CMS Region 7 Updates – 01/26/2018

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ACA/Marketplace Updates

CMS Announces Additional Special Enrollment Periods to help Individuals Impacted by Hurricanes in Puerto Rico and the U.S. Virgin Islands

The Centers for Medicare & Medicaid Services (CMS) announced additional opportunities for individuals affected by the 2017 hurricanes in Puerto Rico and the U.S. Virgin Islands to enroll in Medicare health and drug plans and health coverage through the Federal Health Insurance Exchange. CMS is providing these special enrollment periods so that certain individuals and families who were impacted can access health coverage on the Exchange and have additional time to join, drop, or switch Medicare health and prescription drug plans. CMS announced initial special enrollment period opportunities in September, this extends these opportunities through March 31, 2018.

"CMS is committed to making it as easy as possible for individuals and families whose lives have been disrupted by these hurricanes to access the healthcare coverage they need during this difficult time," said CMS Administrator Seema Verma. "The impacts of a hurricane can last for months. These special enrollment periods provide the necessary flexibility for our beneficiaries to obtain and maintain coverage while dealing with the lingering aftermath of the storms. We will continue to monitor the circumstances in Puerto Rico and the U.S. Virgin Islands and will take additional action as necessary."

CMS established the following special enrollment periods to support individuals impacted by the 2017 hurricanes in Puerto Rico and the U.S. Virgin Islands:

- **Federal Health Insurance Exchange special enrollment period:** Individuals affected by the 2017 hurricanes in Puerto Rico and the U.S. Virgin Islands who relocated to a state that uses the Federal Health Insurance Exchange, but were unable to enroll during the 2018 Annual Open Enrollment Period or any other special enrollment period, are eligible for an exceptional circumstance special enrollment period to enroll in 2018 Exchange coverage. Individuals in this situation may request this special enrollment period through March 31, 2018. These individuals should contact the Exchange Call Center at 1-800- 318-2596 to request enrollment using this special enrollment period.

- **Medicare special enrollment period extension:** This special enrollment period will allow individuals affected by the 2017 hurricanes in Puerto Rico and the U.S. Virgin Islands to enroll, dis-enroll or switch Medicare health or prescription drug plans through March 31, 2018. This special enrollment period can be used even if the beneficiary made a choice during Medicare's fall open enrollment period. The special enrollment period can also be used for those who left Puerto Rico and would like to enroll in a local Medicare Advantage or Medicare prescription drug plan that would better meet their healthcare needs. Beneficiaries who change their permanent residence, rather than temporarily relocate, and no longer reside in their plan service area, are eligible to join a Medicare Advantage or prescription drug plan offered in the new area in which they reside through the existing residence change special enrollment period. Individuals who were displaced and return to Puerto Rico or the U.S. Virgin Islands are also eligible for the residence change special enrollment period. Individuals in these situations may contact 1-800-MEDICARE to request enrollment using this special enrollment opportunity.

 For more information on special enrollment periods for the Federal Health Insurance Exchange, visit: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html

For more information on special enrollment period extension for Medicare, visit: https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Extension-SE- Period-PR-VI-CA-Wildfire.pdf

Get CMS news at cms.gov/newsroom, sign up for CMS news via email and follow CMS on Twitter CMS Administrator @SeemaCMS, @CMSgov, and @CMSgovPress.

For more information on special enrollment periods for the Federal Health Insurance Exchange, visit: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html

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MACRA/Quality Payment Program (QPP) Updates

New 2018 Resources Are Now Available on CMS.gov

The Centers for Medicare & Medicaid Services (CMS) has recently posted the following 2018 Patient-Facing Encounters resources on the CMS website:

- **Patient-facing Encounter Codes Fact Sheet:** Defines patient-facing encounters and details the categories included in the patient-facing encounter codes list, which is used to determine the non-patient facing status of MIPS eligible clinicians.
- **Patient-facing Encounter Codes List:** Specifies the code and description for each patient-facing encounter.
- **Operational List of Care Episode and Patient Condition Codes Background:** Provides the background and context for the information presented in the Operational List of Care Episode and Patient Condition Codes document.
- **Operational List of Care Episode and Patient Condition Codes:** Presents the operational list of eight episode-based cost measures and their corresponding episode group trigger codes.

For More Information

- **Visit qpp.cms.gov** to check your participation status, explore measures, and to review guidance on MIPS, APMs, what to report, and more.
- **Go to the QPP Resource Library on CMS.gov** to review new and existing QPP resources.

Questions?

