

CMS Region 7 Updates – 03/02/2018

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ACA/Marketplace Updates

Short Term Limited Duration Coverage - Proposed Rule

In direct response to President Trump's October 2017 Executive Order, the Departments of Health and Human Services (HHS), Labor, and the Treasury (the Departments) issued a proposed rule today that is intended to increase competition, choice, and access to lower-cost healthcare options for Americans. The rule proposes to expand the availability of short-term, limited-duration health insurance by allowing consumers to buy plans providing coverage for any period of less than 12 months, rather than the current maximum period of less than three months. The proposed rule, if finalized, will provide additional options to Americans who cannot afford to pay the costs of soaring healthcare premiums or do not have access to healthcare choices that meet their needs under current law.

"Americans need more choices in health insurance so they can find coverage that meets their needs," said Health and Human Services Secretary Alex Azar. "The status quo is failing too many Americans who face skyrocketing costs and fewer and fewer choices. The Trump Administration is taking action so individuals and families have access to quality, affordable healthcare that works for them."

Short-term, limited-duration insurance, which is not required to comply with federal requirements for individual health insurance coverage, is designed to provide temporary coverage for individuals transitioning between healthcare policies, such as an individual in between jobs, or a student taking a semester off from school. Access to these plans has become increasingly important as premiums have more than [doubled - PDF](#) between 2013 and 2017 in health plans on the Federal Health Insurance Exchange. And half of the counties in America have only one insurance carrier to choose from.

"Americans who find themselves between jobs or simply can't afford coverage because prices are too high will be helped by President Trump's Healthcare for All Executive Order," said Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma. "In a market that is experiencing double-digit rate increases, allowing short-term, limited-duration insurance to cover longer periods gives Americans options and could be the difference between someone getting coverage or going without coverage at all."

This announcement builds on the President's October 2017 Executive Order 13813, "Promoting Healthcare Choice and Competition Across the United States," which directs the Departments to consider proposing regulations or revising guidance to expand the availability of short-term, limited-duration insurance and allow it to cover longer periods. The Departments published a final rule in 2016, which restricted short-term, limited-duration insurance to less than three months. Key stakeholders, including state regulators, have expressed concerns that the current limit could cause harm to some consumers, limit consumer options, and have little positive impact on the risk pools in the long run. Today's proposed rule would address these concerns by reverting to the previous definition of short-term, limited-duration insurance which permits coverage for nearly a full 12 months.

Comments on the proposed rule must be received no later than 5 p.m. EST on April 23, 2018.

A **fact sheet** can be found here: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-02-20.html>

The **proposed rule** can be found here: <https://www.federalregister.gov/documents/2018/02/21/2018-03208/short-term-limited-duration-insurance>

###

MACRA/Quality Payment Program (QPP) Updates

Now Available: Visit the CQM Issue Tracker to Review eCQM Draft Measure Packages for 2019 Reporting

The Centers for Medicare & Medicaid Services (CMS) invites vendors and stakeholders to review and provide feedback on draft electronic clinical quality measure (eCQM) packages that include logic and header changes for eCQMs under consideration for CMS quality reporting and payment programs.

This opportunity will allow CMS to learn from EHR vendors who have the technical capabilities to review the draft measures in the new Clinical Quality Language (CQL) standard for logic expression and test the Health Quality Measures Format (HQMF) code by directly consuming machine readable XML files for eCQMs. Testing will help CMS to identify instances in which the XML code produces errors so that issues can be resolved prior to posting the fully specified measures this spring. The draft measures in HTML, XML, and JSON formats are available **February 28, 2018** through **March 20, 2018**, on the [CQM Issue Tracker](#) via the following tickets:

- [CQM-2972](#) – Draft eligible hospital and critical access hospital measures
- [CQM-2971](#) – Draft eligible professionals and eligible clinician measures

Please report questions and comments regarding the draft measure packages to the [CQM Issue Tracker](#) tickets listed above.

Updating eCQMs for 2019 Reporting

CMS is updating Eligible Hospital and Eligible Professional/Eligible Clinician eCQMs for potential inclusion in the following programs:

- The Hospital Inpatient Quality Reporting Program (IQR);
- The Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs for eligible hospitals, critical access hospitals and eligible professionals; and
- The Quality Payment Program (QPP): The Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).

