

Thursday, April 7, 2016

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

Open Payments 2016: Prepare to Review Reported Data Call — Last Chance to Register  
IMPACT Act: Data Element Library Call — Last Chance to Register  
Medicare Shared Savings Program ACO Application Process Call — Register Now  
2016 PQRS Reporting: Avoiding 2018 Negative Payment Adjustments Call — Register Now  
National Partnership to Improve Dementia Care and QAPI Call — Register Now

## **Other CMS Events**

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

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

Medicare Shared Savings Program and Rural Providers Fact Sheet — Revised  
ACOs: What Providers Need to Know Fact Sheet — Revised  
Improving Quality of Care for Medicare Patients: ACOs Fact Sheet — Revised  
Federally Qualified Health Center Fact Sheet — Revised  
Critical Access Hospital Booklet — Revised  
DMEPOS Information for Pharmacies Fact Sheet — Reminder  
Safeguard Your Identity and Privacy Using PECOS Fact Sheet — Reminder

## **Announcements**

Comprehensive Care for Joint Replacement Model Launched  
CMS Invites QIN-QIOs to Submit Special Innovation Projects  
Open Payments: Physician and Teaching Hospital Review and Dispute Period Began April 1  
Join the Million Hearts<sup>®</sup> Model: Letter of Intent due April 15  
CMS to Release a CBR on Modifiers 24 and 25 for General Surgeons in April  
2016 PQRS GPRO Registration Open through June 30  
2015 Mid-Year QRURs Available  
Find Information on the SNF Value-Based Purchasing Program  
April Quarterly Provider Update Available  
Help Prevent Alcohol Misuse or Abuse

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

April 2016 Outpatient PPS Pricer File Available

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

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

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 began April 1 and will 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 — Last Chance to Register**

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 — Register Now**

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 — Register Now**

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.

## **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 [ICDProcedureCodeRequest@cms.hhs.gov](mailto:ICDProcedureCodeRequest@cms.hhs.gov) for ICD-10-PCS or [nchsicd10CM@cdc.gov](mailto:nchsicd10CM@cdc.gov) for ICD-10-CM by July 15.

## **Medicare Learning Network® Publications and Multimedia**

### **Medicare Shared Savings Program and Rural Providers Fact Sheet — Revised**

A revised [Medicare Shared Savings Program and Rural Providers](#) Fact Sheet is available. Learn about:

- Incentives for Rural Health Clinic (RHC) Providers
- Beneficiary assignment rules for RHCs
- Minimum savings rate for smaller Accountable Care Organizations

## ACOs: What Providers Need to Know Fact Sheet — Revised

A revised [Accountable Care Organizations: What Providers Need to Know](#) Fact Sheet is available. Learn about:

- Participating in the Medicare Shared Savings Program
- Coordinating care through Accountable Care Organizations (ACOs)
- Satisfying the quality performance standards

## Improving Quality of Care for Medicare Patients: ACOs Fact Sheet — Revised

A revised [Improving Quality of Care for Medicare Patients: Accountable Care Organizations](#) (ACOs) Fact Sheet is available. Learn about:

- The 34 measures of quality performance
- Reporting clinical quality measures
- Incorporating the Physician Quality Reporting System and Value-Based Payment Modifier in the Medicare Shared Savings Program

## Federally Qualified Health Center Fact Sheet — Revised

A revised [Federally Qualified Health Center](#) Fact Sheet is available. Learn about:

- Background and certification
- Services and visits
- Payment and cost reports

## Critical Access Hospital Booklet — Revised

A revised [Critical Access Hospital](#) Booklet is available. Learn about:

- Critical Access Hospital (CAH) designation
- CAH payments and additional Medicare payments
- Grants to States under the Medicare Rural Hospital Flexibility Program

## DMEPOS Information for Pharmacies Fact Sheet — Reminder

The [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Information for Pharmacies](#) Fact Sheet is available. Learn about:

- Requirements for pharmacies seeking consideration for exemption from the National Supplier Clearinghouse
- Pharmacy attestation information
- Change of ownership

## Safeguard Your Identity and Privacy Using PECOS Fact Sheet — Reminder

The [Safeguard Your Identity and Privacy Using PECOS](#) Fact Sheet is available. Learn about:

- Keeping your Provider Enrollment, Chain and Ownership System (PECOS) information up to date
- Protecting your PECOS information

- Privacy tips

## Announcements

### Comprehensive Care for Joint Replacement Model Launched

The April 1 launch of the Comprehensive Care for Joint Replacement Model (CJR) is a major step toward transforming care delivery in Medicare. This model looks to improve care and quality for hip and knee replacements, which varies greatly among providers. These are the most common procedures for Medicare beneficiaries. About 800 hospitals located in 67 selected markets will be accountable for the costs and quality of related care from the time of the hip or knee replacement surgery through a post-hospitalization period.

See the full text of this excerpted [CMS blog](#) (issued April 1).

### CMS Invites QIN-QIOs to Submit Special Innovation Projects

CMS announced the next evolution of the Quality Improvement Organization (QIO) Program: two projects focused on supporting and scaling quality improvement innovations. Quality Innovation Network (QIN) - QIOs can collaborate with health care providers and/or partners to compete for 28 Special Innovation Project awards that fall within two topic categories totaling \$8 million:

- Innovations that Advance Local Efforts for Better Care and Smarter Spending
- Interventions that are Ripe for Spread and Scalability

For more information and a complete list of QIN-QIOs, visit the [QIO Program](#) website.

See the full text of this excerpted [CMS blog](#) (issued March 30).

