

CMS Region 7 Updates – 09/15/2017

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ACA/Marketplace Updates

2018 Health Insurance Exchanges Issuer County Map

The Centers for Medicare and Medicaid Services posted an update to the Health Insurance Exchanges Issuer County Map. This map is of projected issuer participation on the Health Insurance Exchanges in 2018 based on the known issuer public announcements through September 13, 2017. Participation is expected to fluctuate and does not represent actual Exchange application submissions.

This map currently shows that nationwide 63 counties are projected to have no issuers, representing over 70,000 Americans in these counties that could be without coverage on the Exchanges in 2018. It is also projected that 1,472 counties - over 45 percent of counties nationwide - could have only one issuer in 2018. This could represent more than 2.6 million Exchange participants with only one health insurance option, which means they will not have any choices.

###

CMS issues bulletin regarding the Navigator program and the upcoming 2018 Open Enrollment Period

The Centers for Medicare & Medicaid Services (CMS) today issued a bulletin that outlines policies related to the Patient Protection and Affordable Care Act (PPACA) Navigator program and enrollment education for the upcoming open enrollment period.

To read the bulletin, visit: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Policies-Related-Navigator-Program-Enrollment-Education-8-31-2017pdf.pdf>

###

MACRA/Quality Payment Program (QPP) Updates

New Resources Available on the Quality Payment Program Website

The Centers for Medicare & Medicaid Services (CMS) has recently posted the following new and updated resources on the [Quality Payment Program website](#):

- **[2018 Self-Nomination Toolkit for QCDRs & Registries](#)**: Offers step-by-step instructions for potential Qualified Registry and Qualified Clinical Data Registry (QCDR) vendors to self-nominate to qualify for the 2018 performance period of the Merit-based Incentive Payment System (MIPS) program.
- **[MIPS Specialty Measures Guides for Anesthesiologists and Certified Registered Nurse Anesthetists \(CRNAs\), Emergency Medicine Clinicians, Ophthalmologists, and Orthopedists](#)**: Highlights a non-exhaustive sample of measures and activities for the Quality, Improvement Activities, and Advancing Care Information performance categories that may apply to these specialties in 2017.
- **[Group Participation in MIPS 2017 Guide \(Updated\)](#)**: Offers an in-depth overview of how to participate as a group in MIPS. This user guide is interactive for quick navigation.
- **[CMS-Approved QCDR Vendor List for 2017 \(Updated\)](#)**: Provides updated contact information for the QCDRs that will be able to report data for the Quality, Advancing Care Information, and Improvement Activities performance categories in 2017.
- **[Consumer Assessment of Healthcare Providers & Systems \(CAHPS\) for MIPS – CMS-Approved Survey Vendor List \(Updated\)](#)**: Includes updated contact information for the survey vendors approved by CMS to administer the CAHPS for MIPS Survey in 2017.
- **[How to Design an APM to Alternative Payment Model \(APM\) Design Toolkit \(Updated\)](#)**: Provides a detailed and comprehensive set of resources to help design an APM.

Additional resources are available in the [Resource Library](#) section of the Quality Payment Program [website](#).

###

View Q&A from 8/16 Quality Payment Program Year 2 NPRM Office Hours Session

Were you unable to participate in the August 16 Quality Payment Program Year 2 Notice of Proposed Rulemaking (NPRM) Office Hours session?

There's good news: You can now view the webinar recording, transcript, and FAQs on the [CMS website](#).

Webinar Description:

Provided a brief overview of the draft provisions from the NPRM, including proposals for:

- Participation Requirements

- the Low-volume Threshold
- Performance Category Measures
- Advanced Alternative Payment Models

Webinar FAQs:

CMS has shared the most [frequently asked questions \(FAQs\)](#) from the session with answers on the [CMS website](#). These FAQs include:

- If you're exempt from the Merit-based Incentive Payment System (MIPS) in 2017 due to the low-volume threshold, can you choose to opt into the program?
- Can you explain the hardship exemption application process? What criteria will be used to determine whether the applications are approved?
- What is the definition of a small practice? What are the participation requirements for small practices?
- How can someone participate in an APM or Advanced APM?

For More Information

To get the latest information, visit the [Quality Payment Program website](#).

Technical Assistance is also available to assist you and at no-cost. For more information, please see the [Technical Assistance Resource Guide](#).

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.

###

Upcoming Webinars: CAPG Educational Series 2017 Improvement Activities – How to Select Measures and Position Your Organization for APMs; and Advanced Alternative Payment Models—The Good, Bad and Ugly

CAPG is pleased to present a new complimentary webinar series for physicians and physician groups participating in the [Quality Payment Program](#), part of the Medicare Access and CHIP Reauthorization Act (MACRA). Through a co-branding agreement with the [Centers for Medicare & Medicaid Services \(CMS\)](#), the sessions combine CMS expertise on the regulation content with CAPG members' knowledge of how clinicians are responding on the ground to the important changes it brings.

