

CMS Region 7 Updates

06/02/2017

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ACA/Marketplace Updates

2017 CMS Assister Summit



Agenda

2017 CMS Assister Summit
June 28, 2017 | June 29, 2017
12:00PM - 5PM EDT | 9:00AM - 5PM EDT



Thank you for joining us for the 2017 CMS Assister Summit! *Understanding the Evolving Marketplace*




Day 1 will focus on The Future Role of Assisters

Day 2 will focus on Optimizing Consumer Experience

Below are three distinct learning tracks, please use the key to determine which sessions you would like to attend, if you are participating in person.

Please note: only sessions in the Grand Auditorium will be webcast.

Color Code Key of Learning Tracks

-  = **Stabilize the Risk Pool through Outreach and Enrollment**
This track focuses on developing best practices for how to work with, educate, and enroll consumers and reach target populations.
-  = **How to Run an Accountability Centered Assister Program**
This track focuses on the key tools and skills that have been demonstrated to be most effective in building professional and exceptional assister programs.
-  = **Deep Dive on Marketplace Policy and Programs/How to Handle Complex Issues**
This track focuses on providing information and tips for resolving complex and challenging concepts that assisters routinely encounter.



Agenda

2017 CMS Assister Summit

June 28, 2017

12:00PM - 5PM EDT

Theme of Day One: The
Future Role of Assisters



Health Insurance Marketplace

12:00 pm - 12:30 pm

CHECK-IN & BADGING

12:30 pm - 12:50 pm

WELCOME & DAY 1 OVERVIEW

(Grand Auditorium Plenary)

12:50 pm - 1:20 pm

VISION FOR ASSISTERS IN THE EVOLVING MARKETPLACE

(Grand Auditorium Plenary)

1:30 pm - 2:30 pm

(Concurrent Sessions)

Grand Auditorium

**Data-driven Outreach:
Reaching Target
Populations**

C-110

**Assister Best Practices
on Collaborations**

C-112

**Enrollment
Troubleshooting**

2:30 pm - 2:45 pm

AFTERNOON BREAK

2:45 pm - 3:45 pm

(Concurrent Sessions)

Grand Auditorium

From Coverage to Care

C-112

**HIOS Metric Reporting
Strategies**

C-110

**Marketplace
Appeals**

3:55 pm - 5:00 pm

*(Assister Specific
Concurrent Sessions)*

Grand Auditorium

**Certified Application
Counselor Update Session**

C-110 & C-111 & C-112

Navigator Update Session

TRACK KEY:

- = Stabilize the Risk Pool through Outreach and Enrollment
- = How to Run an Accountability Centered Assister Program
- = Deep Dive on Marketplace Policy and Programs/ How to Handle Complex Issues

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Agenda



2017 CMS Assister Summit

June 29, 2017

9:00AM - 5PM EDT

Theme of Day Two: Optimizing
Consumer Experience



Health Insurance Marketplace

8:30 am - 9:00 am

CHECK-IN & BADGING

9:00 am - 9:15 am

(Grand Auditorium)

WELCOME & DAY 2 OVERVIEW

9:15 am - 10:15 am

(Grand Auditorium)

KEEPING CONSUMERS COVERED

10:15 am - 10:30 am

MORNING BREAK

10:30 am - 11:30 am

(Concurrent Sessions)

Grand Auditorium

C-111

C-112

**Overlapping Coverage:
Medicaid & the Marketplace**

**Creating Successful Outreach &
Education Events**

**Market Stabilization Final Rule
Overview**

11:40 am - 12:40 pm

(Concurrent Sessions)

Grand Auditorium

C-111

C-112

**Overlapping Coverage:
Medicare Transitions**

**Assister Best Practices on
Post-enrollment Assistance**

**Balancing the Risk Pool: Enrolling
New Americans & New Arrivals**

12:40 pm - 1:50 pm

LUNCH BREAK

1:00 pm - 1:40 pm

(Working Lunch Sessions)

C-110

C-111

C-112

**Working Lunch - Assister
Brainstorming on Savvy Social
Media Use, Outreach to
Vulnerable Populations & Working
with Corrections Systems/Courts**

