

Thursday, July 28, 2016

News & Announcements

Overall Hospital Quality Star Ratings: Evaluation of National Distributions
Million Hearts[®] Cardiovascular Disease Risk Reduction Model
New Payment Models and Rewards for Better Care at Lower Cost
\$42 Billion Saved in Medicare and Medicaid Primarily Through Prevention
SNF Quarterly Reports Available through Nursing Home Compare
SNF QRP: Requirements for the FY 2018 Reporting Year Fact Sheet Available
EHR Incentive Programs: Submit Comments on CY 2017 Hospital OPPS and ASC Proposed Rule by September 6
World Hepatitis Day: Medicare Coverage for Viral Hepatitis

Provider Compliance

Home Health Care: Proper Certification Required

Claims, Pricers & Codes

July 2016 OPPS Pricer File Update

Upcoming Events

ESRD QIP: Reviewing Your Facility's PY 2017 Performance Data Call — August 2
Special Open Door Forum: Open Payments Notice to Inform Future Rulemaking — August 2
Medicare Diabetes Prevention Program Webinar — August 9
IRF Quality Reporting Program Provider Training — August 9 and 10
PQRS Feedback Reports and Informal Review Process for Program Year 2015 Results Call — August 10
Comparative Billing Report on IHC and Special Stains Webinar — August 10
LTCH Quality Reporting Program Provider Training — August 11
SNF Quality Reporting Program Provider Training — August 24
Comparative Billing Report on Modifier 25: Physician Assistant Webinar — August 24
IMPACT Act: Data Elements and Measure Development Call — August 31

Medicare Learning Network[®] Publications & Multimedia

Protecting Patient Personal Health Information MLN Matters Article — New
SNF Quality Reporting Program Call: Audio Recording and Transcript — New
Medicare Coverage of Items and Services Furnished to Beneficiaries in Custody under a Penal Authority Fact Sheet — Revised
Electronic Mailing Lists: Keeping Health Care Professionals Informed Fact Sheet — Revised
SNF Billing Reference Fact Sheet — Reminder
Suite of Products & Resources for Compliance Officers Educational Tool — Reminder
Suite of Products & Resources for Educators & Students Educational Tool — Reminder
Suite of Products & Resources for Inpatient Hospitals Educational Tool — Reminder

News & Announcements

Overall Hospital Quality Star Ratings: Evaluation of National Distributions

CMS developed an Overall Hospital Quality Star Rating (Star Rating) that reflects comprehensive quality information about the care provided at our nation's hospitals. On July 21, CMS published data showing the national distribution of Overall Hospital Star Ratings based on hospital characteristics. For each hospital characteristic, CMS evaluated the distribution of hospitals across the five star categories.

- Analysis shows that all types of hospitals have both high performing and low performing hospitals
- Hospitals of varying bed size had similar average Star Ratings
- The average Star Rating for teaching hospitals was similar to but slightly lower than that for non-teaching hospitals
- Applying a previously accepted definition of hospital safety net status, CMS found that safety net hospitals had similar to but slightly lower average Star Rating than non-safety net hospitals
- CMS found a lower average Star Rating among Disproportionate Share Hospital (DSH) payment-eligible hospitals in comparison to non-DSH payment-eligible hospitals
- CMS found a higher average Star Rating among Critical Access Hospitals (CAHs) in comparison to the average Star Rating among non-CAHs

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

Million Hearts® Cardiovascular Disease Risk Reduction Model

The Million Hearts Cardiovascular Disease (CVD) Risk Reduction Model proposes an innovative way of lowering CVD risks across the population. Currently, health care practitioners are paid to screen for blood pressure, cholesterol, or other risk factors individually. In a new approach, the model will use data-driven predictive modeling approaches to generate individualized risk scores and mitigation plans for eligible Medicare Fee-For-Service (FFS) beneficiaries.

After a rigorous review and selection process, 516 organizations were chosen to participate in the model. Randomization resulted in 260 organizations assigned to the intervention group and 256 organizations assigned to the control group. The model is comprised of organizations in 47 states, Puerto Rico, and the District of Columbia, and is expected to reach over 3.3 million Medicare FFS beneficiaries and involve nearly 20,000 health care practitioners. The model will last five years.