Each session will include Q&A time with the presenters. We believe the webinars will be a valuable resource to help you successfully participate in MACRA in 2017 and beyond. Upcoming sessions in the series will focus on:

Title: Improvement Activities – How to Select Measures and Position Your Organization for APMs

Date: September 15, 2017

Time: 12:00pm -1:30pm PT / 3:00pm - 4:30pm ET

Register: <http://eventcenter.commpartners.com/se/Rd/Rg.aspx?805234>

Subject matter experts from CMS will provide an overview of the Improvement Activities performance category under the Quality Payment Program.

CAPG will have its members cover key implementation steps for physicians and physician organizations starting on this important transition. Our members will tell the audience about the rationale behind their strategy and any implications this will have on their organization.

Speakers:

CMS Speakers:

- Angela Foster, Health Insurance Specialist, Division of Electronic and Clinician Quality, CMS
- Dr. Paul Rosen, Medical Officer, CMS

CAPG Speakers:

- Trista Johnson, AVP Ambulatory Quality and Clinical Services Physician Services, Providence Health & Services
- Dr. Fiona Wilson, Senior Vice President and Chief of Clinical Transformation, Brown and Toland Physicians

###

Title: Advanced Alternative Payment Models—The Good, Bad and Ugly

Date: October 2, 2017 **Time:** 12:00pm -1:30pm PT / 3:00pm - 4:30pm ET

Register: <http://eventcenter.commpartners.com/se/Rd/Rg.aspx?501193>

Subject matter experts from CMS will review the MACRA requirement for qualifying to become an advanced alternative payment model (APM) and clarify the final rule statements. Also, CMS may review some key aspects of the proposed rule.

CAPG members will share best practices and lessons learned in embarking on APMs in the last few decades. What has worked well and where are the opportunities? Our members will share with the audience about the rationale behind their strategies and any implications for their organizations.

Speakers:

CMS Speakers:

- Rob Furno, MD, MPH, MBA, Chief Medical Officer, CMS Region V, Upper Midwest
- James P. Sharp, JD, MPH, Special Assistant, Policy and Strategy, Center for Medicare and Medicaid Innovation (CMMI)

CAPG Speakers:

- Mark Schafer, MD, Chief Executive Officer, MemorialCare Medical Foundation
- Bill Wulf, MD, Chief Executive Officer, Central Ohio Primary Care Physicians

For more information, please contact Dr. Amy Nguyen, anguyen@capg.org or 213.239.5051.

###

CMS Announces Updates to eCQM Value Sets for Q4 2017 Reporting, and 2018 Reporting and Performance Periods

The Centers for Medicare & Medicaid Services (CMS) and the National Library of Medicine (NLM) will publish updates to the electronic clinical quality measure (eCQM) value sets to align with the most recent releases to terminologies, including, but not limited to, International Classification of Diseases (ICD)-10 Clinical Modification (CM) and Procedure Coding System (PCS), SNOMEDCT, LOINC, RxNorm, and Current Procedural Terminology (CPT). CMS will publish two addenda containing updates to these terminologies for the 4th Quarter (Q4) 2017 reporting period, and 2018 reporting and performance periods.

When will the addenda be published and what programs are affected by the addenda?

2017 Q4 Reporting Period eCQM Value Set Addendum: In September, CMS will publish an addendum to the eCQM specifications (published in April 2016) to update relevant eCQM value sets for Q4 2017 reporting. This addendum will affect the electronic reporting of eCQMs for the following hospital programs:

Hospital Inpatient Quality Reporting (IQR) Program; and

Medicare and Medicaid Electronic Health Record (EHR) Incentive Program for eligible hospitals and critical access hospitals (CAHs).

The 2017 Q4 Reporting Period eCQM Value Set Addendum does not impact eCQM reporting for eligible professionals (EPs) in the Medicaid EHR Incentive Program or eligible clinicians in the Quality Payment Program.

2018 Reporting/Performance Period eCQM Value Set Addendum: By October, CMS will publish an addendum to the eCQM specifications (published in May 2017) to update relevant eCQM value sets for the 2018 reporting year. This addendum will affect the electronic reporting of eCQMs for the following programs:

Hospital IQR Program;

Medicare and Medicaid EHR Incentive Program for eligible hospitals, CAHs, and EPs; and

Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).

What changes are included in the addenda?

Changes will only affect the value sets for eCQMs. The Health Quality Measure Format (HQMF) specifications, the value set object identifiers (OIDs), and the measure version numbers for Q4 2017 eCQM reporting and 2018 eCQM reporting (Jan 1-Dec 31) will not change.

The changes to the value sets consist of (1) deletion of expired codes, (2) addition of relevant replacement codes, and (3) addition of newly available codes that represent concepts consistent with the intent of the value set and corresponding measure(s).

Where will CMS and the NLM post the addenda?

All changes to the eCQM value sets will be available through the [NLM's Value Set Authority Center download tab](#). The value sets will be available as a complete set, as well as value sets per measure.