The updated eCQMs will be available on the [eCQI Resource Center](#) in Spring 2018. The measures will be expressed using CQL logic and will continue to use the Quality Data Model (QDM) as the conceptual model to express clinical concepts contained within quality measures. Refer to the [QDM v5.3 Annotated version](#) and current version of the [CQL standard](#) to better understand how they work together to provide eCQMs that are human readable, yet structured for electronic processing. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

For More Information

To find out more about electronic clinical quality measures and CQL, visit the [eCQI Resource Center](#).

###

Reminder: Submit 2017 Quality Payment Program Participation Data through March 31

If you're an eligible clinician participating in the Quality Payment Program, you can submit your 2017 performance data using the new feature on the Quality Payment Program website ([qpp.cms.gov](#)). The 2017 data submission period runs **through March 31, 2018**, with two exceptions:

- Individual eligible clinicians submitting quality data via claims should have already submitted their claims for processing.
- For groups using the CMS Web Interface, your submission period began on January 22, 2018 and ends on March 16, 2018 at 8:00pm EST.

How to Get Started

Go to [qpp.cms.gov](#) and click on "sign in" on the top right side of the web page.

- You'll be required to log into the feature using your **Enterprise Identity Management (EIDM) credentials user name and password**. If you don't have an EIDM account, you'll need to obtain one. Use this [EIDM user guide](#) to get started. Please note that receiving approval could take several days; therefore, you are encouraged to apply for an EIDM account as soon as possible.
- After logging in, the feature will connect you to the Taxpayer Identification Number (TIN) associated with your National Provider Identifier (NPI).
- You'll be able to report data either as an individual or as a group. Be sure to login and get familiar with the feature before you submit your data.

Real-Time Score Projections

As you enter data into the feature, you'll see real-time scoring projections for each of the Merit-based Incentive Payment System (MIPS) performance categories. This scoring may change if new data is reported or quality measures that have not yet been benchmarked are used.

Data can be updated at any time during the submission period. Once the submission period ends, CMS will calculate your payment adjustment based on your last submission or submission update.

Please note, your performance category score will not initially take into account your Alternative Payment Model (APM) status, Qualifying APM Participant (QP) status, or other special status—if applicable. To check your QP status, review the updated [APM Lookup Tool](#).

Get Help and Learn More

Contact the Quality Payment Program by email at app@cms.hhs.gov or toll free at 1-866-288-8292, if you need help or have questions about using the data submission feature.

You can also view the [data submission fact sheet](#) and [this video](#) to learn more about the Quality Payment Program data submission feature.

###

Now Available: 2018 CAHPS for MIPS Survey Vendor Resources

2018 CAHPS for MIPS Survey Vendor Application Period is Now Open

The Centers for Medicare & Medicaid Services (CMS) recently posted the following 2018 Consumer Assessment of Healthcare Providers & Systems (CAHPS) for MIPS Survey Vendor materials on [CMS.gov](https://www.cms.gov):

- [CAHPS for MIPS Participation Form for Survey Vendors](#) – The form organizations must fill out if they are interested in becoming a CAHPS for MIPS survey vendor.
- [CAHPS for MIPS Minimum Survey Vendor Business Requirements](#) – The minimum business requirements all survey vendors must meet to ensure they are capable of administering the survey in a consistent, unbiased and competent way.
- [CAHPS for MIPS Survey Frequently Asked Questions for Survey Vendors](#) – Answers frequently asked questions on CAHPS for MIPS survey participation and administration.

Please note: All vendor applications and materials are due by **March 20, 2018 at 5:00 pm (ET)**.

Questions?

Contact the Quality Payment Program Service Center at QPP@cms.hhs.gov or 1-866-288-8292 (TTY: 1-877-715-6222).

###

Patients Over Paperwork

The February issue of our [Patients Over Paperwork Newsletter](#) is now available. It takes a close look at the new Meaningful Measures initiative, provides an update on documentation review improvements and talks about how we're going out in the field to hear from providers. Please take a moment to read about all of the great things we are doing to put patients first.

###

Medicare Hospital Attestation Deadline Extended to March 16, 2018

The Medicare eligible hospital and critical access hospital (CAH) attestation deadline has been changed from Wednesday, February 28, 2018, to Friday, March 16, 2018, at 11:59 p.m. Pacific Time. This extension is being granted to provide hospitals additional time to submit attestation data and eCQM data.

Eligible hospitals and CAHs attesting to CMS for the EHR Incentive Program must submit data through the [QualityNet Secure Portal \(QNet\)](#).

