



mlnconnects

Official CMS news from the Medicare Learning Network

Thursday, January 5, 2017

Editor's Note:

Best wishes for a happy and healthy 2017. Your MLN Connects® Provider eNews has a new name and design for the new year. [Let us know](#) what you think. MLN Connects still delivers the weekly Medicare news you expect but with a fresh new style from the [Medicare Learning Network® \(MLN\)](#).

News & Announcements

- IRF and LTCH QRP Preview Reports Available: Review by January 10
- Apply for Clinical Practice Improvement Activities and Measurement Study by January 31
- Updated ESRD PPS Website
- Comparative Billing Report on Physical Therapy in February
- EHR Incentive Programs: New Attestation Resources
- Implementation Guide for QRDA-III Eligible Clinician Programs Available
- January Quarterly Provider Update Available
- Get Your Patients Off to a Healthy Start in 2017

Provider Compliance

- Duplicate Claims Will Not be Paid

Claims, Pricers & Codes

- Fee Schedule Amounts for Group 3 Power Wheelchair Accessories and Cushions

Upcoming Events

- IRF-PAI Therapy Information Data Collection Call — January 12
- ESRD QIP: Payment Year 2020 Final Rule Call — January 17
- Home Health Groupings Model Technical Report Call — January 18
- Hospice Quality Reporting Program Provider Training — January 18
- Home Health Quality of Patient Care Star Rating Call — January 19
- Medicare Quality Programs: Transitioning from PQRS to MIPS Call — January 24

Medicare Learning Network Publications & Multimedia

- Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents – Payment Reform MLN Matters® Article — New
- Quality Payment Program Video Presentation — New
- Hospital Settlement Call: Audio Recording and Transcript — New
- Medicare Overpayments Fact Sheet — Revised
- PECOS for Provider and Supplier Organizations Fact Sheet — Revised
- Long-Term Care Hospital Prospective Payment System Booklet — Reminder
- Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants Booklet — Reminder

News & Announcements

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](#)

Apply for Clinical Practice Improvement Activities and Measurement Study by January 31

CMS is conducting a Clinical Practice Improvement Activities Study, as outlined in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) [final rule](#). Clinicians and groups who are eligible for the Merit-based Incentive Payment System (MIPS) that participate successfully in the study will receive full credit for the Improvement Activities performance category. Applications will be accepted until January 31. Visit the [CMS](#) website for more information.

Updated ESRD PPS Website

CMS added new content to the [End Stage Renal Disease \(ESRD\) Prospective Payment System \(PPS\)](#) website and refreshed existing content. Check out these new resources:

- [CY 2017 ESRD PPS Final Rule](#) (CMS-1651-F), including related addenda and wage index files
- [Acute Kidney Injury and ESRD Facilities](#) webpage
- [ESRD Reports and Educational Resources](#): Quick links to helpful information for the ESRD provider community

Bookmark the website for easy access.

Comparative Billing Report on Physical Therapy in February

CMS will issue a national provider Comparative Billing Report (CBR) on Physical Therapy in February to help you understand applicable Medicare billing rules. The CBR, produced by CMS contractor eGlobalTech, focuses on physical therapy in private practice. CBRs contain data-driven tables with an explanation of findings that compare your billing and payment patterns to those of your peers in your state and across the nation.

CBRs are not publicly available. Update your fax number in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) to make sure you receive your report. Contact the CBR Support Help Desk at 800-771-4430 or CBRsupport@eglobaltech.com with questions or to receive your CBR by mail. For more information, visit the [CBR](#) website.

EHR Incentive Programs: New Attestation Resources

The Electronic Health Record (EHR) Incentive Programs [attestation system](#) is open through February 28. Providers must attest by the deadline to avoid a 2018 payment adjustment. CMS released two attestation worksheets for [eligible professionals](#) and [eligible hospitals and critical access hospitals](#). Visit the [2016 Program Requirements](#) webpage for more information.

Implementation Guide for QRDA-III Eligible Clinician Programs Available

CMS published Version 0.1 of the 2017 [Implementation Guide](#) for Quality Reporting Document Architecture Category III (QRDA-III) Eligible Clinician Programs with schematrons and sample files on the [eCQM Library](#) and the [eCQI Resource Center](#) websites. This implementation guide provides instructions for submitting QRDA-III documents for the 2017 performance period for:

- Comprehensive Primary Care Plus (CPC+)
- Merit-Based Incentive Payment System (MIPS)

For questions about the QRDA schematron, visit the [ONC QRDA JIRA Issue Tracker](#). For more information, visit the [Quality Payment Program](#) website.

January Quarterly Provider Update Available

The January [Quarterly Provider Update](#) is available. Find out about:

- Regulations and major policies currently under development during this quarter
- Regulations and major policies completed or cancelled
- New or revised manual instructions

Get Your Patients Off to a Healthy Start in 2017

In the New Year, get your Medicare patients off to a healthy start by recommending the Initial Preventive Physical Examination (IPPE) or Annual Wellness Visit (AWV). Thanks to the Affordable Care Act, Medicare covers these preventive services at no cost to your patients.