Updated measure information, including revised technical release notes, will be available on the [eCQI Resource Center](#) website.

What do I need to do?

Measure implementers should review these changes to ensure their submissions comply with the updated requirements.

Where do I go for assistance?

Measure implementers can report questions regarding the addenda, eCQM value sets, and appropriateness of mapping to the [ONC CQM Issue Tracker](#).

###

Medicare and Medicaid Updates

New Medicare Cards are Coming Soon

CMS BLOG

<http://blog.cms.gov/2017/09/14/new-medicare-cards-are-coming-soon> ([En español](#))

September 14, 2017

By: Seema Verma, CMS Administrator

As you may have heard, or perhaps you've seen a recent TV commercial, the Centers for Medicare & Medicaid Services will soon be [issuing every Medicare beneficiary a new Medicare Card](#), without Social Security Numbers, to prevent fraud, fight identity theft, and keep taxpayer dollars safe, and to help ensure that we always put the needs of patients first.

It's unfortunate that criminals are increasingly targeting people age 65 or older for medical identity theft, including when someone illegally uses another person's Medicare number. An identity thief may bill Medicare for expensive services that were never provided or overbill for provided services. This can lead to inaccuracies in medical records, which can mean delayed care or denied services for patients and impacts taxpayer funding.

To help combat this, we'll be sending all Medicare beneficiaries a new card with a unique, randomly-assigned Medicare number. It will consist of eleven characters, a combination of numbers and uppercase letters.

Because it is randomly generated, there is no connection to any other personal identifying information. This new number will replace the Social Security-based number currently used on all Medicare cards, and it's designed to protect the personal information of Medicare beneficiaries.

We'll begin mailing the newly designed Medicare cards in April 2018, and we'll replace all cards by April 2019. If you're a Medicare beneficiary, or soon will be, you don't need to do anything, and you can start using your new card as soon as you get it.

When you get your new card, we'll ask you to safely and securely destroy your current Medicare card. Make sure you bring the new card to your doctors' appointments, and always keep your new number confidential. This will help protect your personal identity and prevent medical identity fraud because identity thieves can't bill Medicare without a valid Medicare number. Additionally, you and your health care providers will be able to use secure online tools that we're developing that will support quick access to your Medicare number when needed.

You'll be hearing a lot more about this initiative in the coming weeks and months, and we're also helping doctors and other healthcare providers get ready for the change. We want to make this process as easy as possible for everyone involved. Above all, we want to ensure that people with Medicare and healthcare providers know about these changes well in advance and have the information needed to ensure an easy transition to the new card.

###

CMS Reveals New Medicare Card Design

Removing Social Security numbers strengthens fraud protections for about 58 million Americans

The Centers for Medicare & Medicaid Services (CMS) gave the public its first look at the [newly designed Medicare card](#). The new Medicare card contains a unique, randomly-assigned number that replaces the current Social Security-based number.

CMS will begin mailing the new cards to people with Medicare benefits in April 2018 to meet the statutory deadline for replacing all existing Medicare cards by April 2019. In addition to today's announcement, people with Medicare will also be able to see the design of the new Medicare card in the 2018 Medicare & You Handbook. The handbooks are being mailed and will arrive throughout September.

"The goal of the initiative to remove Social Security numbers from Medicare cards is to help prevent fraud, combat identity theft, and safeguard taxpayer dollars," said CMS Administrator Seema Verma. "We're very excited to share the new design."

CMS has assigned all people with Medicare benefits a new, unique Medicare number, which contains a combination of numbers and uppercase letters. People with Medicare will receive a new Medicare card in the mail, and will be instructed to safely and securely destroy their current Medicare card and keep their new Medicare number confidential. Issuance of the new number will not change benefits that people with Medicare receive.

Healthcare providers and people with Medicare will be able to use secure look-up tools that will allow quick access to the new Medicare numbers when needed. There will also be a 21-month transition period where doctors, healthcare providers, and suppliers will be able to use either their current SSN-based Medicare Number or their new, unique Medicare number, to ease the transition.

This initiative takes important steps towards protecting the identities of people with Medicare. CMS is also working with healthcare providers to answer their questions and ensure that they have the information they need to make a successful transition to the new Medicare number. For more information, please visit: www.cms.gov/newcard

###

June 2017 Medicaid and Children's Health Insurance (CHIP) Enrollment Data Available

The Centers for Medicare & Medicaid Services posted the June 2017 monthly enrollment report detailing state Medicaid and Children's Health Insurance Program (CHIP) data. The report represents state Medicaid and CHIP agencies' eligibility activity for the calendar month of June 2017. The report can be found on the Medicaid [website](#) alongside reports for each month of 2017 and going back through 2013.

###

CMS Helping Texas and Louisiana with Hurricane Harvey Recovery

On August 30, 2017, the Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma announced the efforts that are underway to support Texas and Louisiana in response to Hurricane Harvey. Earlier this week, Health and Human Services Secretary Tom Price, M.D., declared public health emergencies in both States. Actions include temporarily waiving or modifying certain Medicare, Medicaid and Children's Health Insurance Program (CHIP) requirements to provide immediate relief to those affected by the hurricane and resulting floods.