**Working Lunch - Assister
Brainstorming on Innovative Ways
to Reach Millennials, Connecting
Kids to Coverage & Working with
Separating Military**

**Working Lunch - Assister
Brainstorming on Helping
Consumers Understand Plan
Options, Marketing and Promotion
& Working with Medical Providers**

1:50 pm - 2:50 pm

(Concurrent Sessions)

Grand Auditorium

C-112

C-111

**Special Enrollment Periods
Overview**

Assister Mentoring Project

**Balancing the Risk Pool:
Enrolling Young Adults & Other
Hard-to-Reach Populations**

3:00 pm - 4:00 pm

(Concurrent Sessions)

Grand Auditorium

C-111

C-112

**Special Enrollment Periods
Verification**

**Building Robust Organizations:
Best Practices for Hiring, Retention
& Managing Subgrantees**

**Helping Consumers With
Employment Related Coverage
Issues**

4:00 pm - 4:15 pm

AFTERNOON BREAK

4:15 pm - 5:00 pm

(Grand Auditorium)

Assister Town Hall & Closing Remarks

TRACK KEY:

- = Stabilize the Risk Pool through Outreach and Enrollment
- = How to Run an Accountability Centered Assister Program
- = Deep Dive on Marketplace Policy and Programs/ How to Handle Complex Issues

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Agenda

2017 CMS Assister Summit

June 28, 2017
12:00PM - 5PM EDT

June 29, 2017
9:00AM - 5PM EDT



Learning Track Guide

Use the key below to determine which concurrent sessions you would like to attend, if you are participating in person. Please note: only sessions in the Grand Auditorium will be webcast for viewing by remote participants, these sessions are listed in **bold**.

= Stabilize the Risk Pool through Outreach and Enrollment

This track focuses on developing best practices for how to work with, educate, and enroll consumers and reach target populations.

Session Title	Date & Time
Data-driven Outreach: Reaching Target Populations	Wednesday, 1:30 pm - 2:30 pm EST
From Coverage to Care	Wednesday, 2:45 pm - 3:45 pm EST
Market Stabilization Final Rule Overview	Thursday, 10:30 am - 11:30 am EST
Balancing the Risk Pool: Enrolling New Americans & New Arrivals	Thursday, 11:40 am - 12:40 pm EST
Balancing the Risk Pool: Enrolling Young Adults & Other Hard-to-Reach Populations	Thursday, 1:50 pm - 2:50 pm EST
Helping Consumers with Employment Related Coverage Issues	Thursday, 3:00 pm - 4:00 pm EST

= How to Run an Accountability Centered Assister Program

This track focuses on the key tools and skills that have been demonstrated to be most effective in building professional and exceptional assister programs.

Session Title	Date & Time
Assister Best Practices on Collaborations	Wednesday, 1:30 pm - 2:30 pm EST
HIOS Metric Reporting Strategies	Wednesday, 2:45 pm - 3:45 pm EST
Creating Successful Outreach & Education Events	Thursday, 10:30 am - 11:30 am EST
Assister Best Practices on Post-enrollment Assistance	Thursday, 11:40 am - 12:40 pm EST
Assister Mentoring Project	Thursday, 1:50 pm - 2:50 pm EST
Building Robust Organizations: Best Practices for Hiring, Retention, & Managing Subgrantees	Thursday, 3:00 pm - 4:00 pm EST

= Deep Dive on Marketplace Policy and Programs/ How to Handle Complex Issues

This track focuses on providing information and tips for resolving complex and challenging concepts that assisters routinely encounter.

Session Title	Date & Time
Enrollment Troubleshooting	Wednesday, 1:30 pm - 2:30 pm EST
Marketplace Appeals	Wednesday, 2:45 pm - 3:45 pm EST
Overlapping Coverage: Medicaid & the Marketplace	Thursday, 10:30 am - 11:30 am EST
Overlapping Coverage: Medicare Transitions	Thursday, 11:40 am - 12:40 pm EST
Special Enrollment Periods (SEP) Overview	Thursday, 1:50 pm - 2:50 pm EST
Special Enrollment Periods (SEP) Verification	Thursday, 3:00 pm - 4:00 pm EST

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SHOP Marketplace Videos

You can still enroll in health and/or dental coverage through the SHOP Marketplace for 2017, and it is easier than ever.

