



# mInconnects

Official CMS news from the Medicare Learning Network

Thursday, May 11, 2017

## News & Announcements

Open Payments Program Year 2016 Review and Dispute Period Ends May 15  
2018 Medicare Shared Savings Program: Submit Notice of Intent to Apply by May 31  
Lookup Tool to Help Determine MIPS Participation Status  
Updated CY 2018 eCQM Specifications Available  
New PEPPERS Available for Hospices, SNFs, IRFs, IPFs, CAHs, LTCHs  
Requesting Appeal Redeterminations  
National Women's Health Week Kicks off on Mother's Day

## Provider Compliance

CMS Provider Minute Video: Coudé Tip Catheters

## Medicare Learning Network Publications & Multimedia

Global Surgery Call: Audio Recording and Transcript — New  
Emergency Preparedness Call: Audio Recording and Transcript — New  
Resources for Medicare Beneficiaries Booklet — Revised  
SNF Billing Reference Booklet — Revised  
Dual Eligible Beneficiaries under Medicare and Medicaid Booklet — Revised

## News & Announcements

### 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. For questions, contact the Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or 855-326-8366.

### 2018 Medicare Shared Savings Program: Submit Notice of Intent to Apply by May 31

CMS is accepting Notices of Intent to Apply (NOIA) for the January 1, 2018, start date. You must submit a NOIA no later than May 31, 2017, at noon ET, if you intend to apply to the Medicare Shared Savings Program, Skilled Nursing Facility 3-Day Rule Waiver, and/or the Medicare Accountable Care Organization Track 1+ Model. A NOIA submission does not bind your organization to submit an application; however, you must submit a NOIA to be eligible to apply in July. See the [NOIA Guidance Document](#) and [How to Apply](#) webpage for detailed instructions on the NOIA submission process.

### Lookup Tool to Help Determine MIPS Participation Status

Unsure of your participation status in the Merit-based Incentive Payment System (MIPS)? Clinicians can now use an interactive tool on the [Quality Payment Program](#) website to determine if they should participate in 2017. To determine your status, enter your National Provider Identifier into the entry field on the tool and find out whether or not you should participate in MIPS this year and where to find resources.

To get the latest information, visit the [Quality Payment Program](#) website. Contact the Quality Payment Program Service Center at 866-288-8292 (TTY 877-715- 6222) or [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

### Updated CY 2018 eCQM Specifications Available

CMS posted the annual update for Electronic Clinical Quality Measures (eCQMs) for CY 2018:

- [Eligible Hospitals and Critical Access Hospitals](#) – for reporting
- [Eligible Professionals and Eligible Clinicians](#) – for performance

These updated eCQMs are fully specified and may be used to electronically report 2018 clinical quality measure data for CMS quality reporting programs. Measures will not be eligible for 2018 reporting unless they are proposed and finalized through notice-and-comment rulemaking for each applicable program. To learn more, visit the [Electronic Clinical Quality Improvement Resource Center](#).

### New PEPPERS Available for Hospices, SNFs, IRFs, IPFs, CAHs, LTCHs

Fourth quarter FY 2016 Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) are available for hospices, Skilled Nursing Facilities (SNFs), Inpatient Rehabilitation Facilities (IRFs), Inpatient Psychiatric Facilities (IPFs), Critical Access Hospitals (CAHs), and Long-Term Care Hospitals (LTCHs). PEPPERS are distributed by TMF® Health Quality Institute under contract with CMS. These reports summarize provider-specific data statistics for Medicare services that may be at risk for improper payments. Providers can use the data to support internal auditing and monitoring activities.

- Hospices, LTCHs and free-standing SNFs and IRFs: For instructions on obtaining your PEPPER, see the [Secure PEPPER Access Guide](#)
- CAHs, IPFs, and SNF and IRF units of hospitals: PEPPER was distributed via the QualityNet secure portal

For more information, including guides, recorded training sessions, information about QualityNet accounts, [frequently asked questions](#), and examples of how other hospitals are using PEPPER, visit [PEPPERresources.org](http://PEPPERresources.org). If you have questions or need help obtaining your report, visit the [Help Desk](#). Send us your [feedback or suggestions](#).

### Requesting Appeal Redeterminations

You now have the option to submit requests for appeal redeterminations with electronic, digital, and/or digitized signatures by mail or fax. You may also continue to submit via a CMS-approved secure Internet portal/application.

### National Women's Health Week Kicks off on Mother's Day

National Women's Health Week is May 14 through 20. The goal is to empower women to make their health a priority. Encourage your Medicare patients to take steps to improve their health and recommend appropriate preventive services.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [National Women's Health Week](#) webpage

- [Centers for Disease Control and Prevention Women's Health](#) website

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

## Provider Compliance

### CMS Provider Minute Video: Coudé Tip Catheters

Avoid delays. Bill it right the first time. The [CMS Provider Minute: Coudé Tip Catheters](#) video includes pointers on how to provide the correct documentation when submitting claims for this item. Learn about:

- Importance of documenting medical necessity
- Requirement of providing the KX modifier

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

## Medicare Learning Network Publications & Multimedia

### Global Surgery Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [April 25](#) call on the Global Surgery: Required Data Reporting for Post-Operative Care. The CY 2017 Medicare Physician Fee Schedule 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. During this call, learn about the new requirements that go into effect July 1 and resources you can use for reporting.

### Emergency Preparedness Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [April 27](#) call on Emergency Preparedness Requirements Final Rule Training. During this call, learn about implementation of the final rule, including an overview of the regulation and training and testing requirements.

### Resources for Medicare Beneficiaries Booklet — Revised

A revised [Resources for Medicare Beneficiaries](#) Booklet is available. Learn about:

- Medicare, Medicare supplements and other insurance
- Medical expenses and basic needs
- Long-term care
- Informed decisions; rights and protections; notices; and forms
- Fraud, waste, and abuse
- Caregiving

### 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

## Dual Eligible Beneficiaries under Medicare and Medicaid Booklet — Revised

A revised [Dual Eligible Beneficiaries under Medicare and Medicaid](#) Booklet is available. Learn about:

- Medicare and Medicaid Programs
- Dual eligible beneficiaries
- Prohibited billing of Qualified Medicare Beneficiaries and Medicare assignment

---

**[Like the newsletter? Have suggestions? Please let us know!](#)**

[Subscribe](#) to MLN Connects. Previous issues are available in the [archive](#).  
This newsletter is current as of the issue date. View the complete [disclaimer](#).

**Follow the MLN on [Twitter](#) #CMSMLN, and visit us on [YouTube](#).**

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).