"In light of the natural disaster still unfolding in Texas and Louisiana, CMS is committed to acting as quickly and effectively as possible so the States can continue to ensure the vital health care needs of our most vulnerable beneficiaries are not interrupted," said CMS Administrator Seema Verma. "CMS is in constant communication with officials in Texas and Louisiana to be sure we are doing all we can to support those in the path of this historic and devastating storm."

CMS and the U.S. Department of Health and Human Services (HHS) are working in close coordination with the Kidney Community Emergency Response (KCER) Network and the States of Texas and Louisiana to ensure that beneficiaries have access to facilities to provide their treatments. As the CMS response continues, other efforts include, supporting Texas and Louisiana in arranging Special Purpose Renal Dialysis Facilities, transporting patients to facilities and arranging for new facilities to open in order to serve beneficiaries without interruption. In Texas, CMS is coordinating with the workforce on the ground that cares for renal patients to ensure there are enough facilities to serve beneficiaries in need of dialysis. The agency is accepting requests from end stage renal disease suppliers to become a temporary Special Purpose Renal Dialysis Facility (SPRDF).

Since the public health emergencies were declared, CMS has offered immediate administrative relief actions to Texas and Louisiana including issuing several general waivers of certain requirements for specific types of providers in impacted counties and geographical areas. These waivers work to prevent gaps in access to care for beneficiaries.

- Skilled Nursing Facilities (SNF): CMS waives requirements for a 3-day prior hospitalization before admission in order to receive Medicare SNF services and provides temporary emergency coverage of services in SNFs without a qualifying hospital stay for people who are evacuated, transferred, or otherwise dislocated due to Hurricane Harvey. Certain people with Medicare benefits who recently exhausted their SNF benefits are authorized for renewed coverage without first having to start a new benefit period.
- Home Health Agencies: This CMS waiver provides relief to Home Health Agencies on the timeframes related to completion of OASIS (assessment data) Transmission.
- Critical Access Hospitals (CAH): CMS waives the requirements limiting the number of patient beds to 25, and allows for length of stays beyond the capped 96-hour time period.

With the public health emergency in effect, CMS can also waive or modify certain Medicare provisions for providers, including certain deadlines, conditions of participation and certification requirements. Providers can now submit waiver requests to the state survey agency or the CMS regional office and they will be evaluated to ensure that they meet the requirements set out under the law. To help clarify billing instructions, CMS has issued technical direction to the Medicare Administrative Contractors regarding the waivers and has reminded area Medicare Advantage plans regarding their responsibilities to relax certain requirements during a disaster or emergency.

CMS will continue to work with the States of Texas and Louisiana. The agency continues to update our [emergency page \(www.cms.gov/emergency\)](http://www.cms.gov/emergency) with important information for state and local officials, providers, healthcare facilities and the public.

To read previous updates regarding HHS activities related to Hurricane Harvey, please visit <https://www.hhs.gov/about/news>.

To learn more about HHS resources related to Hurricane Harvey, please visit <https://www.hhs.gov/hurricane-harvey>.

###

Hurricane Irma - Disaster Exceptions/Exemptions for Medicare Certified Providers Affected by Severe Storms and Flooding

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions under certain Medicare quality reporting and value-based purchasing programs to acute care hospitals, PPS-exempt cancer hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, renal dialysis facilities, long-term care hospitals, and ambulatory surgical centers located in areas affected by Hurricane Irma due to the devastating impact of the storm. These providers will be granted exceptions without having to submit an extraordinary circumstances exception request if they are located in one of the Florida counties, Puerto Rico municipios, or U.S. Virgin Islands county- equivalents, all of which have been designated by the [Federal Emergency Management Agency \(FEMA\)](#) as a major disaster county, municipio, or county-equivalent.

The scope and duration of the exception under each Medicare quality reporting program is described in the memo posted on [9-14-17](#), however, all of the exceptions are being granted to assist these providers while they direct their resources toward caring for their patients and repairing structural damages to facilities.

CMS will continue to monitor the situation and adjust exempted reporting periods and submission deadlines accordingly.

Additional details and materials are available on the [Hurricane page](#) webpage. Please check back frequently for updates.

###

Hurricane Irma and Medicare Disaster Related United States Virgin Islands, Commonwealth of Puerto Rico and State of Florida Claims

The President declared a state of emergency for the United States Virgin Islands, Commonwealth of Puerto Rico and State of Florida and the HHS Secretary declared a Public Health Emergency which allows for CMS programmatic waivers based on Section 1135 of the Social Security Act. An MLN Matters Special Edition Article on [Hurricane Irma and Medicare Disaster Related United States Virgin Islands, Commonwealth of Puerto Rico and State of Florida Claims](#) is available. Learn about blanket waivers CMS issued for the impacted counties and geographical areas. These waivers will prevent gaps in access to care for beneficiaries impacted by the emergency.

