

Thursday, August 18, 2016

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## News & Announcements

### CMS Updates Nursing Home Five-Star Quality Ratings

On August 10, CMS updated the popular [Nursing Home Compare](#) Five-Star Quality Ratings to incorporate new measures. These new measures look at successful discharges, emergency visits, and re-hospitalizations. Nursing homes receive four different star ratings on the Nursing Home Compare website (each ranging from 1 to 5 stars): one for each of the components – health inspections, staffing, and quality measures – and one for an overall rating, which is calculated by combining each of the three component star ratings. With the new quality measures added to the

calculations, the quality measures star rating for each nursing home, as well as the overall rating, will likely change.

For more information, see the [fact sheet](#). See the full text of this excerpted [CMS Press Release](#) (issued August 10).

### **IMPACT Act Standardized Assessment Data: Comments due August 26**

Public comments are due August 26 on standardized assessment-based data items developed under the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) to meet the domains of: cognitive function and mental status; special services, treatments, and interventions; medical conditions and co-morbidities; and impairments. CMS seeks comments on:

- Potential for improving quality
- Utility for describing case mix
- Feasibility for use in post-acute care settings
- Validity

Visit the [Public Comment](#) webpage for more information.

### **Medicare Outpatient Observation Notice: Public Comment Period Ends September 1**

The public has until September 1 to comment on the revised Medicare Outpatient Observation Notice (MOON) under the Paperwork Reduction Act (PRA). The information collection requirements are not effective until approved under a valid Office of Management and Budget (OMB) control number. We expect PRA approval around the time the implementing regulations, part of the FY 2017 Inpatient Prospective Payment System final rule, are effective. Hospitals and critical access hospitals should begin using the MOON no later than 90 calendar days from the date of final PRA approval by OMB. View the draft MOON and instructions on how to submit comments on the [CMS PRA webpage](#). CMS will provide additional information related to MOON implementation on its [Beneficiary Notices Initiative \(BNI\)](#) webpage when the MOON is approved and in a Health Plan Management System memorandum to Medicare Advantage plans.

### **Open Payments: Limited Time for Physicians to Dispute 2015 Data**

Open Payments 2015 data was published on June 30; however, you can still review and dispute it. Check your data every year, even if you think nothing was reported about you. If drug or device companies submitted new data from previous years, you can dispute it in the Open Payments system until the end of the year. You can also nominate staff to act on your behalf. If you need help or have any questions, contact the CMS Open Payments Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or 1-855-326-8366.

For More Information:

- [Open Payments website](#)
- [Nominate a representative](#)
- [Review and Dispute Guide](#)

### **Programs of All-Inclusive Care for the Elderly**

The Programs of All-Inclusive Care for the Elderly (PACE) is a Medicare and Medicaid program that provides comprehensive medical and social services that enable older adults to live in the community instead of a nursing home or other care facility. More than 34,000 older adults are currently enrolled in about 100 PACE organizations in 31 states, and enrollment in PACE has increased by over 60 percent since 2011.

On August 11, CMS proposed a rule to update and modernize the PACE program, including:

- Strengthening protections and improving care for beneficiaries
- Providing administrative flexibility and regulatory relief for PACE organizations

For More Information:

- [Proposed Rule](#): Comments are due October 17.
- Blog: [Delivering on the Promise of Better Care for Older Adults](#)
- [PACE](#) webpage

See the full text of this excerpted [CMS Fact Sheet](#) (issued August 11).

## Administrative Simplification: Adopted Standards and Operating Rules

The Health Insurance Portability and Accountability Act of 1996 ([HIPAA](#)) required HHS to establish digital standards for business-related tasks like submitting claims and getting paid. All health plans, other payers, and providers who exchange business and insurance-related tasks digitally must comply with these Administrative Simplification standards. Visit the newly enhanced [Adopted Standards and Operating Rules](#) webpage to learn about:

- Digital standards for business tasks
- Business, or operating, rules
- Standard code sets

## Provider Compliance

### Nasal Endoscopy

Avoid delays. Bill it right the first time. [The CMS Provider Minute: Nasal Endoscopy](#) video includes pointers to prevent a denial of your claim. Learn about:

- Four elements needed in medical record documentation
- How to correct errors and retain payment

This video is part of a [series](#) to help providers of all types improve in areas identified with a high degree of noncompliance.

## Claims, Pricers & Codes

### 2017 ICD-10-CM and ICD-10-PCS Code Updates

The 2017 ICD-10-CM and ICD-10-PCS code updates, including a complete list of code titles, are available on the [2017 ICD-10-CM and GEMs](#) and [2017 ICD-10-PCS and GEMs](#) webpages. The posted files contain the complete versions of both ICD-10-CM (diagnoses) and ICD-10-PCS (procedures).

The following resources are also available for 2017:

- [General Equivalence Mappings \(GEMs\) – Diagnosis Codes](#)
- [ICD-10-CM Guidelines](#)
- [General Equivalence Mappings \(GEMs\) – Procedure Codes](#)
- [ICD-10-PCS Coding Guidelines](#)
- [Present on Admission \(POA\) Exempt Codes](#)

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

## Hospice Claim Adjustments Will Correct Routine Home Care Day Count

Two recent systems issues caused routine home care days to be miscounted on hospice claims:

- Systems were not counting days that should receive high routine home care payments if a revocation was posted on the benefit period before the final claim was submitted. A correction was implemented on May 9, 2016.
- Systems were using the election date instead of the admission date when a prior hospice period was involved. A correction was implemented on July 25, 2016.

