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Official CMS news from the Medicare Learning Network

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News & Announcements

Hospitals and SNFS: Reduce Legionella Risk in Water Systems

Legionnaires' disease kills 25% of those who are infected while getting treatment or residing in a health care facility

The bacterium Legionella can cause a serious type of pneumonia called Legionnaires' Disease (LD) in persons at risk. In Centers for Disease Control and Prevention (CDC) investigations, 33% of US LD outbreaks occur in health care facilities. Outbreaks have been linked to poorly maintained water systems, including those of hospitals and Skilled Nursing Facilities (SNFs). These providers must develop and implement procedures that inhibit microbial growth and reduce the risk of spread of Legionella and other opportunistic pathogens. The CDC and its partners developed a [toolkit](#) to help health care facilities implement environmental and clinical standards for water systems. State surveyors will verify that hospitals and SNFs:

- Conduct a risk assessment
- Implement a water management program
- Specify testing protocols

For More Information:

- [CDC Resources](#)

- [Survey and Certification Memorandum](#)

Predictive Qualifying APM Participant Status Announced

CMS announced predictive Qualifying Alternative Payment Model (APM) Participant (QP) status for 2017 Advanced APMs. By looking at historical Part B claims data, CMS predicts that nearly 100% of eligible clinicians in Advanced APMs will be QPs in performance year 2017.

For More Information:

- [Methodology](#) Fact Sheet
- [Quality Payment Program](#) website

Hospices: Review First Provider Preview Reports by June 30

Provider Preview Reports for the Hospice Item Set (HIS) are available with October 1, 2015, to September 30, 2016, data. If you believe your quality measure results are inaccurate, you can request a CMS review until June 30. This summer, CMS will release Hospice Compare data for the first time. You may continue to submit corrections to your HIS data for 36 months beyond the target date on a given assessment; corrections will be reflected in subsequent quarterly preview reports and Compare refreshes.

For More Information:

- [Hospice Quality Public Reporting](#) webpage
- [Preview Report Access Instructions](#)
- Hospice Public Reporting helpdesk: HospicePRquestions@cms.hhs.gov

IRFs & LTCHs: Review QRP Provider Preview Reports by June 30

Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Preview Reports are available with October 1, 2015, to September 30, 2016, data. We will not correct underlying data; however, you can request a CMS review until June 30 if you believe your data is inaccurate. In September, CMS will publicly display refreshed IRF and LTCH Compare data.

Note: Central Line Associated Blood Stream Infections (CLABSI) data is not displayed on the Provider Preview Reports due to an error in the Centers for Disease Control and Prevention data. Footnote 4 will show “Not Available”, “Data suppressed by CMS for one or more quarters” on the Provider Preview Reports for this measure for LTCHs.

For More Information:

- [IRF Quality Public Reporting](#) webpage and [Preview Report Access Instructions](#)
- [LTCH Quality Public Reporting](#) webpage and [Preview Report Access Instructions](#)

IRF and LTCH Compare Quarterly Refresh

The June 2017 quarterly Inpatient Rehabilitation Facility (IRF) and Long-term Care Hospital (LTCH) Compare refresh, including quality measure results based on data submitted to CMS between September 1, 2015, and March 31, 2016, is available.

Note: Central Line Associated Blood Stream Infections (CLABSI) has been suppressed for all LTCHs for this quarterly refresh. Footnote 4 will show “Not Available”, “Data suppressed by CMS for one or more quarters” on the LTCH Compare site.

Visit the following websites to view the data:

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

PEPPER for Short-term Acute Care Hospitals Available

First quarter FY 2017 Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) are available for short-term acute care hospitals. 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. The PEPPER files were recently distributed through a QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role.

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](#). If you have questions or need help obtaining your report, visit the [Help Desk](#). Send us your [feedback or suggestions](#).

Quality Payment Program Resources Available

CMS recently posted more new resources to help clinicians successfully participate in the first year of the Merit-based Incentive Payment System (MIPS):

- [Consumer Assessment of Healthcare Providers & Systems \(CAHPS\) for MIPS Survey – Sample](#): The CAHPS for MIPS Survey measures patient experience and care within a group; data collected on these surveys will be submitted on behalf of the group by the CMS-approved survey vendor
- [2017 CMS-Approved Qualified Clinical Data Registries \(QCDRs\) Vendor List](#): Includes contact information for the list of QCDRs that will be able to report data for the Quality, Advancing Care Information, and Improvement Activities performance categories in 2017

Visit the [Quality Payment Program](#) website for more information.

ONC eMeasurement and Quality Improvement Webinar: Recording Available

On May 4, the Office of the National Coordinator for Health Information Technology (ONC) hosted a roundtable on Innovations in the Use of Electronic Health Data for eMeasurement and Quality Improvement. A [recording of the event](#) is now available.

Proposed Revisions to Long-Term Care Facilities' Arbitration Agreements

CMS issued [proposed revisions](#) to arbitration agreement requirements for long-term care facilities. These proposed revisions would help strengthen transparency in the arbitration process, reduce unnecessary provider burden and support residents' rights to make informed decisions about important aspects of their health care. You may comment on the proposed rule until August 7.

