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News & Announcements

New Data to Increase Transparency on Medicare Hospice Payments

On October 6, CMS released a privacy-protected public data set, the Hospice Utilization and Payment Public Use File (Hospice PUF), which provides information on services provided to Medicare beneficiaries by hospice providers. CMS also released an update to the Market Saturation and Utilization Data Tool.

- The Hospice PUF contains information on utilization, payments, submitted charges, diagnoses, and hospice beneficiary demographics organized by provider and state. The Hospice PUF covers CY 2014 and includes information on 4,025 hospice providers, over 1.3 million hospice beneficiaries, and over \$15 billion in Medicare payments.

- The third release of the Market Saturation and Utilization Data Tool includes interactive maps and supporting data sets that show national, state, and county-level provider services and utilization data for three reference periods and the following health service areas: Home health, ambulance, independent diagnostic testing facilities, skilled nursing facilities, and hospice.

For More Information:

- [Medicare Hospice Transparency Data](#) Fact Sheet
- [Medicare Provider Utilization and Payment Data: Hospice Providers](#) webpage
- [Market Saturation and Utilization Data Tool](#) webpage

See the full text of this excerpted [CMS press release](#) (issued October 6).

SNF Value-Based Purchasing Program: Confidential Feedback Reports Available

Confidential quality feedback reports are now available for Skilled Nursing Facilities (SNFs) through the Certification and Survey Provider Enhanced Reports (CASPER) system. If your SNF does not have access to CASPER, contact help@qtso.com. Visit the [SNF Value-Based Purchasing Program](#) webpage for more information.

IMPACT Act Cross-Setting Quality Measure on Major Falls: Comments due October 14

Public comments are due October 14 on a cross-setting post-acute care measure under the Improving Medicare Post-Acute Care Transformation Act of 2014 ([IMPACT Act](#)) to meet the domain of incidence of major falls for application in home health. CMS seeks feedback on the importance, feasibility, usability, and potential impact of adding falls with major injury data elements for quality measurement as new items to the OASIS item set. Visit the [Public Comment](#) webpage for more information.

EHR Incentive Programs: Review Resources on 2016 Program Requirements

CMS created materials to help providers attest successfully to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in 2016:

- What You Need to Know for 2016 Tip Sheets for [Eligible Professionals \(EPs\)](#) and [Eligible Hospitals/Critical Access Hospitals \(CAHs\)](#)
- Specification Sheets for [EPs](#) and [Eligible Hospitals/CAHs](#)
- [Alternate Exclusions](#) Fact Sheet
- [Health Information Exchange](#) Fact Sheet
- [Broadband Access Exclusions](#) Tip Sheet
- [Security Risk Analysis](#) Tip Sheet
- [Patient Electronic Access](#) Tip Sheet
- Public Health Reporting in 2016 Tip Sheets for [EPs](#) and [Eligible Hospitals/CAHs](#)
- [Guide for EPs Practicing in Multiple Locations](#)
- Visit the [EHR Events](#) webpage and listen to previous webinars for [EPs](#) and [Eligible Hospitals/CAHs](#)

Protect Your Patients from Influenza this Season

The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older receive an influenza vaccine every year. Influenza is a serious health threat, especially to vulnerable populations like people 65 and older who are at high risk for hospitalization and complications. Vaccinate by the end of October, if possible – to protect your patients, your staff, and yourself.

- Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. Medicare may cover additional seasonal influenza vaccinations if medically necessary.
- The CDC recommends use of the Inactivated Influenza Vaccine (IIV) and the Recombinant Influenza Vaccine (RIV). The nasal spray vaccine or Live Attenuated Influenza Vaccine (LAIV) should not be used during 2016-2017.

For More Information:

- [Preventive Services](#) Educational Tool
- [Influenza Resources for Health Care Professionals](#) MLN Matters® Article
- [Influenza Vaccine Payment Allowances](#) MLN Matters Article
- [CDC Influenza](#) website
- Visit the [HealthMap Vaccine Finder](#) to find locations in your area that offer the recommended vaccines

Provider Compliance

Reporting Fraud to the Office of the Inspector General

Do you suspect someone is submitting fraudulent claims to Medicare? Watch a brief video on [How to Report Fraud to the OIG](#) and learn how you can report these activities anonymously to The Office of the Inspector General (OIG). Help protect the Medicare Program and your patients.

This video is part of the OIG Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training initiative to prevent fraud, waste, and abuse. The video originally aired in 2011, but the information is current.

Upcoming Events

CMS Rural Health Council Solutions Summit — October 19

CMS Central and Regional Offices from 9 am to 4 pm ET

CMS can't address the challenges of rural communities alone. Join the conversation at the Rural Health Solutions Summit. The CMS Rural Health Council is bringing together national, state, and local leaders to discuss innovative strategies for improving rural care, access, and cost. This discussion will help us work together towards rural health policy and implementation that drives high-value, high-quality health care.

[Register](#) for the summit:

- [Agenda](#)
- [Speakers](#)
- [Locations](#)

See the [CMS blog](#) (issued October 11) for more information about the summit and efforts to improve health care in rural communities.

