

Thursday, April 14, 2016

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

Medicare Shared Savings Program ACO Application Process Call — Last Chance to Register  
2016 PQRS Reporting: Avoiding 2018 Negative Payment Adjustments Call — Last Chance to Register  
National Partnership to Improve Dementia Care and QAPI Call — Register Now  
How to Register for the 2016 PQRS Group Practice Reporting Option Call — Registration Now Open  
2015 Mid-Year QRURs Webcast — Registration Now Open

## **Other CMS Events**

Learn about the SNF Value-Based Purchasing Program at Open Door Forum  
IRF Quality Reporting Program Provider Training

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

Enforcement of the PHP 20 Hours per Week Billing Requirement MLN Matters<sup>®</sup> Article — New  
Updates to Medicare's Organ Acquisition and Donation Payment Policy MLN Matters Article — New  
CMS Provider Minute: CT Scans Video — New  
Medicare Learning Network LMPOS FAQs Booklet — New  
Medicare Quarterly Provider Compliance Newsletter Educational Tool — New  
Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs MLN Matters Article — Revised  
ICD-10-CM Diagnosis Codes for Bone Mass Measurement MLN Matters Article — Revised  
Medicare Secondary Payer Provisions Web-Based Training Course — Revised  
Infection Control: Injection Safety Web-Based Training Course — Revised

## **Announcements**

CMS Launches Largest-Ever Multi-Payer Initiative to Improve Primary Care in America  
Submit Comments on QRDA Implementation Guide for HQR by April 18  
IRF Quality Reporting Program Data Submission Deadline: May 15  
LTCH Quality Reporting Program Data Submission Deadline: May 15  
2016 eCQMs Annual Update Available  
EHR Incentive Programs 2016 Program Requirements: New Resources  
ICD-10 Coding Resources  
National Healthcare Decisions Day is April 16  
April is National Minority Health Month

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

April 2016 OPPS Pricer File Update  
Updates to HCPCS Code Set

## MLN Connects® Events

### Medicare Shared Savings Program ACO Application Process Call — Last Chance to Register

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 — Last Chance to Register

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.

### **How to Register for the 2016 PQRS Group Practice Reporting Option Call — Registration Now Open**

Wednesday, May 4 from 3 to 4:30 pm ET

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

This call gives a walkthrough of the Physician Value - Physician Quality Reporting System (PV-PQRS) Registration System, an application that serves the PQRS and Value-Based Payment Modifier (Value Modifier) programs. Learn how to meet the satisfactory reporting criteria through the PQRS Group Reporting Option (GPRO), avoid the CY 2018 [PQRS payment adjustment](#), and CY 2018 [Value Modifier automatic downward payment adjustment](#). A question and answer session follows the presentation.

The [PV-PQRS Registration System](#) is open through June 30 for groups to select a GPRO reporting mechanism. See the [PQRS GPRO Registration](#) webpage for more information.

Agenda:

- PQRS and Value Modifier: Incentives and adjustments for CY 2018
- 2016 PQRS reporting criteria for group practices reporting via the GPRO, including the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS survey
- How to obtain an Enterprise Identity Management (EIDM) account
- How to register for the PQRS GPRO in the PV-PQRS Registration System
- Where to call for help and resources

Target Audience: Physicians, Medicare individual eligible professionals and group practices, therapists, medical group practices, practice managers, medical and specialty societies, payers, and 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.

### **2015 Mid-Year QRURs Webcast — Registration Now Open**

Thursday, May 19 from 1:30 to 3 pm ET

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

This event gives an overview of the 2015 Mid-Year Quality and Resource Use Reports (MYQRURs) and explains how to interpret and use the information. A question and answer session will follow the presentation.

The 2015 MYQRURs were recently released to groups and solo practitioners nationwide. These reports are for informational purposes only and contain interim information on a subset of the quality and cost measures used to calculate the 2017 Value Modifier (VM).

- Learn more on the [2015 QRUR and 2017 VM](#) webpage
- Visit the [How to Obtain a QRUR](#) webpage and access your report prior to the event, so you can follow along.

CMS will use webcast technology for this event with audio streamed through your computer. Please note: if you are unable to stream audio through your computer, phone lines are available.

Target Audience: Physicians, practitioners, medical group practices, practice managers, medical and specialty societies, payers, and insurers.

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

## **Other CMS Events**

### **Learn about the SNF Value-Based Purchasing Program at Open Door Forum**

Thursday, April 28 from 2 to 3 pm ET

The next [Skilled Nursing Facility \(SNF\)/Long-Term Care Open Door Forum](#) is rescheduled for Thursday, April 28. Learn about the [SNF Value-Based Purchasing Program](#), which will begin in FY 2019. For questions, contact [SNFVBPinquies@cms.hhs.gov](mailto:SNFVBPinquies@cms.hhs.gov).

### **IRF Quality Reporting Program Provider Training**

May 18 and 19 in Dallas, TX

This train-the-trainer event provides Inpatient Rehabilitation Facilities (IRFs) with assessment-based data collection instructions and updates associated with the changes in the October 1, 2016, release of the IRF Patient Assessment Instrument version 1.4 and other reporting requirements of the IRF

Quality Reporting Program (QRP). Visit the [May 2016 IRF QRP Provider Training](#) webpage to register.