The Reform of Requirements for Long-Term Care Facilities Final Rule published on October 4, 2016 listed the requirements facilities need to follow if they choose to ask residents to sign agreements for binding arbitration. The final rule also prohibited pre-dispute agreements for binding arbitration. The American Health Care Association and a group of nursing homes sued for preliminary and permanent injunction to stop CMS from enforcing that requirement. The court granted a preliminary injunction on November 7, 2016. After that decision, CMS reviewed and reconsidered the arbitration requirements in the 2016 Final Rule.

Complete text of this excepted [Fact Sheet](#) (issued June 5, 2017)

World No Tobacco Day

This past week HHS recognized [World No Tobacco Day](#), joining other nations in bringing awareness to the damaging effects of tobacco use. We are committed to supporting initiatives that encourage individuals to remain tobacco free.

For More Information:

- [Tips from Former Smokers](#): Centers for Disease Control and Prevention
- [Real Cost Campaign](#): Food and Drug Administration
- [Smokefree.gov](#)
- [Medicare Preventive Services](#) webpage

Provider Compliance

Duplicate Claims Will Not be Paid

Medicare will not pay duplicate claims for the same service encounter. We will pay the first claim that is approved and deny subsequent claims for the same service as duplicates. Although Medicare is prohibited by law from paying claims immediately, over 90 percent of clean, payable claims are paid within 30 days. Refer to the [Medicare Quarterly Provider Compliance Newsletter \[Volume 5, Issue 2\]](#) for more information.

Claims, Pricers & Codes

July 2017 Average Sales Price Files Available

CMS posted the July 2017 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks on the [2017 ASP Drug Pricing Files](#) webpage.

Upcoming Events

National Partnership to Improve Dementia Care and QAPI Call — June 15

Thursday, June 15 from 1:30 to 3 pm ET

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

During this call, learn about appropriate assessment and evaluation for the accurate diagnosis of schizophrenia and other mental disorders. Also, find out about the work of the Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) and how their efforts align with the National Partnership to Improve Dementia Care in Nursing Homes and Quality Assurance and Performance Improvement (QAPI). Additionally, CMS experts share updates on the progress of the [National Partnership](#) and [QAPI](#). A question and answer session follows the presentations.

Speakers:

- Dr. Susan Levy, Medical Director/Consultant
- Kaylie Doyle, Telligen
- Kelly O'Neill, Stratis Health
- Michele Laughman and Debbie Lyons, CMS

Target Audience: Consumer and advocacy groups, nursing home providers, surveyor community, prescribers, professional associations, and other interested stakeholders.

CLIA Certificate of Provider-performed Microscopy Webcast — June 28

Wednesday, June 28 from 1:30 to 3 pm ET

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

During this webcast, learn about the Clinical Laboratory Improvement Amendments (CLIA) requirements for Provider-performed Microscopy (PPM) testing. Participants should review [PPM Procedures: A Focus on Quality](#) prior to the webcast.

CLIA established quality standards to ensure accuracy and reliability of patients' test results regardless of where the test is performed. The CLIA Certificate for PPM procedures is issued to laboratories where physicians, mid-level practitioners or dentists perform specific microscopic examinations during the course of the patients' visit.

Target Audience: Physicians, mid-level practitioners, dentists, pathologists, laboratory directors, laboratories managers, point-of care testing coordinators, clinical laboratory scientists, and medical laboratories technicians.

Improvements to the Medicare Claims Appeal Process and Statistical Sampling Call — June 29

Thursday, June 29 from 1 to 3 pm ET

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

Are you aware of recent regulatory changes to the Medicare claims appeal process? During this call, CMS and the Office of Medicare Hearings and Appeals (OMHA) discuss the HHS [Medicare Appeals Final Rule](#), published on January 17, 2017. Learn about changes intended to streamline the administrative appeal processes, reduce the backlog of pending appeals, and increase consistency in decision making across appeal levels. For an overview of the Final Rule, see the HHS [fact sheet](#).

Did you know that certain appeals pending at OMHA may be eligible for more efficient adjudication through statistical sampling? Learn about the expansion of this program based on feedback from the pilot phase and how your participation may advance the adjudication of your appeals.

A question and answer session follows the presentation.

Target Audience: All Medicare Fee-For-Service providers.

Medicare Learning Network Publications & Multimedia

Quality Payment Program Overview Web-Based Training Course — New

With Continuing Education Credit

A new Quality Payment Program Overview Web-Based Training course is available through the [MLN LMS](#). Learn about:

- Origin and goals of the Quality Payment Program (QPP)
- Four performance categories within the Merit-based Incentive Payment System
- Three criteria to be considered an Advanced Alternative Payment Model
- Resources available for QPP

Scheduled End of the Intravenous Immune Globulin Demonstration MLN Matters® Article — New

An MLN Matters Special Edition Article on [Scheduled End of the Intravenous Immune Globulin Demonstration](#) is available. Learn about the scheduled end date for the demonstration and payment for services after that date.

Avoiding Medicare Fraud and Abuse: A Roadmap for Physicians Booklet — Reminder

The [Avoiding Medicare Fraud and Abuse: A Roadmap for Physicians](#) Booklet is available. Learn about:

- Federal laws that combat fraud and abuse
- "Red flags" that could lead to potential liability in law enforcement and administrative actions
- Case scenarios depicting actual fraud and abuse cases.

Medicare Secondary Payer Booklet — Reminder

The [Medicare Secondary Payer Booklet](#) is available. Learn about:

- Common situations when Medicare may pay first or second
- Medicare conditional payments
- Coordination of Benefits rules
- The role of the Benefits Coordination & Recovery Center.

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