Check the [Hurricanes](#) webpage for current information on temporary emergency policies and waivers. Additional waiver requests are being reviewed, and the webpage will be updated as decisions are made.

###

Hurricane Harvey - Disaster Exceptions/Exemptions for Medicare Certified Providers Affected by Severe Storms and Flooding

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions under certain Medicare quality reporting and value-based purchasing programs to acute care hospitals, PPS-exempt cancer hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, outpatient dialysis facilities, long-term care hospitals, and ambulatory surgical centers located in areas affected by Hurricane Harvey due to the devastating impact of the storm. These providers will be granted exceptions without having to submit an extraordinary circumstances exception request if they are located in one of the Texas counties or Louisiana parishes, all of which have been designated by the [Federal Emergency Management Agency \(FEMA\)](#) as a major disaster county.

The scope and duration of the exception under each Medicare quality reporting program is described in the [memo posted on 8-31-17](#), however, all of the exceptions are being granted to assist these providers while they direct their resources toward caring for their patients and repairing structural damages to facilities.

If FEMA expands the current disaster declaration for Hurricane Harvey to include additional counties or parishes, CMS will update this memo to expand the list of providers eligible to receive an exception without submitting a request to include the hospitals, PPS-exempt cancer hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, long-term care hospitals, and ambulatory surgical centers located in the additional counties and parishes.

In addition, CMS will continue to monitor the situation and adjust exempted reporting periods and submission deadlines accordingly.

Additional details and materials are available on the CMS [Hurricane](#) webpage. Please check back frequently for updates.

###

CMS Announces Ongoing Efforts to Support Florida with Hurricane Irma Emergency Response

Agency grants Florida 14 waivers to provide immediate relief to those impacted

The Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma issued a letter granting 14 waivers to support Florida in response to Hurricane Irma. In the wake of the historic and unprecedented hurricane, Health and Human Services Secretary Tom Price, M.D., declared a public health emergency in Florida. With the public health emergency in effect, CMS has taken several actions to provide immediate relief to those affected by the hurricane. The actions include temporarily waiving or modifying certain Medicare, Medicaid and Children's Health Insurance Program (CHIP) requirements.

“CMS has been working closely with officials in Florida and granted several waivers to help provide immediate medical relief to those affected by Hurricane Irma,” said Administrator Verma. “We hope these waiver provisions will provide healthcare providers, facilities and suppliers the flexibility they need so they can focus on the health and safety of those impacted by the Hurricane.”

CMS offered immediate administrative relief actions including issuing 14 general waivers of certain requirements for specific types of providers in Florida. These waivers work to provide continued access to care for beneficiaries. CMS granted the following waivers to support Florida:

Waivers for Hospitals and Medical Facilities

- **Treatment of Medical/Surgical patients in non-Inpatient Prospective Payment System (IPPS) hospitals:**
CMS will waive participation requirements for acute-care patients placed and billed in a non-IPPS hospital. This waiver allows hospitals in Florida to treat patients in non-IPPS hospitals as well, such as Rehabilitation and Long Term Care hospitals.
- **Waiver of Three-Day Prior hospitalization for Skilled Nursing Facility Coverage:**
CMS granted this waiver to allow skilled nursing facility coverage of hospital transfers absent a qualifying three day inpatient admission for people who are evacuated or transferred due to Hurricane Irma.
- **Critical Access Hospitals Exceeding 25-beds:**
This action waives the requirements that Critical Access Hospitals limit the number of beds to 25, and that the length of stay be limited to 96 hours.
- **Quality Reporting and Value Based Purchasing Programs:**
CMS will grant exceptions for quality reporting for Hospitals, PPS- Exempt Cancer Hospitals, Inpatient Psychiatric Facilities, Skilled Nursing Facilities, Home Health Agencies, Hospices, Inpatient Rehabilitation Facilities, Long-Term Care Hospitals, Ambulatory Surgical Centers, and Renal Dialysis Facilities quality reporting and value base payment programs, without having to submit an extraordinary circumstances exception request, for counties that have been designated by the Federal Emergency Management Agency (FEMA) as a major disaster county.
- **Rehabilitation Hospital CMS-13 Requirements:**
CMS granted Florida this waiver to allow rehabilitation hospitals the ability to treat patients and receive an exemption from certain requirements of the CMS-13 rule. The CMS-13 rule requires that 60 percent of the patients treated at a facility paid under the rehab prospective payment system be treated for 1 of 13 specified conditions. CMS will ensure that patients admitted due to the emergency will not adversely impact CMS's determination of these hospitals' compliance with the rule.
- **Medicare Advantage Plans:**
When a public health emergency is in effect, Medicare Advantage Organizations in affected areas are required to waive prior authorization and other gatekeeper requirements and to allow care to be provided by non-contracted providers and facilities. The requirements were recently addressed in a memo following Hurricane Harvey, available here: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Reminder-Pharmacy-Provider-Federal-Disaster.pdf>
- **EMTALA Waiver:**
CMS granted Florida's request to waive sanctions under section 1867 of the Act (the Emergency Medical Treatment and Labor Act, or EMTALA) for the relocation of individuals to receive medical screening at another location due to a declared Federal public health emergency for Hurricane Irma. Since the EMTALA waiver is limited to the 72-hour period following activation of the hospital's disaster protocol, CMS should be notified when hospitals activate their disaster protocols.
- **Minimum Data Set (MDS) and Outcome and Assessment Information Set (OASIS) Waiver:**

