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Official CMS news from the Medicare Learning Network

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News & Announcements

Connected Care: New Educational Initiative to Raise Awareness of Chronic Care Management

On March 15, the CMS Office of Minority Health and the Federal Office of Rural Health Policy at the Health Resources and Service Administration introduced Connected Care, an educational initiative to raise awareness of the benefits of Chronic Care Management (CCM) services for Medicare beneficiaries with multiple chronic conditions and to provide health care professionals with support to implement CCM programs. Connected Care is a nationwide effort within fee-for-service Medicare that includes a focus on racial and ethnic minorities, as well as rural populations, who tend to have higher rates of chronic disease.

As part of this initiative, new resources are available to help educate patients and provide information for health care professionals, including:

- Toolkit for health care professionals with detailed information about CCM and resources to help providers implement CCM
- Partner toolkit that includes downloadable resources and suggested activities to get involved in the Connected Care initiative
- Patient education resources, including a poster and postcard that can be used in a clinical or community setting

Visit the [Connected Care](#) webpage for more information and CCM resources. See the full text of this excerpted [CMS Press Release](#) (issued March 15).

Quality Payment Program: New Materials

CMS recently posted new resources on the [Educational Resources](#) webpage to help clinicians successfully participate in the first year of the Quality Payment Program, including:

- [Merit-based Incentive Payment System \(MIPS\) Measures for Cardiologists](#) - Provides a non-exhaustive sample of measures for quality, advancing care information, and improvement activities that may apply to cardiologists participating in MIPS
- [Alternative Payment Models \(APMs\) in the Quality Payment Program](#) - Includes a comprehensive list of all APMs operated by CMS, including Advanced APMs and MIPS APMs for the Quality Payment Program
- [Support for Small Practices](#) - Contains contact information for the local, experienced organizations that will help clinicians in small and rural practices participate in the Quality Payment Program

IRF and LTCH Compare Quarterly Refresh

The March 2017 quarterly Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Compare refresh is now available, including healthcare-acquired infection measures performance data. Visit the following websites to view the data:

- [IRF Compare](#)
- [LTCH Compare](#)

Provider Compliance

Preventive Services CMS Provider Minute Video

Proper payment and sufficient documentation go hand in hand. The [CMS Provider Minute: Preventive Services](#) video includes pointers to help you avoid claim denials. Learn how to submit the correct documentation for:

- Time spent providing a service
- Record of billed service
- Physician signature

This video is part of a [series](#) to help providers of all types improve in areas identified with a high degree of noncompliance.

Upcoming Events

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.

Medicare Learning Network Publications & Multimedia

Provider Enrollment Revalidation: Cycle 2 MLN Matters® Article — Revised

A revised MLN Matters Special Edition Article on [Provider Enrollment Revalidation – Cycle 2](#) is available. Learn about deactivations due to non-billing.

Medicare-Required SNF PPS Assessments Educational Tool — Revised

A revised [Medicare-Required SNF PPS Assessments](#) Educational Tool is available. Learn about:

- Assessment overviews for the Skilled Nursing Facility (SNF) Prospective Payment System (PPS)
- Factors affecting the assessment schedule
- Assessment results reporting

Items and Services Not Covered under Medicare Booklet — Revised

A revised [Items and Services Not Covered under Medicare](#) Booklet is available. Learn about:

- Four categories of items and services not covered under Medicare and applicable exceptions
- Advance Beneficiary Notices

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