



# mlnconnects

Official CMS news from the Medicare Learning Network

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## News & Announcements

Clinicians: MIPS Participation Status Letter  
Open Payments Program Year 2016 Review and Dispute Period Ends May 15  
EHR Incentive Programs: Submit Comments on Proposed Changes by June 13  
IMPACT Act Data Elements Public Comments Due June 26  
IRF Quality Reporting Program Review and Correct Reports Available  
Quality Payment Program: New Videos for Small, Rural, and Underserved Practices  
EHR Incentive Programs: Public Health Agency and Clinical Data Registry Reporting  
Updated Advance Beneficiary Notice  
Antipsychotic Drug use in Nursing Homes: Trend Update  
April is STD Awareness Month: Talk, Test, Treat

## Provider Compliance

Hospice Election Statements Lack Required Information or Have Other Vulnerabilities

## Upcoming Events

IRF, LTCH, SNF QRP Review and Correct Reports Provider Training Webcast — May 2  
Comparative Billing Report on Transitional Care Management Webinar — June 21

## Claims, Pricers & Codes

Hospitals and SNFs: Claims Hold Related to VA Claims

## Medicare Learning Network Publications & Multimedia

Next Generation ACO – All Inclusive Population Based Payment Implementation MLN Matters Article — New  
Open Payments Call: Audio Recording and Transcript — New  
Medicare Home Health Benefit Web-Based Training Course — Revised  
Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course — Revised  
Guidelines for Teaching Physicians, Interns, and Residents Fact Sheet — Revised  
PECOS FAQs Booklet — Reminder

## News & Announcements

### Clinicians: MIPS Participation Status Letter

CMS is reviewing claims and letting practices know which clinicians need to take part in the [Merit-based Incentive Payment System](#) (MIPS), an important part of the new Quality Payment Program (QPP). In late April through May, you will get a letter from your [Medicare Administrative Contractor](#) that processes Medicare Part B claims, providing the participation status of each MIPS clinician associated with your Taxpayer Identification Number (TIN).

Clinicians should participate in MIPS in the 2017 transition year if they:

- Bill more than \$30,000 in Medicare Part B allowed charges a year and
- Provide care for more than 100 Part B-enrolled Medicare beneficiaries a year

QPP intends to shift reimbursement from the volume of services provided toward a payment system that rewards clinicians for their overall work in delivering the best care for patients. It replaces the Sustainable Growth Rate formula and streamlines the “Legacy Programs” - Physician Quality Reporting System, the Value-

based Payment Modifier, and the Medicare Electronic Health Records Incentive Program. During this first year of the program, CMS is committed to working with you to streamline the process as much as possible. Our goal is to further reduce burdensome requirements so that you can deliver the best possible care to patients. Learn more about the [Quality Payment Program](#).

### 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 ends 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](mailto:openpayments@cms.hhs.gov) or 855-326-8366.

### EHR Incentive Programs: Submit Comments on Proposed Changes by June 13

The FY 2018 Inpatient Prospective Payment System and Long Term Acute Care Hospital rule proposes a number of changes to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Submit a formal comment by 5 pm ET on June 13. For More Information, see the [proposed rule](#) and [press release](#).

### IMPACT Act Data Elements Public Comments Due June 26

CMS seeks comments from stakeholders on data elements that meet the Improving Medicare Post-Acute Care Transformation Act of 2014 ([IMPACT Act](#)) domains of cognitive function and mental status; medical conditions and co-morbidities; impairments; medication reconciliation; and care preferences. The Call for Public Comment period closes on June 26. For more information, visit the [Public Comment](#) webpage.

### IRF Quality Reporting Program Review and Correct Reports Available

The Inpatient Rehabilitation Facilities (IRF) 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 by selecting the CASPER Reporting link on the “Welcome to the CMS QIES Systems for Providers” webpage. Note: You must log into the CMS Network using your CMSNet user ID and password in order to access this webpage.

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”

### Quality Payment Program: New Videos for Small, Rural, and Underserved Practices

CMS created seven short [videos](#) from a recent webinar for clinicians in small, rural, and underserved practices on Getting Started with the Quality Payment Program. Each video is 15 minutes or less.

## EHR Incentive Programs: Public Health Agency and Clinical Data Registry Reporting

CMS developed a [Centralized Repository](#) for public health agencies and clinical data registries. This repository is a source of information for public health, clinical data, or specialized registry electronic reporting options.

- Review [FAQ 13657](#) and [FAQ 14117](#) for steps providers should take to determine if there is a specialized registry available or if they can claim an exclusion
- Review [FAQ 13653](#) to learn more about what qualifies as a specialized registry

## Updated Advance Beneficiary Notice

In March 2017, the Office of Management and Budget approved the Advance Beneficiary Notice (ABN) (Form CMS-R-131) for another 3 years. There are no changes to the form, except the new expiration date of March 2020. Starting June 21, 2017, you must use the most recent version of the CMS-R-131 to deliver a valid ABN; however, you may begin using the new form immediately. For more information, visit the [FFS ABN](#) webpage.

