

Thursday, January 14, 2016

## MLN Connects<sup>®</sup> Events

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Collecting Data on Global Surgery as Required by MACRA Listening Session — Last Chance to Register  
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## MLN Connects<sup>®</sup> Events

### **ESRD QIP: Payment Year 2019 Final Rule Call — Last Chance to Register**

Tuesday, January 19 from 2 to 3:30 pm ET

To Register: Visit [MLN Connects Event Registration](#). Space may be limited, register early.

Do you participate in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)? During this call, CMS subject matter experts will discuss the [final rule](#) that operationalizes the ESRD QIP for Payment Year (PY) 2019. The performance period for PY 2019 will begin on January 1, 2017. Facilities and other stakeholders should take steps now to understand the changes to the program.

A question and answer session will follow the presentation. Visit the [ESRD QIP](#) website for more information.

#### Agenda:

- ESRD QIP legislative framework and how it fits in with CMS strategies to improve quality
- Changes reflected in the final rule based on public comments

- Final measures, standards, scoring methodology, and payment reduction scale that are applied to the PY 2019 programs
- How the PY 2019 program compares to PY 2018
- Where to find additional information about the program

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

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) webpage to learn more.

### **Collecting Data on Global Surgery as Required by MACRA Listening Session — Last Chance to Register**

Wednesday, January 20 from 2:30 to 4 pm ET

To Register: Visit [MLN Connects Event Registration](#). Space may be limited, register early.

This listening session provides an opportunity for CMS to learn from stakeholders about how to conduct the data collection required under Section 523 of the Medicare Access and CHIP Reauthorization Act of 2015 ([MACRA](#)). CMS is developing a proposal for implementing these new data collection requirements, including the definition of global periods, sampling approach, mechanisms for data collection, and definition of services furnished within the global period.

Refer to the [listening session questions](#) and provide your input. Stakeholders are also encouraged to review Section 523 prior to the session.

#### Agenda:

- Mechanisms for capturing the types of services typically furnished during the global period
- Determining the representative sample for the claims-based data collection
- Determining whether CMS should collect data on all surgical services or which services should be sampled
- Potential for designing data collection elements to interface with existing infrastructure used to track follow-up visits within the global period
- Consideration of use of 5% withhold until required information is furnished

Target Audience: Practitioners who furnish surgical services to Medicare beneficiaries, state and national associations that represent these practitioners, integrated delivery systems representatives, coding professionals, and practice managers.

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### **IMPACT Act: Connecting Post-Acute Care across the Care Continuum Call — Register Now**

Thursday, February 4 from 1:30 to 3 pm ET

To Register: Visit [MLN Connects Event Registration](#). Space may be limited, register early.

The Improving Medicare Post-Acute Care Transformation ([IMPACT](#)) Act of 2014 requires the reporting of standardized patient assessment data by Post-Acute Care (PAC) providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals. It specifies that data elements must be standardized and interoperable to allow for the

exchange and use of data among these PAC and other providers, including common standards and definitions to facilitate coordinated care and improved beneficiary outcomes. During this call, CMS subject matter experts and the Office of the National Coordinator for Health IT discuss the implications of the IMPACT Act for health information exchange across the care continuum.

#### Agenda:

- Requirements to standardize and make interoperable post-acute care assessment data elements
- Using and exchanging clinically relevant assessment data for multiple purposes
- Health Information Technology Standards - A Primer
- CMS Data Element Library
- Electronic health information exchange

Target Audience: Providers across the care continuum, including long-term/post-acute care and home and community-based service providers, acute and primary care providers, integrated delivery systems and representatives from other payment models, health IT vendors, and other interested stakeholders.

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## Medicare Learning Network® Publications and Multimedia

### Introduction to the IMPACT Act of 2014 Video — New

In this [MLN Connects video](#), Dr. Patrick Conway, the Principle Deputy Administrator and Chief Medical Officer for CMS, provides an overview of the [Improving Medicare Post-Acute Care Transformation \(IMPACT\) Act of 2014](#). This important legislation requires that patient assessment data used in post-acute care settings (Skilled Nursing Facilities, Home Health Agencies, Inpatient Rehabilitation Facilities, and Long-Term Care Hospitals) be standardized to improve quality of care. Run time: 23 minutes: 21 seconds. Visit the [IMPACT Act](#) website for more information.