This waiver modifies the deadlines for OASIS and MDS assessments and transmission. For more information and guidance, visit: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/downloads/MedicareFFSEmergencyQsAs1135Waiver.pdf>

- **Suspension of Enforcement Activities:**

CMS granted the temporary suspension of current survey and enforcement activities for hospitals, but will continue to investigate allegations of immediate threat to patient health and safety.

Waivers for Healthcare Providers

- **Waiver of Conditions of Participation and Certification:**

This action will waive certain conditions of participation and certification requirements for healthcare providers. CMS will work with healthcare providers, facilities and suppliers in Florida as specific needs are identified under this section and will immediately consider how best to address those within our authority to permit regulatory flexibilities.

- **Out of State Physician Practice:**

This waiver will allow out of state licensed physicians to receive Medicare reimbursements who provided healthcare services in Florida.

- **Physician Self-Referral:**

CMS will work with Florida to address these waiver requests on a case-by-case basis. For more information, visit: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/downloads/MedicareFFS-EmergencyQsAs1135Waiver.pdf>

- **Medicare Contractor Requirements:**

This action will temporarily de-prioritize Medicare contractor medical review and audit work requirements in the areas impacted in Florida by Hurricane Irma.

To read the letter, please visit: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/QAs-FL-Irma-1135-Waivers.PDF>.

CMS has also granted similar waivers for other states and geographical areas as a result of hurricanes Irma and Harvey.

CMS will continue to work with all states and geographic areas in the path of hurricanes Irma and Harvey. The agency continues to update its [emergency page \(www.cms.gov/emergency\)](http://www.cms.gov/emergency) with important information for state and local officials, providers, healthcare facilities, suppliers and the public.

To read previous updates regarding HHS activities related to Hurricane Irma and Hurricane Harvey, please visit <https://www.hhs.gov/about/news/hurricane-response/index.html>.

To learn more about HHS resources related to Hurricane Irma, please visit www.phe.gov/irma

###

IRF & LTCH Provider Preview Reports Now Available

Inpatient Rehabilitation Facility (IRF) and Long-term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Preview Reports are now available. We encourage providers to review their performance data on each quality measure based on Quarter 1 - 2016 to Quarter 4 - 2016 data, prior to the December 2017 IRF and LTCH Compare refresh, during which this data will be publicly displayed.

Providers have 30 days to review their performance data (September 1, 2017 through September 30, 2017).

Corrections to the underlying data will not be permitted during this time. However, providers can request a CMS review during the preview period if they believe their data is inaccurate.

For more information:

- [IRF Quality Public Reporting](#) webpage and [Preview Report Access Instructions](#)
- [LTCH Quality Public Reporting](#) webpage and [Preview Report Access Instructions](#)

IRF and LTCH Compare Quarterly Refresh

The September 2017 quarterly Inpatient Rehabilitation Facility (IRF) Long-term Care Hospital (LTCH) Compare refresh, including quality measure results based on data submitted to CMS between Q4 2015 – Q3 2016, is now available. Visit [IRF Compare](#) and [LTCH Compare](#) to view the data.

###

Implications of the ABLE Act for State Medicaid Programs

CMS has sent a letter to all State Medicaid Directors (SMDL) to provide guidance on how to treat "ABLE" accounts in Medicaid financial eligibility determinations. For the complete letter, click here: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd17002.pdf>

###

Independence at Home Demonstration: Northwell Performance Year 3 Report

CMS had released Northwell's performance year 3 report in the Independence at Home Demonstration to the participant. Northwell is the one practice that has remained in the actuarial method and selected to receive its year 3 report now instead of waiting for additional analyses. CMS intends to release the complete performance year 3 results of the Independence at Home Demonstration in early 2018.

###

Upcoming Webinars and Events and Other Updates

New Medicare Card Webinar

September 18, 2017 2:00 – 3:30 pm ET

This webinar will provide information about the new Medicare cards including:

- New card design
- Mailing of new card
- Card research
- Outreach plans
- Fraud awareness

To join the webinar, visit https://goto.webcasts.com/starthere.jsp?ei=1162731&tp_key=76815dd6f8.

