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News & Announcements

Plans for the Quality Payment Program in 2017: Pick Your Pace

CMS received feedback on [our April proposal](#) for implementing the Quality Payment Program. With the program set to begin on January 1, 2017, we want to share our plans for the timing of reporting for the first year. In recognition of the wide diversity of physician practices, we intend for the Quality Payment Program to allow physicians to pick their pace of participation for the first performance period that begins January 1, 2017. During 2017, eligible physicians and other clinicians will have

multiple options for participation. Choosing one of these options would ensure you do not receive a negative payment adjustment in 2019. These options, and other supporting details, will be described fully in the final rule.

- First Option: Test the Quality Payment Program
- Second Option: Participate for part of the calendar year
- Third Option: Participate for the full calendar year
- Fourth Option: Participate in an Advanced Alternative Payment Model in 2017

See the full text of this excerpted [CMS blog](#) (issued September 8).

CMS Finalizes Rule to Bolster Emergency Preparedness of Certain Facilities

On September 8, CMS [finalized a rule](#) to establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and man-made disasters. After reviewing the current Medicare emergency preparedness regulations for both providers and suppliers, CMS found that regulatory requirements were not comprehensive enough to address the complexities of emergency preparedness. This final rule requires Medicare and Medicaid participating providers and suppliers to meet the following four common, and well known, industry best practice standards:

- Emergency plan
- Policies and procedures
- Communication plan
- Training and testing program

These standards are adjusted to reflect the characteristics of each type of provider and supplier.

These regulations are effective 60 days after publication in the Federal Register. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date.

For More Information:

- [ASPR Blog](#): New health preparedness rule means withstanding the storm - which means better care for patients and better business for health care providers
- [Survey & Certification - Emergency Preparedness](#) website

See the full text of this excerpted [CMS press release](#) (issued September 8).

DMEPOS Competitive Bidding Payment Amounts and Contract Offers for Round 1 2017

On September 8, CMS announced the single payment amounts for Round 1 2017 of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. CMS is offering contracts to successful bidders. Contracts are scheduled to become effective on January 1, 2017. View the CMS [fact sheet](#) for additional information.

New Data: 49 States plus DC Reduce Avoidable Hospital Readmissions

Between 2010 and 2015, readmission rates fell by 8 percent nationally. On September 13, CMS released new data showing how these improvements are helping Medicare patients across all 50 states and the District of Columbia. The data show that since 2010:

- All states but one have seen Medicare 30-day readmission rates fall
- In 43 states, readmission rates fell by more than 5 percent
- In 11 states, readmission rates fell by more than 10 percent

Across states, Medicare beneficiaries avoided approximately 100,000 readmissions in 2015 alone, compared to if readmission rates had stayed constant at 2010 levels. That means Medicare beneficiaries collectively avoided nearly 100,000 unnecessary return trips to the hospital.

See the full text of this excerpted [CMS blog](#) (issued September 13).

SNF QRP Provider Training Questions and Feedback on MDS 3.0

The Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) [Measures and Technical Information](#) webpage is updated with [Provider Training Questions and Feedback on Minimum Data Set \(MDS\) 3.0](#). This document provides responses to questions from recent training events. Topics include the following:

- MDS 3.0 assessments relevant to the SNF QRP
- Part A Prospective Payment System discharge combinations
- Section GG
- Pressure ulcer quality measure

EHR Incentive Programs: Materials from August Webinars Available

Presentations and recordings are available from August Electronic Health Record (EHR) Incentive Programs webinars on the [EHR Events](#) webpage:

- 2016 EHR Incentive Programs Requirements for Eligible Professionals: [presentation](#) and [webinar recording](#)
- 2016 EHR Incentive Payment Programs Requirements for Eligible Hospitals and Critical Access Hospitals (CAHs): [presentation](#) and [webinar recording](#)

To learn more, review the 2016 Tip Sheets for [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#), and other resources on the [2016 Program Requirements](#) webpage.

