

Thursday, October 27, 2016

News & Announcements

Quality Payment Program: Additional Opportunities for Clinicians to Join Innovative Care Approaches
Hospital Compare Updated with VA Hospital Performance Data
CMS Awards Special Innovation Projects to QIN-QIOs
Meeting the Health Challenges of Rural America
IRF and LTCH Quality Reporting Program Data Submission Deadline: November 15
Revised Home Health Change of Care Notice: Effective January 17, 2017
Prepare for ESRD QIP PY 2017 Reporting Documents by Updating your Account
Technical Update to 2016 QRDA I Schematrons for eCQM Reporting
Check Your Patients Addresses
Connect with Us on LinkedIn

Provider Compliance

Duplicate Claims

Upcoming Events

Social Security Number Removal Initiative Open Door Forum — November 1
How to Report Across 2016 Medicare Quality Programs Call — November 1
Comparative Billing Report on Subsequent Hospital Care Webinar — November 2
Clinical Diagnostic Laboratory Test Payment System: Data Reporting Call — November 2
Solutions to Reduce Disparities Webinar — November 14
Quality Payment Program Final Rule Call — November 15

Medicare Learning Network[®] Publications & Multimedia

Implementation of LTCH PPS Based on Specific Clinical Criteria MLN Matters[®] Article — New
Provider Compliance Fact Sheets — New
IMPACT Act Call: Audio Recording and Transcript — New
PECOS FAQs Fact Sheet — Revised
DMEPOS Information for Pharmacies Fact Sheet — Revised
Complying with Documentation Requirements for Laboratory Services Fact Sheet — Reminder
Electronic Mailing Lists: Keeping Health Care Professionals Informed Fact Sheet — Reminder

News & Announcements

Quality Payment Program: Additional Opportunities for Clinicians to Join Innovative Care Approaches

On October 25, CMS announced new opportunities for clinicians to join Advanced Alternative Payment Models (APMs) developed by the CMS Innovation Center to improve care and potentially

earn an incentive payment under the Quality Payment Program created through the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). CMS announced that it expects to re-open applications for new practices and payers in the Comprehensive Primary Care Plus (CPC+) model and new participants in the Next Generation Accountable Care Organization (ACO) model for the 2018 performance year. In addition, CMS announced that the Innovation Center's Oncology Care Model with two-sided risk will now be available in 2017, which will qualify the model as an Advanced APM beginning in the 2017 performance year.

In 2017, under the Quality Payment Program, clinicians may earn a 5 percent incentive payment through sufficient participation in the following Advanced APMs:

- Comprehensive End-Stage Renal Disease (ESRD) Care Model (Large Dialysis Organization (LDO) arrangement)
- Comprehensive ESRD Care Model (non-LDO arrangement)
- CPC+
- Medicare Shared Savings Program ACOs - Track 2
- Medicare Shared Savings Program ACOs - Track 3
- Next Generation ACO Model
- Oncology Care Model (two-sided risk arrangement)

In 2018, we anticipate that clinicians may also earn the incentive payment through sufficient participation in the following models:

- ACO Track 1+
- New voluntary bundled payment model
- Comprehensive Care for Joint Replacement Payment Model (Certified Electronic Health Record Technology (CEHRT) track)
- Advancing Care Coordination through Episode Payment Models Track 1 (CEHRT track)

For more information, see the Quality Payment Program [Fact Sheet](#). See the full text of this excerpted [CMS press release](#) (issued October 25).

Hospital Compare Updated with VA Hospital Performance Data

On October 21, CMS announced the inclusion of Department of Veterans Affairs (VA) hospital performance data on [Hospital Compare](#). The VA tables include data for quarterly timely and effective care measures, VA satisfaction survey results, outcomes measures including mortality and readmission rates for selected conditions, behavioral health measures, and measures of patient safety. Visit the [Veterans Health Administration Hospital Performance Data](#) webpage for more information.

See the full text of this excerpted [CMS press release](#) (issued October 21).

CMS Awards Special Innovation Projects to QIN-QIOs

CMS awarded 20, two-year Special Innovation Projects (SIPs) to 12 regional Quality Innovation Network -Quality Improvement Organizations (QIN-QIOs). The SIPs offer QIN-QIOs the opportunity to address critical health care issues important to their constituency in the areas of quality improvement that may be underutilized. These represent a significant opportunity if spread locally, regionally, or nationally. A complete list of 2016 SIP awardees is located on the [QIO Program](#) website.

See the full text of this excerpted [CMS blog](#) (issued October 20).

