

Thursday, April 21, 2016

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

National Partnership to Improve Dementia Care and QAPI Call — Last Chance to Register  
How to Register for the 2016 PQRS Group Practice Reporting Option Call — Register Now  
2015 Mid-Year QRURs Webcast — Register Now  
New Audio Recording and Transcript Available

## **Other CMS Events**

Hospice Quality Reporting Program Webinar  
EHR Incentive Programs: March HIMSS16 Presentations

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

Screening Pap Tests and Pelvic Examinations Booklet — New  
Hospital Value-Based Purchasing Program Fact Sheet — Revised

## **Announcements**

Hospital Inpatient PPS and LTCH PPS Proposed Rule for FY 2017  
Check Your 2015 Open Payments Data  
IRF Quality Reporting Program Data Submission Deadline: May 15 — Updated  
LTCH Quality Reporting Program Data Submission Deadline: May 15 — Updated  
2017 Medicare Shared Savings Program: Notice of Intent to Apply Due by May 31  
CMS to Release a Comparative Billing Report on Psychotherapy and E/M Services in May  
2016 Clinical Quality Measure Electronic Reporting: Updated Files  
April is STI Awareness Month: Talk, Test, Treat

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

Rural Health Clinic Claims Processing Incorrectly

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

### **National Partnership to Improve Dementia Care and QAPI Call — Last Chance to Register**

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 — Register Now**

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 — Register Now**

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.

### **New Audio Recording and Transcript Available**

An [audio recording](#), [transcript](#), and [post-call clarification](#) are available for the April 5 call on [Medicare Shared Savings Program ACO: Preparing to Apply for 2017](#). During this call, CMS subject matter experts provided information on what you can do to prepare for the Medicare Shared Savings Program Accountable Care Organization (ACO) application process for the January 1, 2017, program start date.

## **Other CMS Events**

### **Hospice Quality Reporting Program Webinar**

May 10 from 2 to 3:30 pm ET

CMS is hosting a webinar for hospice health care providers, focusing on CMS data submission requirements for the Hospice Quality Reporting Program (HQRP), including how to:

- Access Final Validation Reports (FVRs)
- Use information in the FVRs to determine whether data is successfully transmitted or needs to be corrected

[Register](#) for the webinar. If you have questions or need additional information, email [PACTraining@econometricainc.com](mailto:PACTraining@econometricainc.com).

### **EHR Incentive Programs: March HIMSS16 Presentations**

Slides from HIMSS16 are available on the [Electronic Health Record \(EHR\) Incentive Programs](#) website:

- EHR Incentive Programs in 2015 through 2017 Overview
- Listening Session: EHR Incentive Programs in 2018 and Beyond
- Listening Session: Merit-Based Incentive Payment System
- Electronic Clinical Quality Measurement Development and Reporting
- Person and Family Engagement: Incentivizing Advances that Matter to Consumers

## Medicare Learning Network® Publications and Multimedia

### Screening Pap Tests and Pelvic Examinations Booklet — New

A new [Screening Pap Tests and Pelvic Examinations](#) Booklet is available. Learn about:

- Preventive health care for adult women
- Screening for cervical cancer via HPF testing

### Hospital Value-Based Purchasing Program Fact Sheet — Revised

A revised [Hospital Value-Based Purchasing Program](#) Fact Sheet is available. Learn about:

- Program measures
- How hospital performance is measured
- How the Program is funded

## Announcements

### Hospital Inpatient PPS and LTCH PPS Proposed Rule for FY 2017

On April 18, CMS issued a [proposed rule](#) to update FY 2017 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS). The proposed rule, which would apply to approximately 3,330 acute care hospitals and approximately 430 LTCHs, would affect discharges occurring on or after October 1, 2016. The IPPS/LTCH PPS proposed rule includes:

- Proposed changes to payment rates under IPPS
- IPPS rate adjustments for documentation and coding and Two-Midnight policy
- Medicare uncompensated care payments
- Hospital Acquired Conditions Reduction Program
- Hospital Readmissions Reduction Program
- Notification procedures for outpatients receiving observation services
- Electronic Health Record Incentive Programs and quality reporting
- Hospital Inpatient Quality Reporting Program
- Hospital Value-Based Purchasing Program
- PPS-Exempt Cancer Hospital Quality Reporting Program
- Inpatient Psychiatric Facility Quality Reporting Program
- LTCH PPS changes
- LTCH Quality Reporting Program

CMS will accept comments on the proposed rule until June 17 and will respond to comments in a final rule to be issued by August 1, 2016.

