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News & Announcements

Medicare Makes Enhancements to the Shared Savings Program to Strengthen Incentives for Quality Care

On June 6, CMS released a [final rule](#) improving how Medicare pays Accountable Care Organizations in the Medicare Shared Savings Program for delivering better patient care. Medicare bases Accountable Care Organizations' payments on a variety of factors, including whether the Accountable Care Organization can deliver high-quality care at a reasonable cost. The final rule should help more Accountable Care Organizations successfully participate in the Medicare Shared Savings Program by improving the shared savings payment methodology and providing a new participation option for certain Accountable Care Organizations to move to the more advanced tracks of the program.

For More Information:

- [Fact Sheet](#)
- [Shared Savings Program](#) website

See the full text of this excerpted [CMS press release](#) (issued June 6).

TEP on Refinement of NQF #0678: Nominations due June 10

Nominations are due June 10 for a Technical Expert Panel (TEP) to refine the quality measure: Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short-Stay) (NQF #0678). Visit the [Technical Expert Panels](#) webpage for more information.

New PEPPER for Short-term Acute Care Hospitals and June 21 Webinar

The Short-Term (ST) Acute Care Program for Evaluating Payment Patterns Electronic Report (PEPPER) with statistics through the first quarter of FY 2016 is available for ST acute care hospitals nationwide. PEPPER files were recently distributed through a QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role.

Revised in this release:

- Target area numerator and denominator definitions for three target areas (excisional debridement, spinal fusion and ventilator support) are revised to reflect the transition to ICD-10, effective with the first quarter of FY 2016. Prior quarters are calculated using the prior numerator/denominator definitions. See the appendices in the [user guide](#) for more information.
- The Single Complication or Comorbidity (CC) / Major Complication or Comorbidity (MCC) target area evaluates ICD-10 principal diagnosis codes that are their own CC/MCC, as identified in table 6K of the Inpatient Prospective Payment System final rule.

[Attend](#) the June 21 webinar from 1 to 2 pm CT to review changes to this release, including the first quarter ICD-10 statistics. Registration is not required.

PEPPER summarizes hospital-specific data statistics for Medicare severity diagnosis-related groups and discharges at risk for improper payments. It is distributed by TMF® Health Quality Institute under contract with CMS. Visit [PEPPERresources.org](#) to access resources, including the [user guide](#), recorded training sessions, information about QualityNet accounts, [frequently asked questions](#), and examples of how other hospitals are using PEPPER.

If you have questions or need help obtaining your report, visit the [Help Desk](#). Send us your [feedback or suggestions](#).

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](#)

Long-Term Care Facilities: Mandatory Submission of Staffing Data via PBJ Begins July 1

Electronic submission of staffing data through the Payroll-Based Journal (PBJ) is required of all long-term care facilities starting July 1. The last day to submit data for fiscal quarter four (July 1 through September 30) is November 14, 2016. Nursing homes can register now in the PBJ system to prepare:

- Obtain a [CMSNet User ID](#) if you do not already have one for other QIES applications
- Obtain a [PBJ QIES Provider ID](#) for PBJ system access

Visit [QTSO e-University](#) and select the PBJ option for training modules and step by step registration instructions. More information is available on the [Staffing Data Submission PBJ](#) webpage.

Antipsychotic Drug use in Nursing Homes: Trend Update

CMS is [tracking the progress](#) of the National Partnership to Improve Dementia Care in Nursing Homes by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's Disease or Tourette's Syndrome. In fourth quarter of 2011, 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 28.8 percent, to a national prevalence of 17.0 percent in the fourth quarter of 2015. Success has varied by state and CMS region; some states and regions had a reduction greater than 25 percent.

CMS also released an [Update Report](#) that includes a brief overview of the National Partnership, activities following the release of Survey & Certification policy memorandum 14-19-NH, and next steps. Visit the [National Partnership](#) webpage for more information.

Home Health Quality of Patient Care Star Ratings TEP Summary Available

A [summary](#) of the Home Health Quality of Patient Care (QoPC) Star Ratings Technical Expert Panel (TEP) is available on the [Home Health Star Ratings](#) webpage. Abt Associates convened the TEP to review the first year of data on the performance of these ratings; discuss and make recommendations for revising the Home Health QoPC; and make recommendations for additional analyses to support ongoing maintenance and improvement the ratings.

