



mlnconnects

Official CMS news from the Medicare Learning Network

Thursday, April 6, 2017

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News & Announcements

Clinical Laboratory Data Reporting: Enforcement Discretion

On March 30, CMS announced that it will exercise enforcement discretion until May 30, 2017, with respect to the data reporting period for reporting applicable information under the Clinical Laboratory fee Schedule (CLFS) and the application of the Secretary's potential assessment of civil monetary penalties for failure to report applicable information.

View the [announcement](#) and [PAMA regulations](#) webpage.

Open Payments Program Year 2016 Review and Dispute Period Ends May 15

Physician and teaching hospital review and dispute for the Program Year 2016 Open Payments data publication is open and will end on May 15; review of the data is voluntary but strongly encouraged. Disputes must be initiated during the 45-day review and dispute period in order to be reflected in the June 30, 2017, publication.

- Need to register? Visit the [Registration for Physicians & Teaching Hospitals](#) webpage for instructions.
- Inactive more than 60 days? Unlock your account in the [CMS Portal](#).
- Inactive for More than 180 Days? Your account has been deactivated. Contact the [Open Payments Help Desk](#).

For more information: visit the [Review and Dispute for Physicians and Teaching Hospitals](#) webpage and register for the [April 13 call](#). For questions, contact the Help Desk at openpayments@cms.hhs.gov or 855-326-8366.

MIPS Group Web Interface and CAHPS Reporting: Registration Period Open through June 30

The registration period for groups who choose CMS Web Interface or Consumer Assessment of Health Providers and Systems (CAHPS) for Merit-based Incentive Payment System (MIPS) Survey as their data submission method is April 1 through June 30, 2017.

- For individual or group participation, registration is not required for any other submission method
- If your group registered for the Group Practice Reporting Option Web Interface in 2016, you are automatically registered to use the CMS Web Interface in 2017

For More Information:

- [Quality Payment Program](#) website
- [CMS Web Interface and CAHPS for MIPS Survey](#) Registration Guide
- [MIPS: CMS Web Interface](#) Fact Sheet
- [CAHPS for MIPS Survey via CMS-Approved Survey Vendor Reporting](#) Fact Sheet

Home Health and LTCH Quality Reporting Program Review and Correct Reports Available

The Home Health and Long-Term Care Hospital (LTCH) Quality Reporting Program review and correct reports are now available on demand in the Certification and Survey Provider Enhanced Reporting (CASPER) application. Providers can access these reports within the CMS QIES Systems for Providers webpage. This is the same webpage where providers access the link to submit their OASIS or LTCH CARE data to the QIES Assessment Submission and Processing (ASAP) system. These reports:

- Contain quality measure information at the facility level
- Allow providers to obtain aggregate performance for the past four full quarters (when data is available)
- Include data submitted prior to the applicable quarterly data submission deadlines
- Display whether the data correction period for a given CY quarter is “open” or “closed”

2018 Medicare Shared Savings Program: Notice of Intent to Apply Guidance Document Available

In preparation for the 2018 Medicare Shared Savings Program application cycle, CMS posted a Notice of Intent to Apply (NOIA) [Guidance Document](#) with detailed information on the submission process and deadlines. An Accountable Care Organization (ACO) must submit a NOIA in order to apply for the Shared Savings Program, Skilled Nursing Facility 3-Day Rule Waiver, and/or Track 1+ Model. We will accept NOIAs from May 1 through May 31 at noon ET. Note, a NOIA submission does not bind an ACO to submit an application.

Visit the [How to Apply](#) webpage for more information on submitting a NOIA and the application cycle.