- The IPPE or “Welcome to Medicare” preventive visit is a one-time service for newly-enrolled beneficiaries
- The AWV is a yearly office visit that focuses on preventive health

For More Information:

- [Preventive Services](#) Educational Tool
- [IPPE](#) Educational Tool
- [AWV](#) Educational Tool
- [Frequently Asked Questions](#)

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

Provider Compliance

Duplicate Claims Will Not be Paid

Medicare will not pay duplicate claims for the same service encounter. We will pay the first claim that is approved and deny subsequent claims for the same service as duplicates. Although Medicare is prohibited by law from paying claims immediately, over 90 percent of clean, payable claims are paid within 30 days. Refer to the [Medicare Quarterly Provider Compliance Newsletter \[Volume 5, Issue 2\]](#) for more information.

Claims, Pricers & Codes

Fee Schedule Amounts for Group 3 Power Wheelchair Accessories and Cushions

Section 16005 of the 21st Century Cures Act

Under Section 2 of the Patient Access and Medicare Protection Act (PAMPA), 2016 Medicare fee schedule amounts for Group 3 power wheelchair accessories and cushions could not be adjusted based on information from the competitive bidding programs. Section 16005 of the 21st Century Cures Act extends the use of these unadjusted Medicare fee schedule amounts for Group 3 power wheelchair accessories and cushions through June 30, 2017. Suppliers should continue to use the KU modifier when billing for wheelchair accessories and cushions furnished in connection with Group 3 complex rehabilitative power wheelchairs for dates of service from January 1, 2017, through June 30, 2017. Information on this change is available on the [Durable Medical Equipment Center](#) webpage.

Upcoming Events

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: IRFs.

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.

Home Health Groupings Model Technical Report Call — January 18

Wednesday, January 18 from 1:30 to 3 pm ET

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

In December 2016, CMS published the Medicare Home Health (HH) Prospective Payment System (PPS): Case-Mix Methodology Refinements [technical report](#), including an overview of the Home Health Groupings Model (HHGM). This technical report describes efforts to reassess the current HH PPS and develop large-scale payment methodology changes. During this call, CMS experts introduce the HHGM model. A question and answer session follows the presentation.

Prior to the call, participants are encouraged to review the technical report.

Target Audience: Home Health Agencies and other interested stakeholders.

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](#).

Home Health Quality of Patient Care Star Rating Call — January 19

Thursday, January 19 from 1:30 to 3 pm ET

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

Learn about proposed changes to the Home Health Quality of Patient Care star rating on [Home Health Compare](#) based on stakeholder and technical expert panel feedback, overview of the current calculation algorithm, proposed changes, and potential roll-out plans. A question and answer session follows the presentation.

Agenda:

- Introduction and purpose
- Overview of current Star Rating methodology
- Proposed changes and supporting analyses
- Next steps and potential timeline
- Questions and comments

Target Audience: Home health providers.

Medicare Quality Programs: Transitioning from PQRS to MIPS Call — January 24

Tuesday, January 24 from 2 to 3:30 pm ET

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

During this call, find out how to complete the final reporting period for the legacy Medicare quality reporting programs and transition to the Merit-based Incentive Payment System (MIPS). A question and answer session follows the presentation.

Agenda:

- Wrapping Up the 2016 Program Year for the Physician Quality Reporting System (PQRS), Medicare Electronic Health Record (EHR) Incentive Program, and Value-Based Payment Modifier (VM)

- Transitioning to MIPS
- Timeline for PQRS, EHR, VM, and MIPS programs with submission timeframes and other key milestones
- Resources

Target Audience: Physicians, Accountable Care Organizations; Medicare eligible professionals; therapists; medical group practices; 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.

Medicare Learning Network Publications & Multimedia

Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents – Payment Reform MLN Matters® Article — New

An MLN Matters Special Edition Article on [The Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents – Payment Reform](#) is available. Learn about a new payment model for nursing facilities and practitioners to incent early identification of changes in condition, treatment of specific conditions in a nursing facility without a hospital transfer, and improved care planning.

Quality Payment Program Video Presentation — New

A [video presentation](#) is 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. Learn about the provisions in the recently released [final rule](#).

Hospital Settlement Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [December 12](#) call on the 2016 Hospital Appeals Settlement. This was a follow-up to the [November 16](#) call and gave an overview of the process.

Medicare Overpayments Fact Sheet — Revised

A revised [Medicare Overpayments](#) Fact Sheet is available. Learn about:

- The definition of an overpayment
- Overview of the overpayment collection process
- Timeframes for the debt collection process

PECOS for Provider and Supplier Organizations Fact Sheet — Revised

A revised [PECOS for Provider and Supplier Organizations](#) Fact Sheet is available. Learn about:

- Provider Enrollment, Chain and Ownership System (PECOS) provider and supplier organizations
- Disregarded entities
- Medicare enrollment application submission options

Long-Term Care Hospital Prospective Payment System Booklet — Reminder

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

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

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

The [Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants](#) Booklet is available. Learn about required qualifications, coverage criteria, billing, and payment for services furnished by advanced practice registered nurses, anesthesiologist assistants, and physician assistants.

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