This training is open to all IRF providers, associations, and organizations. If you need reasonable accommodations, contact Glenna Davis at [PACTraining@Econometricalnc.com](mailto:PACTraining@Econometricalnc.com) with a copy to [carol.bowers@cms.hhs.gov](mailto:carol.bowers@cms.hhs.gov) no later than 5 business days prior to the event.

## Medicare Learning Network® Publications and Multimedia

### Enforcement of the PHP 20 Hours per Week Billing Requirement MLN Matters® Article — New

An MLN Matters Special Edition Article on [Enforcement of the Partial Hospitalization Program \(PHP\) 20 Hours per Week Billing Requirement](#) is available. Learn about three new Integrated Outpatient Code Editor edits.

### Updates to Medicare's Organ Acquisition and Donation Payment Policy MLN Matters Article — New

An MLN Matters Special Edition Article on [Updates to Medicare's Organ Acquisition and Donation Payment Policy](#) is available. Learn about appropriate reporting of organ acquisition costs.

### CMS Provider Minute: CT Scans Video — New

This [video](#) includes helpful pointers to help you properly submit claims with sufficient documentation for CT Scans. This is the fourth in a series of Medicare Compliance Videos.

### Medicare Learning Network LM/POS FAQs Booklet — New

A new [Medicare Learning Network LM/POS FAQs](#) Booklet is available. Learn about:

- How to access the Learning Management and Product Ordering System (LMPOS)
- How to find products
- How to take web-based training courses

### Medicare Quarterly Provider Compliance Newsletter Educational Tool — New

A new [Medicare Quarterly Provider Compliance Newsletter \[Volume 6, Issue 3\]](#) Educational Tool is available. Learn about:

- How to avoid common billing errors and other erroneous activities when dealing with the Medicare Program
- How to address and avoid the top issues this quarter

### Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs MLN Matters Article — Revised

An MLN Matters Special Edition Article on [Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs](#) is available. Learn about the delayed enforcement of the Part D prescriber enrollment requirement.

### **ICD-10-CM Diagnosis Codes for Bone Mass Measurement MLN Matters Article — Revised**

An MLN Matters Special Edition Article on [ICD-10-CM Diagnosis Codes for Bone Mass Measurement](#) is available. Learn about coding and coverage of osteopenia for bone mass measurement under National Coverage Determination 150.3.

### **Medicare Secondary Payer Provisions Web-Based Training Course — Revised**

With Continuing Education Credit

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

- Medicare Secondary Payer (MSP) provisions
- Recognize when Medicare is a primary or secondary payer
- Find MSP resources

### **Infection Control: Injection Safety Web-Based Training Course — Revised**

A revised Infection Control: Injection Safety Web-Based Training (WBT) course is available through the [Learning Management and Product Ordering System](#). Learn about:

- Safe injection practices
- Single-dose/single-use versus multi-dose medications
- Injection safety scenarios

## **Announcements**

### **CMS Launches Largest-Ever Multi-Payer Initiative to Improve Primary Care in America**

On April 11, CMS announced its largest-ever initiative to transform and improve how primary care is delivered and paid for in America. The Comprehensive Primary Care Plus (CPC+) model, will be implemented in up to 20 regions and can accommodate up to 5,000 practices. The initiative is designed to provide doctors the freedom to care for their patients the way they think will deliver the best outcomes and to pay them for achieving results and improving care.

Primary care practices will participate in one of two tracks. Both tracks will require practices to perform the functions and meet the criteria of the model, but practices in Track 2 will also provide more comprehensive services for patients with complex medical and behavioral health needs.

CPC+ will help practices move away from one-size-fits-all, Fee-For-Service (FFS) health care to a new system that will give doctors the freedom to deliver the care that best meets the needs of their patients.

- In Track 1, CMS will pay practices a monthly care management fee in addition to the FFS payments under the Medicare Physician Fee Schedule for activities

- In Track 2, practices will also receive a monthly care management fee and, instead of full Medicare FFS payments for Evaluation and Management services, will receive a hybrid of reduced Medicare FFS payments and up-front comprehensive primary care payments for those services

To promote high-quality and high-value care, practices in both tracks will receive up-front incentive payments that they will either keep or repay based on their performance on quality and utilization metrics. Practices in both tracks also will receive data on cost and utilization.

CMS will select regions for CPC+ where there is sufficient interest from multiple payers to support practices' participation in the initiative. CMS will enter into a Memorandum of Understanding with selected payer partners to document a shared commitment to align on payment, data sharing, and quality metrics in CPC+. CMS will accept payer proposals to partner in CPC+ from April 15 through June 1, 2016. CMS will accept practice applications in the determined regions from July 15 through September 1, 2016.

For More Information:

- [CPC+ Model](#) webpage
- [Fact Sheet](#)

See the full text of this excerpted [CMS press release](#) (issued April 11).

