

Thursday, September 8, 2016

News & Announcements

EHR Incentive Program 2017 Medicare Payment Adjustment for Hospitals
IRF and LTCH QRP Provider Preview Reports Available until September 30
DMEPOS Suppliers: Use Revised CMS-855S Beginning January 1
DMEPOS Fee Schedule: Corrections to the July 2016 File
DMEPOS Fee Schedule: Assignment Monitoring Data Posted
SNF 30-Day Potentially Preventable Readmission Measure — Updated
2015 PQRS Feedback Reports and 2015 Annual QRURs: Are You Ready?
New Look for Think Cultural Health
Healthy Aging[®] Month — Discuss Preventive Services with your Patients

Provider Compliance

Coudé Tip Catheters

Claims, Pricers & Codes

October 2016 Average Sales Price Files Now Available

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
2015 Annual QRURs Webcast — September 29
Comparative Billing Report on Modifier 25: OB/GYN Webinar — October 5

Medicare Learning Network[®] Publications & Multimedia

Advance Care Planning Fact Sheet — New

News & Announcements

EHR Incentive Program 2017 Medicare Payment Adjustment for Hospitals

As part of the American Recovery and Reinvestment Act of 2009, Congress established payment adjustments under Medicare for eligible hospitals that are not meaningful users of Certified Electronic Health Record Technology. Eligible hospitals that do not successfully demonstrate meaningful use for an Electronic Health Record (EHR) reporting period associated with a payment adjustment year will receive reduced Medicare payments for that year.

This fact sheet includes:

- What is an eligible hospital?
- How does a hospital demonstrate meaningful use in order to avoid a payment adjustment?

- How have hospitals received incentives payments? Are incentive payments still available?
- What is the FY 2017 EHR Eligible Hospital payment adjustment?
- How many hospitals successfully demonstrated meaningful use for the 2017 payment adjustment year?
- Is there an exceptions process for hospitals that did not demonstrate meaningful use?
- Does a hospital have to achieve meaningful use each year to avoid the payment adjustments or can it avoid the payment adjustments by achieving meaningful use only once?
- Where can I go for more information?

See the full text of this excerpted [CMS fact sheet](#) (issued September 7).

IRF and LTCH QRP Provider Preview Reports Available until September 30

Inpatient Rehabilitation Facility (IRF) and Long-term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Preview Reports are available until September 30, 2016. Review your performance data on each quality measure prior to public display on the IRF Compare or LTCH Compare websites. For more information:

- [IRF Quality Public Reporting](#) webpage and [Preview Report Access Instructions](#)
- [LTCH Quality Public Reporting](#) webpage and [Preview Report Access Instructions](#)

Corrections to the underlying data will not be permitted during this time. However, you can request a CMS review during the 30-day preview period if you believe the data is inaccurate.

DMEPOS Suppliers: Use Revised CMS-855S Beginning January 1

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) suppliers must use the revised Medicare enrollment application (CMS-855S) beginning January 1, 2017. The revised application will be posted on the [CMS Forms List](#) by mid-fall. The National Supplier Clearinghouse Medicare Administrative Contractors will accept both the current and revised versions of the CMS-855S through December 31, 2016. Visit the [Medicare Provider-Supplier Enrollment](#) webpage for more information.

DMEPOS Fee Schedule: Corrections to the July 2016 File

On June 23, 2016, CMS released the July 2016 Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule amounts. CMS identified errors in the fee schedule amounts for some items and released revised fee schedule files on August 31, 2016. Check the [DME Center Page](#) for more information.

DMEPOS Fee Schedule: Assignment Monitoring Data Posted

Assignment data used to monitor the impact of the July 2016 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule adjustments are now available on the [Fee Adjustment Monitoring](#) webpage.

SNF 30-Day Potentially Preventable Readmission Measure — Updated

The updated Skilled Nursing Facility (SNF) 30-Day Potentially Preventable Readmission (PPR) [Measure](#) estimates the risk-standardized rate of unexpected PPRs within 30 days for people with Fee-For-Service Medicare who were inpatients at Prospective Payment System, critical access, or psychiatric hospitals. See the [draft technical report](#) and [Final Measure Specification](#) for more in-depth information on the measure. Visit the [SNF Value-Based Purchasing Program](#) webpage for more information on the program.