- **Medicaid eligible hospitals** should contact their [state Medicaid agencies](#) for specific information on how to attest.
- **Dually eligible hospitals and CAHs** will register and attest for Medicare on [QNet](#) and update and submit registration information in the [Registration and Attestation System](#).

Get Attestation Help

CMS has a variety of resources to help you complete the attestation process:

- [Attestation Demonstration Video](#) — a video demonstration of the QNet attestation process from a recent CMS webinar. Slides and transcripts from the demonstration webinars are also available on the [Eligible Hospital Information](#) page.
- [QNet Enrollment User Guide](#) — a guide for creating and updating QNet accounts to prepare for Medicare attestation. The user guide includes step-by-step instructions for creating a new account on QNet.
- [QNet User Role Management Guide](#) — a guide for updating provider and administrator QNet accounts with the appropriate user account "roles" required for attestation.
- [QNet Hospital Registration and Attestation User Guide](#) — a guide for registering for attestation on QNet.
- [QNet Hospital Objectives and Clinical Quality Measures User Guide](#) — a guide for navigating the data submission process on QNet.

QNet Help Desk

For help with registration and attestation on QNet, **contact the QNet Help Desk** rather than the EHR Incentive Program Information Center. The [QNet Help Desk](#) is available 8 a.m. - 8 p.m. ET, Monday through Friday.

E-mail: qnet-support@hcqis.org

Phone: (866) 288-8912

TTY: (877) 715-6222

Fax: (888) 329-7377

###

Medicare and Medicaid Updates

Medicare Expired Legislative Provisions Extended and Other Bipartisan Budget Act of 2018 Provisions

On February 9, 2018, President Trump signed into law the Bipartisan Budget Act of 2018. This new law includes several provisions related to Medicare payment.

With regard to payment for outpatient therapy services, the law repeals application of the Medicare outpatient therapy caps but retains the former cap amounts as a threshold above which claims must include the KX modifier as a confirmation that services are medically necessary as justified by appropriate documentation in the medical record; and retains the targeted medical review process, but at a lower threshold amount. It also extends several recently expired Medicare legislative provisions affecting health care providers and beneficiaries, including the Medicare physician fee schedule work geographic adjustment floor, add-on payments for ambulance services and home health rural services, changes to the payment adjustment for low volume hospitals, and the Medicare dependent hospital program.

In addition, with regard to Section 53111 – Medicare Payment Update for Skilled Nursing Facilities, the Centers for Medicare & Medicaid Services has received questions from stakeholders about the impact of the FY 2019 Skilled Nursing Facility (SNF) update due to section 53111 of the BBA of 2018. To help answer these questions, we are providing information about the estimated market basket update for FY 2019 based on currently available data. This estimate may be updated in the Notice of Proposed Rulemaking for the FY 2019 SNF Prospective Payment System (PPS).

Read the [full summary](#).

###

Coming Soon: New Medicare Cards

Starting April 2018, CMS will begin mailing new Medicare cards to all people with Medicare on a flow basis, based on geographic location and other factors.

For more information, visit these links:

[New Medicare Card Mailing Strategy](#)

[Questions from Patients? Guidelines](#)

[10 Things to Know About Your New Medicare Card](#)

[New Medicare Card overview webpage](#)



###

CMS Launches Public Reporting of CAHPS® Hospice Survey Results

CMS announces the initial publication of results from the CAHPS® Hospice Survey on Hospice Compare. Hospice Compare is a user-friendly web tool found at <https://www.medicare.gov/hospicecompare/>

It provides information to help patients, their families, caregivers, and providers make more informed decisions about choosing a hospice. Hospice Compare allows users to select up to three hospices at a time to compare the clinical quality of care provided and patient experiences with these hospices.

Survey results are published for all Medicare-certified hospices that had at least 30 completed surveys during the eight quarters from Quarter 2, 2015 (April 1, 2015) through Quarter 1, 2017 (March 31, 2017). In addition to the survey results, the Hospice Compare site provides a variety of other data about the quality of hospice care, including the Hospice Item Set (HIS).

CMS works diligently to make healthcare quality information more transparent and understandable for consumers and is committed to helping individuals make informed healthcare decisions for themselves and their families based on objective measures of quality.

Additional details about the Hospice CAHPS® survey can be found here:
<https://www.medicare.gov/hospicecompare/#details>

###

Upcoming Webinars and Events and Other Updates

SAVE-THE-DATE: New Medicare Card Webinars for Medicare Beneficiaries

We are in the process of scheduling webinars on the New Medicare Card for beneficiary audiences. We will have more details in the next CMS Region 7 Update.

