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News & Announcements

CMS Announces New Initiative to Increase Clinician Engagement

On October 13, CMS announced a new initiative to improve the clinician experience with the Medicare program. As we implement delivery system reforms from the Affordable Care Act and the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), this new long-term effort aims to reshape the physician experience by reviewing regulations and policies to minimize administrative tasks and seek other input to improve clinician satisfaction. The initiative will be led by senior physicians within CMS who will report to the Office of the Administrator.

The first action is the launch of an 18-month pilot program to reduce medical review for certain physicians while continuing to protect program integrity. Under the program, providers practicing within specified Advanced Alternative Payment Models (APMs) will be relieved of some scrutiny under certain medical review programs.

For More Information:

- Fact Sheet: [Reducing medical record review for clinicians participating in certain Advanced APMs](#)
- [Medicare Fee-for-Service Compliance Programs](#) website

See the full text of this excerpted [CMS press release](#) (issued October 13).

Medicare's Investment in Primary Care Shows Progress

On October 17, CMS announced the [Comprehensive Primary Care \(CPC\) initiative's](#) second round of shared savings results, with nearly all practices (95 percent) meeting quality of care requirements and four out of seven regions sharing in savings with CMS. These results reflect the work of 481 practices that served over 376,000 Medicare beneficiaries and more than 2.7 million patients overall in 2015.

During 2015, its second shared savings performance year, CPC generated a total of \$57.7 million gross savings in Part A and Part B expenditures. These savings are essentially equivalent to the \$58 million paid in care management fees to the practices.

In addition to the gross Medicare savings, CPC practices showed positive quality, with lower than expected hospital admission and readmission rates, and favorable performance on patient experience measures. CPC practices' performance on electronic clinical quality measures also exceeded national benchmarks, particularly on preventive health measures.

See the full text of this excerpted [CMS blog](#) (issued October 17).

Physician Compare Preview Period Ends November 11

The Physician Compare 30-day preview period ends November 11, 2016. The preview period provides clinicians and group practice representatives with an opportunity to preview their 2015 performance scores as they will appear on [Physician Compare](#) in late 2016. Learn more about the preview period and which measures are targeted for public reporting later this year:

- [Guide to Physician Compare Preview Period](#)
- [Physician Compare 2015 individual clinician measures](#)
- [Physician Compare 2015 group practice measures](#)
- [Downloadable Database 2015 individual clinician measures](#)
- [Downloadable Database 2015 group practice measures](#)

For questions about Physician Compare, public reporting, or the preview period, contact us at PhysicianCompare@Westat.com.

Value Modifier: Informal Review Request Period Open through November 30

The 2015 Annual Quality and Resource Use Reports (QRURs) were released on September 26. These reports show how physician groups and physician solo practitioners performed in 2015 on the quality and cost measures used to calculate the 2017 Value Modifier. Access and review your 2015 Annual QRUR now to determine whether you are subject to the 2017 Value Modifier payment adjustment. See the [How to Obtain a QRUR](#) webpage for more information.

You may request an informal review of perceived errors in your 2017 Value Modifier calculation during the informal review period open through November 30. See the [2015 QRUR and 2017 Value Modifier](#) webpage for additional information.

Helpdesk Information:

- For the Enterprise Identity Management System (EIDM), contact the QualityNet Help Desk at qnetsupport@hcgis.org or 866-288-8912 (TTY 877-715- 6222)
- For QRURs or the Value Modifier, contact the Physician Value Help Desk at pvhelpdesk@cms.hhs.gov or 888-734-6433 (select option 3)

2015 Supplemental Quality and Resource Use Reports Available

2015 Supplemental Quality and Resource Use Reports (QRURs) are available for every medical group practice and solo practitioner nationwide. These reports are for informational purposes only and complement the per capita cost and quality information provided in the 2015 Annual QRURs. Information in the Supplemental QRURs is not used to calculate payment adjustments.

