

Thursday, September 1, 2016

News & Announcements

- PY 2015 Medicare ACO Results
- EHR Incentive Programs: Submit Comments on Proposed Rule by September 6
- TEP on IMPACT Act Quality Measures: Nominations due September 7
- ESRD QIP Preview Period for PY 2017 Extended to September 30
- New ST PEPPER Available
- ICD-10 Assessment and Maintenance Toolkit
- Are You Required to Comply with Electronic Standards?
- September is Prostate Cancer Awareness Month

Provider Compliance

- Psychiatry and Psychotherapy

Upcoming Events

- SNF Quality Reporting Program Webcast — September 14
- National Partnership to Improve Dementia Care and QAPI Call — September 15
- SNF Value-Based Purchasing Program Call — September 28

Medicare Learning Network[®] Publications & Multimedia

- September 2016 Catalog Available
- HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules Fact Sheet — Revised
- Guided Pathways to Medicare Resources Provider Specific Booklet — Revised
- Suite of Products & Resources for Rural Health Providers Educational Tool — Revised
- Medicare Part B Immunization Billing Fact Sheet — Reminder
- Vaccine and Vaccine Administration Payments under Medicare Part D Fact Sheet — Reminder
- Suite of Products & Resources for Compliance Officers Educational Tool — Reminder

News & Announcements

PY 2015 Medicare ACO Results

On August 25, CMS announced the 2015 performance year results for the Medicare Shared Savings Program and the Pioneer Accountable Care Organization (ACO) Model that show physicians, hospitals, and health care providers participating in ACOs continue to make significant improvements in the quality of care for Medicare beneficiaries, while achieving cost savings. Collectively, Medicare ACOs have generated more than \$1.29 billion in total Medicare savings since 2012.

In 2015, Medicare ACOs had combined total program savings of \$466 million, which includes 392 Shared Savings Program participants and 12 Pioneer ACO Model participants. The results show that more ACOs shared savings in 2015 compared to 2014 and those with more experience tend to perform better over time.

All 12 participants in the Pioneer ACO Model improved their quality scores from 2012 to 2015 by more than 21 percentage points. Overall quality scores for nine out of 12 Pioneer participants were more than 90 percent in 2015.

ACOs in the Shared Savings Program also continued to show improvement, with ACOs that reported in both 2014 and 2015 improving on 84 percent of the quality measures that were reported in both years. Additionally, comparing 2014 and 2015 results, average quality performance improved by more than 15 percent on key preventive care measures.

For More Information:

- [Medicare ACOs 2015 Performance Year Quality and Financial Results](#) Fact Sheet
- [Shared Savings Program](#) website
- [Pioneer ACO Model](#) website

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

EHR Incentive Programs: Submit Comments on Proposed Rule by September 6

Comments are due by 5 pm ET on September 6 for the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) [proposed rule](#), which includes changes to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Review the [press release](#) and [fact sheet](#) for additional information.

TEP on IMPACT Act Quality Measures: Nominations due September 7

Nominations are due September 7 for a Technical Expert Panel (TEP) on quality measures to satisfy the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). CMS is developing cross-setting post-acute care measures for the quality measure domain - Function Status, Cognitive Function, and Changes in Function and Cognitive Function.

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

ESRD QIP Preview Period for PY 2017 Extended to September 30

CMS extended the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) Preview Period for Payment Year (PY) 2017 through 5 pm ET on Friday, September 30, 2016. The Preview Period is an opportunity for outpatient dialysis facilities to review their scores before they are finalized. Facilities with PY 2017 ESRD QIP scores that fail to meet or exceed the minimum Total Performance Score face reimbursement reductions of up to 2 percent for dialysis treatments that will be rendered during 2017. For more information, visit the [ESRD QIP](#) website, review the materials from the [August 2 MLN Connects® Call](#), or contact us at ESRDQIP@cms.hhs.gov.

New ST PEPPER Available

The Short-Term (ST) Program for Evaluating Payment Patterns Electronic Report (PEPPER) with statistics through the second 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.

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](#).