For More Information:

- [List of Participants](#)
- [Million Hearts CVD Risk Reduction Model](#) webpage
- [Million Hearts](#) website

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

New Payment Models and Rewards for Better Care at Lower Cost

On July 25, HHS proposed new models that would reward hospitals that work together with physicians and other providers to avoid complications, prevent hospital readmissions, and speed recovery:

- New bundled payment models for cardiac care and an extension of the existing bundled payment model for hip replacements to other hip surgeries
- A new model to increase cardiac rehabilitation utilization
- A proposed pathway for physicians with significant participation in bundled payment models to qualify for payment incentives under the proposed Quality Payment Program

For More Information:

- [Episode Payment Models](#) webpage
- [Cardiac Rehabilitation Incentive Payment Model](#) webpage
- [Comprehensive Care for Joint Replacement Model](#) webpage

See the full text of this excerpted [HHS press release](#) (issued July 25).

\$42 Billion Saved in Medicare and Medicaid Primarily Through Prevention

On July 20, CMS released a report showing that investments made in program integrity activities – which include stamping out fraud and deterring and reducing other improper payments – pay off for taxpayers and beneficiaries. From October 1, 2012, through September 30, 2014, every dollar invested in the Medicare program integrity efforts saved \$12.40 for the program.

See the full text of this excerpted [CMS blog](#) (issued July 20).

SNF Quarterly Reports Available through Nursing Home Compare

CMS released July quarterly reports for Skilled Nursing Facilities (SNFs) through the [Nursing Home Compare](#) reporting system, including information on the SNF Value-Based Purchasing (VBP) Program. Beginning on October 1, 2016, SNFs will also receive quarterly confidential feedback reports on the SNF VBP Program through the Certification and Survey Provider Enhanced Reporting (CASPER) system. For more information, visit the [SNF VBP Program](#) webpage, or contact us at SNFVBPinquiries@cms.hhs.gov.

SNF QRP: Requirements for the FY 2018 Reporting Year Fact Sheet Available

A [fact sheet](#) is available with information on requirements for the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) FY 2018 reporting year (data collection period October 1 through December 31, 2016). Visit the [SNF QRP \(IMPACT Act of 2014\)](#) webpage for more information.

EHR Incentive Programs: Submit Comments on CY 2017 Hospital OPPIs and ASC Proposed Rule by September 6

On July 6, CMS released the CY 2017 Changes to the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) [proposed rule](#). This rule includes a number of proposed changes that would affect the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Review the [press release](#) for additional information.

World Hepatitis Day: Medicare Coverage for Viral Hepatitis

Let's join together on World Hepatitis Day (July 28) to make the elimination of viral hepatitis our next greatest achievement. Most people with chronic hepatitis virus do not have symptoms until the later stages of the infection, putting them at risk for serious liver disease, liver cancer, and even death. Medicare covers viral hepatitis immunization and screening services, including Hepatitis B vaccine, screening for Hepatitis C, screening for Sexually Transmitted Infections (STIs), and high-intensity behavioral counseling to prevent STIs.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Medicare Part B Immunization Billing](#) Educational Tool, includes Hepatitis B
- Centers for Disease Control and Prevention websites: [World Hepatitis Day](#), [Viral Hepatitis](#), and [Hepatitis Risk Assessment](#)
- [World Hepatitis Day](#) website

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

Provider Compliance

Home Health Care: Proper Certification Required

The Affordable Care Act requires a physician or a non-physician practitioner to have a face-to-face encounter with the beneficiary before a physician certifies the beneficiary's eligibility for the home health benefit. One aspect of the certification is for the certifying physician to certify (attest) that the face-to-face encounter occurred and document the date of the encounter. For medical review purposes, Medicare requires documentation in the certifying physician's medical records and/or the acute/post-acute care facility's medical records to be used as the basis for certification of patient eligibility. This documentation must include the clinical note or discharge summary for the face-to-face encounter. Avoid home health claims payment denials or improper payment recoveries by understanding Medicare's requirements.