Tuesday, April 17th – 2pm to 3pm Central time

Friday, April 20th – 10am to 11am Central time

Thursday, April 26th – 9:30am to 10:30pm Central time

Monday, April 30th – 1:30 pm to 2:30pm Central time

###

2018 Disability-Competent Care Series

Resources for Integrated Care is excited to announce the 2018 Disability-Competent Care Webinar Series. This series is intended to aid providers and health care professionals in improving the delivery of care to persons with disabilities. Individuals with disabilities enrolled in both Medicare and Medicaid are at higher risk for poor health outcomes when compared to individuals without disabilities.[1] This seven-part series will explore key concepts of the Disability-Competent Care (DCC) model and how organizations can best implement these concepts to empower providers and participants with disabilities to best meet their care needs. Continuing Education Units (CEU) and Continuing Medical Education (CME) credit from CMS' Learning Management System will be available at no cost to webinar attendees.

2018 Disability-Competent Care Webinar Series

Dates: Wednesdays, February 21 - April 4, 2018

Time: 2:00 pm - 3:00 pm ET

The webinar series debuts on February 21, 2018 and will continue every Wednesday through April 4, 2018. This series is supported by the CMS Medicare-Medicaid Coordination Office.

[1] Office of the Assistant Secretary for Planning and Evaluation. (2016). Report to Congress: Social Risk Factors and Performance under Medicare's Value Based Purchasing Programs. Pages 177 –221

The full schedule for the webinar series is included below. Please scroll down for additional information on the first three webinars and details on how to register for the series.

Webinar 1: Improving Accessibility of Provider Settings

This webinar will focus on medical office accessibility, including physical and communication barriers that may impede participants with disabilities from receiving care. Representatives from the Colorado Department of Health Care Policy and Financing and CMS Office of Minority Health will discuss issues related to the ADA and provider accessibility, and the experience of developing and implementing a primary care clinic site survey. Finally, Inland Empire Health Plan will present their approach to supporting provider accessibility, tracking provider setting accessibility, and making the information available to participants and care managers.

Webinar 2: Serving Adults with Disabilities on the Autism Spectrum

This webinar will provide a basic understanding of the autism spectrum and will examine the unique care management needs of adults with disabilities who are on the autism spectrum. The discussion will highlight the experience of being autistic and the disparities and barriers these participants experience in obtaining care. LA Care health plan will highlight successful strategies they have developed to improve customer experience, including training and supporting their staff working with this population and their families and care providers.

Webinar 3: Palliative and Hospice Care for Adults with Disabilities

This webinar will discuss palliative and hospice care services and the delivery of these services to participants with disabilities. Our discussion will address advanced care planning and strategies for empowering participants and their providers to initiate these discussions. Care Oregon will present their palliative and hospice care programs, including staff and provider training that highlights how to support participants during this stage of their lives.

Intended Audience:

This series is intended for providers and health care professionals, front-line staff with health plans and provider practices, and other stakeholders interested in improving their ability to meet the needs of adults with functional limitations.

Continuing Education Credit Information:

The Centers for Medicare & Medicaid Services (CMS) is accredited to provide continuing education credit by the International Association for Continuing Education and Training (IACET) for Continuing Education Units (CEU) and by the Accreditation Council for Continuing Medical Education (ACCME) for Continuing Medical Education (CME, AMA PRA Category 1 credit for physicians and non-physicians); click here to read CMS' Accreditation Statements. CEUs or CMEs will be awarded to participants who meet all criteria for successful completion of this educational activity.

PLEASE NOTE:

- Webinar participants seeking CEU or CME credit should only claim credit commensurate with the extent of their participation in the activity.
- Estimated time to participate in the webinar: 1 hour including introductory information and interactive Q&A.
- Participants will be lead through the following requirements to obtain a CEU or CME certificate:
- Read the learning objectives and faculty disclosures
- Participate in the webinar
- Complete the post-test and program evaluation form
- A score of at least 80% on the post-test must be achieved in order to obtain CEU or CME credit.

Registration Information:

After clicking the registration link hosted on <https://resourcesforintegratedcare.com/> and completing the registration form, you will receive an email from do_not_reply@on24event.com containing event log-on information. The email also contains an attachment that, when opened, will save the event log-on information to an Outlook calendar.

