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Official CMS news from the Medicare Learning Network

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News & Announcements

VA, HHS Announce Partnership to Strengthen Prevention of Fraud, Waste and Abuse Efforts

On January 23, the U.S. Department of Veterans Affairs (VA) and HHS announced a partnership to share data, data analytics tools, and best practices for identifying and preventing fraud, waste and abuse. This newest partnership enhances ongoing efforts between the country's two largest public-private health-care payment organizations to help America's veterans by leveraging the gains made by CMS. VA plans to capitalize on the advancements in analytics CMS has made by concentrating on its use of advanced technology, statistics, and data analytics to improve fraud detection and prevention efforts.

"We have a special obligation to keep America's promise to those who have served our country and ensure that veterans receive high-quality and accessible health care," said CMS Administrator Seema Verma. "CMS is sharing lessons learned and expertise to support VA to identify waste and fraud and eliminate these abuses of the public trust. Using state-of-the-art data analytics, CMS is partnering with VA to better detect and prevent wrongdoing in its programs."

See the full text of this excerpted [CMS Press Release](#) (issued January 23).

CMS Updates Open Payments Data

On January 17, CMS updated the [Open Payments dataset](#) to reflect changes to the data that took place since the last publication on June 30, 2017. CMS updates the Open Payments data at least once annually to include updates from disputes and other data corrections made since the initial publication of the data.

The refreshed Open Payments Data Set includes:

- Record Updates: Changes to non-disputed records that were made on or before November 15, 2017, are published.
- Disputed Records: Dispute resolutions completed on or before December 31, 2017, are displayed with the updated information. Records with active disputes that remained unresolved as of December 31, 2017, are displayed as disputed.
- Record Deletions: Records deleted before December 31, 2017, were removed from the Open Payments database. Records deleted after December 31, 2017, remained in the database but will be removed during the next data publication in June 2018.

For More Information:

- [Open Payments](#) website
- If you have questions, contact the Help Desk at openpayments@cms.hhs.gov or 855-326-8366

Improved Open Payments Data Website

The [Open Payments Data](#) website is enhanced to increase user accessibility, improve user experience, and provide a more robust search tool. Enhancements include:

- Overall site redesign: The home page is reformatted with a new look and layout, featuring an updated search bar that allows users to search by physician name, teaching hospital, and reporting entity. The new layout is designed to better organize existing site content and highlight new content.
- Fully mobile responsive site: Allows users to view the site in full on smartphones and tablets.
- Redesigned [Facts About Open Payments](#) webpage: Includes upgraded table format displays.
- Map Search Feature: Allows users to view search results via a new map feature. Users may also search by address and limit search results based on distance/radius of specified location.

IRF and LTCH Quality Reporting Programs: Submission Deadline February 15

The submission deadline for the Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Quality Reporting Programs is February 15 for the third quarter of 2017:

- IRF-PAI and LTCH CARE Data Set assessment data
- IRF and LTCH data submitted to CMS via the Center for Disease Control and Prevention's National Healthcare Safety Network for discharges

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

For a list of required measures:

- [IRF Quality Reporting Data Submission Deadlines](#) webpage
- [LTCH Quality Reporting Data Submission Deadlines](#) webpage

For providers affected by hurricanes Harvey, Irma, or Maria, CMS issued reporting exceptions:

- [IRF Quality Reporting Reconsideration and Exception & Extension](#) webpage
- [LTCH Quality Reporting Reconsideration and Exception & Extension](#) webpage

Panel on Development of Potentially Preventable Hospitalization Measures for HHAs: Nominations due February 22

Nominations are due February 22 for a Technical Expert Panel to develop potentially preventable hospitalization/readmission measures for Home Health Agencies (HHAs), including standardized items and specifications. Visit the [Technical Expert Panels](#) webpage for more information.

SNF Quality Reporting Program: Submission Deadline Extended to May 15

The Skilled Nursing Facility (SNF) Quality Reporting Program submission deadline is extended to May 15, 2018, for CY 2017 data. However, SNFs are encouraged to review their data submission on at least a quarterly basis. Visit the [SNF Quality Reporting Program Data Submission Deadlines](#) webpage for a list of required measures.