The SHOP Marketplace YouTube channel has videos available for you and your employees to make the 2017 enrollment and renewal processes simple and seamless. Video topics include:

- How to [enroll](#)
- How the [Small Business Health Care Tax Credit](#) works
- How to [work with an agent or broker](#)

###

MACRA/Quality Payment Program (QPP) Updates

The Physician Quality Reporting System (PQRS) Quality Payment Program Listserv

Subscribers of the PQRS listserv are encouraged to sign up for the new CMS Quality Payment Program listserv. The Quality Payment Program is part of the Medicare Access and CHIP Reauthorization of 2015 (MACRA) and includes two tracks – Advanced Alternative Payment Models (APMs) and the Merit-based Incentive Payment System (MIPS).

MIPS will replace three Medicare reporting programs:

- EHR Incentive Program (Meaningful Use)
- Physician Quality Reporting System
- Value-Based Payment Modifier

The Quality Payment Program listserv will provide news and updates on:

- New resources and website updates
- Upcoming milestones and deadlines
- CMS trainings and webinars

The Quality Payment Program's first performance period opens on January 1, 2017 and closes December 31, 2017. Participation in MIPS can start as early as January 1, 2017 or as late as October 2, 2017. The first payment adjustments based on performance go into effect on January 1, 2019. Subscribe to the Quality Payment program listserv to receive reminders for all of these important deadlines.

To subscribe, visit the Quality Payment Program [portal](#) and select "Subscribe to Email Updates" in the footer. The [Education and Tools page](#) includes program resources to help you learn more about eligibility and how to participate.

###

SNF QRP Quality Measure User's Manual Now Available

This manual presents methods used to calculate quality measures that are included in the Centers for Medicare & Medicaid Services (CMS) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). This manual provides detailed information for each quality measure, including quality measure definitions, inclusion and exclusion criteria and measure calculation specifications. View the manual on the [SNF Quality Reporting Program Measures and Technical Information](#) webpage; in the downloads section.

Please note: This manual is specific to the SNF QRP. The manual used to calculate measures for the Nursing Home Quality Initiative (NHQI) can be found in the downloads section of the [NHQI Quality Measures](#) webpage.

###

Visit the QualityNet Website for CY2017 eCQM Resources and Tools

In response to provider need, the Centers for Medicare & Medicaid Services (CMS) has developed and posted updated resources to assist with the reporting of calendar year (CY) 2017 electronic clinical quality measure (eCQM) data for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Electronic Health Record (EHR) Incentive Program for eligible hospitals and critical access hospitals. These documents include:

- CY 2017 Available eCQMs
- CY 2017 eCQM Overview
- CY 2017 Preparation Checklists for Test and Production Files
- CY 2017 EHR Report Overview

You may view these documents under the eCQM Resources pages on the [QualityNet.org](#) and [QualityReportingCenter.com](#) websites. We hope that you will find them useful as you outline the steps needed for the submission of eCQM data for CY 2017.

Hospitals and vendors are able to use the Pre-Submission Validation Application (PSVA) tool to submit test and production Quality Reporting Document Architecture (QRDA) Category I files to the *QualityNet Secure Portal* for the Hospital IQR and the Medicare EHR Incentive Programs.

As a reminder, hospitals are required to submit at least eight eCQMs as any combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator declarations, and/or case threshold exemptions. Using the zero denominator and case threshold exemption apply only if the hospital has EHR technology certified to report the eCQMs. Hospitals will self-select whether to report a calendar year of discharge data on a quarterly, semiannual, or annual basis prior to the February 28, 2018, 11:59 p.m. PT reporting deadline.

For additional information on the CY 2017 eCQM reporting requirements and resources for the Hospital IQR and Medicare EHR Incentive Programs, please read the full article located on the home page of *QualityNet.org* under [QualityNet News](#).

###

More New Quality Payment Program Resources Available

The Centers for Medicare & Medicaid Services (CMS) has recently posted more new resources to help clinicians successfully participate in the first year of the Merit-based Incentive Payment System (MIPS).

