



**mlnconnects**

Official CMS news from the Medicare Learning Network

**Thursday, March 16, 2017**

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## **News & Announcements**

### **Revised CMS-855O Application: Enrollment Solely to Order, Certify, or Prescribe**

Physicians and other practitioners must use the revised CMS-855O application (Eligible Ordering, Certifying, and Prescribing Physicians and Other Eligible Professionals) beginning January 1, 2018. The revised application will be posted on the [CMS Forms List](#) by early summer. Medicare Administrative Contractors will accept both the current and revised versions of the CMS-855O through December 31, 2017. Visit the [Medicare Provider-Supplier Enrollment](#) webpage for general enrollment information.

Changes to the form include:

- New title: Non-enrolled practitioners who prescribe Part D drugs also use this form.
- New specialties: Added Interventional Cardiology and 5 other specialties; Oral Surgeons (Dentist Only) split into Oral Surgeon and Dentist.
- Now optional for providers to add an additional contact person.
- Editorial and formatting corrections in response to public comments.

### **Comparative Billing Report on Sudomotor Function Testing in April**

CMS will issue a national provider Comparative Billing Report (CBR) on Sudomotor Function Testing in April to help you understand applicable Medicare billing rules. The CBR, produced by CMS contractor eGlobalTech,

focuses on providers who order sudomotor function tests for Medicare beneficiaries. 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](mailto:CBRsupport@eglobaltech.com) with questions or to receive your CBR by mail. For more information, visit the [CBR](#) website.

## **IRF and LTCH QRP Preview Reports Available: Review by March 30**

Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Preview Reports are now available. Review your Quarter 3 2015 to Quarter 2 2016 performance data on each quality measure prior to public display on the [IRF Compare](#) and [LTCH Compare](#) websites in June 2017. If you believe your data is inaccurate, you can request a CMS review by March 30. 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](#)

## **Improve Health during National Nutrition Month®**

During National Nutrition Month, talk to your patients about making informed food choices to help prevent or reduce nutrition-related health conditions, including diabetes, chronic kidney disease, and obesity. Empower your patients to adopt a healthy lifestyle by encouraging them to take advantage of appropriate Medicare-covered preventive services:

- [Medical Nutrition Therapy](#)
- [Diabetes Screening](#)
- [Diabetes Self-Management Training](#)
- [Intensive Behavioral Therapy for Obesity](#)
- [Intensive Behavioral Therapy for Cardiovascular Disease](#)
- [Annual Wellness Visit](#)

For More Information:

- [Medicare Preventive Services Educational Tool](#)
- [National Nutrition Month](#) website
- [National Diabetes Education Program](#) website
- [National Kidney Disease Education Program](#) website
- [Million Hearts®](#) website
- [Find a Registered Dietician/Nutritional Professional](#)

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

## **Provider Compliance**

### **Inpatient Skilled Nursing Facility Denials**

According to the 2015 Comprehensive Error Rate Testing (CERT) Report, the denial rate for Skilled Nursing Facilities (SNFs) increased from 6.9% in 2014 to 11% in 2015 due to missing or incomplete certification/recertification:

- Statement must contain need for skilled services that can only be provided in SNF/swing-bed on a daily basis for a condition patient was treated for in prior hospital stay
- Must include physician's dated signature (printed name if signature is illegible)

In addition, recertifications should include:

- Expected length of stay
- Explanation if continued need for services is for a condition that arose after SNF admission
- Any plans for home care

Resources:

- [CERT: SNF Certifications and Recertifications](#) MLN Matters® Special Edition Article
- [SNF Billing Reference](#) Fact Sheet
- [Medicare Fee-For-Service 2014 Improper Payments Report](#), page 19
- [Medicare Fee-For-Service 2015 Improper Payments Report](#), page 18

## Claims, Pricers & Codes

### Chronic Care Management Payment Correction for RHCs and FQHCs

Effective January 1, 2016, Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) received payment for Chronic Care Management (CCM) services based on the Medicare Physician Fee Schedule national average non-facility payment rate. However, for claims with dates of service on or after January 1, 2017, RHCs and FQHCs have been receiving a locality adjusted payment rate for these services. Your Medicare Administrative Contractor will adjust any claim processed incorrectly. No provider action is required.

## Upcoming Events

### National Partnership to Improve Dementia Care and QAPI Call — March 21

Tuesday, March 21 from 1:30 to 3 pm ET

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

During this call, learn about the [Creating a Culture of Person-Directed Dementia Care](#) project grant award. The Lake Superior Quality Innovation Network will share information about the new [QAPI Written Plan How-To Guide](#) that can assist long-term care providers with performance improvement efforts. 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 follows the presentation.

Speakers:

- Kathy Hagen, The Eden Alternative
- Kristi Wergin, Lake Superior Quality Innovation Network
- 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 ACO Track 1+ Model Webinar — March 22

Wednesday, March 22 from 2 to 3 pm ET

[Register](#) for the Medicare Accountable Care Organization (ACO) Track 1+ Model webinar for details on the model's design, eligibility, application requirements, evaluation, and learning activities, followed by a question and answer session. Find out what actions you need to take to submit an application for a 2018 start date, including submitting a Notice of Intent in May. For more information see the [New Accountable Care Organization Model Opportunity: Medicare ACO Track 1+ Model](#) Fact Sheet.