Meeting the Health Challenges of Rural America

On October 19, CMS hosted a Rural Health Solutions Summit, as part of our efforts to improve access to care and health outcomes for people living in rural America. Sponsored by the CMS Rural Health Council, the Summit brought together nearly 700 stakeholders from all sectors of the health care community, to discuss ways to improve access to care in rural America, support local solutions, and spur innovations in care delivery. The [Summit](#) website features highlights of the day, including remarks delivered by CMS Acting Administrator Andy Slavitt, video links to the sessions, presentations of local solutions, as well as a report released by HHS on Rural Hospital Participation and Performance In Value-Based Purchasing and other Delivery System Reform Initiatives.

IRF and LTCH Quality Reporting Program Data Submission Deadline: November 15

November 15 is the submission deadline for Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Quality Reporting Program second quarter CY 2016 data:

- IRF-Patient Assessment Instrument (PAI)
- LTCH Continuity Assessment Record and Evaluation (CARE)
- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)

IRFs:

- Visit the [IRF Quality Reporting Data Submission Deadlines](#) webpage for a list of required measures
- Run your [IRF CASPER validation](#) and [NHSN output](#) reports prior to the deadline to ensure that all required data has been submitted

LTCHs:

- Visit the [LTCH Quality Reporting Data Submission Deadlines](#) webpage for a list of required measures; Note: LTCHs are required to submit four new measures
- Run your [LTCH CASPER validation](#) and [NHSN output](#) reports prior to the deadline to ensure that all required data has been submitted

Only successful submissions will count toward your Annual Payment Update requirement. Verify all facility information prior to submission, including your CMS Certification Number (CCN) and facility name.

Revised Home Health Change of Care Notice: Effective January 17, 2017

In June 2016, the [Home Health Change of Care Notice](#) (HHCCN), Form CMS-10280 was revised and approved by the Office of Management and Budget. The HHCCN is used to notify Original Medicare beneficiaries receiving home health care benefits of plan of care changes. Send questions or comments to the ABN Resource Mailbox at RevisedABN_ODF@cms.hhs.gov.

Prepare for ESRD QIP PY 2017 Reporting Documents by Updating your Account

More than 200 outpatient dialysis facilities have not designated a Facility Point of Contact (FPOC) in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) system. Facilities should maintain their accounts and make sure that FPOCs have access to reporting documents. CMS is preparing ESRD QIP end-of-year documents for release in December, including the Payment Year 2017 Final Performance Score Reports and the Performance Score Certificate. For help with the ESRD QIP system, including reviving a deactivated account, contact the QualityNet Help Desk at qnetsupport@hcqis.org or 866-288-8912.

Technical Update to 2016 QRDA I Schematrons for eCQM Reporting

CMS published updates to the 2016 CMS Quality Reporting Document Architecture (QRDA) Category I Schematrons for [Hospital Quality Reporting \(HQR\)](#) and [Eligible Professional](#) programs on the [Electronic Clinical Quality Measures \(eCQM\) Library](#) and the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#) websites. This updated Schematron applies to QRDA Category I submissions for Inpatient Quality Reporting, Physician Quality Reporting System (PQRS), and the Electronic Health Record Incentive programs. Schematron version 2.3 addresses an incorrectly generated error message when users submitted codes other than Logical Observations Identifiers Names and Codes for several eCQMs that use Diagnostic Study Performed and Laboratory Test Performed QDM data types.

For More Information:

- Visit the [eCQM Tools and Key Resources](#) webpage for the QRDA Pre-Submission Validation Tools Interactive Guide and other eCQM-related tools
- For questions about the QRDA Schematron, visit the [ONC QRDA JIRA Issue Tracker](#)
- For questions about HQR and PQRS submission, contact the QualityNet Help Desk at qnetsupport@hcqis.org or 866.288.8912

Check Your Patients Addresses

No earlier than April 2018, CMS will start mailing Medicare cards with Medicare Beneficiary Identifiers (MBIs) to people with Medicare. Please help us make sure your Medicare patients get their cards. If the address you have on file is different than the address you get in electronic eligibility transaction responses, ask your patient to [change it](#), so it is correct when CMS mails the cards.

Connect with Us on LinkedIn

[Follow CMS](#) on our new LinkedIn page and stay up to date. Our LinkedIn page gives you access to CMS updates, news, videos, policy changes, and helpful resources. The current CMS LinkedIn page will be removed on December 31.