April Quarterly Provider Update Available

The April [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

Help Prevent Alcohol Misuse or Abuse

April is Alcohol Awareness Month, and April 7 is National Alcohol Screening Day. Excessive alcohol use can lead to increased risk of health problems, including injuries, liver diseases, and cancer. Talk to your Medicare patients and recommend [Alcohol Misuse Screening and Counseling](#) if appropriate.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [National Institute on Alcohol Abuse and Alcoholism](#) website

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

Provider Compliance

Lumbar Spinal Fusion CMS Provider Minute Video

Improper billing continues to be a leading cause of Medicare noncompliance for providers. The [CMS Provider Minute: Lumbar Spinal Fusion](#) video includes pointers to help you submit proper documentation for this procedure. Learn about:

- The four elements needed in the medical record
- How to obtain an attestation for an illegible signature

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

Claims, Pricers & Codes

Home Health Services Pre-Claim Review Demonstration Pause

As of April 1, 2017, the Pre-Claim Review demonstration for home health services is paused in Illinois and didn't expand to Florida. We will process claims under normal processing rules. The Centers for Medicare & Medicaid Services will notify providers at least 30 days in advance of further developments related to the demonstration. For more information, see the [Pre-Claim Review Demonstration](#) webpage and [FAQs](#).

Upcoming Events

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.

Global Surgery: Required Data Reporting for Post-Operative Care Call — April 25

Tuesday, April 25 from 1:30 to 3 pm ET

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

The CY 2017 Medicare Physician Fee Schedule (PFS) [final rule](#) adopted a data reporting requirement for practitioners furnishing specified global procedures in Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island. CMS will use reported data, along with other data to establish payment rates under the PFS.

During this call, learn about the new requirements that go into effect July 1, 2017, and resources you can use for reporting. A question and answer session follows the presentation.

Target Audience: Physicians, physician assistants, nurse practitioners and other clinicians who furnish global services; coders; billers; and practice managers in Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island. Practitioners who only work in practices with fewer than 10 practitioners and those furnishing services in other states are not required to report but may report voluntarily.

Emergency Preparedness Requirements Final Rule Training Call — April 27

Thursday, April 27 from 2:30 to 3:30 pm ET

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

Is your facility prepared to meet the new emergency preparedness requirements by the November 15, 2017, compliance date? During this call, learn about implementation of the [final rule](#), including an overview of the regulation and training and testing requirements. A question and answer session follows the presentation.

Target Audience: Facilities, providers, and suppliers affected by the final rule; state survey agencies; health care coalitions; and state emergency preparedness officials.

Hospice Quality Reporting Program: Public Reporting Webinar — April 27

Thursday, April 27 from 1:30 to 3 pm ET

[Register](#) for this webinar on the Hospice Quality Reporting Program. CMS will discuss the new hospice Preview Reports that will be available soon. Learn how to access your report, interpret the contents, and what to do if you believe that your report contains an error.

Medicare Learning Network Publications & Multimedia

Denial of Home Health Payments When Required Patient Assessment Is Not Received: Additional Information MLN Matters® Article — New

An MLN Matters Special Edition Article on [Denial of Home Health Payments When Required Patient Assessment Is Not Received – Additional Information](#) is available. Learn about denial of claims when the condition of payment for submitting patient assessment data has not been met.

SNF Value-Based Purchasing Call: Audio Recording and Transcript — New

An [audio recording](#), [transcript](#), and [post-call transcript clarification](#) are available for the [March 15](#) call on the Skilled Nursing Facility (SNF) Value-Based Purchasing Program: Understanding Your Facility's Confidential Feedback Report. During this call, learn about the program, including confidential quarterly feedback reports and implementation guidance.

Dementia Care Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [March 21](#) call on the National Partnership to Improve Dementia Care in Nursing Homes and Quality Assurance and Performance Improvement (QAPI). During this call, learn about a project grant award and new QAPI Written Plan How-To Guide that can assist long-term care providers with performance improvement efforts.

Reading an Institutional RA Booklet — Revised

A revised [Reading an Institutional RA](#) Booklet is available. Learn about:

- Institutional Electronic Remittance Advice (ERA)
- Standard Paper Remittance Advice (SPR)
- Balancing the ERA or SPR so provider records are consistent with Medicare's records

PECOS for Physicians and Non-Physician Practitioners Booklet — Reminder

The [PECOS for Physicians and Non-Physician Practitioners](#) Booklet is available. Learn about:

- Enrollment application submission options for the Provider Enrollment, Chain and Ownership System (PECOS)

- How to complete an enrollment application
- User ID and password helpful hints

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