

Thursday, April 28, 2016

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

**How to Register for the 2016 PQRS Group Practice Reporting Option Call — Last Chance to Register**

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 Recordings and Transcripts Available

Audio recordings and transcripts are available for the following events:

- April 12 — [Open Payments 2016: Prepare to Review Reported Data](#) Call: [audio recording](#) and [transcript](#). 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.
- April 14 — [IMPACT Act: Data Element Library](#) Call: [audio recording](#) and [transcript](#). Learn about the Data Element Library, including details, purpose, and overview of content.

## Other CMS Events

### Comparative Billing Report on Subsequent Nursing Facility E/M Services Webinar

Wednesday, May 11 from 3 to 4:30 pm ET

Join CMS for an informative discussion of the comparative billing report on Subsequent Nursing Facility Evaluation and Management (E/M) Services (CBR201605), an educational tool focusing on providers who bill CPT codes 99307 through 99310 to report subsequent nursing facility E/M services. During the webinar, providers will interact directly with content specialists and submit questions about the report. See the [announcement](#) for more information and find out how to participate.

### Comparative Billing Report on Modifiers 24 and 25: General Surgeons Webinar

Wednesday, May 25 from 3 to 4:30 pm ET

Join CMS for an informative discussion of the comparative billing report on Modifiers 24 and 25: General Surgeons (CBR201606), an educational tool for general surgeons who submit claims for established patient evaluation and management services appended with modifiers 24 and/or 25. During the webinar, providers will interact directly with content specialists and submit questions about the report. See the [announcement](#) for more information and find out how to participate.

## Medicare Learning Network® Publications and Multimedia

### Acute Care Hospital Inpatient Prospective Payment System Booklet — Revised

A revised [Acute Care Hospital Inpatient Prospective Payment System](#) Booklet is available. Learn about:

- Acute Care Hospital Inpatient Prospective Payment System (IPPS) background
- Basis for IPPS payment, payment rates, how payment rates are set, and payment updates
- Hospital Inpatient Quality Reporting Program

### 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

### IRFs: Proposed FY 2017 Payment and Policy Changes

On April 21, CMS issued a proposed rule ([CMS-1647-P](#)) outlining proposed FY 2017 Medicare payment policies and rates for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) and the IRF Quality Reporting Program (QRP). CMS will accept comments on the proposed rule until June 20, 2016.

CMS is proposing to update the IRF PPS payments to reflect an estimated 1.45 percent increase factor, reflecting an IRF-specific market basket estimate of 2.7 percent, reduced by a 0.5 percentage point multi-factor productivity adjustment and a 0.75 percentage point reduction required by law. CMS is proposing that if more recent data becomes available, it would be used to determine the FY 2017 update in the final rule. An additional 0.2 percent increase to aggregate payments due to updating the outlier threshold results in an overall update of 1.6 percent (or \$125 million), relative to payments in FY 2016.

The proposed rule also includes:

- No changes to the facility-level adjustments
- Rural adjustment transition
- Proposed changes to the IRF QRP

See the full text of this excerpted [CMS fact sheet](#) (issued April 21).

### SNFs: Proposed FY 2017 Payment and Policy Changes

On April 21, CMS issued a proposed rule ([CMS-1645-P](#)) outlining proposed FY 2017 Medicare payment rates and quality programs for Skilled Nursing Facilities (SNFs). CMS will accept comments on the proposed rule until June 20, 2016.

Based on proposed changes, CMS projects that aggregate payments to SNFs will increase in FY 2017 by \$800 million, or 2.1 percent, from payments in FY 2016. This estimated increase is attributable to a 2.6 percent market basket increase reduced by 0.5 percentage points, in accordance with the multifactor productivity adjustment required by law.

The proposed rule also includes:

- SNF Quality Reporting Program (QRP)
- SNF Value-Based Purchasing (VBP) Program

For More Information:

- [SNF PPS](#) website
- [SNF QRP Measures and Technical Information](#) webpage
- [SNF VBP Program](#) webpage
- [IMPACT Act Downloads and Videos](#) webpage

See the full text of this excerpted [CMS fact sheet](#) (issued April 21).

## Hospice Benefit: Proposed FY 2017 Updates to the Wage Index and Payment Rates

On April 21, CMS issued a proposed rule ([CMS-1652-P](#)) that would update the hospice wage index, payment rates, and cap amount for FY 2017. CMS will accept comments on the proposed rule until June 20, 2016.

As proposed, hospices would see a 2.0 percent (\$330 million) increase in their payments for FY 2017. The proposed 2.0 percent hospice payment update percentage for FY 2017 is based on an estimated 2.8 percent inpatient hospital market basket update, reduced by a 0.5 percentage point productivity adjustment and by a 0.3 percentage point adjustment set by the Affordable Care Act.

The proposed rule also includes:

- Hospice CAHPS® Experience of Care Survey
- New hospice quality measures
- Enhanced data collection
- Public reporting

See the full text of this excerpted [CMS fact sheet](#) (issued April 21).

