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Thursday, January 4, 2018

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News & Announcements

CMS Launches Data Submission System for Clinicians in the Quality Payment Program
Easier for clinicians to submit data by offering one user-friendly site for all submissions

On January 2, CMS announced that doctors and other eligible clinicians participating in the Quality Payment Program (QPP) can begin submitting their 2017 performance data using a new system on the QPP website. This is an improvement from the former systems under the CMS legacy programs, which required clinicians to submit data on multiple websites. The 2017 submission period runs from January 2 to March 31, 2018, except for groups using the CMS Web Interface whose submission period is January 22 to March 16, 2018.

"The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to implement the Quality Payment Program, and we are committed to doing so in the least burdensome way possible," said Seema Verma, Administrator of CMS. "The new data submission system makes it easier for clinicians to meet MACRA's reporting requirements and spend more time treating patients instead of filing paperwork."

There are multiple data submission options. As data is entered into the system, eligible clinicians will see real-time initial scoring within each of the Merit-based Incentive Payment System performance categories based on their submissions.

Eligible clinicians are encouraged to log-in early and often to familiarize themselves with the system. Data can be updated at any time during the submission period. Once the submission period closes, we will calculate your payment adjustment based on your last submission or submission update. For assistance with the data submission system, contact qpp@cms.hhs.gov or 866-288-8292.

For More Information:
- [Fact Sheet](#)
- [QPP](#) website

See the full text of this excerpted [CMS Press Release](#) (issued January 2).

CMS Updates Website to Compare Hospital Quality

CMS updated data on the [Hospital Compare](#) website and on [data.medicare.gov](#) to provide patients, families and stakeholders with the information they need to compare the performance of hospitals where they seek medical care. Along with data on quality measures, CMS also updated the Overall Hospital Star Rating. "CMS is committed to empowering beneficiaries by providing transparent, comprehensive, and reliable information," CMS Administrator Seema Verma said.

For this update, CMS responded to stakeholder concerns by updating several existing measures and the Overall Star Rating. The Overall Star Rating is revised to use an enhanced methodology to assign ratings to hospitals, based on Technical Expert Panel recommendations and public input "We continue to refine the Star Ratings and look forward to an ongoing dialogue with hospitals and patients and their families on how we can provide beneficiaries useful information," Verma said.

As part of the December update, CMS posted supporting documents on the QualityNet website:
- [Quarterly Specifications](#): Updates on national distributions of the Star Ratings
- [Comprehensive Methodology](#): Enhancements to the Overall Star Rating methodology
- [Statistical Analysis System Package](#): Materials to calculate individual Star Ratings

See the full text of this excerpted [CMS Press Release](#) (issued December 21).

Patients over Paperwork: Get Updates on Burden Reduction

As part of CMS Administrator Seema Verma's "Patients over Paperwork" initiative, we established an internal process to evaluate and streamline regulations to:
- Reduce unnecessary burden
- Increase efficiencies
- Improve the beneficiary experience

CMS is committed to removing regulatory obstacles that reduce the time you spend with your patients. [Read](#) about the Patients over Paperwork newsletter for the latest updates on burden reduction and regulatory reform.

Quality Payment Program: Qualified Registries and QCDRs

CMS posted lists of approved [Qualified Registries](#) and [Qualified Clinical Data Registries](#) (QCDRs) on the [2018 Resources](#) webpage.

For More Information:
- [Quality Payment Program](#) website
- [Resource Library](#) webpage
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Quality Payment Program Resources

CMS updated the [2018 Resources](#) webpage with information on the measures and activities for each of the four Merit-based Incentive Payment System performance categories:

- [Improvement Activities](#)
- Quality Measures [Specifications](#), [Supporting Documents](#), and [Benchmarks](#)
- [Cost Measures](#)
- [Advancing Care Information Measures and Transition Measures](#)

CMS posted a new [Enterprise Identity Data Management (EIDM) User Guide](#), which details how to create an account or role to submit or access data. There is also an [EIDM User Guide](#) for Accountable Care Organizations.

For More Information:

- [Quality Payment Program](#) website
- [Resource Library](#) webpage
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

EHR Incentive Program Hospitals: Use QNet to Attest

CMS streamlined the attestation process for the Medicare Electronic Health Record (EHR) Incentive Program by migrating attestation from the [Registration and Attestation System](#) to the [QualityNet Secure Portal](#) (QNet). Starting January 2, Medicare eligible hospitals and Critical Access Hospitals (CAHs) must attest through QNet. The change applies to CY 2017 attestations, as well as future reporting periods.