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

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Chronic Care Management Services Final Evaluation Report

The Centers for Medicare and Medicaid Services (CMS) released the final evaluation report on the diffusion and impact of Chronic Care Management (CCM) services. CMS introduced in January 2015 a separate payment for CCM services, which are typically furnished non-face-to-face, to reflect the trend toward CCM as a component of primary care for Medicare beneficiaries with multiple chronic conditions. About 685,000 beneficiaries received CCM services in the first two years of the new payment policy, and that the impact of CCM services takes time to materialize.

For more information click on the report: https://innovation.cms.gov/Files/reports/chronic-care-mngmt-finalevalrpt.pdf or on our Data & Reports page.

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PY 2018 Next Generation ACO Model Participants

CMS announced the 2018 participation data for the Accountable Care Organizations participating in the Next Generation ACO Model. 17 new ACOs will be joining 41 currently participating ACOS, bring the total number of Next Generation ACOs to 58.

For more information, click here: https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/

Patients Over Paperwork: Second Edition Newsletter

The Centers for Medicare & Medicaid Services (CMS) released the second issue of our recurring newsletter about Patients over Paperwork, our effort to reduce administrative burden and improve the customer experience while putting patients first. In this edition, we reflect on 2017 and update you on how we have been working to reduce burdensome regulations, streamline requirements and improve the clarity of our programmatic guidance. This work is in accordance with our agency's strategic goals:

1. Empower patients and clinicians to make decisions about their health care.
2. Usher in a new era of state flexibility and local leadership.
3. Support innovative approaches to improve quality, accessibility, and affordability.
4. Improve the CMS customer experience.

The latest newsletter can be accessed here: https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/PatientsOverPaperwork.html

To view the new webpage visit: https://www.cms.gov/About-CMS/story-page/patients-over-paperwork.html for the latest information on Patients over Paperwork.

A replay is now available of the January 17 AHA Town Hall Webcast. Click here to log in. On the broadcast, AHA President and CEO Rick Pollack was joined by Centers for Medicare & Medicaid Services Administrator Seema Verma to discuss the current regulatory landscape. Together they discussed areas of priority and challenge for hospitals and health systems, as well as for CMS, and previewed new efforts to reduce regulatory burden.

Questions about the webcast or its contents? Call 1-800-424-4301.

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Alliance to Modernize Healthcare" FFRDC Website on CMS.gov

The Office of Information Technology (OIT) is pleased to announce the rollout of the Alliance to Modernize Healthcare FFRDC website on CMS.gov:

Alliance to Modernize Healthcare FFRDC

The Alliance to Modernize Healthcare a.k.a. "Alliance FFRDC" is the 1st Federally Funded Research and Development Center (FFRDC) dedicated to strengthening our nation's healthcare system.

No Hidden Administrative Cost

CMS is the primary sponsor of the Alliance FFRDC. Together with the Department of Health & Human Services (HHS), we offer this single-award Indefinite Delivery Indefinite Quantity (IDIQ) contract vehicle to our government partners at no additional administrative cost to you!

Uniquely Tailored to Help Stakeholders Solve Critical Healthcare Challenges
The Alliance FFRDC is appropriate for supporting your complex and critical health-related programs and initiatives that have national importance. With the Alliance FFRDC, you can have access to healthcare expertise and research services at your fingertips. The Alliance FFRDC services are uniquely designed to support your business, technical, and policy needs. The Alliance FFRDC stakeholders can access healthcare expertise and research to perform work that can't be done as effectively in-house or by commercial sources, or when the work requires special access to sensitive information.

Requiring Office Responsible for Contract Oversight
HHS Staff and Operating Divisions, including CMS, can use the Alliance FFRDC and are responsible for issuing and administering their task orders. All pricing arrangements are available.

We Want to Hear from You!

New to the world of FFRDCs? Take a virtual tour to explore the many possibilities available under this program by clicking below to watch "Welcome to the Alliance to Modernize Healthcare FRRDC" video.

[Welcome to the Alliance to Modernize Healthcare FFRDC -](#) Let us know what you think about the website by sending any comments or questions to mailto:CAMHFFRDC@CMS.HHS.GOV

George C. Hoffmann, Alliance FFRDC Executive Steering Committee (ESC) Chair

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Medicare and Medicaid Updates

VA, Health and Human Services Announce Partnership to Strengthen Prevention of Fraud, Waste and Abuse Efforts

WASHINGTON — The U.S. Department of Veterans Affairs (VA) and Department of Health and Human Services (HHS) Centers for Medicare and Medicaid Services (CMS) announced a partnership to share data, data analytics tools and best practices for identifying and preventing fraud, waste and abuse.

This newest partnership enhances ongoing efforts between the country's two largest public-private health-care payment organizations to help America's Veterans by leveraging the gains made by CMS.