###

Centers for Medicare & Medicaid Services Special Open Door Forum: The IMPACT Act and Improving Care Coordination

Thursday, September 28, 2017 2:00-3:00 pm Eastern Time Conference Call Only

This Special Open Door Forum (SODF) will provide information and solicit feedback pertaining to the Improving Medicare Post-Acute Care Transformation Act of 2014 (commonly referred to as the [IMPACT Act](#)). This SODF will focus on the goals of the IMPACT Act, update attendees on the RAND contract activities for item development, including pilot test results and plans for the upcoming national field test, and identify opportunities for providers, consumers, stakeholders, researchers, and advocates to become involved over the next year.

We invite questions, comments, and ideas from providers, patients, consumers, researchers, and advocates in advance or during the Forum.

Please submit questions, comments, and ideas to: PACQualityInitiative@cms.hhs.gov

The presentation is posted on the [IMPACT Act Downloads and Videos](#) webpage.

We look forward to your participation.

Special Open Door Participation Instructions:

Participant Dial-In Number: 1-800-837-1935 Conference ID #: 66557294

Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

A transcript and audio recording of this Special ODF will be posted to the Special Open Door Forum website at http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp for downloading under downloads section as well as the [IMPACT Act Downloads and Videos](#) webpage.

###

Newly Posted Training Materials

[Medicare and the Marketplace \(Spanish\)](#)

[Module 1: Understanding Medicare / Interactive Medicare 101 PowerPoint slides and Workbook](#)

[Module 10: Medicare and Medicaid Fraud and Abuse Prevention \(English and Spanish versions\) - Reposted](#)

[Module 7: Medicare Preventive Services \(English and Spanish versions\) - Reposted](#)

###

Medicare Learning Network Publications & Multimedia

News & Announcements

- [Quality Payment Program: New Resources Available](#)
- [September is Prostate Cancer Awareness Month](#)

Provider Compliance

- [Billing for Ambulance Transports — Reminder](#)

Upcoming Events

- [Qualified Medicare Beneficiary Program Billing Requirements Call — September 19](#)
- [Reporting Hospice Quality Data: Tips for Compliance Call — September 20](#)
- [PQRS: Feedback Reports and Informal Review Process for PY 2016 Results Call — September 26](#)
- [Physician Compare Call — September 28](#)

Medicare Learning Network Publications & Multimedia

- [Office of Inspector General Reports Highlight Hospital Billing Issues MLN Matters® Article — New](#)
- [PECOS for DMEPOS Suppliers Booklet — Reminder](#)
- [Medicare Enrollment Resources Educational Tool — Reminder](#)

###

New Publications

[Marketplace Application Checklist](#)

[What counts as income on my Marketplace application?](#)

[Life changes? That's OK.](#)

[Update Your Marketplace Application](#)

[4 Ways to Help Lower your Medicare Prescription Drug Costs](#)

[Medicare Drug Coverage under Medicare Part A, Part B, Part C & Part D](#)

###

New Medicare Card (product # 12003-P)

Now available to order from the product ordering website: <https://productordering.cms.hhs.gov>

Please note, this product isn't intended as a handout for beneficiaries, but a card people helping beneficiaries (for example, during Open Enrollment) can use/reference to provide information and the key messages to beneficiaries about the new Medicare card.

###

A Roadmap to Behavioral Health

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) in partnership with Substance Abuse and Mental Health Services Administration (SAMHSA) released *The Roadmap to Behavioral Health* focuses on behavioral health as a companion guide to the *C2C Roadmap to Better Care and a Healthier You*. The consumer-facing resource offers important information about mental health and substance use disorder services, finding a behavioral health provider, defining behavioral health terms, receiving services, and following up on care. The resource walks through the 8 Steps of the Roadmap to offer information specific to behavioral health, and offers a glossary and links to other HHS resources.

Click here to download a copy today! <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Coverage-to-Care-Behavioral-Roadmap.pdf>

###

Taking Action for a Healthier Missouri Now!

Presented by Missouri Public Health Association, Missouri Association of Local Public Health Agencies, Missouri Institute for Community Health, and Missouri Department of Health and Senior Services

Date: September 25 - 27, 2017 Where: Stoney Creek Inn, Columbia, MO

Information regarding registration can be found here: <http://www.mopha.org/viewevent.php?id=1226>

###

Registration Open for the 15th Annual Missouri Health Policy Summit

October 26-27, 2017 Hilton Garden Conference, Columbia, MO

How we produce and consume food has a bigger impact on American's well-being than any other

human activity. The food industry is the largest sector of our economy and food touches everything from our health to the environment, climate change, economic inequality and the federal budget. The time is ripe to revisit our food system and identify ways to change our policies to improve health. On another track, the New Administration and the 115th US Congress is planning and implementing changes in the priorities for national health policies.

This is a unique time in history to examine the intersection between these two policy arenas. This presents opportunities for wins in both policy arenas that assures access to healthful food, appropriate food marketing, chronic disease prevention, and reduced health care costs and premature deaths.