### **Submit Comments on QRDA Implementation Guide for HQR by April 18**

CMS published the draft 2017 CMS Quality Reporting Document Architecture (QRDA) Implementation Guide for Hospital Quality Reporting (HQR) on [JIRA](#) (Ticket Number - QRDA-300) for public comment until April 18. To submit comments, users must create and login with a JIRA account.

### **IRF Quality Reporting Program Data Submission Deadline: May 15**

Inpatient Rehabilitation Facility (IRF) Quality Reporting Program data for Quarter 4 (Q4) of CY 2015 must be submitted by May 15, 2016:

- National Health Safety Network (NHSN) data (including Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431) for the period of October 31, 2015, through March 31, 2016), and
- IRF- Patient Assessment Instrument (PAI) data

For additional information, including a list of quality measure data that is due, visit the [IRF Quality Reporting Data Submissions Deadlines](#) webpage.

### **LTCH Quality Reporting Program Data Submission Deadline: May 15**

Long-Term Care Hospital (LTCH) Quality Reporting Program data for Quarter 4 (Q4) of CY 2015 must be submitted by May 15, 2016:

- National Health Safety Network (NHSN) data (including Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431) for the period of October 31, 2015, through March 31, 2016) and
- LTCH Continuity Assessment Record and Evaluation (CARE) data

For additional information, including a list of quality measure data that is due, visit the [LTCH Quality Reporting Data Submission Deadlines](#) webpage.

## 2016 eCQMs Annual Update Available

CMS posted the 2016 Electronic Clinical Quality Measures (eCQMs) annual update for eligible hospitals and eligible professionals to electronically report 2017 quality data for CMS quality reporting programs. Visit the [eCQM Library](#) or [Electronic Clinical Quality Improvement Resource Center](#) websites for information on how to download the measures. This year's update includes:

- 29 measures for eligible hospitals for the 2017 reporting period
- 64 measures for eligible professionals for the 2017 performance period

## EHR Incentive Programs 2016 Program Requirements: New Resources

To help eligible professionals, eligible hospitals, and Critical Access Hospitals (CAHs) successfully participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in 2016, CMS posted new resources on the [EHR Incentive Programs](#) website, including:

- What You Need to Know for 2016 Tip Sheets for [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#)
- Specification Sheets for [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#)
- Attestation Worksheets for [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#)
- [Alternate Exclusions and Specifications for 2016 Fact Sheet](#)
- Public Health Reporting in 2016 Tip Sheets for [Eligible Professionals](#) and [Eligible Hospitals](#)
- [Security Risk Analysis Tip Sheet](#)
- [Patient Electronic Access Tip Sheet](#)
- [Guide for Eligible Professionals Practicing in Multiple Locations](#)

## ICD-10 Coding Resources

The [ICD-10](#) website features official resources that can help you with your ICD-10 progress, including:

- 2016 [ICD-10-CM](#) diagnosis and [ICD-10-PCS](#) inpatient procedure code sets and guidelines
- [Coding and Clinical Documentation Resources](#)
- [Specialty Resources Guide](#)

Clinical Concepts Series:

Guides include common ICD-10 codes, clinical documentation tips, clinical scenarios, and links to the [Road to 10](#) by specialty:

- [Family Practice](#)
- [Internal Medicine](#)
- [Cardiology](#)
- [OB/GYN](#)
- [Orthopedics](#)
- [Pediatrics](#)

MLN Connects Videos:



Videos feature medical experts discussing ICD-10, including coding basics, choosing the correct code, and proper use of coding guidelines:

- [ICD-10 Coding Basics](#)
- [Coding for ICD-10-CM: More of the Basics](#)
- [ICD-10 Post-Implementation: Coding Basics Revisited](#)

## National Healthcare Decisions Day is April 16

"It Always Seems Too Early, until It's Too Late." National Healthcare Decisions Day raises awareness about the importance of advance care plans. Did you know that beginning in 2016, Advance Care Planning (ACP) services can be billed to the Medicare Physician Fee Schedule?

For More Information:

- [Billing the Physician Fee Schedule for ACP Services](#) Frequently Asked Questions
- [ACP as an Optional Element of an Annual Wellness Visit](#) MLN Matters Article
- [National Healthcare Decisions Day](#) website
- [Centers for Disease Control and Prevention](#) webpage

## April is National Minority Health Month

This year's theme is "Accelerating Health Equity for the Nation," raising public awareness about health and health care disparities. Some minorities experience a disproportionate burden of preventable disease, including diabetes, heart disease, and obesity. Talk to your patients about the importance of preventive care and recommend appropriate Medicare-covered preventive services.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Mapping Medicare Disparities](#) Tool
- [Office of Minority Health](#) website
- [Centers for Disease Control and Prevention Minority Health](#) website

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

## Claims, Pricers, and Codes

### April 2016 OPPS Pricer File Update

The [Outpatient Prospective Payment System \(OPPS\) Pricer](#) webpage has been updated with Pricer file and outpatient provider data for April 2016 under "2nd Quarter 2016 Files."

### Updates to HCPCS Code Set

Updates 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.

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