For More Information:

- Create or update your QNet Account: See the [Enrollment and Login User Guide](#)
- [Eligible Hospital Information](#) webpage
- Submit questions to the EHR Information Center at 888-734-6433 (press option 1)

Medicare Diabetes Prevention Program Resources

Supplier enrollment for the Medicare Diabetes Prevention Program began January 1. New fact sheets are available to help you understand the program:

- [Supplier Roadmap](#)
- [Preparing to Enroll](#)
- [Roles](#) of CMS and the Centers for Disease Control and Prevention

Post-Acute Care Quality Reporting Program Section GG Web-based Training

CMS offers [web-based training](#) to address questions related to Section GG of the Minimum Data Set 3.0 across the Skilled Nursing Facility (SNF), Long-Term Care Hospital (LTCH), Inpatient Rehabilitation Facility (IRF), and home health care settings.

For More Information:

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

Hospice Compare Update

CMS is working to improve the accuracy of [Hospice Compare](#) by:

- Improving the data used to power the search

- Ensuring that the data hospices report to CMS is accurate and current

To assist in this effort, we issued new [guidance](#) on how you can update your demographic data:
- Demographic data displayed in your Provider Preview Report and on Hospice Compare is generated from information stored in the Automated Survey Processing Environment (ASPEN) system
- To correct inaccurate demographic data, contact your [Medicare Administrative Contractor](#) for assistance and specify that you want your data updated within the ASPEN system
- Please note: updates can take up to 6 months to appear on Hospice Compare

For More Information:
- Tips for [users](#) and [providers](#)
- [How to Update Hospice Demographic Data](#)
- [Hospice Quality Public Reporting: Background and Announcements](#) webpage

Are You Prepared for a Health Care Emergency?

HHS offers a comprehensive national knowledge center about emergency preparedness for health care, public health, and disaster clinical practitioners. [Sign up](#) to receive [monthly Express and quarterly Exchange newsletters](#) from the Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) that highlight new and trending emergency preparedness resources.

For More Information:
- [Healthcare Emergency Preparedness Information Gateway](#) Fact Sheet
- [ASPR TRACIE](#) website

Get Your Patients Off to a Healthy Start in 2018

Get your patients off to a healthy start this year by recommending the Initial Preventive Physical Examination (IPPE) or Annual Wellness Visit (AWV). Medicare covers these preventive services at no cost to your patients.
- The IPPE or "Welcome to Medicare" preventive visit is a one-time service for newly-enrolled beneficiaries
- The AWV is a yearly office visit that focuses on preventive health

For More Information:
- [Preventive Services](#) Educational Tool
- [IPPE](#) Educational Tool
- [AWV](#) Educational Tool

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

Provider Compliance

Hospice Election Statements Lack Required Information or Have Other Vulnerabilities — Reminder

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

Low Volume Appeals Settlement Option Call — January 9
Tuesday, January 9 from 1:30 to 2:30 pm ET

Register for Medicare Learning Network events.

As part of the broader HHS commitment to improving the Medicare appeals process, CMS will make available a settlement option for providers and suppliers (appellants) with fewer than 500 appeals pending at the Office of Medicare Hearings and Appeals (OMHA) and the Medicare Appeals Council (the Council) at the Departmental Appeals Board.

During this call, learn about the low volume appeals settlement option and how the settlement process will work. CMS speakers discuss how to identify whether you are eligible and which of your pending appeals may be settled. Visit the Low Volume Appeals Initiative webpage for more information.

This call will not include a question and answer session. Submit questions in advance to MedicareSettlementFAQs@cms.hhs.gov. Questions may be addressed during the call or used for materials following the call.

Target Audience: Medicare fee-for-service providers, physicians, and other suppliers with fewer than 500 appeals pending at OMHA and the Council.

ESRD QIP: Final Rule for CY 2018 Call — January 23
Tuesday, January 23 from 1:30 to 3 pm ET

Register for Medicare Learning Network events.

During this call, learn about provisions in the CY 2018 End-Stage Renal Disease (ESRD) Prospective Payment System final rule, including plans for the ESRD Quality Incentive Program (QIP) in Payment Year (PY) 2019, 2020, and 2021. Topics include:
- ESRD QIP legislative framework
- Measures, standards, scoring method, and payment reduction scale for PY 2021
- Modifications to PY 2019 and PY 2020 policies

A question and answer session follows the presentation.

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.

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Dementia Care Call: Audio Recording and Transcript — New

An audio recording and transcript are available for the December 14 call on the National Partnership to Improve Dementia Care in Nursing Homes and Quality Assurance Performance Improvement (QAPI). Learn how to work with physicians to ensure compliance with the new psychotropic medication prescribing requirements for long-term care facilities. Also, find out how nursing homes are putting the new QAPI requirements into practice.

Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians Booklet — Revised

A revised Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians Booklet is available. Learn about:
- Federal laws
- The "red flags" that could lead to potential liability in law enforcement and administrative actions
- Three types of physician business relationships that may raise concerns

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