- Learn more on the [Supplemental QRURs and Episode-Based Payment Measurement](#) webpage
- Visit [How to Obtain a QRUR](#) to access your report
- If you use Internet Explorer as your web browser, add the CMS Enterprise Portal to your trusted sites to prevent problems exporting your QRUR; see instructions on the [portal](#) landing page
- For questions, contact the QRUR Help Desk at pvhelpdesk@cms.hhhs.gov or call 1-888-734-6433 (select option 3)

Medicare Open Enrollment Information for your Patients

Medicare Open Enrollment is October 15 through December 7 this year. The [Resources for Medicare Beneficiaries](#) Booklet from the Medicare Learning Network has links to videos, publications, and webpages to help your patients. Medicare Open Enrollment is promoted on your patients' Medicare Summary Notices.

Provider Compliance

Importance of Documentation

Include proper medical record documentation for correct payment of your Medicare claims. Watch a brief video on the [Importance of Documentation](#) from the Office of the Inspector General (OIG) to learn how proper documentation protects the provider, patient, and Medicare program integrity.

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 2012, but the information is current.

Claims, Pricers & Codes

October 2016 OPPS Pricer File Update

The [Outpatient Prospective Payment System \(OPPS\) Pricer Code](#) webpage is updated with outpatient provider data for October 2016, under “4th Quarter 2016 Files.” There was no Pricer file logic update this quarter.

Upcoming Events

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.

Quality Payment Program Final Rule Call — November 15

Tuesday, November 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.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ends the sustainable growth rate and moves Medicare closer to a system that pays physicians based on the outcomes that matter to patients. The Quality Payment Program allows clinicians to choose the best way to deliver quality care and to participate based on their practice size, specialty, location, or patient population. During this call, learn about the provisions in the recently released [final rule](#); participants should review the rule prior to the call. A question and answer session will follow the presentation.

Target Audience: Medicare Part B Fee-For-Service clinicians, office managers and administrators; state and national associations that represent healthcare providers; and other stakeholders.

Home Health Quality Reporting Program Provider Training — November 16 and 17

CMS is hosting a 2-day training event for the Home Health (HH) Quality Reporting Program (QRP) in Dallas, Texas. Find out about assessment-based data collection instructions and updates associated with the changes in the January 1, 2017, release of the Outcome and Assessment Information Set (OASIS) C2 and other reporting requirements of the HH QRP. Visit the [HH QRP Training](#) webpage for more information and to register.

Medicare Learning Network® Publications & Multimedia

Provider Compliance Fact Sheets — New

New Provider Compliance Fact Sheets are available with tips for:

- [Evaluation and Management Services](#)
- [Clinic End-Stage Renal Disease Services \(Part A non-DRG\)](#)
- [Laboratory Tests – Other](#)

Emergency Preparedness Requirements Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the October 5 call on [Emergency Preparedness Requirements](#). During this call, CMS discussed the new requirements in the final rule, as well as how to plan for both natural and man-made disasters, while coordinating with other emergency preparedness systems.

Evaluation and Management Services Guide — Revised

A revised [Evaluation and Management Services](#) Guide is available. Learn about:

- Medical record documentation
- Evaluation and management billing and coding considerations
- 1995 and 1997 documentation guidelines

Hospice Payment System Booklet — Revised

A revised [Hospice Payment System](#) Booklet is available. Learn about:

- Medicare hospice benefit
- Payments
- Option for Medicare Advantage enrollees
- Hospice Quality Reporting Program

Provider Compliance Fact Sheets — Revised

Revised Provider Compliance Fact Sheet are available with tips for:

- [Computed Tomography \(CT Scans\)](#)
- [Diabetic Test Strips](#)
- [Enteral Nutrition Pumps](#)

Continuing Education Credits for Web-Based Training Courses

Are you looking for Continuing Education (CE) credits? Most Medicare Learning Network Web-Based Training (WBT) courses offer CE credits accepted by professional associations, state agencies, and accrediting bodies. CMS is:

- Accredited by the Accreditation Council for Continuing Medical Education (ACCME) to offer AMA PRA Category 1 Credit™
- Approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET) to provide Continuing Education Units (CEUs)

Visit the [WBT](#) webpage for a list of courses offered through the Learning Management and Product Ordering System. After you complete a WBT, you will receive an official CMS certificate.

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