Medicare Administrative Contactors are adjusting hospice claims to correct payment. Hospices do not need to take any action.

## Upcoming Events

### IRF and LTCH Quality Reporting Program: Public Reporting Webinar — August 23

Tuesday, August 23 from 1:30 to 3 pm ET

[Register](#) for the webinar.

Section 3004(a) and (b) of the Affordable Care Act established the Long-Term Care Hospital (LTCH) and Inpatient Rehabilitation Facility (IRF) Quality Reporting Programs (QRPs). CMS will publicly report IRF and LTCH quality performance data on the new IRF and LTCH Compare websites, beginning in late fall 2016. CMS will issue a Preview Report to each provider in the near future to give them the opportunity to review their quality data prior to publicly posting the data.

During this webinar, CMS will discuss the Preview Reports. Participants will gain an understanding of how to access these reports, how to interpret the contents, and what to do if they believe their report contains an error.

For More Information:

- [IRF Quality Reporting Training](#) webpage
- IRF Public Reporting helpdesk: [IRFPRquestions@cms.hhs.gov](mailto:IRFPRquestions@cms.hhs.gov)
- [LTCH Quality Reporting Training](#) webpage

- LTCH Public Reporting helpdesk: [LTCHPRquestions@cms.hhs.gov](mailto:LTCHPRquestions@cms.hhs.gov)

## **Global Surgery Proposed Data Collection Town Hall — August 25**

Thursday, August 25

- In-person session 10:30 am to Noon ET (at CMS Headquarters)
- Virtual session 1 to 2:30 pm ET (by webinar)

See the [announcement](#) to register or for more information.

CMS is holding a town hall meeting to give stakeholders the opportunity to provide feedback on the CMS proposal for collecting data on global services from the CY 2017 Physician Fee Schedule Proposed Rule ([CMS-1654-P](#)). Feedback received at this meeting is not part of our notice and comment rulemaking process. See the [proposed rule](#) for information on how to submit a comment. To be assured consideration, comments on the proposed rule must be received by 5 pm on September 6, 2016.

The town hall will be divided into two sessions. From 10:30 am to Noon, those attending in person will have the opportunity to present. From 1 to 2:30 pm, virtual participants will be able to present. During registration for both sessions, you should indicate if you wish to speak. Those attending virtually will be able to hear the morning session but will not be able to present until the afternoon.

Target Audience: Practitioners who furnish surgical services to Medicare beneficiaries; state and national associations that represent these practitioners; integrated delivery systems representatives; coding professionals; and practice managers.

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

Wednesday, August 31 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 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.

## **SNF Quality Reporting Program Webcast — September 14**

Wednesday, September 14 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. A question and answer session will follow the presentation.

### Agenda:

- Overview of the IMPACT Act and the SNF QRP
- Resources for providers
- Three Quality Measures (QMs) finalized for SNF QRP in FY 16 SNF Prospective Payment System (PPS) Final Rule
- Four QMs Finalized in FY 17 SNF PPS Final Rule
- Data collection timeframe and data submission deadline for the FY 18 payment determination
- Consequences of not meeting the data submission deadline
- Reconsideration and exception and extension procedures

Target Audience: SNF providers.

## **National Partnership to Improve Dementia Care and QAPI Call — September 15**

Thursday, September 15 from 1:30 to 3 pm ET

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

This call focuses on effective care transitions between long-term and acute care settings, highlighting transitions that involve residents with dementia. This is critical for residents with dementia, as care transitions can cause heightened anxiety and aggression. Communication should be optimized, as care transitions are high-risk periods for nursing home residents. Additionally, CMS experts share 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.

### Speakers:

- Dr. Kevin Biese, University of North Carolina (UNC), Department of Emergency Medicine
- Tammie Stanton, UNC Health Care System
- Kathryn Weigel, Rex Rehabilitation & Nursing Care Center of Apex
- Scott Bartlett, Pikes Peak Area Council of Governments – Area Agency on Aging
- Michele Laughman and Debbie Lyons, CMS

Target Audience: Consumer and advocacy groups, nursing home providers, surveyor community, prescribers, professional associations, and other interested stakeholders.

## Medicare Learning Network® Publications & Multimedia

### Medicare Part B Clinical Laboratory Fee Schedule: Guidance to Laboratories for Collecting and Reporting Data for the Private Payor Rate-Based Payment System MLN Matters Article — New

An MLN Matters Special Edition Article on [Medicare Part B Clinical Laboratory Fee Schedule: Guidance to Laboratories for Collecting and Reporting Data for the Private Payor Rate-Based Payment System](#) is available. It includes:

- Four steps to identify an “applicable laboratory”
- Three components of private payor rate data that must be reported
- Data collection and reporting periods
- Implementation schedule

### ESRD QIP Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the August 2 call on [ESRD QIP: Reviewing Your Facility's PY 2017 Performance Data](#). Do you participate in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)? The Payment Year (PY) 2017 Preview Period is underway. Find out how to access, review, and submit a formal inquiry about your report by the September 16 deadline.

### Health Insurance Portability and Accountability Act (HIPAA) EDI Standards Web-Based Training Course — Revised

With Continuing Education Credit

The HIPAA Electronic Data Interchange (EDI) Standards Web-Based Training (WBT) course is available through the [Learning Management and Product Ordering System](#). Learn about:

- Standards and code sets mandated under HIPAA
- Information regarding electronic billing and other health care transactions
- The steps involved in the Medicare EDI process

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