On the day of the live event, please use the web link to join the webinar. You can access the platform using a computer, smart phone, or tablet. The audio portion of the presentation will automatically stream through your computer/device speakers. Please make sure that the volume on your speakers is turned up. Phone dial-in information will also be available during the live event if you are unable to listen to the audio through the computer/device speakers.

For individuals that will be away from a computer, smart phone, or tablet on the day of the live webinar event, please email us at RIC@lewin.com to request dial-in information.

The Disability-Competent Care model was developed by providers and four health plans that serve Medicare-Medicaid enrollees. It was created to specifically address the unique needs of adults with disabilities. The Lewin Group, under contract with the CMS Medicare-Medicaid Coordination Office, partnered with Christopher Duff and other disability practice experts to create The 2018 Disability-Competent Care Webinar Series. Recordings of the 2018 webinar series as well as previous webinar series will be available for online streaming or download at <https://www.resourcesforintegratedcare.com>. The Resources for Integrated Care website also features additional resources and tools for providers and health plans.

Please contact RIC@lewin.com with any questions.

###

Register for Upcoming 2017 MIPS Submission Question and Answer Sessions *CMS Will Answer Questions about MIPS Submission Feature During Three "Office Hours" Sessions*

Deadlines are fast approaching to submit data for the 2017 [Merit-based Incentive Payment System \(MIPS\)](#) performance period. The 2017 submission period runs **through March 31, 2018 with two exceptions:**

1. Groups using the CMS Web Interface have until **March 16, 2018** at 8pm ET to submit data.
2. Individual Eligible Clinicians submitting quality data via claims, must submit claims by **March 1, 2018**.

To help individual eligible clinicians and groups prepare for submission, CMS will be hosting three "Office Hours" sessions over the next several weeks. CMS subject matter experts will answer commonly asked questions about the submission feature on qpp.cms.gov, as well as answer attendees' questions live. Registrants will also have the opportunity to email their questions prior to the sessions.

Review the Office Hour topics and register below. Please note that Qualified Registries, Qualified Clinical Data Registries and Web Interface Reporters should utilize their support calls for data submission support.

Date: February 14, 3:30-4:30pm ET

Title: Quality Payment Program Data Submission Office Hours: Individual Eligible Clinician and Group Submission

Register:

<https://meetingconnect.webex.com/meetingconnect/onstage/g.php?MTID=e403e3464cec883a31314bc1f45f11d0e>

Date: February 28, 3-4pm ET

Title: Quality Payment Program Data Submission Office Hours: MIPS Quality Data Submission

Register:

<https://meetingconnect.webex.com/meetingconnect/onstage/g.php?MTID=e48f0bf615c2b96b0d46afa2990f71cf5>

Date: March 14, 3-4pm ET

Title: Quality Payment Program Data Submission Office Hours: MIPS Attestation for Advancing Care Information and Improvement Activities

Register:

<https://meetingconnect.webex.com/meetingconnect/onstage/g.php?MTID=e91c195e7ad08aa6bf083477491616247>