Along with the IPPS/LTCH PPS proposed rule, CMS issued an [Interim Final Rule with Comment](#) to implement section 231 of the Consolidated Appropriations Act, 2016 that establishes a temporary exception for certain wound care discharges from the site neutral payment rate for certain LTCHs.

See the full text of this excerpted [CMS fact sheet](#) (issued April 18).

## Check Your 2015 Open Payments Data

CMS continues to publish data from applicable manufacturers and group purchasing organizations about payments they make to physicians and teaching hospitals. The public has searched [Open Payments data](#) more than 6.3 million times.

Doctors, teaching hospitals, and others receiving payments or other transfers of value that are sent to us from reporting entities should take steps to ensure that this information about you, your related research, ownership, and other financial concerns are accurate. Doctors and teaching hospitals have the chance to review and dispute the information shared about them before we post the new and updated Open Payments data on June 30, 2016. The data we will post on June 30 is available for review through May 15, 2016. See [instructions and quick tips](#).

Last June, we posted payments and ownership interests reported in 2014 about more than 607,000 physicians and 1,122 teaching hospitals, valued at \$6.45 billion. Health care practitioners and teaching hospitals were paid for items like medical research, conference travel and lodging, gifts, and consulting.

Visit the [Open Payments](#) website to learn more about the program, or send questions to [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov)

See the full text of this excerpted [CMS blog](#) (issued April 14).

## IRF Quality Reporting Program Data Submission Deadline: May 15 — Updated

Note updated period for NQF #0431

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 1, 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 — Updated

Note updated period for NQF #0431

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 1, 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.

## 2017 Medicare Shared Savings Program: Notice of Intent to Apply Due by May 31

The Notice of Intent to Apply (NOIA) for the January 1, 2017, program start date of the Medicare Shared Savings Program is available for:

- Accountable Care Organizations (ACOs) not currently participating in the program (initial applicants)
- Currently participating ACOs with a 2014 start date intending to renew their agreement (renewing applicants)
- Currently participating ACOs in or applying to the program under Track 3 (two-sided risk model) that intend to apply for the Skilled Nursing Facility (SNF) 3-Day Waiver

NOIAs must be submitted by 5 pm ET on Tuesday, May 31, 2016. An NOIA submission does not bind your organization to submit an application. For information on NOIA submission and the application process, visit the [How to Apply](#) webpage.

## CMS to Release a Comparative Billing Report on Psychotherapy and E/M Services in May

CMS will be issue a national provider Comparative Billing Report (CBR) on Psychotherapy and Evaluation and Management Services in May 2016. The CBR, produced by CMS contractor eGlobalTech, will focus on providers with a specialty of psychiatry who bill psychotherapy Current Procedural Terminology (CPT) codes with and without a corresponding Evaluation and Management (E/M) code. 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.

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 by mail. For more information, visit the [CBR](#) website.

## 2016 Clinical Quality Measure Electronic Reporting: Updated Files

In February, CMS published the [2016 Quality Reporting Document Architecture \(QRDA\) Implementation Guide for Eligible Professional \(EP\) Programs and Hospital Quality Reporting \(HQR\) Appendix](#) with Schematrons and Sample Files:

- Updated [2016 QRDA-I Schematrons and Sample Files version 2.1 for HQR](#) are available and replace any previous versions
- EP Schematrons and Sample Files will be updated and posted in May 2016

Please refer to the change log within each Schematron file for CMS program specific changes. CMS will notify stakeholders when test tools are available for the latest versions of the Schematrons and when test files can be accepted by CMS systems for the 2016 reporting period.

Visit the [eCQM Library](#) and the [eCQI Resource Center](#) for more information.

## April is STI Awareness Month: Talk, Test, Treat

Take three simple actions to protect your patients: Talk about sexual health, test for Sexually Transmitted Infections (STIs) as recommended, and treat following approved guidelines. Recommend appropriate Medicare-covered preventive services, including screening for STIs, high intensity behavioral counseling to prevent STIs, HIV screening, and Hepatitis B immunization.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B](#) Educational Tool
- [Centers for Disease Control and Prevention \(CDC\) STI Awareness Month](#) webpage
- [CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#) website

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

## Claims, Pricers, and Codes

### Rural Health Clinic Claims Processing Incorrectly

CMS is aware of an issue with Rural Health Clinic claims processing incorrectly. These claims are being held by your Medicare Administrative Contractor (MAC) until this error can be corrected. A system fix is scheduled for April 25, 2016, to correct this problem. Once implemented, your MAC will release all affected claims to complete processing. Please [contact your MAC](#) with any questions.

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