## Antipsychotic Drug use in Nursing Homes: Trend Update

CMS is [tracking the progress](#) of the National Partnership to Improve Dementia Care in Nursing Homes by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's disease or Tourette's syndrome. In the fourth quarter of 2011, 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 33.2 percent to a national prevalence of 16 percent in the fourth quarter of 2016. Success varies by state and CMS region; some states and regions have seen a reduction greater than 30 percent. A four-quarter average of this measure is posted on the [Nursing Home Compare](#) website.

For More Information:

- Visit the National Partnership webpage
- Send correspondence to [dnh\\_behavioralhealth@cms.hhs.gov](mailto:dnh_behavioralhealth@cms.hhs.gov)

## April is STD Awareness Month: Talk, Test, Treat

Take three simple actions to protect your patients: Talk about sexual health, test for Sexually Transmitted Diseases (STDs) as recommended, and treat patients following approved guidelines. Recommend appropriate Medicare-covered preventive services, including:

- [Screening for Sexually Transmitted Infections \(STIs\) and High Intensity Behavioral Counseling to Prevent STIs](#)
- [Human Immunodeficiency Virus \(HIV\) Screening](#)
- [Hepatitis B Virus Vaccine and Administration](#)

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Medicare Part B Immunization Billing](#) Educational Tool
- [Centers for Disease Control and Prevention](#) webpage
- [STD Awareness Month](#) webpage

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

## Provider Compliance

## Hospice Election Statements Lack Required Information or Have Other Vulnerabilities

After a stratified random sample review of hospice election statements and certifications of terminal illness, the Office of the Inspector General (OIG) reports that more than one-third of hospice General Inpatient (GIP) stays lack required information or had other vulnerabilities.

- Hospice election statements did not always mention – as required – that the beneficiary was waiving coverage of certain Medicare services by electing hospice care or that hospice care is palliative rather than curative
- In 14 percent of GIP stays, the physician did not meet requirements when certifying that the beneficiary was terminally ill and appeared to have limited involvement in determining that the beneficiary's condition was appropriate for hospice care

Hospices should improve their election statements and ensure that physicians meet requirements when certifying beneficiaries for hospice care. Resources:

- [Hospice Payment System](#) Booklet: Includes a section on the hospice election statement
- [Hospices Should Improve Their Election Statements and Certifications of Illness](#) OIG Report
- [Documentation Requirements for the Hospice Physician Certification/Recertification](#) MLN Matters® Article
- [Sample Hospice Election Statement](#) MLN Matters Special Edition Article

## Upcoming Events

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

Tuesday, May 2 from 2 to 3:30 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

### Comparative Billing Report on Transitional Care Management Webinar — June 21

Wednesday, June 21 from 3 to 4 pm ET

Join us for a discussion of the comparative billing report on Transitional Care Management (TCM) (CBR201704), an educational tool for providers who submit claims for TCM services for Medicare beneficiaries using Current Procedural Terminology (CPT®) codes 99495 and 99496. 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.

## Claims, Pricers & Codes

### Hospitals and SNFs: Claims Hold Related to VA Claims

As a result of the April 3 systems update, non-inpatient Veteran's Administration (VA) claims hitting reason code 31442 are returning to providers incorrectly. We are holding these claims until our system is corrected around May 22. We will then release these claims for processing. Providers do not need to take any action. For more information, see [MLN Matters Article #9818](#).

## Medicare Learning Network Publications & Multimedia

### Next Generation ACO – All Inclusive Population Based Payment Implementation MLN Matters Article — New

An MLN Matters Special Edition Article on [Next Generation Accountable Care Organization \(ACO\) – All Inclusive Population Based Payment Implementation](#) is available. Learn about alternate payment mechanism for certain services for Medicare beneficiaries.

### Open Payments Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [April 13](#) call on Open Payments: Prepare to Review Reported Data. 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.

### Medicare Home Health Benefit Web-Based Training Course — Revised

With Continuing Education Credit

A revised Medicare Home Health Benefit Web-Based Training course is available through the [Learning Management System](#). Learn about:

- Qualifying for home health services
- Consolidated billing
- Therapy services
- Physician billing and payment

### Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course — Revised

With Continuing Education Credit

A revised Diagnosis Coding: Using the ICD-10-CM Web-Based Training course is available through the [Learning Management System](#). Learn about:

- International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) coding tips, information, and resources
- ICD-10-CM structure, format, and features
- How to find correct ICD-10-CM codes

### Guidelines for Teaching Physicians, Interns, and Residents Fact Sheet — Revised

A revised [Guidelines for Teaching Physicians, Interns, and Residents](#) Fact Sheet is available. Learn about:

- Payment for physician services in teaching settings
- General documentation guidelines
- Evaluation and Management (E/M) documentation guidelines
- Exception for E/M services furnished in certain primary care centers

### PECOS FAQs Booklet — Reminder

The [PECOS FAQs](#) Booklet is available. Learn about:

- Information you need before you begin enrollment via the Provider Enrollment, Chain and Ownership System (PECOS)

- Enrollment application issues
- Revalidations

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