

Thursday, December 15, 2016

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## News & Announcements

### CMS Releases Person and Family Engagement Strategy

On December 13, CMS released the [Person and Family Engagement Strategy](#), which will serve as a guide for the implementation of principles and strategies throughout CMS programs. Goals and objectives:

- Actively encourage person and family engagement along the continuum of care within the broader context of health and well-being in the communities in which people live.
- Promote tools and strategies that reflect person and/or family values and preferences and enable them to actively engage in directing and self-managing their care.

- Create an environment where persons and their families work in partnership with their health care providers to develop their health and wellness goals informed by sound evidence and aligned with their values and preferences.
- Develop meaningful measures and tools aimed at improving the experience and outcomes of care for persons, caregivers, and families. Also, identify person and family engagement best practices and techniques in the field that are ready for widespread scaling and national integration.

See the full text of this excerpted [CMS Blog](#) (issued December 13).

### **Medicare Outpatient Observation Notice CMS-10611 Available**

The finalized, Office of Management and Budget-approved Medicare Outpatient Observation Notice ([MOON](#)) form and instructions are now available on the [Beneficiary Notices Initiative](#) website. Hospitals and critical access hospitals must begin using the MOON no later than March 8, 2017.

See the full text of this excerpted [CMS Fact Sheet](#) (issued December 8).

### **Quality Payment Program Patient Relationship Categories List: Comment by January 6**

CMS posted an updated draft list of [Patient Relationship Categories and Codes](#) considered for use in the Quality Payment Program. Submit comments to [patientrelationshipcodes@cms.hhs.gov](mailto:patientrelationshipcodes@cms.hhs.gov) by January 6. The final list will be available in April 2017. Visit the [Feedback](#) webpage for more information.

### **IRF and LTCH QRP Preview Reports Available: Review by January 10**

Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Preview Reports are now available. Review your Quarter 2 - 2015 to Quarter 1 – 2016 performance data on each quality measure prior to public display on the IRF Compare and LTCH Compare websites in spring 2017. If you believe your data is inaccurate, you can request a CMS review by January 10, 2017. Corrections to the underlying data will not be permitted during this time.

During this review period, providers are unable to use the National Healthcare Safety Network to verify the accuracy of healthcare-associated infection standardized infection ratios. See guidance for [IRFs](#) and [LTCHs](#).

For More Information:

- [IRF Quality Public Reporting](#) webpage and [Preview Report Access Instructions](#)
- [LTCH Quality Public Reporting](#) webpage and [Preview Report Access Instructions](#)

### **ICD-10 Code Updates: Impact on Medicare Quality Programs**

On October 1, new ICD-10-CM and ICD-10-PCS code sets went into effect. As a result of the consolidated coding updates, a large number of new codes were added or removed. CMS examined the impact to quality measures and determined that these updates will impact our ability to process

data reported on certain quality measures for the fourth quarter of CY 2016. Therefore, CMS will not apply the 2017 or 2018 PQRS payment adjustments, as applicable, to any eligible professional or group practice that fails to satisfactorily report for CY 2016 solely as a result of the impact of ICD-10 code updates on quality data reported for the fourth quarter of CY 2016.

## Provider Compliance

### Compliance Programs and Fraud and Abuse Laws

Do you know where to look for guidance on complying with federal fraud and abuse laws? Watch a brief video with [guidance](#) from the Office of the Inspector General (OIG). Find out about tools to help you build and maintain an effective compliance program, including Compliance Program Guidances, special fraud alerts, special advisory bulletins, and advisory opinions.

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

### January 2017 Average Sales Price Files Available

CMS posted the January 2017 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks on the [2017 ASP Drug Pricing Files](#) webpage.

## Upcoming Events

### MACRA 101 Webinar Series — December 16, 20, and 21

December 16, 20, and 21 from 12 to 1 pm ET

Join CMS for a webinar series to learn about the development of patient relationship categories for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requirements ([section 1848\(r\)\(3\)\(B\)](#)). Stakeholders will have the opportunity to provide feedback and ask questions.