### Open Payments: Physician and Teaching Hospital Review and Dispute Period Began April 1

Review and dispute for Open Payments data began April 1 and will 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 must initiate any disputes during the review period. Review and dispute is voluntary but strongly encouraged. If you have never registered in the Open Payments system, initial registration is a two-step process and should only take 30 minutes. See the [Open Payments Registration](#) webpage for more information.

If you registered last year in the [CMS Enterprise Portal](#), you do not need to reregister:

- If you accessed your account within the last 60 days, log in using your user ID and password, and navigate to the Open Payments system home page
- If you have not accessed your account within the last 60 days, enter your user ID and correctly answer all challenge questions; you will then be prompted to enter a new password
- If you have not accessed the system in over 180 days, contact the help desk to reinstate your account

For More Information:

- [Register](#) for the MLN Connects National Provider Call on April 12

- Contact the Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or 855-326-8366, Monday through Friday, from 8:30 am to 7:30 pm ET

### **Join the Million Hearts® Model: Letter of Intent due April 15**

The [Million Hearts Cardiovascular Disease Risk Reduction Model](#) is a randomized-controlled trial designed to identify and test scalable models of care delivery that reduce cardiovascular risk. The deadline to submit a Letter of Intent is April 15.

For questions about the application, contact [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) or 888-734-6433, select “option 5.” For questions about the model, contact [mhmodel@cms.hhs.gov](mailto:mhmodel@cms.hhs.gov) or 703-894-4399.

### **CMS to Release a CBR on Modifiers 24 and 25 for General Surgeons in April**

CMS will issue a national provider Comparative Billing Report (CBR) in April 2016 on general surgeons’ use of modifiers 24 and 25. The CBR, produced by CMS contractor eGlobalTech, will focus on general surgeons who submitted claims for established patient evaluation and management services appended with modifiers 24 and/or 25. 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 offer a tool that helps 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.

### **2016 PQRS GPRO Registration Open through June 30**

Groups of two or more Eligible Professionals (EPs) can avoid the -2.0% CY 2018 Physician Quality Reporting System (PQRS) payment adjustment by meeting the satisfactory reporting criteria through the 2016 PQRS Group Reporting Option (GPRO). The Physician Value - PQRS (PV-PQRS) Registration System is now open through June 30 for groups to select a GPRO reporting mechanism:

- Qualified PQRS Registry
- Electronic Health Record (EHR) via Direct EHR using certified EHR technology (CEHRT) or CEHRT via Data Submission Vendor
- Web Interface (for groups with 25 or more EPs only)
- Qualified Clinical Data Registry (QCDR)
- Consumer Assessment of Health Providers and Systems (CAHPS) for PQRS Survey via a CMS-certified Survey Vendor (as a supplement to another GPRO reporting mechanism)

Avoiding the CY 2018 PQRS payment adjustment by satisfactorily reporting via a PQRS GPRO is one of the ways groups can avoid the automatic downward payment adjustment under the Value Modifier (-2.0% or -4.0% depending on the size and composition of the group) and qualify for adjustments based on performance in CY 2018. Alternatively, groups that choose not to report via the PQRS GPRO in 2016 must ensure that the EPs in the group participate in the PQRS as individuals in

2016 and at least 50 percent of the EPs meet the criteria to avoid the CY 2018 PQRs payment adjustment.

For More Information:

- [2016 PQRs GPRO Registration Guide](#)
- [PQRs GPRO Registration](#) webpage
- [PQRs Payment Adjustment Information](#) webpage
- [CAHPS for PQRs Made Simple](#)

## 2015 Mid-Year QRURs Available

CMS released the 2015 Mid-Year Quality and Resource Use Reports (MYQRURs) to groups and solo practitioners nationwide. MYQRURs are for informational purposes only and will not affect your payments under the Medicare Physician Fee Schedule. For more information, visit the [2015 QRUR and 2017 Value Modifier](#) webpage. See the [How to Obtain a QRUR](#) webpage to find out how to access your report.

MYQRURs contain information on a subset of the measures used to calculate the 2017 Value Modifier, providing interim information about performance on the six cost and three quality outcomes measures that CMS calculates from Medicare claims. The information in the MYQRUR is based on care provided from July 1, 2014, through June 30, 2015.

## Find Information on the SNF Value-Based Purchasing Program

The Skilled Nursing Facility (SNF) Value-Based Purchasing Program will begin in FY 2019. Visit the updated [SNF Value-Based Purchasing Program](#) webpage for information on:

- Laws and regulations
- Technical Measure Specifications
- Quarterly Reporting Feedback Cycle
- Upcoming calls and events
- Resources for SNFs

Upcoming calls:

- April 14: [Rural Health Open Door Forum](#)
- April 21: [Skilled Nursing Facilities/Long-Term Care Open Door Forum](#)

For questions, contact [SNFVBPinquiries@cms.hhs.gov](mailto:SNFVBPinquiries@cms.hhs.gov).

## April Quarterly Provider Update Available

The April [Quarterly Provider Update](#) is available. Find out about:

- Regulations and major policies currently under development during this quarter
- Regulations and major policies completed or cancelled
- New or revised manual instructions

## Help Prevent Alcohol Misuse or Abuse

April is Alcohol Awareness Month, and April 7 is National Alcohol Screening Day. Excessive alcohol use can lead to increased risk of health problems, including injuries, liver diseases, and cancer. Talk to your Medicare patients about the benefits of drinking less and recommend alcohol misuse screening and counseling if appropriate.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [National Institute on Alcohol Abuse and Alcoholism](#) website

Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

## Claims, Pricers, and Codes

### April 2016 Outpatient PPS Pricer File Available

Pricer file and outpatient provider data for April 2016 is available on the [Outpatient Prospective Payment System \(PPS\) Pricer Code](#) webpage under “2nd Quarter 2016 Files.”

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