

Thursday, November 10, 2016

## News & Announcements

Proposed Rule on Fire Safety Requirements for Applicable Dialysis Facilities  
IMPACT Act Cross-Setting Quality Measure on Pressure Ulcers: Comments due November 17  
2017 PQRS Results: Submit an Informal Review by November 30  
Value Modifier: Informal Review Request Period Open through November 30  
IRF-PAI and LTCH Provider Reports Retention Change: Take Action by December 1  
Open Payments: Physicians and Teaching Hospitals Review Public Data by December 31  
Quality Payment Program Presentations Available  
New Guide Helps Nursing Homes Tackle Antimicrobial Stewardship  
Raising Awareness of Diabetes in November

## Provider Compliance

Compliance Program Basics

## Claims, Pricers & Codes

Re-release of V34 ICD-10 MS-DRG Grouper, Definitions Manual, and Errata Available

## Upcoming Events

Quality Payment Program Final Rule Call — November 15  
2016 Hospital Appeals Settlement Call — November 16  
Medicare Diabetes Prevention Program Model Expansion Call — November 30  
IRF and LTCH Quality Measure Report Call — December 1  
National Partnership to Improve Dementia Care and QAPI Call — December 6

## Medicare Learning Network<sup>®</sup> Publications & Multimedia

Inappropriate Billing of Qualified Medicare Beneficiaries MLN Matters<sup>®</sup> Article — New  
Long-Term Care Call: Audio Recording and Transcript — New  
PECOS for Physicians and Non-Physician Practitioners Fact Sheet — Revised  
Power Mobility Devices Fact Sheet—Revised  
IMPACT Act Videos — Reminder

## News & Announcements

### Proposed Rule on Fire Safety Requirements for Applicable Dialysis Facilities

On November 3, CMS announced a [proposed rule](#) to update Medicare fire protection guidelines for certain dialysis facilities to ensure that patients are protected from fire while receiving treatment in those facilities. The new proposed guidelines apply to all dialysis facilities that do not provide one or more exits at grade level from the treatment area level. The proposed rule:

- Adopts updated provisions of the National Fire Protection Association's (NFPA) 2012 edition of the Life Safety Code, as well as provisions of the NFPA's 2012 edition of the Health Care Facilities Code
- Addresses construction, protection, and operational features of dialysis facilities

See the full text of this excerpted [CMS press release](#) (issued November 3).

### **IMPACT Act Cross-Setting Quality Measure on Pressure Ulcers: Comments due November 17**

Public comments are due November 17 on a cross-setting post-acute care measure under the Improving Medicare Post-Acute Care Transformation Act of 2014 ([IMPACT Act](#)) to further develop and refine the percent of residents or patients with pressure ulcers that are new or worsened (short-stay) (NQF #0678) and language modifications being explored with the term "Pressure Injury". CMS seeks feedback on potential updates to measure specifications and items used to calculate the quality measure. Visit the [Public Comment](#) webpage for more information.

### **2017 PQRS Results: Submit an Informal Review by November 30**

In 2017, CMS will apply a downward payment adjustment to those who did not satisfactorily report for the Physician Quality Reporting System (PQRS) in 2015 including:

- Individual eligible professionals
- Comprehensive Primary Care practice sites
- PQRS group practices
- Accountable Care Organizations

If you believe you have been incorrectly assessed the 2017 PQRS payment adjustment, submit an informal review through November 30:

- See [2015 PQRS: 2017 PQRS Negative Payment Adjustment - Informal Review Made Simple](#)
- All informal review requestors will be notified via email of a final decision by CMS within 90 days of the original request for an informal review
- The [Quality Reporting Communication Support Page](#) will be unavailable during the weekend of November 18 through 20 for maintenance

2015 PQRS feedback reports are available:

- [Quick Reference Guide for Accessing 2015 PQRS Feedback Reports](#)
- [2015 PQRS Feedback Report User Guide](#)

For more information, visit the [Analysis and Payment](#) webpage. For questions about the informal review process, contact the QualityNet Help Desk at 866-288-8912 (TTY 877-715-6222) or [Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org).

### **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 and [Quick Access Guide for the 2015 Annual QRURs and Tables](#) 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 [qnet-support@hcqis.org](mailto:qnet-support@hcqis.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](mailto:pvhelpdesk@cms.hhs.gov) or 888-734-6433 (select option 3)

### **IRF-PAI and LTCH Provider Reports Retention Change: Take Action by December 1**

The retention time period for the Inpatient Rehabilitation Facility (IRF) Patient Assessment Instrument (PAI) and Long-Term Care Hospital (LTCH) provider reports will change from 730 days to 60 days, effective December 1, 2016. Any IRF-PAI and LTCH provider reports requested 60 days or more prior to December 1 will be permanently deleted from your Certification and Survey Provider Enhanced Reporting (CASPER) folder. If you wish to retain these reports, print or save a copy before December 1. Deleted reports can be re-created on demand from the IRF-PAI and LTCH provider report category in the CASPER Reporting application.

