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News & Announcements

CMS Proposes Rule to Improve Health Equity and Care Quality in Hospitals

On June 13, CMS proposed new standards to improve the quality of care and advance health equity in our nation's hospitals. The proposal applies to the 6,228 hospitals and critical access hospitals that participate in Medicare or Medicaid. The rule proposes to reduce overuse of antibiotics and implement comprehensive requirements for infection prevention. CMS estimates that these new requirements could save hospitals up to \$284 million annually, while also improving care and potentially saving lives. The proposed rule also:

- Advances protections for traditionally underserved and often excluded populations based on race, color, religion, national origin, sex (including gender identity), age, disability, or sexual orientation
- Requires critical access hospitals to implement and maintain a Quality Assessment and Performance Improvement (QAPI) program

For More Information:

- [Proposed Rule](#): CMS will accept comments until August 15, 2016

- [Fact Sheet](#)

See the full text of this excerpted [CMS press release](#) (issued June 13).

Second Round of Support and Alignment Networks Announced for Transforming Clinical Practice Initiative

On June 10, CMS launched the second round of the Support and Alignment Networks under the Transforming Clinical Practice Initiative (TCPI). This opportunity will provide up to \$10 million over the next three years to leverage primary and specialist care transformation work and learning that will catalyze the adoption of Alternative Payment Models at very large scale and with very low cost. Up to five potential awardees are anticipated to be announced in Fall 2016. Applications will be accepted from eligible applicants for the cooperative agreement funding opportunity starting June 10, 2016. Applicants are encouraged, but not required, to submit a letter of intent by July 1, 2016.

For additional information, visit the Support and Alignment Networks 2.0 section of the [TCPI](#) website. A [blog](#) about this funding opportunity is also available.

EHR Incentive Program: Hardship Exception Applications Due July 1

Medicare Electronic Health Record (EHR) Incentive Program 2017 hardship exception applications are due by July 1, 2016, for eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) to avoid payment adjustments.

- EPs and eligible hospitals: [instructions](#) and the [application](#) are available on the [Payment Adjustments & Hardship Information](#) webpage.
- CAHs should use the [form](#) specific for the CAH hardship exceptions related to an EHR reporting period in 2015. CAHs that have already submitted a form for 2015 are not required to resubmit.

Visit the [FAQ](#) webpage for answers to specific hardship exception questions.

CMS to Release a CBR on Immunohistochemistry and Special Stains in July

CMS will issue a national provider Comparative Billing Report (CBR) on Immunohistochemistry (IHC) and Special Stains in July 2016. The CBR, produced by CMS contractor eGlobalTech, focuses on claims for IHC. 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 with questions or to receive CBRs by mail. For more information, visit the [CBR](#) website.

Track and Improve Your ICD-10 Progress

To help you improve your use of ICD-10 codes, CMS offers the [Next Steps Toolkit](#) and companion [infographic](#):

- Assess your progress: Establish a point of comparison for each [Key Performance Indicator \(KPI\)](#) you would like to track
- Address your findings: Once you have identified opportunities for improvement, you can develop a feedback system to improve the accuracy of your clinical documentation and code selection; check for any systems issues; and resolve system problems with payers
- Maintain your progress: ICD-10 updates take place annually on October 1, following the same timeline used for ICD-9 updates

Review the General Coding Guidelines on a regular basis. Separate official guidelines are available for:

- Diagnosis codes: [2016 ICD-10-CM](#)
- Hospital inpatient procedures: [2016 ICD-10-PCS](#) and [2017 ICD-10-PCS](#) (effective October 1, 2016)

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

Recognizing Men's Health Month and Men's Health Week

June is Men's Health Month, and June 13 through 19 is Men's Health Week, which ends on Father's Day. The purpose of these observances is to heighten awareness of preventable health problems and encourage early detection and treatment of disease among men. Help your Medicare patients understand the steps they can take to improve their health and recommend appropriate preventive services.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- Centers for Disease Control & Prevention [Men's Health](#) website
- [Men's Health Month and Men's Health Week](#) website

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

Upcoming Events

MIPS: CPIA Performance Category Overview Webinar — June 22

Wednesday, June 22 from 12 to 1 pm ET

To participate, visit the [June 22](#) registration webpage.

This webinar provides an overview of the Merit-Based Incentive Payment System (MIPS) Clinical Practice Improvement Activities (CPIA) performance category, as outlined in the key provisions of the recently released [Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA\) Notice of Proposed Rulemaking \(NPRM\)](#). The new CPIA performance category accounts for 15% of the first year MIPS score and rewards clinical practice improvement activities focused on care coordination, beneficiary engagement, and patient safety.

MIPS Scoring Overview Webinar — June 24

Friday, June 24 from 12 to 1 pm ET

To participate, visit the [June 24](#) registration webpage.

This webinar provides an overview of the proposed Merit-Based Incentive Payment System (MIPS) performance category scoring and how a composite performance score will be calculated based on each performance score. CMS subject matter experts review the proposed scoring system for MIPS and also discuss how payment adjustments will be determined based on the composite performance score, as outlined in the key provisions of the [Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA\) Notice of Proposed Rulemaking \(NPRM\)](#). The information will pertain to MIPS participants in the first year of the program and beyond.

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.

Continuing education credits may be awarded by some organizations for participation in MLN Connects Calls. For more information, visit the [Continuing Education Credit Information](#) webpage.

SNF Quality Reporting Program Call — July 12

Tuesday July 12 from 1:30 to 3 pm ET

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

Learn about the reporting requirements for the new Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), effective October 1, 2016. The [Improving Medicare Post-Acute Care Transformation Act of 2014](#) (IMPACT Act) established the SNF QRP and requires the submission of standardized data.

Agenda:

- IMPACT Act
- Measures
- Reporting requirements for FY 2018 payment determination
- Consequences of failing to meet the reporting requirements

- Reconsideration and exception/extension procedures

Target Audience: SNF providers.

Medicare Learning Network® Publications & Multimedia

Hospital-Acquired Conditions and Present on Admission Reporting Provision Fact Sheet — Revised

A revised [Hospital-Acquired Conditions and Present on Admission Reporting Provision](#) Fact Sheet is available. Learn about:

- Indicator reporting provision
- Exempt hospitals

Mass Immunizers and Roster Billing Fact Sheet — Revised

A revised [Mass Immunizers and Roster Billing](#) Fact Sheet is available. Learn about:

- Requirements for mass immunizers and roster billing
- Centralized billing

Reading a Professional Remittance Advice Booklet — Reminder

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

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

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