ICD-10 Assessment and Maintenance Toolkit

The ICD-10 [Assessment and Maintenance Toolkit](#) can help you maintain your ICD-10 progress. This in-depth toolkit shows how you can manage your revenue cycle by:

- Assessing ICD-10 progress using Key Performance Indicators (KPIs) to identify potential productivity or cash flow issues
- Addressing opportunities for improvement
- Maintaining progress and keeping up-to-date on ICD-10

The toolkit is also available as an [infographic](#) with an accompanying [fact sheet on KPIs](#) to help you analyze and track your ICD-10 progress. Visit the [ICD-10](#) website for the latest news and official resources, including the [Quick Start Guide](#) and a [contact list](#) for provider Medicare and Medicaid questions.

Are You Required to Comply with Electronic Standards?

The Health Insurance Portability and Accountability Act of 1996 ([HIPAA](#)) covers both individuals and organizations. To find out if your organization must comply, use the interactive [Covered Entity Guidance tool](#), and visit the [Covered Entity](#) webpage.

September is Prostate Cancer Awareness Month

Prostate cancer is the most common non-skin cancer among American men. Talk to your Medicare patients about the nature and risk of prostate cancer and help them make an informed decision about screening.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [ZERO - The End of Prostate Cancer](#) website
- [Center for Disease Control and Prevention Prostate Cancer](#) website
- [National Cancer Institute Prostate Cancer](#) website

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

Provider Compliance

Psychiatry and Psychotherapy

Proper payment and sufficient documentation go hand in hand. The [CMS Provider Minute: Psychiatry and Psychotherapy](#) video includes pointers to properly submit documentation for these services. Learn about:

- Use of add-on codes when billing for same day evaluation and management and psychotherapy services
- Three factors needed for sufficient documentation

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

Upcoming Events

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.

SNF Value-Based Purchasing Program Call — September 28

Wednesday, September 28 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 how the implementation of the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program will affect your Medicare payment. During this call, CMS experts discuss the legislative background, along with the SNF 30-Day Potentially Preventable Readmission measure, performance standards, and scoring methodology finalized in the [FY 2017 SNF Prospective Payment System](#) final rule. Also, find out about the confidential quarterly feedback reports you will receive beginning on October 1, 2016. A question and answer session will follow the presentation.

The [SNF VBP Program](#) rewards SNFs with incentive payments for quality of care, promoting better clinical outcomes for SNF patients. The program will begin in FY 2019.

Agenda:

- Legislative framework
- Program measures
- Performance standards and scoring methodology
- Confidential quarterly reports
- Where to find additional information about the Program

Target Audience: SNFs, administrators, and clinicians.

Medicare Learning Network® Publications & Multimedia

September 2016 Catalog Available

The September 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

HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules Fact Sheet — Revised

A revised [HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules](#) Fact Sheet is available. Learn about:

- Who must comply with HIPAA rules
- Covered entities
- Enforcement

Guided Pathways to Medicare Resources Provider Specific Booklet — Revised

A revised [Medicare Learning Network Guided Pathways to Medicare Resources Provider Specific Booklet](#) is available. The revised booklet includes new resources on:

- Criteria for Critical Access Hospital (CAH) designation
- Information on CAHs operating a psychiatric and/or rehabilitation distinct part unit

Suite of Products & Resources for Rural Health Providers Educational Tool — Revised

A revised [Medicare Learning Network Suite of Products & Resources for Rural Health Providers Educational Tool](#) is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about publications and resources available for the unique information needs of the rural health community.

Medicare Part B Immunization Billing Fact Sheet — Reminder

The [Medicare Part B Immunization Billing](#) Fact Sheet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

- Administration and diagnosis codes
- Vaccine codes and descriptors
- FAQs

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

The [Vaccine and Vaccine Administration Payments under Medicare Part D](#) Fact Sheet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

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

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

[Like the eNews? Have suggestions? Please let us know!](#)

[Subscribe](#) to the eNews. Previous issues are available in the [archive](#).

Follow the MLN on [Twitter](#) #CMSMLN, and visit us on [YouTube](#).

This newsletter is current as of the issue date. View the complete [disclaimer](#).
The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S.
Department of Health and Human Services (HHS).