"The VA-HHS alliance represents the latest example of VA's commitment to find partners to assist with identifying new and innovative ways to seek out fraud, waste and abuse and ensure every tax dollar given to VA supports Veterans," said VA Secretary Dr. David J. Shulkin. "This effort marks another step toward achieving President Trump's 10-point plan to reform the VA by collaborating with our federal partners to improve VA's ability to investigate fraud and wrongdoing in VA programs."

CMS continues to focus on reducing and eliminating fraud, waste and abuse in Medicare, and in 2010, it established the Center for Program Integrity to help with this work. CMS estimates that its program integrity activities saved Medicare operations $17 billion in fiscal 2015. Other HHS combined efforts — including law enforcement — contributed to greater program savings.

VA plans to capitalize on the advancements in analytics CMS has made by concentrating on its use of advanced technology, statistics and data analytics to improve fraud detection and prevention efforts. Additionally, in November 2017, VA invited industry experts to provide information on the latest commercial sector tools and techniques to enhance VA's fraud detection capabilities. In April, VA will invite these industry experts to demonstrate their capabilities for detecting and preventing fraud, waste and abuse and recovering improper payments.

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

By using CMS' successes in its program integrity protocols, VA will be able to close existing gaps in its own claims payment process.

Weblinks
CMS Newsroom: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2018-Press-releases-items/2018-01-23.html
VA Newsroom: https://www.va.gov/opa/pressrel/pressrelease.cfm?id=3999

New Medicare Card - New Beneficiary-focused Partner Outreach Resources and Web Page Updates

CMS has updated its New Medicare Card web pages to provide new resources for beneficiaries, partners and stakeholders. New resources are available for download as we prepare for the card mailing starting in April 2018. Included on:

Medicare.gov (updated with materials to be used with beneficiaries):

- Blog
- Beneficiary Fact Sheet (English and Spanish)
- Informational Video
- A new short URL, go.medicare.gov/newcard, is being introduced

CMS.gov/newcard landing page (redesigned):

- Information about the [geographic card mailing strategy](#)
- Informational Video

[CMS.gov/newcard Partners & Employers tab](#):

- Link to English and Spanish Beneficiary Fact Sheet (same as above)
- New Medicare Card widgets - link to new information on Medicare.gov ([English](#) & [Spanish](#))
- Social Media Toolkit
    - [Guide to sharable new Medicare card social media posts](#)
    - [New Medicare card social media graphics](#)
- [PSA script](#) for pharmacies/providers/stakeholders

As part of CMS' outreach and education activities, ongoing social media posts on Medicare's Facebook and Twitter will occur with retweeting on @CMSgov handle. New Medicare Card related emails will be sent each month to over 400,000 beneficiaries who asked to receive emails from CMS.

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Upcoming Webinars and Events and Other Updates

New Medicare Card Webinars

The Centers for Medicare & Medicaid Services (CMS) Kansas City Regional Office invites you to attend the **New Medicare Card Webinars**. Recent legislation requires CMS to remove Social Security Numbers from all Medicare cards to address the current risk of beneficiary medical identity theft, and to replace the cards with a unique number for each Medicare beneficiary. These webinars will address the new card design, the timeframe of the mailings and scenarios, what Medicare beneficiaries should do to ensure they receive their new card, and partner resources to help with education.

The goal of these <mark>free</mark> webinars is to educate those who serve people with Medicare and their caregivers so they can be a valuable resource on this initiative.

There are multiple webinars so you can choose one that best works with your schedule. All webinars will provide the same information. CMS will host separate webinars and informational sessions for people with Medicare and their caregivers.

Register:

February 8, 2018 12:00 PM – 1:00 PM
https://newmedicarecard020818.eventbrite.com

February 16, 2018 10:00 AM – 11:00 AM
https://newmedicarecard021618.eventbrite.com

February 21, 2018 1:00 PM CST – 2:00 PM CST
https://newmedicarecard022118.eventbrite.com

You will receive a confirmation email from Eventbrite after completing your registration which will include the login information for the webinar.

We look forward to your participation. If you have any questions or have difficulty registering, please contact Lorelei Schieferdecker at lorelei.schieferdecker@cms.hhs.gov.