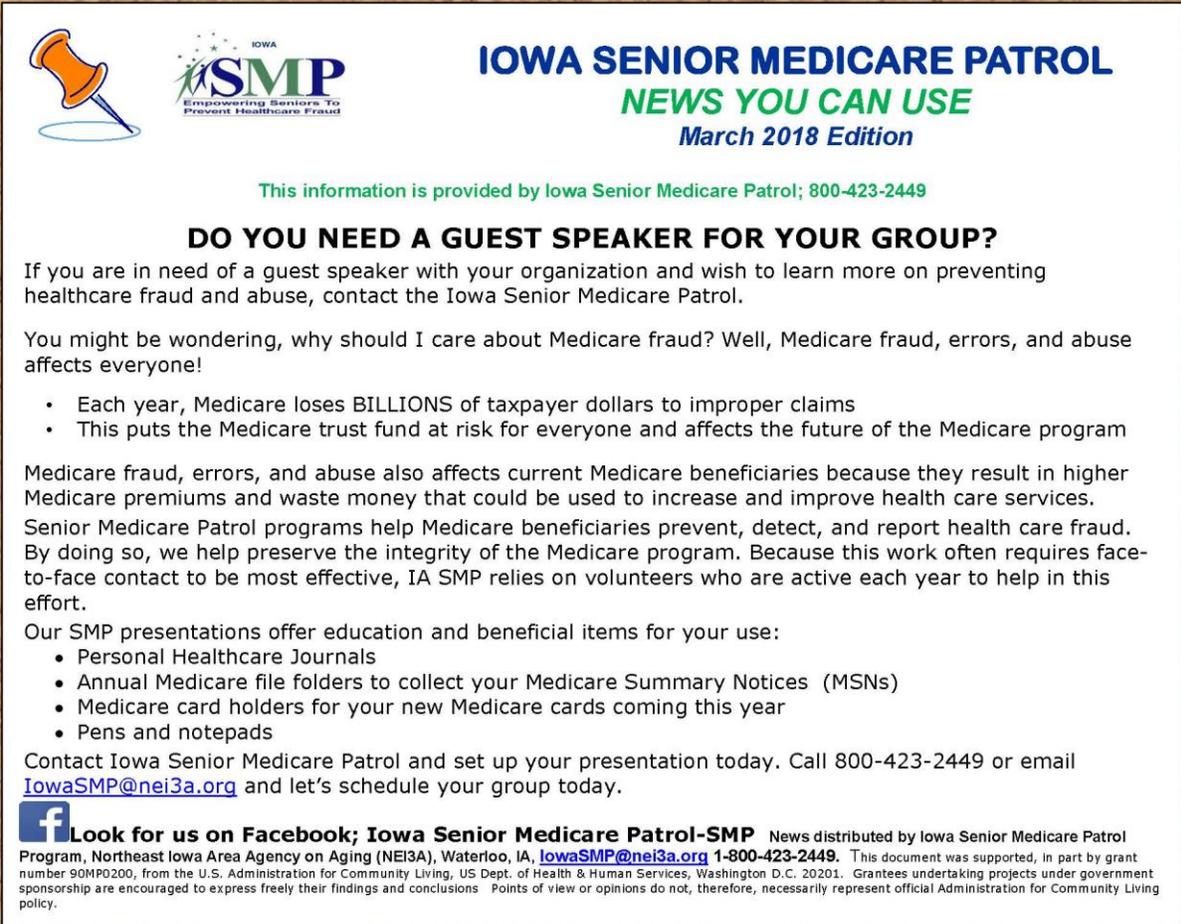
Please note: Space for these sessions is limited. Register now to secure your spot. The audio portion of the sessions will be broadcast through the web. You can listen to the presentation through your computer speakers.

For More Information

For step-by-step instructions on how to submit MIPS data, check out this [video](#) and [fact sheet](#). Questions about your participation status or MIPS data submission? Contact the Quality Payment Program Service Center by:

- Email: gpp@cms.hhs.gov
- Phone: 1-866-288-8292 (TTY: 1-877-715-6222)

###



  **IOWA SENIOR MEDICARE PATROL**
NEWS YOU CAN USE
March 2018 Edition

This information is provided by Iowa Senior Medicare Patrol; 800-423-2449

DO YOU NEED A GUEST SPEAKER FOR YOUR GROUP?

If you are in need of a guest speaker with your organization and wish to learn more on preventing healthcare fraud and abuse, contact the Iowa Senior Medicare Patrol.

You might be wondering, why should I care about Medicare fraud? Well, Medicare fraud, errors, and abuse affects everyone!

- Each year, Medicare loses BILLIONS of taxpayer dollars to improper claims
- This puts the Medicare trust fund at risk for everyone and affects the future of the Medicare program

Medicare fraud, errors, and abuse also affects current Medicare beneficiaries because they result in higher Medicare premiums and waste money that could be used to increase and improve health care services. Senior Medicare Patrol programs help Medicare beneficiaries prevent, detect, and report health care fraud. By doing so, we help preserve the integrity of the Medicare program. Because this work often requires face-to-face contact to be most effective, IA SMP relies on volunteers who are active each year to help in this effort.

Our SMP presentations offer education and beneficial items for your use:

- Personal Healthcare Journals
- Annual Medicare file folders to collect your Medicare Summary Notices (MSNs)
- Medicare card holders for your new Medicare cards coming this year
- Pens and notepads

Contact Iowa Senior Medicare Patrol and set up your presentation today. Call 800-423-2449 or email IowaSMP@nei3a.org and let's schedule your group today.