2015 Supplemental QRUR Physician Feedback Program Call — October 20

Thursday, October 20 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, find out about the 2015 Supplemental Quality and Resource Use Reports (QRURs), confidential feedback reports for medical group practices and solo practices on resource use for Fee-For-Service episodes of care. The 2015 Supplemental QRURs report on 23 major episode types and an additional 44 episode subtypes, resulting in 67 total reported episode types. These reports are for informational purposes only and are not used to adjust payments. Learn more about the reports on the [Supplemental QRURs and Episode-Based Payment Measurement](#) webpage. Visit [How to Obtain a QRUR](#) to access your report prior to the call.

Agenda:

- Introduction to the 2015 Supplemental QRURs
- CMS Approach to Episode-Based Measures
- Understanding your report, including a review of the exhibits and drill down tables
- Accessing the reports via the CMS Enterprise Portal

Target Audience: Physicians, physician group practices, practice managers, medical societies, 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.

Long-Term Care Facilities: Reform of Requirements Call — October 27

Thursday, October 27 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, learn about the [final rule](#) to reform the requirements for long-term care facilities. These requirements are the federal health and safety standards that long-term care facilities must meet in order to participate in the Medicare or Medicaid programs. Find out about the changes included in the final rule; implementation and survey process; and provider training and resources. A question and answer session will follow the presentation.

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

How to Report Across 2016 Medicare Quality Programs Call — November 1

Tuesday, November 1 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 to report quality measures during the 2016 program year to maximize your participation in Medicare quality programs, including the Physician Quality Reporting System (PQRS), Medicare Electronic Health Record (EHR) Incentive Program, Value-Based Payment Modifier (Value Modifier), and the Medicare Shared Savings Program. Satisfactory reporters will avoid the 2018 PQRS negative payment adjustment, satisfy the clinical quality measure component of the EHR Incentive Program, and satisfy requirements for the Value Modifier to avoid the downward payment adjustment. A question and answer session will follow the presentation.

Agenda:

How to Report Across 2016 Medicare Quality Programs for:

- Individual Eligible Professionals (EPs)
- PQRS group practices
- Medicare Shared Savings Program Accountable Care Organizations (ACOs)
- Pioneer and Next Generation ACOs

Target Audience: Physicians, individual EPs, group practices, Comprehensive Primary Care practice sites, Accountable Care Organizations, therapists, practice managers, medical and specialty societies, payers, and insurers.

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.

Clinical Diagnostic Laboratory Test Payment System: Data Reporting Call — November 2

Wednesday, November 2 from 2:30 to 3:30 pm ET

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

During this call, learn how to report data required by the Clinical Diagnostic Test Payment System [final rule](#). Laboratories, including physician office laboratories, are required to report HCPCS laboratory codes, associated private payor rates, and volume data if they:

- Have more than \$12,500 in Medicare revenues from laboratory services on the Clinical Laboratory Fee Schedule and
- receive more than 50 percent of their Medicare revenues from laboratory and physician services during a data collection period

CMS will use this data to set Medicare payment rates effective January 1, 2018. For more information, visit the [PAMA Regulations](#) webpage.

Agenda:

- System registration
- System demonstration: Data submission and data certification
- Question and answer session

Target Audience: Clinical diagnostic laboratory industry.

Medicare Learning Network® Publications & Multimedia

Medicare Quarterly Provider Compliance Newsletter Educational Tool — New

A new [Medicare Quarterly Provider Compliance Newsletter Educational Tool](#) is available. Learn about:

- How to avoid common billing errors and other erroneous activities when dealing with the Medicare Program
- How to address and avoid the top issues this quarter

Learning Management and Product Ordering System FAQs Booklet — New

A new [Medicare Learning Network Learning Management and Product Ordering System \(LM/POS\) FAQs](#) Booklet is available, including step-by-step instructions to access the new learning management system. To order a hard copy, visit the [LM/POS](#).

SNF Value-Based Purchasing Program Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the September 28 call on the [Skilled Nursing Facility \(SNF\) Value-Based Purchasing Program](#). Learn how the implementation of the program will affect your Medicare payment.

2015 Annual QRURs Webcast: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the September 29 webcast on the [2015 Annual Quality and Resource Use Reports \(QRURs\)](#). This event provides an overview of the report and explains how to interpret and use the information.

Medicare Basics: Commonly Used Acronyms Educational Tool — Revised

A revised [Medicare Basics: Commonly Used Acronyms](#) Educational Tool is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

- Acronyms frequently used in Medicare publications
- Webpage references for acronyms.

Preventive Services Educational Tool — Revised

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

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

Fraud & Abuse Educational Products — Revised

A revised [Medicare Learning Network Fraud & Abuse Educational Products](#) list is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about how to recognize, prevent, and report fraud and abuse.

Screening Pap Tests and Pelvic Examinations Booklet — Reminder

The [Screening Pap Tests and Pelvic Examinations](#) Booklet is available. Learn about:

- Frequency for Medicare-covered services
- HCPCS codes
- Diagnostic codes

Give us Your Feedback

The Medicare Learning Network is interested in your [feedback](#). Please share your learning preferences, so we can continue to improve our products.

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