CMS encourages MIPS clinicians to visit the [Quality Payment Program website](#) to review the following new resources:

- **[Consumer Assessment of Healthcare Providers & Systems \(CAHPS\) for MIPS Survey – Sample PDF](#)**: The CAHPS for MIPS Survey measures patient experience and care within a group. The data collected on these surveys will be submitted on behalf of the group by the CMS-approved survey vendor. (The CAHPS for MIPS Survey is optional for groups with two or more MIPS clinicians and is not provided as an option for individual clinicians.)
- **[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.

###

New Medicare Cards Offer Greater Protection to More Than 57.7 Million Americans

CMS announced a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft, and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019. Work on this important initiative began many years ago, and was accelerated following passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

As part of this effort, CMS is kicking off a multi-faceted outreach campaign to help providers get ready for the new MBI. Providers (and beneficiaries) will both be able to use secure look up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN further easing the transition.

CMS is committed to a successful transition to the MBI for the health care provider community. CMS has a [website](#) dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters.

For more information, please visit: <https://www.cms.gov/medicare/ssnri/index.html>

###

New Quality Payment Program Resources Available – and New Site Look

The Centers for Medicare & Medicaid Services (CMS) has recently revamped the look of the Quality Payment Program [website](#), and also posted new resources to help clinicians successfully participate in the first year of the Quality Payment Program.

CMS encourages clinicians to visit the website to review the following new resources:

- **[MIPS Quick Start Guide](#)**: Outlines the steps MIPS clinicians need to take between now and March 2018 to prepare for and participate in MIPS, including checking [participation status](#), choosing to participate as an [individual or as part of a group](#), deciding how to submit data, and selecting [measures and activities](#).

- **[2017 CAHPS for MIPS Conditionally-Approved Survey Vendor List](#)**: Includes contact information for the list of conditionally-approved survey vendors to administer the CAHPS for MIPS Survey in 2017.

Note: Final approval of these organizations is dependent on satisfactory completion of CMS training and submission of a Quality Assurance Plan. A final list of the CAHPS for MIPS Survey vendors approved by CMS to administer the 2017 survey will be made publicly available this summer.

- **[Medicare Shared Savings Program and Quality Payment Program Fact Sheet](#)**: Explains how the Shared Savings Program and the Quality Payment Program align reporting requirements for participating Accountable Care Organizations (ACOs) and MIPS clinicians, and how certain tracks in Shared Savings Program ACOs meet Advanced Alternative Payment Model (APM) criteria under the Quality Payment Program.
- **[MIPS APM Fact Sheet](#)**: Provides an overview of a specific type of APM, called a “MIPS APM,” and the special APM scoring standard used for those in MIPS APMs.

For More Information

To get the latest information, visit the [Quality Payment Program website](#). The Quality Payment Program Service Center can also be reached at 1-866-288-8292 (TTY 1-877-715- 6222), available Monday through Friday, 8:00 AM-8:00 PM ET or via email at QPP@cms.hhs.gov.

###

Forecast for Quality Payment Program Measure Development Cooperative Agreements

The Centers for Medicare & Medicaid Services (CMS) has announced its intention to provide funding assistance specifically for entities, external to CMS and other federal agencies, with working knowledge in quality measure development. The focus of these funds are to develop, improve, update or expand quality measures for use in the Quality Payment Program under the Merit-based Incentive Payment System (MIPS) and/or Advanced Alternative Payment Models (APMs). These external entities provide the needed medical specialty and patient perspectives to lead or support CMS measure development priorities.

For more information and to see the Forecast of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Funding Opportunity: Measure Development for the Quality Payment Program, search for CFDA # 93.986 on [Grants.gov](#).

###

Review 2017 Program Requirements on the EHR Incentive Programs Website

Note: This is only applicable to clinicians transitioning from the Medicare EHR Incentive Program to MIPS.

Eligible professionals (EPs) who demonstrated meaningful use successfully in a prior year for the Medicare EHR Incentive Program can determine their participation status in the Quality Payment Program for 2017 through a look up tool on the [Quality Payment Program website](#). Information will then be provided on whether or not you should participate in the Merit-based Incentive Payment System (MIPS) this year and where to find resources.