For a list of affected IRF PAI and LTCH reports and detailed instructions on printing or saving CASPER reports, see the CASPER Reporting User Guide on the:

- [QIES](#) webpage
- [QTSO IRF-PAI User Guides and Training](#) webpage
- [QTSO LTCH User Guides and Training](#) webpage

### **Open Payments: Physicians and Teaching Hospitals Review Public Data by December 31**

Physicians and teaching hospitals should check [Open Payments](#) data every year — even if you don't think there is data reported on you — because drug or device companies can submit older data from previous years. If it is the first time data has been published, you still have until the end of the year to review and dispute. If there is anything inaccurate, make sure you dispute it quickly. This will let drug and device companies know that you disagree with their records and give you a chance to resolve the dispute.

- 2015 Open Payments public data can still be disputed until the end of 2016
- [Learn more](#) about reviewing and disputing public Open Payments data
- [Review](#) your data

CMS publishes financial data by June 30 each year, providing data collected in the previous program year, as well as updates from previous program periods. In addition, CMS will update or “refresh” the Open Payments data at least once, annually, after its initial publication. The refreshed data will include data corrections made since the initial publication of data that were submitted by applicable manufacturers and group purchasing organizations.

For questions, contact the Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or 855-326-8366.

## Quality Payment Program Presentations Available

Learn more about the Quality Payment Program by reviewing two recent presentations:

- [High-level overview of the Quality Payment Program](#) (presented on October 26)
- [Medicare Shared Savings Program in the Quality Payment Program](#) (presented on October 27)

## New Guide Helps Nursing Homes Tackle Antimicrobial Stewardship

The HHS Agency for Healthcare Research and Quality (AHRQ) has a new [Nursing Home Antimicrobial Stewardship Guide](#), a research-based resource with step-by-step instructions and materials to help nursing homes improve antibiotic use and decrease harm caused by inappropriate prescribing. The guide is consistent with the Centers for Disease Control and Prevention (CDC) core elements of antibiotic stewardship and can also help health care providers meet the new CMS Infection Prevention and Control Program requirements. The customizable AHRQ stewardship guide includes four toolkits to:

- Implement, monitor, and sustain an antimicrobial stewardship program
- Determine whether it is necessary to treat a potential infection with antibiotics
- Help prescribing clinicians use an antibiogram to choose the right antibiotic to treat a particular infection
- Educate and engage residents and family members

Access additional [AHRQ tools](#) to prevent healthcare-associated infections.

## Raising Awareness of Diabetes in November

American Diabetes Month®, Diabetic Eye Disease Month, and World Diabetes Day on November 14 promote diabetes awareness and the impact of diabetes on public health. Talk to your patients about their risk factors and recommend appropriate Medicare preventive services for detection and treatment.

For More Information:

- [Preventive Services](#) Educational Tool
- [Medicare Vision Services](#) Fact Sheet
- [American Diabetes Month](#) website
- [World Diabetes Day](#) website

Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

## Provider Compliance

### Compliance Program Basics

Do you need assistance setting up a compliance program for your practice or facility to help you comply with Medicare law and policies? Watch a brief video on [Compliance Program Basics](#) from the Office of the Inspector General (OIG) on the seven fundamental elements of an effective program.

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

### Re-release of V34 ICD-10 MS-DRG Grouper, Definitions Manual, and Errata Available

A re-release of the FY 2017 ICD-10 Medicare Severity-Diagnosis Related Group (MS-DRG) Grouper version 34 is available through the [National Technical Information Service](#). An [html](#) version of the MS-DRG Definitions Manual and [text](#) version of the Errata and Definitions Manual are also available on the [FY 2017 IPPS Final Rule and Correction Notice Data Files](#) webpage.

## Upcoming Events

### 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, CMS experts will discuss the provisions in the recently released [final rule](#); participants should review the rule prior to the call. CMS Acting Administrator, Andy Slavitt and Director of the Center for Clinical Standards and Quality, Dr. Kate Goodrich will also provide remarks during 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.

### 2016 Hospital Appeals Settlement Call — November 16

Wednesday, November 16 from 1:30 to 3 pm ET

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

On September 28, 2016, CMS announced that we will once again allow eligible providers to settle their inpatient status claims currently under appeal using the Hospital Appeals Settlement process. This call will give an overview of the process. A question and answer session will follow the presentation.

In early November, details on the settlement process will be posted on the [Hospital Appeals Settlement Process 2016](#) webpage.

Target Audience: Acute care hospitals, including those paid via the prospective payment system, periodic interim payments, and the Maryland waiver; and critical access hospitals.

### **Medicare Diabetes Prevention Program Model Expansion Call — November 30**

Wednesday, November 30 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 CY 2017 Medicare Physician Fee Schedule (PFS) [final rule](#) includes the expansion of the Medicare Diabetes Prevention Program (MDPP) Model beginning January 1, 2018. During this call, CMS experts provide a high-level overview of the finalized policies. Participants should review the rule prior to the call.