Participation Information:

- [Friday, December 16](#): Coding, Billing, and Practice Management Groups
- [Tuesday, December 20](#): Specialty Societies
- [Wednesday, December 21](#): Coding, Billing, and Practice Management Groups

### Quality Payment Program: Electing MIPS vs. APMs Webinar — December 19

Monday, December 19 from 3 to 4:30 pm ET

[Register](#) for a webinar on the Medicare Access and CHIP Reauthorization Act of 2015 and the Quality Payment Program (QPP), including the roll out under Pick Your Pace. CAPG will provide insight from members who plan to participate in QPP, including considerations underlying their election of either the Merit-based Incentive Payment System (MIPS) or the Advanced Alternative Payment Model (APM).

## **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. 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.

## **ESRD QIP: Payment Year 2020 Final Rule Call — January 17**

Tuesday, January 17 from 1:30 to 3 pm ET

To register or for more information, visit [MLN Connects Event Registration](#).

Do you participate in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)? During this call, CMS experts discuss the [final rule](#) that operationalizes the ESRD QIP for Payment Year (PY) 2020. The performance period for PY 2020 will begin on January 1, 2018. Take steps now to understand the changes to the program.

Agenda:

- Legislative framework and how it fits in with CMS strategies to improve quality
- Changes reflected in the final rule based on public comments
- Final measures, standards, scoring methodology, and payment reduction scale
- How the PY 2020 program compares to PY 2019
- Where to find additional information about the program

Target Audience: Dialysis clinics and organizations; nephrologists; hospitals with dialysis units; billers/coders; and quality improvement experts.

## **Hospice Quality Reporting Program Provider Training — January 18**

Wednesday, January 18 from 8:30 am to 4:30 pm ET

CMS is hosting a 1-day training, in-person event on the Hospice Quality Reporting Program (HQRP) in Baltimore, MD. This training will discuss:

- Upcoming data collection instructions
- Updates associated with the changes in the Hospice Item Set (HIS), which will become effective on April 1, 2017
- Two new HIS-based quality measures that will be incorporated into the HQRP in 2017

Visit the [Hospice Quality Reporting Training](#) webpage for more information and to [register](#).

## Medicare Learning Network® Publications & Multimedia

### Comprehensive CJR Model: SNF 3-Day Rule Waiver MLN Matters® Article — New

An MLN Matters Special Edition Article on [Comprehensive Care for Joint Replacement \(CJR\) Model: Skilled Nursing Facility \(SNF\) 3-Day Rule Waiver](#) is available. Learn about the policies surrounding use of the 3-day stay waiver available under the CJR Model.

### Medicare Diabetes Prevention Program Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [November 30](#) call on the Medicare Diabetes Prevention Program (MDPP) Model Expansion. The CY 2017 Medicare Physician Fee Schedule final rule includes the expansion of the MDPP Model beginning January 1, 2018. During this call, CMS experts provided a high-level overview of the finalized policies.

### IRF and LTCH Quality Reporting Program Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [December 1](#) call on Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Quality Measure Reports. Find out how to get aggregate performance for the current quarter or past three quarters; find and correct reporting errors; and interpret the information.

### LTCH Prospective Payment System Booklet — Revised

A revised [Long-Term Care Hospital \(LTCH\) Prospective Payment System](#) Booklet is available. Learn about:

- Certification
- Medicare Severity Long-Term Care Diagnosis-Related Groups patient classification
- Site neutral payment rate, payment policy adjustments, and payment updates
- LTCH Quality Reporting Program

### Mass Immunizers and Roster Billing Fact Sheet — Reminder

The [Mass Immunizers and Roster Billing](#) Fact Sheet is available. Learn about:

- Requirements for mass immunizers
- Roster billing
- Centralized billing

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