If you are new to Medicare in 2017, you do not participate in MIPS. You may also be exempt if you qualify for one of the special rules for certain types of clinicians, or are participating in an [Advanced Alternative Payment Model \(APM\)](#). To learn more, review the [MIPS Participation Fact Sheet](#).

If you are not in the Quality Payment Program in 2017, you can participate voluntarily and you will not be subject to payment adjustments.

Participation Notification Letters - CMS recently sent letters in the mail notifying clinicians of their MIPS participation status. A sample of the letter can be found on the [Education page](#) of <https://app.cms.gov/>. This tool is another resource for clinicians to use to determine their status.

EPs New to the Medicare EHR Incentive Program in 2017

For EPs who are participating in the Medicare EHR Incentive Program for the **first time** in 2017, they must take one of the following actions by **October 1, 2017** to avoid the 2018 payment adjustment:

- 1) Attest to the Modified Stage 2 2017 EHR Incentive Program requirements; **OR**
- 2) Submit a one-time hardship exception application if they are transitioning to the MIPS path of the Quality Payment Program and plan to report on measures specified for the [Advancing Care Information](#) performance category.

- The one-time hardship exception application can be found [here](#).

EPs in the Medicaid EHR Incentive Program in 2017

EPs that attest directly to a state for that state's Medicaid EHR Incentive Program will continue to attest to the measures and objectives finalized in the [2015 EHR Incentive Programs Final Rule](#) (80 FR 62762 through 62955). In 2017, Medicaid EPs have the option to report to the Modified Stage 2 or Stage 3 objectives and measures. As a reminder, EPs who are eligible only for the Medicaid EHR Incentive Program are not subject to payment adjustments.

For More Information

CMS encourages EPs to visit the [EHR Incentive Programs website](#) for more details about the [2017 program requirements](#).

###

Provide Feedback on Proposed Changes to the Medicare and Medicaid EHR Incentive Programs

The Centers for Medicare & Medicaid Services (CMS) encourages you to submit a formal comment on the FY 2018 Inpatient Prospective Payment System and Long Term Acute Care Hospital [Proposed Rule](#) by **June 13, 2017**.

Submit a Formal Comment by 5:00 p.m. ET on Tuesday, June 13

The public can submit comments in several ways:

- By electronic submission through the "submit a formal comment" instructions on the [Federal Register](#)
- By regular mail
- By express or overnight mail

- By hand or courier

The proposed rule includes potential changes to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, including:

- For CY 2018, modifying the EHR reporting period from the full calendar year to a minimum of any continuous 90-day period for new and returning participants in the Medicare and Medicaid EHR Incentive programs.
- Adding a new exception from the Medicare payment adjustments for Eligible Professionals (EPs), Eligible Hospitals, and Critical Access Hospitals that demonstrate through an application process that complying with the requirement for being a meaningful EHR user is not possible if ONC's Health IT Certification Program has decertified their certified EHR technology.
- Implementing a policy in which no payment adjustments will be made for EPs who furnish "substantially all" of their covered professional services in an ambulatory surgical center (ASC); applicable for the 2017 and 2018 Medicare payment adjustments.
- Using Place of Service (POS) code 24 to identify services furnished in an ASC as well as requesting public comment on whether other POS codes or mechanisms should be used to identify sites of service in addition to or in lieu of POS code 24.

For More Information - To learn more, review the [proposed rule](#) and visit the [CMS website](#).

###

Medicare and Medicaid Updates

New Medicare cards offer greater protection to more than 57.7 million Americans

New cards will no longer contain Social Security numbers, to combat fraud and illegal use

The Centers for Medicare & Medicaid Services (CMS) is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft, and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019. Today, CMS kicks-off a multi-faceted outreach campaign to help providers get ready for the new MBI.

“We’re taking this step to protect our seniors from fraudulent use of Social Security numbers which can lead to identity theft and illegal use of Medicare benefits,” said CMS Administrator Seema Verma. “We want to be sure that Medicare beneficiaries and healthcare providers know about these changes well in advance and have the information they need to make a seamless transition.”