The goal of the model expansion is to prevent the onset of type 2 diabetes among Medicare beneficiaries diagnosed with pre-diabetes through a structured behavioral change intervention. MDPP services will be furnished in community and health care settings by coaches that are trained community health workers or health professionals. The rule finalizes aspects of the expansion that will enable organizations new to Medicare to prepare their organizations for enrollment into Medicare as MDPP suppliers. Subsequent rulemaking in 2017 will propose additional policies. Visit the [MDPP](#) webpage for more information about the model.

#### Agenda:

- Overview of MDPP policies finalized in CY 2017 Medicare PFS
- What you need to know now to prepare your organization for enrollment into Medicare as an MDPP supplier
- Question and answer session

Target Audience: Current Centers for Disease Control and Prevention (CDC) recognized Diabetes Prevention Program organizations; organizations interested in becoming MDPP suppliers, including existing Medicare providers/suppliers, community organizations, non-for-profits; associations and advocacy groups focused on seniors or diabetes; and other interested stakeholders, including health plans, primary care/internal medicine specialties.

### **IRF and LTCH Quality Measure Report Call — December 1**

Thursday, December 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.

During this call, CMS experts present on the soon to be released Certification and Survey Provider Enhanced Reports (CASPER) Quality Measure (QM) reports for the Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Quality Reporting Programs. Find out how to get aggregate performance for the current quarter or past three quarters, find reporting errors that may affect your performance, and interpret the information.

#### Agenda:

- Quality measures for public reporting in 2016
- Reports associated with public reporting

- Content of the CASPER QM reports by data source
- How to interpret facility and patient level results
- Accessing reports in CASPER
- Resources for providers

Target Audience: IRF and LTCH providers, healthcare industry professionals, clinicians, researchers, health IT vendors, and other interested stakeholders.

### **National Partnership to Improve Dementia Care and QAPI Call — December 6**

Thursday, December 6 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 reform of requirements for long-term care facilities, highlighting the Behavioral Health Services & Pharmacy Services sections. A Tennessee nursing home will also discuss innovative approaches that they implemented to dramatically reduce the use of antipsychotic medications. Additionally, CMS experts share updates on the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#) and [Quality Assurance and Performance Improvement \(QAPI\)](#). A question and answer session will follow the presentations.

Speakers:

- Diane Corning, CMS
- Douglas Ford, National HealthCare Corporation, Fort Sanders
- Michele Laughman and Debbie Lyons, CMS

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

## **Medicare Learning Network® Publications & Multimedia**

### **Inappropriate Billing of Qualified Medicare Beneficiaries MLN Matters® Article — New**

Federal law bars Medicare providers from charging individuals enrolled in the Qualified Medicare Beneficiary Program (QMB) for Medicare Part A and B deductibles, coinsurances, or copays. QMB is a Medicaid program that assists low-income beneficiaries with Medicare premiums and cost-sharing. Medicare providers must accept the Medicare payment and Medicaid payment (if any, including any Medicaid cost-sharing from the beneficiary) as payment in full for services rendered to a QMB individual. Make sure your billing staffs are aware of this aspect of your Medicare provider agreement.

Medicare Administrative Contractors will issue compliance letters to providers who violate this provision, instructing them to refund erroneous charges and recall any past or existing billing. Medicare providers who violate these billing prohibitions may be subject to sanctions. For more information, see [MLN Matters Article MM9817](#).

### **Long-Term Care Call: Audio Recording and Transcript — New**

An [audio recording](#) and [transcript](#) are available for the [October 27](#) call on Long-Term Care Facilities: Reform of Requirements. Find out about the changes included in the final rule; implementation and survey process; and provider training and resources.

### **PECOS for Physicians and Non-Physician Practitioners Fact Sheet — Revised**

A revised [PECOS for Physicians and Non-Physician Practitioners](#) Fact Sheet is available. Learn about:

- Medicare enrollment application submission options
- How to complete an enrollment application using the Provider Enrollment, Chain and Ownership System (PECOS)
- PECOS user ID and password helpful hints

### **Power Mobility Devices Fact Sheet—Revised**

A revised [Power Mobility Devices](#) Fact Sheet is available. Learn about:

- Basic coverage criteria
- Documentation requirements
- Detailed coverage guidelines for specific types

### **IMPACT Act Videos — Reminder**

The Improving Medicare Post-Acute Care Transformation of 2014 (IMPACT Act) requires that patient assessment data used in post-acute care settings be standardized to improve quality of care. Watch MLN Connects videos to learn more about this important legislation:

- [Introduction to the IMPACT Act](#): Moderated by Dr. Patrick Conway, CMS Principle Deputy Administrator and Chief Medical Officer
- [CMS Quality Conference 2015: Industry Leaders Discuss IMPACT Act](#): Industry leaders share their thoughts on the relevance and importance to the health care delivery system

Visit the [IMPACT Act](#) website for more information.

**[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).