ICD-10 Coordination and Maintenance Committee Meeting: Materials Available

The ICD-10 Coordination and Maintenance Committee Meeting is a public forum to discuss proposed changes to ICD-10. Materials from the September 2016 meeting are available:

- Procedure topics: [Agenda](#), morning session [recording](#), afternoon session [recording](#)
- Diagnosis topics: [Agenda](#), morning session [recording](#), afternoon session [recording](#)

Track ICD-10 Progress and Manage Your Revenue Cycle

Now is a good time to review how you use ICD-10. The following [Key Performance Indicators](#) can help you manage your revenue cycle and track your ICD-10 progress:

- Assess progress to identify any productivity or cash flow issues
- Address opportunities to improve revenue cycle management
- Maintain progress and keep up-to-date on ICD-10

To find out more about tracking and improving how you use ICD-10, check out the [Next Steps Toolkit](#). 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.

Provider Compliance

Advanced Life Support Ambulance Services: Insufficient Documentation

Ambulance suppliers often submit Medicare claims for Advanced Life Support (ALS) ambulance services which lack sufficient medical record documentation. The 2015 Comprehensive Error Rate Testing (CERT) Report states that the improper payment rate for ALS services was 14.5 percent with improper payments projected at \$226 million. The most frequent errors occur when documentation:

- Does not support the medical necessity of the ALS level of service
- Lacks the patient's signature authorizing the supplier to bill Medicare for the service.

Use the following resources to avoid documentation errors:

- [Medicare Ambulance Transports](#) Booklet
- [42 Code of Federal Regulations 424.36 - Signature Requirements](#)
- [April 2016 Medicare Quarterly Provider Compliance Newsletter](#), Pages 1 through 3
- [Ambulance Fee Schedule](#) Fact Sheet
- [Medicare Claims Processing Manual](#), Chapter 15

Upcoming Events

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

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

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

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.

IMPACT Act: Data Elements and Measure Development Call — October 13

Thursday, October 13 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.

Medicare Learning Network® Publications & Multimedia

Overview of the SNF Value-Based Purchasing Program MLN Matters® Article — New

An MLN Matters Special Edition Article on [Overview of the Skilled Nursing Facility Value-Based Purchasing Program](#) is available. Learn about value-based incentive payments Skilled Nursing Facilities (SNFs) may receive based on performance of specified quality measures for services beginning October 1, 2018.

Fee-For-Service Data Collection System: Clinical Laboratory Fee Schedule Data Reporting Template MLN Matters Article — New

An MLN Matters Special Edition Article on [Fee-For-Service Data Collection System: Clinical Laboratory Fee Schedule Data Reporting Template](#) is available. Learn about the Clinical Laboratory Fee Schedule (CLFS) data reporting template used to report applicable information for the CLFS private payor rate-based system.

Clinical Laboratory Fee Schedule Fact Sheet — Revised

A revised [Clinical Laboratory Fee Schedule](#) Fact Sheet is available. Learn about:

- Types of examination of materials
- Coverage of clinical laboratory services
- How payment rates are set
- Updates to the Clinical Laboratory Fee Schedule

ICD-10-CM/PCS Myths and Facts Fact Sheet — Revised

A revised [ICD-10-CM/PCS Myths and Facts](#) Fact Sheet is available. Learn about responses to myths on International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS).

ICD-10-CM Classification Enhancements Fact Sheet — Revised

A revised [ICD-10-CM Classification Enhancements](#) Fact Sheet is available. Learn about the benefits of International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM); similarities and differences between International Classification of Diseases, 9th Revision, Clinical Modification and ICD-10-CM; and new features and additional changes in ICD-10-CM.

ICD-10-CM/PCS The Next Generation of Coding Fact Sheet — Revised

A revised [ICD-10-CM/PCS The Next Generation of Coding](#) Fact Sheet is available. Learn about the improved International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) classification system and structural differences between International Classification of Diseases, 9th Revision, Clinical Modification and ICD-10-CM/PCS.

General Equivalence Mappings Frequently Asked Questions Booklet — Revised

A revised [General Equivalence Mappings Frequently Asked Questions](#) Booklet is available. Learn about the conversion of International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes to International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) and the conversion of ICD-10-CM/PCS codes back to ICD-9-CM.

Quick Reference Chart: Descriptors of G-codes and Modifiers for Therapy Functional Reporting Educational Tool — Revised

A revised [Quick Reference Chart: Descriptors of G-codes and Modifiers for Therapy Functional Reporting](#) Educational Tool is available. Learn about short and long descriptors for each of the 42 non-payable functional G-codes.

Preventive Services Educational Tool — Reminder

The [Preventive Services](#) Educational Tool is available. Learn about:

- Codes
- Who is covered
- Frequency
- What the beneficiary pays

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