## 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, 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.

## Nursing Homes, IRFs, and LTCHs: Comment on New Quality Measures by May 6

CMS requests public comments on new maintenance of health and well-being quality measures by May 6:

- National Quality Forum (NQF) #0680: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay). Applies to nursing homes, Inpatient Rehabilitation Facilities (IRFs) and Long-Term Care Hospitals (LTCHs).
- NQF #0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay) Applies to nursing homes.

See the [Quality Measures Public Comment](#) webpage for more information.

### **Hospitals: Submit Comments on New EHR Measure by May 15**

CMS requests feedback from hospital stakeholders and organizations on a draft electronic version of a new EHR measure: [Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting](#). Submit Comments by May 15. For questions, email [Hospital-MDM@mathematica-mpr.com](mailto:Hospital-MDM@mathematica-mpr.com).

### **Next Generation ACO Model Letter of Intent Deadline Extended to May 20**

The Next Generation Accountable Care Organization (ACO) Model Letter of Intent (LOI) submission date is now May 20, 2016. All organizations must submit an LOI in order to apply to the Model. See the [Next Generation ACO Model](#) webpage for more information. Send questions about the model to [NextGenerationACOModel@cms.hhs.gov](mailto:NextGenerationACOModel@cms.hhs.gov).

### **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](#)

### **Home Health Quality Reporting Program: Quarterly QAO Interim Reports Available**

Home health agencies: The second quarterly Quality Assessment Only (QAO) Interim Report is available in your Certification and Survey Provider Enhanced Reporting (CASPER) folder. These reports are informational only and are intended to help you monitor your compliance with the annual pay-for-reporting requirements.

Agencies are encouraged to closely monitor these interim reports and investigate any discrepancies or concerns prior to receipt of the Annual QAO Metric Report. The annual report will reflect your actual compliance rate for the period of July 1, 2015, through June 30, 2016, and will be used to determine the individual agency market basket update for CY 2017; home health agencies must score at least 70 percent on the annual QAO metric or be subject to a 2 percentage point reduction.

For More Information:

- [Home Health Quality Initiative Spotlight](#) webpage: Reporting schedule for interim and annual reports
- [Home Health Quality Initiatives](#) website: Information on pay-for-reporting requirements and the calculation of the QAO metric
- [CASPER Reporting Provider User Guide](#)

Contact the QTSO Help Desk at 800-339-9313 or [help@qtso.com](mailto:help@qtso.com) with questions about accessing your report. Send questions about the QAO metric or report content to [homehealthqualityquestions@cms.hhs.gov](mailto:homehealthqualityquestions@cms.hhs.gov).

## 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.

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.

For More Information:

- [2015 QRUR and 2017 Value Modifier](#) webpage
- [How to Obtain a QRUR](#) webpage
- [Register](#) for the MLN Connects Webcast on May 19

## Track and Improve Your ICD-10 Progress

CMS released the [Next Steps Toolkit](#) and companion [infographic](#) to help you analyze and improve your ICD-10 progress:

- Assess your progress: Establish a point of comparison for each [Key Performance Indicator](#)
- Address your findings: Once you have identified opportunities for improvement, you can develop a feedback system
- Maintain your progress: Be sure to keep all your systems and coding tools updated.

Visit the [ICD-10](#) website and [Roadto10.org](#) for the latest news and official resources, including the [Quick Start Guide](#), and a [contact list for provider Medicare and Medicaid questions](#).

## Hand Hygiene Day is May 5

“Save Lives: Clean Your Hands.” [Hand Hygiene Day](#) is the World Health Organization’s call to action for health care workers, recognizing that hand hygiene is a highly effective way to reduce health care-associated infection and promote patient safety.

The Medicare Learning Network offers a web-based training course on Infection Control: Hand Hygiene, on the [Learning Management and Product Ordering System](#). Learn about hand hygiene in patient care zones and nearby administrative areas, includes appropriate methods for maintaining good hand hygiene and how to recognize opportunities for hand hygiene in a health care setting. Physician and non-physician practitioners may receive continuing education credit for successful completion.

## Claims, Pricers, and Codes

### Reprocessing Claims for Audiology Services

Effective for dates of service on and after January 1, 2016, new HCPCS codes 92537 and 92538 for caloric testing replaced code 92543. These CY 2016 code changes were inadvertently left off of the [Audiology Code List](#) until March 31. As a result, some claims for audiologists' services for codes 92537 and 92538 were unintentionally denied. Medicare Administrative Contractors will automatically reprocess these claims.

### Prolonged Drug and Biological Infusions Using an External Pump

Medicare pays for drugs and biologicals, which are not usually self-administered by the patient and furnished “incident to” physicians’ services rendered to patients while in the physician’s office or the hospital outpatient department. In some situations, a hospital outpatient department or physician office may:

- Purchase a drug for a medically reasonable and necessary prolonged drug infusion,
- Begin the drug infusion in the care setting using an external pump,
- Send the patient home for a portion of the infusion, and
- Have the patient return at the end of the infusion period.

In this case, bill your A/B Medicare Administrative Contractor (MAC) for the drug or biological, the administration, and the external infusion pump. Additional information is available in [MLN Matters® Special Edition Article #1609](#), in the “Downloads” section of the [Medicare Part B Drug Average Sales Price](#) webpage.

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