Providers and beneficiaries will both be able to use secure look up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN further easing the transition

CMS testified on Tuesday, May 23rd before the U.S. House Committee on Ways & Means Subcommittee on Social Security and U.S. House Committee on Oversight & Government Reform Subcommittee on Information Technology, addressing CMS’s comprehensive plan for the removal of Social Security numbers and transition to MBIs.

Personal identity theft affects a large and growing number of seniors. People age 65 or older are increasingly the victims of this type of crime. Incidents among seniors increased to 2.6 million from 2.1 million between 2012 and 2014, according to the most current statistics from the Department of Justice. Identity theft can take not only an emotional toll on those who experience it, but also a financial one: two-thirds of all identity theft victims reported a direct financial loss. It can also disrupt lives, damage credit ratings and result in inaccuracies in medical records and costly false claims.

Work on this important initiative began many years ago, and was accelerated following passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). CMS will assign all Medicare beneficiaries a new, unique MBI number which will contain a combination of numbers and uppercase letters. Beneficiaries will be instructed to safely and securely destroy their current Medicare cards and keep the new MBI confidential. Issuance of the new MBI will not change the benefits a Medicare beneficiary receives.

CMS is committed to a successful transition to the MBI for people with Medicare and for the health care provider community. CMS has a [website](#) dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also

planning regular calls as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018.

For more information, please visit: <https://www.cms.gov/medicare/ssnri/index.html>

###

Medicare-Medicaid Coordination Office FY 2016 Report to Congress

This Report to Congress summarizes the activities and initiatives of the Medicare-Medicaid Coordination Office in FY 2016. The Report to Congress was delivered to Congress on Friday, May 19th, 2017. MMCO plans to post the Report to Congress on the CMS.gov website.

The Report to Congress can be found here: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_2016_RTC.pdf

###

National Training Program Workshops

Registration for the 2017 Centers for Medicare & Medicaid Services (CMS) National Training Program (NTP) workshops will open soon. You will receive more information via email as it becomes available, including directions on how to register. The locations and dates* for the workshops are listed below. You are invited to attend at the location of your choice.

PHILADELPHIA, PA: August 1–2, 2017

KANSAS CITY, MO: August 7-8, 2017*

ARLINGTON, TX: August 8–9, 2017

ST. LOUIS, MO: August 14-15, 2017*

CHICAGO, IL: August 14–15, 2017

LINCOLN, NE: August 24-25, 2017*

DES MOINES, IA: August 29-30, 2017*

SAN FRANCISCO, CA: August 29–30, 2017

PORTSMOUTH, NH: September 6–7, 2017

****Dates subject to change***

What We Will Cover

- High-level and specific information on key aspects of the Medicare program

- A "Current Topics" session to raise awareness of program changes and innovations
- Interactive casework exercises and activities
- Networking opportunities with CMS staff members and other partners who share your commitment
- **NOTE:** Registration requests will be considered on a first-come, first-served basis until each meeting reaches capacity. The number of attendees from the same organization may be limited.
- Please send all questions to: lorelei.schieferdecker@cms.hhs.gov

###

CMS Faith and Community Partnerships Update

2016 Profile of Older Americans

The annual summary of the latest statistics on the older population, A Profile of Older Americans: 2016, is now available from the Administration on Aging. This profile covers 15 topical areas including population, income and poverty, living arrangements, education, health, and caregiving. A description of the highlights of this document is below.

The profile has proven to be a very useful statistical summary in a user friendly format. It is a web based publication and is posted on the following website: http://www.aoa.acl.gov/Aging_Statistics/Profile/index.aspx

Please share the 2016 Profile with other interested parties. Here are the Highlights:

- Over the past 10 years, the population 65 and over increased from 36.6 million in 2005 to 47.8 million in 2015 (a 30% increase) and is projected to more than double to 98 million in 2060.
- Between 2005 and 2015 the population age 60 and over increased 34% from 49.8 million to 66.8 million.
- The 85+ population is projected to triple from 6.3 million in 2015 to 14.6 million in 2040.
- Racial and ethnic minority populations have increased from 6.7 million in 2005 (18% of the older adult population) to 10.6 million in 2015 (22% of older adults) and are projected to increase to 21.1 million in 2030 (28% of older adults).
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 14.9% between 2005 and 2015.
- About one in every seven, or 14.9%, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 19.4 years (20.6 years for females and 18 years for males).
- There were 76,974 persons aged 100 or more in 2015 (0.2% of the total 65+ population).
- Older women outnumber older men at 26.7 million older women to 21.1 million older men.
- In 2015, 22% of persons 65+ were members of racial or ethnic minority populations--9% were African-Americans (not Hispanic), 4% were Asian or Pacific Islander (not Hispanic), 0.5% were Native American (not Hispanic), 0.1% were Native Hawaiian/Pacific Islander, (not Hispanic), and 0.7% of persons 65+ identified themselves as being of two or more races. Persons of Hispanic origin (who may be of any race) represented 8% of the older population.

- Older men were much more likely to be married than older women---70% of men, 45% of women. In 2016, 34% older women were widows.
- About 29% (13.6 million) of noninstitutionalized older persons live alone (9.3 million women, 4.3 million men).
- Almost half of older women (46%) age 75+ live alone.
- The median income of older persons in 2015 was \$31,372 for males and \$18,250 for females. Median money income (after adjusting for inflation) of all households headed by older people increased by 4.3% (which was statistically significant) between 2014 and 2015. Households containing families headed by persons 65+ reported a median income in 2015 of \$57,360.
- The major sources of income as reported by older persons in 2014 were Social Security (reported by 84% of older persons), income from assets (reported by 62%), earnings (reported by 29%), private pensions (reported by 37%), and government employee pensions (reported by 16%).
- Social Security constituted 90% or more of the income received by 33% of beneficiaries in 2014 (21% of married couples and 43% of non-married beneficiaries).
- Over 4.2 million older adults (8.8%) were below the poverty level in 2015. This poverty rate is statistically different from the poverty rate in 2014 (10.0%). In 2011, the U.S. Census Bureau also released a new Supplemental Poverty Measure (SPM) which takes into account regional variations in living costs, non-cash benefits received, and non-discretionary expenditures but does not replace the official poverty measure. In 2015, the SPM shows a poverty level for older persons of 13.7% (almost 5 percentage points higher than the official rate of 8.8%). This increase is mainly due to including medical out-of-pocket expenses in the poverty calculations.

*Principal sources of data for the Profile are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.

Toolkit for Seniors: Talking with Your Doctor Presentation Toolkit

The National Institute on Aging at NIH has a new, free toolkit for those who work with older adults and are looking for programming information. The [Talking with Your Doctor Presentation Toolkit](#) includes:

- PowerPoint Presentation Slides
- Speaker script and notes
- Presentation handouts
- Tips for preparing for the presentation
- Full presentation video
- Promotional flyer

Download the files and show the presentation video to seniors in your community to help them make the most out of their doctor's visits. The following information can also be shared on social media:

Twitter: Looking for programming for seniors? Check out the Talking with Your Doctor presentation from NIA https://www.nia.nih.gov/health/publication/talking-your-doctor-presentation-toolkit?utm_source=20170410_TWYDpres&utm_medium=twitter&utm_campaign=ealert

Facebook: Health professionals - help older adults learn how to effectively communicate with their doctor with the FREE Talking with Your Doctor Presentation Toolkit from the National Institute on Aging at NIH. This presentation includes slides, speaker scripts, handouts, and a full video to share at your

next senior program. Check it out today: https://www.nia.nih.gov/health/publication/talking-your-doctor-presentation-toolkit?utm_source=20170410_TWYDpres&utm_medium=facebook&utm_campaign=ealert

Upcoming Webinars and Events and Other Updates

Partner Update Webinar

June 6, 2017 - 2:30 - 3:30 pm EDT

This webinar will feature presentations on:

- Medicare Periodic Data Matching
- Tailoring Messages for Improved Communication: Beneficiary Audience Segmentation

Registration is required to attend!

Go to <https://meetings-cms.webex.com/meetings-cms/k2/j.php?MTID=td73c8a23708f6108f7abaf5bef31fc3b> and register.