Target Audience: Existing and prospective Medicare Shared Savings Program ACOs and other program stakeholders interested in the new Medicare ACO Track 1+ Model opportunity.

## DMEPOS Adjusted Fee Methodology for Non-Bid Areas: Stakeholder Input on Section 16008 of the 21st Century Cures Act Call — March 23

Thursday, March 23 from 2 to 3:30 pm ET

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

Section 16008 of the [21st Century Cures Act](#) mandates stakeholder input on the methodology for using information from the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Programs for adjusting Medicare fee schedule amounts paid in non-competitive bidding areas. During this call, learn about the new legislation and provide feedback to CMS. Comments can also be submitted to [DMEPOS@cms.hhs.gov](mailto:DMEPOS@cms.hhs.gov) no later than April 6, 2017.

CMS is mandated to solicit and take into account stakeholder input related to adjustments of fees paid in non-competitive bidding areas beginning in 2019. CMS is also mandated to take into account the highest amount bid by a winning supplier in a competitive bidding area and a comparison of the following with respect to non-competitive bidding areas and competitive bidding areas:

- Average travel distance and costs associated with furnishing items and services in an area
- Average volume of items and services furnished by suppliers in the area
- The number of suppliers in the area

Target Audience: Medicare DMEPOS suppliers, providers and other interested stakeholders.

## IMPACT Act: Standardized Patient Assessment Data Activities Call — March 29

Wednesday, March 29 from 1:30 to 3 pm ET

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

During this call, find out about efforts to develop, implement, and maintain standardized Post-Acute Care (PAC) patient assessment data, including pilot testing results and plans for the upcoming national field test.

Topics:

- Goal of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act)
- Timeline of activities
- Alpha 1 results
- Alpha 2 progress
- Plans for beta test
- How to get involved

The [IMPACT Act](#) requires the reporting of standardized patient assessment data by PAC providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals. Visit the [Data Standardization & Cross Setting Measures](#) website for more information.

Target Audience: PAC providers, healthcare industry professionals, clinicians, researchers, and other interested stakeholders.

### **Medicare Shared Savings Program ACO: Preparing to Apply for the 2018 Program Year Call — April 6**

Thursday, April 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 Medicare Shared Savings Program and find out how to prepare to apply for the January 1, 2018, program start date, including the Medicare Accountable Care Organization (ACO) Track 1+ Model and Skilled Nursing Facility (SNF) 3-Day Rule Waiver. Topics:

- Introduction to the Shared Savings Program
- Shared Savings Program requirements, including Tracks 1, 2, and 3
- Medicare ACO Track 1+ Model
- SNF 3-Day Rule Waiver
- Antitrust and ACOs
- Preparing to apply
- Application process

If you are planning to apply, you should also attend the call on [April 19](#). Visit the [How to Apply](#) webpage to review important information, dates, and materials prior to the call.

Target Audience: Potential 2018 Shared Savings Program initial, renewal, SNF 3-Day Rule Waiver, and Medicare ACO Track 1+ Model applicants.

### **Open Payments: Prepare to Review Reported Data Call — April 13**

Thursday, April 13 from 1:30 to 3 pm ET

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

Industry is currently submitting data to the Open Payments System on payments or transfers of value made to physicians and teaching hospitals during 2016. Beginning in April, physicians and teaching hospitals have 45 days to review and dispute records attributed to them. During this call, find out how to access the Open Payments system to review the accuracy of the data submitted about you before it is published on the CMS website. See the [Open Payments Registration](#) webpage for more information. CMS will publish the 2016 payment data and updates to the 2013, 2014, and 2015 data on June 30, 2017.

Topics:

- Overview of the Open Payments national transparency program
- Program timeline
- Registration process
- Critical deadlines for physicians and teaching hospitals to review and dispute data

Target Audience: Physicians, teaching hospitals and physician office staff.

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 Shared Savings Program ACO: Completing the 2018 Application Process Call — April 19**

Wednesday, April 19 from 1:30 to 3 pm ET

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

During this call, learn helpful tips to complete a successful application for the 2018 Medicare Shared Savings Program, the Medicare Accountable Care Organization (ACO) Track 1+ Model, and/or Skilled Nursing Facility (SNF) 3-Day Rule Waiver. Topics:

- Completing an application
- ACO participant lists and agreements
- SNF affiliate lists and agreements (Applicable to the SNF 3-Day Rule Waiver)
- Beneficiary assignment

Visit the [How to Apply](#) webpage to review important information, dates, and materials prior to the call. And, review materials from our [April 6](#) call on Preparing to Apply.

Target Audience: Potential 2018 Shared Savings Program initial, renewal, SNF 3-Day Rule Waiver, and Medicare ACO Track 1+ Model applicants.

### **Comparative Billing Report Webinar on Sudomotor-Function Testing — May 10**

Wednesday, May 10 from 3 to 4 pm ET

Join us for a discussion of the comparative billing report on Sudomotor-Function Testing (CBR201703), an educational tool for providers who order sudomotor-function tests for Medicare beneficiaries using Current Procedural Terminology (CPT®) code 95923. During the webinar, providers interact directly with content specialists and submit questions about the report. See the [announcement](#) for more information and find out how to participate.

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

### **Rural Health Clinic Fact Sheet — Revised**

A revised [Rural Health Clinic](#) Fact Sheet is available. Learn about:

- Services
- Medicare certification
- Visits
- Payments
- Cost reports
- Annual reconciliation

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