Resources:

- [CY 2015 Home Health Prospective Payment System Final Rule](#)
- Medicare Benefit Policy Manual, [Chapter 7, Section 30.5.1](#)
- National Provider Call: [Certifying Patients for the Medicare Home Health Benefit](#)

MLN Matters® Articles:

- [Certifying Patients for the Medicare Home Health Benefit](#)
- [Manual Updates to Clarify Requirements for Physician Certification and Recertification of Patient Eligibility for Home Health Services](#)

Claims, Pricers & Codes

July 2016 OPPS Pricer File Update

The [Outpatient Prospective Payment System \(OPPS\) Pricer Code](#) webpage is updated with Pricer file and outpatient provider data for July 2016 under “3rd Quarter 2016 Files.”

Upcoming Events

ESRD QIP: Reviewing Your Facility's PY 2017 Performance Data Call — August 2

Tuesday, August 2 from 2:30 to 4 pm ET

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

Do you participate in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)? Preliminary Payment Year (PY) Performance Score Reports (PSRs) will be available on August 15. Find out how to access, review, and submit a formal inquiry about your report by the September 16 deadline. A question and answer session will follow the presentation.

Agenda:

- Accessing and reviewing your PSR
- How CMS calculates your performance score using quality data
- What the performance score means for your PY 2017 payment rates
- How to submit one formal inquiry about your PSR
- Making performance data transparent to patients
- Where to access help and additional information

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.

Special Open Door Forum: Open Payments Notice to Inform Future Rulemaking — August 2

Tuesday, August 2 from 1:30 to 3 pm ET

CMS is seeking input from Open Payments stakeholders for future rulemaking and other enhancements to the program. See the [announcement](#) for more information.

Medicare Diabetes Prevention Program Webinar — August 9

Tuesday, August 9 from 12 to 1 pm ET

The CMS Innovation Center is holding a Medicare Diabetes Prevention Program webinar to provide an overview of the proposal in the CY 2017 Medicare Physician Fee Schedule. Under the proposal, Medicare Diabetes Prevention Program suppliers, recognized by the Centers for Disease Control and Prevention, would be allowed to submit claims to Medicare for providing diabetes prevention services.

- To register or for more information, visit the [Webinar](#) webpage
- For information about the model, visit the [Medicare Diabetes Prevention Program](#) webpage
- CMS will accept comments on the [proposed rule](#) until September 6

IRF Quality Reporting Program Provider Training — August 9 and 10

CMS is hosting a 2-day, in-person training event on August 9 and 10 for the Inpatient Rehabilitation Facility (IRF) Quality Reporting program (QRP) in Chicago, IL. This training is for IRF providers, associations, and organizations. The objective is to provide 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 (PAI) V 1.4 and other reporting requirements of the IRF QRP. IRF preview reports will also be discussed. Visit the [IRF Quality Reporting Training](#) webpage for more information and to register.

PQRS Feedback Reports and Informal Review Process for Program Year 2015 Results Call — August 10

Wednesday, August 10 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 Physician Quality Reporting System (PQRS) negative payment adjustments, feedback reports, and the informal review process for program year 2015 results and 2017 payment adjustment determination.

Agenda:

- PQRS negative payment adjustment, feedback reports, and informal review
- How to request an informal review
- Where to call for help and resources
- Question and answer session

Target Audience: Physicians; individual eligible professionals; group practices; Comprehensive Primary Care practice sites; Accountable Care Organizations; therapists; practice managers; medical and specialty societies; payers; and insurers.

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

Comparative Billing Report on IHC and Special Stains Webinar — August 10

Wednesday, August 10 from 3 to 4:30 pm ET

Join CMS for an informative discussion of the comparative billing report on Immunohistochemistry (IHC) and Special Stains (CBR201610), an educational tool for Medicare providers who submit claims for IHC. During the webinar, suppliers will interact directly with content specialists and submit questions about the report. See the [announcement](#) for more information and find out how to participate.

LTCH Quality Reporting Program Provider Training — August 11

CMS is hosting a 1-day, in-person training event on Thursday, August 11 for the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) in Chicago, IL. Registrants for the August 11 event can also attend the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) and Assessment Data Element Standardization and Interoperability presentation on the

afternoon of Wednesday, August 10 and participate in a meet and greet with presenters and CMS staff that evening.