### Preventive Services Poster— New

A new [Preventive Services Poster](#) is available. Download this free poster with quick-reference information for providers. Display it in your billing office or anywhere providers congregate. Note, the information on the poster is not for the general public/beneficiaries.

### Drug Diversion: Schemes, Auditing, and Referrals Web-Based Training — New

With Continuing Education Credit

A new Drug Diversion: Schemes, Auditing, and Referrals Web-Based Training course is available through the [Learning Management and Product Ordering System](#). Learn about:

- Impact of drug diversion on Medicare Part D
- Common drug diversion fraud schemes
- Sources of information used to support audits
- Data analysis tips and techniques relative to drug diversion schemes
- Techniques for effective on-site and desk auditing
- How to report results of audits and make strong referrals

## Medicare Parts C and D General Compliance Training Web-Based Training — New

A new Medicare Parts C and D General Compliance Training Web-Based Training course is available through the [Learning Management and Product Ordering System](#). Learn about:

- How a compliance program operates
- How to report compliance program violations

## Combatting Medicare Parts C and D Fraud, Waste, and Abuse Web-Based Training — New

A new Combatting Medicare Parts C and D Fraud, Waste, and Abuse (FWA) Web-Based Training course is available through the [Learning Management and Product Ordering System](#). Learn about:

- Major laws and regulations
- Potential consequences and penalties associated with violations
- Preventing FWA
- How to report and correct FWA

## Medicare Quarterly Provider Compliance Newsletter Educational Tool — New

A new [Medicare Quarterly Provider Compliance Newsletter \[Volume 6, Issue 2\]](#) is available. Learn about:

- How to avoid common billing errors and other erroneous activities when dealing with the Medicare Program
- How to address and avoid the top issues this quarter

## Hospice Payment System Fact Sheet — Revised

A revised [Hospice Payment System](#) Fact Sheet is available. Learn about:

- Medicare hospice benefit background and coverage
- How payment rates are set and payment updates
- The Hospice Quality Reporting Program

## ICD-10 Post-Implementation: Coding Basics Revisited Video — Reminder

In this [MLN Connects video](#), Sue Bowman from the American Health Information Management Association (AHIMA) and Nelly Leon-Chisen from the American Hospital Association (AHA) discuss the unique characteristics and features of the new coding system. Run time: 33 minutes.

- What is a valid code
- Guidelines for coding and reporting
- Coding process and examples: 7th character, unspecified codes, external cause codes, laterality
- How to submit coding questions
- Resources for coders

Visit the [ICD-10 Medicare Fee-For-Service Provider Resources](#) webpage for a complete list of Medicare Learning Network resources on ICD-10.

## Announcements

### Accountable Care Organization Initiatives Announced to Improve Health System Care Delivery

On January 11, CMS announced 121 new participants in Medicare Accountable Care Organization (ACO) initiatives designed to improve the care patients receive in the health care system and lower costs. CMS also announced that providers and hospitals have signed up to join new types of ACOs, which in addition to being paid for positive patient outcomes will also receive penalties for negative ones. With new participants in the Medicare Shared Savings Program, the Next Generation ACO Model, Pioneer ACO Model, and the Comprehensive End-Stage Renal Disease (ESRD) Care Model, there will now be:

- Nearly 8.9 million beneficiaries served
- A total of 477 ACOs
- 64 ACOs in a risk-bearing track

The Next Generation ACO Model is a new CMS Innovation Center initiative with 21 participating ACOs. Unlike other models, this model includes a prospectively (rather than retrospectively) set benchmark. The Next Generation Model participants will have the opportunity to take on higher levels of financial risk – up to 100 percent risk – than ACOs in current initiatives. While they are at greater financial risk they also have a greater opportunity to share in more of the Model's savings through better care coordination and care management.

The Shared Savings Program welcomed 100 new ACOs and nearly 150 renewing ACOs on January 1, 2016. In 2016, approximately 15,000 more physicians will be participating in ACOs under the program. With the new group of ACOs, CMS will have 434 ACOs, serving more than 7.7 million beneficiaries. ACOs have demonstrated increased interest in performance-based risk arrangements, with 22 ACOs now opting for either Track 2 or Track 3 participation.