2015 PQRS Feedback Reports and 2015 Annual QRURs: Are You Ready?

2015 Physician Quality Reporting System (PQRS) feedback reports and 2015 Annual Quality and Resource Use Reports (QRURs) will be available in September 2016:

- PQRS feedback reports for individual Eligible Professionals (EPs) and PQRS group practices will provide the final determination on whether or not participants met the PQRS criteria for avoiding the 2017 PQRS negative payment adjustment
- QRURs will show how groups with 2 or more EPs and solo practitioners performed in 2015 on the quality and cost measures used to calculate the 2017 Value Modifier

Authorized representatives of groups and solo practitioners will be able to access these reports on the [CMS Enterprise Portal](#) using an Enterprise Identity Data Management account with the correct role. Visit [How to Obtain a QRUR](#) and find out how to access the reports.

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

New Look for Think Cultural Health

The HHS Office of Minority Health launched a redesigned [Think Cultural Health](#) website. The website offers engaging and practical tools to increase public awareness and understanding of Culturally and Linguistically Appropriate Services (CLAS). The new design makes it easier for anyone to browse the latest resources and find information that will help individuals and organizations deliver respectful, understandable, and effective services to all:

- [National CLAS Standards](#) webpage features an explanation of CLAS, a printable list of the Standards, and the comprehensive technical assistance document ([Blueprint](#))
- [Education](#) webpage features e-learning programs designed for disaster personnel, nurses, oral health professionals, physicians, and community health workers
- [Resources](#) webpage features a searchable library of over 500 online resources, recorded presentations, and educational video units on CLAS

Healthy Aging® Month — Discuss Preventive Services with your Patients

Healthy Aging Month focuses national attention on the positive aspects of growing older. Talk with your patients about adopting a healthy lifestyle, including appropriate Medicare-covered preventive services.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Healthy Aging](#) website

- [Centers for Disease Control and Prevention Health Aging](#) website

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

Provider Compliance

Coudé Tip Catheters

Avoid delays. Bill it right the first time. The [CMS Provider Minute: Coudé Tip Catheters](#) video includes pointers on how to provide the correct documentation when submitting claims for this item. Learn about:

- Importance of documenting medical necessity
- Requirement of providing the KX modifier

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

October 2016 Average Sales Price Files Now Available

CMS posted the October 2016 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks on the [2016 ASP Drug Pricing Files](#) webpage.

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.

2015 Annual QRURs Webcast — September 29

Save the Date: Thursday, September 29 from 1:30 to 3 pm ET

Save the date. Registration will open soon on the [MLN Connects Event Registration](#) website.

In mid-September 2016, CMS will make 2015 Annual Quality and Resource Use Reports (QRURs) available to all group practices and solo practitioners nationwide. This event provides an overview of the report and explains how to interpret and use the information.

2015 Annual QRURs show how groups and solo practitioners performed in 2015 on the quality and cost measures used to calculate the 2017 Value-Based Payment Modifier (Value Modifier) and how the Value Modifier will be applied to physician payments. Learn more on the [2015 QRUR and 2017 Value Modifier](#) webpage. Visit [How to Obtain a QRUR](#) to access your report prior to the event.

Agenda:

- Overview of the 2017 Value Modifier and 2015 QRUR
- How to access the 2015 Annual QRUR
- How to request an informal review of your 2017 Value Modifier

Target Audience: Physicians, Medicare eligible professionals, medical group practices, practice managers, medical and specialty societies.

This MLN Connects 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 Modifier 25: OB/GYN Webinar — October 5

Wednesday, October 5 from 3 to 4:30 p.m. ET

Join CMS for an informative discussion of the comparative billing report on Modifier 25: Obstetrics/Gynecology (OB/GYN) (CBR201613), an educational tool for Medicare obstetricians and gynecologists who submit claims for established patient Evaluation and Management (E/M) services appended with modifier 25. During the webinar, providers will interact directly with content specialists and submit questions about the report. See the [announcement](#) for more information and find out how to participate.

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Advance Care Planning Fact Sheet — New

A new [Advance Care Planning](#) Fact Sheet is available. Learn about:

- Beneficiary eligibility
- Provider and location eligibility
- Diagnosis requirements

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