 **Look for us on Facebook; Iowa Senior Medicare Patrol-SMP** News distributed by Iowa Senior Medicare Patrol Program, Northeast Iowa Area Agency on Aging (NEI3A), Waterloo, IA. IowaSMP@nei3a.org 1-800-423-2449. This document was supported, in part by grant number 90MP0200, from the U.S. Administration for Community Living, US Dept. of Health & Human Services, Washington D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

###

Medicare Learning Network

News & Announcements

- [Low Volume Appeals Settlement Process](#)
- [New Medicare Card: Video for Your Waiting Room](#)
- [Patients over Paperwork Newsletter](#)
- [CMS Launches Public Reporting of CAHPS® Hospice Survey Results](#)
- [Hospice Compare Quarterly Refresh](#)
- [Medicare Diabetes Prevention Program: Supplier Enrollment](#)
- [Medicare EHR Incentive Program Hospital Attestation: Deadline Extended to March 16](#)
- [Draft 2019 QRDA Category I Implementation Guide: Submit Comments by March 21](#)
- [MIPS: Apply to Participate in Quality Measures Study by March 23](#)
- [MIPS Reporting Deadlines](#)
- [MIPS 2018 QCDR Measure Specifications](#)
- [MIPS Claims Based Quality Measures Projections and Results Video](#)
- [eCQM Annual Update Pre-Publication Document](#)
- [What's New with Physician Compare Webinar Materials](#)
- [Are You Prepared for a Health Care Emergency?](#)
- [March is National Colorectal Cancer Awareness Month](#)

Provider Compliance

- [Payment for Outpatient Services Provided to Beneficiaries Who Are Inpatients of Other Facilities — Reminder](#)
- [Provider Compliance Tips for Laboratory Blood Counts Fact Sheet — New](#)

Upcoming Events

- [Low Volume Appeals Settlement Option Update Call — March 13](#)
- [Open Payments: The Program and Your Role Call — March 14](#)
- [Dementia Care: Person-Centered Care Planning and Practice Recommendations Call — March 20](#)
- [E/M Services: Documentation Guidelines and Burden Reduction Listening Session — March 21](#)
- [CMS National Provider Enrollment Conference — April 24 and 25](#)

Medicare Learning Network Publications & Multimedia

- [CMS Provider Minute Video: Utilizing Your MAC to Prepare for CERT Review — New](#)
- [Low Volume Appeals Settlement Call: Audio Recording and Transcript — New](#)
- [Provider Compliance Tips for Hospital Beds and Accessories Fact Sheet — New](#)
- [Provider Compliance Tips for Infusion Pumps and Related Drugs Fact Sheet — New](#)
- [Provider Compliance Tips for Nebulizers and Related Drugs Fact Sheet — New](#)
- [Provider Compliance Tips for Laboratory Tests – Blood Counts Fact Sheet — New](#)
- [Provider Compliance Tips for Diabetic Test Strips Fact Sheet — Revised](#)
- [Overview of the Repetitive Scheduled Non-emergent Ambulance Prior Authorization Model MLN Matters Article — Revised](#)
- [Telehealth Services Booklet — Revised](#)
- [Medicare Enrollment for Institutional Providers Booklet — Revised](#)
- [PECOS for Physicians and NPPs Booklet — Revised](#)
- [DMEPOS Information for Pharmacies Fact Sheet — Reminder](#)
- [DMEPOS Accreditation Fact Sheet — Reminder](#)
- [Mass Immunizers and Roster Billing Booklet — Reminder](#)
- [Provider Compliance Tips for PAP Devices and Accessories Including CPAP Fact Sheet — New](#)
- [Provider Compliance Tips for Oral Anticancer Drugs and Antiemetic Drugs Used in Conjunction Fact Sheet — New](#)
- [Provider Compliance Tips for Bariatric Surgery Fact Sheet — New](#)
- [Provider Compliance Tips for Diabetic Shoes Fact Sheet — New](#)

- [Provider Compliance Tips for Lower Limb Orthoses Fact Sheet — New](#)
- [Provider Compliance Tips for Enteral Nutrition Fact Sheet — New](#)
- [Provider Compliance Tips for Immunosuppressive Drugs Fact Sheet — New](#)
- [Provider Compliance Tips for Ambulance Services Fact Sheet — Revised](#)
- [Provider Compliance Tips for Clinic ESRD Services \(Part A Non-DRG\) Fact Sheet — Revised](#)
- [Provider Compliance Tips for CT Scans Fact Sheet — Revised](#)
- [Medicare Part D Vaccines and Vaccine Administration Fact Sheet — Revised](#)
- [Medicare Part B Immunization Billing Educational Tool — Revised](#)
- [Screening Pap Tests and Pelvic Examinations Booklet — Revised](#)
- [Medicare Enrollment for Physicians, NPPs, and Other Part B Suppliers Booklet — Revised](#)
- [Hospital Outpatient Prospective Payment System Booklet — Revised](#)