Thirty-nine Shared Savings Program ACOs will also participate in the ACO Investment Model (AIM). This model, which has a total of 41 participants, will provide pre-paid shared savings to encourage new ACOs to form in rural and underserved areas and to encourage current Shared Savings Program ACOs to transition to performance-based risk arrangement. The up-front payments distributed through the AIM support ACOs in improving infrastructure and redesigning care processes to provide beneficiaries with lower cost and higher quality health care.

For more information:

- [Next Generation ACO Model](#) webpage and [Fact Sheet](#)
- [Shared Savings Program](#) webpage and [Fact Sheet](#)
- [ACO Investment Model](#) webpage and [Fact Sheet](#)

See the full text of this excerpted [Press Release](#) (issued January 11).

### Home Health Compare: Deadline to have Data Suppressed is January 25

The Quality of Patient Care Star Ratings Preview Reports are now available in the CASPER folders. These reports contain data that will be publicly reported on the [Home Health Compare](#) website in April 2016. The deadline to submit a request to have the star rating data suppressed is January 25; see your Preview Report for directions. Contact [HomeHealthQualityQuestions@cms.hhs.gov](mailto:HomeHealthQualityQuestions@cms.hhs.gov) with any questions.

## CMS to Release a Comparative Billing Report on Electrodiagnostic Testing in February

CMS will issue a national provider Comparative Billing Report (CBR) on Electrodiagnostic Testing (EDX) in February 2016. The CBR will contain data-driven tables with an explanation of findings that compare providers' billing and payment patterns to those of their peers in their specialty and across the nation. The goal of these reports is to offer a tool that helps providers better understand applicable Medicare billing rules.

CBRs are only accessible to the providers who receive them; they are not publicly available. Providers should update their fax numbers in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) because faxing is the default method for disseminating the reports. Contact the CBR Support Help Desk at 800-771-4430 or [CBRsupport@eglobaltech.com](mailto:CBRsupport@eglobaltech.com) with questions or to receive CBRs through the U.S. Postal Service. For more information, visit the [CBR](#) website.

## Revised Two-Midnight Rule Guidelines

CMS has revised guidelines on [Reviewing Short Stay Hospital Claims for Patient Status: Admissions On or After January 1, 2016](#). Starting October 1, 2015 [Beneficiary and Family Centered Care Quality Improvement Organizations](#) (BFCC-QIOs) began conducting initial patient status reviews of claims for inpatient admissions. Under the revised exceptions policy (CMS-1633-F), which became effective January 1, 2016, for admissions not meeting the two midnight benchmark, Part A payment may be appropriate on a case-by-case basis where the medical record supports the admitting physician's determination that the patient requires inpatient care, despite the lack of a 2 midnight expectation.

BFCC-QIOs will consider complex medical factors such as history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk of an adverse event to determine whether the medical record supports the need for inpatient hospital care. Two-Midnight Short-Stay Reviews focus on educating doctors and hospitals about the Part A payment policy for inpatient admission. Recovery auditor patient status reviews will be conducted by recovery auditors for those hospitals that have consistently high denial rates based on the BFCC-QIO Two-Midnight Short-Stay Review outcomes. Visit the [Inpatient Hospital Reviews](#) webpage for additional information. CMS will be discussing the new guidance at the [Hospital Open Door Forum](#) on January 26.

## PQRS Web-Based Measure Search Tool

The new Physician Quality Reporting System (PQRS) [Web-Based Measure Search Tool](#) is available to easily identify claims and registry measures that may be applicable and help find measures that meet satisfactory reporting requirements for the 2016 PQRS program year. Click on a measure to view the individual claims and registry measure specifications. Search measure-related keywords, as well as:

- Measure number
- Reporting methods
- National Quality Strategy (NQS) domain
- Cross-cutting measures
- Measure steward

For assistance or questions about measures, contact the QualityNet Help Desk at 866-288-8912 or [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

## January is Cervical Health Awareness Month

Cervical cancer can often be prevented with regular screening tests and follow-up care. January is a great time to talk to your patients about cervical health and encourage them to take advantage of Medicare-covered preventive services, including the screening Pap test and screening pelvic examination. For more information, see the [Preventive Services](#) Educational Tool.

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