Thursday, December 1, 2016

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News & Announcements

CMS Finalizes Measures under Consideration List for Pre-rulemaking

Each year, CMS publishes a list of quality and cost measures that are under consideration for Medicare quality and value-based purchasing programs and collaborates with the National Quality Forum (NQF) to get critical input from multiple stakeholders, including patients, clinicians, commercial payers and purchasers, on the measures that are best suited for these programs. This year’s Measures under Consideration (MUC) List contains 97 measures that have the potential to drive improvement in quality across numerous settings of care.

- CMS is considering new measures for nursing homes, hospitals, clinician practices, and dialysis facilities, among other settings, and continues to focus on important measures of patient outcomes, appropriate use of diagnostics and services, cost, and patient safety
- 39 percent of measures on the MUC List are outcome measures
- An increased number of measures were submitted for consideration by specialty societies
We invite you to review the MUC List in detail and to participate in the public process during the Measure Applications Partnership (MAP) review.

For More Information:
- [2016 MUC List](#)
- [Pre-Rule Making](#) webpage
- [NQF](#) website for MAP purpose, meetings, deliberations, and voting

See the full text of this excerpted [CMS Blog](#) (issued November 22).

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### Working to Achieve Health Equity: The CMS Equity Plan for Medicare One Year Later

One year ago, CMS launched the [Equity Plan for Improving Quality in Medicare](#), an action-oriented plan that focuses on six priority areas and aims to reduce health disparities among vulnerable populations, including racial and ethnic minorities; sexual and gender minorities; and people with disabilities. In the past year, we released:
- [Mapping Medicare Disparities Tool](#)
- [National and contract level quality data stratified by race and ethnicity](#)
- [Guide to Preventing Readmissions among Racially and Ethnically Diverse Medicare Beneficiaries](#)
- [Resources for standardized demographic and language data collection](#)

To learn more, visit the [Office of Minority Health](#) website. See the full text of this excerpted [CMS Blog](#) (issued November 23).

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### Clinical Laboratories: Prepare Now to Report Lab Data January 1- March 31, 2017

If you are an applicable lab required to report pricing data:
- Confirm your enrollment data in the Provider Enrollment, Chain and Ownership System (PECOS) is correct.
- Identify who will submit and certify your Clinical Lab Fee Schedule (CLFS) data. These 2 individuals must register in the Enterprise Identity Management system (EIDM) and request a CLFS submitter or certifier role in the Fee-for-Service Data Collection System.

For More Information:
- [Frequently Asked Questions](#): Section 2 deals with applicable laboratories
- Materials from the November 2 [MLN Connects Call](#) on data reporting
- [Collecting and Reporting Data for the Private Payor Rate-Based Payment System](#) MLN Matters® Article

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### Value Modifier: Informal Review Request Period Extended to December 7

The informal review period for the 2017 Value Modifier calculation has been extended to December 7. For information on how to file, see the [2017 Value Modifier Informal Review Request Quick Reference Guide](#).

For More Information:
- [How to Obtain a Quality and Resource Use Report (QRUR)](#) webpage
• **2015 QRUR and 2017 Value Modifier** webpage

Help Desk Information:
• For EIDM, contact the QualityNet Help Desk at qnetsupport@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 or 888-734-6433 (select option 3)

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**World AIDS Day is December 1**

World AIDS Day raises awareness of the global impact of HIV and AIDS. People aged 50 and older have many of the same HIV risk factors as younger people but may be less aware of their risk. Use this opportunity to talk to your patients about the importance of HIV prevention and recommend screening if appropriate.

For More Information:
• Preventive Services Educational Tool
• HIV/AIDS website, Centers for Disease Control and Prevention
• HIV, AIDS, and Older People webpage, National Institute on Aging
• AIDS.gov

Visit the Preventive Services website to learn more about Medicare-covered services.

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**National Handwashing Awareness Week: December 4 through 10**

Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics. On average, health care providers clean their hands less than half of the times they should. On any given day, about one in 25 hospital patients has at least one health care-associated infection.

Practice infection control to create a safe environment for your patients and staff. Find out more with Medicare Learning Network Web-Based Training courses:
• **Infection Control: Hand Hygiene** — Learn about hand hygiene in patient care zones and nearby administrative areas; appropriate methods for maintaining good hand hygiene; and how to recognize opportunities for hand hygiene in a health care setting
• **Infection Control: Environmental Safety** — Learn about proper cleaning practices in health care facilities, including information on the categories of environmental surfaces and turnover cleaning versus terminal cleaning
• **Infection Control: Injection Safety** — Learn about proper injection practices in health care facilities, including information on safe injection practices and single dose/single use versus multidose medications

Physician and non-physician practitioners may receive continuing education credit for successful completion.

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**Provider Compliance**
Billing For Stem Cell Transplants

In a February 2016 report, the Office of the Inspector General (OIG) determined that Medicare paid for many stem cell transplants incorrectly. The main finding was that providers billed these procedures as inpatient when they should have been submitted as outpatient services. Use the following resources to bill correctly and avoid overpayment recoveries:

- OIG Report: Medicare did not Pay Selected Inpatient Claims for Bone Marrow and Stem Cell Transplant Procedures in Accordance with Medicare Requirements
- CMS Transmittal 1805
- MLN Matters Article

Upcoming Events

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

Tuesday, December 6 from 1:30 to 3 pm ET

To register or for more information, visit MLN Connects® Event Registration.

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.

2016 Hospital Appeals Settlement Update Call — December 12

Monday, December 12 from 1:30 to 3 pm ET

To register or for more information, visit MLN Connects Event Registration.

On November 3, 2016, CMS provided details on the process to allow eligible providers to settle their inpatient status claims currently under appeal using the Hospital Appeals Settlement process. This national provider call is a follow-up to the November 16 call and gives an overview of this process, which is available beginning December 1. A question and answer session will follow the presentation.

Details on the settlement process are 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.
IRF-PAI Therapy Information Data Collection Call — January 12
Thursday, January 12 from 1:30 to 3 pm ET

To register or for more information, visit MLN Connects Event Registration.

In the fiscal year 2015 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) final rule, CMS finalized a new Therapy Information section on the IRF-Patient Assessment Instrument (PAI). During this call, CMS will focus on reviewing the types and methods of therapy collected on the IRF-PAI, examples of each type of therapy, and how to accurately code and complete the therapy information section on the IRF-PAI. Prior to the call, participants are encouraged to review the IRF-PAI Training Manual. Participants can also review materials from our 2015 MLN Connects Call on how to code and complete the new IRF-PAI item for Therapy Data Collection. A question and answer session will follow the presentation.

Target Audience: IRF providers

Medicare Learning Network® Publications & Multimedia

Documentation Requirements for the Hospice Physician Certification/Recertification MLN Matters Article — New

An MLN Matters Special Edition Article on Documentation Requirements for the Hospice Physician Certification/Recertification is available. Learn about the requirements for a valid physician certification and recertification.

Sample Hospice Notice of Election Statement MLN Matters Article — New

An MLN Matters Special Edition Article on Sample Hospice Notice of Election Statement is available. Learn about acceptable election statements.

Quality Payment Program Call: Audio Recording and Transcript — New

An audio recording and transcript are available for the November 15 call on the Quality Payment Program Final Rule. 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. This call discussed the provisions in the recently released final rule.

Hospital Appeals Settlement Call: Audio Recording and Transcript — New

An audio recording and transcript are available for the November 16 call on the 2016 Hospital Appeals Settlement. This call gave an overview of the process for eligible providers to settle their inpatient status claims currently under appeal.

Like the eNews? Have suggestions? Please let us know!