Summit Objectives:

- Identify food and health policy intersections and opportunities for gains in both arenas to improve Missouri's economy and public health.
- Examine the impact of local, state and federal food policy and environmental change on health, including:
Local projects and programs with demonstrated success in Missouri; Private sector actions making a difference in public health; State-level policy initiatives; and The Farm Bill, federal food policy and public health.
- Review the major shifts in food and nutrition patterns and the impact these have had on Missouri's rates of preventable, chronic disease.
- Share the most current information on health reform in 2017 and implications for Missouri.

###

2017 Mental Health Conference

October 3, 2017
Holiday Inn Airport
6111 Fleur Drive
Des Moines, IA 50321

The [2017 Mental Health Conference](#) is designed for professionals, clinicians, administrators, educators, consumers, family members, advocates, and other providers.

Conference Audience and Objectives:

- Provide an educational opportunity to hear professionals and experts share the most recent trends and issues, treatment methods, and research relating to mental health, mental illness, and co-occurring disorders.
- Provide a forum to stimulate discussion, exchange ideas, and strengthen the support and information network around the state.
- Generate public interest in issues relating to mental health and co-occurring disorders.

###

Iowa One Health Conference

The upcoming second annual 2017 Iowa One Health Conference will bring together a multidisciplinary cast of students and professionals in relevant fields to learn and discuss how the concept of One Health can help drive positive change in the health of humans, animals, and the

environment.

Planning for IOHC 2017 is currently underway. Stay tuned on [Facebook](#) and [Twitter](#) for updates!

Event 2nd Annual 2017 Iowa One Health Conference

Date Saturday, October 14th, 2017

Time 9:00AM – 5:00 PM

Location University of Iowa College of Public Health Building

Cost TBD

2017 conference registration: to be announced. For poster presenters, click [here](#). For travel information, click [here](#). To find out more about the Inaugural 2016 Iowa One Health Conference, click [here](#).

###

19th Annual Latinx Conference

October 18, 2017

[The Iowa Latinx Conference](#) aims to explore the changing demographics and dynamics of Latinx communities in Iowa and to strengthen the responsiveness of policymakers, business leaders, and community organizations. Celebrating its 19th year, the event has become a cherished gathering to emphasize strengths of Latinx culture and to provide networking opportunities for students and leaders in Iowa.

The conference has two portions: The two-day [Professional Development Institute](#) is designed for community leaders, faculty, staff, undergrads, and graduate students. Day 1 will take place in conjunction with the [Latinx Youth Summit](#) on October 18 in the Iowa Memorial Union. Day 2 will be hosted by the College of Education and will take place on October 21 in the Lindquist Center. Individuals with disabilities are encouraged to attend all University of Iowa–sponsored events. If you are a person with a disability who requires a reasonable accommodation in order to participate in this program, please contact Nadine Petty in advance atnadine-petty@uiowa.edu or 319-335-3555.

###

2017 Rural Health Conference

September 20 – 21, 2017 - Younes Conference Center - Kearney, NE

Nebraska Rural Health Conference bring together residents of rural Nebraska communities, rural health professionals of all specialties representatives of state, local, and national governments, and the full range of private sector rural health organizations. For more information: <http://nebraskaruralhealth.org/events/2017>

###

Nebraska Public Health Association Conference

September 22, 2017 - Embassy Suites in Lincoln, NE
Call for presentations and posters at <http://publichealthne.org/>

###

2017 Tobacco-Free College Program for Community Colleges and Minority-Serving Institutions

In the fight to curb tobacco use in the U.S., college campuses have emerged as a critical battleground.

That's because virtually all smokers—99 percent—start smoking before turning 26 years old. Community colleges and minority-serving academic institutions are especially important because they tend to serve students who are at greater risk for tobacco use, including low-income and first-generation students.

To keep the momentum going, Truth Initiative is launching its new Tobacco-Free College Program, which offers **17-month grants of up to \$20,000 to community colleges and minority-serving institutions** to adopt a 100 percent tobacco-free college policy. Grantees receive guidance through webinars, learning communities and one-on-one consultations throughout the grant period.

Please visit the Truth Initiative website to view the grant guidelines, application information, and registration for an informational [webinar](#).

The deadline for applications is Wednesday, October 11, 2017.

For more information, please contact Kristen Tertzakian at ktertzakian@truthinitiative.org or 202-454-5788.

###

National Medicare Education Program (NMEP) Meeting Save the Date-
September 27, 2017

National Medicare Education Program (NMEP) Meeting

Wednesday, September 27, 2017
1:00 p.m.–2:30 p.m. EST
Conference Call / Webinar

The focus of the NMEP meeting is to enlist national and local organizations to support outreach and education around the Medicare program. We have expanded the focus of these meetings to reflect additional CMS programs such as Medicaid and the Children's Health Insurance Program. Many national and local organizations that work on behalf of the aged, disabled, the uninsured, children, and families are involved in this public-private partnership.

Together with CMS, these partners reach out to other organizations at the state and local levels that in turn work with those eligible for CMS programs to help them understand the health care options available to them.

**FREE Webinar—
Register NOW!**

<https://www.eventbrite.com/e/national-medicare-education-program-nmep-meeting-registration-36894421207>



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