Visit the [LTCH Quality Reporting Training](#) webpage for more information and to register for both events.

SNF Quality Reporting Program Provider Training — August 24

CMS is hosting a 1-day, in-person training event on August 24 for the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) in Chicago, IL. Find out about assessment-based data collection instructions and updates associated with the changes in the October 1, 2016, release of the Minimum Data Set (MDS) 3.0 and other reporting requirements for the SNF QRP.

Visit the [SNF QRP Training](#) webpage for more information and to register.

Comparative Billing Report on Modifier 25: Physician Assistant Webinar — August 24

Wednesday, August 24 from 3 to 4:30 pm ET

Join CMS for an informative discussion of the comparative billing report on Modifier 25: Physician Assistant (CBR201611), an educational tool for Medicare physician assistants who submit claims for established patient Evaluation and Management (E/M) services appended with modifier 25. During the webinar, suppliers will interact directly with content specialists and submit questions about the report. See the [announcement](#) for more information and find out how to participate.

IMPACT Act: Data Elements and Measure Development Call — August 31

Wednesday, August 31 from 1:30 to 3

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

During this call, CMS experts discuss how data elements are used in measure development. Find out how information from assessment instruments is used to calculate quality measures. The Improving Medicare Post-Acute Care Transformation Act of 2014 ([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.

Agenda:

- Overview of National Quality Strategy and CMS Quality Strategy
- Why do we have quality measures?
- How do data elements fit within measure development?
- How is provider data used in the development process?
- Example: pressure ulcer measure
- Question and answer/discussion session

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

Medicare Learning Network® Publications & Multimedia

Protecting Patient Personal Health Information MLN Matters Article — New

An MLN Matters Special Edition Article on [Protecting Patient Personal Health Information](#) is available. Learn about the Health Insurance Portability and Accountability Act requirement to protect the confidentiality of Medicare patients' personal health information.

SNF Quality Reporting Program Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the July 12 call on the [Skilled Nursing Facility \(SNF\) Quality Reporting Program \(QRP\)](#). Learn about the reporting requirements for the new SNF QRP, effective October 1, 2016.

Medicare Coverage of Items and Services Furnished to Beneficiaries in Custody under a Penal Authority Fact Sheet — Revised

A revised [Medicare Coverage of Items and Services Furnished to Beneficiaries in Custody under a Penal Authority](#) Fact Sheet is available. Learn about Medicare's policy to generally not pay for medical items and services furnished to a beneficiary who is incarcerated or in custody under a penal statute or rule at the time the items and services are furnished.

Electronic Mailing Lists: Keeping Health Care Professionals Informed Fact Sheet — Revised

A revised [Medicare Learning Network Electronic Mailing Lists: Keeping Health Care Professionals Informed](#) Fact Sheet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

- CMS electronic mailing lists for health care professionals
- How to register to receive the latest news on important Medicare initiatives

SNF Billing Reference Fact Sheet — Reminder

The [Skilled Nursing Facility \(SNF\) Billing Reference](#) Fact Sheet is available. Learn about:

- Coverage
- Payment
- Billing Requirements

Suite of Products & Resources for Compliance Officers Educational Tool — Reminder

The [Medicare Learning Network Suite of Products & Resources for Compliance Officers](#) Educational Tool is available. Learn about:

- General compliance guidelines
- The claims submission process
- Initiatives and incentives

Suite of Products & Resources for Educators & Students Educational Tool — Reminder

The [Medicare Learning Network Suite of Products and Resources for Educators & Students Educational Tool](#) is available. Learn about:

- Federal health care programs and how they work
- Medicare program resources

Suite of Products & Resources for Inpatient Hospitals Educational Tool — Reminder

The [Medicare Learning Network Suite of Products & Resources for Inpatient Hospitals Educational Tool](#) is available. Learn about:

- Claims processing
- Payment systems and fee schedules

Suite of Products & Resources for Billers & Coders Educational Tool — Reminder

The [Medicare Learning Network Suite of Products & Resources for Billers & Coders Educational Tool](#) is available. Learn about:

- Claims submission
- Federal initiatives and incentive programs

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