Annual Wellness Visit, see the [MLN Matters® Article](#).

Claims, Pricers, and Codes

Modifications to HCPCS Code Set

The scheduled release of modifications to the Healthcare Common Procedure Coding System (HCPCS) code set are available on the [HCPCS Quarterly Update](#) web page. Changes are effective on the dates indicated on the update.

Medicare Payment for PAP Devices

The Social Security Act prohibits payment for devices used to deliver continuous and/or bi-level Positive Airway Pressure (PAP) as items requiring frequent and substantial servicing, regardless of the illness the device is being used to treat. These claims will be denied. Using HCPCS codes E0450, E0460, E0461, E0463, E0464, E0465, or E0466 on a Medicare claim for a device used to deliver PAP to a beneficiary is not allowed and could violate the False Claims Act. This is true even if the same device could be used as a ventilator for a different beneficiary.

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