Upon registration, you will receive an email from "messenger@webex.com". Use that email to join the conference correctly on the date of the call.

###

Join CMS to Learn More about Proposed Provisions Relevant to the EHR Incentive Programs

The Centers for Medicare & Medicaid Services (CMS) invites you to join a webinar on **Wednesday, June 7 at 1:00 p.m. ET** on the Fiscal Year (FY) 2018 Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Proposed Rule with comment period.

Webinar Details

- **Title:** Fiscal Year 2018 Inpatient Prospective Payment System and Long Term Acute Care Hospital Proposed Rule Overview
- **Date:** Wednesday, June 7, 2017
- **Time:** 1:00 p.m. to 1:30 p.m. ET
- **Description:** On April 14, 2017, CMS released the FY 2018 IPPS and LTCH Proposed Rule with comment period and a Request for Information (RFI) to solicit ideas for regulatory, policy, practice and procedural changes. This webinar will provide an overview of the proposed rule's changes to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs and address the opportunity to respond to the RFI.
- **Register:** <http://engage.vevent.com/index.jsp?eid=2133&seid=269>

The audio portion of this webinar will be broadcast through the web. You can listen to the presentation through your computer speakers. If you cannot hear audio through your computer speakers, please contact CMSQualityTeam@ketchum.com.

For More Information

To learn more about the proposed rule and the EHR Incentive Programs, please review the following resources:

- [EHR Incentive Programs website](#)
- [Press release](#)
- [Fact sheet](#)
- [Proposed rule \(CMS-1677-P\) and the Request for Information](#)

Submit a Formal Comment

CMS encourages the public to submit comments on the proposed rule by **June 13, 2017 at 5:00 p.m. ET**. Comments can be submitted in several ways, including:

- By electronic submission through the "submit a formal comment" instructions on the [Federal Register](#)
- By regular mail
- By express or overnight mail
- By hand or courier

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Medicare Learning Network Publications & Multimedia

News & Announcements

- [Social Security Number Removal Initiative Reminder: Get Your Systems Ready](#)
- [2018 Medicare Shared Savings Program: Submit Notice of Intent to Apply by May 31](#)
- [Quality Payment Program: Technical Assistance Resource Guide Available](#)
- [SNF QRP Quality Measure User's Manual](#)
- [Administrative Simplification: Get the Basics](#)
- [May is National Osteoporosis Month](#)
- [New Medicare Cards Offer Greater Protection to More Than 57.7 Million Americans](#)
- [EHR Incentive Programs: Submit Comments on Proposed Changes by June 13](#)
- [New Quality Payment Program Resources Available](#)
- [Review 2017 EHR Incentive Program Requirements](#)
- [CY 2017 eCQM Resources and Tools](#)

Provider Compliance

- [Advanced Life Support Ambulance Services: Insufficient Documentation](#)
- [Automatic External Defibrillators: Inadequate Medical Record Documentation](#)

Claims, Pricers & Codes

- [Hospices: Submit Adjustments to Correct Payment Errors](#)

Upcoming Events

- [National Partnership to Improve Dementia Care and QAPI Call — June 15](#)
- [CLIA Certificate of Provider-performed Microscopy Webcast — June 28](#)
- [Improvements to the Medicare Claims Appeal Process and Statistical Sampling Call — June 29](#)
- [CBR on Anesthesia Services for Lower Endoscopic Procedures Webinar — July 12](#)

Medicare Learning Network Publications & Multimedia

- [ABCs of the Initial Preventive Physical Examination Educational Tool — Revised](#)
- [Required Workaround for Hospices Submitting RHC and SIA Payments at the End of Life MLN Matters Article — New](#)
- [SBIRT Services Booklet — Revised](#)
- [Medicare Basics: Parts A and B Claims Overview Video — Reminder](#)
- [Medicare Fraud & Abuse: Prevention, Detection, and Reporting Booklet — Reminder](#)

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New Publications

- [How Medicare Drug Plans Use Pharmacies, Formularies, & Common Coverage Rules](#)
- [How Medicare Drug Plans Use Pharmacies, Formularies, and Common Coverage Rules - Spanish](#)

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.