###

Medicare Learning Network
News & Announcements

- 2018 Value Modifier Results and Payment Adjustment Factor
- Final DMEPOS Quality Standards for Therapeutic Shoe Inserts
- Glaucoma Awareness Month: Make a Resolution for Healthy Vision
- VA, HHS Announce Partnership to Strengthen Prevention of Fraud, Waste and Abuse Efforts
- CMS Updates Open Payments Data
- Improved Open Payments Data Website
- IRF and LTCH Quality Reporting Programs: Submission Deadline February 15
- Panel on Development of Potentially Preventable Hospitalization Measures for HHAs: Nominations due February 22
- SNF Quality Reporting Program: Submission Deadline Extended to May 15
- Hospice Quality Reporting Program: Quality Measure User's Manual Version 2
- Continue Seasonal Influenza Vaccination through January and Beyond

Provider Compliance

- CMS Provider Minute Video: CT Scans — Reminder
- Reporting Changes in Ownership — Reminder

Upcoming Events

- [ESRD QIP: Final Rule for CY 2018 Call — January 23](#)
- [MIPS Annual Call for Measures and Activities Webinar — February 5](#)
- [Comparative Billing Report on Opioid Prescribers Webinar — February 21](#)
- [Low Volume Appeals Settlement Option Call — February 13](#)
- [Home Health Review and Correct Reports Webinar — March 6](#)

[Medicare Learning Network Publications & Multimedia](#)

- [QRUR Video Presentation — New](#)
- [Low Volume Appeals Settlement Call: Audio Recording and Transcript — New](#)
- [Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians Web-based Training — Revised](#)
- [How to Use the Medicare Coverage Database Booklet — Revised](#)
- [Behavioral Health Integration Services Fact Sheet — Revised](#)
- [Hurricane Nate and Medicare Disaster Related Alabama, Florida, Louisiana and Mississippi Claims MLN Matters Article — Updated](#)
- [Swing Bed Services Fact Sheet — Revised](#)

###

Hospital IQR-EHR Incentive Program Alignment Outreach and Education Webinar

This Outreach and Education webinar for participants in the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Electronic Health Record (EHR) Incentive Program is scheduled for **Tuesday, February 06, 2018**, at **2 p.m. ET.**

The webinar, titled *CY 2017 (FY 2019) eCQM Reporting Tips and Tools for the Hospital IQR and Medicare EHR Incentive Programs*, will be presented by Artrina Sturges, EdD, Project Lead, Hospital IQR-EHR Incentive Program Alignment, Hospital Inpatient Value, Incentives and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC), and Veronica Dunlap, BSN, RN, CCM, Program Manager II, Hospital IQR-EHR Incentive Program Alignment, Hospital Inpatient VIQR Outreach and Education SC.

This presentation will provide an overview of helpful tips and available tools for successful electronic submission of clinical quality measure data for the Hospital IQR and Medicare EHR Incentive Programs. Upon completion of the presentation, participants will be able to utilize the information presented in a question and answer format to address the most commonly asked questions regarding calendar year 2017 electronic clinical quality measure (eCQM) reporting, implement the guidance provided for Quality Reporting Document Architecture (QRDA) Category I file submissions, use tips to troubleshoot error messages, and locate self-directed tools and resources to ensure successful eCQM reporting.

The webinar slides will be available for download from www.QualityReportingCenter.com under Upcoming Events the day before the presentation.

You may register for the webinar at https://cc.readytalk.com/r/cc91dc93g57m&eom.

For further assistance regarding the information contained in this message, please contact the Hospital Inpatient VIQR Outreach and Education Support Team at https://cms-ip.custhelp.com or (844) 472-4477.

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Adult Vaccination Presentation – Kansas City MO

Dr. William Atkinson will be doing an Adult Vaccine Presentation at the Kansas City Health Department Thursday February 1, 2018, 5pm-7pm. Lower Level Multipurpose Room, 2400 Troost Ave, Kansas City, MO. 64108

Come hear Dr. Atkinson's final presentation he will be giving on adult vaccines! He has decided to fully retire and this will be his last speaking engagement here at the Kansas City Health Department. We will also have a presentation by one of the KCMO Health Department Epi's Lisa Hubbert regarding this year's flu crisis. Dinner will be served so RSVP no later than Monday, January 29 to Jelene.wynn@kcmo.org or call 816 513-6212 or 513-6108.

###

CMS National Training Program Monthly Partner Update Webinar

February 6, 2018 2:30 - 3:30 pm ET

This webinar will feature presentations on:

- Medicare's Limited Income Newly Eligible Transition (LINET) – Opioid Limitation and Morphine Equivalent Dose
- Patients Over Paperwork

Registration is required to attend!

Go to https://meetings-cms.webex.com/meetings-cms/onstage/g.php?MTID=e20d8a2309ff761d6a001faae41bd6ee6 and register.

Upon registration, you will receive an email from "messenger@webex.com" with the webinar link and dial in information. Follow the instructions in the email to attend.

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National Medicare Education Program (NMEP) Meeting Save the Date- January 31, 2018

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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.