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Official CMS news from the Medicare Learning Network

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News & Announcements

2018 Medicare Shared Savings Program: Submit Notice of Intent to Apply May 1 through 31

On May 1, 2017, CMS will begin accepting Notices of Intent to Apply (NOIA) for the January 1, 2018 start date. You must submit a NOIA if you intend to apply to the Medicare Shared Savings Program, Skilled Nursing Facility 3-Day Rule Waiver, and/or Medicare Accountable Care Organization Track 1+ Model. NOIA submissions are due no later than May 31, 2017 at noon ET.

A NOIA submission does not bind an organization to submit an application; however, you must submit a NOIA to be eligible to apply. See the [NOIA Guidance Document](#) and [How to Apply](#) webpage for eligibility requirements and detailed instructions on the submission process.

IRF/LTCH/SNF QRP Data Due May 15

The following Quality Reporting Program (QRP) data for Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), and Skilled Nursing Facilities (SNFs) is due May 15:

- IRF-PAI, LTCH CARE Data Set, and SNF Minimum Data Set assessment data for the fourth quarter of CY2016
- IRF and LTCH data submitted to CMS via the Center for Disease Control and Prevention's National Healthcare Safety Network for discharges from the third and fourth quarters of CY 2016

The list of measures required for this submission deadline can be found on the QRP websites:

- [IRF Quality Reporting Data Submission Deadlines](#)
- [LTCH Quality Reporting Data Submission Deadlines](#)
- [SNF QRP Measures and Technical Information](#)

Run validation/output reports prior to each quarterly reporting deadline to ensure you submitted all required data.

Rural Community Hospital Demonstration: Submit Applications by May 17

The 21st Century Cures Act requires another 5-year extension period for the Rural Community Hospital Demonstration. The demonstration tests payment under a reasonable cost-based methodology for Medicare inpatient hospital services furnished by rural hospitals with fewer than 51 acute care inpatient beds, that make available 24-hour emergency care services, and that are not eligible to be, or have not been designated as, Critical Access Hospitals.

The [Request for Applications](#) solicits information from interested hospitals regarding their financial and service-oriented challenges, as well as strategies and proposals for addressing them. Additional hospitals selected for the demonstration under this solicitation may be located in any State; however, CMS will give priority for selection among the highest scoring applications to those from 20 States with lowest population density.

The due date for applications is May 17. For more information see the full text of this abridged [fact sheet](#) (issued April 17).

New Quality Payment Program Resources Available

Learn more about Merit-based Incentive Payment System (MIPS) participation and the Improvement Activities Performance Category. CMS recently posted three new resources to the [Quality Payment Program Educational Resources](#) webpage to help clinicians successfully participate in the first year of the program:

- [MIPS Participation Fact Sheet](#): Who is eligible to participate in MIPS, and how clinicians might be able to participate voluntarily in the program
- [MIPS Improvement Activities Fact Sheet](#): Choosing and submitting improvement activities, reporting criteria, and scoring
- [2017 CMS-Approved Qualified Registries](#): Qualified registries that will be able to report data for the Quality, Advancing Care Information, and Improvement Activities performance categories in 2017

For More Information:

- Visit the [Quality Payment Program](#) website
- Contact the Quality Payment Program at QPP@cms.hhs.gov, or 866-288-8292 (TTY 877-715- 6222), Monday through Friday, 8 am to 8 pm ET

Revised CMS-588: Electronic Funds Transfer Authorization Agreement

Providers and suppliers must use the revised CMS-588 form (Electronic Funds Transfer Authorization Agreement) beginning January 1, 2018. CMS will post the revised form on the [CMS Forms List](#) by early summer. Medicare Administrative Contractors will accept both the current and revised versions of the CMS-588 through December 31, 2017. Visit the [Medicare Provider-Supplier Enrollment](#) webpage for more information about Medicare enrollment and the Electronic Funds Transfer (EFT) requirements.

Changes to the form include:

- New indicator shows if the EFT is for an individual or a group/organization/corporation in Parts 1 and 2 (Reason for Submission and Account Holder Information)
- Now optional to list the financial institution's contact person
- Four digits added to the "Provider's/Supplier's/Indirect Payment Procedure Entity's Account Number with Financial Institution," making it consistent with the industry standard

SNF QRP Quick Reference Guide Now Available

A new [Quick Reference Guide](#) for Skilled Nursing Facilities (SNFs) is available. This guide includes frequently asked questions, information on Quality Reporting Program (QRP) help desks, and helpful links to additional resources for the QRP.

Beneficiary Notice Initiative: New Email Address for Questions

Send questions about Fee-For-Service [beneficiary notices](#) to BNImailbox@cms.hhs.gov. Continue to send questions regarding the Medicare Outpatient Observation Notice to MOONMailbox@cms.hhs.gov.

April is National Minority Health Month

This year's theme is "Bridging Health Equity across Communities," raising awareness about health and health care disparities. Many minorities experience a disproportionate burden of preventable disease, including diabetes, heart disease, kidney failure, and obesity. Talk to your patients about the importance of preventive care and recommend appropriate Medicare-covered preventive services.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Mapping Medicare Disparities](#) Tool
- [CMS Office of Minority Health](#) website
- [HHS National Minority Health Month](#) webpage
- [Centers for Disease Control and Prevention Minority Health](#) website
- HealthEquityTA@cms.hhs.gov Health Equity Technical assistance mailbox

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

Provider Compliance

Psychiatry and Psychotherapy CMS Provider Minute Video

Proper payment and sufficient documentation go hand in hand. The [CMS Provider Minute: Psychiatry and Psychotherapy](#) video includes pointers to properly submit documentation for these services. Learn about:

- Use of add-on codes when billing for same day evaluation and management and psychotherapy services
- Three factors needed for sufficient documentation

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

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.

IRF, LTCH, SNF QRP Review and Correct Reports Provider Training Webcast — May 2

Tuesday, May 2 from 2 to 3 pm ET

During this webcast, find out how Review and Correct Reports fit within the Quality Reporting Programs (QRPs) for Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), and Skilled Nursing Facilities (SNFs). Additionally, learn about re-submitting data to correct errors prior to the quarterly submission deadlines to ensure that accurate data is publicly displayed.

For more information and to register, visit:

- [IRF Quality Reporting Training](#) webpage
- [LTCH Quality Reporting Training](#) webpage
- [SNF Quality Reporting Training](#) webpage

Medicare Learning Network Publications & Multimedia

Medicare Shared Savings Program Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [April 6](#) call on the Medicare Shared Savings Program. During this call, find out how to prepare to apply for the January 1, 2018, program start date, including the Medicare Accountable Care Organization Track 1+ Model and Skilled Nursing Facility 3-Day Rule Waiver.

Provider Compliance Products Fact Sheet — Revised

A revised [Provider Compliance Products](#) Fact Sheet is available. Learn:

- How to avoid common billing errors and other erroneous activities when dealing with the Medicare Program
- Provider-specific compliance tips

Provider Compliance Tips for Spinal Orthoses Fact Sheet — Revised

A revised [Provider Compliance Tips For Spinal Orthoses](#) Fact Sheet is available. Learn about:

- Payment for spinal orthoses
- How to prevent claim denials
- Documentation needed to submit a claim

SNF Billing Reference Booklet — Revised

A revised [SNF Billing Reference](#) Booklet is available. Learn about:

- Medicare-covered Skilled Nursing Facility (SNF) stays
- SNF payment and billing requirements

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