For providers affected by hurricanes Harvey, Irma, or Maria, and the Northern California wildfires, CMS issued reporting exceptions. Visit the [SNF Quality Reporting Reconsideration and Exception & Extension](#) webpage for more information.

Hospice Quality Reporting Program: Quality Measure User's Manual Version 2

Version 2 of the Hospice Quality Reporting Program [Quality Measure User's Manual](#) is now available on the [Current Measures](#) webpage. The measure specifications for the Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission (NQF #3235) are included in this new version.

Continue Seasonal Influenza Vaccination through January and Beyond

As long as influenza activity is ongoing, it is not too late to get vaccinated, even in January or later. People 65 years and older are at greater risk of serious complications from seasonal influenza. The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older receive an influenza vaccine every year – protect your patients, your staff, and yourself.

Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. Medicare may cover additional seasonal influenza vaccinations if medically necessary.

For More Information:

- [Preventive Services](#) Educational Tool
- [Influenza Resources for Health Care Professionals](#) MLN Matters® Article
- [Influenza Vaccine Payment Allowances](#) MLN Matters Article
- [CDC Influenza](#) website
- [CDC Influenza Information for Health Professionals](#) webpage
- [CDC Make a Strong Flu Vaccine Recommendation](#) webpage
- [CDC Antiviral Drugs](#) webpage

Provider Compliance

Reporting Changes in Ownership — Reminder

A 2016 Office of the Inspector General (OIG) report noted that providers may not be informing CMS of ownership changes. Providers must update their enrollment information to reflect changes in ownership within 30 days. Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of your Medicare billing privileges.

Resources:

- [Timely Reporting of Provider Enrollment Information Changes](#) MLN Matters Article
- [42 CFR 424.516](#)

- [Medicare: Vulnerabilities Related to Provider Enrollment and Ownership Disclosure](#) OIG Report
- [PECOS Enrollment Tutorial - Change of Information for an Individual Provider](#)
- [PECOS Enrollment Tutorial - Change of Information for an Organization/Supplier](#)
- [Updated Manual Guidelines for Electronic Funds Transfer Payments and Change of Ownership](#) MLN Matters Article

Upcoming Events

Low Volume Appeals Settlement Option Call — February 13

Tuesday, February 13 from 1:30 to 3 pm ET

[Register](#) for Medicare Learning Network events.

As part of the broader HHS commitment to improving the Medicare appeals process, CMS is making available the Low Volume Appeals (LVA) settlement option on February 5, 2018. LVA is 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 more about LVA, the current status, and how the settlement process works. 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.

A question and answer session follows the presentation; however attendees may email questions in advance to MedicareSettlementFAQs@cms.hhs.gov with “Low Volume Appeals Settlement February 13 Call” in the subject line. These questions may be addressed during the call or used for other 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.

Home Health Review and Correct Reports Webinar — March 6

Tuesday, March 6 from 2 to 3:30 pm ET

[Register](#) for this webinar.

CMS is hosting a webinar on Review and Correct Reports for Home Health Agencies. See the [Home Health Quality Reporting Training](#) webpage for details.

Medicare Learning Network Publications & Multimedia

Low Volume Appeals Settlement Call: Video Presentation — New

A [video presentation](#) is available for the [January 9](#) call on the Low Volume Appeals Settlement Option. Learn how the settlement process will work, how to identify whether you are eligible and which of your pending appeals may be settled.

Hurricane Nate and Medicare Disaster Related Alabama, Florida, Louisiana and Mississippi Claims MLN Matters Article — Updated

The MLN Matters Special Edition Article on [Hurricane Nate and Medicare Disaster Related Alabama, Florida, Louisiana and Mississippi Claims](#) has been updated. This article was revised to advise providers that the public health emergency declaration and Section 1135 waiver authority has expired.

Swing Bed Services Fact Sheet — Revised

A revised [Swing Bed Services](#) Fact Sheet is available. Learn about:

- Requirements that apply to hospitals and Critical Access Hospitals
- Payments

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