###

Newly Posted Training Materials

- [Job Aid: 2018 Comparison of the Parts A, B, C, and D Appeals Processes](#)
- [Job Aid: Frequently Used Medicare Acronyms](#)
- [January NTP Learning Series \(See "archived recording"\): Medicare Enrollment Periods](#)
- [December NTP Learning Series \(See "archived recording"\): Medicare and the Health Insurance Marketplace](#)
- [November NTP Learning Series \(See "archived recording"\): Medicare Supplement Insurance \(Medigap\) policies](#)

###

Join us for the CMS National Training Program Learning Series Webinar

March 8, 2018 1:00 – 2:30 pm ET

Join us for an overview of new Medicare card educational resources.

To register for the webinar, visit

https://goto.webcasts.com/starthere.jsp?ei=1183878&tp_key=6bd8b7b2ef.

###

Learn More about CMS Programs and Initiatives at HIMSS18

CMS will participate in the 2018 Healthcare Information and Management Systems Society (HIMSS) Annual Conference & Exhibition in Las Vegas from March 5-9, 2018.

Are you attending [HIMSS18](#) in Las Vegas next month? Attend CMS educational sessions in Lando 4204, and talk with our CMS subject matter experts during office hours at booth #10110.

CMS Educational Sessions

Tuesday, March 6

- **How CMS is Leveraging Information and Technology in Medicare and Medicaid**, 8:30-9:30 a.m. PT
- **Meaningful Measures Initiative**, 11:30 a.m.-12:30 p.m. PT (#41)
- **Quality Payment Program Year 2**, 2:30-3:30 p.m. PT (#73)

Wednesday, March 7

- **Quality Payment Program: Advancing Care Information**, 10:00-11:00 a.m. PT (#121)
- **Advanced Alternative Payment Models**, 1:00-2:00 p.m. PT (#153)

Thursday, March 8

- **Innovation in the Medicaid Enterprise: A State and Federal Priority Partnership**, 11:30 a.m.-12:30 p.m. PT (#227)
- **Quality Payment Program Developer Tools & EHRs Town Hall**, 1:00-2:00 p.m. PT (#243)
- **New Medicare Card (SSNRI)**, 2:30-3:30 p.m. PT (#259)

Join the Twitter Conversation at HIMSS18!

Follow the [@CMSSGov](#) Twitter handle and join the conversation using #HIMSS18.

For More Information

The CMS presentations from this year's educational sessions will be posted on the CMS website following the conference.

###

CMS Patients Over Paperwork Listening Session on Reducing Burden

As part of the Centers for Medicare & Medicaid Services (CMS) Patients over Paperwork Initiative, CMS will hold a listening session to hear from stakeholders on reducing burden at the HIMSS conference on **Wednesday, March 7th** from **10 - 11 a.m. PT**. Our top priority at CMS is putting patients first. We have established an internal process to evaluate and streamline regulations with a goal to reduce unnecessary burden, increase efficiencies, and improve the beneficiary experience. CMS wants to reduce burden and to improve the patient provider experience. The specific goals of the program are to:

- Increase the number of customers – clinicians, institutional providers, health plans, etc. engaged through direct and indirect outreach;
- Decrease the hours and dollars clinicians and providers spend on CMS-mandated compliance; and
- Increase the proportion of tasks that CMS customers can do in a completely digital way.

Please Note: Space for this session is limited. Reservations will be granted on a first come, first serve basis. This session will only be available for attendees in person at HIMSS18.

The listening session's purpose is to hear from stakeholders and gather recommendations to reduce regulatory and administrative burdens.

Listening Session Details

Title: Patients over Paperwork

Date: Wednesday, March 7, 2018

Time: 10 - 11 a.m. PT

To secure your attendance at this event, please email CMSQualityTeam@ketchum.com with the following information:

- Name
- Title
- Email
- Organization

You will receive a confirmation email from the CMS Quality Team if you have a reserved spot for this session. The email will also provide the location.

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Unsubscribe

If you wish to unsubscribe from future CMS Region 7 emailings, please send an email to Lorelei Schieferdecker at Lorelei.Schieferdecker@cms.hhs.gov with the word "Unsubscribe" in the subject line.