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News & Announcements

Revised CMS-855R Application Available: Reassignment of Medicare Benefits

Physicians and non-physician practitioners must use the revised [CMS-855R](#) (Reassignment of Benefits) application beginning January 1, 2017. Medicare Administrative Contractors will accept both the current and revised versions of the CMS-855R through December 31, 2016. The revised form makes the primary practice location section optional. However, this information is shared with other programs, such as the Physician Compare Initiative, to help beneficiaries identify your practice.

Visit the [Medicare Provider-Supplier Enrollment](#) webpage for more information about Medicare enrollment.

IRF and LTCH QRP Provider Preview Reports – Review Your Data by 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.

eCQI Resource Center has News and Resources

The [eCQI Resource Center](#) is the one-stop shop for the most current resources to support Electronic Clinical Quality Improvement (eCQI). Submit news, events, content, suggestions, and corrections to ecqi-resource-center@hhs.gov. For more information, read the [fact sheet](#) and view the [Resource Center Education](#) webpage.

Provider Compliance

Reporting Changes in Ownership

A 2016 Office of the Inspector General (OIG) report noted that providers may not be informing CMS of ownership changes. Providers must update their enrollment information to reflect changes in ownership within 30 days. Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of your Medicare billing privileges. Resources:

- [Timely Reporting of Provider Enrollment Information Changes](#) MLN Matters® Article
- [42 CFR 424.516](#)
- [Medicare: Vulnerabilities Related to Provider Enrollment and Ownership Disclosure](#) OIG Report
- [PECOS Enrollment Tutorial - Change of Information for an Individual Provider](#)
- [PECOS Enrollment Tutorial - Change of Information for an Organization/Supplier](#)

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.

Emergency Preparedness Requirements Call — October 5

Wednesday, October 5 from 1:30 to 3 pm ET

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

The Emergency Preparedness Requirements [final rule](#) established national requirements for Medicare and Medicaid providers. During this call, we will discuss the new requirements and revisions in the final rule, as well as how to plan for both natural and man-made disasters, while coordinating with other emergency preparedness systems. A question and answer session will follow the presentation.

Agenda:

- Provisions of the final rule
- Enforcement process
- Overview of available technical assistance

Target Audience: The final rule applies to 17 categories of providers and suppliers. See the [Event Registration](#) webpage for the complete list.

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.

Comparative Billing Report on CMT of the Spine Webinar – October 19

Wednesday, October 19 from 3 to 4:00 p.m. ET

Join us for a discussion of the comparative billing report on Chiropractic Manipulative Treatment (CMT) of the Spine (CBR201614), an educational tool for Medicare providers who submit claims for CMT spinal services. 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.

Medicare Learning Network® Publications & Multimedia

Fee-For-Service Data Collection System: CLFS Data Reporting Template MLN Matters® Article — Revised

A revised 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 to report applicable information for the CLFS private payor rate-based system.

Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians Web-Based Training — Revised With Continuing Education Credit

A revised [Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians](#) Web-Based Training (WBT) course is available through the [Learning Management and Product Ordering System](#). Learn about:

- Federal laws that combat fraud and abuse
- "Red flags" that could lead to potential liability in law enforcement and administrative actions
- Case scenarios depicting actual fraud and abuse cases

Transitional Care Management Services Fact Sheet — Revised

A revised [Transitional Care Management Services](#) Fact Sheet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

- Furnishing Transitional Care Management (TCM) services and supervision
- TCM services settings, components, and billing

Federally Qualified Health Center Fact Sheet – Revised

A revised [Federally Qualified Health Center](#) Fact Sheet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

- Background and Certification
- Services and visits
- Payment and cost reports

Health Professional Shortage Area Physician Bonus Program Fact Sheet — Revised

A revised [Health Professional Shortage Area Physician Bonus Program](#) Fact Sheet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

- Health Professional Shortage Areas (HPSAs)
- HPSA bonus payment

Hospital Outpatient Prospective Payment System Fact Sheet — Revised

A revised [Hospital Outpatient Prospective Payment System](#) Fact Sheet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

- Ambulatory payment classifications
- How payment rates are set and payment rates
- Hospital Outpatient Quality Reporting Program

Dual Eligible Beneficiaries under the Medicare and Medicaid Programs Fact Sheet — Revised

A revised [Dual Eligible Beneficiaries Under the Medicare and Medicaid Programs](#) Fact Sheet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

- Prohibited billing of Qualified Medicare Beneficiary individuals
- Medicare assignment

Medicare Ambulance Transports Booklet — Revised

A revised [Medicare Ambulance Transports](#) Booklet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

- Ground and air ambulance providers and suppliers, vehicles, and personnel requirements
- Documentation requirements
- Coverage, billing, and payments
- Advance Beneficiary Notice of Noncoverage

Acute Care Hospital Inpatient Prospective Payment System Booklet — Revised

A revised [Acute Care Hospital Inpatient Prospective Payment System](#) Booklet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

- Basis for IPPS payment, payment rates, how payment rates are set, and payment updates
- Hospital Inpatient Quality Reporting Program

Critical Access Hospital Booklet — Revised

A revised [Critical Access Hospital](#) Booklet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

- Critical Access Hospital payments and additional Medicare payments
- Grants to States under the Medicare Rural Hospital Flexibility Program

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