Claims, Pricers & Codes

2017 ICD-10-PCS Updates Available

The 2017 ICD-10-PCS updates are available on [2017 ICD-10 PCS and GEMs](#) webpage, including the complete list of code titles, addenda, and a conversion table showing changes from 2016.

Upcoming Events

Physician Compare Initiative Call — June 16

Thursday, June 16 from 1:30 to 3 pm ET

To register or for more information, visit [MLN Connects Event Registration](#). Space may be limited, register early.

Interested in learning more about [Physician Compare](#) and the future of public reporting? Physician Compare provides information to consumers to help them make informed health care decisions and incentivizes physicians to maximize their performance. CMS experts will walk you through the information currently available, upcoming plans, and the future of Physician Compare under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Learn more on the [Physician Compare Initiative](#) page. A question and answer session will follow the presentation.

Agenda:

- Physician Compare overview
- Your information on Physician Compare
- Quality data and public reporting standards
- Publicly reported benchmark
- 5-star ratings
- Impact of MACRA

Target Audience: Physicians and other health care professionals, medical group practices, practice managers, medical and specialty societies, and other interested stakeholders.

IRF Tier Comorbidity Updates: Soliciting Stakeholder Input Call — June 16

Thursday, June 16 from 2 to 3:30 pm ET

CMS is hosting a Special Open Door Forum for Inpatient Rehabilitation Facilities (IRFs) and other stakeholders to provide input and suggestions on updates to the tier comorbidity portion of IRF payments. See the [announcement](#) for more information and participation instructions.

Quality Measures and the IMPACT Act Call — July 7

Thursday, July 7 from 1:30 to 3 pm ET

To register or for more information, visit [MLN Connects Event Registration](#). Space may be limited, register early.

During this call, CMS experts discuss key quality measures related to the Improving Medicare Post-Acute Care Transformation Act of 2014 ([IMPACT Act](#)) and how they will affect you. Also, find out about upcoming stakeholder engagement activities. Following the presentation, participants can share insights and thoughts on the measures during the question and answer/discussion session.

The IMPACT Act requires the reporting of standardized patient assessment data on quality measures, resource use, and other measures by Post-Acute Care (PAC) providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals.

Target Audience: PAC providers, healthcare industry professionals, clinicians, researchers, health IT vendors, and other interested stakeholders.

Medicare Learning Network® Publications & Multimedia

Updated Information on the IVIG Demonstration MLN Matters® Article — New

An MLN Matters Special Edition Article on [Updated Information on the Intravenous Immune Globulin \(IVIG\) Demonstration](#) is available. Learn about:

- New implementation support contractor for the IVIG demonstration as of July 1, 2016
- 2016 payment rate for the demonstration service code Q2052

June 2016 Catalog Available

The June 2016 Edition of the [Medicare Learning Network Catalog](#) is available. Learn about:

- Products and services that can be downloaded, ordered or copied for free
- Web based training courses; some offer continuing education credits
- Helpful links, tools, and tips

Medicaid Program Integrity: What Is a Prescriber's Role in Preventing the Diversion of Prescription Drugs? Fact Sheet — Revised

A revised [Medicaid Program Integrity: What Is a Prescriber's Role in Preventing the Diversion of Prescription Drugs?](#) Fact Sheet is available. Learn about:

- The impact of drug diversion
- The penalties for drug diversion

Vaccine and Vaccine Administration Payments under Medicare Part D Fact Sheet — Revised

A revised [Vaccine and Vaccine Administration Payments under Medicare Part D](#) Fact Sheet is available. Learn about:

- The difference between Part B and Part D vaccine coverage
- What Part D covers
- Elements of vaccine administration

Reading the Institutional Remittance Advice Booklet — Reminder

The [Reading the Institutional Remittance Advice](#) Booklet is available. Learn about:

- Reading an institutional Electronic Remittance Advice (ERA) and Standard Paper Remittance Advice (SPR)
- Balancing the ERA or SPR so provider records are consistent with Medicare's records

Medicare Enrollment Guidelines for Ordering/Referring Providers Fact Sheet — Reminder

The [Medicare Enrollment Guidelines for Ordering/Referring Providers](#) Fact Sheet is available. Learn about:

- The three basic requirements for ordering and referring
- How to enroll in Medicare as an ordering/referring provider

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