

Thursday, December 8, 2016

News & Announcements

Keeping Medicare's Promise with MACRA
Submit Quality Payment Program Comments by December 19
EHR Incentive Programs: Information on CY 2017 and Stage 3 Program Requirements
National Influenza Vaccination Week: What Does Medicare Cover?

Provider Compliance

Billing for Ambulance Transports

Upcoming Events

2016 Hospital Appeals Settlement Update Call — December 12
MIPS Webinar — December 13
IRF-PAI Therapy Information Data Collection Call — January 12

Medicare Learning Network[®] Publications & Multimedia

Exceptions for Late Hospice Notices of Election Delayed by Medicare Systems MLN Matters Article — New
SNF Quality Reporting Program Video Presentation — New
Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants Booklet — Revised
Vaccine and Vaccine Administration Payments under Medicare Part D Fact Sheet — Reminder

News & Announcements

Keeping Medicare's Promise with MACRA

Read a new [CMS blog](#) with remarks by Andy Slavitt, CMS Acting Administrator at the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (APM) Summit.

Submit Quality Payment Program Comments by December 19

The Quality Payment Program [final rule with comment period](#) incorporates input received to date. CMS is seeking feedback for future rulemaking through 5 pm on December 19, 2016. We welcome feedback from patients, caregivers, clinicians, health care professionals, Congress, and others on how to better achieve the goals of the program.

EHR Incentive Programs: Information on CY 2017 and Stage 3 Program Requirements

The Medicare Access and CHIP Reauthorization Act of 2015, Hospital Outpatient Prospective Payment System, and Ambulatory Surgical Center Payment System final rules include provisions that affect the Electronic Health Record (EHR) Incentive Programs in 2017 and beyond. CMS updated the [EHR Incentive Programs](#) website and resources based on changes to the programs, including:

- [2017 Program Requirements](#) webpage: Contains links to new webpages with informational Tip Sheets on Stage 2 and Stage 3 objectives and measures
- Medicare 2017 Specification Sheet for [eligible hospitals](#)
- Medicare Stage 3 Specification Sheet for [eligible hospitals](#)
- What You Need to Know for 2016 for [Eligible Professionals \(EPs\)](#) and [eligible hospitals and Critical Access Hospitals \(CAHs\)](#)
- [Centralized Repository](#) webpage to help EPs, eligible hospitals, and CAHs find entities that accept electronic public health data
- [Modified Stage 2](#) and [Stage 3](#) Measure Tables for eligible hospitals and CAHs
- Updated [Medicaid State Information](#) webpage, including [Adopt, Implement, Upgrade 2016 Outreach Toolkit for EPs](#)
- Medicaid 2017 Specification Sheets for [EPs](#) and [hospitals](#)
- Medicaid Stage 3 Specification Sheets for [EPs](#) and [hospitals](#)

National Influenza Vaccination Week: What Does Medicare Cover?

December 4 through 10

National Influenza Vaccination Week ([NIVW](#)) is a national observance that highlights the importance of continuing influenza vaccination through the holiday season and beyond. The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older receive an influenza vaccine every year. NIVW is a good time to communicate the importance of vaccination for people at high risk of developing serious influenza-related complications, including people with chronic health conditions and people aged 65 years and older. Now is a great time to vaccinate – 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.

For the 2016-2017 season, the CDC recommends use of the Inactivated Influenza Vaccine (IIV) or the Recombinant Influenza Vaccine (RIV). The nasal spray influenza vaccine (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](#)
- [CDC Influenza Information for Health Care Professionals](#) webpage
- [CDC 2016-2017 Information for Health Care Professionals](#) webpage
- Visit the [HealthMap](#) Vaccine Finder to find locations in your area that offer the recommended vaccines

Influenza vaccination is promoted on your patients' Medicare Summary Notices. Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

Provider Compliance

Billing for Ambulance Transports

In a September 2015 report, the Office of the Inspector General (OIG) released results of a study of Medicare Part B ambulance claims. According to the report, almost 20 percent of ambulance suppliers had inappropriate and questionable billing for ambulance transport, creating vulnerabilities to Medicare program integrity. The OIG identified a number of key problems, including:

- Ambulance transports for beneficiaries who did not receive any Medicare services at the point of origin or destination
- Transports to noncovered destinations
- Excessive mileage reported on claims for urban transports
- Medically unnecessary transports to partial hospitalization programs
- Inappropriate transport service levels

Review the following resources to bill correctly for this service:

- OIG Report: [Inappropriate Payments and Questionable Billing for Medicare Part B Ambulance Transports](#)
- Medicare Benefit Policy Manual: [Chapter 10 – Ambulance Service](#)
- Medicare Benefit Policy Manual: [Chapter 15 - Ambulance](#)
- 42 CFR 410.40: [Coverage of Ambulance Services](#)
- 42 CFR 410.41: [Requirements for Ambulance Suppliers](#)
- 42 CFR 410.41: [Definitions](#)
- 42 CFR 414.610: [Basis of Payment](#)
- [Ambulance Fee Schedule](#) website
- [Ambulance Fee Schedule](#) Fact Sheet
- [Medicare Ambulance Transports](#) Booklet
- [CMS Transmittal 9620](#)

Upcoming Events

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.

MIPS Webinar — December 13

Tuesday, December 13 from 1:30 to 3 pm ET

[Register](#) for a webinar on Merit-Based Incentive Payment System (MIPS) Overview: Understanding Advancing Care Information and Improvement Activities.

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

Exceptions for Late Hospice Notices of Election Delayed by Medicare Systems MLN Matters Article — New

An MLN Matters Special Edition Article on [Exceptions for Late Hospice Notices of Election Delayed by Medicare Systems](#) is available. Learn about timing for exceptions, criteria, and required documentation.

SNF Quality Reporting Program Video Presentation — New

A [video presentation](#) is available for the [September 14](#) webcast on the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). Learn about the reporting requirements for the new SNF QRP, effective October 1, 2016.

Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants Booklet — Revised

A revised [Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants](#) Booklet is available. Learn about:

- Required qualifications

- Coverage criteria
- Billing and payment for services

Vaccine and Vaccine Administration Payments under Medicare Part D Fact Sheet — Reminder

The [Vaccine and Vaccine Administration Payments under Medicare Part D](#) Fact Sheet is available. Learn about:

- The difference between Part B and Part D vaccine coverage
- What Part D covers
- Elements of vaccine administration

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