Provider Compliance

Duplicate Claims

Avoid delays. Bill it right the first time. The [CMS Provider Minute: Duplicate Professional Claims](#) video includes pointers on how to bill correctly the first time. Learn about:

- Importance of avoiding duplicate elements in a claim
- Using modifiers to identify procedures that are not duplicates

This video is part of a [series](#) to help providers of all types improve in areas identified with a high degree of noncompliance.

Upcoming Events

Social Security Number Removal Initiative Open Door Forum — November 1

Tuesday, November 1 from 2 to 3 pm ET

Learn how the Social Security Number Removal Initiative (SSNRI) will impact you. The [Medicare Access and CHIP Reauthorization Act of 2015](#) (MACRA) requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new randomly generated Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new cards for transactions like billing, eligibility status, and claim status.

Open Door Forum (ODF) Participation Instructions:

- Conference call only; Dial: 800-837-1935 and reference Conference ID: 98745631
- Please dial-in at least 15 minutes before call start time
- For TTY services, dial 800-855-2880
- A podcast will be available on the [ODF Podcast Transcripts](#) webpage

Additional ODFs will be scheduled. Visit the [SSNRI Provider](#) webpage to learn more about this initiative.

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.

Comparative Billing Report on Subsequent Hospital Care Webinar – November 2

Wednesday, November 2 from 3 to 4 pm ET

Join us for a discussion of the comparative billing report on Subsequent Hospital Care (CBR201615), an educational tool for Medicare providers who submit claims for subsequent hospital care visits. 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.

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.

Solutions to Reduce Disparities Webinar — November 14

Monday, November 14 from 2 to 3 pm ET

CMS recently marked the one year anniversary of the [CMS Equity Plan for Improving Quality in Medicare](#). This webinar highlights new resources developed under the plan, including tools to help you better collect and analyze your data. You will also hear about programs and initiatives across CMS that have the potential to improve the equity of care for beneficiaries.

[Register](#) for this event. For questions about the webinar, contact omh@cms.hhs.gov.

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.

Medicare Learning Network® Publications & Multimedia

Implementation of LTCH PPS Based on Specific Clinical Criteria MLN Matters® Article — New

An MLN Matters Special Edition Article on [Further Information on the Implementation of Long-Term Care Hospital \(LTCH\) Prospective Payment System \(PPS\) Based on Specific Clinical Criteria](#) is available. Learn clarifying information on LTCH services provided to Medicare beneficiaries.

Provider Compliance Fact Sheets — New

New Provider Compliance Fact Sheets are available with tips for:

- [Skilled Nursing Facility Inpatient Services](#)
- [Ordering Oxygen Supplies and Equipment](#)
- [Laboratory Tests – Other – Urine Drug Screening](#)
- [Inpatient Rehabilitation Facility – Inpatient Rehabilitation Hospitals and Inpatient Rehabilitation Units](#)

IMPACT Act Call: Audio Recording and Transcript — New

An [audio recording](#), [transcript](#), updated [presentation](#), and [post-call presentation clarification](#) are available for the [October 13 call](#) on the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act): Data Elements and Measure Development. During this call, find out how information from assessment instruments is used to calculate quality measures.

PECOS FAQs Fact Sheet — Revised

A revised [PECOS FAQs](#) Fact Sheet is available. Learn about:

- Information you need before you begin the enrollment via the Provider Enrollment, Chain and Ownership System (PECOS)

- Enrollment application issues
- Revalidations

DMEPOS Information for Pharmacies Fact Sheet — Revised

A revised [DMEPOS Information for Pharmacies](#) Fact Sheet is available. Learn about:

- Requirements for pharmacies seeking consideration for exemption from the National Supplier Clearinghouse for Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS)
- Pharmacy attestation information
- Change of ownership

Complying with Documentation Requirements for Laboratory Services Fact Sheet — Reminder

A [Complying with Documentation Requirements for Laboratory Services](#) Fact Sheet is available.

Learn about:

- Documentation for lab services
- Tips to remember for signature requirements
- Ordering/referring services to help avoid errors in claims

Electronic Mailing Lists: Keeping Health Care Professionals Informed Fact Sheet — Reminder

An [Electronic Mailing Lists: Keeping Health Care Professionals Informed](#) Fact Sheet is available. To order a hard copy, visit the [Learning Management and Product Ordering System](#). Learn about:

- CMS electronic mailing lists
- How to register for the service

[Like the eNews? Have suggestions? Please let us know!](#)

[Subscribe](#) to the eNews. Previous issues are available in the [archive](#). This newsletter is current as of the issue date. View the complete [disclaimer](#).

Follow the MLN on [Twitter](#) #CMSMLN, and visit us on [YouTube](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).